

2025-26 Monitoring Cycle. Full Report



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Acknowledgements

We would like to thank Kate Green, Deputy Mayor of Greater Manchester, and Mark Knight, Greater Manchester Strategic Lead for Substance Misuse, for funding the GMTRENDS research.

This research was conducted by Manchester Metropolitan University's Drugs, Policy and Social Change (DPSC) research group. We extend our sincere thanks to all those who made significant and valued contributions to the research and this report.

In particular, we would like to thank Michael Linnell (Linnell Communications) for his substantial contribution across numerous aspects of GMTRENDS. This included conducting Key Professional Informant interviews, substantial contributions to the report writing (including the collation of key drug indicator data and the international overview of emerging drug trend reports and surveys), as well as designing the GMTRENDS logo and all associated artwork in the reports. We are also grateful for his continued support in promoting the survey through the Greater Manchester Local Drugs Information Network.

We would also like to thank Dr Oliver Sutcliffe, Director of MANDRAKE (Manchester Drug Analysis and Knowledge Exchange), and the MANDRAKE team for providing the analytical chemical analysis of local drug samples. Our thanks extend to Detective Superintendent Joe Harrop for his tireless contribution as GMP Drugs Lead, including facilitating drug collection and supporting the development of the Special Police Investigation evidence pathway for drug-related deaths.

We are grateful to Paul Gray for designing, setting up, and monitoring the online Qualtrics surveys (Professional Survey and Young Person's Survey). We also thank Maria Hunter for her analysis of data relating to 44 substances in the Professional Survey, as well as her leadership in the development, redesign, promotion, and analysis of the Young Person's Survey. Maria also managed four Sociology and Criminology interns who supported the data analysis.

We would like to acknowledge the important contributions of several undergraduate and postgraduate Sociology and Criminology students, including three Applied Criminology Master's placement students and four

undergraduate Sociology interns, who provided invaluable and wide-ranging research assistant support throughout the year. This includes Rose Thorp and Rebecca Gardner for their assistance with professional interviews, transcription, and analysis and Elianor Magne, Sian Neely, and Erika Khastar-Smith for their support in survey data analysis.

We are indebted to Oliver Hulmes, Danielle Smith, and Liam McCabe for their work on the inaugural Street Drug Survey, including leading on the participant recruitment, interviewing, transcription, and analysis of the 48 interviews conducted.

We also extend special thanks to a number of individuals and organisations who went the extra mile in supporting this year's research. This included promoting the study to other professionals and organisations, providing valuable recommendations and contacts for Key Professional Informant and people who use drugs (PWUD) interviews, and facilitating the processing of substances of concern through the MANDRAKE/GMP systems. These contributors include Janine Day and Vicky Maloney and their teams at Early Break; Isobel Mann at CGL Tameside; Chris Henniker and Michael Dunn at CGL Eclipse and Breaking Out in Manchester and Tameside; Martin McLean from Stockport's Mosaic Drug and Alcohol Treatment Team; Sam Harkness, Hannah Alton and Billy Griffiths (Coffee4Craig); Paul Cornwall (The Wellspring); Ben Metcalfe (Greater Manchester Mental Health NHS Foundation Trust); Louise McIvor (LGBT Foundation); and Paul Holt (REACH Clinic).

Finally, we thank all the people who use drugs and professionals who took the time to complete surveys and/or participate in interviews. We sincerely value their willingness to share their insights on local drug trends and markets. As always, we deeply appreciate their selfless contributions, lived experience, and expertise.

Rob Ralphs,
*Professor of Criminology and Social Policy,
Co-Director of the Drugs, Policy and Social
Change (DPSC) research group,
School of Sociology and Criminology,
Manchester Metropolitan University*

1. GM TRENDS: Full Report

1.1 Background

In 2020 *Greater Manchester Combined Authority (GMCA)* commissioned *Manchester Metropolitan University* to adapt and develop the city of Manchester's *Emerging Drug Trends Monitoring System*¹ (*MESUS*)² 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 fourth *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* 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

A number of national organisations such as the *National Drug Treatment Monitoring System (NDTMS)*, *Advisory Council on the Misuse of Drugs (ACMD)*, *Forensic Early Warning System (FEWS)*, *National Crime Agency (NCA)*, *Office for Health Improvement and Disparities (OHID)* along with the *Public Health Wales* postal drug checking service (**WEDINOS**) play a role in identifying emergent national trends. A national *emerging drug trend monitoring system (EDTMS)* called *RADAR* exists in Scotland (1) and one along similar lines is being developed by OHID for England. However, a local *EDTMS* is the ideal model as local patterns and variations in drug consumption may differ considerably from national trends (van de Mheen H. C., 2006).

At a local authority level, the *Local Drug Information System (LDIS)* model³, which is based on the system developed in Greater Manchester, has been or is being established in each English local authority area to identify and respond to incidents of adulterated or dangerous drugs. The *Greater Manchester LDIS* already acts to keep professionals informed and exchanges local trend information, but this role is limited as the *Greater Manchester LDIS* does not have the capacity to sufficiently investigate emergent drug trends. Although ad-hoc research may be commissioned in response to local issues, *GM TRENDS* remains the only local *EDTMS* in England.

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

2. **Manchester Emergent Substance Use Survey**. Originally commissioned by *Manchester City Council's Community Safety Partnership Board and the Department of Public Health*.

3. <https://www.gov.uk/government/publications/issuing-public-health-alerts-about-drugs>

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 April 14th 2025 and January 30th 2026. *GM TRENDS* has used the following methods to produce the trend information in this report:

2.2.1 Key Drug Indicators (KDI)

The *European Union Drugs Agency (EUDA)* uses five *Key Drug indicators (KDI)*⁴ to describe the drug situation in Europe. 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 (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 23rd April 2025 to the 23rd June 2025.

This year marked the highest level of engagement with the professional survey so far, with 212 professionals completing the online questionnaire. As illustrated [[Chart 1](#)], responses were well distributed across Greater Manchester, ranging from 23 in Bolton to 41 in Manchester, ensuring representation from all localities.

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.

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.

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).

2.2.2.1 Reported increases in substance use

Almost two-thirds (59%) of professionals reported increased use of **nicotine vapes**. Following last year's trend focus reports on **ketamine** and **THC vapes**, professionals continue to report increases in the use of these substances. Almost half (47%) of professionals reported increased use of **ketamine** and two-fifths (38%) reported increased use of **THC vapes**. There were also significant upward trends in use of traditional substances such as **alcohol** (30%) and **cannabis** (23%). The use of *volatile substances* by young people was noted as increasing by 16% of professionals [Chart 2].

2.2.2.2 Reported decreases in substance use

Analysis of survey responses identified the substances with the most significant reported decreases in use over the past year. **Cigarettes** showed the largest decline, with a third (32.4%) of professionals noting a reduction. This was followed by **Nitrous Oxide** with a quarter (25.4%) of professionals reporting a decrease in use. Almost a fifth (19.6%) of professionals reported a decrease in **heroin** use and a similar figure (18%) reported decreased use of **synthetic cannabinoids** ('Spice') in the past year [Chart 2].

These findings suggest notable shifts in consumption patterns, particularly for substances traditionally associated with high prevalence (e.g., **cigarettes**) and emerging trends such as **nitrous oxide**. The reduction in **heroin** may reflect user concerns regarding poor quality **heroin** and adulteration with potent **synthetic opioids**. This is discussed in more detail in the separate Street Drug Survey report.

2.2.3 Key Professional Informant interviews

The online survey was used to recruit *Key Professional Informants*, with some direct recruitment to cover specific drug scenes. Initial interviews were conducted between April to December 2025. In total 85 semi-structured interviews were conducted with *Key Professional Informants*. Interviews were conducted either face-to-face, by phone or *Microsoft Teams*. Interviews were recorded and key quotes transcribed. *Key Professional Informants* were questioned in detail about their insight into one or more Greater Manchester drug scenes. The areas where they worked are detailed in [Chart 3].

2.2.3.1 Professional background of Interview participants

The interviews included professionals working across both adult and young people's substance use treatment services in every Greater Manchester locality. Participants represented a diverse range of roles within these services, including clinical prescribers, harm reduction workers, service managers, advocacy workers, recovery workers, nurses, and outreach teams.

In addition to substance use specialists, interviews were conducted with professionals from a broad spectrum of related sectors. These included homelessness services, supported accommodation, policing, prison services, healthcare, youth justice, safeguarding, education (schools), sexual health, mental health, and community detoxification services. This ensured that perspectives were captured from across the wider system of care and support.

Chart 1. Distribution of online survey of professionals by area

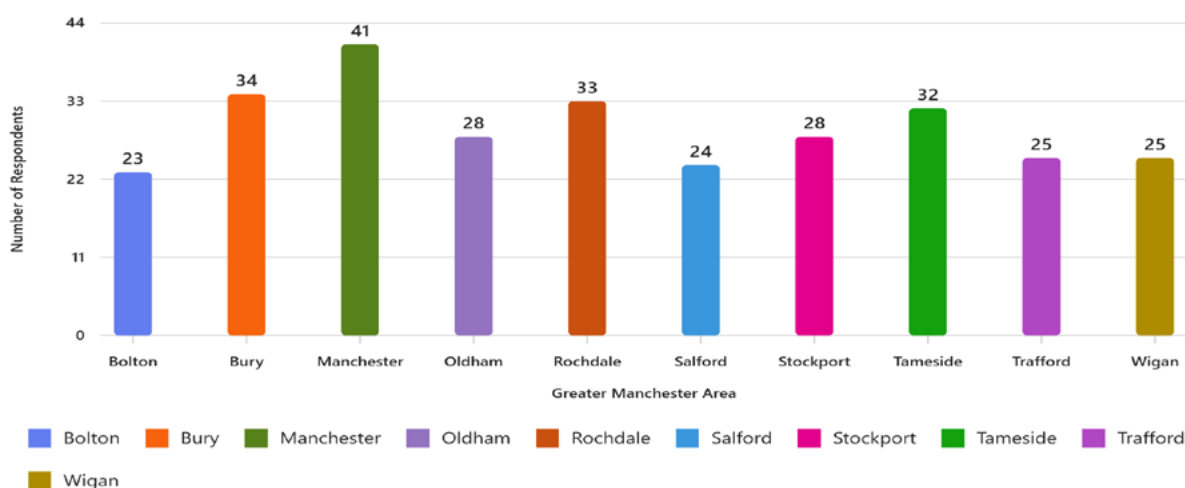


Chart 2. Past year increase or decrease in use reported by online survey of professionals

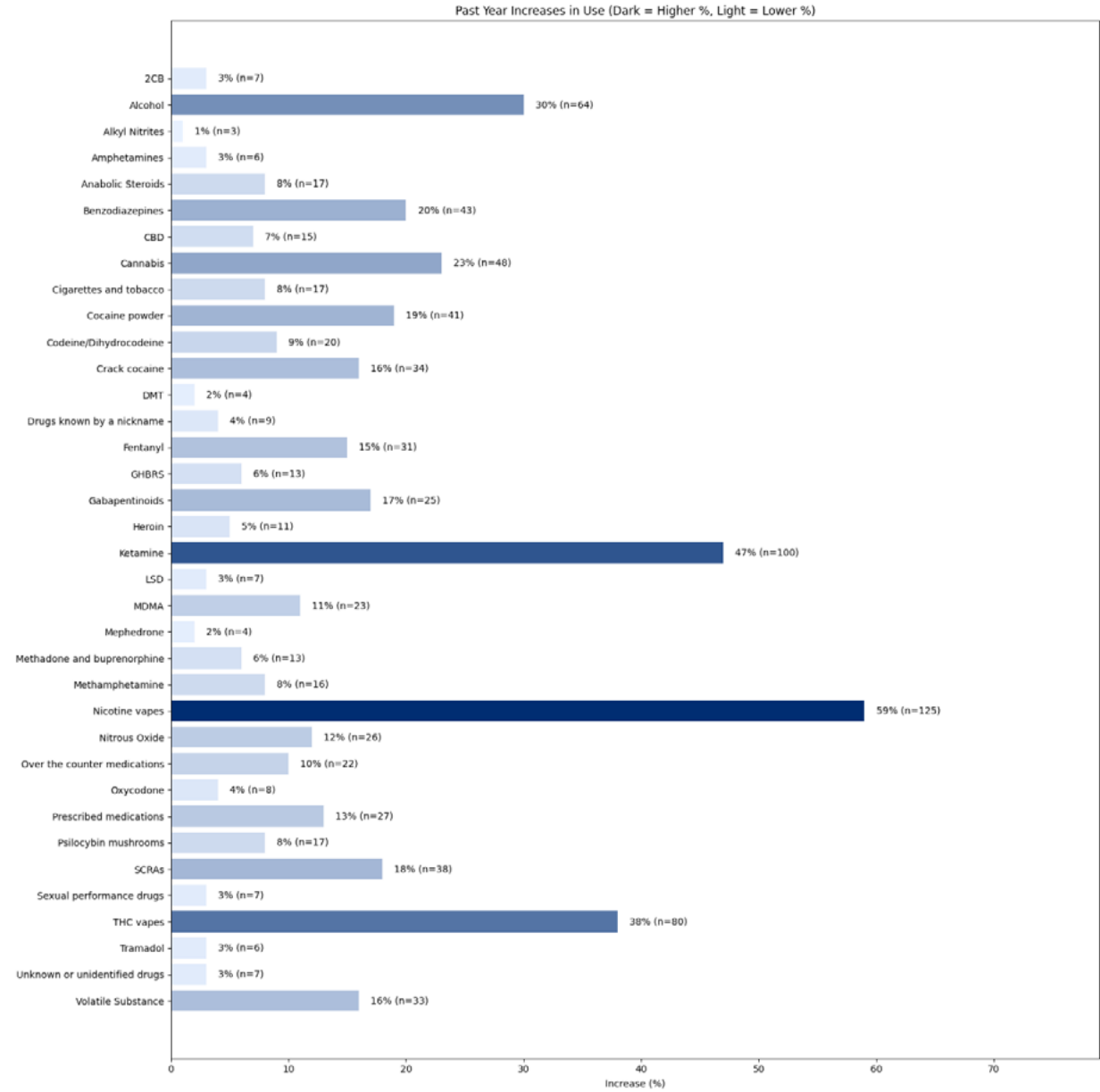
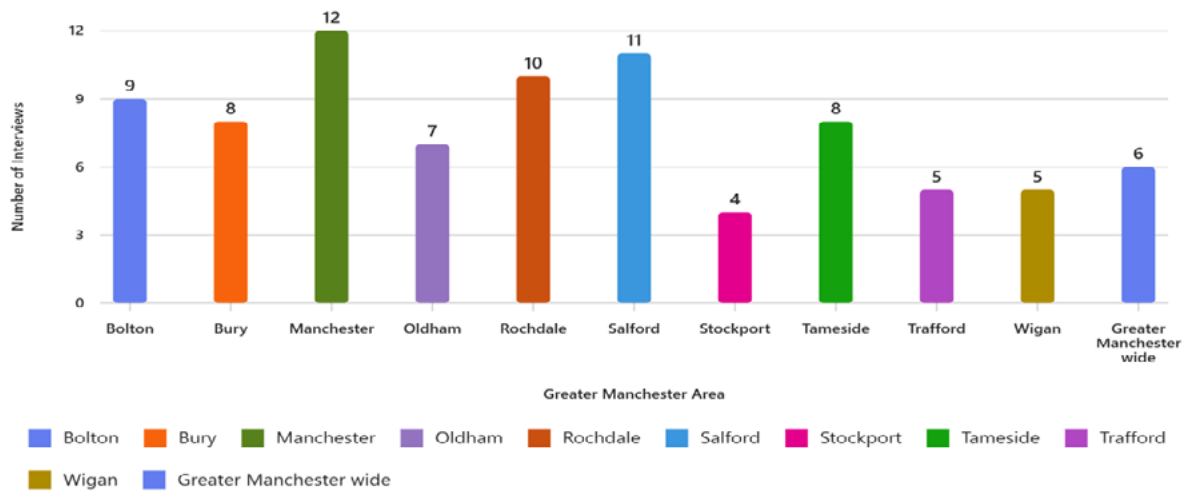


Chart 3. Distribution of Key Professional Informant interviews by area



2.2.4 Online survey of young people

An online survey of young people aged 13 to 25 was conducted between 14th April and 21st June 2025. Participants were recruited through the North West Young Person, Children and Families Professional Network and commissioned young person substance use services across the 10 Greater Manchester areas. The survey was also promoted via social media, flyers, and posters.

Following last year's report, which highlighted concerns about young people accessing drugs through digital markets and increasing reports of substance use for self-medication related to mental health and neurodiversity, additional questions were included this year. These focused on where substances were accessed, reasons for use, and other substances used alongside them. Furthermore, at the request of the North West Young Person, Children and Families Professional

Network, questions about *Snus* (nicotine pouches) were added.

The survey was completed by 817 respondents, more than double the 400 respondents achieved last year. Almost a third (32.6%; n = 266) of respondents resided in Manchester, which was the area with the highest response rate. The next highest was Rochdale (18%; n = 147). Combined, these two areas accounted for 50.6% of all responses. The areas with the lowest number of responses were Stockport (24; 2.9%), Bolton (28; 3.4%) and Wigan (29; 3.5%) [Chart 4].

2.2.4.1 Gender distribution of respondents

The sample was fairly evenly split between those who identified as girls/women (49.8%; n = 407) and those who identified as boys/men (47%; n = 384). A small proportion identified as non-binary (1.3%; n = 11), transgender (0.9%; n = 7), or other (0.4%; n = 3). Additionally, three respondents opted to prefer not to say [Chart 5].

Chart 4. Respondents to young people online survey by area

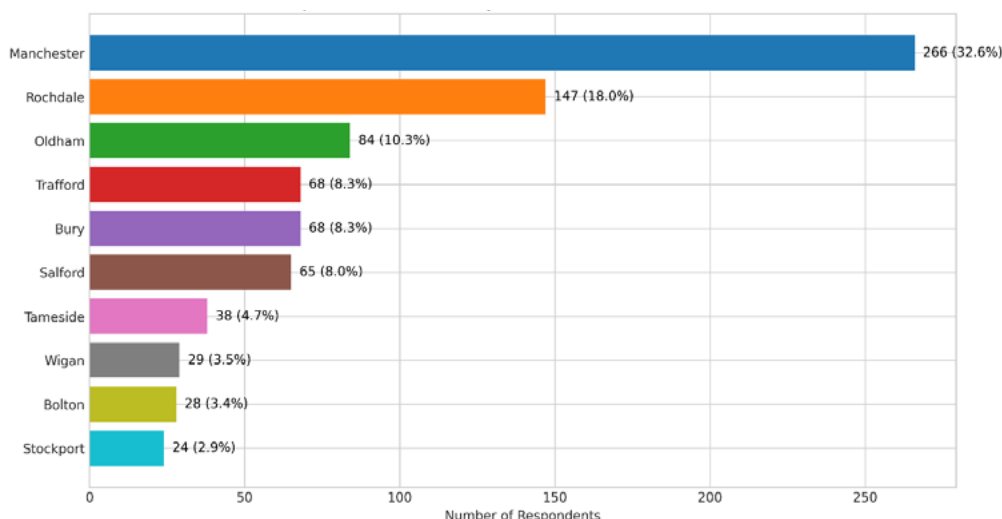
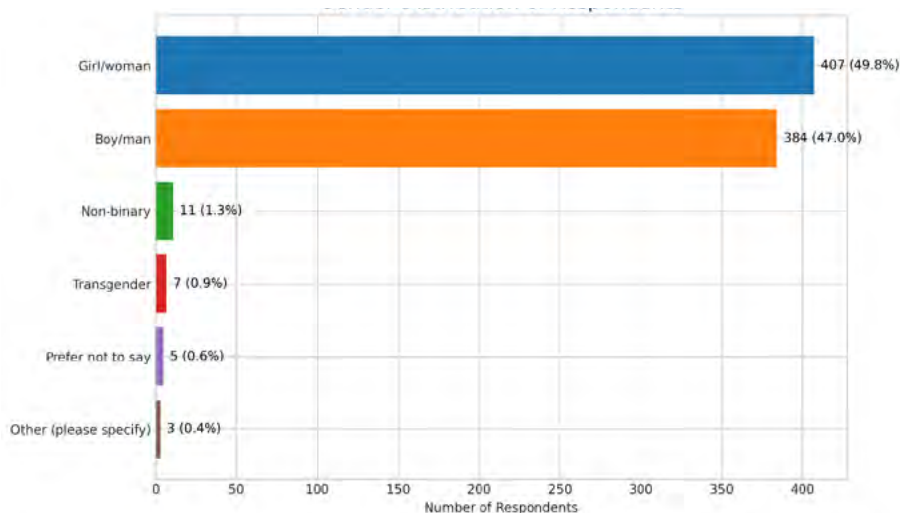


Chart 5. Gender distribution of respondents to young people online survey



2.2.4.2 Ethnic profile of respondents

The ethnic profile of respondents has changed significantly from last year, reflecting greater diversity. In the previous survey, the sample was predominantly White (87.5%), with the next largest group being Asian British/Pakistani/Indian/Bangladeshi (3.5%), followed by Black British/Caribbean/African/Other (3.0%). This year, just over two-thirds (68.3%) identified as White. There was a notable increase in respondents identifying as: Asian (Pakistani/Indian/Bangladeshi): 14.4% (n = 118), Black (Caribbean/African/Other): 7.5% (n = 61) and Mixed heritage: 5.6% (n = 46).

The changing ethnicity of respondents is of factor that is likely to have contributed to lower percentages of substance use this year. For example, when comparing the main two substances used by young people – **alcohol** and **cannabis** – we can see the differences by ethnic backgrounds. Four-fifths (80.1%; n=447 out of 558) of those who self-identified as ‘White’ reported past year alcohol use. While this was similar for those identifying as ‘Mixed heritage’ (76.1%; n=35 out of 46), it dropped to below half (45.9%; n=28 out of 61) for those identifying as ‘Black’ and to one in eight (11.9%; n=14 out of 118) for those identifying as ‘Asian’. For **cannabis**, almost half (46.6%; n=261 out of 558) of those who identified as ‘white’ reported past year use. This was approaching three times more than the percent who identified as ‘Asian’ reported (17.8%; n=21 out of 118). However, although the numbers were relatively small in comparison, those young people identifying as ‘mixed heritage’ had higher past year rates of **cannabis** use (54.3%; n=25 out of 46) with almost a third (31.1%; n=19 out of 61) of those identifying as ‘black’ reporting past year **cannabis** use.

2.2.4.3 Ethnic Profile of respondents and substance use patterns

The ethnic profile of respondents has changed significantly from last year, reflecting greater diversity. In the previous survey, the sample was predominantly White (87.5%), with the next largest group being Asian British/Pakistani/Indian/Bangladeshi (3.5%), followed by Black British/Caribbean/African/Other (3.0%).

This year, just over two-thirds (68.3%) identified as White [[Chart 6](#)]. There was a notable increase in respondents identifying as:

- Asian (Pakistani/Indian/Bangladeshi): 14.4% (n = 118)
- Black (Caribbean/African/Other): 7.5% (n = 61)
- Mixed heritage: 5.6% (n = 46)

The changing ethnic composition of respondents is likely to have contributed to lower overall percentages of substance use this year. For example, when comparing the two most commonly used substances – **alcohol** and **cannabis** – clear differences emerge by ethnic background [[Chart 7](#)]:

Alcohol:

- White: 80.1% (n = 447 out of 558)
- Mixed heritage: 76.1% (n = 35 out of 46)
- Black: 45.9% (n = 28 out of 61)
- Asian: 11.9% (n = 14 out of 118)

Cannabis:

- White: 46.6% (n = 261 out of 558)
- Mixed heritage: 54.3% (n = 25 out of 46)
- Black: 31.1% (n = 19 out of 61)
- Asian: 17.8% (n = 21 out of 118)

Although the numbers for some groups are relatively small, young people identifying as Mixed heritage reported the highest past-year cannabis use (54.3%), while those identifying as Asian reported the lowest rates of both **alcohol** and **cannabis** use.

2.2.4.4 Respondents in contact with services

The percentage of young people who had been in contact with services in the past year was much lower this year than previous years. Only a third (33.6%; n=275) reported past year treatment service engagement compared to 60% last year. In contrast, almost two-thirds (63.2% (n=516) had not had any past year contact with treatment services, an increase from 38% last year [[Chart 8](#)].

2.2.4.5 Age of respondents

The 2025 cohort has a mean age of 17 years and 9 months and median age of 17. This is older than the previous year (15 years and 10 months). This can be largely attributed to the fact that we increased the upper age from 21 in previous years to 25.

Chart 6. Ethnic profile of respondents to young people online survey

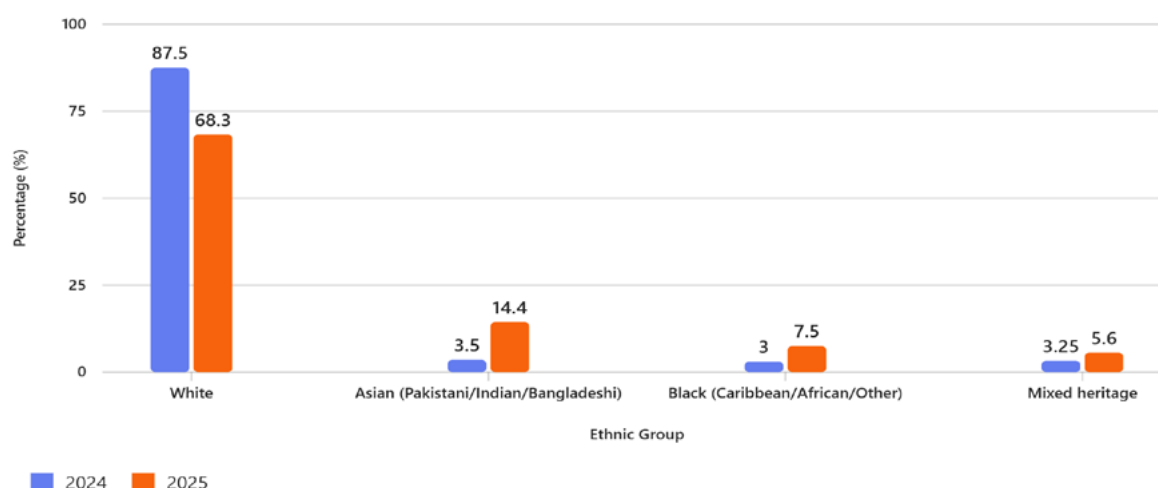


Chart 7. Alcohol and cannabis use by ethnic group of respondents to young people online survey

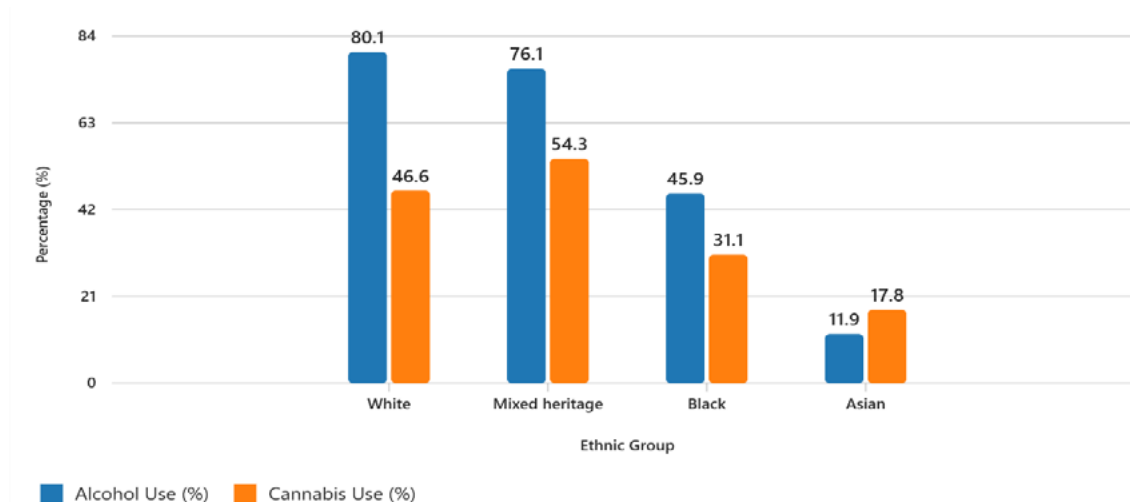


Chart 8. Past year contact with services of respondents to young people online survey



2.2.5 MANDRAKE Drug sample analysis

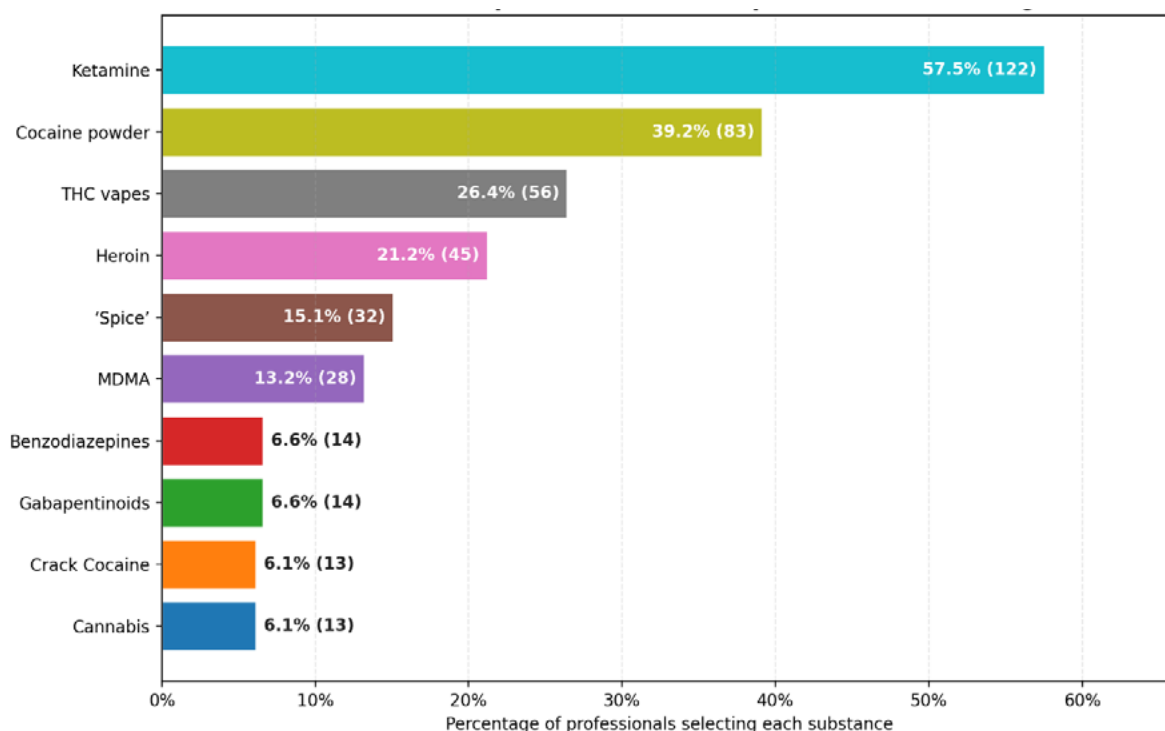
2.2.5.1 Priority Testing

The professional survey asked professionals to list the substance they wanted to see prioritised for testing this year [Chart 9]. **Ketamine** was the most requested substance (122/212 professionals), far exceeding all others. **Ketamine** dominated across nearly all areas, with the highest concentration in Manchester and Tameside. **Cocaine powder** (83/212), **THC vapes** (56/212), and Heroin (45/212) were also high priorities. **Cocaine powder** testing was widely requested, especially in Bury, Tameside, and Wigan. Requests for the testing of **THC vapes** clustered in Oldham and Rochdale. 'Spice' (32/212), **MDMA** (28/212), **Gabapentinoids** (14/212), **Benzodiazepines** (14/212), **Crack Cocaine** (13/212) and **Cannabis** (13/212) had more moderate but noteworthy interest.

2.2.5.2 MANDRAKE Tests

MANDRAKE conducted 217 tests on samples during the *GM TRENDS* study period, with further tests ongoing as part of a continuous rolling programme. Samples underwent qualitative and quantitative analysis using industry standard methods⁵ and in accordance with MANDRAKE's Home Office License. The drugs analysed were both non-evidential drugs seized by GMP during the reporting period and from a pilot project with GMP where drugs found at the scene of drug related death could be rapidly analysed. In addition, samples submitted by Greater Manchester professionals may be analysed under a process developed with GMP [Appendix A]. The drugs prioritised and selected for analysis reflected both the *GM TRENDS* drugs focus for this study and the drugs linked to incidents and or deaths under investigation by the *Drug Alert Panel*. The emphasis on analysing drugs found at the scene of deaths may mean samples are not necessarily representative of all drugs in circulation. However, there is such a paucity of drug purity information available that year by year purity comparisons are still invaluable.

Chart 9. MANDRAKE: Substances professionals want prioritising for testing (n=212)



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.

2.2.6 Drug Alerts

During the reporting period, 4 alerts were issued through the Greater Manchester Alert Panel. An alert was issued after two **MDMA** related deaths among young women in Manchester (October 2025). A death involving **methoxyacetylfentanyl** in Manchester and the results of toxicology on three deaths in Tameside identified the presence of **etonitazene** among other drugs (October 2025). An alert was issued after samples of **ketamine** were identified as containing **medetomidine** (November 2025). An alert was issued in December 2025 after three deaths in Bury on the same day and a further three deaths in Bolton around this time, although no definitive adulterated or higher potency substances were identified as a common cause.

2.2.7 Data analysis

Interviews summaries and transcripts 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.

Targeted warning after deaths in Bury - December 2025

Greater Manchester Drug Alert Panel. 12th December 2025 

WARNING

There have been three deaths in Bury and a number of non fatal overdoses in the last week.

It is unknown at present what drugs are involved.

THE DRUG MARKET HAS NEVER BEEN AS DANGEROUS!

Synthetic opioids like **Nitazenes** and **fentanyl** along with the animal sedatives **Xylazine** and **Medetomidine** are unwanted contaminants added to poor quality heroin, fake prescription drugs sold as diazepam

- Street drugs contaminated with **Nitazenes**, **Fentanyl**, **Xylazine** or **Medetomidine** are much more likely to lead to overdose.
- Drugs contaminated with **Nitazenes** killed nearly 200 people in the last year.
- These drugs are still showing up in recent tests on people who have died in Greater Manchester.

Naloxone is an 'antidote' to an opioid overdose.

Naloxone works on Nitazenes and fentanyl

Naloxone will not work on Xylazine or Medetomidine, but should be used in case they have taken another opioid.

- **Don't use alone**, as there is nobody to help if you overdose.
- Watch out for **signs of an overdose** in friends.
- Make sure you have a supply of **naloxone**.
- You may have to use **more than one dose** of naloxone.
- **Ring for an ambulance** if somebody overdoses. Naloxone is a temporary antidote, you still need to ring for an ambulance after you have used naloxone.
- Using **diazepam** or **pregabalin** at the same time as heroin, methadone or other opioids increases the risk of overdose.
- Injecting heroin is a **higher risk** than smoking it. If you do use heroin always take a small **test dose** with every new bag.
- If you have **nitazene test strips**, use them. Don't risk it if your drugs test positive.

Your drug treatment service can provide **Naloxone**, **test strips** and rapid access to **opioid medication treatment**

Help is available from your local drug service
<https://www.talktofrank.com/get-help/find-support-near-you>

3. Greater Manchester

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 (2).



Map of Greater Manchester and its ten metropolitan boroughs.

3.1 Deprivation in Greater Manchester

According to the 2025 *English Indices of Deprivation*, half of the local authority areas in Greater Manchester are within the top 30 most deprived in England. Manchester ranks as the fourth most deprived local authority area in England (3). 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 (4).

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 (5). There are significant differences even between different parts of local authority areas, with for instance life expectancy (2016 to 2020) in the Manchester ward of Harpurhey being 76.2

years (males) and 71.6 (females) while the ward of Didsbury has life expectancy of 81.6 years (males) and 84.4 years (females) (6).

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 (7).

The policy paper published under the 2019 to 2022 Johnson Conservative government had the aim was of 'Levelling Up the United Kingdom' by narrowing the gap in *Healthy Life Expectancy (HLE)* between local areas by 2030 (8). 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 (9). 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 (10). The current Labour government have replaced the words “*levelling up*” with “*local government*” in the departmental and ministerial titles (11).

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 of DoD 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) (12).

Table 1: Population estimate and deprivation measures for Greater Manchester

Area	Population	IMD Rank 2025*	Life expectancy at birth (2018-2020)		Deaths of despair (DoD) per 100,000 population (2019-2021)
			Male	Female	
England	59,597,300		78.7	83.1	33.5
North West	7,417,300		76.9	81.7	44.5
Greater Manchester	2,867,800		77.5	81.3	43.34
Manchester	552,000	4	75.4	79.8	48.3
Rochdale	223,800	17	76.6	80.9	48.4
Salford	269,900	24	77.1	80.5	42.9
Oldham	241,100	11	77.1	80.5	44.1
Tameside	231,100	44	76.8	80.1	44.2
Bolton	296,000	30	77.3	80.7	49.7
Wigan	329,300	78	77.5	81.2	43.1
Bury	193,800	90	78.3	81.9	43.7
Stockport	294,800	158	79.3	83.2	38.0
Trafford	235,100	201	80.2	83.7	31.0

Population: *Source (2)*

(IMD) Index of Multiple Deprivation rank 2025: *Source: (3).*

**The IMD provides a score and a ranking for a range of indicators based on small areas in England called lower layer super output areas (LSOAs). The IMD identifies the order of LSOAs from most deprived (rank of 1) to least deprived (rank of 33,755) and ranks based on the proportion in the 317 local authority areas.*

Life expectancy: *Source (13)*

DoD rate per 100,000 population. *Source (12).*

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 (9).



3.2 Deprivation, drugs and alcohol

There has been an ongoing downward trend in the amount the NHS spends on potentially addictive medicines (*opioids, benzodiazepines, gabapentinoids* etc) in England, with a fall of 52% between 2015/16 and 2023/24. However, health inequalities in their use persist with 78.5% more patients in the most deprived areas prescribed dependency-forming medicines than those in the least deprived (14).

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 (15; 16).

Avoidable mortality due to **alcohol** - and drug-related causes has been increasing since 2001 with the largest rises seen from 2019 onwards. There is a higher rate of avoidable mortality in the most deprived group compared with the least deprived group in all of the most prevalent causes of avoidable mortality in both England and Wales in 2023 (17). The highest rates of avoidable mortality in the year 2023 were in the North East with a mortality rate of 298.8 per 100,000 and the North West with a rate of 291.4 per 100,000.

The lowest rates of avoidable mortality in 2023 were in the South East with a mortality rate of 200.6 per 100,000 and London with a rate of 209.6 per 100,000 (17).

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 (18). The most deprived areas also have higher rates of **alcohol** specific deaths (19). 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 (20).

3.3 Treatment funding

In response to the Black Review (21; 22) 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 (23). A review of the strategy in 2024 found one of the major issues was a lack of guaranteed long term funding cycles (24). In March 2025, £310 million of grants for drug and alcohol treatment for years 25/26 was announced. Previously grants used to support drug and alcohol treatment and recovery were consolidated into a single *drug and alcohol treatment and recovery improvement grant* (DATRIG). These along with the *individual placement and support* (IPS) grant are listed by local authority area (25)

Table 2: Drug and alcohol treatment and recovery funding: 2025 to 2026. *Source: (25).*

Area	DATRIG	IPS
Bolton	£2,440,154	£175,694
Bury	£751,044	£265,398
Manchester	£6,779,248	£175,872
Oldham	£1,700,380	£170,590
Rochdale	£2,936,446	Consortium
Salford	£2,599,388	£175,694
Stockport	£731,765	£164,866
Tameside	£1,261,447	£165,695
Trafford	£446,419	Consortium
Wigan	£3,392,561	£160,196

4. Drug indicators

4.1 General population surveys

4.1.1 Adult surveys

According to the Crime Survey for England and Wales (CSEW), there was no statistically significant change in overall prevalence of past year drug use. In the year ending March 2025 CSEW estimated that 8.7% of people aged 16 to 59 years (approximately 2.9 million people) and 15.1% aged 16-24 reported using a drug in the last 12 months. 3.3% of people (approximately 1.1 million people) used a Class A drugs in the past year. Around 2.0% of people were frequent drug users (more than once a month), which is a slight increase from 2024 (1.8%), but less than 2023 (2.3%) (26)

In the year ending March 2025, there was no statistically significant change in past year prevalence of any individual drug compared to the previous year. **Nitrous oxide**⁷ decreased from 0.9% to 0.5% of those aged 16-59 and from 3.3% to 1.3% in those aged 16 to 24 years and **new psychoactive substances (NPS)**⁸ decreased among those aged 16 to 59 from 0.5% to 0.3%; but there were no statistically significant changes for other drug types. (26).

There was no statistically significant change in **ketamine** use (2025) among those aged 16 to 24 years (2.0%) compared with 2024 and 2015. However, there was an increase among those aged 16 to 59 years (0.8%) compared with 2015 (0.5%) (26).

Local authority-level prevalence data is not available, however regional data shows the North West (9.8%) reports higher levels of overall use of the most popular drugs among adults aged 16-59 in the last year than for England (8.7%), and higher use of any Class A drug: North West (3.7%), England (3.3%) (26).

CSEW is the only national prevalence estimate, although it is thought to under report drug prevalence by up to 20% (27). A review of data from the ten+ year old 'Adult Psychiatric Morbidity Survey', and the 2019/20 CSEW, found

among ethnic groups prevalence estimates differed both overall and between different drugs (28). 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 (29).

4.1.2 Young people surveys

The latest 2023 survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15) shows 13% of pupils reported they had ever taken drugs; this was down from 18% in 2021. In 2023, 9% had taken drugs in the last year, and 5% in the last month. The proportion using drugs increases dramatically with age, so for instance 12% of boys have ever used a drug, but the proportion is 6% of 11-year-old boys, compared to 23% of 15-year-olds. In 2023 the proportion reporting past year use of the following drugs was:

- **Cannabis** 5.7% (down from 13.4% in 2001)
- **Powder Cocaine** 0.9%, (down from 1.2% in 2001)
- **Ketamine** 0.9%. (First reported in 2005 when it was 0.4%; the peak was 1% in 2018).
- **Nitrous Oxide** 1.4% (down from peak of 4.1% in 2018)
- **Heroin** 0.4%, **Crack cocaine** 0.4% (similar to previous years)
- **Volatile substances** 2.6%
- **Tranquillisers** 0.5%

Most pupils still get drugs from friends: 3% had ever brought from internet and 3% from shops; 67% took drugs on the first occasion to see what it was like (curiosity). Of those who used **cannabis**, 49% took it on the street or in a park, but only 4% at school (most recent occasion they had used). In contrast the figure for **volatile substances** is very different, with 38% using at school and only 6% on street (30).

7. Nitrous oxide was controlled under the Misuse of Drugs Act in November 2023 (136).

8. The NPS category includes a random range of drugs, hardly any of them 'new' with most of them having been controlled by the Misuse of Drugs Act for decades, i.e. GBH/GBL, mephedrone.

4.2 High-risk drug use indicators

The last estimates of *Opiate and/or Crack Cocaine Users (OCUs)*⁹ is from 2022/23, when there were an estimated 310,718 OCUs in England; 242,627 Males, 68,090 females and

Overall rate of 8.5 per 1,000 population. These estimates can't compare with previous estimates due to a change in methodology.

Estimates of OCU are broken down by *Opiates and Crack* (119,998); *Opiates Only* (140,185); *Crack only* (50,534). The rate per 1,000 population for males is 13.5 males and 3.7 for females. Most OCU are in the 35-64 age group (236,070); aged 25-34 (57,644); aged 15-24 (17,004). The number of OCU in the North West is the largest number of any region in England at 54,206, although the rate per 1,000 population is third highest after North East 12.8 per 1,000 population (21,676 number) and Yorkshire and the Humber 11.6 (40,747). The lowest rate is the South East with 6.3 (37,223) (31).

Table 3 opposite shows estimates of OCU for Greater Manchester and the estimated proportion not in treatment.

4.3 Treatment demand indicators

4.3.1 Adults in treatment in England

In the year 2024/25 (up to March 2024) there were 329,646 adults *in treatment* for drug and **alcohol** problems in England, a 6% rise compared to 2023/24 (290,635) and the highest number of adults in treatment since reporting began. Of those *in treatment* (44%) were for problems with *opiates*¹⁰; while 30% were in treatment for **alcohol only**. The number entering treatment also increased to 169,542 from 158,991 the previous year and continued recent increases since 2021/22 (33).

Of the people starting treatment:

- 62% said they had a problem with **alcohol**
- 23% said they had a problem with *opiates*
- 19% said they had a problem with **crack cocaine**
- 22% said they had a problem with **cannabis**
- 20% said they had a problem with (powder) **cocaine** (the highest on record)

The number of new entrants using *benzodiazepine* increased from 3,872 to 4,161 this year, although the proportion entering treatment was stable. There was another increase in the proportion entering treatment with **ketamine** problems (from 2.3% in 2023/24 to 3.2% this year). The number of ketamine users starting treatment (5,365) is now over 12 times higher than it was in 2014 to 2015, when the number was 426. The number of people with **methamphetamine** problems also rose, reaching 968 compared to 826 in 2023/24.

Of those starting treatment

- 21% were without a home, including: living with friends or family as a short-term guest or 'sofa surfing' (9%); in temporary housing or supported accommodation (6%); living on the streets (3%)
- 74% had mental health treatment need
- 44% smoked cigarettes but only 4% were offered smoking cessation.
- 16% of *opiate* users starting treatment were injecting, 33% former injectors (only 2% of the *non-opiate only*, 1% *non-opiate and alcohol* and 0.4% **alcohol** group)
- 19% (31,821) were living with children under 18, either their own or someone else's (33).

4.3.2 Adults in treatment in Greater Manchester

All Greater Manchester local authority areas experienced a fall in the number of *opiate* users *in treatment* in the 2010 to 2019 period, from 11,715 to 8,870 (34). During 2024/25 the number of *opiate* users in treatment in Greater Manchester stood at 9,260 (32). (See **Table 4** opposite)

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

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

Table 3: Estimates for the number and rate per 1,000 population of OCU (opiate and or crack cocaine users) in Greater Manchester 2022/23. Number in treatment and estimated proportion not in treatment 2023/24. Source (32)

Area	Estimated number of OCU 2022/23	Estimated OCU rate per 1,000 population 2022/23	Number of OCU in treatment 2022/23	Estimated Proportion of OCU not in treatment 2022/23
England	310,718	8.5	143,434	53.8%
Bolton	2,822	15.3	1,323	54.9%
Bury	1,315	10.7	504	61.7%
Manchester	5,813	14.3	2,388	58.9%
Oldham	1,829	11.9	760	58.4%
Rochdale	1,831	12.7	869	52.5%
Salford	1,915	10.0	801	58.1%
Stockport	1,871	10.2	740	60.4%
Tameside	1,680	11.3	920	45.2%
Trafford	930	6.2	374	59.7%
Wigan	2,109	9.9	1,063	49.6%

Table 4: Number of adult clients in treatment for alcohol and drug problems in Greater Manchester. December 2023 to November 2024. Source (32).

Area	All adults in treatment 2024/25	Opiate users 2024/25	Non opiate only 2024/25	Non opiate and alcohol 2024/25	Alcohol users 2024/25
England	329,646	138,255	43,687	47,758	99,955
Bolton	2,475	1,265	290	305	615
Bury	1,125	445	135	175	375
Manchester	5,540	2,250	800	1,180	1,305
Oldham	2,145	780	405	360	595
Rochdale	2,265	845	390	370	660
Salford	2,050	800	285	360	605
Stockport	1,875	680	250	305	635
Tameside	2,410	885	325	445	755
Trafford	1,060	355	130	195	375
Wigan	2,320	955	440	505	930



4.3.3 Young people in treatment

Between April 2024 and March 2025, there were 16,212 young people (under 18) in structured treatment for alcohol or drugs in England. This was a 13% increase and the fourth increase in a row after more than a decade of declining numbers from 24,165 in 2009/10. Just over 3 in 5 were boys (61%), the median age was nearly 16 years old for both girls and boys. The number of younger children (aged 13 and under) in treatment remained low (1,832, 11%). Of those in treatment, 82% report stating to use before the age of 15; 48% girls and 16% boys reported self-harming; 9% girls and 1% boys reported sexual exploitation; 48% report mental health treatment need (73% of those received some form of treatment).

They can list up to three substances they have a problem with: **Cannabis** by far the most common drug 13,908 (86%). **Alcohol** problems (6,107) continued to decrease as a proportion seen in services (from 39% to 38%). *'Solvents'* have increased to 881 (6.1%) in 2023/24 from 629 (5.1%) in 2022/23. However, the data marked *Solvents* includes both **volatile substances** like aerosol gases (**VSA**) and **nitrous oxide** making it impossible to understand if (a) there has been a rise in **VSA** and or (b) there

has been any effect of from the November 2023 **nitrous oxide** legislation. **Ketamine** increased again to 1,465 (9%) in 2024/25 from 1,201 (8.4%) 2023/24, 719 (5.8%) in 2022/23 and 512 in 2021/22 (35%).

4.3.4 Drug treatment in prisons

There were 52,401 adults in **alcohol** and drug treatment in prisons and secure settings during 2024/25 (a 5% rise): 79% of the those in treatment started treatment during this year (same proportion as last year); 57% of those in treatment were for *opiates*, **crack cocaine** or both (similar to previous year), 33,454 adults left treatment (an increase from 31,050 in 2023/24); 37% left treatment 'free of dependence' (similar to previous year); 57% started community treatment within 3 weeks of release (a 4% increase). The North West had the highest rate of continuing treatment (74%) and London had the lowest (43%) (36).

There were 576 young people received treatment during 2024/25 (up slightly from 566 in 2023/24): 92% for **cannabis** (a similar proportion to previous years); 444 young people left treatment; 46% completed their treatment successfully (a slightly lower proportion than last year) (36).

Table 5: Number of young people in treatment in Greater Manchester 2020 to 2024. *Source (32)*

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	No of young people in treatment 2023/24	No of young people in treatment 2024/25
England	11,015	11,362	12,418	14,352	16,212
Bolton	110	170	150	200	235
Bury	85	80	95	85	100
Manchester	150	150	160	170	200
Oldham	40	65	125	135	175
Rochdale	125	115	130	145	175
Salford	80	60	60	60	75
Stockport	85	65	65	90	185
Tameside	55	90	115	105	115
Trafford	55	60	55	65	95
Wigan	65	90	100	125	120

4.4 Drug related deaths

4.4.1 Deaths related to drug poisoning and drug misuse.

There were 5,565 deaths related to *drug poisoning* registered in England and Wales in 2024¹¹, a rise from 5,448 from 2023, and another record for the highest number of deaths since records began in 1993 (37).

Deaths are also broken down as a result of *drug misuse* 3,736 (67.1% of the total). However, excluding those deaths where no cause is given this rises to 85.4% of the total of all *drug poisonings*. The average age for drug misuse deaths in 2024 was: 45.5 years for males, 48.5 years for females (37).

The rate of deaths per million population for drug poisoning in England and Wales has risen to 128.7 per million (3,710 deaths) for males and 60.6 deaths per million (1,855 deaths) for females. This was the 12th successive rise and double the rate in 2012. As has become the norm there was a distinct North/South divide. The rate of drug-poisoning deaths in England was 91.1 deaths per million. In Wales (140.4). The highest drug-poisoning death rate was seen in the North East (167.6). The lowest rate was seen in the East of England (66.3). The North West rate was (158.4) for males and (72.3) for females (37).

There were 409 deaths that occurred across Greater Manchester within the 12 months ending June 2025 reported on the *Liverpool John Moores Independent Monitoring System (IMS DARD)*¹². Of those, 161 were drug related, 15 were **alcohol** related, 62 were ruled as natural or 'other' causes, and 171 cases are still awaiting coroner verdict.

Of all cases, 78% (n 319) were initially reported by a treatment provider. These will include deaths from natural causes which may have been contributed to by long-term drug use among other factors. For drug related deaths,

87 out of 161 (54%) were initially reported by a coroner and not in treatment at the time of their death. Of the confirmed drug and **alcohol** related deaths the average age was 47.3 (47.6 males, 46.7 females) and 94.2% were *White British* (38).

4.4.2 Deaths by drug type

Most deaths involve more than one substance and of the drug-poisoning deaths registered in England and Wales in 2024, 21.4% (1,192) had no drug type recorded on the coroner's death certificate (for example, records only mention "*drug overdose*" or "*multiple drug toxicity*"). Deaths involving either **powdered cocaine** or **crack cocaine** registered in 2024, a total of 1,279 deaths which was 14.4% higher than 2023 (1,118 deaths) and eleven times higher than in 2011 (112 deaths). Nearly half of deaths registered in 2024 involved an *opiate*, 47.1% (2,621 deaths). **Heroin** (and **morphine**) 1,415 deaths down from 1,453 in 2023; **Methadone** 676 down from 709; **Fentanyl** 60 up from 41 (2023) and *fentanyl analogues* just 2. *Nitazene* deaths are now listed by the ONS and have gone from 1 in 2021, 38 (2022), 52 (2023), to 195 registered in 2024 (37). According to data from OHID, from June 2023 to June 2025 there were 494 deaths involving *nitazenes* (39).

The *IMS DARD* report for Greater Manchester for the April till March 2024-25, period includes implicated substances and as with the ONS reporting, most deaths involve multiple substances, so the totals are far more than the total of 409 deaths (161 drug related, 15 were **alcohol** related, 62 were ruled as natural or 'other' causes, and 171 cases

are still awaiting coroner verdict) that were reported. The most frequently reported substances implicated in deaths were: *All opiates* 251, *all cocaine* 134, **Alcohol** toxicity 33 (38).

11. The figures cover the date of registration of deaths, so although the data is published in 2025, it is for 2024 registrations, but because of delays (on average 214 days) over half of these deaths occurred in 2023 (37).

12. 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.

Table 6: Greater Manchester deaths related to drug misuse. Source. (37) (38)

Area	Number of Deaths related to drug misuse 2022 -2024	Rate of deaths related to drug misuse per 100,000 population 2022-2024	Confirmed GM DARD* cases reported by the IMS. April 2024 till March 2025
England	9,697	5.8	-
Greater Manchester	621	7.3	139
Bolton	71	8.2	15
Bury	34	6.1	14
Manchester	159	10.4	41
Oldham	37	5.4	11
Rochdale	29	4.4	11
Salford	64	8.1	18
Stockport	64	7.2	4
Tameside	65	9.6	3
Trafford	40	5.7	6
Wigan	58	6.0	16

*There were 380 deaths reported on IMS DARD occurred across Greater Manchester within the last 12 months, 122 were drug related, 17 were alcohol related. A further 50 deaths occurred from natural causes of those in drug and alcohol treatment and a further 191 were either not drug related or the cause unknown.

4.4.3 Drug related deaths and mortality during treatment

While research has demonstrated *Opiate Substitution Treatment* (OST) is a protective factor against premature mortality (40); deaths of those people in contact with treatment services had doubled in the decade before the covid-19 pandemic and during the 2020/21 reporting period (covering the pandemic) there was a 27% increase. The total number of people who died while in contact with treatment services in 2024/25 was 4,273, or 1.3% of all adults in treatment. Compared to 2023/24, this is a 6% increase in the number of deaths (from 4,022) and is the same proportion of people in treatment dying as last year.

People with *opiate* problems accounted for nearly two-thirds (63%) of these deaths, and the **alcohol only group** accounted for 28% (33).

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 considerably higher than the *ONS* estimates (22; 41).

4.4.4 Drug related deaths in prison custody

During 2024/25, 62 adults died while they were in drug and **alcohol** treatment in secure settings an increase from 2023/24 when 38 people died (36).

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 NPS deaths (42).

4.4.5 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 (43). The ONS had announced plans to no longer publish data on deaths amongst homeless people but abandoned the plans to scrap the data after an outcry from homeless charities (44). However, no data has been published since 2022.

The latest report from *The Museum of Homelessness* reports on 1,611 deaths of people experiencing homelessness in 2024, a 9% increase on 2023. Cause of death is only known in 30% of cases, but deaths from **alcohol** and drugs made up 43% of the total (209 deaths) which is broken down as drug related including overdose (167 deaths) followed by **alcohol** related (42), some have multiple causes where drug or alcohol is not explicitly stated, so the figure may be higher. The next highest category is suicide (51). Of those deaths recorded as drug or **alcohol** related 31 were rough sleeping at the time (45).

4.4.6 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*. (46). The increased risk of *opioid* overdose death due to reduced tolerance in the period after leaving prison is well known (47). 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 (48).

A recently published report compared the UK to 21 other peer (high income) countries. In 2023, UK female mortality rates in the 25-49 year age group were 46% higher than the median of peer countries, while male rates were 31% higher. Drug-related deaths were a key contributor to the divergence in mortality rates for people aged 25-49 from peer countries. Drug-related mortality rate in the UK (because of time lags this was 2019 data). was more than three times higher than the median of peer countries. The authors argued that the reasons were multiple, complex and interrelated but key was UK economic stagnation, economic deprivation and social exclusion, income gaps between nations and regions (49).

4.5 Drug-related infectious diseases

4.5.1 HIV

The prevalence of HIV among participants in the *Unlinked Anonymous Monitoring* (UAM) survey of *people who inject drugs* (PWID) in England, Wales, and Northern Ireland has remained low over the past decade and was 1.0% in 2023 the same as it was in 2014 (50).

4.5.2 Hepatitis B

There are an estimated 268,767 individuals with chronic hepatitis B in England (2024), 25,406 in the North West; the estimated prevalence of hepatitis B is 0.58% of the population for England, 0.42% in the North West. New diagnoses of hepatitis B have increased during 2023 and 2024 with 11,910 new diagnoses in 2023 and 12,566 in 2024, exceeding the previous peak of 11,406 new diagnoses in 2016 (51).

According to the UAM, the prevalence of anti-HBc (a marker of ever being infected with HBV) in PWID, has declined to 7.7% in 2023 from 14% in 2014. This figure has remained stable since 2022 (7.8%). This indicates a real decline, although the uptake of HBV vaccination also declined. In 2023, the proportion of people who were HBsAg positive (a marker of current HBV infection) among those with antibodies to HBc antigen was 5.8%, compared to 4.2% in 2014. Of all PWID surveyed in 2023, the proportion who were currently living with hepatitis B was 0.44% (50).



4.5.3 Hepatitis C

According to the UAM, 53% had HCV antibodies (49% in 2014). Chronic hepatitis C prevalence continues to decline as a result of antiviral treatment from 26% in 2017 to 7.8% in 2023. 40% of those not recently tested unaware of their chronic infection. A decline in new infections may not be real due to a low sample size (50).

Over one third of people who inject drugs who were living with chronic hepatitis C were potentially unaware of their status. Sharing and re-use of injecting equipment had increased in 2023. The level of needle and syringe (direct) sharing reported by UAM survey participants who had injected during the preceding month (4 weeks) was 25% in 2023, an increase from 17% in 2014 (50). According to the authors of a 2025 UKHSA Hepatitis C report; it is vital that adequate harm reduction programmes are provided to prevent new and reinfection, with round 1 in 3 people who inject drugs reported inadequate availability of needle exchange to meet their needs. (52).

4.5.4 Bacterial Infection

Injection site infections are common among PWID. In 2023, 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, the same as 2022 (40%). Of those with infection symptoms, 57% did not seek health care treatment (52).

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 (53). According to the UAM, in 2023 the level of needle and syringe (direct) sharing in the preceding 4 weeks was 25% in an increase from 17% in 2014. Sharing of needle, syringe and other injecting paraphernalia like filters and spoons (direct and indirect sharing) also increased to 44% among individuals who had injected in the past month in 2023, compared to 38% in 2014. These are the highest proportions for both direct and indirect sharing over the last 10 years. Between 2014 and 2023, direct sharing was consistently higher among female participants compared to

male participants. There has also been a notable increase in direct sharing within the aged 25 to 34 years age group (52).

According to the UAM, in 2023, 90% of respondents had injected **heroin** (in the last 4 weeks) and 53% had injected **crack cocaine**. There were further increases in **powder cocaine** injection which has gone from 6.9% in 2013 to 33% in 2023. **Powder cocaine** injection has continued to increase in Northern Ireland, with 91% reporting injection in the last month which may be reflective of the ongoing outbreak of HCV and HIV in the country (52).

4.6 Other indicators

4.6.1 Drug indicators: Hospital admissions

NHS 'Statistics on Drug Misuse' has been replaced by 'Statistics on Public Health'. To 'reduce the burden' hospitals are no longer mandated to submit data on admissions for *drug related mental and behavioural disorders*. Data for *finished admissions episodes related to drug poisoning* are still collected, however, the last available data is for the period 2022/23 for the number of admissions and 2021 for the estimates per 100,000 population by local authority area (54).

Table7: NHS hospital finished admission episodes.

Source (54)

Primary diagnosis of poisoning by drug misuse		
Area	No of admissions 2022/23	Rate per 100,000 population estimate 2021
England	9,690	17
North West	1,605	22
Bolton	35	13
Bury	35	37
Manchester	125	27
Oldham	35	15
Rochdale	45	20
Salford	45	19
Stockport	50	18
Tameside	55	25
Trafford	35	14
Wigan	75	23

4.6.2 Homelessness

Research and analysis from *Shelter* estimates that at least 354,000 people in England were homeless and living in temporary accommodation during the 2024 Christmas period including 161,500 children, a 14% increase (44,500 people) in one year (55).

The Rough Sleeping snapshot in England for autumn 2024, estimates there were 4,667 people sleeping rough on a single night in England during the count period, a 20% increase on the previous year's estimate: 83% were male; 86% over 25. 63% of people sleeping rough are from the UK, although if you go to the dashboard and look at data at a local authority area level this varies hugely in the North West from 100% from the UK in Blackpool to 30% from the UK in Oldham. There were 367 people sleeping rough in the North West (similar to last year's estimate of 369). There were 153 in Greater Manchester, a slight increase (4 people) (56).

According to the *UAM*, the proportion of participants reporting homelessness in the past year or current homelessness in 2023 was 41%. This is an increase from 34% in 2014, but a decrease from previous peaks in 2018 (47%) and 2020 (49%) (50).

National treatment data indicates A fifth (21%) had no home of their own, which included people who were: living with friends or family as a short-term guest or 'sofa surfing' (9%); in temporary supported accommodation (4%); living on the streets (3%) (57).

Thirty-nine per cent of people starting treatment with *opiate* problems had no home of their own, the highest proportion among the 4 substance groups, and 8% were living on the streets. A further 20% of people starting treatment were living in other situations, including long term supported accommodation or living with friends and family permanently.

Over 1 in 12 people (9%) starting treatment said they had a risk of homelessness. For people with opiate problems, the proportion with this risk was 18% while for people with problems with **alcohol only** this proportion was 5% (57).

People starting treatment with problems with psychoactive substances (often *synthetic cannabinoids*) were most likely to report a risk of homelessness, with nearly a quarter (23%) saying they could be made homeless in the next 8 weeks (57).

Table 8: Rough sleeper estimates and deaths of homeless people in Greater Manchester 2021 -2023.

Area	1. Single night estimate of rough sleepers (Autumn 2023)	2. Single night estimate of rough sleepers (Autumn 2024)	3. New people sleeping rough over a month (September 2023)	4. Estimated deaths among homeless people 2021
Greater Manchester	149	153	163	42
Bolton	5	7	1	6
Bury	15	8	20	2
Manchester	48	46	78	17
Oldham	0	10	10	3
Rochdale	6	5	17	3
Salford	19	18	6	2
Stockport	25	31	3	2
Tameside	20	11	2	3
Trafford	0	7	0	0
Wigan	11	10	26	5

Source: 1 and 2 (56). 3 (58) 4. (59).



4.6.3 Naloxone use

Data for naloxone call outs by ambulance services in England is now published. The total England between June 2024 and June 2025 was 17,445. North West Ambulance Service (NWAS) are currently conducting a pilot project to record both the numbers and specific areas where non-fatal overdoses (NFO) occur. It is envisaged data from NWAS will be available in future GM-TRENDS reports (39).

4.6.4 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.

4.6.4.1 Stop and Search

Trends in the volume of drug offences can be influenced by police activity, such as stop and search, with the latest statistics (year ending March 2023) showing that just over half (51% or 37,911) of all arrests resulting from section 1 stop and searches were made where the initial search reason was suspicion of drug possession. (60). In Greater Manchester 50,762 stop and searches were conducted between April 2024 - March 2025, compared to 45,957 in the same period last year, an increase of 10%. 27,529 stop and searches were conducted under the Misuse of Drugs Act powers (61).

In the year ending March 2023, People identifying as black or black British were arrested at a rate 2.2 times higher than those who identified themselves as white (down from 2.4 and 2.6 times each of the last 2 years¹⁴); and people of mixed ethnicity were arrested at a rate 1.3 times higher (62).

4.6.4.2 Drug seizures

During the year ending March 2025 there were 269,321 drug seizures in England and Wales a 24% increase overall, the highest number on record, which is accounted for by a 65% increase in border force seizures and 14% increase in

police seizures. Police forces accounted for the majority (75%) of the seizures, whereas Border Force accounted for a much larger proportion of the quantity of drugs seized (this included 86% **powder cocaine**, 87% **cannabis** resin, 93% **herbal cannabis**). Border Force seized a total of 148.19 tonnes of weighed drugs, which is the highest weight seized on record.

Police forces and Border Force seized the largest quantity of **herbal cannabis** on record and a 61% increase from the previous year (85.01 to 137.21 tonnes); this was mainly due to Border Force seizing the largest quantity of **herbal cannabis** since the series began (126.98 tonnes).

Police forces carried out the highest number of **powder cocaine** seizures (23,706) on record and a 13% increase from the previous year; the total quantity seized by police forces and Border Force decreased by 35% from the previous year (28.27 to 18.46 tonnes); this was driven by a decrease in the quantity seized by Border Force, returning to a level similar to year ending March 2023.

The total number of **heroin** seizures decreased by 10%, from 6,102 to 5,496 seizures; this is the lowest number of heroin seizures since 1994; however, the quantity of **heroin** seized by police forces and Border Force increased by 33%, from 441 kilograms (kg) to 589kg, compared to the previous year.

Police forces and Border Force carried out the highest number of **ketamine** seizures on record (3,382); this was a 50% increase on the previous year (2,252)

Police forces and Border Force made the highest number of **nitrous oxide** seizures on record (6,223); a 143% increase on the previous year (2,564); they also seized the highest quantity of **nitrous oxide** on record (4.19 million doses), representing a 2,185% increase from the previous year (0.18 million doses)(63).

For the year ending March 2025, Greater Manchester Police made a total of 14,411 seizures, an increase from 13,247 in 2024 and

14. Due to a system change the Metropolitan Police Service have reported an increased number of records (from 4% to 25%) where the self-defined ethnicity information is missing. As the Metropolitan Police account for 15% of all arrests made, and have a much more ethnically diverse population compared with the England and Wales average, this is likely to have had an impact on the levels of missing data.

the highest number on record. This is a rate of 4,788 seizures per million population, which is higher than the police rate for England and Wales (4,357). Most of the seizures were of **cannabis** (8,301), followed by **amphetamine** (2,242) and **powder cocaine** (1,416). There were 392 **crack cocaine**, 273 **heroin**, 78 **ketamine**, 77 **benzodiazepines** and 61 **MDMA** seizures (63).

4.6.4.3 Recorded drug offences.

For the year ending September 2025 there was a total of 225,201 recorded drugs offences an increase from 193,863 the previous year. There were 17,680 recorded drug offences in Greater Manchester for the year ending September 2025, an increase from 13,980 the previous year (64).

4.6.4.4 Crime outcomes

Around 54% of drug offences received a formal or informal criminal justice sanction, with around 1 in 5 receiving a charge/summons outcome (18.6%) and around twice as many (35.0%) receiving an out-of-court disposal. There was a difference between how possession of **cannabis** and possession of other drugs were resolved, with **cannabis** possession having a much lower charge/summons rate (16.7%) than for other possession of drug offences (29.7%). This reflects the fact that possessions of small amounts of **cannabis** for personal use will often be dealt with through a **cannabis warning** or a Community Resolution, but the suspect must accept responsibility for such outcomes to be applied.

Most of drug possession offences recorded in the year ending March 2025 related to **cannabis** (95,274 compared with around 41,470 offences of all other drug types) and as a result, the overall charge rate for possession of drug offences has been driven by the charge rate for possession of **cannabis** (65).

4.6.5 Prison and probation population

There were 85,613 prisoners in England and Wales at 31 December 2025. The total prison population was virtually unchanged (less than 0.5% compared to the same point in 2024). 16% of the sentenced prison population; 10% of the untried population were for or drug offences.

There were 246,502 offenders under probation supervision as of 31 December 2025. This represents an increase of 2% compared with the end of September 2024 and a larger increase of 5% compared with the end of September 2015.

Alcohol abstinence and monitoring (AAMR) increasing by 28% to 1,092 and *Drug rehabilitation* (DRR) increasing by 9% to 1,451 under *community orders* (COs). *Alcohol abstinence and monitoring* (AAMR) increasing by 19% to 723 under *suspended sentence orders with requirements* (SSOs) (66).

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' (67).

4.6.5.1 Drugs finds in prisons

In the 12 months ending March 2025, there were 26,348 finds of drugs in prisons; an increase of 25% from the 21,145 in the 12 months to March 2024. Incidents of drug finds have increased in each of the previous two years and are now at their highest level in the series. Prior to the 12 months to March 2022 they had been on a downwards trend since reaching a pre-pandemic peak of 21,575 in the 12 months to March 2020.

The number of incidents where drug equipment was found in prisons increased by 37% from 6,094 incidents in the 12 months to March 2024 to 8,325 incidents in the 12 months to March 2025.

There was an increase in incidents of finds where the drug type was unknown, increasing 16% to 8,445 finds, more incidents than any other drug category in this time period. The continued high volume of unknown finds is potentially due to a change in the way finds were recorded in March 2022, where a response order effect may have led to a higher proportion of 'unknown' responses. This may also be associated with falls in individual drug categories.



There was a slight decrease in finds of Class A drugs, decreasing 2% to 783 finds. Class A drugs were found in 3% of drug find incidents 1 percentage point lower than the previous year. In contrast, there was a substantial increase in finds of Class B drugs, increasing by 34% to 7,705 finds, more incidents than any other drug category (beside the Unknown category) in this time period. Class B drugs were found in 29% of drug find incidents, 2 percentage points higher than the previous year.

Psychoactive substances (PS), as defined in the Psychoactive Substances Act 2016 were found in 6,966 incidents in the 12 months to March 2025. The number of finds of *psychoactive substances* had increased by 45% compared with the 12 months to March 2024, the largest increase of all drug types, and the percentage of drug finds that included *psychoactive substances* (PS) increased from 23% in the 12 months to March 2024 to 26% in the 12 months to March 2025. There was a 15% increase in 'other' types of drugs found, to 3,532 finds (68).

4.6.5.2 Mandatory Drug Tests

In the 12 months to March 2025, there were 53,341 random mandatory drug tests (rMDT) carried out nationally across all types of drugs. This was an **increase** from 51,452 the previous year but is still **lower** than 2019-20 when over 54,000 tests were conducted. In the 12 months to March 2025, the number of tests did not meet expected levels in any month and were below the almost 57,000 tests expected over the year (68).

4.6.6 Parental substance misuse

In 2024 to 2025, 19% (31,821) of people starting treatment were living with children aged 17 and under, either their own or someone else's. A further 13% were parents who were not living with their children. This was highest among men in treatment for non-opiates and **alcohol**, where 19% were parents who were not living with their children.

Twenty-seven per cent of women reported either being a parent or living with a child when they started treatment, compared to 15% of men. Where people in treatment live with a child, the average number of children for each household was 1.8.

The total number of children living with people starting treatment was 58,315. This includes children who live with parents who are in treatment, and those who are living with someone in treatment who is not their parent (33).

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 9: 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
Semi-synthetic cannabinoids	Cannabinoid	Under review
Heroin	Opioid	MDA Class A
Naloxone	Opioid	PO (can be supplied by some professionals)
Fentanyl(s) and Nitazenes	Opioid	(mostly) MDA Class A
Methadone	Opioid	MDA Class A
Buprenorphine	Opioid	MDA Class C
Tramadol	Opioid	MDA Class C
Codeine/Dihydrocodeine	Opioid	MDA Class B*/OTC in weaker preparations
Promethazine	Other drugs	OTC in preparations
Oxycodone	Opioid	MDA Class A
Morphine	Opioid	MDA Class A
GHB/GBL (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	MDA Class C
Medetomidine	Depressant	PO veterinary (under review)
Ketamine	Dissociative	MDA Class B
Nitrous Oxide	Dissociative	Class C (it's complicated)
Salvia	Dissociative	PSA
Cocaine hydrochloride	Stimulant	MDA Class A
Crack Cocaine	Stimulant	MDA Class A
Amphetamine	Stimulant	MDA Class B*
Methylamphetamine	Stimulant	MDA Class A
MDMA (Ecstasy)	Empathogen	MDA Class A
M-CAT (and other cathinones)	Empathogen	MDA Class B (Under review)
LSD	Psychedelic	MDA Class A
Magic mushrooms (psilocybin)	Psychedelic	MDA Class A
2C-B and similar drugs	Psychedelic	MDA Class A
Anabolic Steroids	PIEDS	MDA Class C (it's complicated)
Viagra	PIEDS	PO and OTC
Botox	PIEDS	PO (its complicated)
Melanotan (I and II)	PIEDS	Unlicensed
Cognitive enhancers	PIEDS	(mostly) PSA
Alkyl nitrites	Other drugs	(It's complicated)

Main sources: Classification (69). Legal Controls (70).

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

5.1 Alcohol

5.1.1 Drug indicators: Alcohol

According to 2023 prevalence estimates, the lifetime **alcohol** prevalence of 11 to 15-year-old pupils has fallen from 44% (2018) to 37% (2023); 5% of all pupils said they usually drank **alcohol** at least once per week, similar to 2021 levels (6%). The proportion increases with age, from 1% of 11 and 12-year-olds to 11% of 15-year olds (30).

During 2023/24, there were 1,018,986 hospital admissions that were **alcohol-related** (broad definition) in England. This equates to a rate of 1,824 per 100,000 population. This was an increase from 948,312 during 2021/22. There were 339,916 hospital admissions for **alcohol-specific** conditions, a rate of 612 per 100,000 population. This was a decrease from 342,795 during 2021/22 (18).

Older age groups have much higher rates of hospital admission for **alcohol-related** conditions. In 2023/24 the rate (per 1,000 population) was 142.6 for under 40s, the rate was 802 for those aged 40 to 64 and 864 for those aged 65+ (comparable rates for under 18s are not available) (18). 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 (71).

According to recent study, the prevalence of risky drinking and mean weekly **alcohol** consumption in England appear to be trending towards pre-pandemic levels but the prevalence of dependent drinking in England appears to have increased since the start of the pandemic and remains elevated compared with pre-pandemic levels. **Alcohol**-related inequalities may be worsening due to slower declines in consumption following the pandemic among less advantaged drinkers (72).

In 2024, there were 21,971 **alcohol-related** deaths (38.9 per 100,000 people) in England. This was a decrease from 22,644 in 2023 (40.7 per 100,000 people). In 2024 there were 7,673 **alcohol-specific** deaths in England (wholly due to alcohol). This was a decrease from 8,276 in 2023 and the first year-on-year decrease since 2018 (18).

In 2024 in the North West region, there were

3,336 **alcohol-related** deaths, a rate of 45 per 100,000 people and a decrease from 3,571 (48.7 per 100,000 population) in 2023. There were 1,232 **alcohol-specific** deaths a rate of 16.8 per 100,000 population, higher than the overall rate for England of 13.8. The mortality rate for chronic liver disease in England was also 15.0 per 100,000 population in 2023 and was also the highest rate on record (18).

For the 2021/23 period there were 1,505 **alcohol-specific** deaths in Greater Manchester, a rate of 19.3 (per 100,000 population). As a comparison, the rate for England in this period was 14.4, while London was 11.1 (73).

5.1.1.1 Drug indicators: Alcohol dependency and treatment

There was a total of 136,374 adults in specialist treatment in England during 2024/25 who said they had a problem with **alcohol**, an increase from 122,030 during 2022/23. Of these, 47,758 had a problem with **alcohol** along with other *non-opioid* drugs and 99,955 for **alcohol only**; 30% of all those in treatment. For **alcohol only** this was an increase from 94,173 in 2023/24, and above the previous peak of 91,651 in 2013/14. Of these (**alcohol** -only) 60,080 were men, and 39,875 were women. The median age was 47 for the **alcohol** (33).

Of the 169,542 people starting treatment in 2024/25, 62% said they had a problem with **alcohol** and of these 63% (66,875) said it was their only problem substance. This **alcohol only** group had the highest successful 'treatment completion' rate of any group (58%) (33).

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 (74).

There were 16,212 children and young people (aged 17 and under) in **alcohol** and drug treatment between April 2024 and March 2025. Young people in treatment can name up to three substances they have a problem with. During 2024/25 there were 6,107 young people in contact with treatment services who said they had a problem with **alcohol** (38% of those in treatment). The proportion who reported having **alcohol** problems has fallen steadily from a peak of 68% in 2008/09. It rose to 46% in 2021/22 before falling to 44% during 2022/23, 39% in 2023/24 to 38% in 2024/25 (35).

Table 10: Alcohol hospital admissions in Greater Manchester (latest data available)

	1. Hospital admission episodes for alcohol-specific conditions 2023/24		2. Alcohol specific hospital admissions. Under 18. 2021/22-2023/24	3. Alcohol related mortality 2024		4. Alcohol specific mortality 2024		5. Estimates of the number of alcohol dependent adults. 2019/20
Area	Number of episodes	Rate per 100,000	Number	Number	Rate per 100,000	Number	Rate per 100,000	Number
England	339,916	612	8,043	21,971	38.9	7,673	13.8	608,416
North West	58,180	796	1,213	3,336	45	1,322	16.8	-
Bolton	1,667	597	39	123	44.5	47	17	3,445
Bury	1,129	601	13	86	45.6	40	21.6	2,135
Manchester	3,791	929	54	173	46.8	69	16.3	8,796
Oldham	1,849	844	20	106	49.3	46	20.8	3,008
Rochdale	1,731	824	32	106	51.5	49	23.2	2,905
Salford	2,551	1,155	42	115	53.8	45	20.3	4,723
Stockport	2,527	848	48	112	36.5	41	13.5	3,062
Tameside	2,236	998	47	107	47.4	39	16.9	3,188
Trafford	1,311	581	20	78	33.6	26	11.1	2,152
Wigan	2,604	776	54	179	52.7	67	19.7	4,618

Sources.

1. Admission episodes and rate per 100,000 population for alcohol specific conditions. 2023/24.

2. Admission episodes for alcohol-specific conditions - Under 18s. 2020/21-2023/24.

3. Alcohol related mortality. 2022: Source 1-3 (18)

4. Estimates of the number of alcohol dependent adults. 2019/20. (74).

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

5.1.2 Findings: Alcohol

Only 6.6% (14 out of 212) of professional survey respondents, spanning seven of the ten GMCA areas, with no submissions from Manchester, Stockport, or Wigan, suggested **alcohol** should be the focus of this year's trend monitoring. Specific areas of concern included **alcohol** use among asylum seekers (Bury); individuals with mental health conditions (Rochdale); emotional wellbeing (Bolton); young people (Bury); and those in transitional age groups (Oldham and Rochdale).

Additional themes included the impact of **alcohol** on family dynamics, vulnerable parents, mothers, and adults' post-COVID. A professional from Trafford noted:

"I work with a lot of parents where their alcohol issues spiked from being isolated and they are now alcohol dependent."

The continuing impact of COVID was also highlighted in the professional interviews.

"I still think that (COVID) is having an effect."
(Operational Manager, Bolton & Bury)

"We are seeing an increase in alcohol consumption and daily users – I think we are starting to see the effects of the COVID lockdowns come to fruition." (Substance Use Service Manager, Styal)

Binge drinking was also raised as an increasing issue.

"We also get a lot of binge drinkers."
(Recovery coordinator, Bury)

Others more generally noted an increase in people using **alcohol** referrals.

"There's more and more alcohol, it's just a constant flow of self-referrals or referrals from professionals." (Recovery coordinator, Bury)

An increase in the number of people with **alcohol** dependency was also observed in the local female prison estate.

"More people are coming into prisons with alcohol issues." (Drug and Alcohol Recovery Practitioner, HMP Styal)

"Increase in alcohol consumption and daily users." (Spectrum Substances Service Manager, HMP Styal)

Alongside these reports of a noticeable increase in **alcohol** referrals, was the frequently raised concern was that the **alcohol** users that professionals were seeing were in increasingly worse health than had traditionally been the case.

"I think the demographic profile of the drinkers we see has not changed, but in terms of their physical health it is getting worse and worse and worse". (Consultant Addiction Psychiatrist, Bolton)

"I think we're seeing people (alcohol users) who are a lot more physically unwell before they reach treatment services, we seem to be seeing more poorly people, more complexity and sometimes they don't reach us to late stages as they are referred in through third party, but alcohol has definitely increased." (Operational Manager, Bolton & Bury)

"... what we seem to be seeing more of is the chronic alcohol problems, you know the effects of people who are alcohol dependent, the consequences of that, the liver failures, other health problems ... that's probably been the case for about 18 months now it seems to have switched focus ... they don't walk through the door saying 'I am alcohol dependent', it is generally, 'my abdomen is all swollen', or 'I can't stop vomiting', it's the symptoms of alcohol dependency." (A&E Nurse Practitioner, Bolton)

Almost a third of professionals (30%, n=64/212) reported increased **alcohol** use, with ten highlighting increased complexity in cases where **alcohol** was being used to self-medicate mental health problems. Over a quarter of these professionals (28%, n=18/64) noted increased alcohol use specifically among young people. Six reported that stronger forms of **alcohol** were being used, with three explicitly referring to vodka. Increased **alcohol** use among young people was also observed during the transitional ages by five professionals.

Concerns were raised by several professionals that we interviewed who work with young people.

"Potentially alcohol, I think that's because of my own experience that I'm seeing young people using daily, so I think let's not take the focus off alcohol." (Substance Use Service Operational Manager, Rochdale)

This often centred on an increasing number of young people reporting daily use.

"Lots of young people are becoming physically dependent on alcohol and becoming daily drinkers which is especially unusual for young people – again, people are using depressant drugs to cope with their mental health and alcohol is a socially acceptable solution to this." (Young Persons Resilience Worker, Tameside)

"Where I'm a little bit worried is where we're starting to see more alcohol use on its own for some young people and it's quite problematic [...] it's been quite consistent in the number of referrals, but it feels like the drinking is a little more problematic with daily usage, but when we get referrals, it is normally through A&E because they have attended for their alcohol use." (Operational Manager, Young Person's Substance Use Service, Rochdale)

"We are seeing more 17/18-year-olds presenting with excessive alcohol use, where they are not having alcohol free days and that's not something I've seen for a long time" (Operational Manager, Young Person's Substance Use Service, Oldham)



"Some young people who we have got in service are using [alcohol] daily, which we haven't seen for a while . . . to the point where we are seeing four or five of them where we are worried that it could potentially step into dependency, so that's something I have noticed this year."
(Operational Manager, Young Person's Substance Use Service, Rochdale)

One young person's substance use worker raised concerns regarding young women and their use of spirits, particularly vodka.

"I feel like in my casework, there's been some increase around alcohol use in young people, young women in particular, young girls who are using alcohol. A lot of them use it in excess through spirits and that type of substance. I think they see it as a really quick way of dissociating from how they're feeling at that moment, it's very, very strong. [. . .] I think alcohol among girls aged like 13 to 16, maybe like 12 to 15. I'd say alcohol use among them is starting to get a little bit more rife, I think, through the usage of spirits because I don't really find many lads who are doing alcohol use to the same extent that women do or girls do at that age."
(Substance Use Advocacy Worker, Salford & Trafford)

"I'd say in Trafford, alcohol for younger girls, around the ages of like 13 to 15, females drinking alcohol. I feel like that's quite a big thing at the minute. I don't know if that's like coming on for summer and that's why they may be drinking more, but just vodka straight out the bottle, that kind of thing." (Young Person Drug and Alcohol Worker, Trafford)

Alcohol was the most commonly reported substance used by young people in the past year with almost two-thirds (65%; n = 528 out of 817) of young people reporting past year use of **alcohol**. This is significantly lower than last year when four-fifths (80.5%) reported past year use. As noted above, this may partially be explained by the increase in Asian respondents and less young people in contact with treatment services. In keeping with the professional concerns regarding **alcohol** use amongst young women, there were significant gender differences in past year **alcohol** use. Over three quarters (77.1%; n=314/407) of young women reported past year **alcohol** use compared to just over half (50.9%; n=194/381) young men. Of those that did report past year use, the most reported substance used with **alcohol** was **cannabis** (29.1%; n=238/817). A fifth (21.2%; n=112 out of 528) reported using **alcohol** and **cocaine** together with one in eight (12.3%; n=65 out of 528) reported using with **ketamine**.

5.2 Nicotine

5.2.1 Drug indicators: Cigarette smoking

The ONS data shows 10.4% of adults in England smoked during 2024 which is the lowest proportion since the survey began. In England 12.2% of men smoked compared with 8.7% of women. Those aged 18-24 had highest reduction in smoking, while those aged 25-34 had the highest proportion of current smokers (12.7% for England) (75).

Based on monthly household surveys, it is estimated that between 2006 and 2024 the rates of smoking fell considerably, but that rates in those areas of high prevalence in the North fell more to the point where the geographical divide ceased to exist, with some smoking rates in the South showing a recent rise so they are now above those in the North (76). However, local rates across Greater Manchester vary with several areas also showing recent rises, that it is thought is mainly due to be ex-smokers relapsing (77).

In 2023, 11% of pupils had ever smoked, down from 12% in 2021, 21% in 2018 and 49% in 1996. 3% were current smokers and 1% were regular smokers (both unchanged from 2021). School children are still more likely to report ever taking illicit drugs (13%) than smoking cigarettes (11%) (30).

There were 3,306 out of 16,212 (20%) children and young people in contact with treatment services 2024/25 who said they also used **nicotine**, an increase from 16% during 2023/24, although this figure includes both smoking and vaping and is not broken down further (35). According to the ASH Smokefree GB Youth Survey (2025) on vaping among 11–17-year-olds in Great Britain, those who had ever smoked increased from 14% in 2023 to 21% in 2025 (78).

During 2024/25, over 44% of adults starting 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 10.4%. The smoking rate was highest in opiate users, 55% for men

Table 11: Smoking prevalence, and mortality rate for lung cancer in Greater Manchester. Source 1 (75).

Sources 2-4 (81).

Area	1. Smoking prevalence 18+ (2024)	2. Smoking prevalence 18+ (2023)	3. Mortality rate for lung cancer 2021-23
England	10.4%	10.9%	47.5
North West	10.8%	11.1%	56.6
Bolton	11.5%	14.4%	61.4
Bury	10.8%	9.8%	60.7
Manchester	15.6%	11.1%	86.3
Oldham	10.0%	11.3%	60.7
Rochdale	11.8%	12.3%	62.0
Salford	11.6%	14.5%	78.6
Stockport	8.7%	9.9%	51.3
Tameside	13.6%	15.0%	70.0
Trafford	7.4%	8.9%	53.3
Wigan	11.1%	10.6%	61.5

1. Estimates of smoking prevalence among adults aged 18+. 2024.

2. Estimates of smoking prevalence among adults aged 18+. 2023.

3. Mortality rate for lung cancer per 100,000 population. 2021-23

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



and 54% for women. Only 4% of people were recorded as having been offered referrals for smoking cessation interventions (33). Smoking may kill more dependent drinkers and drug users than **alcohol** and/or drugs (79). Tobacco smoking and illegal drugs each appear to account for around one-quarter of premature deaths among people who use **heroin**. (80)

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

A new law came in on 1st June 2025, so that disposable vapes, defined as vapes that can't be refilled or don't have a removable coil and don't have a rechargeable battery, are banned from being sold. Penalties include a stop notice and fines of £200, with penalties for non-compliance of up to two years in prison and an unlimited fine (£5,000 in Scotland and Northern Ireland). There is no crime of possession of disposable vapes. According to ASH the ban will help with littering, but in itself will not be enough to address the popularity of vapes among teenagers (82).

The Tobacco and Vapes Act came into force on 8th May 2026. From the 1 January 2027, anyone born on or after 1 January 2009 will not be able to be sold tobacco products when they become 18 (1st Jan 2027). Amongst the powers in the Act which will be implemented after further consultation are an extension of the 2007 indoor smokefree legislation outside and create vape and heated tobacco free places. A new licensing scheme for tobacco and nicotine products; A product registration scheme for tobacco and nicotine product; Restrictions on the contents and flavours of vaping and nicotine products; and Restrictions on the packaging, product design and display of vaping and nicotine products (83).

5.2.2 Drug indicators: E-cigarettes

Latest prevalence estimates (2023) of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15), show current e-cigarette use (vaping) remains at 9%, the same as in 2021. 1 in 4 pupils (25%) in the 2023 survey reported having ever tried vaping. Of pupils who have ever tried vaping, 89% had never regularly smoked tobacco cigarettes (30).

Based on the ONS *Opinions and Lifestyle Survey* around 5.4 million adults aged 16 years and over (10.0%) currently use an e-cigarette daily or occasionally in Great Britain in 2024; overtaking around 4.9 million current smokers (9.1%) for the first time in 2024. Daily vape use was 4.8% men, 6.8% women for those aged 16-24; 8.1% men, 10.4% women aged 25-34; 10.7% men, 7.9% women aged 35 to 49; 8.9% men, 5.4% women aged 50-59 and 4.0% men, 2.8% women aged over 60 (75).

According to the ASH Smokefree GB Youth Survey (2025) on vaping among 11–17-year-olds in Great Britain: 20% of 11–17-year-olds have tried vaping, which equates to 1.1 million children and young people, which is unchanged since 2023; 7% currently vape, an estimated 400,000 children and young people, with 40% vaping daily, an estimated 160,000 (78).

Although nobody has argued that vaping **nicotine** is completely safe or without risk, it is undoubtedly safer than cigarette smoking (84). 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 (85). 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** (84) The ASH Smokefree GB Youth Survey found perceived harm from vaping is increasing: 63% of young people believe vaping is as or more harmful than smoking (78).

According to recent study of 127,793 people, nicotine pouch use has risen in Great Britain, from 0.1% in 2020, to 1% in 2025. This was primarily driven by sharp increases among young people, especially young men. Most users also smoked or vaped, and a growing proportion of smokers used pouches in attempts to quit smoking (86).

5.2.3 Findings: Nicotine

The use of traditional nicotine products (cigarettes and tobacco) was reported to have declined by a quarter of professionals (25%, n=53/212), with only 8% reporting increased use. In contrast, three-fifths (59%; n=125/212) reported an increase in the use of nicotine vapes. There were many reasons stated for this increase. In adults, it was often noted that people were using vapes to help them to stop using tobacco products. It was also frequently stated that many people who have never previously smoked traditional nicotine products were using vapes. However, the most common free text comments related to young people and high levels of use, with five professionals stating that age of use was decreasing, with two noting vaping starting in primary school.

Despite these often-reported increases, only a small percentage (1.9%; 4 out of 212) of professional survey respondents identified nicotine vapes as a priority for trend monitoring (two from Bury, one from Oldham and one from Salford). These concerns focused on their use by children and young people. Similarly, a small percentage of professionals (3%; n = 7 out of 212) identified “normal vapes” (nicotine-based) as a priority substance for MANDRAKE analysis this year. Once again, in all cases, these were professionals working with children and young people. Responses spanned six Greater Manchester areas: two from Bury and one each from Oldham, Rochdale, Salford, Trafford, and Wigan.

“Vapes are massive in prison, the smoking policy is vapes only and sometimes we do not know what is in them. I have heard everything can be smoked through them – crack, spice etc.” (Drug and Alcohol Recovery Practitioner, HMP Styal)

Professionals working with young people unanimously noted the preference for vapes over traditional products.

“It’s mostly vapes. Some still use cigarette, or tobacco in their joints. But they don’t smoke cigarettes. Some do, but in the main they are not smoking tobacco . . . lots are vaping.” (Adolescent Health and Wellbeing Worker, Bolton)

Nevertheless, past year use of traditional nicotine products (cigarettes and tobacco) was reported by almost a third (29%) of young people who completed the survey. Past year use was higher among girls/women, with almost a third (31%) reporting use compared to just over a quarter (26%) of boys/men. Among those who smoked, a third (34%) reported daily use, and a further 11% reported smoking on three to five days per week.

Supporting the insights from the professional interviews outlined above, reported past year use of nicotine vapes was significantly higher, with just over half (51%) of young people reporting use. Similar to patterns seen in cigarette and tobacco use, reported vaping was higher among girls/women (54%) than boys/men (48%). Past year use of nicotine vapes was significantly higher, with just over half (51%) of young people reporting use in the past year. Similar to patterns seen in cigarette and tobacco use, reported vaping was higher among girls/women (54%) than boys/men (48%).

A significant finding is that a much higher proportion of young people who consumed nicotine in vape form reported daily use, with almost three quarters (72%) saying they vape every day. A further 9% reported vaping on three to five days per week.

At the request of the NorthWest Children, Young People and Families Professional Learning Network, ‘Snus’ was added to this year’s young person survey. Snus products are sold in small, white, teabag-like pouches that are tobacco-free with nicotine extract, plant-based materials, flavourings, and sweeteners. They are currently legal in the UK, often sold alongside e-cigarettes but without tobacco/e-cig regulations. They are placed under the upper lip for a tingling sensation and nicotine release. Professionals raised concerns that they could become the ‘new vapes’ following the recent legislative changes relating to disposable vapes that were popular with young people. One in ten (10%) of young people reported past year use of Snus. Past year use of Snus was higher among boys/men (11%) than girls/women (9%). In comparison to vapes (72%) and cigarettes and tobacco (34%), a much smaller percentage (8%) of young people who use Snus reported daily use.



The increasing use of Snus was noted by several professionals who work with young people.

“Snus, there’s loads of that!” (Vulnerable Person Smoking Service, Manchester)

“Snus in the last couple months I’d say because schools are so like hot on vapes at the minute, using their metal detectors and vape alarms in the toilets and stuff like that so I feel like Snus is a huge thing at the minute, but they’re getting the really strong Snus, so it’s like making them actually get sick.” (Young Person Drug and Alcohol Worker, Trafford)

“I’m also the vaping lead for Trafford and a nicotine lead and there are quite a few of my clients who are using snus. It’s also a bit more secretive. A lot of young people are using it because it’s easy to hide during lessons.” (Substance Use Advocacy Worker, Salford and Trafford)

As noted above, the discreetness of Snus is particularly appealing for young people. They are also affordable in comparison to cigarettes and vapes. While prices vary depending on factors such as brand and the level of nicotine content (e.g. 18mg, 30mg and 50mg), they typical range between £3 to £5 a tin, with deals of three tins for £10 common advertised in high-street shops.

5.3 Cannabis

5.3.1 Drug Indicators: Cannabis

During 2023 (the latest available data), among pupils (aged 11-15), **cannabis** was the drug most likely to have been taken in the last year, with 5.7% saying they had done so in the last year, a slight increase from 5.6% in 2021. However, this is down from 8.1% in 2018, and 13.2% in 2002. Use increases dramatically with age; for example, in 2023, 0.8% of 11-year-olds had *ever used cannabis*; increasing to 14.9% of those aged 15 (30).

According to CSEW estimates; 12.5% of 16–24-year-olds in England and Wales used cannabis in the last year (2024/24). This was a decrease from 13.8% estimated in 2023/24, although this was not statistically significant. Over one-third of people (36.5%) aged 16 to 59 years who used **cannabis** in the last 12 months used the drug more than once a month, with 10.4% using it every day (26).

Cannabis remains by far the most common substance identify as a problem by young people (under 18) in treatment. There were 13,908 under 18s who said they had a problem with cannabis (86% of all in treatment) a similar proportion to the last four years (35). The numbers of new adult entrants to adult treatment services who reported **cannabis** use increased again this year from 33,975 (2023/24) to 37,655 (2024/25). The proportion of new entrants to treatment with **cannabis** problems has climbed steadily since 2022/23 (from 20.9% to 22.2%) (33).

There were 32 mentions of **cannabis** on death certificates related to drug poisoning in England and Wales in 2024 [one without any other drugs involved] (37). According to the *IMS*, **cannabis** was implicated in 1 death in Greater Manchester for the period April till March 2024-25 (38).

5.3.2 Findings: Cannabis

Almost a quarter (23%, n=48/212) of professionals reported an increase in the use of **cannabis**. A fifth (20% n=10/48) of these specifically referenced an increase in the use of **THC vapes**. **THC vapes** are discussed further in the next section.

Only 2.8% (6 out of 212) of professional survey respondents, from five areas (Bury, Manchester, Oldham, Tameside (2), and Trafford) suggested that **cannabis** should be the focus of this year's trend monitoring. These suggestions reflected a range of thematic concerns, including **cannabis** use among fathers (Trafford), women (Oldham), and young people (Bury), as well as its impact on childcare issues (Manchester) and young adults (Tameside). In addition, following last year's focus on **THC vapes**, professional concerns persist regarding products sold as '**THC vapes**', almost exclusively in relation to young people.

A small proportion of professionals (6%; n = 13 out of 212) who completed the survey identified **cannabis** as a priority substance for MANDRAKE analysis this year. These responses spanned nine of the ten Greater Manchester areas, with Stockport being the only area where **cannabis** was not mentioned. No area had more than two professionals requesting **cannabis** as a priority for testing; Bury, Oldham, Salford, and Tameside each had two respondents, while Bolton, Manchester, Rochdale, Trafford, and Wigan each had one. Notably, the professional based in Manchester expressed a specific interest in testing cannabis-infused 'gummies.' The use of **THC** infused gummies was also reported by a young person's advocacy worker in Salford and Trafford.

"I've had one of them who mentioned he had some gummies . . . like the Sour Patch [Kids] type style ones." (Young Person's Substance Use Advocacy Worker. Salford and Trafford)

It was noted by one Recovery Worker that it is increasingly rare to work with adults who are in service for primary **cannabis** use:

"I used to have 20 people on my caseload using cannabis, now I think I might have two out of 50. I think people just don't come into treatment for it anymore." (Recovery Coordinator, Bury)

This year's MANDRAKE testing included two samples submitted that was sold as '**herbal cannabis**'. Both these samples were found to contain moderate levels of **THC** (15.4% w/w). A further two samples resembling '**cannabis resin**' were also tested. Both samples were found to have a wide variation in **THC** content from moderate (10.8% w/w) to high (78.1% w/w) levels respectively.

MANDRAKE tested two samples of THC edibles in 2023/24. 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 500 mg per packet. Forensic analysis revealed that the contents of the packet only contained approximately a tenth of the stated amount of THC (53 mg, equivalent to 5.3% THC content). The other sample, in a packet labelled 'Stoner Poppers THC Gummies' was stated on the packaging to contain 400 mg of THC. Again, this was found to contain approximately a tenth of the stated THC content (38 mg, equivalent to 3.8% THC content).

In this year's cycle a single, similar product labelled as "Stoney Patch" gummies, with a stated content of 500 mg per packet, was tested from Manchester Royal Infirmary Emergency Department and determined to contain 493 mg, equivalent to 98.6% THC content, which is significantly higher than 2023/24.



Figure 1: THC gummies product seized and tested within Greater Manchester 2024/25. Source: MANDRAKE.

Although a smaller proportion of young people reported past-year cannabis use compared to previous findings, cannabis remains the second most used substance among young people in Greater Manchester. Two-fifths (40.3%; $n = 329$ out of 817) reported using cannabis in the past year. This represents a significant decrease from the previous survey, where more than two-thirds (68.5%) reported past-year use. The same percentage (43%) of those identifying as boys/men, girls/women, and transgender reported past year use. This was lower for those identifying as non-binary (38%).

Almost a third (31%; $n=102$ out of 329) of past year cannabis users reported using cannabis to self-medicate their anxiety. Almost a quarter (23.4%; $n = 77$ out of 329) used cannabis to self-medicate depression and a fifth (19.5%; $n = 64$ out of 329) reported using cannabis to self-medicate ADHD. One in six (15.8%; $n = 52$ out of 329) reported using cannabis due to loneliness.

Among those reporting daily cannabis use ($n=93$), the percentages were markedly higher than in the overall sample.

One professional from Wigan reported that clients were using cannabis to self-medicate ADHD, stating:

"... they are still saying it's better than their medication on brain activity and sleep."

5.3.2.1 Market Insights

In recent years, concerns have emerged regarding cannabis availability online and through social media platforms. Stickers featuring cannabis leaves and QR codes have become increasingly visible in towns and cities, leading to reports to the Greater Manchester Local Drugs Information Network. Based on these visible trends and reports, it might be expected that young people would report accessing cannabis through digital methods. However, only 7% of respondents who reported past-year cannabis use indicated obtaining it via social media apps, and just 0.8% reported purchasing it through online websites - the same proportion who accessed it via high street shops.

One in ten young people who used cannabis (9.6%) reported accessing it through family members, and almost one in five (18.1%) through a partner or boyfriend/girlfriend. By far the most common sources were in-person dealers (62.7%) and friends (63.8%).

In summary, friends (63.8%) and in-person dealers (62.7%) dominate young people's access to cannabis. 'Social supply' is substantial, in addition to friends, partners (18.1%) and family (9.6%) are also common ways that young people access cannabis. Social media apps (7.0%) are less used than might be expected, while online websites (0.8%) and high street shops (0.8%) are rarely reported ways that young people access cannabis.

During interviews in the Street Drug Survey, it was reported that there was an increasing number of people growing cannabis.

“Too many people are growing it. It is so easy to get. I can walk round the corner now as say ‘Do you know anybody I can get a weed off?’ and they will be like ‘Yeah, yeah!’. Nobody looks down on weed anymore to be honest.” (Stockport man, early 20s)

In recent years professionals working with young people have noted a trend towards more potent strains of ‘Cali weed’. This year there was no discussion of ‘Cali weed’. Instead, as we outline below, the main cannabis related trend that was frequency discussed was products sold as THC vapes.

Chart 9. Reasons for daily cannabis use (n=93)

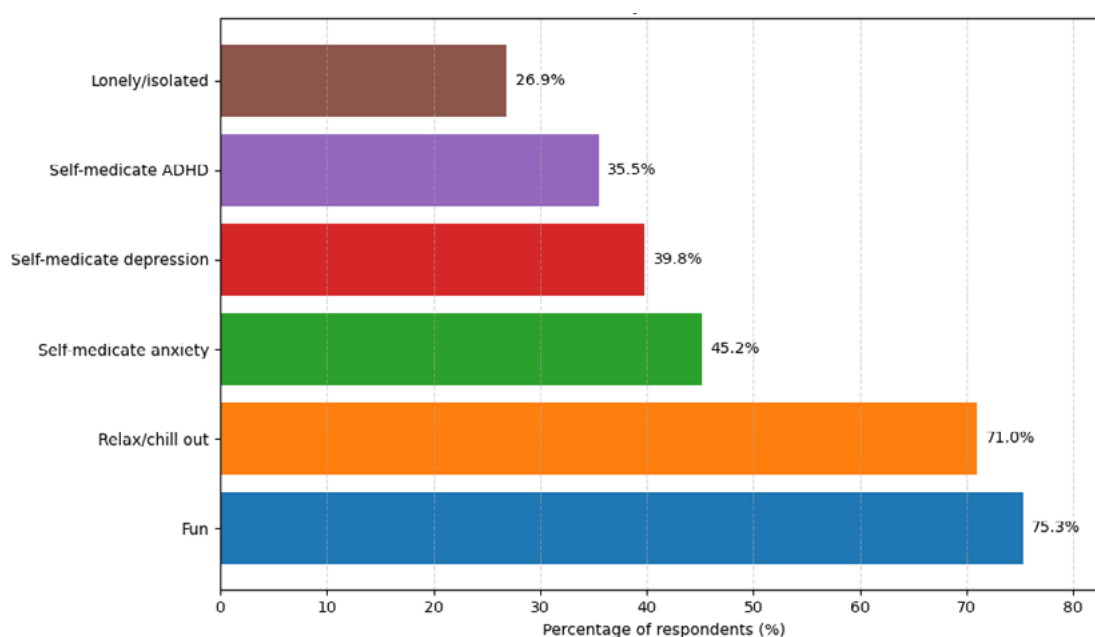
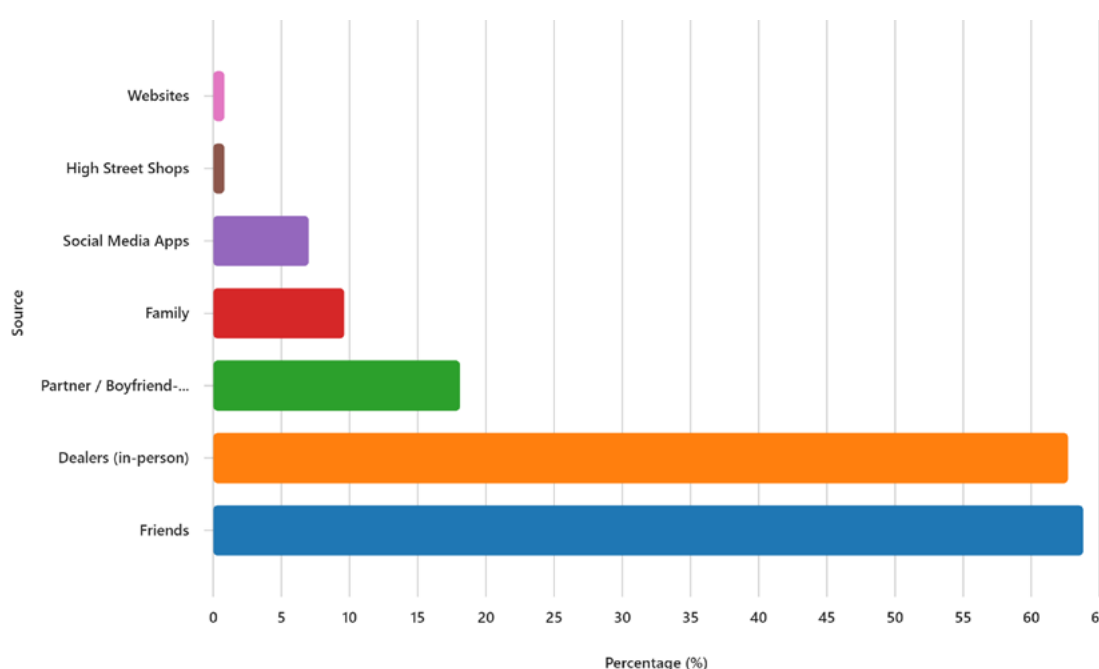


Chart 10. Sources of accessing cannabis



5.3.3 Findings: Non-traditional cannabis use

While in previous years we have focused on more potent strains of 'Cali Weed' and **cannabis edible** products (see [GMTRENDS 2021](#)), following on from last year's [trend focus](#), it was **THC vape** products that dominated the concerns of professionals.

Almost two-fifths (38%, n=80/212) of professionals who completed the survey reported an increase in use.

"Massive increase!" (Senior Family Worker, Oldham)

This was particularly noted in regards to young people and was consistently reported across all Greater Manchester areas.

"Increase in use among young people." (Holding Families Coordinator, Oldham)

"Increase with young people using this." (Young Person's Substance Use Service, Recovery Worker, Stockport)

"An increase in young people smoking THC Vapes." (Young Persons Resilience Worker, Manchester)

"More young people disclosing experimental use of THC in vapes." (Substance Misuse Worker, Bolton)

"More young people are speaking about using these." (Young Person's Recovery Worker, Wigan)

"Over the past year there has been a significant increase with young people using THC vapes." (Young Person's Substance Use Team Leader, Manchester)

Some professionals highlighted that was particularly noticeable amongst under 18s.

"In particular amongst young people (under 18's)." (Lead Nurse, Alcohol and Substances Services, multiple Greater Manchester areas)

"Increase in referrals for THC vaping in under 18's." (Team Leader, Young Person's Substance Use Service, Tameside)

The increased use by school age children was also noted.

"I have noticed that first time THC users are becoming younger and have experienced an uptake in use in year 8 clients in particular." (Substance Use Advocacy Worker, Specialist Young Peoples Drug Treatment Service, Oldham)

"More school age young people are using THC vapes." (Young Person's Substance Use Advocacy Worker, Salford)

"Found in school [used by] most young people." (Young Person's Substance Use Team Leader, Manchester)

This has resulted in increased parental concerns regarding their child's use of THC vapes.

"Increase in parents/carers concerned about THC vapes." (Concerned Other Worker, Tameside)

Similarly, services often discussed that more secondary schools had been in contact seeking information and guidance.

"[There is] more self-reported THC vape use among my client group, also reports from other agencies and schools informing of use of THC vapes and requesting specific information sessions." (Operations Manager, Adult and Young People's Substance Use Service, Wigan)

Several young person substance use services also noted an increase in the number of referrals to their services for **THC vape** use from schools.

"Increase in use and reporting by schools into service." (Senior School Nurse, Rochdale)

"More referrals in relation to THC vapes." (Young Person's and Families Substance Use Worker, Stockport)

"We have seen an increase in number of referrals coming through for THC vape use and schools approaching us as a service in response to this. Young people have reported to find reducing/stopping their THC vape use much more difficult than cannabis." (Operations Manager, Specialist Young Peoples Drug Treatment Service, Rochdale)

Another noteworthy change is the reported increase in young people entering treatment and stating **THC vapes** is their primary substance.

"We are now experiencing young people being referred in with THC being their primary substance." (Operations Director, Specialist Young Peoples Drug Treatment Service, multiple Greater Manchester areas)

While it was most common for professionals to highlight increased use amongst young people aged under 18, there were also several reports of increased **THC vape** use in adults.

"There seems to be more people using vapes now. It was mainly young people but more adults are using them as well now." (Adult Treatment Worker, Trafford)

"It feels like there is an increase with young people, which is starting to creep up with adults as well, however probably not as commonly as with young people." (Reducing Mortality Project Manager, Manchester)

However, higher levels of use were observed in young adults compared to the older adult treatment population.

"I have moved from working with all adults to 18-25 therefore noticing a difference in patterns between the age groups, noticing more THC vapes and spice in the 18-25." (Young Person's Resilience Worker, Young Person's Substance Use Service, Tameside)

In addition to commonly reported increased use, several professionals noted that the use of **THC vapes** was resulting in people becoming unwell.

"Younger people are using THC vapes sometimes not aware of how strong it is, and they become unwell." (Operations Manager, Specialist Young Peoples Drug Treatment Service, Salford and Trafford)

"There seems to be more incidents reported recently of people having short term or emergency issues with street purchased THC vapes." (Advocacy Worker, Oldham)

Following on from last year's report, there was continued concern regarding the content of vapes sold as **THC**.

"THC vapes seem to be everywhere at the moment. My main concern is synthetic cannabinoids. We've had a lot of young people end up in A and E with blackouts and seizures and we've also noticed that young people using synthetics present with quite severe physical withdrawal symptoms when they stop using suddenly." (Early Intervention and Prevention Lead, Manchester)

The continued popularity of **THC vapes**, particularly amongst young people, coupled with concerns regarding their content and effects, led to **THC vapes** being the second most suggested substance to focus on for this year's trend focus by 14.2% (30 out of 212) professional survey respondents, representing eight of the ten GMCA areas (none from Tameside or Wigan). Notably, the highest number of suggestions came from professionals working in Rochdale (9) and Oldham (7). In all cases, the concern was related to young people, with specific issues raised around emotional health and wellbeing, the impact of illicit vapes on brain development in school-aged children, and vulnerability among teenagers.

"The illicit vapes are the most worrying thing!" (Substance Use Advocacy Worker, Oldham)

Child exploitation was highlighted by one practitioner when discussing the vulnerability of looked after children who are using **THC vapes**:

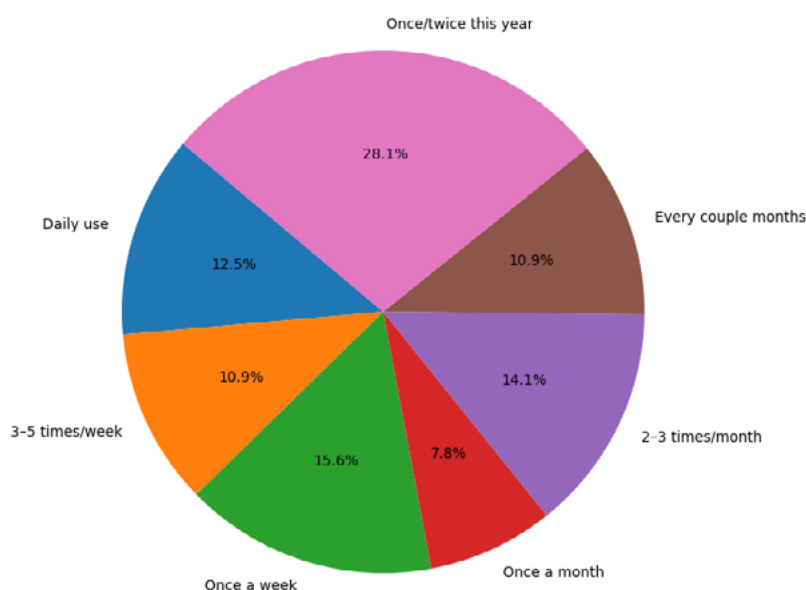
"It is [THC vapes] quite prevalent in our looked after children's population to the point where it's accompanied with mental health issues like anxiety. With that there's risks of exploitation and CSE (child sexual exploitation), that's what we see mainly." (Senior School Nurse, Rochdale)

Almost one in six (16%; n = 128 out of 817) of the young people who completed the survey reported past year use of **THC vapes**. Almost two-fifths (39%) reported using at least once a week and a quarter (23.4%) using daily or 3 to 5 days a week.

Young people who reported using **THC vapes** to self-medicate anxiety (31 out of 128) were almost twice as likely to report daily use (22.6% compared with 12.5%) and to report using them 3 to 5 days a week (25.8% compared with 10.9%). [See [Chart 11](#) next page]



Chart 11. THC vape use frequency (n=128)



Professionals who work with young people across Greater Manchester discussed the growing shift towards **THC vapes** and why they have become so popular among young people:

"I'd say that THC vapes have also really shot up in popularity again." (Early Intervention and Prevention Lead, Manchester City)

"We continue to see cannabis but it's not just the herbal side of stuff, it's the THC vape that's coming through . . . I would say that 50% of our cannabis referrals would be the vape version" (Substance Use Service Operational Manager, Rochdale)

"Yeah, THC vapes. Yeah, a lot of cannabis still for the younger ones, but most of them have tried THC vapes and I have a few that are smoking those regularly." (Substance Use Service Young Person's Advocacy Worker, Trafford)

The stigma surrounding 'Spice', intensified by extensive negative media coverage of its use among street-based populations between 2016 and 2019 in Manchester and other cities, had previously deterred young people from using **THC vapes** that might have contained *synthetic cannabinoids*. As this stigmatising coverage has waned, however, several professionals reported that 'Spice' no longer carries the same level of negative association.

"I think the spice epidemic a few years ago scared a lot of people and socially it was 'spice heads' at Piccadilly Gardens and scared a lot of young people and now those young people are older they're not doing the spice, the younger ones who don't seem to remember that so they're kind of disassociated from that time. [. . .] I think for the age that we see which are predominantly under 16s that are using THC vapes, they weren't necessarily around when spice was this massive thing, they didn't see it in the news" (Young Person's Substance Use Service, Advocacy Worker, Oldham)

"With the spice vapes I feel like it has peaked and troughed, in 2019 there was a peak of it and when we did the messaging there was a massive reduction and when we tested it and most came back as Spice, people generally didn't want to use it. And now because there is a new set of young people coming through who don't really know that messaging, that's why we might have seen another peak." (Young Person's Substance Use Operational Manager, Rochdale)

As we highlighted in last year's [THC Vape Trend Focus Report](#), the discreetness of them, especially in school, was frequently noted as a key reason for their popularity in both.

"THC vapes have definitely increased. And we're seeing a lot of THC vape use in school as well . . . they don't smell, they look like a normal vape." (Substance Misuse Practitioner, Salford)

"It's not so much the cannabis, it's the THC liquid, there seems to be a shift in that direction, they can do it in class because there is no smell, so it allows them to use and not be identified as a user . . . without trying to generalize too much, it seems a lot of the Asian young people, they are using the THC vape . . . but it is across the board." (Adolescent Health & Wellbeing Worker, Bolton)

"But I'd say THC vapes in like school age students . . . they will get the THC vapes or Spice and take them into school and use them in school because obviously they don't smell as much." (Young Person Drug and Alcohol Worker, Trafford)

"I can say quite confidently that a lot of young people are coming through the service for illicit vape use. Traditionally in young people's services cannabis is going to be up there but certainly we have seen the wave change around cannabis being less desirable than the cannabinoid vape oils because they're more odourless and can hide it better, cheaper and more accessible." (Substance Use Service Operational Manager, Oldham)

"THC vapes have definitely increased. And we're seeing a lot of THC vape use in school as well, so schools are finding that a lot of young people are bringing them in and using them in the toilets. They don't smell, they look like a normal vape. So yeah, that's something at the minute that's really, really big in Salford with schools." (Young Person's Substance Use Service Advocacy Worker, Trafford and Salford)

The discreteness and less detectability of **THC vapes** compared to traditional ways of consuming **cannabis** was also noted as reason for increased use in public spaces such as bars, nightclubs and festivals.

"Feedback on increased [THC vape] use is around visibility as using a vape to smoke THC is not as noticeable in public areas where smoking of a joint is very visible and noticeable." (Director, Event Welfare Service, multiple Greater Manchester areas)

Many professionals who took part in the survey and interviews raised concern regarding the content. It was noted that more awareness is needed regarding the content.

"Vapes are the big one at the moment . . . and from speaking to them they don't really have a clue about stuff like potency." (Young Person's Substance Use Service Advocacy Worker, Oldham)

However, one professional working with young people in Oldham noted that even those who were aware of the content through local warnings were not deterred from regular use.

"A lot more are using daily, consistently, even with the warnings of 'Spice' and other risks." (Substance Use Worker, Oldham)

As illustrated above, a particular concern in relation to **THC vapes** is their content, with a quarter of professionals (26%; n = 56 out of 212) who completed the survey identifying **THC vapes** as a priority substance for MANDRAKE analysis this year.

"A lot of young people are using THC vapes, not all of them contain THC." (Young Person's Resilience Worker, Tameside)

This priority varied significantly by locality. No professionals from Wigan suggested **THC vapes**, and only one respondent from Salford and Tameside did so. In contrast, four professionals from Bolton, six from Stockport, and eight each from Bury and Manchester identified **THC vapes** as a priority. The highest number of professionals calling for **THC vape** testing came from Oldham and Rochdale, with 12 respondents from each area.

"I think it should be THC vapes, I just don't think even as practitioners we don't even know what's in them. I don't think enough is really being done to put the young people off using them and they don't know what's in it and they're doing it in schools, and it's not seen as really a big deal like if they were walking around smoking a joint. I just don't think that enough is being done to try and crack down on the vapes, I know it's hard, but it needs to be a focus." (Young Person's Substance Use Service Advocacy Worker, Oldham)



"THC vaping because that's what we mainly see, and we need to know what's in it."
(Senior School Nurse, Rochdale)

"We continue to see cannabis but it's not just the herbal side of stuff, it's the THC vape that's coming through and trying to unpick whether it's legit THC which can be difficult sometimes but generally rule of thumb is that we're seeing it is the Spice version of it."
(Substance Use Service Operational Manager, Rochdale)

Professional concerns regarding content were often driven by experiences of cases where they knew young people who had experienced unexpected reactions to the vapes, such as paranoia, hallucinations, collapsing, seizures, withdrawals. Reports of young people being hospitalised were common across multiple Greater Manchester areas:

"THC is the big one, that's what most A&E submissions are. A lot of them are passing out at school, a few who have had seizures."
(Young Person's Substance Use Service Advocacy Worker, Oldham)

"We have had two young people on the caseload currently that have attended hospital after what we believe is due to the THC in the vapes." (Complex Safeguarding Specialist Nurse, Tameside)

"We've noticed a trend with kind of withdrawal symptoms with those THC vapes... some young people have had to go to hospital... quite bad tremors, quite bad, sweating, shaking. [. . .] I've worked with 11 young persons who experienced them [THC withdrawals] . . . in hospital for about two weeks after she stopped using a THC vape . . . bought the kind of £5 to £10 liquid."
(Early Intervention and Prevention Lead, Manchester)

"We see people presenting in A&E who are withdrawing, having seizures, some of those reactions that you might expect alongside opiate withdrawal." (Young Person's Substance Use Service Operational Manager, Oldham)

It was often perceived that many of these adverse reactions were due to these vapes containing *synthetic cannabinoids* (aka 'Spice').

"When somebody's had an adverse reaction to a vape and we talk to them, it sounds like spice from the way they kind of really become unconscious and unresponsive even after a small amount. Then after 30 minutes, they're kind of back on their feet and like nothing even happened which is kind of typical Spice." (Young Person's Substance Use Service Advocacy Worker, Oldham)

Within this year's testing cycle, MANDRAKE analysed nine samples submitted that were purported to be 'THC vapes'. Seven of the exhibits were found to contain nicotine at concentrations ranging from 0.7 – 19 mg/mL. Two of the samples (see figure 2) were confirmed to contain high levels of THC (93 – 97% w/w) respectively.



Figure 2: THC vape products seized and tested within Greater Manchester 2024/25. Source: MANDRAKE.

5.3.3.1 THC Vape Access

Many professionals who completed the survey noted increased availability of THC vapes over the past year in multiple Greater Manchester areas.

"Seem to be more available." (Drug and Alcohol Worker, Bury)

"THC vapes seem to be easy for my client group to get hold of." (Emotional Health and Wellbeing Worker, Oldham)

"Easy to access and purchase." (Youth Manager, Manchester)

"The convenience and accessibility of buying these products, cost - cheaper, alternative consumption methods, discretion - lack of smell." (Children and Families Substance Misuse Worker, Stockport)

"Massive increase in use since last year, due to young people reporting that these are easier to access, last longer than Cannabis, can be used secretly, and also concealed." (Young Person's Resilience Worker [Exploitation Lead], Manchester)

One professional working with adults, highlighted that these were being accessed through online clinics.

"[I am] hearing details of more people sourcing this online through online clinics." (Senior Recovery Nurse, Stockport)

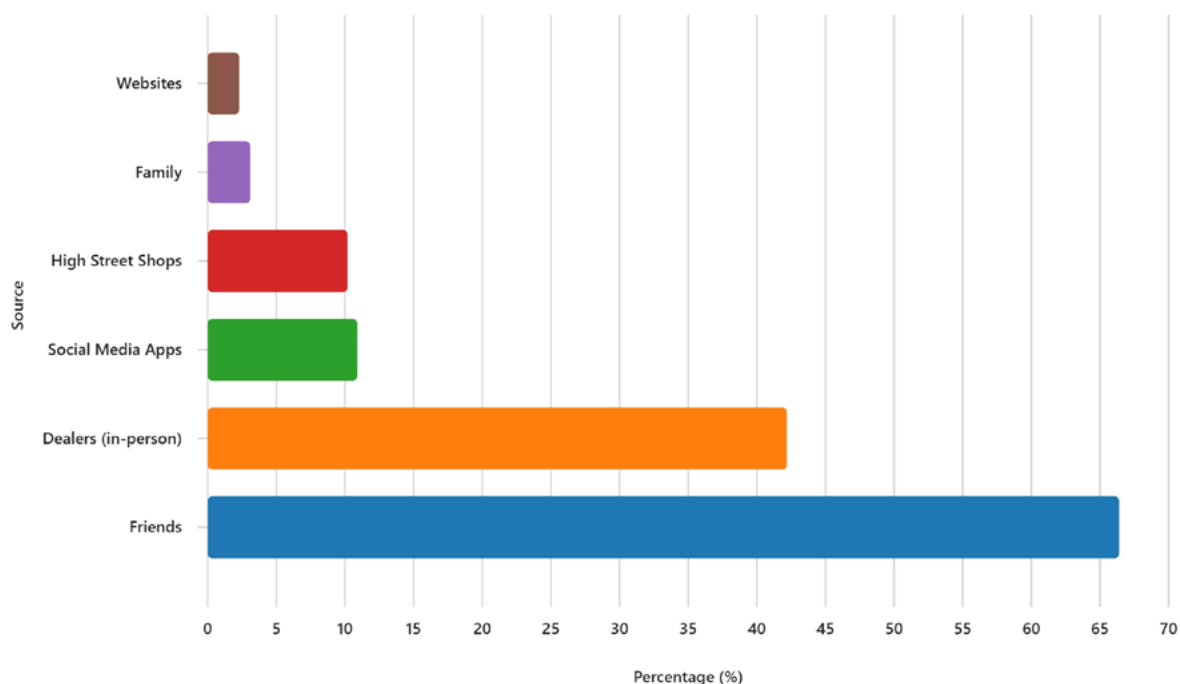
However, one of the most consistent themes that came up during interviews with professionals who work with young people was the role of social media in the way young people are accessing substances. Practitioners continually emphasised that social media, particularly Snapchat, has become the main market where young people can find substances quickly, subtly, and often at a fairly low price. These discussions were mainly associated with **THC vapes**, which many participants raised as a growing concern among adolescents:

"We got information from one of the schools in Oldham where a parent had explained that their child's friend disclosed using illicit vape oils and talked about accessing it through a Snapchat handle and how easily accessible it is through Snapchat." (Substance Use Service Operational Manager, Oldham)

"A lot of it is Snapchat, I'd say, especially with cannabis, designer cannabis, edibles, THC liquid... off Telegram." (Young Person's Drug and Alcohol Worker, Trafford)

"Often they don't understand the risks, especially when they're getting it from Snapchat and some guy is dropping it off at the school fence and they don't know what's in there." (Senior School Nurse, Rochdale)

Chart 12. Sources of accessing THC vapes



However, as noted below, young people often access **THC vapes** through friends.

"I do have some of that say still do the same thing, get them off dealers. I have heard them getting them off Snapchat and all that type of places, but a lot of the time it's off friends, because they share quite a lot with each other." (Substance Use Advocacy Worker, Salford)

"Most people get it from their friends, friends at school, and acquaintances, but not many are using the apps, some do but the vast majority just do it that way." (Substance Use Advocacy Worker, Oldham)

Indeed, despite the increasingly common perception that young people are accessing **THC vapes** and other substances from social media platforms, the most reported way that young people accessed **THC vapes** was via friends, with two-thirds (66.4%; n=85 out of 128) reporting accessing **THC vapes** this way. Two-fifths reported purchasing them in-person from dealers (42.2%; n=54 out of 128). Somewhat surprisingly, almost as many young people reported accessing **THC vapes** from high street shops (10.2%; n=13 out of 128) as from social media Apps (10.9%; n=14 out of 128). While more young people reported accessing them from family (3.1%; n=4 out of 128) than websites (2.3%; n=3 out of 128).

The sale of **THC vapes** in high street shops was noted by a professional working with young people in Manchester.

"We have one school in Manchester that we've had a lot of referrals for from for THC vapes. And when we speak to the young people there, it seems that a lot of these THC vapes are just sold under the counter in corner shops. [. . .] I think particularly the THC vapes, they're accessible all over the place, if you know which shop sells them." (Early Intervention and Prevention Lead, Manchester)

In addition to **THC vapes**, it was noted by several professionals that an increasingly wider range of substances were becoming available in vape form – both in the community and the custodial estate.

"I think the prevalence of substances in vapes has become more prominent." (Senior School Nurse, Rochdale)

"We are having more reports of other things that when they have been tested, things like ketamine and benzos in there as well recently. There's been reports of that and that's the scariest thing about the vapes, nobody really knows what's in them and how strong they are." (Substance Use Advocacy Worker, Oldham)

"Vapes are one of the most dangerous items in prison. Everything being smoked through them – THC, Crack Cocaine, Mix and Match." (Drug and Alcohol Recovery Practitioner, HMP Styal)

In summary, the shift toward consuming **THC** in vape form rather than traditional plant material continues to be a major concern among professionals, particularly in relation to young people. There is also growing concern about the increasing use of **THC vapes** within other population groups and, to a lesser extent, the emergence of other substances now being sold and consumed through vaping.

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

5.4.1 Drug indicators: CBPMs

There is no published data for NHS prescribing of unlicensed CBPMs. This is because the number of items prescribed in the NHS is so small that this could potentially breach patient confidentiality. The most current available prescribing data for unlicensed CBPMs in independent services in England has shown an increase of 130% between 31 March 2023 (150,527 items dispensed) and 31 March 2024 (346,600 items dispensed) (87).

5.4.1.1 Drug indicators: CBD market information

Estimates of the size of the UK CBD (*Cannabidiol*) market varies widely by industry estimates, from £690m in annual sales in 2021 (88) to £253 million revenue in the CBD Products market in 2025 (89).

5.4.2 Findings: CBD

No professionals raised concerns regarding CBD products in this year's survey or interviews and only 2 of the 817 respondents reported past year use of CBD products. A small percentage (7%, n=15/212) of professionals reported increased use. Two professional reports increased use was linked to people trying to reduce or stop using cannabis.

"Increase in use of those reducing cannabis use or becoming substance free." (Substance Use Practitioner, Rochdale)

Two other professionals reported an increase in use for medicinal purposes, including self-medicating mental health.

"More disclosures of both over the counter and black-market CBD use for medicinal purposes." (Specialist Substance Misuse Practitioner, Greater Manchester wide)

"There has been an increase in young people sourcing CBD to manage mental health concerns." (Young Person's Resilience Worker - Exploitation Lead, Manchester)

No CBD products were tested by MANDRAKE during the reporting cycle.



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, SCRA¹⁵ users have been almost exclusively confined to the homeless and prison populations (90; 91; 92). In July 2021, China's class-wide ban on *synthetic cannabinoids* came into force (93).

There were 1,201 SCRA users¹⁶ in adult treatment in England in 2024/25, with 710 new entrants to treatment. The numbers peaked at 1,025 during 2015/16 (33).

There were 44 deaths associated with SCRA in England and Wales in 2024, an increase from 33 (2022) but below the peak of 69 (2021) (37). According to the *IMS, NPS- cannabis* (most likely meaning SCRA) was implicated in 6 deaths in Greater Manchester for the period July till June 2024-25 (38).

A warning was issued by the Greater Manchester Drug Alert Panel in December 2024 after a serious incident thought to be SCRA related occurred in Manchester City Centre (94).

5.5.2 Findings: SCRA

'Spice' is the generic term used locally when referring to synthetic cannabinoid receptor agonists (SCRAs). Almost a fifth (18%, n=38/212) of professionals reported an increase in the use of *Spice* in the past year. Of the 27 professionals who provided additional free text comments, two-thirds (18/27) referred to the predominantly unintentional use when purchasing THC vapes.

"Through THC/illicit vape liquids." (Team Leader, Young Person's Specialist Substance Use Service, Oldham and Rochdale)

"Unintentional use, found in THC [vapes]." (Substance Use Advocacy Worker, Young Person's Specialist Substance Use Service, Bury)

This was often discussed in reference to young people.

"This tends to be when young people think they are purchasing THC vapes - not intentionally purchasing Spice." (Team Leader, Young Person's Substance Use Service, Tameside)

"A lot of young people are buying THC tapes believing they are THC, but they are actually Spice." (Young Person's Resilience Worker, Tameside)

It was suggested by a couple of professionals that even though initial use may be unintentional, once they are using these products, many young people will continue to use them.

"Many young people have not chosen to use synthetics but instead they have been sold to them under the guise of THC. However, once they are addicted a lot of them will continue to use them, regardless of whether they are synthetic or not, and even if they understand the risks." (Early Intervention and Prevention Lead, Young Person's Substance Use Service, Manchester)

While it was suggested that some young people are still using vape products regardless of whether they suspect the vapes contain *Spice* and not **THC**.

"Some knowingly use THC vapes knowing it could be Spice, and some do not care and will smoke it even if they know it is." (Substance Use Worker, Oldham)

Of the nine professionals who reported increased use of *Spice* beyond mis-sold **THC vapes**, over half (5/9) worked in Manchester.

"A noticeable increase in use of synthetic cannabinoids." (Liaison Worker, Homeless Support Service, Manchester)

As we discuss in the Street Drug Survey Report, the poor-quality **heroin** and *crack* and decreased access to prescription drugs from Bury New Road is leading some people to switch to *Spice*.

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.

"There was a heightened use of Spice back in 2020/2021 and then Spice use dropped and it was rare to find someone who was using spice. However, over the last year we have noticed more people disclosing that they are using Spice again because they cannot access other drugs." (Case Worker, Homeless Support Service, Manchester)

This was particularly in reference to Manchester City Centre's street-based population.

"Found more clients are using this again and it is being sold more frequently in the Manchester City Centre." (Opiate Recovery Coordinator, Manchester)

"I am seeing an increase again in spice use around the city centre and especially with my client group I would say over the last year it has increased again." (Team Leader, Rough Sleeping Support Service, Manchester)

One Manchester based professional noted that *Spice* was being used via pipes instead of the traditional use of plant matter in joints.

"Increase in new spice use via pipe methods." (Service Manager, Homeless Support Service, Manchester)

Spice was suggested as this year's trend focus by 11.8% (25 out of 212) of professional survey respondents, representing seven of the ten GMCA areas, with no submissions from Salford, Stockport, or Trafford. Nearly one-third of these respondents (8 out of 25) were based in Manchester, and in all cases, concerns were linked to use within the city's homeless population.

"There's a lot of people just getting lay-ons, got one guy that's got learning difficulties and they just go and give it him and they come and rob him later. So yeah, he keeps getting battered every night because he hasn't got the money for them . . . I hear a lot of that and I hear a lot of, some of the people that I work with, 'I've got no money till then, but can you sort me out for now?' 'Yeah, yeah, not a problem'. And then you are actually paying a daft amount of money back for it. So say you've got a ten's (£10) worth, you'd be paying 50, 60 quid later." (Homeless Service Worker, Manchester)

Where *Spice* was discussed in other areas, this also tended to be centred on its use in homeless populations.

"No Spice use in treatment, but there is amongst homeless population in Bolton." (Operational Manager, Bolton and Bury)

However, as we discuss further in the Street Drug Survey report, professionals in many parts of Greater Manchester reported that *Spice* was not as popular among the homeless communities as it used to be.

"The Spice? In the community I don't hear about Spice. So, it is almost like it's a substance just used in prisons." (Opiate Recovery Worker, Tameside)

As noted above, it remains one of the main substances used in the prison estate.

"Spice comes in through tiny sheets of paper, fingernail sizes are on sale for 20 pound [. . .] some people are unaware that the middle of this sheet is extremely strong and potent and they end up overdosing." (Drug and Alcohol Recovery Practitioner, HMP Styal)

Two professionals specifically highlighted the emergence of new strains in circulation. Additionally, six professionals (three from Rochdale, two from Oldham, and one from Bolton) raised concerns about school-aged young people and teenagers using *Spice* in vapes, either knowingly or having been misled into believing they were consuming **THC vapes**. This is discussed in the THC vape section of cannabis above.

A significant proportion of professionals (15%; n = 32 out of 212) who completed the survey identified *Spice* as a priority substance for MANDRAKE analysis this year. Most of these respondents (n = 26) were concerned with *Spice* in its traditional plant matter form, while six professionals - two from Oldham and four from Rochdale - specifically requested the testing of *Spice* vapes.

The Greater Manchester areas with the highest number of professionals who wanted to see the prioritisation of *Spice* for testing were Manchester (n = 8) and Rochdale (n = 7), each reporting more than twice as many requests as any other area. Bolton, Bury, Oldham, and Wigan



each had three professionals requesting *Spice* testing, while Salford and Tameside had two each, and Stockport had one. No professionals working in Trafford requested *Spice* as a priority substance for testing this year.

Spice is one of the substances covered in this year's 'Street Drug Survey'. This separate report includes interview data from people who use *Spice* and professionals who work with them, alongside the results of MANDRAKE's testing of *Spice* samples.

Within this year's testing cycle, MANDRAKE analysed twenty-two samples, submitted from

across the ten boroughs, and purported to be 'Spice'. All the samples tested were the herbal form of the product. No e-liquids or vape products that were submitted during the cycle were found to contain *synthetic cannabinoids*. Twelve exhibits were found to contain **MDMB-4en-PINACA** at concentrations ranging from 0.99 – 3.3% w/w, with one obtained from Manchester City Centre, containing levels of **MDMB-4en-PINACA** at 11.2% w/w. The remaining ten samples were determined to contain either **5F-ADB** (n = 8, 1.6 – 3.9% w/w), **ADB-PINACA** (n = 1, 1.0% w/w) and/or in one case a mixture of **MDMB-4en-PINACA** (major, 2.8% w/w) and **5F-ADB** (minor, 0.97% w/w) respectively.

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 2024/25 *CSEW* estimate of the proportion of **heroin** users aged 16 to 59 in England and Wales in the last year is 0.1% (26). In 2023 (the latest available data), 0.4% of pupils aged 11-15 reported **heroin** use in the *last year*, the same as 2021 (30). Waste water analysis (2023 and 2024) ¹⁷ estimated that **heroin** had decreased by 11% (95).

The *National Drug Monitoring System* (NDTMS) uses a complex method to estimate there were a total of 310,718 *opiate and/or opiate and crack users* ¹⁸ (**OCU**) in England. The last estimate was for 2022/23. The OCU total was made up of 119,918 people who used *opiates* and *crack*, 140,185 people who used *opiates* (without crack) and 50,534 who use *crack only* (32). The North West has an overall higher rate (11.3 per 1,000 population) of **OCU** than for England

(8.5) (15), but estimates vary within Greater Manchester. See Table 19 for the estimated rates of *opiate* users in Greater Manchester.

During 2024/25 the number of people in treatment for *opiates* in England (138,255) was similar to the previous year (137,965). Nearly half (42%) 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 and are now over 40 years old (median age 45 male, 43 female). In 2024/25, 63% said they first used **heroin** before 2001 and only 16% first used heroin since 2011. 73% are male and 27% female. Among adult *opiate* users starting treatment in 2024/25; 50% report never injecting; 33% were previous injectors and 16% were current injectors (33). There were just 28 young people in treatment reporting using **heroin**, and 11 for who it was the main problem (primary citation) representing only 0.1% of those in treatment and more than a 95% reduction since its peak in 2005/06 (821 primary citation) (35).

Table 12: Estimated number and rate per 1,000 population for opiate only users and opiate and crack users in Greater Manchester 2022/23. Source (32).

Area	Number of both opiate and crack users. 2022/23	Number of opiate users only. 2022/23	Both opiate and crack user rate per 1,000 population. 2022/23	Opiate users only rate per 1,000 population. 2022/23
England	119,918	140,185	3.3	4.0
Bolton	919	1,558	4.9	8.3
Bury	440	531	3.6	4.3
Manchester	2,660	2,145	6.5	5.3
Oldham	679	723	4.4	4.7
Rochdale	813	653	5.7	4.5
Salford	561	1,013	2.9	5.3
Stockport	656	879	3.6	4.8
Tameside	577	734	4.9	3.9
Trafford	319	447	1.98	2.1
Wigan	602	1,189	2.8	5.6

17. Waste water monitoring is accurate in that it monitors which drugs have actually been consumed (rather than what people think they are using), but in itself is limited and can't tell how many people have used, makes assumptions about purity based on old data etc. However it is designed to be used as an indicator along with other prevalence estimates. They monitored from 16 waste water treatment plants in England (covering 18% of population) during 2023 to 2024.

18. '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 2024, 2,621 *drug poisoning* deaths involved *opiates*; an increase (2,551 deaths) from 2023. *Opiates* were involved in just under half (47.1%) of drug poisonings registered in 2024, increasing to 59.9% 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 1,415 drug poisoning deaths in 2024, a decrease from 2023 (1,453). Most **heroin** deaths are polydrug deaths involving one or more drugs and among people over 40 with long-term poor physical and mental health (37). According to the *IMS*, **heroin** was implicated in 78 deaths and **morphine** 35 deaths in Greater Manchester for the period July till June 2024-25 (38).

5.6.1.1 Heroin purity and adulteration

As a result of a ban on **opium** production by the Taliban regime in Afghanistan, it was estimated that 2023 production of **opium** fell by 95% (96). As nearly all UK **heroin** originates from Afghanistan there were widespread fears that there would be a **heroin** shortage in the UK, leading to more adulteration of street heroin.

Test results from both WEDINOS (97) and Scottish RADAR (1) 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*' (98). 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, suspected and in some cases confirmed to be a result of heroin adulterated with **nitazenes** (99). 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 (100).

However, the common belief that the 2022 Taliban ban would cause a **heroin** shortage/drought in Europe have not yet materialised. The drought was predicted to come 18-24 months after the ban after existing stocks had been used. However, more than three years after the Taliban ban, although quality appears low, there does not appear to be any local or national shortage of **heroin**, let alone a drought. A report from the European Union Drugs Agency (EUDA) makes some sense of the lack of **heroin** shortage despite the continued Taliban ban:

- The Taliban gave producers two-month notice of the ban that allowed them to amass huge stockpiles;
- Most **heroin** produced in Afghan is low grade **heroin hydrochloride** (*crystal, spin maal*) produced for outside Europe;
- The Afghan producers have further adulterated this low grade product bound for outside Europe, but ensured that the best quality product '*gul*' (**heroin base**) is protected and remains relatively free from adulteration;
- The price has since risen threefold; Europe remains protected (from Afghan adulteration) as Europe is by far the most lucrative market;
- Adulteration by European traders as a response to the price rise has been by reducing the amount of the **opium base** rather than adding *synthetic opioid* adulterants (101).

There were a number of lab tests or toxicology confirming **heroin** adulterated with *nitazenes* in Greater Manchester. One lab test on a GMP seizure of over 100grams of compressed pale brown powder that occurred in May 2025 contained a mixture of **heroin**, **N,N-Dimethylamino Etonitazene** (an etonitazene analogue), **dextromethorphan** (a derivative of codeine); **medetomidine**¹⁹ (a Prescription Only veterinarian drug related to xylazine) along with **caffeine** and **paracetamol**. Three deaths in Greater Manchester in August 2025 were confirmed by toxicology to involve **etonitazene** along with **heroin** and other street drugs (102).

19. Medetomidine is in the same drug class as xylazine, but is approximately 200 times potency and longer acting. In the US, medetomidine has taken over from xylazine and is commonly found as a synthetic opioid adulterant. The 2024 ACMD review recommended leaving medetomidine as a prescription only veterinary medicine as it had not detected as an adulterant in the UK, however a recent advice from the ACMD is to bring medetomidine into the Misuse of Drugs Act (157).

5.6.2 Findings: heroin

There were almost twice as many professionals reporting decreased **heroin** use (9%, n=20/212) as there were reporting an increase in use (5%, n=11/212). Only 5.2% (11 out of 212) of professional survey respondents identified **heroin** as a priority for trend monitoring. Over half of these respondents (6 out of 11) specifically raised concerns about *nitazenes* and the associated increased risk of fatal overdose. Additional suggestions for a **heroin**-related focus included monitoring street-based **heroin** use and addressing issues related to adult complex safeguarding.

One professional in Bolton reported more 'speedballing' with **crack cocaine** while another professional in Rochdale reported more smoking of **heroin**.

Consistent with previous reports, it was noted this year that there are very few new young **heroin** users.

"Only one report of a young person using heroin - who has abstained for a while now and has not reported to have used this again."
(Young Persons Resilience Worker, Tameside)

"I personally have only had one young person this year who has used Heroin (smoking)."
(Young Person's Resilience Worker - Exploitation Lead, Manchester)

During professionals' interviews, it was consistently reported that **heroin** was still widely used and available.

"Heroin still one of the most common drugs on our caseloads." (Drug and Alcohol Recovery Practitioner, HMP Styal)

"I've not heard of anybody to struggle to get heroin." (Consultant addiction psychiatrist, Bolton)

However, it was often noted that the quality was poor.

"Heroin still plentiful, quality is rubbish, but people still buying it" (Advanced Recovery Practitioner. HATs team, Rochdale)

"Heroin is poor quality, but still widely used."
(Operational Manager, Bolton and Bury)

"Heroin is still rife, however the quality is questionable." (Drug and Alcohol Recovery Practitioner, HMP Styal)

In addition to reports of poor quality, many professionals raised concerns regarding the presence of *synthetic opioids*, in particular, *nitazenes*.

These concerns regarding content led to a fifth (21%; 45 out of 212) of professionals who completed the survey to identify **heroin** as a priority substance for MANDRAKE analysis this year. However, this varied significantly by locality. No professionals from Oldham suggested **heroin**, and only one respondent from Bury, Rochdale, and Salford did so. In contrast, **heroin** was prioritised by five professionals in Trafford, six in both Bolton and Stockport, and eight in Manchester, Tameside, and Wigan.

Calls for a focus on **heroin** were primarily driven by concerns regarding potential adulteration with *synthetic opioids*, including **fantanyls** and *nitazenes*. As one healthcare professional from Trafford noted:

"Heroin and benzodiazepines are often adulterated, but now with potent additives on occasions."

Heroin is one of the substances covered in this year's separate *Street Drug Survey* report and more detailed discussion on **heroin**, including MANDRAKE results can be found there.

Within the testing cycle, MANDRAKE analysed fifty-one samples, submitted from across the ten boroughs, and purported to be '**heroin**'. All the samples tested were the powder form of the product (ranging from 0.1 – 0.17 g material per wrap or snapbag). Thirty-two exhibits (63%) were found to contain unadulterated heroin at purities ranging from 0.8 – 2.9%.

The remaining nineteen (37%) samples were determined to contain heroin with a mixture of caffeine and paracetamol [n = 18, **heroin** purity: 1 – 59% (mean purity: 30%)], with one sample, linked to a drug related fatality, determined to contain principally **heroin** (89% purity) and a small amount of **caffeine**. A single sample containing a mixture of **phenacetin**, **paracetamol** and **caffeine** was also seized and analysed. Though **heroin** was detected, within this sample, the level was below the limit for an accurate quantification. During the testing cycle none of the surveyed **heroin** samples contained either **fantanyl** (or its analogues) or *nitazenes*.



5.7 Nitazenes, fentanyl(s) and other potent synthetic opioids

5.7.1 Drug indicators: nitazenes, fentanyl(s) and other potent synthetic opioids

During 2024, there were 681,55 prescriptions of **fentanyl** issued by NHS primary care services, a reduction of 6% on 2023 (87).

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 (103).

Since 2020/21 a growing range of ‘**nitazenes**’ have been detected in Europe (104). In March 2024, a range of 15 ‘nitazenes’ were brought under the Misuse of Drugs Act as class A drugs (105). 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 (106).

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 at the time legally controlled in China. In July 2025, China introduced legal controls on a whole category of *nitazene*-related substances, as well as 12 new psychoactive substances (107). As the current age of *nitazenes* was in part a result of the blanket Chinese blanket ban of fentanyl- related substances, it is unclear what the end result of this will be, but there is some evidence that a new group of potent synthetic opioids may be emerging²⁰.

In England and Wales in 2024, 60 *drug poisoning* deaths involved **fentanyl** and 2 involved **fentanyl analogues**. As part of the GMP/ Greater Manchester Drug Early Warning System (GM-

DEWS) pilot to test drugs found at the scene of death, a sample of a purple powder was tested and found to contain the fentanyl analogue **methoxyacetylfentanyl** (102).

There were 195 deaths involving *nitazenes* between 1 June 2023 and 31 May 2024, an increase from 52 recorded in the previous year. The deaths involved several different *nitazenes*, in some cases more than one is mentioned on the death certificate. There were: **protonitazene** 88, **metonitazene** 46, **N-desethyl isotonitazene** 38, **N- Isotonitazene** 8, **pyrrolidino protonitazene** 6, **N-pyrrolidino etonitazene** 2, **Etonitazene** (37) .

OHID estimates of *potent synthetic opioid* deaths comes from several sources reported to OHID and the National Crime Agency (NCA) and (from April 2024) from toxicology results (where coroners agree to this). So, it is likely to be under reported. *Potent synthetic opioid* deaths, like **heroin** deaths are usually a result of the use of multiple drugs concurrently. In early 2026, the National Crime Agency (NCA) reported that 333 fatalities across the UK were linked to *nitazenes* in 2024. Fifteen of these were in the North West region. There has been a reported recent drop, with the data from January 2025 to June 2025 showing 59 deaths in England, two of which occurred in the North West (39) .

As referenced above in the heroin section, in August 2025 three deaths in Greater Manchester were confirmed by toxicology to involve **etonitazene** along with **heroin** and other street drugs (102).

According to the *IMS DARD surveillance system*, NPS- **nitazenes** were implicated in 4 deaths and **fentanyl** in 4 deaths in Greater Manchester for the period July till June 2024-25 (38).

5.7.2 Findings: Fentanyl(s)

Only 3.3% (7 out of 212) professional survey respondents identified **fentanyl** as a priority for trend monitoring. It is noteworthy that all seven were based in the Tameside area.

20. In December 2025 a warning was sent to professionals in the London borough of Camden after three deaths and a drug seizure identified cychlorphine (102). Cychlorphine (N-Propionitrile chlorphine) is a potent synthetic opioid with similar toxicity to some of the nitazenes. It is from a family of drugs called piperidinyl benzimidazolone opioids which are known as ‘brorphine-like drugs’ or ‘Orphines’ (161). Recent warnings have gone out in Canada (160) and it has shown up in recent WEDINOS tests in substances sold as heroin and as nitazene like potent synthetic opioids (97).

A significant number of professionals (15%, 31/212) reported an increase in the use of **fentanyls** in the past year. A small number (n=4) of these reported people knowingly using **fentanyl** or other new *synthetic opiates* and actively seeking it out.

"Slight increase in use, but only in cases where people have intentionally bought it online for the purpose of using them."
(Reducing Mortality Project Manager, Manchester)

This *synthetic opiate* seeking behaviour was directly linked to the poor quality of **heroin**.

"Some people are actively looking for Nitazenes due to strength." (Specialty Doctor, Manchester)

"Due to reduction in strength of heroin, NSO use has increased." (Team Leader, Adult Drugs and Alcohol Service, Tameside)

In addition to reports of increased use, professionals also reported increased overdose.

"Increase in overdoses due to Nitazenes."
(Opiate Recovery Coordinator, Manchester)

In addition to its accessibility from digital platforms, in Tameside, it was reported that dealers are selling it as **fentanyl** rather than people unknowingly using it through adulteration.

"Fentanyl - dealers in the area selling this substance." (Team Leader, Tameside)

However, it was more common for professionals to report that **fentanyls** and other *new synthetic opiates* were present in other substances such as **heroin**, prescription drugs, **ketamine**, and **cocaine**.

"Nitazenes appear on the increase, not taken knowingly but often mixed with other substances." (Operations Manager, Adult Treatment Service, Bolton and Bury)

"Drugs being spiked with this, Fentanyl dealers in Ashton." (Harm Reduction Outreach, Tameside)

"Often unknown use, present in other drugs contaminated and picked up via testing." (Head of Services, Manchester and Tameside)

"People reporting stronger heroin and feel contaminated by nitazenes or fentanyl."
(Team Leader, Adult Drugs and Alcohol Service, Bolton)

While concerns regarding the presence of fentanyls and other *synthetic opiates* in **heroin** has been a concern for several years, several professionals reported their presence in a wide range of drugs.

"Unintentional use when buying prescription style substances." (Substance Use Worker, Young person's Substance Use Service, Trafford)

"Fentanyl is on the increase in the alcohol cohort due to cocaine being laced with it."
(Team Leader, Adult Treatment Service, Tameside)

"Been found in other drugs such as ketamine, cocaine." (Young Person Resilience Worker, Manchester)

However, one professional working with young people in Manchester reported that positive detection of fentanyl in ketamine was not deterring young people from using it.

"Lots of Ketamine my young people have tested has come back positive for fentanyl, but some have decided to use this anyway and actually seek that ketamine out now as it offers them a different, more intense high, as their dependence on Ketamine has continued to develop." (Early Intervention and Prevention Lead, Manchester)

Nitazenes and **Fentanyl's** are covered in more detail in this year's separate *Street Drug Survey* report.

Within the testing cycle, MANDRAKE analysed seven samples, submitted from across the ten boroughs, purported to contain *synthetic opiates* (n = 6, *nitazene derivative*; n = 1, *fentanyl derivative*) and associated with drug-related fatalities. The samples tested varied from powder or tableted forms (see *figure 3*) and varied in colour, design and content (see [table 13](#)).



Figure 3: Synthetic opiate-containing products seized and tested within Greater Manchester 2024/25.
Source: MANDRAKE.



Table 13: Results of qualitative and quantitative testing of synthetic opiate-containing products seized and tested within Greater Manchester 2024/25. Source: MANDRAKE.

Sample	Description	Synthetic Opiate	Purity/Content
1	Light beige powder (6.5 g) in plastic bag.	Etonitazene	95.3% (purity)
2	Light beige powder (7.7 g) in plastic bag.	Etonitazene	94.7% (purity)
3	7 x Dark green, circular tablets. No markings.	Isotonitazene	1.5 mg/tablet (content)
4	9 x Yellow, circular tablets. No markings.	Isotonitazene	1.5 mg/tablet (content)
5	4 x Small, blue circular tablets, embossed with "M" and "30"	N-desethylisotonitazene	1.9 mg/tablet (content)
6	28 x Yellow, circular tablets. No markings.	N-desethylisotonitazene	2.1 mg/tablet (content)
7	Purple powder (10 mg) in snapbag	Methoxyacetyfentanyl	84.6% (purity)

5.8 Naloxone

5.8.1 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 (2023), 26% reported having overdosed to the point of losing consciousness, an increase from 24% in 2022 and 17% 2014. The proportion who had injected in the last year and who reported carrying **naloxone** (66%) 2023 was similar to 2022 (67%), but below the peak of 2020 (77%); 60% of those who reported overdosing in the preceding year (2023) reported having had **naloxone** administered, similar to 58% in 2022 (50).

The Human Medicines Regulations 2012 were amended in December 2024 to improve access to **naloxone**. Previously, only drug and alcohol services were able to supply **naloxone** without a prescription. Now the regulations have been expanded to allow more services and healthcare professionals to supply naloxone to take away without prescription (108)

32 police forces are now carrying **naloxone** or in a pilot phase, and a further 12 have agreed to pilot or fully roll out its use. Greater Manchester Police (GMP) along with Suffolk are currently the only forces who do not carry or plan to carry naloxone (109).

5.8.2 Findings: Naloxone

There was no discussion of **naloxone** during the professional interviews.

5.9 Prescribed opioids

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 that *opioids* should not be offered to manage chronic primary pain (110). Between 2023 and 2024 there were further reductions in the number of prescriptions for: **diamorphine** down by 21%; **co-proxamol** down by 18%; **pethidine** down by 25%; **fentanyl** down by 9%; **co-dydramol** down by 6%; **methadone** down by 5%; **dihydrocodeine** down by 2% (87).

According to the *Care Quality Commission*, assuming drug-seeking behaviour without

thoroughly reviewing a patient's history has resulted in serious consequences, including:

inadequate disease management; delayed treatment and unnecessary suffering.

"We have seen cases where dismissing legitimate medical needs can worsen physical and mental health, potentially leading to self-harm or suicide". (87).

During 2024/25 it is estimated that 5.5% of those aged 16-59 took a non-prescribed *prescription only* pain killer for pain management. This was a slight increase from 5.3% during 2023/24 (26).

5.10 Methadone and buprenorphine

5.10.1 Drug indicators: Opiate Substitute Treatment (OST)

Of the 138,255 people in treatment with *opiate* problems in 2024/25, 93% received a prescribing intervention. The length of time in prescribing for people using *opiates* in continuous prescribing treatment was: Less than 12 months, 40,275 (31.6%); 1 to 2 years, 17,050 (13.4%); 2 to 3 years, 9,713 (7.6%); 3 to 4 years, 7,291 (5.7%); 4 to 5 years, 7,692 (6%); 5+ years, 45,628 (35.7%) (33).

5.10.2 Drug indicators: Methadone and buprenorphine

There were 676 deaths related to drug poisoning involving **methadone** in 2024 in England and Wales, which was a decrease from 709 in 2023, which was the highest number on record. Of the **methadone** deaths, 108 occurred in the North West, a decrease from 120 in 2023. Most **methadone** deaths (563 out of 676) occurred along with other drugs. There were 58 drug poisoning deaths in England and Wales related to **buprenorphine** in 2024, an increase from 46 the previous year (37). **Methadone** was implicated in 84 and **buprenorphine** 9 deaths in Greater Manchester reported to the *IMS* for the period July till June 2024-25 (38).

During 2024 there were 3,485,411 total prescription items for **buprenorphine** (up 4%) and 1,629,110 for **methadone** (down 4%) (87).

5.10.3 Findings: Methadone and buprenorphine

A relatively small number (6%, n=13/212) reported an increase. However, in all cases this was related to increased numbers of people being prescribed methadone and buprenorphine rather than non-prescribed use. This reported increase was attributed to the poor-quality heroin and concerns that heroin may contain potentially life-threatening synthetic opioids.

During this year's testing cycle, MANDRAKE analysed **two samples** purported to be 'methadone'. Both samples were obtained as green liquids in plastic bottles, with a stated content (methadone) of 1 mg/mL. Both exhibits were found to contain **methadone** at levels (0.98 – 1.3 mg/mL) consistent with legitimate pharmaceutical products that have been diverted into the illicit market.

No buprenorphine products were tested by MANDRAKE during the reporting cycle.

5.11 Tramadol

5.11.1 Drug indicators: Tramadol

There were 213 poisoning deaths for **tramadol** in 2024 (64 without other drugs involved) (19). **Tramadol** was implicated in 8 deaths in Greater Manchester reported to the *IMS* for the period July till June 2024-25 (38).

5.11.2 Findings: Tramadol

A small number of professionals (3%, n=6) reported an increase in the use of **tramadol**.

One professional noted that they had seen an "increase in referrals for those using tramadol as a primary drug." (Nurse, Adult Treatment Service, Trafford)

This increase was attributed to them being "easily available due to diversion from primary care." (Specialty Doctor, Adult Treatment Service, Manchester)

During this year's testing cycle, MANDRAKE analysed twelve samples purported to be '**tramadol**'. All the samples tested were obtained as yellow-green capsules, with a stated content of 50 mg/capsule. All the exhibits were found to contain **tramadol** at levels ranging from 43.6 – 46.0 mg/capsule which implies these are legitimate pharmaceutical products that have been diverted into the illicit market.

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. The proportion of young people mentioning **codeine** during 2023/24 was 1% of those in treatment, which equates to 160 young people, 31 citing it as their primary problem (35).

In 2024, there were 246 deaths related to poisoning from **codeine** (not from compound formulation). Deaths have (mostly) been on an upward trend for some time and have more than double since 2012 (73); 34 deaths were in the North West. Of total **codeine** deaths, 60 were without other drugs involved. There were 133 deaths from poisoning related to **dihydrocodeine** (not from compound formulations) an increase from 96 (2023), 23 of those deaths in the North West (37). **Codeine** was implicated in 14 deaths and **dihydrocodeine** 5 deaths in Greater Manchester reported to the IMS for the period July till June 2024-25 (38).

5.12.2 Findings: Codeine/Dihydrocodeine

No professionals requested that **codeine/dihydrocodeine** should be this year's trend focus. However, two professionals (one based in Manchester and one in Tameside) identified **codeine** as a priority substance for MANDRAKE analysis this year.

Almost one in ten (9%, n=20/212) professionals reported an increase in use. A third of these noted that clients were originally prescribed from a GP for pain management such as back pain which then led to dependency.

"Found we have more referrals from GPs due to misuse of codeine after being prescribed it." (Opiate Recovery Coordinator)

"An increase in referrals for people wishing for support after GP instigated opiate pain relief treatment." (Team Leader, Tameside)

As we have noted in the previous and current **ketamine** trend focus reports, many people experiencing **ketamine** uropathy are not receiving appropriate pain management, leading to them self-medicating with a range of substances. One professional noted one case where a client was self-medicating their 'ket cramps' with **codeine**.

"Slight increase with young adults purchasing illicit substances. Once case where it was used to self-medicate ketamine uropathy (abdominal cramps)." (Operations Director, Specialist Young Peoples Drug Treatment Services, Multiple Greater Manchester areas)

Another professional noted the use of **codeine**-based products to self-medicate ADHD.

"Young people using illicit codeine and lean. Mainly clients with ADHD, stating that it is helping level mood and calm mind." (Substance Use Worker, Specialist Young Peoples Drug Treatment Services, Trafford)

Around one in 20 (4.5%, n=37/817) young people reported past year use of **codeine/dihydrocodeine** this year, including 'Lean'.

During this year's testing cycle, MANDRAKE analysed one sample purported to be '**dihydrocodeine**'. The sample was a white, circular tablet, embossed with "C DH" embossed, with a stated content of 30 mg/tablet. The single sample was found to contain **dihydrocodeine** at 26.2 mg/tablet implying a diverted but legitimate pharmaceutical product.

5.12.2.1 Findings: 'Lean'

'Lean' is discussed in more detail in section 5.35 Homemade drug mixtures.



5.13 Other opioids

5.13.1 Drug indicators: Other opioids

In 2024 there were 109 poisoning deaths related to **oxycodone** (33 without other drugs involved), which was an increase from 99 the previous year (37). **Oxycodone** was implicated in 8 deaths in Greater Manchester reported to the *IMS* for the period July till June 2024-25 (38). There were 141 deaths from drug poisoning from *Unspecified opiates* registered in 2024 (37). Adult treatment data is not broken down by specific opioids, although under the 'club drug' data 112 are listed as using 'predominantly sedative/opioids' (33). The proportion of young people mentioning other opioids (which includes **oxycodone**, methadone, fentanyl) during 2024/25 was 0.9% of those in treatment, which equates to 138 young people, 40 citing it as their primary problem (35).

5.13.2 Findings: Other opioids

A small number (4%, n=8/212) of professionals reported an increase in the use of **oxycodone**. While these have typically been associated with young people, one professional noted that:

"A few people are using this as an illicit opiate replacement to reduce their heroin use." (Clinical Practitioner, Homeless Nursing Team, Bolton)

One professional based in Manchester identified **oxycodone** and **tapentadol** as priority substances for MANDRAKE analysis this year.

One professional raised concern reading the content of **oxycodone** tablets accessed through illicit online markets.

"Illicit use, one client was ordering large quantities to home, Using up to 40-60 tablets per day. Tablets were found to have nitazenes in them. Have had a client pass away from using illicit oxycodone that were found to have nitazenes, prolonged use suspected to have affected heart." (Substance Use Worker, Specialist Young Peoples Drug Treatment Services, Trafford)

In addition to concerns regarding their content, a couple of professionals raised concerns regarding the large amounts that were reported to be used.

"I've had somebody using 160 illicit Oxycodone tablets a day!" (Young Person's Substance Use Service Advocacy Worker, Trafford)

It was stated by five professionals that they were widely available via diverted prescription, although it was more commonly noted that they were accessible via online or via social media apps such as Telegram.

"Young people buying painkillers through social media." (Operational Manager at Early Break, Oldham)

Most professionals referred to the use of **oxycodone** and to a lesser extent, **tramadol**, in relation to young adult.

"We do see younger people [in their] early 20s using oxycodone, tramadol . . . young heroin users tend to start with oxy, tramadol." (Recovery Coordinator, Bury)

One professional also noted that their use was associated with older populations.

"Increase in oxycodone and non-prescribed opioids . . . it's that middle aged group, people who wouldn't normally abuse drugs who are accessing prescription medicines." (A&E Nurse Practitioner, Bolton)

However, it was noted that only a small proportion of people on professional's caseloads are using them.

"A few are using Oxycodone, Tramadol not many." (Operations Manager, Wigan and Leigh)

Two professionals who work with young people noted the use of **tapentadol** (brand name *Palexia*). This is a *synthetic opioid analgesic* used in the UK for managing moderate to severe acute or chronic pain.

" . . . but there's another one. Is it Tapentadol? There's been a few younger people, so around like 14 to 16, probably about four of them that have said that they can buy it off drug dealers." (Young Person Drug and Alcohol Worker, Trafford)

"I think somebody's bought this [Tapentadol] illicitly . . . Because he can't afford heroin at the minute, he's been taking illicit tablets because they're cheaper." (Harm Reduction Outreach Worker, Tameside)

There have been a few reports of the use of **kratom**²¹ in the professional interviews. Three professional survey respondents noted an increase in the use of **kratom**.

"More new referrals referencing Kratom." (Team Leader, Adul Treatment Service, Bolton)

"Increased reports of Kratom use." (Speciality Doctor, Manchester)

However, in the young person survey, past year use of **kratom** was only self-reported by one respondent from Manchester.

21. 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**)²². 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 (111). This was probably indicative of the size of the **LGBTQ** scene in the area, as **GHBRs** are predominantly (although not exclusively) used within the **LGBTQ** scene.

There were 30 deaths associated with **GHB** in 2024, which was an increase on the previous year (25) but a decrease on (31) on 2022 (37), 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 deaths²³ (112).

There were 884 adults in treatment with a problem with **GHB/GBL** during 2024/25, an increase on 741 (2023/24) and 559 during 2022/23 (33).

5.14.2 Findings: GHBRs

A small percentage (6%, n=13/212) of professionals noted an increase in the use of **GBL/GHB** in the past year. While this was always discussed in the context of 'chemsex', and men-who-have-sex-with-men (MSM), two professionals reported its use

Outside of this population.

"Predominantly used with other drugs at gay chemsex parties but have seen a few straight people using GHB/ GBL." (Specialty Doctor, Adult Treatment Service, Manchester)

Two professionals reported an increase in related harms, including dependency, acute A & E presentations and deaths.

"First few deaths related to polydrug use including GHB." (Nurse, Adult Treatment, Trafford)

"More presentations of dependant and social use. Also more acute presentations at A&E department. The responses when presenting there are still varied from admission to acute ward and following national rapid detox pathways, to no knowledge of the substance and how to support acute management." (Specialist Substance Misuse Practitioner, Greater Manchester)

As illustrated above, the medical professional knowledge remains varied, highlighting an ongoing training need.

Only 1.4% (3 out of 212) of professional survey respondents identified **GHBRs** use as a priority for trend monitoring (one from Salford, one from Stockport and one who covered all 10 GMCA areas). This was always in relation to **GBL/GHB**, **crystal meth** and chemsex. In addition, four professionals (two from Manchester, one from Tameside, and one from Trafford) suggested 'chemsex drugs' as a broader category for trend monitoring, and **GBL/GHB** is one of the three primary substances associated with chemsex.

"I've got two young men that do GHB. [. . .] I'll go for chemsex stuff because I've had two of them now that have cropped up with that." (Substance Use Advocacy Worker, Salford)

As the following interview extract illustrates, there is still a level of naivety regarding the use of 'G', highlighting the need for harm reduction advice on how much to consume.

"And I collapsed and passed out on that 'G' because I thought you had a cap, but you don't. You have a mil or whatever. I passed out and then I come round, didn't know where I was, what was, what was what and then the doctor said this is, it's worse than London for that now. All the gays are having it." (Manchester Man, mid-40s)

22. 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.

23. 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 (70).

5.14.2.1 Market information

Professional reports suggest that GBL is the dominant GHBRs in local circulation.

“G is still predominantly GBL, once in a blue moon someone says they are definitely getting GHB . . . Consistent high potency . . . Still reluctance to call an ambulance . . . Still lack of interactions in community to manage G withdrawal . . .” (Specialist Practitioner, REACH Clinic (sexual health/HIV), GM-wide)

Two professionals (one based in Bury and one in Manchester) identified GHB as a priority substance for MANDRAKE analysis this year. In addition, another professional working across multiple Greater Manchester areas generically requested testing of ‘chemsex drugs’, which includes **GBL/GHB**.

MANDRAKE has analysed sixteen samples, purported to be ‘**GHB, GBL** or **GMBRs**’, during the testing cycle. All the samples tested were the liquid form of the product. Eleven samples (69%) were confirmed to be *gamma-hydroxybutyrolactone* (**GBL**) of high purity (85.5 – 98.3%) and the remaining five samples were found to contain moderate levels of the **isopropyl nitrite** (51.5 – 58.2% purity) and **isopropanol** (minor component). Though these samples contain **isopropyl nitrite**, the presence of **isopropanol** indicates degradation of the sample(s) as it is common for *alkyl nitrites* to react with moisture and be converted back their parent alcohols.



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.

Pregabalin deaths increased to record levels again to 617 (2024). Up until 2008 there were zero **pregabalin** deaths, which rose to 4 by 2012 and has increased ever since. There were also a record number of **gabapentin** deaths in 2024 (160), which was an increase from 2023 (137) (37). **Pregabalin** was implicated in 37 deaths and **Gabapentin** 4 deaths in Greater Manchester reported to the *IMS* for the period July till June 2024-25 (38). It is thought that the number of deaths involving *gabapentinoids* is significantly under reported (113).

Pregabalin has been associated with infrequent reports of severe respiratory depression, including some cases without the presence of other *opioids* (114). However, as with *benzodiazepines*; deaths involving *gabapentinoids* rarely occur without other drugs, with just 16 **pregabalin** deaths out of 617 and 10 out of 137 **gabapentin** deaths in 2024 occurring without other drugs (37). *Opioids* are co-detected in 92% of *gabapentinoids* deaths in England (115).

During 2024, prescriptions for **pregabalin** increased by 5% (9,507,036 total items prescribed). **Pregabalin** and **gabapentin** accounted for 64% of all Schedule 3 prescribing (87).

5.15.2 Findings: Gabapentinoids

Approximately one in six (17%, n=35/212) professional who completed the survey noted an increase in the use of *gabapentinoids*.

While the non-prescribed use of these substances has focused on street-based populations, four professionals reported increased use in the local prison estate, and two Manchester based professionals reported an increase in use amongst young adults in Manchester

"Young people who are using Pregabalin and Gabapentin has increased over the last year, however this is mostly within the 18-25 category." (Young People's Resilience Worker - Exploitation Lead, Manchester)

Several professionals left similar comments regarding the ease of access via GPs and subsequent use to cope with heroin withdrawals.

"Found more referrals due to pregabalin or people being prescribed by their GP and then increasing by buying illicit pregabalin and then they cannot come off them without support. A lot of clients have increased in buying these illicitly to help with pain or opiate withdrawals if they cannot get heroin." (Opiate Recovery Coordinator, Manchester)

"Increasing incidents of prescribed use/ overuse and issues in detoxifying." (Nurse, Trafford)

"Easily available due to overprescribing in primary care, Pregabalin used for home opiate detox." (Specialty Doctor, Manchester)

In addition to GP prescribing, it was noted that they are available from online sites, through social media apps such as Telegram and via the illicit street market.

Despite these concerns, only 2.8% (6 out of 212) of professional survey respondents identified *gabapentinoids* as a priority for trend monitoring. These respondents included professionals working in Bolton, Manchester, Salford, Stockport, and Tameside, as well as one individual covering all ten Greater Manchester local authority areas. Reported concerns centred on the misuse of 'fake prescribed medication', with particular emphasis on Pregabalin use among local homeless populations.

A small proportion of professionals (7%; n = 14 out of 212) who completed the survey identified *gabapentinoids* as a priority substance for MANDRAKE analysis this year. These responses covered all ten Greater Manchester areas, with two professionals from Bolton, Bury, Stockport, and Tameside, and one from each of the remaining six areas. The primary concern raised was the use of **pregabalin** purchased online or from street sellers.

As we discuss further in the *Street Drug Survey Report*, *Operation Vulcan* has reduced access to prescription drugs leading several professionals that we interviewed to report less availability or use of **pregabalin**. Alongside reports of reduced access via street-markets and high-street shops, a reduction in prescribing was noted.

"Slight reduction in Pregabalin use, probably less available, and less prescribing but benzos probably haven't changed." (Consultant Addiction Psychiatrist, Bolton)

"Pregabalin use seems to have disappeared. They put this down to educating the young doctors who start in the hospital about prescribing to people who use drugs." (Dual Diagnosis Specialist Nurse, Rochdale)

However, several professional survey respondents reported that they were still being widely prescribed by GPs.

"Easy to get off the doctor!" (Recovery Coordinator, Bolton)

"Many service users use gabas [gabapentinoids] but typically these are prescribed by their GP and they overuse them." (Team Leader, Tameside)

"Increase in primary care prescribing, increase in recreational abuse and overdose." (Nurse Practitioner, Bolton, Bury, Salford, and Wigan)

"Addiction linked to GP prescribing as well as increase due to reduction in strength of heroin." (Team Leader, Tameside)

Gabapentinoids are one of the substances covered in this year's separate *Street Drug Survey* report.

Within the testing cycle, MANDRAKE analysed eighty samples, submitted from across the ten boroughs, and purported to be '**pregabalin**'. All the samples tested were obtained as either red-white capsules with a content of either 75 mg/capsule (n = 4) or 300 mg/capsule (n = 71) on their blister packaging; orange '143 J' embossed capsules (n = 1, 200 mg/capsule) or beige/peach '150 TEVA' capsules (n = 4, 150 mg/capsule). All exhibits were found to contain **pregabalin** at levels consistent with their stated content(s) indicating that they had been from diverted sources. Interestingly, three additional samples, obtained in snap bags, were received from drug-related incidents and confirmed to contain high purity **pregabalin** (n = 2, 97.2 – 98.3% purity) or **gabapentin** (n = 1, 96.4% purity), however the purchase intent of these products remains undetermined.



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 2024/2025 show 0.3% 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 0.4%, the same as the previous year (26). In 2023 (the latest estimate), among pupils aged 11-15; 0.4% reported *tranquilliser* use in the *last year*, similar to previous years (30).

There were 4,161 people entering treatment 2024/245 reporting *benzodiazepines* as a problematic substance, which was an increase on 2023/24 (3,872). A total of 13,481 (4.1%) of the total numbers in treatment report *benzodiazepines* as a problematic substance. Most were *opiate* users (10,076) (33). However, these figures are almost certainly under-estimates because use of secondary drugs such as *benzodiazepines*, are often under-reported (116).

There were 223 (1.4% of total) young people under 18 in treatment reporting problems with *benzodiazepines* in 2024/25 (35).

During 2024, prescriptions for **diazepam** increased by 7%; **temazepam** increased by 15% (from 720,110 to 555,427); **zopiclone** increased by 13% and **zolpidem** by 13% (601,151). Prescriptions for **midazolam** increased by 0.5% (354,614) (87).

In 2024, deaths related to drug poisoning are available for '*Any benzodiazepine*' (629), which was both a record and an increase from 2023 (512). This is broken down as **diazepam** (302), which was an increase from 2023 (262); **temazepam** (25) which was similar to previous years; **alprazolam** (62), which has more than doubled from 2022 (21); **etizolam** (16), which has decreased from 2023 (30) and 2022 (50); **flubromazolam** (5), a significant decrease from 2023 (30) and 2020 (94) and **flualprazolam** (13). *Benzodiazepine analogues* deaths decreased from the previous record of 171 (2021) to 37 (2024) (37).

There was a total of 41 deaths where *benzodiazepines* were implicated in Greater Manchester reported to the *IMS* for the period July till June 2024-25: *Benzodiazepines* (unspecified) 1, **diazepam** 21, *NPS-benzodiazepine analogues* 11, **Alprazolam** 2, **clonazepam** 5, **nitrazepam** 1. (38).

In 2024, *Z-drugs* deaths from poisoning (222) was the highest number ever recorded. Deaths associated with *Z-drugs* have risen nine-fold since 1999, when there were just 20 deaths (37). There were 7 deaths where **zopiclone** was implicated in Greater Manchester reported to the *IMS* for the period July till June 2024-25 (38).

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 (117), 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 (118).

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 21 of the 629 deaths involving *benzodiazepines* and no other drugs in 2024, while just 24 of the *z-drugs* deaths out of 222 occurring without other substances (37).

5.16.2 Findings: Benzodiazepines

A fifth (20%, n=43/212) of professionals reported an increase in the use of *benzodiazepines*.

While it was generally noted that the prescribing of these drugs had reduced, many professionals highlighted their ease of access via social media apps and online platforms.

"Increase in young people buying experimental BZDs online or buying Xanax from India." (Specialty Doctor, Manchester)

"Easy to get from social media, the internet or friends." (Emotional Health and Well-being Worker, Specialist Young Person's Substance Use Service, Bury)

"More internet purchases . . . some tablets are new in shape, sizes and doses." (Specialist Substance Misuse Practitioner, Greater Manchester wide)

As we outline in the separate Street Drug Survey report, Operation Vulcan's targeting of the Bury New Road area of Manchester has reduced the street-access but local access to these drugs remains.

"Illicit tablets are all over the streets in the local area." (Team Leader, Adult Substance Use Service, Tameside)

"Buying on the streets." (Recovery Coordinator, Tameside)

Only 0.9% (2 out of 212) of professional survey respondents identified *benzodiazepines* as a priority for trend monitoring. One respondent covered the whole of Greater Manchester, while the other, based in Tameside, expressed concern specifically about 'designer benzodiazepines'. However, despite the low professional prioritisation, several professionals that we interviewed this year reported increases in use.

"Benzo use has gone up, particularly in the last two years . . . people flat out denying benzo use but it's testing positive in the urine." (Opiate Team Leader, Rochdale)

"The benzo use in our service group is huge, absolutely huge and definitely something we've seen an increase of in the

last few years." (Specialist Practitioner for Cooccurring Conditions, Wigan and Leigh)

While increased use of benzodiazepines was most discussed in related to the traditional adult treatment profile, their increasing use by young people was also noted.

"I think the prescription style stuff, I think, yeah, the oxycodone's and the benzos and diazepam and things like that, I think a lot of young people I work with take those substances." (Substance Use-Advocacy Worker, Trafford)

A small proportion of professionals (7%; n = 14 out of 212) who completed the survey identified *benzodiazepines* as a priority substance for MANDRAKE analysis this year. The highest number of requests came from Trafford (n = 3), followed by Manchester, Salford, Stockport, Tameside, and Wigan, each with two professionals. Only one professional from Bolton requested *benzodiazepine* testing, and none from Bury, Oldham, or Rochdale. One young person's substance use worker in Tameside specifically mentioned *Xanax*, while more commonly, references were made to "*illicit diazepam*" and "*street benzos*."

"Prescription' medications from online and street sources." (Trafford Families Substance Use Worker)

It was reported that there had been an increase in positive urine tests for benzodiazepines, often involving individuals who had not knowingly used them.

"Increase instances of positive urine results for benzos, client often reports no knowledge of use." (Senior Recovery Nurse, Stockport)

Leading some professionals to conclude that **heroin** was increasingly being cut with *benzodiazepines*.

"There appears to be more illicit use where benzos are mixed in with heroin as well as street use." (Nurse Consultant, Stockport)

Benzodiazepines are one of the substances that are covered in more detail in this year's separate *Street Drug Survey* report.



MANDRAKE has analysed fifty-seven samples, submitted from across the ten boroughs, and purported to be either '**diazepam**', '**alprazolam**' or '**zopiclone**'. All the samples tested were obtained as solid dosage forms (*i.e.* tablets). In the case of the suspected diazepam products (n = 38), these were encountered as either white (n = 2, 10 mg/tablet), blue (n = 13, 10 mg/tablet) or yellow (n = 23, 5 mg/tablet), circular tablets. All exhibits were found to contain **diazepam** at levels consistent with their stated content(s) indicating that they had been from diverted sources.

One sample, a yellow circular tablet (see figure 4) was confirmed to contain alprazolam, at 2.1 mg/tablet, which is consistent with the stated content for these products, however the product does not resemble any legitimate product and may be a counterfeit/'street benzo' product. In the case of the suspected zopiclone products (n = 18), these were encountered as white circular tablets at stated contents of either 7.5 mg/tablet (n = 15) or 10 mg/tablet (n = 3) and found to contain zopiclone at levels consistent with their stated content(s) indicating again that these may be from diverted sources.

Figure 4: Potential alprazolam containing 'street benzo' product seized and tested within Greater Manchester 2025/26. Source: MANDRAKE.



5.17 Volatile Substance Abuse (VSA)

5.17.1 Drug indicators: Volatile Substance Abuse

The proportion of pupils aged 11-15 saying they had taken *volatile substances* (VS) in the last year (2023 – the latest estimate) was 2.6%; a slight increase from the 2021 estimate (2.4%), but a fall from around 4.2% in 2018 (30). Although **cannabis** is the first drug used by young people under 15, those who try drugs at an earlier age (under 11) are more likely to report the use of VSA as the first drug they use. In 2023 3% of pupils aged 11 reported **cannabis** as the first drug taken, while 66% first drug used was VSA (30).

There were 667 adults in treatment services for VSA during 2024/25 (0.2% of total), an increase from 571 (2023/24) and 390 (2022/23) (33). There were 919 young people in treatment using *Solvents/Inhalants* during 2024/25 (5.7% of the total), 319 as a primary citation. This was a further increase from 881 in 2023/24 and 629 in 2022/23 (35).

Deaths from *Volatile Substance Abuse* (VSA) - defined by the EMCDDA as “*the deliberate inhalation of volatile compounds to produce psychoactive effects*” - are not recorded along with other drug related deaths. Between 2001 and 2020 there were 716 VSA deaths, an average of 36 a year. There were 25 deaths registered in 2020, similar to 2019. Deaths increasingly involve males (mean age 28). The highest death rates are in the North West. Fuels such as *butane* and *propane* were the most common VSAs mentioned on the death certificate, involved in 59.5% of deaths between 2001 and 2020 (426 deaths) (119).

5.17.2 Findings: Volatile Substances (VS)

Only 3.8% (8 out of 212) of professional survey respondents identified *volatile substance abuse* as a priority for trend monitoring. Of these, five raised concerns about young people’s use of solvents - four of whom were based in Tameside. An additional three respondents, based in Bury, Salford, and Tameside, cited concerns regarding the use of aerosols among young people. While the number of respondents raising concerns was relatively low, it is noteworthy that professional

concerns regarding *volatile substance abuse* exceeded those expressed about nitrous oxide, which was the focus of our young person trend study in 2022.

While only a small number of professionals suggested volatile substances as this year’s trend focus, almost one in six (16% n=33/212) professionals working in six areas (Bolton, Bury, Manchester, Oldham, Rochdale and Tameside) reported an increase in the use of *volatile substances*. This was almost exclusively in relation to aerosols, particularly deodorants, in high school aged children.

“We have seen an increase in referrals over the last couple of months for solvent use / chroming in high school age young people.” (Team Leader, Young Person’s Substance Use Service, Tameside)

“Increase in use especially in younger ages 12/13 common.” (Substance Use Advocacy Worker, Specialist Young Person’s Substance Use Service, Bury)

“The use of aerosols seems to be making a return, especially in young people aged under 16.” (Young Person’s Resilience Worker, Exploitation Lead, Manchester)

As illustrated below, several professionals working in young person’s substance use services highlighted that the use of aerosols was particularly popular amongst young girls.

“Increase in solvent use with 12–14-year-old females.” (Team Leader, Specialist Young Person’s Substance Use Service, Oldham and Rochdale)

“There seems to have been an increase with younger girls - same friendship groups - age 12/13.” (Substance Misuse Worker, Young Person’s Substance Use Service, Bolton)

“Common with younger females.” (Advocacy Worker, Specialist Young Person’s Substance Use Service, Bury)

A couple of professionals also noted that these young girls are also presenting with cooccurring needs.

"Increase in 13–14-year-old females presenting with co-occurring conditions."
(Team Leader, Specialist Young Person's Substance Use Service, Oldham and Rochdale)

"We have seen an increase in aerosol use amongst 11–13-year-old young girls, often in the South Asian community. These children tend to be sat in CAMHS systems."
(Operational Manager, Specialist Young Person's Substance Use Service, Bury)

This increase was also discussed during the professional interviews in several other areas.

"... aerosols are becoming a bit more popular in Salford and Bury especially."
(Young Person Drug and Alcohol Worker, Trafford)

Several professionals who took part in the professional survey and interviews attributed this increase to trends on social media, in particular *TikTok*.

"I've had one referral for an aerosol... I think they've seen a video of it online."
(Young Person's Substance Use Advocacy Worker, Trafford)

"Solvent use. That seems to be related to TikTok." (Adolescent Health and Wellbeing Worker, Bolton)

"Chroming? Yeah, definitely. What I've heard from those, particularly with Salford... there has been a bit of an increase with aerosols as a result from certain TikTok trends."
(Substance Use Advocacy Worker, Salford and Trafford)

"Increase in referrals due to 'TikTok trends' around solvents." (Young Person's and Families Substance Use Worker, Stockport)

"There has been an increase in solvent use due to online trends of 'chroming'." (Young Person's Resilience Worker, Tameside)

In the young person survey, only a small number of the 817 respondents indicated past year use of gases/aerosols (n=3) and solvents (n=2).

Four professionals who completed the survey identified *volatile substances* as a priority for MANDRAKE analysis this year. Two respondents, working in Bolton and Bury, specifically mentioned aerosols, while the other two, based in Bury and Wigan, highlighted solvents.

No *volatile substances* were tested by MANDRAKE in the current reporting period.

5.18 Ketamine

5.18.1 Drug indicators: Ketamine

In 2023 (the last available data), the proportion of pupils aged 11-15 taking **ketamine** in the *last year* (0.9%) increased from 2021 (0.6%), but was still lower than the 1% reported in 2018, which was the highest on record (30). *Last year* use of **ketamine** among young adults aged 16-24 decreased from 2.9% in 2023/24 to 2.0% 2024/25, from a peak of 3.8% in 2022/23. Among 16–59-year-olds, past year **ketamine** use remained at 0.8% (26). Waste Water analysis estimated an 85% increase in **ketamine** (95).

During 2024/25 there were 1,465 (9%) of young people in treatment who said they had a problem with **ketamine**. This was an increase from 1,201 (2023/24) and 719 (2022/23). Of those using **ketamine**, 559 (3.4% of the total in treatment) said it was their primary problem substance (35).

There was a further large (68%) increase in adults entering treatment with **ketamine** problems, 7,366 (2024/25) from 4,383 (2023/24), part of a rising trend over the last nine years. The total is now over 8 times higher than it was in 2014/15 (33).

Ketamine is not listed in drug related death statistics, but it was estimated in 2021 that there are about 30 deaths a year where **ketamine** is implicated, in most cases with other substances (120). **Ketamine** was implicated in 5 deaths in Greater Manchester reported to the *IMS* for the period July till June 2024-25 (38).

5.18.2 Findings: Ketamine

Last year we focused on young people's use of **ketamine** as one of two separate [Trend Focus reports](#). This year, ketamine was by far the most popular substance that professionals wanted to see as the focus for both the trend study and MANDRAKE priority testing.

Over a third (34%; n =72/212) of professional survey respondents identified it for the trend focus. **Ketamine** was the only substance suggested by professionals working across all ten areas, with at least four respondents from each area recommending it. Four areas, Manchester (11), Stockport (10), Tameside (11), and Wigan

(10), each had ten or more professionals highlighting ketamine as a concern.

The prioritisation of **ketamine** for this year's trend focus was also frequently discussed in professional interviews.

"Ketamine needs to be prioritised. Absolutely . . . it's getting cheaper and cheaper and cheaper." (Substance Use Advocacy Worker, Salford and Trafford)

"I think ketamine. I think the level of damage that it's doing and the level of risk that ketamine can bring." (Vulnerable Person Smoking Service, Manchester)

In most cases, this was in relation to **ketamine** use among young people, but concerns regarding **ketamine** use and related harm extend to young adults up to 30. As highlighted below, increased **ketamine** use was noted by professionals working in homeless and custodial settings.

"Nearly every young person we have had referred recently is using or has used ketamine." (ABEN Manager, Wigan and Leigh)

"Ketamine use has increased over the last 4-5 years coming into custody." (Substances Service Manager, HMP Styal)

"Definitely ketamine and young people. Although the numbers seeking treatment for ketamine directly are not huge, the numbers reporting recreational use are increasing. Therefore, the potential for these young people to progress to stage two remains high." (Substance Use Practitioner, Stockport)

"We have had a massive increase in people [using ketamine] predominantly under 30, in the last few months". Interviewer: So, if you had 100 clients, roughly how many would you expect to be using ketamine? Roughly, 25% or 30% maybe." (Criminal Justice Team Leader, Oldham)

Ketamine was also the substance that the highest number of professionals (47%, n=100/212) reported seeing an increase in use during the past year. As we discuss further in the separate *Ketamine Trend Focus* report, the increased use of ketamine to self-medicate mental health was frequently discussed.

Almost three-fifths of professionals (58%, n=122/212) who completed the survey identified **ketamine** as a priority substance for MANDRAKE analysis this year. It was the most frequently prioritised substance for testing in nine out of ten areas. Oldham was the only area where **ketamine** was not the top priority, with six professionals selecting it. The next lowest was Bolton (n = 9), while the remaining eight areas each had at least 12 professionals prioritising **ketamine**: Bury, Salford, and Wigan (n = 12), Trafford (n = 13), Rochdale and Stockport (n = 14), and Manchester and Tameside (n = 15).

The demand for the prioritisation of **ketamine** for analytical testing included professionals wanting to have a better understanding of purity levels and concerns about adulterants:

"I would like to see the purity of ketamine at present." (Drug and Alcohol Treatment Worker, Stockport)

"I think for me I'm more interested at the minute in ketamine and how that seems to be rising again and understanding where young people are purchasing that from and then understanding what they're buying. Are they buying ketamine? Are they buying something else?" (Complex Safeguarding Specialist Nurse, Tameside)

These concerns regarding the content of **ketamine** were also noted by people who use drugs who took part in the street drug survey this year.

"And then the mate who just called, he's addicted to ketamine. He's been in and out of hospital . . . he could have 10 grams a day and is usually getting a quarter [of an ounce, 7 g] a day. And the dealer told us not to use it the day before, he said 'just be careful because it's fucking everyone up!' Basically. And that's the dealer was telling us that!" (Manchester man, mid-40s)

Over the last testing cycle, MANDRAKE has analysed thirty-two samples, submitted from across the ten boroughs, and purported to be '**ketamine**'. Within these samples, **ketamine** purity showed large variation (48 – 99% purity, mean purity = 74%). This variation and average purity are in-line with purity of **ketamine** across the region within previous testing cycles.

However, sixteen samples (50%) showed a significant level of adulteration with two extremely potent, veterinary tranquilisers – **xylazine** (n = 6) and **medetomidine** (n = 10) – which poses a significant public health risk as adulterated samples are visually identical to unadulterated ones (see *figure 5*). As precaution the Drugs Early Warning System issued a public warning on 19th November 2025, which has been picked up by many media outlets.

The purity of the ketamine within samples, adulterated with **xylazine**, ranged from (12.2 – 78.7% purity, mean purity = 45%) and contained inconsistent levels of **xylazine** (21 – 191 mg, mean content = 106 mg); conversely **ketamine** samples adulterated with **medetomidine**, ranged from (46.1 – 78.5% purity, mean purity = 62%) containing varying levels of **medetomidine** (14 – 325 mg, mean content = 169 mg) across the survey period.

The price of **ketamine** was reported to have remained the same, typically between £10 to £20 a gram.

"They'll pay 10, £20 for a gram of ketamine." (Substance Use Advocacy Worker, Salford)

However, some professionals noted that it was increasingly being sold by weights such as an eighth, quarter or half an ounce which is driving the price down below £10 a gram.

"So ketamine's definitely gone down in price, I'd say . . . now they sell it how they sell cocaine - 1.75g, 3.5g . . . half ounce or ounce." (Young Person Drug and Alcohol Worker, Trafford)

The shift to buying **ketamine** in larger quantities for cheaper prices was often discussed in relation to digital markets.

"Ordering online as well, a lot of young people, particularly ones that are using ketamine, will just order it online in bulk now." (Early Intervention and Prevention Lead, Manchester)

Given the sustained concern regarding **ketamine** use among young people, we have elected to maintain this focus for the current reporting period. This year's dedicated trend analysis on **ketamine** and young people (see separate report) concentrates on **ketamine** treatment pathways. The aim is twofold: first, to examine

developments and changes since the previous report; and second, to identify persistent challenges and barriers to accessing effective treatment. This approach seeks to provide a comprehensive understanding of progress made and areas requiring further intervention.

While we have focused on **ketamine** and young people, it is important to note that **ketamine** is used beyond young people and is popular within some specific subpopulations that are associated with higher-than-average levels of drug use. Although it is not one of the three drugs that have been traditionally viewed as chemsex drugs (**crystal meth**, **GBL/GHB** and **mephedrone**), it's use within this scene is common.

"I've got one client, and he is using ketamine in a chemsex setting and then he ended up using it just to get through the day."
(LGBTQA+ Recovery Manager, Greater Manchester)

We also continue to receive reports of **ketamine** becoming more prevalent in the prison estate, including an increased number of positive mandatory drug tests and increases in **ketamine** in drug seizures. Finally, two professionals working in adult treatment services in Stockport and Wigan requested a trend focus on ketamine and homelessness.

Figure 5: Examples of ketamine samples seized and tested within Greater Manchester 2025/26. Note: Samples (74 and 79) are unadulterated ketamine; Samples (74, 78 and 80) are ketamine adulterated with xylazine and samples (75, 77 and 81) are ketamine adulterated with medetomidine. Source: MANDRAKE.



5.19 Nitrous Oxide (laughing gas)

5.19.1 Drug indicators: Nitrous Oxide

According to CSEW, past year use of **nitrous oxide** decreased from a high of 2.4% in 2019/20 to 0.5% of adults aged 16-59 in 2024/25. Among young adults aged 16-24 use decreased from a high of 9.0% in 2026/17 to 1.3% in the past year (2024/25) (26). In 2023 (latest estimate), among pupils aged 11-15; 1.6% reported **nitrous oxide** use in the *last year*, down slightly from 2021 (1.8%) and considerably from 2018 (4.1%) (30). The numbers of adults and young people in treatment saying they have a problem with **Nitrous oxide** is not separately listed ²⁴ (35). **Nitrous oxide** deaths are not listed on the annual ONS drug death data. 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) (119).

5.19.2 Findings: Nitrous Oxide

Only 3.3% (7 out of 212) of professional survey respondents identified **nitrous oxide** as a priority for trend monitoring. These respondents were based in Manchester (n=3), Tameside (n=2), and Bolton (n=2). The age groups of concern were specified as young people aged 11–19 and young adults.

One in eight (12%, n=26/212) professionals reported an increase in use. As illustrated below, this was always in relation to young people and young adults.

“Younger children using these.” (Engagement Worker, Young Person’s Substance Use Service, Tameside)

“Increase in use reported amongst young adults.” (Lead Nurse, Alcohol and Substances Services, Multiple Greater Manchester areas)

“After Cannabis and alcohol, nitrous oxide is the drug that most of the clients I see use.” (Recovery Worker, Young Person’s Substance Use Service, Manchester)

“Aerosol use and NOS with the younger age group.” (Operational Manager, Young Person’s Substance Use Service, Oldham)

“Nitrous oxide is really common as well.”
(Complex Safeguarding Specialist Nurse, Tameside)

A couple of survey respondents highlighted the related harms that use of these products can cause, including injury and the effects of sustained use.

“Stark increase of use, including cold burns from the cannisters and neuronal symptoms. Increase administration of Vitamin B12 within the Emergency Department too.”
(Nurse Practitioner, Bolton, Bury, Salford and Wigan)

“I had somebody go into hospital. She got leg swelling and face swelling that they deemed to be because of using nitrous oxide.” (Young Person’s Substance Use Worker, Trafford)

“A big increase in nitrous oxide use causing ice burns, several patients treated with vitamin B12/cobalamin. In the under 25s.”
(Nurse Practitioner, Emergency Department, Bolton)

However, slightly more (14%, n=29/212) professionals reported a decrease in use.

“Less people are using nitrous oxide, but it’s still around.” (Adolescent Health and Wellbeing Worker, Bolton)

“I would say maybe a decline in nitrous oxide at the minute.” (Substance Misuse Practitioner, Young Person’s Specialist Substance Use Service, Salford)

“Nos seems to have fallen off.” (Vulnerable Person Smoking Service, Manchester)

In the young person survey, only 8% reported past year use of **nitrous oxide**. This represents a substantial reduction compared with the 2022/23 young person survey, when **nitrous oxide** was the Young Person Trend Focus and 15% of young people self-reported past year use. That year, **nitrous oxide** was the substance with the fourth highest reported increase in use, with almost a third (31%) of professionals reporting an increase at that time. In the 2022/23 *Nitrous*

24. Young people in treatment can list up to three substances they have a problem with. Numbers for Nitrous oxide would be covered under ‘Solvents/inhalants’ 919 or ‘other drug’ category 386 in total in England between 2043/25. ‘Other drugs’ include prescription drugs (such as barbiturates, tranquilisers and anti-depressants), hallucinogens other than ketamine, and caffeine.

Oxide Trend Focus, concerns were also raised by some professionals regarding high levels of use among Pakistani and Bangladeshi young people. In contrast, in the current monitoring cycle, although a much higher proportion of survey respondents identified as Asian British/Pakistani/Indian/Bangladeshi (14.8%), only 6% of young people who reported past year **nitrous oxide** use identified as belonging to this ethnic group.

5.19.2.1 Market Information

One professional suggested that the reduction in use over the past year was related to the change in legislation, making it more difficult for young people to access.

"I think some of the changes are dependent on legislation, like with nitrous oxide, so we're getting quite a few referrals in, but I think they've massively reduced, it's harder to get hold of, availability is one of the biggest factors." (Substance Use Advocacy Worker, Oldham)

However, other professionals reported that high street shops were still selling it.

"Nitrous oxide, they're getting them from dessert shops [. . .] you just get it on delivery." (Complex Safeguarding Specialist Nurse, Tameside)

Three professionals who completed the survey identified **nitrous oxide** as a priority substance for MANDRAKE analysis this year. These work in the Bolton, Manchester and Salford areas.

No **nitrous oxide** products were tested by MANDRAKE during the reporting cycle.



5.20 Salvia Divinorum (Salvia) and other dissociative drugs

5.20.1 Drug indicators: Salvia Divinorum (Salvia)

There are no drug indicators for Salvia.

5.20.2 Findings: Salvia and other dissociative drugs

Only four professionals indicated that they worked with people who used **Salvia** and no professionals reported an increase or decrease.

Nine professionals stated that they worked with people who used other *dissociatives* (e.g. **MXE**, **MXM**, **PCP**) but only two reported an increase in use. In both cases, it was in relation to one individual they worked with.

None of these professionals specified what type of dissociative drugs they were referring to.

No **Salvia** products were tested by MANDRAKE during the reporting 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, the prevalence of **powdered cocaine** use in the last year for people aged 16 to 59 years 2024/25 remained the same (2.1%) and saw another decrease in 16 to 24 years from 3.8% (2023/24) to 2.3% (2024/25). Frequent use (more than once a month), among those who used **powdered cocaine** was 8% of those aged 16 to 59 years from a peak of 24.5% during 2006/07 (26). *Past year* use among 11-15-year-olds in 2023 (0.9%) remained similar to 2021 (0.8%) (30).

Wastewater analysis (2023 and 2024) estimated that **cocaine use** increased by 7% (**powder cocaine** and **crack cocaine**) (95).

People starting treatment in 2024/25 with **powder cocaine** problems has been increasing from 23,529 (2022/23) to 30,249 (2023/24) to 33,612 (2024/25), the highest number on record (33). There were 998 (2024/25) young people in treatment with a problem with **powdered cocaine** a decrease from 2023/24 (1,112) (35). Among people who inject drugs (**PWID**), the injection of **powdered cocaine** significantly increased from 6.9% in 2013 to 33% in 2023 among people who had injected in the preceding 4 weeks (50).

Cocaine deaths increased again in 2024 to the highest on record number of 1,279 an increase on the previous record of 1,118 (2023), and an increase from 128 in 2002; 258 of the deaths occurred with **alcohol**, 429 without other drugs involved. A large proportion of these **cocaine** deaths are likely to involve **crack cocaine** rather than **powder cocaine** (37). There was a total of 134 deaths where **cocaine** was implicated in Greater Manchester reported to the *IMS* for the period July till June 2024-25: **Cocaine** (unspecified) 77, **crack cocaine** 50, **powdered cocaine** 7 (38).

5.21.1.1 Drug indicators: Powdered cocaine purity

According to the European Drug Report, the average purity of **cocaine** at the retail level ranged from 17 % to 96 % across Europe in

2023, with half of the countries reporting an average purity of between 66 % and 81 %. While the price of cocaine at retail level has remained relatively stable over the past decade, **cocaine** purity has been on an upward trend, and in 2023 reached a level 34 % higher than the index year of 2013 (121). There is no current UK data available, the last published data comes from 2020, when the mean purity of **powdered cocaine** at user level decreased steadily from 51% in 2003 to a low of 20% in 2009. Purity has since increased to 63% in 2018; the highest mean level ever recorded (122).

5.21.2 Findings: Powdered cocaine

Only 2.8% (6 out of 212) of professional survey respondents from five areas (Bolton, Bury, Manchester, and Wigan (2)) suggested that **powdered cocaine** should be the focus of this year's trend monitoring.

A fifth (19%, n=41/212) noted an increase in the use of **powdered cocaine** in the past year.

"Increase in use both male and female all age groups." (Operational Manager, Hospital Alcohol and Substances Team, Rochdale)

Two professionals who work in adult treatment noted an increase in adult **powdered cocaine** users moving on to smoking crack cocaine.

"Increase in powder cocaine users now using crack." (Recovery Coordinator, Bury)

A much higher percentage of professionals (39%; n = 83 out of 212) who completed the survey identified **powdered cocaine** as a priority substance for MANDRAKE analysis this year. Requests for **cocaine** testing came from all ten areas, ranging from six professionals in Bolton, Salford, and Trafford to eleven in Bury, Tameside, and Wigan. Additional requests included seven from Oldham and Rochdale, eight from Stockport, and ten from Manchester.

Within the testing cycle, MANDRAKE analysed thirty-seven samples, submitted from across the ten boroughs, and purported to be '**powdered cocaine**' or '**cocaine hydrochloride**'. Thirty exhibits (83%) were found to contain unadulterated **cocaine** (as its *hydrochloride*) at purities ranging from 16.9 – 99.5% (mean purity: 58%).

The remaining seven (17%) samples were determined to contain cocaine in combination with either **caffeine** (n = 2, cocaine purity: 8.9 – 98.6%), **levamisole** (n = 1, cocaine purity: 67.4%), **procaine** (n = 1, cocaine purity: 62.7%) or **phenacetin** (n = 2, cocaine purity: 92.0 – 95.3%). A single sample, purported to be '**pink cocaine**', was seized and determined to contain a mixture of **cocaine** (34%), **MDMA** (11%) and **ketamine** (16%) (see figure 6). During the testing cycle none of the surveyed **powdered cocaine** samples contained either **fentanyl** (or its analogues) or **nitazenes**.



Figure 6: Example of 'pink cocaine' sample seized and tested within Greater Manchester 2025/26. Source: MANDRAKE.

5.21.2.1 Cocaine and alcohol

The links between **cocaine** and **alcohol** were frequently highlighted by professionals who completed this year's survey.

"More clients are disclosing using cocaine, this has become more common in alcohol users." (Recovery Worker, Tameside)

"Used with alcohol." (Holding Families Coordinator, Bolton)

"Seems to be also linked with increased alcohol use." (PSI Team Leader, Bolton, Bury, Salford, and Trafford)

While traditionally referred to as one of the three main 'club drugs', its use in pubs was often noted.

"Increasing use among the primary alcohol users. It seems to be cheaper and more available, part of a new 'pub culture'." (Nurse, Trafford)

"Service users report that cocaine is more readily available in pubs/clubs." (Team Leader, Adult Treatment Service, Tameside)

There were also reports of an increase in **cocaine** and **alcohol**-related harms.

"Increase in use reported alongside alcohol use with associated harms." (Lead Nurse, Alcohol and Substances Services, Bury, Oldham, Rochdale, and Salford)

This included increased presentations to Hospital Emergency Departments.

"Increased frequency of use in presentations in A&E, often associated with alcohol use." (Senior Mental Health Practitioner, Greater Manchester)

During the professional interviews, these concerns regarding the concurrent use of **cocaine** and **alcohol** and its role in enabling drinking persisted.

"What I am seeing is more drinkers, not the really sick ones, who use powder cocaine as well, which I don't think previously we saw. They are not coming in because of the cocaine use, it's the drinking that has caught up with them". (Consultant Addiction Psychiatrist, Bolton)

"There's definitely been an increase (in people using Cocaine and Alcohol), and we only see the very tip of the iceberg. And if you do speak to people who come in who are taking cocaine and acknowledge it's a problem and have come to use for one reason or another. They will say that 'everybody that they know does it'. It is so normalised". (Recovery Coordinator, Bury)

This perception amongst professionals that the use of **cocaine** was becoming normalised was commonly discussed.

"It's like the norm now for young kids. Even my son now and his mates. Lads who are really health conscious, grade A students, they are all on it. It's just acceptable and the norm." (Homeless Service Project Worker, Stockport)



5.21.2.2 Cocaine and young people

As illustrated above, cocaine use was often reported to be on the increase amongst young people.

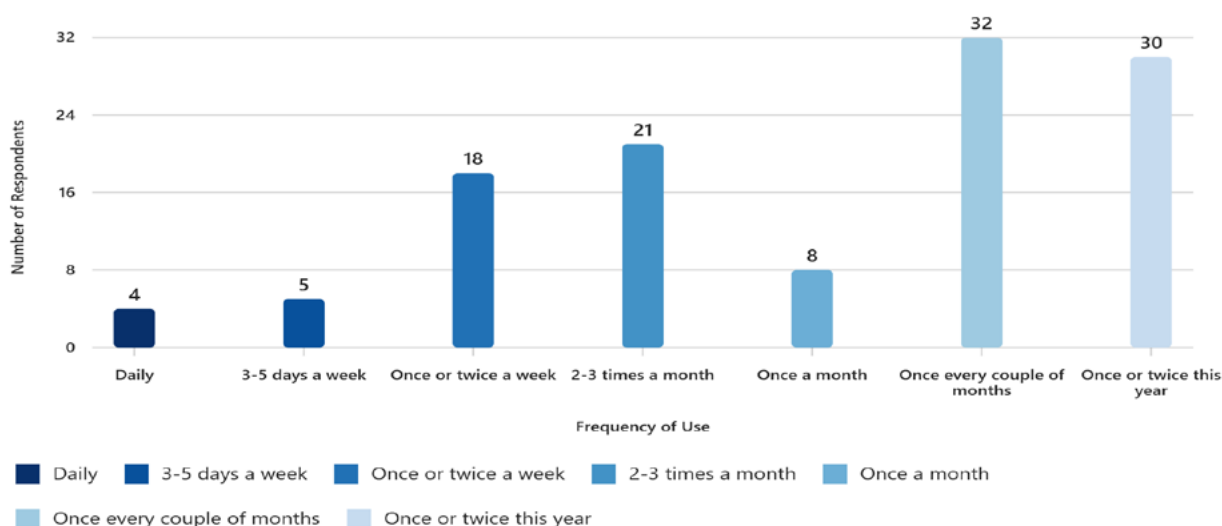
“The number of referrals for cocaine and alcohol use is increasing, particularly so in late teens/early twenties.” (Recovery Coordinator, Bolton)

Past year cocaine powder use was reported by 15.4% of young people who answered this question (n=118 out of 764). Over half of those reported occasional use with a quarter (25.4%; n=30 out of 118) reporting only using once or twice this year and over a quarter (27.1%; n=32 out of 118) reporting using once every couple of months. One in six (17.8%; n=21 out of 118) reported using cocaine two to three times a month and slightly less (15.3%; n=18) reported using once or twice a week. A small number of young people reported using three to five days a week (4.2%; n=5 out of 118) or daily (3.4%; n=4 out of 118).

5.21.2.3 Where young people accessed cocaine

The most reported source of access to cocaine for young people was through friends, with three-quarters (75%, n=89/118) obtaining cocaine this way. The next most common source was purchasing from a dealer in person, reported by almost two thirds (63%, n=74/118). Less than one in ten (9%, n=11/118) reported purchasing cocaine via social media apps, and one in twenty five (4%, n=5/118) reported buying it through any form of website. Additionally, one in seven (14%, n=16/118) accessed cocaine through a boyfriend, girlfriend, or partner, while 7% (n=8/118) reported obtaining cocaine from family members. Three-quarters (75%, n=89/118) obtaining cocaine this way. The next most common source was purchasing from a dealer in person, reported by almost two-thirds (63%, n=74/118). Less than one in ten (9%, n=11/118) reported purchasing cocaine via social media apps, and one in twenty five (4%, n=5/118) reported buying it through any form of website. Additionally, one in seven (14%, n=16/118) accessed cocaine through a boyfriend, girlfriend, or partner, while 7% (n=8/118) reported obtaining cocaine from family members.

Chart 13. Frequency of powdered cocaine use reported in the young people survey



5.22 Crack cocaine

5.22.1 Drug indicators: Crack cocaine

In 2023 (the latest data), among pupils aged 11-15; 0.4% reported **crack cocaine** use in the *last year*, similar to 2021 (0.3%) (30). According to CSEW in 2024/25 0.1% of people aged 16-59 had used **crack cocaine** in the last year, the proportion was similar to previous years, and has remained at that level since 2012/13 (26). The proportion of 16–24-year-olds using **crack cocaine** in the last year was 0.0% (26).

A large, but unknown, proportion of the 1,279 **cocaine** deaths registered in 2024 are likely to involve **crack cocaine**, but as it is a different formulation of **powder cocaine** they can't easily be distinguish in post-mortem toxicology (123). There was a total of 134 deaths where **cocaine** was implicated in Greater Manchester reported to the *IMS* for the period June till July 2024-25: **Cocaine** (unspecified) 77, **crack cocaine** 50, **powdered cocaine** 7 (38).

The majority of people using **crack cocaine** are existing **heroin** users. There were an estimated 119,998 **opiates and crack cocaine users** in 2022/23 (The latest estimates). There were an estimated 50,534 (1.4 per 1,00 population) **crack cocaine only** users in 2022/23²⁵ (32).

There were 57 young people in treatment in England who had used **crack cocaine** in 2024/25, for 27 of these it was the primary problematic drug. This was similar to the previous year (35). There was a further increase in the number of adults entering treatment using **crack** with **opiates** during 2024/25 (from 22,646 to 23,954) and another increase in those entering treatment who were using **crack** without **opiates** (8,445) from 7,419 (2023/24) and 5,444 (2022/23) (33). According to the *UAM*, in 2023, 53% had injected **crack cocaine** in the previous 4 weeks, a slight decrease from 2022 (55%). The peak occurred in 2018 (60%), while a decade earlier the figure was 37% (2013) (50).

Table 14: Estimates for the number and rate per 1,000 population of crack cocaine users in Greater Manchester 2022/23. Source (32).

Area	Number of both opiate and Crack users	Number of Crack only users	Crack use only rate per 1,000 population
England	119,998	50,534	1.4
Bolton	919	405	2.2
Bury	440	344	2.8
Manchester	2,660	1,007	2.5
Oldham	679	428	2.8
Rochdale	813	365	2.5
Salford	561	340	1.8
Stockport	656	336	1.8
Tameside	577	368	2.5
Trafford	319	164	1.1
Wigan	602	318	1.5

25. The 2022/23 estimates are arrived at by a calculation using a complex methodology that has changed since the last estimate, so the figures can't be compared.

5.22.2 Findings: Crack cocaine

Only 5.2% (11 out of 212) of professional survey respondents from five areas (Bolton (2), Manchester (6), Rochdale, Stockport, and Wigan) suggested that **crack cocaine** should be the focus of this year's trend monitoring. Notably, over half of these respondents (6 out of 11) were working in Manchester. Five respondents specifically highlighted concerns about **crack cocaine** use within the homeless population, with four based in Manchester and one in Stockport. Additional suggestions for a **crack cocaine** focus included exploring the intersection of **crack cocaine** use with sex work among women (including trans women), as well as its impact on individuals with mental health conditions.

In the professional survey, one in six (16%, n=34) professionals from across Greater Manchester reported an increase in **crack cocaine** use.

"Largest increase all around is increase in powder cocaine and crack use." (Operational Manager, Hospital Alcohol and Substances Team, Rochdale)

"After alcohol, crack is the most common drug reported." (Dual Diagnosis Lead, Manchester)

Increased use of **crack** was noted by several professionals who work in homeless services and the supported accommodation sector.

"This is very popular with the clients that we support and there has been a noticeable increase." (Homeless Service Manager, Wigan)

"Crack seems to be the drug that is most used at the moment and since there has been less use of heroin and still low amounts of spice use, this is the most used drug that we see at the moment." (Case Worker, Homelessness Service, Manchester)

"This tends to be the case whenever we have new flow in clients that are new to the streets and might not start off using crack but after hanging around with entrenched rough sleepers they tend to start using it. I

see them with the pipes and they are always on the floors around them etc." (Team Leader, Rough Sleeping Support Service, Manchester)

Crack cocaine use was also reported to be high in many areas during professional interviews.

"Crack's rife, yeah crack is rife. Yeah. [. . .] There's still a lot of speedballing²⁶. Definitely a lot of speedballing." (Opiate Recovery Worker, Tameside)

"Lots of crack and or crack and alcohol. Come into ABEN with crack problems." (ABEN manager, Wigan and Leigh)

As we discuss in more detail in Street Drug Survey, it was noted that there has been a shift in the traditional **heroin** and **crack** using profile to an increase in adults in treatment who are 'crack only'.

"Increase with crack use only referrals." (Adult Treatment Manager, Stockport)

"I would say (crack smoking) has increased, there are more than just primary smoke crack, where previously it might of gone hand in hand with heroin, but we seem to have more crack only people coming through, who may of been using alcohol and cocaine powder at one point, but then progressed to using crack [. . .] it's that what takes over (from alcohol) to become the main drug." (Criminal Justice Team Leader, Oldham)

This shift away from the traditional **heroin** and **crack** profile has been attributed to either the poor-quality **heroin** or concerns that **heroin** is adulterated with *potent synthetic opiates*.

"Less opiate use due to synthetic opiates resulting in more crack use for some." (Team Leader, Adult Substance Use Service, Tameside)

Another trend that we cover in more depth in the *Street Drug Survey* report is the commonly reported use of more **crack**.

"General trend to people using more crack." (Nurse Consultant, Stockport)

26. Injecting heroin and crack cocaine is commonly known as a speedball. The combination increases the risk of fatal overdose.

"People reporting higher levels of crack use."
(Clinical Practitioner, Bolton)

It was suggested that this increased **crack** use was resulting in increased **crack** induced psychosis and paranoia.

"More people are using crack more regularly and larger amounts . . . and presenting with more paranoia when using crack." (Team Leader, Drugs and Alcohol Service, Bolton)

The increased use of **crack** was linked to increases in A & E presentations.

"Frequently associated with A&E presentations, more prevalent than most other illicit drugs." (Senior Mental Health Practitioner, A & E Liaison, Greater Manchester)

"Increase in patients reporting crack cocaine use and increase in associated infections through needle use." (Nurse Practitioner, Emergency Department)

A small number of professionals (6%; n = 13 out of 212) who completed the survey identified **crack cocaine** as a priority substance for

MANDRAKE analysis this year. Two respondents reported working across all Greater Manchester areas. Of the remaining 11, over half (n = 6) were based in Manchester. No more than one professional from Bolton, Oldham, Rochdale, Tameside, and Trafford requested **crack cocaine** testing as a priority. Other than the two professionals covering all areas, **crack cocaine** was not mentioned by respondents working in Bury, Salford, Stockport, or Wigan.

MANDRAKE has analysed eighteen samples, submitted from across the ten boroughs, and purported to be '**crack cocaine**' or '**cocaine freebase**' during this year's testing cycle. Sixteen exhibits (89%) were found to contain unadulterated **cocaine** (as its *freebase*) at purities ranging from 12.0 – 93.3% (mean purity: 53%).

The remaining two (11%) samples were determined to contain **cocaine freebase** in combination with **phenacetin** (**cocaine** purity: 22.7 – 38.7%). During the testing cycle none of the surveyed **crack cocaine** samples contained either **fentanyl** (or its analogues) or **nitazenes**.



5.23 Amphetamine (Amphetamine sulphate)

5.23.1 Drug indicators: Amphetamine

In 2024/25, *Last year* use of **amphetamine** among adults (aged 16–59) was 0.2%, the same as the previous year and the joint lowest recorded estimate, as was the estimate of 0.2% last year use among 16–24-year-olds, which has decreased from a peak of 11.7% during 1995 (26). In 2023 (last estimate), among pupils aged 11–15; 0.4% reported **amphetamine** use in the *last year*, a slight decrease from 0.6% (2021) (30). Waste Water analysis (2023 and 2024) estimated **amphetamine** decreased by 18% (95).

There were 58 young people in treatment using **amphetamine** in 2024/25: a further decrease from a peak of 2,375 in 2012/13 (35). There were 2,950 adults entering treatment for **amphetamine** during 2024/25, similar to the previous year - 2,879 (2022/23) (33).

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 7.3% in 2023 (50)

In 2024, there were 224 drug poisoning deaths from *any amphetamine* and 111 drug poisoning deaths associated with **amphetamine**, which was the same as the previous year (111) (37). **Amphetamine** was implicated in 12 deaths in Greater Manchester reported to the *IMS* for the period July till June 2024-25 (38).

5.23.2 Findings: Amphetamines

Over two-fifths (24%, 91/212) of professionals reported working with people who use **amphetamines** this year. A small percentage (4%, n=9/212) of professionals reported a decrease in use with 3% (n=6/212) reporting an increase in use. One reason suggested for this increase was the self-medicating of ADHD symptoms.

“Use it for ADHD symptoms whilst waiting for NHS prescribing.” (Recovery Worker, Stockport)

This was noted to be effective but not without risks.

“Amphetamines do work to an extent to manage ADHD . . . but with unregulated amphetamine use they can end up in full blown psychosis.” (Specialist Practitioner for Cooccurring Conditions, Wigan and Leigh)

When **amphetamine** use was discussed, it was more commonly in relation to older adults, an in particular, ‘old school’ **heroin** and **amphetamine** users who have been using these drugs since the ‘80s and ‘90s. As illustrated below, this mentioned by several professionals working in Bolton.

“We’ve not really got pockets of amphetamine users, people do use a little bit here and there, mainly 50-year-olds, both men and women.” (Consultant Addiction Psychiatrist, Bolton)

“Injecting amphetamine use is quite common in our opiate users . . . I would say about 20 [percent].” (Recovery Coordinator Team Leader, Bolton)

“A few of them moved to oral now . . . we do see older ‘old school’ amphetamine users, and heroin users using a £5 bag of amphetamine if they can’t get heroin.” (Operational Manager, Bolton and Bury)

Professionals in other areas stated that it is rare to come across traditional **amphetamine** users in treatment now.

“No longer seeing any amphetamine use.” (Dual Diagnosis Specialist Nurse (Low Secure), Rochdale)

The suggestion that amphetamine use more common with older users was supported in the young person survey with only one young person reporting past year use of **amphetamines** this year.

However, in the women’s prison estate, there was a reported recent increase in the number of women testing positive for **amphetamine**.

“Unusually over the last 2 to 3 weeks there have been around a dozen or so people who have tested positive for amphetamines but reported not to have used it, something I am keeping an eye on.” (Substance Use Service Manager, Styal)

Only three professionals (1% n= 3/212) who completed the survey identified **amphetamine** as a priority substance for MANDRAKE analysis this year. One respondent covered multiple areas, including Bury, Oldham, Rochdale, Stockport, and Tameside, while the other two covered Tameside and Trafford.

No **amphetamine** products were tested by MANDRAKE during the reporting 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 (124). However, the use of **crystal methamphetamine**²⁷ in the UK has been largely confined to men who have sex with men (MSM) and the 'chemsex' scene.

According to CSEW, last year use of **methamphetamine** was recorded as 0.0% among 16–59-year-olds and 0.0% among 16–24-year-olds (2024/25) (26). Wastewater analysis estimated that **methamphetamine** had decreased by 30% (95). **Methamphetamine** deaths are not specifically listed in official statistics. There were 35 deaths (2024) associated with 'any amphetamine' that were not **amphetamine (sulphate)** or **MDMA**; which may (or may not) have included **methamphetamine** (37). According to a recent paper over the past two decades there appears to have been an increase in the number of **methamphetamine**-related deaths in the UK. From 8 deaths (2005–2010), to 57 deaths between 2021–2024 (125). **Methamphetamine** was implicated in 5 deaths in Greater Manchester reported to the *IMS* for the period July till June 2024-25 (38).

There were 1,516 adults in treatment reporting the use of **methamphetamine** in 2024/25 of these 149 were *opiate* users, 1,367 were *non-opiate* or and *non-opiate and alcohol* users (33).

A 99% pure sample of **crystal methamphetamine** was tested as part of the GMP/ Greater Manchester Drug Early Warning System (GM-DEWS) pilot to test drugs found at the scene of death. These were detected along with 100% pure 3-CMC crystals (see *Other Cathinones* below) in a death believed to have been part of the 'Chemsex' scene (102).

5.24.2 Findings: Crystal Methamphetamine

The use of **crystal methamphetamine** was reported to have increased by 7.5% (n=16/212) professionals.

"Wigan has seen the increasing popularity of this drug." (Team Leader, Adult Treatment Service, Wigan)

"We had two clients within the last six months, unrelated as far as we know, using Methamphet. One male and one female. I spoke with the male who said he could not get hold of stone [crack] and was given it for free." (Team Leader, Adult Treatment Service, Wigan)

Only 3.3% (7 out of 212) of professional survey respondents identified **methamphetamine** as a priority for trend monitoring. These respondents were based across Greater Manchester, including one covering the whole region, two in Rochdale, one in Salford, one in Trafford, and two in Wigan. The calls for it to be a trend focus were related to a range of serious harm including increases in cases of psychological impact, A & E admissions and deaths.

"Lots more heavy psychological impacts and fallout." (Specialist Substance Misuse Practitioner, Greater Manchester)

"Presentations associated with meth use are less frequent than other drugs, however there has been an increase in overall presentations to A&E." (Senior Mental Health Practitioner, Greater Manchester)

"There has been three deaths this year in which methamphetamine has been a contributory factor. It is becoming more widely available too." (Nurse, Adult Treatment, Trafford)

While **methamphetamine** is most associated with the chemsex scene (see [Chemsex Drugs Focus, GMTRENDS, 2022](#)), the suggestions for the trend focus often extended beyond this context. Specific concerns included use among young people and individuals with coexisting conditions or dual diagnoses (Trafford), the homeless community (Wigan), and general use among both men and women (Rochdale).

27. 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.

In addition, four professionals (two from Manchester, one from Tameside, and one from Trafford) suggested ‘chemsex drugs’ as a broader category for trend monitoring. One suggested a specific focus on:

“Chemsex and people who identify as ADHD and trans.” (Dual Diagnosis Practitioner)

Another Manchester-based professional cautioned that key drugs that are associated with chemsex such as **crystal meth** and ‘G’ will be used beyond this specific scene:

“Chemsex drugs in the homosexual community - soon heterosexual people will be using chemsex drugs and we have no help for them!” (Specialty Doctor, Manchester)

As we have highlighted in previous [GMTREND reports](#), it is important that we continue to monitor methamphetamine for signs that it is emerging beyond the chemsex scene, where it has been most prominent in recent years. One professional from Wigan noted it had been used by somebody in the local homeless community.

“We have had a report of one or two popped up, only in the last couple of weeks” . . . “he’d started using crystal meth . . . he couldn’t get hold of crack. . . this was in the rough sleeper cohort.” (Operations Manager, Wigan and Leigh)

We discuss crystal meth further in the separate Street Drug Survey report.

5.24.2.1 Market insights

As we highlighted in the 2023 [Substances Associated with Chemsex Adult Trend Focus Report](#), the price of **crystal meth** has decreased significantly in recent years.

“It’s about £40 a gram, some people report it at £20 a gram, and some still report it at £60 a gram... When I came on board about five years ago it was £140-180 a gram, it’s just so much cheaper and so much more available.” (Specialist Practitioner, REACH Clinic (Sexual Health/HIV), GM-wide)

Only six professionals (2.8%, n = 6/212) who completed the survey identified **methamphetamines** as a priority substance for MANDRAKE analysis this year. Two respondents worked across all Greater Manchester areas; one covered multiple areas (Bolton, Bury, Salford and Trafford), while the other two covered Tameside and Wigan. In addition, another professional working across multiple Greater Manchester areas generically requested testing of ‘chemsex drugs’, which includes **GBL/GHB**.

MANDRAKE has analysed eight samples, submitted from across the ten boroughs, and purported to be ‘**methamphetamine**’, ‘**crystal methamphetamine**’ or ‘**crystal meth**’ during this year’s testing cycle. All eight exhibits were found to contain extremely high purity, unadulterated **methamphetamine** (as its *hydrochloride*) ranging from 89.1 – 99.9% (mean purity: 95%).

(methylenedioxymethamphetamine)

AKA ecstasy

5.25.1 Drug indicators: MDMA

In 2023 (latest data) the proportion of *last year* **MDMA** use in those aged 11-15 was 0.9%, the same as 2021 (30). Past year **MDMA** use in 2024/25 among adults aged 16-59 years remained stable (1.2%) but saw another decrease among 16-24-year-olds (from 2.2% to 1.9%) (26).

Wastewater analysis (2023 and 2024) estimated that **MDMA** had increased by 52% (95).

There were 1,243 young people in treatment reporting **MDMA** problems in 2024/25, 7.7% of the total of young people in treatment. This was a decrease from 1,329 during 2023/24 (35). There were 1,570 adults in treatment for **MDMA** during 2024/25, an increase on 1,366 (2023/24) and 1,081 (2022/23) (33).

MDMA deaths in 2024 (78) were similar to 2023 (79). Of these deaths, 38 were with other drugs, and 16 with **alcohol** (37). **MDMA** was implicated in 7 deaths in Greater Manchester reported to the *IMS* for the period July to June 2024-25 (38).

An alert was issued by the Greater Manchester Drug Early Warning System (GM-DEWS) in October 2025 after two deaths of young women occurred in the same week in Manchester. Both deaths are thought to have involved **MDMA** crystals. 14 samples of **MDMA** powder/crystals taken from the amnesty box of a club where one of the incidents took place were tested and all found to contain **MDMA** with no other contaminants. Purity ranged from 4% to 77% (102).

5.25.2 Findings: MDMA

One in 10 (11%, n=23/212) professionals reported an increase in the use of **MDMA** in the past year. This included reports of increases in both pill and crystal form.

The professional comments below highlight the need for awareness raising and harm reduction messages regarding the content, effects and risks.

"Two young people have recently taken MDMA without really knowing that this was

what it was. They were both 13 and took it impulsively. This was provided by another young person that lived in another area." (Complex Safeguarding Specialist Nurse, Tameside)

"Users continue to believe misconception that strength can be ascertained from colour, pill size, etc." (Young Person's Substance Use Worker, Salford and Trafford)

"Many note the fact of it 'being impossible to die on' being a factor for their increased usage." (Young Person's Substance Use Advocacy Worker, Trafford)

In the young person survey, 9% of respondents reported using **MDMA** in the past year. Gender differences were minimal, with 49% identifying as boy/man and 46% as girl/woman; two respondents identified as non-binary, and the remainder selected 'other'. The age of respondents reporting past-year **MDMA** use ranged from 14 to 25 years, with a fifth (21%) aged 16 or younger. Geographically, one-third (34%) of those who had used **MDMA** were based in Manchester, while one-fifth (21%) resided in Trafford.

Only 2.4% (5 out of 212) of professional survey respondents, from four areas (Bolton, Bury (2), Tameside, and Wigan) suggested that **MDMA** should be the focus of this year's trend monitoring. One of these raised concerns about its implication in drug-related deaths.

"MDMA is appearing in DRDs [drug related deaths]." (Young Person's Substance Use Service, Operations Manager)

A higher proportion - one in eight professionals (13%; n=28/212) - who completed the survey identified **MDMA** as a priority substance for MANDRAKE analysis this year. All ten local authority areas had at least one professional requesting **MDMA** as a priority substance for testing. However, the highest number of requests from a single area was four, reported in Bury, Manchester, Salford, and Trafford.

Within the testing cycle, MANDRAKE analysed **ninety-four samples**, submitted from across the ten boroughs, and purported to be '**MDMA**' or 'Ecstasy'. Seventeen exhibits (18%) were 'powder or crystal **MDMA**' and the remaining seventy-seven (82%) were 'Ecstasy' tablets/pills.

Within the 'powder or **crystal MDMA**' samples the crystal size varied significantly (see figure 7). The purity of **MDMA** (powder/crystals, n = 17) was determined to range from 4 – 98.9% (mean purity: 51%), which is in-line with EMCDDA data, and like samples circulating in Greater Manchester during Summer 2025 but shows a slight widening of the purity range from 2024 (15.4 – 98.4%).

The content of the seventy-seven exhibits ('Ecstasy' tablets, see figure 8 for representative examples) containing **MDMA** was determined to range widely between 112.5 – 276.7 mg/tablet (mean content: 195 mg/tablet) which shows a decrease in content observed during 2024 (179.6 – 271.9 mg/tablet, mean content: 226 mg/tablet). During the testing cycle none of the surveyed 'powder' samples, showed any adulteration or substitution with other substances.

Figure 7: Examples of 'powder or crystal MDMA' seized and tested within Greater Manchester 2025/26. Source: MANDRAKE.

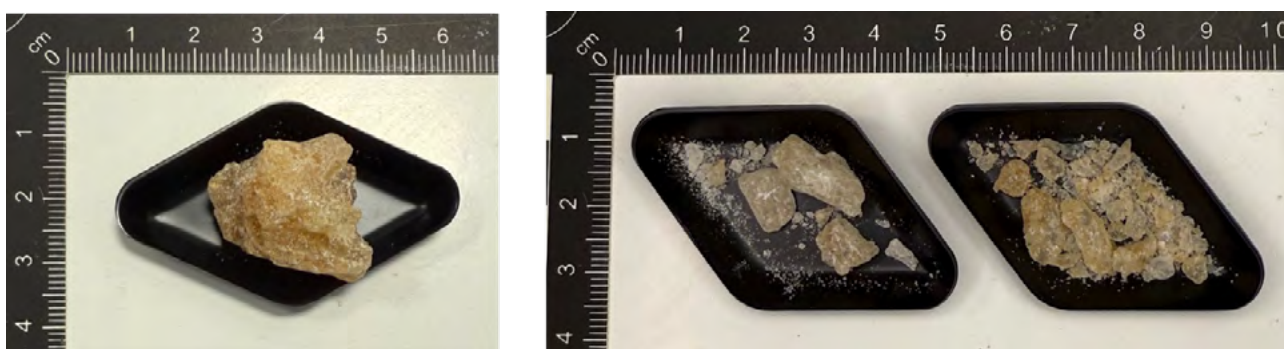


Figure 8: Representative examples of 'Ecstasy' pills/tablets seized and tested within Greater Manchester 2025/26. Source: MANDRAKE.



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 2023 (latest data) was the same as 2021 with 0.1% reporting *past year use*, but a downward trend from 2012 (0.7%) when it was first recorded (30). Data from CSEW for 2024/25 indicates 0.1% of adults aged 16-59 and 0.1% young adults aged 16-24 used **mephedrone** in the past year (26). Young people's treatment data does not separately list **mephedrone**. There were 323 adults in treatment for **mephedrone** (2024/25) (33). There were 2 deaths associated with **mephedrone** in 2024, there was 44 at the peak in 2015 (37).

5.26.2 Drug indicators: Other cathinones

There were 21 deaths listed as involving other *cathinones*, a sharp rise from 7 in 2023. The peak was also in 2025 with 44 deaths involving other *cathinones* in that year (37). Recent *cathinones* detected in Greater Manchester include **4-CMC** (4-Chloromethcathinone) (126). This has been detected in multiple pills, crystals and powder by *The Loop* and MANDRAKE in 2025 (102).

Pure crystals of **3-CMC** (3-Chloromethcathinone) were also tested as part of the GMP/GM-DEWS pilot to test drugs found at the scene of death. These were detected in October 2025 along with **crystal methamphetamine** in a death believed to have been part of the 'Chemsex' scene (102).

5.26.3 Findings: Mephedrone

A small number of professionals (2.4%, n=5/212) reported a decrease in use. This was in relation to its use in a chemsex context.

"Most have swapped from MCAT to Tina [crystal meth]." (Harm Reduction Worker, Manchester)

"Reduction in use in general. Reduction in IVDU M-CAT." (Specialist Substance Misuse Practitioner, Greater Manchester)

A similar number (1.9%, n=4/212) of professionals noted an increase. Once again, this was discussed in the context of chemsex.

No professionals suggested **mephedrone** should be prioritised for MANDRAKE testing.

Within the testing cycle, MANDRAKE analysed six samples, submitted from Manchester Royal Infirmary, purported to be '**methamphetamine**', and associated/used within the chemsex scene. All the samples tested were obtained in a crystalline/solid form and were *synthetic cathinones*. Three of the samples (50%) were determined to be high purity, *3-chloromethcathinone hydrochloride* ('**clophedrone**' or **3-CMC**) [purity range: 62.1 – 100%, average purity: 81%]; Two of the exhibits (33%) were determined to be moderate purity, *4-methylmethcathinone hydrochloride* ('**mephedrone**' or **4-MMC**) [purity range: 38.3 – 70.5%, average purity: 63%] and one (17%) was confirmed to be moderate-high purity, **4F-alpha-PVP hydrochloride** (78% purity).

5.27 LSD (Lysergic acid diethylamide)

5.27.1 Drug indicators: LSD

In 2023 (latest data), the proportion of 11–15-year-olds taking **LSD** in the last year was 0.6%, the same as 2021 (0.8%) (30). The proportion of 16-24-year-olds taking **LSD** was 0.9% in 2024/25, the proportion aged 16-59 was 0.2% (26). Deaths related to **LSD** are not recorded on the ONS annual drug poisoning data, as they are rare and in most years are zero. Between 1993 and 2020 there were 6 **LSD** deaths (127). There were 7,697 adults in treatment who reported the use of a *hallucinogenic drug* (2023/24), although the individual drugs are not specified. This is an increase from 5,147 (2023/24) and 3,276 (2022/23) (33). There is no category of *hallucinogenic drug* in young people's treatment statistics data.

5.27.2 Findings: LSD

Only 0.9% (n=2/212) of professional survey respondents identified any type of *psychedelic* as a priority for trend monitoring. Both respondents were based in Stockport, with one highlighting concern around the use of '*magic mushrooms*' among young people, while the other referenced the therapeutic potential of psychedelic drugs.

In specific relation to **LSD**, a small number (3.3%, n=7/212) of professionals reported an increase in use amongst the people they work with. Where use amongst client groups was mentioned, professionals typically reported working with low number e.g. between one to three.

"[I] perhaps know of one young person who has used LSD." (Substance Misuse Worker, Bolton)

"Only one young person that I'm aware of." (Child Complex Safeguarding, Wigan)

"The odd one or two now and again." (Young Person Recovery Worker, Wigan)

This was often in relation to use by young people and related to infrequent use and not raised as a concern.

"LSD - Tabs - used in house parties!" (Substance Use Practitioner, Rochdale)

"A few using LSD once or twice a year. Using responsibly, they report doing lots of research before using. Using with friends, or some report using on their own." (Substance Use Worker, Trafford)

"LSD used for experimentation; the novelty wears off after a few weeks of using!" (Young Person's Substance Use Worker, Salford and Trafford)

However, one professional noted a "*Small increase in use in A&E presentations.*" (Children and Families Substance Misuse Worker, Stockport).

Two professionals who completed the survey identified **LSD** as a priority substance for MANDRAKE analysis this year. These work in the Oldham and Rochdale areas. One professional working across Salford, Stockport, and Trafford more generically highlighted '*psychedelics*' as a priority for MANDRAKE analysis.

MANDRAKE has analysed **thirty samples**, submitted from the Manchester Royal Infirmary, and purported to be '**LSD blotters**' during this year's testing cycle. All thirty exhibits were found to contain **LSD** ranging from 10.3 – 13.9 microgrammes/blotter (mean content: 12.1 microgrammes/blotter).

5.28 Psilocybin mushrooms (‘Magic mushrooms’)

5.28.1 Drug indicators: Psilocybin mushrooms

In 2023 (latest data), among pupils aged 11-15; 1.0% reported ‘*magic mushroom*’ use in the *last year*; similar to 2021 (0.9%) (30). The proportion of 16-59-year-olds taking **psilocybin mushrooms** in the *last year* decreased to 0.9% (2024/25) from 1.1% (2023/24). The proportion of 16-24-year-olds reporting last year use decreased from 2.3% (2023/24) to 0.9% (2024/25) (26). Deaths related to **psilocybin mushrooms** are not recorded on the ONS annual drug poisoning data, as they are rare and in most years are zero. Between 1993 and 2020 there were 2 **psilocybin** deaths (127).

5.28.2 Findings: Psilocybin mushrooms

A relatively small number of professionals (8%, n=17/212) reported an increase in use amongst the people they work with. Similarly to **LSD**, where use amongst client groups was mentioned, professionals typically reported low number e.g. between one to three, and most commonly referred to experimental use by young people.

“We have had approximately three cases of mushroom use in the last 12 months. All cases were experimental use.” (Operations Manager, Young Person’s Substance Use Service, Bury)

“More young people reporting trying magic mushrooms for the first time.” (Young Person’s and Families Substance Use Worker, Stockport)

“Young people disclosing use and disclosing interest in using.” (Young Person Project Worker, Stockport)

‘*Magic Mushrooms*’ were reported by several professionals to be seasonal and picked from fields in early autumn. However, one professional reported that ‘*magic mushroom*’ products are being sold alongside cannabis products.

“Young people are reporting this is being sold alongside cannabis.” (Young Person’s Substance Use Service Team Leader, Oldham and Rochdale)

Others noted they are being sold in similar packaging to ‘*Cali weed*’ products.

Six professionals stated that they were being used for non-recreational purposes, including micro-dosing, with one professional noting an increase in use amongst young people with cooccurring conditions:

“Increased in my clients with dual diagnosis of mental health conditions.” (Young Person’s Substance Use Practitioner, Rochdale)

No psilocybin products were tested by MANDRAKE during the reporting cycle.



5.29 Other psychedelics

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

The most reported other type of *psychedelics* was **2CB**. A small number (3.3%, n=7/212) of professionals reported an increase in use. As one professional noted, this involved:

“Mainly recreational use, taken at raves usually.” (Recovery Coordinator for Cooccurring Conditions, Stockport)

However, they often stated that **2CB** was still not widely used and that use was low in comparison to other *psychedelics* or ‘club drugs’ such as ecstasy/**MDMA**.

A small number (n=4/212, 1.9%) of professionals reported an increase in the use of **DMT** (*N,N*-dimethyltryptamine). All of these professionals worked with young people. It was noted by one professional that young people have more access to **DMT** from dealers.

“DMT is being offered alongside other substances when young people are buying substances from dealers.” (Substance Practitioner, Rochdale)

One professional raised concern that other substances were adulterated with **DMT**. Although no further detail was provided on what specific drugs were known to contain **DMT** or whether this statement was supported by drug testing or drug screening results.

“DMT-laced drugs found in Salford and unknowingly taken.” (Substance Use Worker, Salford and Trafford)

Two professionals who completed the survey identified **2C-B** as a priority substance for MANDRAKE analysis this year. These work in the Bury and Tameside areas.

MANDRAKE has analysed **twenty samples**, submitted from the Manchester Royal Infirmary, and purported to be ‘Ecstasy’ tablets during this year’s testing cycle. These samples were either orange or green, tablets embossed with a ‘Pepe the Frog’ logo. None of these samples contained any **MDMA**, however, the principle active ingredient was determined to be **2C-B** (4-bromo-2,5-dimethoxyphenethylamine) hydrochloride at 3.8 – 4.1 mg/tablet (mean content: 4 mg/tablet).

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

5.30.1 Drug indicators: Androgenic Anabolic Steroids and other body building drugs.

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 2024/25 (26). 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 (128).

During 2024 there was an increase in prescribed **testosterone** (all forms) up 13% to 683,678 prescribed items (87).

5.30.2 Findings: Androgenic Anabolic Steroids and other Image and Performance Enhancing Drugs (IPEDS)

AAS and other *IPEDS* were seldom discussed as substances for concern with only 0.9% (2 out of 212) of professional survey respondents identified anabolic steroids and other *image and performance enhancing drugs* (IPEDs) as a priority for trend monitoring. Both respondents were based in the Rochdale area - one focused on AAS use among adults, while the other raised concerns about *IPED* use among young people.

A relatively small percentage (8%; 17/212) of professionals reported an increase in the use of anabolic steroids.

“Steroid users are a bit more frequent now, again. It’s becoming a bit more prominent again because we’ve got some younger people using them - 15-16 [years old]. One of them we’ve got is injecting as well. So it’s not like he’s taking the pill, you know, oral, he’s injecting as well.” (Substance Use Advocacy Worker, Salford)

Concerns regarding the younger age of AAS use was also raised during a professional interview in Tameside.

“There was a 19-year-old lad who came in the other day who wanted needles for steroids.” (Harm Reduction Outreach Worker, Tameside)

The influence of social media was suggested as a contributory factor for its increasing use.

“Popularity on social media has helped increase people’s interest in using them.” (Anti-Social Behaviour Manager, Manchester)

While there were reported increases in the number of AAS users coming through needle exchanges, it was noted that they are often not engaging with treatment.

“Users of the needle exchange not necessarily accessing structured treatment.” (Drugs and Alcohol Service, Team Leader, Bolton)

Some professionals noted that AAS use was limited to men.

“Exclusively male clients, usually using Trenbolone.” (Speciality Doctor, Manchester)

Any reference to women was in relation to injections for **botox** fillers, weight loss or **melatonin**.

“You know, Botox, fillers, weight loss jobs, they’re massive at the minute . . . They’re coming in just to use our needle and syringe provision for Melitan and weight loss and steroids . . . So melitan, that’s a melatonin injection. So, girls on sunbeds will inject it.” (Harm Reduction Outreach Worker, Tameside)

“I think thinking about image enhancing substances as well. So thinking about slimming injections that people might be able to get their hands on, tanning in nasal tanners or injecting tanners, steroids, I think still needs to be on there.” (Vulnerable Person Smoking Service, Manchester)

One professional based in Tameside identified steroids and Melanotan as priority substances for MANDRAKE analysis this year.

During this year’s testing cycle, MANDRAKE

analysed fifty samples purported to be ‘an anabolic steroid’. These samples were red/pink, circular tablets with no markings. The tablets were found to contain **methandrostenolone** at 7.5 – 11.1 mg/tablet (mean content: 9.3 mg/tablet), however the product does not resemble any legitimate product and may be a counterfeit/‘street’ product.

5.30.3 Findings: Other body building drugs

Only one professional reported an increase in the use of human growth hormone (HGH) in this year’s professional survey.

5.30.4 Findings: Image enhancing drugs

A small percentage (4.2%, n=9/212) of professionals reported an increase in the use of IPEDS. Four professionals (two from Manchester and two from Tameside) reported an increase in the use of Melanotan, with three of these noting an increase in the use of Melanotan in nasal form.

5.30.5 Findings: Cognitive enhancers

Only three professionals reported working with people who use cognitive enhancers. No professionals reported any increases in use.

5.30.6 Findings: Sexual performance drugs

Only 3.3% (n=7/212) of professionals reported an increase in the use of sexual performance drugs. One noted that these:

“Seems to be prescribed more frequently in primary care.” (Nurse Practitioner, Bolton, Bury and Salford)

Several professionals noted the use of these drugs in a chemsex content.

5.31 Alkyl Nitrites (Poppers)²⁸

5.31.1 Drug Indicators: Alkyl Nitrites

In 2023 (latest data), among pupils aged 11-15, 0.5% reported using ‘poppers’ in the *last year* – the same as 2021 (30). *Alkyl nitrites* (poppers) accounted for 25 registered deaths (2001 to 2020) (119).

5.31.2 Findings: Alkyl Nitrites

Fifteen percent (n=31/212) of professionals stated that they worked with people who use *alkyl nitrates*. These were mainly professionals who worked with young people or LGBTQIA+. Only three of these (1.4%) reported an increase in use.

“Increase in chem sex clients.” (PSI Team Leader, Bolton, Bury, Salford, and Trafford)

“A number of people are using Poppers as if they are dependent on it.” (Specialist Substance Misuse Practitioner, Greater Manchester)

MANDRAKE has analysed **five samples**, purported to be ‘*alkylnitrites*’, during the testing cycle. All the samples tested were the liquid form of the product. All five samples were found to contain moderate levels of the **isopropyl nitrite** (51.5 – 58.2% purity) and **isopropanol** (minor component). Though these samples contain **isopropyl nitrite**, the presence of **isopropanol** indicates degradation of the sample(s) as it is common for *alkylnitrites* to react with moisture and be converted back their parent alcohols.

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 (130). In August 2020, the Home Secretary asked the ACMD to clarify this situation (138).

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

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

The use of prescribed *opioids*, *benzodiazepines*, *Z-drugs* and *gabapentinoids* as street drugs is covered elsewhere in this report. Experimentation with just about any other medication thought to have a psychoactive 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 631 *Anti-depressant* drug related poisoning deaths and 164 *antipsychotics* poisoning deaths registered in 2024, 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 (37).

5.32.2 Findings: ADHD medication

There were increases in prescribing volumes of medicines that are licensed to treat *attention deficit hyperactivity disorder* (ADHD), such as **dexamfetamine** (157,388 adult prescriptions, 3,535 children), **lisdexamfetamine** (542,237 adult prescriptions, 21,136 children) and **methylphenidate** (818,092 adults, 341,088 children) (87).

While the use of prescribed ADHD medication was not directly reported, several professionals noted the increased use of a range of substances to self-medicate ADHD and other forms of neurodiversity and mental health. This is discussed further in section 5.36.

5.32.3 Findings: Other prescribed drugs from a doctor or online

Several professionals (13%, n=27/212) reported an increase in the use of prescribed medications.

While concerns regarding the use of prescription medication such as **diazepam** and **pregabalin** has previously centred on traditional adult treatment and street-based populations, the increased use of a range of prescription drugs was often discussed in relation to young people.

"I have two, possibly three using . . . so two of them are using like opiate-based

painkillers. So one's using, I can't think exactly what it's called, but it's like an oxycodone and then another one's using codeine and then another one with benzos like Xanax, and Zopiclone?" (Young Person Drug and Alcohol Worker, Trafford)

It was also highlighted as a growing trend by professionals working in the local prison estate:

"We've seen an increase in illicit tablet use in the last six to eight months, more people coming in with problems of prescription tablets like benzos, pregabalin and buprenorphine, rather than picking it up inside prisons." (Prison Substance Service Manager)

"Prescription drugs are thriving, anything that is 'illicit' will be abused. Subutex, Benzos, even painkillers like Co-Codamol and Codeine." (Drug and Alcohol Recovery Practitioner, HMP Styal)

Although it was discussed less frequently than in previous years, professional concern remains regarding GP prescribing of *benzodiazepines* and *gabapentinoids*.

"Service users are often attending service with substance issues whilst the GP continues to prescribe substances that are known to be addictive, most commonly benzos." (Team Leader, Adult Treatment Service, Tameside)

"Increase in gabapentanoids and MAOI's (Monoamine Oxidase Inhibitors) being prescribed for neuropathic pain." (Nurse Practitioner, Salford)

An increase in the prescribing of anti-depressants, anti-psychotics and weight-loss drugs were also reported.

"We have seen an increase in prescribed anti-depressants and anti-psychotics such as Sertraline and Olanzapine." (Young Person's Substance Use Service Operations Manager, Bury)

"Several of my clients have been prescribed anti-anxiety medications or anti-depressants within the past year." (Young Persons Substance Use Advocate, Rochdale)

"Lots of weight loss jab use, namely Mounjaro." (Nurse Practitioner, Bolton)

"Increased use of prescription weight loss drugs like Mounjaro." (Director, Welfare Service, Manchester)

An increase in people accessing private prescriptions was also noted.

"Many more people are accessing private prescriptions. This could be due to accessing through a GP, or easier access due to internet." (Head of Treatment Services, Manchester and Tameside)

As alluded to above, in addition to accessing these drugs from a GP, it was common for professionals to report that these drugs are being purchased online.

"Seems to be easier access to this on the internet." (GP, Salford)

"Increase in use of medication received from online orders." (Public Health Advisor, Stockport)

"Increase in use due to the availability of purchasing online." (Young Adult Recovery Coordinator, Manchester)

"[Prescription drug] use appears to have increased in relation to availability - more online purchases. People self-diagnose using the internet, then purchase the 'medication' online. Benzo's, Antipsychotics, and pain meds." (Adult Drugs and Alcohol Outreach, Bury)

The most common group of prescription drugs to be mentioned in relation to online purchases were *benzodiazepines*.

"Illicit meds being bought online and, on the street, usually benzo type substances." (Treatment Service Manager, Manchester and Tameside)

"Benzodiazepine bought online." (Team Leader, Wigan)

"More purchases of diazepam and Xanax via the internet." (Specialist Substance Misuse Practitioner, Greater Manchester)

Concern was raised regarding the content of these drugs purchased from online sites and potential harm.

"My son's best mate died about six months ago. OD. He was buying loads of dodgy

Xanax and other prescription tablets online." (Homeless Service Project Worker, Stockport)

In relation to content, one professional survey respondent, based in Tameside, identified **mirtazapine** as a priority for trend monitoring.

During this year's testing cycle, MANDRAKE analysed **three samples** purported to be 'a prescription antidepressant'. These samples were white, circular tablets with no markings. The tablets were found to contain **mirtazapine** at 45.0 – 47.4 mg/tablet (mean content: 46.2 mg/tablet), however the product does not resemble any legitimate product and may be a counterfeit/'street' product.

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

One in ten (10%, n=22/212) professionals reported increased use of over-the-counter medications.

Two professionals noted an increase in the use of *Phenergan* (**promethazine hydrochloride**), a sedating *antihistamine*.

"Phenergan is on the increases." (Specialist Substance Misuse Practitioner, Greater Manchester)

As with 'Chroming' (see section 5.17.2), it was noted that this was a trend on TikTok.

"Promethazine/phenergan - trend on Tiktok at the moment." (Advocacy Work, Specialist Young Person's Substance Use Service, Trafford)

The most cited over-the-counter medicines were pain relief (**codeine** and **cocodamol**) and sleeping tablets (e.g. *Nytol*).

"People using co-codamol and Nurofen Plus." (Speciality Doctor, Manchester)

"Increase use in codeine and sleeping aid tablets." (Recovery Coordinator for Cooccurring conditions, Stockport)

"More reported use of cocodamol." (Recovery Coordinator, Tameside)

One respondent stated that there had been:

"Increased instances of overdoses of over-the-counter drugs." (Senior Mental Health Practitioner, Greater Manchester)

5.33 Unknown or unidentified drugs

A significant number (n=29/212, 14%) of professionals reported use of unknown or unidentified drugs with 3.3% (n=7/212) stating that reports of the use of unknown or unidentified drugs had increased.

In reference to young people, it was noted they often did not know what drugs they were taking. Indeed, many of the examples provided were from professionals who work with young people. Of those who provides further details, the most frequently discussed substances were vapes sold as **'THC vapes'** and white powders.

"We do see young people who used substances that are offered to them without knowing what they are - usually a vape pen or powder." (Operations Manager, Young Person's Substance Use Service, Oldham)

"Some adulterated vapes, unknown white powders." (Young Person's Substance Use Worker, Salford and Trafford)

"... more reported cases of unexpected

effects from traditional substances such as MDMA, ketamine or cocaine possibly indicating adulteration with unknown or unidentified substances." (Director of Event Welfare Service, Manchester)

Two Stockport professionals working in the same team, mentioned **'Captagon'**, the brand name for **fenethylline**, a stimulant drug that's a combination of **amphetamine** and **theophylline**. It is used medically as a *psychostimulant* but is known as an illicit substance primarily produced in Syria and used in the Middle East.

"Captagon used by one client seeking support." (Manager, Stockport Triage Assessment Referral Team)

"Captagon from overseas." (Assessor, Stockport Triage Assessment Referral Team)

There was also a suggestion that in the local prison estate, 'home-made' substances are being consumed produced *"using prison cleaning fluids."* (Substance Use Service Team lead, Greater Manchester Prison)

5.34 Drugs known by a nickname

There were several professional reports (15%, 32/212) of drugs being used known only by a nickname. However, only 4.2% (9/212) perceived this to be on the increase. Where further details were provided, over two-thirds related to *'pink cocaine'* or *'Tusi'*. There were singular reports of *'Stardust'*, *'Magic'* and *'Monkey Dust'*.

Two professionals, both based in Wigan, identified pink powders as priority substances for MANDRAKE analysis this year. While one professional in Tameside noted that colour-coded **cocaine** linked to blockbuster films and

the **'Barbenheimer'** cultural phenomenon that surrounded the simultaneous release of the *Oppenheimer* and *Barbie* movies led to a **cocaine** powder marketing tactic aimed to appeal to young-people:

"The Oppenheimer special was something else. You'll put it in pretty packaging, and it's all pink, all blue ... you're selling pink coke for Barbie and then blue for Oppenheimer. He said, "Get both for a cheaper price and see which one you think", "Let's go out with a bang." They're very clever people selling drugs ... at marketing. Very, very clever. Because they want it to go to that younger cohort of people." (Harm Reduction Outreach Worker, Tameside)

5.35 Homemade drug mixtures

Approaching a fifth (18%, 39/212) of professionals reported the use of homemade mixtures. Where further information was provided, this exclusively related to 'Lean' and young people.

"... even when you go through education stuff with young people, a lot of them have tried Lean." (Substance Use-Advocacy Worker, Trafford)

However, when young people who used *Lean* was discussed, this typically involved low numbers.

An isolated case of Lean use this year." (Operational Manager, Young Person's Substance Use Service, Bury)

"I have spoken to a couple of young people about Lean. I know of two young people on our caseload that have used Lean." (Complex Safeguarding Specialist Nurse, Tameside)

It was also suggested by several professionals that *Lean* is not as popular as it was a few years ago.

"Not seen Lean used as much, and use is limited to two young people on my caseload." (Drug and Alcohol Treatment Worker, Young Person's Substance Use Service, Stockport)

"This is a substance that was quite available and cited on referrals last year, there has been a decrease [this year]." (Team Leader, Young Person's Substance Use Service, Trafford)

"Appears less 'on trend' at the moment. Less presentations." (Young Person's and Families Substance Use Worker, Stockport)

"Appears to be less prominent over the last four years." (Consultant Addiction Psychiatrist, Salford, Stockport, and Trafford)

However, one professional reported concern that it is being used by young people.

"Young people are using purple Lean. I wouldn't say any more than before but it seems like younger and younger people are getting to know what it is or have tried it." (Early Intervention and Prevention Lead, Young Person's Substance Use Service, Manchester)

Market information suggests that there is likely to be significant variation in content as reports of where young people were accessing it from ranged from young people mixing up their own *Lean* to purchasing it from local dealers or importing it from the US.

"Clients are mixing their own Lean." (Advocacy Worker, Young Person's Substance Use Service, Bury)

"Using Lean pre-mixed from a dealer." (Substance Use Worker, Young Person's Substance Use Service, Trafford)

"Lean - reported they purchased it from America and another young person reported that he obtained it from a provider in the Manchester area who has their own brand, this was named 'the paper boys'." (Complex Safeguarding Specialist Nurse, Tameside)

No products, resembling 'Lean', were tested by MANDRAKE during the reporting cycle.

5.36 Non-substance specific focus

In addition to discussing specific substances, several professional survey respondents raised broader areas of investigation for this year's trend monitoring.

5.36.1 Self-medication: Neurodiversity

Three professionals suggested a focus on neurodiversity, related to concerns of prescription-style substance use by neurodivergent young people. This theme also came up during professional interviews.

"We are seeing quite a lot more people coming in with suspected ADHD but haven't had that diagnosis." (Operations Manager, Wigan and Leigh)

"Between the ages of 17 and 20 of like neurodivergent young people . . . a lot of young people have autism or ADHD and are self-medicating for that." (Young Person Drug and Alcohol Worker, Trafford)

"I think a lot of the time as well, a large proportion of our young people are neurodivergent. So, there's that harm linked to it where they're not medicating in the traditional sense." (Complex Safeguarding Specialist Nurse, Tameside)

The links between ketamine use and self-medicating neurodiversity were noted.

"Interestingly, the young ketamine users have often got a diagnosis of ADHD, and also, autism." (Consultant Addiction Psychiatrist, Bolton)

This is discussed further in the separate **ketamine** report.

5.36.2 Self-medication: Mental Health

Three other professional survey respondents recommended a focus on the intersection of substance use and mental health, including trauma and stimulant use within co-occurring mental health, alcohol, and drug (COMHAD) presentations. This theme was raised during the professional interviews.

"I've done this job for eleven years and I have never known it to be so many people with complex support needs or so high risk. The amount of high-risk individuals we are working with has really increased over the last few years, and I don't know where it

has come from . . . but it is happening and it doesn't seem to be slowing down." (ABEN Manager, Wigan and Leigh)

"Definitely noticing more and more people are presenting to us in crisis. And they are presenting psychotic, depressed and feeling suicidal. And that is across all the cohorts we've noticed that seeing a real increase. And being intoxicated at the point they are turning up here, so they are more complex to deal with . . ." (Operations Manager, Wigan and Leigh)

As highlighted in the above interview extract, this was reported to be an increasing concern across all cohorts, but as illustrated below, it was most commonly raised by professionals in relation to young people's substance use.

"I think it's definitely young people that are struggling with their mental health that tend to use." (Early Intervention and Prevention Lead, Manchester)

"I guess the rise in really high-risk cases that we're getting is relevant . . . the majority of my caseload have underlying mental health conditions that are really impacting their substance use." (Young Person's Substance Use Advocacy Worker, Trafford)

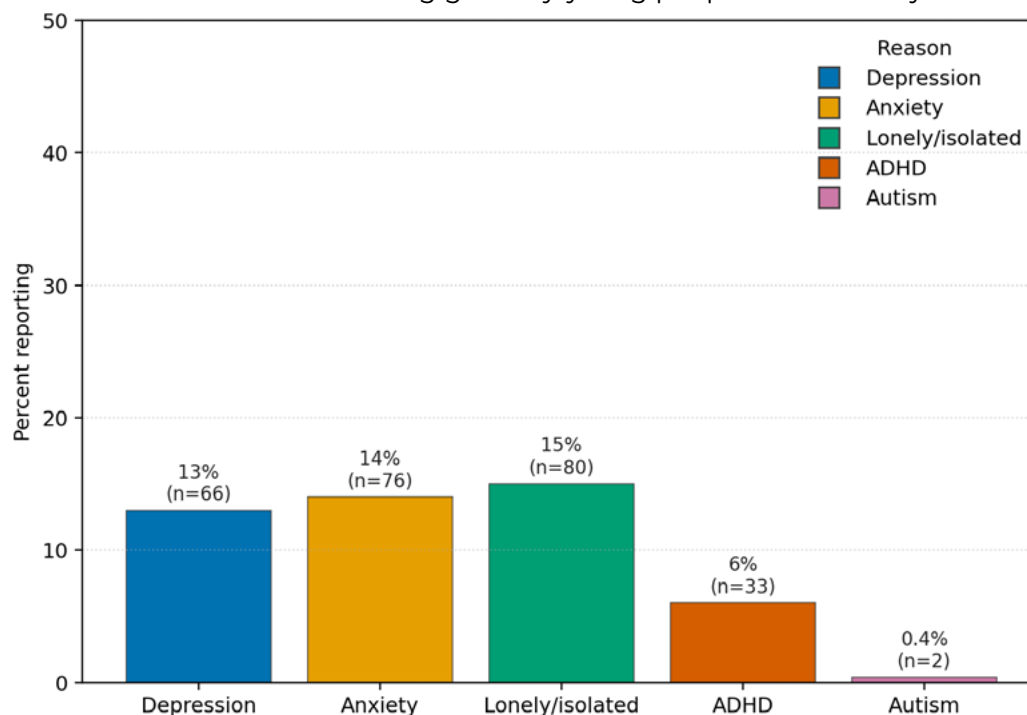
"I think the mental health I think we do the substance work with them, but a lot of the time their substances are used as a coping mechanism for the mental health and it's really, really difficult to get that mental health help for them." (Substance Misuse Practitioner, Salford)

"The levels of anxiety have skyrocketed . . . my drop-in now is essentially a mental health drop in. [. . .] Vape use is quite prevalent in our looked after children's population to the point where it's kind of like accompanying mental health issues such as anxiety." (Senior School Nurse, Rochdale)

"There are more and more young people using depressant drugs such as alcohol, ketamine and prescription drugs to cope with their mental health issues and slow their brains down." (Young Persons Resilience Worker, Tameside)

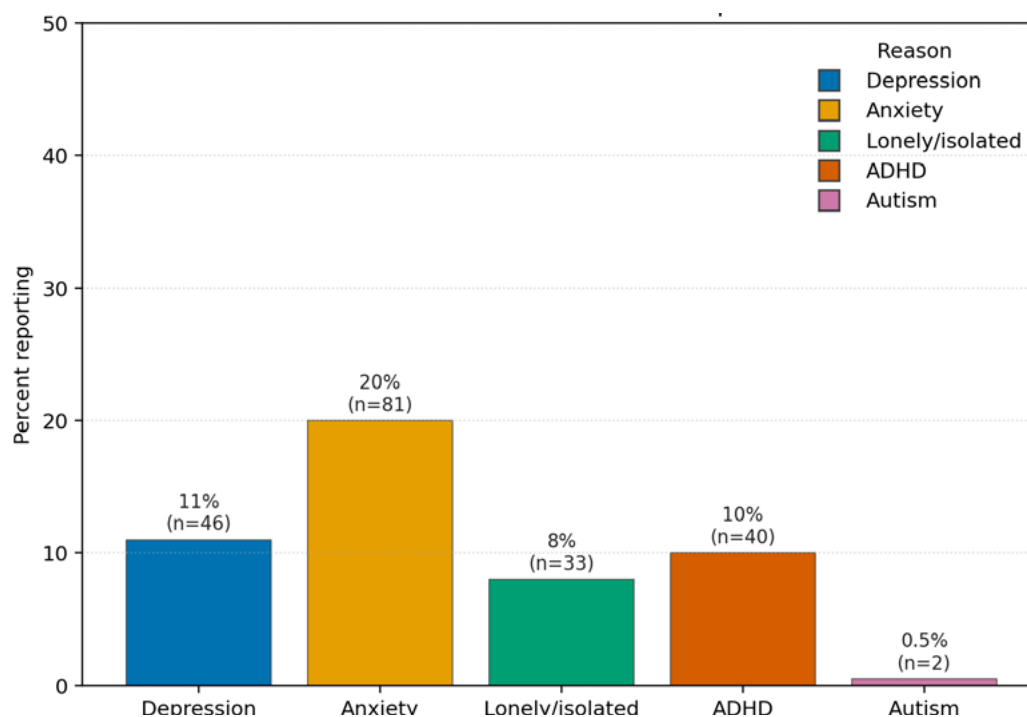
This year's young person's survey asked respondents to list the reasons why they used each substance. The number of young people using some of the most reported substances to self-medicate are outlined on the next page.

Chart 14. Reasons for selfmedicating given by young people in the survey: **Alcohol**



The most reported reason young people gave for selfmedicating with **alcohol** was to cope with feelings of loneliness or isolation. This was followed closely by using **alcohol** to manage symptoms of anxiety.

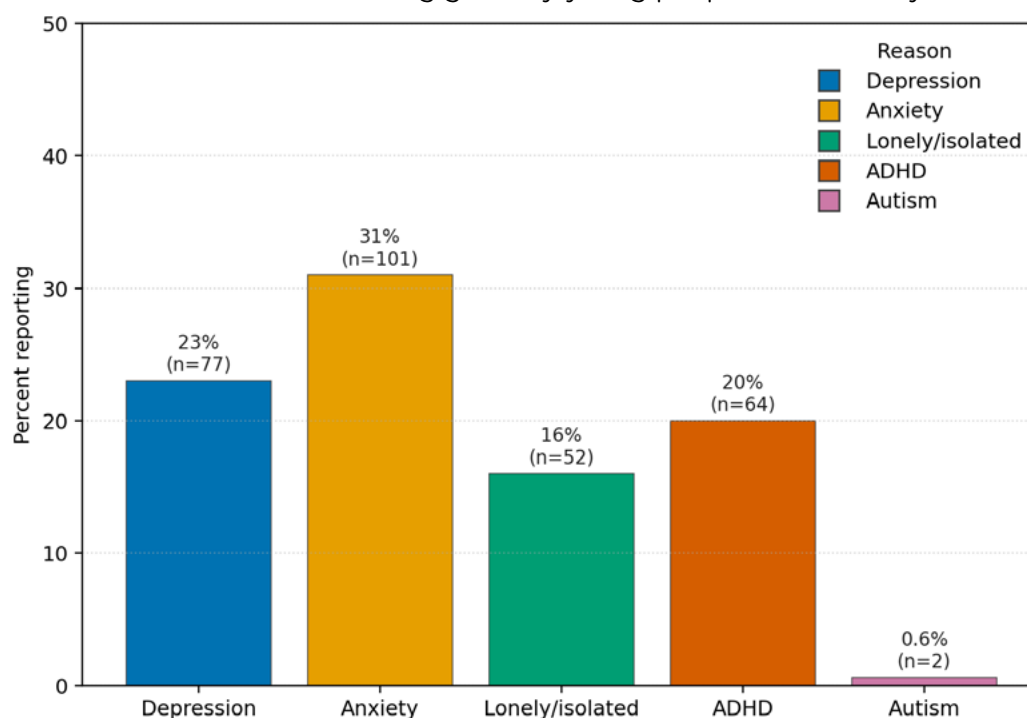
Chart 15. Reasons for selfmedicating given by young people in the survey: **Nicotine vapes**



The most reported reason young people gave for selfmedicating with **nicotine vapes** was to cope with feelings of anxiety, with one in five stating they used **nicotine vapes** for this reason. One in ten stated that they were using **nicotine vapes** to manage their ADHD.

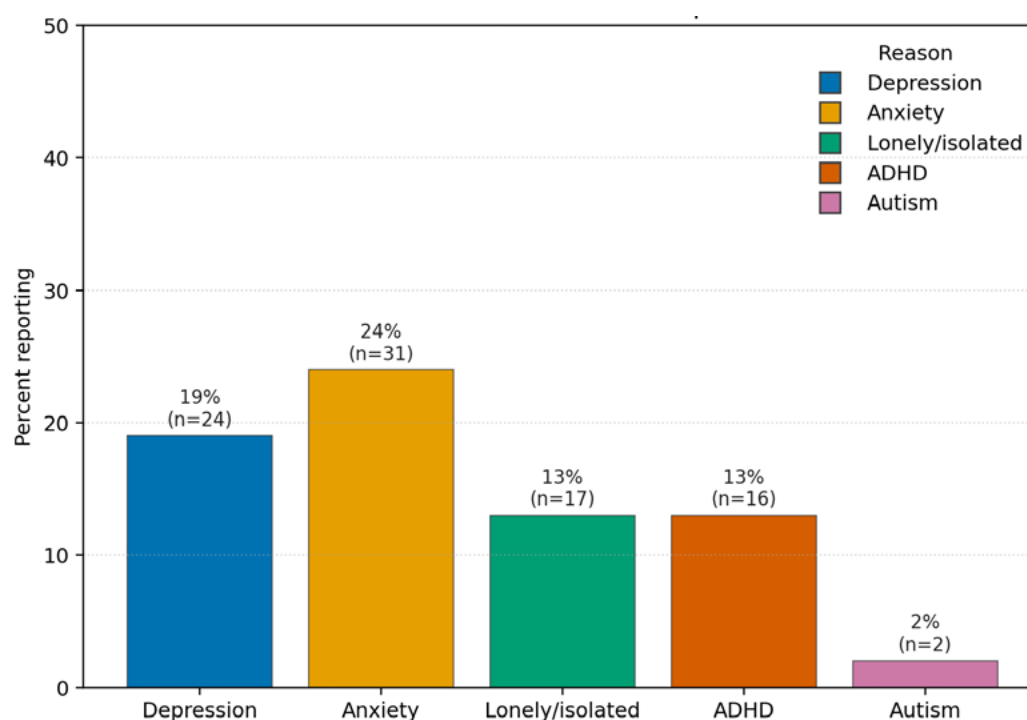


Chart 16. Reasons for selfmedicating given by young people in the survey: **Cannabis**



The most reported reason young people gave for selfmedicating with **cannabis** was to cope with anxiety with almost a third (31%) stating this as a reason for use. Almost a quarter (23%) reported using **cannabis** to self-medicate depression while a fifth (20%) reported using **cannabis** to self-medicate their ADHD.

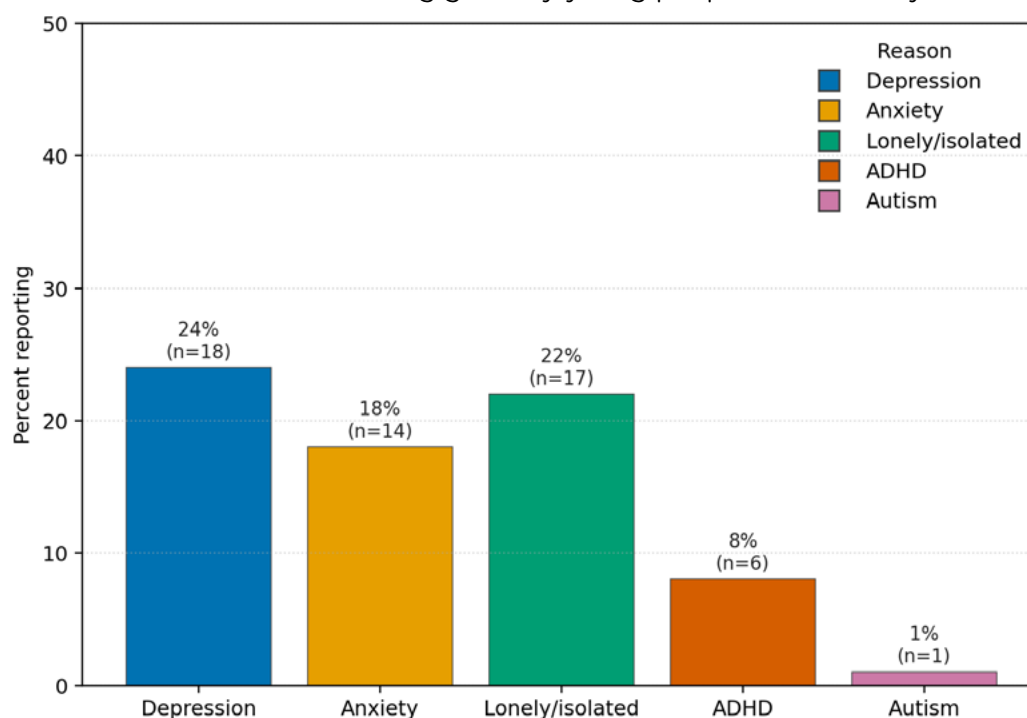
Chart 17. Reasons for selfmedicating given by young people in the survey: **THC vapes**



Similarly to **cannabis**, the most reported reason young people gave for selfmedicating with **THC vapes** was to cope with feelings of anxiety. A quarter (24%) stated this, while a fifth (19%) stated depression. One in six stated that they were using **THC vapes** to self-medicate ADHD.

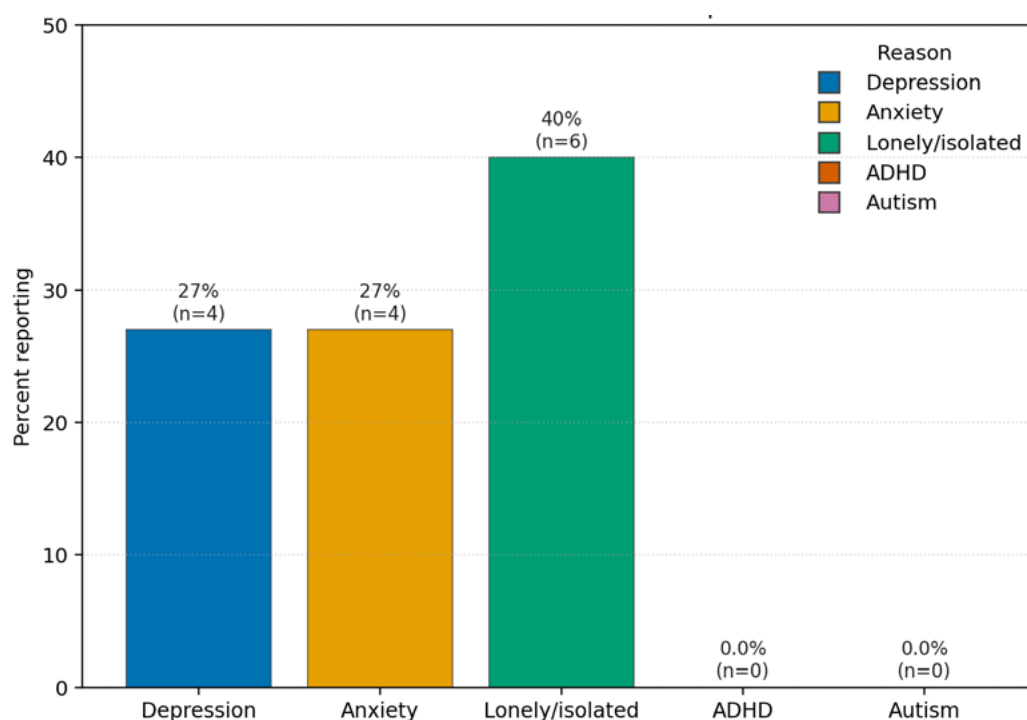


Chart 18. Reasons for selfmedicating given by young people in the survey: **Ketamine**



The most reported reason young people gave for self-medicating with **ketamine** was to cope with depression. Almost a quarter (24%) were using **ketamine** for this purpose. Over a fifth (22%) stated they were using **ketamine** to cope with feelings of loneliness or isolation and just under a fifth (18%) reported using **ketamine** to self-medicate their anxiety.

Chart 19. Reasons for selfmedicating given by young people in the survey: **Benzodiazepines**



The most reported reason young people gave for selfmedicating with *benzodiazepines* was to cope with feelings of loneliness or isolation. Two-fifths stated this as a reason for their use, while over a quarter (27%) reported using *benzodiazepines* to self-medicate depression or anxiety.



5.37 Drug Markets

Three professionals who completed the professional survey highlighted the need to monitor substances obtained online or via social media, with one expressing particular concern about the content of medications purchased through online platforms.

The increasing use of digital platforms to access drugs was also a recurrent theme in the professional interviews. There was some concern regarding the increase in websites that are selling **cannabis** products.

"The way that they advertise [THC vapes] it's like they're giving you a deal, if you buy this you can try that or two for one type offers so very business selling like and I have found that it's a lot more sophisticated how it looks as well, even for some of the THC vapes websites they look professionally done so if I'm a young person you would trust that they're giving good quality stuff." (Operational Manager, Rochdale)

As illustrated below, professionals were far more likely to highlight the purchase of drugs through popular apps. The platforms most frequently mentioned were Snapchat, Telegram, WhatsApp, and TikTok.

"They just message them through Snapchat . . . through Telegram . . . through WhatsApp." (Substance Use/Advocacy Worker, Salford and Trafford)

"Mainly Snapchat." (Advocacy Worker, Oldham)

"I think now with Telegram It's so easy . . . availability and social media are having a massive impact." (Substance Use Advocacy Worker, Trafford)

"Snapchat, TikTok . . . Snapchat's a big one that they'll be able to be targeted . . . people popping into your inbox and WhatsApp." (Vulnerable Person Smoking Service, Manchester)

Discussion regarding social media apps was almost exclusively focused on the changing ways in which young people are accessing drugs.

"Young people are accessing illicit vapes, NOS and even painkillers more easily through Snapchat." (Operational Manager, Oldham)

"I have heard them [young people] getting them [substances] off Snapchat and all those type of places." (Substance Use Advocacy Worker, Salford)

However, as we note in other sections (see for example, 5.3 **cannabis**, 5.18 **ketamine** and 5.21 **cocaine**), the number of young people reporting purchasing their drugs through these platforms was low compared to other ways of accessing drugs.

It was suggested that the increasing use of digital platforms to purchase drugs has led to a decline in transactions taking place in public, making the policing of drug markets more difficult.

"I don't see young people really going out on the street that much to be able to pick up or collect the substances. But I do know they're using like the black market to be able to get them delivered or they're even using some of those InPost lockers to be able to collect the substances that way." (Operational Manager, Young Person's Substance Use Service, Rochdale)

Although it was noted by a couple of professionals working with young people in Oldham that the metro stops were areas where drug transactions took place.

"They're getting it at the tram stops which are used quite heavily in Oldham. Dealers will just go up and down the trams and then they'll just get off, give it to the kids and then they'll just kind of go off." (Advocacy Worker, Oldham)

"Dealers hanging around on tram lines at particular tram stops." (Operational Manager, Young Person's Substance Use Service, Oldham)

Finally, Manchester's Piccadilly Gardens was highlighted as an area requiring attention, particularly in relation to young people, especially young women, who frequent the area. This includes those involved in Operation Luka, a multi-agency initiative involving police, social services, and other partners aimed at identifying, disrupting, and safeguarding young people at risk of sexual or criminal exploitation. Following the success in Cheetham Hill, Operation Vulcan was rolled out into Piccadilly in September 2023. This included a high-visibility presence of GMP and partner agencies in this area.

6. Recommendations and Future Research Agenda

Headline findings from this year's GMTRENDS research were presented at *GMTRENDS: From Research to Response*, a half-day stakeholder event held on 1 April 2026. The event brought together over 50 stakeholders, including members of the Greater Manchester Drugs and Alcohol Transformation Board, commissioners, service providers, community safety leads, Directors of Public Health, Department of Health and Social Care representatives, and frontline professionals. Two facilitated workshops focused on the co-production and prioritisation of recommendations arising from the survey findings. The outputs from these workshops directly informed the recommendations set out below.

6.1 Young People: Service development and integration

There was strong workshop consensus on the need to improve integration between substance use services, mental health services, primary care, and acute care.

We recommend that service development and integration should include:

- Strengthened coordination across treatment, mental health, safeguarding, and education systems.
- Strengthened practice at the interface between young people's treatment services and complex safeguarding transitions.
- Improved access to therapeutic support as a preventative mental health intervention.
- Increased use of multi-disciplinary meetings for young people with complex needs.
- Enhanced links with A&E and primary care, including the use of data flags to improve identification and continuity of care.
- Improve understanding of exploitation and safeguarding interfaces.

6.2 Neurodiversity, mental health, and self-medication

We recommend that services and future research agendas should build a stronger evidence base on why young people self-medicate neurodiversity (particularly ADHD and autism) with substances such as cannabis and ketamine. This should include:

- Exploring the relationship between **cannabis** use and self-medication for ADHD.
- Examining links between **ketamine** use and self-medication among neurodivergent young people.
- Improving current understanding of self-medication for mental health issues (including anxiety, depression, and loneliness) using **alcohol, cannabis, ketamine**, and prescription drugs.

6.3 THC Vape Recommendations

In response to continuing concerns regarding the use of vapes sold as 'THC vapes' by young people, we recommend:

- Increased awareness of **THC vape** strength and how it compares to traditional cannabis products.
- The development of clear harm reduction messaging on **THC vapes**.
- Improved information on different types of **THC vape** products.
- An expansion of testing and drug-checking opportunities for young people.
- Targeting of the sale of high-strength **THC vape** products in high street shops.

6.4 Ketamine-Specific Recommendations

Workshop participants highlighted significant commissioning gaps in age-appropriate and substance-specific provision, particularly for young people using ketamine. In response to this we recommend:

- Addressing current gaps in Tier 4 provision, ensuring services are appropriately tailored for the 18–26 age group.
- The development of inpatient detoxification provision for young people.
- The provision of targeted education and support for parents regarding **ketamine** use.
- The strengthening of multi-agency care pathways, particularly with hospital services.
- Targeted **ketamine** social media messages that focus on highlighting potential harms, myth busting and harm reduction advice.

6.5 Harm Reduction

There was strong professional support for expanding harm reduction measures, including wider **naloxone** provision, drug checking services and targeted harm reduction messages.

6.5.1 Targeted Harm Reduction Messaging

In addition to the ketamine and THC vape messaging outlined above, we recommend the development of targeted harm reduction advice that focuses on:

- ‘Chroming’ (inhalation of deodorants and aerosols), targeted at school years 7–9, including a focus on young girls.
- **Alcohol** risks, especially the consumption of high-strength spirits (e.g. vodka), with targeted messaging for young women.
- Polysubstance use, particularly the risks associated with combining **cocaine** and **alcohol**.
- The risks posed by *synthetic opioids* in non-prescribed prescription drugs.

6.6 Drug Testing Priorities

We recommend that the following substances should be prioritised for MANDRAKE testing:

- Ketamine
- Heroin
- THC vapes
- Prescription drugs (*benzodiazepines*, *pregabalin*, *oxycodone*/*OxyContin*)

6.7 Monitoring and Emerging Trends

We recommend the monitoring of:

- The use of tobacco pouches (‘snus’) among young people.
- The use of **crystal methamphetamine** beyond the chemsex scene.
- The use of *3-chloromethcathinone* (**3-CMC** or ‘*clophedrone*’) within the local chemsex scene, including further investigation into whether it is being mis-sold (e.g. as **cocaine**, **crystal meth**, or **mephedrone**) or intentionally purchased.



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[Appendix A]. Greater Manchester Drug Sample Form

Greater Manchester Combined Authority/GMP/MANDRAKE scheme (July 2021)

Greater Manchester: Drug sample disposal and testing form

This process is to be followed where a sample of an unknown substance has been obtained and requires GMP to dispose of it. There is provision within the *Misuse of Drugs Act* to hand over controlled drug samples to the police for disposal. Those samples submitted by using the following process may then, if required, be tested by the *MANDRAKE* scheme for public health purposes.

1. **As soon as possible, place the sample in a secure location.** Touch the sample as little as you can and use disposable gloves if you have them. If you are a professional, follow all relevant protocols/procedures, informing your line manager of the situation as soon as possible.
2. **As soon as possible, Contact the Police** by either (a) calling **101** or (b) via **Live Chat** on the GMP website.
 - a. **Dialling 101:** Explain that you have a controlled drug sample for disposal through the *MANDRAKE* scheme. They will give you a *Police incident log number*. If they require the specific contact details of an officer, use *PC 01864*.
 - b. **Through Live chat:** A direct link to the relevant reporting section is [here](#). Complete the details as requested, explaining that you have a controlled drug sample for disposal through the *MANDRAKE* scheme. The specific contact details of an officer are *PC 01864*. You will also be provided with a *Police incident log number* through Live Chat.

Local police may contact you and arrange for collection of the sample or they may ask you to take it along to your local police station. If so make sure you take along this completed form with the sample.

3. **Fill out the form on the next page and keep it with the drug sample.** You will need a *Police incident log number*. Take the form with the sample if you are asked to take to a local police station.
4. If the sample has been reported as having adverse effects or is believed to have been involved in an incident – please also **inform the Greater Manchester Drug Early Warning System**. GMdrugalerts@gmail.com

Greater Manchester: Drug sample disposal and testing form

Part 1: TO BE COMPLETED BY PERSON REPORTING

Name:

Date:

Organisation:

Circumstances:

What is sample believed to be:

Brief description:

Police incident log number:

Part 2: TO BE COMPLETED BY OFFICER

In non-evidential cases, please book into KIM system and add MANDRAKE into the Operation field. Please email [Andrew Costello](#) (01864) with the details to arrange sample collection from Property.

OIC/OBI Details:

KIM's ref no:



<https://gmtrends.mmu.ac.uk/>

