

Highways and buyways:

A snapshot of UK drug scenes 2016



DrugWise

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Key findings

- Unprecedented street purity levels for heroin, crack, powder cocaine and ecstasy.
- Headline goals for Psychoactive Substances Act achieved but new forms of SCRA street dealing and distribution putting vulnerable groups at risk as rough sleeping numbers increase.
- Some reports of young people using heroin to self-medicate from SCRA.
- Extension of drug distribution system known as county or country lines.
- Increasing numbers coming forward to agencies with cannabis as a primary problem.
- Continued reporting of widespread non-medical use of prescription and OTC drugs not necessarily confined to traditional drug treatment service groups.



INTRODUCTION

Beginning in 2004, DrugScope produced an annual survey of the UK drug scene. This continued until 2014 (published in January 2015) after which time, DrugScope folded. Since then, DrugScope's former Director of Communications Harry Shapiro, together with an ex-colleague, launched DrugWise in January 2016. The purpose of DrugWise is to continue with the topical, evidence-based and non-judgemental information and communications work previously undertaken by DrugScope. Previous surveys were overseen by Harry Shapiro working with the then-editor of *Druglink* magazine, Max Daly. The same team have produced this latest survey now published by DrugWise.

METHODOLOGY

The idea of the survey is to get a snapshot in time of what is happening with UK street drug markets. Previous surveys were conducted as telephone interviews with local drugs workers, Drug Action Team staff and police officers with specialist knowledge e.g those working in drug squads. For this survey, drug workers and police officers again comprise the majority of informants excepting that the police input has come primarily from those officers designated as drug expert witnesses and members of the Drug Expert Witness and Valuation Association. Also this time, we have widened the net of respondents to include researchers, drug consultants and trainers and those with contacts at street level together with information culled from published academic papers and official reports. The survey was conducted during October-November 2016 with representatives from 32 organisations and officers from 13 constabularies mainly by telephone, but also email and face-to-face.

Drug scenes can vary enormously within one region or even one city so the survey can only take a broad sweep across the UK. Even so, we have tried to encompass a wide range of geographical areas and for this survey these include: Greater London, Liverpool, Manchester, Birmingham, Nottingham, Edinburgh, Glasgow, Cardiff, Swansea, Belfast, Bristol, Brighton, Blackpool, Bradford, Hartlepool, Sheffield, Lincolnshire, Newcastle and Tyneside, Stoke and the Staffordshire region, Essex and Kent (Southend, Thanet and the Medway towns); Somerset, Devon and Cornwall and East Anglia.

Some final points to note.

1. All responses have been anonymised.
2. As it has been two years since the last survey, we have included trend information to cover the period. That said, the report remains a snapshot in time which in the world of illegal drugs can change rapidly.
3. At a number of points, informants have given personal opinions as to the developments. We are not in a position to validate these but simply present them for the purpose of completeness.

SYNTHETIC CANNABINOIDS (aka Spice) AND THE PSYCHOACTIVE SUBSTANCES ACT (PSA)

In May 2016, the government introduced the Psychoactive Substances Act. The primary purpose of the Act was to close high street retail outlets for Novel Psychoactive Substances (NPS) both those known as head shops and other outlets such as petrol stations, newsagents and fast food outlets which had been identified as retailers of NPS. This was achieved by making it an offence to manufacture, import, and in any way supply and distribute any substance deemed to be psychoactive with a list of exemptions such as alcohol, tobacco, food and medicines – while at the same not enacting a possession offence.

This ‘blanket ban’ approach was also intended to nullify the cat and mouse game between underground chemists and the law whereby molecules of successive NPS could be tweaked to remain outside the Misuse of Drugs Act.¹ To prove that a substance is ‘capable of producing a psychoactive effect’, which is the key evidential requirement of the Psychoactive Substances Act, the Home Office has put in place a programme of in-vitro testing. The data is interpreted by a pharmacologist who provides an evidential statement for court. Of all the various NPS compounds which have been identified, the most widely available group of compounds in the UK which have also been the most problematic has been the synthetic cannabinoid receptor agonists or SCRA which, for the purposes of convenience in the report, will be known simply as spice.

The impact of the PSA in relation to spice

Overall the indications are that the Act has achieved its primary purpose. Well before the Act became law, a combination of actions by police and local trading standards officials resulted in the closure of dozens of premises across the UK. One officer interviewed for the survey said that in the week before the Act came into force, of the 24 shops in his area, 14 had closed even before the police had a chance to deliver the warning letter. While many ambulance services reported being overwhelmed by NPS-related call-outs in the run-up to May, some such as the North East Ambulance Service have since reported a significant reduction.

It is worth noting that several areas surveyed reported that they never had significant problems with any NPS even before the PSA came into effect, including the London boroughs of Brent, Southwark, Haringey and Barking, as well as Hartlepool, Cardiff, Cambridgeshire and Glasgow. It is possible that at least in the community rather than in prisons, the media’s apparent obsession with ‘legal highs’ gave a false impression of the true scale of the problem.

Among those areas that were reporting problems, the following comments from drugs workers are typical:

“It was so easy before. But after PSA in Rochdale young offenders, those in care, they found they had less access to NPS. People just couldn’t be bothered to source it and there is a culture of ‘whatever they can get there hands on easiest.’” [Manchester]

¹ In Newcastle, some spice brands were spotted that had not been seen before the ban namely Sponge Bob, Square Spice, Barely Legal and Killer Smeg although these may well have contained already banned compounds. From Nottingham it was reported to the survey that since the ban, six new spice-type compounds had been identified.

“NPS gone down massively since we cracked down on NPS sales and the law came in, an 80% drop in people coming in for help. Last year we were getting 30 referrals a week for NPS. In November we had 1 referral.” [Lincolnshire]

“Since law change the use of it has dropped dramatically. I think spice has had its moment.” [Bristol]

This report is not intended to cover the situation regarding NPS in prisons, but some police officers interviewed reported a reduction in serious incidents since the Act came into force. The Ministry of Justice reported earlier in 2016 that it was rolling out a programme of mandatory drug testing specifically targeting spice. However, because of commercial sensitivities, the detail of this programme is hard to come by; some sources say that a set of key molecules for testing have been identified while some prison drugs workers and those involved in drug testing remain to be convinced that an effective and comprehensive testing regime is possible given the range of spice-type compounds on the market.

And perhaps not surprisingly the picture remains mixed. Some prisons, for example Leeds, continue to report 30 ambulance call-outs a week, while others even in close proximity (Doncaster), are not seeing it much now. Feedback suggests much depends on prison security and local drug availability.

Around half of the areas reported ‘no difference’ in the levels of use of spice among vulnerable groups. Supplies were readily available on the illicit market, either via head shops offering them illegally under the counter (e.g Birmingham and Edinburgh) or from street dealers, or a mixture of both, as these comments show:

“Looked after children and young offenders are still getting hold of them easily. Head shops became vape shops, but some still selling them indirectly: buyers go in there and are directed to phone numbers/street dealers outside.” [Nottingham]

“Last week we had six people hospitalized from synthetic cannabis.” [Newcastle]

“The NPS law in May has had no effect on our clients use of spice. It's still out there and many of the people selling and buying it think it's still legal.” [Sheffield]

Street dealing in spice

The consensus in the sector was that once high street outlets closed, spice would become just another street drug and that is what has happened. Even before the Act was passed, there were reports of spice being sold from mobile food outlets. Areas report fire sales of branded, head shop NPS stock in the days before the PSA. As these stocks run out, it is now becoming common for street dealers to sell NPS, mainly spice, from plain, clear bags with no branding.

Dealing in spice has become more diverse and potentially more problematic for vulnerable street users. Outside of the survey, Westminster and Manchester City Councils have reported significant health and public order problems associated with spice. These drugs are being sold to users in various ways; spice

is being added to the menu of multi-commodity dealers who trade in heroin and crack. One officer interviewed said that a heroin dealer was arrested and found in possession of 250 bags of spice. Some spice dealers are also users, others not – and this latter group appear to be willing to sell to street people not by weight or fixed price, but simply for the money they have their pocket, a trade which seems to be accompanied by a higher level of violence. And where users might have had to travel some distance to the nearest head shop, as reported in *The Independent* (1st December 2016) now the dealers are bringing the drugs to the users.²

Prices seem to vary enormously with £30-£60 a gram being quoted in central London up to £80 in the West Midlands, but down to £10 a gram in Leeds (two bags for £15) and a similar price among the hostel/homeless community in Manchester, although the actual weight being sold here is unconfirmed. Local police sources there indicate £20 for 3.5 grams. Not surprisingly, prison prices are substantially higher.

So has spice ‘had its day’ as the informant from Bristol suggested? An experienced drugs worker/trainer offered this view as to one possible scenario as existing supplies of spice dwindle:

*"There is not enough money in spice to import it in bulk. I'm not convinced there will be a big enough market for spice as its users need continuity of supply otherwise they will go onto something else. So unless it's being imported into the UK in large amounts, supply may not be maintained much past the New Year. The USP of spice was legal, accessible, did not come up in drug tests, cheap. But it is starting to lose all these selling points plus spice has a bad rap among users now, it's seen as shit. Spice has done our job for us, it's so bad it's starting to put users off. In Norwich spice users are called 'Nitties' (eg scumbags with nits)."*³

However, some US sites quote anything from £22-£40 for a 10 gram bag of Black Mamba. So while there may well not be a market for organised criminals bringing in ton weights, the possible mark-up indicated by those online prices might still encourage low level entrepreneurial activity.

And right now, continuing use of spice among vulnerable street communities is a cause for concern not least because the numbers sleeping rough in the UK are increasing. And despite the obvious health risks associated with spice, for some this appears to be no deterrent – quite the reverse. BBC 3 has been running a series called *Drugs Map of Britain*, the first of which (filmed before the ban) looked at the spice street scene in Wolverhampton. One featured user who talked of regularly going to ‘the mamba shop’ was unequivocal; “Mamba knocks the bollocks off of heroin”.

But what about those who are moving away from spice? The answer according to most respondents is that they are going back to the traditional drugs that they used before starting on NPS.

"Spice was an opiate substitute for some and a cannabis substitute for others." [Drug trainer]

2 <http://www.independent.co.uk/news/homelesshelpline/legal-highs-ban-war-on-drugs-spice-mamba-nps-homeless-helpline-centrepoint-charity-christmas-appeal-a7449536.html>

3 Smegheads being another term of abuse

According to interviewees who are in contact with users, many are either returning to strong cannabis or heroin, depending on their previous drug of choice. Users of stimulant NPS are now moving back to traditional stimulants and ketamine.

The spice/heroin dynamic

The BBC reported from Humberside, a somewhat confused claim suggesting that dealers were maybe spiking spice to get users addicted.⁴ This was viewed with some scepticism by those experts involved with DrugWatch⁵, but the survey has revealed that in at least four areas contacted, young people have been reported as using heroin to self medicate from the effects of spice.

"We found about the young heroin users through the grapevine and then it was confirmed when the young homeless hostel where they were staying called us up for advice about a group of people aged 18-25 who started using heroin a month ago after using spice. They missed out valium (heroin) smoking and most have gone straight to injecting." [Newcastle]

"There is a new phenomenon of young people starting to use heroin mainly off the back of spice." [Belfast]

This observation from a drugs worker in Manchester reveals the complexity that was introduced onto the street heroin scene by the arrival of powerful (and for the most part legal) spice compounds:

"Spice has been a big thing among heroin users in Manchester. They are using it to help them cut down on heroin, it works for them because it knocks their head off, bit like a detox, but then some have ended up getting a spice habit. And because some were using heroin as an anti-psychotic, it means spice has been really bad for their mental health, ended up in psychiatric units and then back onto heroin. But then you have what are called the 'spiceheads' here, these are younger people who are homeless, come out of care, I call them the Lost Boys, from unstable family backgrounds who drifted into spice addiction because it was so cheap. The homeless heroin users try to avoid them as they are too volatile and can be aggressive. Heroin users avoid rough sleeping with them in centre of town car parks, they've been bumped off these spots by spice heads."

To conclude this section: the PSA has to date largely achieved what it set out to do, which was to end the blatant high street selling of NPS. Various agencies report a significant reduction in incidents and referrals. But as predicted, spice in particular has become a street drug with its most visible impact on various vulnerable groups. The longer term prognosis for the spice market is unclear. How much former head shop stock is still out there is unknown, although the bad reputation that spice now has may limit demand, making it unprofitable for large scale importation.

⁴ <http://www.bbc.co.uk/news/uk-england-humber-38263411>

⁵ UK DrugWatch is an informal online Professional Information Network (PIN). UK DrugWatch was set up in November 2010 by a group of professionals working in the UK drugs sector. The group was established in light of the lack of useful information around the 2010 heroin drought, the rise of NPS and the subsequent plethora of random, often inaccurate drug alerts/warnings.

HEROIN

Back in 2014, we reported on the rising purity levels of heroin, cocaine and MDMA. This trend has continued for all these drugs. Looking first at heroin, the drought of 2010 had resulted for a while in low grade heroin on the streets, often cut with paracetamol and caffeine and purity levels averaging out in the mid-teens to low twenty per cent. By 2014, this had climbed in some areas to 40% while today, purity levels at 60% are being quoted. Triangulating data from three forensic laboratories reveals an average UK purity for heroin at 43%.

There is a broad range of views as to why heroin purity has risen so steeply in which all may play a part. One officer suggested that at least in his area, users started voting with their feet in protest at the poor quality heroin on offer and this prompted dealers to up their game given how much competition there is in the marketplace to attract a customer base which by contrast is diminishing and not being replaced in significant numbers.

Another suggested that because supplying adulterants to traffickers had become big business in itself, it was attracting too much attention. Consequently importers were more reluctant to go to the trouble and expense of breaking up well compacted heroin consignments in order to adulterate them and this had helped push up purity levels, although another factor here could be the fall in the price of kilo weights of heroin down below £30k thus enabling profits to be maintained. Even here there seems to be a quid pro quo in operation: the standard £10 bag remains ubiquitous, but the weight often is reduced from 0.2 grams to 0.1 grams.

The increase in purity may also be linked to the phenomenon known as country or country lines. This is the scenario where a gang from one of the major inner city drug hubs like London, Liverpool and Birmingham, move into an area and take over the dealing network. Again various suggestions have been posited as to the reasons behind this development including the increasing levels of violence associated with greater competition in the large metropolitan areas and simple opportunism combined with local law enforcement who might, as one officer put it, be 'less cute' as to what was going on than their urban counterparts.

Dealers from those large metropolitan areas have always operated outside their territory. So for example, gang members from Liverpool would travel to Brighton to deal. But they would probably be dealing in ounces to locals higher up the chain who would then cut and sell the drug on the street while the Liverpool dealers would return home.

The pattern of distribution has now changed significantly. So taking Liverpool again as an example, a crime family might go into an area such as Carlisle and start dealing at street level with higher quality product than is on offer from local sources in order to prise customers away from their usual local suppliers and build up a clientele. Then a younger member of the family might be sent in to 'earn their spurs' by seeking out a vulnerable person and literally taking over their flat or house to set up a dealing network. Meanwhile, the local dealers would be left under no illusion as to who was running the show

and again under threat of extreme violence, local users would be used to do the street deals so that nobody could get close to those operating the network. One officer gave the example of conducting test purchases in advance of a police operation. *'We arrested all the main local dealers and expected both the availability and the purity to drop. Instead in came the London gangs offering heroin at the same price but the purity went up. Over a three month period, the weight went up, but the purity went down as the client base was established.'*

County line distribution seems to have become embedded across the UK with reports from Bristol, Staffordshire, Southend, Kent and East Anglia.⁶ And where, for example in Suffolk, the main heroin market was in Ipswich and to a lesser extent Bury St Edmunds, the influx of dealers from London has helped develop a market in Lowestoft. This also has knock-on effects. In Bristol for example, some local dealers have in turn been taking the product across smaller towns in Somerset.

"Gangs are rife in Brent. Lots of violence, people killed in the crossfire, gangs robbing each other linked with drug dealing. Some of them go down to Bournemouth and Bristol to sell crack and heroin." [local drugs worker]

However, not all areas have been similarly affected with those at some distant from a major hub being more immune from this type of infiltration.⁷

The ethnic composition of street level gangs varies across the country, but most dramatic has been the takeover of the heroin scene in Northern Ireland by organised criminals described as either Lithuanians or Russians. One respondent said:

The biggest thing here is heroin. It's everywhere, not just Belfast and Ballymena. In the past the people selling heroin were user dealers. Now over last year or two its been professionalized with Lithuanians, who people are wrongly calling 'the Russians'. They are operating right across Ireland. Mainly young people are doing the dealing; some come to sell drugs willingly, some are duped into thinking they will be working on farms or factories but end up being left with no option but to sell heroin. Lithuanian gangs are seen as dangerous; they are pictures of them tooled up with Uzis and hand grenades. Story goes that when they first arrived they started selling in a loyalist area of Belfast which has traditionally been known for dealing drugs, and making lots of money. Then there were shoot outs between Lithuanians and Loyalist paramilitaries and a meeting where Lithuanians put £1m on table and said take it or we carry on fighting. Rumour is they took it and not been any more shootings. There is a big open street heroin scene in Belfast, much more like any other European city now than it was. The Lithuanians also started selling 'white' which was brutal. Heroin users started taking it and getting severe psychological problems and bad site wounds. It is suspected this was ethylphenidate."

⁶ For more detail on county lines see National Crime Agency report:

<http://www.nationalcrimeagency.gov.uk/publications/753-county-lines-gang-violence-exploitation-and-drug-supply-2016/file>

⁷ See Coomber, R (2015). A tale of two cities: understanding differences in levels of heroin/crack market-related violence – a two city comparison. Criminal Justice Review 40 (1) 7-31. The author compares Southend and Plymouth. For a journalistic account of how the Southend drug scene has been affected by country line distribution, see Max Daly, http://www.vice.com/en_uk/read/vice-investigation-the-inside-story-of-going-country 24th November 2016

Using very young people to deal on the street has also become a regular feature of the British urban drug scene. One London informant spoke of being given a mobile phone number to call when they wanted to score. It would be answered by a young person who would tell them the location for the buy. However, being totally inexperienced, the youngster would give the same location to several people to meet at the same time at a spot (unlike a bus stop) where you would not normally see people hanging around. So several people would converge at the spot having picked up others en route leaving the young (and therefore cheap and dispensable) dealer a sitting target for arrest.

Young people and heroin

There is nothing to suggest any significant changes to the age demographic of the heroin population, but the younger heroin users are definitely out there. We have already mentioned those who have been self-medicating from the effects of spice, but other comments from informants include:

“Unlike national trends, we are seeing younger heroin users in treatment, a lot of people in their early twenties, mainly female care leavers.” [Barking and Dagenham]

“Starting to hear on the ground from meeting with the Naloxone Action Group that there are cohorts of young people using heroin that are not in touch with services, mainly Eastern European in the north east.” [London treatment CEO]⁸

“There is a downturn in young users but we have seen a very strange rise in last 6 months in the number of posh young people coming in for heroin injecting. These are aged 19-21, some students, one woman is training to be a solicitor. In last 6 months we’ve seen 5-10 of them.” [Manchester]

Heroin-related deaths

Public Health England⁹ and The Advisory Council on the Misuse of Drugs (ACMD) have published their enquiry into the significant rise in opiate-related deaths since 2011. Their main conclusion was that given the majority of deaths occurred among the older cohort, this was strongly linked to co-morbidity factors which rendered this group more vulnerable to overdose.

They also considered the role that heroin purity *per se* might be playing as purities have risen since the heroin ‘drought’ of 2010. ACMD concluded that the link “is not necessarily produced by increased dangers of using higher purity heroin. Rather it seems that the availability and price of heroin affects whether users take it, the amount they take, how often they take it and therefore impacts on the rate of heroin-related deaths.”¹⁰

⁸ An informant from Lincolnshire also reported high levels of heroin use among the Eastern European community in Boston, but an older group. One aspect of the ageing heroin population is that ill health means that they are more reliant on dealers who make house calls – and some dealers will only do house calls now as the risk of arrest is much reduced.

⁹ <http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf>

¹⁰ <https://www.gov.uk/government/publications/reducing-opioid-related-deaths-in-the-uk>

In around half of areas surveyed, the signs were that heroin-related deaths were still a major problem, with one drug service in Cardiff reporting three deaths in three weeks in November. But many areas now reported that drug deaths had started to level out after heavy spikes up to 2015. Although some areas noted a rise in deaths of relatively young heroin users in their 20s – possibly linked to high purity - most deaths occurred, as reported officially, among the ageing cohort of users.

COCAINE AND CRACK

In line with street heroin purity, levels for street cocaine (and therefore crack) are unprecedented with informants uniformly citing some purities regularly at anything between 70%-90%. Again triangulating three laboratories testing UK-wide samples gives a UK average for cocaine at 64% and 74% for crack. Given that crack selling is an integral part of county line distribution, the reasoning behind the increased purity is probably similar to that for heroin, despite the very different routes from producer country to street.¹¹

The two tier market in cocaine continues with prices at ‘student’, ‘pub dust’ or ‘monkey dust’ purity (the name depends on location) at around 40% and costing about £30-£40 a gram going up to around £80 a gram for purity in excess of 70%. Up at the very top end of purity is so-called ‘shine’ (named because its consistency is more flake than powder and comes with a sheen or shine) but this can be too much for some people. There is a third tier in some metropolitan areas like London where people are paying anything up to £120 a gram, but this is more to do with dealers selling to people who have large disposable incomes (and want to show off about it) rather than anything to do with quality. The £10 and £20 rock is a constant, although weights can vary – and the brown and white offers are still widely reported. It is interesting to note that even in 2016, while cocaine still retains something of a ‘champagne lifestyle’ image, on the basis of various officer reports, it is well embedded (along with alcohol) in the night time economy of relatively deprived areas such as the small towns of Staffordshire.

For reasons that remain obscure, a spike in HIV infections in Glasgow appears to have been caused by street heroin users injecting cocaine powder. Users say they inject cocaine only occasionally because of the expense, but precisely because of that, there is more sharing and so an increased risk of the spread of blood-borne diseases. There was a similar outbreak of stimulant injecting in Edinburgh about 18 months ago where the drug involved was the then legal NPS ethylphenidate, which caused all kinds of health problems because of multiple daily injecting episodes.

¹¹ There were some views expressed as to upstream issues which might be playing a role in purity levels either now or in the future. In Afghanistan, there is evidence that farmers are using new growing technologies aimed at harvesting two or three crops a year instead of one (David Mansfield, personal communication). In Columbia, the suggestion is that the FARC who control most of the coca growing areas of the country have been encouraging increased production in the run-up to the group severing ties with the trade as part of the peace deal with the government. (police source)

CANNABIS

While cannabis remains far and away the most popular and widely available illegal drug in the UK, it is quite a challenge to pin down exactly the nature of a market that appears quite fragmented with unclear distribution lines. So for example, an informant from Kent which has major ports of entry such as Dover and Folkestone said they had recently seized six tons of resin, yet a number of officers said they hardly see resin at all in their area. And despite the ubiquitous nature of what is colloquially known as skunk, there have reported seizures of imported skunk into the UK while one officer said that colleagues in the Dutch police said they had seized skunk grown in the UK.

There seems to be a trend towards people growing their own rather than becoming involved with dealers, while others grow on a small scale, for example turning over one room in a house in exchange for payment. Those involved in larger commercial enterprises are now just as likely to be white British as Vietnamese, with some forces to the south of the UK saying they don't see Vietnamese criminals much if at all these days.

One officer involved as an expert witness in trials nationwide said he had seen 'several' cases involving 'shatter' and this was also reported by those with connections at street level. This is a highly concentrated form of cannabis which extracts THC through a filtration process. The term 'shatter' is derived from the fact that the leftover resin is often cooled into a glassy sheet, similar to boiled caramel, and when dropped, it shatters. The use of highly flammable materials in the production process has resulted in explosions, as reported by the BBC in August 2016.¹²

Cannabis and treatment

In line with official treatment data, several treatment workers reported increases in those coming forward with cannabis as a primary drug problem; comments included:¹³

"A lot more cannabis users coming into treatment, mainly social services referrals eg parents. Lots of young people coming in for cannabis problems including addiction, saying its taking over their life, can't do anything, smoke non stop, agoraphobic, psychotic effects." [Barking and Dagenham]

"Big rise in cannabis users accessing services that are more usually accessed by opiate users. All for skunk. Almost all presentations have mental health issues. They see our cannabis group, consultant psychiatrist, one-to-one key work for issues around dependence, exacerbating mental health problem, onset of anxiety." [London treatment service]

"Young people are now committing more serious crimes and more crime to buy cannabis. Before they would be stealing money off parents or doing a bit of social dealing on the side, now they are shoplifting and doing home burglaries. Why? Because there are a lot more young dependent cannabis users." [Blackpool]

"We have an adult cannabis group and there are a lot of mental health issues involved, particularly

¹² <http://www.bbc.co.uk/news/uk-36988316>

¹³ <http://www.nta.nhs.uk/statistics.aspx>

among cannabis users who started using in their early teens. Most of the 18-25 year olds we get in for cannabis started between 13-17. We have about 130 people (under 18s + 18-25s) in our service for cannabis. Cannabis makes up 70% of people in our tier 3 core drug service.” [London]

“80% of our clients are here for skunk problems. People sorting out their own grows in spare rooms, buying seeds and hydroponics over the web from Barney’s Farm online. Their favourite blend is Amnesia ‘Ammy’. Impact on their mental health, hearing voices and hallucinations. Cannabis sometimes used as way of getting kids involved in crime. One boy was given £3,000 worth of driving lessons he thought through kindness from a friend and the elder who then told him he owed money and threw him a bag of weed and said start selling that.” [Southwark]

PRESCRIPTION/OTC DRUGS

This survey has never actually defined what we mean by ‘street drugs’ or ‘street drug scene’, but it has always been tacitly understood to mean the non-medical use of controlled drugs such as heroin, cocaine, amphetamine and so on by certain demographics within society. However, when discussing the use of prescription drugs or those bought over-the-counter, the demarcation lines become more blurred. It is well documented that for example, heroin users often include benzodiazepines in their poly-drug repertoire and so are using them way outside any clinical guidelines. But across the wider community, hundreds of thousands, maybe millions, of people are also using tranquillisers, opiate painkillers and antidepressants outside of various clinical guidelines set by the British National Formulary, NICE and the Royal Colleges of Medicine. In their recent report on *Diversion and Illicit Supply of Medicines*, the ACMD stated that *“much of the data collected was largely anecdotal and difficult to quantify”*. But the problem goes wider than the ACMD remit for their report. The data we have on the problems caused by these drugs across society is indirect data from which you can only infer problems. Such data includes the fact that:

- 28 million people in the UK living with chronic pain (defined as pain lasting longer than three months)
- Around 10 million people receive regular prescriptions for opiate painkillers
- There has been a 400% increase in prescriptions for those drugs in the past ten years
- Around 80 million prescriptions a year written for tranquillisers and antidepressants
- 500% increase in prescriptions for antidepressants since 1992¹⁴

What this and similar prescription data which could be cited amounts to is, at the very least, an astronomical amount of drugs obtained legally on prescription is in circulation at any given period. If you add to that, sales of OTC painkillers, drugs bought from online pharmacies, illicitly manufactured benzodiazepines (a big problem in Scotland) and the illegal importation of synthetic opioids and

¹⁴ Shapiro, H.(2015), Opiate painkiller dependency:an overview. A report written for the All Party Parliamentary Group on Prescribed Drug Dependence. <http://prescribeddrug.org/evidence/>. Council for Evidence-Based Psychiatry (2015) Briefing note for the APPG. <http://prescribeddrug.org/evidence/>

benzodiazepines designated as NPS – then the fault lines between medical overuse, problematic use, non-medical and recreational use are hard to determine. And the distribution channels are similarly diverse from friends and family to corrupt pharmacists and *Breaking Bad*-style laboratories. And while the ACMD could find no evidence that doctors were implicated in illicit or unethical supply (unlike the ‘pill mill’ establishments in the USA) even so, general practitioners, psychiatrists and pain specialists are the primary legal source of all these drugs and so are part of the problem as well as being critical to the solution. So this has to be the context of any discussion about the ‘street’ use of these drugs.

Respondents to the survey very much underlined the findings of the ACMD report. Among opiate users, diazepam and tramadol (which first appeared among this group in response to the heroin ‘drought’) figure highly, while one worker described pregabalin and gabapentin as *“backbone drugs for opiate users alongside heroin and alcohol”* as doctors had become increasingly reluctant to prescribe benzodiazepines. Within the survey, prescribing of these two relatively new drugs was particularly prevalent in Hull, Hartlepool, Tyneside and Manchester.

In relation to drug deaths, the ACMD reported that, *“there has been a marked and consistent year-on-year increase in the number of deaths found to involve tramadol...and...codeine.”*

In Hartlepool, Northern Ireland and Tyneside, codeine is used being by adults as a way of getting through the day, often by taking up to 40 codeine-containing pills daily, such as Neurofen Plus and co-codamol.

“We have seen rising numbers of codeine addicts, people across the board. Impact on users is low level compared to heroin and alcohol, but we have ‘codeine housewives’ in Hartlepool who use codeine regularly throughout the day, to take the edge off, make them more relaxed, less stress, so they can cope. But it’s creating long term health problems. They become addicted to codeine and if they can’t get hold of it they suffer anxiety and panic attacks. Then they move onto anti-depressants to control their anxiety, so they get into a prescription nightmare.” [Hartlepool]

We came across examples of the recreational use of prescription and OTC drugs by young people latching onto US imported drug fashions. In Southwark and Kent, drug workers say they are seeing a rise in teenagers drinking Dirty Sprites (also known as Lean, Sizzurp and Drank) which is codeine, usually in the form of cough syrup, mixed with a soft drink eg Sprite lemonade. Teenagers are taking the drink as a party aid, despite its non-stimulant qualities. The drink is linked with rap and hip hop culture, social media, and mentioned by celebrities in songs.

Similarly with the benzodiazepine Xanax:

“Xanax has become a thing over here. In the US, Xanax is linked to celebrity culture, people rapping and singing about getting a Xanax script if you are having a hard time. There’s YouTube videos and social media meams.” [Drug trainer]

Another codeine-based phenomenon is known as cold water extraction. A DrugWatch member reported on a pharmacist citing the case of *“a 17 year old who had purchased ibuprofen and codeine over the counter from ourselves. On confronting him about its use, he said he is following a YouTube video telling him how to extract the codeine from the product then mixing it with alcohol and cough mixture as a means of getting high. He had told [his mother] in his words, that it's the latest craze and that everyone is doing it. She's informed his school as to what is being done with the product and wanted us to see if there was anything else we could do to inform others to try to prevent this from happening. I explained that we can't obviously prevent legitimate sales, or those where people lie about the intended use, but to only stop sales that we deemed inappropriate or where we felt people were buying them too frequently. If there is an option to send a message out to all pharmacies making them aware of this then that would definitely be helpful.”*

Among the many synthetic opioids, use of fentanyl and related compounds (some available online) have been reported alongside oxycodone. Both have caused drug deaths in the UK. The numbers are small, but because of the scale of the problem in the USA and Canada, the ACMD recommended that both drugs be the subject of “close monitoring”. U-47,700 is another synthetic opioid, originally developed as a research chemical but with no legitimate use. It is reportedly 7.5 times more potent than morphine and is a structural analogue of AH-7921 which was controlled as a Class A drug in January 2015.

Among so-called ‘designer’ benzodiazepines, etizolam was cited as a particular cause for concern. It has reportedly become the predominant benzodiazepine within the illicit drug market across Scotland and has been implicated in several deaths across the UK. Along with etizolam, the ACMD listed several other designer benzodiazepines in their recommendation to the Home Office that this basket of drugs be the subject of a Temporary Control Drug Order (TCDO).

The Home Office decided that given that the harms of these designer benzodiazepines, in particular etizolam, were so well established, they should be placed under permanent control under the Misuse of Drugs Act 1971 as opposed to a TCDO. Until the permanent control comes into effect, the substances will remain controlled under the PSA which will mean that they will still be subject to a possession offence in custodial settings which would not have been the case if they had been placed under a TCDO.

ECSTASY

MDMA is the third of the UK street drugs whose purity levels have increased sharply over the past two years.

Up until 2007, the main precursor for MDMA was safrole found primarily in Cambodia. Then in 2008 in a joint operation, the Cambodian authorities and the Australian Federal Police conducted high-profile raids on the remote production facilities and netted 5.7 tonnes of safrole. The haul would have produced an estimated 245 million ecstasy tablets. The same year, the Cambodian National Anti-Drug Commission reported seizing 35 tonnes of safrole-rich oils.

As a result the quality of European MDMA plummeted. About half of ecstasy pills seized in the UK in 2009 contained no MDMA. A similar trend occurred in the Netherlands, where the number of ecstasy tablets containing no MDMA rose from 10 per cent in 2008 to 60 per cent by 2009.

Into the UK stimulant drug vacuum came mephedrone and other NPS stimulants but meanwhile the chemists were looking for new precursors. The first attempt was PMK, but this too is derived from safrole, and then in 2010 from China came a non-safrole-based pre-cursor called PMK glycidate which is not a controlled chemical.¹⁵ Production in Europe (mainly the Netherlands and Belgium) got back on track and in the process, both the sophistication of the laboratories and the expertise of the chemists increased which taken overall resulted in the availability of very high purity MDMA. One Dutch informant suggested that the chemists were in competition to see who could produce the highest dose MDMA and there was also allegedly competition between those producing pills and other groups involved in the production of MDMA powder and crystal.

The rise in MDMA purity has been the key feature of the contemporary MDMA scene which has seen an upturn in MDMA use in the 16-24 age group after years of gradual decline, linked also to a resurgence in the popularity of electronic dance music. Whereas in the early days of 'rave culture', the average dose was around 50-80 mg, now agencies such as the Welsh drug testing organisation WEDINOS and Police Scotland regularly report pill dosages in excess of 150mg and sometimes as high as 300mg.

Alongside increased purities, has been the marketing of particular MDMA tablet brands. This has included the use of logos (e.g. Superman, UPS), a variety of shapes, bright and fluorescent colours, and larger size/weight tablets. MDMA tablets are also produced specifically for individual events, typically music festivals such as Tomorrowland or the Amsterdam Dance Event. According to a survey by the EMCDDA, the Dutch police reported a sharp increase in the number of new tablet designs, from 50 new designs identified in 2012 to a peak of 174 in 2014. Similarly in the UK, publications from WEDINOS and Police Scotland regularly illustrate the numerous and fast-changing designs which come and go with equal rapidity. Prices are coming in at anything between £5-£15 a tablet depending on strength and around £40 a gram for powder.

MDMA remains the drug of choice for those attending clubs, although use extends far beyond those locations and in terms of worldwide dark web purchases, the drug is third behind cannabis and prescription drugs, amounting by one estimate to 25% of the MDMA market globally. This has led the EMCDDA to make this important point, *"The potential consumer base for MDMA is considerable, and reports from outreach agencies and ethnographers involved in this study suggest that in some countries there is a new young generation of MDMA users [where there is a] misunderstanding and restricted knowledge about MDMA's effects, composition and harms. Often, brands or logos are perceived as sufficient indicators of quality and some report that crystal and tablets are thought to be different drugs."*

¹⁵ There is some confusion as to whether or not PMK glycidate relies on safrole. It is possible that an even more recent MDMA precursor has been identified called Helional used in soap and detergent manufacture. <https://detect-kit.com/new-mdma-precursor-replacing-pmk-glycidate-safrole/>

We would argue that this situation certainly applies to the UK. There was a cluster of MDMA-related deaths in the UK linked, as it transpired, to PMA/PMMA which according to the EMCDDA accidentally found its way into MDMA pills because unsuspecting European chemists were sold 4-methoxy-BMK from China instead of PMK glycidate. However, PMA/PMMA has not been linked to recent deaths and hospital admissions are more likely to be the result of naïve users taking high strength MDMA. Deaths are still rare compared to the tens of thousands of doses consumed annually and the fact that every MDMA incident attracts media interest serves to exaggerate the problem in terms of absolute numbers. However, the combination of inexperienced, young users looking for a good night out and high-strength, cheap and readily available pills seems a particularly toxic mix.

It is not in the tradition of this survey to make recommendations, but in this instance we do feel constrained to point out that a more strategic approach to health and safety at hotspots such as clubs and festivals could help ameliorate the problem. Responsible venues will take all precautions to limit the opportunities for drugs to be dealt and used on the premises. But accidents will happen especially as people will front load their drugs (and alcohol) before entering the venue. Recently, police in the north-west have allowed on-site drug testing to take place while festivals often have first aid and chill out tents staffed by charity volunteers. However, this is all done on an ad hoc local basis while warnings issued after the incident are likely to be ineffective as batches quickly appear and vanish.¹⁷

It should be possible for the National Police Chiefs Council, the Local Government Association (responsible for venue licensing) and representatives of venues to draw up a code of practice that would allow for drug testing and on site help, information and first aid. Venues who sign up to the code would then not have license renewals challenged unless the authorities had solid evidence of code violations.

OTHER DRUGS

Ketamine

Some drug workers remain surprised that ketamine has a solid presence on the festival scene, even though it leaves many users, “*slack jawed and dribbling*” as one put it. Like MDMA, ketamine went through something of a drought period in 2014/15 - caused by a huge seizure and law change in the primary source country, India - only to resurface in 2016 and again like MDMA reach beyond the music scene. For example, the drug has a significant presence on university campuses while a query sent to DrugWatch indicated that under-18s in Blackpool have been using ‘rhino ketamine’ which most likely is the formally legal NPS methoxyetamine. Although others say that whole idea of ‘rhino ketamine’ is a myth. Overall, ketamine has probably ‘recaptured’ that slice of the market previously lost to NPS. During the drought period prices jumped from £15 a gram to £40-£50 in some places, but have fallen back to £20-£30 a gram.

¹⁶ <http://www.emcdda.europa.eu/system/files/publications/2473/TD0116348ENN.pdf>

¹⁷ Although some ‘brands’ deemed dangerous such as Superman and Pink Teddy Be, ketaiar have re-appeared.

Amphetamine

Although amphetamine is imported from Europe, the UK has a long tradition of 'home produced' supplies; in fact it was a West Midlands police raid on an amphetamine lab in the mid 1970s that also netted the first evidence of MDMA as a potential street drug.

In 2013, 2015 and 2016, there were convictions against those producing amphetamine on an industrial scale in Liverpool, West Derby and Grantham respectively. These raids alone indicate that, despite the competition in the stimulant market over the years, there remains a significant demand for amphetamine.¹⁸ Yet it seems to be very much 'under the radar': relatively few people present to treatment services, the figures regularly hovering just below the 2000 mark. But the bigger mystery is that even in peak years roughly 1997-2000, purity levels never rose about 15%; more usually they settle between 5%-10%.¹⁹ Prices can be as low as £5 a gram. So why do amphetamine users appear to tolerate relatively low purity product? Could it be the optimum level of strength that users want? An informant with sound knowledge of the Merseyside drug scene thinks not:

"Most users, whether injecting or snorting, seem to adjust their doses to the strength of the batch. For instance, when diverted pharmaceutical methamphetamine ampoules and capsules were popular in Merseyside in the 1990s and early 2000s – which were effectively 100% pure (or at least very strong) – most users seemed to manage just as well with them as they did with amphetamine sulphate powder at average purity of 10%."

He goes on to say:

"The purity level which drug powders level out to is the lowest which dealers can get away with, i.e. the level at which they can make most profit before users stop buying it because it has gotten too weak or too adulterated to inject and/or smoke and/or sniff. This varies with the drug (its chemistry and related effects). With heroin that seems to be around 20% to 30%, while for amphetamine it is more in the range 5% to 10%."

A former drug squad officer suggests that while the drug scene is often described as chaotic, in his experience both users and dealers want a market that is settled and reasonably predictable, *with distributors not wishing to make any changes in the quality of their products that could be inimical to preserving their client base. Would users necessarily react favourably to one distributor suddenly breaking ranks on his competitors and producing amphetamine with higher purity levels (and therefore perhaps more expensive) than the norm? In any case, wouldn't such a sudden increase merely invite the usual "Killer Speed crisis - lock up your daughters" headlines? The overwhelming majority of drugs users are, like the rest of us, creatures of habit when it comes to their habits."*

¹⁸ <http://www.liverpoolecho.co.uk/news/liverpool-news/liverpool-men-jailed-over-breaking-9065143>

<https://getpocket.com/redirect?url=http%3A%2F%2Fwww.liverpoolecho.co.uk%2Fnews%2Fliverpool-news%2Fliverpool-man-jonathan-buckley-jailed-3009756&formCheck=bdd3b14b5b7793acc7f23008c51e2d4e>

<http://www.dailymail.co.uk/news/article-2583566/Chemistry-lecturer-plotting-Breaking-Bad-style-operation-produce-4m-amphetamine-TWO-DAYS-jailed.html>

¹⁹ Pure amphetamine sulphate is around 73%; the main adulterant in street samples is caffeine.

The brief mentions of amphetamine use from respondents in this survey underline the point that few services actually see many amphetamine users and that various sub-cultures exist quite hidden in the community. Currently, Barking and Dagenham report injecting among women dealing with domestic violence and child abuse, while a traditionally high using area like Lincolnshire has an injecting population aged 30-50, some of whom have been injecting for 20 years. Some years ago, this survey reported on amphetamine use in coastal fishing areas in the south west as an aid to alertness during the conduct of a highly dangerous occupation. As one drug worker explained this time round, *“there is a no drinking rule at sea but that does not stretch to taking illegal drugs as long as its kept under control. The need for drugs seems to be accepted within the community, but is kept behind closed doors.”*

Methamphetamine

Despite much media attention focussed on the prospects of a ‘crystal meth epidemic’ fuelled recently by *Breaking Bad*, use of the drug is still largely limited to the chemsex scene, although some respondents indicated that this particular drug scene might be extending beyond London. The drug remains very expensive, costing around £200 a gram, which helps explain why use is still not widespread. That said, one officer reported a market in Essex and Kent among East European groups for methamphetamine in pill form called Previtin. This would fit the drug profile of several East European countries such as the Czech Republic where methamphetamine rather than heroin has been the main ‘problem’ drug.

Mephedrone

After spice, mephedrone is the former NPS that has gained most traction in the UK, mainly on the chemsex scene but also well embedded in, for example, Nottingham and Manchester. Overall though, mephedrone didn’t appear to be very high up on the list of drugs causing most concerns for the drug workers interviewed for the survey, although the drug does cause significant health problems for those who are daily injectors.

CONCLUSIONS

The title of this survey aims to reflect the very disparate nature of the UK drug landscape. And there are some areas we have not covered, such as the extensive gym-based Performance and Image Enhancing drug scene. And lest we forget, the misuse of solvents is still killing around 50 young people a year. The other point often re-iterated in these surveys is that we are, and always have been, dealing with a poly-drug using culture into which prescription and OTC drugs and NPS are playing a bigger part these days. So for the sake of simplicity, drugs are itemised individually, but the reality on the ground is much more complex with alcohol playing its part as the worst of mixers.

The PSA has achieved its main aim, and although spice has now joined the street drug menu, some interviewees doubt its staying power in the face of a bad reputation and the strength of more 'reliable' drugs such as skunk and heroin. So perhaps, as far as it possibly can, the drug scene outside prisons has 'settled down' after the whirlwind of political and media attention surrounding the legal status of NPS. The more established drugs have captured ground lost to NPS although the portal remains open for a range of synthetic drugs bought or supplied via the web to gain some traction.

The history of drug use in the UK since the Second World War has not been a smooth curve of increasing use and diverse range of substances. Instead it has been propelled by a series of 'tipping points' such as smokeable heroin, HIV/AIDS, rave culture and the internet. None of the previous tipping points could have been predicted, so what comes next remains to be seen. However, one development does need careful watching.

It is clear from all the available prescription and pharmaceutical intelligence data including the ACMD report on the diversion and illicit supply of medicines, that many millions of people in the UK are using opiate painkillers, tranquillisers and antidepressants, where, as we say, the lines between legitimate medical, problematic and recreational use are very blurred. In this survey, respondents have given examples of non-medical use of painkillers among women at home and young people. The ACMD rightly suggests that cultural and healthcare differences may protect us from the worst of the epidemic being experienced in the USA. Even so, while we might not see the absolute numbers of overdoses and dependent users, we could still face a significant problem which because of the indistinct fault lines across the whole of the population, potentially take us beyond the boundaries of the simplistic dualism of goodies vs baddies in the war against drugs and into much broader considerations of public health.

²⁰ For a recent review, see Coomber, R et al. (2015) *The supply of steroids and other PIEDS in one English city. Performance Enhancement and Health*

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