

‘Drone strikes

Despite the 2010 ban on mephedrone, drug services are seeing increasing numbers of people coming forward to report serious problems with the drug. By Max Daly

Mephedrone, known variously as mcat, bubble and fert is a powerful stimulant whose use appeared to dip after being controlled as a Class B drug two years ago. However, it is gaining a significant presence as a problematic drug on the UK drug scene, according to the *Druglink Street Drug Trends Survey 2012*, carried out among police forces, drug agencies, frontline treatment services and drug user groups.

Drug treatment services reported more people coming forward for help with both physical and psychological problems associated with their mephedrone use. Most worryingly, however is what appears to be a growing cohort of people injecting the drug; some are existing heroin and crack users known to services, others are injecting for the first time having used mephedrone either orally or nasally

for the past few years. Establishing prevalence rates for mephedrone is difficult. The figure for those using the drug when it was legal is unknown. Mephedrone only appeared in the British Crime Survey (BCS) household report on drug use among the general population after it was made illegal, so there are only two year's figures. These indicate a decline in overall use, so there is no evidence that mephedrone use overall is increasing. But those who continue to use are now experiencing problems.

Druglink first reported on mephedrone back in March 2009 as a drug in the vanguard of internet drug sales. Then it was chiefly used by online drug buyers and young people, many of whom were attracted to trying (and selling) the drug because it was legal. There were reports of young people being hospitalised through acute incidents and many initial,

ultimately unsubstantiated, reports of mephedrone-related deaths. It also found favour with existing users, who were turning away from other stimulants such as amphetamine and cocaine because of continuing poor quality. By contrast, mephedrone did what it said on the tin. Once the drug was banned, it is reasonable to guess that use probably fell as the naïve and curious dropped out, but left mephedrone to become an integral part of the drug scene. Feedback from the survey shows that mephedrone's relatively cheap cost, easy availability and reliable potency, is transforming it into an 'everyman' drug that is marking a shift away from traditional drug use patterns. The survey found mephedrone is being taken by a more diverse population, not only as a "poor man's cocaine", as one drug worker described it, but as a stimulant

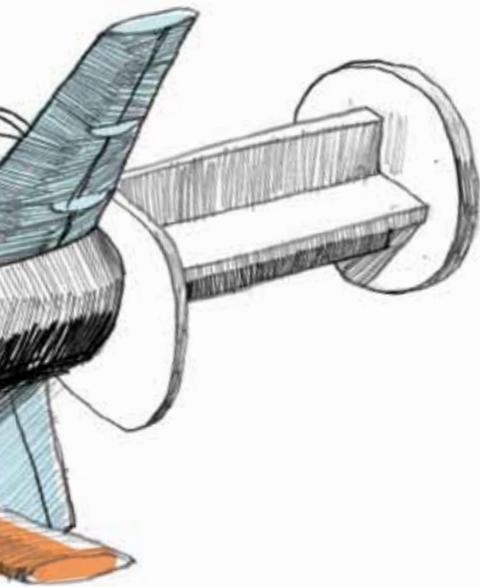


ILLUSTRATION BY LUKE WALLER

How we did the survey

Our team of researchers contacted police forces, drug action teams, frontline treatment services and user groups in 20 towns and cities in the UK. The areas were chosen, when the survey began in its present form in 2006, to reflect a cross section of the UK. The areas surveyed were: Belfast, Birmingham, Blackpool, Bristol, Cardiff, Glasgow, Gloucester, Ipswich, Liverpool, London, Luton, Manchester, Middlesbrough, Newcastle, Nottingham, Penzance, Portsmouth, Sheffield, Torquay and York.

Research was not limited to the above towns and cities. Researchers spoke to drugs experts and drug services working nationally, across regions, countywide and in towns and cities in the UK. In addition, we received 180 responses from drug workers across the UK to an online questionnaire asking about the latest drug trends.

Druglink Street Drug Trends 2012 was carried out between September and November 2012. Responses were received in strict confidentiality, although some interviewees were re-contacted to request permission for the use of localised quotes and statistics.

high for Britain's ageing heroin and crack using population.

Lucy Hulin, a substance misuse worker in Gloucester, says mephedrone use has mushroomed. "It has become really prolific in the last 12 months; we have young people from 13 years old taking it, and our adult treatment service says it's big with them. People we see are using the drug all day, mainly because they are bored."

THOSE INJECTING MEPHEDRONE ARE MOST COMMONLY FORMER OR CURRENT HEROIN AND CRACK INJECTORS, ALTHOUGH SOME ARE TEENAGERS AND PEOPLE WHO PREVIOUSLY HAVE NEVER INJECTED DRUGS

Many parts of the country reported a rise in the numbers of users developing severe behavioural, addiction and health problems as a result of their mephedrone use. Because of the drug's 'more-ish' nature, many users end up bingeing on the drug. Hulin says Gloucester's young people's drug service has seen more than 50 new presentations for problematic mephedrone use in the last year, with symptoms such as stomach pain, dehydration, volatile behaviour and mood swings.

Elaine Driver, a mental health nurse who works with recreational and addicted drug users in Bristol, said: "Mephedrone has been growing in popularity population wide in Bristol. Why? Because it's such an effective drug. That's why it's being used across the board. Among people in their 20s, older clubbers, but also people we are prescribing opiate substitutes to." She said some well known heroin-using clients had started to turn up at services being verbally aggressive towards staff after taking 'bubble', another name for mephedrone.

Rather than individuals buying mephedrone online, it is now most commonly being bought from street dealers, who buy it over the internet in bulk, cut it with adulterants such as benzocaine and sell it on, typically at around £20 a gram. Its purity, however, appears to average 50 per cent, far higher than cocaine, which is on average at least twice the price. Some sellers, according to one drug worker,

are distributing leaflets advertising mephedrone at coffee shops popular with the local student population. Kim Michelle, from Lifeline's young people's service in York, said that mephedrone is now in the top three primary problem drugs among their clients alongside cannabis and alcohol.

The most surprising and disturbing feedback from the 2012 survey however, is the new phenomenon of mephedrone injecting. Drug workers have reported outbreaks in towns across the UK, such as Barry in south Wales, Barnsley in south Yorkshire, Worksop in Nottinghamshire, and in clusters in Cumbria, Scotland, but also in parts of southern England such as Gloucestershire. Interestingly the survey did not identify the practice as yet being taken up in any of the major cities.

Those injecting mephedrone are most commonly former or current heroin and crack injectors, although some are teenagers and people who previously have never injected drugs. Users say mephedrone offers more 'bang for your buck', in terms of being a cheaper, more potent high than heroin, speed and crack. It is also readily available and has less stigma attached to it than heroin and crack.

Some are taking mephedrone alongside heroin in a similar way to a crack and heroin 'speedball', a stimulant high followed by an opiate comedown. Others are former and current amphetamine injectors. Not all of those injecting mephedrone have taken drugs intravenously before, with some starting to inject the drug after snorting it over several months.

The trend is a major concern for treatment services, many of which have had reason for optimism after witnessing falling levels of heroin injecting. There is the very real fear among survey respondents that drug addiction may not be reducing, but merely shifting. Lowering levels of cocaine and heroin purity, caused by a mixture of enforcement and profiteering by drug gangs, have in turn created an opening in the market for a cheap, reliable stimulant such as mephedrone.

Mephedrone's compulsive nature means that in extreme cases, users are injecting up to 20 to 40 times a day. With rapid increases in tolerance, some are getting through 20 grams in 24 hours and spending £1,000 a week.

Added to the mood swings, paranoia and anxiety associated with frequent mephedrone snorting, injectors of the drug show increased aggression and violence. Drug workers report that

former heroin users who have turned to mephedrone injecting are far more difficult to deal with: users come for help suffering from acute mental health problems, weight-loss, fits, horrific abscesses at injecting wounds and permanent damage to veins and body tissue.

The unpredictable nature of substances sold as mephedrone – drug services have reported it being cut with everything from benzocaine to monosodium glutamate (the flavour enhancer added to many Asian foods is also added to mephedrone by some sellers in order to make it less painful to snort), mean drug users are taking significant risks when they inject it.

Drug workers in Barry, a large seaside town 10 miles south west of Cardiff, told the survey that they have witnessed a near epidemic of mephedrone injecting among its population of 200 intravenous heroin and amphetamine users – mainly vulnerable teenagers and jobless, long term drug users aged 16 to 40.

“We noticed in February this year, it happened very quickly and we didn’t see it coming,” says Mike Brown, a case manager at south Wales drug charity Inroads, of events in Barry, formerly a major port and now more famous for being the setting for the comedy show Gavin and Stacey.

“Virtually all our heroin and speed injectors suddenly started injecting mephedrone instead, it’s a close community so habits spread quickly here. They call it fert or m-cat, but some users have referred to it as m-smack.”

Aud Fawcett, a young people’s outreach worker for Inroads, added: “We think they made the switch because of the big fall in the purity and availability of heroin in the last two years [a heroin drought affected much of the UK in

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2010 and 2011] and also because of the publicity in the media surrounding the new drug ‘mcat’, which people had never previously heard of. I spoke to a GP in the Valleys who has seen lots of horrible mephedrone injecting injuries – skin and muscle removed because of abscesses.”

Drug workers have seen groups of mephedrone injectors across south Wales, not only in the Vale of Glamorgan, but also in the Rhondda, Bridgend, Pembroke Dock, Caerphilly and through the Valleys up to Merthyr Tydfil.

Glen Jarvis, Service User Involvement Officer in Nottingham, which is reconfiguring its services in the wake shifting of drug trends, said:

“I am increasingly concerned about mephedrone use here. Since being made illegal it had lost its innocent appeal and has gone underground, become a hard-core drug. We are hearing about a lot of intravenous use and some very worrying reactions: abscesses that move up the arms, paranoia, psychosis and violence. There are increasing numbers of young people snorting it and even more worrying is that former and existing heroin and crack community now seem to be turning to it. Formerly compliant clients are very difficult to work with and, anecdotally, some are reporting use of £1500 of the drug in a binge.”

But why are people injecting mephedrone? The consensus among drug workers is that, even in the context of heroin and crack use, it is a desperate act committed by people with low self-esteem living moribund, dead-end existences, away from the country’s major urban centres.

The other major trends unearthed by our 2012 survey reflect Britain’s shifting drug scene. The fall in quality of heroin and the rise of internet drug sales and the importation of foreign-made, illicit prescription drugs have resulted in the second most noticeable trend this year: the continued increase in the use and availability of benzodiazepines, such as diazepam and other synthetic opiate painkillers including Tramadol.

The majority of survey respondents said they had seen a rise in the use of Valium-type substances in their area, particularly by former and current heroin and crack users, but increasingly among the general population including young people and those living in deprived housing projects. Even in Belfast and Glasgow, cities well known for heavy diazepam use, the police and local drug services have reported an escalation in use and seizures. Although many

Average UK prices at the time of the survey

Herbal cannabis (standard) per qtr oz:	£37
Herbal cannabis (high strength) per qtr oz:	£55
Resin cannabis per qtr oz:	£27
Heroin per bag (average gram weight):	0.21g
Heroin per bag (average price):	£11
Cocaine per gram:	£46
Crack per rock (average gram weight):	0.25g
Crack per rock (average price):	£16
Ecstasy per pill:	£6.30
MDMA powder/crystal per gram:	£39
Amphetamine per gram:	£13
Ketamine per gram:	£21
Mephedrone per gram:	£19
Diazepam per pill:	£0.67p

Freddie, 48 from Barry, ex Army, unemployed, five children. He is a long term amphetamine injector over the past 24 years. He started injecting mephedrone in March.

Mephedrone injecting is going to be huge, because it’s so lush. When I first injected mephedrone, it took me off my feet. It’s an immense overwhelming buzz. I went on a three month binge. At the end of it I was so wrecked I couldn’t stop crying for two days, all the emotions flooded out of me. I never usually cry. I couldn’t stop. I take it whenever I have the money, me and my girlfriend have 3 bags a day (cost £10 for 0.7g). Every spare penny after food and water goes on mephedrone. I get ulcers. Mephedrone injecting is huge in Barry. Most of my friends are doing it, a lot of those who usually use heroin. It’s a close knit community so word spreads quick. I steered clear of crack because I was scared of getting hooked. Don’t think I’m addicted to mephedrone, just like it. Once it’s in front of me I have to have it all.

diazepam pills come into the UK through the post from Pakistan, Sri Lanka and India, police this year uncovered evidence that criminals were making Valium type pills in Scotland.

Overwhelmingly, feedback from the survey backed up evidence from the NTA and found heroin injecting was falling, although not all services reported similar falls in crack use. Heroin purity levels had recovered from the 2010/2011 drought in some areas, but most reported very low quality levels. Kenny Simpson, of the Scottish Crime and Drug Enforcement Agency, said the trade in cutting agents for heroin was starting to

mirror that of cocaine. In the past year, police have intercepted 25 kilo barrels of toasted caffeine and paracetamol, a mixture now being imported by gangs who use it to dilute heroin.

The survey found a continued rise in most areas of ketamine, steroids and problem alcohol use. Cocaine, cannabis and ecstasy use has remained stable, with varying levels of purity and price. As reported in previous years' surveys, expensive and potent skunk still dominates the cannabis trade, and many police forces are raiding a seemingly never-ending number of growing houses while synthetic cannabis such as 'black

mamba' featured in some reports.

And finally, along with most consumer goods, the prices of drugs have increased in the past year. Although the average price of a gram of cocaine in the UK has fallen from £50 to £46, other drugs have become slightly more expensive, most noticeably all forms of cannabis, as well as ecstasy pills, MDMA powder and speed.

■ **Max Daly** is a freelance journalist and co-author with Steve Sampson of *Narcomania: a journey through Britain's drug world*

Barnsley case study report for Addaction on mephedrone injecting

We first became aware of a change in the way in which people were using mephedrone in early 2012. Both our adult and young person's services in Barnsley had seen people whose use had become problematic since 2010, these had all been people sniffing the drug, who had been recreational users whose use had got out of control. What we began to see early this year was current or former intravenous (IV) heroin users who were now using mephedrone in the same way. We also began to see people who had never previously injected accessing specialist services seeking injecting equipment to inject mephedrone.

Very quickly we saw people's use begin to rise and people who were using spoke of the compulsive nature of their use. We also saw a variety of negative impacts on physical and mental health. Worryingly we began to see people who had been fairly stable for several years begin to decline rapidly and appear to suffer serious setbacks in their recovery.

Between May and August 2012 we spoke to 24 mephedrone injectors, 17 males and 7 females. They were a broad age range, but mostly between 25 – 35, although nine were aged under 25. Seventeen people had a history of heroin use, meaning that 7 of those surveyed were new to IV drug use and had become IV users fairly recently, as a result of their use of mephedrone. Of the 17 people who had been heroin users, 11 of them were still engaged in using heroin alongside their IV use of mephedrone. None of these reported that their heroin use had escalated and most said it had decreased. Of the 17 who had a history of heroin use,

12 of them were currently receiving substitute prescribing treatment.

The length of time that they had been injecting mephedrone varied, but most had been injecting for between 2-3 months, some less and some for longer periods of time, including one female who had been using mephedrone when it was legal and whose use had gradually become more problematic over the last two years until the point where she was now an IV user.

We asked people to try to explain their reasons for IV mephedrone use. Most people stated that IV use provided them with a better hit or buzz. People who had been previous or current heroin users discussed the low quality and poor availability of street heroin and crack cocaine and this seemed to have been a significant factor in people switching their use to mephedrone. Some people who had switched from using nasally to IV stated that injecting was better as it avoided the taste of the mephedrone. One female had a plastic insert in her nose as a result of nasal use, so she had moved to IV use to prevent further damage to her nose.

People reported that they were using very large amounts of the drug on a daily basis. Between two or three grams per day was common but we have people who state that they were using in the region of 20g daily. Some users report between 20 – 40 injections per day. All those who we surveyed reported a rapid rise in their tolerance to the drug, leading to increased amounts being used, often in very short time frames.

There were many health issues, such as dramatic weight loss, fitting

and infected injecting sites. Many people also reported increased levels of violence and aggression and stated that they or others around them were resorting to violence or being drawn in to violent situations far quicker so than they had previously.

So what are the key challenges that the service faces?

We need to ensure adequate equipment provision to very chaotic injectors and balance this against the need to ensure returns back in to the needle syringe programme to meet needs of local commissioners.

We need to ensure that all staff have an awareness and knowledge of the drug so that relevant and correct information can be passed onto service users.

Increased aggression and violence is reported by many users. This is backed up by our experiences as workers where we have seen service users who we know well act in erratic or aggressive ways. Anecdotal reports from the police indicate that they have also seen an increase in violence and aggression when dealing with people they believe to be under the influence of mephedrone.

There is significant negative impact on both physical and mental health. As part of the work in Barnsley, Addaction has taken a lead on training mental health teams in the area on mephedrone. Figures are hard to come by, but it seems clear that mental health services are increasingly concerned by the amount of people they are seeing who are using mephedrone.