

Drought warning

Rapid assessment in practice

AFTER RECENT CONCERNS VOICED by workers in our health board area, the Centre for HIV/AIDS and Drugs Studies (CHADS) decided to investigate Lothian's rumoured 'cannabis drought'. Anecdotal reports indicated that since January 1996 the availability of cannabis had been severely curtailed, and this raised fears that recreational cannabis users could be switching to other drugs – particularly heroin – as a result of these changes within the distribution system.

We are well aware that by simply putting this down on paper we may be giving credibility to another drug 'fact' that is in reality based on very little hard evidence. But one of the motivations for undertaking this 'rapid assessment' was to counter precisely such reliance on mythical anecdotes which are then used to 'inform' policy makers. Another of our motivations was to test just how reliable such quick and easy research techniques can be, and to see how they could be used by the self-same policy makers as part of an 'early warning system' to monitor trends which would not normally be picked up through the usual channels. Ultimately, our aim was to pilot a tool that produced meaningful and timely information for practitioners and policy makers within the budgetary and staffing constraints of a small unit.

Research on the hop

There were two main data-gathering stages of the process, carried out to a tight timescale. Firstly, we conducted telephone interviews in May 1996 with local drug workers using a short *pro forma* of questions. We also set up an internet request for information and garnered data from personal contacts. Next, we collected data from agency clients, using the same questionnaire. This was done by drug workers from three agencies in June, covering the urban/rural mix and different types of service provision. 'Project A' is a well established, mainly urban, community drug project. 'Project B' is a newly established community drug project that covers a larger, more geographically mixed area. As well as the June interviews, this project also carried out a second batch of interviews a few weeks later. Finally, 'Project C' is a pan-Lothian project,

Last year's 'cannabis drought' was often a triumph of anecdote over fact. But faced with the rumours, Scottish researchers decided to test their hunches by asking drug users and workers directly – and in the process, they proved the effectiveness of 'rapid assessment' techniques

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SUMMARY

Reports of a cannabis drought in 1996 prompted the authors to carry out a rapid assessment of the situation in the Lothians. Interviews with drug workers and drug users confirmed the rumours as well as a switch to amphetamine and diverted pharmaceutical preparations. The study validates the systematic collection of anecdotal evidence.

aiming to involve users in policy-making decisions.

Because of the experimental nature of this study no check was made on the methods used by different workers and agencies to administer the questionnaire.

Drug worker opinions

There was a consensus among the drug workers we interviewed that cannabis was available in 1996 but not in any quantity and that the quality was often poor. People had "got to scout about". Enhance, a Glasgow-based drug project, even produced a *Hash Drought Special* leaflet. There was much less agreement, however, on the 'start date' of the drought and its length. The 'start date window' stretched from before Christmas to the end of April 1996.

Unlike availability, price is often ignored or poorly measured as a key data source.² But without information on price levels, it is highly unlikely that any measures to reduce drug supply can be properly evaluated.

Some of our interviewees noted that cannabis prices had not increased, but this was not the norm. In one part of Edinburgh, workers reported an increase of roughly £5 an ounce for large amounts of the drug, while other sources indicated a slight increase in the price of smaller quantities – £35 for a quarter (previously selling for £25-30), £16 for an eighth (previously £12.50-15) and £5 for a gram (equivalent to £17 for an eighth). Where prices remained static, there was evidence that real – rather than notional – weights had dropped, an 'eighth' falling from 3.4 grams to three grams.

Subs bench

There was some disagreement among workers about the alternatives being taken up to replace cannabis. This may reflect a geographical difference in consumption patterns across the Lothians. Alcohol was cited by several workers, with one saying that people were "sitting in pubs rather than in houses".

However, one worker felt that cannabis users were definitely not switching to alcohol and that there was probably more use of DFs, methadone

and benzodiazepines. Another emphasised the increased use of speed in his area especially as it was perceived to be fairly cheap. An increase in the demand for prescription drugs was also cited by another worker who added that they were aware of an increase in pharmacy break-ins.

One of the claims that prompted this investigation was the assertion that cannabis users were turning to heroin as a replacement drug. The only mention of heroin in this part of the research was made by one worker who felt it could be an issue in Edinburgh prison, where mandatory drug testing had been introduced at the beginning of the year. Nationally, media attention had been focused on increasing heroin use in the club scene. However, this was not believed to be a feature of the Edinburgh scene at the time. One worker summed up the feeling succinctly – “I blame Irvine Welsh”.

Drug user opinions

Turning to agency clients, 39 people filled in the questionnaires, with an age range of 15.6-48 years, four being female, 20 defining themselves as dependent and 14 as recreational users.

Virtually all of them agreed that it was very difficult or harder than usual to get hold of cannabis. A couple indicated that at the time of interview the situation was returning to normal – “OK now, but it was a nightmare a few weeks back, you couldn't get any”. In the agency that had done two batches of interviewing, the first batch tended to report the continued existence of the drought (“hard to get”), while the second batch reported that it had effectively ended (“nae bother”).

As for price, it seems that – one way or another – people were getting less for their pound, adding further weight to the existence of the drought. On the one hand, “the prices weren't higher but the deals were a bit shadier” and “the deals got smaller for the money”. On the other, it was reported that the same quantity of drugs was more expensive. The most common increase was between £5 and £10 per quarter, which meant that after the increase, a quarter of cannabis ranged from £25 to £50.

Estimates of the length of the drought varied markedly. For a number of respondents, the drought began in the winter of 1995/6, but others said it had begun in early March, and others still said it had only been difficult to get hold of cannabis for a few weeks. Those inter-

viewed in the second of the two batches reported that the drought was over.

Subs bench revisited

When asked about possible substitutes for cannabis, most users either referred to their own use (“I was getting more DFs to keep me mellow”) or described other people's behaviour (“upping their vullies 'n' that”).

One person said, “There seemed to be an awful lot of speedballs and sulphate on the go – used by a lot more people ... more than before”. Others talked of people trying drugs that they had not previously consumed – “Younger folk are starting to try tablets for the first time”, and “Some taking valium and other things because they can't get hash. Unfortunately a few like the feeling and want to do it again.”

Amphetamine, valium and alcohol were by far the most used single substitutes. However, it is not unreasonable to group valium with temazepam and other benzodiazepines, and methadone with DFs and other opioids. This leaves us with pharmaceutical opioids as the third

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most likely cannabis substitute after benzodiazepines and, perhaps surprisingly, amphetamine.

When asked about possible heroin substitution, two of the agencies had radically different replies. In one, only four respondents said there was more available (40 per cent of those asked), but in Project B, 15 clients (65 per cent of those asked) reported an increase in the availability of heroin, with comments such as “this year it has been constantly around”. Only five people overall, however, cited heroin as a substitute for cannabis.

Drying out

Besides its results – which confirm the existence of the winter 1995/6 cannabis drought and a switch to amphetamine and diverted pharmaceutical preparations – our study has also thrown up a number of useful research issues.

Firstly, it proves that such a rapid assessment is possible, and can be carried out by largely untrained agency staff with

CANNABIS SUBSTITUTES

Substance	Number of mentions
Benzodiazepines	14
Amphetamine	12
Pharmaceutical opioids	10
Alcohol	8
Heroin	5
Ecstasy	4
LSD	2
Cocaine	1

minimal resources. It also shows that some system can be brought to anecdotal evidence and that any ‘early warning system’ for identifying current trends can be operated on the local level.

This is not to say that everything was perfect. Resource restraints meant that some contextual detail to the main questions is missing. It would, for instance, have been a valuable addition to have gauged the relative status of the various observations (*is it unusual in this person's experience? are the numbers larger than usual? etc etc*) and also to have explored reported ‘switching’ in greater detail so as to gauge numbers more fully.

Secondly, the study shows that there is a great deal of useful, but untapped, intelligence about current local consumption patterns among agency staff and clients. Rapid assessment seems to be a move in the right direction of systematically pulling all this knowledge together to inform both policy and practice, though the issue of who is a reliable source of information must always be borne in mind when undertaking such work.

Finally, the study demonstrates that more research needs to be conducted on the role cannabis plays in individual and societal consumption patterns.

For instance, it may be that the reported increase in consumption of drugs other than cannabis would have happened regardless of any drought. This is perhaps one of the most important questions for future research, given cannabis' central role in the drug debate. Is cannabis a gateway or rather a safety valve, discouraging the use of more dangerous drugs? If the latter, then it raises the contradiction at the heart of a dual pursuit of a public health-oriented ‘harm reduction’ strategy and an enforcement-oriented ‘supply reduction’ strategy. Research must be able to answer the old chestnut once and for all – could a reduction in the supply of cannabis actually do more harm than good? ○

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1. Caulkins J. and Reuter P. “The meaning and utility of drug prices.” *Addiction*: 1996, 91(9), p.1261-4.