

Down a stony road:

DrugScope

The 2014 DrugScope Street Drug Survey

A significant rise in street drug purities, coupled with high levels of prescription drug and synthetic cannabinoid use among vulnerable communities, are raising concerns among drug services facing an ever more complicated drug scene - and a rising toll of drug deaths. *By Max Daly.*

The DrugScope annual snapshot survey of the UK drug scene was conducted in December 2014, and involved police, drug action teams and frontline drug workers in 17 towns and cities across the UK. In the majority of areas we spoke to, the street level purity of cocaine, ecstasy and heroin had gone up significantly, following several years of high adulteration across the board. Experts suggest the hike in quality is down to two interlinking factors: falling wholesale drug prices that have enabled Class A suppliers to improve their product in the face of competition from cheap yet potent new psychoactive substances.

Some areas reported the purity of cocaine, ecstasy and heroin doubling and tripling in the last year. In Bristol, police said cocaine purity jumped from an average of 10 per cent in 2013 to 30 per cent in 2014, while heroin had risen from an average purity of 10-15 per cent to 20-25 per cent. Police in Liverpool said cocaine had risen from a single figure average to 25 per cent, and heroin from 25 per cent to 40 per cent.

Several areas said that the better quality heroin had perhaps been responsible for a slight upturn in people coming into services because of heroin problems. In Glasgow, Nottingham, Cardiff and Bristol, the existing two-tier market in cocaine had, according to police and drug services, expanded to a three-tier market, with high purity cocaine being offered for between £100 and £200 per gram. However, while ecstasy pills have returned to 1990s purity levels, the average bag of cocaine and heroin is still far less pure than it was 20 years ago.

Upsurge in prescription drug use

While illegal drugs have been increasing in purity, most areas covered by the survey highlighted the significant use of the prescription drugs pregabalin and gabapentin, chiefly among Britain's opiate-using and prison populations.

The drugs are prescribed to treat epilepsy, neuropathic pain and anxiety. But used in combination with other depressants, they can cause drowsiness, sedation, respiratory failure and death.

In 2011, according to the National Programme on Substance Abuse Deaths, there were 13 fatalities directly linked to the drugs in 2011, with another 18 people who had the drugs in their system when they died. In 2012, deaths linked to the drugs almost tripled, to 36, with the drugs present in another 33 deaths. The Office for National Statistics told DrugScope that pregabalin and gabapentin were mentioned on 41 death certificates in 2013 (pregabalin on 33 and gabapentin on 9).

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Growing concern around the misuse of these drugs has led to some organisations writing to prescribers requesting that more care is taken to prevent them appearing on the illicit market. In December, Public Health England (PHE) and NHS England published advice for prescribers on the risk of misuse of the drugs.

The PHE/NHS England bulletin reported that in England in 2013 there were 8.2 million prescriptions of both medicines, a 46 per cent rise in prescribing of gabapentin and 53 per cent rise in pregabalin since 2011. Prisoners are twice as likely to be prescribed these drugs as those in the community and the drugs have caused a number of deaths in jail.



Lyrica (Pregabalin)

One drug worker in York told the survey, “We’ve seen a big rise in the illicit use of pregabalin and gabapentin. The effects are horrendous and life threatening. People become so heavily intoxicated because they are mixing several drugs at a time. The drugs can reduce the heart rate and if taken with methadone can be extremely dangerous, so we now have to consider whether people are using these drugs when we prescribe methadone.

“Initially we had thought there was a batch of dodgy heroin with Rohypnol in it, but [we found instead that] they were using pregabalin and gabapentin alongside heroin. Often they don’t know what strength capsules they are taking because they look similar. Both drugs are readily available and certainly have a street value attached to them. We have sent a letter to GPs asking them not to prescribe it so much.”

The drugs are causing some opiate users to act in a more chaotic, disinhibited way, such as injecting in public; there are reports of sex workers getting robbed and beaten after taking uncharacteristic risks. A drug worker estimated that in one homeless hostel in Bristol, 70 per cent of residents were using pregabalin, with only some being prescribed the drug. Another drug

sector professional said that there were large amounts of the drugs, particularly pregabalin, being used in the city and causing “more uninhibited behaviour” among service users.

The rise of these anticonvulsants as street drugs in the UK was initially spotted by criminologist Steve Wakeman during an investigation into austerity-era heroin use on a housing estate in north-west

England. Writing for Druglink

magazine in September 2013, Wakeman said the drugs were “in considerable demand” and used by all the heroin users he spoke to.

Wakeman found that pregabalin and gabapentin’s ability to enhance the effects of heroin and therefore reduce the amount needed, and also to facilitate self-detox, meant that most of the heroin users on the estate did not attend services, and could be part of a larger, hidden heroin-using population. If so, what appears to be a surprise decline in heroin use during hard times could actually be a case of diversification.

The survey also found that diazepam pills are still highly popular, even though their ingredients are unpredictable. Research carried out into a range of different batches of blue diazepam pills seized in Scotland found many contained very high doses of the drug, while some contained potent benzodiazepine analogues such as etizolam and phenazepam. Even pills marked with the same logo contained a wide variety of substances.

Vulnerable groups at risk from NPS

New psychoactive substances (NPS) figured highly in the survey, with virtually every area reporting a continued rise in use by a varied population. Of most concern was the rapid rise in the use of synthetic cannabinoids such as Black Mamba and Exodus Damnation by opiate users, the street homeless, socially excluded teenagers and by people in prison.

One drug worker said that inmates at a Liverpool prison had become so used to emergency services being called out when people collapsed after taking Black Mamba that ambulances are now known as 'the Mambalance'.

In Birmingham, a homeless charity described how a large number of their opiate using clients and street drinkers were smoking synthetic cannabinoids, leading to health emergencies. "It's a nightmare with our clients. When they come in for opiate treatment it's hard to deal with them after they've smoked it. They are collapsing in the street. One man needed CPR last month. Some of them have been hospitalised several times. They are using it because it's cheap, it's strong and because those who are out on license will not go back to jail if they are caught taking them because they're legal." As our survey found last year, synthetic cannabinoids continue to be sold not only in head shops, but in a variety of other outlets including newsagents. According to people interviewed for the survey, synthetic cannabinoids were readily available in prisons and many people referred into services from jails came out with dangerous levels of use of the drugs.

Two areas, Ipswich and Sheffield, reported that small synthetic cannabinoid production units had been uncovered. One drug worker said that inmates at a Liverpool prison had become so used to emergency services being called out when people collapsed after taking Black Mamba that ambulances are now known as 'the Mambalance'.

Injection of unknown white powder NPS, a practice flagged in the 2012 Druglink survey, continues in some parts of the UK, although it has remained largely confined to small towns, where drug users are more isolated and poorer, rather than major cities.

Drug-related deaths rising

In the wake of new statistics released by the government in September 2014, that found drug deaths had risen sharply in 2013, feedback from the survey revealed there is little hope of the situation improving in 2014.

In Northumberland there were 21 drug-related deaths in 2014, compared to six in 2013. In Nottingham, there were 10 non-fatal overdoses and four deaths in one six week period in 2014, the same total number of deaths for the previous year.

Organisations that have looked into the deaths in their area found a mixture of possible causes for the rise, including more heroin users dropping out of services, a downscaling of outreach work, people overdosing on higher strength heroin and in one area, an emerging group of inexperienced users.

A drug sector professional in Durham said that research her team had carried out by looking at coroner's reports in Northumberland, found that most deaths were not in fact overdoses but as a result of long-term organ damage in ageing opiate users. Of the areas that mentioned a rise in drug deaths, some said increased access to naloxone had prevented overdoses becoming fatal.



A complex and unpredictable drug scene

The survey respondents also spotted a string of interesting trends that, although not repeated across the country, are nevertheless noteworthy.

More services in London, including needle exchanges, are seeing gay men seeking help for problems related to 'chemsex', the often intravenous use of crystal meth and mephedrone during sex parties. A pilot unit is being set up at a sexual health clinic at London's Charing Cross hospital in a bid to pull in more problem users. On a far smaller scale than London, Liverpool and Glasgow reported they had seen some service users involved in chemsex scenes there, although crystal meth was expensive and difficult to get hold of.

Also in London, experts flagged up the increased use of high strength, boutique strains of skunk such as 'Amnesia', 'Sour Diesel' and 'LSD' by young people. One drug worker said many of those getting into problems with these drugs were young offenders, who were often black or mixed race, buying from older friends who have the equipment and knowledge to cultivate this specialist cannabis where the focus is on growing quality strains, rather than high yield.

"Some kids as young as 15 are having problems with these strains of skunk, like paranoia, hearing voices and thinking adverts on TV are talking to them," he said. "Some are quite addicted, they smoke £40 a day and it's stronger than normal skunk. These strains like Amnesia are name-checked in the lyrics and YouTube videos of gang culture."

In Liverpool and Glasgow, cannabis cultivation, has been adopted as the major business of white British criminal gangs, who see it as far less risky way of profiteering than cocaine and heroin. Also in Liverpool, one interviewee said the use of nitrous oxide had reached new heights among students, with the used canisters (known as whip-its) littering the pavements in some areas.

The official statistics do show that what could be called 'traditional' drug use has been in overall decline for some years, albeit with recent spikes in cocaine, ecstasy and ketamine use. However, with the advent of the newer drugs and increasing use of prescribed drugs, it would seem that the drug scene has become more complex, diverse and difficult to predict.

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Average UK street drug prices as quoted by survey respondents

Cannabis herbal standard per quarter ounce: £35
Cannabis herbal skunk per quarter ounce: £50
Cannabis resin per quarter ounce: £30
Heroin sold in £10-£20 bag, weight per bag: 0.1g – 0.2g
Cocaine per gram: £52
Crack sold by £10-£20 rock, weight per rock: 0.2g
Ecstasy per pill: £5
MDMA powder per gram: £40
Speed per gram: £12
Ketamine per gram: £25
Mephedrone per gram: £18

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