Covid Recovery Period Drug Trends in GGC

June-Sept 2020

GGC Drug Trend Monitoring Group

1. Introduction

1.1 In June 2020 a report by the GGC Drug Trend Monitoring Group highlighted the main drug use trends during the Covid 19 Lockdown period April/May 2020.

https://www.nhsggc.org.uk/media/262641/pdf-ggc-covid-19-lockdown-drug-trends-april-may-2020-002.pdf

Given the wide spread and unknown nature of covid across the globe the risk of interruption to drug supply remains for the foreseeable future, it was therefore agreed by partners that there would be follow up drug trend reports produced until the situation is stabilised.

1.2 The main purpose of these reports is to track the impact of Covid restrictions and related issues on the drug market and highlight any patterns in regard to supply, quality, price and possibly the introduction of new substances. It is recognised that any changes could increase risk to people who use drugs in Greater Glasgow and Clyde and the aim is to monitor changes and react appropriately and quickly to possible issues.

1.3 This update also looks at some of the related issues for drug users at this time alongside the comprehensive process of tracking drug trends and changes in use across NHS GGC during the Covid recovery phase.

2. General Feedback

2.1 It is difficult to highlight any particular trends as reports varied from area to area, weekly and sometimes daily. Overall it seems that despite Covid and restrictions the situation regarding drugs in GGC remains stable and there is little evidence to suggest there are any completely new or different drugs introduced to the market, nor is the existing market experiencing any long lasting change in supply or quality. This however could change at any time and we must remain alert to what is happening.

2.2 It would appear that the overall levels of Covid within the drug using population remain significantly lower than anticipated at the start of the outbreak. This is reflected in other European cities and offers an opportunity for further examination as to the reasons this would be the case, given the high risk factors many have. It was highlighted at a recent Eurocities meeting that questions are also being asked with regards to the possibility of asymptomatic individuals, within the population of homeless and people who use drugs, passing on the virus to workers and non-drug using associates.

2.3 Many service users were affected by changes in service provision and have had to engage in a whole new way, as have those who work in services. For some this has been a challenge and for others a positive change. We must consider the learning from these changes and build on the positives whilst ensuring that needs of all are met.

2.4 Alcohol and Drug Recovery Services remain open for business, although with reduced capacity, utilising a mixed model of service delivery developed over the Covid lockdown and recovery period. Staff work on a rotational basis from home and office and are required to carry out service user welfare checks. They also undertake a RAG exercise to assess individual's risk and appropriate response.

Overall there has been an increase in new referrals including some individuals who have no previous service contact and some younger individuals who are at an earlier stage in their drug using career than may have been the norm previously.

2.5 Restrictions to pharmacy hours and social distancing have meant that numbers of people on supervised opiate replacement treatment remains lower than pre covid levels. Patients have been reviewed and those considered high risk are still supervised where possible. This will be monitored and adjusted as capacity increases however demand on pharmacies for other services such as flu vaccination mean a return to more normal provision may be delayed indefinitely.
Whilst all precautions were taken there is a recognition that there have been some issues related to the changes in prescribing and dispensing such as reports of methadone leaking on to the illicit market, sharing of prescriptions with others and the exchange/sale of methadone.

***2*.6** In the wider workforce, including statutory and third sector agencies, many staff have been reassigned to Covid Related tasks or have had to self-isolate due to covid infection or exposure. This meant many staff teams are depleted, resulting in reduced service provision in some areas, with remaining staff having to take up the slack. Capacity is reduced and demands are often increased, with workers having to prioritise tasks.

2.7 Online services and groups became the norm in lockdown and this is something that will continue for the foreseeable future and for many will become standard practice. It has been widely expressed that for some online has benefits but there is also an acknowledgement that not everyone is suitable or wants to engage online. Overall it allows services to reach people who may not have engaged and in many cases can offer service contact outwith normal business hours. However it is acknowledged that there are people who are digitally excluded

and access to services must be available to them. Further investigation into addressing this is underway across Greater Glasgow and Clyde.

2.8 Many service users engage through regular telephone contact. This is successful for some however it was not without issue. People working from home often report feeling that they are bringing work into their home environment, including the more negative aspects of some people's behaviours. It was also noted that there were cases where workers could hear things that may or may not have been problematic in the background when on a call and were then having to assess the situation and whether it required escalating or not.

2.9 Improved communication and sharing of information between partner agencies, as well as within services, has been a positive step in the early identification of emerging issues and intervention where needed.

2.10 Commissioned training has moved to online platforms and new training, modules and webinars on a range of topics are offered to staff. Many people feel that these being available online allows easier access to training and e learning is more flexible. Courses have been adapted to suit this method of delivery and most were refigured and online within a short time frame. On the whole as an adapted approach this has been a success however there is an acknowledgement that there are some things that do not lend themselves to online only provision, including attitudinal input, networking and the sharing of experiences, information and practice. This is especially important in the substance use field as workers are often the first to highlight new trends, issues with interventions and practice recommendations. The loss of this type of information and interaction suggests a blended learning model may be more suitable when things start to return to normal.

***2*.11** Developing and communicating harm reduction information is very difficult for people whose life circumstances have led them to use drugs in a problematic way. Often they are more aware of the dangers than services or workers, however, reducing drug related risk may not be a priority for them for a number of reasons. In a population of people who use several drug types, often in high quantities with no certainty about the content of what they are taking, our normal harm reduction approach and advice will have little impact. We must strive to improve our access to factual and real time information.

2.12 Services such as drug checking may not stop people using drugs but it would give them more information to make their own decisions, it will also reassure them about some of the 'street talk' on drug content. For example, we are regularly hearing reference to drugs such as fentanyl being in heroin, street benzos etc. Many people who use drugs may not care what benzo they use or how strong it is however they may feel that fentanyl is another thing completely and may worry at rumours of its presence in their supply. Drug checking would at least allow one of their fears to be lessened. As well as reducing their direct risk by providing an opportunity for harm reduction discussion it would also increase their contact, and perhaps confidence, in service and workers.

2.13 It is also worth noting that Covid has led to some changes in legislation and fast tracking of initiatives, allowing approaches that have previously not been possible and resulting in positive change. Naloxone distribution increased considerably over the lockdown period,

medication supervision was relaxed, and digital working and engagement became the norm. It is important to recognise, evaluate and endorse positive changes.

3. Summary of Findings

3.1 There was variance of availability, quality and price across GGC with different areas seeing different impact at different times. This included most drugs, and often differences were literally area to area, with little overall uniform change. Situations also changed within short time periods, none of them were long term. This made it very difficult to identify any definite trends, issues or target harm reduction information.

3.2 Covid related factors such as supply difficulties; restriction of movement, making it difficult to move about without being conspicuous in many areas; nervousness about catching the virus, leading to reluctance to leave the house, even as restrictions were lifted; recognition that lockdown had made it easier to stick to prescribed medication; reduced footfall; police operations, including significant nationally co-ordinated targeting of organised crime supply chains; prison early release and many others impacted on the supply and use of drugs. As a result there is no overarching picture of drug use and it is important to remain vigilant and responsive.

4. Substance Overview

4.1 Cocaine

The cocaine market throughout GGC remained relatively stable with little impact reported on cocaine supply, prices increased but not significantly. Right across the board cocaine use continues to be high.

4.1.2 In the population of people who are involved in poly drug use cocaine use continues to rise, along with the extra risks and harms that this brings. The number of injection episodes for someone who is injecting cocaine is problematic, with far more being needed due to the short acting life of the drug compared to heroin. This has led to a rise in higher risk injecting behaviours, injecting complications and increased risk of BBV transmission.

4.1.3 Some areas report an increase in crack cocaine use, often leading to an increase in hospital presentations and admissions. This issue is higher in certain areas in GGC than in others but for those where crack use is established it brings significant problems.

4.1.4 Reports of problems for people, who pre covid would have considered themselves to be 'recreational' cocaine users, mainly using at weekends, have increased both in number and in resulting problematic use. Many report that being furloughed or working from home enabled them to use cocaine more regularly, often with a concurrent increase in alcohol use. Easing of lockdown restrictions came along with the realisation that their use was more problematic than pre covid use and issues with getting it under control emerged. Online communication with services was often the means for people to report these issues and workers often expressed that this population would not have come forward at the time they did had they been expected to attend services in person.

4.1.5 There were sporadic reports of ketamine being used, sometimes with cocaine, also synthetic stimulant, referred to as NPS use at points throughout.

4.2 Benzodiazepines.

There continues to be a high level of illicit benzodiazepine use in GGC with many people using large quantities of pills, bought on the street, with no information, indication or guarantee of content or potency. There are several benzodiazepine type drugs in circulation with new ones emerging.

4.2.1 Etizolam is one of the main benzodiazepines in circulation currently however without drug checking there is no way to detect changes in supply. Other, and often more potent benzodiazepines have been detected by both Scottish Police Authority Forensic Science Lab and by Glasgow University Forensic Toxicology Department over the reporting period, these include flualprazolam, flubromazalam, phenazepam and clonazepam. Many of these are much higher concentration of benzodiazepine and also have different half-lives which increase the risks for people who use them, especially in the high quantities sometimes taken often with opiates and other drugs.

4.2.3 The street benzodiazepine market remains buoyant with quality varying dependent on both the actual type of pills bought and/or variation of potency within batches. Prices have seen little change overall and reduce as larger quantities are purchased. There were several reports of users experiencing blackouts and/or prolonged periods of confusion/incoherence. Without access to testing it is not possible to say if these were caused by substance, large quantities consumed, poly drug use, or a combination of factors. There have also been a small number of reports from people, including drug workers and medics that some people who use benzodiazepines have experienced issues with swelling and bruising to their lower leg. This includes people who stated that they were not and never had been injecting drug users.

4.3 Heroin.

Most areas have reported sporadic difficulties with supply of heroin, never sustained over a period of time. This however affected the price with the main reports stating that the street level deals were smaller than usual as opposed to price increases. Quality appeared to remain relatively stable with occasional reports of 'very strong' heroin in some areas. There was also a period when people stated that dissolving the drug was requiring increased amounts of citric, this was often accompanied by reports of heroin being a greyish colour. These were acknowledged by the people reporting as being an issue with the cutting agents in the heroin rather than the drug itself.

4.3.1 Overall there has never been real concern re supply of heroin across GGC with the market remaining generally buoyant.

4.4 Cannabis

Reports of cannabis availability vary across GGC with associated price increases across the board.

4.4.1 Cannabis resin is extremely difficult to source and has increased in price, despite poorer quality.

4.4.2 There is a higher market of imported premium cannabis, usually sold in a tin, branded, and selling for between £70-100 for 3.5grammes.

4.4.3 Herbal cannabis is still available, price has increased whilst the quality has markedly reduced in last few months.
4.4.4 Edibles, the by-product of herbal cannabis made in to edibles are becoming more popular on the market.
4.4.5 Shatter, made with butane, is expensive, and not popular with everyone due to high cost and high potency, usually smoked in pipes or in joints.
4.4.6. Reports of presentations at A&E with sickness, sometimes prolonged, due to overuse of cannabis concentrates or edibles.

4.5 Alcohol
Alcohol use has become more prevalent for many people who use drugs, often described as just something else to take that adds to the overall effect of the drugs.

4.6 Solvents
Reports of solvent use increased both during and after lockdown and this is partly thought to be down to availability and the depressant effects of solvents. Many people who use solvents do not see them to be as risky as other drugs.

4.7 Synthetics
4.7.1 There were some reports of synthetic cannabis use, mainly amongst those also using other drugs but these were sporadic and not seen as a major concern. It is worth noting that these reports increased when the prisoner early release scheme was underway.
4.7.2 Sporadic reports of the use of synthetic stimulants, often referred to as 'gear'. It is not known if this was a choice by people who use them or if it is simply what was available/sold to them.

4.8 LSD
There have been occasional reports of young people using LSD. It is hard to confirm to what scale this is happening and also whether it is LSD or some other drugs sold on blotter art sheets that are sold or mistaken for LSD.

4.9 Ecstasy
No reports received. Not to say this is not being used but it has not been highlighted as problematic for the purposes of this report.

4.10 Nitrous Oxide
The use of nitrous oxide amongst younger populations and some ethnic populations was noted by several workers. This would appear to be becoming more common and more visible.

4.11 Prescribed medication
Reports of methadone being sold or exchanged for other drugs were common in some areas. There were also reports of sharing of methadone with family or friends, similar to those in the previous report.

4.11.1 It was noted that some people stated that self-isolation and social distancing had limited their access to drugs and they were sticking to prescribed medication only. In some cases they found this helped them reduce the amount of methadone they were taking. While individuals were viewing this as a positive it could lead to issues if/when supervised dispensing is re-introduced and amounts are not adjusted accordingly.
4.11.2 There were sporadic reports of other drugs such as gabapentin and pregablin being sold and taken as part of a polydrug use combination.

5. Drug Related Deaths

5.1 Prior to Covid19 a public health emergency had been declared around the high level of drug related deaths in Scotland and Greater Glasgow and Clyde had the highest ever numbers reported.
There is no forensic toxicology report for the period of this update however it is thought that following an initial rise in numbers during early lockdown numbers of drug related deaths appear to have stabilised for the moment.
5.2 There is also indication that a cohort of young people appear to have become involved in risky drug use at an early age and the drug related death estimates suggest that the 25-34 age group, particularly males, is a group that needs further consideration.

6. Non Fatal Overdose

6.1 Incidents of non fatal overdose have been consistently reported throughout the period, some of whom come to the attention of medical services and others whom it would appear are treated with naloxone in their own communities. It is therefore difficult to estimate numbers despite attempts to gather information. Alongside the gathering of trend information contacts were also asked to gather information or report in any incidents of non fatal overdose that were brought to their attention. This exercise was not as successful as the gathering of trend information and as such was of limited value.

6.2 Anyone who is taken to hospital with a non fatal overdose who is already in contact with Alcohol and Drug Recovery Services is contacted following discharge to review care plans and adapt treatment as necessary.

6.3 An information sharing agreement between Police Scotland, Scottish Ambulance, NHS GGC and GCC is currently being finalised. This will work in conjunction with a service response pathway to ensure quick response to incidents of non fatal overdose for anyone contacting emergency services. This will be piloted in Glasgow and then will be available for rollout to other areas in GGC who will develop their own local pathways and protocols.

6.4 There were reports from people who had administered Naloxone that in some cases significant amounts were needed to revive the individual. It is not possible to say if this was caused by substances used, large quantities consumed or poly drug use.

7. Mental Health

7.1 Many of the services who reported stressed that mental health amongst people who use drugs was an issue, sometimes a more concerning issue than their drug use.

7.2 Anxiety around the current situation and associated stressors is common and can exacerbate existing mental health problems, leading to further stress and lack of resource to cope. This can result in increased drug use, sometimes seen as a form of self-medication, and an associated increase in risk.

8. Blood Borne Virus

8.1 The prevalence of HIV in Glasgow city centre within people who inject drugs is now estimated to be 10.8%, with an overall NHS Greater Glasgow and Clyde prevalence in this risk group of 4.8%.

8.2 Under Covid restrictions due to social distancing and other factors BBV testing was vastly reduced. We do not currently know the impact the pandemic has had on the HIV outbreak or other BBVs but onward transmission is likely to have continued.

8.3 Reduced testing impacts our ability to operate an effective treatment and prevention strategy; increases the likelihood of undiagnosed infection going untreated; onward transmission of BBVs; hepatitis reinfection occurring undetected and risks poorer patient outcomes as a result of late diagnosis.

9. Recovery

9.1 Recovery communities continue to grow and offer support however there have been reports of relapse amongst people in recovery. Services and recovery communities have reported both an increase in anecdotal information they are hearing through contacts from concerned family members and friends as well as people who are relapsing and looking to engage with services.

9.2 There continues to be discussions as to what appropriate supports could be in place for those who are struggling with their issues and may not wish to disclose this to others in recovery community**.**

11. Debt

As access to money continues to be difficult crime may increase to pay off debts as well as to keep funding ongoing drug use. People will be under pressure to pay and this will have an impact on mental health, family finances and threat of, or actual, violence. It seems that there is already some evidence that being the subject of violent attacks is becoming an accepted and often expected risk for some who are struggling to pay off or procure drugs.

12. Sex Work/Exchange/Exploitation

12.1 Following lockdown restrictions, where numbers reduced, there was an increase in the number of people selling sex or exchanging sex in payment for drugs and other commodities. There was also a reported increase in the number of people buying sex.

12.2 It has been reported that there is sometimes an expectation that those selling sex will be desperate enough to be coerced in to more risky and extreme behaviours. This is reflected in online forums where information on what could be purchased, and sometimes from whom, are common.

13. Glasgow City Centre

13.1 The drug using community within the City Centre remained significant and there were continued reports of people being attracted to the area partially because of the availability of drugs and the variety of services available to vulnerable populations.

13.2 Businesses, retail activity and public footfall in the City Centre remains at reduced levels and the overall move to a cashless society is having an enduring effect on finances of those who rely on street begging to fund their existence.

13.3 Emergency homeless accommodation within city centre hotels continues to be provided and drug related issues are identified and responded to by a variety of services. Many of those who remain are vulnerable individuals with high levels of complex need such as mental health, physical health, homelessness, lack of finances and isolation.

13.4 Since initial Covid lockdown outreach services are better co-ordinated in the city centre with agencies working together to try and ensure resource is spread across services, hotels and bases and allows easy access to individuals who require them. This helps maximise reach and reduce duplication.

13.5 The Homeless Addiction Team have introduced an outreach service to the hotels and utilise the RAG model to assess vulnerability for people accommodated there.

13.6 Staff working within the hotels housing vulnerable populations have been given access to awareness and information sessions and workers are in contact should any issues arise to offer support.

13.7 The mobile IEP van is utilised through the day by a number of outreach services including the City Centre Outreach Team, Sandyford Sexual Health Team and Waverley Care and in the evening Glasgow Drug Crisis Centre offer a mobile IEP service in the City Centre.

13.8 A new initiative, WAND, is currently being piloted to increase engagement and uptake of harm reduction services. WAND encourages people to participate in 4 key harm reduction interventions

- Wound care - early identification, treatment and advice of possible problems
- Assessment of Injecting Risk - including technique and safer injecting advice
- Naloxone and overdose awareness - supply and encourage to carry on the person
- Dry Blood Spot Testing for Hep C and HIV.

Individuals are given a “Starbucks” style reward card when all four interventions are completed and a Pay Point voucher which can be exchanged for cash is given. All interventions are recorded and date stamped on the NEO data base and people are encouraged to access the WAND initiative every 3 months, this encourages regular BBV testing. In the first month, September, the uptake was significant

- Wounds checked 403
- Assessment of Injecting Risk 403
- Naloxone 467
- Dry Blood Spot Testing 380

A number of positive BBV cases were reported and there was increased contact with people who were not currently engaged with services.

4. Further Considerations

The issues highlighted in the previous report continue and services need to remain alert to them when working with people who are vulnerable, and perhaps at increased risk, due to drug and service changes at this time.

Below are some points of note from the emerging themes in this Covid Recovery update.

- Service Response has been unprecedented and agencies are working together to try and reach as many vulnerable people as possible whilst also ensuring that the welfare of service users are monitored and responded to.
- Service delivery, communication, sharing of information and new ways of working such as training using online resources has for some people been a positive. This has allowed them to access services and training that they may have not been able to or felt intimidated by previously.
- Sharing of intelligence, both hard and soft, from a variety of sources informs and helps develop data sources for inclusion in the proposed PH Intelligence database.
- There is a need to continue to monitor trends, risks and harms, developing harm reduction and resources.
- Promotion of drug checking to ensure problematic substances are identified and appropriate advice and information developed and offered.
- Consider how we further support those who are digitally excluded and for whom current digital interaction is not appropriate.
- Many staff working from home felt that this brought issues in to the home that were hard to let go of, do we provide de brief and a place to discuss this?
- Bereavement and loss can affect all, including staff, and support should be available.
- Ensure a Recovery Orientated System of Care (ROSC), building on our relationships with lived and living experience groups.
- Work in partnership with mental health, sexual health and other services to ensure inclusive services for those who use drugs.
- Do all groups have the support networks that work for them or are some excluded? For example, support for people when they relapse and cannot or do not feel able to link to existing networks
- There is a need to develop the opportunities for change that Covid19 has presented and build on the Drug Test Task Force test of change learning.
- Develop and promote informed prevention approaches to reduce the risk to those who are considering using drugs or in the early stages of drug use.

Jo McManus
H I Lead Drug Prevention and Harm Reduction
NHS GG&C Alcohol and Drug Health Improvement Team
30th October 2020