

HAMPSHIRE DAAT

Drug & Alcohol Action Team



Drug Market Profile Hampshire

December 2008

Introduction:

In September 2008, Hampshire DAAT introduced the first of its' Drug Market Profile questionnaires, in order to gather a better understanding of the drugs picture across Hampshire. Responses were received from a wide range of partners and stakeholders, providing knowledge and perceptions of changes and trends in drug use / misuse. The information gathered will inform both Hampshire DAAT and key strategic partners to assist in setting clear and robust priorities for their partnerships.

The benefits to partnerships involved in tackling substance misuse issues includes:

- Providing a living picture to identify changes in drug market trends, availability, supply methods, emerging threats and linked offending
- Informs the DAAT treatment plans
- Informs police and partnership strategic assessments and drug market profiles
- Helps to identify key substance misuse priorities
- Helps to inform needs assessments and commissioning of treatment services
- Helps to identify regional and cross border issues
- Identifies knowledge and intelligence gaps for partners

Thank you to all those who provided information, from which we will build on that knowledge and continue to develop this process. As stated, the information will be a summary of our joint knowledge and will not identify any particular individual or service, although generic services or groups may be referred to. Due to the range of information provided, it has not been possible to separate all the outputs into age ranges, services or by specific boundaries area, therefore information will be presented into general areas.

It is planned to repeat this process in both March and September 2009 in order to identify the changes, or otherwise, to substance misuse across Hampshire. This information will also feed into South East regional forums to further enhance our knowledge on changing markets and use. We welcome your feedback as to the usefulness of this process, the information it gives and the format and content of the questionnaire or report. Please provide any responses as below.

<p>John Winter Communities Manager Hampshire DAAT Capitol House 12-13 Bridge Street Winchester Hampshire SO23 0HL john.winter@hants.gov.uk</p>	<p>Period covered: September - December 2008</p>
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Respondees:

In total, Hampshire DAAT received around 50 questionnaire responses; 24 from individuals, 16 on behalf of partner agencies or associated groups and 5 from user/carer representatives, 27 provided for adults, 17 for young people and the remainder for all age groups. They covered a wide range of services including drug treatment and health provision, mental health and other learning disability, user and carer representation, criminal justice and community safety organisations, housing and social care groups.

The responses were fairly evenly distributed from across the county but from such a wide array of services that it is not possible to be specific in placing geographic boundaries; i.e. by local authority. All responses have therefore been grouped into general descriptions of **North East / North West / Central Hants / South East / South West** or county-wide for the purpose of this report, unless there are specific exceptions noted. The report will mainly refer to types of drug in first instance. There will also be some distinction between adult / young people, where relevant, although specific age groups were not used within the questionnaire. Responses chiefly relate to the current position or within the previous 12 months.

Use and availability of drugs:

Across the county there is general agreement that the heroin market is fluctuating due to reduced availability and recent concerns amongst users around the risks due to quality, whether poor or high. It is reported that heroin is becoming slightly harder to obtain which creates an alternating demand for illicit methadone to fill the gap. However, it is the **North East** where the greatest fluctuations are reported, on some reports stating heroin is much harder to find. It is also felt that the decrease in availability of heroin has increased the market for cocaine. It is reported that some cocaine dealers are more 'businesslike' than many heroin dealers – there is a noted change in how the market is being managed. In the **South East** there is reported to be a shortage of crack, possibly due to establishing the cocaine market. In most cases it is stated that alcohol is commonly used as a substitute or enhancer to alternatives.

Subutex is also now being seen across most areas. Equally, all areas report a significant increase in cocaine use, and especially increased use amongst young people, partly due to its' falling price. Crack is shown as most prevalent in the **South East** and **North East** of the county.

The use of ecstasy is apparently decreasing although there is suggestion that this is being replaced with increase in use of MDMA powder. Amphetamine is showing a marked increase amongst adult and young people although increased use of benzodiazepines appears to be primarily in the adult market, available via the internet – **Central** and **North**. Most areas are also showing greater use of prescription drugs, with anti-depressants most common amongst young people or those recorded as 'homeless'; notably in the **South West**. Prescriptions are widely available through friends and family.

Cannabis is also a fluctuating market with resin remaining freely obtainable across the county, although harder to obtain, but plant extract having decreased. It is reported that 'skunk' is on the increase, from outside the area, the **Central**, **South East** and **South West** reporting increased use amongst young people. Additionally, a number of areas have seen greater use of other

'herbal highs'¹ as alternatives to cannabis. In either case, there are concerns over cannabis still being used as first drug of choice for experimentation. This is coupled with apparent increase of violence amongst young people. It is reported that anti-depressants or MDMA are commonly being used as alternatives to cannabis.

The use of steroids² has increased in the **North East** and **North West**, with some suggestions that there may be a link with ex-service personnel; the greater health concerns are the risks posed by injecting. Also in this area, there is reported significant increase in use of Ketamine, whether alone or as a mix with 2CB (a synthetic psychedelic / entactogen with similar properties to Ecstasy)³.

There are indications of an increased use of mixes to obtain 'highs'. **North East** and **South East** report crack or heroin combinations, sometimes with barbiturates or subutex; cocaine with Ketamine is becoming popular amongst young people in the **South West**; amphetamine is commonly being sought to replace shortages of other drugs or to mix with anything as 'social tonics'.

Although solvents are not generally seen by many of the agencies concerned, there were indications that frequent use is less common across all areas. The use of 'magic mushrooms' has decreased significantly across all areas and is described by some as rare to find. There were no reports of methamphetamine use, suggested that this may be because there is not yet a network for production and supply, but it is of interest to and discussed by those experimenting with 'harder' drugs. The greater problem mix is undoubtedly with alcohol, used widely to enhance the effect of almost all other illicit drugs and providing the stimulus within social groups.

Housing providers also report an increase in use of benzodiazepines, anti-depressants and other prescription drugs (most reports from young people's and homeless services in **Central Hants** and **South West**), with more awareness of illicit methadone and subutex becoming available, especially in **North East**. Most areas confirm increased use of cocaine.

Cannabis remains prevalent amongst those known to both adult and young people's mental health services. Cocaine use is increasing amongst those known to mental health services and prescription drugs are becoming more openly traded amongst 'friends'. There are concerns that such individuals may be very vulnerable to methamphetamine, although no confirmed reports to date.

Methamphetamine, although not readily apparent, was reported as a potential threat to vulnerable clients.

¹ Link to recent BBC news item regarding herbal highs:

http://news.bbc.co.uk/newsbeat/hi/health/newsid_7675000/7675456.stm

² Link to recent HO news bulletin concerning steroids:

<http://drugs.homeoffice.gov.uk/news-events/latest-news/action-against-steroids>

³ Further information on Ketamine and 2CB may be found at Talk to Frank and DrugScope websites:

<http://www.talktofrank.com/drugs.aspx?id=188&gclid=CNCGpoDqxJcCFQtCMAodUmJnTA>

<http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/>

Table 1

The following table is an indicator of trend for where certain drug types may be increasing or decreasing significantly in popularity or availability amongst adults [A] or young people [YP]. It is not a definitive guide and should be used as a reference to above text only.

	North East		North West		Central Hants		South East		South West	
	Inc	Dec	Inc	Dec	Inc	Dec	Inc	Dec	Inc	Dec
Amphetamine	A&YP		A&YP		A&YP		A&YP		YP	
Anti-depressants			YP				A		YP	
Barbiturates										
Benzodiazepines	A		A		A		A			
Cannabis	YP		YP		YP		A&YP		A&YP	
Cocaine	A&YP		A&YP		A&YP		A&YP		A&YP	
Crack	A		A		A		A			
Ecstasy / MDMA	YP	A	A			YP		A&YP		
Heroin		A	A&YP			A	A		YP	
Methadone	A		A		A		A			
Methamphetamine										
Solvents								YP		YP
Steroids	A		A							
Other:										
Ketamine	A		A							YP
Subutex	A		A		A					

The price and quality of drugs:

There has recently been much concern over quality of street heroin, with differing conclusions as to whether high concentration or very poor quality through cutting is raising the risks to users. In either case, it is commonly stated that this has driven a shift in drugs of choice, which in itself is impacting upon price and quality. As heroin quality decreases, quality of cocaine is perceived to be improving and becoming more attractive to users. In the **South East**, it is suggested that the market for cocaine is now fully established and quality will start to fall. Equally, it has opened a greater market for illicit methadone to 'fill the gap'; as heroin becomes scarce – i.e. methadone becomes available, until market flows the other way again.

There is also a general perception that many drugs are decreasing in quality. Ecstasy is also no longer seen as a 'reliable' drug perhaps often not even 'E', with the price falling and the market therefore seen as becoming more attractive to much younger individuals. This is leading to a potential resurgence in manufactured prescription drugs, such as anti-depressants, barbiturates, benzodiazepines. Additionally, MDMA crystal / powder is seen as a better quality drug of choice and as an alternative to cannabis.

Cannabis has become harder to obtain, much due to high profile enforcement activity and greater awareness of 'factories'. Some resin is still circulating but plant material is much harder to obtain and is often considered low quality. It is suggested that this raises interest in obtaining 'skunk' for its' potency, preferably fuelled by alcohol; this is more apparent in the younger market.

Table 2, below, shows a comparison of average drug prices across the county, by area. The prices shown reflect the reported range, but with some exceptions. There is common reporting that drug quality has decreased, with exceptions for cocaine and prescription drugs; and that drug prices have decreased overall. Although the figures may seem broadly similar, there are reported differences. In the **North East** there were more reports of drugs available at the lower prices and on average this was the area with overall lower prices. In the **North West** the price for heroin was maintained slightly higher and there was a more established market for prescription drugs; in **Central Hants** there was greater reporting of MDMA and availability via the internet also wider fluctuation of prices; in the **South East** there appeared to be a higher price for cocaine but a more established market; in the **South West** ecstasy still appeared prevalent and the only report of steroid injections as a market.

However, the comparison does show that there is a fairly consistent pricing across the county. Not all drug prices were known and the lack of reporting around methamphetamine is welcome but it is shown that there is interest in the market and should not be ignored.

Table 2:

The following table provides current reported average prices for drug of choice by area. See above text for further information and exception reporting.

	North East	North West	Central Hants	South East	South West
Amphetamine 1g	£10 - £20	£5-£10	£5-£10	£7-£10	£5
Anti-depressants tablet	50p	£1	£1	£1	£1
Barbiturates tablet	£1	£1	£1	£1	£1
Benzodiazepines 10mg	50p - £1	£1	£1	£1	3 @ £1
Cannabis 1/8 th oz	£10-£20	£10	£10-£15	£10-£15	£10
Skunk 1/8 th oz	£25	£25	£20-£25	£20	£20-£25
Cocaine 0.2g	£35-£50	£45-£50	£40-£50	£30-£60	£40-£50
Crack Stone / rock	£20	£20	£20-£40	£20	£20
Ecstasy tablet	£1.50-£5	50p-£2.50	£2-£4	50p-£2.50	£1-£2.50
Heroin 0.2g	£10	£10-£20	£10	£10	£10
Methadone 10ml	£1	£1	£1	£1.25	£1
Methamphetamine	None recorded				
Solvents	None recorded				
Steroids					£3 for 10 injections
Other responses:					
Ketamine 1g		£20	£20		
MDMA 1g			£39		
Subutex tablets	10 @ £7				

Source and funding of drugs:

All areas confirm that the majority of dealing is done within a closed community, a social network of friends and acquaintances. Dealing tends to concentrate on remaining within those groups, preferring to avoid street dealing, if possible. However, street dealing does occur as individuals are becoming more willing to travel to obtain 'better quality' drugs. The number of contacts used varies from 6-25 (average of 10), depending on your social network and the type of drug sought; for example, if heroin sought then typical accessible network could be around 15-25 and can be accessed within 15-60 minutes BUT if benzodiazepines or Ketamine sought then network would only be around 5-6 and could take around 4 hours. The average ratio is described as 6 dealers in any one area for each type of drug sought.

Young people's services confirm that the social groups are now being formed, and retained, earlier – perhaps encouraged by internet social networking sites; this is because of cultural change. Groups are encouraged to 'hang out' at houses where drug use is acceptable, maybe 'employing' a trusted young person as a runner to obtain agreed deals.

There is acceptance that individuals will undertake low level dealing, often short term and therefore constantly changing, as they move between different drug types. All areas report that selling of illicit drugs is the most significant increase for users funding their own drug use; this applies to both adult and young people. The attitude is reported simply as "who has what I need at the moment?"

The next most significant admitted method of funding drug use is by shoplifting; whilst other theft, fraud, forgery and burglary is apparently decreasing; robbery is shown as an increased source for younger people – mostly under 19yrs. Stealing from family and friends is considered to be a constant source of income for young people, although often not reported, whilst the use of benefits and own income remains more consistent for adults. Begging is now seen as decreasing as source of income in most areas except for **Central Hants** where it remains the same.

The most common reported outlet for stolen goods is through family and friends, again that social network. Alternatively, selling on through pubs or second-hand goods premises is most likely. There is a growing market by young people to utilise sites, such as e-Bay, or to 'advertise' through internet social network sites.

The most common method of accessing dealers is by mobile phone, again primarily through the social network. The contacts will vary according to need and availability, although there appears a greater preference to remain with a known contact for heroin.

The most common preferred meeting places for deals is firstly private houses (often through utilising runners), then meeting socially (pubs or bars), arranged street deals (with meets outside pharmacies on benefits day being widely reported) and then random street deals. It is reported that prescriptions are becoming more valuable to individuals, as mistrust grows in some markets, and therefore are becoming less willing to part with them. The selling of prescription drugs is reported as favoured to passing on of the 'scripts'.

There were reported incidences of females selling sex for drugs, but principally to those directly known to themselves. There was no reported evidence that street prostitution is favoured to finance drug use.

There were reported concerns that insurgent drug dealers are more willing to use violence to gain control of local drug users. One such issue reported was the 'cuckoo nest' activity where local users 'consent' to their own house being used for dealing in exchange for free or discounted drugs.

Table 3:

This indicates whether there has been a 'change' in funding activity during 2008; the star indicator reflects the proportion of responses on the subject, not the extent of the activity. Responses were so broadly consistent across the county that few area distinctions could be made.

	Increase		Decrease	
	Adult	Young People	Adult	Young People
Employment, self funded	***	**		*
Benefits	*****	**	*	
Borrowing from family or friends	*****	*****		
Stealing from family or friends	*****	***	*	
Begging	*****		*****	*
Selling illicit drugs	*****	****		
Selling a prescription	**	***	*	
Selling prescription drugs	****	**		
Sex work	***		*	*
Shoplifting	*****	*****		
Burglary		**	*	*
Theft from cars	*****	*	**	
Fraud and forgery	*		**	*
Robbery	*	***	*	
<i>Other responses:</i> Group sharing cost		*		
Internet, e.g. e-Bay or network sites		*		

Alcohol:

The majority of the responses confirmed that alcohol misuse is a significant factor in the behaviour of drug misusers. It is seen as a necessary part of the social element, with it being the pre-cursor to taking drugs, used to enhance 'highs' or to replace 'gaps' in the drug market.

There were admissions that drug and alcohol combinations significantly affected a users behaviour and was a cause of domestic violence or street violence, the latter particularly amongst the young.

Young males were seen as more likely to indulge in combining drugs and alcohol, skunk being a common reference. It was reported that young females are seen drinking larger quantities of alcohol which is leading to increases in violence and anti-social behaviour amongst that age group. There is concern that this is seen as normal behaviour and that it is often condoned or not challenged by parents / family.

It is also reported that drug misusers are more likely to get arrested as a result of their alcohol fuelled behaviour (with or without drugs) from which their drug use may subsequently be identified.

The full impact of alcohol use will be subject to separate but supporting review by Hampshire DAAT alcohol strategy co-ordinator.

Core findings:

- The heroin market is decreasing due to increased enforcement activity and user concerns on drug quality (high or low quality)
- Established heroin users increasing use of illicit methadone
- Cocaine use is increasing significantly, especially amongst young people (under 19yrs); quality perceived as high and price reducing
- Crack is showing a slight increase, although shortages in some areas
- Ketamine use is increasing significantly, especially in combination with other drugs
- Amphetamine use is increasing amongst adults
- Ecstasy use is decreasing and quality perceived as very poor; being replaced by MDMA or amphetamine, purchased via internet
- Prescription drug use is increasing significantly; especially benzodiazepines and ant-depressants. Steroid use more prevalent and suggested that associated with ex service personnel
- Cannabis use is decreasing overall:
 - Plant extract much harder to obtain, mostly due to enforcement around 'factories'
 - Resin still available but slightly harder to obtain
 - Skunk hard to obtain and from 'out of area' but becoming more popular
- Significant increase in drug mixes, especially cocaine with heroin or Ketamine
- Methamphetamine not reported but is of concern, especially to vulnerable clients
- Most common sources of funding are from within own social network; benefits, stealing, borrowing. Also most common outlet for stolen goods or drugs.
- Shoplifting and low level dealing are seen as most productive funding sources; little evidence of serious crime used for funding drug use
- Most common method of contacting dealers is via mobile phone

Additional information may also be obtained from the 2007-08 British Crime Survey: drug misuse declared.⁴

⁴ <http://www.homeoffice.gov.uk/rds/pdfs08/hosb1308.pdf>