

## **Covid 19 Lockdown Drug Trends in GGC**

**April/May 2020**

### **GGC Drug Trend Monitoring Group**

#### **1. Background**

- 1.1** In April 2020 it was agreed by partners that the lockdown measures may have a significant impact on the drug market affecting supply, quality, price and possibly the introduction of new substances and that these changes could increase risk to people who use drugs in Greater Glasgow and Clyde. In an attempt to limit the impact the GGC Drug Trend Monitoring Group developed a more comprehensive process of tracking drug trends and changes in use across NHS GGC during the period of Covid 19 Lockdown. The intention was to identify drug related issues quickly and inform proactive intervention where possible.
- 1.2** Taking into consideration the changes that were having to be made in drug related service provision in light of Scottish Government guidelines on social distancing the GGC Alcohol and Drug Recovery Services approach aimed to ensure that individuals continued to receive essential treatment and support to meet their needs. Staff worked proactively to ensure Opiate Replacement Therapy (ORT) was prioritised and prescriptions were reviewed and processed. Client consultations would take place by telephone and video call with face-to-face support only available in high risk and urgent cases.
- 1.3** Due to the changes in service provision and restrictions of social distancing it was agreed that realistically anecdotal information based on reports from people in contact with drug users, mainly workers based in services that were operating in a way that facilitated regular contact of some kind, was the most appropriate means of gathering information. It was acknowledged that the information collected would not be definitive however the hope was that it would allow any problems to be identified at an early stage as well as providing an overall picture of the current situation for people who use drugs during the Covid lockdown period.
- 1.4** Improved communication and sharing of information between partner agencies, as well as within services, would be a positive step in early identification of emerging issues and intervention where needed.

#### **2. Process**

- 2.1** Lead staff members from various service areas including Alcohol and Drug Recovery Services, Homelessness, Criminal Justice, Police Scotland, Accident and Emergency, Acute Addiction Liaison, Addiction Psychiatry, Recovery and Injecting Equipment Provision were identified to be contacted regularly for any updates on drug use trends, difficulties in accessing drugs, quality of drugs available, unexpected effects from drugs, unusual behaviours/presentations and difficulties in funding drug use. A template was designed the

purpose of which was to act as a guide to the type of information that would be useful. Given the changes in working patterns and difficulties of communication and sharing of information it was not envisaged that staff would necessarily complete templates as individuals but that they would feed in any intelligence they had to the lead person who in turn would report back to the Chair of the GGC Drug Trend Monitoring Group who would monitor and collate the information.

## **See Appendix 1\_Covid Drug Related Info Template**



Covid Drug Related  
info Template 2 (2).c

- 2.2** In line with previous practice any significant information or changes in drug availability/use/effects would then be reported to the Associate Medical Director and Senior Medical Officer for Glasgow Alcohol and Drug Recovery Services who would advise on further action if necessary.

A multiagency group was also established for Glasgow, hosted by Police Scotland, which initially met weekly to share intelligence and highlight areas of concern for further action.

### **3. Summary of Findings**

- 3.1** In the first couple of weeks of lockdown services were adjusting to new ways of working including establishing telephone contact to check on client welfare, looking at access to ORT for those not already in treatment, relaxing of daily supervised dispensing of ORT and many other practical considerations relating to service provision and user safety.

At this time there were few obvious changes to the drug market, which was not unexpected. There were no significant reports of shortages, difficulty accessing drugs or notable variation in quality.

- 3.2** Over the following weeks the picture started to change in some of the areas around GGC. It is difficult to highlight any particular trends as reports varied from area to area, weekly and sometimes daily, and were dependent on who the worker had spoken to.

Overall there was no evidence to suggest there were any new or different drugs introduced to the market in GGC. Previously new drugs were often identified through forensic toxicology, allowing us to be aware of their introduction into our drug markets in GGC. The significant delays in toxicology analysis in recent times have had an impact on our identification of new substances. Also reduced analysis capacity within Scottish Police Authority laboratories due to Covid restrictions in line with Scottish Government policy mean routine drug testing is not being conducted.

- 3.3** For most areas there were 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.

- 3.4** The street benzodiazepine market remained buoyant throughout however the quality varied dependent on both the actual type of pills bought and/or variation of potency within batches. Discussion with Police Scotland suggested that this could be down to the poor mixing of batches or suppliers running short of key chemical and producing weaker strength pills, sometimes testing as negative for active substance. There were still a range of different tablets available including Roche 10, DC 10, tablets with various markings and tablets sold as Xanax. There is no access to rapid testing of drugs but based on previous tests and taking reports of effect into consideration it is thought that the majority of all these contained etizolam. Prices have seen a slight increase overall. 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 this was caused by substance, large quantities consumed or poly drug use.
- 3.5** The cocaine market throughout GGC remained relatively stable with little impact reported on cocaine supply, prices increased but not significantly. Crack cocaine availability and use increased in some areas and freebasing was reported suggesting cocaine quality remained relatively high. There were sporadic reports of ketamine being used, sometimes with cocaine, and also synthetic stimulant use at points throughout the period of lockdown
- 3.6** Cannabis was reported as being more difficult to source with cannabis resin very hard to get and the price of herbal cannabis increasing. There were reports of synthetic cannabis use but these were sporadic and not seen as a major concern.
- 3.7** Reports from various services in most areas suggested that overall levels of chaotic substance use had increased with far more polydrug use, including alcohol and solvents, and people stating they were using whatever was available.

A significant proportion of people when asked directly about their substance use listed many substances or just implied they are taking everything they could get but could not always remember what or how much.

There were reports from people, including community workers and hospital staff, 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.

- 3.8** Interestingly even before the Lord Advocates relaxed the guidance on the supply of Naloxone workers were noting that people were requesting supplies of naloxone for themselves. This is in contrast to previous experience of workers trying to persuade people that carrying naloxone was a positive and could save a life. It is thought that many overdoses may have been treated within the drug using communities without the intervention of medical services. A process of trying to collect community intelligence on non-fatal overdose is underway.
- 3.9** 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.

**3.10** Glasgow City Centre was unique in reporting that there had been no impact on the drug market with people able to source good quality drugs throughout the period. The public drug using community within the City Centre remained significant and reports were that new people were attracted to the area by the availability of drugs and a variety of services. The homeless population accommodated in city centre hotels more than doubled. It is also thought that lockdown made the streets in the outer areas of the city and other areas within GGC quieter, making any activity more visible, whereas activity in the City Centre was at a higher level making it easier to buy, sell and use drugs. This may have attracted people to the area to source or sell drugs.

Businesses, retail activity and public footfall in the City Centre were vastly reduced and many of those who remained were vulnerable individuals with high levels of complex need such as mental health, physical health, homelessness, lack of finances and isolation. Social distancing was not adhered to and sharing of drugs, alcohol and equipment meant that the infection risk for this population was extremely high however despite this there appeared to be little incidence of Covid infection.

#### **4. Further Consideration**

##### **4.1 Methadone**

People who were on daily dispensed Opiate Replacement Therapy (ORT) were assessed for suitability to be moved to twice weekly or weekly dispensing. It was recognised that there were risks to taking this approach however it was considered the appropriate response to the Covid related issues that would impact on both service users and services, including pharmacies. It would help limit footfall at pharmacies, reduce incidences of physical contact and allow people to self-isolate and follow the guidance to stay at home. People who were on ORT and self-isolating due to Covid symptoms were asked to arrange for prescriptions to be collected by a proxy and in certain circumstances home delivery was arranged. The storage of medicines and the importance of taking as prescribed was highlighted to people as well as the added risks of not complying with treatment.

Whilst all precautions were taken there is a recognition that there have been some issues related to the changes in prescribing and dispensing

- Reports of methadone leaking on to the illicit market
- People not taking as prescribed leading to over intoxication on some days and under medicated on others
- Sharing of prescriptions with others, both within the home and also 'methadone parties' where small groups of people shared prescriptions on their collection date on a rotating basis
- Reports were received of Espranor being inserted into the nose and left to dissolve as well as IV use of the medication.

## **4.2 Withdrawals**

- 4.2.1** There is a risk that people who have been purchasing/consuming illicit methadone may experience withdrawals when dispensing gets more regulated.
- 4.2.2** Varying strength of street pills can lead to problems with dosage and some pills have tested negative for active ingredients, there is also a risk of fitting if supply is disrupted.
- 4.2.3** Given the wide spread of covid across the globe the risk of interruption to drug supply remains for the foreseeable future.

## **4.3 Overdose**

- 4.3.1** People who have been diverting their prescriptions or part of their prescriptions may be at risk of overdose/over medicating if they have to take the full amount supervised when restrictions are lifted.

There have been reports from Acute Addiction Liaison staff that this has been an issue for some people who have been admitted to wards during lockdown. Staff reported feeling uncomfortable as people were often confused/evasive about when they had last taken their medication or how much they had taken. When given their prescribed amount of methadone it became obvious that they were over medicated. In a hospital setting this could be monitored however as lockdown eases and people go back to supervised dispensing it could be an issue for pharmacy staff.

- 4.3.2** In areas where the purity and potency of street drugs has been variable or poor returning to normal markets could result in higher risk of overdose.
- 4.3.3** People who have been complying with their prescribed medication only may risk overdose if they return to using street drugs when lockdown is relaxed as their tolerance levels may be reduced. Also following the difficult experience of lockdown there may be a temptation to celebrate and overindulge.

## **4.4 Debt**

- 4.4.1** Across GGC there has been a lack of opportunity to fund drug use in some of the ways it was funded previously such as shoplifting, pick pocketing, sex work and street begging.
- 4.4.2** Reports suggest that there has been significant amounts of credit allowed by dealers and this will have an impact when lockdown measures are relaxed.

As lockdown eases crime may increase to pay off debts as well as to keep funding ongoing drug use but there will also be people who will struggle to cover the costs of both. People will be under pressure to pay and this will have an impact on mental health, family finances and threat of, or actual, violence.

- 4.4.3** There has been limited opportunity for people who sell sex to earn enough to meet their needs and this may see an increase when social distancing and self-isolation is reduced, as well as the risk of people being coerced or forced to sell sex by others to whom they owe

money or who are trying to pay off their own debts. This may affect both males and females and there is associated risks of increased violence and sexually transmitted disease.

#### **4.5 Homelessness**

There has been a concerted effort to make people safe and to accommodate them in temporary accommodation during lockdown. There will be exit strategies in place to try and continue tenancies and prevent return to homelessness however the numbers are significant and suitable accommodation will take time to identify. Also once the financial opportunities of having a 'pitch' on a busy shopping street return some people may be reluctant to leave the city centre.

#### **4.6 Mental Health**

##### **4.6.1** Workers across the board area have reported they are more aware of people having more obvious mental health issues as they try to cope with the restrictions and practicalities of lockdown.

Isolation, loneliness and feeling separate from society are often feelings experienced by people who use drugs and these are increased by the uncertainties that Covid 19 and the current lockdown bring with them. Some people may have seen their drug use as a way of alleviating some of their anxieties or other mental health problems.

##### **4.6.2** Tensions within families, who may not be used to spending so much time together, often with additional stressors such as finances, lack of access to normal drugs, illness, lack of support, may be heightened and coping mechanisms may not be in place. Children may have been in homes where the impact of parental drug use was causing stress and the normal protective factors and services for them were not available.

##### **4.6.3** 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 as a form of self-medication.

##### **4.6.3** There have been reports of increased feelings of violence within peer groups as well as concerns about non drug using family members who are suddenly having to cope with loved ones problems and the reality of their use and perhaps dependence, withdrawal and desperation.

#### **4.7 Drug Use**

##### **4.7.1** One of the areas highlighted was the difficulty of obtaining cannabis both because availability and price increase. This has led to anecdotal reporting of people changing their drug of choice to other substances that are available, including alcohol. It may be that when markets return to normal drug use may change again but we should be aware that some may have developed more problematic patterns of use than they may have done if market had remained stable.

##### **4.7.2** There have been concerns raised about young people using street pills to 'chill out' while they are locked down with family for long periods and cannabis use is not an option. There

are also reports of an increasing population of young people becoming involved in more sustained problematic drug use.

**4.7.3** Another concern that has been highlighted is previously unknown drug use has become apparent to families and loved ones given the reduced access to drugs and reduced opportunity for private use. Support services for families state that they are receiving unprecedented numbers of calls from 'concerned others'. Once lockdown eases this may lead to additional worry and stress for families

#### **4.8 Blood Borne Virus**

During the Covid lockdown period the HIV outbreak in Glasgow City is ongoing. Social distancing, self-isolation and role reassignment has made it difficult to sustain levels of testing, support and treatment and as a result we may see an increase in positive cases once lockdown eases and testing resumes. Injecting Equipment Provision (IEP) was supported by evening outreach in the city centre, where uptake of IEP increased.

See Appendix 2\_



Covid-19 Mobile  
Van Outreach Conti

### **5 Drug related Deaths**

**5.1** There is a lack of hard data around drug related deaths in Scotland and this includes deaths during the Covid lockdown period. The data that is available suggests an increase in deaths over the period and work needs to be done on the demographic breakdown of the deaths. This is a challenge as there are ongoing issues with Forensic Toxicology reporting which means considerable time delay in reporting.

**5.2** In the current period, work has begun on gathering both community intelligence and robust data around Non-Fatal Overdose across GGC which would assist the identification of trends, hot spots and possible problems and inform harm reduction interventions.

### **6. Next Steps**

This report covers the period of Covid Lockdown April May 2020. The hope is to identify drug related issues quickly and inform proactive intervention where possible. It also allows some consideration to be given to possible emerging problems as we come out of the lockdown period. A further report will be generated to cover the initial Phase of Covid recovery.

**Jo McManus**  
**H I Lead Drug Prevention and Harm Reduction**  
**NHS GG&C Alcohol and Drug Health Improvement Team**  
**8 June 2020**

Appendix 1

**NHS GREATER GLASGOW & CLYDE**  
**Drug Trend Monitoring Group**  
**Covid Trend Information Gathering**  
Send to [jo.mcmanus@ggc.scot.nhs.uk](mailto:jo.mcmanus@ggc.scot.nhs.uk) or call 07580995195

<p><b>Drugs used:</b> Please list along with method of administration ie smoked, snorted, swallowed etc</p>
<p><b>Did drugs used give expected/usual effects? (Was there a difference – maybe stronger, weaker or not usual effects- describe if possible)</b></p> <p><b>Was there any drug in particular that caused concern?</b></p>
<p><b>Did drugs look the same as usual supply?</b></p> <p><b>Was quantity bigger or smaller</b></p>
<p><b>Has drug use use changed since COVID 19? YES/ NO</b></p> <p><b>If yes what drugs have changed?</b></p> <p><b>Is change due to lack of availability or other reason?</b></p> <p><b>Was alcohol also used? YES / NO</b></p> <p><b>Were solvents also used? YES/NO</b></p>
<p><b>What were unexpected symptoms/behaviours experienced?</b></p>
<p><b>Is there a change in drug prices?</b></p> <p><b>Do you know how drugs were funded?</b></p>
<p><b>Is the person in contact with Alcohol and Drug Service? Yes/No</b></p> <p><b>Are they on OST? Yes/No</b></p> <p><b>Any indication how OST is being taken eg as prescribed, taken in quantity, shared?</b></p>
<p><b>Any Other Relevant Information</b></p>

## Appendix 2



### **2020 05 18\_ Covid -19 Contingency Response - The Role of the IEP Van John Campbell, Injecting Equipment Provision Improvement Manager, NHSGG&C**

The mobile Injecting Equipment Provision (IEP) Van was introduced in 2018 to provide a comprehensive 'out of hours' harm reduction service for those people injecting drugs within Glasgow City Centre. The service offered; injecting equipment, wound care, BBV testing, assessment of injecting risk and Naloxone. The van was parked at the same city centre location between the hours of 6pm -10pm. Transactions were fairly consistent, averaging around 100 per month.

In response to a number of immediate operational issues created by the outbreak of coronavirus, staffing responsibilities were temporarily transferred from Turning Point Scotland to Glasgow ADRS Pharmacy Team.

This arrangement was in place from 23rd March 2020 through to 10th May 2020 (49 continuous evenings).

A temporary team of staff was quickly recruited and trained in IEP and harm reduction basics. All the team members had experience in the addiction field, currently working with ADRS, Waverly Care, ADP and You Are Not Alone. A few had additional lived experience. This experience allowed us to hit the ground running. Smaller teams of 2 were then formed with an understanding teams would not mix unless absolutely necessary. This was to reduce the chance of coronavirus spreading throughout the whole team.

The IEP model adopted was a 'fusion' of mobile (van) and traditional backpacking. It was thought that this would be most likely to meet the needs of our target population during such an unsettling time where free movement was being restricted.

The van was operational between the hours of 5.45pm – 9.30pm. Time was also allocated to sterilise the working area and restock equipment at the end of each shift.

The main accommodation centres, housing our target population, were visited every evening, including; The Alexander Thompson Hotel, Charles Rennie McIntosh Hotel and Wallace of Campsie. The team also had a presence where volunteers were providing food and clothing to the homeless. At first this was 'under the bridge' at Central Station before moving to George Square.

The area of Argyle St to Trongate via Central Station was also walked every evening. Respectful relationships were formed with all the kindness/homeless volunteers, hotel staff and security we worked with. It's fair to say this did take a little work to overcome initial suspicions around the benefits our services provided.

The levels of physical, emotional and psychological harm our team witnessed were high. This was at times challenging and required us to rely on a number of specialist services for onward referral. The staff frequently referred to other supporting services such as; Simon Community, Routes Out, Glasgow Drug Crisis Centre, Outreach Pharmacy Team, Homeless Addition Team and Hospital.

Other more unexpected challenges occurred, such as the significant number of teenagers visiting the city centre and mixing with our more traditional client group or the length of time it took ambulances to respond to our calls.

All staff participated in a group debrief at 10pm each evening. This worked very well as both a handover and wind-down session for those just finishing their shift.

Throughout this process regular meetings were held between the IEP manager (John Campbell) and Glasgow Drug Crisis Centre management (Claire Gallacher). This allowed for both parties to be kept informed of this fast moving situation and ensure partnership links were maintained.

## Analysis of IEP transactional data

Data from each transaction was recorded on NEO 360 (IEP data collection system). This system also collates useful client demographics which we are able to share. Analysis of this data shows the number of transactions and needles provided increased significantly when compared to pre-covid months.

- Transactions increased by 217% (February 106, April 337)
- The number of needles and sheets of foil provided increased by 331% (February 1717, April 7405)

## Neo 360 Data 23rd March until 10th May 2020

- 518 IEP Transactions were provided
- 199 Clients used the service
- 163 male clients
- 36 female clients
- Age range

15-19	1
20-24	8
25-29	14
30-34	29
35-39	47
40-44	54
45-49	30
50+	16
<b>Total</b>	<b>199</b>

- 162 individuals were supplied with Naloxone
- 10,201 needles and sheets of foil were provided
- 3 life threatening overdoses were reversed with Naloxone
- 6 injecting related wounds were cleaned and dressed.

On Monday 11th May 2020 the van returned to the Glasgow Drug Crisis Centre for staffing. It was agreed that the new fusion model of outreach should be maintained for the remainder of the Covid-19 situation.

Both the IEP Improvement Manger and the Manager of the GDCC have committed to physically working on the van one evening per week to ensure; the new approach is maintained, staff receive full support/guidance and the quality of the service remains high. Weekly meetings will continue with a view of reviewing progress and ensuring the safest, most effective ways of working are maintained.

This pragmatic response has proven to be an effective means of ensuring those injecting drugs within Glasgow City Centre receive access to unlimited amounts of injecting equipment throughout a very challenging situation. It was the direct 'seek out' approach which saw transactions from the mobile service increase dramatically. It would make sense to continue with this new model now and post Covid-19 with regular monitoring, support and review.

**John Campbell**  
**IEP Improvement Manager**  
**Alcohol and Drug Recovery Services**  
**NHS Greater Glasgow and Clyde**  
**Glasgow City Health and Social Care Partnership**