

COVID-19 Drug Market Survey

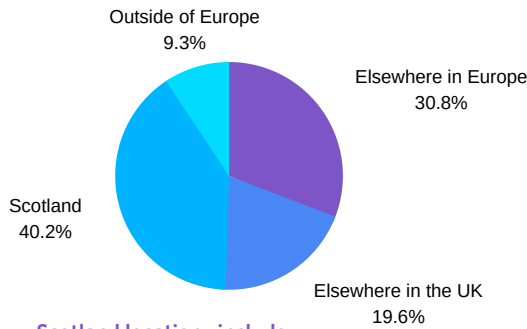
Week 2 summary - 15 April 2020



This data sheet summarises the responses from 107 people, including people who take drugs, drug service staff, support staff and other professionals, as well as members of the public. To take the survey please visit: www.crew.scot/covid-drug-market

In week 1 we surveyed an additional 58 people. A summary can be found here: www.crew.scot/covid-drug-markets-survey-week-one

Where are you based?



Scotland locations include:

Edinburgh, Bathgate, Glasgow, Ayr, Falkirk, Wick, Inverness, Fort William, Oban, Prestwick, Dunoon, Dundee, Dumfries

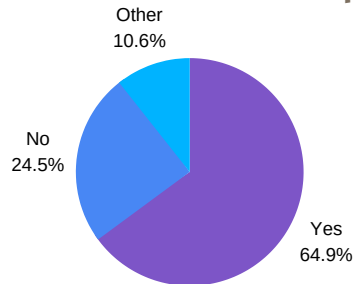
UK locations include:

London, Whitehaven, Weymouth, Brighton, Bath, Bournemouth, Canterbury, Manchester, Cambridge, Leicester, Bristol

Other locations include:

Hamburg, Nürnberg, Melbourne, Essen, Annaba, Delhi, Porbandar, São Sebastião, New York City, Berlin, Barcelona, Netherlands, Munich, Florida, Hanover, Düsseldorf, Luxemborg, Athens, Dublin, Ghent, Ljubljana, Lyon, USA

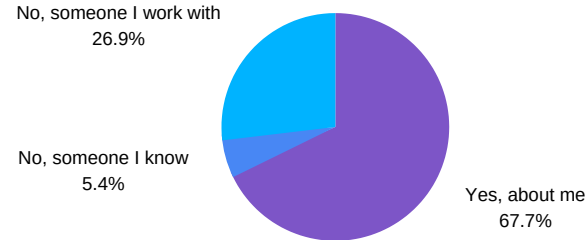
Have you noticed any changes to the supply of drugs since the outbreak of COVID-19 in Europe?



Comments include:

- In India, cannabis hemp is the only possible drug someone can lay hands on apart from alcohol.
- I didn't check the supply
- Due to not having reduced footfall in the service area I work within, I am unable to establish an answer to this question.
- Not able to meet clients and they are guarded about what they say on the phone

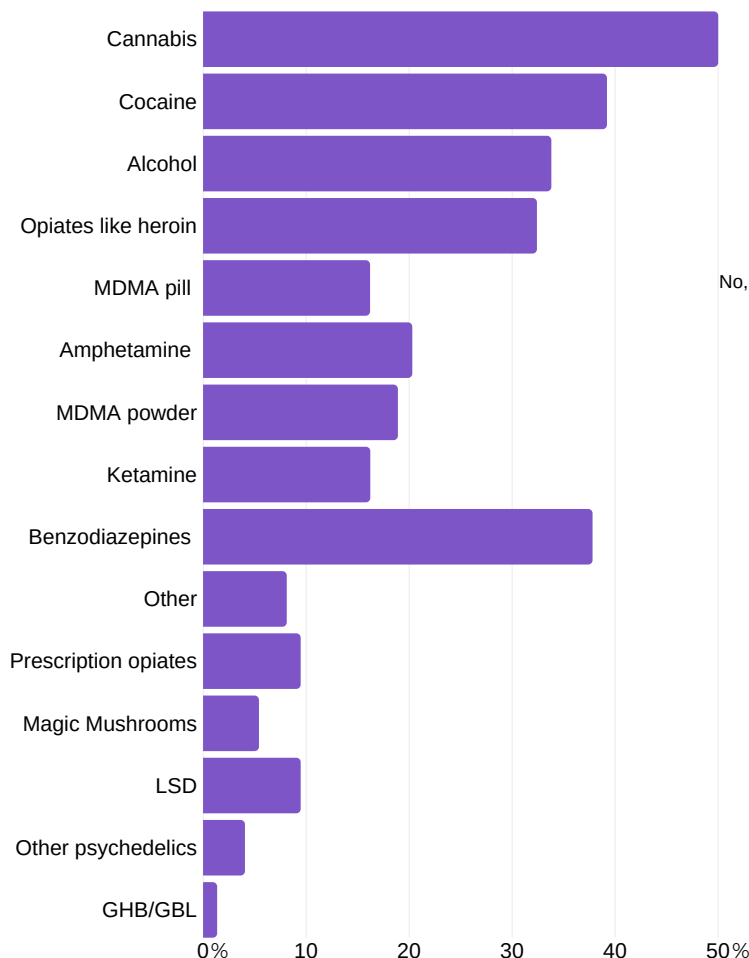
Are you filling this survey in about yourself or someone else?



Comments for "if worker please specify the type of organisation" include:

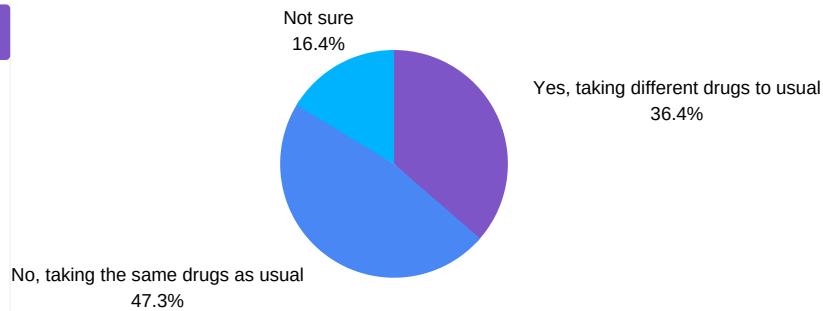
Harm reduction service, supported housing, substance misuse service, market researcher, housing support/charity, supported homeless accommodation, drug counseling, independent drug reform activist, drug & alcohol recovery unit, national treatment service, harm reduction project, local authority alcohol and drug service, drug and alcohol recovery service, recovery group voluntary sector, NHS treatment (criminal justice), NHS, addictions project, voluntary addiction service

What type of drugs are being taken?



Comments include: crack cocaine, pregabalin, NPS [new psychoactive substances], plant food (unknown substance), hydroxychloroquinone, 4-MMC [mephedrone]

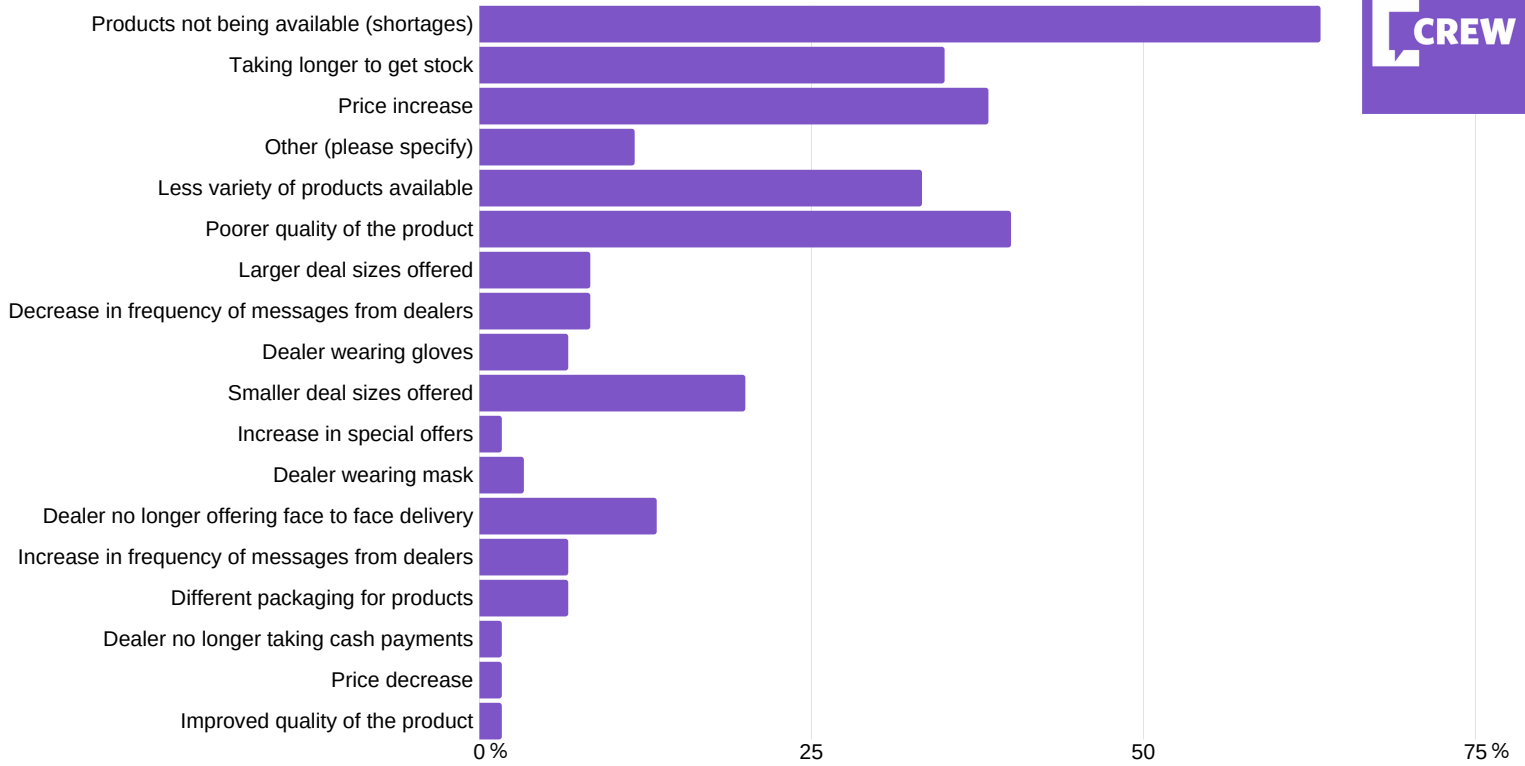
Has there been a change to the type of drugs (inc. alcohol) taken due to COVID-19?



Comments include:

- NPS [comment from Edinburgh]
- Trying to use the same but drinking more cause its still available/Greater alcohol consumption/drinking more/alcohol/Drinking more
- Only Alcohol
- Less heroin though/Unable to source heroin
- Instead of weed buds, edible hemp balls are the only option [comment from Delhi]
- No. Possibly slightly more cocaine use/more cocaine use/cocaine use going up/More cocaine use. There does not seem to be a problem with supply of cocaine at time of writing.
- Poly drug use increased
- Unable to check due to not seeing clients face to face/Very limited contact
- Benzos more/Increase street Valium, NPS spice
- Drinking more regularly due to ease of access. Also started smoking weed again on a daily basis, which hasn't been the case for several years. Haven't taken any "harder" drugs or psychedelics so far during lockdown but have supplies to do so if I wish.
- Trying new things since the only option is the internet & it has many options
- Drinking more, taking more coke and meth taking Xanax to smooth the edge. Stuck home alone is hard.
- I was quarantined for 14 days, so I smoked more weed to cope with anxiety because of not being able to leave the apartment, i drank more alcohol because it was already there and took more amphetamines to be able to maintain weight and not gain it.

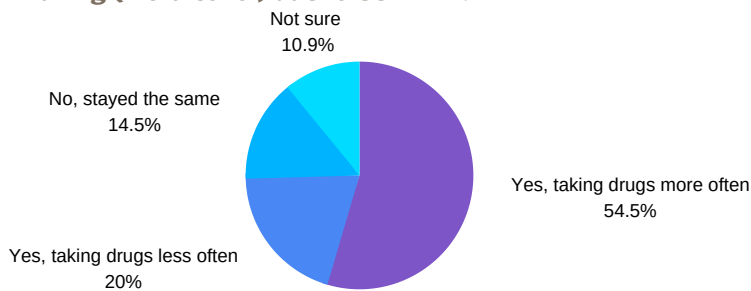
What changes have you noticed?



Comments include:

- Clients can't get the same quantity they are used to/Problems with supply locally leading to people taking drugs less often/less availability
- Heroin being sold looking different colour described as darker than normal/Reports of crack being added to heroin/Poor supply of heroin, street tablets [benzos]
- Change in benzos, now meant to be Spanish or marked MSJ and are slow acting/"spanish benzos"/Increase in NPS/Possible drop in supply of Cocaine & crack
- No change
- Haven't bought stuff since the shutdown
- No supply anymore/Dealers in my area have stopped selling altogether/Dealers just not selling anymore/Can't reach dealers slower response/less supplies/Harder to obtain/can't get any/less dealers in area
- Longer shipping times
- Dark web unaffected but slower delivery
- Weed seems to be easy to get. According to friends (who are still taking drugs at the moment) it is easy to get cocaine. Ketamine seems to be in less supply.
- Increase in after 10pm delivery
- Smaller deals, quality bad
- I believe the supply is becoming shorter and more expensive over the past few weeks
- More police checks/Local police using travel restrictions to target people suspected of being drug users or dealers

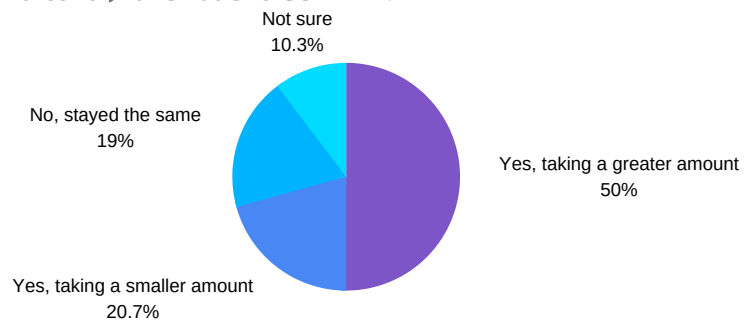
Has there been any changes in the frequency of drug taking (inc. alcohol) due to COVID-19?



Comments include:

- Lack of any other contact with services
- I am still working (from home), so I still have some structure to my day. I smoke some weed on some evenings, and drink sometimes at the weekends. Some of my friends, however, have increased their use of alcohol, weed and ketamine due to boredom and due to losing work (they don't really have a reason to be sober in the day)/At home more, easier to smoke whilst I work.
- [Taking less] Can't get any/All due to supply issue/due to interruption in supply/reduced due to supply issues/Less frequent due to lack of supply, increase in people in withdrawals/Clients reporting reduction of use/frequency however testing has reduced due to change in working due to COVID-19, therefore unable to see evidence of reduction.
- Something everyday instead of most days
- Increased greatly because no one notices I start drinking at noon/Other people seem to be drinking more frequently because staying at home/Drinking/Also drinking alcohol on week days/Also more alcohol
- People going back to injecting from foil
- No parties anymore, clubs are closed/As the nightclubs are closed I stopped consuming/I am taking less drugs because I have chosen to use this time to not do coke, ketamine, MDMA. Before, I was using these recreationally most weekends. All music events have been cancelled and I am following social distancing and not seeing my friends, so there is no reason for me to take those drugs at the moment. however, some of my friends still are.

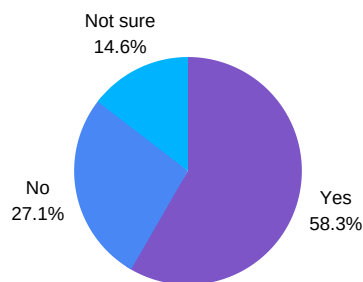
Has there been any changes to the quantity of drugs (inc. alcohol) taken due to COVID-19?



Comments include:

- Higher price for less/Sizes smaller so people needing to buy more
- Only taking less because they can't get as much/Clients reporting using less. Possible loss of supply of Cocaine/Crack. Reduction in availability of illicit Benzodiazepines/Using less due to supply issues
- Something every day instead of most days
- [Yes, taking a greater amount] When they can get it and due to poorer quality
- Substantial increase in alcohol purchase/more alcohol/Increase in alcohol use to compensate for non availability of illicit substances
- [Stayed the same] talking about my own consumption. Other people I know seem to be drinking more/My clients appear to be drinking more due to anxiety related to COVID-19/It's gone up estimated 150-200% because I'm stuck at home and like no one is judging me for drinking while I telework.
- No longer taking any drugs apart from weed every few days: alcohol on weekends
- Smoking more weed, but other hard drugs+alcohol smaller amount
- [Taking less] Because I'm anxious about the virus and about the work I'm doing (related to the virus—in a PR type of field). It's always on my mind so and can't relax in normal ways
- More time at home. It occupies the time. It's an escape.
- Don't go out so not buying any
- Due to not needing to attend meetings or DTTO [Drug Treatment & Testing Order] they are no longer worried about consequences or being sober enough for an appointment.

Has the changes to the the way drugs are bought, sold or taken caused any worry or feelings of anxiety?

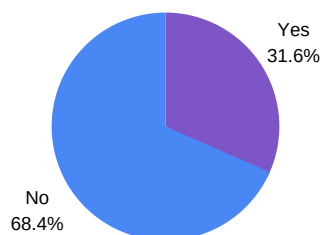


Comments include:

- [Yes] I have to travel further to source it.
- No, not at time of writing/not yet/just a little
- More police around due to lockdown/Greater police presence-stop search more enforced
- I am more concerned by how they have not changed.
- Some of our service users are feeling very desperate and will take more risks
- More frequent and larger orders online feel like an increase in the risk of getting caught to me.
- Concerns that if people can not get a hold of what they would normally use there will be increase in OD as using substances they are not used to.
- Not for me personally. I have used the opportunity to stop doing drugs (except weed and alcohol). Some of my friends have been worried about how they will be able to find any ketamine
- Yes regarding availability/Lack of supply. Fears of withdrawal/Anxiety about not getting supply and feeling unwell with withdrawals
- The uncertainty of how long people are expected to be confined to isolate and the uncertainty of how long people will have to wait until their normal weekly meetings and recovery activities can be implemented again is causing a lot of people stress over unknown time lengths
- People feeling isolated, increased anxiety, stress/isolated/anxious/stressed/boredom/increase in anxiety/Bored, stressed, no need to be sober because I don't have any incentive
- More social conflicts due to being in quarantine for prolonged amounts of time, boredom, in general more free time slots for taking drugs
- Lack of personal interactions has also increased stress and cause detrimental affects to already poor MH [mental health]



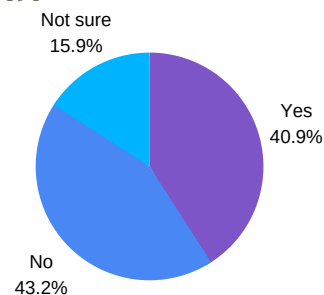
Has there been any difficulty in accessing prescriptions due to COVID-19?



Comments include:

- No so far
- For clients who weren't already seeing GP or drug service I cant get them anything to stop the withdrawal as everyone is to busy. for clients who were already in treatment theirs has continued but big lines at chemists and people in the hostels taking scripts from each other
- Espranor [buprenorphine] was difficult but have it now
- Just literally finding time to go to the pharmacy knowing all the restrictions
- Those in "shielding" having trouble getting there daily script - pharmacies not delivering and staff unable to collect. Service user forced to collect own script when should be self isolating.
- No access to OST or benzodiazepine substitutes
- We deliver directly to pharmacy. Clients only have to attend three times a week for their Methadone or Suboxone.
- Staff delivering to clients in self-isolation.
- Unable to access prescription for methadone from local addiction services
- Dealers waiting at pharmacy with whatever they have for sale

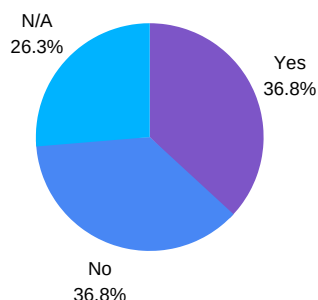
Did you (or they) stockpile any drug (including alcohol) due to COVID-19?



Comments include:

- Yes, hemp balls
- I always stock, since my dealer lives in other town
- Ketamine, 4-MMC and Kratom. [comment from Berlin] Increased amounts taken means more is needed, right?
- Clients tend not to divulge information like this to their key-workers.
- I got a large amount of weed and some of my friends stocked up on coke/ketamine. I have been buying alcohol from the shops but I did not stock pile
- Booze/Stockpiled alcohol/drink!
- No evidence of this available
- I've not enough money
- One client stockpiled cannabis
- People are stocking for fear of shortage
- Buying in bulk

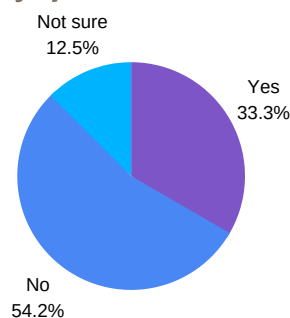
Has there been any difficulty in getting support related to drug use due to COVID-19?



Comments include:

- Easier access to OST [opiate substitution therapies]
- GP's not taking on patients for ORT [opiate replacement therapies]/Unable to register with prescribing GP practices/No dr appointments
- Services still available however not face to face/local services not doing face to face contact/No face to face support, hard to speak to anyone on the phone,
- The local NA/AA [Narcotics/Alcoholics Anonymous] meetings are online which I don't trust due to my job/Internet access due to recovery groups being suspended
- Yes, a lot of people who have access to group meetings, NA and other types of activity can't and now everyone are being told to use online meetings which quite a few are really struggling with and finding that it isn't enough to stay abstinent or attempting to stop using illicit drugs and just rely on their prescribed medication
- [Yes] All services, recovery meetings, CPN [Community Psychiatric Nurse] drug workers/ Services are all reduced and working from home
- Everything on hold for those going into rehab or detox/no more places in rehab centers
- No, not really. No clients permitted to attend our unit in person at the moment. All support, counselling, and assessment is carried out by telephone. A letter is posted to clients home address beforehand explaining they will receive a call from a member of our staff on a certain time and date. There has been some difficulty contacting certain drug clients by phone, however this has always been the case. We liaise with pharmacy staff closely who will alert us to any problems when clients attending for their medication.

Have you (or they) experienced any unintended withdrawal symptoms due to COVID-19?



Comments include:

- Heroin withdrawals/Typical heroin withdrawal/Opiate withdrawals/Opiate withdrawal
- Shaking, delusions, sickness, cramps/Sickness, pains/Seizures, panic, prolonged withdrawals/Shaking and aches/Sickness and diarrhea
- Nicotine withdrawal since the stores have closed
- No, not as yet/no... yet
- Due to the Easter Day Friday, the chemist was shut so it meant those who needed to collect scripts couldn't and then had to go without on Friday until they can collect the next lot then
- I have not, not sure about friends
- Contact with clients is very limited
- Clients have not reported this