

DrugScope Street Drug Trends Survey 2007: Two tier cocaine market puts drug in reach of more users

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DrugScope is today publishing the results of its Druglink magazine 2007 Street Drug Trends survey. Key trends uncovered by the survey indicate that the UK cocaine market is maturing and expanding with the drug as affordable as it has ever been. In many areas dealers are offering two grades of cocaine to buyers, effectively dividing their sales into economy and luxury cocaine, putting it in reach of more and younger users.

The survey compiles feedback from 80 drug services, drug action teams and police forces in 20 towns and cities across the UK and represents a snapshot view of current UK street drug trends [\[1\]](#).

The two-tier cocaine market sees dealers selling cheaper, more heavily cut cocaine to students, pub users and those on low incomes at around 30/gram, while targeting more affluent consumers with a higher quality drug at around 50/gram [\[2\]](#). Worryingly, some drug charities have confirmed that the age of clients coming forward with problems relating to cocaine use is dropping. Overall, official statistics show that cocaine use is relatively stable [\[3\]](#), but feedback from the survey indicates that use among young people may be growing.

In some areas young people are buying cheap, low-grade cocaine to mix with other drugs. Many police forces and drug services are seeing an increase in polydrug use with more young people using cocaine as well as alcohol, cannabis and ecstasy. [\[4\]](#).

Over the last decade, cocaine's position in the UK drug economy has shifted significantly. Use of the drug is no longer restricted to the rich although it has not completely lost the glamorous associations of its past. Many users appear unconcerned by the drug's class A status and do not associate the drug with its serious health risks that include heart problems, mental ill health and the potential for dependency.

British Crime Survey statistics show a steep rise in cocaine use in the late 1990s with levels of use remaining relatively constant since 2000 [\[3\]](#).

Other drug trends

Other trends reflected in the survey include a similar two-tier market for ecstasy-type drugs. In some areas, the bottom has fallen out of the ecstasy pill market with the average street price of a pill now as low as 2.40, with pills most commonly sold in batches of 3 to 5 for 10. Pills sold as ecstasy often contain no MDMA and are instead made from an amphetamine (speed) base. In response more drug users are willing to pay a premium for crystal or powder MDMA at an average price of 38 per gram.

In Birmingham it has been reported that crystal and powder MDMA now take up 35 per cent of the market share (compared to 5 per cent ten years ago). The low MDMA content of most ecstasy pills in the area has seen teenagers as young as 15 turning to the hallucinogenic drug ketamine. Young people's drugs services in Birmingham have consequently stepped up their health messages around the use of ketamine.

Young people's use of alcohol as a replacement for illegal drugs when they are either not available or too expensive is of concern to several agencies.

Previous trends picked up by the *Druglink* Street Drugs survey including the combined dealing and use of heroin and crack cocaine in speedballing, anabolic steroid misuse and the rarity of crystal meth all remain significant in 2007. Apart from heroin, which has dropped in price by an average of 10 per gram since 2004, drug prices have remained relatively stable.

DrugScope's chief executive, Martin Barnes, today responded to the findings of this year's survey:

We do not wish to exaggerate the extent of cocaine use but our survey does reveal some worrying trends. The use among young people, the drug's affordability and the combination with alcohol and other drugs is clearly a concern.

There is little if any evidence that current efforts to tackle supply are impacting on the availability and price of cocaine, indeed dealers are able to meet the demands of different users by creating a two-tier market. One of the reasons why crystal meth remains relatively rare in the UK may be because there is such an established and profitable market for cocaine.

DrugScope is aware that the Home Office is planning a campaign around cocaine use through FRANK, but remain concerned about the impact of this year's government funding cuts to young people's drug and alcohol services.

The current drug strategy has focussed on breaking the links between drugs and crime with most resources dedicated to tackling the use of heroin and crack cocaine. We are concerned that we may be entering a new era of problem drug use relating less to heroin and crack and more to the misuse of alcohol, cocaine, cannabis and ecstasy. The longer term public health impacts of such a shift should not be underestimated.

ENDS

Notes for editors

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Copies of the Street Drug Trends 2007 analysis article from *Druglink*'s September/October edition are available on request from press@drugscope.org.uk.

IMPORTANT NOTE: DrugScope emphasises that the survey represents only a snapshot view of the current UK drug trends and average UK drug prices.

Average UK national street drug prices

Drug type	2006	2007
Herbal cannabis (standard quality) per oz	70.00	87.00
Herbal cannabis (good quality) per oz	121.00	134.00
Resin cannabis per oz	54.00	55.00
Heroin per gram	46.00	43.00
Cocaine per gram	43.00	43.00
Ecstasy pill	3.00	2.40
Crystal/powder MDMA per gram	40.00	38.00
Amphetamine per gram	9.70	9.80
Ketamine per gram	28.00	25.00

Last year, *Druglink* found that most heroin was being sold by the bag and most crack was being sold by the rock. In 2007, the average bag of heroin weighed 0.15g and the average cost was £10. The average rock of crack cocaine weighed 0.15g and the average cost was £10. There was no significant change from the 2006 figures.

[1] How the survey was completed

Druglink magazine contacted 80 voluntary drug and alcohol services, drug action teams (DATs) and police forces in 20 UK towns and cities: Belfast, Birmingham, Blackpool, Bristol, Cardiff, Glasgow, Gloucester, Ipswich, Liverpool, London, Luton, Manchester, Middlesbrough, Newcastle, Nottingham, Penzance, Portsmouth, Sheffield, Torquay and York. The survey was carried out in July and August this year and the survey has been carried out annually since 2004.

In 2006 the survey started to focus on drug trends rather than drug prices. Trends are a more reliable indicator of problems in specific areas as they develop over time and tend to be more sustained. In this way, DrugScope last year highlighted the public health concerns about the injecting of anabolic steroids and crack/heroin in combination (speedballing). Both of these trends are still live in 2007.

Prices can fluctuate in any given area due to factors such as the sudden arrival of a group of dealers who may drive down the price of certain drugs. Overall the national average prices have remained relatively stable since the survey started and this was reflected again in this year's findings.

[2] Average purity of cocaine

The average purity of cocaine seized by police at street level between April and June this year was 34 per cent, down from 54 per cent ten years ago. Seizures by Customs and Excise have remained fairly constant over the last four years and currently stand at around 67 per cent purity. This indicates much of the adulteration is taking place within the UK in order to increase profit margins. The most common adulterants in samples of seized cocaine include pain relievers benzocaine and phenacetin, the local anaesthetic lignocaine and caffeine. Source: Forensic Science Service.

[\[3\] Use and prevalence data for cocaine powder](#)

The use of cocaine powder among the 11 – 15 age group has remained steady over recent years according to the official statistics. Among 16 – 24 year olds, use of cocaine powder increased in 2005/06 after remaining relatively stable since 2000. See below for tables and sources.

11 to 15 year olds

Source: The Information Centre for Health and Social Care, *Smoking, Drinking and Drug Use among Young People in England in 2006* www.ic.nhs.uk

Respondents to the *Smoking, Drinking and Drug Use among Young People in England* survey who reported using (any) cocaine in the last year :

Information Centre data	2001	2002	2003	2004	2005	2006
% pupils aged 11 - 15	1.2%	1.3%	1.3%	1.4%	1.9%	1.6%

General population (16 – 59 year olds) and 16 – 24 year olds

Source: The Home Office, *Drug Misuse Declared: Findings from the British Crime Survey 2005/06* <http://www.homeoffice.gov.uk/rds/pdfs06/hosb1506.pdf>

Respondents to the British Crime Survey who reported having used cocaine powder in the last year :

British Crime Survey data	1996	1998	2000	2001/02	2002/03	2003/04	2004/05	2005/06
% of 16 - 59 yr olds	0.6%	1.2%	2.0%	2.0%	2.1%	2.4%	2.0%	2.0%
% of 16 - 24 yr olds	1.3%	3.1%	5.2%	5.1%	5.1%	5.2%	5.1%	5.9%

[\[4\] Polydrug use among young people](#)

Polydrug use is the use of more than one drug, often with the intention of enhancing or countering the effects of another drug.

Howard Parker, Emeritus Professor in Applied Social Science at Manchester University, writes in this month's *Druglink* on shaping drug and alcohol services to meet local needs. On young people's drug services Parker writes: *The alcohol-cocaine-cannabis-ecstasy (ACCE) profile now dominates presentations to under-18s services in most areas.*

Anecdotal reports suggest that using cocaine while drinking alcohol may reduce the individual's perception of intoxication. This may encourage individuals to drink more alcohol and/or use more cocaine. Cocaine may even be used to enable an individual to drink more alcohol. The consumption of cocaine and alcohol simultaneously leads to the production of cocaethylene in the body. Cocaethylene is reported to be more liver toxic and to place more strain on the cardiovascular system than either cocaine or alcohol in isolation.

Other relevant information:

DrugScope information page on cocaine and crack

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

For more information please contact Ruth Goldsmith in the DrugScope Press Office on 020 7940 7517 (07736 895563 out of hours) or at press@drugscope.org.uk