

ACMD Drivers of Cocaine Use Working Group – Call for evidence

Please consider the following information before completing the questionnaire:

Completing the questionnaire

Although your expertise may be better suited to tackling only a subset of the following questions, it would be helpful if you were to consider every question in the questionnaire.

Where possible, please provide supporting evidence in your response. The ACMD considers a wide range of evidence as part of its advice, including published literature, statistics, data from UK organisations and expert and stakeholder opinions.

A free text box has been included in the questionnaire (Section 7) for respondents to include any comments relating to the drivers of powder cocaine use in young people and adults that they feel have not been covered by this questionnaire.

Please return your submission to the ACMD Secretariat at:

acmd@homeoffice.gov.uk.

How we will use your information

Respondents should note that evidence submitted will inform the development of recommendations from the ACMD and could ultimately be published. However, in the interest of confidentiality and protecting commercial interests, any information submitted will be non-attributable.

All data submitted in response to this Call for Evidence will be protected by the ACMD Secretariat in accordance with the General Data Protection Regulation (GDPR). Furthermore, Section 43(1) of the Freedom of Information Act provides an exemption for information which is a trade secret, whilst Section 43(2) exempts information whose disclosure would, or would be likely to, prejudice the commercial interests of any person (an individual, a company, the public authority itself or any other legal entity).

Section 1: About yourself / your organisation

Q1. Please indicate below if the following statement is applicable:

- “My submission should be considered a personal response reflecting my professional experience in this area and therefore not representative of the organisation I work for.”
- “My submission should be considered as representative of the organisation I work for.”

Q2. Please describe either the nature of your organisation or your personal expertise within this area:

WithYou are commissioned to run drug and alcohol services across England and Scotland. This includes many different services from engagement and advice, to harm reduction, treatment (including clinical, nursing, psychotherapy and trauma approaches), recovery/community support, to supporting the Armed Forces communities. As our core work, this is the largest proportion of our work and the majority of our staff are employed in drug and alcohol services. WithYou also runs stand-alone young people’s services and a number of others that are integrated within the adults’ services, across the country. Services are developed locally around the needs of the young people and provide a holistic approach to support, focusing on reducing risk-taking behaviour, building resilience, self-esteem and wellbeing in order to make positive change.

Section 2: Powder cocaine use amongst young people and adults

Q3). Do you have evidence around the prevalence and patterns of powder cocaine use by the following populations?

Please tick all boxes for which you have evidence.

- Under 16 years old
- 16 – 24 years old
- 25+ years old

Q3a) Please expand fully on the evidence around prevalence below.

From examining the cocaine referrals into our services in 2022-2023, 18 were below the age of 16, 239 were between the ages of 16-24, and almost 1000 were ages 25+. A cross section of WithYou staff from services across England and Scotland contributed insights to inform the responses to this consultation.

Q3b) Please expand fully on the evidence around patterns of use and user behaviours below. Please include any evidence around how you believe patterns of use have been changed.

Q3c) Do you have any evidence around trends or patterns in powder cocaine use for specific groups you work with e.g. university students, nightlife patrons, people who inject drugs??

- Yes
- No

If yes, please provide details and supporting evidence.

Click or tap here to enter text.

Section 3: Drivers of powder cocaine use

Q4). Do you have evidence of insights that the following factors have led to changes in powder cocaine use?

Q4a) Availability (Yes or No)

This evidence can come in many forms and may include (but is not limited to) professional experience and observations, local intelligence, and formal evidence and study findings.

Yes

No

If yes, please provide details and your supporting evidence.

Across almost all areas where WithYou has a footprint, providing drug treatment and recovery services, young persons and talking therapies services, we hear that powder cocaine has become more easily available to all demographic groups. We have noticed this trend for a good number of years, and this has continued to increase since the pandemic. Clients tell us that powder cocaine is very easy to obtain. That it can be found in any pub they drink in, and most clients say they will know cocaine dealers. We hear that cocaine is increasingly available online, through the dark-web, and marketed and sold through social media. Dealers are offering a wider variety of ways payments can be made, and increasingly catering for the buyers needs, such as offering to drop off drugs at a specific location, rather than a buyer having to go to where a dealer wants to meet them. We know cocaine is being used widely across society. In 2019, we undertook a survey in Scotland based on over 8000 online responses from people living in Scotland and who used drugs in the last 12 months. Our survey found although an average of 7 in 10 drug users regularly used cocaine, only 14% seek help from healthcare professionals or charities. 90% of the people who responded to the survey were employed or in full-time education. Although these results were Scotland based, it is likely to be a similar picture across the UK.

Q4b) Affordability (Yes or No)

This may be evidence of greater actual or perceived affordability of cocaine, or affordability in relation to products such as alcohol and other drugs. Please consider how changes in affordability may have affected use.

Yes

No

If yes, please provide details and supporting evidence.

Across all areas we operate, we hear that cocaine has become increasingly affordable. Whereas before 2020, we typically would have seen the price of a gram of cocaine being around £100, it is much more common to hear it being available for £60 a gram or less now. We have also heard from our staff that it is increasingly being sold in smaller amounts such as 0.7 grams as opposed to a full gram, which may also partly explain the increasing frequency of it being available at lower cost. Some staff highlighted that they have heard from clients that it can sometimes be available in even smaller amounts such as 0.2 grams and 0.5 grams. We also heard that special offers provided by dealers on social media also make it more affordable, such as offering the first gram for free when buying in bulk. We also hear that dealers are often providing cocaine to users on tick (credit), increasing the perception of affordability as users may not have to pay for it there and then. We know that cocaine used to be thought of as a middle class, middle-aged dinner party drug, but our experience is that it's now everywhere, used across all social classes, in different nightlife settings, in both urban and rural communities, and across both young, middle-aged, and older groups. This is a direct consequence of years of it becoming cheaper in price. With it being more available, it has become more affordable to a wider group of people, including young people, who we heard will often pool resources to get a gram and then share it out.

Q4c) Social acceptability (Yes or No)

Evidence on the acceptability of cocaine use in the general population, people who use cocaine, and those who might be considering use. Include evidence on how this might affect use.

Yes

No

If yes, please provide details and your supporting evidence.

A key message we heard from our staff and our clients is that using cocaine has become increasingly normalised across society, and that its social acceptability has increased in recent years, across all age groups. For many young adults, it is the drug of choice on a night out and is used alongside alcohol. This is also now filtering down to young people under 18. The media perception of powder cocaine plays an important role in its increased acceptability, where it is often glamorised and its negative health impacts

are much more rarely portrayed compared to some other drugs such as heroin and crack cocaine. It has been evident by the way people discuss cocaine use in service and in groups that it is socially acceptable to a point where it is expected as the norm. People describe how they are shocked if they do not see people using cocaine in the toilets of local pubs. The impact of socially acceptable use of cocaine is evident in the number of clients who describe using powder cocaine with family members including parents.

Q4d) Visibility and ease of access

Evidence on the visibility (e.g. in night-time economy settings) and accessibility of powder cocaine, and how this may drive user behaviour.

Yes

No

If yes, please provide details and your supporting evidence.

We heard anecdotally that cocaine dealers can often be quite different to other drug dealers, such as those dealing heroin and crack. For example, they are more likely to be in full-time employment and selling powder cocaine on the side. The young people we work with highlight that cocaine is often available in parties and social settings, and for a lot of the young persons, using cocaine will have been provided by a friend, rather than having to buy it directly from a dealer. We also heard anecdotally that cocaine is increasingly being sold by dealers alongside other drugs and is increasingly being sold on social media platforms. We also heard comments that there is a perception of reduced police presence and reduced threat of police intervention, reducing the risks faced by users, and meaning people are now being less discreet in public settings than they used to be.

Q4e) Perception of risk (Yes or No)

Evidence around the perceived risk of powder cocaine use, how this impacts user behaviour. Include evidence on risk of health and social harms, and perceived risk to people who use cocaine and risk to others.

Yes

No

If yes, please provide details and your supporting evidence.

We heard that young people are increasingly thinking it's one of the lower risk drugs to take, and that there is a low risk in them becoming dependent. They are used to seeing adults around them using it recreationally on the weekends, and it is therefore seen as nothing more than a common recreational activity, alongside drinking alcohol. We heard clients describe how it is normal to have a few lines at the weekend and questioning how bad it can be as it is so commonly used, as well as it is going hand in hand with having a drink, and that it's probably less harmful than alcohol. The prevalence of use and the accessibility led people to assume the dangers are exaggerated.

Q4f) Specific user behaviour (Yes or No)

Evidence of specific user behaviour driving powder cocaine use. For example this could include:

- Use alongside alcohol
- Use in public settings (the night-time economy, festivals, unlicensed parties)
- Use in private settings

Yes

No

If yes, please provide details and your supporting evidence.

We have seen changes in user behaviour following the pandemic. The perception among our staff is that people were using less cocaine during the pandemic period, and that it began to be more widely used following the ending of all pandemic restrictions as people began to socialise more. For many of the people we work with who need support for their cocaine use, their problematic cocaine use is also linked to alcohol. This is particularly the case for young adult males. We have heard that for many people using cocaine out at pubs, bars and nightclubs on the weekend, cocaine is used as a way to be able to carry on drinking longer. For young people, we most likely hear that they do a "line" at parties with alcohol in private settings, they are less likely to be using cocaine when in pubs/bars. We are also seeing cocaine use becoming increasingly common as a social activity among people with certain occupations, for example in the building trade where people earn relatively good money, will often be working away from home for periods of time and its use is more socially accepted. Lastly, we know there has been an increase in cocaine injecting among certain groups, particular people who are homeless and living on the streets, with more

acute and complex needs, and who may be more difficult to engage in services.

Q4g) If you are aware of any other drivers of powder cocaine use not mentioned above, please expand upon these, with supporting evidence, below.

We are seeing cases where child exploitation is becoming increasingly a key driver of cocaine use among young people. It can be seen as aspirational by some young people and is offered freely by older dealers as part of grooming behaviour. This is an area where there will often be safeguarding concerns about young people who are at risk of being pulled into situations of owing drug-related debts to dealers and becoming subsequent targets of exploitation. We also hear that boredom is an important driver in powder cocaine use in young people. Many young people will have limited things to do in their local community, and cocaine can give them a social activity, giving them a feeling of popularity and a level of excitement about the risk of doing it. We also know for some young people; they may be using it as a consequence of their poor mental health. Lastly, the perception of increased sexual performance, and increased libido has also been mentioned as a driver for powder cocaine use amongst clients.

Section 4: The risks and impact of powder cocaine use amongst young people and adults

Q5) Are you aware of differences in risk to users from powder cocaine based on the age of the user?

Yes

No

If yes, please provide details and supporting evidence.

We have found that young people who started using drugs at a younger age were far more likely to have their use develop into dependency than those who started using at a later age, particularly for those who used alcohol, cocaine, and amphetamine-type stimulants. These findings came from (internal) research commissioned in 2022 by the Scottish Government, where we conducted a digital survey of young people to better understand young people's drug and alcohol use, as well as their preferences for accessing support and perceived barriers of asking for help. We used the Screening to Brief Intervention (S2BI) method and the Drug Abuse Screening Test (DAST-10) and surveyed over 2000 in young people total, asking young people about drug use over 12 months. Cocaine had been used by 40% in the 12 month period and was found to be one of two drugs that posed the highest risk to negatively impacting young people's lives.

Q6) Are you aware of reasons why young people who start using powder cocaine continue into adulthood?

Yes

No

If yes, please provide details and supporting evidence.

Staff surveyed for this consultation highlighted several reasons why young people who start using powder cocaine continue into adulthood; They may experience positive effects from using cocaine while its relatively new to them; The impact of their social circle/peers continuing to use on weekends recreationally; Its widespread social acceptability; It becomes increasingly affordable as young people get older due to having more disposable income; Young people start to drink and go out more, and cocaine allows them to continue drinking for much longer periods; In more economically deprived communities, young people with poor job prospects may recognise

the financial advantages and status they can achieve through the business of small scale drug supply.

Section 5: Prevention, early intervention and harm reduction of powder cocaine use amongst young people and adults

Q7) Are you aware of any evidence around the effectiveness of methods of prevention, early intervention and harm reduction specifically targeted at powder cocaine use.

Include, for example, interventions you have developed and evaluated, reviews or briefings you may have written. Please do not include a general review of the literature on this topic.

Yes

No

If yes, please provide details and supporting evidence.

An intervention we have found particularly effective at supporting people who use is WithYou's webchat service which has been running since 2017. We provide support for a wide range of drug-related issues, however cocaine is one of the most common drugs that we find people reach out for help with. These individuals accessing this support are most often in work, with recovery capital available. They access our webchat service because in-person are often open only during working hours, with a requirement to attend in-person. We offer an alternative and more accessible option, therefore reaching more people whose risk may increase because they face barriers to other services. The type of people we support through webchat is highlighted by this quote from one of our webchat advisors: "A common and consistent cohort of individuals we engage are young people who use stimulants on a night out. The next day they tend to have high levels of health anxiety that they are dying. We have been able to provide reassurance to many people in this situation. For example, there was an individual recently that once we got them to a place where the anxiety had massively eased, we could use a bit of motivational interviewing where we saw an opening around their social group, why they choose to use, their thoughts on if they will use again and generally helped encourage them to reflect."

Section 6: Powdered cocaine use and the treatment population

Q8) Are you aware of any evidence around the changes in the use behaviours of powder cocaine within the treatment population? For example, this may be injecting powder cocaine.

Yes

No

If yes, please provide details and supporting evidence.

There are a few trends we have observed of the changing behaviours of people who use powder cocaine within the treatment population; It is very often used in conjunction with alcohol; It is also increasingly being used alongside ketamine, especially among young adults; People who use cocaine often can be more hesitant to access support, believing they do not need support, and are often less likely to self-refer into a physical service; Anecdotal evidence from our staff and clients indicate that injecting powder commons is becoming a much more common practice than it used to be

Q9) Are you aware of any evidence around the emerging physical and mental health risks associated with IV use of powder cocaine?

This would be specific risks associated with powder cocaine injection, such as greater risk of abscesses. Please do not include general information on the harms of injection

Yes

No

If yes, please provide details and supporting evidence.

Click or tap here to enter text.

Section 7: Any Other Comments

Please include any information such as relevant links to webpages, reports, or international projects in progress.

Click or tap here to enter text.