



# ru-ok? Briefing April 2026



## NEWSFLASH

HEALTH WARNINGS AND OTHER NEWS ...



### Rapper in recovery:

"This Bed I Made... Rooted in Gurna B's own journey, it explores accountability, healing, fatherhood, faith, and what it truly takes to rebuild a life." Article by [Forward Trust](#) 27<sup>th</sup> March 2026

[Click here to go to Forward Trust](#)



### Ketamine:

"Sophie, 25, looks back on an addiction that has left her with "just no quality of life at all". She's one year into recovery, but the effects are felt every day." Fergal Kinney for [The Face](#) 27<sup>th</sup> March 2026

[Click here to go to The Face](#)





### **Ketamine:**

*"The pain is unimaginable... I was going to the loo every two to five minutes. It's like 'What am I even doing this for?'"* Matthew Fulton for STV news 25th March 2026

[Click here to go to STV](#)



### **Ketamine resource:**

*Created by the Matthew Project alongside young people in Norfolk, this page gives good information on ketamine and the related harms.*

[Click here to go to The Matthew Project](#)



### **Cannabis:**

*"That 'hijack' is what causes the munchies, as THC turns up the brain's interest in food to more extreme levels for longer than normal"*  
Kenna Hughes-Castle Berry for Live Science 28<sup>th</sup> March 2026

[Click here to go to Live Science](#)



### **Counterfeit Medicines:**

*"Highly potent synthetic opioid drugs called Nitazenes... have been linked to hundreds of deaths in the UK. s". Navtej Johal for BBC News 12<sup>th</sup> February 2026*

[Click here to visit YouTube for video article](#)



### **Alcohol:**

*"It sends us to sleep and wakes us in the night, excites us and depresses us, gives us confidence one moment, anxiety the next."*  
Article by Joel Snape for The Guardian 7th April 2026

[Click here to go to The Guardian](#)



### CURRENT TRENDS

# Poly-Drug Use



Not so long ago, people tended to have a 'drug of choice', where they would be faithful to one particular drug that they would use on its own. Now, most young people we talk to do not have this. We see cannabis and alcohol often used alongside drugs such as ketamine and benzos (e.g. Valium/Diazepam and Xanax/Alprazolam).

Every mix increases risk, and sometimes it is more than just 1+1. Sometimes, drugs can react to each other in a way that increases harm. For example, cocaine + alcohol = cocaethylene. This is a potent stimulant formed in the liver that can severely challenge heart function. The harm to the body lasts longer than cocaine on its own. The body is now dealing with a depressant (alcohol), a stimulant (cocaine) and a stronger stimulant (cocaethylene) and this increases risk of sudden death by up to 25%.

Another major risk is mixing depressant with depressant. This can be Xanax with alcohol, lean with Valium, or even alcohol plus more alcohol. As depressants are slowing down the central nervous system, which can cause respiratory depression (reduced breathing), there is a higher risk of fatal overdose if this is not treated in time.

If you are interested in finding out more about drug interactions, the link below is an excellent site to explore. Please be mindful as always that this advice is developed for adults, and so the risks to our adolescents is higher than presented on [Drugsand.me](https://www.drugsandme.com).

[Drugsand.me interactions](https://www.drugsandme.com)



### DRUG OF THE MONTH



# Lean



## (aka dirty sprite, drank)

Made famous in America, lean is typically where cough syrup containing strong codeine and promethazine (sedating antihistamine) is mixed with a fizzy drink and/or boiled sweets.

These particular cough syrups can't be purchased over the counter in the UK, so here, the phrase 'lean' typically refers to liquid medicines (such as cough syrups which contain lower dose codeine or morphine) being mixed together. It is often combined with codeine and/or promethazine tablets, and is then added to soft drinks, and/or sweets like lollipops.

This mixture is attractive to some young people as all the ingredients can be sought easily, it is sweet and is promoted in rap culture as a recreational party drug. It is understandable how some may not realise how dangerous it can be.

We hear that many young people are not mixing their own lean. They are mostly buying it pre-mixed through a social media sourced dealer or online. Therefore, the person using it has no control over what is actually in their drink, thus increasing the risks. We are also hearing that pre-mixed lean comes with a hefty price tag of £80 - £120 a bottle so there are questions to be asked too about how a child is affording this.

Codeine is an opioid, which means it is related to heroin. Although usually much less potent than heroin, codeine (and therefore lean) works in a similar way, in that an individual can develop a dependence in a relatively short period. This is due to how opioids short-circuit the brain's reward response system meaning people will go back to lean again and again for that sense of euphoria. As use continues, tolerance occurs and that euphoric feeling no longer comes, so more lean is needed to feel something. This cyclical loop is where the risks of overdose and addiction are at their peak.

Using Lean together with alcohol or other drugs is very dangerous, and can have unpredictable effects, especially risky when used with other depressants.



## What can it do?

How lean can make you feel will depend on what's been mixed together. Generally speaking, drinking lean can make you feel:

- Relaxed
- Uneasy or restless
- Euphoric
- Sleepy
- Nauseous
- Dizzy/unsteady on your feet (hence the name 'lean')



Lean can also cause:

- An out of body experience
- Sweating
- Hallucinations
- Distorted sense of time
- A lack of control over movements
- Raised heart rate or temperature
- A dry mouth
- Overdose (unconsciousness potentially leading to death)



## How long do the effects last?

It depends on several factors, including what's been mixed together to make the lean, as well as age, weight, and metabolism, level of experience with opioids, what has already been taken, the purity of the drug, and the dose.

Generally speaking, the effects start within 30-60 minutes, and can last up to six hours. Redosing should not occur for at least 2 hours.





## Drinking lean frequently can be very dangerous.

Long term risks of regularly consuming lean include:

- Seizures
- Constipation
- Organ damage
- Dental decay
- Declining mental health
- Dependence
- Increased tolerance (leading to higher doses) which can lead to overdose.



## What happens if someone overdoses?

Call 999 and share whatever is known about the drug use.

“Nyxoid (nasal spray version of Naloxone aka Narcan) is intended for immediate administration as emergency therapy for known or suspected opioid overdose as manifested by respiratory and/or central nervous system depression in both non-medical and healthcare settings. Nyxoid is indicated in adults and adolescents aged 14 years and over”. It does not ‘cure’ the overdose but gives the ambulance time to get to the person in need. Sometimes more than one dose is needed. If you want to carry Nyxoid or know someone who may need it, please contact us. Watch this video for more information: [Responding to an opioid overdose using Nyxoid | Nyxoid](#).

Many over the counter medications contain paracetamol. It’s important not to take any more than 500mg to 1000mg of paracetamol every four to six hours, with a maximum of 4000mg in any 24 hour period. Overuse of paracetamol can cause irreversible liver damage and even fatal injury.

For more information on lean including some excellent harm reduction for those who are planning on using it, go to: <https://www.wearewithyou.org.uk/substance-information-library/lean>

Adapted from the wearewithyou article above with thanks.



# School EXCLUSIONS



If you work in a school and are concerned about a student or group of students using substances, please see the guidance below on what to do.

Alternatively, if you have any questions around this, ru-ok? has a duty service every afternoon from 2pm to 5pm (and 4.30pm on Fridays).

## Drugs and Alcohol what to do if..

### 1 Concerns but no evidence

- Rumours of possession
- YP smells of cannabis
- YP known to associate with substance users

Inform safeguarding lead, gather further information, appropriate member of staff to discuss with YP, record information received.

Concerns not supported.

Keep a watching brief.

Concerns substantiated.

Refer to ru-ok? and share what that involves with YP.

If the substance misuse is harmful enough parents/carers need to know. Use professional judgement, consult DFDF or ru-ok? for advice.

If YP doesn't engage, call ru-ok? for support.

### 2 Evidence of substance use/possession of small amount

- YP has disclosed use
- YP found with solvents/laughing gas/CBD/poppers
- YP found with small amount of suspected illegal drug

Inform safeguarding lead, gather further information, appropriate member of staff to discuss with YP, record information received.

If reasonable grounds to suspect possession, inform YP you are going to search them.

Power to search is designated from the Head to identified members of staff, to search outer clothing or bags with or without consent. Staff must understand their rights and the rights of the pupil who is being searched.

Confiscate any substances found. Follow school policy on safe management of substances/call police for advice.

When YP is no longer intoxicated follow exclusion or seclusion process.

### 3 Evidence of use outside school

YP seen by member of staff outside school drinking/drug-taking/under the influence of drugs/alcohol.

Take note of what is happening and feedback to safeguarding lead in school.

Use professional judgement to decide whether or not to approach the YP with the aim of supporting them to understand the risks associated with drug use.

If the YP is at risk of serious harm call 999 and consider a referral to DFDF.

Talk to the young person about whether they would like any support from ru-ok? and share what that involves with YP.

**Key**  
YP young person  
DFDF Front Door for Families  
YOS Youth Offending Service

### 4 Evidence of possession with possible intent to supply

YP found with large amount of suspected illegal drug.

Inform safeguarding lead. Record all information available. Do not investigate or ask further questions.

Contact 101 to report crime and seek advice about collection of substance. Police to investigate, inform parents/carers and may refer to YOS or charge to court.

Contact ru-ok? for advice and support.

### 5 Young person intoxicated onsite

YP under the influence of alcohol/substances.

Follow first aid procedures and keep YP under observation to ensure wellbeing. Call 999 for any breathing concerns or if YP loses consciousness.

Record time of when, how and what has affected the casualty to pass onto any medical professionals and keep any vomit for sampling.

Inform safeguarding lead.

Contact parents/carers to ensure safety getting home and advise YP is taken to A&E or urgent GP appointment if needed.

If parents/carers unavailable or if there are safety concerns contact Front Door for Families.

When YP is no longer intoxicated follow exclusion or seclusion process.

#### Contact details

ru-ok?  
T 01273 293966  
E [ruok@brighton-hove.gov.uk](mailto:ruok@brighton-hove.gov.uk)  
W [www.brighton-hove.gov.uk/ru-ok](http://www.brighton-hove.gov.uk/ru-ok)  
A referral form and a video showing how ru-ok? supports young people is available on the website

Front Door for Families  
T 01273 290400  
T (text of hours) 01273 333905/6  
E [FrontDoorforFamilies@brighton-hove.gov.uk](mailto:FrontDoorforFamilies@brighton-hove.gov.uk)  
W [www.brighton-hove.gov.uk/frontdoorforfamilies](http://www.brighton-hove.gov.uk/frontdoorforfamilies)

Change Grow Live: Brighton & Hove  
Recovery Service  
W [www.changegrowlive.org](http://www.changegrowlive.org)

Police  
Contact Safeguarding Schools officer directly  
Call 101 in a non-emergency situation  
Call 999 in an emergency