



DRUGS AT CREW

INTERIM REPORT ON DRUG-RELATED DEATHS 2020

JULY/AUGUST 2021

Introduction

Crew has been working to reduce drug-related harm since 1992. We are a charity that provides local, Edinburgh-based support services to people who take psychostimulants and we work across Scotland to provide consultancy and training, and outreach at events.

This document provides a summary of data on drug-related deaths in Scotland in 2020.

The aim of this report is to highlight key drug trends and to make the data accessible to a wide audience, as a better understanding leads to a more effective response. We also look at the figures in detail, identifying key problem areas and comparing them with previous years.

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Introduction

All data, unless otherwise stated, was taken from the National Records of Scotland Reports on Drug-Related Deaths [1].

Please note that this report contains photos of drugs and information on deaths which some readers may find upsetting.

To find out more about Crew please visit: www.crew.scot or email: admin@crew2000.org.uk

In previous years, this information on DRDs has formed part of our annual trends report. You can access them here:

- [Drugs at CREW, Trend Report 2019-2020](#)
- [Drugs at CREW, Trend Report 2017-2019](#)
- [Older drug reports](#)

Drug-related deaths

- On the 30th of July 2021, the National Records of Scotland published their report '[Drug-Related Deaths in Scotland in 2020](#)' [2].
- The death count is higher than ever before, at **1,339** deaths.
- **1,339** people who were loved and who leave a heart breaking void in the lives of those they knew. **1,339** of our friends, parents, children, colleagues and citizens.
- The following three pages are accounts from friends of Crew. They tell just a few of the thousands of stories that lie behind the numbers and are a powerful example the devastating reality of drug-related death in Scotland.
- In previous years, these statements have told a powerful account of the impact of drug-related deaths on families and friends. This year we asked workers to contribute.
- Too often the impact of these deaths on people working or volunteering in the field is overlooked. **We wanted to show the difficulty of working on the front line during a pandemic and highlight the often unaddressed trauma experienced by those trying to help.** We are eternally grateful for their contribution.

1,339

"In the 2 decades I have been working in the addiction field I have never witnessed so little support available from services, so many deaths & so many of my colleagues either going off sick or becoming emotionally numb to what I can only describe as the daily carnage we are all trying to manage & navigate.

Covid has clearly shown us that if we want to save lives we can. If there was ever a time to radically change how we treat people with addiction, that time is very much now, there can be no more excuses for all these needless deaths."

Worker - Greater Glasgow and Clyde

"I thought that by working in the services I'd help others turn their life around but its really tested my own recovery and 2020 has left me questioning in my future. In my first year as a support worker 1 or 2 of our service users died, now we have at least 1 or 2 a month. Last summer we had 3 in a weekend. How am I meant to stop my guys dying before something is done?

I don't feel trained for it. Every time I get a new client I'm praying they don't die but I feel helpless and for some of the guys on blues [street benzos] they are too under the influence to even remember who I am.

No one knows the trauma we face working in drug services. There's no grief or bereavement counselling, like no one appreciates the effects it has on us being so exposed to death."

Worker - Ayrshire and Arran

"Being an SMS worker during the pandemic has been extremely challenging. Whilst some of our service users have thrived and taken advantage of the pandemic, many have significantly struggled with their mental health and have been using substances in a riskier way. Relaxing of dispensing in some community pharmacies has also caused stress to staff as the pandemic has propelled this stage forward for a few people who normally we would have been reluctant to relax dispensing for at that point.

Physical health has been an issue also due to GP practices being closed. Many of our service users have poor coping strategies and as a service, we have strived to provide people with interventions which would benefit them whilst in lockdown and new stressors becoming evident. We have had to modify our practice to a more blended approach by conducting doorstep visits and delivering medication, which has given us a bigger picture of our service users home environment however this has resulted in a stretch in resources.

Staff are exhausted and emotionally drained. However I do feel that we have worked hard as a local area team in order to do the best for our service users and we have supported each other through various individual difficulties. Although in the north we don't have as many drug-deaths as some areas of Scotland, I do feel that their mental health deteriorated due to the pressures of Covid and being socially isolated more than ever. Community groups were no longer taking place and face to face interactions were impacted by having to wear masks."

Worker - Aberdeenshire

"The drug related death crisis in Scotland is having a huge impact on me as a frontline worker. Every week we are administering naloxone, teaching others how to use naloxone and spreading harm reduction advice. This simply isn't enough. These deaths aren't just numbers, they're people, real people with real stories and the deaths are avoidable and underpinned by trauma. Where is the healing? One of the people we support said 'yes you're all talking and we're all dying'. It's impossible not to take that home with me."

Worker - Lothian

"The drug death crisis in Scotland is having an impact on my role everyday. Mentally. Emotionally. Trying to keep clients safe when you can see they are deteriorating due to further isolation caused by the pandemic we're living in. Before each shift there's anticipation you'll hear news that another client has died. News like this is passed from clients to staff like it's just the norm. Walking along the streets with more anticipation you're going to find someone overdosing. This is how the cycle goes."

Worker - Lothian



What is a DRD?

By definition, a drug-related death (and therefore the data discussed in this report) only relates to a death that fits the official definition. **A drug-related death is generally a poisoning caused by the toxic effects of a controlled drug. Not every death related to the use of drugs is counted as a 'drug-related death' and the definition is not straightforward.**

Baseline definition

"The 'baseline' definition for the UK Drugs Strategy covers the following cause of death categories (the relevant codes from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision [ICD10], are given in brackets):

a) deaths where the underlying cause of death has been coded to the following sub-categories of 'mental and behavioural disorders due to psychoactive substance use':

- (i) opioids (F11);
- (ii) cannabinoids (F12);
- (iii) sedatives or hypnotics (F13);
- (iv) cocaine (F14);
- (v) other stimulants, including caffeine (F15);
- (vi) hallucinogens (F16); and
- (vii) multiple drug use and use of other psychoactive substances (F19).

b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death (even if the pathologist did not consider the drug to have had any direct contribution to the death):

- (i) accidental poisoning (X40 - X44);
- (ii) intentional self-poisoning by drugs, medicaments and biological substances (X60 - X64);
- (iii) assault by drugs, medicaments and biological substances (X85); and
- (iv) event of undetermined intent, poisoning (Y10 - Y14)." [2]

What is not counted as a DRD?

- Alcohol, tobacco and volatile substances e.g. butane (lighter gas).
- Any drug not covered by the Misuse of Drugs Act (1971) (MoDA) e.g. New Psychoactive Substances that are covered by the Psychoactive Substances Act (2016). This means that the baseline definition 'widens' every time another drug is controlled.
- Bacterial infections, for example, *Clostridium botulinum* (botulism), or *Staphylococcus aureus*, even if the infection was contracted as a result of drug use.
- Viruses, for example, HIV, hepatitis B and hepatitis C, even if the virus was contracted as a result of drug use.
- Accidents or injuries which occur under the influence of drugs such as road traffic accidents, drowning, falls and exposure.
- Assault by someone who is under the influence of a drug controlled by the Misuse of Drugs Act (1971).
- Legally prescribed, non-controlled drugs.
- Acute behavioural disturbances.
- Suicide while under the influence (unless it was via an overdose of a controlled drug).
- Medical conditions related to drug use such as pneumonia and endocarditis.

In 2020, 1% of deaths (14) were classed as 'drug abuse', 93% (1,242) were 'accidental poisoning', 4% (57) were 'intentional poisoning' and 2% (25) were 'undetermined intent'. 1 death was attributed to 'assault by drugs'.

Key figures

Number of DRDs based on the 'baseline definition' by year:

2016

868

2017

934

2018

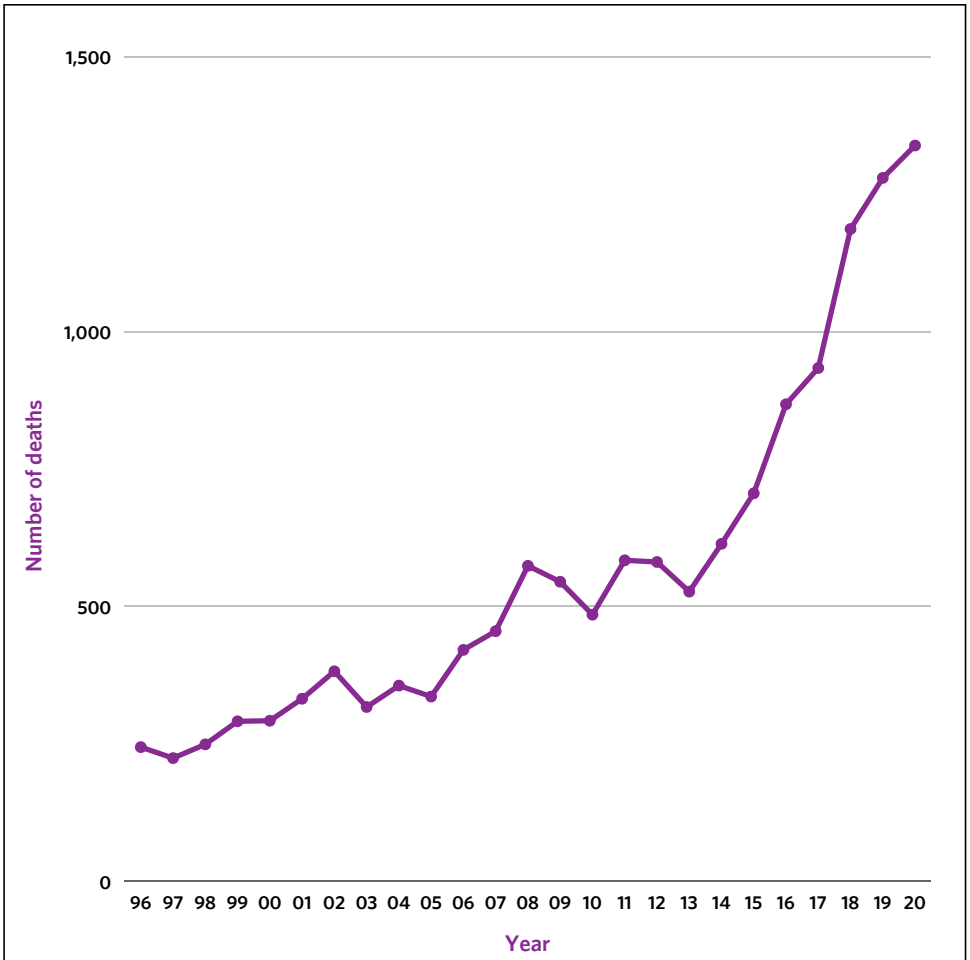
1,187

2019

1,280

2020

1,339

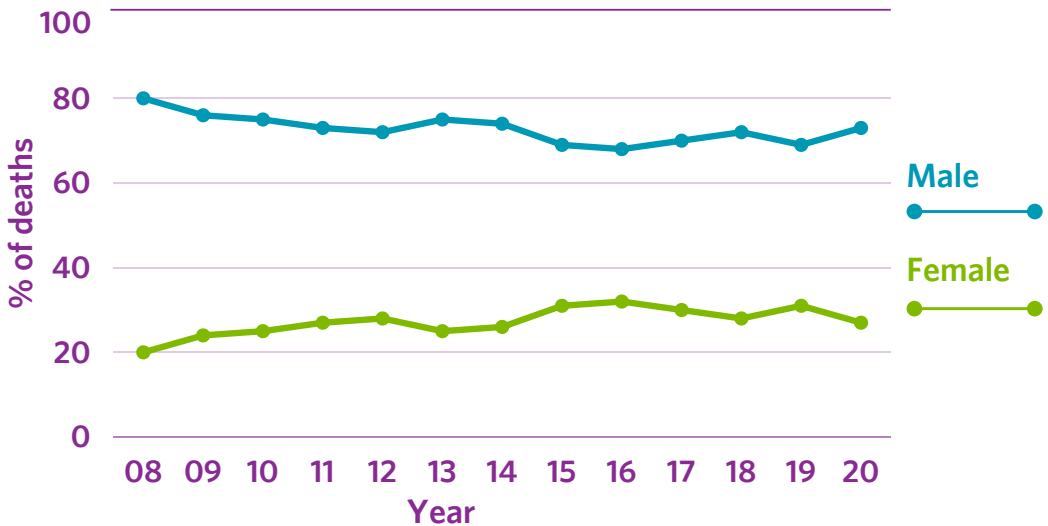


Key figures - sex

	2018	2019	2020
Male deaths	860 72%	887 69%	973 73%
Female deaths	327 28%	393 31%	366 27%

- The term "sex" (i.e. male and female) is used to describe biological characteristics and it does not necessarily reflect the gender identity of the person who died.
- Between 2008 and 2020, male deaths increased by **111%** (461 to 973). Since records began in 1996, male deaths have increased by **426%** (185 to 973).
- Between 2008 and 2020, female deaths increased by **224%** (113 to 366). Since records began in 1996, female deaths have increased by **520%** (59 to 366). The proportion of female deaths in Scotland (**27%**) is higher than the European average (**23%**) [3].

Deaths by sex since 2008



Key figures - age

2018

2019

2020

**Average age
(median)**

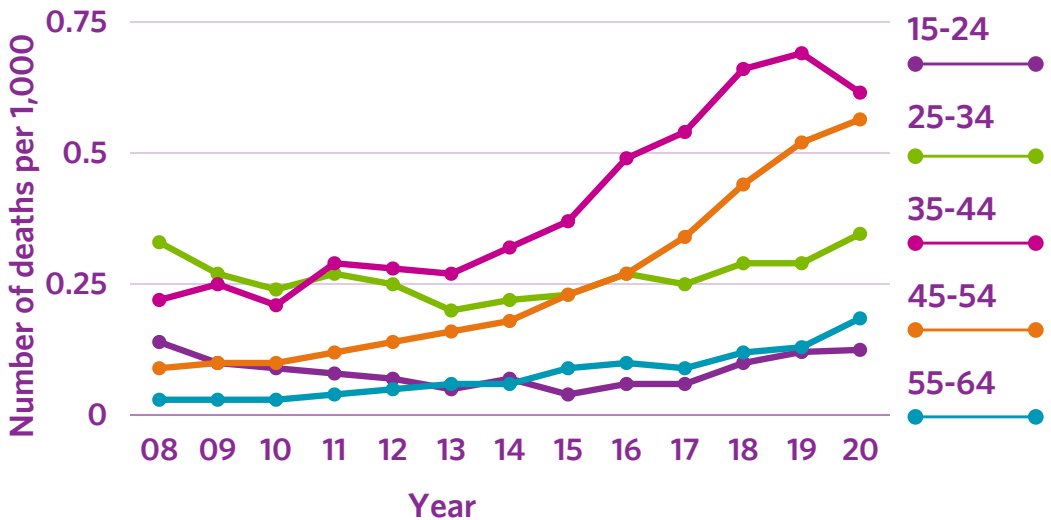
42

42

43

- In 2020, the 45 to 54 age group reported the highest number of deaths (**31%**, 419), followed by 35 to 44 (**31%**, 418), followed by 25 to 34 (**19%**, 260).
- Deaths in the 35 to 44 and 45 to 54 age groups have risen the most significantly in recent years, although deaths in the 35 to 44 age group declined in 2020 to 418 from a high of 469 in 2019.
- Although lower than other age groups, death rates for the 15 to 24 age group have increased for the last 3 years (2018, 2019 and 2020) after a period of relative stability, from 36 deaths in 2017 to 78 deaths in 2020, an increase of **117%**.
- Between 2000 and 2020, 11 children aged 14 and under have died from a drug-related death in Scotland, including 1 child in 2018 and 2 children in 2020.
- Between 2000 and 2020, 243 adults aged 65 and over have died from a drug-related death in Scotland. 28 people aged 65 and over died in 2018, 20 in 2019 and 23 in 2020.

Deaths in each age group since 2008

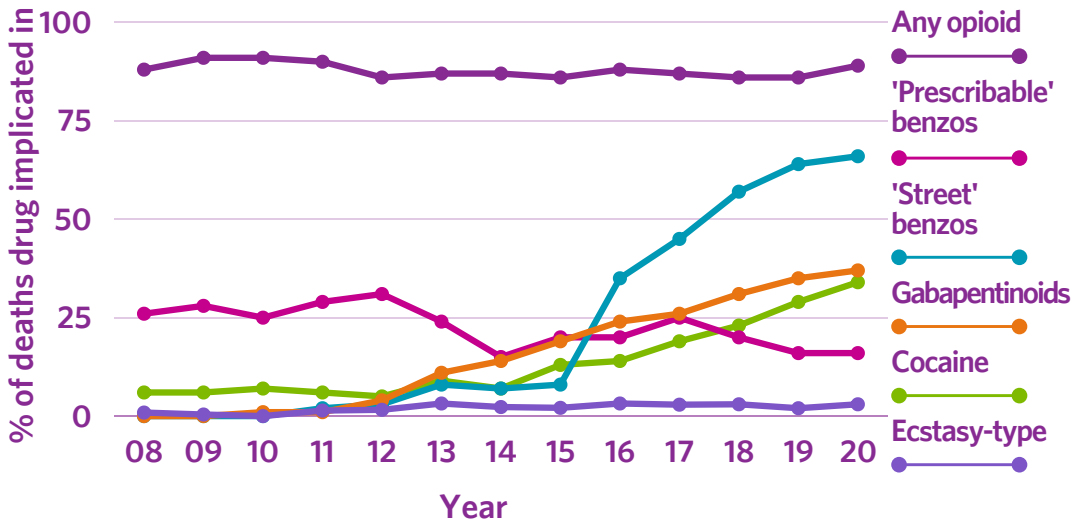


Key figures - polydrug use




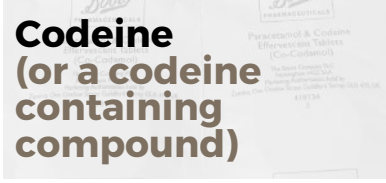
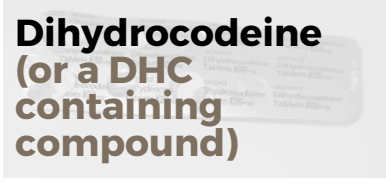

	2018	2019	2020
More than one drug found in the body	1,119 94%	1,189 94%	1,250 93%
More than one drug implicated in death	1,009 85%	1,081 86%	1,155 86%

- Polydrug use (use of more than one drug at a time) is a major risk factor in drug deaths. The (mode) average number of drugs implicated in a death is **3**, and ranges between 1 and 11 [2].
- In 2020, there were 21 deaths where a benzo was the only drug implicated (**2%** of 974 benzo deaths), 40 deaths where heroin was the only drug implicated (**7%** of 605 heroin deaths) and 23 deaths where methadone was the only drug implicated (**3%** of 708 methadone deaths).
- Because more than one drug was implicated in, or contributed to, many of the deaths the percentages on the following pages add up to more than 100.

Drug-related deaths in Scotland since 2008



Opioid DRDs

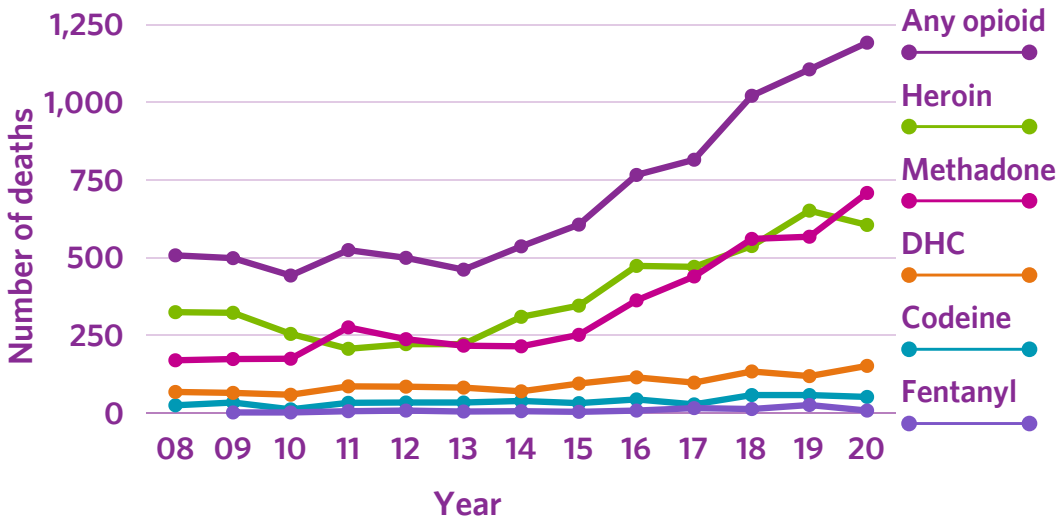
	2018	2019	2020
 <p>Any opiate/opioid</p>	<p>1,021</p> <p>86%</p>	<p>1,106</p> <p>91%</p>	<p>1,192</p> <p>89%</p>
 <p>Heroin/morphine</p>	<p>537</p> <p>45%</p>	<p>651</p> <p>51%</p>	<p>605</p> <p>45%</p>
 <p>Methadone</p>	<p>560</p> <p>47%</p>	<p>567</p> <p>44%</p>	<p>708</p> <p>53%</p>
 <p>Codeine (or a codeine containing compound)</p>	<p>57</p> <p>5%</p>	<p>57</p> <p>4%</p>	<p>51</p> <p>4%</p>
 <p>Dihydrocodeine (or a DHC containing compound)</p>	<p>133</p> <p>11%</p>	<p>118</p> <p>9%</p>	<p>151</p> <p>11%</p>
 <p>Fentanyl*</p>	<p>12</p> <p>1%</p>	<p>25</p> <p>2%</p>	<p>7</p> <p>0.5%</p>

*Data from 'worksheet 3 - drugs reported' of NRS DRD report 2020. The 'wide' definition of a DRD varies in a few ways and it reports higher figures. All other data was taken from 'worksheet Y - Drug pois (wide) - drugs' [2].





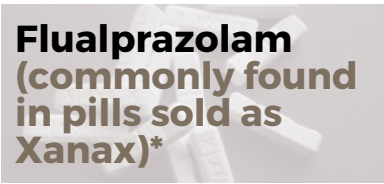

Opioid DRDs

- Opioids (such as heroin, methadone and codeine) are analgesic drugs (pain-killers) that slow down heart rate and breathing.
- The data does not differentiate between people who were taking prescribed opioids or illicitly sourced opioids.
- Deaths related to 'any opioid' have increased by **135%** since 2008 (from 507 to 1,192). However the percentage of deaths in which 'any opioid' was implicated has remained relatively stable since 2008. *Note: all comparisons in this report are made to 2008 as this is the first year that data reported is directly comparable.*
- Heroin/morphine-related deaths have increased by **87%** since 2008 (from 324 to 605). Morphine is a metabolite of heroin (diamorphine). Toxicology cannot always determine whether heroin or morphine was taken, which is why they are reported together.
- Methadone-related deaths have increased by **24%** since 2008 (from 169 to 708).
- **35%** (15 of 51) of codeine-related deaths and **38%** (58 of 151) of dihydrocodeine-related deaths were female, compared with **27%** of all deaths in 2020.
- Other opioids implicated in deaths include buprenorphine (Subutex), tramadol and oxycodone.

Opiate/opioid-related deaths since 2008



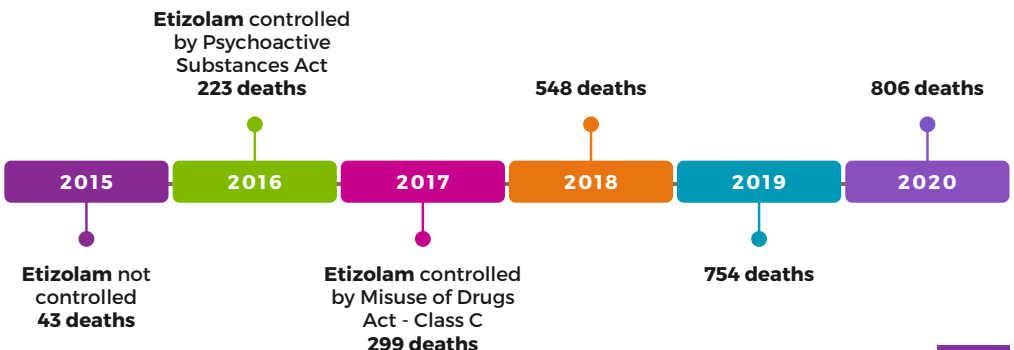
Depressant DRDs

	2018	2019	2020
 Any benzodiazepine	792 67%	902 70%	974 73%
 Etizolam	548 46%	754 59%	806 60%
 Diazepam (Valium)	211 18%	188 15%	194 14%
 Alprazolam (Xanax)*	137 12%	71 6%	35 3%
 Flualprazolam (commonly found in pills sold as Xanax)*	0 0%	22 2%	36 3%
 Gabapentinoids (gabapentin and/or pregabalin)	367 31%	443 35%	502 37%

*Data from 'worksheet 3 - drugs reported' of NRS DRD report 2020. The 'wide' definition of a DRD varies in a few ways and it reports higher figures. All other data was taken from 'worksheet Y - Drug pois (wide) - drugs' [2].

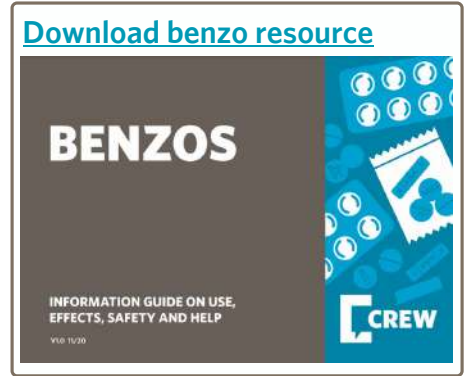
Depressant DRDs

- Depressant drugs (such as GHB, gabapentinoids and benzodiazepines) depress the central nervous system, which means they slow down heart rate and breathing.
- Some benzodiazepines, such as diazepam (Valium), are prescribed to treat anxiety, insomnia, seizures (fits) and other health conditions. Annex H of the NRS DRD report 2020 [2] defines 'prescribable' benzos' as "*benzodiazepines (or metabolites thereof) which are licensed for prescription in the UK and widely prescribed in Scotland*".
- In recent years the non-medicinal 'street' benzodiazepine market has expanded rapidly. The NRS DRD report 2020 [2] defines 'street' benzos as "*benzodiazepines (or metabolites thereof) which are not licensed for prescription in the UK; or thought to have originated from an illicit source (due to their having very low overall levels of prescribing in Scotland)*."
- Many of these 'street' benzos contain 'New Psychoactive Substances' that are extremely potent. This means a tiny amount (often less than 1 milligram) is required to feel the intended effect so it is easier to overdose on. The active ingredient can be spread unevenly throughout a batch of pills, so some pills contain no psychoactive substance, whereas others that look the same can contain much more than expected. In high doses these 'street' benzos can also impact significantly on behaviour and decision making. Some of these effects were documented at recent Crew 'street' benzo training events. Click here to read more: ['Experiences and perspectives of frontline workers'](#)
- Deaths related to 'any benzo' have increased by **554%** since 2008 (from 149 to 974).
- Deaths related to 'prescribable benzodiazepines' have increased by **42%** since 2008 (from 148 to 210). Deaths related to diazepam have increased by **69%** since 2008 (from 115 to 194).
- Deaths related to 'street benzodiazepines' have increased 1 in 2008 to 879 in 2020. Deaths related to etizolam have increased from 0 to 806. **In Scotland, in 2020, etizolam was implicated in more drug-related deaths than any other substance.**



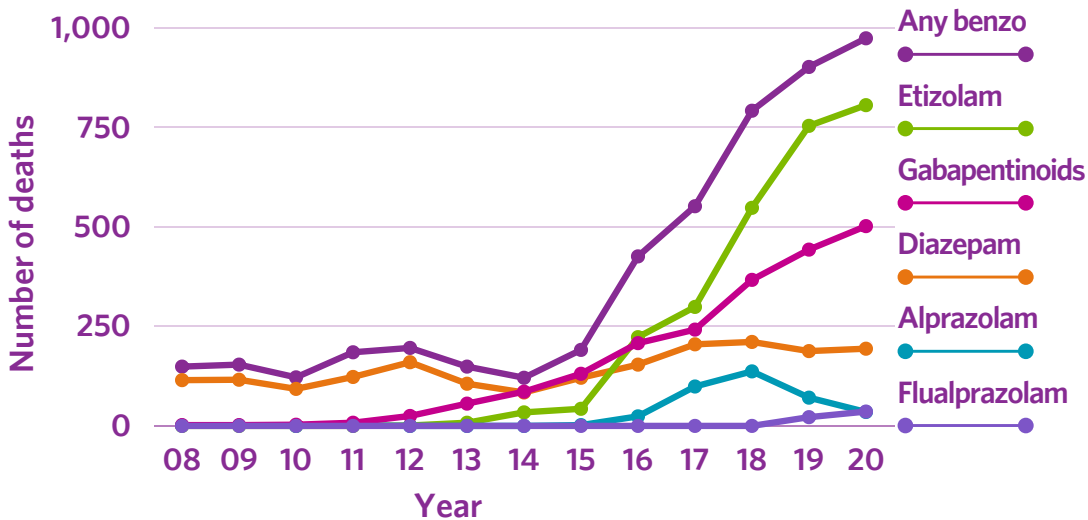
Depressant DRDs

- Other benzos implicated in deaths include flubromazolam (43), clonazepam and diclazepam.
- Between 2018 and 2020, deaths related to alprazolam have decreased by **77%** (137 in 2018 to 31 in 2020). This is the standard active ingredient in Xanax. However, 36 deaths were related to a chemically similar drug, flualprazolam (alprazolam with an added fluorine atom) up from 22 deaths recorded in 2019.






- The Drug Deaths Taskforce has created a webpage to highlight [how they aim to 'tackle Scotland's benzo challenge'](#).
- The Scottish Drugs Forum has created a free e-learning course that aims to upskill workers: ['What's happening on the streets with benzos?'](#)
- **Benzodiazepines are not the only depressant drugs fuelling drug-related deaths. Gabapentin and/or pregabalin deaths increased from 2 in 2008 to 502 in 2020.**

Depressant-related deaths since 2008



Stimulant DRDs

	2018	2019	2020
 <p>Cocaine</p>	<p>273</p> <p>23%</p>	<p>372</p> <p>29%</p>	<p>459</p> <p>34%</p>
 <p>Amphetamine</p>	<p>46</p> <p>4%</p>	<p>52</p> <p>4%</p>	<p>60</p> <p>4%</p>
 <p>Ecstasy-type</p>	<p>35</p> <p>3%</p>	<p>25</p> <p>2%</p>	<p>40</p> <p>3%</p>

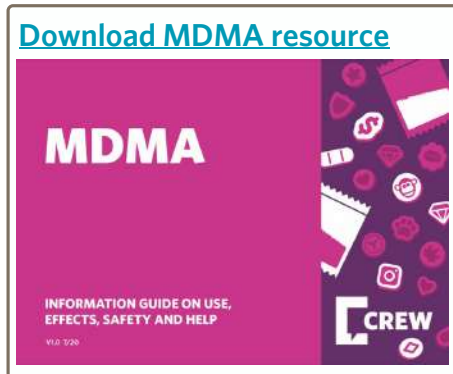
- Stimulant drugs (such as cocaine and MDMA) stimulate the central nervous system, which means they increase energy, heart rate and breathing.
- Ecstasy-type drugs primarily include MDMA but in previous years this data has included drugs such as PMA and PMMA.
- Powder and crack cocaine are different forms of the same drug, so toxicology cannot distinguish the type of cocaine taken. The numbers above are for deaths involving any type, and any route of administration of cocaine.
- Cocaine-related deaths have increased by **1,175%** since 2008.
- Cocaine-related deaths jumped **55%** from 2017 to 2018 (from 176 to 273), a further **34%** from 2018 to 2019 (from 273 to 372), and a further **23%** from 2019 to 2020 (from 372 to 459). This is a **161%** increase in just 3 years.
- **81%** (373 of 459) of cocaine-related deaths were male, compared with **73%** of all deaths in 2020.

[Download cocaine resource](#)



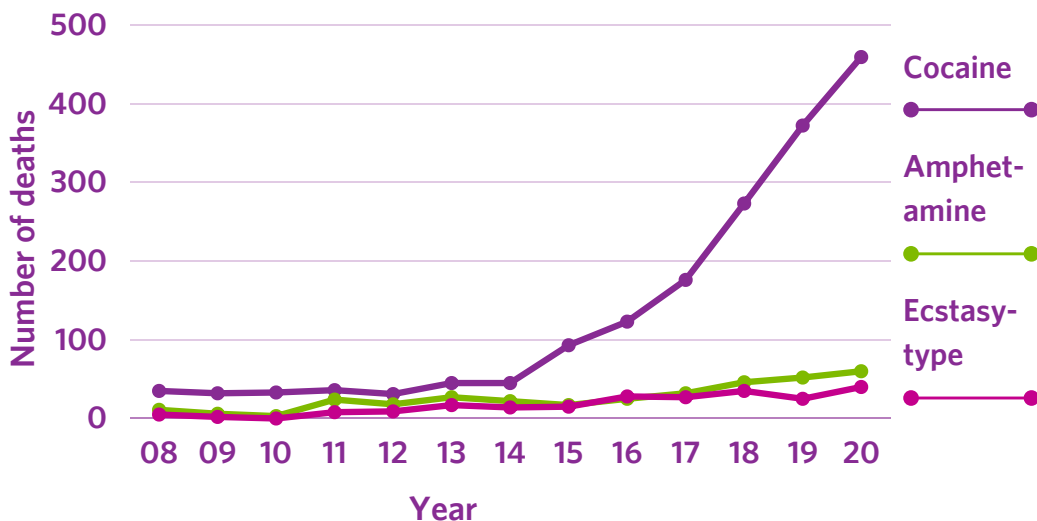
Stimulant DRDs

- Cocaine and ecstasy deaths appear to be driven by younger age groups:
 - **32%** (149 of 459) of cocaine-related deaths were of people aged under 35, compared with **25%** of all DRDs.
 - **78%** (31 of 40) of ecstasy-related deaths were of people aged under 35, compared with **25%** of all drug-related deaths. **40%** (16 of the 40) were aged under 25, compared with **6%** of all DRDs.

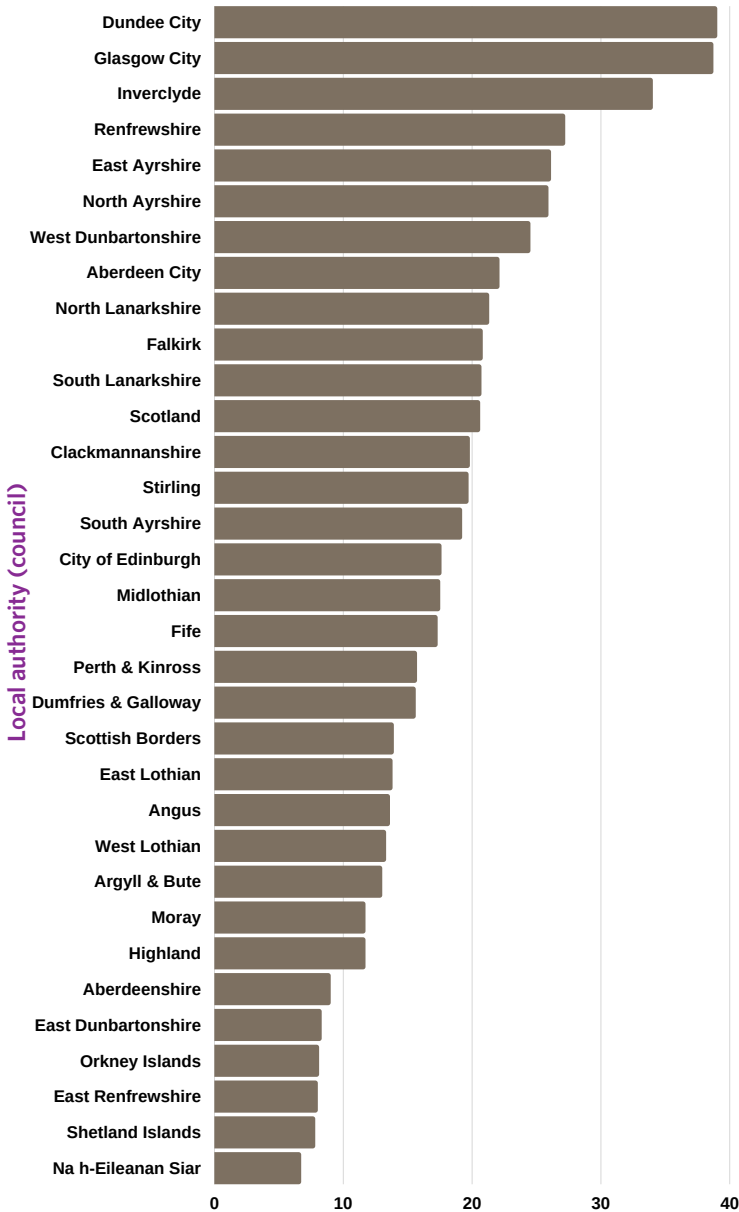


- In 2020, there were 35 deaths where cocaine was the only drug implicated (**8%** of 459 cocaine-related deaths).
- There were 7 deaths where amphetamine was the only drug implicated (**12%** of 60 amphetamine-related deaths).
- There were 7 deaths where ecstasy was the only drug implicated (**17.5%** of 40 ecstasy-type drug-related deaths).
- **80%** (32 of 40) of ecstasy-related deaths were male, compared with **73%** of all deaths in 2020.

Stimulant-related deaths since 2008



Deaths by area



- Rates are based on five year averages (2016 to 2020) to remove year to year fluctuations.
- **Dundee City** is the local authority area in Scotland with the highest number of drug-related deaths with 39 per 100,000 of the population.
- **Glasgow City** has the second highest number of drug-related deaths with 38.7 per 100,000 of the population.
- **Inverclyde** has the third highest number of drug-related deaths with 34 per 100,000 of the population.
- **Na h-Eileanan Siar (Western Isles)** has the lowest drug-related death rate with 6.7 per 100,000 of the population.

Number of DRDs per 100,000 people, all ages, average for 2016-2020

UK drug deaths

On 03 August 2021, the Office for National Statistics published their data on '[deaths related to drug poisoning in England and Wales: 2020 registrations](#)'. This information shows that **drug-related deaths continue on an upwards trend across the UK.**

Using the data below we can calculate that:

- **Scotland's DRD rate is 3.7 times higher than the UK** (Scotland, England, Wales and Northern Ireland) as a whole.
- **Scotland's DRD rate is 4.9 times higher than the rest of the UK** (England, Wales and Northern Ireland).

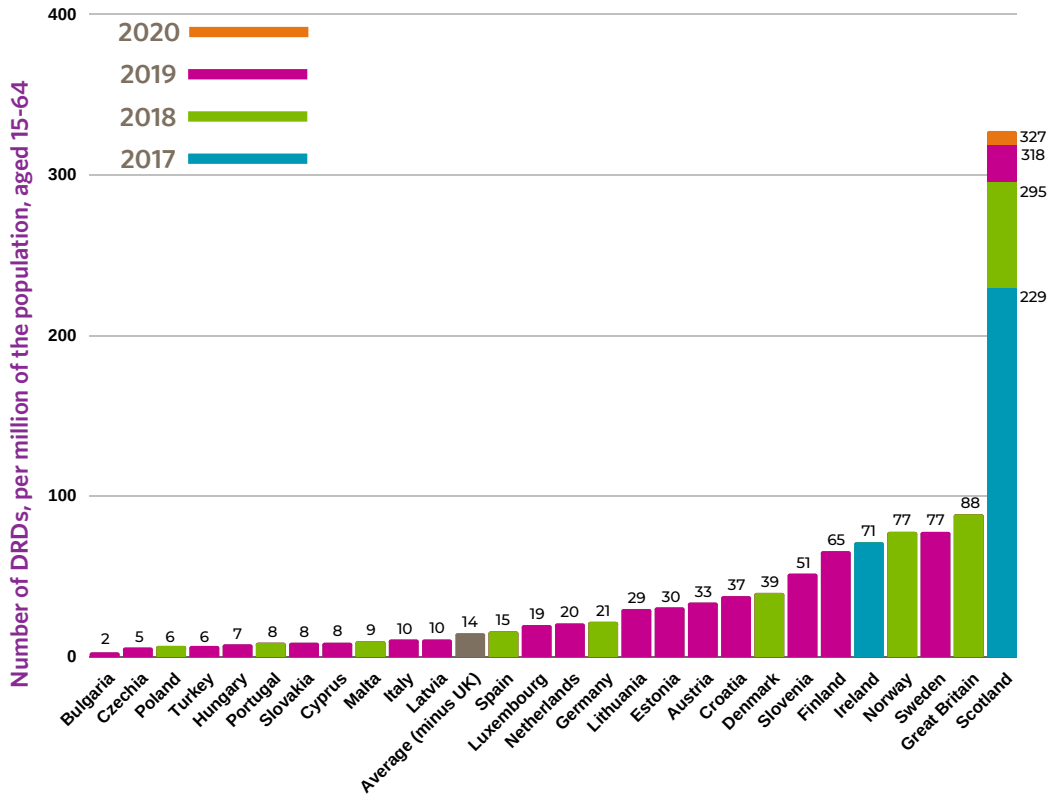
Country	No. of DRDs	Population	No. of DRDs per million of pop	Scotland's comparison rate
Scotland	1,339	5,466,000	245	N/A
England and Wales	2,996	59,719,724	50	4.9 x higher
NI	165	1,895,510	87	2.8 x higher
England, Wales and NI	(2,996 + 165 =) 3,161	61,615,234	51	4.8 x higher
United Kingdom	(1,339 + 3,161 =) 4,500	67,081,234	67	3.7 x higher

Although England, Wales and Northern Ireland have lower rates than Scotland, they are still significantly higher than many other countries in Europe.

- Data for Scotland was taken from NRS DRD report 2020 [2].
- Data for England and Wales was taken from the Office for National Statistics report: 'deaths related to drug poisoning in England and Wales: 2020 registrations' [4].
- To make it comparable to Scotland the data for E and W only includes 'drug abuse' deaths (2,996 out of a total of 4,561 drug poisoning deaths in 2020).
- Data for NI is from 2019, the latest year for which data is available. This data is taken from the Drug Related Deaths in Northern Ireland, 2009-2019 by the Northern Ireland Statistics and Research Agency [5].
- Population data for 2020 was taken from the Office of National Statistics: mid-year population estimates [6].

European drug deaths

'Drug-induced' deaths aged 15-64: per million people



- **Please use caution when looking at these statistics. There are variations between the way countries analyse, report and record drug-related deaths.**
- This graph shows the latest figures available for each country. The reporting years vary e.g. 2017 for Ireland and 2018 for Norway.
- The figures for Scotland and GB were taken from the National Records of Scotland, Drug-related Deaths in Scotland in 2020 report [2].
- For all countries (apart from Scotland/GB) the data was taken from 'Table A6' on page 52 of the EMCDDA European Drug Report 2021 [3].
- Romania is not included as they were noted by the EMCDDA to have 'sub-national coverage'.
- France and Belgium are not included as no recent (post 2016) data is available.
- Greece is not included as no current or 'confirmed' data is available.
- These figures represent the EMCDDA general mortality register definition of a drug-induced death for people aged 15 to 64 only. Figures only report on an age range of 15 to 64, as age adjusted rates make countries with different age distributions more comparable. Note from EMCDDA: In some cases, the age band is not specified, and these cases were not included in the calculations of mortality rate referring to the population aged 15-64 years: Germany (1 398), Greece (5), Greece (1) and Turkey (7).

Essential harm reduction

! All drug use has risks. With a record number of drug-related deaths in Scotland, and a more variable and dangerous drug supply than ever before, it's important to consider the following if you choose to take drugs:

- 1** **Avoid mixing drugs** (including alcohol and medicines). If you do mix, research potential interactions and take less of each drug than you would if you were only taking one. Be aware that mixing downer drugs is particularly dangerous and increases the risk of respiratory depression (slowed breathing) and death.
 - 2** The contents, purity and strength can vary widely between drugs, even if they look the same. **Start with a test dose** every time you get a new batch/packet, even if they look genuine or like ones you have had before.
 - 3** If possible **get your drugs tested**. Reagent testing kits are available online and can give a greater understanding of what the drug contains, but they may not be suitable for identifying newer compounds or adulterants and can tell you nothing about purity or strength. Samples can also be sent to [WEDINOS](#).
 - 4** **Avoid sharing paraphernalia** (including snorting tools, injecting equipment, joints, pipes, vapes) as this can spread infections. Make sure your equipment is marked and easy to identify so you don't get mixed up.
 - 5** Use scales to measure the dose. **Start low and go slow!** Remember, that the more of a drug you take, the riskier it is and the more likely you are to experience negative effects.
 - 6** It can take a few hours to feel the full effects. **Wait as long as you can between doses** (at least two hours). Make a note of when you dosed and set reminders for important tasks.
 - 7** **Stay with people you trust, in a safe environment** and be aware of dangers, such as water (e.g. rivers, lakes) and sharp or hot objects.
 - 8** **Avoid taking drugs while alone** if possible. If you are by yourself it is a good idea to arrange someone to check in with you by text, phone or online.
 - 9** **Sleep on your side** if you have been taking drugs. This will help to keep your airway clear.
 - 10** Be aware that **tolerance can develop quickly**. This means that a higher dose is needed to achieve the intended effect, which increases the risk of overdose and dependency.
 - 11** Sudden withdrawal from heavy/regular use of some drugs (such as alcohol, GHB and benzos) is dangerous and can be fatal. Try to **gradually reduce your intake** and seek medical help.
 - 12** **Carry naloxone. Learn the signs of an overdose and always get help in an emergency.**
- !** For more harm reduction information visit: WWW.CREW.SCOT

Overdose

DOWNERS

Downer drugs include opioids (such as heroin, methadone, buprenorphine, tramadol and codeine) and depressants (such as benzos, alcohol, zopiclone and gabapentinoids).

Signs of a downer drug overdose include...

- Unconsciousness – won't wake with a shout or a shake
- Confusion
- Severe nausea and vomiting
- Seizures/fitting
- Difficulty breathing/snoring/raspy breathing
- Blue/pale tingeing of knees, hands and lips
- Slow or erratic pulse (heartbeat)
- Pale, cold and clammy skin
- Pin point pupils (in opioid overdose)

IN AN OVERDOSE

DO

- Keep calm and get help. **Call 999**
- Give as much information as possible including location, age, gender, what has happened and be honest about what they have taken
- Stay with them and check on them regularly
- **If they are distressed**, sit them somewhere calm and give reassurance
- **If they are fitting**, keep the area safe and move anything that could hurt them
- **If they are unconscious**, put in the recovery position (or on their side) and monitor breathing
- **If they stop breathing**, call 999 and start chest compressions. The call handler will provide guidance and support on what to do
- If you have someone there, ask them to get a defibrillator
- Carry a resuscitation face mask/shield. If you are unable or unwilling to give rescue breaths, give chest compressions only
- Naloxone should be given to anyone who is non-responsive and displaying the signs of a depressant drug overdose. If they do have opioids in their system amongst other drugs, reversing the effects may be enough to bring that person round.

UPPERS

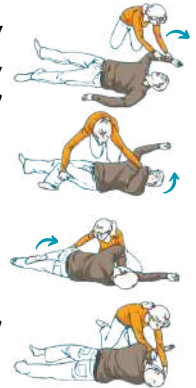
Upper drugs include stimulants (such as cocaine, amphetamine and mephedrone) and ecstasy-type drugs (such as MDMA).

Signs of a stimulant overdose include...

- Seizures/fitting/rigid
- Severe nausea and vomiting
- Rapid heart rate/chest pains/heart attack
- Hallucinations
- Difficulty breathing
- Anxiety/fear/panic
- Hyperthermia (overheating) - if they are overheating, take them somewhere cooler, loosen clothing, cool them with fans or wet towels and give them small sips of water

RECOVERY POSITION

1. Put the hand closest to you by the head (as if they were waving).
2. Put the arm furthest away from you across the chest, so that the back of the hand rests against the cheek.
3. Hold the hand and lift up the knee furthest away from you, then turn them on their side by pushing down on their knee.
4. Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway.



DO NOT

- Leave them alone
- Inflict excessive pain to wake them
- Give any other psychoactive drug
- Encourage them to vomit
- Give them anything to eat or drink (apart from small sips of water)
- Put them in a bath/shower
- Walk them about
- Attempt to restrain them

Overdose

Download overdose leaflet

HARM REDUCTION

FIND SUPPORT

SAVE A LIFE

How to respond to a drugs overdose

LEARN THE SIGNS OF A DRUGS OVERDOSE & WHAT TO DO IN AN EMERGENCY

Download emergencies leaflet

KEY MESSAGES

SIGNPOSTING AND SUPPORT

DRUG EMERGENCIES

Summary

- The figure of **1,339** drug-related deaths in 2020 is the highest in Scotland's history.
 - Opioids were implicated in **89%** (1,192 deaths)
 - Heroin and/or morphine - **45%** (605 deaths)
 - Methadone - **53%** (708 deaths)
 - 'Street' benzodiazepines - **66%** (879 deaths). **60%** (806 deaths) were attributed to etizolam - this is higher than any other single drug.
 - 'Prescribable' benzodiazepines - **16%** (210 deaths)
 - Gabapentin and/or pregabalin - **37%** (502 deaths)
 - Cocaine - **34%** (459 deaths)
 - Amphetamine - **5%** (60 deaths)
 - Ecstasy-type - **3%** (40 deaths)
- The average age was **43**. 2 children aged 14 and under died and 23 people over 65 died. .
- **27%** were female and **73%** were male. Between 2008 and 2020, male deaths increased by **111%** (461 to 973) and female deaths increased by **224%** (113 to 366).
- In **86%** of deaths, more than 1 drug was implicated and in **94%** of deaths there was more than 1 drug present in the body. Most commonly, 3 different drugs contributed to the death, and the importance of avoiding polydrug use cannot be emphasised enough.
- Scotland's DRD rate is **23** times higher than the European average (EU, Turkey and Norway).
- **If you have been impacted by the drug-related death of a friend or family member, support is available. For more information, please visit [Scottish Families Affected by Alcohol and Drugs \(SFAD\)](#).**

Useful reading

Since our trends report in January, several key organisations have published reports:

- **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**
 - [European Drug Report 2021](#)
 - [New benzodiazepines in Europe – a review](#)
- **United Nations Office on Drugs and Crime (UNODC)**
 - [World Drug Report 2021](#)
- **Public Health Scotland**
 - [Drug-Related Hospital Statistics 2019/20 Report](#)
 - [Monitoring and evaluation framework for Rights, Respect and Recovery drug strategy \(MERRR Framework\)](#)
- **Dame Carol Black's independent review of drugs commissioned by UK Home Office**
 - [Review of drugs: phase one report](#)
 - [Review of drugs: phase two report](#)
 - [Review of drugs: UK government response](#)

References

[1] NATIONAL RECORDS OF SCOTLAND (NRS)

[Drug-Related Deaths in Scotland Reports 2008-2020](#)

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[Drug-Related Deaths in Scotland in 2020](#)

[3] EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION (EMCDDA)

[European Drug Report 2021](#)

[4] OFFICE FOR NATIONAL STATISTICS (ONS)

[Deaths related to drug poisoning in England and Wales: 2020 registrations](#)

[5] NORTHERN IRELAND STATISTICS AND RESEARCH AGENCY (NISRA)

[Drug-Related and Drug-Misuse Deaths 2009-2019](#)

[6] OFFICE FOR NATIONAL STATISTICS (ONS)

[Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland](#)

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This work is dedicated to all those who have lost their lives, and the loved ones they have left behind.

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