

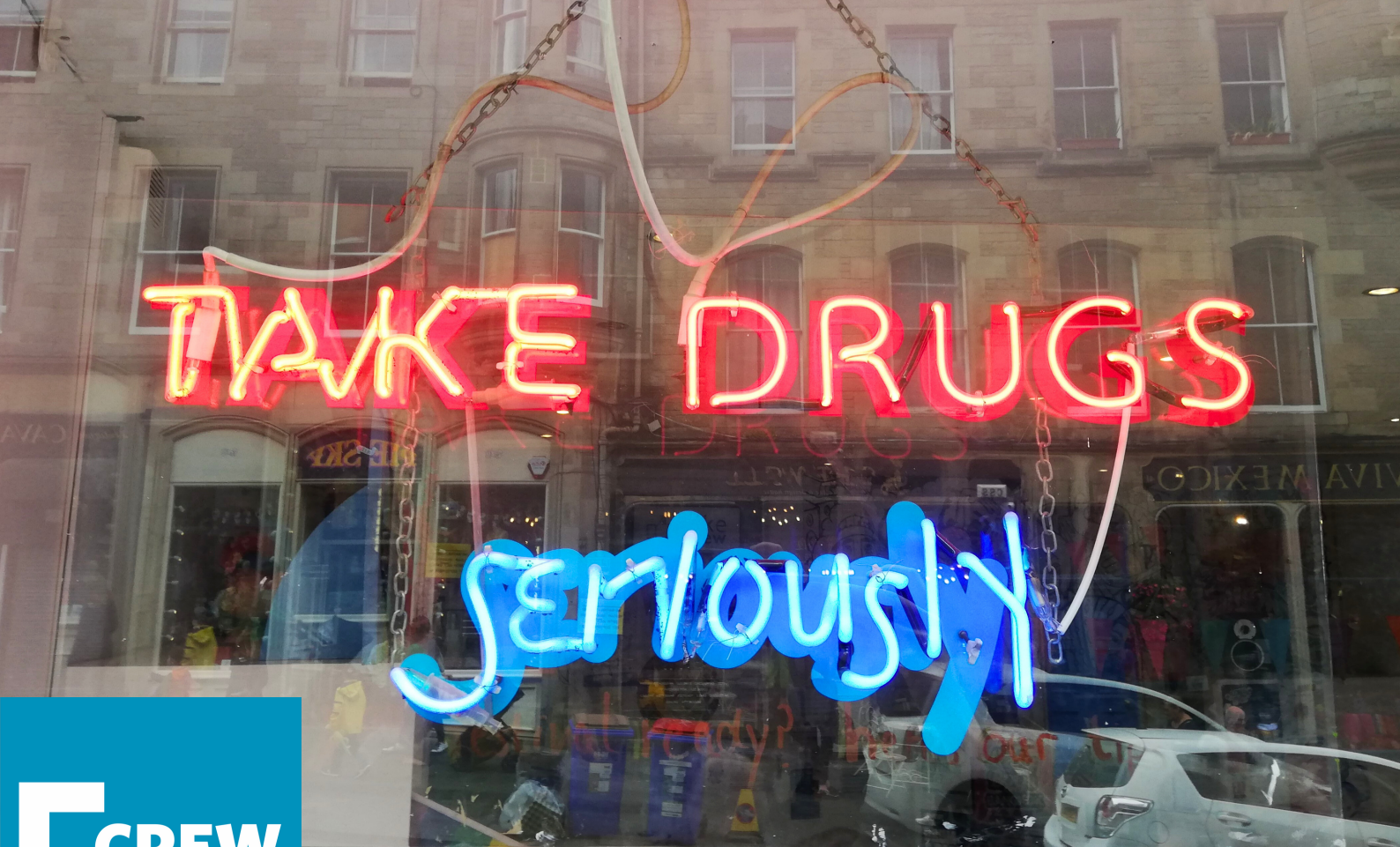
DRUGS AT CREW TREND REPORT 2021-2022

July 2023



Photo credit: RB





Since 1992, Crew has been working in the drugs field to provide credible, non-judgemental and up-to-date information advice, harm reduction, care and support on the drugs that people are taking, so they can make informed decisions about their own health. Over the last few decades, we have documented dramatic shifts in both drug consumption and behaviours.

Crew exists to reduce drug harm and we provide local, Edinburgh-based support services to people who take psychostimulants and we work across Scotland to provide consultancy, training for workers and Nightlife Harm Reduction at festivals and events.

This report was created as a supporting document to the 2021-2022 end of year report for the Emerging Trends and Training Coordinator post, funded by the Scottish Government Drug Policy Unit.

Please note that this report contains photos of drugs and drug paraphernalia, and information on drug-related death which some readers may find upsetting.

This document provides an overview of drug trends in Scotland, in the year from 01 April 2021 to 31 March 2022.

Drug-related death statistics represent the National Records of Scotland *Drug-related deaths in Scotland in 2021* report published in July 2022.*

If you would like to volunteer or support the work of Crew, we would love to hear from you!

Email: sarah@crew2000.org.uk

Call: 0131 220 3404

Visit: 32 Cockburn Street, Edinburgh or www.crew.scot

*The statistical dataset is closed in the middle of the next calendar year. recoding period is August-July each year - www.nrscotland.gov.uk/files//statistics/drug-related-deaths/20/drug-related-deaths-20-about-pub.pdf

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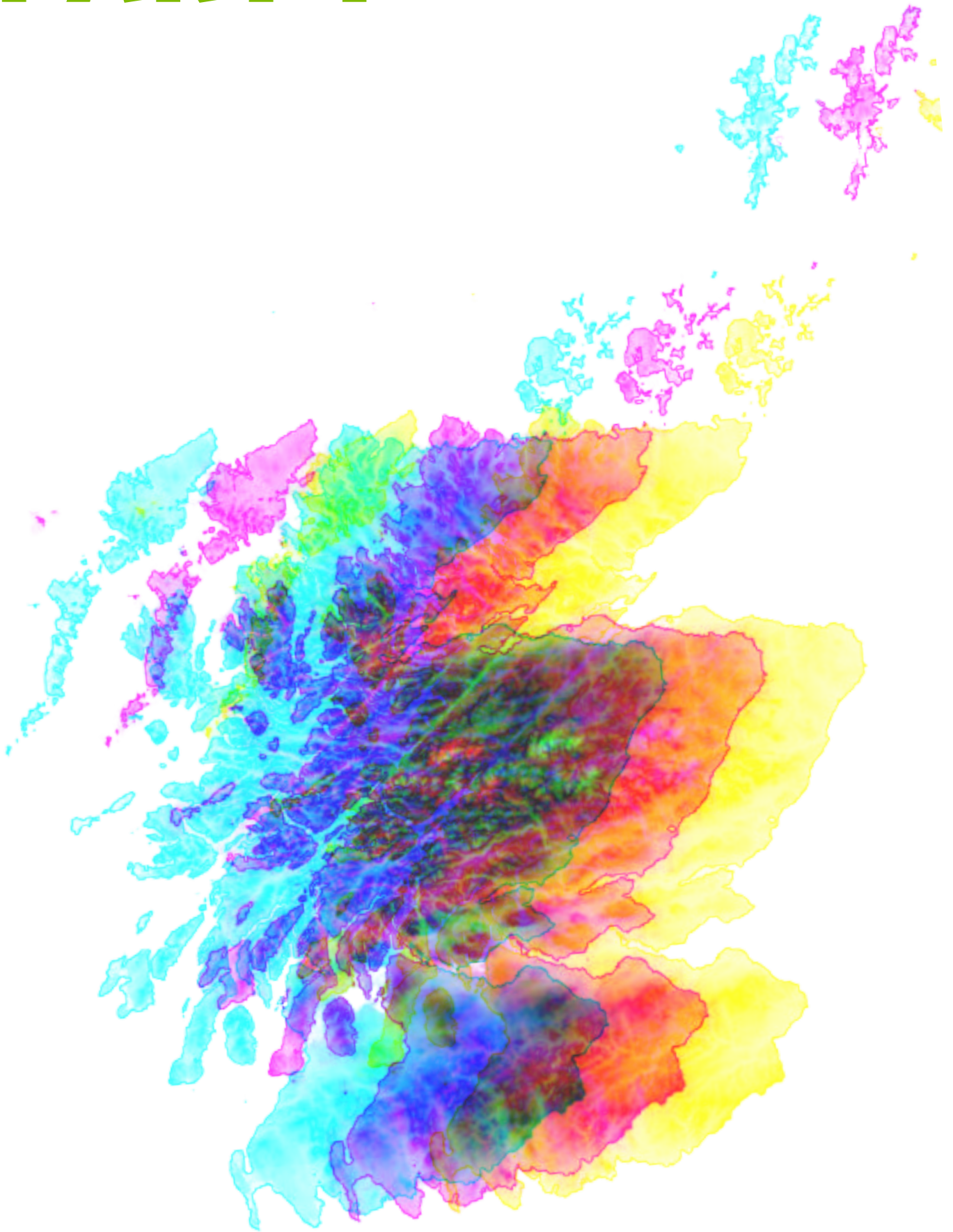
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PART 1

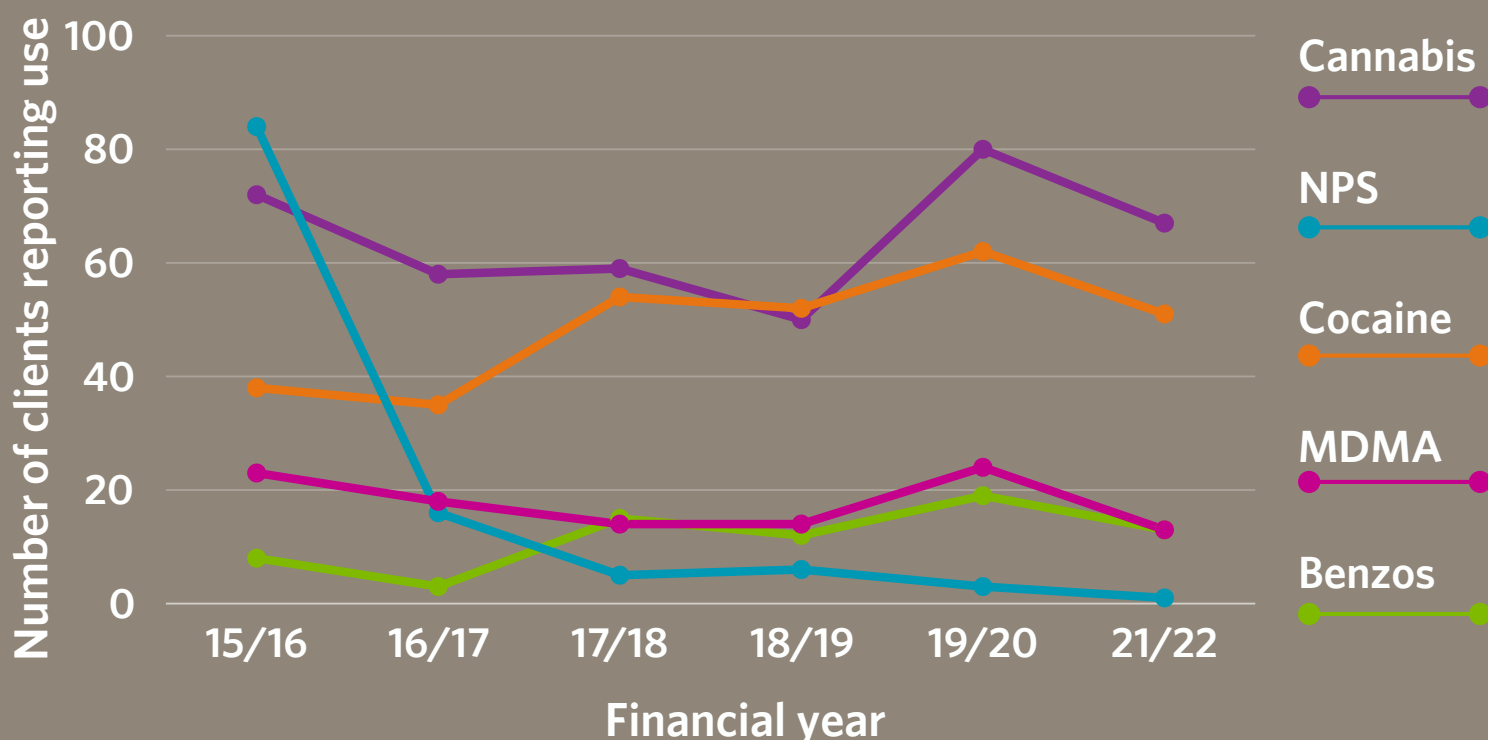


DRUG TRENDS

DRUG TRENDS AT CREW

- In our psychostimulant Counselling Service, the use of New Psychoactive Substances (NPS) continues to decrease down as noted in the graph below with only **0.5%** naming an NPS as their main concern in 2021/22.
- In the last year, Crew's Counselling Service reported decline in stimulants: cocaine and amphetamines. Cocaine now reportedly being taken by **27%** of individuals referring themselves to our counselling service in 2021/22 (62 to 51). Further to this, amphetamines are being taken by **3%** of clients in 2021, which is a decline from **14%** of clients in 2019/20.
- Cannabis is the most reported as **35%** of clients were taking it at the point of self-referral (80-67).
- In 2021/22, MDMA was reported by **7%** of clients: 13 individuals a decrease from 24 the previous year.
- Further to this, the concerns raised around people taking benzodiazepines was reported by **7%** of individuals during their self-referral for support and this is a decline from previous years (from 19 in 19/20 to 13 individuals 2021/22)
- *Note: These statistics are self-reported data of the drug(s) clients are taking at that time of referral (n=189).*

Drugs reported by counselling clients at Crew, 2015/16 - 2021/22



SAFER NIGHTLIFE PROJECT

Crew delivers harm reduction work in nightlife settings. This comprises of welfare, advice, harm reduction information and immediate crisis support. Our highly trained staff and volunteers deliver one to one support using active listening, brief interventions, motivational interviewing and violence reduction techniques, and we work collaboratively with security, paramedics and the police. We also administer low threshold surveys to collect information on drug trends and drug use behaviours.

In our own research in both the safer nightlife [3] and safer pride surveys [4], we have found that there are individual sellers on social media platforms making use of encrypted messaging apps to sell drugs locally, including: benzodiazepines, opiates or cannabis.

In 2021, both the EMCDDA [5] and UNODC [6] have noted the decline in illicit online drug markets known as 'darknet markets', which are further explained on page 17. It is currently believed that smaller vendors have set up marketplaces on encrypted messaging apps to sell drugs.

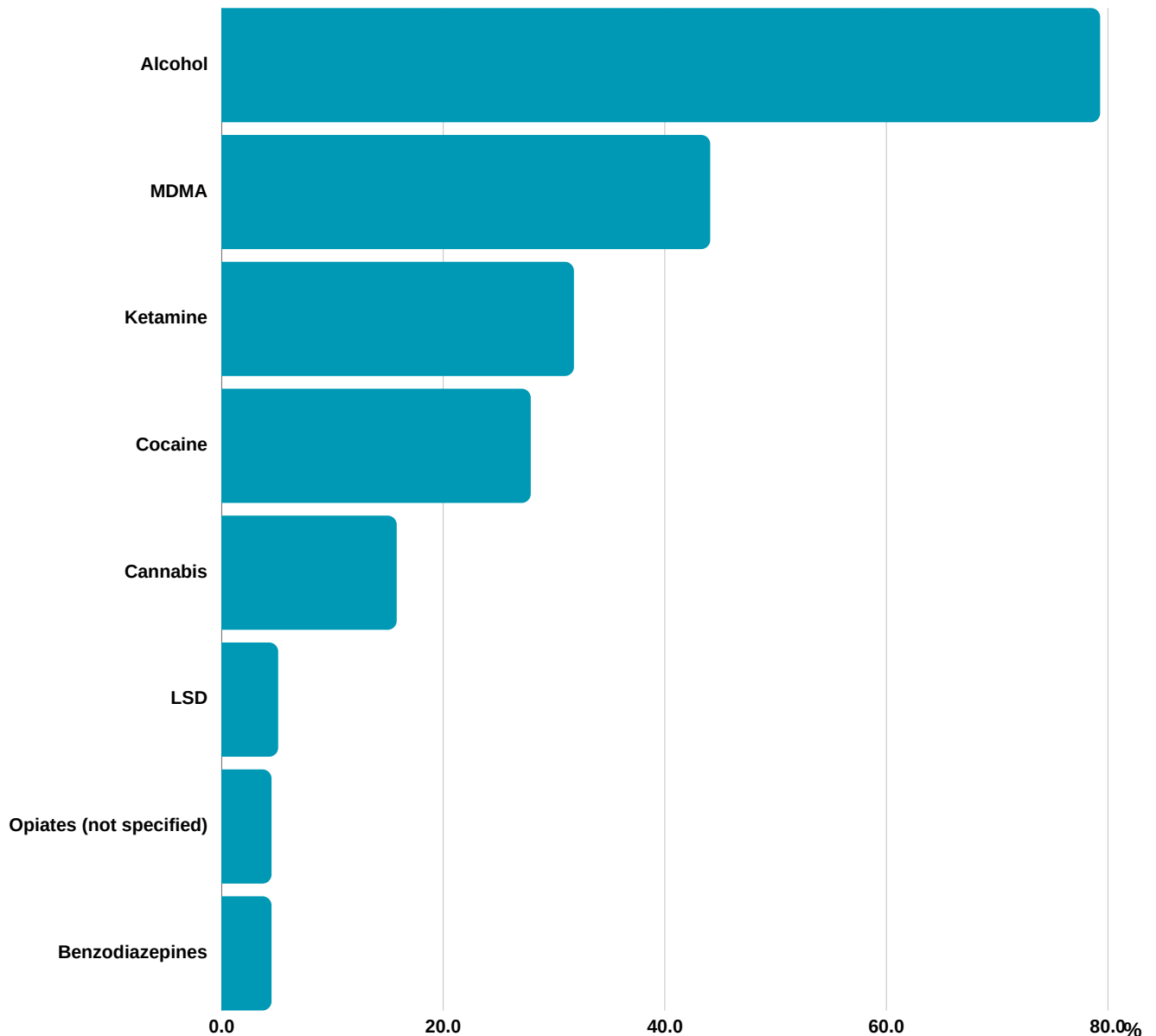


In the image above we have used an green orange pill shape to hide the username, which is a common tactic to direct an individual from one social media platform to a private encrypted messaging app. All photo credits from social media platforms will be anonymised.

DRUG TRENDS AT FESTIVALS

DRUG TYPE

Types of drugs reported (n=237)



"Reported drug use that day of data collection (as part of the Nightlife Harm Reduction data [7]) and as shown demonstrates widespread poly drug use (mixing of different drugs throughout the day). When asked specifically whether they mixed drugs, two thirds said that yes they did that day, or did regularly.

The most commonly mixed drug was cocaine: 15% of individuals took cocaine as part of a session with something else.

CREW DROP-IN SUPPORT & SERVICES

2,228

The number of young people (12-25) that access advice, information or signposting at the Drop-in in 2021-22

Photo credit: RB



Photo credit: SP

39 people accessed our training and kits of Take Home Naloxone: 46% were young people (18 total) aged under 26 years old.

The main drug discussed in brief interventions with young people in 2021 is **cannabis**, followed by **cocaine** then **opioids**. This could be personal use, family or friends, or general interest.

For reference, a graph showing all drugs discussed during brief interventions is available on page 54 of this report.

Information taken from Crew's Drop-in Annual Report [8].



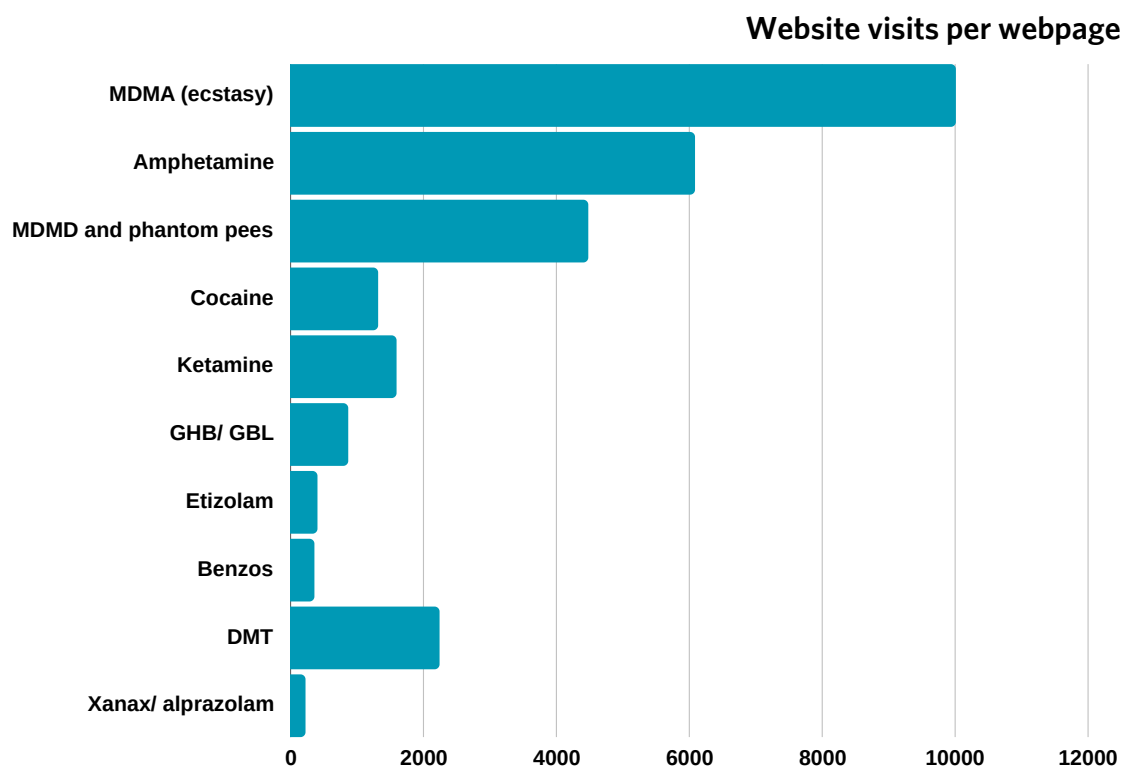
Photo credit: RB

WHAT OUR CLIENTS SAY

- *I feel it has been an experience where I can be myself and say how I really feel, which means I can say stuff on my mind I hold back from family and friends because if I told them all I'm doing is making them worry because none of them understand or have any training around mental health or addiction. I believe it is also good because mental health and addiction can be a very lonely place and it gives you a chance to speak to someone about it. This service has actually been better than anything the NHS has ever offered me in the last 16 years which speaks volumes. I also feel although it may only be an hour a week it gives you a sense of meaning and purpose, like the start to building a routine back into your life when recovering from addiction or struggling with mental health.*
- *My drug use has reduced, mostly circumstantially, but I think I made good progress with my counsellor looking into the reasons behind my substance abuse, as well as other self destructive behaviours, which I have found very helpful and will hopefully take with me into the future.*
- *My entire experience has been positive. I felt listened to and understood throughout my experience. I saw reason in the things I have done and now understand myself so much better. I feel at peace with who I am and the world around me. For the first time in my life - because of therapy - I have a new found self acceptance. I feel a huge weight has been lifted off my shoulders which previously influenced many negative aspects of my life. I know who I am now and I feel free from the pressure I have put on myself throughout my life as I now take where I have come from in my stride and use it to make myself even better, rather than put myself down because of it. I have dissociated my self worth and my achievements but have also gained confidence that I am enough and capable of achieving what I have and what I will continue to achieve - and that I do not need to use to achieve my goals. I am better without using and I can see that now.*

DRUG TRENDS AT CREW

- During the reporting period (April 2021 to March 2022) Crew's website ([crew.scot](https://www.crew.scot)) had 149,000 views.
- The most frequently viewed drug was **MDMA**, followed by **amphetamine**, **cocaine** and **DMT**.



- During the year, we received hundreds of requests for information on different substances. The most common drug enquiry was for **benzodiazepines**, specifically 'street benzos'. Their use remains common but new enquiries included increased benzo use in other UK nations, increased benzo use in prisons, **new compounds** being detected in 'street benzos', and mislabelled, often fake, benzos being found in tablet form.

DRUG TRENDS AT CREW

- There was an influx of requests for information about MDMA in spring 2021. It is likely that this is due to increased nightlife and events following lockdown. As a result we updated our **MDMA** website information and highlighted important harm reduction in the MDMA and phantom pees resource, which has been very popular (according to our website analytics).
- There was also a notable increase in the number of requests about **GBL** and **GHB**. These were from services that were aware of a rise in use and are looking for harm reduction information and resources that was non-judgmental. That could be for individuals using the drug recreationally, as part of chemsex, or for individuals who are questioning their relationship with GBL/ GHB and want to understand the signs of dependency. As a result we began work on a harm reduction resource working with people that have experience (living and lived) with GBL/GHB to give us valuable feedback.



DRUG TRENDS AT CREW

In 2021, Our training and NLHR team worked collaboratively with people with lived and living experience to update existing harm reduction materials to reflect new information and legislative changes. We appreciated working with Spit Turner, a local artist, to create a new credit-card-sized 'poppers' (alkyl nitrite) harm reduction guide.



Please share and visit our website to order hard copies:

www.crew.scot/drugs-information/get-our-stuff/

NATIONAL TRENDS

In Scotland

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) is a national survey on smoking, drinking and drug use for young people who attend school. Data collection and sample information is detailed in the appendix [9]. Data from 2018 was published in 2019. This is the most recent SALSUS report. Key points from the '[SALSUS Drug Use Report 2018](#)' [9] include:

- **6%** of 13 year olds and **21%** of 15 year olds had ever used drugs.
- **4%** of 13 year olds and **12%** of 15 year olds had used drugs in the last month.
- Between 2013 and 2018, there was an increase in the proportion of 13 year old and 15 year old boys who took drugs in the previous month (from **2%** and **11%** respectively in 2013, to **4%** and **15%** in 2018).
- Cannabis was the most widely used drug; **19%** of 15 year olds reported ever using it.
- **37%** of all 15 year olds had been offered cannabis, **18%** offered ecstasy, **15%** offered cocaine, and **14%** offered MDMA powder.
- The acceptability of trying cannabis increased since 2015 – **33%** of 15 year olds thought it was 'ok' to try cannabis, compared with **24%** in 2015.
- **9%** of 15 year olds thought it was 'ok' to try cocaine.

Data on drug-related hospital admissions for 2021/22 was published by Public Health Scotland in 2022. Key points from the '[Drug-Related Hospital Statistics 2021/22 Report](#)' [10] include:

- Between 1996/97 and 2018/19, there was a greater than **threefold increase** in the rate of drug-related hospital stays from **73 to 235 stays** per 100,000 population.
- The rate of drug-related general acute hospital stays increased from **235 to 204 stays** per 100,000 population between 2020/21 and 2021/22.
- Drug-related psychiatric hospital stays in Scotland increased from **34 to 31 stays** per 100,000 population between 2020/21 and 2021/21.
- Hospital stay rates for opioids (106 stays per 100,000 population), sedatives/hypnotics (51), cannabinoids (39) and cocaine (29), which have declined with the exception of cannabinoids (**64%** increase since 2011)
- In 2021/22, **49%** of drug-related psychiatric stays were associated with multiple/ poly drug use (including volatile solvents), and opioids admissions have decreased by **31%**.
- In 2021/22, approximately half of the patients with a drug-related general acute or psychiatric hospital stay lived in the **20%** of most deprived areas in Scotland.

NATIONAL TRENDS

In the United Kingdom

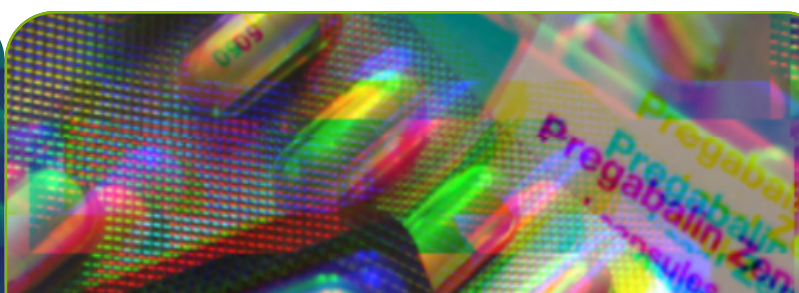
Drug trends in the UK are monitored by the renamed Office for Health Improvement and Disparities (OHID) (previously known as Public Health England (PHE)) Drug Harms Assessment and Response Team. Key points from their '[Quarterly Summary for Professionals](#)' in December 2021 [11] include:

- Deaths for opioids users in treatment were higher than initially expected and this is not viewed as the result of Covid-19.
- Extremely high-strength MDMA pills have been identified across the UK but have yet to be directly linked to harm.
- Cocaine use is at a record high level, both powder and crack cocaine, but hospital admissions are decreasing from 2020-21. It is assumed that this is due to Covid-19 restrictions impacting the use of cocaine.
- There are ongoing reports of increasing use and harm associated with benzodiazepines, with a number of fake benzodiazepines and benzodiazepine analogues being missold online.
- The number of synthetic cannabinoids-related harm has increased but there has been a decline in use being seen across the country, Synthetic cannabinoids are being detected less in drug seizures.
- There are ongoing reports of increasing use and harm associated with gabapentinoids with no associated opiate use.
- There has been media coverage of injection spiking since October 2021 but to date there have been "few" confirmed cases and there is insufficient information on the drugs being used in these incidents as a result.

National data can also be found in the '[Drug Health Harm Briefings](#)' published by OHID's National Intelligence Network.

Crew continues to receive a number of enquiries from across the UK regarding the risks and potential harm involved in benzodiazepine and gabapentinoid use, especially when the drugs are being purchased online. As OHID highlights it is increasingly unclear what is in the pills being bought online: strength and toxicity.

*Scotland's Drug Early Warning system looks to support in this area. Rapid Action Drug Alert and Response (RADAR) -launched in 2022- is further explained on page 51.



INTERNATIONAL TRENDS

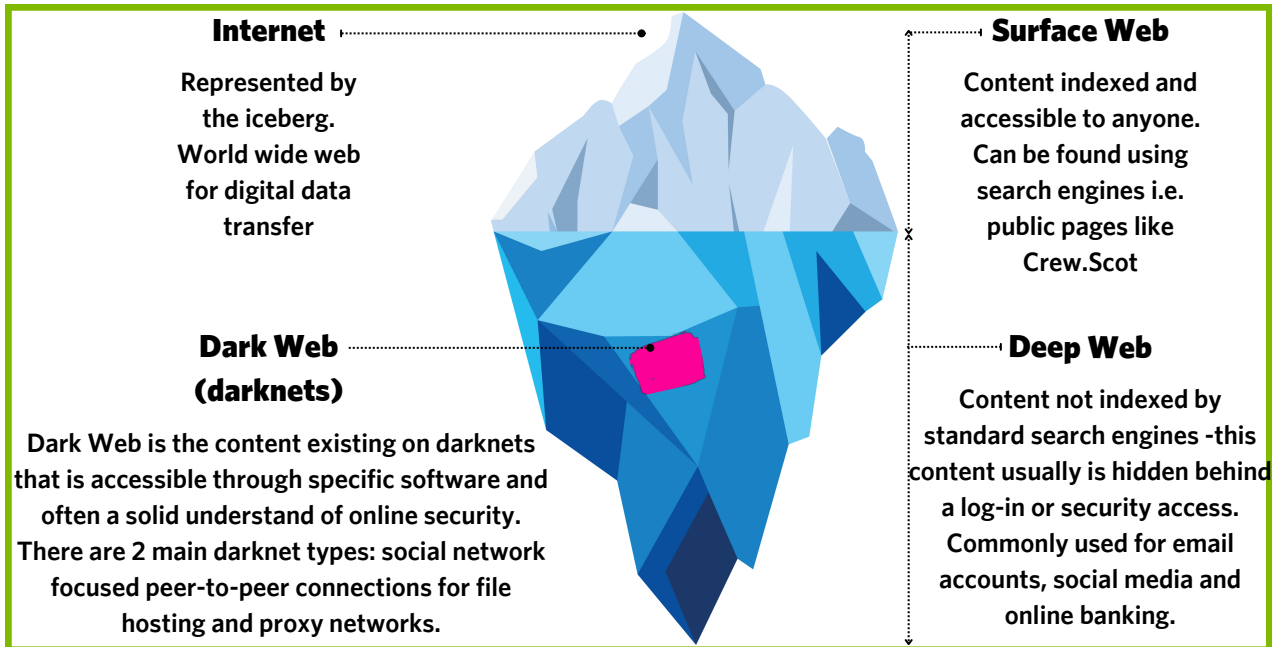
The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) provides the EU with a factual overview of European drug problems. 'Current and emerging threats' from their [European Drug Report 2022](#) [12] include:

- Cocaine's role in Europe's drug problem is increasing, **213 tonnes seized** in 2020 an increase in **15%** since 2018.
- Observed trend of an increase of people taking crack cocaine within vulnerable populations across Europe (tripled from 2016 to 2020), and still suggesting a growing use in the 2021 analysis of municipal wastewater.
- Understanding the public health impact of high potency cannabis: THC content of cannabis has increased: the average THC content for resin is now almost double that of herb cannabis. In contrast, there is also a large market for low-potency THC products including cosmetics and some edibles.
- Synthetic Cannabinoids have become a more persistent problem within the European cannabis market with it being found in low-THC resin and herbal products. One particular synthetic cannabinoid has been more commonly detected across Europe in 2021: Adb-Butinaca.
- EMCDDA are monitoring 162 cathinones currently, making them the biggest category of new psychoactive substances being tracked by the EU Early Warning System (second to synthetic cannabinoids). Seizures of cathinones have increased by **340%** (3.3 tonnes in 2020 from 0.75 tonnes in 2019) being trafficked to Europe.
- People injecting drugs is declining across Europe: of the 15 countries that have data from 2015 or later they have found a decline in injecting. Opioids are still the most commonly injected drug, but there is a recognition that the treatment and harm reduction services is currently around **half** of what is needed.
- Drug overdose is increasingly associated with an ageing population.
- The potential for increased methamphetamine production, people taking methamphetamine and existing harms raises concerns.
- Covid-19 had a profound impact on data collection so there are challenges in understanding the full picture of current drug trends in Europe. There has been a continuation of many digital services that were introduced during the pandemic that provide harm reduction services, which are seen to encourage more engagement generally. However, marginalised groups have limited access to these digital services.



DARKNET MARKETS

The Internet: Graphical representation of Surface Web, Deep Web and Dark Web.



*Recreated by Sarah P based on 'THE INTERNET: CLEAR WEB, DEEP WEB AND DARK WEB' from UNODC [13].

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) provides the EU with a factual overview of European drug problems. 'Current and emerging threats' from their [European Drug Report 2022](#) [12] include:

- Darknet drug markets are in decline and it is speculated that this is due to the market moving to more accessible forms of social media and encrypted messaging apps.

The United Nations Office on Drugs and Crime (UNODC) is the global authority in the fields of drugs and crime. Key points from their [World Drug Report 2022](#) [13] include:

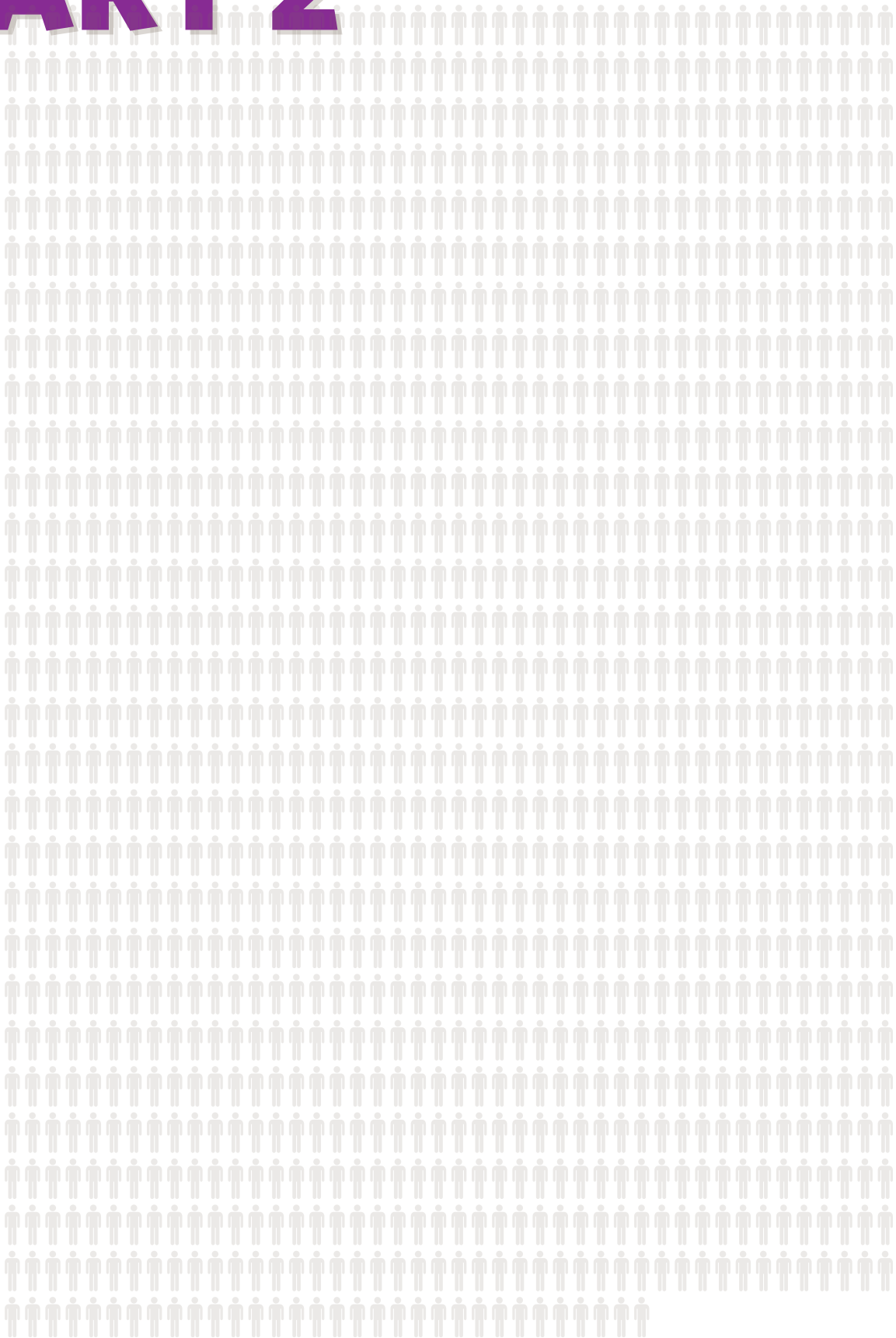
- Drug sales on the darknet have changed and are overall in decline since 2021. The UNODC have speculated that there could be newer markets, not yet found and being monitored that are on the darkweb, or potentially smaller vendors utilising marketplaces on encrypted messaging services as another means to sell drugs.
- Social media platforms and other secure communication platforms, such as dating apps, have become more accessible and convenient for drug sales. Research across Europe has found that using captions, emojis and specific hashtags to make it easier to find potential customers and conduct transactions according to the UNODC [6].
- The most commonly sold drug on the darknet marketplace sales is cannabis.

INTERNATIONAL TRENDS

The United Nations Office on Drugs and Crime (UNODC) is the global authority in the fields of drugs and crime. Key points from their [World Drug Report 2022](#) [13] include:

- Adverse health consequences of people taking drugs is stable overall affecting approximately **13.6%**.
- Cannabis was the most used drug in 2020, with an estimated 209 million people taking it worldwide. In terms of global trends, there has been a **23%** increase in cannabis use from 2010-2020.
- Opioids remain a major concern due to the severe health consequences, as they account for **69%** of direct drug related deaths in 2019. Global trends in opiates remains stable, although the trend from 2010-2020 has shown that there is now **double** the number the amount of people taking opioids worldwide.
- The prevalence of people taking amphetamines is relatively stable, but unclear as there are large data gaps. Qualitatively, from 2010-2020, it is known that there has been an increase during the last decade.
- During Covid-19, there was a **decline** in 'ecstasy'-type drugs being taken but - due to data- unsure what the picture is currently. However, it is estimated that in 2020 there were roughly 20 million people taking 'ecstasy'-type drugs.
- Cocaine has steadily increase **increased** in the last decade (2010-2020) although was temporarily halted due to Covid-19 restrictions in place.
- Adolescents and young adults account for the **largest** share of those taking drugs. Further to this, men and more likely to take most drugs compared to women.
- Unfortunately, data on gender identity is still currently limited within the UNODC report. No data was available for individuals of marginalised genders such as trans or non-binary.

PART 2



DRUG-RELATED DEATHS

DRUG-RELATED DEATHS

On the 28th of July 2022, the National Records of Scotland published their report '[Drug-Related Deaths in Scotland in 2021](#)' [15].

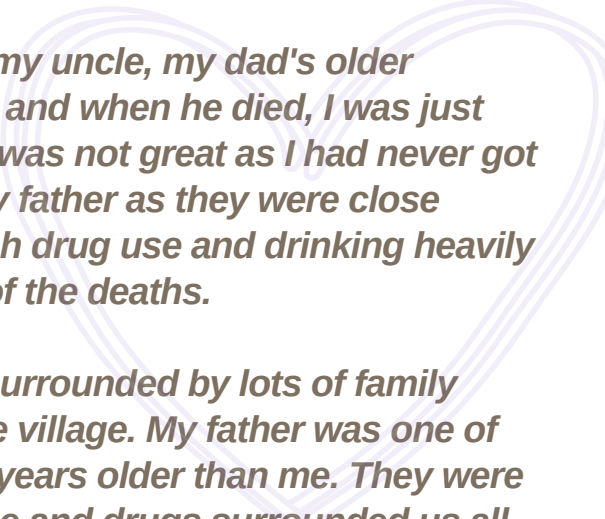
This report [15] shows the new name being used by the NRS in line with the Office of National Statistics (ONS) for Drug-Related Deaths, which is 'drug misuse deaths' [16] For information around this change, please read [NRS Annex A](#). Through the NRS report this term has been used and will continue to be used despite the pleas of many leaders within this field that felt the term was stigmatising, derogatory and failed to show the dignity and respect that should be granted to those bereaved families and friends. For this reason, throughout this report, Crew will continue to use the terminology 'drug-related death' and hope that the NRS will respectfully reverse their decision, in line with the Scottish Government National mission of destigmatising individuals and choose better language in the future when discussing the deaths of their loved ones.

For the first time since 2013 the number of drug related deaths have not increased, but there were still 1,330 deaths. 1,330 deaths which could have been prevented and lives that could have been saved. These are not just numbers, each is a person who is loved, and who leaves behind a devastating void in the lives of those they knew.

The first three pages of this chapter are statements from friends of Crew who speak openly and bravely about their personal experiences. They tell just a few of the thousands of stories that lie behind the numbers and are a powerful example of the devastating reality of drug-related death in Scotland. We are eternally grateful for their contribution.

The chapter then continues to look at the figures in detail, identifying key problematic areas and comparing them with previous years. The aim of this chapter is to highlight key trends and to make the data accessible to a wide audience, as the better we understand the situation, the better we can respond.

All data, unless otherwise stated, was taken from the [National Records of Scotland Reports on Drug-Related Deaths 2021](#) [15].



My first experience of a death linked to drugs was my uncle, my dad's older brother, I did not know him well, he was a Traveller and when he died, I was just starting my own drug use. The impact emotionally was not great as I had never got to know my uncle, but I could see the impact on my father as they were close growing up, only two years between them. Although drug use and drinking heavily was common in my family, my uncle was the first of the deaths.

I grew up an only child in a small village, we were surrounded by lots of family though, uncles, aunts, grandparents all in the same village. My father was one of six children and I had two older cousins just a few years older than me. They were like my big brothers growing up and lots of violence and drugs surrounded us all. When I heard of my elder cousin dying I was by this point injecting heroin each day myself, we all got into it around the same time, he was found in a flat and had been there days, that was over 20 years ago now. People often say you do not feel when on heroin but I felt the loss, I felt the pain, he was like my brother.

20 years later I am in recovery and I am spending time with family abroad over the Christmas of 2018 when I get a phone call from my father, my other cousin has been found dead in his kitchen, my uncle found his only child with a needle in his arm, devastating our family again. I returned to Scotland in time to attend the funeral in January 2019, it was not long after this I became a drug policy campaigner as I could no longer stand back and watch outdated laws contribute to so many dying, including my own family and friends. Deaths are preventable, that is the sad part, and so many are lost unnecessarily.

In between the devastating loss of my two cousins, 20 years apart, who were like the brothers I never had, I also lost countless friends to drug deaths. I often remember their names and I fight for change in their memory. I discover strength in the thoughts of our antics and I smile when remembering the fun we had, the parties, the raves, the dancing and when we turned from hooligans into loved-up ecstasy huggers. Enjoy the party up there, I miss you and I will continue to remember you.

Uncle and Cousin

This is my first year without my husband. I guess I want people to know that this isn't just something that is killing older [people] which is what I thought before drugs tore my family apart.

Though we both liked to drink and I knew he had a few lines at the weekend, I didn't pay much attention until our son was born. Now that I look back it was so obvious but I was in complete denial and believed his stories about why he had no money, why he always had a cold, why he couldn't sleep, why he lost weight. He was utterly convincing, told me it was only a bit of coke, and that he had things under control.

Although most of the time he was a great dad, things got worse when our second son was born. I tried so hard to get him help but there weren't many options where we live (one place even turned him away cause he wasn't injecting!).

He stopped coming home and said he needed space and again I believed him until he emptied my bank account and almost left us homeless. When he moved out things got worse. He phoned daily threatening suicide and though I still loved him he wasn't fit enough to see the kids. Just after our youngest sons 2nd birthday, he was found dead from a cocaine overdose.

When things were really bad I often wondered if it would be better when he was gone, but I never really wanted that to happen and I'm left racked with guilt. It's ruined me and I cry most days about what could have been. My boys keep me strong but I can't look at them without being reminded of my [husband]. They are his double. They have his eyes, his hair, his smile.

All the time I think about things I should have done or said differently and that maybe if I had he'd still be here with us. The boys have stopped asking where their daddy is now, but the impact of our loss will never go away.

Husband and Daddy

The problem with drug related deaths is the related bit. Everyone just hears the drug bit. But not everyone dies from an overdose, or an 'accidental poisoning'. Many also die from organ failure resulting from various blood borne viruses, or liver failure, or any number of surrounding factors that the drug is only one part of. Even more die slowly from years of untreated mental health conditions brought on by trauma either in childhood or as a result of the drug using interactions or incarceration.

The two deaths I want to speak of are close to my heart. The first is a friend of mine who, in his early 20s, was caught and sentenced to 6 years in prison for dealing ecstasy and cannabis to his friends, me included. He spent 3 and a half years in prison. When he went inside he was a good looking young man, liked a bit of weed and ecstasy. When he came out he was a haggard shell, deeply traumatised and addicted to heroin. He spent the next 15 years on the streets, trying to access help but it never worked. I never found out what he died of as we had lost touch, but his will always be a drug related death to me - and a criminal justice related death too.

The second death was more clear cut. My ex-partner had been dependent on heroin from the age of 15, when he was first introduced to it in the 1980s and none of us knew any better. He battled with his addiction for 20 odd years, choosing other drugs such as ecstasy, LSD and cannabis in order to prevent him from constantly using heroin. He eventually tried to get help, accessed the various rehabs and support, but nothing really got to the bottom of his addiction, and he always returned to his drug of choice. I maintain to this day that he would have been alive if he had lived long enough to see the introduction of heroin assisted treatment across the country (still not a reality), because that would have given him the peace he was looking for, and would have allowed him to focus on other areas of his life without constantly seeking out his drug. Methadone and all the other pills never hit the spot for him. However, he died of multiple organ failure. His final weeks before hospitalisation had seen him take heroin, crack and a bottle of vodka on a daily basis. He wanted to die, because he had never been offered any real hope. That's the reality of drug deaths, you have to focus on creating hope and compassion in order to reach those who have lost all hope.

Friend and Partner

WHAT IS A DRD?

By definition, a drug-related death (and therefore the data discussed in this chapter) 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.

"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)." [16]*

In 2021, 3% of deaths (41) were classed as 'drug abuse', 91% (1,208) were 'accidental poisoning', 5% (68) were 'intentional poisoning' and 10% (13) were 'undetermined intent'. No deaths were attributed to 'assault by drugs'.

Deaths which are not counted by the 'baseline' definition include deaths from:

- 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 added to the MoDA. Recent additions to the MoDA include etizolam in 2017 and gabapentin and pregabalin in 2019.
- Bacterial infections, for example, *Clostridium botulinum* (botulism), *Bacillus anthracis* (anthrax) and *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 chronic obstructive pulmonary disorder, pneumonia and endocarditis.

KEY FIGURES

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

2017

2018

2019

2020

2021

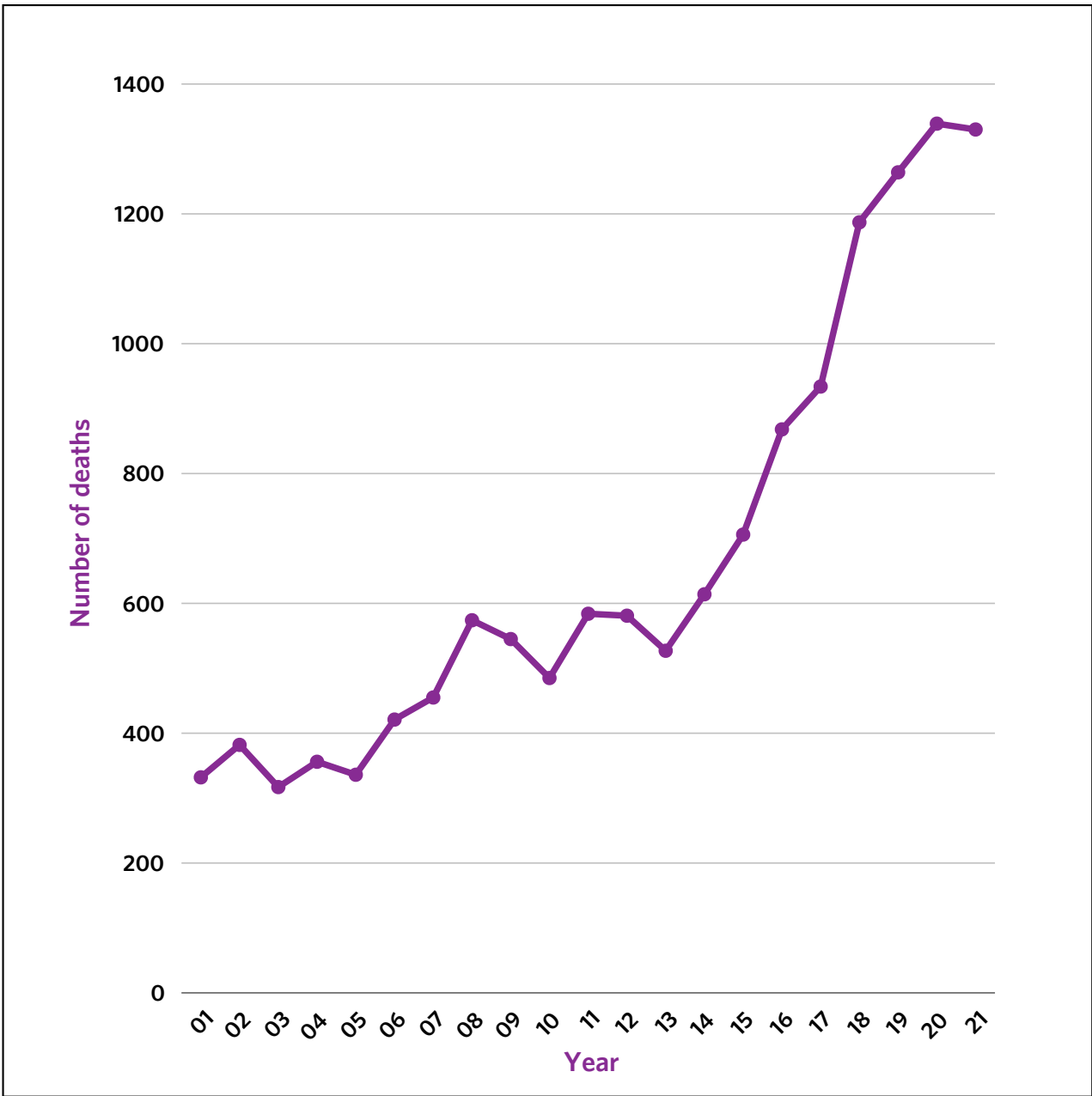
934

1,187

1,264

1,339

1,330



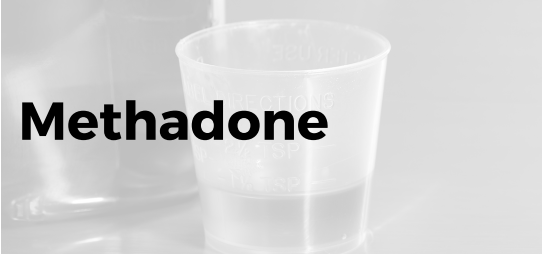
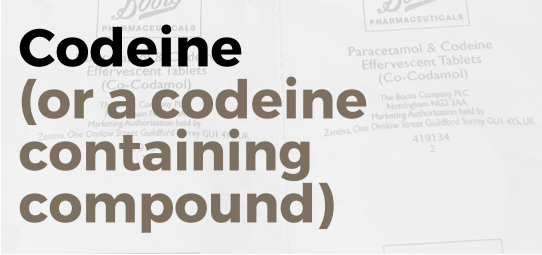
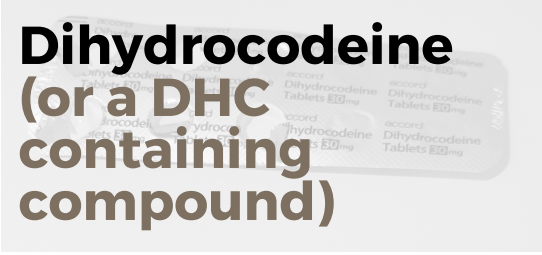



KEY FIGURES

	2019	2020	2021
Number of DRDs	1,264	1,339	1,330
Male deaths	877 69%	973 73%	933 70%
Female deaths	387 31%	366 27%	397 30%
Average age (median)	42	43	44
More than one drug found in the body*	1,189 94%	1,251 93%	1,237 93%
More than one drug implicated in death*	1,081 86%	1,155 86%	1,119 84%

*More than one drug (not including alcohol). Data from 'Table 7' of NRS DRD reports 2019 [17], 2020 [18] and 2021 [19]. 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.

OPIOID DRDS

	2019	2020	2021
 <p>Any opiate/opioid</p>	<p>1,092</p> <p>86%</p>	<p>1,192</p> <p>89%</p>	<p>1,119</p> <p>84%</p>
 <p>Heroin/morphine</p>	<p>645</p> <p>51%</p>	<p>605</p> <p>45%</p>	<p>480</p> <p>36%</p>
 <p>Methadone</p>	<p>560</p> <p>44%</p>	<p>708</p> <p>53%</p>	<p>635</p> <p>48%</p>
 <p>Codeine (or a codeine containing compound)</p>	<p>55</p> <p>4%</p>	<p>51</p> <p>4%</p>	<p>59</p> <p>4%</p>
 <p>Dihydrocodeine (or a DHC containing compound)</p>	<p>116</p> <p>9%</p>	<p>151</p> <p>11%</p>	<p>136</p> <p>10%</p>
 <p>Fentanyl*</p>	<p>25</p> <p>2%</p>	<p>7</p> <p>1%</p>	<p>7</p> <p>1%</p>

*Data from 'Table Y' of NRS DRD report 2019 [17], 2020 [18], 2021 [19]. The 'wide' definition of a DRD varies in a few ways and it reports higher figures. All other data was taken from 'Table 3' of NRS DRD report 2019 [17], 2020 [18], 2021 [19] respectively.

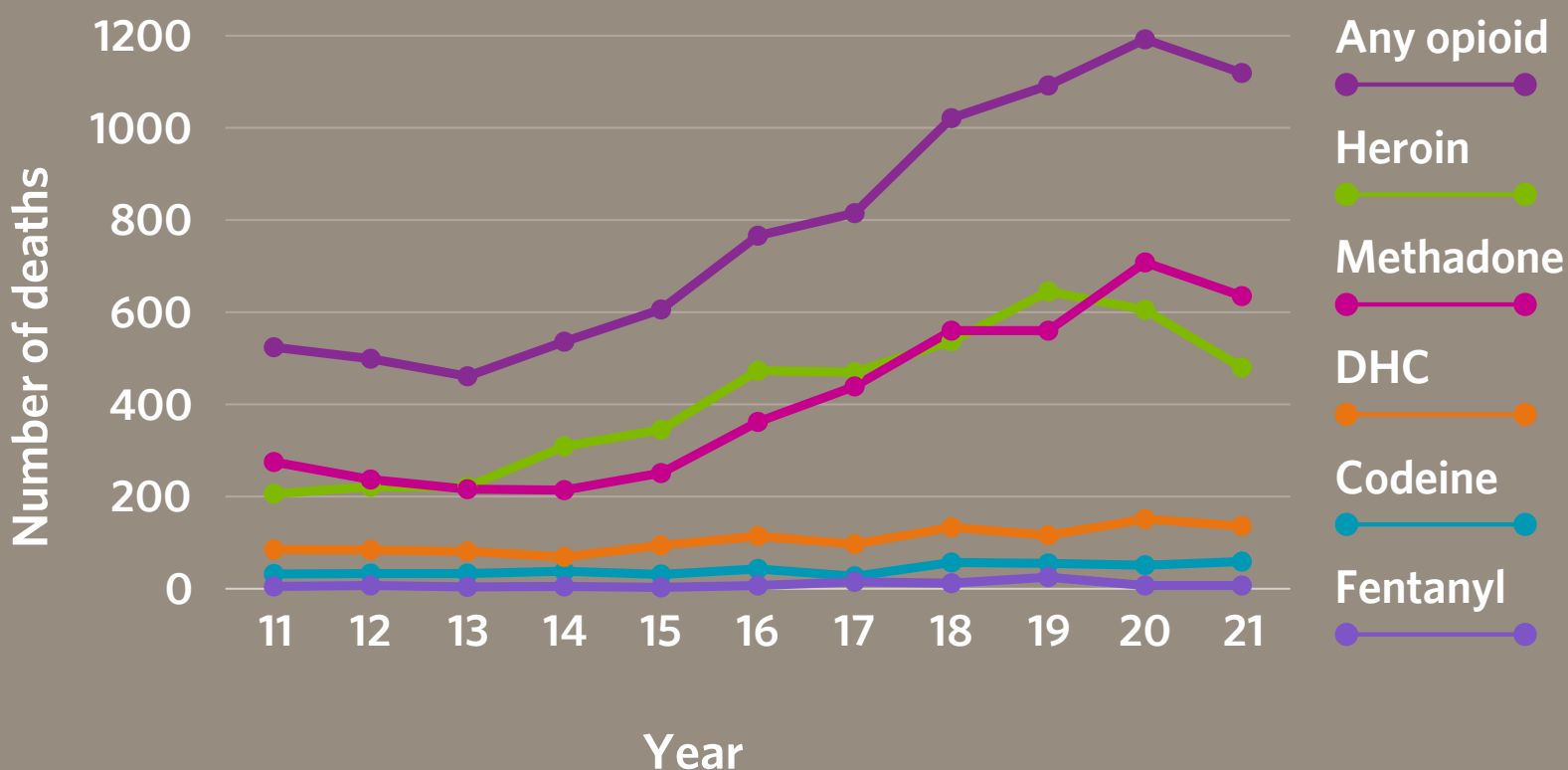
OPIOID DRDS

- 'Opiate' is generally used to describe drugs that have been derived from the opium plant e.g. morphine. 'Opioid' is used to describe synthetic (lab-made) drugs which have similar effects to opiates e.g. methadone. For simplicity, in this report we use the term opioid to refer to all opiate and opioid drugs.
- The data does not differentiate between people who were taking prescribed opioids or illicitly sourced opioids.
- Deaths related to 'any opioid' have increased by **162%** since 2008 (from 507 to 1,330). *Note: all comparisons in this chapter are made to 2008 as this is the first year that data reported is directly comparable.*
- Heroin/morphine-related deaths have **decreased** by **26%** since 2019 (from 645 to 480). 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 **13%** since 2019 (from 560 to 635). In 2020 there was an increase in Methadone-related deaths of **26%** (560 to 708).
- In 2021, there are some drugs implicated in almost all deaths that they are found: Methadone (95%) and Heroin/ Morphine (90%).





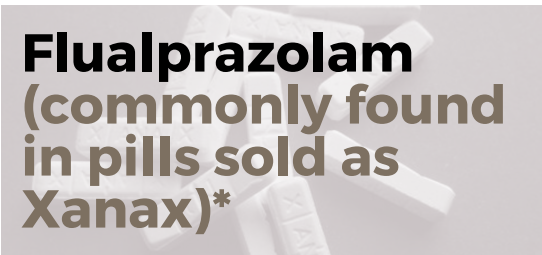
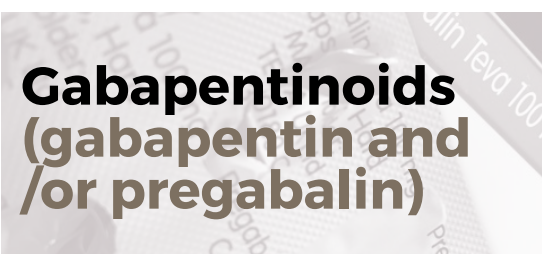
OPIOID DRDS

- Other opioids implicated in deaths (in addition to those displayed above) include buprenorphine (Subutex), tramadol and oxycodone. Information from NRS's database [19] shows that oxycodone was implicated in the deaths of 34 people (**3%**), tramadol was implicated in the drug related deaths of 57 (**4%**) individuals and buprenorphine was implicated in 128 (**10%**).
- Opioids are implicated in the majority of deaths (**84%**). This has stayed relatively stable since 2008.
- Opioids are not the most commonly used drugs in Scotland but they are implicated in the highest number of deaths. This is because -when compared with drugs like ketamine- the difference between a dose that gives the intended effect and a fatal dose is small.

Opiate/opioid-related deaths 2011-2021



DEPRESSANT DRDS

	2019	2020	2021
 Any benzodiazepine	888 70%	974 72%	918 69%
 Etizolam	752 59%	806 83%	772 58%
 Diazepam (Valium)	179 14%	194 20%	187 14%
 Alprazolam (Xanax)*	65 5%	34 3%	37 4%
 Flualprazolam (commonly found in pills sold as Xanax)*	22 2%	36 4%	16 2%
 Gabapentinoids (gabapentin and /or pregabalin)	438 35%	502 37%	473 36%

*Data from 'Table Y' of NRS DRD report 2019 [17], 2020 [18] and 2021 [19]. The 'wide' definition of a DRD varies in a few ways and it reports higher figures. All other data was taken from NRS Additional analysis data from 2019 [17], 2020 [18] and 2021 [19].

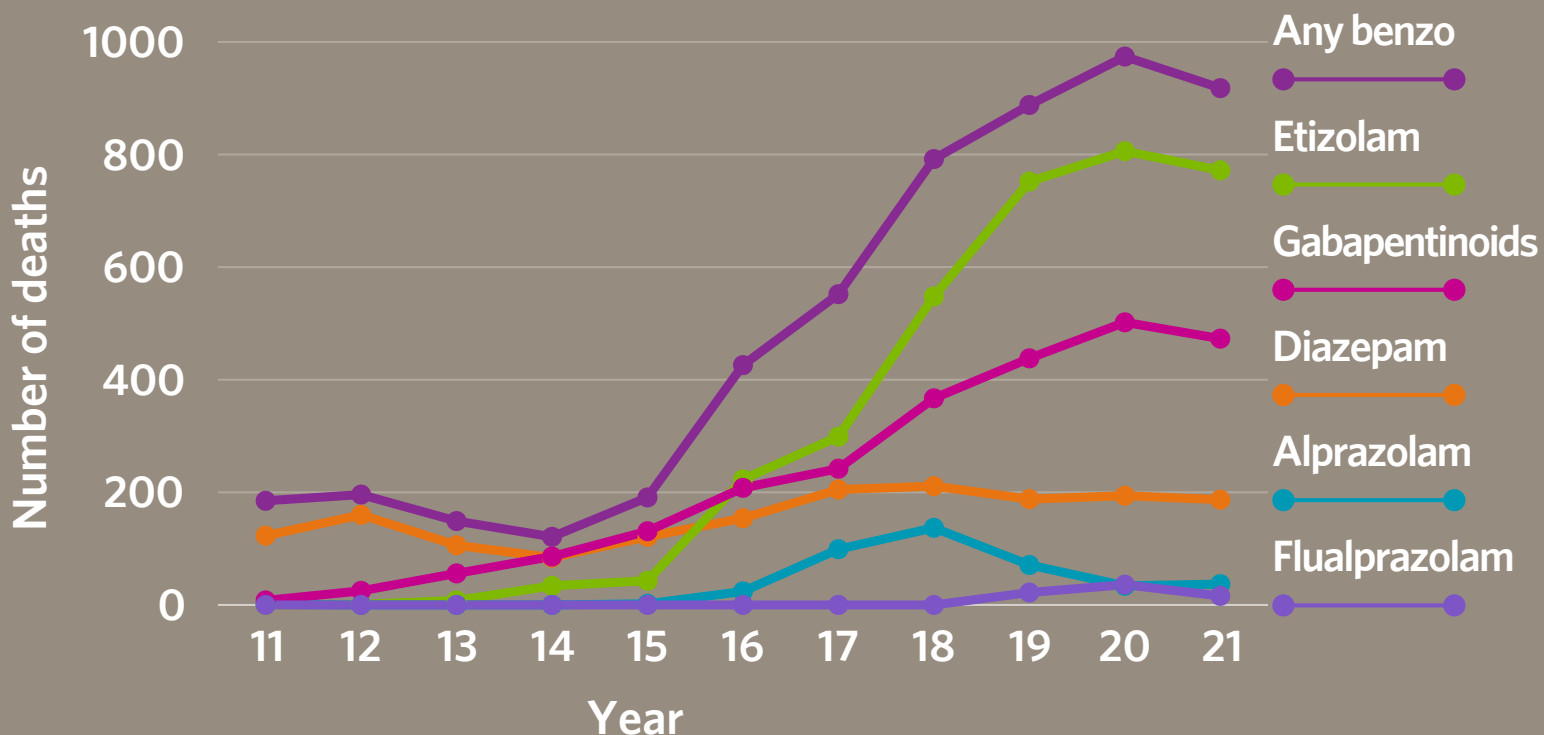
DEPRESSANT DRDS

- Deaths related to 'any benzo' have increased by **396%** since 2011 (from 185 to 918).
- In 2021, there were 12 deaths where a benzodiazepine was the only drug implicated (**1%** of 918 benzo-related deaths), reinforcing the fact that polydrug use is a major risk factor in drug deaths.
- The data differentiates between '**prescribable**' and '**street**' benzodiazepines. Annex H of the NRS DRD report 2021 [19] defines these two categories as:
 - ***"Prescribable benzodiazepines' are benzodiazepines (or metabolites thereof) which are licensed for prescription in the UK and widely prescribed in Scotland (but which may not actually have been prescribed to the person who died after taking them); and***
 - ***'Street benzodiazepines' are benzodiazepines (or metabolites thereof) which are:***
 - a) not licensed for prescription in the UK; or***
 - b) thought to have originated from an illicit source (due to their having very low overall levels of prescribing in Scotland)."***
- Deaths related to 'prescribable benzodiazepines' have increased by **24%** since 2011 (from 172 to 214). Deaths related to diazepam have increased by **52%** since 2008 (from 123 to 187).




DEPRESSANT DRDS

- Deaths related to 'street benzodiazepines' have increased from 14 to 842 (2011-2021). Deaths related to etizolam have increased from 0 to 772 (2011-2021). See page 43 for more information on 'street benzos'.
- Deaths related to alprazolam are more consistent (34 in 2020 to 37 in 2021). This is a **73%** decrease from the highest recorded deaths of 137 in 2018. Alprazolam is more commonly known by the associated brand name Xanax. However, deaths related to a chemically similar drug, flualprazolam (alprazolam with an added fluorine atom) were recorded for the first time, with a total of 16 deaths recorded in 2021.
- Benzodiazepines are not the only depressant drugs fuelling drug-related deaths. Gabapentin and pregabalin deaths increased from 8 in 2011 to 473 in 2021.

Depressant-related deaths 2011-2021



STIMULANT DRDS

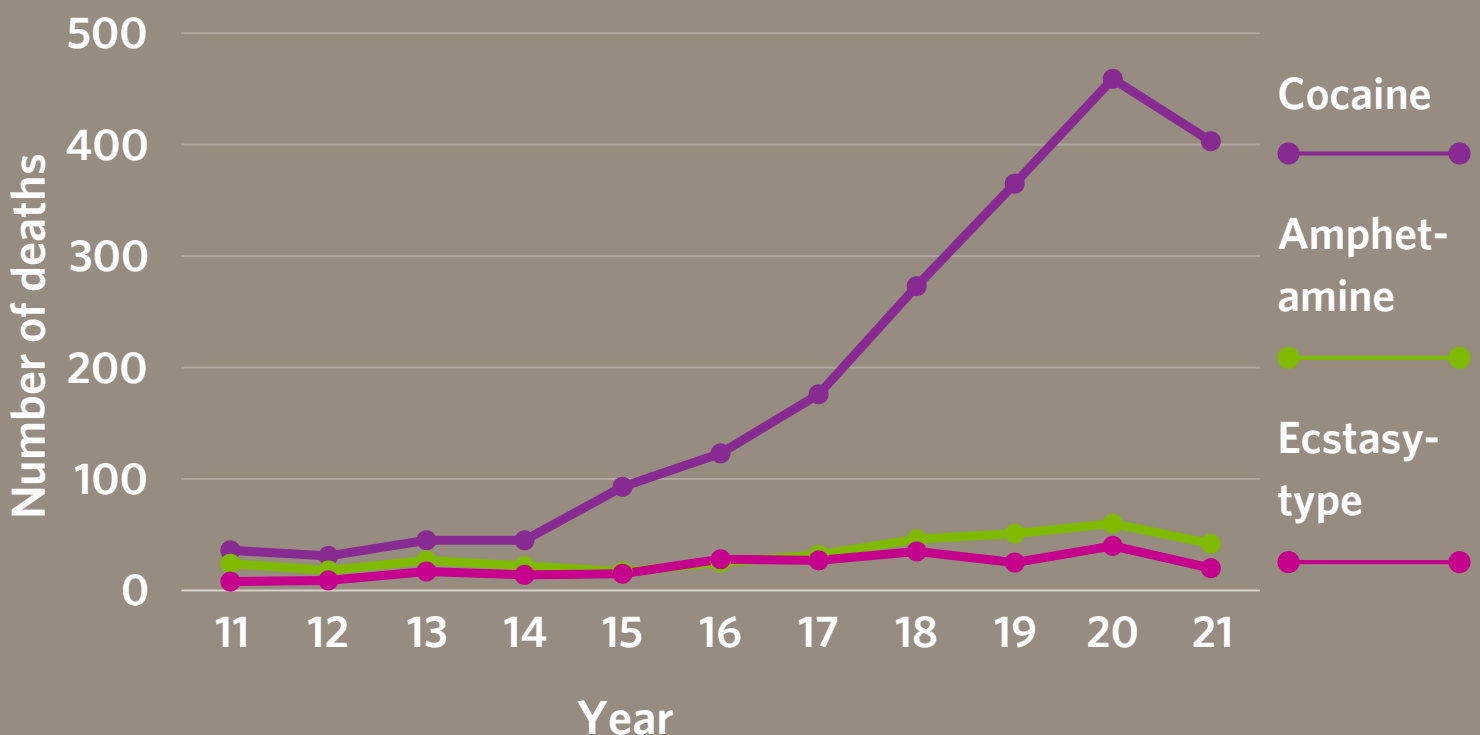
	2019	2020	2021
 <p>Cocaine</p>	<p>365</p> <p>29%</p>	<p>459</p> <p>34%</p>	<p>403</p> <p>30%</p>
 <p>Amphetamine</p>	<p>51</p> <p>4%</p>	<p>60</p> <p>4%</p>	<p>42</p> <p>3%</p>
 <p>Ecstasy-type</p>	<p>25</p> <p>2%</p>	<p>40</p> <p>3%</p>	<p>20</p> <p>2%</p>

- 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 of cocaine.
- Cocaine-related deaths have increased by **1,019%** (36 to 403) since 2008. Although, there is a currently a downward trend of cocaine-related deaths, noting a **12%** decline from 2020 to 2021 (from 459 to 403).
- Cocaine was implicated in **30%** of all drug-related deaths.

STIMULANT DRUGS

- In 2021, there were 16 deaths where cocaine was the only drug implicated (**4%** of 403 cocaine-related deaths).
- There were 2 deaths where amphetamine was the only drug implicated (**5%** of 42 amphetamine-related deaths), and 2 deaths where ecstasy was the only drug implicated (**10%** of 20 ecstasy-type drug-related deaths). This is higher than the average (**7%** of all drug related deaths have only one drug implicated) and is statistically significant.
- This may reflect differences in drug taking behaviour, for example, people may be less likely to take drugs alone or mix drugs (in comparison to those taking benzos/opioids), but it highlights that even when sticking to one drug at a time, use can be risky.
- Ecstasy-type drugs primarily include MDMA (19 of 20). However, previous years can include drugs such as PMA and PMMA.

Stimulant-related deaths 2011-2021



DEATHS BY AGE

- In 2021, the 35 to 54 age group reported the highest number of deaths (**65%**), in 2000, this group made up 29% of drug-related deaths. In contrast, those aged under 35 years old (25 to 34) are **21%**, of drug-related deaths whereas in 2000 they accounted for over **68%**.
- The average age of drug-related deaths has increased from 32 in 2000 to 44 in 2021.
- People aged 45 and older are the age group whose deaths are most likely to implicate opiates:
 - 361 of 422 drug related deaths within this age group had opiates or opioids implicated (**86%**), compared with **27%** of all drug-related deaths.
 - Similarly, Gabapentinoids were implicated in a large amount of drug-related deaths within this age-group **48%** (225 of 473). This is **17%** of all drug related deaths.
- In the 35-44 year old age bracket, street benzos are the leading cause of drug-related deaths:
 - **36%** (229 of 635) of all methadone-related deaths occurred in the 35-44 age group.
- Cocaine and ecstasy-related deaths appear to be driven by **younger** age groups:
 - **38%** (153 of the 403) of cocaine-related deaths were of people aged **35-44**, compared with **12%** of all drug-related deaths.
 - **60%** (12 of the 20) of ecstasy-related deaths were of people aged **under 35**, compared with **1%** of all drug-related deaths.

DEATHS BY AGE

- Although lower than other age groups, death rates for the under 25 age group have decreased for the last year (2020 to 2021). There were **80** drug related deaths in the under 25s in 2020, which has declined slightly to **70** in 2021. It is too early to speculate whether this is a downward trend.
- The drugs implicated in the under 25 age group drug related deaths remained similar in numbers, with the exception of cocaine, where drug related deaths have decreased by **39%** in 2021 (38 and 23).

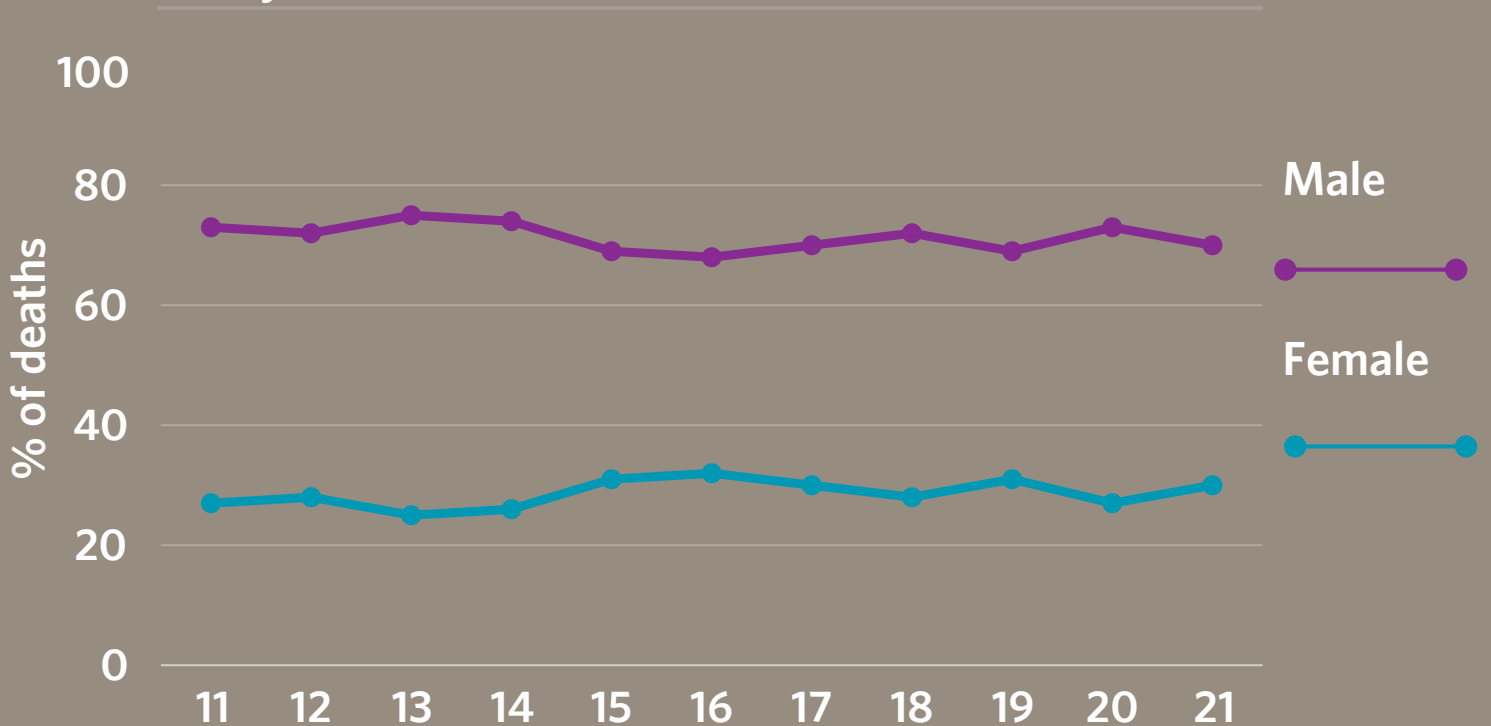
Deaths in each age group 2011-2021



DEATHS BY SEX

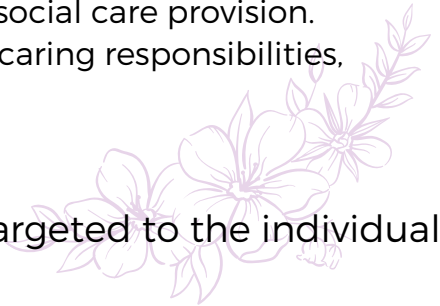
- In this context, the term "sex" (i.e. male and female) is used to describe biological characteristics and it does not necessarily reflect the gender identity of the person who died. It is important to note, that trans and non-binary individuals are frequently misgendered in death and this data would not be able to clearly delineate who they are [20]. Visit our website for information about Crew's understanding of [Transgender Rights](#) [21] or general information about Crew's [Mission and Values](#) [22].
- In 2021-2022, male death decreased by **4.1%** (973 to 933) and female deaths increased by **8.5%** (366 to 397). Since records began in 1996, there have always been more male deaths than female deaths annually and in 2021 they accounted for **70%**.
- While males make up the majority of drug-related deaths, there has been a disproportionate increase in drug-related deaths among females. In the early-2000s, males were **4x** more likely to die from a drug related death compared to females whereas in 2021-2022 that gap has narrowed to only **2.4x** more likely.

Deaths by sex 2011-2021

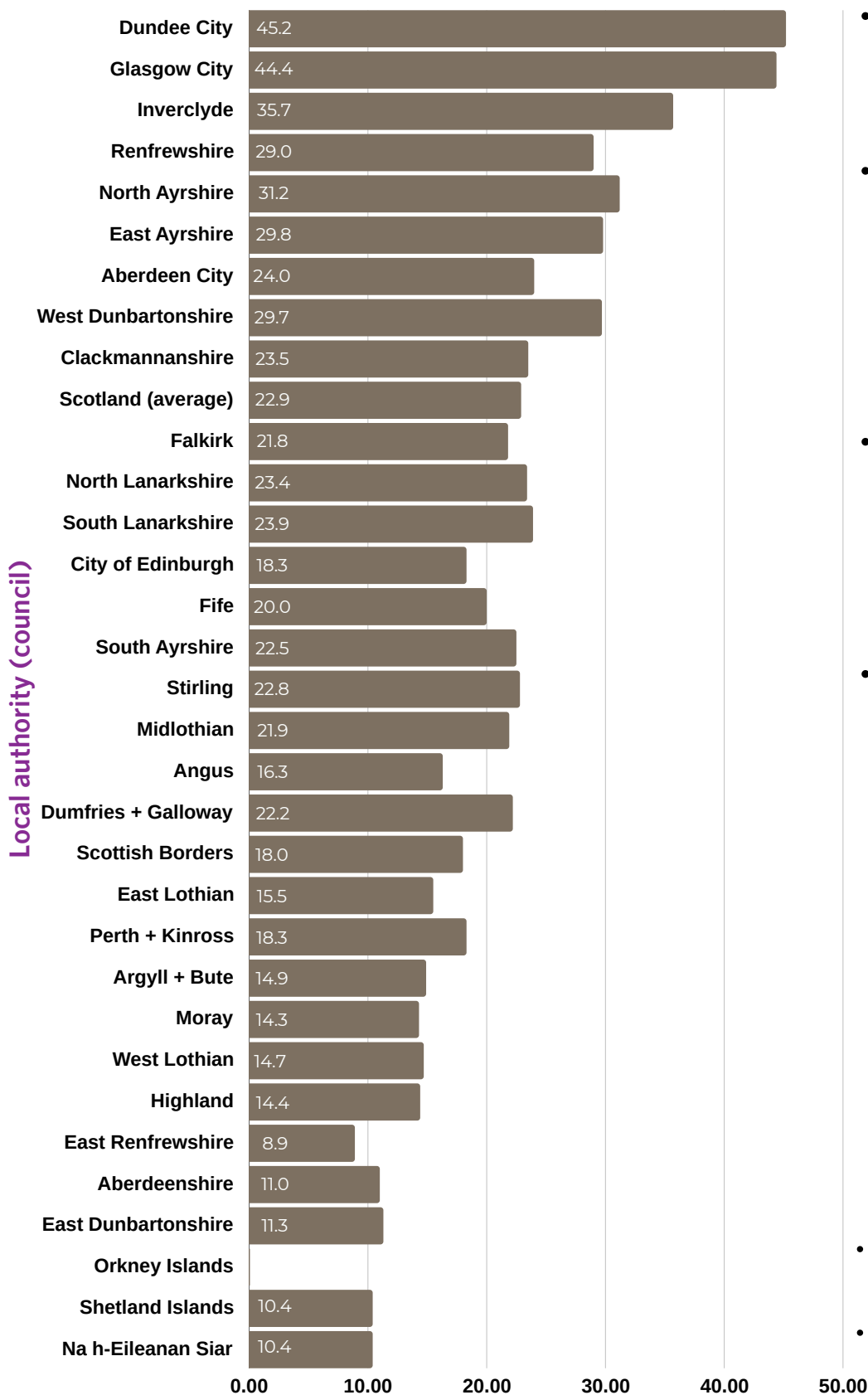


DEATHS BY SEX

- There are many factors contributing to the increase in female drug-related deaths. Potential factors identified in the 2020 research paper, '[Why are drug-related deaths among women increasing in Scotland?](#)' [23] include:
 - Changes in patterns of substance use, particularly polysubstance use and increases in the problem use of medications.
 - Ageing among a cohort of women who use drugs.
 - Increasing prevalence of physical and mental health issues (including co-morbidities).
 - Changes in relationships and parenting roles, including social isolation and the impact of child removals.
 - Changes to treatment or health and social care provision,
 - Poorly implemented drug services to meet needs of women.
 - Changes to the welfare benefits system.
 - Policy responses to gender-informed approaches (diversity of experiences and intersectionality)
 - Vulnerability to abusive or coercive relationships.
 - Involvement in commercial sex work.
 - Cuts to drug treatment services and other health and social care provision.
 - Barriers for engaging with treatment services (such as caring responsibilities, stigma and fear of losing custody of children).
 - Experiences of trauma and adversity.
- Health interventions work best when they are targeted to the individual's needs. Crew recommends that we:
 - Provide interventions that focus on the diverse needs of different demographics. Consequently, recognising that LGBTQIA+ people experience discrimination, social inequalities and structural oppression, which results in them experiencing drug and other health harms disproportionately. This has been reflected in Crew's Transgender Rights [10] and LGBTQIA+ Inclusion policies [11].
 - Challenge the additional stigma towards women around drug use focusing on access to (female-identifying only) services, and (if relevant) risks pertaining to sex work*.
 - Involve **all** individuals using our Drop-in service (with lived/living experience) in policy development and the design of services.
 - Better coordinate our approach to services for interlinked areas such as drugs, mental health, physical health, housing, children and employment.
 - Ensure that health interventions and services are inclusive of families and are designed to include the experience of pregnancy and parenting.
 - *[GPDPPD \(2018\)](#) [24] Mainline report on women focused interventions.



DEATHS BY AREA



Number of DRDs per 100,000 people (age standardised)

- This data was taken from 'Table 6A' of the NRS DRD report 2021 [19].
- Dundee City is the local authority area in Scotland with the highest number of drug-related deaths at **45** per 100,000 of the population.
- Glasgow City has the second highest number of drug-related deaths at 44 per 100,000 of the population.
- Shetland Islands and Na h-Eileanan Siar (Western Isles) have some of the lowest drug-related death rate at 10 per 100,000* of the population for people. The lowest being East Renfrewshire at 9 people per 100,000, but as we need to remember, this is still 9 people that are dying in drug-related deaths that are preventable.
- No data is available for the Orkney Islands for 2021 on the NRS supplementary tables and figures [25].
- These figures use age standardised i.e. age adjusted rates to make areas comparable. Similarly, for countries with clustered age distributions they can generate an adjusted dataset to make them more comparable. [25]

UK DRUG DEATHS

The NRS reports that Scotland's drug death rate "was approximately 3½ times that of the UK as a whole." This has been widely reported but it has also been widely misunderstood.

This figure compares Scotland to the 'United Kingdom as a whole' (Scotland, England, Wales and Northern Ireland), not 'the rest of the United Kingdom' (England, Wales and Northern Ireland).

Using the data below we can calculate that:

- **Scotland's DRD rate is 3.7 times higher than the UK as a whole.**
- **Scotland's DRD rate is 5.2 times higher than the rest of the UK.**

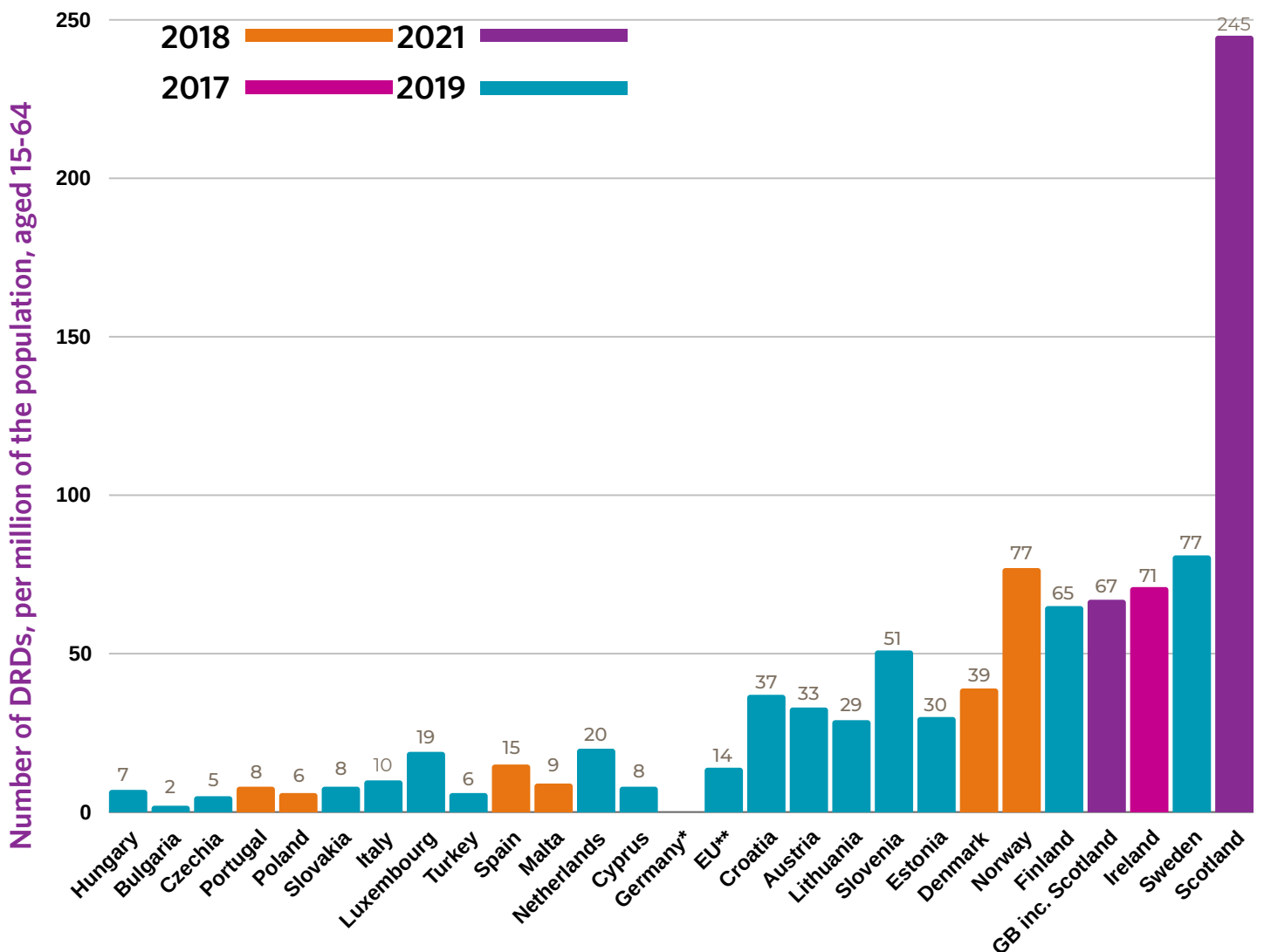
Country	No. of DRDs	Population	No. of DRDs per million of pop	Scotland's comparison rate
Scotland	1,339	5,466,000	245	N/A
England and Wales	(2,830 + 149=) 2,979	59,719,724	49	5 x higher
NI	175	1,895,500	92	2.7 x higher
England, Wales and NI	(2,979 + 175=) 3,154	61,615,224	47	5.2 x higher
United Kingdom	4,500	67,081,234	67	3.7 x higher

Comparisons like this are useful but we must be careful to not falsely conclude that because Scotland is performing particularly badly, that the rest of the UK is performing well. Drug deaths are preventable yet they are **continuing to rise in all UK nations**, and 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, England and Wales, and Northern Ireland DRD figures were taken from Annex G of NRS DRD report 2021 [19]. To make it comparable to Scotland the data for England and Wales is sourced from ONS [26]. Data for Northern Ireland is sourced from NISRA for 2021 the latest year for which data is available [27].

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. 2018 for Portugal and 2019 for Hungary.
- The figures from Scotland were taken from the National Records of Scotland, Drug-related Deaths in Scotland in 2021 report [19].
- For all countries (apart from Scotland) the data was taken from 'Table A6' on page 52 of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) European Drug Report 2021 [12].
- These figures represent the EMCDDA general mortality register definition of a drug-induced death for people aged 15 to 64 only. The EMCDDA note that the 'age band is not specified' for Turkey,
- *Data for Germany was not available.
- Romania, Latvia, France and Belgium are not included in this graph as they were noted by the EMCDDA as having 'significant levels of under reporting' or under reporting levels of more than 30% [12].
- **European Union (including Turkey and Norway), this was the EU membership as of 2021, and is the count of drug-induced deaths cases per million.

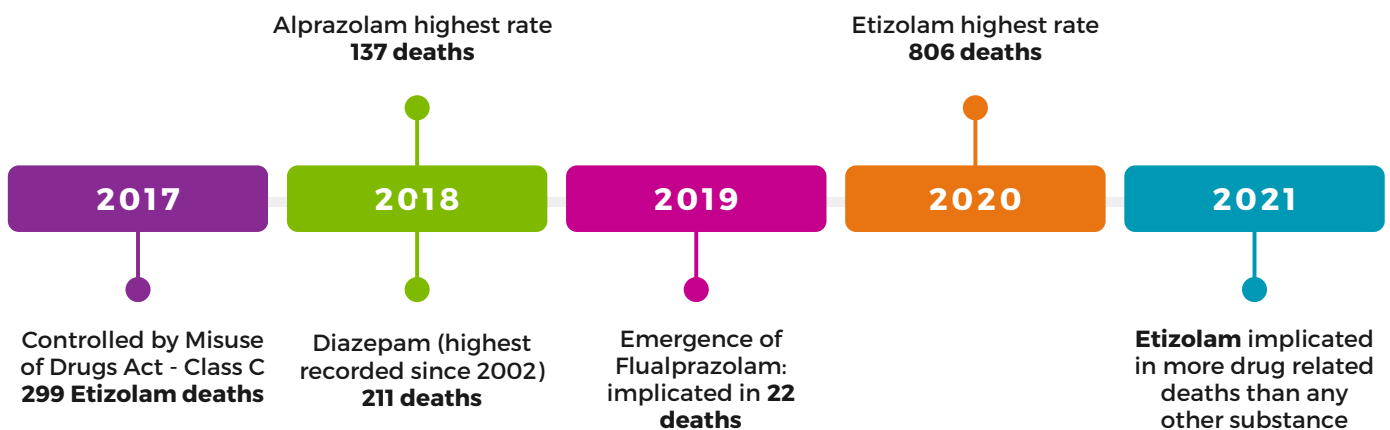
A BENZO CRISIS

Benzodiazepines (benzos) are a group of depressant drugs that can have sedative and calming effects. Some benzodiazepines, such as diazepam (Valium), are prescribed to treat anxiety, insomnia, seizures (fits) and other health conditions but -in recent years- the non-clinical benzodiazepine market has expanded rapidly. The most common substance found in 'street benzos' in Scotland in 2021 is etizolam.

In Scotland, in 2021, etizolam was implicated in more drug-related deaths than any other substance.

Etizolam was first detected as a 'New Psychoactive Substance' in Europe in 2011 [28]. Between 2011 and 2016, etizolam was sold online and in shops for an average of £1 per pill, usually under brand names such as 'Chillax' and 'Get Calm and Carry On'. The Psychoactive Substances Act (PSA) banned the sale of etizolam in May 2016, and it was subsequently classified as a Class C drug in May 2017. These legal changes also coincided with a review of benzodiazepine prescribing in some areas of Scotland.

The introduction of the PSA caused a substantial shift in the Scottish benzos market. Etizolam's popularity surged after it was controlled and, along with it, its presence in drug-related deaths. When etizolam was sold 'legally', etizolam pills were imported from overseas. After the ban, control shifted to organised crime groups, etizolam was being (primarily) imported into the UK in powder form then pressed into pills. This had multiple repercussions on the market; reduction in the price, with a similar reduction in the quality and an increase in the variability and potency of the pills.



A BENZO CRISIS

Although the rise in drug deaths cannot be attributed to one cause, and is the result of many internal and external factors including generational poverty, inequality, budget cuts and under-resourcing, the graph below shows the steep rise in the proportion of 'street benzo'-related deaths and **the impact and harm of potent, synthetic psychoactive substances should not be underestimated.**

The Benzo Research Project have released their report on the experiences of recreational benzodiazepine use among young people (aged 18-25) from across the UK. Key points from their [Findings Report](#) [29] include:

- Dangers of poly drug use not being fully understood by individuals i.e. lack of knowledge regarding benzodiazepine risks when mixed with other depressants (including alcohol).
- Lack of awareness of drug harm from education available to young people (initial use 15-18). Further to this, their knowledge was less harm reduction focused and more zero tolerance.
- Medical professionals, at times, lacked knowledge of benzo-related harm and risks. This meant they gave potentially harmful advice or refused to support with benzodiazepine tapering plans.

Drug-related deaths in Scotland 2011-2021



OTHER SUBSTANCE-RELATED DEATHS

VOLATILE SUBSTANCE DEATHS

The NRS publication, '[Volatile Substance Abuse and Helium Deaths](#)' [30] -provides data up to 2020 with no further update- reports that **8 deaths due to 'volatile substance abuse'** were registered in Scotland in 2020. The annual average for the latest five years is 10 (13 in 2016, 8 in 2017, 14 in 2018, 7 in 2019).

6 of the people who died were male and 2 were female (aged between 25-64). 2 of the 7 deaths were counted as a drug-related death under the 'baseline' definition, indicating that controlled drugs were also implicated.

2 helium-related deaths were also reported in 2020, who were both identified as male (one aged 25-34 and the other 65+).

ALCOHOL-SPECIFIC DEATHS

The NRS publication, '[Alcohol Deaths](#)' [31] reports that there were **1,245 alcohol-specific deaths** in Scotland in 2021-2022. This is a **5%** increase: there were 55 more deaths in 2021 than the previous year.

Two thirds (**67%, 836**) of the people who died were male and one third (**33%, 409**) were female, and the average age is 59 years old. Although, the average age of death for females tends to be slightly younger 58.7 years. Unfortunately, data on gender identity is still currently limited within this publication. No data was available for individuals of marginalised genders such as trans or non-binary.

Alcohol-specific deaths are **5x** as high in the most deprived areas of Scotland. Although, this disparity has fallen over time it remains consistent in these areas: Inverclyde, Glasgow City, West Dunbartonshire, North Lanarkshire and Dundee City. For a full list of places most affected, please check out the complete linked report.

A NEED FOR CHANGE

Crew, alongside many others, has called for immediate action to tackle drug-related harm in Scotland but little has changed, despite an average of 3 people dying every day. The **Drug Deaths Taskforce** [32] (DDTF) (first met in September 2019) and subsequent National Drugs Mission Oversight Group -both established by the Scottish Government- which set to gather feedback from members on the structure set out by the Scottish Government on the current national mission and outline goals for particular areas that could be implemented. These included -but are not limited to- changes in MAT standards, services for families and outlining specific targets for naloxone roll-out.

Crew highlighted in each meeting it was important to not lose focus on key issues such as the stigmatising language being used within the documents such as and 'harmful drugs', 'misuse' and 'drug-misuse death' that has been re-introduced by the government for their annual report alongside the National Drugs Mission Oversight group and was challenged by many members. The use of some terms has been addressed but the larger issue regarding the stigmatising language of the report is ongoing.

Further to this, Crew raised the invisibility of young people within the discussion itself and it is clear that this group is important for understanding the risks, preventing drug harm and working with organisations in the future. However, they were noticeably absent from the data, from the discussion, and from the meetings. Crew believes it is important to listen to the voices of young people and invest in prevention and early education, working to target inequalities and poverty, so that we reduce drug deaths, not just for the next few years, but for generations to come. Why wait for things to become problematic before providing support and services?

In 2021, when age is standardised, people in the **20% most deprived areas** of Scotland are over **15 times** as likely to have a drug related death as those in the **20% least deprived areas** of Scotland. If we compare this to 2001, it this ratio has widened, from **10 times** as likely to 15 times*.

This highlights the impact of inequality in Scotland when material resources such as quality housing, food and heating -which is the experience of the cost of living crisis for so many- are leading to worse health outcomes and undoubtedly will impact drug related deaths.

"The circumstances in which we are born, raised and live determine our ability to make positive choices and the outcomes we experience"

Sir Harry Burns, Law Enforcement and Public Health Conference 2019

*Data for Scotland, England and Wales, and Northern Ireland DRD figures were taken from Annex G of NRS DRD report 2021 [19].

DRD SUMMARY

- The figure of **1,330** drug-related deaths in 2021.
 - Opioids were implicated in **84%** (1,119 deaths)
 - Heroin and/or morphine - **36%** (480 deaths)
 - Methadone - **48%** (635 deaths)
 - 'Street' benzodiazepines - **69%** (918 deaths). **58%** (771 deaths) were attributed to etizolam - this is higher than any other single drug.
 - Gabapentin and/or pregabalin - **36%** (473 deaths)
 - Cocaine - **30%** (403 deaths)
 - Amphetamine - **3%** (42 deaths)
 - Ecstasy-type - **2%** (20 deaths)
- The average age was **44** for drug related death.
- In 2021, male deaths accounted for **70%** of all drug related deaths and **30%** were female. Although, male death decreased by 4% and female deaths increased by over 8%.
- In **84%** of deaths, more than 1 drug was implicated and in **93%** of deaths there was more than 1 drug present in the body. This highlights the **importance of avoiding polydrug use (mixing drugs)** which cannot be emphasised enough.
- Scotland's DRD rate is **3.7** times higher than 'the UK as a whole', **5.2** times higher than 'the rest of the UK' and is **highest** in Europe (whilst considering that not all statistics are available, are reliable or in date for all European countries).
- **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 \(SFAD\)](#).**

PART 3



Conclusions

THE SCOTTISH DRUG CHECKING PROJECT

Crew is delighted to support and host the new Scottish Drug Checking Project Online Hub [33]. Sharing the results of this research will raise awareness and understanding of the potential for drug checking to help Scotland respond better to emerging drug trends and prevent drug-related harms more effectively. It will also help provide evidence to ensure services and budgets are developed to meet changing needs.

What you need to know:

- The main up to date research findings [34] will be hosted on Crew's website. With the initial data gathering project officially ended mid-2023, and the drug checking phase 2 to become a reality, it is important to stay connected with all the exciting new potential changes in this space. Writing in 2023, the Scottish Drug Checking Project is currently awaiting Home Office approval to open services in the identified cities of Aberdeen, Dundee and Glasgow as part of the second phase and future updates regarding this progress will be updated on Crew's website and Scottish Drug Checking Hub page.
- Further to this, there is a mailing list at the bottom of the web page for those interested in staying updated. To sign up head to the Crew website.
- For more information about the research, please email SACASR@stir.ac.uk

RAPID ACTION DRUG ALERTS and RESPONSE (RADAR)



Crew is excited to work alongside RADAR on drug trend data gathering for Scotland's drug early monitoring system [35]. RADAR takes information gathered from services, such as Crew, assesses the validity, compares with other trends (locally and nationally) and then shares relevant information such as potential risks and alerts.

What you need to know:

- To sign up to the RADAR network to receive information on any drug trends and the quarterly report, then visit www.publichealthscotland.scot/RADAR
- If you have a report to make RADAR regarding adverse effects, harm, trends or routes of administration then there are multiple ways to make a report to the RADAR system. There is an online form [36] or it can be printed, completed and emailed to the PHS RADAR email address (phs.drugsradar@phs.scot). The online form is available via the website [here](https://surveys.publichealthscotland.scot/212315): <https://surveys.publichealthscotland.scot/212315>
- For more information about RADAR, please email phs.drugsradar@phs.scot

THOUGHTS ON DRUG CHECKING



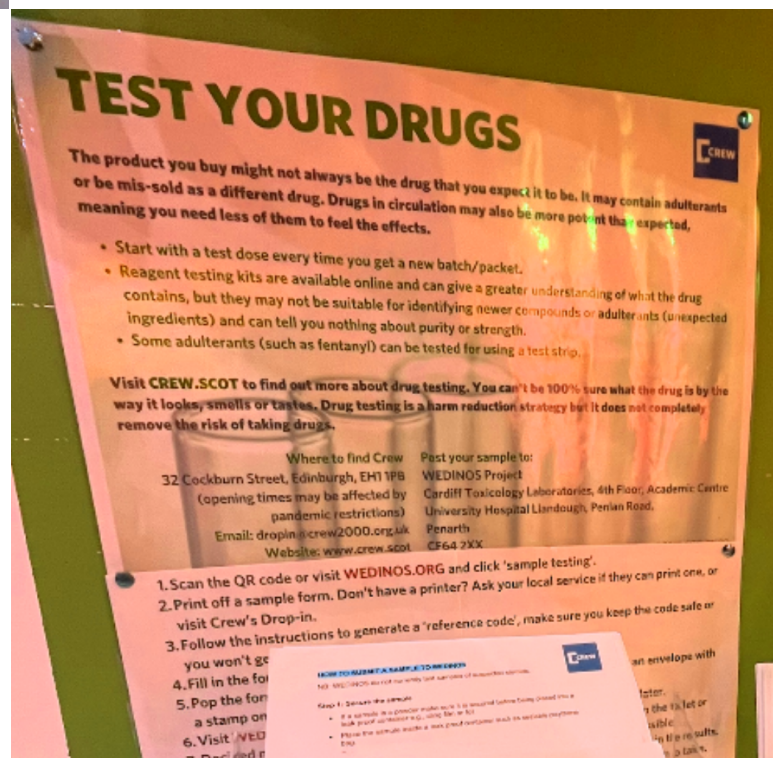
At NLHR festival event, when asked
If they could access a drug checking service to find out what is in their drugs would they, the majority of respondents answered positively (**83%**). Of those, who responded no, the main barriers were **availability of services** and concerns around the **Police**.



When asked [37] why they would drug check, these were some reasons:

- "Would make me feel **safer**"
- "100% **educate** to help keep safe"
- "100% to make sure me and my friend **dont die!**"
- "make sure (I'm) no **spike(d)**"

The key motivations suggest **education** and **safety** to reduce harm.



RECOMMENDATIONS

There is insufficient evidence to suggest that the decline in DRDs 2021-2022 is likely to continue. Writing in 2023, we are concerned that evidence and recommendations from the Advisory Council for the Misuse of Drugs [38] have not been incorporated into the UK governments plans for addressing the use of nitrous oxide. Nitrous oxide, a drug which currently has a relatively low harm profile at population level, is to be reclassified under the Misuse of Drugs Act 1971 as a Class C drug, resulting in possession becoming a criminal offence [39]. This is likely to have serious, negative unintended health consequences. Currently, nitrous oxide can be purchased from legal markets with strict regulation (for example catering supplies). The potential creation of an illicit market for nitrous oxide will lead to people moving to interact with unaccountable and unregulated sources. Interaction with the criminal justice system itself is one of the highest associated risk factors for drug harms and drug-related deaths [40].

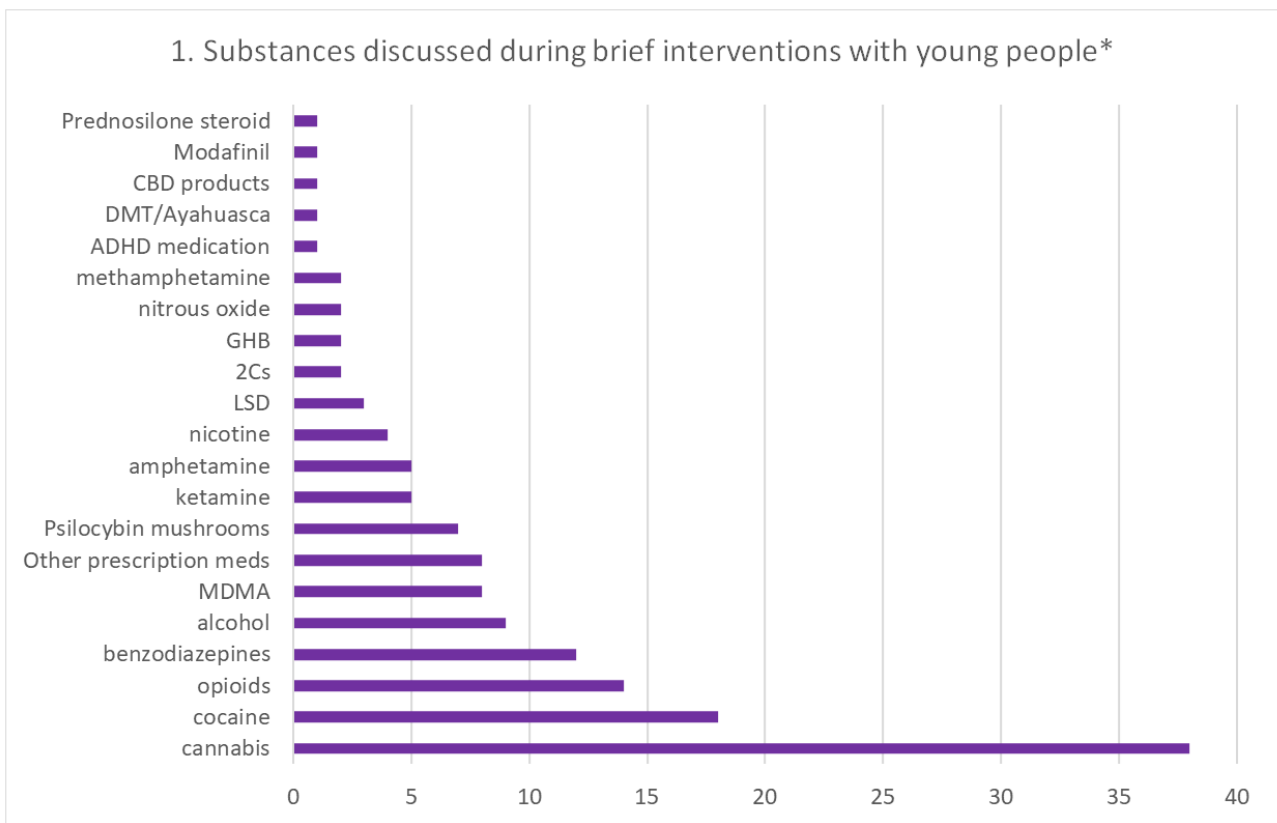
Crew backs evidenced-based projects which reduce drug-related harms, such as the Scottish Drug Checking Project, Public Health Scotland's drug alert system RADAR, as well as community drug checking and safer consumption facilities. However, these require the investment of time as well as input from specialist organisations and determined individuals that are willing to campaign tirelessly for their projects to be implemented into practice.

Scotland requires continued, dedicated funding towards tackling drug-related deaths and drug harms. Continuity of this funding is required to enable projects, services and workers to thrive and outcomes for people who take drugs to improve. There are many organisations already delivering effective, evidence-based services to improve and expand operations, reach important outcomes, and to have an immediate impact on reducing drug harms in Scotland.

Crew continues to work hard to as an organisation to reduce harm, support people to make positive choices both in their sexual health and drug use, and challenge stigma. We aim to be empathetic and focused on how we can do better towards meeting this common goal.

TABLES AND GRAPHS

Graph 1: Crew Drop-in Services reported drugs from brief interventions [8]



[1] CREW2000 COUNSELLING SERVICE

Anonymised statistics provided on the reported drugs self-referred 2015-20

[2] CREW2000 COUNSELLING SERVICE

Anonymised statistics provided on the reported drugs self-referred 2021-22

[3] CREW2000 EMERGING TRENDS; NIGHTLIFE HARM REDUCTION PROJECT

Safer Nightlife Survey Dataset 2022

[4] CREW2000 EMERGING TRENDS; PRIDE WORKING GROUP PROJECT

Safer Pride Survey Dataset 2022

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

European Drug Report 2022

[6] UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

World Drug Report 2022: Global Overview of Drug Demand and Drug Supply

[7] CREW2000 EMERGING TRENDS; NIGHTLIFE HARM REDUCTION PROJECT

Nightlife Harm Reduction Survey Dataset (taken from festival work April 2022) 2022

[8] CREW2000 DROP-IN SERVICE

Anonymised statistics provided by the Drop-in service 2021-22

[9] POPULATION HEALTH DIRECTORATE, SCOTTISH GOVERNMENT

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): Drug Use Report 2018
325 schools were sampled and requested for response. 199 completed the survey in self administered exam conditions with students either online or in paper copies for analysis. Details [here](#).

[10] PUBLIC HEALTH SCOTLAND

Drug-Related Hospital Statistics, 2021-2022

[11] OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES, DRUG HARMS ASSESSMENT AND RESPONSE TEAM

Quarterly Summary for Professionals, Dec 2021

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

European Drug Report 2022

[13] UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

'The Internet: Clear Web, Deep Web and Dark Web': 57

[14] UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

World Drug Report 2022: Global Overview of Drug Demand and Drug Supply

[15] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-Related Deaths in Scotland in 2021

[16] NATIONAL RECORDS OF SCOTLAND (NRS)

Annex A: The definition of drug misuse deaths used for these statistics

[17] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-Related Deaths in Scotland in 2019

[18] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-Related Deaths in Scotland in 2020 - Additional Analyses

[19] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-Related Deaths in Scotland in 2021 - Additional Analyses

[20] NHS EDUCATION FOR SCOTLAND: SUPPORT AROUND DEATH

Supporting LGBT+ people around bereavement: [Death Certification](#)

[21] CREW2000

[Transgender rights June 2020 Statement](#)

[22] CREW2000

[Mission and Values](#)

[23] EMILY J TWEED, REBEKAH G MILLER, JOE SCHOFIELD, LEE BARNSDALE & CATRIONA METHESON (NATIONAL LIBRARY OF MEDICINE)

Why are drug-related deaths among women increasing in Scotland? A mixed-methods analysis of possible explanations. 2020

[24] RAFAELA RIGONI, JOOST BREEKSEMA, SARA WOODS (GPDPD)

Speed Limits: Harm Reduction for People who use Stimulants

[25] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-Related Deaths in Scotland in 2021 - Additional Analyses - Tables and Figures excel

[26] OFFICE FOR NATIONAL STATISTICS (ONS)

Drug Misuse in England and Wales (2021)

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

Drug-Related and Drug Misuse Deaths 2011-2021

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

The misuse of benzodiazepines among high-risk opioid users in Europe, 2018

[29] BENZO RESEARCH PROJECT

The Benzo Research Project: An evaluation of recreational benzodiazepine use amongst UK young people (18-25)

[30] NATIONAL RECORDS OF SCOTLAND (NRS)

Volatile Substance Abuse and Helium Deaths in 2020

[31] OFFICE FOR NATIONAL STATISTICS (ONS)

Alcohol-specific deaths in the UK: registered in 2018

[32] DRUG DEATHS TASKFORCE

[Drug Death Taskforce Response \(published 2023\)](#)

[33] SCOTTISH DRUG CHECKING PROJECT

[The Scottish Drug Checking Project Hub](#)

[34] SCOTTISH DRUG CHECKING PROJECT KEY RESEARCH FINDINGS

[Key Research Findings \(all cities\)](#)

[35] RAPID ACTION DRUG ALERTS AND RESPONSE (RADAR)

[Quarterly Report 2022](#)

[36] RAPID ACTION DRUG ALERTS AND RESPONSE (RADAR) REPORTING FORM

RADAR reporting form [online](https://publichealthscotland.scot/publications/radar-reporting-form/) (<https://publichealthscotland.scot/publications/radar-reporting-form/>)

[37] CREW2000 EMERGING TRENDS; NIGHTLIFE HARM REDUCTION PROJECT

Nightlife Harm Reduction Survey Dataset (taken from festival work) 2022

[38] ADVISORY COUNCIL ON THE MISUSE OF DRUGS ACMD

Publication of ACMD's review on nitrous oxide

[39] HOME OFFICE

Nitrous oxide: legitimate uses and appropriate controls (June 2023)

[40] PARLIAMENT.UK

Problem drug use in Scotland: Criminal justice interventions

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

Our heartfelt thanks go out to everyone who has supported and shared their experience with Crew, including our volunteers, partners and people who accessed our services. We also thank all our multi-agency partners who continue to work through adversity for the greater good and to all those who contributed to this report.

WITH THANKS



Love Crew? Love what we do? Help fund our work with a much-appreciated donation by visiting www.crew.scot/donate

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