

DRUGS AT CREW TREND REPORT 2022-2023

May 2024



CREW

Photo credit: MamaSooz





CREW 2000 SCOTLAND, ESTABLISHED 1992, PROVIDES NON-JUDGEMENTAL, EVIDENCE-BASED INFORMATION, ADVICE, CARE, THERAPY AND RECOVERY SUPPORT ON A STEPPED CARE MODEL FOR PEOPLE AFFECTED BY PSYCHOSTIMULANT DRUGS AND DRUGS ASSOCIATED WITH RECREATIONAL SETTINGS..

CREW EXISTS TO REDUCE DRUG AND SEXUAL HEALTH-RELATED HARMS AND STIGMA, IMPROVING MENTAL AND PHYSICAL HEALTH WITHOUT JUDGEMENT. WE OFFER A PHYSICAL AND DIGITAL DROP-IN FOR YOUNG PEOPLE AGED 12-25 AND IN-PERSON/ONLINE COUNSELLING IN CENTRAL EDINBURGH. WE PROVIDE CONSULTANCY, TRAINING FOR WORKERS AND NIGHTLIFE HARM REDUCTION AT FESTIVALS AND EVENTS ACROSS SCOTLAND.

THIS REPORT WAS CREATED AS A SUPPORTING DOCUMENT TO THE 2022-2023 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 January 2022 to 31 December 2023.

DRUG-RELATED DEATH STATISTICS REPRESENT THE NATIONAL RECORDS OF SCOTLAND DRUG-RELATED DEATHS IN SCOTLAND IN 2022 REPORT PUBLISHED IN AUGUST 2023.*

IF YOU WOULD LIKE TO VOLUNTEER OR SUPPORT THE WORK OF CREW, WE WOULD LOVE TO HEAR FROM YOU!

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ON INSTAGRAM, TWITTER AND FACEBOOK

*THE STATISTICAL DATASET STATES THE TIME PERIOD IS FROM 01 JANUARY 2022 TO 31 DECEMBER 2022.

[HTTPS://WWW.NRSCOTLAND.GOV.UK/FILES/STATISTICS/DRUG-RELATED-DEATHS/22/DRUG-RELATED-DEATHS-22-DATA.XLSX](https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/22/drug-related-deaths-22-data.xlsx)

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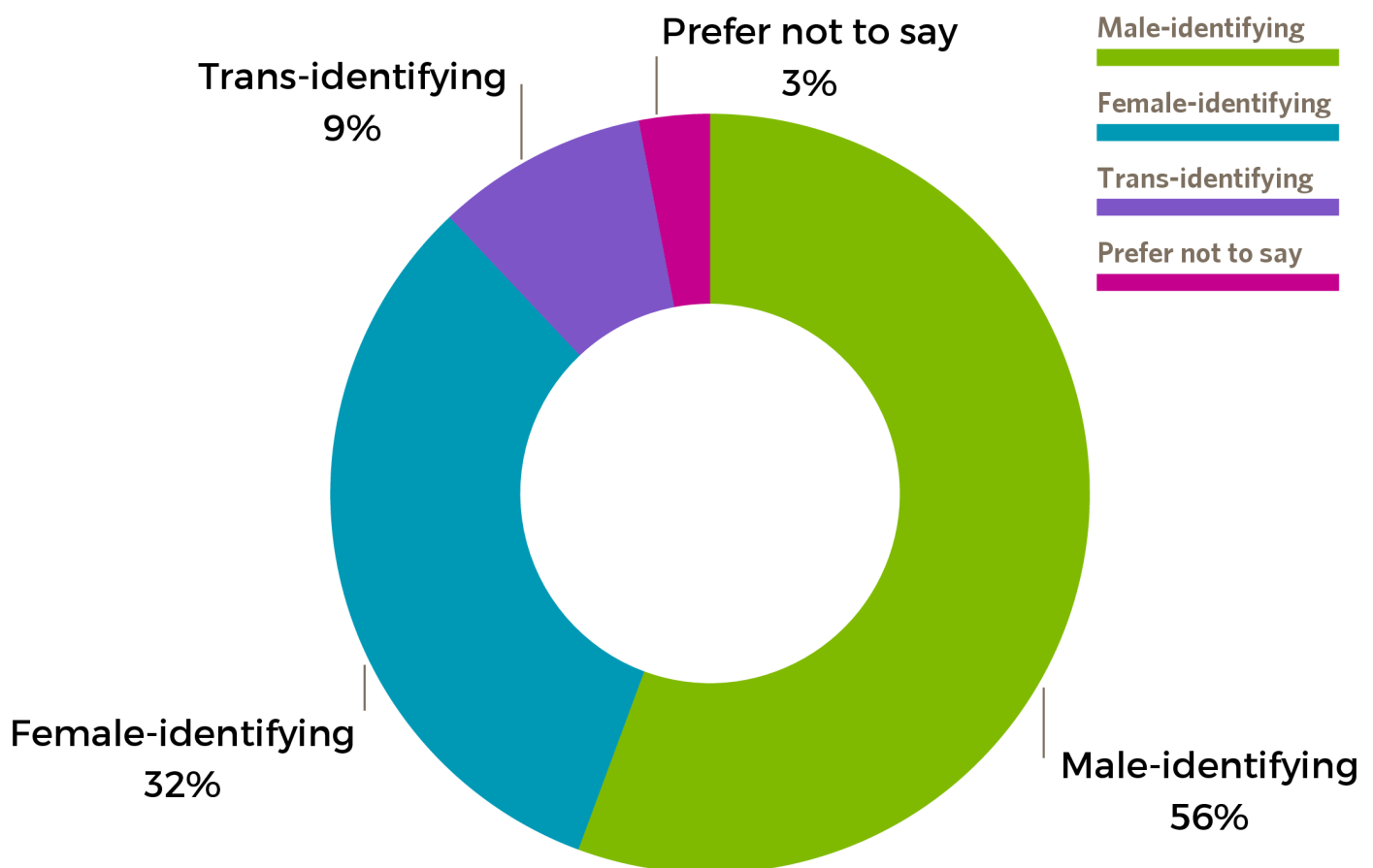
PART 1

DRUG TRENDS

CREW COUNSELLING SERVICE

- Crew's Counselling service offers up to 30 sessions of individual counselling for people wishing to address psychostimulant drug taking, and up to 6 sessions of support for family members or 'significant others' affected by another person's psychostimulant drug taking. As far as we are aware, it is the only specific counselling service (funded by the Edinburgh Alcohol and Drug Partnership) for people taking psychostimulant drugs in Scotland.
- As demonstrated, in our clients (n=133), we have a service that allows individuals to self-identify and have different gender identities feeling safe in using our counselling service at Crew.

Self-reported gender of counselling clients

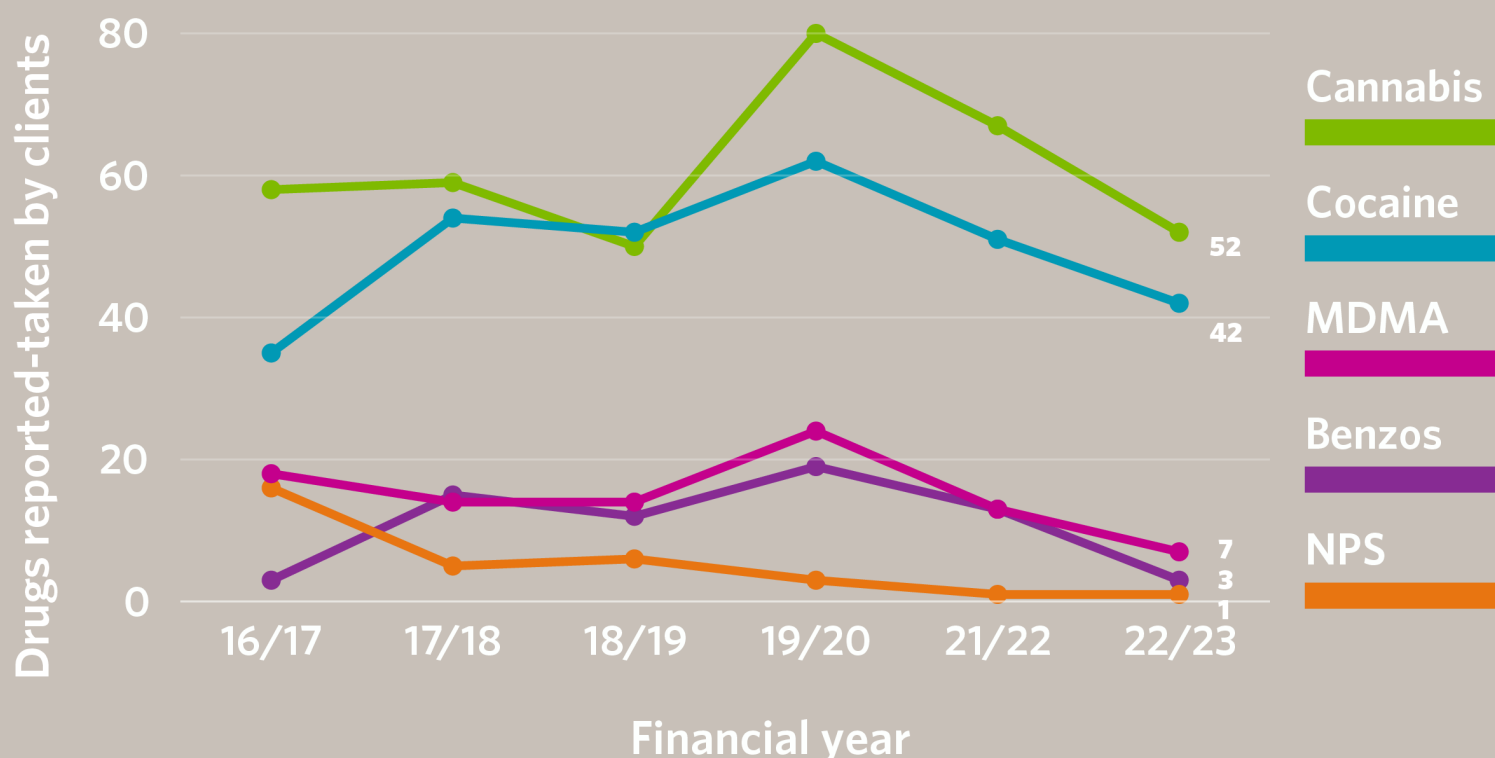


CREW COUNSELLING DATA

2022/23

- In the last year, Crew's Counselling Service reported a changing landscape of stimulants: cocaine, amphetamines and crystal meth. 32% of people reported taking cocaine in 2022/3, an increase of 5% from 2021/2. 5% of clients reported taking amphetamine, a slight increase from 3% the previous year. People also reported taking other stimulants as the main drug causing them concern, including 1 person taking 'crystal meth' or methamphetamine.
- **39%** of clients reported taking cannabis either by smoking or through edibles.
- In 2022, **5%** of clients reported taking MDMA, representing a continuing decline since 2019/20..
- Further to this, **2%** of clients reported benzodiazepine drugs causing them the most concern, a small decline since 2019/20. Clients taking only benzodiazepines would always be referred on to Crossreach Counselling Service at Simpson House.
- *Note: These statistics are self-reported data from counselling clients in response to counsellors asking which drug is causing them the most difficulty at the point of self-referral (n=133 in 2022/23; n=189 in 2021/22).*

Drugs reported by counselling clients at Crew, 2016/17- 2022/23



WHAT OUR CLIENTS SAY

- *I was met with only kindness, patience and empathy. This has greatly improved my ability to not only see the good within myself but also alleviated the overwhelming feelings of hopelessness and abandonment that I was struggling with before my time with my counsellor.*
- *I would like to thank Crew and everyone who works at Crew for giving me a space to be myself and giving me the opportunity to learn about myself in a kind, compassionate and very caring environment. My counsellor has been indispensable throughout this process and I thank her so much for helping me on my journey to be comfortable in my own skin. She has enabled and encouraged me to be kinder to myself and to give myself love and compassion, whilst offering practical insights into my problems and issues as they arose. Her informative, kind and honest feedback has enabled me to see myself differently; with more loving awareness than I had before.*
- *(My fondest insight is) to love the darkest side of myself as equally as the brightest because it was him that got me through the hardest of times. That I'm not broken or need to be fixed but rather, develop the psychological tools needed to grow and become more emotionally intelligent.*
- *I have gained a lot of insight into how I am as a person as a result of going through this process of counselling. I have been able to navigate my troubles and understand particular issues in my life such as my physical health, my work and my identity / family and interpersonal relationships. I've learned a lot about myself in terms of how I operate, how my limiting beliefs can be harmful to my progress, but also I have continued to learn through therapy how to give myself permission to feel my feelings and offer myself grace and compassion in good and difficult situations.*

NIGHTLIFE HARM REDUCTION

Crew delivers harm reduction work in nightlife settings, which includes 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 [3], when asked if they could access a drug checking service would they use it, we found that **68%** of individuals said **yes** (281). The most common reason why an individual may not use these services was the perceived challenges and barriers to accessing them:

As one participant stated: *"Too much rigmarole"*



For those that would be interested in drug checking services, the primary reason given was **safety** and 31 individuals specified to be 'safe' explicitly. Further to this, there were also underlying themes of **harm reduction**:

"To make sure it (my choice to take drugs) won't permanently harm (me)"

"To reduce the risk"

"I like to understand what I'm taking"



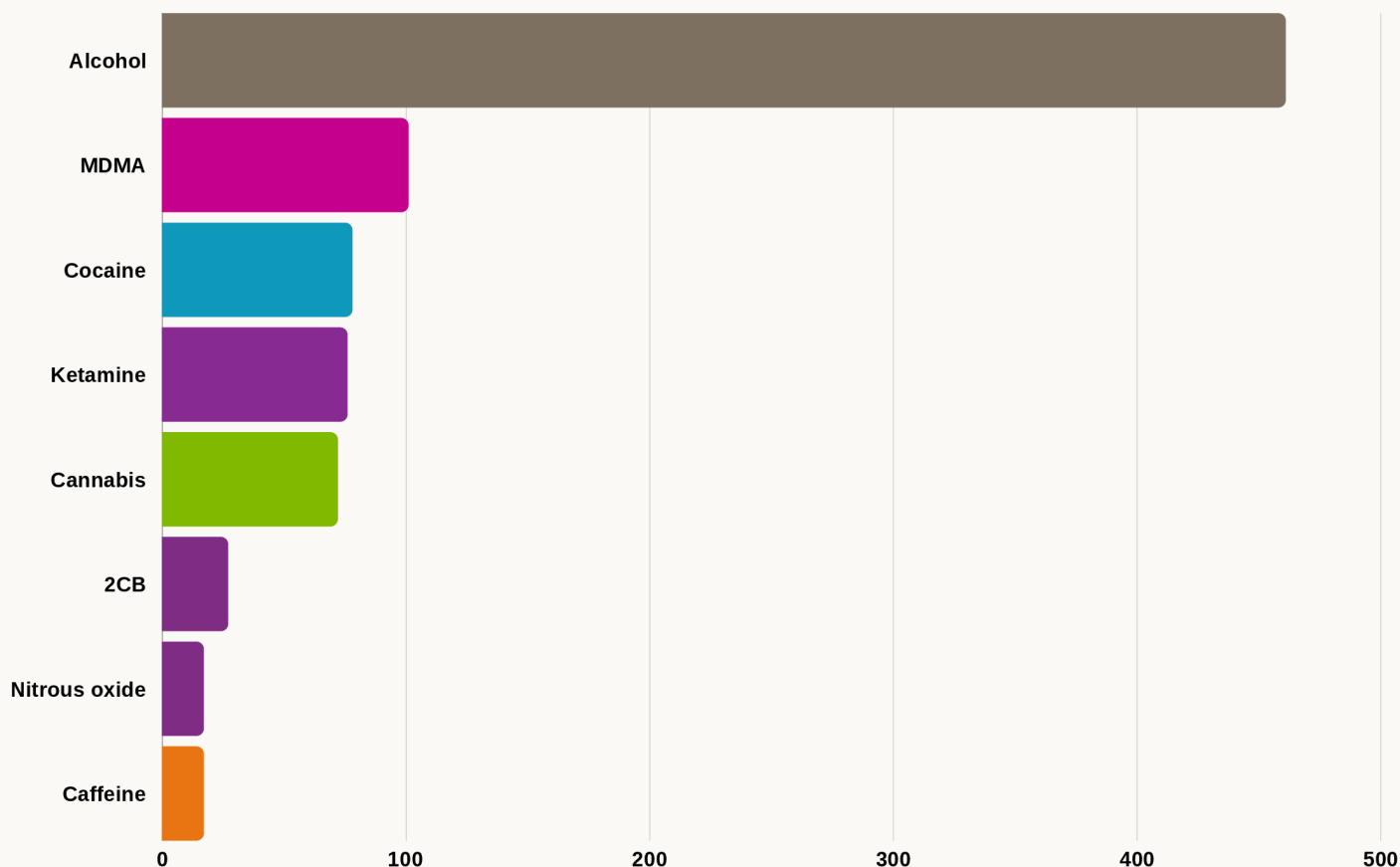
People reported similar feelings of wanting to access services "if it was going to give fast results" and it is important to recognise that one of the barriers to access is the potential turnaround for test results at drug checking services, which given availability and access could help reduce drug-related harm to individuals.

From all of our nightlife harm reduction surveys, we have been able to better understand the motivation behind accessing drug checking services and feed this information into our work with partner agencies and the nightlife harm reduction project.

DRUG TRENDS AT FESTIVALS

DRUG TYPE

Types of drugs reported (n=582)



The table show **drugs taken the day of data collection** (as part of the Nightlife Harm Reduction data [3]) during festival season, between April and October of 2023.

As evident, there is widespread **poly drug use** (mixing of different drugs throughout the day) with alcohol and likely another drug being taken. When asked specifically whether they mixed drugs, of those that answered “Yes” (n=211), they provided details on what drugs they either felt comfortable mixing, or mixed regularly.

The **most commonly mixed drug** was **alcohol** at **65%** (136) followed by then **cocaine** where **40%** (85) of people had taken this with another drug.

Of those who completed the full questionnaire, **97%** of *these* respondents (n=69) said they intended to **implement harm reduction strategies** discussed with Crew during Nightlife Harm Reduction and **42%** (n=30) said they would **avoid mixing drugs in future**.

CREW DROP-IN SUPPORT + SERVICES

3,504

young people aged 12-25
accessed information,
advice or signposting at
the Drop-in 2022-23

Photo credit: ML



Photo credit: SP

**37 people accessed our
training and kits of
Take Home Naloxone:
65% were young people
(24 total) 16-25 years
old.**

The main drug discussed in brief interventions with young people in 2022 was **naloxone**, followed by **cannabis**, then **cocaine**. 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 59 of this report.

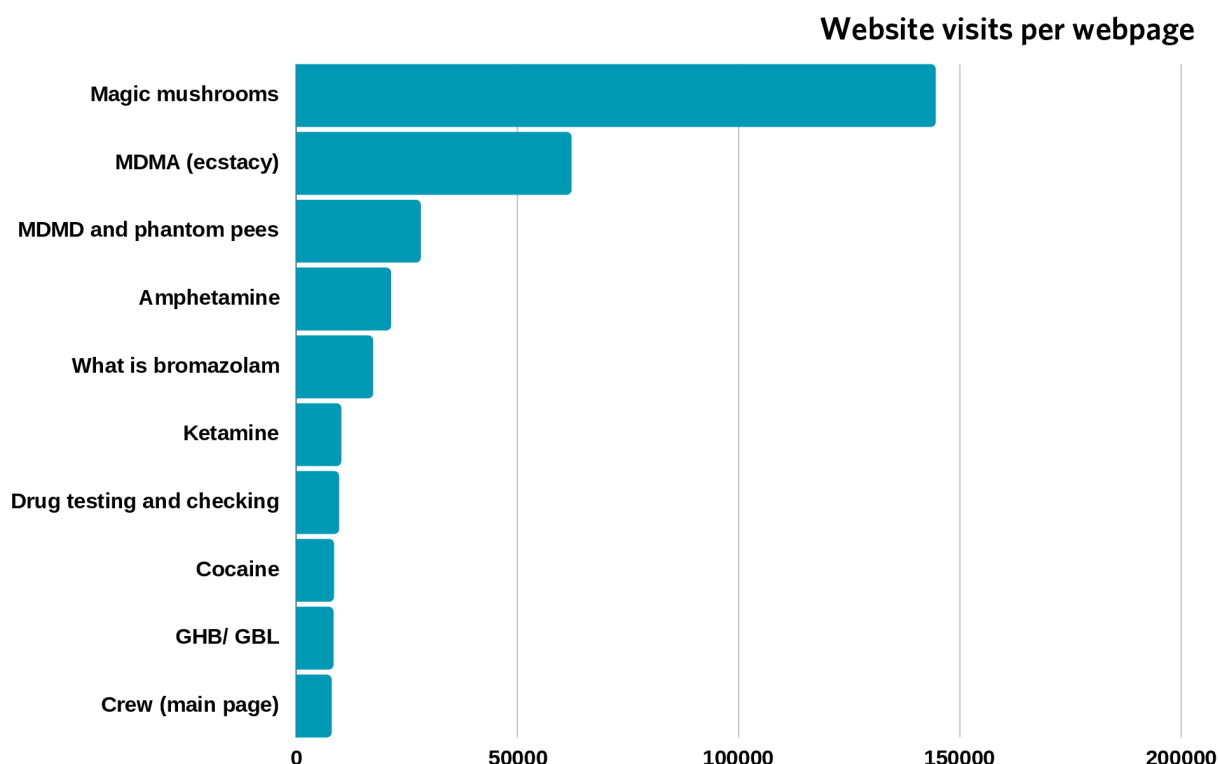
Information taken from Crew's Drop-in Annual Report [8].



Photo credit: DB

WEBSITE TRENDS

- During the reporting period (Jan 2023 to Dec 2023) Crew's website (crew.scot) had **410,000** views.
- The most frequently viewed drug was **magic mushrooms**, followed by **MDMA** **amphetamine** and **bromazolam** (a benzodiazepine).
- However, it is important to see that drug checking was within our top reasons to visit Crew's site with almost 9000 visitors (8,980) looking for this information.



- There was an influx of requests for information about **magic mushrooms** in late summer 2023. It is likely that this was due to change of season affecting the availability and individuals being more aware of psychedelics, given the increase of media coverage and information.
- It is also possible that this was due to the changing legal status of magic mushrooms, psilocybin and entheogenic plants from 2019 onwards in the US as another possible driver of media, public and commercial interest.
- As a result, we ensured our magic mushroom information was updated on our website and highlighted important harm reduction, which has been very popular.

DRUG TRENDS AT CREW

- During the year, we received hundreds of requests for information on different drugs. The most common drug enquiry was for **benzodiazepines**, specifically 'street benzos'. Their use remains common but new enquiries within training bookings and sessions highlight increased benzo use in different demographics (i.e young people) and increased benzo use in prisons. We have also seen new compounds (such as the synthetic opioids, nitazenes) being detected in 'street benzos' and drugs being mislabelled or missold (i.e. a fake benzodiazepine being missold as another benzodiazepine within tablet form).



All photo credits from social media platforms will be anonymised.

- There was also a notable increase in the number of requests about **solvents** specifically amongst young people between 13-15 years old. These were from services that were aware of a rise in use and are looking for non-judgemental harm reduction information and resources that was non-judgmental. When we reviewed available harm reduction information on solvents specifically for young people, there was nothing available (to our knowledge) for their age group at that time. We responded by working with young people to co-create the new **solvent harm reduction post card**, acting on their feedback on how to keep language simple, clear and accessible, and their valuable insights about what kinds of information they were most likely to engage with.

DRUG TRENDS AT CREW

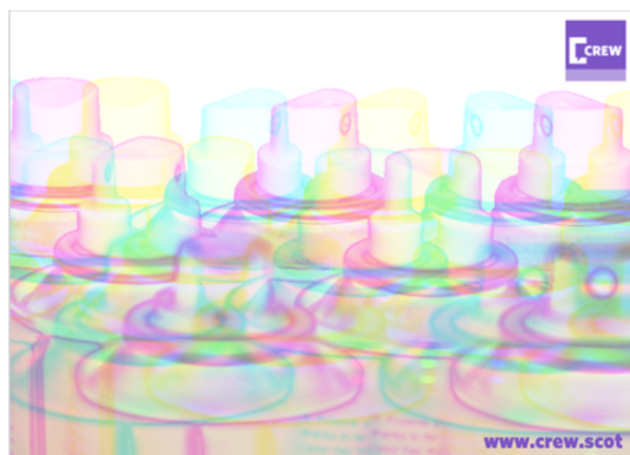
What are nitazenes?

www.crew.scot



In December 2022, our Emerging Trends And Training and Nightlife Harm Reduction teams worked collaboratively with Vicki Craik -Public Health Intelligence Adviser- from Public Health Scotland and RADAR to create a new harm reduction resource to reflect new drug trends and information. We appreciated working with Kira to create this resource, which is being widely shared as new updates will be made.

Also in 2022, our Emerging Trends and Training and Drop-in teams worked collaboratively with young people, some with lived and living experience, to update harm reduction materials to reflect new drug trend information. We were able to create Crew's first solvent and aerosol harm reduction postcard, and updated our Test Your Drugs postcard. We appreciated working with our young people advisers, who created the design for the solvent harm reduction postcard.



Please download, share, print for free or order hard copies of our resources from: www.crew.scot/drugs-information/get-our-stuff/

NATIONAL TRENDS

Young People Focused

In Scotland

The **Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)** was a national questionnaire commissioned by Scottish Government and undertaken within schools by secondary school students, collecting self-reported data on smoking, drinking and other drug taking, only from schools who chose to take part. Data collection and sampling information is detailed in the appendix [7]. Data from the 2018 survey was published 2019. This was the last and most recent SALSUS report, and results are detailed in our previous 'Drug Trends at Crew' reports and summarised in the appendix on page 60.

The Scottish Government is now developing the **Health and Wellbeing Census Scotland Report** which so far has been undertaken in 2021 – 2022 by schools in 16 out of 32 of Scotland's local authorities. Findings are still classed as experimental data, and schools must secure consent from students and parents before pupils participate. Local authorities have the choice to add additional, age-appropriate questions to a core set from which so far, only data on alcohol, cannabis and vaping has been reported publicly, compared to a more detailed set of questions about behaviours in relation to specific drugs which were presented as part of the SALSUS survey results. There is a more detailed questionnaire for S4 students on behaviours in relation to illegal drugs, however so far response rates of 29.3% for this age group have been lower than for other age groups. The survey is anonymised but links to School Candidate Number so that SIMD, binary sex and ethnicity data is collected from existing Pupil Census records.

Research in school settings risks **response bias and under-reporting** missing important data from school age young people who aren't attending school and are therefore more likely to experience significant risk factors for drug-related harm.

NATIONAL TRENDS

Young People Focused

In the UK

In the UK, the [Children's Commissioner for England](#) [8] released a report on searches of young people. This report does come with a content warning, and even the following summary some may find **distressing**, but it is important to know about the impact that drug policy is having on young peoples' lives within the UK and their experiences.

Key points from the report:

- **45%** of stop and searches are not being recorded
- **52%** without an adult present,
- **2,847** children aged between **8 and 17** were strip-searched
- 1% of strip searches were in **public view**
- Black children were **6x more likely** to be strip searched

The experiences of young people are important for influences how they engage with services for support and for how safe they feel asking for help in cases of drug related harm, or crime. It important to understand the stigma this creates and the harm. For anyone affected by this report, please know there are services available to speak with, such as [Childline](#), [Shout](#) and [Samaritans](#), and [Tell MAMA](#) and [Sistah Space](#) to access help and support.



NATIONAL TRENDS

In the United Kingdom

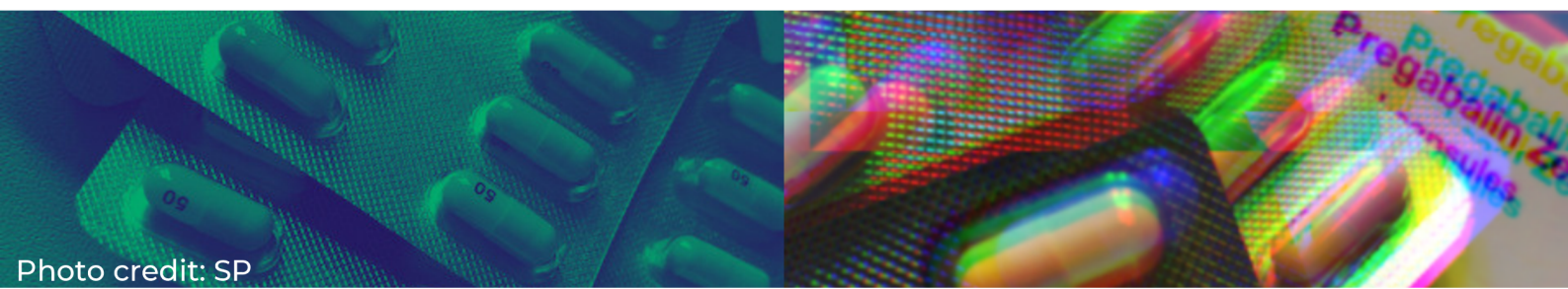
Drug trends in the UK are monitored by the renamed Office for Health Improvement and Disparities (OHID) (previously known as Public Health England (PHE) Drug Harms Assessment and Response Team. These reports are expected quarterly but have not been updated since December 2021, the [National intelligence network on drug health harm briefing webpage](#) has also not been updated since January of 2020. This is very disappointing that our UK national data is outdated, from the last report, '[Quarterly Summary for Professionals](#)' in December 2021 [9] it was shown:

- Deaths among people who took opioids 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.
- There are ongoing reports of increasing use and harm associated with benzodiazepines, with a number of fake benzodiazepines and benzodiazepine analogues being mis-sold online.
- The incidence of synthetic cannabinoids-related harm has increased but there has been a decline in use being seen across the country,
- There are ongoing reports of increasing use and harm associated with gabapentinoids with no associated opiate use.

However, without continued data there is limited context for the ONS drug-related death report [10], it is challenging to speculate about the impact that policy is having on services, as well as what impact these policies are having on people that are taking drugs.

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 in terms of 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 52.



INTERNATIONAL TRENDS

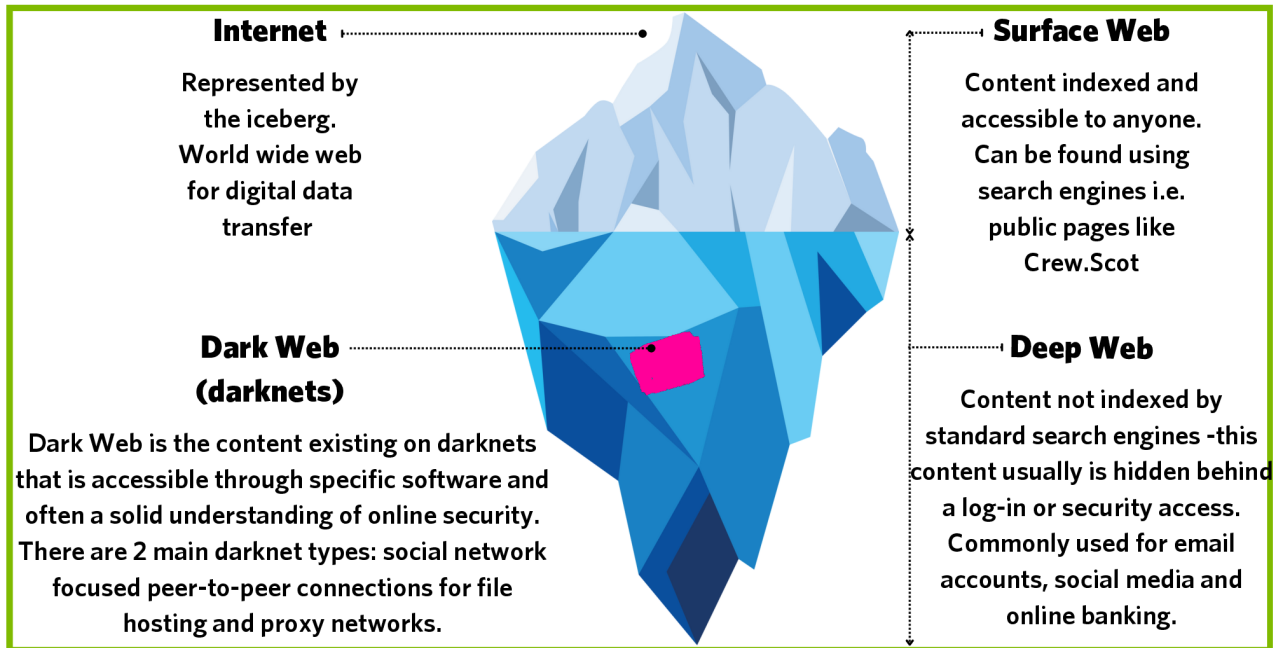
The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) provides the EU with a factual overview of European drug problems. 'Current and emerging threats' from their [European Drug Report 2022](#) [11] include:

-  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 herbal 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 second biggest category of new psychoactive substances being tracked by the EU Early Warning System. Seizures of cathinones have increased by **340%** (3.3 tonnes in 2020 from 0.75 tonnes in 2019) being trafficked to Europe.
-  The number of people injecting drugs is declining across Europe: the 15 countries that have data from 2015 or later have found a decline in injecting. Opioids are still the most commonly injected drug and there is recognition that the treatment and harm reduction services are currently **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](#) [11] 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 [12] 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.
- 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](#) [12] 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 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 being harder to collect throughout the pandemic, there is uncertainty about the current picture. 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.



C PART 2

DRUG-RELATED DEATHS

DRUG-RELATED DEATHS

On the 22nd of August 2023, the National Records of Scotland (NRS) published their report '[Drug-Related Deaths in Scotland in 2022](#)' [14].

This report [14] refers to 'drug misuse deaths', the new name used by the NRS in line with the Office of National Statistics (ONS) for Drug-Related Deaths. For information around this change, please read [NRS Annex A](#). [15] Throughout the NRS report this term has been used and will continue to be used despite the stated opinions of many leaders within this field who felt the term was stigmatising, derogatory and fails 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 a second year running, the number of drug-related deaths have not increased. Despite this, there were still 1,051 deaths. 1,051 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.

This chapter explores the most recent drug-related death (DRD) 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 present the data in a way that's 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 2022](#) [14].

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)." [15]*

In 2022, 3% of deaths (32) were classed as 'drug abuse', 89% (936) were 'accidental poisoning', 7% (72) were 'intentional poisoning', 1% (9) were 'undetermined intent' and 2 deaths (0.19%) were attributed to 'assault by drugs'.

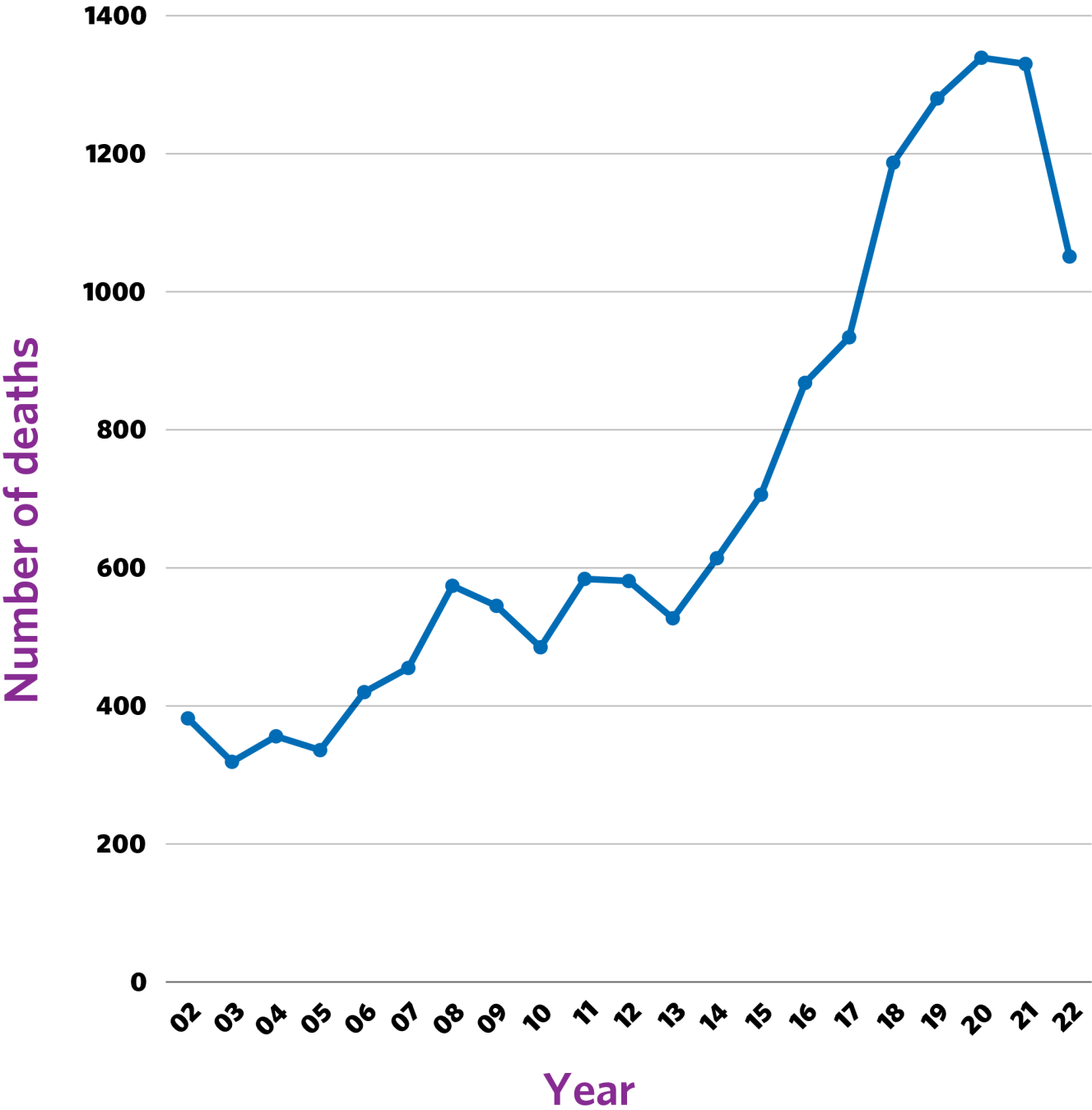
Deaths which are not counted by the 'baseline' definition include deaths from:

- 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, gabapentin and pregabalin in 2019, nitrous oxide in 2023 and 15 nitazenes in 2024 (more information on page 44).
- 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:

2018	2019	2020	2021	2022
1,187	1,264	1,339	1,330	1,051



KEY FIGURES



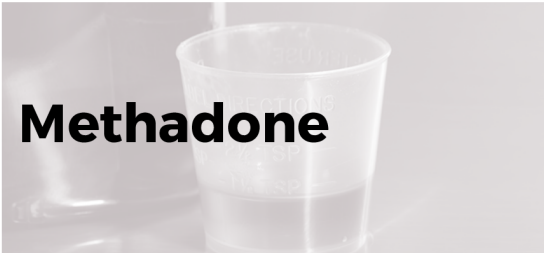
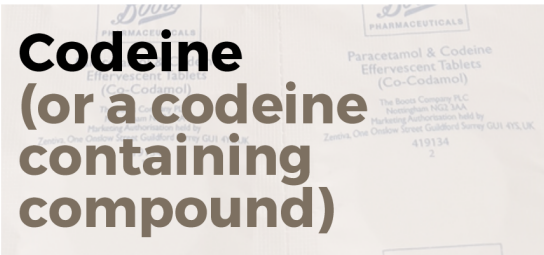
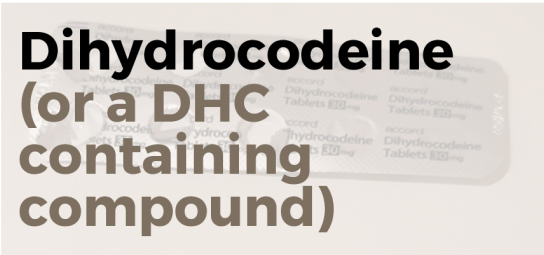

	2020	2021	2022
Number of DRDs	1,339	1,330	1,051
Male deaths	973 73%	933 70%	692 66%
Female deaths	366 27%	397 30%	359 34%
Average age (median)	43	44	45
More than one drug found in the body*	1,251 93%	1,237 93%	-- --
More than one drug implicated in death*	1,155 86%	1,119 84%	831 79%

*More than one drug (not including alcohol). Data from 'Table 7' of NRS DRD datasets 2020 [16] and 2021 [17], and 'Table 8' in 2022 [14].

**DRD 2022 data does not include data relating to more than one drug found in the body.

***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

	2020	2021	2022
 Any opiate/opioid	1,192 89%	1,119 84%	867 82%
 Heroin/morphine	605 45%	480 36%	419 40%
 Methadone	708 53%	635 48%	474 45%
 Codeine (or a codeine containing compound)	51 4%	59 4%	53 5%
 Dihydrocodeine (or a DHC containing compound)	151 11%	136 10%	96 9%
 Fentanyl*	7 1%	7 1%	6 1%

*Data from additional data table 'SUB 1' [18]. All other data was taken from 'Table 3' of NRS DRD report 2020 [16], 2021 [17], 2022 [14] respectively.

OPIOID DRDS

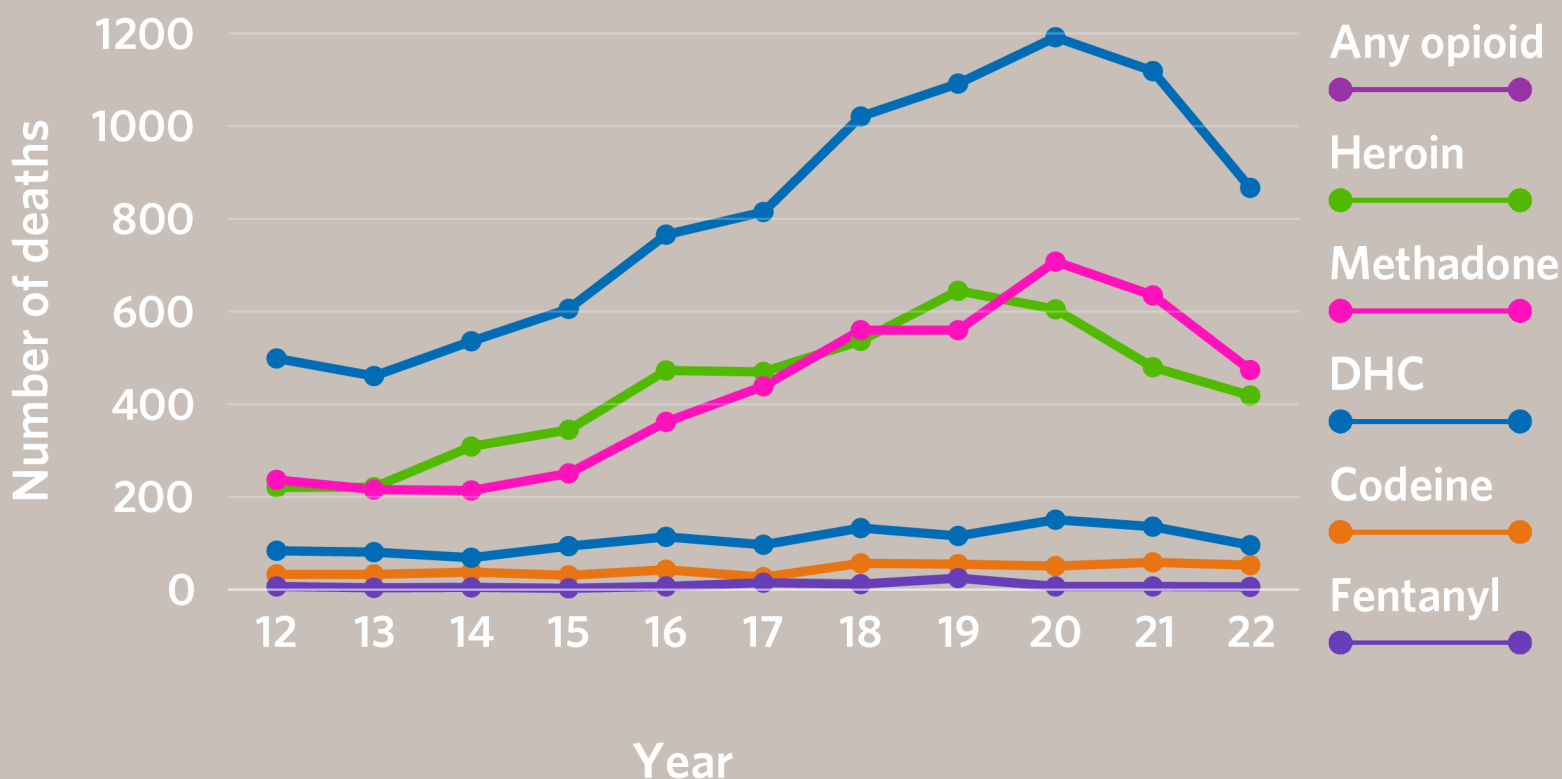
- 'Opiate' is strictly used to describe drugs that have been derived from opium poppies, e.g. morphine. 'Opioid' is used to describe synthetic (lab-made) drugs which have similar effects to opiates e.g. methadone. For simplicity, in this report we use the term opioid to refer to all opiate and opioid drugs.
- The data does not differentiate between people who were taking prescribed opioids or opioids controlled under the Misuse of Drugs Act (1971).
- Deaths related to 'any opioid' increased by **135%** between 2008* and 2020 (from 507 to 1,192). However, for the past two years opioid-related deaths have declined – by **6%** in 2020-21 and a further **23%** in 2022-23.
- Heroin/morphine-related deaths have **decreased** by **35%** since their peak in 2019 (from 645 to 419). As their similar chemical structures make them hard to distinguish in toxicological analysis, heroin and morphine are reported together.
- After peaking in 2020, Methadone-related deaths have since fallen by **33%** (from 708 to 474). Dihydrocodeine-related (DHC) deaths have also fallen by **36%** since reaching their highest level in 2020.
- Fentanyl has been attributed to around **1%** of annual drug-related deaths remaining consistent, with previous years, at the time of this report.

*All comparisons in this chapter are made to 2008 as this is the first year that data reported is directly comparable.





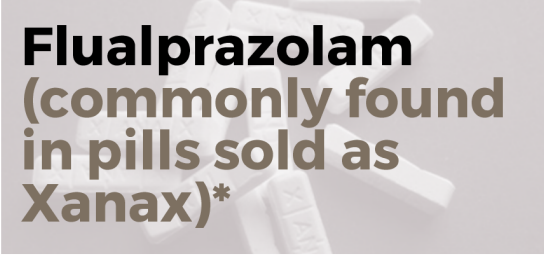
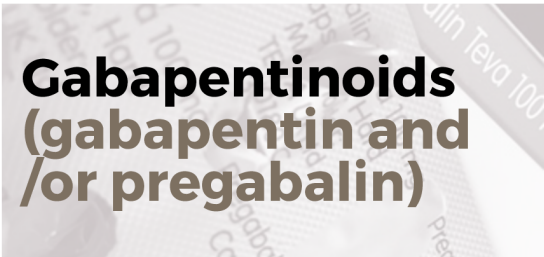
OPIOID DRDS

- Other opioids implicated in deaths (in addition to those displayed below) include buprenorphine (Subutex), tramadol and oxycodone. Information from NRS's database [14] shows that oxycodone was implicated in the deaths of 21 people (**2%**), tramadol was implicated in the drug-related deaths of 61 (**6%**) individuals and buprenorphine was implicated in 67 (**6%**).
- Opioids are implicated in the majority of drug related deaths (**82%**). This has been a consistent trend 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 2012-2022



DEPRESSANT DRDS

	2020	2021	2022
 Any benzodiazepine	974 72%	918 69%	601 57%
 Etizolam	806 83%	772 58%	382 36%
 Diazepam (Valium)	194 20%	187 14%	161 15%
 Alprazolam (Xanax)*	34 3%	37 3%	42 4%
 Flualprazolam (commonly found in pills sold as Xanax)*	36 4%	16 2%	14 2%
 Gabapentinoids (gabapentin and/or pregabalin)	502 37%	473 36%	367 35%

*Data from additional data table 'SUB 1' [18]. All other data was taken from 'Table 3' of NRS DRD report 2020 [16], 2021 [17], 2022 [14] respectively.

DEPRESSANT DRDS

- In 2022, there were 601 benzodiazepine-related deaths. In the last two years, these numbers have fallen by **38%** (974 to 601). However, the number of deaths still remain **303%** higher than what they were in 2008.
- There were 18 deaths where a benzodiazepine was the only drug implicated (**3%**), reinforcing the fact that polydrug use is a major risk factor in drug-related deaths, and the primary risk factor in benzodiazepine drug related deaths.
- The data differentiates between '**prescribable**' and '**street**' benzodiazepines. Annex H of the NRS DRD report 2022 [19] defines these two categories as:

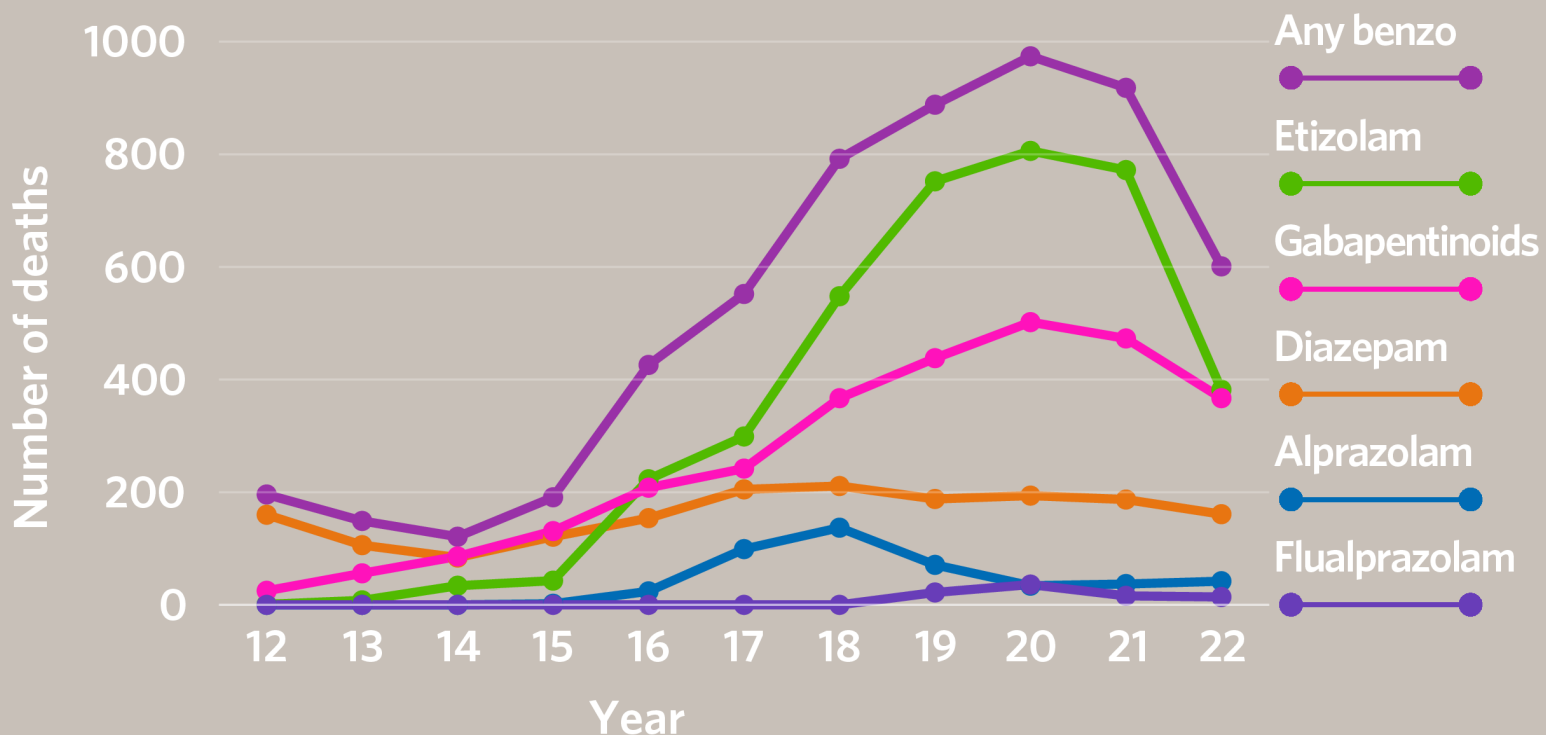
- "Prescribable benzodiazepines' are benzodiazepines (or metabolites thereof) which are licensed for prescription in the UK and widely prescribed in Scotland (but which may not actually have been prescribed to the person who died after taking them); and
- 'Street benzodiazepines' are benzodiazepines (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 **28%** since 2008 (from 148 to 190). Deaths related to diazepam have increased by **40%** since 2008 (from 115 to 161).
- Deaths related to 'street benzodiazepines' have increased **2425%** across the last decade from 2012 to 2022 (20 to 505). There are many factors to consider in this and will be discussed more in the 'Street Benzos' section On page 42. Deaths related to etizolam have decreased in the last year by **51%** from (772 to 382) (2021-2022).




DEPRESSANT DRUGS

- Deaths related to alprazolam, commonly known by the associated brand name Xanax, have risen (37 in 2021 to 42 in 2022). This is a **69%** decrease from the highest recorded deaths of 137 in 2018. Street 'Xanax' is now being commonly found to be containing a mix of other benzodiazepines that include -but are not limited to- flualprazolam, bromazolam or etizolam.
- Regarding flualprazolam, data was recorded for the first time in 2020, and there were **14** drug related deaths in 2022, which was a **13%** decline from the previous year (16 in 2021).
- Benzodiazepines are not the only depressant drugs to be included in drug-related deaths. There has been significant concerns regarding gabapentinoids (gabapentin and pregabalin) within the media, which have been implicated in 367 drug related deaths in 2022. This is a decline from the previous year of **22%**, but with potential risk factors around poly-drug use and those that may be prescribed these medications, it is important to be aware of the risk relating to gabapentinoids.

Depressant-related deaths 2012-2022



STIMULANT DRDS

	2020	2021	2022
 Cocaine	459 34%	403 30%	371 35%
 Amphetamines	60 4%	42 3%	28 3%
 Ecstasy-type	40 3%	20 2%	22 2%

- Crack cocaine is highly processed but is still the same drug as powdered cocaine when metabolised, so toxicology cannot distinguish the type of cocaine taken. The numbers above are for deaths involving any type of cocaine.
- After years of rising, cocaine-related deaths fell between 2020 and 2021. However, this downward trend has slowed from a **12%** decrease in 2020-21 to an **8%** decrease in 2022-23.
- While the number of cocaine-related deaths has fallen in 2022-23, cocaine is now implicated in a higher proportion of drug-related deaths overall (**35%**).

STIMULANT DRDS

- In 2022-23, there were 52 deaths where cocaine was the only drug implicated (**14%** of 371 cocaine-related deaths). This represents a **225%** increase from 2020-21.
- There were **7** deaths where ecstasy-type drugs were the only drugs implicated (**32%** of 22 ecstasy-related deaths) and **7** deaths where an amphetamine was the only drug implicated (**25%** of 28 amphetamine-related deaths).
- Of all drug-related deaths where only a single drug was implicated, stimulant drugs were consistently above the average, with the only exception being alcohol.
- The current trends demonstrate that more information on **stimulant overdose warning signs** are important to know, so look out for: hyperthermia (overheating), flushed (red) face, rapid heart rate / chest pains, agitation or anxiety, rigid muscles, and seizures or convulsions. It is important to **call 999** for paramedics. Whilst waiting, try to gently cool down, provide small sips of water and remain calm.

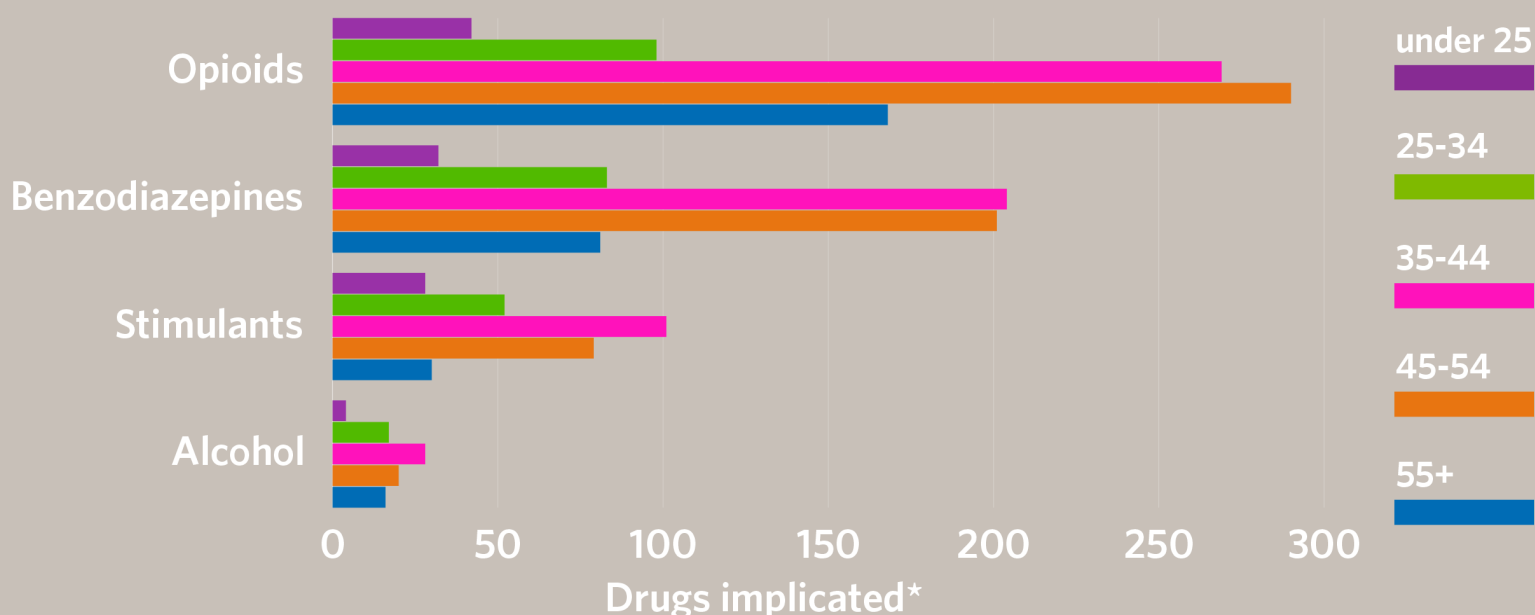
Stimulant-related deaths 2012-2022



DEATHS BY AGE

- In 2022, the 35 to 54 age group reported the highest number of deaths (**62.8%**). In 2000, this group made up **29.1%** of drug-related deaths. In contrast, those aged under 35 years old accounted for **18.8%** of drug-related deaths, whereas in 2000 they accounted for over **68%**.
 - 559 of 660 drug related deaths within the 35 to 54 age group had opioids implicated (**84.7%**);
 - 405 (**61.4%**) involved benzodiazepines;
 - And 260 (**39.4%**) involved Gabapentinoids.
- The 55+ age group was the only age group where drug-related deaths did not decrease – increasing from **185** in 2021 (**13.9%** of total deaths) to **193** in 2022 (**18.3%**).
 - **87%** of deaths in this age group (168 of 193) involved opioids;
 - **42%** (81) involved benzodiazepines;
 - And **29%** (56) involved Gabapentinoids.

Drugs implicated for each age group 2022

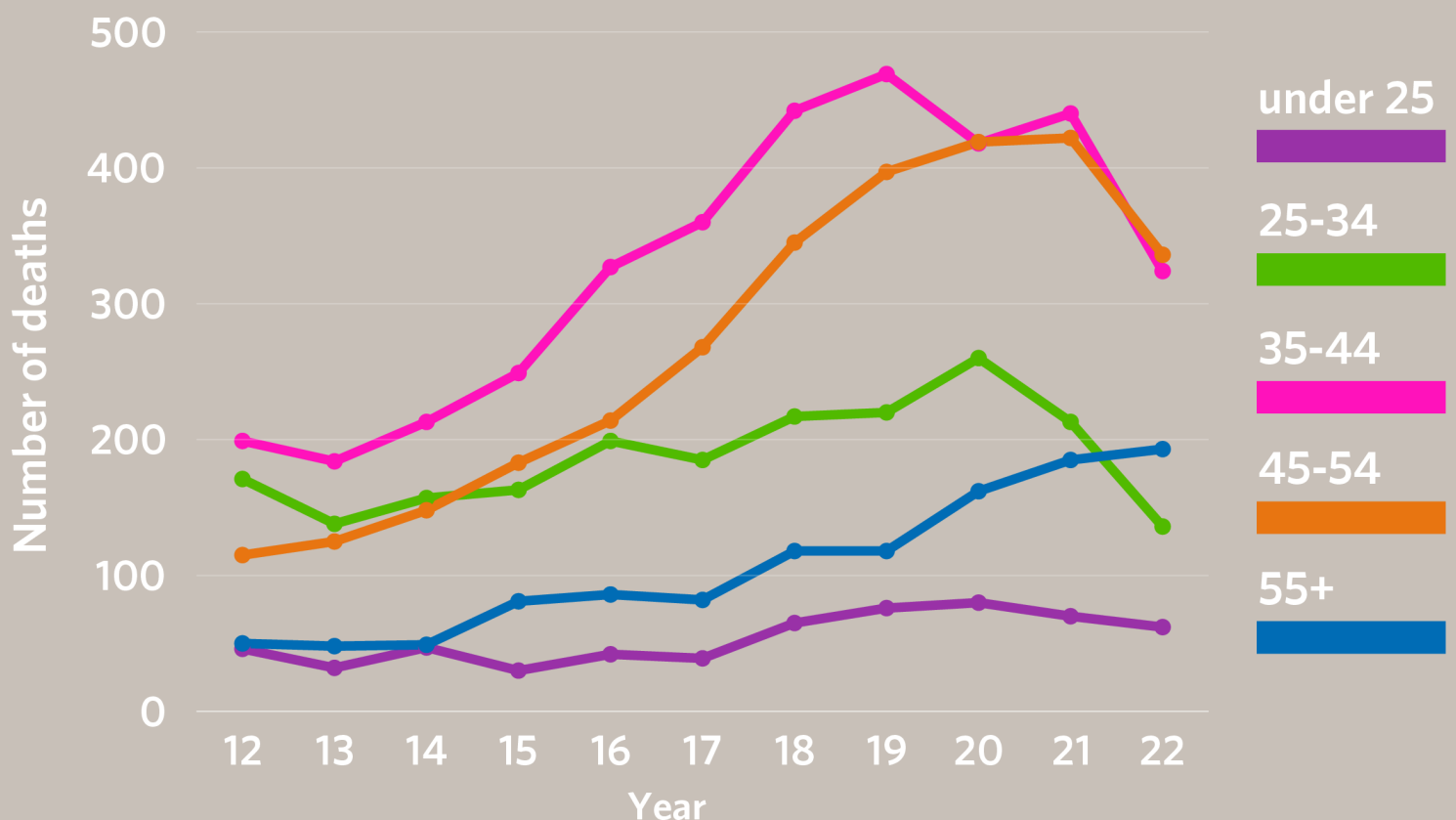


*The majority of drug-related deaths (**79%**) occur with two or more drugs present. This graph does not represent a breakdown of the total number of DRDs by age category.

DEATHS BY AGE

- Despite a decline in the total number of drug-related deaths in every other age category since 2021, the number of cocaine-related deaths have not fallen as significantly as other drugs.
 - **46%** of people younger than 35 had cocaine implicated in their death, compared to **36.4%** in 2021.
- While the deaths of under 35s involved cocaine more often than any other age category, the majority of cocaine-related deaths occurred among people aged between 35 and 54.
 - Cocaine was implicated in **36.8%** of deaths among 35 to 54s (**31.4%** in 2021);
 - And **19.2%** of deaths among people aged 55+ (**15.7%** in 2021).

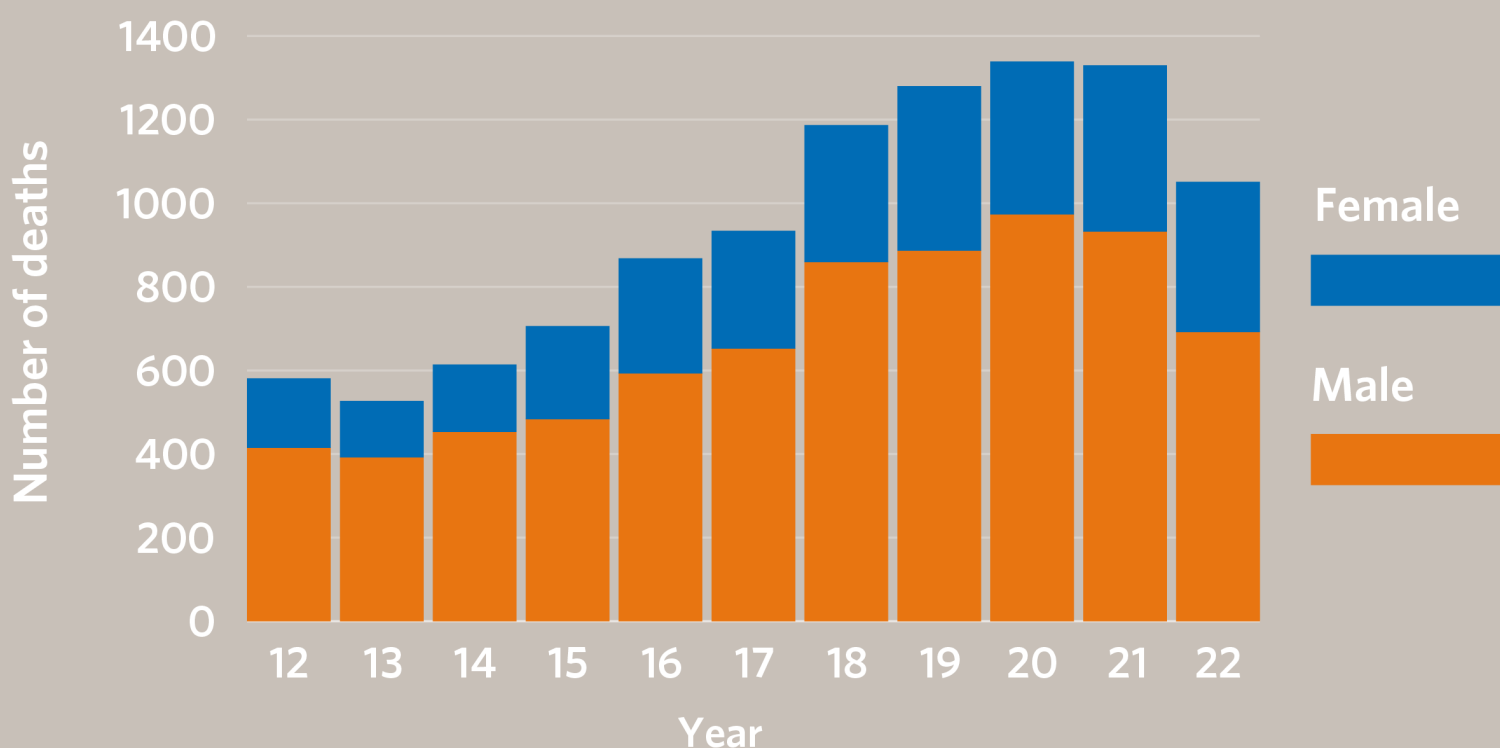
Deaths in each age group 2012-2022



DEATHS BY ASSIGNED SEX

- In this context, the term "sex" is used to describe sex assigned at birth (i.e. male / female) and does not reflect the gender identity of the person who died. Trans and non-binary individuals are frequently misgendered in death and this data does not attempt to delineate who they are [21]. More must be done to explore the prevalence of drug harms in the trans and non-binary population. Visit our website for information about Crew's commitment to [Transgender Rights](#) [22].
- In 2020, females were **2.7x** less likely than males to die from a drug-related death whereas in 2022 that gap has shrunk to only **1.9x** less likely.
- In 2022-23, male drug-related death decreased by **25.8%** (933 to 692) and female drug-related deaths decreased by **9.5%** (397 to 359).
- Since records started in 1997, there have consistently been more male deaths than female deaths annually, however, for the past two years this gender gap is getting narrower (by **7** percentage points) as shown below.

Deaths by assigned sex 2012-2022



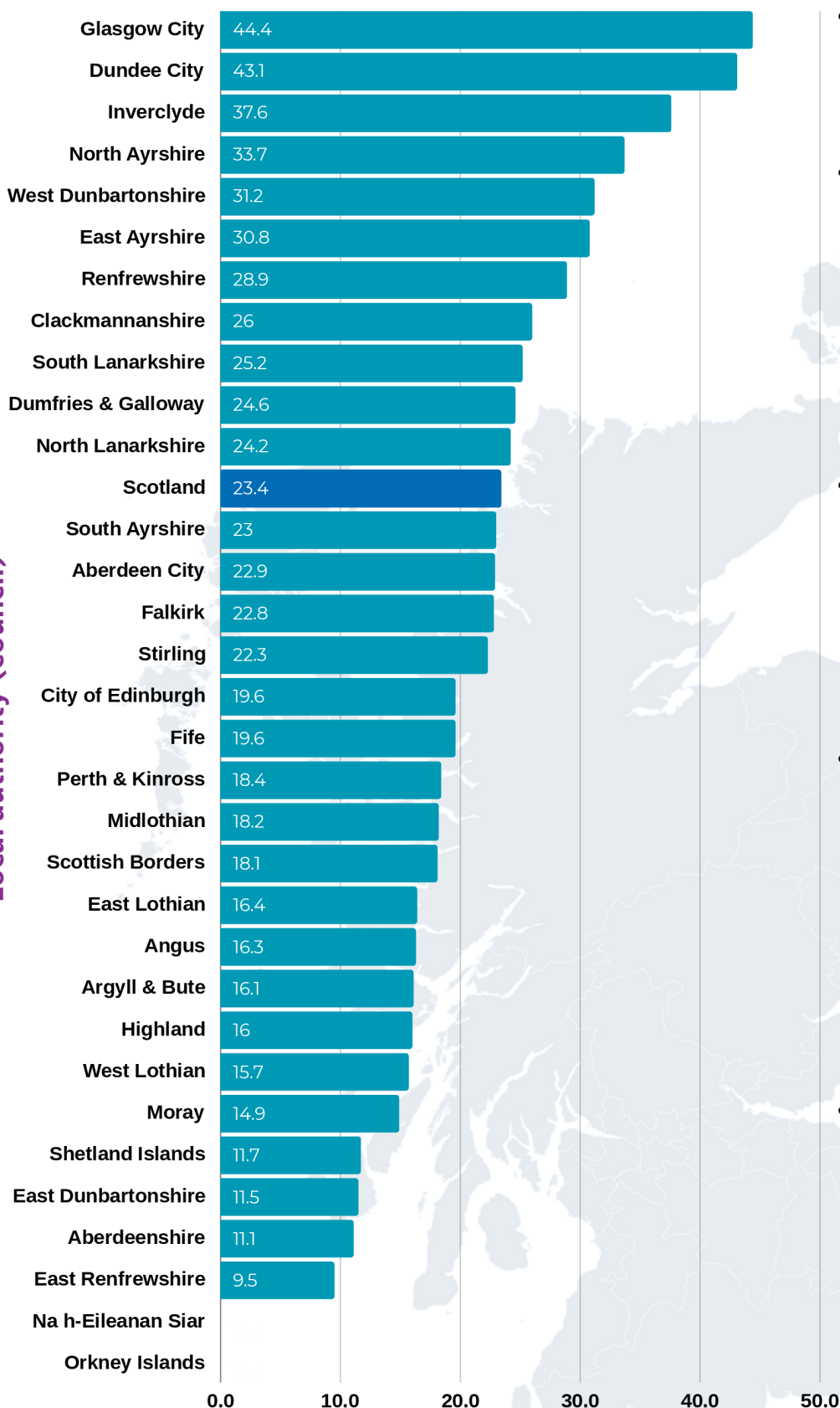
DEATHS BY ASSIGNED SEX

- Research is needed to determine the causation for female drug-related deaths increasing however there is existing evidence to suggest that how females and males encounter drugs is significant. Two known variables which may alter female drug encounters include: influence from male partners and greater chance of being prescribed drugs that have a high potential for risky consumption (i.e. benzodiazepines, gabapentinoids). [23]
- A range of factors may also increase the likeliness of risky consumption among females, including [24]:
 - More prevalent experiences of coercion, abuse and trauma, often derived from gender-based violence or harassment;
 - Greater likelihood of being prescribed depressant drugs for anxiety, depression and other mental health disorders;
 - Greater likelihood of taking fast-acting prescription medication (e.g. alprazolam) to avoid detection during child protection proceedings;
 - Barriers to engaging in drug treatment services due to stigma and fears of child removal.
- To stop the rising prevalence of female (and individuals not currently recognised) drug-related deaths, health interventions need to be suited to the specific needs of female-identifying and LGBTQIA+ people. Some steps to ensure this may include:
 - Challenge the additional stigma towards female-identifying individuals around drug-taking, focusing on access to (female-identifying only) services, and risks pertaining to sex work [25];
 - Developing healthcare interventions for families which are designed to include the experience of pregnancy and parenting;
 - Recognising that discrimination and structural oppression cause LGBTQIA+ to experience drug and other health harms disproportionately;
 - Involving individuals from all social groups, and all gender identities, with lived/living experience in policy development and the design of services.



DEATHS BY AREA

Local authority (council)



- This data was taken from 'Table C4' of the NRS DRD report 2022 [14].
- Glasgow City is now the local authority in Scotland with the highest proportion of drug-related deaths at **44.4** per 100,000 of the population.
- Dundee City has the second highest proportion of drug-related deaths at **43.1** per 100,000 of the population.
- Drug-related deaths are occurring at a rate **29 times higher** in the **10% most deprived areas** compared to the 10% least deprived areas of Scotland (Table 10 [24]).
- East Renfrewshire recorded the lowest rate among local authorities, with **7** drug-related deaths in 2022-23 (9.5 per 100,000). Nonetheless, this does not diminish the urgent need to end all preventable drug-related deaths.

*No data is available for Na h-Eileanan Siar or the Orkney Islands for 2022 on "Table C4" [14].

UK DRUG DEATHS

The NRS reports that Scotland's drug death rate "was approximately 2.7 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).

It refers to "Drug Poisoning Deaths" (DPD), a wider figure than the National Records of Scotland's "Drug Misuse Deaths" [26] (or, as they have been referred to throughout this report, Drug-related Deaths.)

Using the data below we can calculate that:

- **Scotland's DPD rate is 2.7 times higher than the UK as a whole.**
- **Scotland's DPD rate is 3.2 times higher than the rest of the UK.**

Country	No. of DPDs	Population	No. of DPDs per million of pop	Scotland's comparison rate
Scotland	1444	5,480,000	264	N/A
England and Wales	(4532 + 322=) 4854	59,641,000	81	3.3 x higher
NI	213	1,814,000	117	2.3 x higher
England, Wales and NI	(4854 + 213=) 5067	61,455,000	82	3.2 x higher
United Kingdom (incl. Scotland)	6511	67,026,000	97	2.7 x higher

This comparison is useful, but we must be careful not to falsely conclude that because Scotland compares particularly poorly, that the rest of the UK is performing well. Drug deaths are preventable, yet **in all UK nations** they are higher than in any other country in Europe.

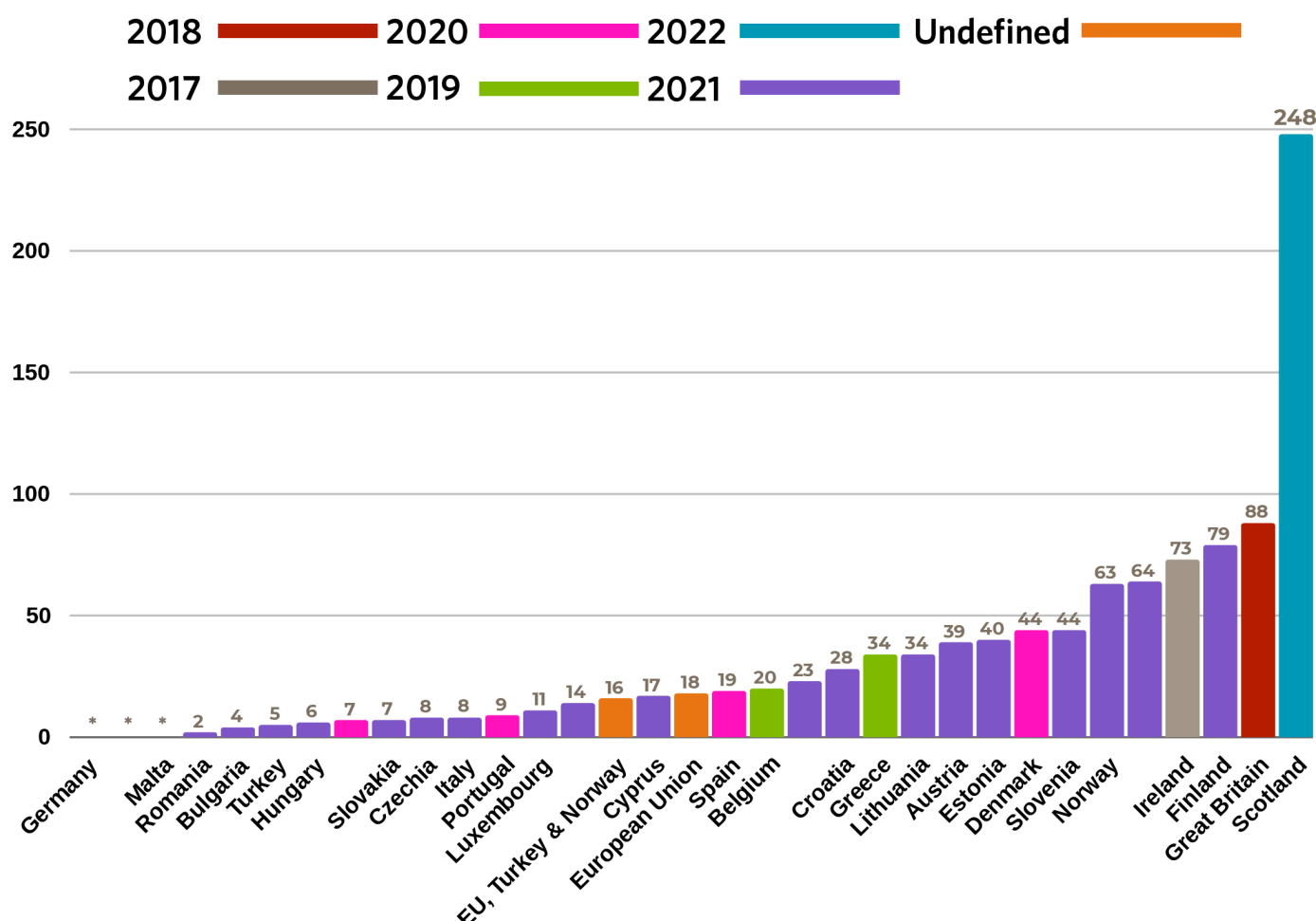
*Drug poisoning death data for Scotland, England, Wales and Northern Ireland were taken from Table 12 of NRS DRD report 2022 [14]. Mid-year population estimates were sourced from the Office for National Statistics [27].

**All statistics used in the table above are based on 2021 data as these were the most up to date figures at the time of publication.

EUROPEAN DRUG DEATHS

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

Number of DRDs, per million of the population, aged 15-64



- This graph shows the most recent drug-related death statistics for each country covered in the EMCDDA's European Drug Report for 2022. Scotland and Great Britain (including Scotland) are also included for comparison [28].
- Scotland unfortunately does remain the country with the highest amount of drug deaths; there are a number of factors that make comparisons between countries difficult. The EMCDDA cautions that many European countries may under-report drug-induced deaths due to:
 - Differences in reporting procedures;
 - Less frequent toxicological investigations;
 - And insufficient communication between national forensics or police registers and European General Mortality Registers.

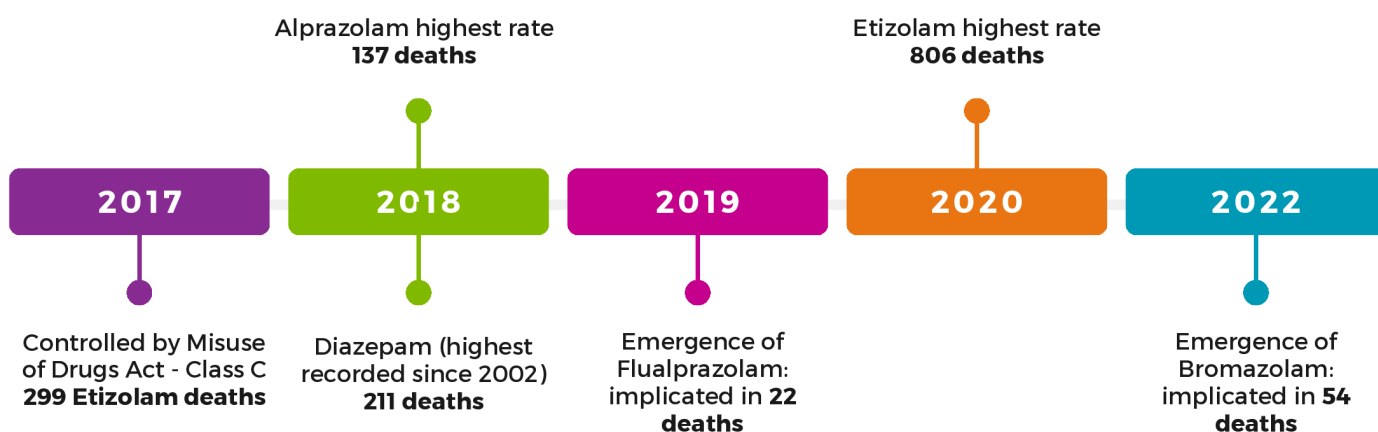
BENZO BRIEFING

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.

In Scotland, in 2022, etizolam was the benzodiazepine implicated in more drug-related deaths than any other.

Etizolam was first detected in 2011 but after the Psychoactive Substances Act (PSA) banned the sale of etizolam in May 2016, 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.



In November 2020, etizolam was placed under international control by the United Nations Commission on Narcotic Drugs, which encouraged thorough multi-national monitoring and controls of the compounds used for manufacturing it. In response to the market absence of etizolam, new 'designer benzodiazepines' emerged, such as bromazolam.

BENZO BRIEFING

In 2022, bromazolam was implicated 9% of the benzodiazepine drug-related deaths in Scotland (n=54).

Similar to other 'street benzos', bromazolam potency and dose of pills varied, and there has been growing concerns about the content of benzodiazepines within the market. To explain, an individual may be looking to buy diazepam but what they have received is a mix of two or more other benzodiazepines. There has been increasing drug checking results of adulterants i.e. the contents are not as expected, or another (or mixed) benzodiazepines may be present within the result.

The graph below shows a changing benzodiazepine market and the different types of drugs that have been involved in drug-related deaths since 2017. However, it is important to note that the drug-related death report does not separate 'street' diazepam and those prescribed.

Given that the definitions are:

- "'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)."

Drug-related deaths in Scotland 2017-2022



NITAZENES EMERGING

- Synthetic opioid drugs called ‘nitazenes’ have been detected in the European and UK drug supply. There are many types of nitazenes including metonitazene, N-pyrrolidino-etonitazene (NPE), etonitazepyne, etonitazene, isotonitazene and protonitazene. Most often they may be sold as or found in other drugs.
- Within NRS drug-related death data from 2022 only 1 nitazene-related death was recorded (Protonitazene). However Public Health Scotland estimates (via RADAR) that there may have been a total of **5** nitazene deaths in 2022 and **20** in 2023 (by September), demonstrating a clear surge in the prevalence of synthetic opioids.
- In November 2023, **7%** of diazepam samples (Valium) submitted to WEDINOS for testing were found to contain metonitazene and bromazolam. Nitazenes have more often been detected in samples of other opioids and benzodiazepines, however there have been reports of them appearing in cannabis vape fluid and ecstasy pills.
- Crew has produced a resource which outlines the need-to-know information about nitazenes that is linked on page 14. Inside you can read about the effects of these powerful drugs, understand the risks they present and learn to spot the signs of a potential nitazene overdose.
- As of **20th March 2024**, 14 Nitazenes -including butonitazene, ethyleneoxynitazene, etodesnitazene, flunitazene, isotonitazene, metodesnitazene (metazene), metonitazene, protonitazene, N-Desethyl etonitazene, N-Desethylisotonitazene, N-Desethyl protonitazene, N-PiperidinyI-etonitazene (etonitazepipne), N-Pyrrolidino-etonitazene (etonitazepyne), N-Pyrrolidino protonitazene- will be subject to the Misuse of Drugs Act 1971 under **Class A**. This will mean penalties for possession are up to 7 years in prison and/or an unlimited fine. Penalties for supply are up to life in prison and/or an unlimited fine.

ALCOHOL-SPECIFIC DEATHS

The NRS publication, '[Alcohol-specific deaths](#)' [31] reports that there were **1,276 alcohol-specific deaths** in Scotland in 2022. This is a **2.5%** increase from the year previous.

Two thirds (**65.5%**, 836) of the people who died were male and one third (**34.5%**, 440) were female.

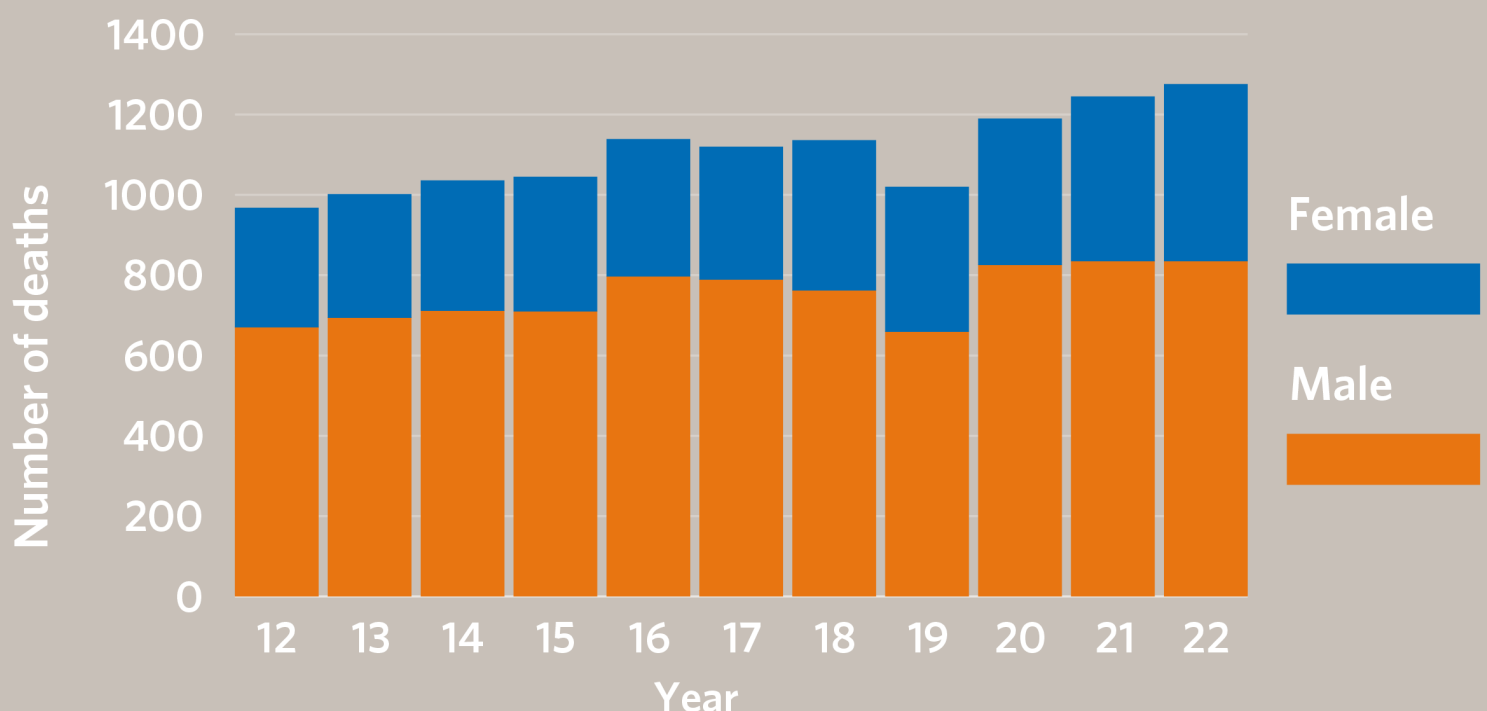
- The average age of death for males was **60**, having gradually risen from **55.2** in the year **2000**.
- The average age of death for females tended to be slightly younger at **58.7** years – rising from **54.6** in the year **2000**.

Unfortunately, data on gender identity is still limited within this publication. No data was available for individuals of marginalised gender identities such as trans or non-binary.

Crew has produced a resource, which outlines harm reduction strategies for alcohol that is linked [here](#).

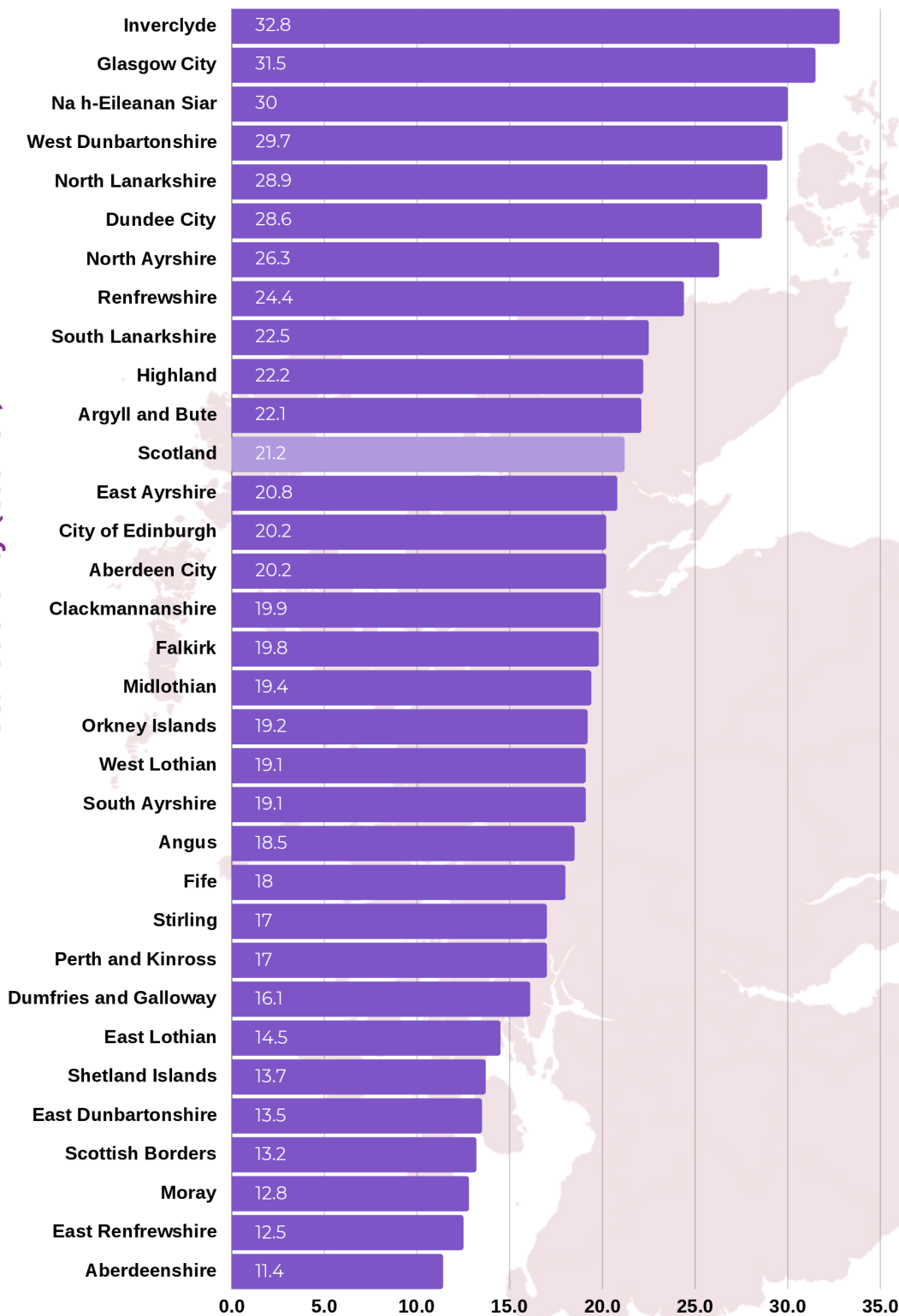


Alcohol-specific deaths (by assigned sex) 2012-2022



ALCOHOL-SPECIFIC DEATHS BY AREA

Local authority (council)



Number of alcohol specific deaths per 100,000 people 2018-22 (age standardised)

- Alcohol-specific deaths were **4.3 x** as high in the 20% most deprived areas of Scotland than the 20% least deprived [31].
- Although, this disparity has fallen over time it remains consistent in: 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.
- Compared with NRS drug-related death by area data, there was less overall disparity between council areas.
- While Na h-Eileanan Siar (Western Isles) only reported one drug-related death in 2022-23[*], it was the third highest local authority with regards to alcohol-specific deaths per hundred-thousand.

OTHER SUBSTANCE-RELATED DEATHS

VOLATILE SUBSTANCE AND HELIUM DEATHS

Tables 13 and 14 of the NRS Drug-related Deaths 2022's Additional Tables [28] provide data on the number of “Volatile substance abuse deaths” and “Helium deaths” from the year 2000 to 2022.

10 people were reported to have died from volatile substances in 2022, aligning with the five-year average. **2** people were reported to have died from helium, slightly below the five-year average of **3** people per year.

All people who died from volatile substances and helium in 2022 were aged 35 and older. Over the last ten years, however, people aged 25-34 were on average the age decile most likely to die from volatile substances and helium (**8.8** deaths/yr and **2.8** deaths/yr respectively).

Volatile substance and helium deaths 2012-2022



DRD SUMMARY

- There were **1051** drug-related deaths in 2022.
 - Opioids were implicated in **83%** (867 deaths)
 - Heroin and/or morphine - **40%** (419 deaths)
 - Methadone - **45%** (474 deaths)
 - 'Street' benzodiazepines - **48%** (505 deaths)
 - Gabapentin and/or pregabalin - **35%** (367 deaths)
 - Cocaine - **35%** (371 deaths)
 - Amphetamines - **3%** (28 deaths)
 - Ecstasy-type - **2%** (22 deaths)
- The average age was **45** for drug-related death.
- In 2022, male deaths accounted for **66%** of all drug related deaths and **34%** were female. Although, male death decreased by **25.8%** and female deaths by over **9.5%**.
- In **80%** of deaths, more than 1 drug was implicated. This highlights the **importance of avoiding polydrug use (mixing drugs)** which cannot be emphasised enough.
- Scotland's DRD rate is **2.8** times higher than 'the UK as a whole', **3.3** 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).**

TEST
B4 YOU
INGEST



SAVE
SOME
ONE!



NALOXONE

RELATE
DON'T
HATE



PART 3
CALL TO ACTION

THE SCOTTISH DRUG CHECKING PROJECT



Crew hosts the [Scottish Drug Checking Project Online Hub](#) [32], which is regularly updated with research and information relevant to the project.

What you need to know:

- A recent summary of the key findings of this project is available [here](#) (or from the [Scottish Drug Checking Project Online Hub](#)) and could vastly improve the way Scotland responds to emerging drug trends, potentially preventing drug-related harms through rapid identification of toxic, unregulated drug supply and by providing evidence to ensure services and budgets are developed to meet changing needs.
- The study discussed 3 possible options: fixed sites run by a third sector organisation (for example a health or harm reduction charity), delivery within an NHS substance use service, or delivery in a pharmacy setting.
- The most popular option was a service run by a third sector organisation – these were seen as safe spaces with existing high footfall, so people seeking drug checking wouldn't necessarily be identifiable as such.
- The 3 pilot cities, **Aberdeen**, **Dundee** and **Glasgow** are making good progress towards setting up services, with the first applications being submitted to the Home Office for **Aberdeen** and **Dundee** in **Spring 2024**.
- Drug checking services are needed urgently – the majority of drug-related deaths are in affecting people living in our communities and those experiencing deprivation and inequality are disproportionately affected.
- For progress reports, 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

CHALLENGING STIGMA



The commission of Scotland's first safe consumption facility in **Glasgow** signals great progress towards harm reduction. However, Crew are disappointed to see the continued use of stigmatising language and imagery in media coverage of people who take drugs, despite the 1,051 drug related deaths in 2022 and the proven positive impact that safer consumption rooms could have [34].

What you need to know:

- The harmful beliefs and stereotypes about people who take drugs are called stigma. Stigma devalues and marginalises people with drug problems, excluding them from support networks, from services that are supposed to help them and from their friends and families.
- People living with problematic drug-taking, or with a specific choice of drug being labelled as problematic, can feel unworthy of care and incapable of recovery [35]. Furthermore, these individuals may experience barriers to support such as limited services, a lack of mental health provisions and vulnerability to exploitation, as well as being more likely to live in areas of deprivation [36].
- Crew works hard to challenge stigma through our work with services, with partners, in training and in our Drop-in and use language that separates the person taking drugs from their choices and their behaviour. Crew does not condone nor condemn drug taking and we actively engage in conversations with individuals, and groups, about **harm reduction** understanding that everyone deserves human **dignity** and **non-judgmental empathy** with an acceptance of where they are when they are speaking to services.
- To learn more, read Scottish Families Affected by Alcohol and Drugs' invaluable [media toolkit](#) for journalists reporting ethically about alcohol and drugs.

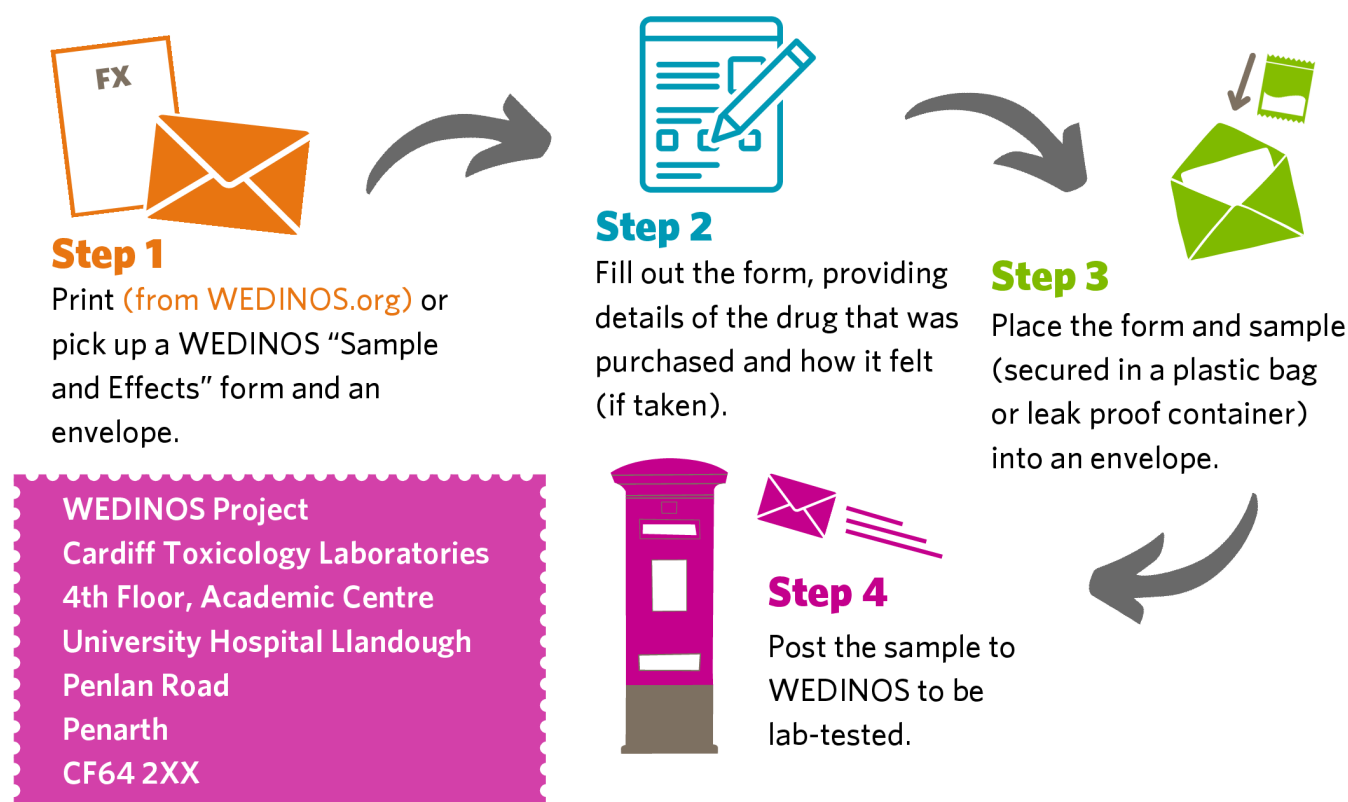


Crew are pleased to contribute reports of adverse drug reactions and trend data to Public Health Scotland's **Rapid Action Drugs Alert and Response (RADAR)** early warning system. The RADAR team analyse reports submitted from a variety of sources such as treatment and support services, Police Scotland and statutory health services, assesses validity, compares with local and national data and identifies risks, trends and grounds for warnings or alerts.

What you need to know:

- To check out the new dashboard to view drug trend information and alerts, visit <https://scotland.shinyapps.io/phs-drugs-radar-dashboard/>
- The most recent alerts have been regarding Nitazenes, Bromazolam and Xylazine.
- The **nitazenes post** was published in January 2023, and last updated in December 2023, to show that they have detected in 25 post-mortem toxicology reports across Scotland. The majority of these detections were in July-September 2023 (11 individuals) according to the information available on the RADAR summary report [here](#).
- The **bromazolam post** was published in July 2023, and last updated in October 2023, to provide information based on the new emerging trend of detections of bromazolam with the 'street benzo' market due to the risk of overdose. The full alert is available [here](#).
- Finally, the **xylazine alert** was published in May 2024, to provide clear information on the side effects, detections in Scotland and harm reduction for key workers. The full alert is [here](#).
- **RADAR** welcomes reports about adverse or unexpected effects, harms, trends or changes observed in routes of routes of administration. You can complete an online form ([here](#)) or you can print it, complete it, scan it and email it to the Public Health Scotland RADAR email address (phs.drugsradar@phs.scot).

WEDINOS | WELSH EMERGING DRUGS AND IDENTIFICATION OF NOVEL SUBSTANCES



WEDINOS is a Welsh Government-funded service offering free drug sample testing by post.

What you need to know:

- If you or someone you know chooses to take drugs, knowing what's inside them can help to reduce the risks.
- WEDINOS will lab-test samples of drugs to find out what's inside them, helping to reduce the uncertainty of taking street drugs.
- Head to <https://www.wedinos.org/sample-testing> to print a Sample and Effects form and follow the instructions. You can list Crew's postcode (**EH1 1PB**) if you'd prefer not to enter your own.
- You can also pick up an effects form from Crew's Drop-in (**Crew does not operate a drug checking service, so please avoid bringing any drugs for testing, or any other reason, into our Drop-in.**)

BENZO RESEARCH PROJECT



Crew has been supporting the **Benzo Research Project (BRP)** in their exploration of benzodiazepine trends among young people in the UK. The project emerged as a student-led grassroots organisation in 2021 and has since evolved into a charitable association, welcomed new volunteers and established working groups for policy advocacy, media and research output.

What you need to know:

- In December 2022, the Benzo Research Project published their report analysing the lived experiences of 73 young people (aged 18-25) who had taken non-prescribed benzodiazepines. To view this report, visit: <https://brp.org.uk/report>
- In July 2023, project leaders attended the House Of Commons, speaking to MPs about harm reduction policy and calling for the Home Office to allow drug checking services to operate at festivals across the UK as part of their **#BringBackDrugTesting** campaign.
- In October 2023, the project began working with NHS Inclusion to develop special support pathways for people taking benzodiazepines who would like to reduce their consumption.
- Finally, in December 2023, the Benzo Research Project presented the findings of their report at a meeting of the United Nations Commission on Narcotic Drugs in Vienna, calling for harm reduction in health policy [41].
- The Benzo Research Project continues to call for action in harm reduction for individuals that have experience with taking benzodiazepines, and Crew will continue to work alongside them with their campaign.

BENEFITS OF DRUG CHECKING



Photo credit: SaferParty.ch

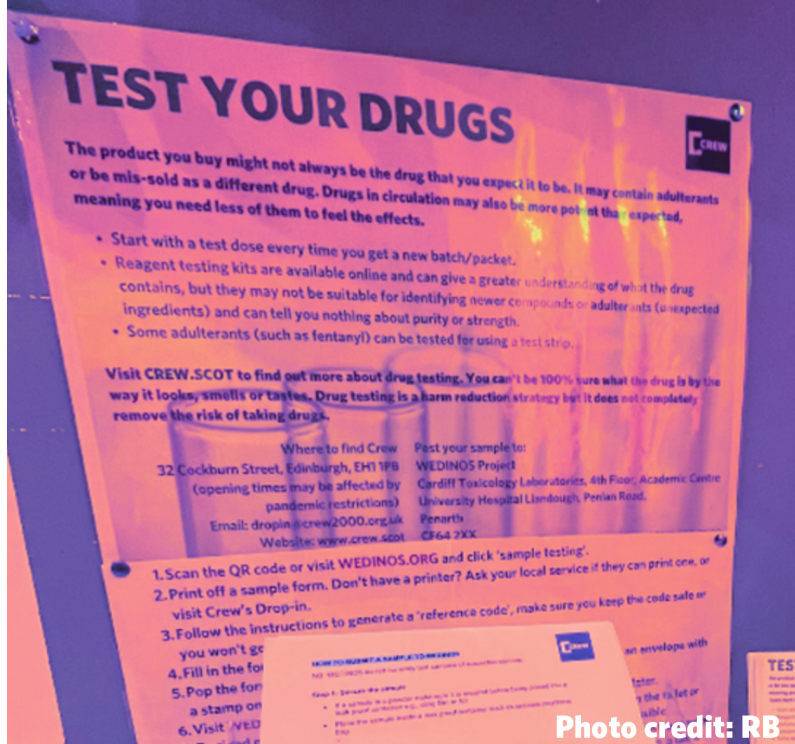


Photo credit: RB

When festival goers were asked [3] why they would check their drugs, these were some reasons:

"Safer consumption"

"To be **safe** - want to **know** more"

"so I **know** which would **kill** me"

"zero tolerance = zero **education**"

The recurrent themes of **informed decision-making** and **safety** suggest a widely held desire for more harm reduction services.

There is also an urgent need for drug checking services in local communities. Of those asked by Crew if they would use a drug checking service, [3] those who responded "No" expressed that the main barriers were **availability of services** and concerns around the **Police**.

WE ARE THE LOOP

In an assessment of their own drug checking service, The Loop found that nearly **two thirds** of festival goers who discovered their drugs to be something other than expected disposed of them. [42]

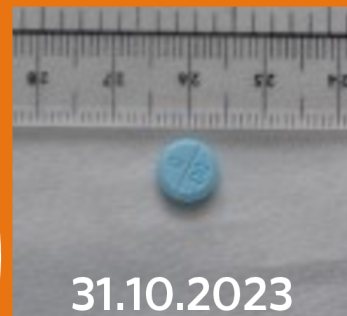
NITAZENES COVERAGE

**PURCHASE
INTENT:**

Oxycodone

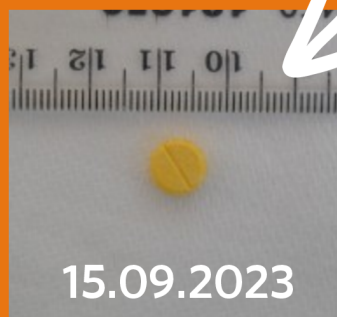
**SAMPLE UPON
ANALYSIS:**

Metonitazene



**PURCHASE
INTENT:**
Valium

**SAMPLE UPON
ANALYSIS:**
Bromazolam,
Metonitazene



SOURCE: WEDINOS

Nitazenes: Warning over super-strength street drugs linked to deaths

Nitazenes—heralding a second wave for the UK
drug-related death crisis?

Nitazenes: The new synthetic
opioids stronger than heroin
that are being cut into drugs

**What are nitazenes? What to know about the
drug that can be 10 times as potent as fentanyl**

What To Know About Nitazenes: Rare But Emerging Opioids
More Potent Than Fentanyl

Amidst vague coverage of the
specific dangers these
synthetic opioids present,
Crew has been working
alongside Public Health
Scotland and harm reduction
charities such as Scottish
Drugs Forum (SDF) to provide
life-saving harm reduction
information to those at risk,
their friends and families, and
workers at the services they
access [43][44].

Nitazenes were first detected in
the UK in 2021 and their
increasing prevalence has
coincided with changing opioid
supplies in the global drug
market.

Media reactions to nitazenes,
similar to the response to
fentanyl in the United States,
have been full of scare-tactics
and missing vital harm
reduction information.



Taking Benzos?

Nitazenes Warning and Harm Reduction



RECOMMENDATIONS

The reduction in drug-related deaths in Scotland over the past two years is welcome, however we need to develop, enhance and extend evidence-based harm reduction, treatment, support and recovery opportunities to meet the new challenges presented by an increasingly toxic, unregulated drug supply.

Early estimates for 2023-24 suggest that there is likely to have been an increase in the number of lives lost compared to the previous NRS report. [46]

1. Expanding Drug Checking: Accidental poisonings make up the majority (89%) of drug-related deaths, compared to 7% of deaths which were classed as intentional self-poisoning. More than 1 drug was implicated in 80% of deaths (NRS 2023). Nitazines among other emerging drugs contaminating an unregulated and increasingly toxic supply are presenting increased risks of accidental poisoning.

We welcome the forthcoming Scottish drug checking pilot projects in Glasgow, Aberdeen and Dundee, and the inclusion of this service in the forthcoming NHS medically-supervised consumption facility in Glasgow; and recommend we continue to develop an **“extensive and easily accessible drug checking network, including low threshold front of house services like in New Zealand 58 and Canada 59”** creating safe spaces for drug checking in communities, offering results in real time to reduce the risk of harms, overdose/accidental poisoning and to encourage people to access support.

2. Addressing Inequality: National Records of Scotland data evidences stark and unacceptable differences in health experiences and outcomes between people living in areas of relative deprivation and those living in more affluent areas: someone living in 1 of the 20% most deprived areas of Scotland in 2023 is more than 15 times more likely to die from drug-related causes than someone living in one of the 20% least deprived areas [14].

“Compulsive drug use is far more often a response to a life where meaning and comfort appear out of reach than it is a selfish quest for excess pleasure.”

Maia Svalavitz, New York Times 2023

The Scottish Government’s National Mission to Reduce Drug-related Deaths 2022 – 2026 committed significant and welcome new investment of £50 million annually into improving treatment, support and recovery services, and includes work to link policies on poverty, deprivation, trauma and Adverse Childhood Experiences with drug prevention and treatment interventions. This financial

commitment is timely; however we must address wider material conditions of inequality in Scotland to achieve lasting and sustainable reductions in the number of people lost to preventable drug-related deaths.

3. Inclusive Service Development: Concerns have been raised about the overall trend of increasing deaths among people identified as female compared to those identified as male since 2000 (see: page 37), but there has also been a lack of data monitoring and exploration into the experiences, health outcomes and drug-related deaths of people who are transgender and non-binary. There is also very little research or data monitoring into the experiences, health outcomes and deaths of individuals from marginalised ethnic backgrounds in Scotland – ethnicity is only recorded with consent on death certificates. Gathering this information respectfully and consistently could help towards identifying unmet needs, securing resources and co-developing more just and inclusive harm prevention, reduction, treatment and support.

4. Listening to People Who Know: We need decision makers to listen to and act upon the insights, lived and living experiences of individuals who find existing services difficult to access, embedding learning into policy and service development.

We also need to engage respectfully with young people across Scotland to identify their health, wellbeing, rights, learning needs and concerns in relation to drug harms and to learn more about prevalence, especially those young people who are not attending school. A high proportion of people developing problematic relationships with drugs and accessing specialist drug treatment services started taking drugs at a median age of 15 [NHS National Services Scotland, Information Services Division (Jun. 2018). (The National Drug Related Deaths Database Report: Analysis of Death Occurring in 2015 and 2016. Available at: <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-12/2018-06-12-NDRDD-Report.pdf>)]

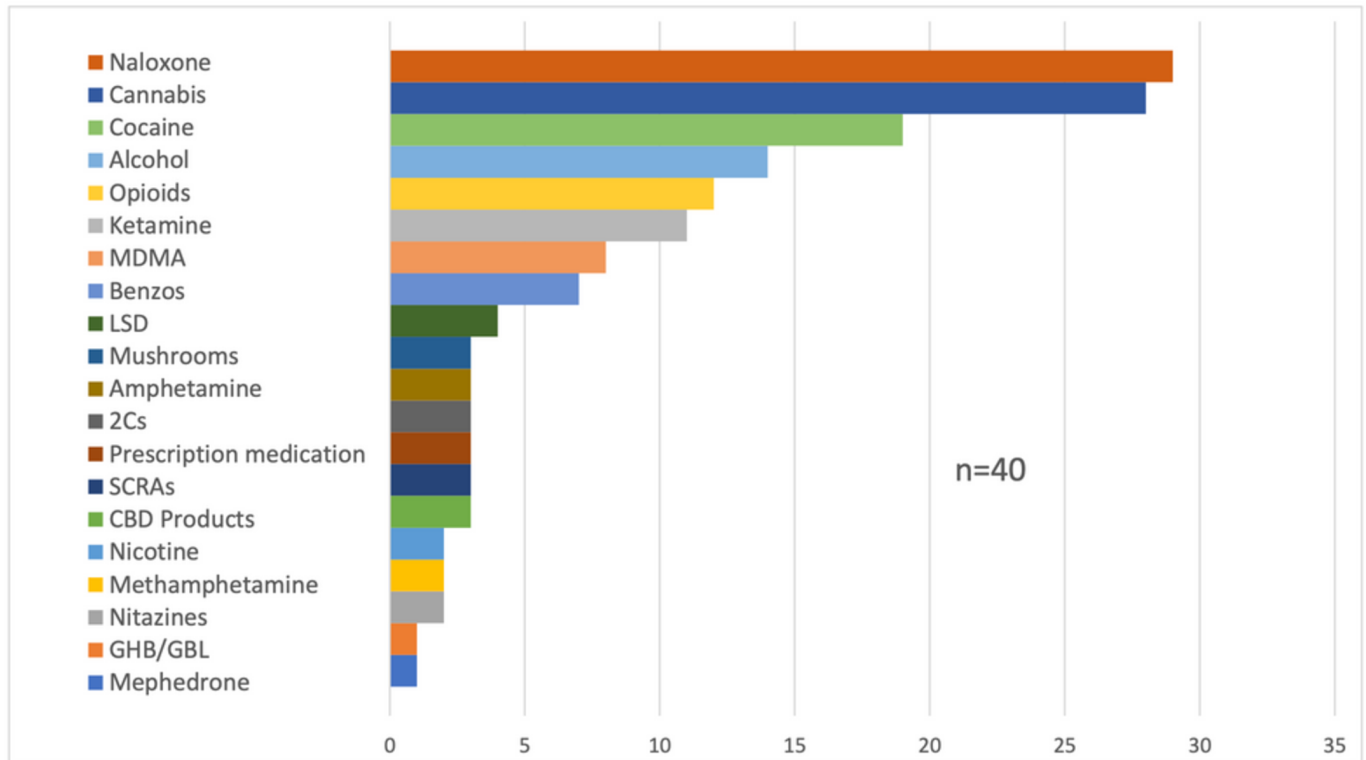
We recommend that the limitations of the Scottish Schools Adolescent Lifestyle Survey (SALSUS) and current limitations of the Health and Wellbeing Census (see: page 15) are noted and the Census developed.

Expanding this evidence base is essential in the context of a rapidly changing, toxic and unregulated drug supply and market, rapidly changing behaviours in vaping, purchasing drugs (notably through social media) and distinct and different drugs causing serious harms for this age group.

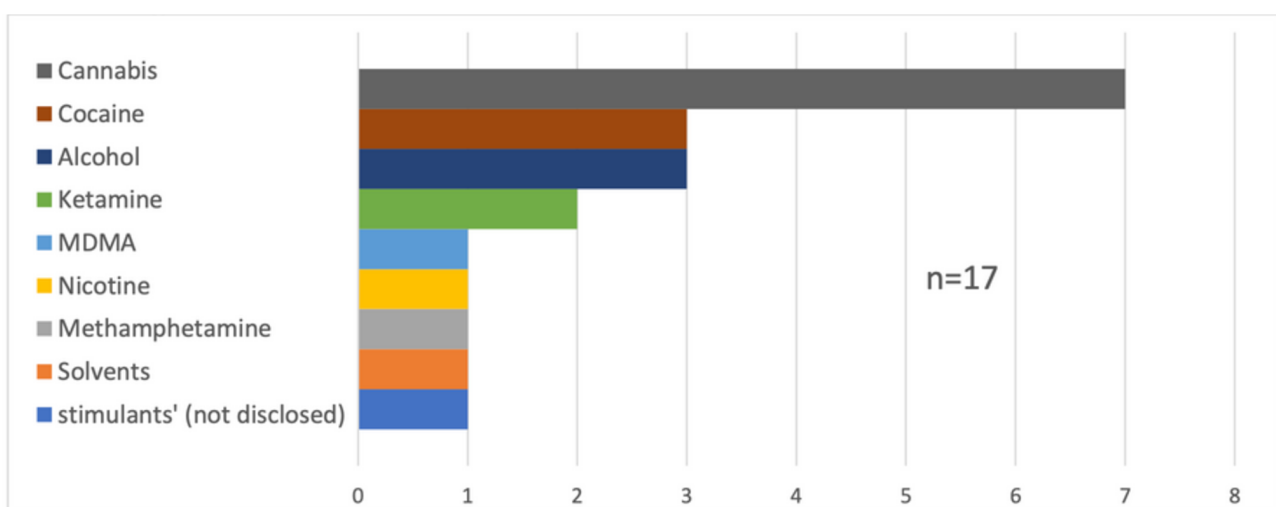
Scotland has a rich network of grass roots and voluntary sector organisations working with young people, who are well-placed to engage and support young people to identify their health, wellbeing, rights and learning needs and concerns in relation to drug harms, and we recommend increased, responsibly funded collaboration and enquiry with this network and most importantly young people not attending school so that more young people focussed support is available.

TABLES AND GRAPHS

Graph 1: Crew Drop-in Services reported drugs from brief interventions with young people. ^[4]



Graph 2: Crew Drop-in Services reported drugs from brief interventions with parents, carers or support workers contacting about young people they support. ^[4]



REPORTS

Health and Wellbeing Census Scotland summary:

Key points from the '[Health and Wellbeing Census Scotland](#)' include:

- The report has not been publicly released in full at this stage. However, the technical report does show limitations in data collection given local authority schools only and the large proportion of specific authorities, with others limited in representation.
- However, this data will be valuable for general trends across age groups in Scotland and can allow services to prepare and prevent problematic drug-taking if identified at earlier stages.

SALSUS report summary:

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 report, which is linked and in **bold**. Data from 2018 was published in 2019. This is the most recent SALSUS report.

Key points from the '[SALSUS Drug Use Report 2018](#)' 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 has grown; in 2015, **24%** of 15 year olds thought it was 'ok' whereas in 2018 this increased to **33%**.
- **9%** of 15 year olds thought it was 'ok' to try cocaine.

WHO report summary:

[WHO Health Behaviour in School-aged Children \(HBSC\) study](#)^[47] is an international survey on the cigarettes, vaping, alcohol and tobacco taking of young people aged 11, 13 and 15 across Europe, central Asia and Canada. Data collection and sample information is detailed in the report, which is linked and in **bold**. Data from 2021/2022 was published in 2024. This is the most recent report.

Key points from the '[WHO Health Behaviour in School-aged Children \(HBSC\) study](#)' include:

- **1 in 4** of 15 year olds had smoked in their lifetime and **15%** had within the last month.
- More than **30%** of 15 year olds had taken a vape (e-cigarette) within their lifetime and **20%** had within the last month.
- **1 in 5** had been drunk (at least 2 times) within their life by 15 years old with no significant differences in most countries, regions or across genders.

[1] CREW2000 COUNSELLING SERVICE

Anonymised statistics provided on the reported drugs self-referred 2016-21

[2] CREW2000 COUNSELLING SERVICE

Anonymised statistics provided on the reported drugs self-referred 2022-23

[3] CREW2000 EMERGING TRENDS; NIGHTLIFE HARM REDUCTION PROJECT

Safer Nightlife Survey Dataset 2022-23

[4] CREW2000 DROP-IN SERVICE

Anonymised statistics provided by the Drop-in service 2022-23

[5] CREW2000 COUNSELLING SERVICE

Anonymised statements from clients 2022-23

[6] CREW2000 WEB ANALYTICS

Analytics from Crew2000 website visitors in 2023

[7] CHILDREN, EDUCATION AND SKILLS, SCOTTISH GOVERNMENT

[Health and Wellbeing Census Scotland: Report 2021/22](#)

134,044 responses for stages Primary 5- Secondary 6. Details of participants p13-21 in report.

[8] CHILDREN'S COMMISSIONER FOR ENGLAND

Strip search of children in England and Wales - analysis by the Children's Commissioner for England

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

Quarterly Summary for Professionals, Dec 2021

[10] OFFICE FOR NATIONAL STATISTICS

Deaths related to drug poisoning in England and Wales: 2022 registrations

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

European Drug Report 2022

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

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

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

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

[14] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-Related Deaths in Scotland in 2022

[15] NATIONAL RECORDS OF SCOTLAND (NRS)

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

[16] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-Related Deaths in Scotland in 2020

[17] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-Related Deaths in Scotland in 2021

[18] NATIONAL RECORDS OF SCOTLAND (NRS)

Substances which were reported for drug-related deaths, Scotland, 2000 to 2022

[19] NATIONAL RECORDS OF SCOTLAND (NRS)

Annex H: 'Prescribable' and 'street' benzodiazepines

[20] CREW2000

Drug Emergencies

[21] NHS EDUCATION FOR SCOTLAND: SUPPORT AROUND DEATH

Supporting LGBT+ people around bereavement: Death Certification

[22] CREW2000

Transgender rights June 2020 Statement

[23] RAFAELA RIGONI, JOOST BREEKSEMA, SARA WOODS (CPDPD)

"4.3 Female focused interventions" in: Speed Limits: Harm Reduction for People who use Stimulants

[24] 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

[25] TREATMENT IMPROVEMENT PROTOCOL (TIP) SERIES, NO.51

Substance Abuse Treatment: Addressing the Specific Needs of Women

[26] PAUL BREEN (GOVERNMENT ANALYSIS FUNCTION)

Comparability of drug-related death statistics across the United Kingdom

[27] OFFICE FOR NATIONAL STATISTICS

Population estimates for the UK, England, Wales, Scotland and Northern Ireland: mid-2021

[28] NATIONAL RECORDS OF SCOTLAND (NRS)

Additional tables: Drug-Related Deaths in Scotland in 2022

[29] BENZO RESEARCH PROJECT

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

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

New benzodiazepines in Europe – a review

[31] NATIONAL RECORDS OF SCOTLAND (NRS)

Alcohol-specific deaths in Scotland in 2022

[32] SCOTTISH DRUG CHECKING PROJECT

The Scottish Drug Checking Project Hub

[33] SCOTTISH DRUG CHECKING PROJECT KEY RESEARCH FINDINGS

Scottish Drug Checking Project summary

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

Drug consumption rooms: an overview of provision and evidence

[35] SCOTTISH FAMILIES AFFECTED BY ALCOHOL AND DRUGS (SFAD)

INSERT STANDARD STIGMATISING HEADLINE & IMAGE HERE: Rewriting the Media's Portrayal of Addiction and Recovery

[36] AUDIT SCOTLAND

10 years on: explaining how funding decisions link to increased risk for drug related deaths among the poor

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

RADAR – An early-warning drugs surveillance system for Scotland

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

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

[39] WEDINOS

WEDINOS – Sample Testing

[40] BENZO RESEARCH PROJECT

Benzo Research Project: A small charity seeking to understand and improve the lives of young people who use benzos

[41] KING'S COLLEGE LONDON

Alumni presents research project to United Nations commission

[42] FIONA MEASHAM AND HENRY SIMMONS (DRUGS, HABITS AND SOCIAL POLICY)

Who uses drug checking services? Assessing uptake and outcomes at English festivals in 2018

[43] CREW2000

Nitazenes

[44] SCOTTISH DRUGS FORUM (SDF)

Nitazenes: SDF Launch Alert and Information Resources for People at Risk of Overdose

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

Rapid Action Drug Alerts and Response (RADAR) quarterly report – October 2023

[46] SCOTTISH GOVERNMENT

Suspected drug deaths in Scotland: October to December 2023

[47] WORLD HEALTH ORGANISATION (WHO)

Health Behaviour in School-aged Children (HBSC): Published April 2024

A1 - REFERENCES

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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