

# DRUGS AT CREW TREND REPORT 2023-2024

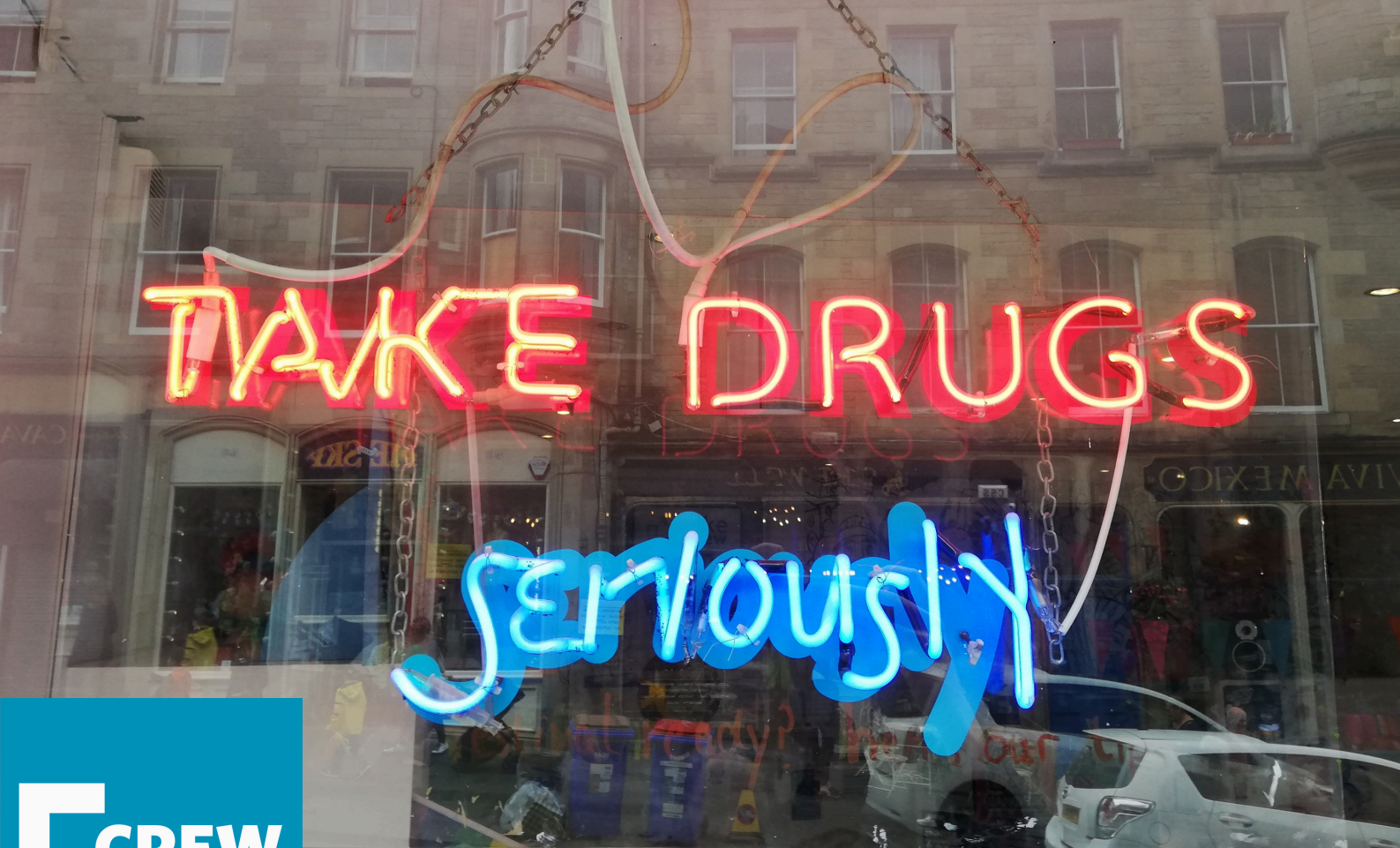
March 2025



Photo credit: Reddit user







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 2023-2024 END OF YEAR REPORT FOR THE EMERGING TRENDS AND TRAINING COORDINATOR POST, FUNDED BY THE SCOTTISH GOVERNMENT DRUG POLICY UNIT.

\*THE STATISTICAL DATASET STATES THE TIME PERIOD IS FROM 01 JANUARY 2023 TO 31 DECEMBER 2023  
[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)

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 2023 to 31 December 2023.**

DRUG-RELATED DEATH STATISTICS REPRESENT THE NATIONAL RECORDS OF SCOTLAND DRUG-RELATED DEATHS IN SCOTLAND IN 2023 REPORT PUBLISHED IN AUGUST 2024.\*

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

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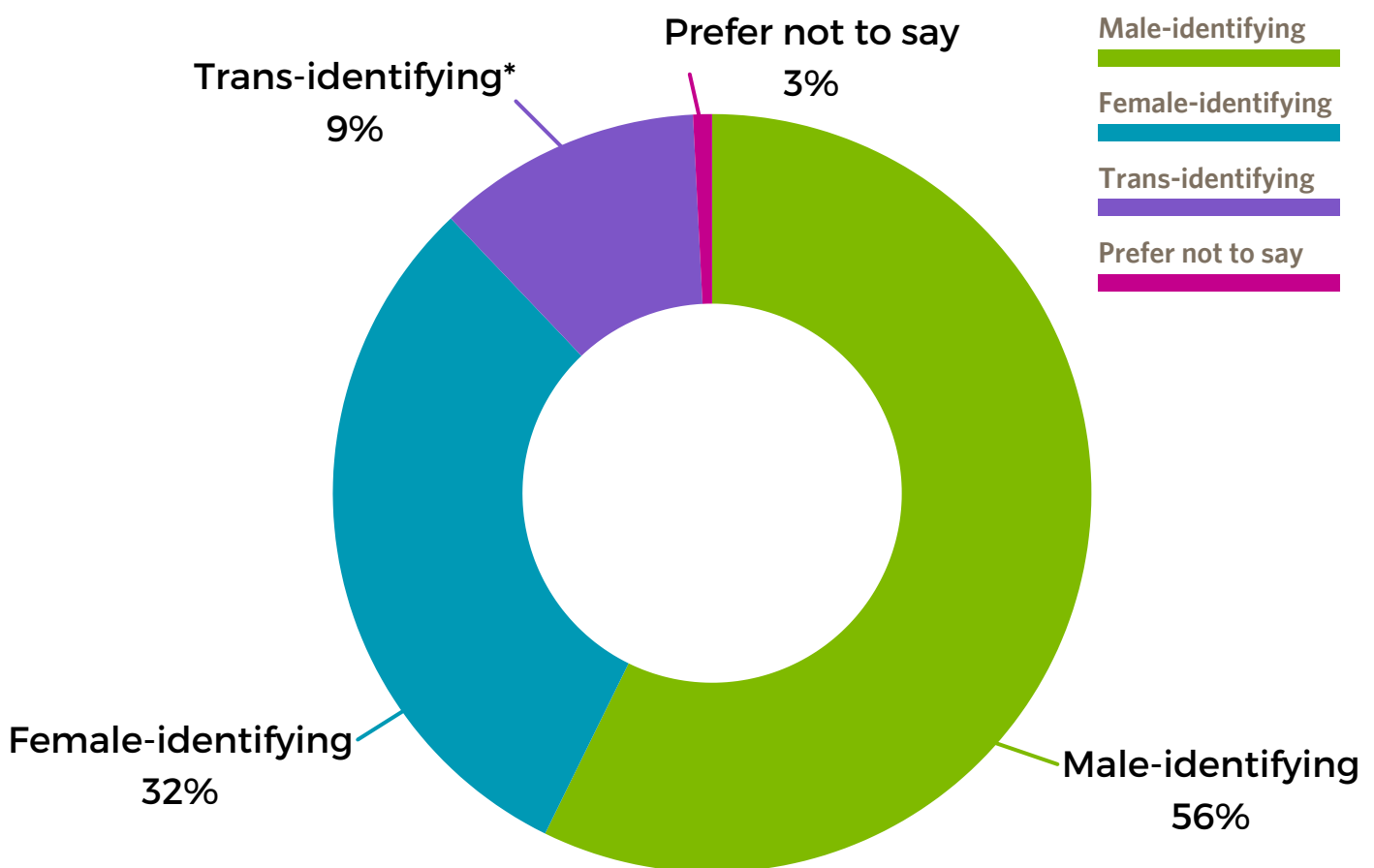
# PART 1

## 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.
- Our clients (n=124) tell us that our service supports people to define their identities themselves, and that people with different gender identities feel safe in using our counselling service at Crew.

## Self-reported gender of counselling clients



\*Trans-identifying is an umbrella term inclusive of many gender identities, beyond binary gender identities, and is used by current data systems to support in anonymity. However, it is important to note that trans-identifying individuals could be trans, non binary, genderfluid, genderqueer or another gender identity.

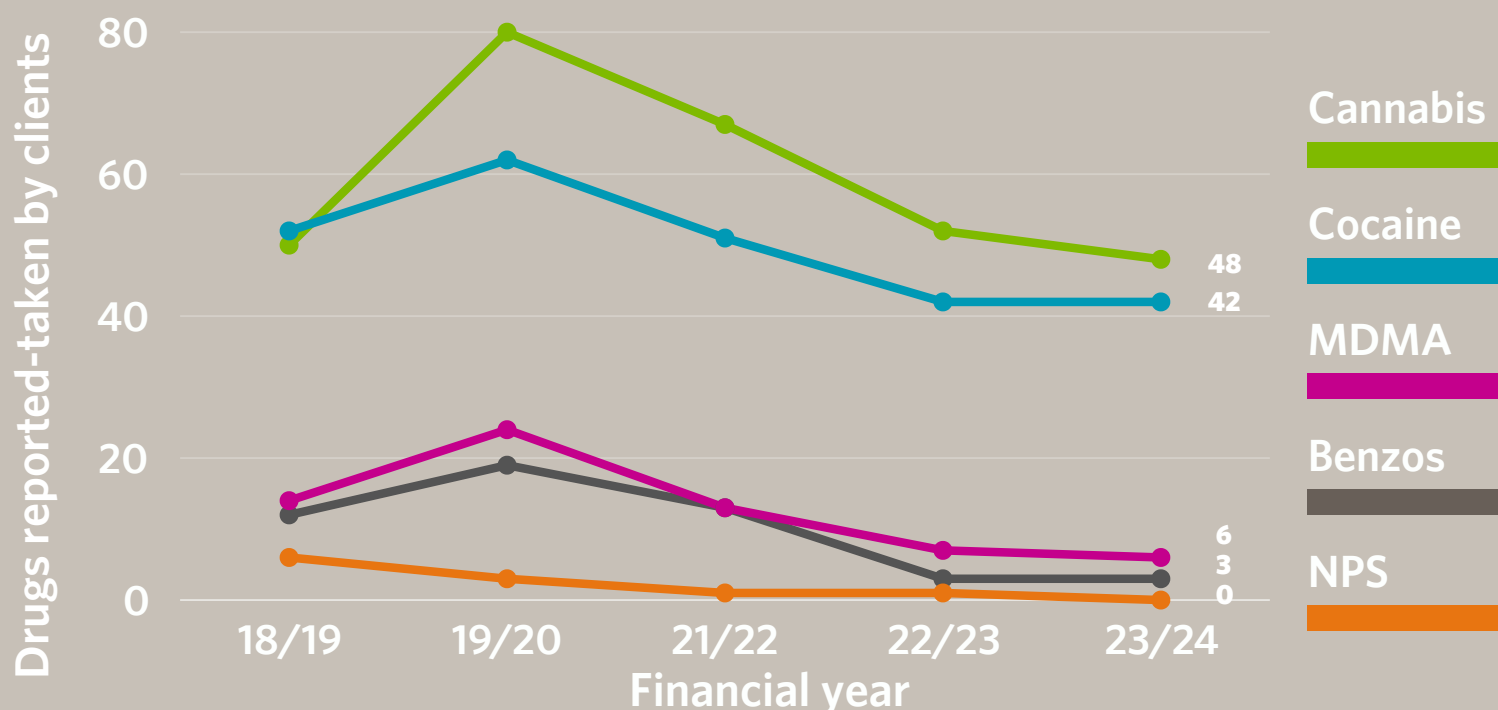


# CREW COUNSELLING DATA

## 2023/24

- In the last year, Crew's Counselling Service reports that stimulants are the single most reported drug category that clients are looking for support with, with **51%** coming to counselling for cocaine, amphetamine or methamphetamine (n= 42, n= 6, n=3 respectively) in 2023/4.
- The singular most reported drug, that clients are looking for support with, is cannabis. **39%** of clients reported taking cannabis either by smoking or through edibles (n=48).
- In 2023/4, **5%** of clients reported taking MDMA, which has remained stable from the previous year (n=6).
- Similarly, the percentage of clients looking to discuss ketamine as their main need for support has been consistent at **7%** since 2022.
- Further to this, **2%** of clients reported benzodiazepine drugs causing them the most concern (n=3) . Clients taking only benzodiazepines would always be referred on to Crossreach Counselling Service at Simpson House.
- Finally, there were no New Psychoactive Substances (NPS) highlighted by any clients as the drugs they were primarily concerned about when speaking to the counselling service; this is a **100%** decline since 2018/19.
- *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= 124 in 2023/24; n=133 in 2022/23; n=189 in 2021/22).*

Drugs reported by counselling clients at Crew, 2018/19 - 2023/24



# WHAT OUR CLIENTS SAY

- My fondest insights have been that I'm not broken or in need of fixing and to love the darkest side of myself as equally as the brightest, because it was him that got me through the hardest of times.
- The counsellor listened carefully and helped me think about how to set some boundaries around my relative's drug problems. It was helpful to work out how to create more space for myself and how to step back from my relative in a way that I could still be a source of support.
- 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.
- What has been positive about the counselling so far is the connection between me and my therapist.



# 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 and we work collaboratively with security, paramedics and the police. We also invite people to complete surveys to collect information on drug trends and drug taking behaviours.

In our own research [3], when asked if they could access a drug checking service, would they use it, we found that **47%** of individuals said **yes** (n=264).

For those that would be interested in drug checking services, the primary reasons given were **safety** (27% n=70) and **being informed** (14%, n=36). 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 check to see that they (purchase intent) are what they say they are”*

*“To make the experience safer (people will always take drugs so we should minimise the risks)”*

People reported similar feelings of wanting to access services, but also that fear of ‘getting into trouble’ or other punitive outcomes would be barriers to accessing drug checking services (16% mentioned the police explicitly).

It is important to note there has been a small decline in the amount of people that have said they would use a drug checking service if it was available (6% decline from 2022-23). One respondent did say:

*“The fact that there is none available! (WE NEED THEM!)”*

*“Never seen a service”*

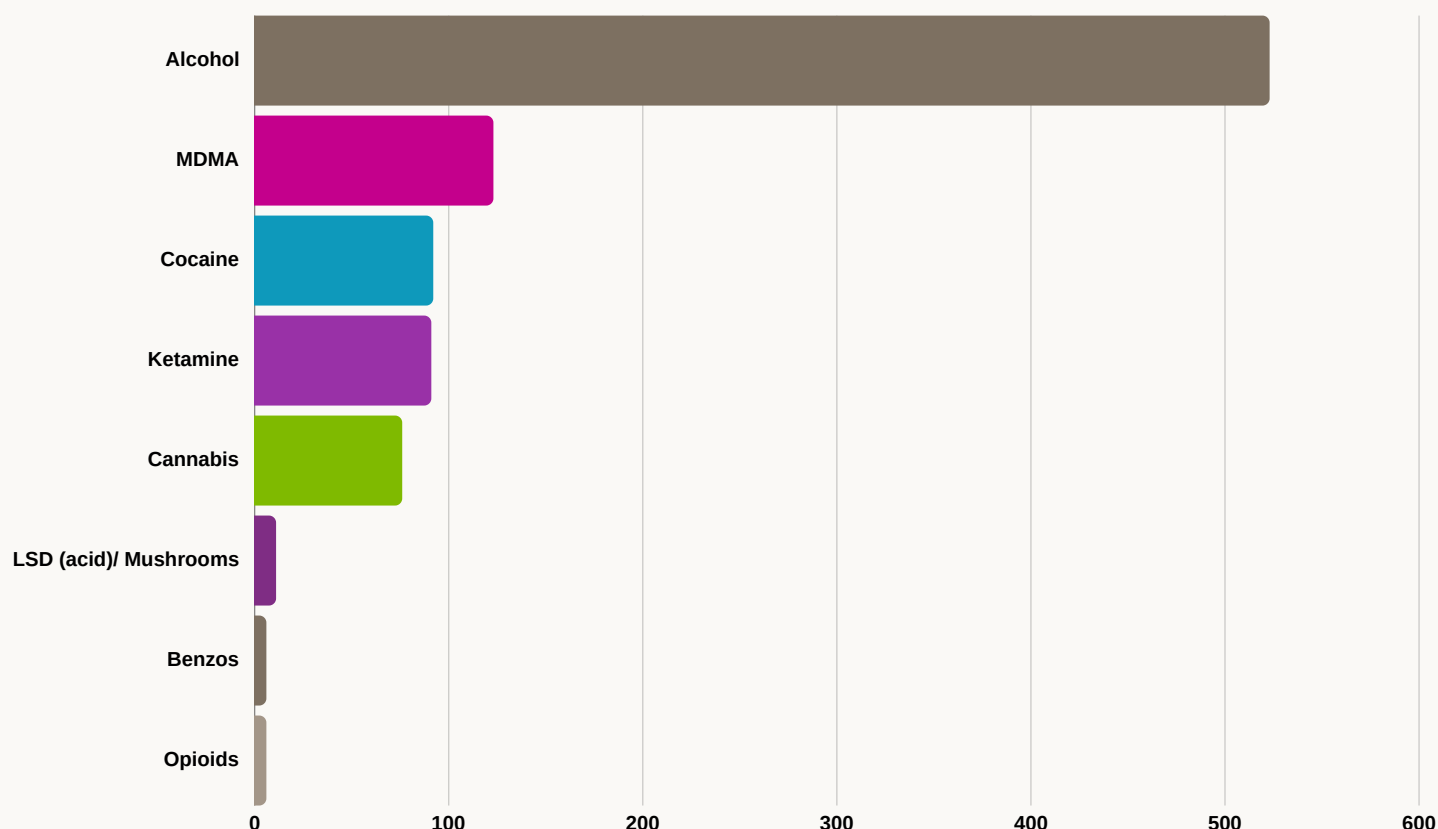


The recurring comments (**8%**) that these services are not available, not local and not accessible have created a challenge for people in being willing to seek out a service that will provide **vital harm reduction information** in our communities.

# DRUG TRENDS AT FESTIVALS

## DRUG TYPE

Types of drugs reported (n=582)



The table shows **drugs reported as taken on the day of data collection** (as part of the Nightlife Harm Reduction data [3]) during festival season, between April 2023 and April of 2024.

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=206), they provided details on what drugs they either felt comfortable mixing, or mixed regularly.

The **most commonly mixed drug** was **alcohol** at **62%** (128) followed by then **MDMA** where **35%** (73 people) said they had taken this with another drug.

Of those who completed the full questionnaire, **82%** of these respondents (n=347) said they knew more about **harm reduction strategies** after talking with Crew during Nightlife Harm Reduction and **82%** (n=340) said they would **share this information with their friends**.

Our nightlife harm reduction survey data continues to provide better understanding into drug behaviours, trends and the motivations for and deterrents to accessing harm reduction services, which shapes the nightlife harm reduction project, and informs our work within Crew, with partners and decision-makers.

# CREW DROP-IN SUPPORT + SERVICES

## 2,246

young people aged 12-25  
accessed information,  
advice or signposting at  
the Drop-in 2023-24

1-2-1 Booklet Design credit: RB



50 people accessed our  
training and kits of  
Take Home Naloxone:  
62% were young people  
(31 total) 16-25 years  
old.

The main drug discussed in brief interventions with young people in 2023-24 was **naloxone**, followed by **alcohol**, then **cannabis products**. This could be in relation to personal drug taking, concerns about family or friends, or general interest.

For reference, a graph showing all drugs discussed during brief interventions is available in the appendix on page 59 of this report.

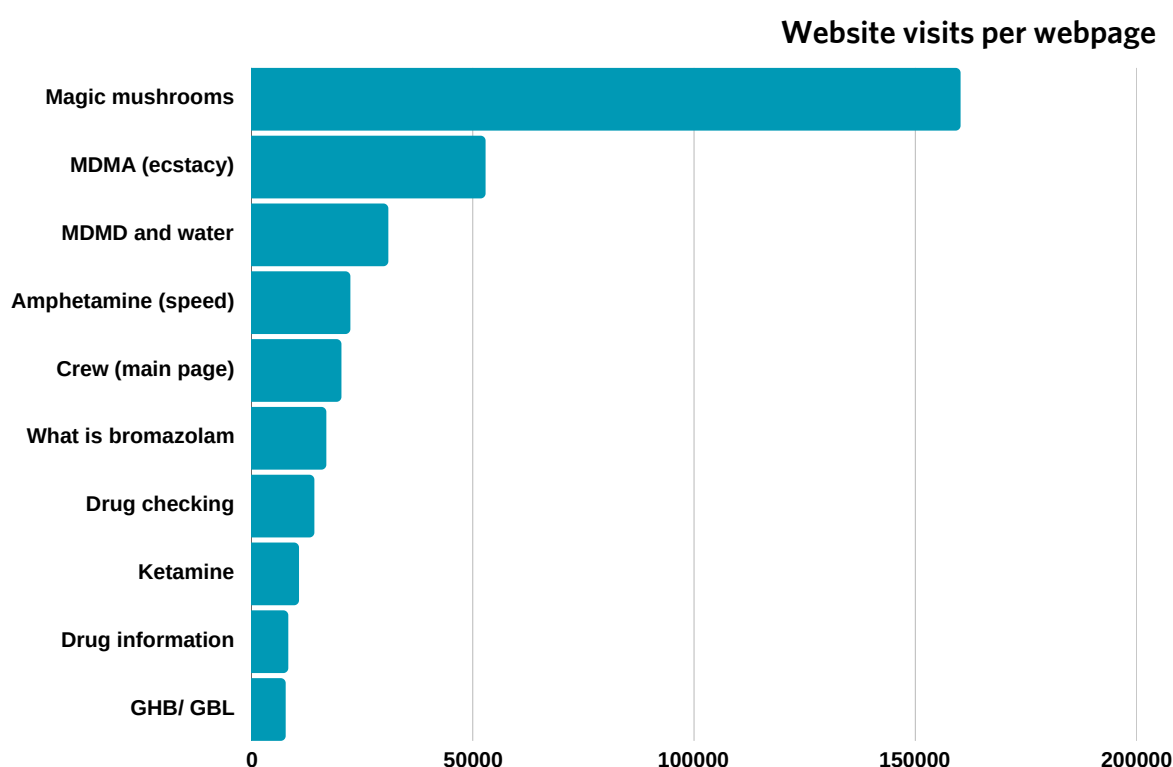
Information taken from Crew's Drop-in Annual Report [5].



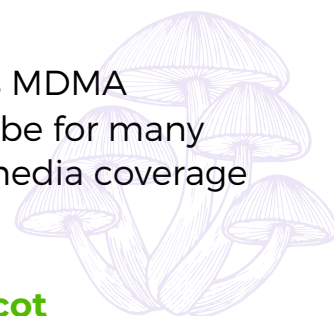


# WEBSITE TRENDS

- During the reporting period (**Aug 2023 to July 2024**) Crew's website ([crew.scot](https://crew.scot)) had **412,000** views.
- The most frequently viewed drugs were **magic mushrooms**, followed by **MDMA**, **MDMA and water** and **amphetamine**.
- However, it is important to see that **drug checking** was within our top reasons to visit Crew's site with over 14,000 visitors (14,224) looking for this information.



- There was an influx of requests for information about **magic mushrooms** in late summer 2023, likely due to seasonal changes affecting availability and increased awareness of psychedelics. This heightened interest was driven by growing media coverage and legislative changes in the United States. On one particular day, our magic mushrooms page received **1,686 views**.
- The trends in views for **MDMA** (MDMA and water, as well as MDMA (ecstasy)) were around the beginning of 2024, which could be for many reasons from interest in harm reduction to responding to media coverage and information.
- We continue to update our harm reduction on the **Crew.Scot** website to ensure that it is accurate and evidence-based.



# DRUG TRENDS AT CREW

- During the year, we received hundreds of requests for information on different 'prescription' drugs. To explain, these drugs can be prescribed by a GP but are also being purchased from individuals for use without a prescription, or designer fake versions -that is a version created to look like a real prescribed pill with packaging but may or may not contain the same active ingredients.
- The most common enquiries we have received have included: **gabapentinoids** (gabapentin or pregabalin), **methlyphenidate** (Ritalin), as well as **benzodiazepines**, specifically alprazolam (Xanax). New enquiries received in training sessions highlight increased concerns in different demographics (i.e young people) and a need for information on the relevant harm reduction.



Wedinos, May 2024

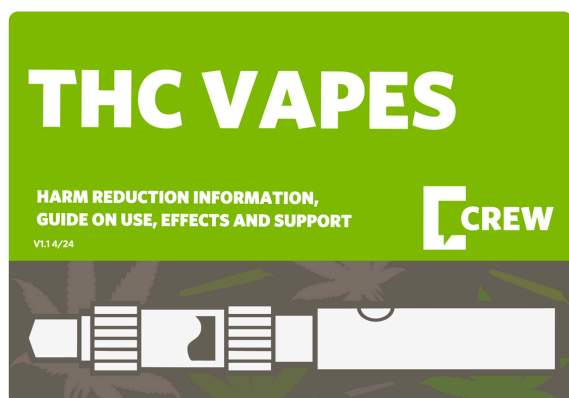
- We have also seen new compounds such as the synthetic opioids **nitazenes** and non-opioid sedatives like **xylazine** being detected in Wedinos results (see above). Following the xylazine alerts, we created an update post in June 2024, in line with partner agencies RADAR, which was adapted to meet the needs of services and young people. We have listened to feedback and added in features such as navigation headings and pronunciation guides for ease of use.
- Finally, for drugs being mislabelled or missold (i.e. a fake benzodiazepine being missold as another benzodiazepine in tablet form), we have information on drug checking within this report on page 49 or [here](#).

# DRUG TRENDS AT CREW



In late 2023, our Emerging Trends and Training team developed the latest version of the **Psychoactive Drugs booklet** to reflect new drug trends and update available harm reduction information. This updated version now includes: nitazenes, solvents, mushrooms, heroin and nitrous oxide. We appreciated working with the extended team at Crew on this resource as their feedback is invaluable for development.

Also in 2024, 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 **THC Vape resource**, which **launched on 4/20** and was one of our most successful harm reduction social media launches to date. We appreciated working with our young people advisers, who provided amazing feedback as part of the collaboration and supported in making this resource more accessible to young people and professionals alike. This resource has been shared by **Public Health Scotland**, and **NHS boards in Ayrshire and Arran** are excited to refer to our THC vape booklet when developing their own parent, carer and guardian specific-resource in the future.



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



# THC VAPE TRENDS



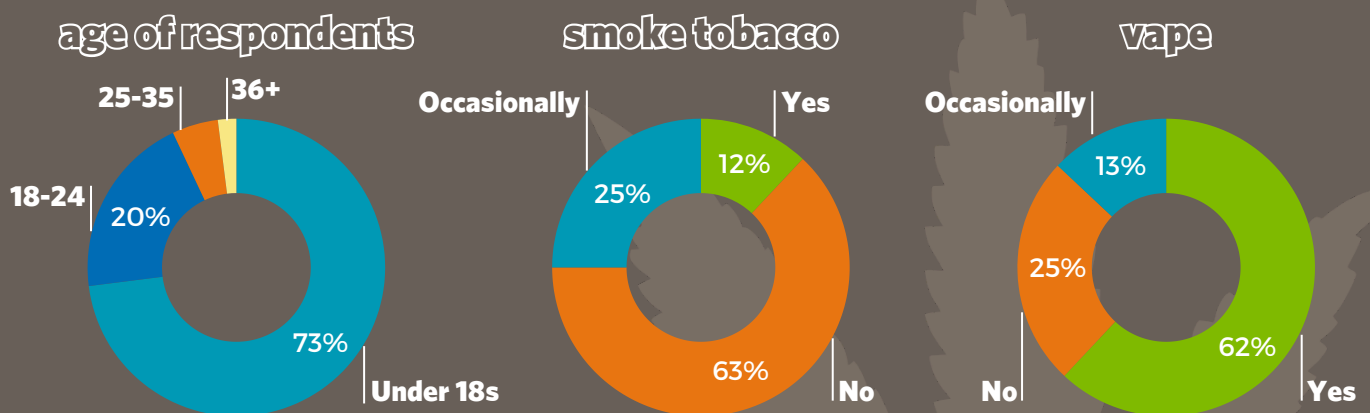
The Scottish Government's Health and Wellbeing census [7] for 2021/22 reported that, of those surveyed across 16 local authorities, **10.2%** of both S2 (13-14 year olds) and S4 (15-16 year olds) students were currently vaping (using e-cigarettes).

The census also reports that cannabis remains the most common drug tried by S4s, however the limitations of this data mean we still do not have a reliable estimate of how many young people have tried cannabis (see page 15).

Beyond wide-reaching surveys, anecdotal reports continue to be collected by **RADAR Scotland** and local Alcohol and Drug Partnerships, suggesting that cannabis vaping among young people is now more widespread.

The general shift from smoking to vaping is also supported by data collected by Crew staff and volunteers during our Nightlife Harm Reduction work at festivals, which shows young people are vaping tobacco-based products more than smoking.

## Data collected by Crew at Nightlife Harm Reduction, Summer 2024



**Through discussions at our Drop-in and at Nightlife Harm Reduction events, young people told us that their knowledge of how to reduce the risks of THC vaping was limited.**

In 2023-24, our Emerging Trends and Training team worked collaboratively with Crew staff, volunteers and young people with lived and living experience to create our first THC vape harm reduction booklet.

The resource has since been picked up by NHS workers in Ayrshire, Public Health Scotland and young people's charities across the country.

# NATIONAL TRENDS

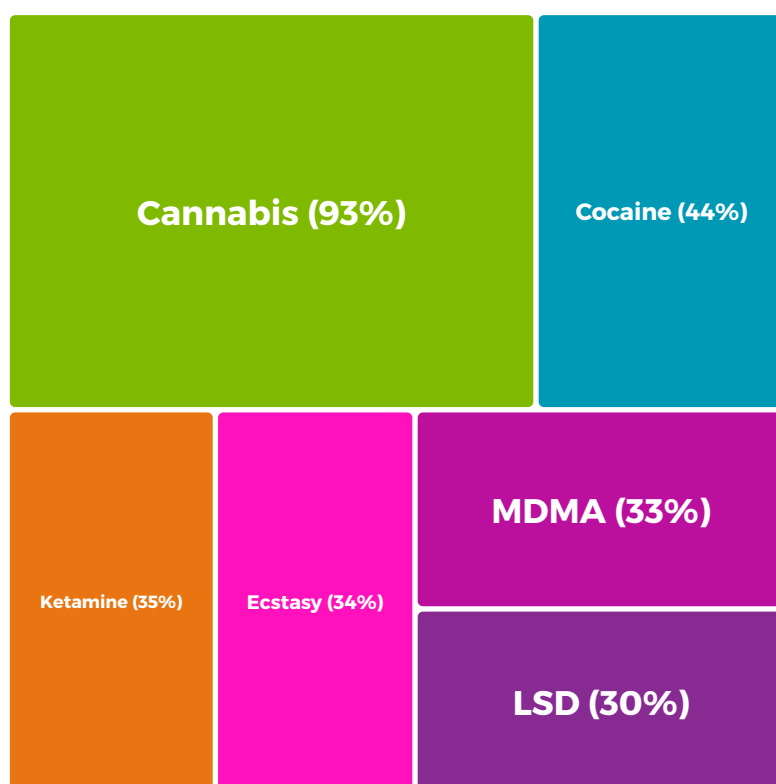
## Young People Focused

### In Scotland

The [Health and Wellbeing Census Scotland Report](#) published in February 2023 gathered data in 2021-22 from local authority schools (16 of 32) on topics ranging from health, relationships, drugs and vaping, and gambling. All information on the data collection and privacy can be found in the supplementary pack [here](#) including information on age-appropriate questions provided to each year group. There are limitations in school-based studies for students that may not attend and be experiencing risk factors including drug-related harm. Additionally, there can be response bias or under-reporting.

#### The key findings are:

- **Fewer than 1 in 10** (7.4%) S2 and S4 students say they drank alcohol once a week or more.
- **35%** of S4 students have tried a vape once or more
- **Fewer than 1 in 10** S4 students stated they had taken 'illegal drugs' (n=7,589).
- Of those, **19%** say they currently take drugs once a week or more.
- As shown in the chart (*to the right*), the most commonly reported drug within the last month, by S4 students, was **cannabis**.
- Cocaine is the second most taken drug within the last month.
- However, it is also important to note that MDMA and ecstasy were divided into separate drugs in this research with ecstasy being seen as 'pills' and MDMA as 'crystals'. However, the combined percentage for this is **67%** making it second to cannabis for S4 students within the last month.



We call for further investment and support from government to support local agencies, trusted by young people, to work collaboratively to gather information on prevalence, harms and support needs so we can develop effective, peer-informed, harm reduction intervention and response, in the context of a toxic, fast-changing, unregulated drug supply.

# 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). Recent data\* submitted on drug trends have been presented in the '[Adult substance misuse treatment statistics 2022 to 2023: report](#)' and corresponding '[Young People's substance misuse treatment statistics 2022 to 2023: report](#)'. The key points shown:

- For adults, nearly half were in treatment for taking **opiates\*\*** (**48%**). In contrast, with young people **87%** came to treatment services for **cannabis**.
- **Two-thirds** of adults stated they had a mental health treatment need as part of their ongoing support (**71%**). Since 2018, this has been a large increase from 53%.
- For young people, **nearly half** felt they had a mental health support need (**48%**) and, within the data provided, the majority of those reporting an identified need for support with their mental health are 'girls'\*\*\* (**65%**).

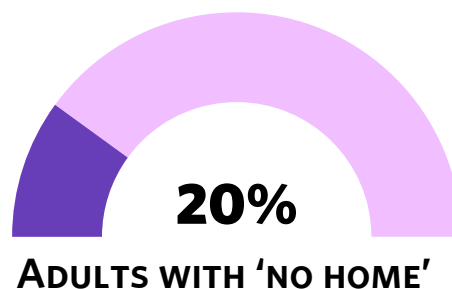
### Young People stated mental health support need



### Adults reported mental health support need



- **1 in 5** adults reported 'no home' at the time the data was recorded (**20%**).
- **1 in 12** people felt they were at risk of homelessness within the next 8 weeks and for individuals that were in treatment for 'psychoactive substances', majority were synthetic cannabinoids, this risk was proportionately higher (**24%**).



- In young people there were other vulnerabilities identified such as sexual exploitation, which were more commonly reported by young women, whereas young men reported higher proportion of 'anti-social behaviour'.

\*Applies to England only. Although, some individuals attending the services may be from Scotland, Wales or Northern Ireland. For further information on statistics including the gender and age statistics gathered, the reports are linked by title.











\*\*Opiates was the terminology used in the report pertaining to drugs such as heroin and other opiate, and opioid-type drugs non-specified.

\*\*\*The language used within the report included binary terms as well as 'girls' and 'boys' when discussing young people. At Crew, this would not be the preferred language to be used as it disempowers young people as well as minimises their experiences.



# INTERNATIONAL TRENDS

The **European Monitoring Centre for Drugs and Drug Addiction** (EMCDDA) has changed name to the **European Union Drugs Agency** (EUDA) and has updated its mandate to not only provide a factual overview of European drug problems but also increasing responses in harm reduction. The latest report is available here: [\*\*European Drug Report 2024\*\*](#) [10] include:

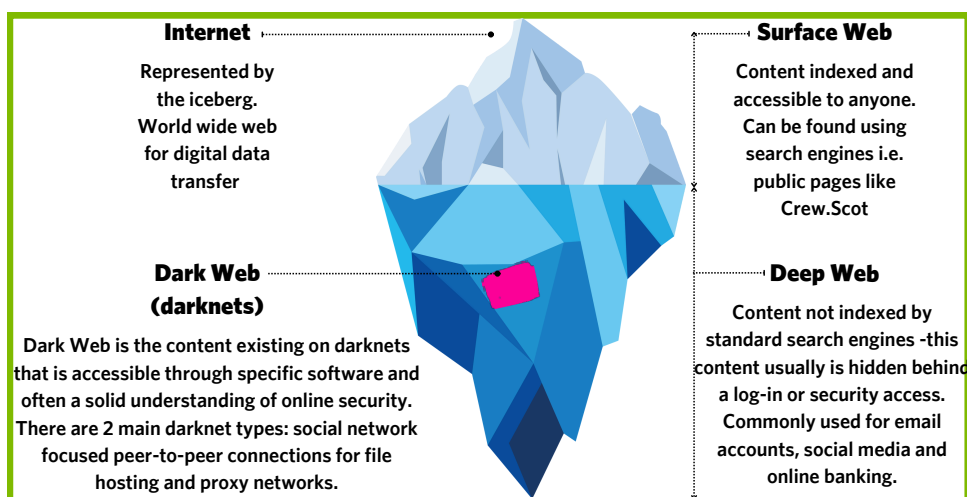
-  Cocaine's role in Europe's drug problem is increasing: **323 tonnes seized** in 2022 an increase of **52%** since 2020 (213 tonnes).
-  Observed trend of an increase in people taking cocaine due to high availability and the impact that this is having on public health across Europe.
-  TUSIBI / "pink cocaine" and other synthetic mixes are being sold without it being clear what the drug is (the contents and potential adulterants), expected side effects and relevant harm reduction.
-  There is a continued development of cannabis and THC related products across Europe resulting in acute medical issues. There are also synthetic cannabinoids, such as hexahydrocannabinol (HHC), that are a persistent challenge and have been linked to psychosis and found in edibles marketed to young people.
-  **One third** of drug treatment requests in Europe are cannabis related due to dose, potency or taking it long-term, but EUDA highlights that more research is needed into effective options for support and treatment for individuals seeking help.
-  Increasing concerns around synthetic opioids such as nitazenes and fentanyl derivatives (like carfentanil) leading to drug-related harm. In Estonia, synthetic opioids were found in **48%** of 'drug-induced deaths' (56 of 117).
-  Most drug-related deaths are increasingly associated with mixing drugs i.e. multiple drugs being found in toxicology reports '*is the norm*' [10].
-  Seizures of ketamine increased to **2.8 tonnes** in 2022 and is increasingly available across Europe with the risk of harm within specific groups of young people being highlighted by the EUDA.
-  Data suggests that the types of drugs being injected has now changed moving more towards stimulant drugs across Europe leading to more frequent injecting, and local outbreaks of HIV being reported since 2014. There has been a **46%** increase in HIV infection rates in people injecting drugs (from 662 to 968).
-  Report focused on the lack of services that have been developed for the harm reduction treatment and support of people injecting stimulants.

# DRUG MARKETS

The **European Union Drug Agency (EUDA)** provides the EU with a factual overview of European drug problems. 'Drug supply, production and precursors- the current situation in Europe' from their **European Drug Report 2024** [10] includes the following trends:

- The EUDA reports that instead of large-scale facilities (producing methamphetamine or amphetamine) there has been a change to more small-scale manufacturers, leading to greater numbers being reported.
- Production practices changes in manufacturing in response to seizures of precursor chemicals, the chemicals required to produce drugs such as methamphetamine, amphetamine or MDMA, and are seen as means to avoid controls in place for drugs.
- There are noticeable changes in local markets when specific drugs were unavailable. However, the EUDA did suggest that 'occasionally' the darknet is still being used.

## 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 [12].

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 [11] include:

- Drug sales on the darknet have changed from 2019-2022. Newer markets on the dark web have emerged that have primarily focused on specific types of drugs, and one particular marketplace accounted for (estimated) **80-90%** of all dark web drug sales when it was found and closed. This particular darknet sold primarily stimulants and cathinones before then introducing cannabis as well as other drugs.
- The UNODC has found that these darknets have been found to track back to generally similar locations and from there, seizures of novel psychoactive substances (NPS) and amphetamine-type substances (ATS) have **tripled** between 2019-2022. Further to this, opiates have declined.
- There are still concerns regarding secure communication platforms 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 Police.

# INTERNATIONAL TRENDS

The United Nations Office on Drugs and Crime (UNODC) is the global authority on drug market patterns and crime. Key points from their [World Drug Report 2024](#) [11] include:

- In terms of global trends, there has been a **20%** increase in people who take drugs over 10 years (2012-2022).
- An estimated **228 million** people were taking cannabis worldwide in 2022. Changes in legislation and decriminalisation could account for the slight increase in number.
- Opioids remain a major concern due to the severe health consequences, as they account for **two thirds** of direct drug related deaths. Global trends in opioids has remained stable (2020-2022) with approximately **60 million** people taking opioids worldwide (of which **30 million** are opiates). Synthetic opioids, such as nitazenes, are posing a major health concern in many countries globally.
- The prevalence of people taking amphetamines is relatively stable (**30 million globally**), but unclear as there are large data gaps from some countries. Qualitatively, from 2010-2020, it is known that there has been an increase in people taking amphetamines during the last decade.
- There has been a noticeable increase in stimulant-type drugs post-Covid-19, such as cocaine and ecstasy. As noted, the global cultivation of coca (needed for cocaine) has risen by **12%** between 2021 and 2022.
- Ketamine is increasing as a trend globally within new geographical areas, as well as 'sensory mixtures' such as TUSIBI. Some people describe the effects of these drugs as increased auditory or visual stimulation, feelings of floating or dissociation.
- Adolescents vaping has become an increasing health concern in North America, and other regions, with the concern focusing on brain development being impacted by the vape pens available.
- 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 2023](#)' [13].**

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](#). [14] 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 putting people first, and choose better language in the future when discussing the deaths of loved ones.

**After two years of falling drug-related death figures, 2023 saw the rate increase. 1,172 deaths occurred in total, all of which we believe could have been prevented. 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 2023 [13].**

# 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 [14] 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** by and exposure to drugs, medicaments and biological substances (X40 – X44);*
- (ii) **intentional self-poisoning** by and exposure to drugs, medicaments and biological substances (X60 – X64);*
- (iii) **assault** by drugs, medicaments and biological substances (X85); and*
- (iv) **poisoning** by and exposure to drugs, medicaments and biological substances, undetermined intent (Y10 – Y14).*
- (v) **mental and behavioural disorders due to drug use** (excluding alcohol, tobacco and volatile solvents): (F11-F16, F19.)" [14]*

In 2023, 88% (1,032) of drug-related deaths were 'accidental poisoning', 7% (87) were 'intentional self-poisoning', <1% (5) were 'undetermined intent' and no deaths were attributed to 'assault by drugs'.

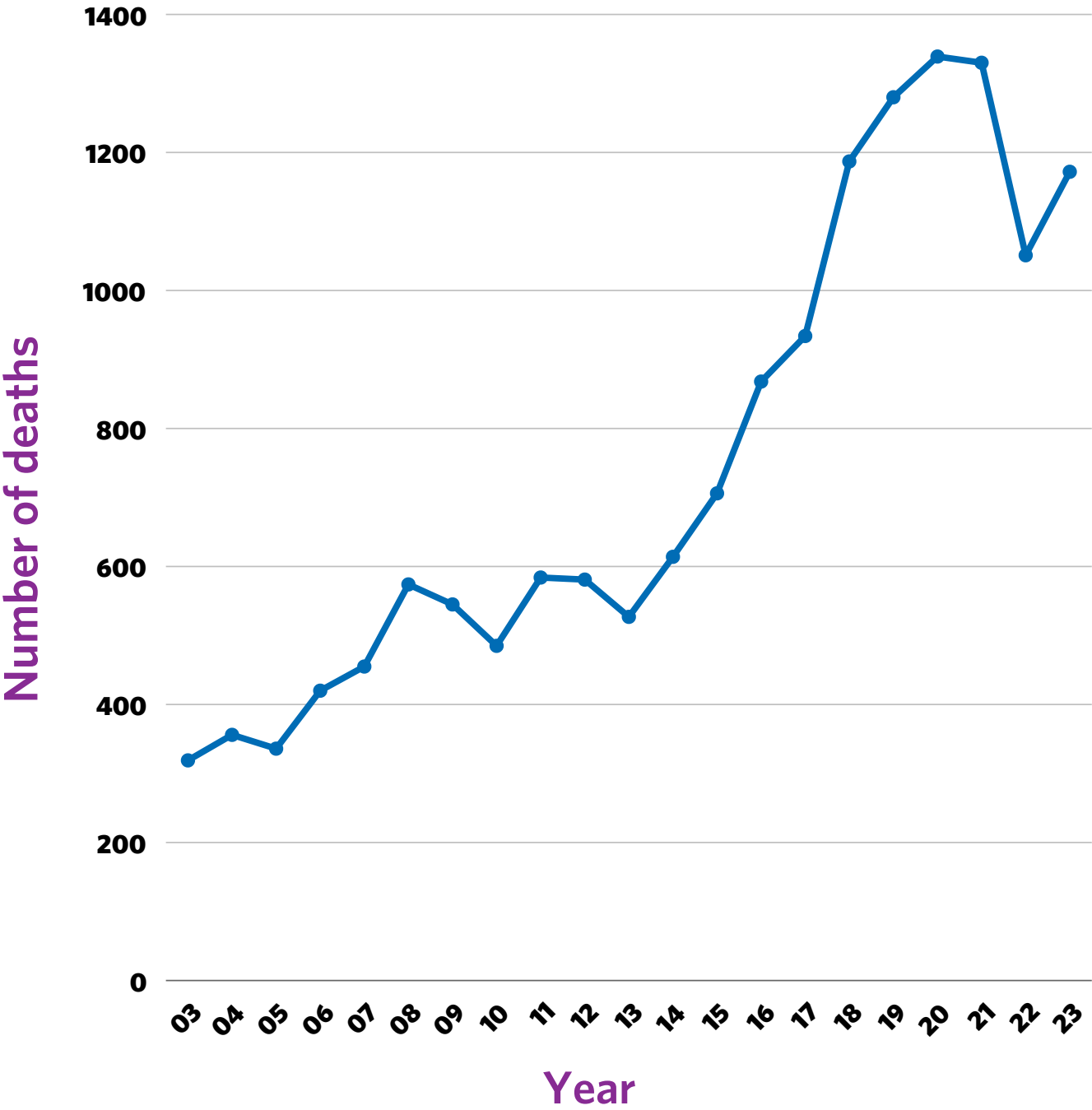
## Deaths which are not counted by the 'baseline' definition include deaths from:

- Alcohol-only, 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 30](#)).
- 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 taking such as chronic obstructive pulmonary disorder, pneumonia and endocarditis.

# KEY FIGURES

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

2019	2020	2021	2022	2023
1,264	1,339	1,330	1,051	1,172





# KEY FIGURES



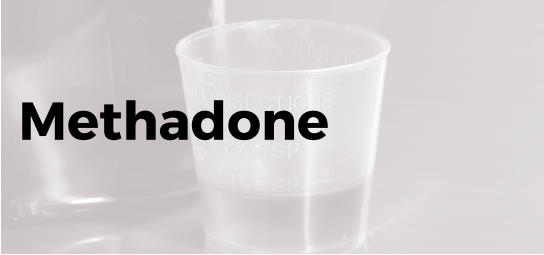
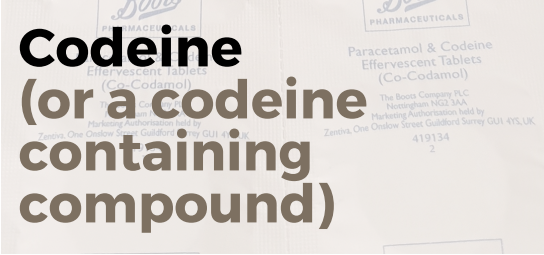
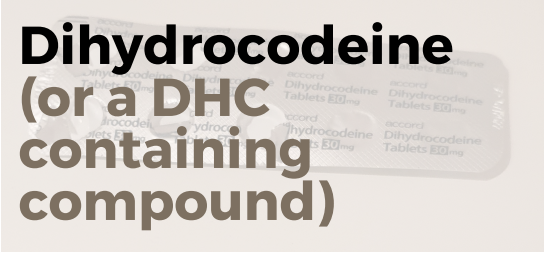

	2021	2022	2023
Number of DRDs	1,330	1,051	1,172
Male deaths	933 70%	692 66%	805 69%
Female deaths	397 30%	359 34%	367 31%
Average age (median)	44	45	45
Scotland DRDs compared to the rest of UK*	5.2x	3.2x	2.7x
More than one drug implicated in death**	1,119 84%	831 79%	950 81%

\*Rest of UK (England, Wales and Northern Ireland)

\*\*More than one drug (not including alcohol). Data from 'Table 7' of NRS DRD datasets 2021 [16] and 2022 [15], and 'Table 8' in 2023 [13].

NB: As 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

	2021	2022	2023
 <b>Any opiate/opioid</b>	<b>1,119</b> 84%	<b>867</b> 82%	<b>937</b> 80%
 <b>Heroin/morphine</b>	<b>480</b> 36%	<b>419</b> 40%	<b>389</b> 33%
 <b>Methadone</b>	<b>635</b> 48%	<b>474</b> 45%	<b>514</b> 44%
 <b>Codeine (or a codeine containing compound)</b>	<b>59</b> 4%	<b>53</b> 5%	<b>60</b> 5%
 <b>Dihydrocodeine (or a DHC containing compound)</b>	<b>136</b> 10%	<b>96</b> 9%	<b>122</b> 10%
 <b>Nitazenes</b>	<b>0</b> 0%	<b>1</b> <1%	<b>23</b> 2%

# OPIOID DRDS

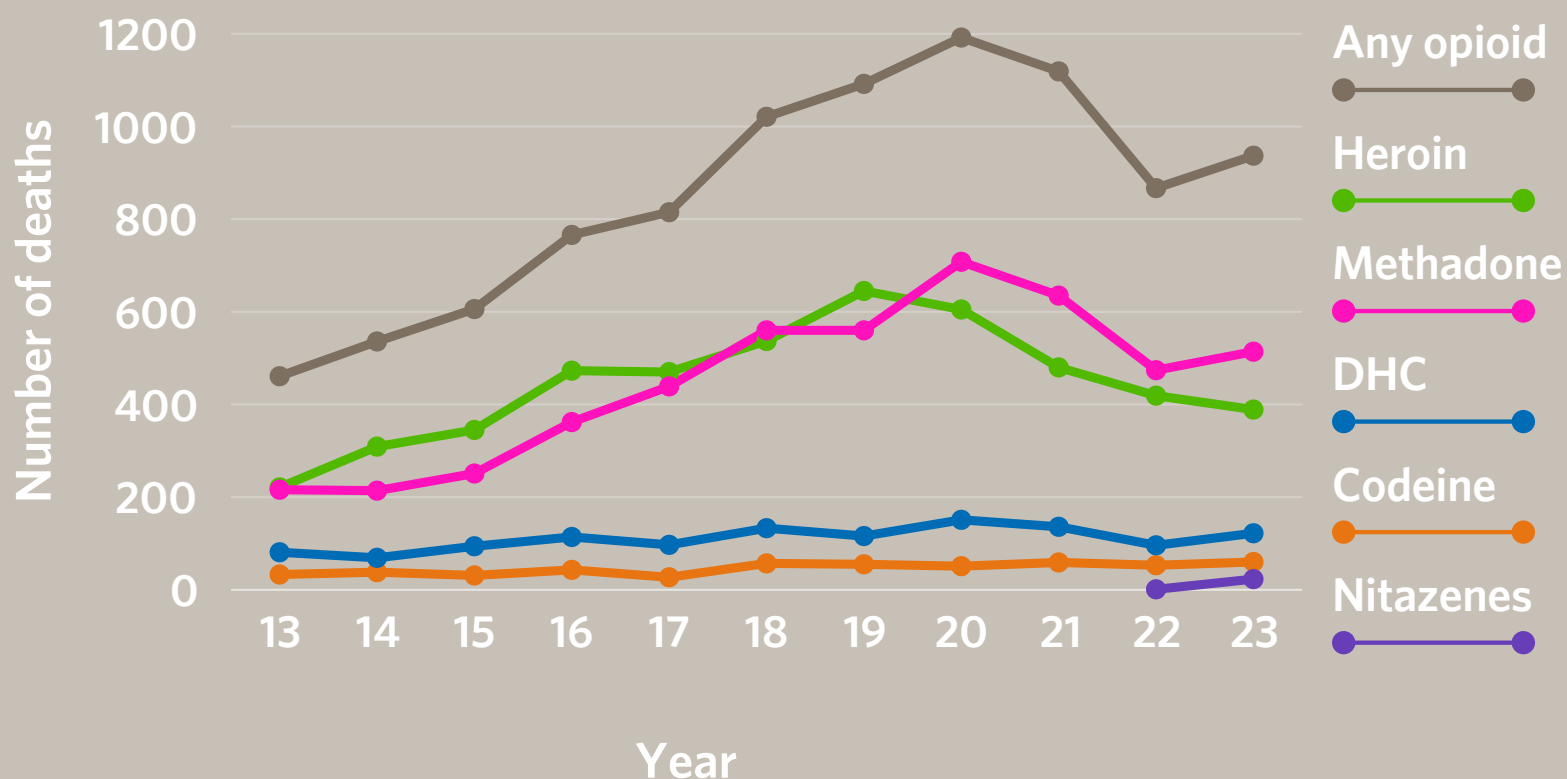
- 'Opiate' is strictly used to describe drugs that have been derived from opium poppies, e.g. morphine. 'Opioid' is used to describe synthetic (lab-made) drugs which have similar effects to opiates e.g. methadone. For simplicity, in this report we use the term opioid to refer to all opiate and opioid 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' were **103%** higher in 2023 than they were in 2013 (now 937, then 527). While opioid-related deaths have increased since 2022, the present figure remains second lowest in six years – the lowest figure being 867 in 2022.
- Heroin/morphine-related deaths have **decreased** for the fourth year in a row since their peak in 2019 (from 651 to 389). As their similar chemical structures make them hard to distinguish in toxicological analysis, heroin and morphine are reported together.
- Methadone continues to be the opioid most commonly implicated in DRDs (514) and this figure has risen by **8%**. Dihydrocodeine-related (DHC) deaths have also risen, by **27%**.
- For the first time, nitazenes have appeared in the main DRD reports of the NRS; with 23 deaths being linked to these synthetic opioids. Cross-agency collaboration\* on reporting since 2022 has improved monitoring the number of drug-related deaths caused by nitazenes.

\* RADAR Scotland and the National Records of Scotland (NRS).

# OPIOID DRDS

- Other opioids implicated in deaths (in addition to those displayed below) include buprenorphine (Subutex), tramadol, oxycodone and fentanyl. Information from NRS's database [13] shows that oxycodone was implicated in the deaths of 32 people (**3%**), tramadol was implicated in the drug-related deaths of 60 (**5%**) individuals and buprenorphine was implicated in 72 (**6%**).
- Opioids are implicated in the majority of drug related deaths (**80%**). This has been a consistent trend since 2008.
- Opioids are not the most commonly taken 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 2013-2023










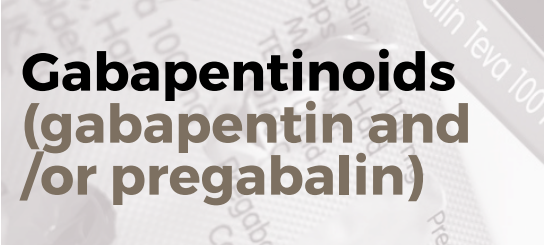
# SYNTHETIC OPIOIDS

- Synthetic opioids are a class of drugs created in laboratories to mimic the effects of naturally occurring opioids like heroin. They have a stronger effect at a smaller dose than traditional opiates, which increases both their effectiveness as pain relievers and the risks associated with their use. New synthetic opioids, such as nitazenes, have emerged in recent years. These drugs can be sold as, or mixed into other substances, often without the knowledge of people intending on taking them, leading to greater overdose risks.
- There are many types of nitazenes, which vary in **strength** and **potency**. For a list of different types see **below**. Most often they may be sold as or found in other drugs.
- In 2023, there were **23** nitazene-related deaths and **8** fentanyl-related deaths recorded. In 2022, only **1** nitazene-related death appeared in DRD statistics, alongside **7** fentanyl-related deaths. This demonstrates a clear increase in the prevalence of synthetic opioids.
- In November 2023, **7%** of diazepam samples (often sold as Valium) submitted to WEDINOS for testing were found to contain metonitazene and bromazolam (a benzodiazepine-type drug).
- As of **20th March 2024**, 14 Nitazenes have been controlled under 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.

## Nitazenes now controlled by the MoDA include:

- butonitazene,
- ethyleneoxynitazene,
- etodesnitazene,
- flunitazene,
- isotonitazene,
- metodesnitazene (metazene),
- metonitazene,
- protonitazene,
- N-Desethyl etonitazene,
- N-Desethylisotonitazene,
- N-Desethyl protonitazene,
- N-Piperidiny-etonitazene (etonitazepipne),
- N-Pyrrolidino-etonitazene (etonitazepyne),
- N-Pyrrolidino protonitazene.

# DEPRESSANT DRDS

	2021	2022	2023
 <b>Any benzodiazepine</b>	<b>918</b> 69%	<b>601</b> 57%	<b>678</b> 58%
 <b>Bromazolam</b>	<b>0</b> 0%	<b>54</b> 5%	<b>426</b> 36%
 <b>Etizolam</b>	<b>772</b> 58%	<b>382</b> 36%	<b>173</b> 15%
 <b>Diazepam (Valium)</b>	<b>187</b> 14%	<b>161</b> 15%	<b>154</b> 13%
 <b>Alprazolam (Xanax)*</b>	<b>37</b> 3%	<b>42</b> 4%	<b>44</b> 4%
 <b>Gabapentinoids (gabapentin and/or pregabalin)</b>	<b>473</b> 36%	<b>367</b> 35%	<b>450</b> 38%

\*Data from additional data table 'SUB 1' [18]. All other data was taken from 'Table 3' of NRS DRD report 2021 [16], 2022 [15], 2023 [13] respectively.

# DEPRESSANT DRDS

- In 2023, there were 678 benzodiazepine-related deaths. In the last four years, this figure has fallen by **30%** (974 to 678). However, the number of deaths still remain **355%** higher than they were in 2013.
- There were 9 deaths where a single benzodiazepine was the only drug implicated (**1%** of all benzodiazepine-related deaths), reinforcing the impact of poly-drug consumption as a major risk factor in drug-related deaths, and the primary risk factor in benzodiazepine drug related deaths.
- NRS data differentiates between '**prescribable**' and '**street**' benzodiazepines. Annex H of the NRS DRD report 2023 [18] defines these two categories as:

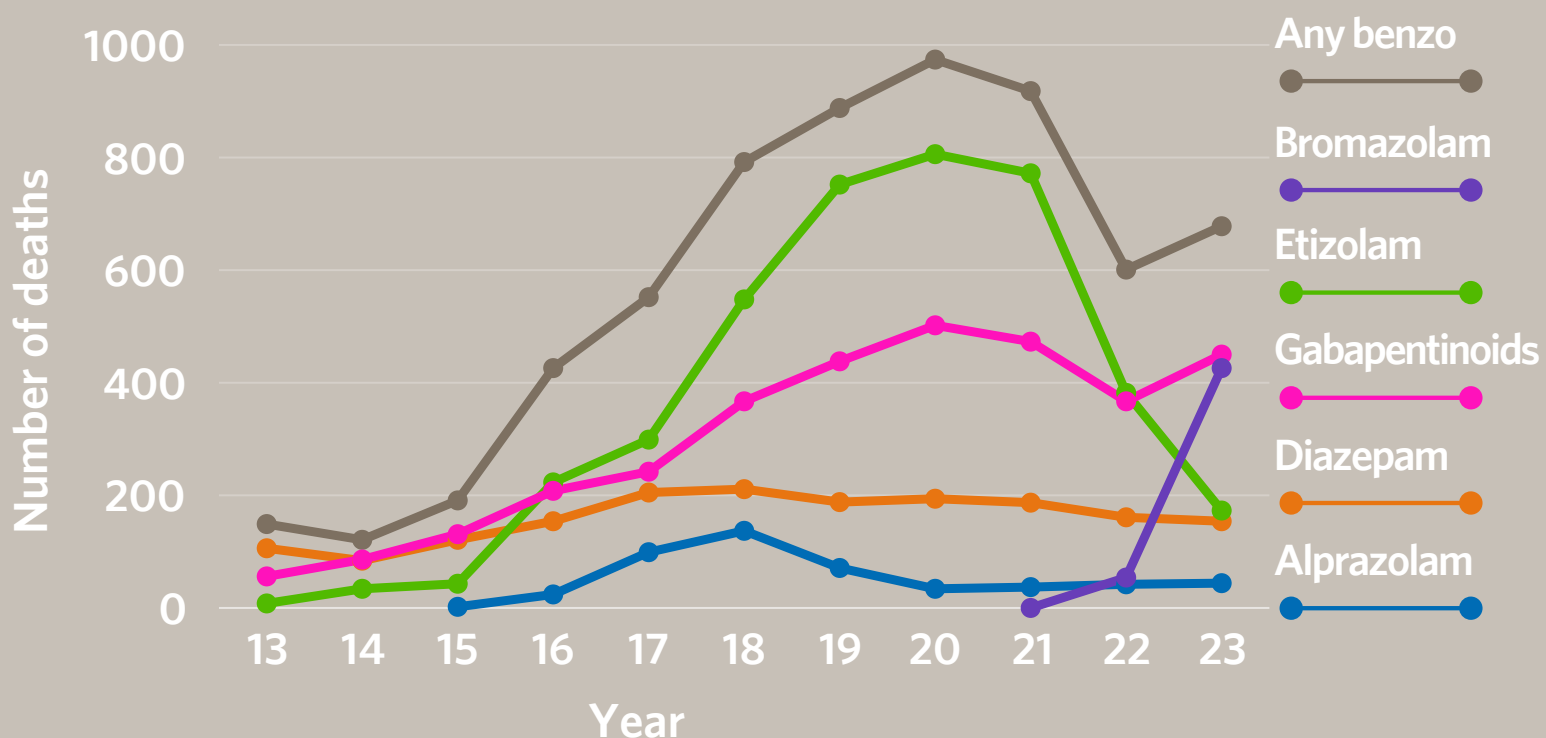
- "Prescribable benzodiazepines' are benzodiazepines (or metabolites thereof) which are licensed for prescription in the UK and widely prescribed in Scotland (but which may not actually have been prescribed to the person who died after taking them); and
- 'Street benzodiazepines' are benzodiazepines (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 **73%** since 2013 (from 126 to 218). Deaths related to diazepam have increased by **45%** since 2013 (from 106 to 154).
- Deaths related to 'street benzodiazepines' have increased **1330%** from 2013 to 2023 (40 to 572). While deaths related to etizolam have decreased in the last year by **55%** from (382 to 173), bromazolam has become an increasing concern with **428** drug-related deaths in 2023.

# DEPRESSANT DRDS

- Deaths related to alprazolam, commonly known by the associated brand name Xanax, have remained similar in the past year (42 in 2022 to 44 in 2023). This remains **69%** lower than the peak of 137 alprazolam DRDs 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.
- Benzodiazepines are not the only depressant drugs to be included in drug-related deaths. Gabapentinoids (gabapentin and pregabalin) have developed a steady presence in drug-related death figures and have received some attention within the media.
- After a two year decline, from a peak of 502 deaths in 2020, this figure has risen again in 2023 to 450 drug related deaths.
- The sharp rise in only two categories suggests that the **13%** increase in depressant related-deaths has primarily been driven by bromazolam and gabapentinoids this year.

Depressant-related deaths 2013-2023





# BENZO BRIEFING

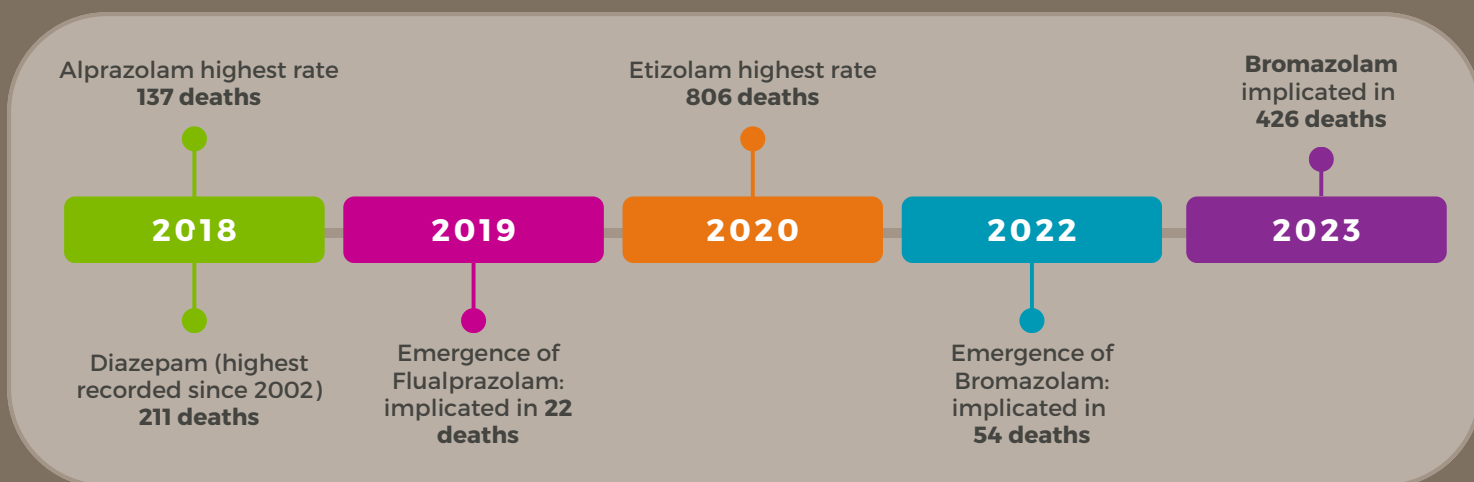
Benzodiazepines (benzos) are a group of depressant drugs that can have sedative and calming effects. Some benzodiazepines, such as diazepam (Vallies), are prescribed to treat anxiety, insomnia, seizures (fits) and other health conditions but, in last 5 years, the street benzodiazepine market has expanded rapidly.

**In Scotland, in 2023, bromazolam (36%) was the benzodiazepine implicated in more drug-related deaths than any other.**

**Bromazolam** first emerged in 2021 in Scotland around the same time that stricter regulations were put in place across Europe for Etizolam\*.

Bromazolam side effects include: reduced anxiety, reduced coordination, slurred speech, memory loss and reduced heart rate.

As it is a 'street benzo' consistent potency, dose or even what benzodiazepines are included can vary per pill. So, start low; go slow.






In March 2024, there were recommendations made by the **Advisory Council on the Misuse of Drugs (ACMD)** regarding 15 benzodiazepines to be classified as Class C of the Misuse of Drugs Act 1971 due to their identified harms and lack of medicinal use in the UK.

In May 2024, the UK government agreed to take forward this list of 15 benzodiazepines into legislation 'subject to parliamentary approval'.

\*through the UN Commission on Narcotic Drugs.

# STIMULANT DRDS

	2021	2022	2023
 <b>Cocaine</b>	<b>403</b> <b>30%</b>	<b>371</b> <b>35%</b>	<b>479</b> <b>41%</b>
 <b>Amphetamines</b>	<b>42</b> <b>3%</b>	<b>28</b> <b>3%</b>	<b>37</b> <b>3%</b>
 <b>Ecstasy-type*</b>	<b>20</b> <b>2%</b>	<b>22</b> <b>2%</b>	<b>31</b> <b>3%</b>

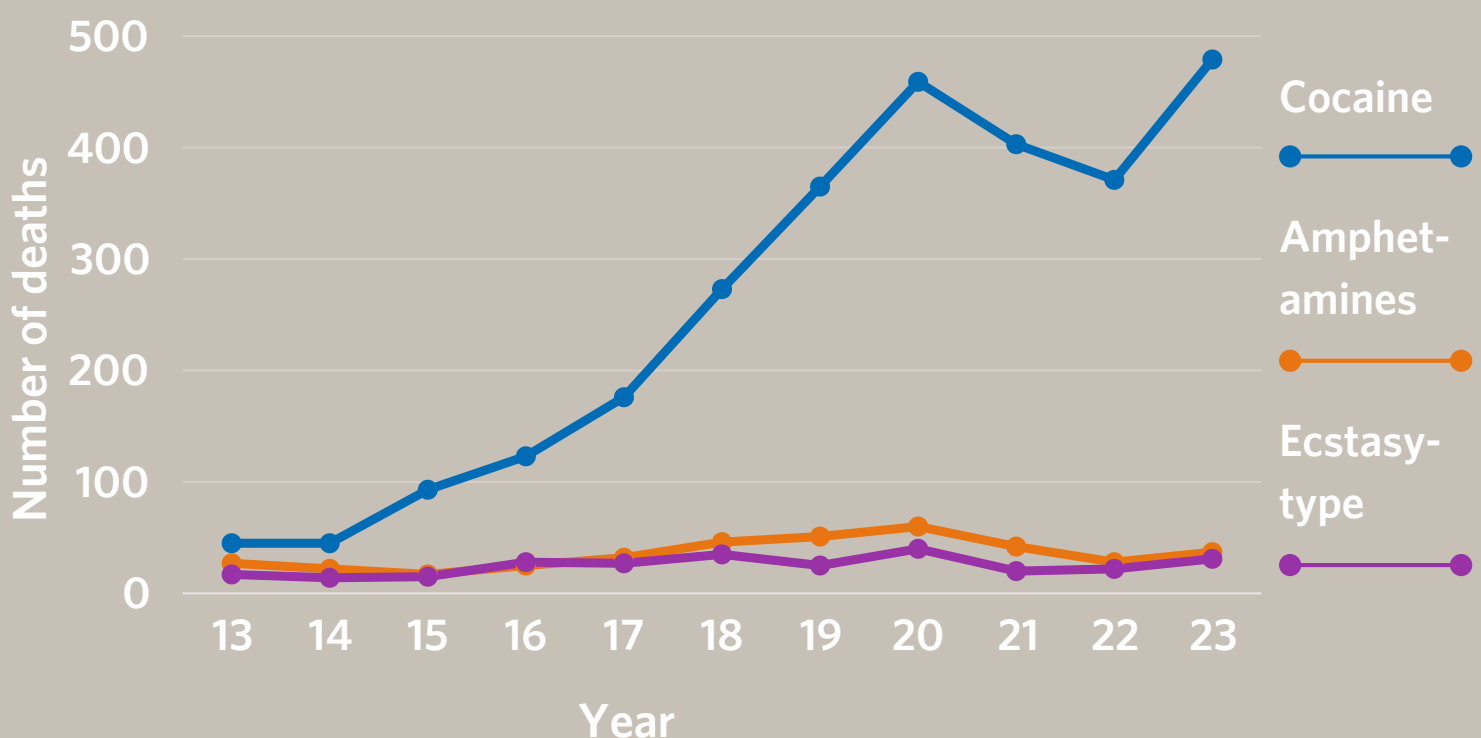
- Crack and freebase cocaine are processed differently to powdered cocaine (cocaine hydrochloride), but are still the same when metabolised, so toxicology cannot distinguish the type of cocaine taken. The numbers above are for deaths involving any type of cocaine.
- Like many other drugs within this data, cocaine-related deaths fell for two years after 2020. However, in the latest DRD figures, cocaine has reached a record high of **479** drug-related deaths, surpassing its previous height of **459** in 2020.
- For the second year running cocaine is presenting in a greater percentage of drug-related deaths than ever before: **41%**.

\*Ecstasy-type includes, but is not limited to, MDMA.

# STIMULANT DRDS

- In 2023, there were 85 deaths where cocaine was the only drug implicated (**18%** of 479 cocaine-related deaths) making cocaine the drug most commonly found in single-drug DRDs.
- There were **9** deaths where an ecstasy-type drug was the only drug implicated (just less than one third of 31 ecstasy-related deaths) and **6** deaths where an amphetamines was the only drug implicated (**16%** of 37 amphetamine-related deaths).
- Of all drug-related deaths where only a single drug was implicated, stimulant drugs were consistently above the average. In comparison, single-drug DRDs contributed to approximately **9%** of opioid-related deaths and **1%** of benzodiazepine-related deaths.
- These trends suggest that more awareness of **stimulant overdose warning signs** is needed. **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 the person down, provide small sips of water and remain calm.

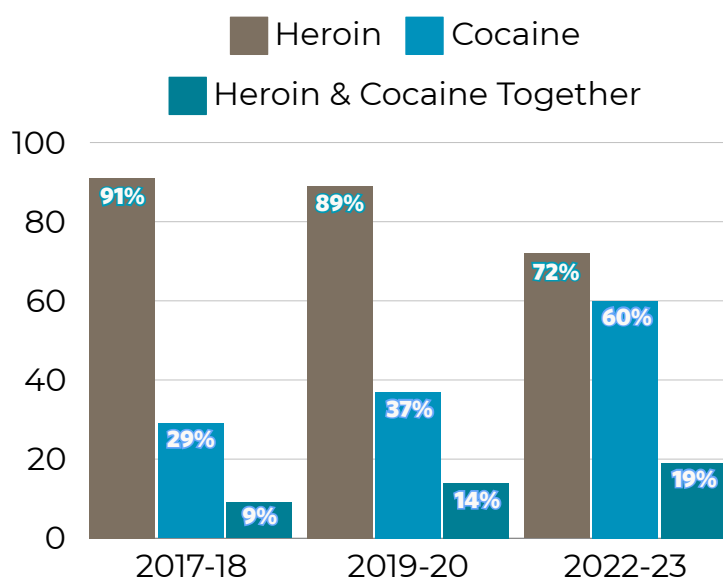
## Stimulant-related deaths 2013-2023



# COCAINE IN 2024

- Cocaine-related deaths have been rising since the early-mid 2010s, however drug-related death statistics do not provide a complete picture of what people who use drugs, support workers and drug services are seeing on the ground.
- In Scotland, cocaine has been the second most taken drug among people who inject drugs for around ten years. In the past five years especially, the proportion of people who reported injecting heroin has fallen, while the proportion of people reporting cocaine injecting has risen significantly. Of those who reported injecting in the last six months, 45% reported smoking and/or snorting crack cocaine.

## Drugs reported injected by people who access needle providers



Source: NESI 2022-23 [20]

## Post-mortem testing, Jun-Aug 2024

**COCAINE** 37%

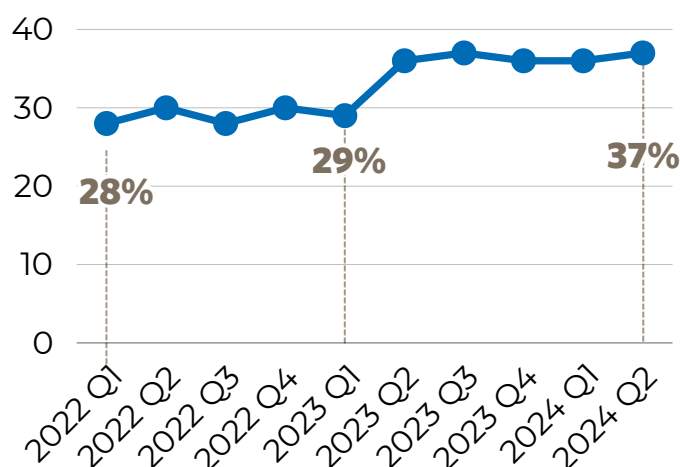
**HEROIN/MORPHINE** 32%

**DIAZEPAM (VALIUM)** 28%

Source: RADAR Scotland [21]

- Drug-related deaths only cover deaths where the toxic effects of drugs taken were the cause of death (see page 23).
- Out of all deaths from 2023 to 2024 where a drug was found in post-mortem toxicology screening, cocaine was the most common.

## Percentage of cocaine detections in deaths which were subject to post-mortem toxicology screening in Scotland 2022-24



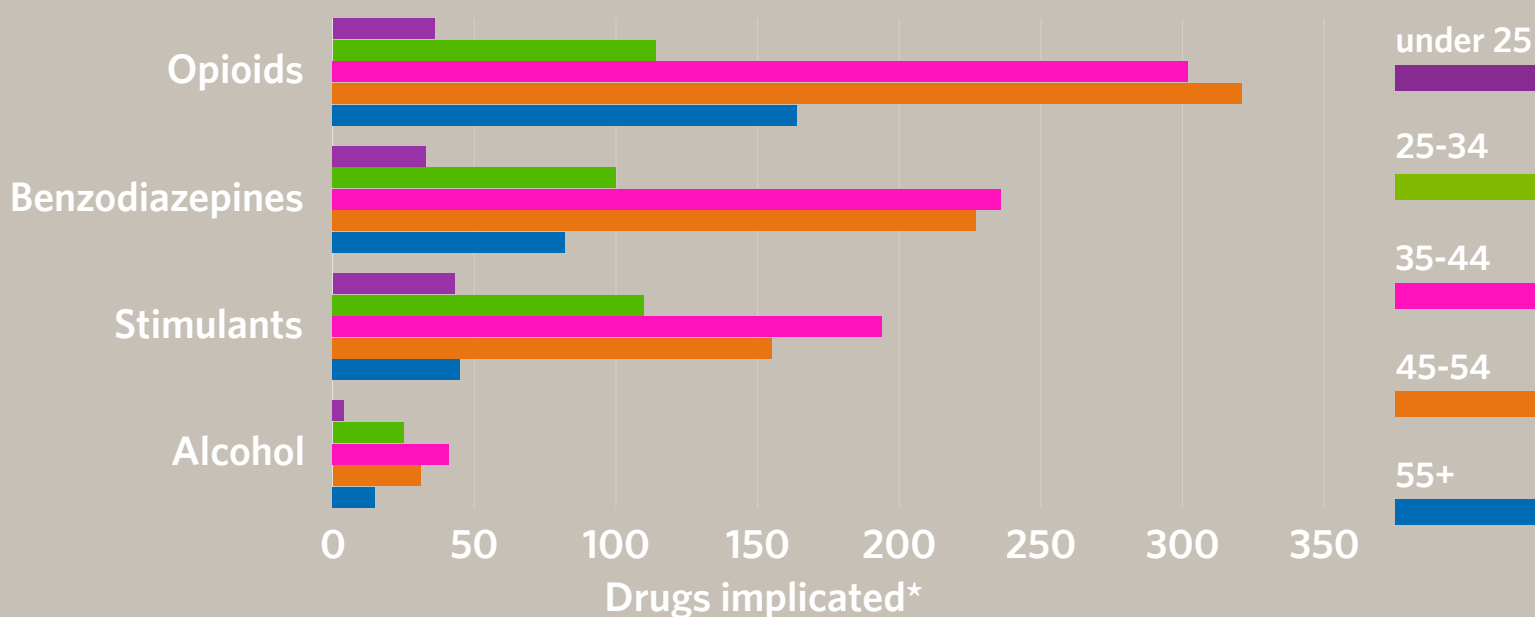
Source: RADAR Scotland [21]



# DEATHS BY AGE

- In 2023, the 45 to 54 age group reported the highest number of deaths (**379**) with the 35-44 age group reporting at a similar level (**378**). In contrast, those aged 25-34 accounted for **161** drug-related deaths and under 25 year olds accounted for **58**.
  - **321** of 379 drug related deaths within the 45 to 54 age group had opioids implicated (**85%**);
  - 227 (**60%**) involved benzodiazepines;
  - And 155 (**41%**) involved stimulants.
- Under 25s were the only age group that saw a fall in drug-related deaths — **decreasing** from 62 in 2022 to **58** in 2023.
  - **74%** of deaths in this age group (43) involved stimulants — the only age cohort where stimulants were implicated in the most DRDs;
  - **62%** (36) involved opioids;
  - And **57%** (33) involved benzodiazepines.

## Drugs implicated for each age group 2023

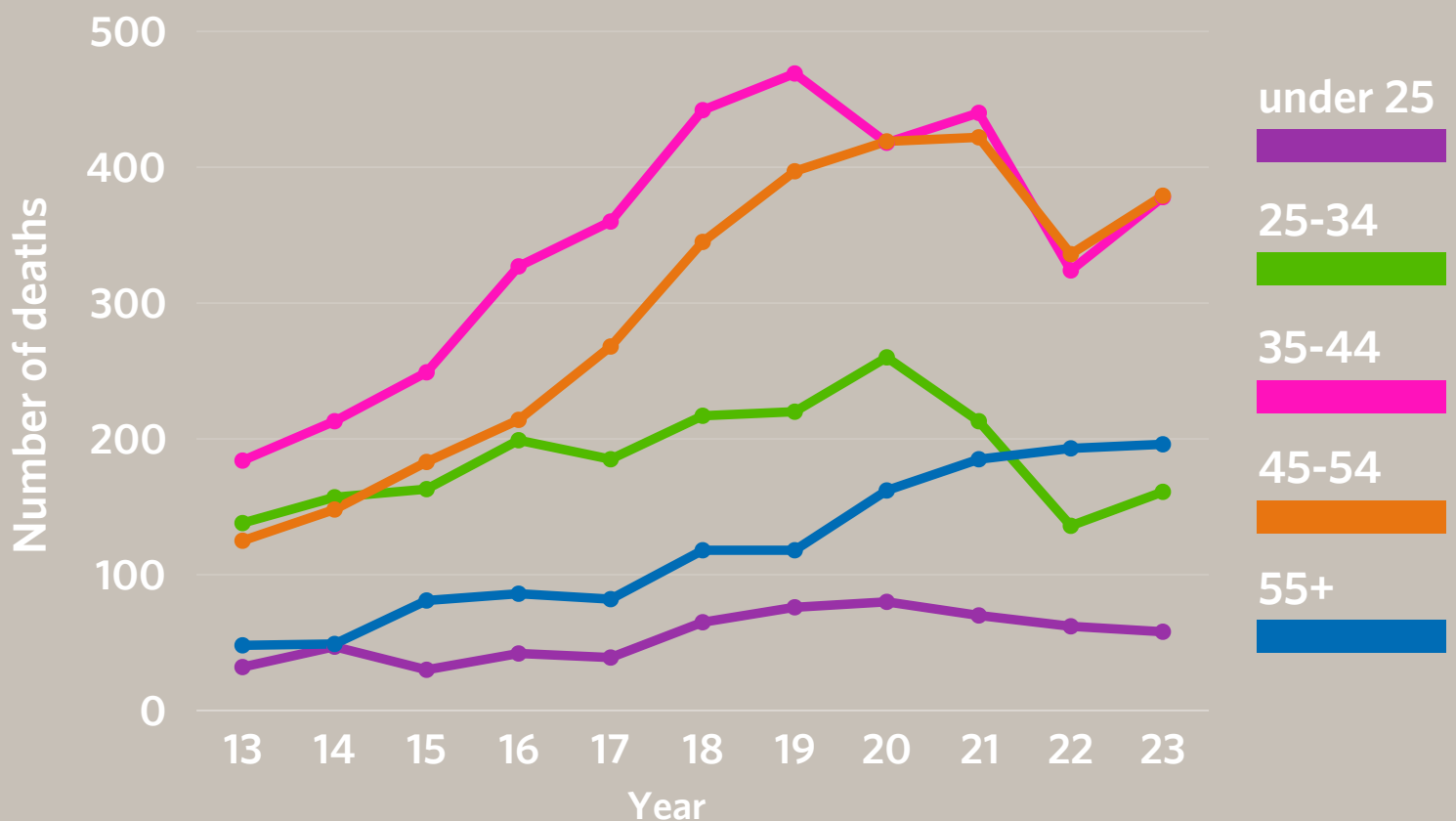


\*The majority of drug-related deaths (**81%**) occur with two or more drugs present. This graph does not represent a breakdown of the total number of DRDs by age category.

# DEATHS BY AGE

- Drug-related deaths have risen in the four other age categories specified in our graphs in 2023. The 55+ age group, like the under 25 age group, does not appear to be following the same trajectory as other age groups who saw an increase in deaths. This suggests the need for greater exploration into the unique experiences of older people who take drugs.
- From 2022 to 2023, the 25-34 age category saw a significant rise in cocaine-related deaths, from 61 to 92 (**50%** increase). By comparison cocaine-related deaths rose by:
  - **36%** among 35-44s (136 to 175);
  - **35%** among 45-54s (107 to 144);
  - And **8%** and decreased by **6%** among over 55s and under 25s respectively.

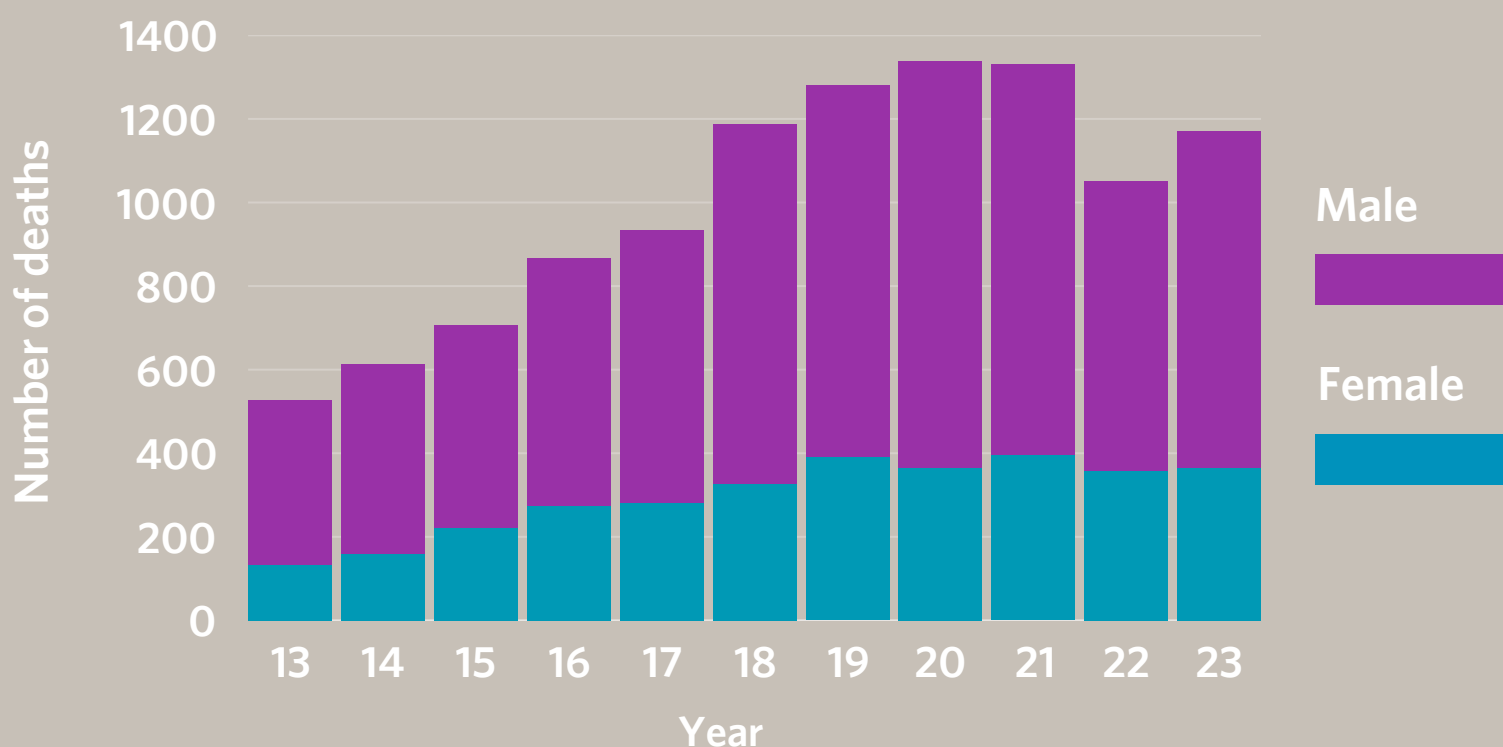
Deaths in each age group 2013-2023



# 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, non-binary and gender non-conforming individuals are frequently misgendered in death and this data does not attempt to delineate who they are [22]. 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](#) [23].
- In 2021, females were **2.7x** less likely than males to die from a drug-related death whereas in 2022 that gap narrowed to **1.9x** less likely.
- In 2023, male drug-related deaths have risen again, by **16%** (692 to 805) and female drug-related deaths rose by **2%** (359 to 367).
- This shows that the rise in drug-related deaths in 2023 has overwhelmingly occurred among the male population however further research is still needed to explain why drug-related deaths are increasing at a smaller level annually for females.

## Deaths by assigned sex 2013-2023

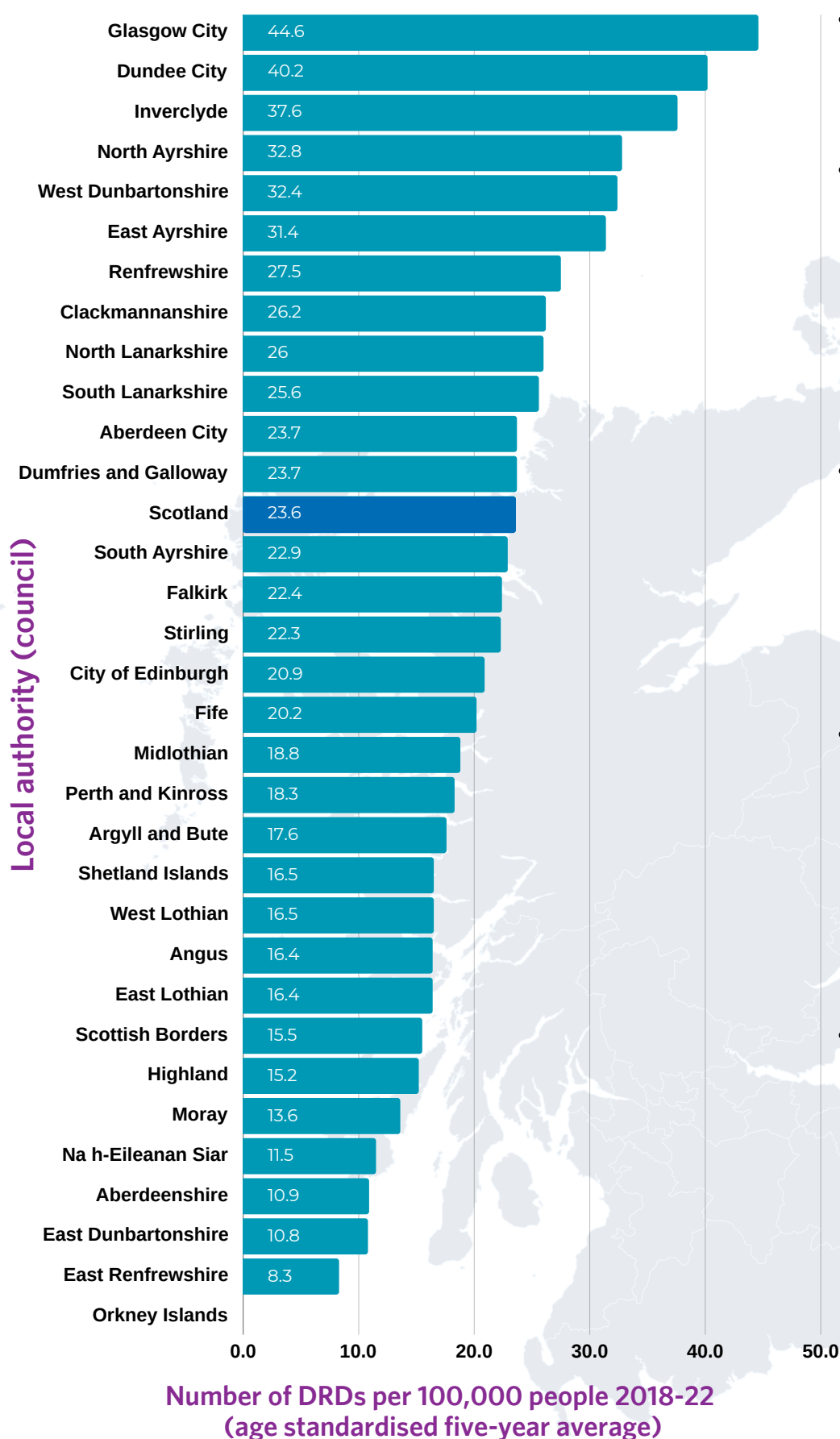


\*Trans-identifying is an umbrella term inclusive of many gender identities, beyond binary gender identities, and is used by current data systems to support in anonymity. However, it is important to note that trans-identifying individuals could be trans, non binary, genderfluid, genderqueer or another gender identity.

# DEATHS BY ASSIGNED SEX

- Research is needed to identify contributing or causal factors for female drug-related deaths, 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). [24]
- A range of factors may also increase the likeliness of risky consumption among females, including [25]:
  - 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 [26];
  - Developing healthcare interventions for families which are designed to include the experience of pregnancy and parenting;
  - Recognising that discrimination and structural oppression cause LGBTQIA+ people 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



- This data was taken from 'Table C4' of the NRS DRD report 2023 [13].
- Glasgow City continues to be the local authority in Scotland with the highest proportion of drug-related deaths at **44.6** per 100,000 of the population.
- Dundee City has the second highest proportion of drug-related deaths at **40.2** per 100,000 of the population.
- Drug-related deaths are occurring at a rate **15 times higher** in the **10% most deprived areas** compared to the 10% least deprived areas of Scotland (Table 10 [13]).
- The Orkney Islands recorded the lowest rate among local authorities, with 1 drug-related death in 2023. Nonetheless, this does not diminish the urgent need to end all preventable drug-related deaths.

\*Due to the low rate of death on the Orkney Islands, a five year average is not available on "Table C4" [13].



# UK DRUG DEATHS

The NRS show that Scotland's drug death rate "was approximately 2.4 times that of the UK as a whole."

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 definition, and therefore slightly greater number, than the National Records of Scotland's "Drug Misuse Deaths" [27] (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 2.4 times higher than the UK as a whole.**
- **Scotland's DPD rate is 2.7 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	1193	5,448,000	219	-
Wales	318	3,132,000	102	2.1 x higher
NI	154	1,911,000	81	2.7 x higher
England	4572	57,106,000	80	2.7 x higher
United Kingdom (excl. Scotland)	5044	62,148,000	81	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.

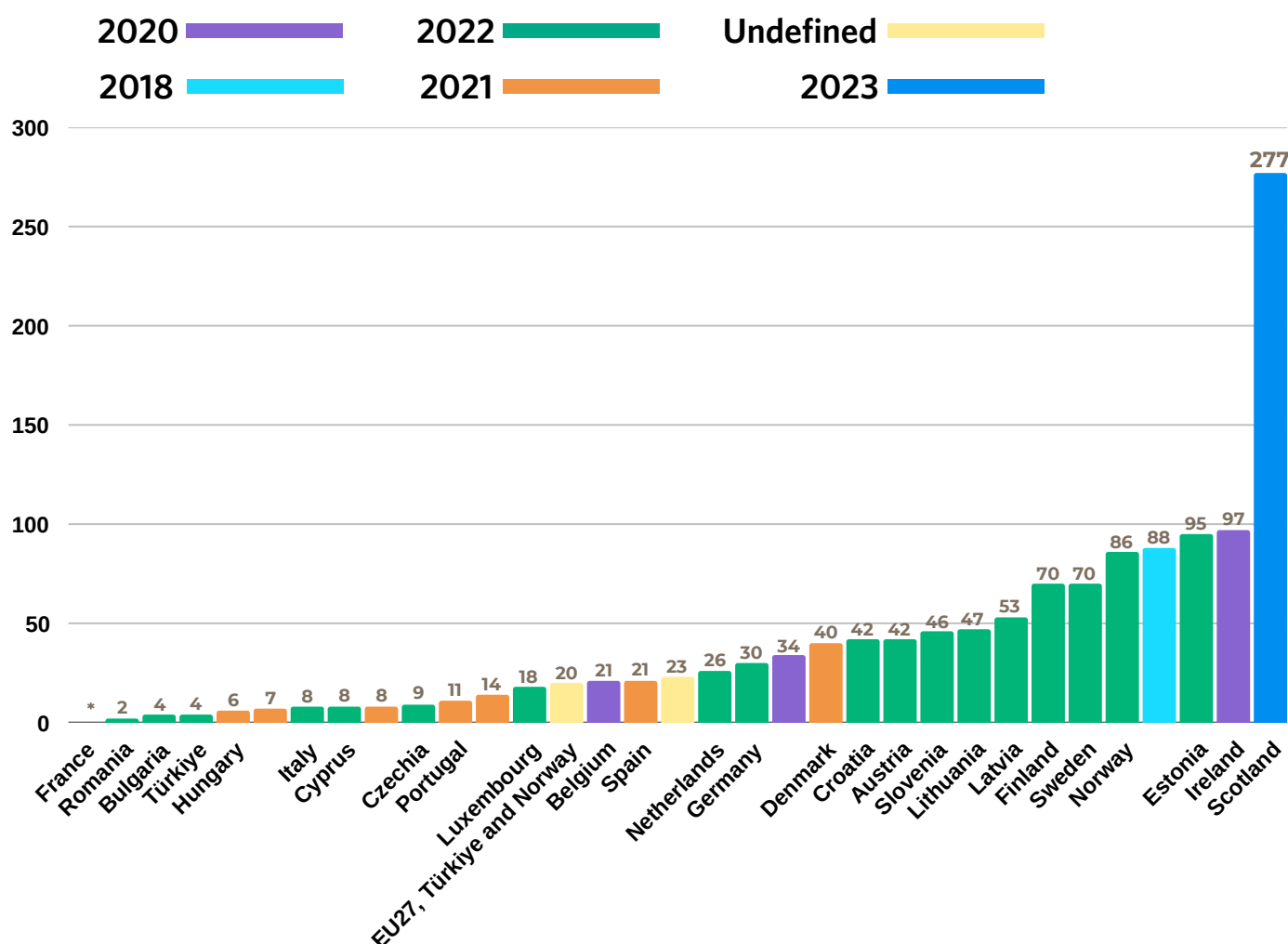
\*Drug poisoning death data for Scotland, England, Wales and Northern Ireland were taken from Table 12 of NRS DRD report 2023 [13]. Mid-year population estimates were sourced from the Office for National Statistics [28].

\*\*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 EUDA's European Drug Report for 2024. Scotland and Great Britain (including Scotland) are also included for comparison [29].
- 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 EUDA 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.

# ALCOHOL-SPECIFIC DEATHS

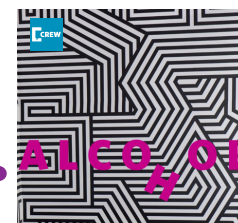
The NRS publication, '[Alcohol-specific deaths](#)' [30] reports that there were **1,277 alcohol-specific deaths** in Scotland in 2023. This is a **0.08%** increase from the previous year.

Two thirds (**67.4%** / 861) of the people who died were male and one third (**33.7%** / 416) were female. The average age of death was **60.2**.

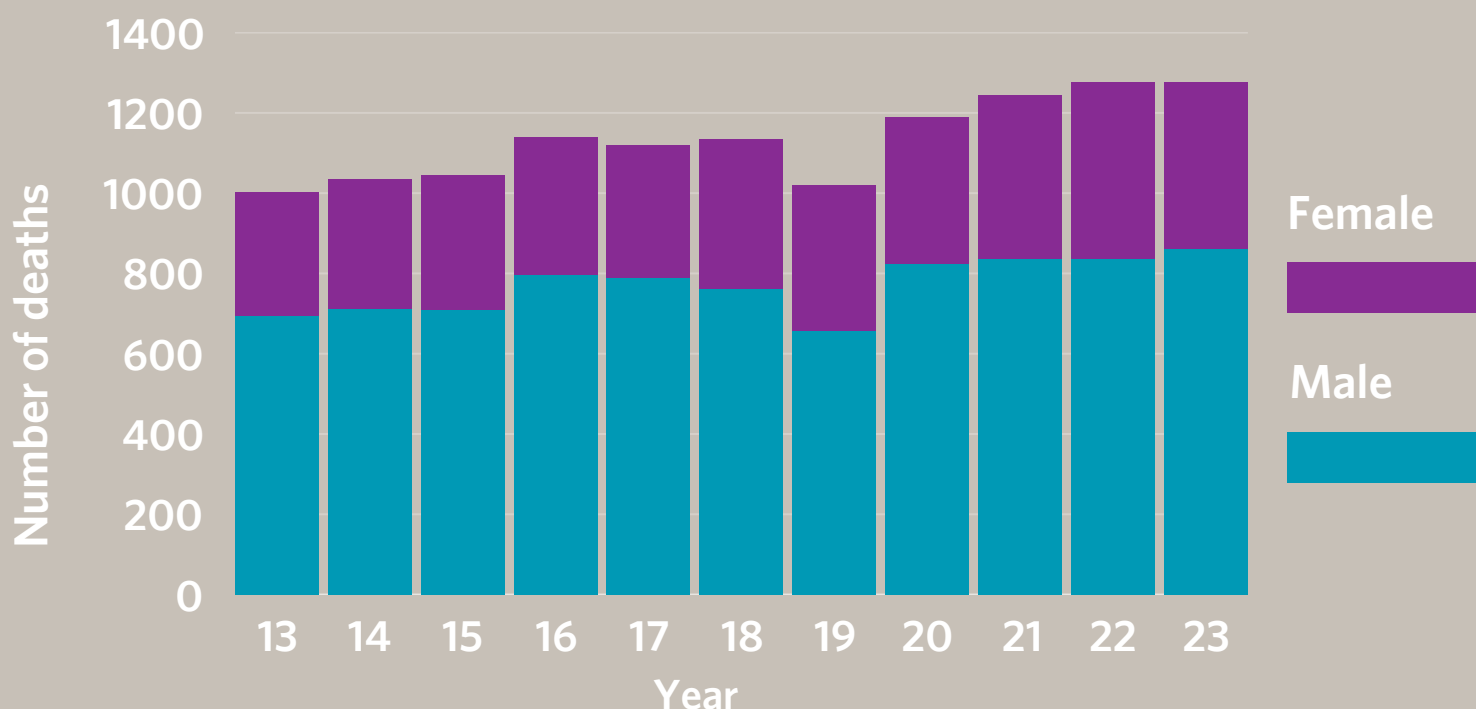
- The average age of death for males was **60.4**, having gradually risen from **55.2** in the year **2000**.
- The average age of death for females tended to be slightly younger at **59.6** years — rising from **54.6** in the year **2000**.

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 linked [here](#).



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



# OTHER SUBSTANCE-RELATED DEATHS

## VOLATILE SUBSTANCE AND HELIUM DEATHS

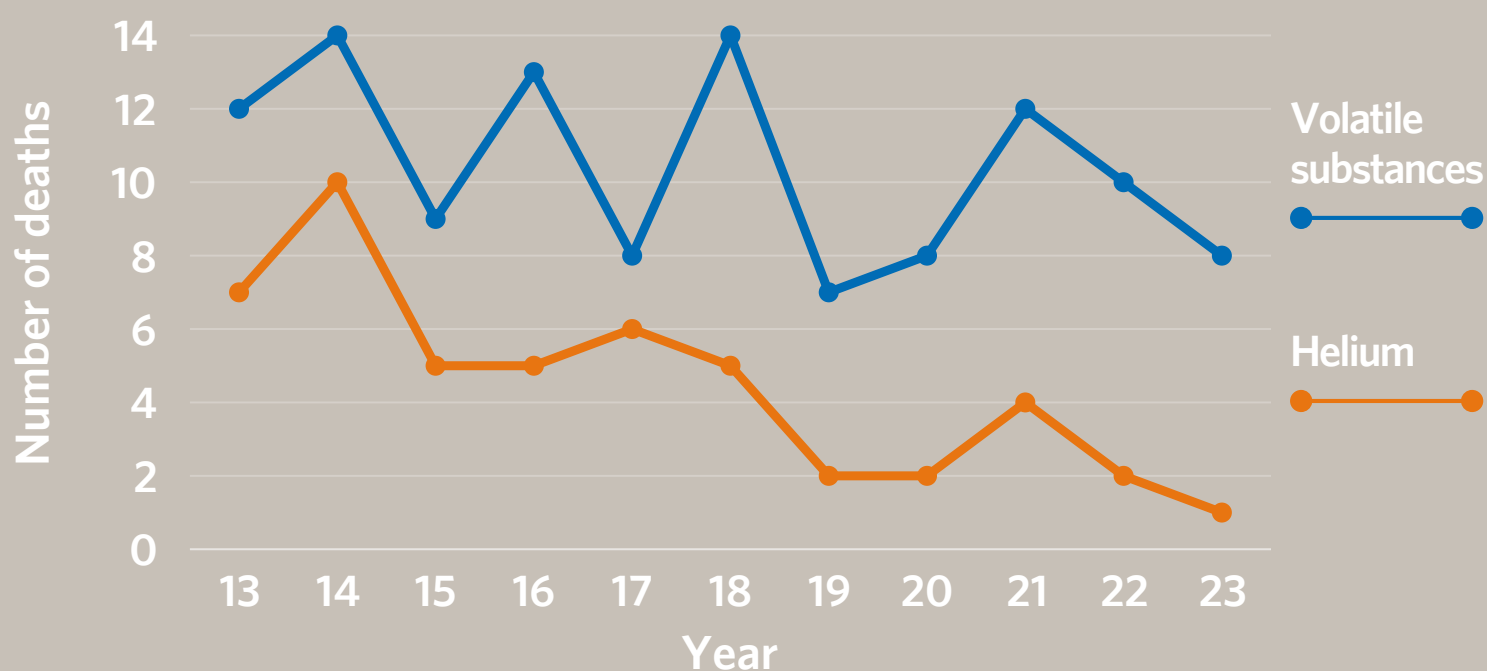
Tables 13 and 14 of the NRS Drug-related Deaths 2022's Additional Tables [29] provide data on the number of “Volatile substance abuse deaths” and “Helium deaths” from the year 2000 to 2023.

**8** people were reported to have died from volatile substances in 2023, aligning with the five-year average. **1** person was reported to have died from helium, half the five-year average of **2** people per year.

All people who died from volatile substances and helium in 2023 were aged 25 and older.

Crew has produced a postcard with need-to-know harm reduction information for people who take solvents. It can be [accessed here!](#)

### Volatile substance and helium deaths 2013-2023



# DRD SUMMARY

- There were **1172** drug-related deaths in 2023.
  - Opioids were implicated in - **80%** (937 deaths)
  - Heroin and/or morphine - **33%** (389 deaths)
  - Methadone - **44%** (514 deaths)
  - Benzodiazepines - **58%** (678 deaths)
  - Gabapentin and/or pregabalin - **38%** (450 deaths)
  - Cocaine - **41%** (479 deaths)
  - Amphetamine - **3%** (37 deaths)
  - Ecstasy-type - **3%** (31 deaths)
- The median or average age for drug-related deaths was **44**.
- In 2023, male deaths accounted for **69%** of all drug related deaths and **31%** were female.
- In **81%** 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 **2.7** times higher than 'the UK as a whole', **2.4** 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 \(SFAD\)](#).**





# NALOR

**RELATE  
DON'T  
HATE**



# **PART 3** **WHAT'S HAPPENING**

# DRUG CHECKING: WHAT ARE THE OPTIONS?

Through survey research conducted by Crew staff and volunteers at Nightlife Harm Reduction events in 2023-24, we found that **47%** of respondents (n=264) said they would use a drug checking service if one was available. **8%** of respondents criticised the lack of accessible drug checking opportunities.

**Below are three ways that anybody can check the contents of their drugs...**

# 1

## AT HOME — REAGENTS

Reagent drug checking kits can be used at home to quickly confirm that your drug sample is what you think it is. A small amount of liquid or solid granule reagent applied to a sample of your drugs will change colour dependent on what is present. (SEE: PAGE 50)

# 2

## BY POST — WEDINOS

You can anonymously post a sample of your drugs to WEDINOS, who will lab-test samples of drugs. These results are then shared to their website, where anyone can view them.

(SEE: PAGE 51)

# 3

## IN PERSON (UK) — THE LOOP

At The Loop's service there is a monthly drug-checking space in partnership with the Bristol Drugs Project, and at festivals and events, you can anonymously submit a sample of your drugs for testing. The team analyses the sample and provides results on its content and strength, alongside harm reduction advice to help you make more informed choices around drugs.

**COMING  
SOON**

## SCOTTISH DRUG CHECKING

The Scottish Drug Checking Project (SDCP) is a research initiative exploring how drug checking services could be introduced in Scotland. The findings from this research will guide the development of drug checking services starting with Glasgow, Dundee, and Aberdeen. The SDGP Hub is hosted on Crew's website [here](#). There has also been recent updates in Edinburgh from the EADP, NHS and partnerships (including Crew) to establish checking locally, which would provide a drug checking service in Edinburgh.

# REAGENT TESTING

Reagent drug checking kits can be used at home to quickly confirm that your drug sample is what you think it is. A small amount of reagent (**liquid or solid granule, dependent on the type of reagent**) applied to a sample of your drugs will change colour dependent on what is present.



**Step 1**  
Take a small sample of your drug to be tested and crush well.

**Step 2**  
Check to see which reagents you need, then split your sample into smaller portions, with one section for each reagent.

Some drugs cause the same colour changes, which is why more than one reagent may be needed. **E.g. methamphetamine could be identified with Marquis and Mandelin reagents.**

**Step 3**  
On a ceramic surface, such as the underside of a mug, place your drug samples and drop your respective reagents onto them. Wait 2 minutes to observe the colour change.



**Step 4**  
Compare the colour of your tested samples to the instructions included with your reagent kit (also available [online](#)).

●	●	●
●	●	●
●	●	●
●	●	●
●	●	●



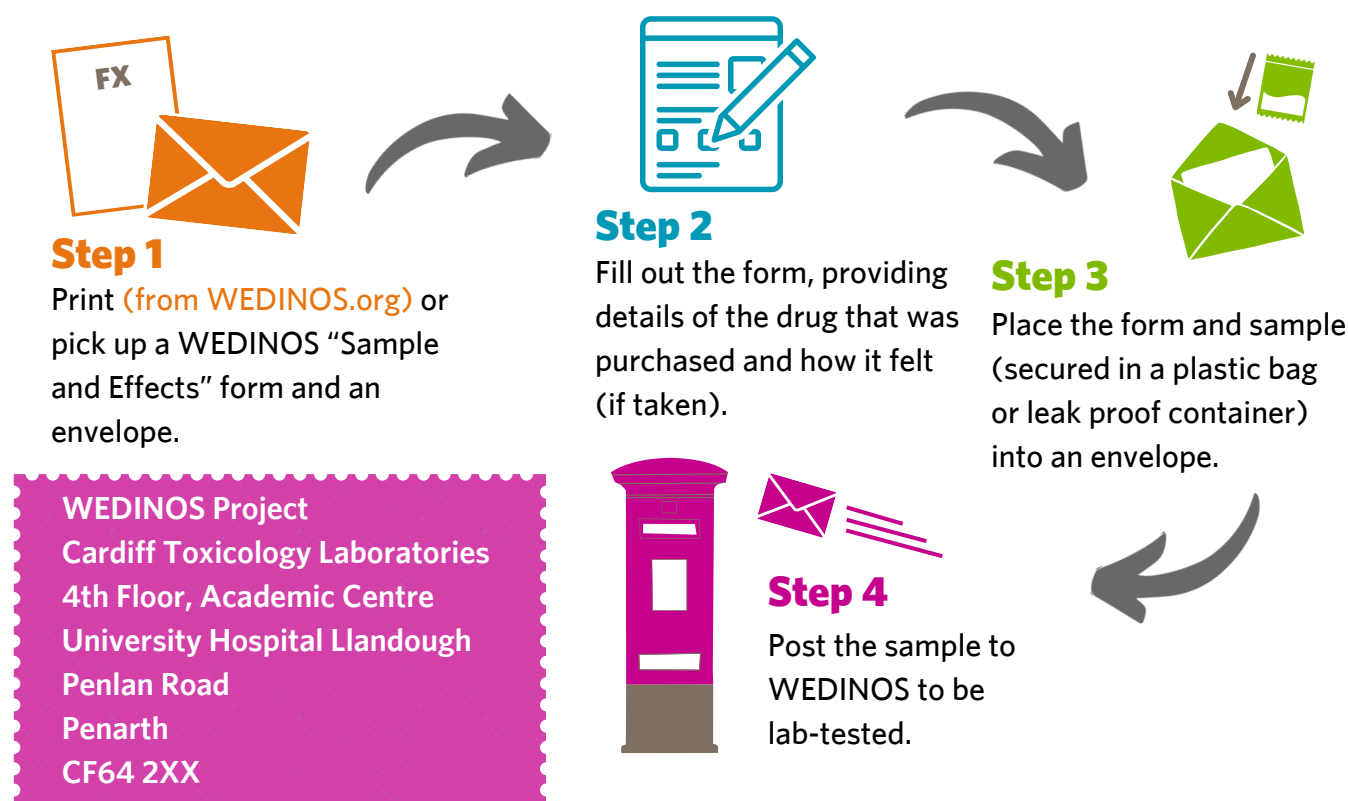
REAGENTS

Reagent testing empowers people to test drugs they have at home and make more informed choices about whether or not to take them based on the results.

## What you need to know:

- A small sample reacts with the liquid or solid granule reagent, causing a colour change which is then compared to a chart to determine which drugs are present.
- An unexpected colour change alerts people about the presence of substances that have been added or substituted altogether for their sample.
- When a particularly unusual substance is detected they may only be able to raise the alarm, not fully identify the substance, so you will have to consider other harm reduction like starting low and going slow, and avoiding mixing with other drugs (including alcohol).
- Test kits can rule IN the presence of a drug but cannot accurately rule OUT the presence of all possible adulterants (unexpected or unwanted substances) and can tell you nothing about purity or dose.
- By identifying substituted or adulterated samples, which could be potentially harmful, reagent tests encourage people to make more informed choices and manage risk more effectively.
- Visit [www.reagent-tests.uk](http://www.reagent-tests.uk) for information on test kits, and use code: **Crew23**.

# 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:

- WEDINOS will lab-test samples of drugs and post the results to their site- helping to increase the awareness of testing results from different areas across the UK.
- Instead of using reagents, WEDINOS rely on an analytical technique called “mass spectrometry”, which identifies a wider range of chemicals with greater accuracy. This type of testing is ideal for samples which may contain newer psychoactive drugs, such as **nitazenes** or **xylazine**.
- 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 on-site, so please avoid bringing any drugs for testing, or any other reason, into our Drop-in.**)



# DRUG CHECKING: WHY DOES IT MATTER?

## AT HOME

A quick check using a reagent kit can confirm that you do or do not have the drugs you paid for with the appropriate reagent.

They can only confirm the presence of certain drugs, but noticing an unexpected colour change could save your night!



Photo credit: Reddit User

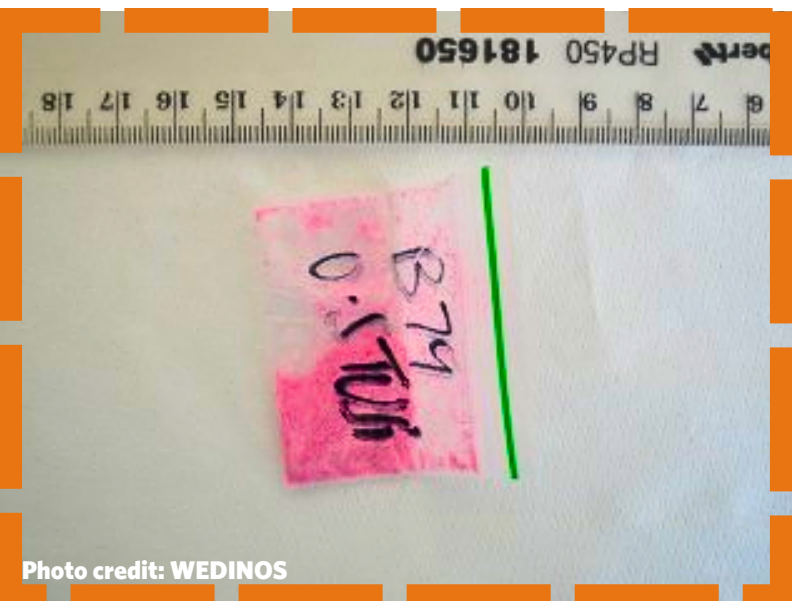


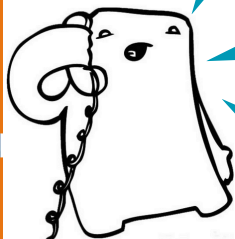
Photo credit: WEDINOS

## BY POST

WEDINOS samples are lab-tested, so you can find out more precisely what's in your drugs. Many reagent test kits can't identify drugs that WEDINOS can detect.

WEDINOS do not share information about drug purity %, and there can be delays in receiving results.

However, testing your drugs this way helps to inform other people about emerging dangers!



## IN PERSON

In-person testing combines the speed of reagent testing and the accuracy of WEDINOS testing by immediately checking the contents of your drugs.

Unfortunately, this type of testing has not yet been given Home Office permission in Scotland!

The Loop has been running a monthly drug-checking space in Bristol (with Bristol Drugs Project).



The Loop also run test drugs (back of house) at some festival and club events in England starting November 2024.

Photo credit: The Loop



# RADAR | RAPID ACTION DRUG ALERTS and RESPONSE



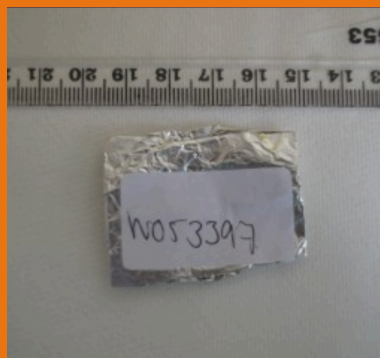
Crew are pleased to contribute reports of adverse drug reactions and trend data to Public Health Scotland's **Rapid Action Drugs Alert and Response (RADAR)** early warning system. The RADAR team analyse reports submitted from a variety of sources such as treatment and support services, Police Scotland 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/>
- RADAR has released three drug alerts in the past year and a half, concerning nitazenes, bromazolam and xylazine.
- The **nitazenes alert** was published in January 2023, and last updated in July 2024. This update highlights that, until 31st December 2023, nitazenes have been detected in 38 post-mortem toxicology reports across Scotland.
- 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.
- Finally, the **bromazolam alert** 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.
- **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](mailto:phs.drugsradar@phs.scot)).

# XYLAZINE DETECTION

Pronounced: zai-lah-zeen



**PURCHASE  
INTENT:**  
Heroin



01.10.2024

## **SAMPLE UPON ANALYSIS:**

Xylazine, Noscapine, 6-MAM,  
Heroin, Metonitazine, Papaverine,  
6-Acetylcodeine

**SOURCE:** WEDINOS

**RADAR**   
Scotland's Drugs Early Warning System

**Xylazine – newly detected drug**



**Drug Market Update:**  
**Xylazine**

Crew has been working alongside Public Health Scotland and harm reduction charities to provide life-saving harm reduction resources, training and any relevant alerts to those at risk, their friends and families, and workers at the services they access [36].

Crew is currently working to finalise a new xylazine resource by the end of 2024.

# What is xylazine?

[www.crew.scot](http://www.crew.scot)

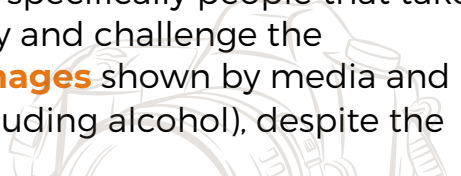




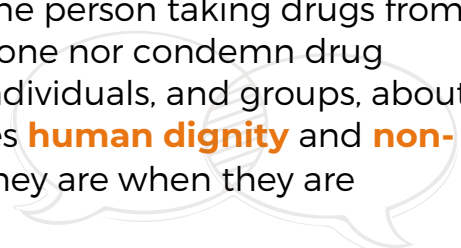
# SUPPORT SAFER CONSUMPTION SPACES

The safe consumption facility in **Glasgow, The Thistle**, has made great progress and opened in 2025 encouraging further harm reduction and improvements to the health and wellbeing of individuals who take drugs within the city [37]. Further to this, **Edinburgh City Council** have announced plans to proceed with their own safe drug consumption facilities within the next few years; the feasibility report conducted by **Edinburgh Alcohol and Drugs Partnership** (EADP) is available online [here](#)) showing a movement towards harm reduction [38].

Following the announcements and coverage, there were a number of discussions that raised concerns on the language and imagery that media outlets choose to use when discussing safer consumption spaces and more specifically people that take drugs. Crew continues to work with services to identify and challenge the **stigmatising language** and use of often **shaming images** shown by media and social media platforms of people who take drugs (including alcohol), despite the **1,172 drug related deaths** in 2023.



## What you need to know:

- **Language is powerful** so being aware of how you talk about drugs and the people that take drugs is powerful. 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 [39]. 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 [40].
  - **Taking photos of people without their consent is not ok**, which means taking photos of individuals that are clearly unable to give consent, due to drugs or alcohol, and posting them online is also not ok.
  - Crew works with services, with partners, in training, with our counselling clients, and in our Drop-in and uses 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 has partnered with the [Benzo Research Project \(BRP\)](https://brp.org.uk) 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 continued to welcome new volunteers, established working groups for policy advocacy and publish reports drawing attention to young peoples' experiences with benzodiazepines.

## What you need to know:

- 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> [41]
- Key findings of this report are highlighted in our 2022-23 report and Appendix A.
- In June 2024, volunteers from the project's Research and Policy working groups presented findings from their upcoming publications on "Local and national approaches to young people's drug taking", at an event hosted by [Students for Sensible Drug Policy](#) at Imperial College London [42].
- In July 2024, project leaders presented on Benzos, young people, and the emergence of nitazenes to drug education providers, educators and practitioners at the [Drug Education Forum](#) [42].
- In August 2024, the Benzo Research Project became a founding member organisation of the [London Harm Reduction Collective](#) – a coalition of experts and organisations committed to reducing drug-related harm in our communities [42].
- The Benzo Research Project continues to call for action in harm reduction for individuals that have experience with taking benzodiazepines, and Crew will work alongside them in upcoming projects.

Thank you to AJ Martin for support in this page.

# RECOMMENDATIONS

In closing this report, we draw attention to the following points:

**1. Increase in drug related deaths:** The significant increase in drug deaths reported [13], as well as drug harms (evidenced by RADAR, WEDINOS and MANDRAKE) from synthetic opioids such as nitazenes and other adulterants like xylazine and bromazolam due to the changes in the drug market regarding heroin availability (UNODC) means that Scotland needs to invest, establish and sustain:

- Non-judgemental, accessible, community-based drug checking and safer drug consumption facilities offering a variety of different models according to local need.
- Clinical/pastoral support and professional development empowering clinical and Third sector drug treatment and support workforces to meet the changing needs created by changes in the drug market.

**2. Changing market; Cocaine:** Recognising the increase in cocaine related deaths (**45** in 2013 to **479** in 2023, a **964%** increase) and the changing settings, groups and ways in which people are taking cocaine is vital for ensuring harm reduction services are responding quickly to this change. Scotland must review existing statutory and voluntary sector drug treatment provision to meet this established and well-evidenced need, as well as, not instead of, support for people taking other drugs.

Further to this, in line with The Charter of Rights for People affected by Substance Use [43], which outlines that people are entitled to the highest attainable standard of physical\* and mental health, with no discrimination, we need to increase the level of investment in health and social care with a commitment to the National Mission post-2025 [44]. We need to commit to increasing investment\*\*, continuing the mission beyond 2026 and exploring more medical-assisted treatment options and standards of support, prevention and recovery, for those who take cocaine and other psychostimulant drugs.

\*Treatment interventions alone will not be enough to reduce drug-related deaths: material conditions and relations to power continue to create health inequalities and have contributed to this public health emergency (see: page 42).

\*\*Focused, sustained investment in housing, early education and social care to address material inequalities and deprivation must be included in Scotland's wider, holistic response and will contribute significantly to preventing drug-related deaths.



**3. Investing in Harm Reduction commitments:** The Scottish Government's 'A Caring, Compassionate and Human Rights Informed Drug policy for Scotland' [45] called for many major changes including:

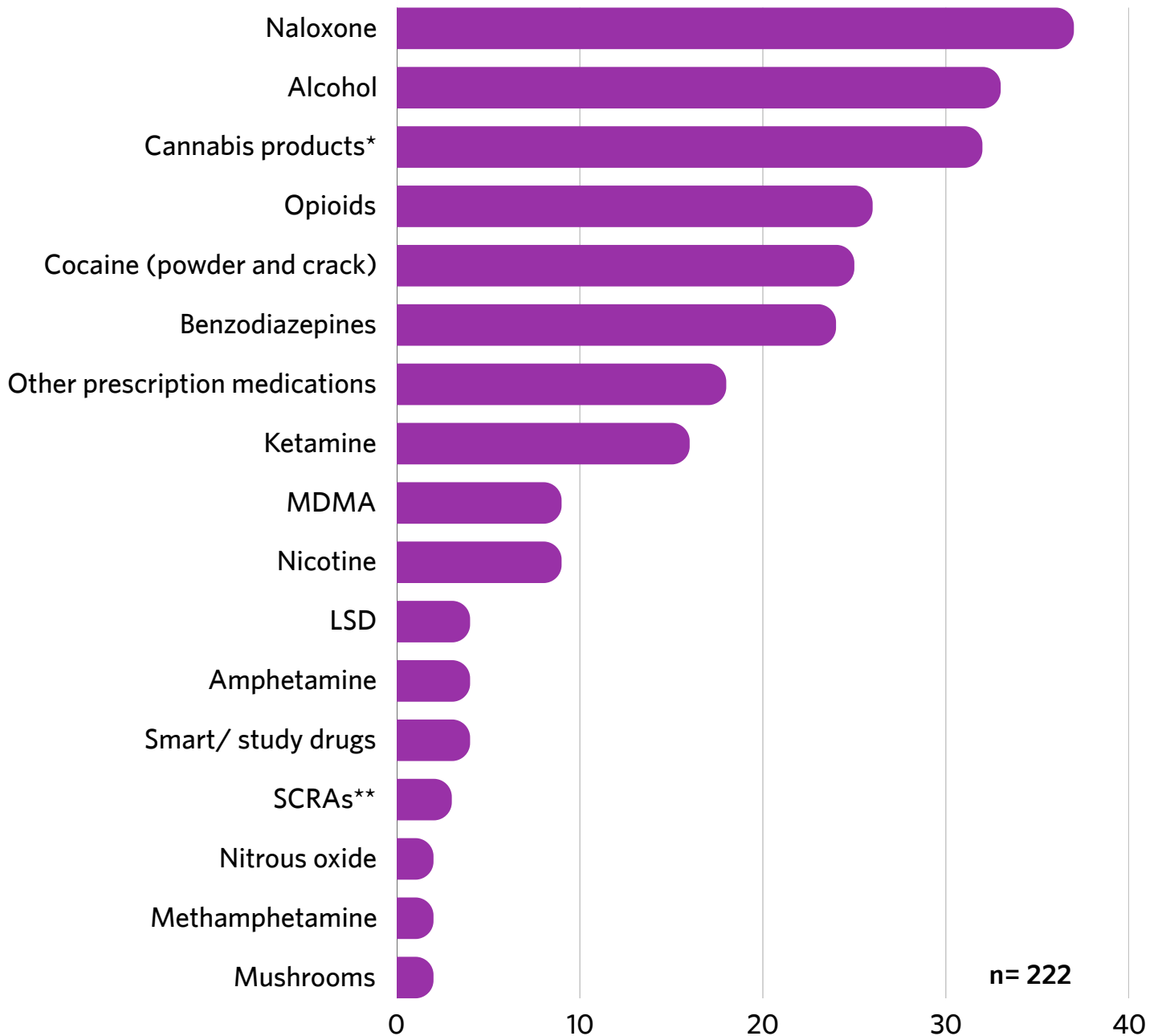
- Evidence-based harm reduction: including an ACMD review of classifications under the Misuse of Drugs Act 1971, Safer Drug Consumption Facilities, an accessible national Drug Checking Network, Heroin Assisted Treatment, strengthening national and UK Naloxone availability
- Decriminalisation for personal possession
- Investigation of the potential for strict, regulated supply of drugs causing most significant harms
- Removing the current exemption in regulation 3 of the Equality Act (Disability) Regulations (2010) which excludes addiction from health conditions covered by the protected characteristic of disability.

## **CREW calls for:**

- Realistic, long-term funding to support implementation of the forthcoming quality Standards for Young People's Drug Treatment Services where services for young people exist AND
- Robust research into drug (including alcohol) prevalence and harms among young people, especially those not attending school, involving and supporting young people as peer researchers AND
- Development of and sustained funding for services for young people based on evidence and expressed needs, implementing minimum standards of provision of support and treatment for young people seeking to address their drug taking in each Alcohol Drug Partnership area.
- Wider public opportunities for discussion, learning and education about the potential impacts and benefits of and evidence base for the proposals in 'A Caring, Compassionate and Human Rights Informed Drug policy for Scotland'.
- Maintaining a commitment to 'people who know', who have 'living and lived' experience informing policy - we must ensure that current, living experience is equally represented (compared to 'lived') and that people who take drugs, young people and people whose identities are racialised and marginalised are appropriately and sensitively supported to contribute.
- Investigation of potential to pilot safe supply in Scotland, drawing from the successful London, Ontario programme Safer Opioid Supply Program - LIHC noting significant differences in the Scottish context.
- Support further research into benefits of festival-based drug checking in Scotland working in partnership with The Loop, informed by with and for people who take drugs, to enable people who use drugs to access accurate information about drugs in supply as well as tailored harm reduction, signposting and referral to support, and to improve monitoring of local supply.

# TABLES AND GRAPHS

**Graph 1: Crew Drop-in Services reported drugs from brief interventions with young people. <sup>[4]</sup>**



\*Cannabis products (herbal, concentrates, vape, edibles etc)

\*\*SCRAS

# REPORTS

## 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**<sup>[47]</sup> 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 years olds had smoked in their lifetime and **15%** had within the last month.
- More than **30%** of 15 year old 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.

# REPORTS

## OHID report summary:

The last report, '[Quarterly Summary for Professionals](#)' published in December 2021 [9] -which is now outdated- 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 53.



Photo credit: SP

**[1] CREW2000 COUNSELLING SERVICE**

Anonymised statistics provided on the reported drugs self-referred 2017-22

**[2] CREW2000 COUNSELLING SERVICE**

Anonymised statistics provided on the reported drugs self-referred 2023-24

**[3] CREW2000 COUNSELLING SERVICE**

Anonymised statements from clients 2022-23

**[4] CREW2000 EMERGING TRENDS; NIGHTLIFE HARM REDUCTION PROJECT**

Safer Nightlife Survey Dataset 2023-24

**[5] CREW2000 DROP-IN SERVICE**

Anonymised statistics provided by the Drop-in service 2023-24

**[6] CREW2000 WEB ANALYTICS**

Analytics from Crew2000 website visitors in 2023

**[7] LEARNING DIRECTORATE, SCOTTISH GOVERNMENT**

Health and Wellbeing Census Scotland: 2021/22

**[8] OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES**

Adult substance misuse treatment statistics 2022 to 2023: report

**[9] OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES**

Young people's substance misuse treatment statistics 2022 to 2023: report

**[10] EUROPEAN UNION DRUGS AGENCY (EUDA)**

European Drug Report 2024

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

World Drug Report 2024

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

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

**[13] NATIONAL RECORDS OF SCOTLAND (NRS)**

Drug-Related Deaths in Scotland in 2023

**[14] NATIONAL RECORDS OF SCOTLAND (NRS)**

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

**[15] NATIONAL RECORDS OF SCOTLAND (NRS)**

Drug-Related Deaths in Scotland in 2022

**[16] NATIONAL RECORDS OF SCOTLAND (NRS)**

Drug-Related Deaths in Scotland in 2021

**[17] NATIONAL RECORDS OF SCOTLAND (NRS)**

Substances which were reported for drug misuse deaths, Scotland, 2000 to 2023

**[18] NATIONAL RECORDS OF SCOTLAND (NRS)**

Annex H: 'Prescribable' and 'street' benzodiazepines

**[19] CREW2000**

Drug Emergencies

**[20] NEEDLE EXCHANGE SURVEILLANCE INITIATIVE (NESI), PUBLIC HEALTH SCOTLAND**

NESI 2022-23 data highlights changes in risk behaviours, interventions and harms among people who inject drugs in Scotland

**[21] RAPID ACTION DRUG ALERTS AND RESPONSE (RADAR)**

RADAR – An early-warning drugs surveillance system for Scotland

**[22] NHS EDUCATION FOR SCOTLAND: SUPPORT AROUND DEATH**

Supporting LGBT+ people around bereavement: Death Certification

**[23] CREW2000**

Transgender rights June 2020 Statement

**[24] RAFAELA RIGONI, JOOST BREEKSEMA, SARA WOODS (GPD PD)**

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

**[25] EMILY J TWEEED, 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

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

Substance Abuse Treatment: Addressing the Specific Needs of Women

**[27] PAUL BREEN (GOVERNMENT ANALYSIS FUNCTION)**

Comparability of drug-related death statistics across the United Kingdom

**[28] OFFICE FOR NATIONAL STATISTICS**

Population estimates for the UK, England, Wales, Scotland and Northern Ireland: mid-2022

**[29] NATIONAL RECORDS OF SCOTLAND (NRS)**

Additional tables: Drug-Related Deaths in Scotland in 2023

**[30] NATIONAL RECORDS OF SCOTLAND (NRS)**

Alcohol-specific deaths in Scotland in 2023



**[31] SCOTTISH DRUG CHECKING PROJECT**

The Scottish Drug Checking Project Hub

**[32] REAGENT TESTS UK**

Reagent tests allow you to quickly and accurately get information about the purity and adulteration of a substance.

**[33] WEDINOS**

WEDINOS – Sample Testing

**[34] 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/>)

**[35] CREW2000**

Xylazine

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

Xylazine alert

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

Drug consumption rooms: an overview of provision and evidence

**[38] EDINBURGH ALCOHOL AND DRUGS PARTNERSHIP (EADP)**

Needs assessment and feasibility study for a safer drug consumption facility in Edinburgh

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

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

**[40] AUDIT SCOTLAND**

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

**[41] BENZO RESEARCH PROJECT**

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

**[42] BENZO RESEARCH PROJECT**

Impact: Benzo Research Project Updates

**[43] THE NATIONAL COLLABORATIVE**

Charter of Rights for People Affected by Substance Use 2024

**[44] SCOTTISH GOVERNMENT**

National mission on drugs

**[45] SCOTTISH GOVERNMENT**

A caring, compassionate and human rights informed drug policy for Scotland

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



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