DRUG RELATED DEATH SUMMARY 2024-2025

August 2026

CREW

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 professionals and Nightlife Harm Reduction at festivals and events across Scotland.

This report was created as a supporting document 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 2024 to 31 December 2024.

Drug-related death statistics represent the National Records of Scotland Drug-related deaths in Scotland in 2024 report published in September 2025.*

This overview highlights the important data collected by the National Records of Scotland on drug related deaths, ahead of the publication of the next report.

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

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DRUG-RELATED DEATHS

DRUG-RELATED DEATHS

On the 2nd of September 2025, the National Records of Scotland (NRS) published their report 'Drug-Related Deaths in Scotland, 2024' [13].

This report [1] refers to 'drug misuse deaths' instead of 'drug-related deaths'. This new name from drug-related deaths was introduced by the NRS in recent years to fall in line with the UK-based Office of National Statistics (ONS).

We are pleased to find that after continued feedback since the introduction of this new term, the National Records of Scotland have signalled that they will discontinue the word choice of "misuse" when reporting on drug-related deaths [2]. This is because many leaders within this field felt the term was stigmatising, harmful and fails to show the dignity and respect that should be granted to individuals lost as well as bereaved families and friends. Crew will continue to use the terminology 'drug-related' deaths for our reports, whilst awaiting updates on best practice from the National Records of Scotland that has been informed by partners, agencies and services, as well as families, friends and carers: we are committed to use language that puts compassion and empathy first when discussing the deaths of loved ones.

2024 saw the rate decrease to 1,017 deaths 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 report summarises the most recently available drug-related death (DRD) figures in detail, identifying key problematic areas and comparing them with previous years. The aim of this overview is to highlight key trends ahead of the publication of the next NRS drug related death report this August 2026, 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 2024 [1].

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 [15] 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);
(vii) inhalants (F18);
(vii) and 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.)" [3]

In 2024, 91% (922) of drug-related deaths were 'accidental poisoning', 6% (59) were 'intentional self-poisoning', <1% (1) 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.

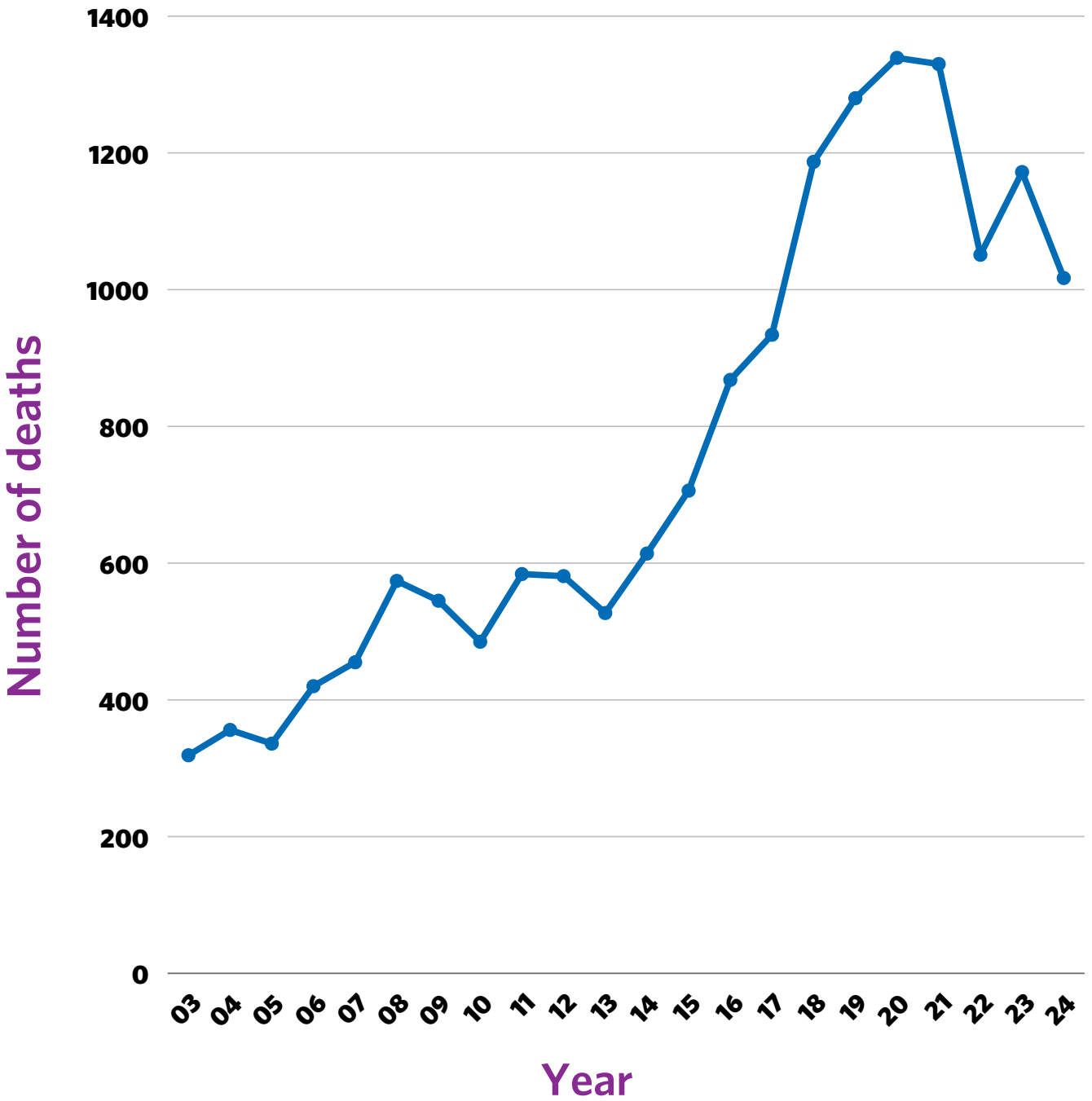
- Suicide while under the influence (unless it was via an overdose of a controlled drug).

- 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:

2020	2021	2022	2023	2024
1,339	1,330	1,051	1,172	1,017



KEY FIGURES

	2022	2023	2024
Number of DRDs	1,051	1,172	1,017
Male deaths	692 66%	805 69%	699 69%
Female deaths	359 34%	367 31%	318 31%
Average age (median)	45	45	45
Scotland DRDs compared to the rest of UK*	3.2x	2.7x	2.7x
More than one drug implicated in death**	831 79%	950 81%	814 80%

*After adjusting for age, when compared with the rest of UK (England, Wales and Northern Ireland).

**More than one drug (not including alcohol).

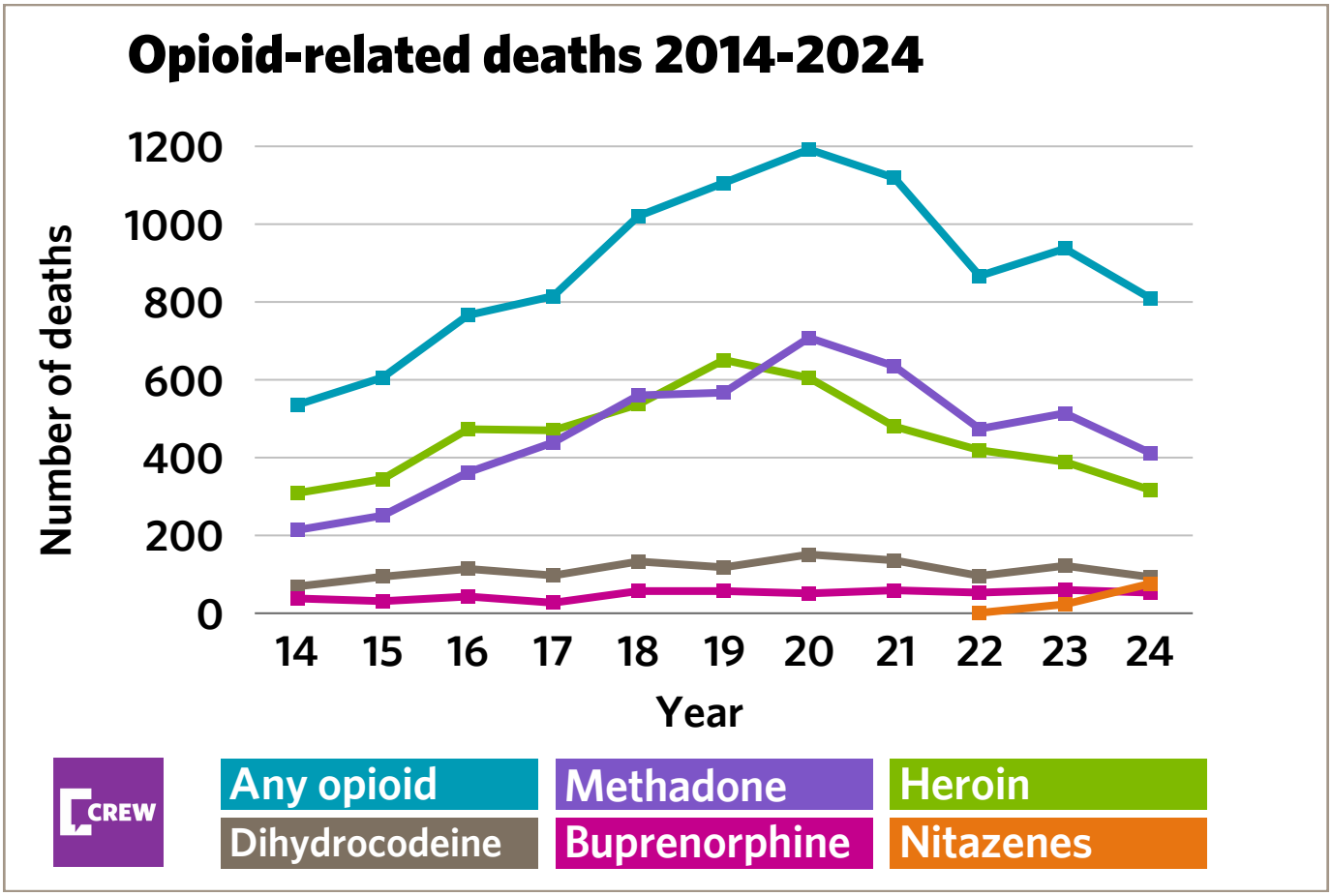
NB: As more than one drug was implicated in, or contributed to, many of the deaths, the percentages on the following pages add up to more than 100.

OPIOID-RELATED

	2021	2022	2023	2024
Any opiate/opioid	1,119 84%	867 82%	937 80%	810 80%
Heroin/morphine	480 36%	419 40%	389 33%	317 31%
Methadone	635 48%	474 45%	514 44%	412 41%
Dihydrocodeine (or a DHC containing compound)	136 10%	96 9%	122 10%	93 9%
Buprenorphine	128 10%	67 6%	72 6%	87 9%
Codeine (or a codeine containing compound)	59 4%	53 5%	60 5%	51 5%
Nitazenes	- -	1 <1%	23 2%	76 7%

OPIOID-RELATED

- Opioid-related deaths have fallen by **127** since 2023. This figure (**766**) represents lowest they have been since 2016 (**810**). The main opioids that have seen an increase in related deaths are nitazenes.
- Nitazenes first appeared in drug-related death statistics in 2022, recorded in one death. In 2023 they were implicated in **23** opioid-related deaths, and **76** in 2024.
- Methadone, an opioid substitute medication, is implicated in the highest number of opioid deaths (**412**). However, these figures do not differentiate between methadone that was prescribed and methadone taken without prescription.
- Deaths relating to heroin are not differentiated from morphine as their similar chemical structures make them hard to distinguish in toxicological analysis.



SYNTHETIC OPIOIDS

Synthetic opioids mimic the effect of opioids drugs like heroin and opium by binding onto the brain's opioid receptors to produce feelings of pain relief, invincibility and relaxation.

As visualised to the right, synthetic opioids tend to be far stronger than opioids that have been produced from naturally occurring opium poppies.

The synthetic opioids that we are seeing in Scotland overwhelmingly are nitazenes, though fentanyl has been found consistently in limited cases.

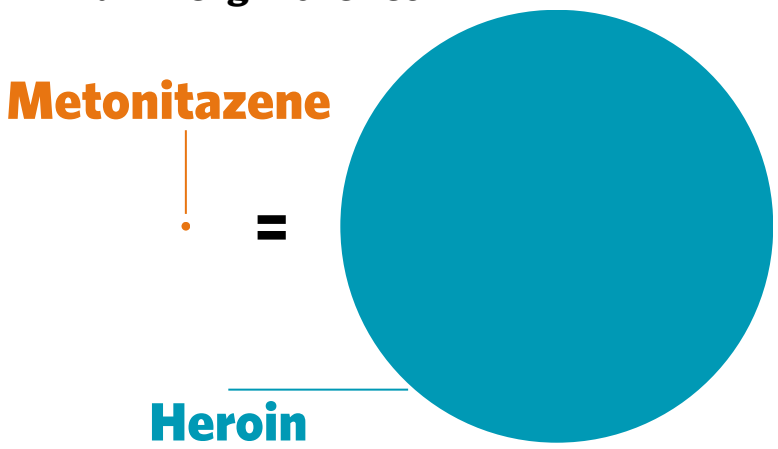
Nitazenes are being found in heroin and street benzodiazepine samples. This makes Scotland's already toxic drug market even more dangerous to people who take drugs.

Comparison of opioid dose required to have a similar strength of effect to heroin

	POTENCY RELATIVE TO HEROIN
Morphine	0.5x
Heroin	1x
Fentanyl	50x
Metonitazene	50x
Protonitazene	100x
Isotonitazene	250x
Etonitazene	500x

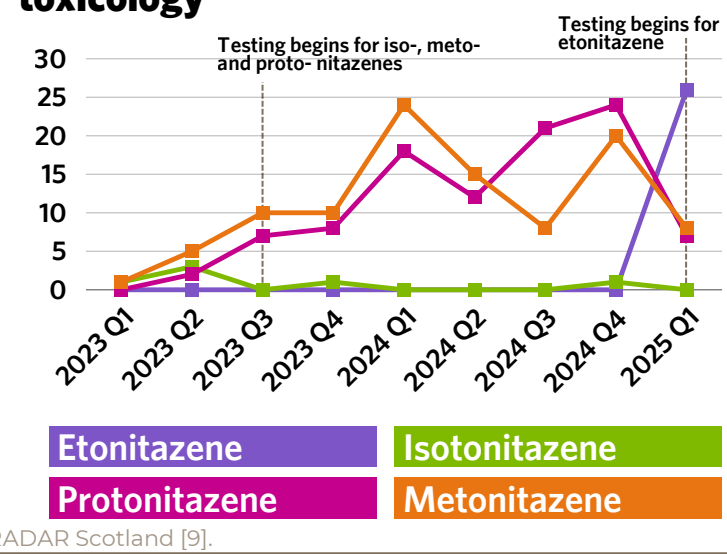
Based on information from The Lancet [8].

Comparison of opioid dose required to have a similar strength of effect



Based on information from The Lancet [8].

Nitazene detections in post-mortem toxicology



RADAR Scotland [9].

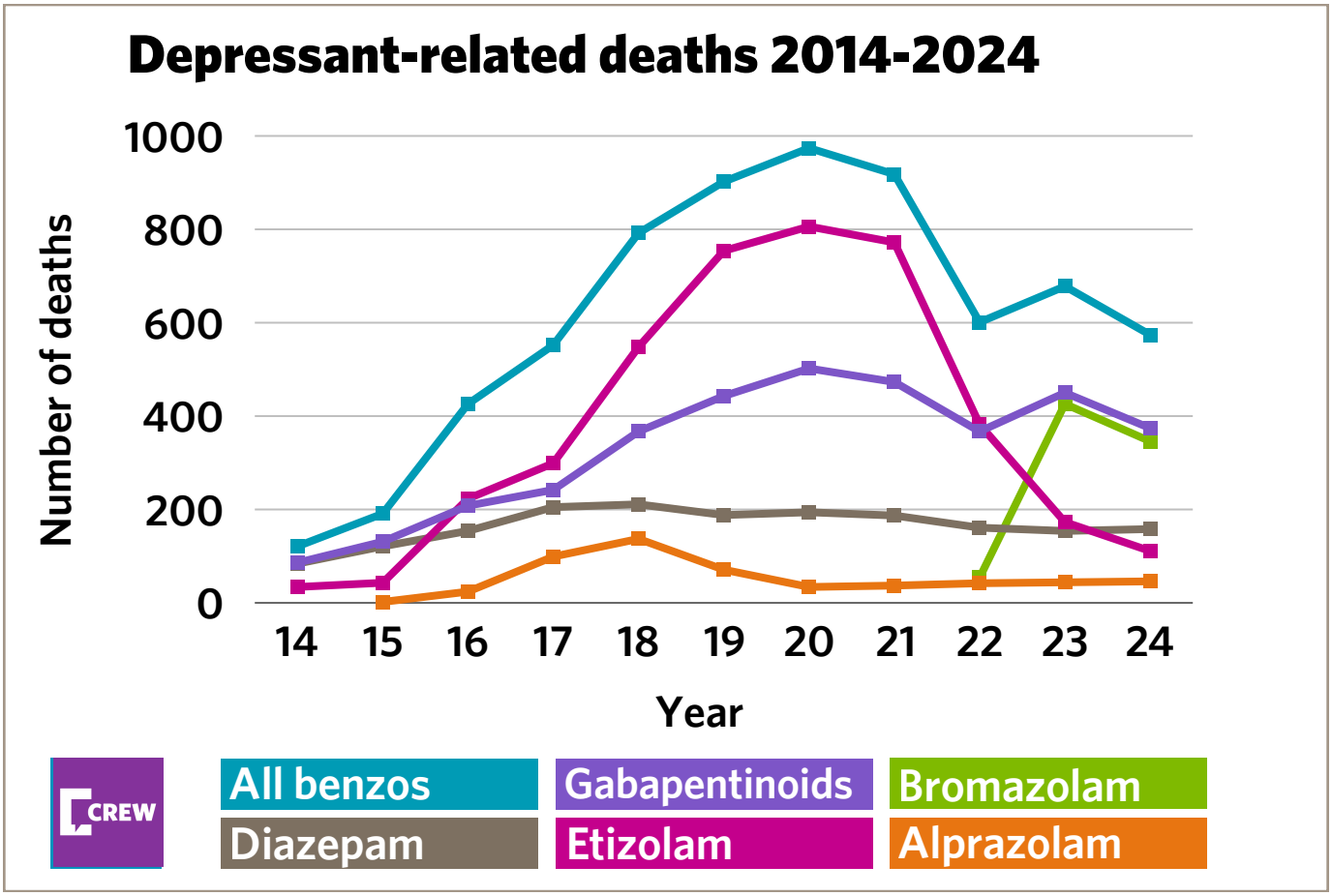
DEPRESSANT-RELATED

	2021	2022	2023	2024
Any benzodiazepine	918 69%	601 57%	678 58%	574 56%
Bromazolam	- -	54 5%	426 36%	346 34%
Diazepam (Valium)	187 14%	161 15%	154 13%	156 15%
Etizolam	772 58%	382 36%	173 15%	111 11%
Alprazolam (Xanax)*	37 3%	42 4%	44 4%	46 5%
Gabapentinoids (gabapentin and /or pregabalin)	473 36%	367 35%	450 38%	374 37%
Xylazine	- -	- -	10 0.8%	20 2%

*Data from additional data table 'SUB 1a' [3]. All other data was taken from 'Table 3' of NRS DRD report 2021 [6], 2022 [5], 2023 [4], 2024 [1] respectively.

DEPRESSANT-RELATED

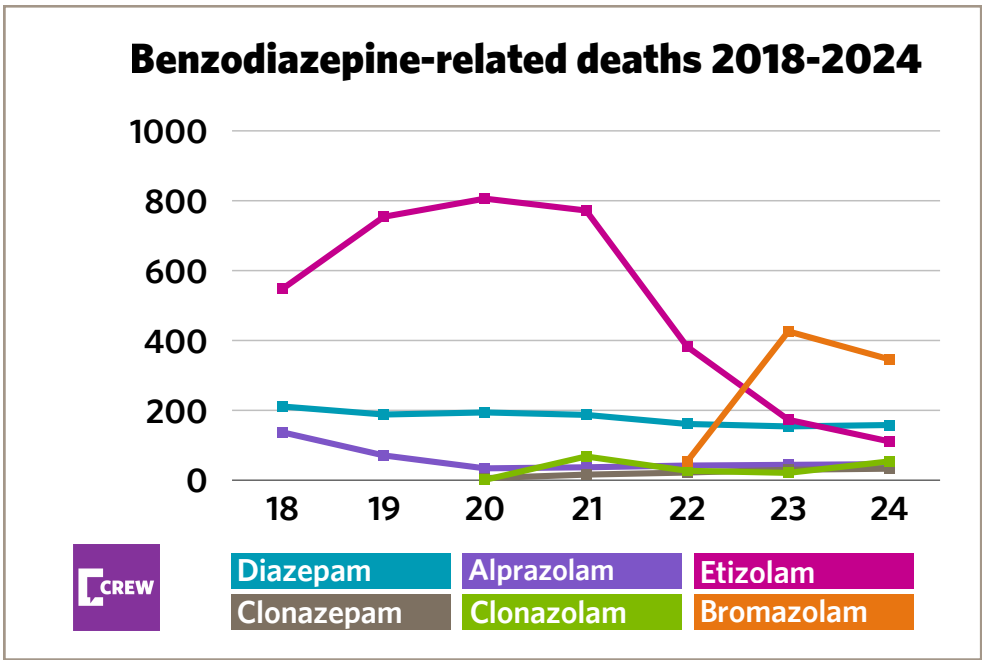
- Deaths relating to benzodiazepines have fallen by **104** since 2023, resulting in the lowest benzodiazepine figure (**574**) since 2017 (**550**).
- Ruling out deaths involving multiple drugs, only **13** deaths were caused by a benzodiazepine (**1%** of all drug-related deaths). Similarly, there were few deaths involving a gabapentinoid only (**8**). This is because, especially in the case of depressants, polydrug consumption is the primary risk factor in drug-related deaths.
- The majority of benzodiazepine-related deaths involved benzodiazepines, which are not licensed for prescription in the UK (**474** of **574**), such as bromazolam, alprazolam and etizolam. Today, deaths relating to street benzos are **1056%** higher than they were in 2014, while deaths relating to prescribable benzos are now **115%** higher (from **92** to **200**).



BENZO TRENDS

There is a consistent demand for benzodiazepines in Scotland. Although, the drug market remains unpredictable, as there are emerging trends of synthetic opioids and other benzodiazepines being missold within the 'street benzo' market.

Below we have charted the six benzodiazepines most prevalent in drug-related deaths in 2024.



Each time a benzodiazepine becomes more common, it is assessed for potential harms and placed under international control, which reduces the ability of international drug markets to produce it.

However, when this happens, demand for benzodiazepines does not disappear, and as individuals may be self-administering benzodiazepines for a range of reasons they have to adapt to other available benzodiazepines, which may vary in dose or strength (especially when not prescribed). Instead, markets turn to different options, and the cycle repeats.

As bromazolam is now facing restriction, it is likely that a new benzodiazepine will emerge to take its place. We await confirmation in this year's NRS report, of what benzodiazepine is most prevalent in drug harms in Scotland.

PRE-2018

Diazepam, alprazolam, clonazepam and 33 other benzodiazepines are placed under international control by the United Nations Commission on Narcotic Drugs. [10]

2018

Alprazolam reaches its highest drug-related death rate — **137**

Diazepam reaches its highest recorded drug-related death rate since 2002 — **211**

2020

Etizolam reaches its highest drug-related death rate — **806**

Clonazepam emerges, implicated in **6 deaths.**

Clonazolam emerges, implicated in **1 death.**

Etizolam is placed under international control by the United Nations Commission on Narcotic Drugs. [11]

2021

Clonazolam reaches its highest drug-related death rate — **68.**

2022

Bromazolam emerges, implicated in **54 deaths.**

2023

Bromazolam reaches its highest drug-related death rate — **426.**

2024

Clonazepam reaches its highest drug-related death rate — **33.**

Bromazolam is placed under international control by the United Nations Commission on Narcotic Drugs. [12]

STIMULANT-RELATED

	2021	2022	2023	2024
Cocaine	403 30%	371 35%	479 41%	479 47%
Amphetamines*	42 3%	28 3%	37 3%	42 4%
Ecstasy-type**	20 2%	22 2%	31 3%	19 2%

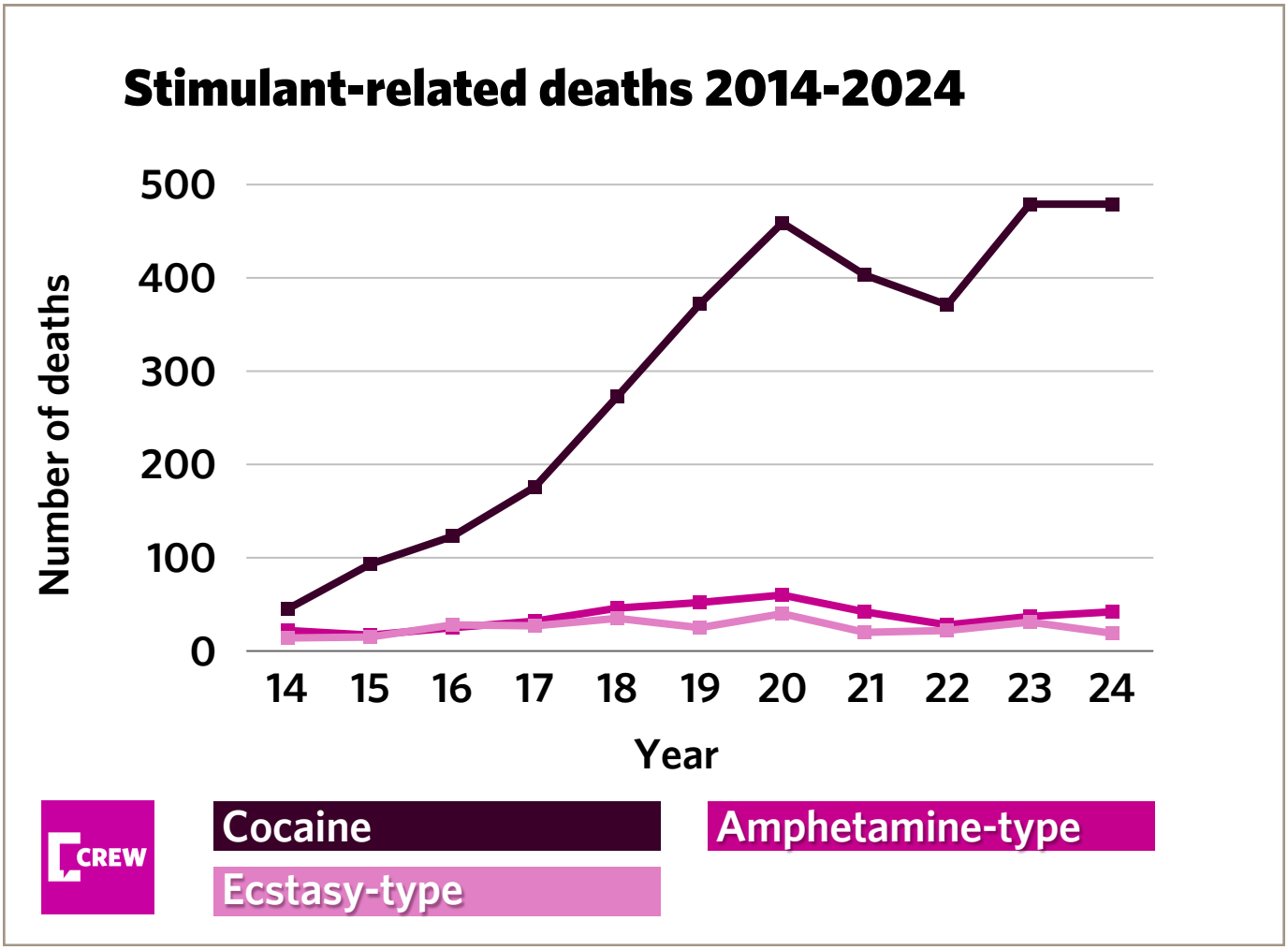
- Deaths relating to cocaine did not fall this year, despite a reduction in the number of deaths in almost every other category. This means cocaine-related deaths are still at a record high, and at **47%** of all deaths, make up the largest share of any annual figure to date.
- Despite no change in cocaine deaths overall, the number of deaths where cocaine was the only drug involved has fallen, from **85** in 2023 to **59** in 2024. This means that **88%** of cocaine-related deaths happened with other drugs in the system.
- While crack and freebase cocaine are processed differently to powdered cocaine, they are all the same drug when metabolised. As a result, toxicological analysis cannot distinguish the type of cocaine taken. The numbers above are therefore deaths involving any type of cocaine.

* "Amphetamines" include amphetamine (speed), methamphetamine (meth), methylphenidate (Ritalin), and other amphetamine like drugs.

** "Ecstasy-type" includes MDMA and MDA.

STIMULANT-RELATED

- Within the amphetamines category, **32** deaths involved amphetamine (speed). **9** deaths involved methamphetamine (meth), which was **3x** greater than the figure last year, and more than double the previous highest figure (**4** deaths in 2020).
- There were **4** deaths where an ecstasy-type drug was the only drug implicated.
- Methylphenidate, an ADHD medication sold under the brand Ritalin, was implicated in **2** deaths.



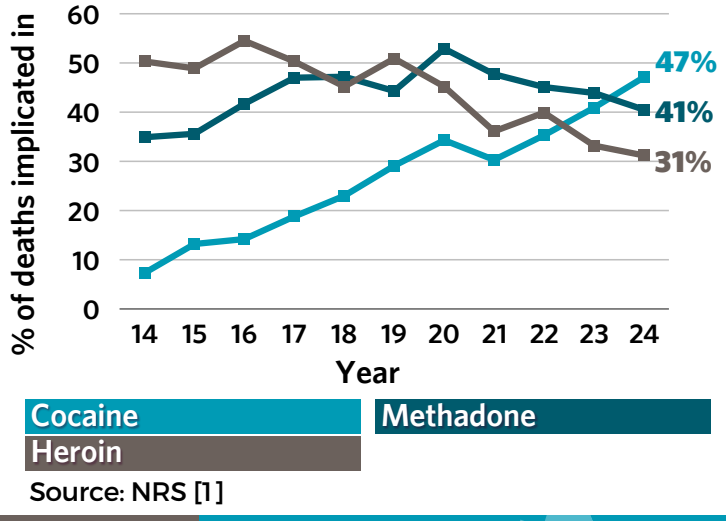
COCAINE

Cocaine is now the single drug implicated in the most drug-related deaths, followed by methadone and then heroin.

While traditionally snorted in party and nightlife settings, or smoked in the form of crack, over the past ten years injection has been reported as a more common method of consumption. In September 2025, cocaine accounted for 73% of drugs reported injected at the Thistle, Glasgow's Safer Drugs Consumption Facility. Although, this has started to reduce in 2026 with heroin injection rates beginning to increase.

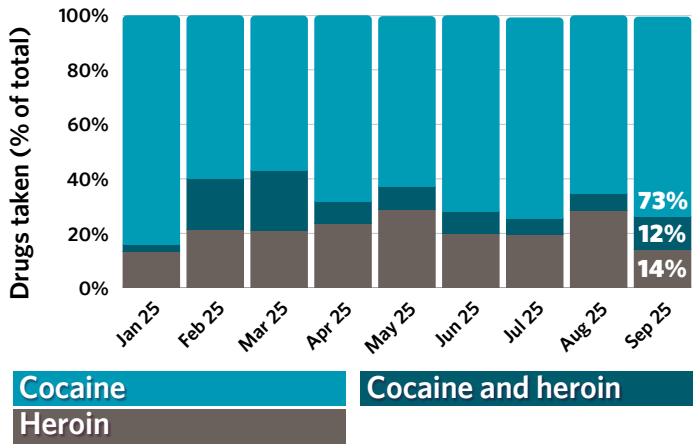
The steady rise of cocaine-related deaths, amidst decreases in deaths from other drugs, represent a key, continuing concern. Policymakers and services must pay attention to these trends and respond appropriately.

% of deaths drugs were implicated in 2014-2024



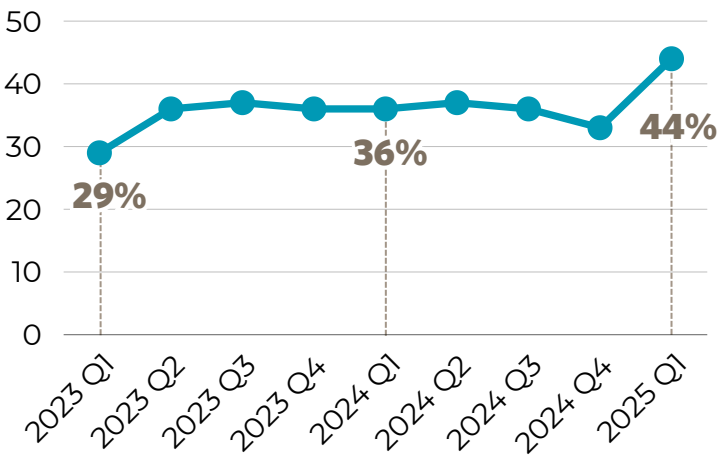
Source: NRS [1]

Drugs injected at The Thistle (SDCF) across 2025



Source: Glasgow City HSCP [13]

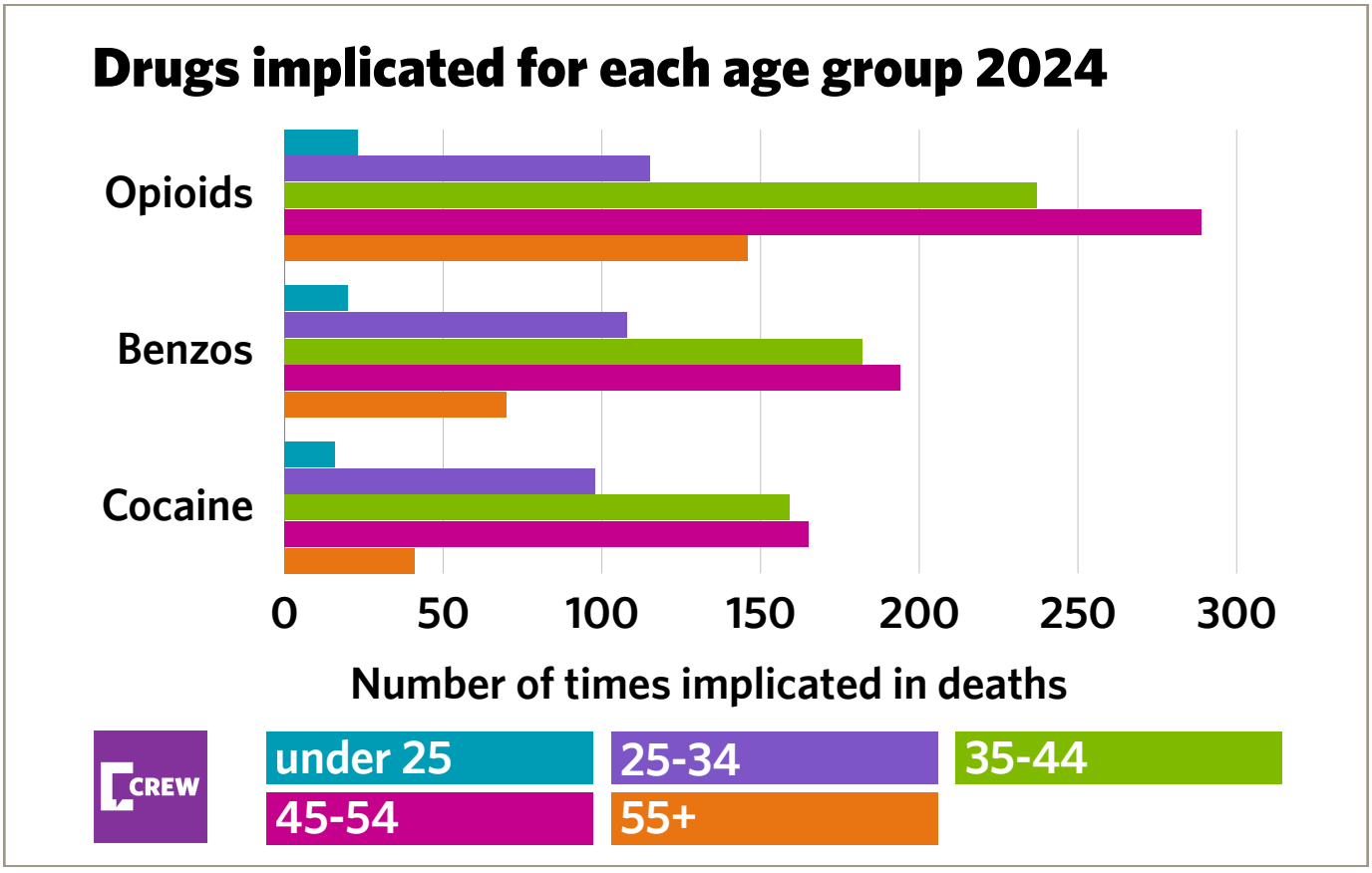
Percentage of cocaine detections in deaths which were subject to post-mortem toxicology screening in Scotland 2023-25



Source: RADAR Scotland [14]

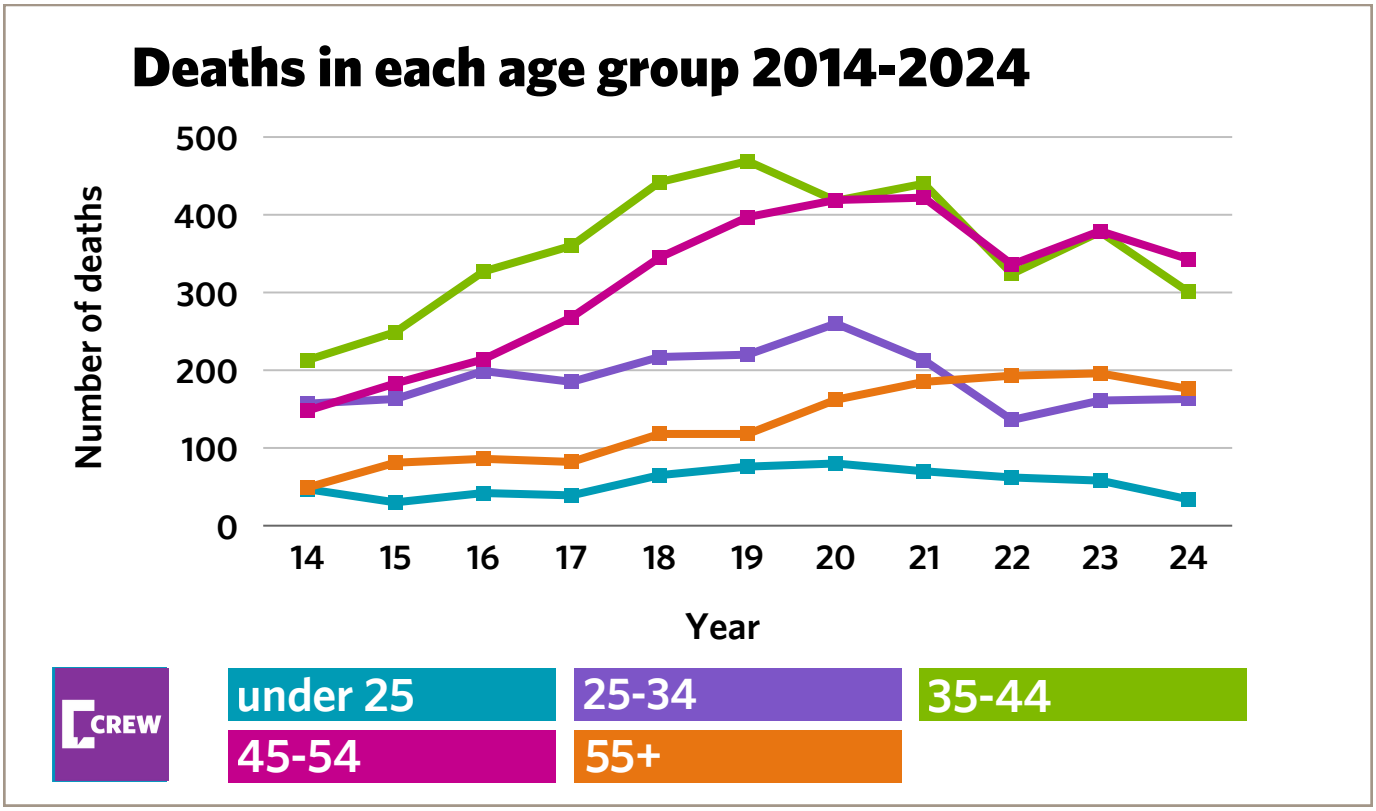
DEATHS BY AGE

- In 2024, the age group that experienced the highest number of deaths was the 45-54 category (**343**). The 35-44 category experienced the second highest number of deaths, **378**.
- Within the 45-54 age category:
  - **289** of **343** deaths had opioids implicated (**84%**);
  - **194** of **343** (**57%**) involved benzodiazepines;
  - And **165** of **343** (**48%**) involved cocaine.
- Within the 35-44 age category:
  - **237** of **301** deaths had opioids implicated (**79%**);
  - **194** of **301** (**64%**) involved benzodiazepines;
  - And **165** of **301** (**55%**) involved cocaine.

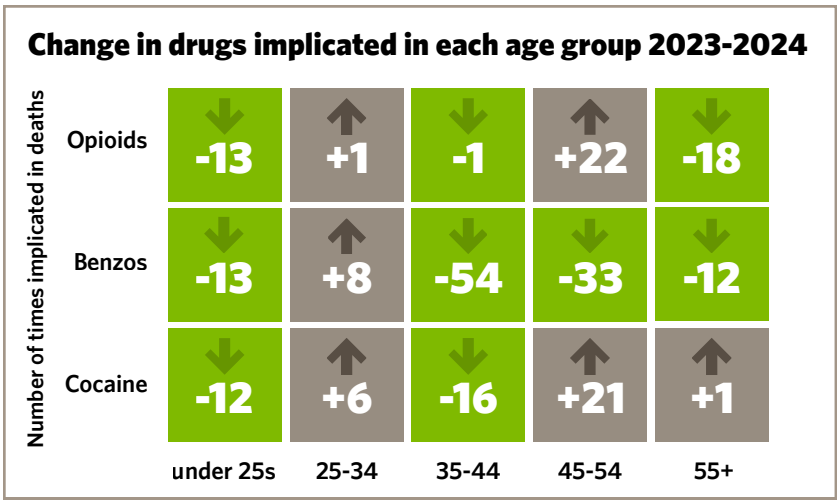


- The under 25 age group recorded the fewest deaths (**34**). **23** (**68%**) involved opioids, **20** (**59%**) involved benzodiazepines, and **16** (**47%**) involved cocaine.

DEATHS BY AGE



- In 2024, deaths fell in all age categories apart from in the 25-34 category — however, in this age cohort, the increase in those that lost their lives was 2 people.
- As the majority of drug-related deaths involve more than one drug (**80%**), an increase in different drugs implicated, such as in the 25-34 age category, does not necessarily result in an equal increase in deaths.
- Compared to 2023, there was a decrease in the number of benzodiazepines implicated in deaths across every age group apart from among 25-34 year-olds.



Cocaine, by contrast, was involved in more deaths in **three out of five** age cohorts.

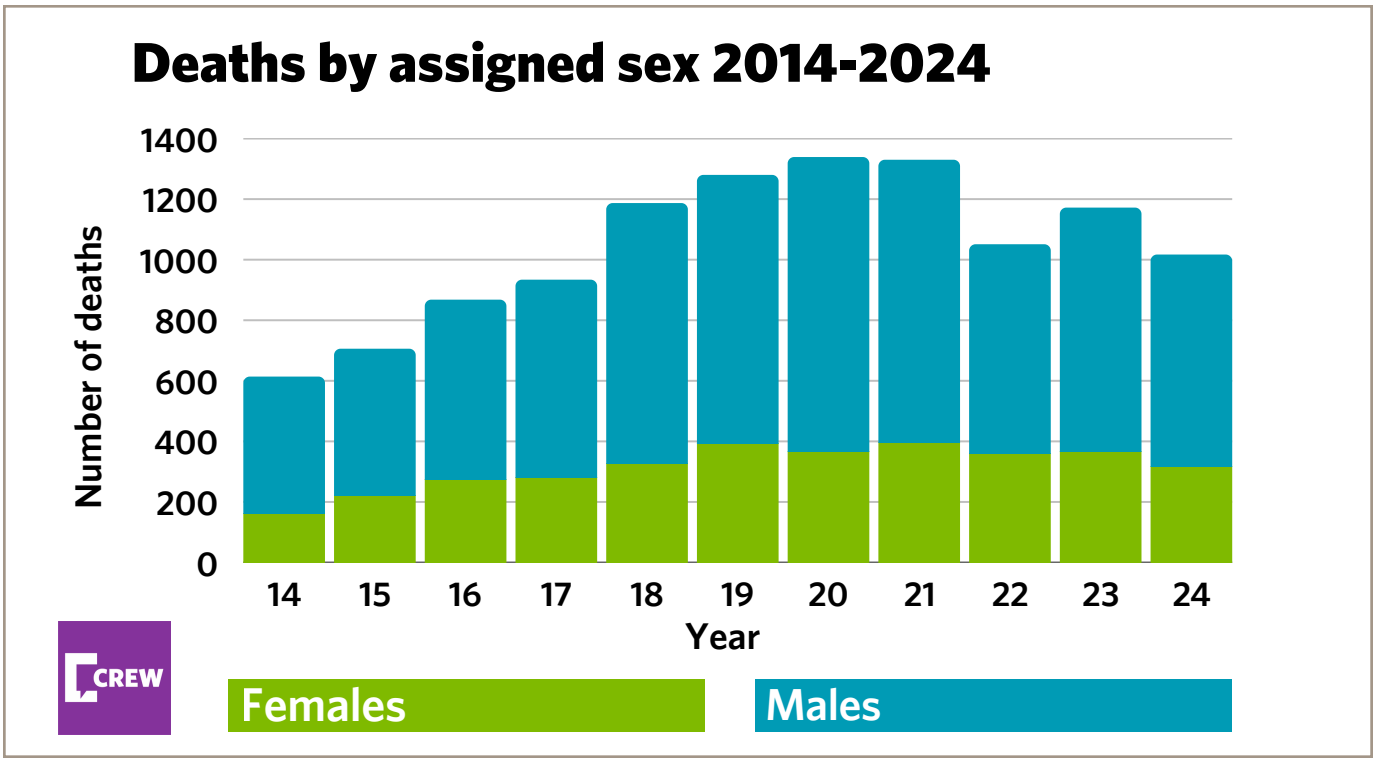
DEATHS BY ASSIGNED SEX

- In 2024, **699** (**69%**) males and **318** (**31%**) females were recorded in drug-related death statistics.

Male
69%
699

Female
31%
318

- 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 delineate who they are [27]. 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** [28].
- In 2024, **699** (**69%**) males and **318** (**31%**) females were recorded in drug-related death statistics. Males were **2.2x** more likely to die than females.



*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.

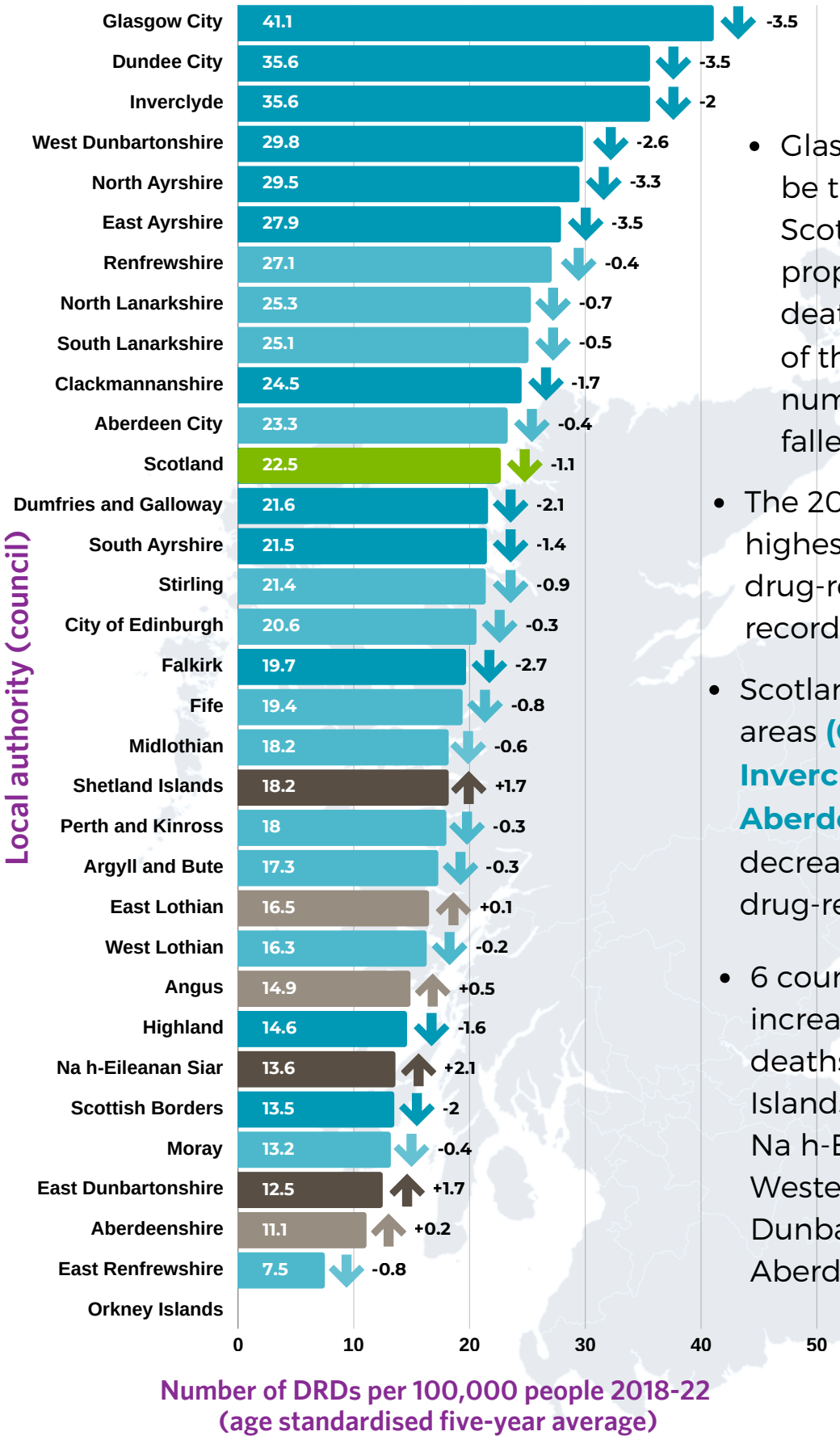
DEATHS BY ASSIGNED SEX

- 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). [15]

- A range of factors may also increase the likeliness of risky consumption among females, including [17]:
    - 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 positively impact drug related harm and drug related deaths experienced by women (including trans women) health interventions need to focus on their specific needs. These 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 [18] [19];
    - 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

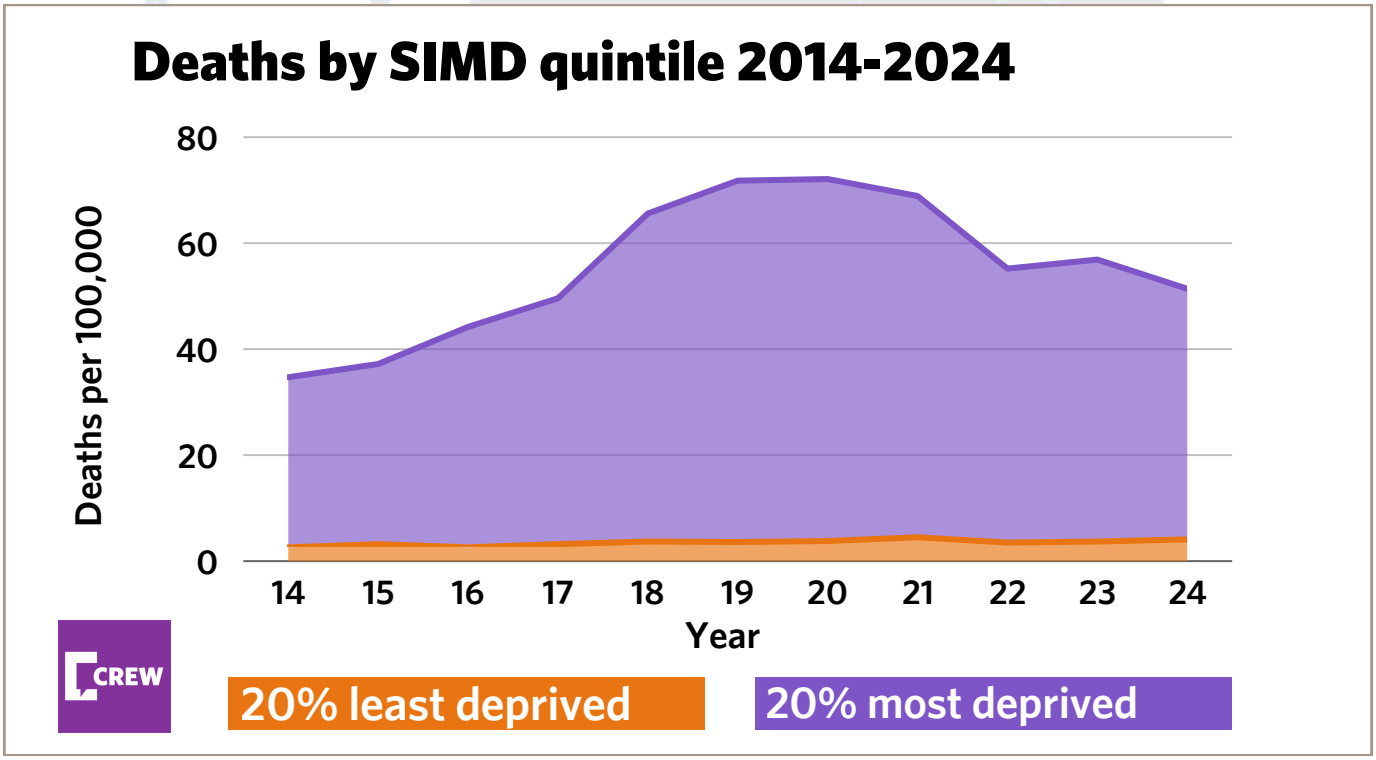


- Glasgow City continues to be the local authority in Scotland with the highest proportion of drug-related deaths at **41.1** per 100,000 of the population. This number, however, has fallen from last year.
- The 20 council areas with the highest five-year average of drug-related deaths in 2023 all recorded a decrease this year.
- Scotland's largest urban areas **(Glasgow, Dundee, Inverclyde, Edinburgh and Aberdeen)** all recorded decreases in the number of drug-related deaths.
- 6 council areas recorded an increase in drug-related deaths, these were: Shetland Islands, East Lothian, Angus, Na h-Eileannan Siar (the Western Isles), East Dunbartonshire and Aberdeenshire.

*Due to the low rate of death on the Orkney Islands, a five year average is not available on "Table C4" [1].

DEATHS BY AREA

- The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for mapping areas experiencing deprivation in Scotland. It does this by ranking small geographic areas using information across seven categories: income, employment, health, education, housing, crime, and access to services. Each data zone is given a 1 to 10 rank of most to least deprived.
- Drug-related deaths occurred at a rate **12x** higher in the **20%** most deprived areas compared to the **20%** least deprived areas of Scotland (Table 9 [1]).
- Between 2014 and 2024, drug-related deaths per 100,000 people increased by **1.5 x** in both the **20% most deprived** and **20% least deprived areas.** However, in raw numbers this translates to a far greater increase in people dying in deprived areas than people dying in well-served areas (an increase of **15.2** per **100,000** versus **1.5** per **100,000**).



UK DRUG DEATHS

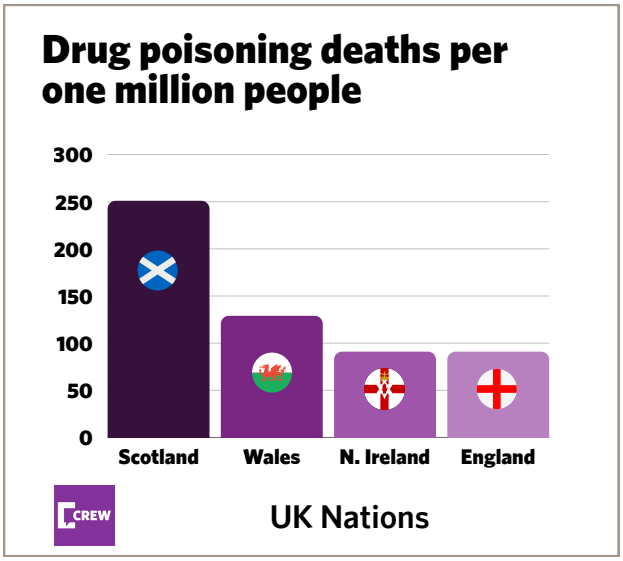
According to the most up to date figures (2023), Scotland's drug death rate was 2.7 times greater than the rest of the United Kingdom.

This figure refers to "Drug Poisoning Deaths" (DPD), which is different to the drug-related deaths referred throughout the rest of this section. It is a wider definition, and therefore slightly greater number, than the National Records of Scotland's "Drug Misuse Deaths" [20].

Country	No. of DPDs	Change from 2022	Population	No. of DPDs per million of pop	Scotland's comparison rate
Scotland	1330	+10.6%	5,490,100	251	-
Wales	377	+18.6%	3,164,400	129	2.1 x higher
NI	169	+9.7%	1,920,400	91	2.8 x higher
England	5053	+10.5%	57,690,300	91	2.8 x higher
United Kingdom (excl. Scotland)	5599	+11%	68,265,200	81	2.7 x higher

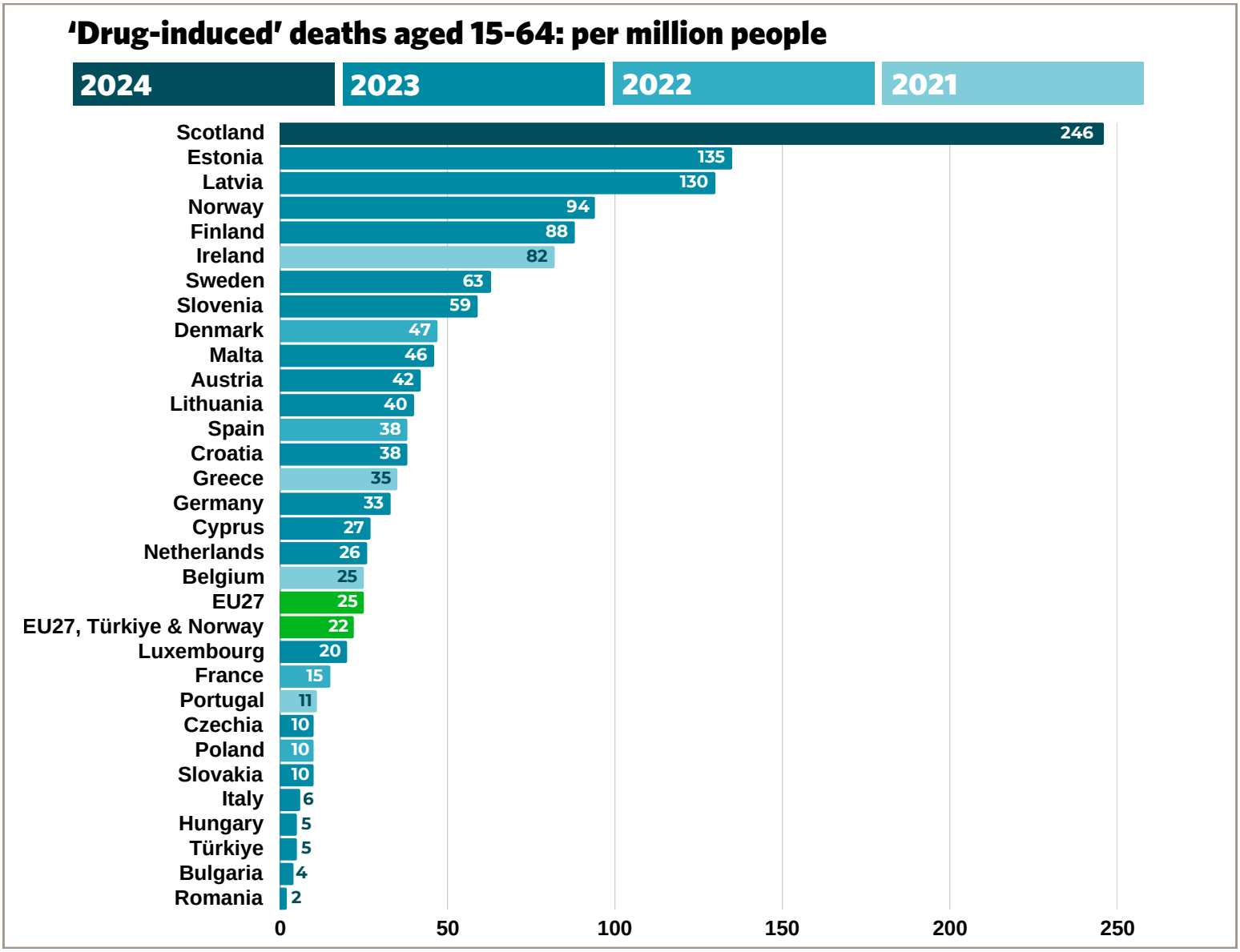
As the most recent available figures that allow for analysis across the four UK nations are from 2023, Scotland's drug-poisoning deaths appear to rise from the year previous.

While Scotland is the UK nation worst affected by drug deaths, it is clear that steadily increasing drug harms are also a significant concern for the rest of the United Kingdom.



*Drug poisoning death data for Scotland, England, Wales and Northern Ireland were taken from Table 12 of NRS DRD report 2023 [1]. Mid-year population estimates were sourced from the Office for National Statistics [21].
**All statistics used in the table above are based on 2023 data as these were the most up to date figures at the time of publication.

EUROPEAN DRUG DEATHS

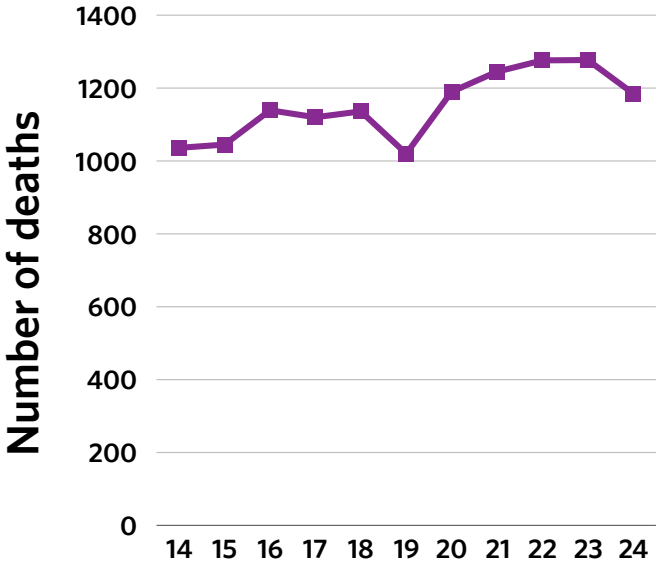


- This graph shows the most recent drug-related death statistics for each country covered in the European Drug Agency's (EUDA) European Drug Report for 2025. Scotland's figure is included for comparison [22].

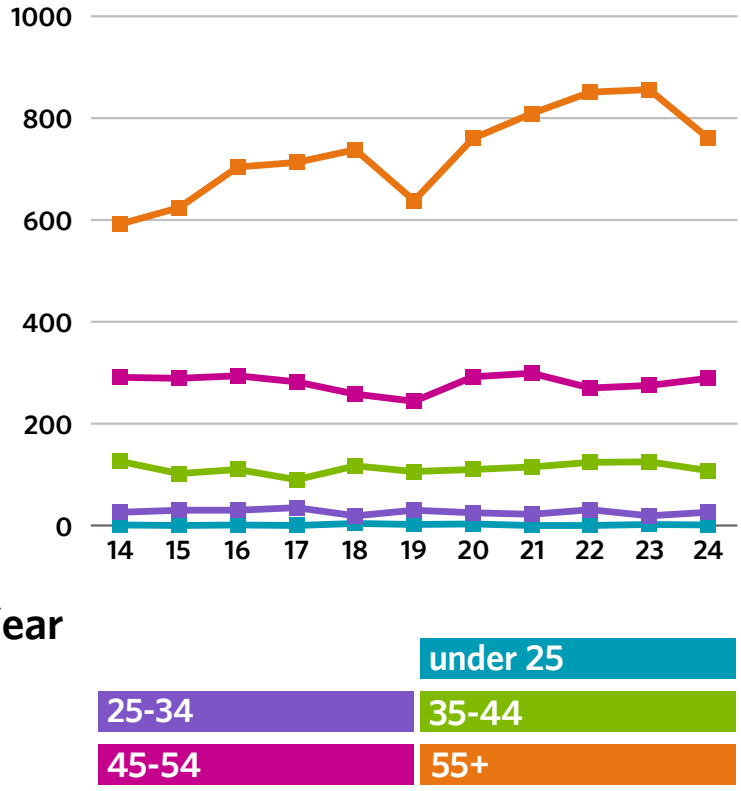
- Scotland unfortunately continues to have the greatest drug death rate, however the EUDA cautions that many European countries may under-report drug-induced deaths due to:
  - Differences in reporting procedures;
  - Less frequent toxicological investigations and;
  - Insufficient communication between national forensics or police registers and European General Mortality Registers.

ALCOHOL-SPECIFIC DEATHS

Alcohol-specific deaths 2014-2024



Deaths in each age group 2014-2024



The National Records of Scotland publication, '**Alcohol-specific deaths**' [23], reports that there were **1,185 alcohol-specific deaths** in Scotland in 2024. This figure represented a **7.2%** decrease from the previous year and was the lowest figure in the series since 2019.

In terms of relative deprivation (where people in relatively deprived areas are less likely to have secure housing, stable employment, good health and access to services), people from the **20% most deprived areas** were **3.8 x** more likely to die from an alcohol-specific death than those from the **20% least deprived areas.**

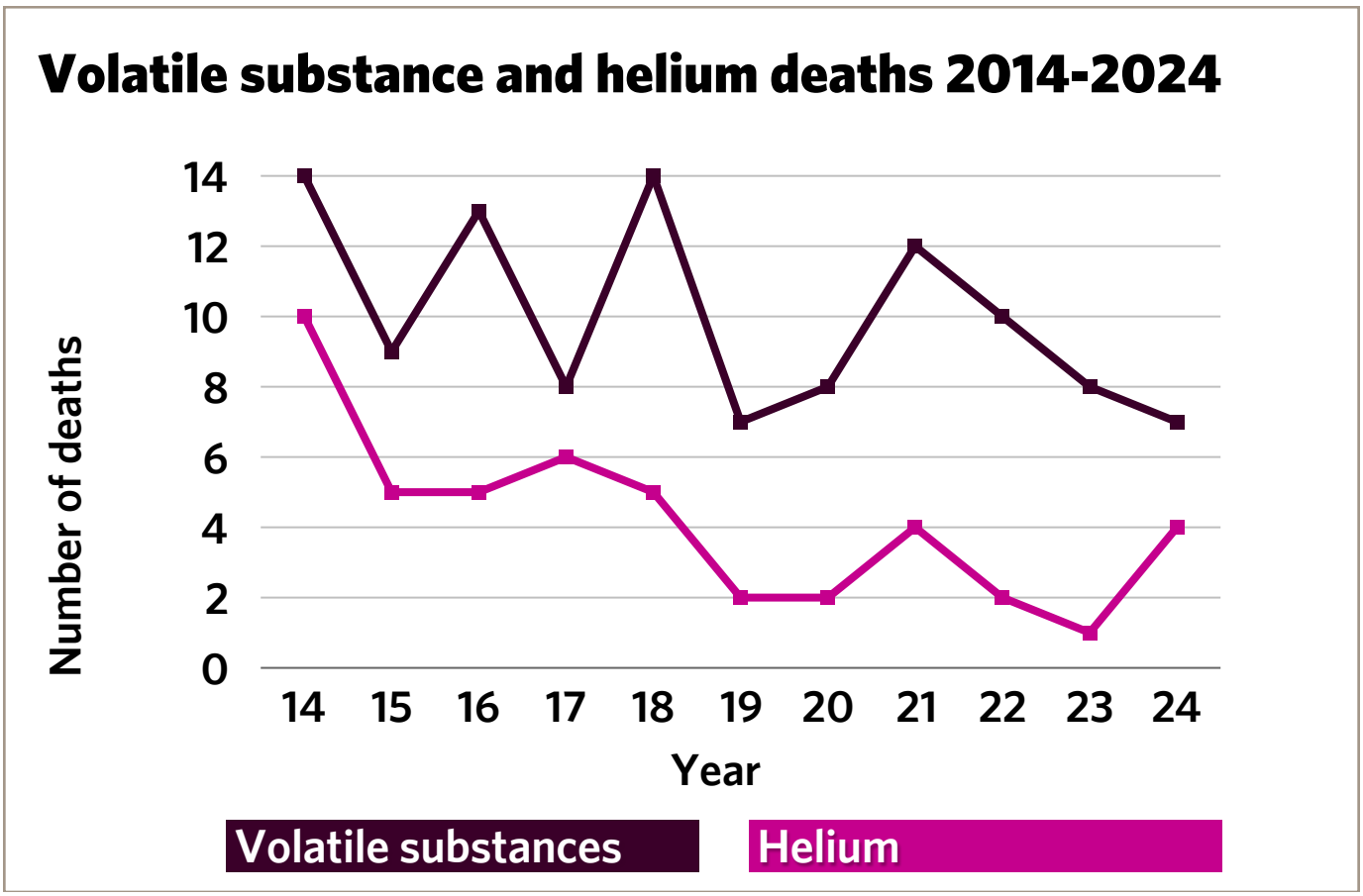
People of ages **55 and over** were the most likely to die from an alcohol death, followed by people between the ages of 45 and 54. The **average** age at death was **59 years old**. These figures differ from drug-related deaths, in which the average age of death was 45 and the age groups most affected were people 45 to 54, followed by those 35 to 44.

VOLATILE SUBSTANCE AND HELIUM DEATHS

7 people were reported to have died from volatile substances in 2024 [22], which is slightly lower than the five-year average (**9** people per year). Of these 7 volatile substance deaths, **2** were classified as drug-related deaths, while the remaining 5 did not meet the criteria required to be included in the overall drug-related death figure.*

4 people were reported to have died from helium, slightly more than the five-year average of just **under 3 people** per year (2.6) per year [22]. Of these **4** helium deaths, none met the criteria* required to be included in the overall drug-related death figure.

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



*For a death to be classified as drug-related, at least one drug implicated at the time of death must be classified under the Misuse of Drugs Act. For a death to be classified as a drug poisoning death, it must have been a direct, contributing factor to the death, and not only present at the time of death.

DRD SUMMARY

- There were **1,017** drug-related deaths in 2024.
    - Opioids were implicated in - **80%** (810 deaths)
    - Heroin and/or morphine - **31%** (317 deaths)
    - Methadone - **41%** (412 deaths)
    - Benzodiazepines - **56%** (574 deaths)
    - Gabapentin and/or pregabalin - **37%** (374 deaths)
    - Cocaine - **47%** (479 deaths)
    - Amphetamines - **4%** (42 deaths)
    - Ecstasy-type - **2%** (19 deaths)
- The median or average age for drug-related deaths was **45**.
- In 2024, male deaths accounted for **69%** of all drug related deaths and **31%** were female.
- 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 **2.5** times higher than 'the UK as a whole', **2.7** 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).

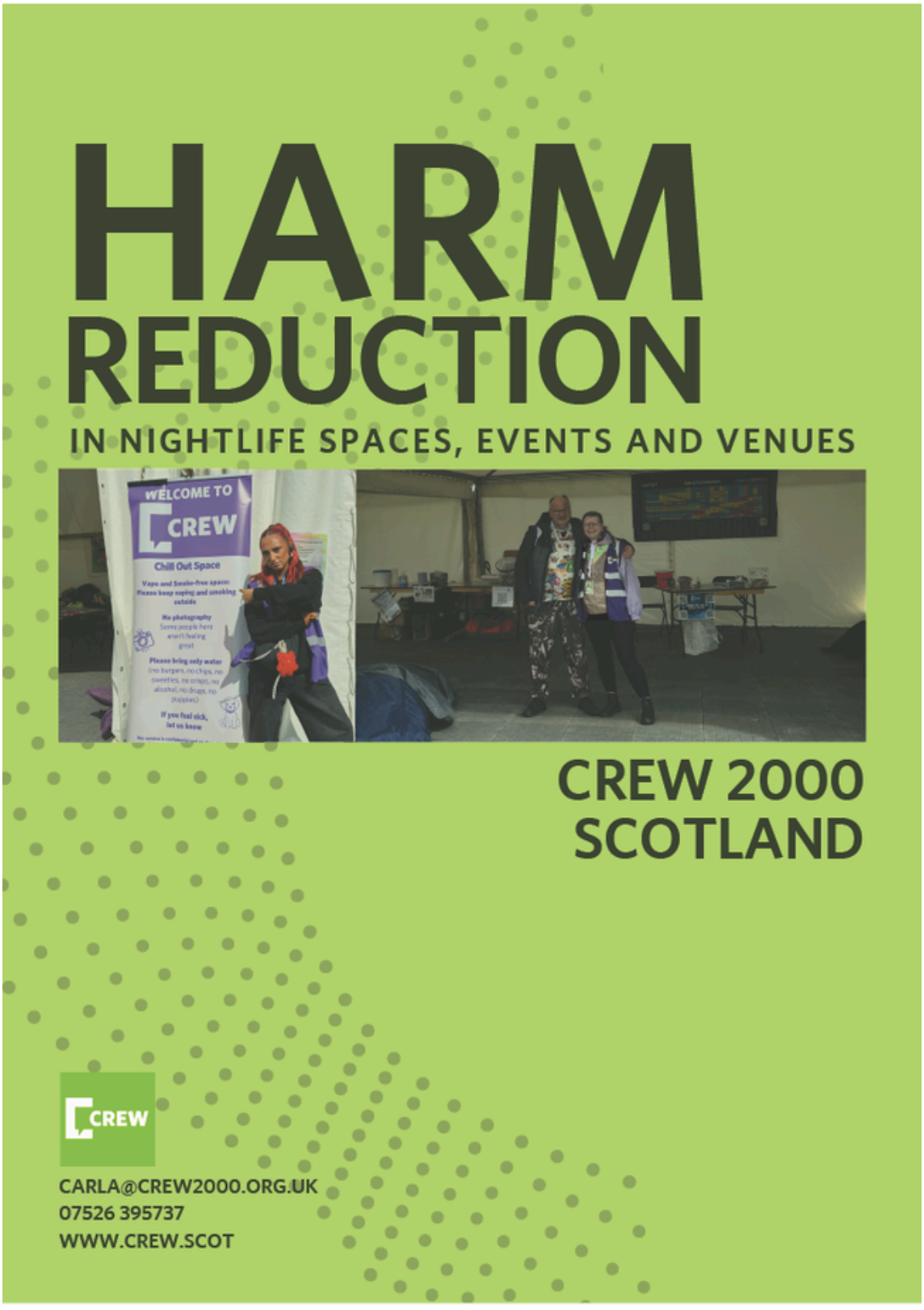
This overview highlights important data collected by the National Records of Scotland on drug related deaths, ahead of the publication of the next report, we hope sharing this overview will provide greater context, and time to reflect on those we lost in 2024.

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).

APPENDICES

REPORTS

Crew 2000 Nightlife Harm Reduction Impact Report



REPORTS

SALSUS report summary:

The **Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) [40]** 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 [41] 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.

A1 - REFERENCES

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Drug-related deaths in Scotland in 2024

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Drug-related deaths terminology feedback

[3] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-related deaths in Scotland methodology annexes

[4] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-related deaths in Scotland in 2023

[5] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-related deaths in Scotland in 2022

[6] NATIONAL RECORDS OF SCOTLAND (NRS)

Drug-related deaths in Scotland in 2021

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List of substances reported in drug-related deaths, Scotland, 2000 to 2024

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

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Rapid Action Drug Alerts and Response (RADAR) Alert: Nitazenes

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Timeline of the international control status of benzodiazepines

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March 2020 – Recently scheduled benzodiazepines Flualprazolam and Etizolam associated with multiple post-mortem and DUID cases in UNODC EWA

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Substance Abuse Treatment: Addressing the Specific Needs of Women

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[22] NATIONAL RECORDS OF SCOTLAND (NRS)

Additional tables: Drug-Related Deaths in Scotland in 2024

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Alcohol-specific deaths in Scotland in 2024

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The SIPP (Safe Inhalation Pipe Provision) study

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

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

[27] CREW 2000 EMERGING TRENDS; NIGHTLIFE HARM REDUCTION PROJECT

Harm reduction in nighlife spaces, events and venues

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A focus on adolescent substance use in Europe, central Asia and Canada. Health Behaviour in School-aged Children international report from the 2021/2022 survey. Volume 3

A1 - REFERENCES

WITH THANKS

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.

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