

DRUGS AT CREW TREND REPORT 2019-2020

JANUARY 2021



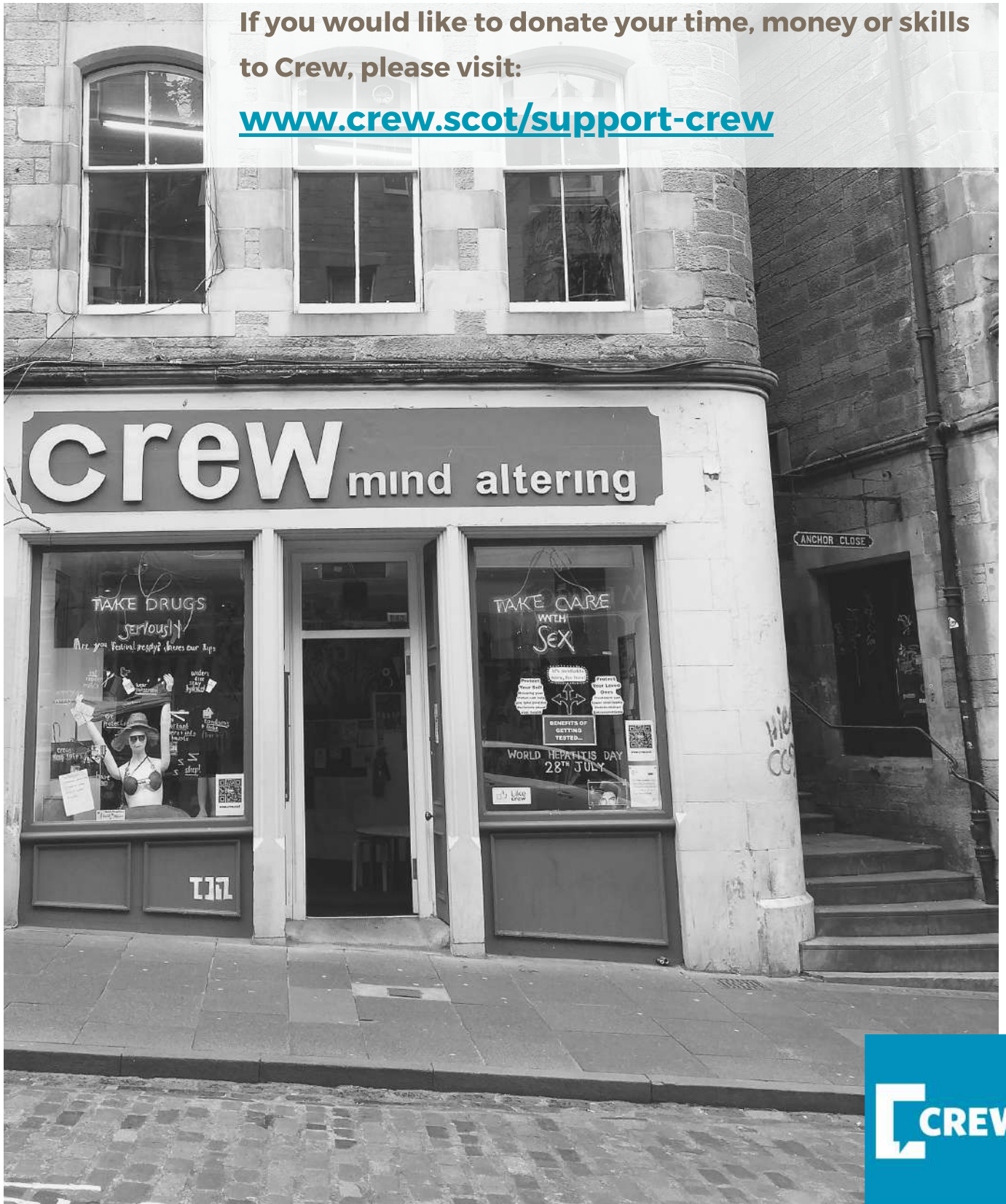
Did you notice our new look on the front page?

Thanks to Place Hotels, Too Much Fun Club and Baillie Gifford for the invaluable support that made our Drop-in makeover possible!

**BEFORE:
AUGUST 2019**

If you would like to donate your time, money or skills to Crew, please visit:

www.crew.scot/support-crew



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

This document provides an overview of drug trends in Scotland. It covers the period from April 2019 to December 2020.

Drug-related harm in Scotland continues to rise. The harms caused by drugs and drugs legislation are wide-ranging and in this report we discuss what they are and how they impact on individuals, families and society.

This report was created as a supporting document for the Emerging Trends and Training post at Crew, funded by the Scottish Government Population Health Directorate.

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

This report only focuses on the most significant drug trends of the last few years, if you would like more information on drugs, or on anything else in this report, we would love to hear from you!

Email: info@crew2000.org.uk

Visit: www.crew.scot



PART 1 DRUG TRENDS

- 6 Drug trends at Crew
- 11 National trends
- 13 International trends

PART 2 DRUG-RELATED DEATHS

- 15 Introduction
- 19 What is a DRD?
- 20 Key figures
- 23 Opioid DRDs
- 26 Depressant DRDs
- 29 Stimulant DRDs
- 31 Deaths by age
- 33 Death by sex
- 35 Deaths by area
- 36 UK drug deaths
- 37 European drug deaths
- 38 A benzo crisis
- 40 Other substance-related deaths
- 41 Stop the deaths
- 42 DRD summary

PART 3 COVID-19 AND DRUG TRENDS

- 44 COVID-19
 - 45 COVID-19 harm reduction
 - 46 COVID-19, drugs & harm reduction
 - 48 COVID-19 survey
 - 52 Drug trade & supply
 - 58 Drug use & behaviour
 - 67 Support & services
 - 78 The legacy of COVID-19
 - 80 Other surveys & info
 - 82 COVID-19 summary
-
- 83 Appendix 1 - References

PART 1

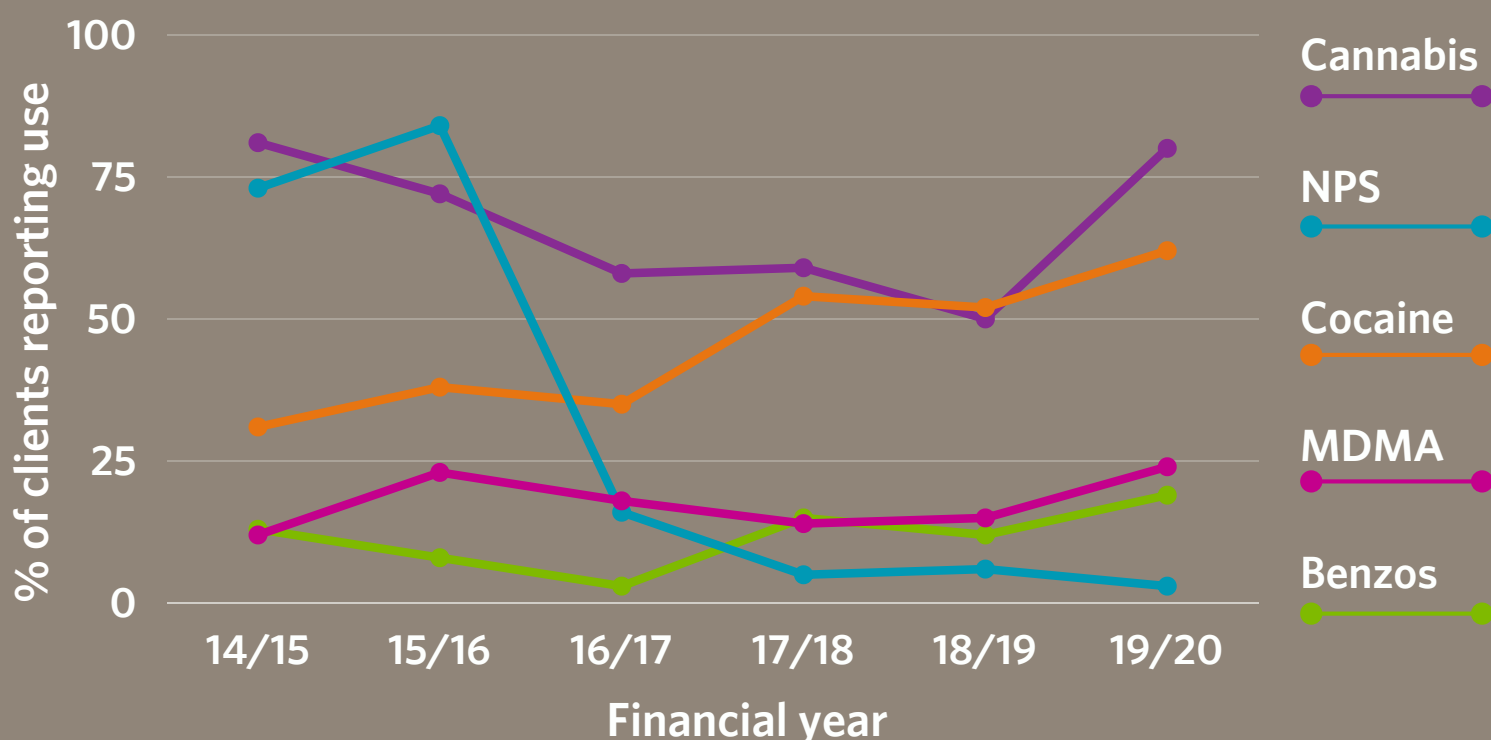


DRUG TRENDS

DRUG TRENDS AT CREW

- In our psychostimulant Counselling Service, the use of New Psychoactive Substances (NPS) continues to decrease while the use of cocaine continues to increase, reaching a high of **62%** in 2019/20. Cannabis reclaimed the top spot with its use being reported by **80%** of clients.
Note: These percentages add up to more than 100 because the use of more than one drug was reported by many clients.
- In the last year (in addition to the drugs stated in the graph below), Crew's Counselling Service reported increases in the use of LSD and amphetamine.
- In 2018/19, the use of LSD was reported by **5%** of clients and this was consistent with previous years. In 2019/20 this increased to **15%**.
- In 2018/19, the use of amphetamine was reported by **9%** of clients and this was consistent with previous years. In 2019/20 this increased to **14%**.

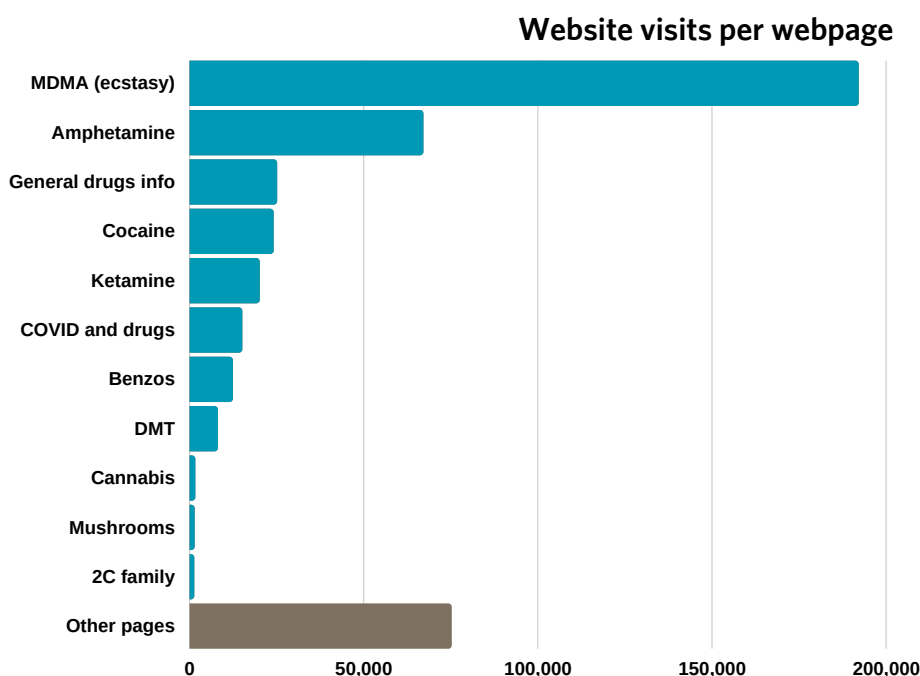
Drugs reported by counselling clients at Crew, 2014 to 2020



DRUG TRENDS AT CREW

- During the reporting period (April 2019 to December 2020) Crew's website (crew.scot) had 443,000 views.

- The most frequently viewed drug was [MDMA](#), followed by [amphetamine](#), [cocaine](#) and [ketamine](#).



- During the year, we received hundreds of requests for information on different substances. The most common drug enquiry was for [benzodiazepines](#), specifically 'street benzos'. Their use remains common but new enquiries included increased benzo use in other UK nations, increased benzo use in prisons, [new compounds](#) being detected in 'street benzos', and benzos being found in powder and blotter form.
- Methamphetamine-related enquiries were received throughout 2020 and, although the number of reports remains small, these are the first reports to Crew of its use in Scotland outside a sexual setting. As a result we added [methamphetamine](#) information to our website. In late 2020, the European Monitoring Centre for Drugs and Drug Addiction published a special report entitled "[Emerging evidence of Afghanistan's role as a producer and supplier of ephedrine and methamphetamine](#)" [1]. This has serious implications for Scotland, as Afghanistan is the world's biggest opium producer and already produces much of the heroin that is sold on our streets, and we will therefore continue to monitor the market.

DRUG TRENDS AT CREW

- There was an influx of requests for information about nitrous oxide in spring 2020, coinciding with the first UK lockdown. It is likely that this is due to increased visibility of use, rather than a significant spike in use (although this has increased over the last few years). As a result we updated our [nitrous oxide](#) website information and produced a [harm reduction flyer](#).
- There was also a notable increase in the number of requests about [ketamine](#). These were from friends and family members who are looking for support for their loved one who has developed a dependency on ketamine; from individuals who are questioning their relationship with ketamine and want to understand the signs of dependency; and also from people who are looking for ways to relieve abdominal pain, known as 'k-cramps', resulting from the damage that ketamine has caused to the urinary tract (i.e. kidneys, bladder, urethra).



DRUG TRENDS AT CREW

In 2020, our training team worked to create a series of in-depth information guides. Click below to download these free resources.

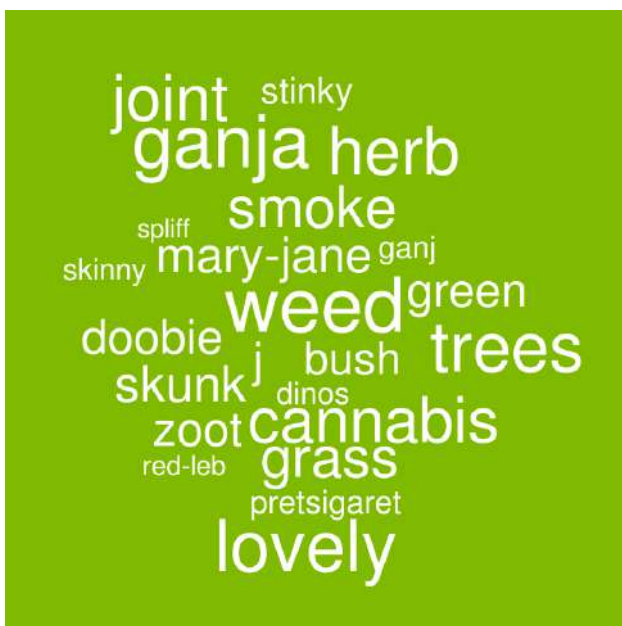
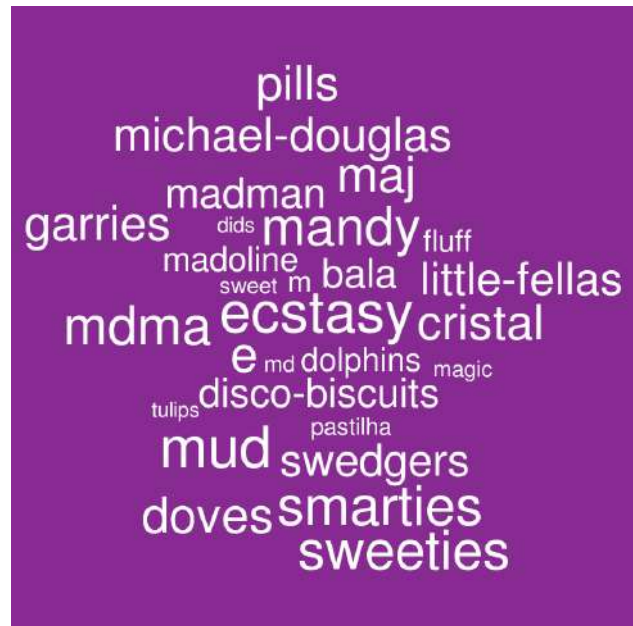
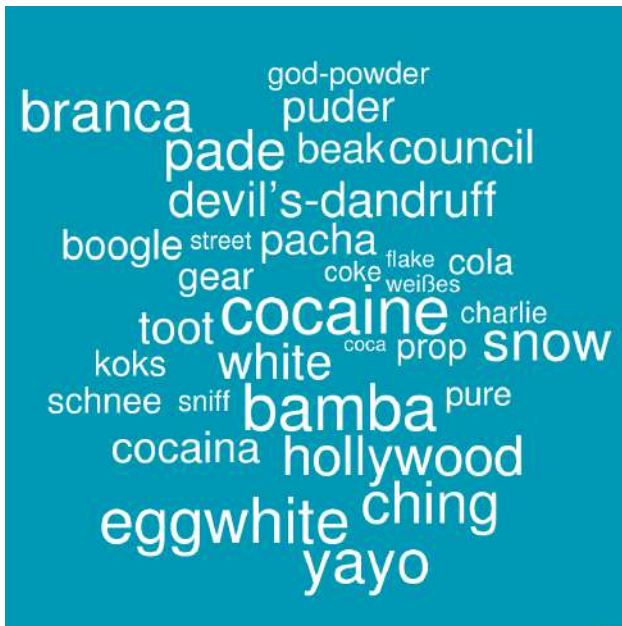


Please share and visit our website to order hard copies:

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

DRUG TRENDS AT CREW

To launch each resource, we also created a series of webinars to discuss each drug in detail. Over 800 people from around the world registered for these events; here's what they called cocaine, MDMA, cannabis and benzos!



If you missed them, you can watch them here:

www.crowdcast.io/e/take-drugs-seriously-webinars-2020

NATIONAL TRENDS

In Scotland

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) is a national survey on smoking, drinking and drug use for young people who attend school. Data from 2018 was published in 2019. Key points from the '[SALSUS Drug Use Report 2018](#)' [2] include:

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

Data on drug-related hospital admissions for 2018/19 was published by Public Health Scotland in 2020. Key points from the '[Drug-Related Hospital Statistics 2018/19 Report](#)' [3] include:

- Between 1996/97 and 2018/19, there was a greater than **threefold increase** in the rate of drug-related hospital stays from **73 to 260 stays** per 100,000 population.
- The rate of drug-related general acute hospital stays increased from **51 to 219 stays** per 100,000 population between 1996/97 and 2018/19.
- Drug-related psychiatric hospital stays in Scotland increased from **29 to 41 stays** per 100,000 population between 2014/15 and 2018/19.
- Hospital stay rates for opioids (133 stays per 100,000 population), sedatives/hypnotics (39), cannabinoids (33) and cocaine (31) increased since 2013/14.
- Cocaine-related hospital admissions in Scotland have increased by over **3000%**, from 0.98 per 100k in 1996/97 to 31.02 per 100k in 2018/19. During the same period overall admissions increased by **250%** and opioid admissions increased by **400%**.
- In 2018/19, approximately half of the patients with a drug-related general acute or psychiatric hospital stay lived in the **20%** of most deprived areas in Scotland.

NATIONAL TRENDS

In the United Kingdom

Drug trends in the UK are monitored by the Public Health England (PHE) Drug Harms Assessment and Response Team. Key points from their '[Quarterly Summary for Professionals](#)' in December 2020 [4] include:

- COVID-19 update: provisional data from the National Drug Treatment Monitoring System for April to September 2020 suggests that deaths in treatment could be higher than expected for opiate and alcohol service users in England.
- The harm associated with MDMA use has been increasing among 'younger people'.
- Following a [national alert](#) issued in July, reports of the availability of, and harm from, illicit drugs sold as benzodiazepines continue.
- There is no evidence suggesting widespread substitution of heroin with fentanyl.
- The number of synthetic cannabinoids-related deaths registered in 2019 was more than double the number recorded in 2017, despite being detected less in seizures.
- There are ongoing reports of increasing use and harm associated with gabapentinoids.

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

Crew continues to receive a number of enquiries from across the UK regarding the increased commercialisation of the cannabis market, perhaps influenced by legalised markets in other countries. Reports include the use of more potent cannabis products, different types of cannabis (concentrates, edibles) and an increasing number of branded packets (reminiscent of formerly legal 'New Psychoactive Substances'). This is of note as the increased marketing of cannabis products can result in increased use, and therefore we should ensure our population is educated and our services are able to respond. The Department of Health and Social Care released a national alert in July 2020 about '[cannabis oil disguised as confectionery](#)' highlighting the lack of knowledge on cannabis edibles, even within the UK Government.



INTERNATIONAL TRENDS

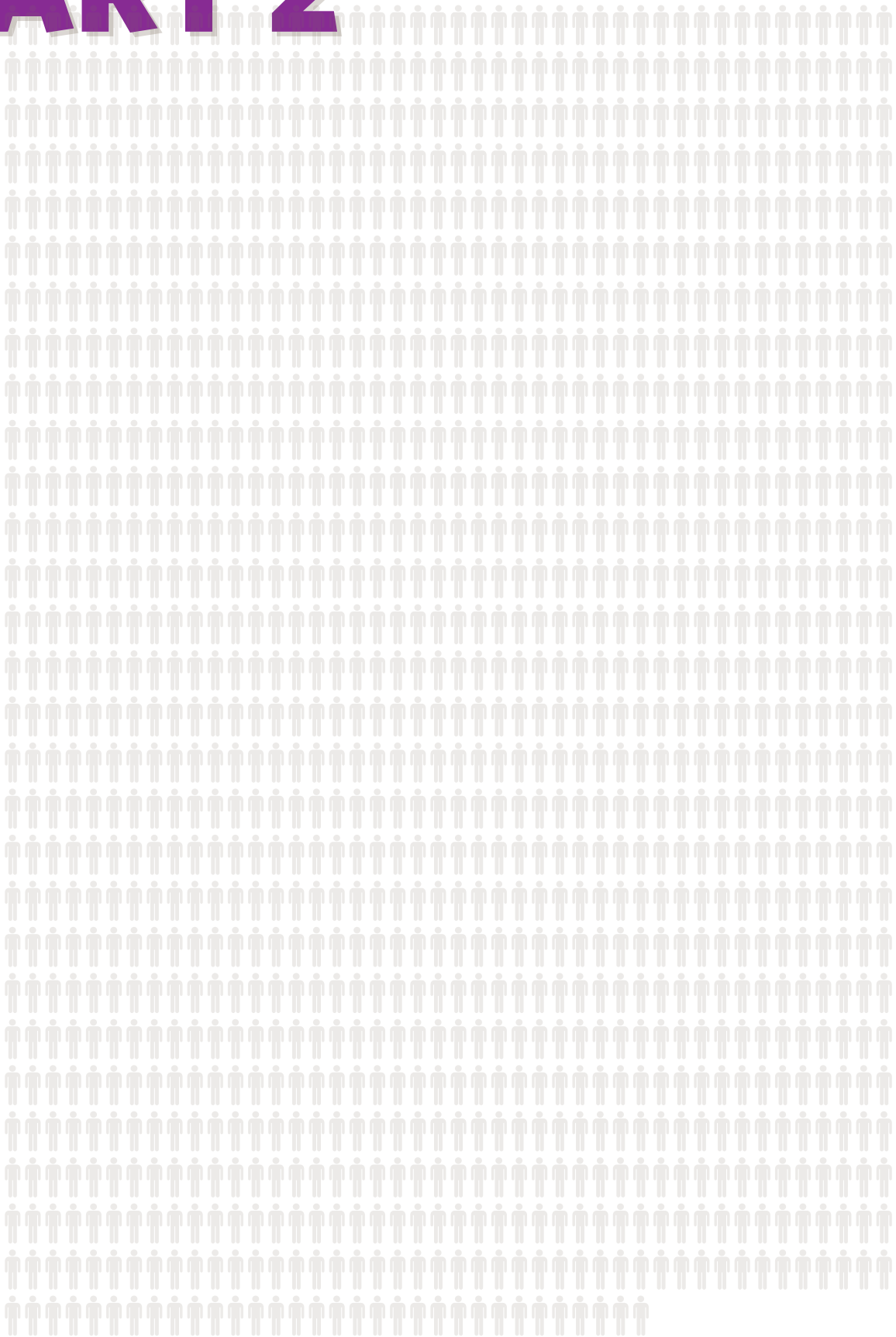
The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) provides the EU with a factual overview of European drug problems. 'Current and emerging threats' from their [European Drug Report 2020](#) [5] include:

- Large drug shipments are increasingly intercepted.
- Cocaine's role in Europe's drug problem is increasing (181 tonnes seized in 2018).
- The potential for increased heroin use and existing harms raises concerns.
- Understanding the public health impact of high potency cannabis and new products (cannabis resin and herb now contain on average about twice as much THC as they did just a decade ago).
- Increased and diverse drug production within Europe.
- Continuing availability of high-strength MDMA products highlights need for greater user awareness (increases in both the average MDMA content in tablets and the purity of powders in 2018, and products containing extremely high levels of MDMA are also being detected).
- Drug overdose is increasingly associated with an ageing population.
- New tools and innovative strategies are needed to scale-up hepatitis C treatment.
- New psychoactive substances have become a more persistent problem.
- Appearance of new synthetic opioids is a worrying example of continuing market adaptability.

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 2020](#) [6] include:

- Adverse health consequences of drug use are more widespread than previously thought.
- Cannabis was the most used substance in 2018, with an estimated 192 million people using it worldwide.
- While the impact of laws that have legalised cannabis in some jurisdictions is still hard to assess, it is noteworthy that frequent use of cannabis has increased in all of these jurisdictions after legalisation.
- Opioids remain the most harmful as, over the past decade, the total number of deaths due to opioid use disorders went up **71%**, with a **92%** increase among women compared with **63%** among men.
- Drug use increased far more rapidly in developing countries.
- Adolescents and young adults account for the largest share of those using drugs.

PART 2



DRUG-RELATED DEATHS

DRUG-RELATED DEATHS

On the 15th of December 2020, the National Records of Scotland published their report '[Drug-Related Deaths in Scotland in 2019](#)' [7].

This was almost an entire year after the last death in 2019 occurred. This delay was due to a contractual dispute between the University of Glasgow, who provide forensic toxicology services, and the Crown Office and Procurator Fiscal Service, after no agreement on service cost could be reached. This unacceptable delay not only hinders a response to the escalating death rate, but it also results in bereaved families and friends waiting long periods of time to find out the details relating to the deaths of their loved ones.

As expected, the death count is higher than ever before, at 1,264 deaths. 1,264 deaths which could have been prevented and lives that could have been saved. These are not just numbers, each is a person who is loved, and who leaves behind a devastating void in the lives of those they knew.

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

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

All data, unless otherwise stated, was taken from the [National Records of Scotland Reports on Drug-Related Deaths](#) [8].

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

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

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

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

Uncle and Cousin

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

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

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

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

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

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

Husband and Daddy

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

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

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

Friend and Partner

**[although these are the only deaths recorded in the publication discussed in this chapter]*

WHAT IS A DRD?

By definition, a drug-related death (and therefore the data discussed in this chapter) only relates to a death that fits the official definition. **A drug-related death is generally a poisoning caused by the toxic effects of a controlled drug.**

Not every death related to the use of drugs is counted as a 'drug-related death' and the definition is not straightforward.

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

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

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

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

- (i) accidental poisoning (X40 – X44);*
- (ii) intentional self-poisoning by drugs, medicaments and biological substances (X60 – X64);*
- (iii) assault by drugs, medicaments and biological substances (X85); and*
- (iv) event of undetermined intent, poisoning (Y10 – Y14)." [7]*

In 2019, 4% of deaths (47) were classed as 'drug abuse', 89% (1,130) were 'accidental poisoning', 3% (40) were 'intentional poisoning' and 4% (47) were 'undetermined intent'. No deaths were attributed to 'assault by drugs'.

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

- Alcohol, tobacco and volatile substances e.g. butane (lighter gas).
- Any drug not covered by the Misuse of Drugs Act (1971) (MoDA) e.g. New Psychoactive Substances that are covered by the Psychoactive Substances Act (2016). This means that the baseline definition 'widens' every time another drug is added to the MoDA. Recent additions to the MoDA include etizolam in 2017 and gabapentin and pregabalin in 2019.
- Bacterial infections, for example, *Clostridium botulinum* (botulism), *Bacillus anthracis* (anthrax) and *Staphylococcus aureus*, even if the infection was contracted as a result of drug use.
- Viruses, for example, HIV, hepatitis B and hepatitis C, even if the virus was contracted as a result of drug use.
- Accidents or injuries which occur under the influence of drugs such as road traffic accidents, drowning, falls and exposure.
- Assault by someone who is under the influence of a drug controlled by the Misuse of Drugs Act (1971).
- Legally prescribed, non-controlled drugs.
- Acute behavioural disturbances.
- Suicide while under the influence (unless it was via an overdose of a controlled drug).
- Medical conditions related to drug use such as chronic obstructive pulmonary disorder, pneumonia and endocarditis.

KEY FIGURES

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

2015

2016

2017

2018

2019

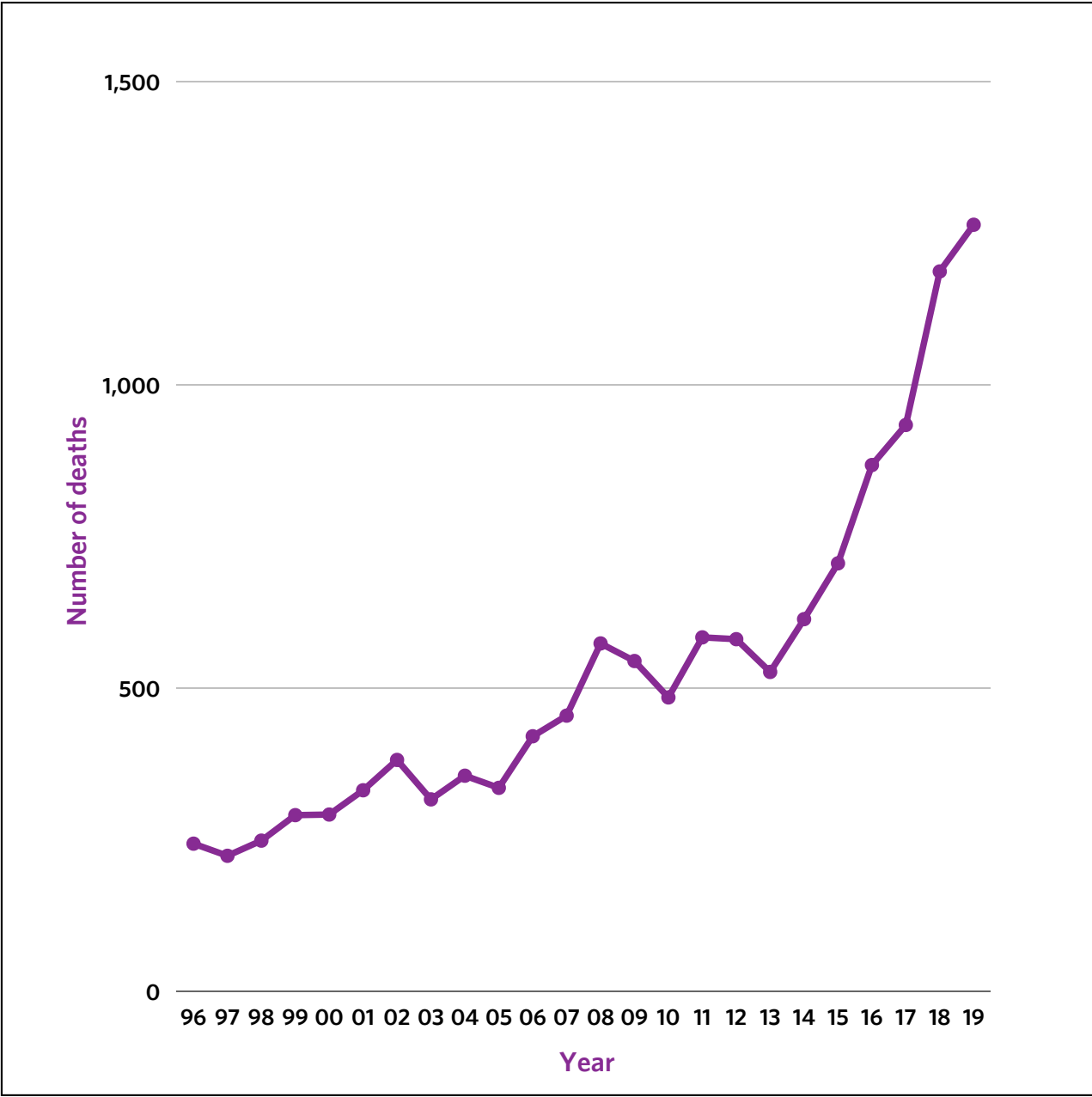
706

868

934

1,187

1,264




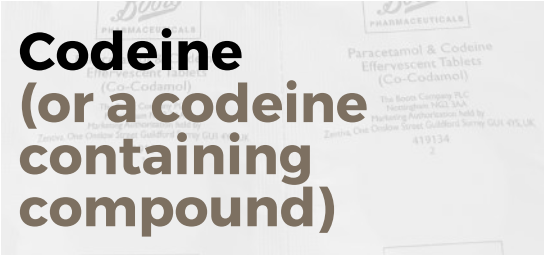
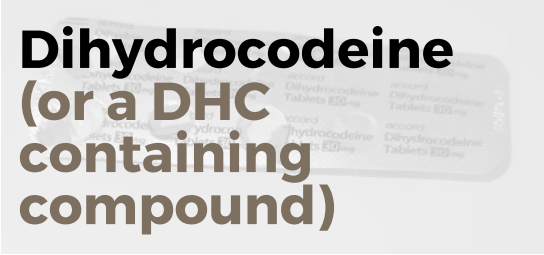



KEY FIGURES

	2017	2018	2019
Number of DRDs	934	1,187	1,264
Male deaths	652 70%	860 72%	877 69%
Female deaths	282 30%	327 28%	387 31%
Average age (median)	41	42	42
More than one drug found in the body*	882 94%	1,119 94%	1,189 94%
More than one drug implicated in death*	765 82%	1,009 85%	1,081 86%

*More than one drug (not including alcohol). Data from 'Table 7' of NRS DRD reports 2019 [7], 2018 [8] and 2017 [9]. Because more than one drug was implicated in, or contributed to, many of the deaths the percentages on the following pages add up to more than 100.

OPIOID DRDS

	2017	2018	2019
 <p>Any opiate/opioid</p>	<p>815</p> <p>87%</p>	<p>1,021</p> <p>86%</p>	<p>1,092</p> <p>86%</p>
 <p>Heroin/morphine</p>	<p>470</p> <p>50%</p>	<p>537</p> <p>45%</p>	<p>645</p> <p>51%</p>
 <p>Methadone</p>	<p>439</p> <p>47%</p>	<p>560</p> <p>47%</p>	<p>560</p> <p>44%</p>
 <p>Codeine (or a codeine containing compound)</p>	<p>27</p> <p>3%</p>	<p>57</p> <p>5%</p>	<p>55</p> <p>4%</p>
 <p>Dihydrocodeine (or a DHC containing compound)</p>	<p>97</p> <p>10%</p>	<p>133</p> <p>11%</p>	<p>116</p> <p>9%</p>
 <p>Fentanyl*</p>	<p>15</p> <p>2%</p>	<p>12</p> <p>1%</p>	<p>25</p> <p>2%</p>

*Data from 'Table Y' of NRS DRD report 2019. The 'wide' definition of a DRD varies in a few ways and it reports higher figures. All other data was taken from 'Table 3' of NRS DRD report 2019 [7].

OPIOID DRDS

- 'Opiate' is generally used to describe drugs that have been derived from the opium plant e.g. morphine. 'Opioid' is used to describe synthetic (lab-made) drugs which have similar effects to opiates e.g. methadone. For simplicity, in this report we use the term opioid to refer to all opiate and opioid drugs.
- The data does not differentiate between people who were taking prescribed opioids or illicitly sourced opioids.
- Deaths related to 'any opioid' have increased by **115%** since 2008 (from 507 to 1,092). *Note: all comparisons in this chapter are made to 2008 as this is the first year that data reported is directly comparable.*
- Heroin/morphine-related deaths have increased by **99%** since 2008 (from 324 to 645). Morphine is a metabolite of heroin (diamorphine). Toxicology cannot always determine whether heroin or morphine was taken, which is why they are reported together.
- Methadone-related deaths have increased by **231%** since 2008 (from 169 to 560).
- In 2019, there were 12 deaths where heroin/morphine was the only drug implicated (**2%** of 645 heroin/morphine-related deaths).
- In 2019, there were five deaths where methadone was the only drug implicated (**1%** of 560 methadone-related deaths).





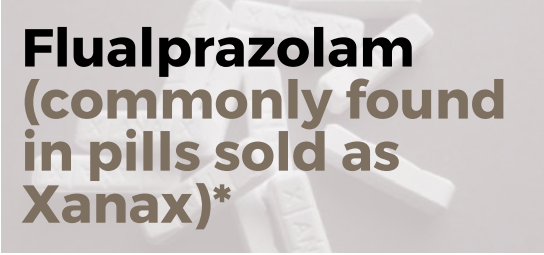
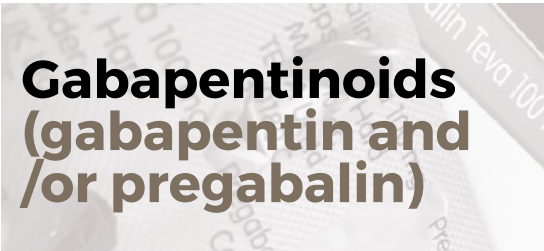
OPIOID DRDS

- Other opioids implicated in deaths (in addition to those displayed above) include buprenorphine (Subutex), tramadol and oxycodone. Information from NRS's database [9] shows that oxycodone caused six of the 14 'another opiate/opioid' deaths, tramadol was responsible for four and buprenorphine was responsible for one.
- Opioids are implicated in the majority of deaths (**86%**). This has stayed relatively stable since 2008.
- Opioids are not the most commonly used drugs in Scotland but they are implicated in the highest number of deaths. This is because, in comparison to drugs like ketamine, the difference between a dose that gives the intended effect and a fatal dose is small.

Opiate/opioid-related deaths since 2008



DEPRESSANT DRDS

	2017	2018	2019
 Any benzodiazepine	552 59%	792 67%	888 70%
 Etizolam	299 32%	548 46%	752 59%
 Diazepam (Valium)	205 22%	211 18%	179 14%
 Alprazolam (Xanax)*	99 11%	137 12%	65 5%
 Flualprazolam (commonly found in pills sold as Xanax)*	0 0%	0 0%	22 2%
 Gabapentinoids (gabapentin and/or pregabalin)	242 28%	367 31%	438 35%

*Data from 'Table Y' of NRS DRD report 2019. The 'wide' definition of a DRD varies in a few ways and it reports higher figures. All other data was taken from 'Table 3' of NRS DRD report 2019 [7].

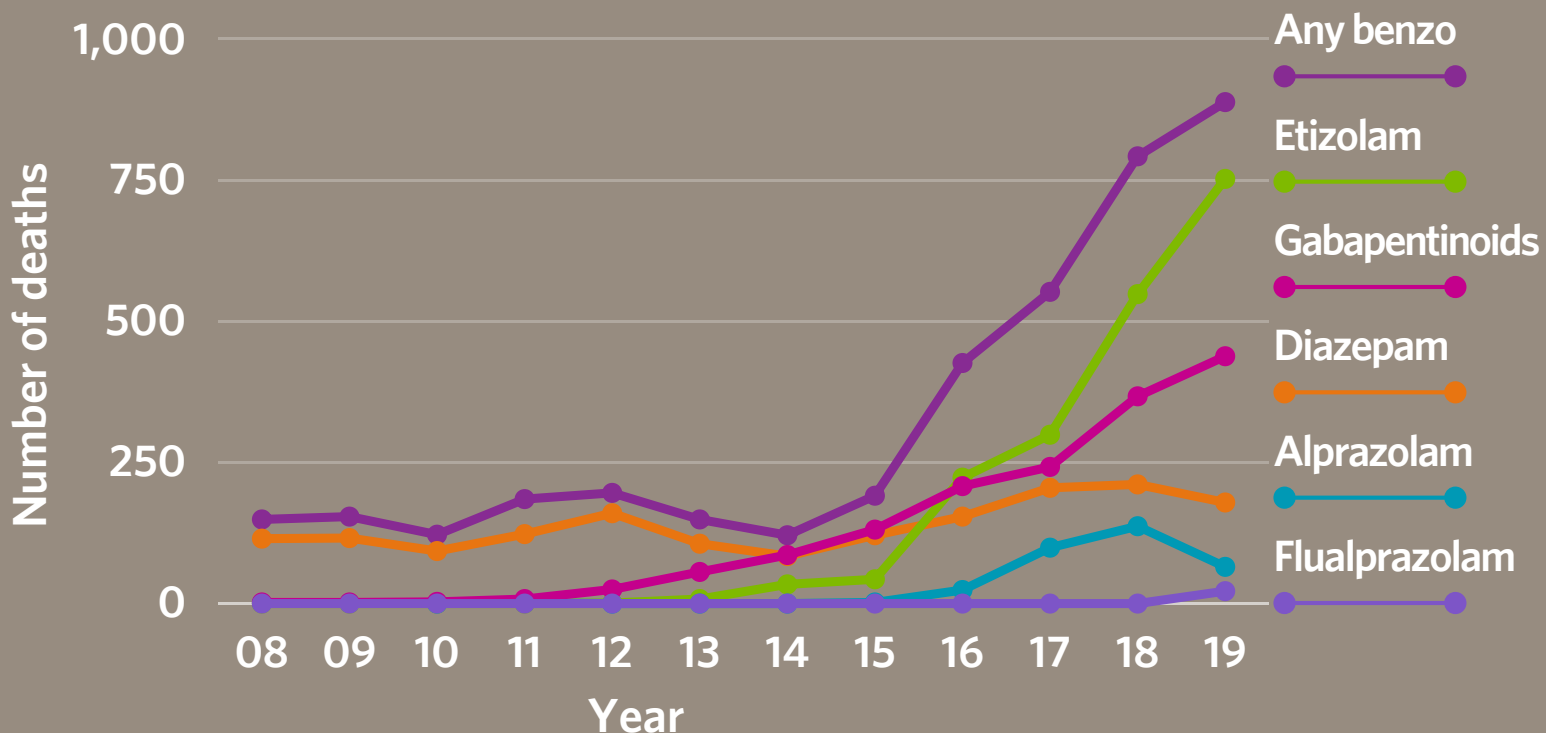
DEPRESSANT DRDS

- Deaths related to 'any benzo' have increased by **496%** since 2008 (from 149 to 888).
- In 2019, there were 8 deaths where a benzodiazepine was the only drug implicated (**1%** of 888 benzo-related deaths), reinforcing the fact that polydrug use is a major risk factor in drug deaths. The (mode) average number of drugs implicated in a death is 4 [10].
- The data differentiates between '**prescribable**' and '**street**' benzodiazepines. Annex H of the NRS DRD report 2019 [7] 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 **32%** since 2008 (from 148 to 195). Deaths related to diazepam have increased by **56%** since 2008 (from 115 to 179).




DEPRESSANT DRDS

- Deaths related to 'street benzodiazepines' have increased from one in 2008 to 814 in 2019. Deaths related to etizolam have increased from 0 to 752. See page 38 for more information on 'street benzos'.
- Between 2018 and 2019, deaths related to alprazolam have **decreased by 53%** (137 in 2018 to 65 in 2019). This is the standard active ingredient in Xanax. However, deaths related to a chemically similar drug, flualprazolam (alprazolam with an added fluorine atom) were recorded for the first time, with a total of 22 deaths recorded in 2019.
- Benzodiazepines are not the only depressant drugs fuelling drug-related deaths. Gabapentin and pregabalin deaths increased from 2 in 2008 to 438 in 2019.

Depressant-related deaths since 2008



STIMULANT DRDS

	2017	2018	2019
 <p>Cocaine</p>	<p>176</p> <p>19%</p>	<p>273</p> <p>23%</p>	<p>365</p> <p>29%</p>
 <p>Amphetamine</p>	<p>32</p> <p>3%</p>	<p>46</p> <p>4%</p>	<p>51</p> <p>4%</p>
 <p>Ecstasy-type</p>	<p>27</p> <p>3%</p>	<p>35</p> <p>3%</p>	<p>25</p> <p>2%</p>

- Powder and crack cocaine are different forms of the same drug, so toxicology cannot distinguish the type of cocaine taken. The numbers above are for deaths involving any type of cocaine.
- Cocaine-related deaths have increased by **914%** since 2008.
- Cocaine-related deaths jumped **55%** from 2017 to 2018 (from 176 to 273) and a further **34%** from 2018 to 2019 (from 273 to 365). This is a doubling (**107%** increase) in just two years.
- Cocaine was implicated in **29%** of all drug-related deaths, despite cocaine use (and the use of other stimulants) not being defined as 'problem drug use' by Public Health Scotland.

STIMULANT DRDS

- In 2019, there were 37 deaths where cocaine was the only drug implicated (**10%** of 365 cocaine-related deaths).
- There were 14 deaths where amphetamine was the only drug implicated (**27%** of 51 amphetamine-related deaths), and 9 deaths where ecstasy was the only drug implicated (**36%** of 25 ecstasy-type drug-related deaths). This is significantly higher than the average number of deaths where only one drug was implicated (**14%**). This may reflect differences in drug taking behaviour, for example, people may be less likely to take drugs alone or mix drugs (in comparison to those taking benzos/opioids), but it highlights that even when sticking to one drug at a time, use can be risky.
- Ecstasy-type drugs primarily include MDMA but in previous years this data has included drugs such as PMA and PMMA.

Stimulant-related deaths since 2008



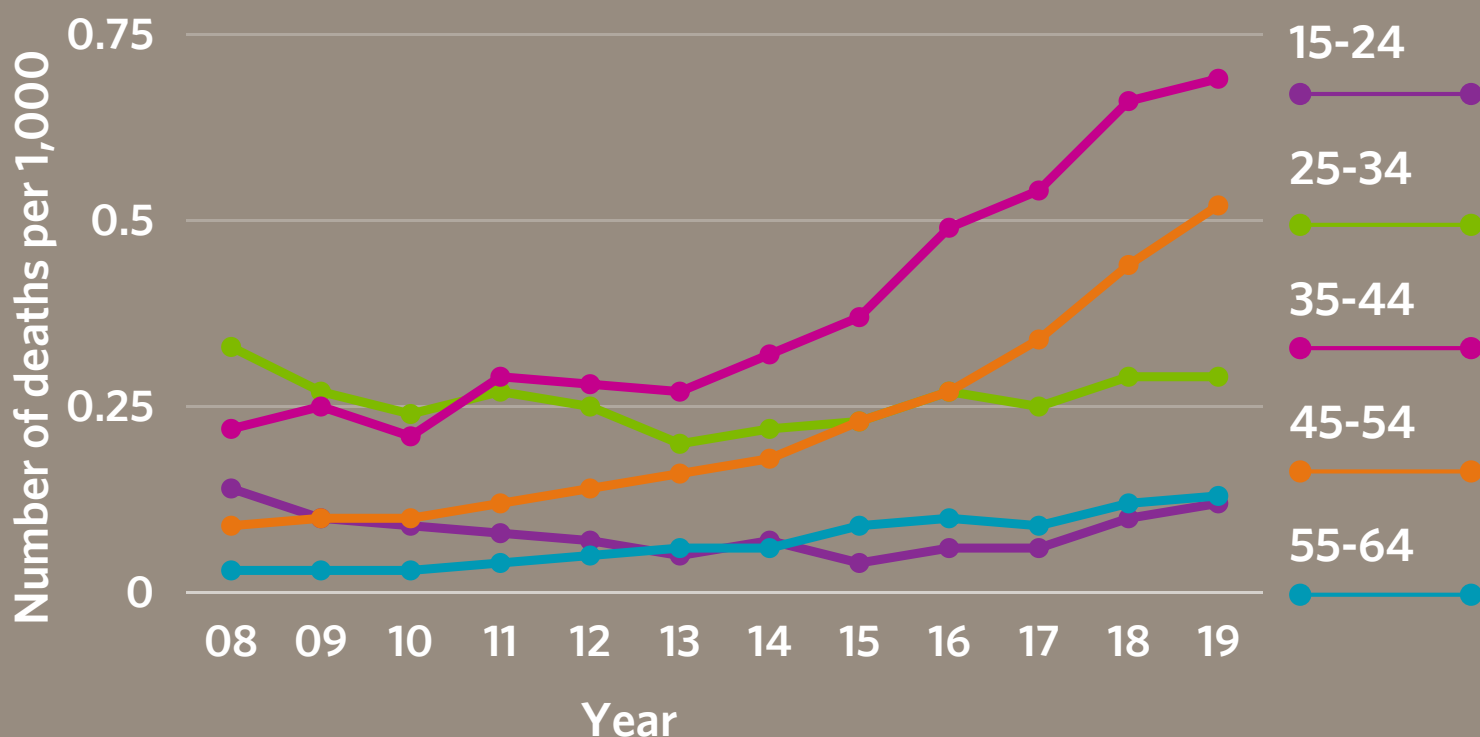
DEATHS BY AGE

- In 2019, the 35 to 44 age group reported the highest number of deaths (**37%**, 462), followed by 45 to 54 (**31%**, 394), followed by 25 to 34 (**17%**, 215).
- Deaths in the 35 to 44 and 45 to 54 age groups have risen the most significantly in recent years.
- People aged 35 to 44 are the age group whose deaths are most likely to implicate 'street benzos':
 - **40%** (326 of 814) of 'street benzo'-related deaths were of people aged 35 to 44, compared with **37%** of all drug-related deaths.
- Dihydrocodeine and amphetamine-related deaths appear to be driven by older age groups:
 - **52%** (60 of 116) of dihydrocodeine-related deaths and **47%** (24 of 51) of amphetamine-related deaths were of people aged 45 and over, compared with **40%** of all drug-related deaths.
- Cocaine and ecstasy-related deaths appear to be driven by younger age groups:
 - **35%** (129 of the 365) of cocaine-related deaths were of people aged under 35, compared with **23%** of all drug-related deaths.
 - **64%** (16 of the 25) of ecstasy-related deaths were of people aged under 35, compared with **23%** of all drug-related deaths. **40%** (10 of the 25) were aged under 25, compared with **6%** of all drug-related deaths.

DEATHS BY AGE

- Although lower than other age groups, death rates for the 15 to 24 age group have increased for the last two years (2018 and 2019) after a period of relative stability.
- There were no drug-related deaths reported in the 14 and under age group in 2019; however, data available from the year 2000 shows that between 2000 and 2018, 9 children aged 14 and under have died from a drug-related death in Scotland. 3 children died in 2017 and 1 in 2018.
- Between 2000 and 2019, 220 adults aged 65 and over have died from a drug-related death in Scotland. 18 people aged 65 and over died in 2017, 28 in 2018 and 20 in 2019.
- Some figures (e.g. the data on page 37) only report on an age range of 15 to 64. Age adjusted rates are used to make countries with different age distributions more comparable.

Deaths in each age group since 2008



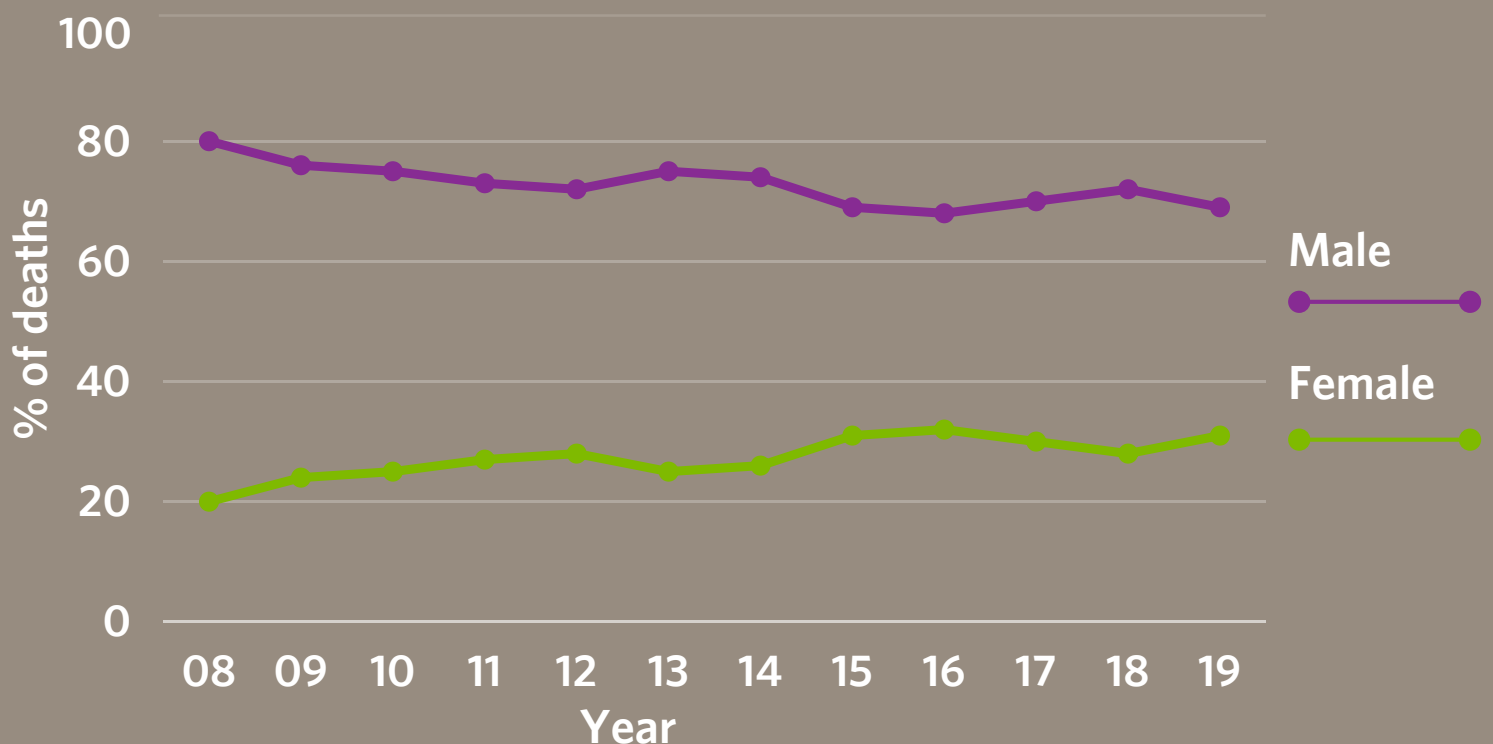
DEATHS BY SEX

- In this context, the term "sex" (i.e. male and female) is used to describe biological characteristics and it does not necessarily reflect the gender identity of the person who died.
- Between 2008 and 2019, male deaths increased by **90%** (461 to 877). Since records began in 1996, male deaths have increased by **374%** (185 to 877).
- While males make up the majority of drug-related deaths, there has been a disproportionate increase in drug-related deaths among females. Between 2008 and 2019, female deaths increased by **242%** (113 to 387). Since records began in 1996, female deaths have increased by **556%** (59 to 387).
- Almost one third (**31%**) of the people who died were female and two-thirds were male (**69%**) but this varies depending on the drug. In 2019:
 - **76%** (277 of 365) of cocaine-related deaths and **92%** (23 of 25) of ecstasy-related deaths were male, compared with **69%** of all deaths.
 - **38%** (21 of 55) of codeine-related deaths, **44%** (51 of 116) of dihydrocodeine-related deaths and **43%** (22 of 51) of amphetamine-related deaths were female, compared with **31%** of all deaths.
- There are many factors contributing to the increase in female drug-related deaths. Potential factors identified in the 2018 report, '[Why are drug-related deaths among women increasing in Scotland?](#)' [11] include:
 - Changes in patterns of substance use, particularly polysubstance use and increases in the problem use of medications.
 - Ageing among a cohort of women who use drugs.
 - Increasing prevalence of physical and mental health issues.
 - Changes in relationships and parenting roles, including social isolation and the impact of child removals.
 - Failure of drug services to meet needs of women.
 - Changes to the welfare benefits system.
 - Vulnerability to abusive or coercive relationships.
 - Involvement in commercial sex work.
 - Cuts to drug treatment services and other health and social care provision.
 - Barriers for engaging with treatment services (such as caring responsibilities, stigma and fear of losing custody of children).
 - Experiences of trauma and adversity.

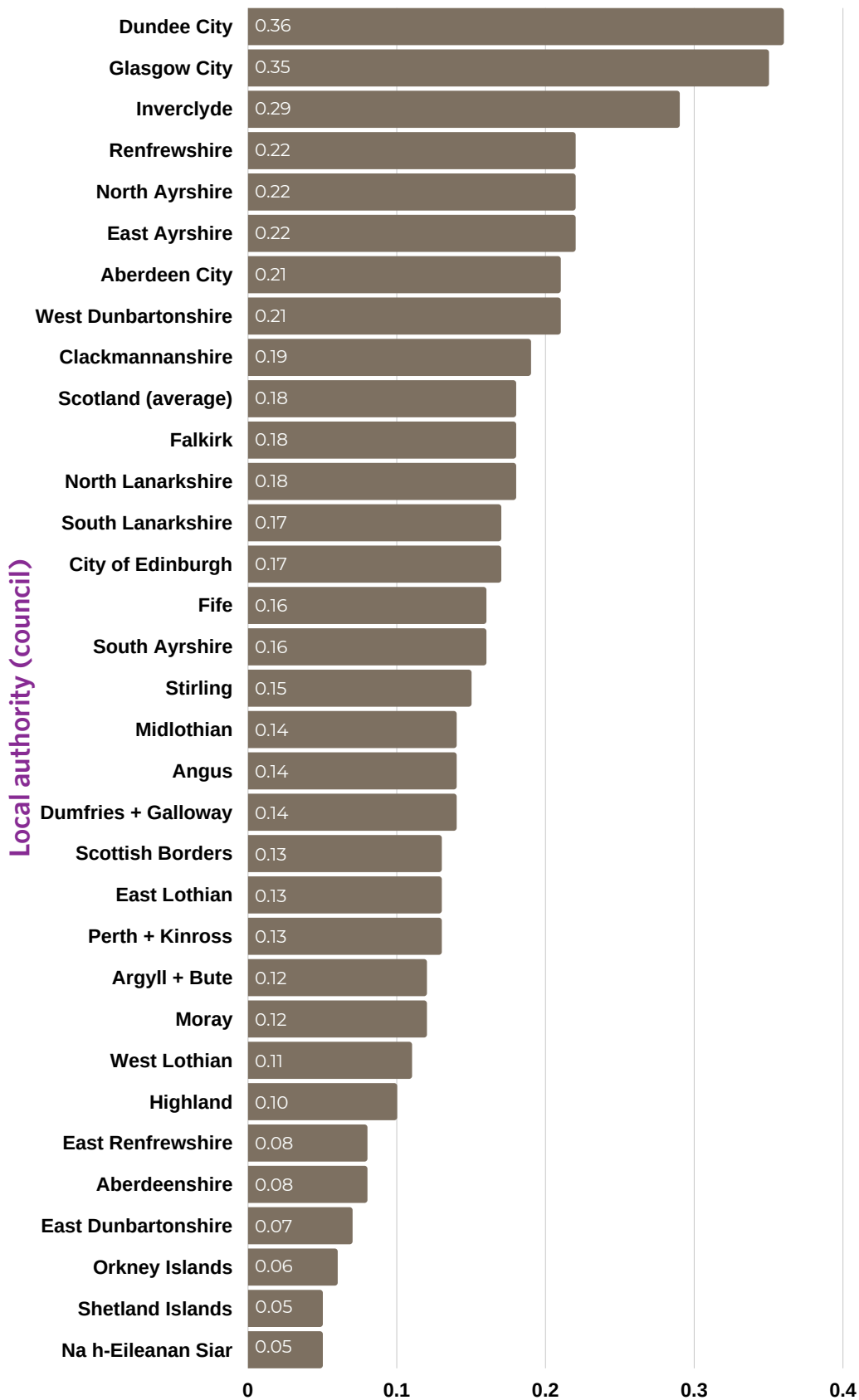
DEATHS BY SEX

- The proportion of female deaths in Scotland (**31%**) is higher than the European average (**24%**) [5].
- Anecdotally, from reports to Crew, we also know that women are less likely to purchase drugs themselves and are less likely to handle the drugs, or weigh or plan their own doses.
- Health interventions work best when they are targeted to the individual's needs. Crew recommends that we:
 - Provide female-focused interventions that focus on the diverse needs of different demographics.
 - Challenge the additional stigma towards women around drug use.
 - Involve women (including women with lived/living experience) in policy development and the design of services.
 - Better coordinate our approach to services for interlinked areas such as drugs, mental health, physical health, housing, children and employment.
 - Ensure that health interventions and services are inclusive of families and are designed to include the experience of pregnancy and parenting.

Deaths by sex since 2008



DEATHS BY AREA



- This data was taken from 'Table C4' of the NRS DRD report 2019 [7]. Rates are based on five year averages to remove year to year fluctuations.

- Dundee City is the local authority area in Scotland with the highest number of drug-related deaths per 1,000 of the population for both people aged 15 to 64 (0.53) and for people of all ages (0.36).

- Glasgow City has the second highest number of drug-related deaths per 1,000 of the population for both people aged 15 to 64 (0.48) and for people of all ages (0.35).

- Shetland Islands and Na h-Eileanan Siar (Western Isles) have the lowest drug-related death rate per 1,000 of the population for people of all ages (0.05). Shetland Islands has the lowest rate for people aged 15 to 64 (0.08).

Number of DRDs per 1,000 people, all ages, average for 2015-2019

UK DRUG DEATHS

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

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

Using the data below we can calculate that:

- Scotland's DRD rate is **3.6 times higher** than the UK as a whole.
- Scotland's DRD rate is **4.6 times higher** than the rest of the UK.

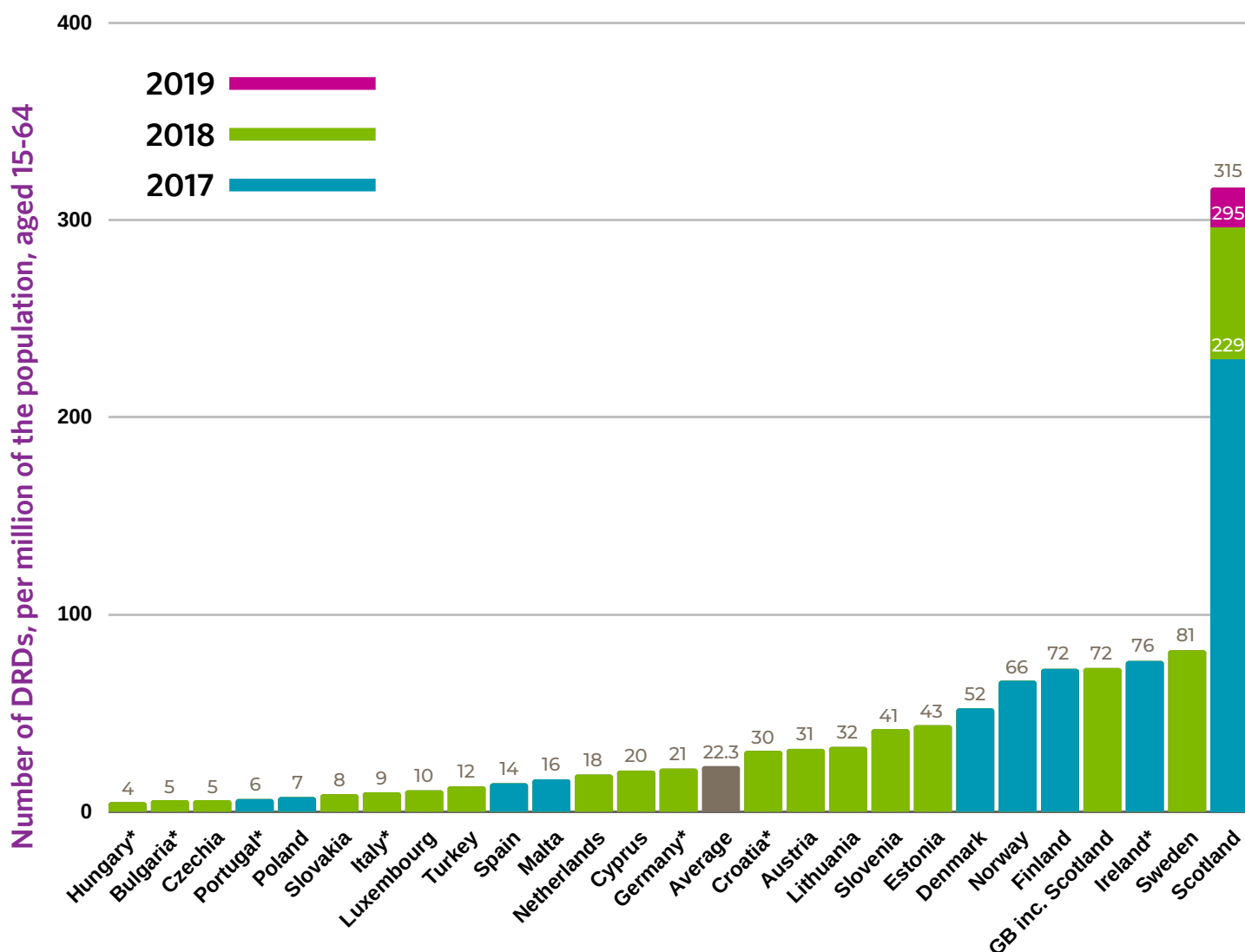
Country	No. of DRDs	Population	No. of DRDs per million of pop	Scotland's comparison rate
Scotland	1,264	5,463,300	231	N/A
England and Wales	2,883	59,439,840	49	4.7 x higher
NI	161	1,893,667	85	2.7 x higher
England, Wales and NI	(2,883 + 161 =) 3,044	61,333,507	50	4.6 x higher
United Kingdom	(1,264 + 3,044 =) 4,308	66,796,807	64	3.6 x higher

Comparisons like this are useful but we must be careful to not falsely conclude that because Scotland is performing particularly badly, that the rest of the UK is performing well. Drug deaths are preventable yet they are **continuing to rise in all UK nations**, and although England, Wales and Northern Ireland have lower rates than Scotland, they are still significantly higher than many other countries in Europe.

- Data for Scotland, England and Wales, and Northern Ireland DRD figures were taken from Annex G of NRS DRD report 2019 [7]. To make it comparable to Scotland the data for E and W only includes 'drug abuse' deaths (2,883 out of a total of 4,393 drug poisoning deaths in 2019). Data for NI is from 2018, the latest year for which data is available.
- Population data for 2019 was taken from the Office of National Statistics: mid-year population estimates [12].

EUROPEAN DRUG DEATHS

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



- Please use caution when looking at these statistics. There are variations between the way countries analyse, report and record drug-related deaths.
- This graph shows the latest figures available for each country. The reporting years vary e.g. 2017 for Denmark and 2018 for Italy.
- The figures from Scotland were taken from the National Records of Scotland, Drug-related Deaths in Scotland in 2019 report [7].
- For all countries (apart from Scotland) the data was taken from 'Table A6' on page 80 of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) European Drug Report 2020 [5].
- These figures represent the EMCDDA general mortality register definition of a drug-induced death for people aged 15 to 64 only. The EMCDDA note that the 'age band is not specified' for Portugal and Turkey. Data for Greece was not available.
- Romania, Latvia, France and Belgium are not included in this graph as they were noted by the EMCDDA as having 'significant levels of under reporting' or under reporting levels of more than 30% [13].
- (*) denotes countries noted by the EMCDDA as having no estimation/information on under reporting available.

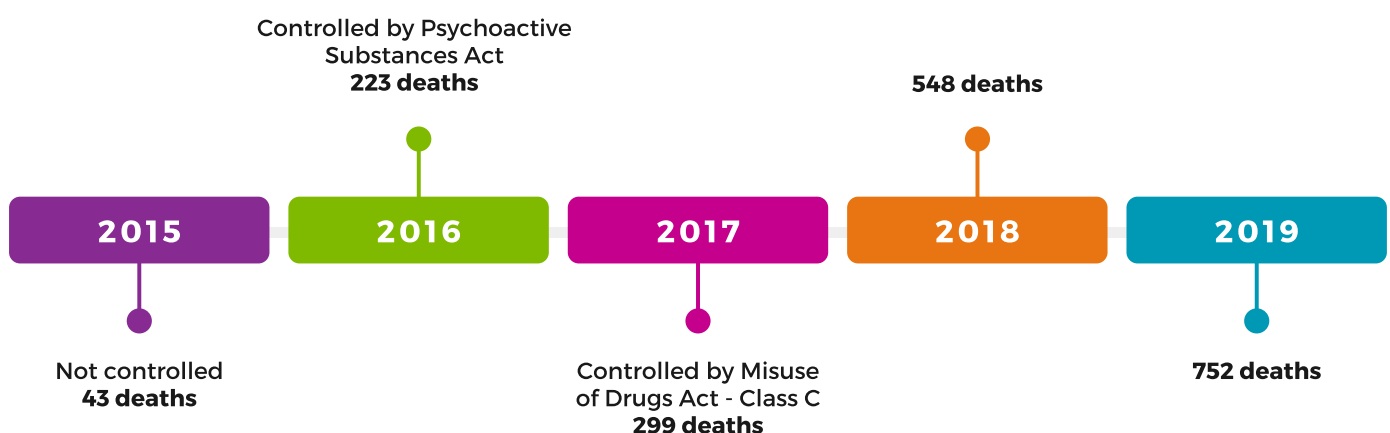
A BENZO CRISIS

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

In Scotland, in 2019, etizolam was implicated in more drug-related deaths than any other substance.

Etizolam was first detected as a 'New Psychoactive Substance' in Europe in 2011 [14]. Between 2011 and 2016, etizolam was sold online and in shops for an average of £1 per pill, usually under brand names such as 'Chillax' and 'Get Calm and Carry On'. The Psychoactive Substances Act (PSA) banned the sale of etizolam in May 2016, and it was subsequently classified as a Class C drug in May 2017. These legal changes also coincided with a review of benzodiazepine prescribing in some areas of Scotland.

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



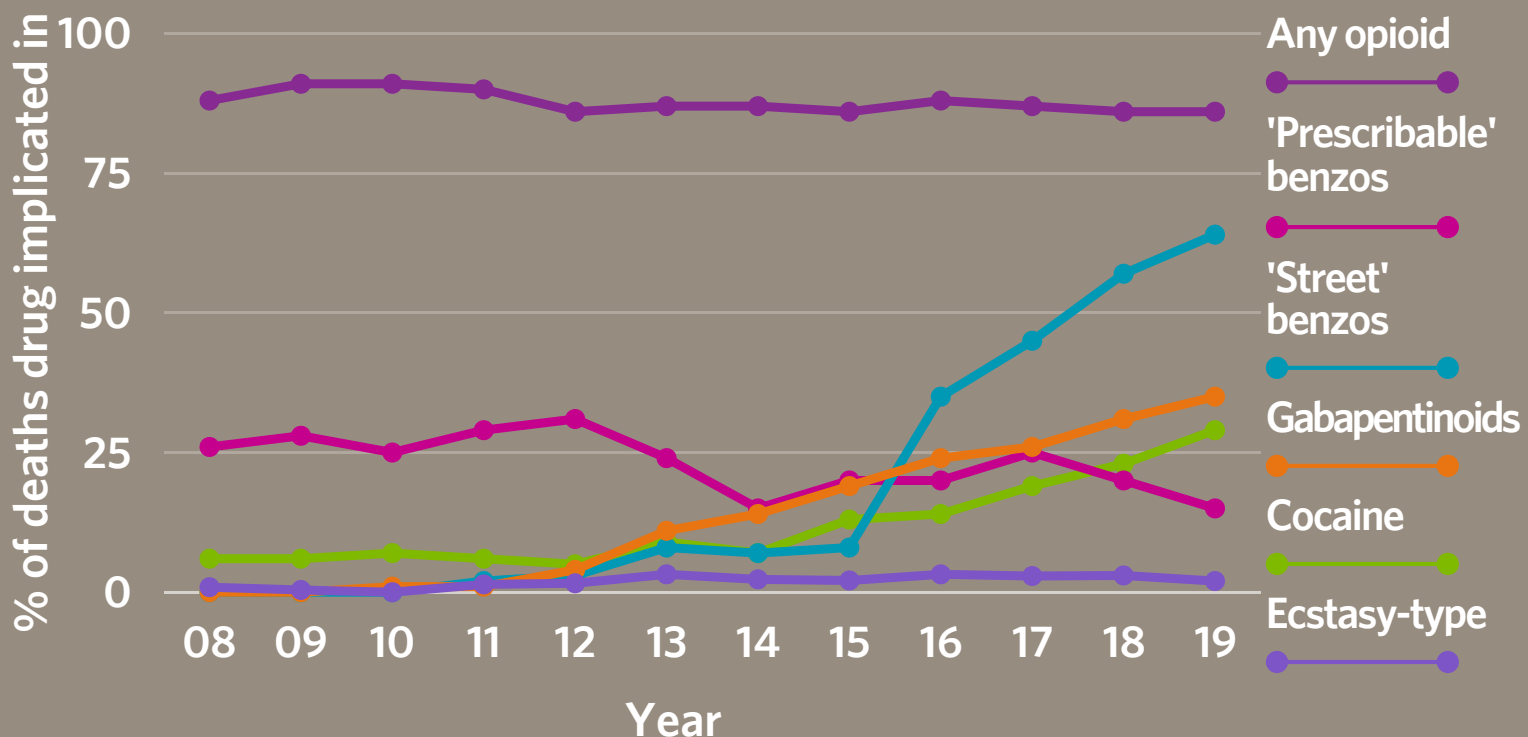
A BENZO CRISIS

As of November 2020, etizolam is internationally controlled as a schedule IV drug under the Convention on Psychotropic Substances (1971) and manufacturers will need to apply for a license to make it. So will this reduce benzo-related deaths in Scotland? No, probably not.

Even if further controls reduced the quantity of etizolam that is manufactured, they do not reduce the demand and therefore manufacturers will move to the next, new, uncontrolled benzodiazepine, and they have plenty to choose from; the EMCDDA is “currently monitoring 30 new benzodiazepines – 21 of which were first detected in Europe since 2015” [5], and many of these are more potent (active in smaller doses) than etizolam.

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

Drug-related deaths since 2008



OTHER SUBSTANCE-RELATED DEATHS

VOLATILE SUBSTANCE DEATHS

The NRS publication, '[Volatile Substance Abuse and Helium Deaths](#)' [15] reports that **7 deaths due to 'volatile substance abuse'** were registered in Scotland in 2019. The annual average for the latest five years is 10 (9 in 2015, 13 in 2016, 8 in 2017, 14 in 2018).

5 of the people who died were male and 2 were female. 3 of the 7 deaths were counted as a drug-related death under the 'baseline' definition, indicating that controlled drugs were also implicated.

2 helium-related deaths were also reported in 2019.

ALCOHOL-SPECIFIC DEATHS

The NRS publication, '[Alcohol Deaths](#)' [16] reports that there were **1,020 alcohol-specific deaths** in Scotland in 2019. This is **10%** fewer than in 2018 (1,136 to 1,020) and it is the lowest figure since 1,002 deaths were recorded in 2013.

Two thirds (659, **65%**) of the people who died were male and one third (361, **35%**) were female. The average age was 59. **58%** of deaths (591) were of people aged 50 to 69.

This is a welcome and significant reduction in alcohol deaths, however it equates to a death rate of 187 people per million of the population, which is still substantially higher than the (2018) rate in England (107 people per million) and Wales (131 people per million) [17].

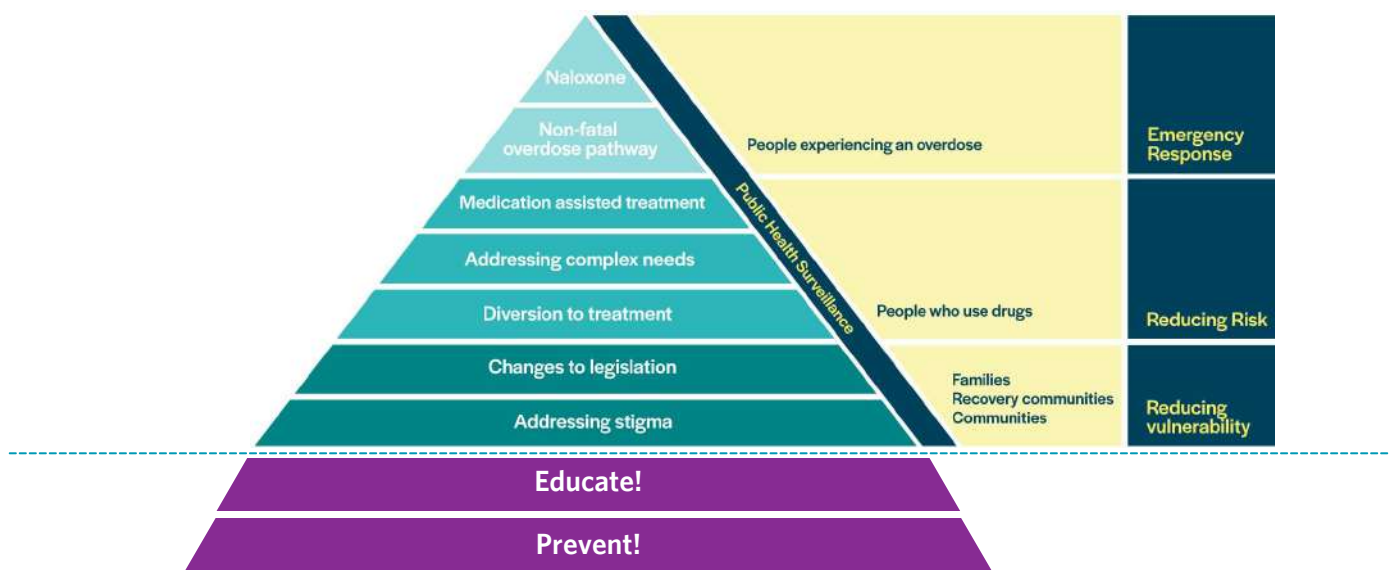
STOP THE DEATHS

For years Crew, alongside many others, has called for immediate action to tackle drug-related harm in Scotland but little has changed, despite an average of 3 people dying every day. One major development was the formation of the [Drug Deaths Taskforce](#) (DDTF). "The Taskforce was formed to identify and advise on an evidence-based strategy, and its component parts, that can successfully tackle Scotland's unique challenge." [18]

The top part of the graphic below shows their 'Strategic Evidence Based Approach' but for Crew, a harm prevention and reduction organisation, we must highlight the absence of anything related to education and information. If people are better informed about drug-related harms (i.e. the potency and variability of drugs, as well as other risk factors such as the risk of polydrug use, frequent redosing and adulterants) they are better able to make informed decisions, resulting in fewer accidental overdoses, which therefore contributes to the DDTF aims of stopping drug deaths through immediate action.

Although the DDTF is not tasked with addressing longer term issues, Crew believes we must also invest in prevention and the early education of our young people, as well as working to reduce the factors that lead to problem drug use, so that we reduce drug deaths, not just in the next few years, but for generations to come. Why wait for things to become problematic before providing support and services?

Crew urgently recommends investment in evidence-based early intervention and prevention.



While urgent research is welcome, there is already a huge amount of existing evidence that can be used to inform actions to impact on this disaster. Our response to COVID-19 has further highlighted our failed response to drug deaths. It has shown that, if willing, we can quickly implement bold, expansive and costly strategies. The actions used to control COVID-19 are based on far less data than is available from decades of escalating drug-related harms.

DRD SUMMARY

- The figure of **1,264** drug-related deaths in 2019 is the highest in Scotland's history.
 - Opioids were implicated in **86%** (1,092 deaths)
 - Heroin and/or morphine - **51%** (645 deaths)
 - Methadone - **44%** (560 deaths)
 - 'Street' benzodiazepines - **64%** (814 deaths). **59%** (752 deaths) were attributed to etizolam - this is higher than any other single drug.
 - 'Prescribable' benzodiazepines - **15%** (195 deaths)
 - Gabapentin and/or pregabalin - **35%** (438 deaths)
 - Cocaine - **29%** (365 deaths)
 - Amphetamine - **4%** (51 deaths)
 - Ecstasy-type - **2%** (25 deaths)
- The average age was **42** but people ranged from teenagers to over 65s.
- **31%** were female and **69%** were male. Between 2008 and 2019, male deaths increased by **90%** (from 461 to 877) and female deaths increased by **242%** (from 113 to 387).
- In **86%** of deaths, more than 1 drug was implicated and in **94%** of deaths there was more than 1 drug present in the body. Most commonly, 4 drugs contributed to the death, and the importance of avoiding polydrug use cannot be emphasised enough.
- Scotland's DRD rate is **3.6** times higher than 'the UK as a whole', **4.6** times higher than 'the rest of the UK' and **14** times higher than the European average (EU, Turkey and Norway).
- **If you have been impacted by the drug-related death of a friend or family member, support is available. For more information, please visit [Scottish Families Affected by Alcohol and Drugs \(SFAD\)](#).**

PART 3



COVID-19 & DRUG TRENDS



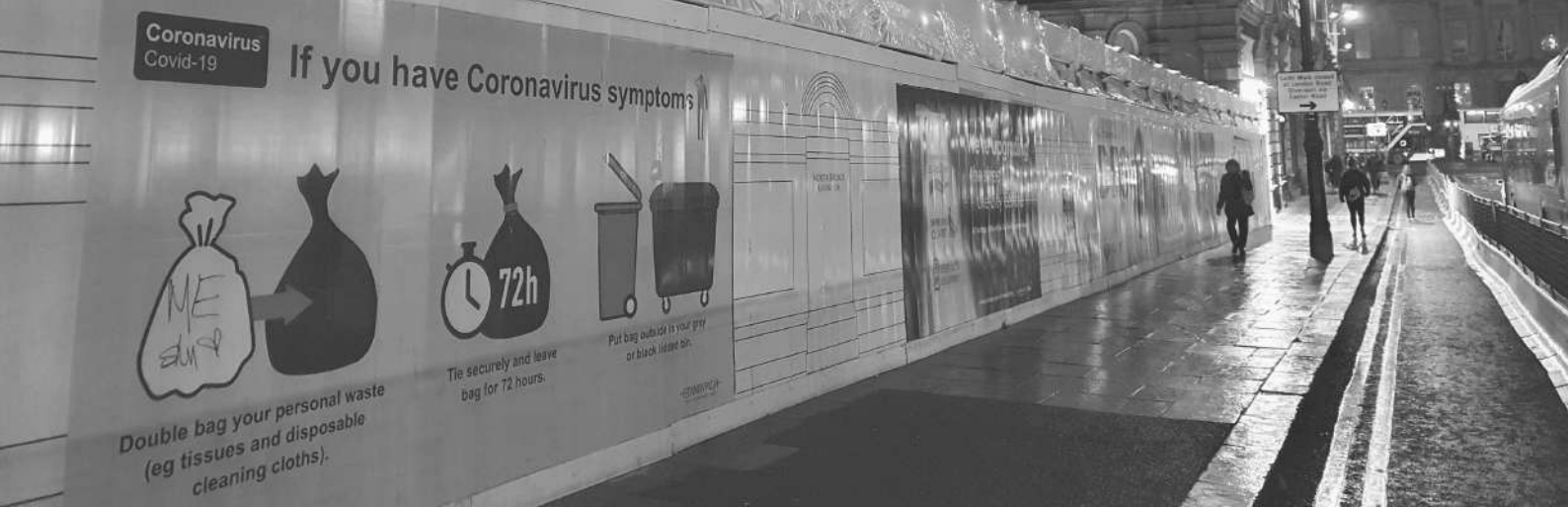
COVID-19 HARM REDUCTION

COVID-19 (COronaVirus Disease) is the illness caused by a virus first discovered in late 2019. It is one type of coronavirus (CoV) and is part of a large family of viruses causing illnesses that have emerged in the last few decades such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

The rapid, international spread of this disease caused a public health emergency that we are all too familiar with. The spread of COVID-19 can be reduced by preventing the transmission of the virus and the most effective way to do this is to abstain from all social contact. This approach was first introduced in the UK on 23rd of March 2020, as the first lockdown began.

While this method is effective at reducing the harm and death rate from COVID-19, it is unsustainable in the long term. Abstaining from all social contact is unrealistic due to the need to continue commerce, and because of the negative consequences of isolation for individuals and communities.

Alongside and in between the abstinence-based approach of lockdowns, the UK also uses a harm reduction approach. It recognises that social contact is necessary and so it uses enhanced public health measures, such as education on health and hygiene, controls on social contact, mask wearing, distancing and ventilation. These harm reduction principles underpin the many iterations of the tiered restriction levels.



COVID-19 HARM REDUCTION

One Scottish example of this is '**FACTS**'. The best way to reduce disease transmission is to stay at home and avoid social contact. If this is not possible, you can minimise your risk by remembering 'FACTS for a safer Scotland' [19].

This approach to public health does not encourage risky behaviour but recognises that social contact (despite being risky during a pandemic) is a natural human behaviour. This strategy balances risk and reward and it can be applied to many areas of public health.

Crew applies the same logic to promoting good sexual health and safer drug taking. A desire to eliminate all drug use is unrealistic, especially in a country like Scotland, whose culture and business sectors are heavily intertwined with the drug alcohol.

Remember **FACTS** for a safer Scotland

F	Face coverings	
A	Avoid crowded places	
C	Clean your hands regularly	
T	Two metre distance	
S	Self isolate and book a test if you have symptoms	

nhsinform.scot/coronavirus
[#WeAreScotland](https://twitter.com/WeAreScotland)





Healthier
Scotland
Scottish
Government

CORONAVIRUS

STAY SAFE
PROTECT
OTHERS
SAVE LIVES





COVID-19, DRUGS & HARM REDUCTION

COVID-19 poses additional risks to drug use because of changes to the drugs markets and changes in drug use settings, as well as the risks of direct disease transmission through drug use.

Because the SARS-CoV-2 virus can spread through aerosols and droplets, and from contaminated surfaces and equipment, it can be spread through some drug taking behaviours, particularly the sharing of equipment, drugs and surfaces.

- **Wash your hands for at least 20 seconds before and after you handle, prepare or take drugs.**
- **Clean all packaging and surfaces with alcohol wipes.**
- **Crush substances down as fine as possible before use to reduce soft tissue abrasions (cuts can increase the likelihood of disease transmission).**
- **Avoid sharing paraphernalia (including snorting tools, injecting equipment, joints, pipes, vapes) - use colour coded equipment so you don't get mixed up.**
- **Avoid using notes or keys which can harbour viruses and bacteria - use a clean straw, post-it or piece of paper and bin it after use.**

For more COVID-19 hygiene and harm reduction tips, and for information on overdose, tolerance and mental health visit:

www.crew.scot/coronavirus-general-hygiene-tips

COVID-19, DRUGS & HARM REDUCTION

An essential part of the international pandemic response has been good scientific communication. It is important that complex information is made accessible and clear so everyone in society understands the risks and why actions are taken. There have been some good examples of this in Scotland, such as the [FACTS campaign](#) on page 45.

The same cannot be said for the scientific communication of drug information. While there is a great deal of academic literature on drug harms, there is a chronic lack of education and good quality, accessible and current information on drug use for the general public. Despite also being a public health crisis (and comparable in many ways) the drug death crisis has instead (until very recently) been met with indifference, fueled by the stigma of what some may consider to be a taboo subject.

Crew was pleased to be part of a working group with the Scottish Drugs Forum and NHS Inform to develop information on '[drugs and drug use](#)' and '[COVID-19 and drug use](#)' [20]. This is the first time information on illicit drugs (outside of a treatment capacity) has been published online by the NHS in Scotland.

Coronavirus (COVID-19): Drug use

1. [Overview](#)
2. [Overdose and naloxone](#)

Overview

The coronavirus outbreak and the measures taken have brought unprecedented change to our lives.

You might feel increased worry or stress, particularly if you're in self-isolation.

It's important to understand how this may affect your behaviour and how to take steps to look after your health and wellbeing.

Your drug use could become more of a problem.

You may:

- feel tempted to use more drugs than usual



Share 

Tweet 

Print 

Live Support



Currently offline
See our [Contact Us](#) page for other methods of getting in touch.

COVID-19 SURVEY

INTRODUCTION

Crew conducted an online 'COVID-19 and drug markets' survey, to learn about the impact that COVID-19 and the related lockdown restrictions had on the way that people buy, sell and take drugs.

We collated feedback from those on the front line of drug use and summarised many of these responses in real time in order to keep services informed and to help them better respond to the needs of people who take drugs.

METHODOLOGY

Crew is based in Edinburgh, Scotland but as we collaborate with UK and European networks, we made this survey open to all.

We asked for responses from people who take drugs, drug service staff, support staff and other professionals, as well as members of the public.

We conducted our survey in two parts:

- **PART 1:** We launched part 1 in March and closed it in June, collecting a total of **421 responses**.
- **PART 2:** We launched part 2 in October and closed it in November (two weeks only), collecting a total of **107 responses**.

Results from each part are shown below, as well as a **COMBINED** total which summarises the **528 responses** from both part 1 and part 2.



COVID-19 SURVEY

LIMITATIONS AND PARAMETERS

Is this data representative of the general population?

No. It is a self-selecting and self-reporting survey and does not represent any particular population. The numbers are too small to be representative and we don't have enough demographic information about respondents. This also means we can't directly compare responses from different locations.

How did Crew advertise the survey?

The survey was advertised through our peer volunteer base, professional networks, mailing list, social media and friends. This means results are skewed towards people who are linked in with drug services. Many of the reports from workers are from people who have attended a Crew event or training session. We did not pay to advertise the survey or results.

How did Crew collect and publish the data?

We used Survey Monkey to collect and analyse the data. The information presented in this report provides only a summary of the data. During part 1, the data was presented in real time, weekly for the first month and monthly for the next two months. Those publications can be found at crew.scot.

How many people responded?

We received 528 complete responses. Not every respondent answered every question, therefore all percentages shown represent the percentage of the number of the respondents to that particular question. This is because some people may have skipped a question or it was not relevant to them. All "don't know" and "N/A" responses were removed. The number of people who responded to that particular question is shown using "n=", i.e. "n=50" means 50 people answered.

COVID-19 SURVEY

LIMITATIONS AND PARAMETERS

Where are the quotes from?

In the survey we included a comments box after each question, to allow respondents to provide additional information related to the questions. Thousands of comments were submitted totalling over 20,000 words, which is more than this entire report!

We have included many of the comments in this report (and in previous publications) as we want to make the results as reflective of the respondents as possible. Exact quotes are in inverted commas i.e. "**comment**". We also tried to provide the exact comments submitted but some responses have been abridged for clarity and conciseness. Any comment added by Crew is in square brackets i.e. "**comment [Crew]**". We thank all respondents for taking the time to comment, and for their openness and honesty.

Did the same people fill in the spring and autumn surveys?

Maybe. Crew did not ask if the person had filled out the survey before and we did not use any methods to track this. We assume that some people filled in both surveys, as we used the same collection methods each time.

Did Crew collect demographic information?

Yes, a little. We asked people if they were from Scotland, elsewhere in the UK, elsewhere in Europe or outside of Europe. We also asked what their closest town/city was, but this was optional. In part 2 only, we asked for a rough age range (**1%** were aged 12 to 17, **20%** were 18 to 24, **39%** were 25 to 34, **29%** were 35 to 44, **8%** were 45 to 54, and **3%** were 55+). No information was collected on sex, gender, ethnicity, occupation etc.

Who do I contact if I have a question?

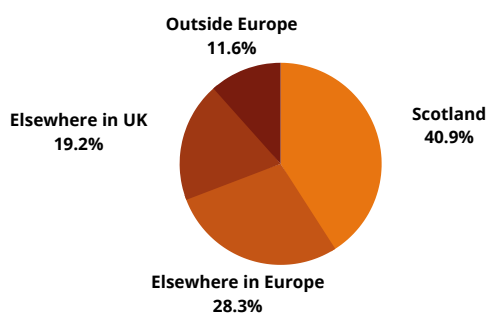
If you have any questions on the data please contact: info@crew2000.org.uk

COVID-19 SURVEY

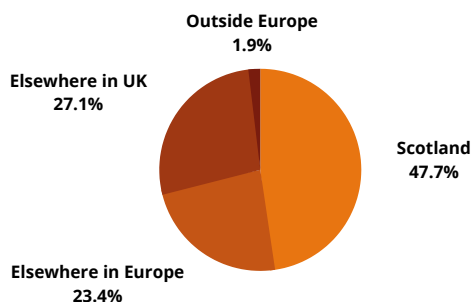
RESPONSES

Where are you based?

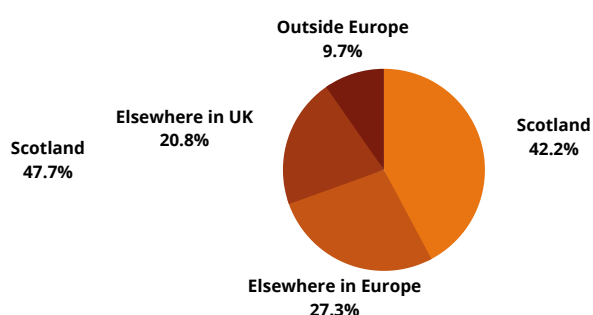
PART 1 (n=421)



PART 2 (n=107)

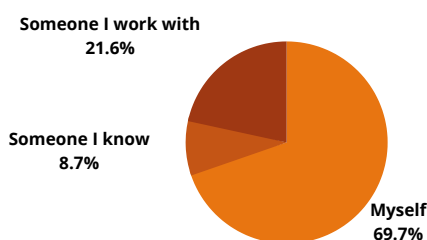


COMBINED (n=528)

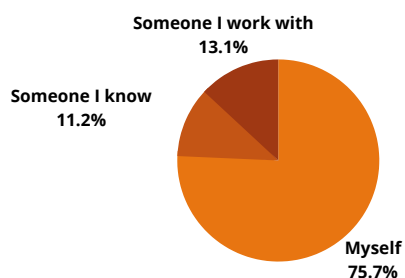


Are you filling this survey in about yourself or someone else?

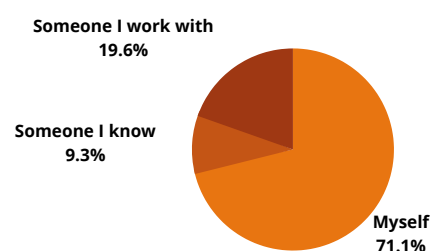
PART 1 (n=421)



PART 2 (n=107)



COMBINED (n=528)



- **20%** of all responses were from people who worked with people who take drugs. The majority of these reports (**75%**) were from Scotland.
- Reports were received from a range of services including: **justice** (prison, courts, police), **health** (NHS, mental health), **drugs** (services for alcohol and other drugs inc. harm reduction), **recovery** (fellowships, recovery organisations), **advocacy** (advocacy service, activists), **housing** (supported accommodation, sheltered housing), **youth** (youth groups, schools), **local authority** (council run, partnerships), **voluntary** (charities, third sector, volunteers) and **support** (advice, social work, counselling).

DRUG TRADE & SUPPLY



"The most significant noticeable change from an end user's perspective (i.e. mine) has been the increase in time to get stock, i.e. the time for drugs to arrive via Royal Mail. My understanding is that this is a consequence of the increased burden / shortage of staff / covid measures cross the board at RM, rather than specifically to the supply of drugs."



"I am concerned about drug shortages. So far it hasn't been too bad but I worry about the future. This includes concerns about the bigger drug dealers who usually come in from out of town to sell to the street drug dealers not wanting to travel (and thus quality and quantity being reduced)."

Started delivery/collection between 2pm and 8pm everyday (previously was 6pm till 12am. not out till midnight anymore for moment as roads are to quite at that time)

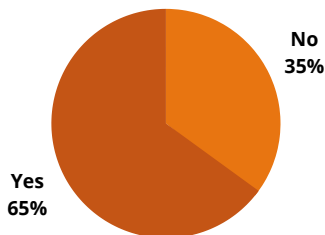
Deals are 14g for £80, 28g for £160 homegrown, 8g for £80 and 28g for £220(reduced from 250) stinky stuff. If you know anybody that was previously buying from us or anybody looking for a contact for green please pass on my number to them. Wont be going back to smaller amounts till everything totally goes back to normal (which i am guessing could still be a while.) i understand these amounts might still be to much for some people if you could find somebody to go halfers with would be

DRUG TRADE AND SUPPLY

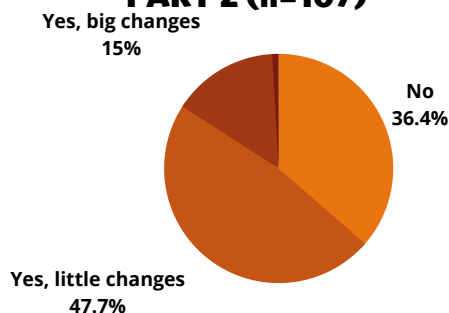
CHANGES TO SUPPLY

Have you noticed any changes to the supply of drugs since the outbreak of COVID-19 in Europe? (Since February 2020)

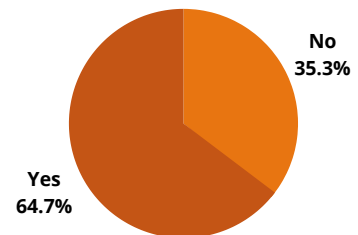
PART 1 (n=398)



PART 2 (n=107)

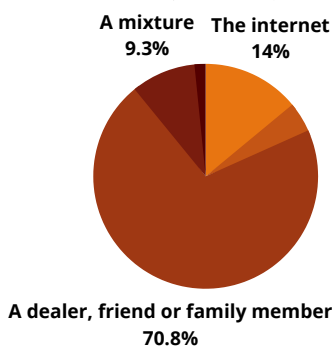


COMBINED (n=505)

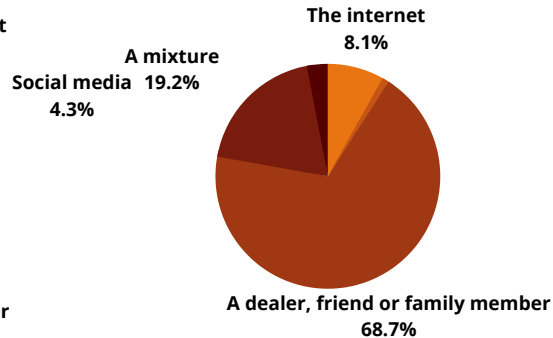


Over the past year, what was the main source of drugs?

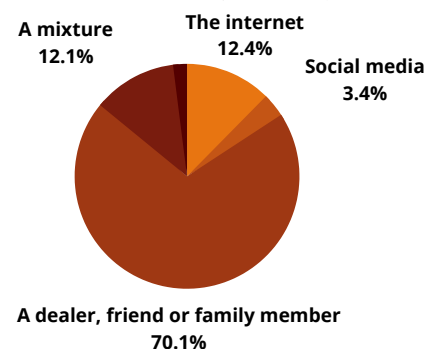
PART 1 (n=367)



PART 2 (n=99)



COMBINED (n=466)



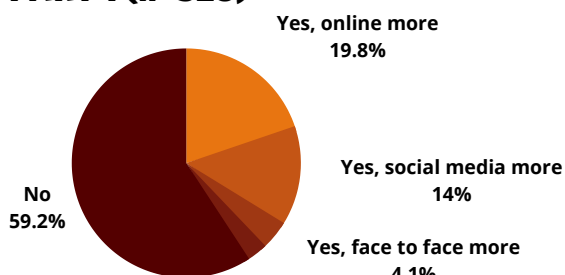
- Overall, **65%** reported that they had noticed changes to the supply of drugs since the outbreak of COVID-19 in Europe, however (when we asked in part 2) only **16%** described these changes as 'big' or 'extreme'.
- **70%** reported that over the past year, **'a dealer, friend or family member (face to face)' was the main source of drugs**, followed by 'the internet (including the darkweb)' at **12%**. **3%** used social media.
- **77%** of those using multiple methods of purchasing/sourcing, said the **'face to face market has been impacted the most'**.

DRUG TRADE AND SUPPLY

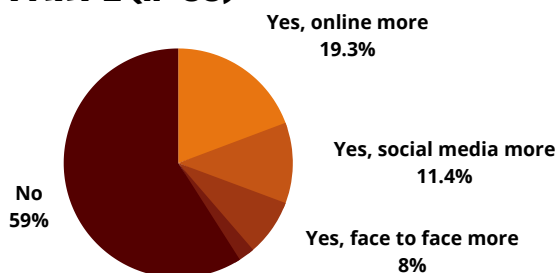
CHANGES TO SUPPLY

Has the method of purchase changed due to COVID-19?

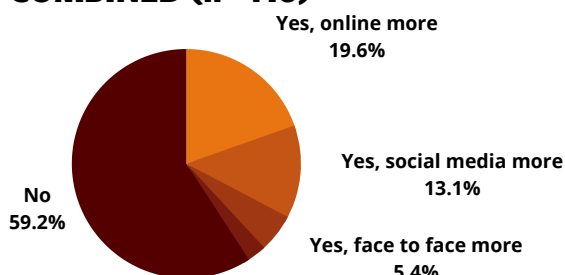
PART 1 (n=328)



PART 2 (n=88)



COMBINED (n=416)



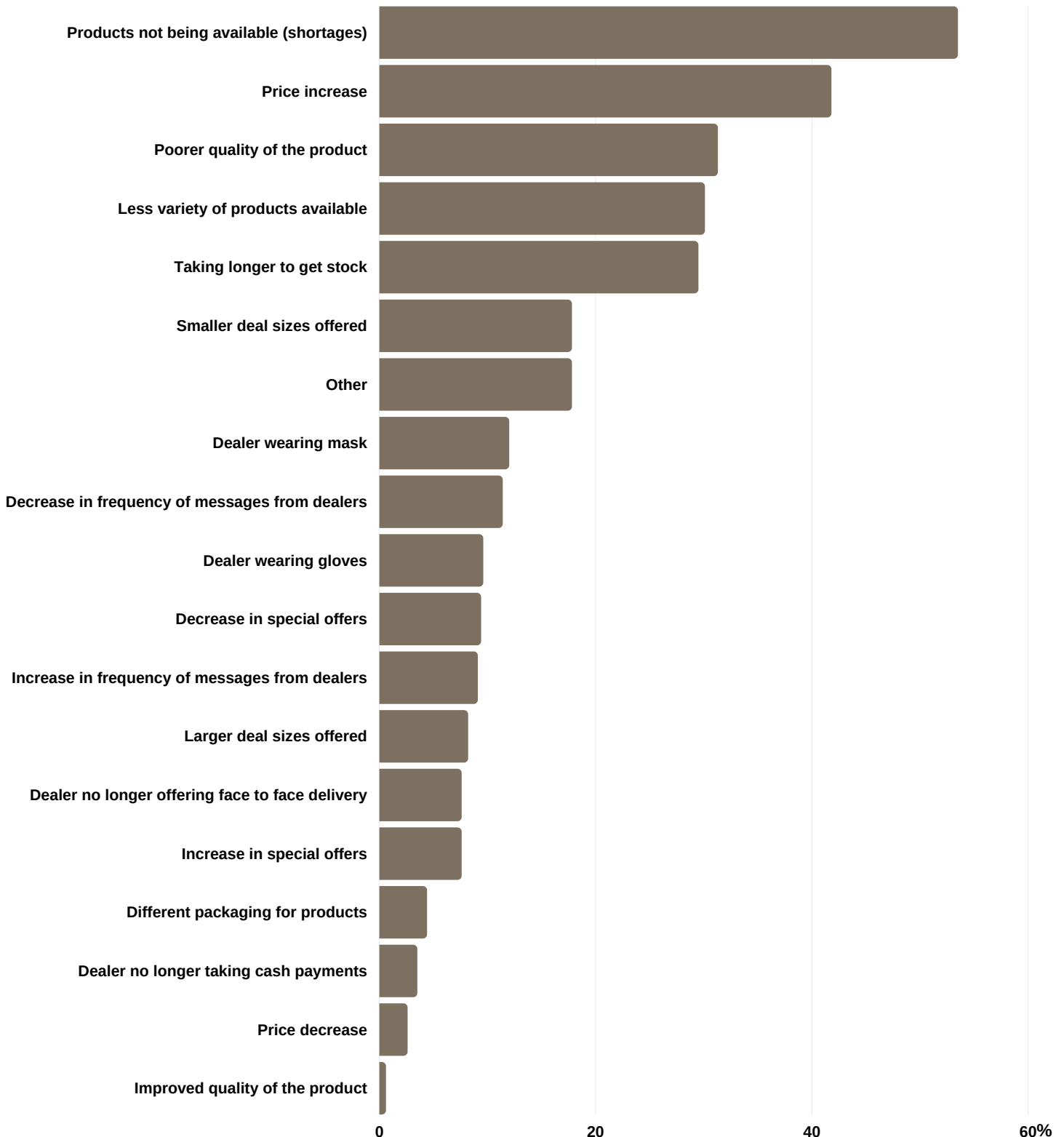
- **59%** of respondents said that they did not change their method of purchase and **41%** said they did.
- **20%** reported using "the internet (including the dark web) more". **13%** reported using "social media more", and **5%** reported using "face to face more".
- Buying online afforded advantages and disadvantages:
 - Reported **advantages** included: more discreet, less chance of getting caught, better quality, do not have to leave the house.
 - Reported **disadvantages** included: the need to wait for delivery, delayed delivery times, darknet markets are 'extremely unreliable', exit scams, sites taken down.

- An Australian study '[Trends in the availability and type of drugs sold on the internet via cryptomarkets](#)' found that between "March 2020 to May 2020 [they] saw an increasing trend in the average number of drug listings" [21].
- We anticipate the trend towards online purchasing will continue long after the pandemic, due to its perceived advantages of being discreet and convenient.

DRUG TRADE AND SUPPLY

MARKET CHANGES

Since COVID-19, what changes to the drugs market have you noticed?



DRUG TRADE AND SUPPLY

MARKET CHANGES

- Products not being available (shortages) was the most commonly reported drug market impact, with **54%** of respondents highlighting it. **30%** report it is taking longer to get stock.
- **42%** noted a 'price increase' which is reflective of increases in the wholesale costs of many drugs [22].
- **31%** noted that the drug was of 'poorer quality'. **Less than 1%** reported 'improved quality'. Reasons people gave to suggest the quality was poorer included "taking more" to get the same effect, and differences to the smell, taste or appearance of a product. This market change is one of the most concerning. If one third of drugs are now of lower quality, there will be increasing concerns around harmful adulterants and novel products entering an already dangerous supply chain.
- Reports of shortages, 'poorer quality' drugs and less variety of products, highlights a changing drugs market. All drug use has risks and it is safer not to take drugs, especially during this time, but for those who do, informed harm reduction messages and programs are essential. If you choose to take drugs -
 - Try to only purchase from someone you trust.
 - Test your drugs before use. Reagent test kits are available online.
 - Always start with a test dose (a couple of draws, a tiny line or part of a pill).
 - Wait two hours before taking more.
 - If the effects are different than expected, then avoid taking more.
- Comments included: no longer being able to buy face to face, dealers delivering rather than allowing people into their house, dealing from the car window rather than inside the car, fewer intermediate dealers, more 'vulnerable people' dealing, difficult for dealers to maintain stock, restricted 'opening times', sourcing alternative drugs and minimum purchasing amounts required.

DRUG TRADE AND SUPPLY

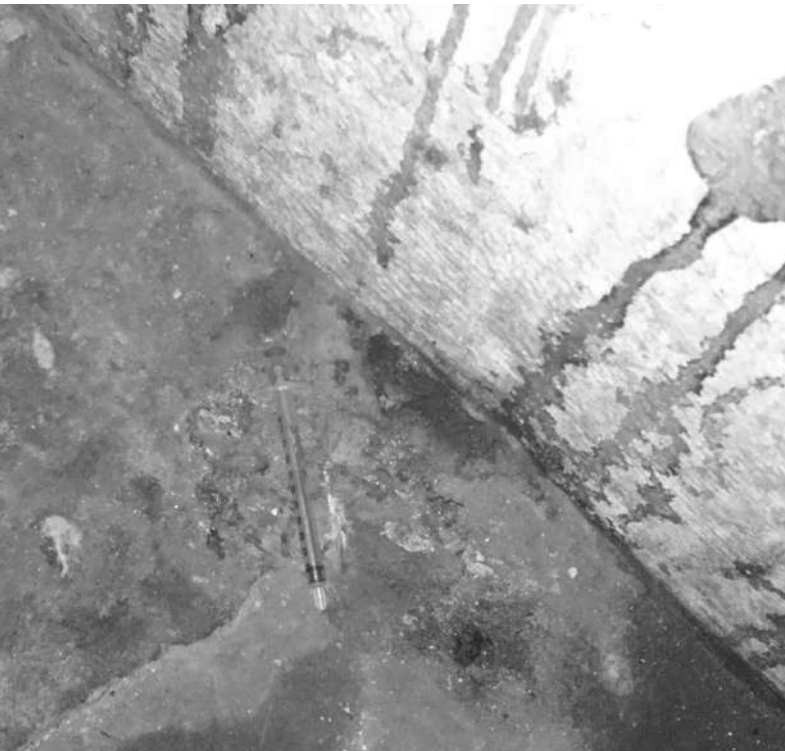
ENFORCEMENT

- We did not ask anything specifically related to the police or drug enforcement but we received over 50 comments related to it, highlighting that it was a concern for many, sometimes more so than the harms of the virus and the changing drug market.
- Most concerns related to people's fear of getting caught due to it being "easier to notice suspicious activity during lockdown" and there being "more police checks" and an "increased police presence", as well as worry about new "enhanced police powers".
- Most comments indicated that the risks of travelling with drugs had increased but a few reported that they felt safer taking drugs in their homes than they did in other settings.
- Due to enforcement action, primarily the takedown of Encrochat (an encrypted global communication service), it is difficult to ascertain what proportion of market changes are due to the impact of COVID-19. This was also commented on by several respondents. One person said:

"I also heard that the short cocaine drought and consequent price-hike around March to May was more due to a series of high-profile arrests following the Encrochat hack than to the effects of the pandemic. Which rather throws a bit of a confounder into a rare natural experiment I guess but such is life I suppose."

- In July 2020 the UK's [National Crime Agency reported](#) that "Entire organised crime groups [were] dismantled during Operation Venetic with 746 arrests, and £54m criminal cash, 77 firearms and over two tonnes of drugs seized so far." [23]
- Only **16%** (1 in 6) of respondents in part 2 reported 'big' or 'extreme' changes to the drugs market, despite the combined adverse impact of both a pandemic and extensive enforcement on the drugs trade, which highlights the resilience of the industry.

DRUG USE & BEHAVIOUR



"I've taken what I would've taken anyway but with slightly greater frequency. For example, I'm mainly a weed smoker with occasional use of psychs and other substances. During COVID/lockdown, I dipped into my stash of LSD/2CB/ket when I ordinarily wouldn't have consumed those casually. They're usually reserved for 'occasions'. My weed consumption definitely increased during lockdown."

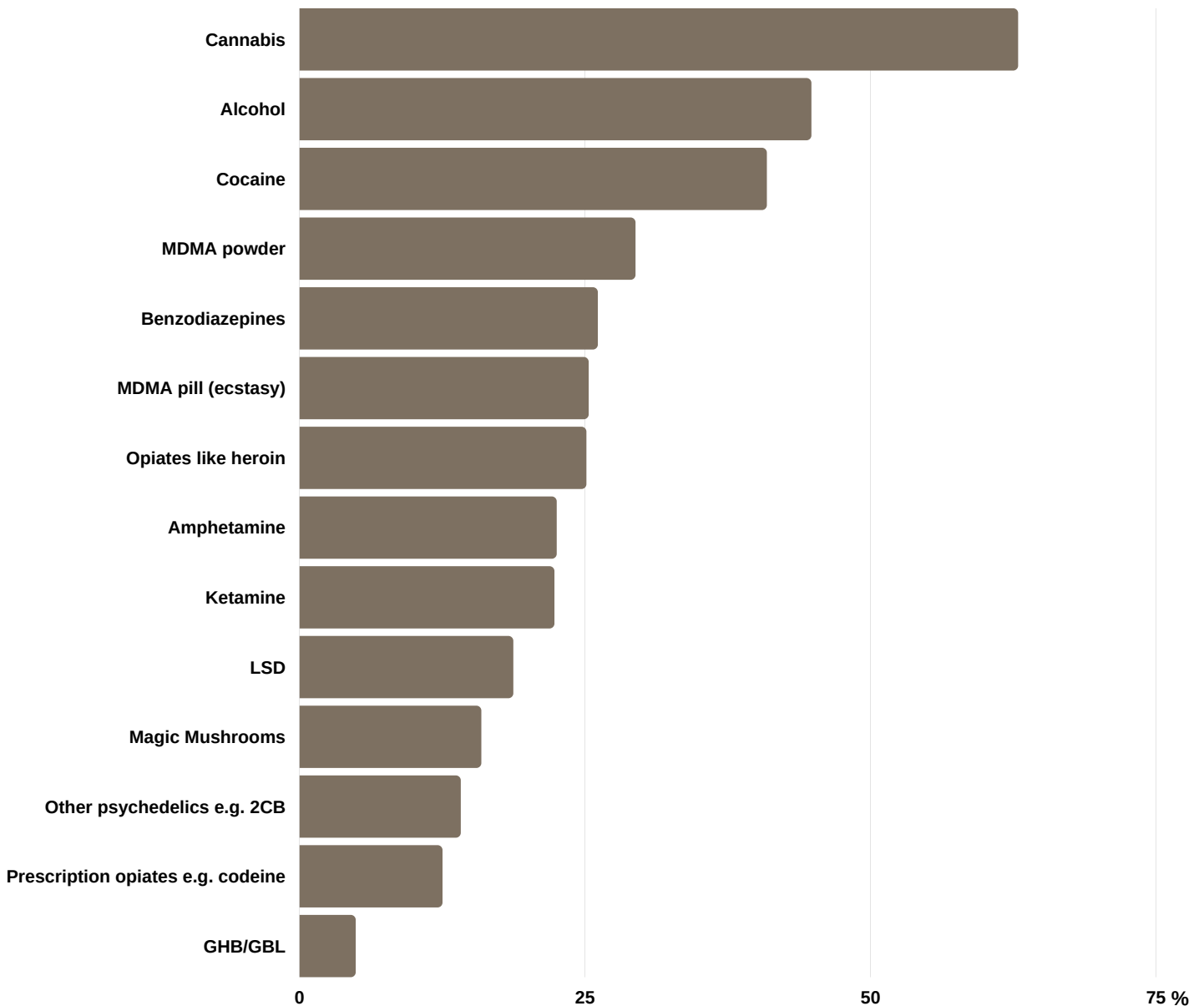
"Cocaine consumption decreased as prices went up and quality went down, compounded by concerns about future income being affected by lockdown etc. Methamphetamine filled the gap (cheaper, lasts longer, seemingly fewer fluctuations in price), so consumption went up. Alcohol consumption decreased as alcohol was generally consumed in social settings in the pub prior to lockdown, and with such venues being closed a natural decline in consumption followed."



DRUG USE & BEHAVIOUR

DRUG TYPE

Types of drugs reported (n=528)



"Increase in cannabis use, tobacco, cocaine, and magic mushrooms (the latter being because they are in season) cocaine increase during early lockdown due to apocalyptic vibe."

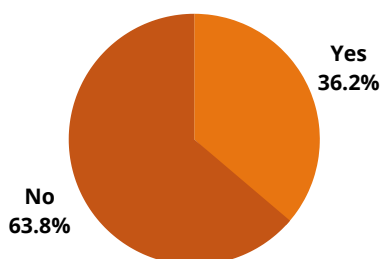
"Now that you can be in small groups but can't go to clubs or bars or out we often end up smoking weed or taking amphetamine or MDMA during our hang outs."

DRUG USE & BEHAVIOUR

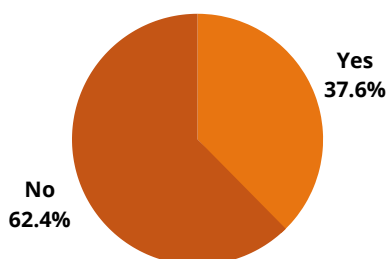
DRUG TYPE

Has there been a change to the type of drugs (including alcohol) taken due to COVID-19?

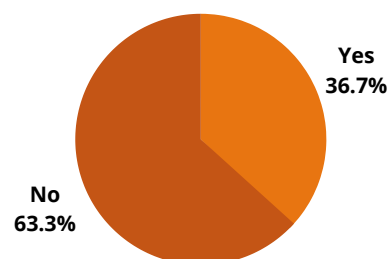
PART 1 (n=374)



PART 2 (n=93)



COMBINED (n=467)



- Overall, **37%** reported a change to the types of drugs taken.
- Reasons for this include: some drugs (especially alcohol) were more available than others, and setting had changed (no nightlife) so they were taking fewer 'club drugs', such as MDMA.
- People who are taking different drugs than usual should be aware that their tolerance to any drugs they have stopped will have reduced, so if they decide to increase use after a period of abstinence, there is a heightened overdose risk - dose low, go slow!

"Taking more depressants - kratom, benzodiazepines, tramadol, pregabalin, GHB, smoking more weed and hash. Basically just bored because I live alone."

"Increase in use of crystal meth and other substitutes."

"There has been a great influx in the abuse and dealing of mental health medication (such as Diazepam, Zopiclone, Olanzapine). Our service users are more likely now to deal their medication amongst themselves. There has also been an influx in dealing controlled medication such as Methadone / Physeptone and Subutex / Espranor / Buprenorphine. Our services users are using Heroin on top of these prescriptions and are dealing their prescriptions to other services users who may not be getting higher quality heroin on the street."

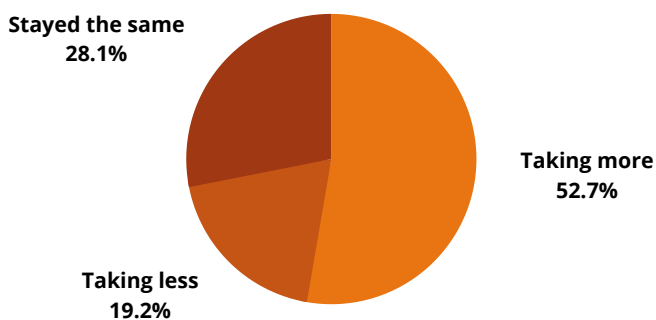
"I have seen a lot of people heading down the benzo route."

DRUG USE & BEHAVIOUR

CHANGES TO DRUG USE

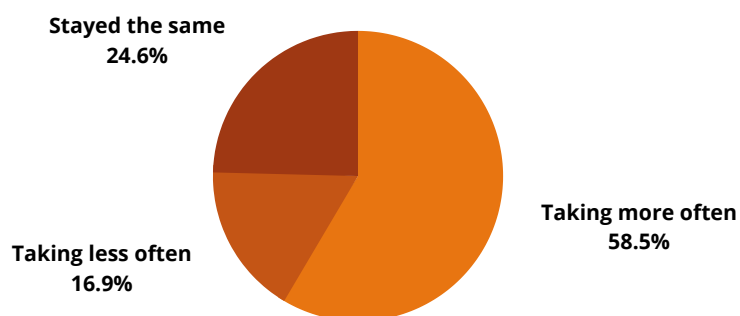
Have there been any changes in the **quantity** of drug taking (inc. alcohol) due to COVID-19?

SPRING (n=419)



Have there been any changes to the **frequency** of drugs (inc. alcohol) taken due to COVID-19?

SPRING (n=405)



- **53%** reported taking a larger quantity of drugs and **59%** reported taking drugs more frequently. **19%** reported taking a smaller quantity of drugs and **17%** reported taking drugs less frequently.
- Taking more than usual can have a negative effect on physical and mental health. Tolerance will increase, and a greater amount is required to achieve the intended effect. Taking greater amounts of drugs increases the risk of drug-related harms including dependancy and overdose.

Reasons for taking more/ more frequently

- Boredom
- More time
- Stress
- Isolation
- Lack of support from networks and services
- Coping mechanism
- Less fear of being caught
- To manage mental health

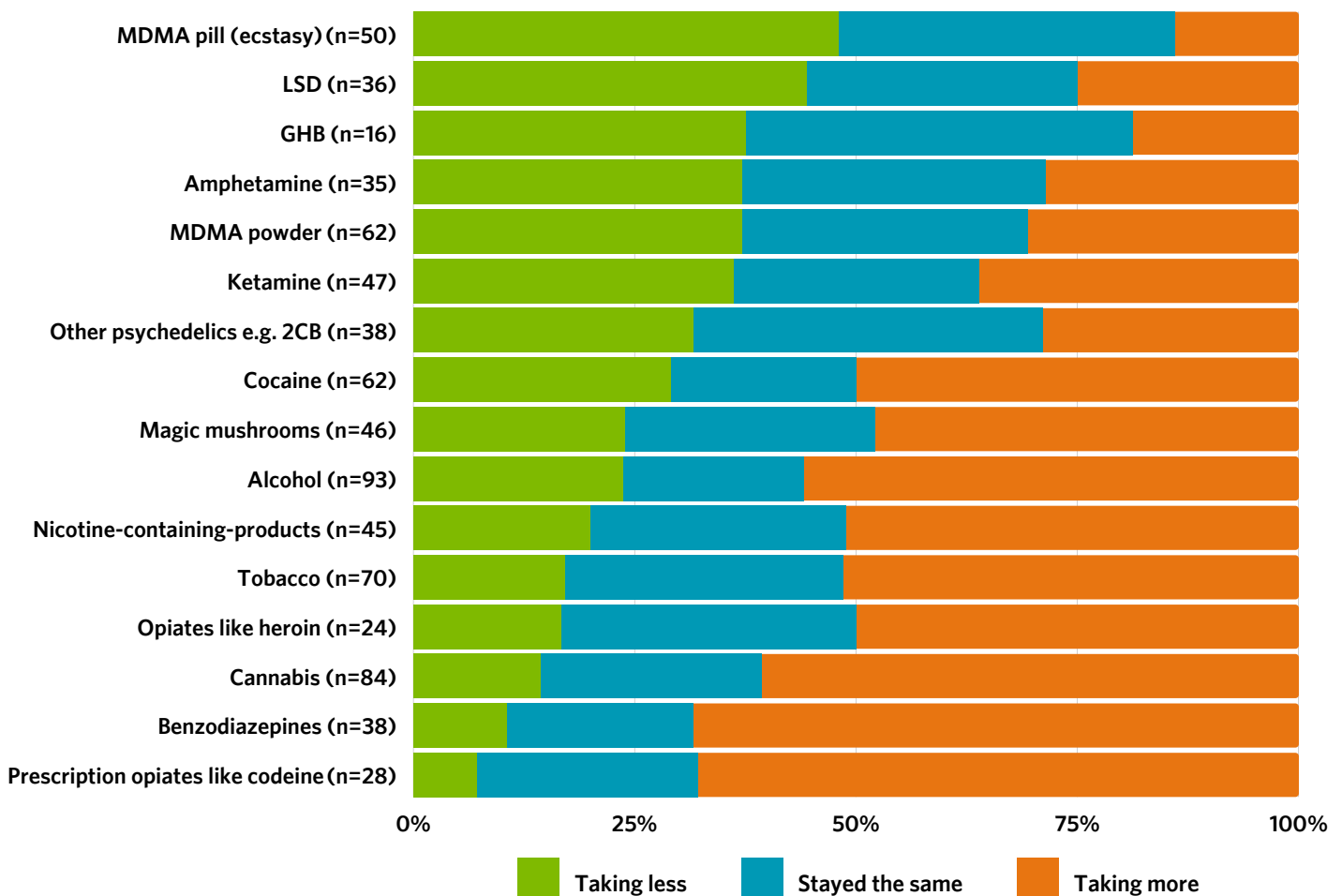
Reasons for taking less/ less frequently

- No parties/clubs/pubs/nightlife
- Lack of availability
- No money
- Looking after their physical and mental health
- Staying with people who don't take drugs or who don't know about their drug use

DRUG USE & BEHAVIOUR

CHANGES TO DRUG USE

Have there been any changes to drug use due to COVID-19?



- These results are self reported perceptions of drug taking changes. Many reports were from drug services, who work with people whose use is 'problematic' and this is not representative of the general population.
- **MDMA pill (ecstasy), LSD, GHB, amphetamine and MDMA powder** were the drugs that had the greatest percentage of people report that they were "taking less".
- Downer drugs including **prescription opiates, benzos, cannabis and alcohol** were the drugs that had the greatest percentage of people report that they were "taking more". This is likely to reflect the changes to drug taking settings, as well as shifts towards prescription drug use.

DRUG USE & BEHAVIOUR

CHANGES TO DRUG USE

Have there been any changes to drug use due to COVID-19?

"Less reliable sources. Drugs cut more."

"There has been a spike in synthetic weed being sold as normal marijuana. This isn't something small either, in the last 6 months 10 of my friends have accidentally bought synthetic marijuana that was marketed as non synthetic weed."

"Clients reporting reduction of use/frequency however testing has reduced due to change in working due to COVID-19, therefore unable to see evidence of reduction."

"I'm smoking weed more, not because of any adverse reason, but more because I've got a larger quantity on me and therefore will smoke a greater amount at a time."

"More cocaine, less street benzos (too dangerous I've heard), high OST [opioid substitution therapy i.e methadone] meaning less heroin injecting."

"It appears this Heroin Drought is UK wide and has only hit the UK early July, I believe between March and July the market was not affected due to stockpiled Heroin in the UK, those stockpiles have now run out."

"Drinking more during some temp work I had to take during this time after losing job. As a result [I was drinking] on as the job which wasn't good. Also smoking more as I am staying in the house - which if I was off work for a while and in the house I would do anyway. I have the foreseeable future off and no obligations so maybe I am a bit more self indulgent."

"It's gone up estimated 150-200% because I'm stuck at home and like no one is judging me for drinking while I telework."

"£120 a gram for higher quality cocaine and collection only from dealer on foot."

"During lockdown I've been smoking very small amounts of cannabis around once a week, whereas previously I almost never smoked cannabis."

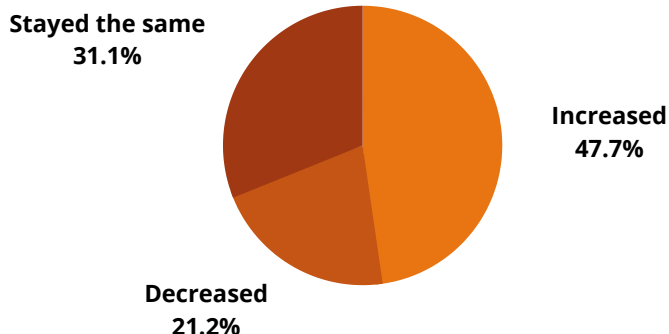
"Decided to quit. I can't use with others so it doesn't make sense no more."

DRUG USE & BEHAVIOUR

SPENDING

Has the amount of money spent on drugs changed due to COVID-19?

PART 1 (n=302)



In part 1 of the survey, almost half (**48%**) reported that the amount of money spent on drugs has increased.

“Substantial price hike means spending much more.”

“I am saving a fortune by not going to the pub!”

“Decreased because only inferior cheaper product available.”

“Increase in amount I’m smoking, coupled with inability to buy by the ounce (which is cheaper than buying smaller bags, but not available).”

“Taking fewer stimulants and ketamine. Although my overall drug consumption has increased since COVID, this has primarily been only with downers/depressants which are relatively cheaper than stimulants and ketamine.”

“Service users asking for cash and food more often as spending more on drugs.”

“Increased frequency - haven’t smoked weed regularly for a long time so this is an immediate spend increase.”

“I invested in expanding my grow.”

“A plus of 100% in my spendings on drugs at least.”

“I spent a lot at first to stockpile but now not buying cause shortage.”

“Buying more at a time but cheaper cause I’m buying in ozs.”

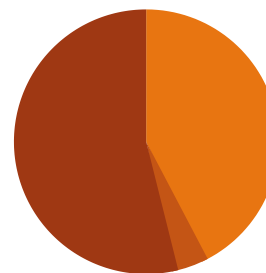
DRUG USE & BEHAVIOUR

DEBT

Has the way drugs are bought, sold or taken since COVID-19 resulted in changes to drug-related debt?

PART 2 (n=52)

Stayed the same
53.9%



Debt increased
42.3%

Debt decreased
3.8%

- In part 2 we asked about the impact their spending had on debt.
- **42%** reported that drug-related debt had increased.
- Debt can cause significant negative impacts to the health and wellbeing of the individual and their family. Debt to vendors can put them at risk of homelessness, and debt to dealers puts them at serious risk of threats and violence, which can fuel crime and exploitation.

"Clients in fear of police, getting multiple fines. Vulnerable clients selling drugs more than I ever knew them to and getting involved in more violence connected to this. I think restrictions on begging due to lockdown and loss of income from this may have a big impact on drug markets and how people fund their drug use."

"Prices gone up and lack of income."

"Using/buying more as a stockpile and being unable to pay."

"Dealers allowing bigger debts to build."

"Used more dealers to get what I wanted and ended up using more drugs and getting into more debt. Have to commit more crime to pay some of the debt."

"I am taking more cocaine, had to have some laid on as I can't afford it in one go."

"Partner's use increased and he got into debt impacting my finances."

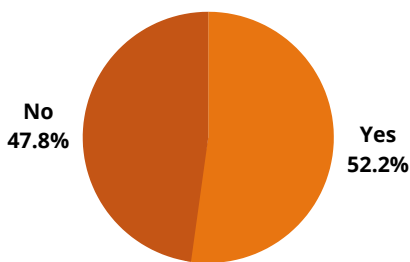
"Clients who may have made a hundred pounds day from begging now cannot do this. However it seems they are still taking as much if not more drugs than before lockdown. Concerned about clients increased risk of drug debt, starting to sell drugs and turning to other methods e.g. theft."

DRUG USE & BEHAVIOUR

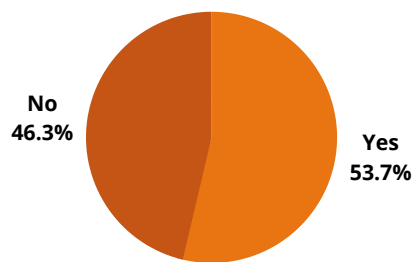
STOCKPILING

Did you (or they) stockpile any drug (including alcohol) due to COVID-19?

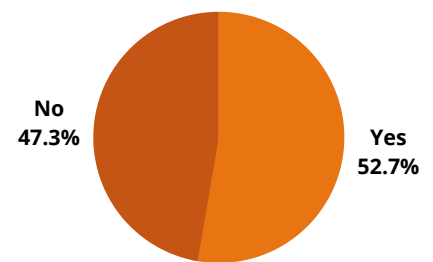
PART 1 (n=365)



PART 2 (n=95)



COMBINED (n=460)



- Overall, stockpiling was reported by approximately half (**53%**) of all respondents.
- The most commonly reported stockpiled drugs were **alcohol and cannabis** but reports also included cocaine, MDMA, shrooms, benzodiazepines, ketamine, mephedrone, kratom and LSD.

Reasons for stockpiling

- Less contact and travel required
- Increased use
- Worried about disruption to supply (shortages)
- Worried about future reduction in quality
- Cheaper to buy in bulk
- To sell
- Dealer only offering larger deals
- Having access to money (i.e. grant, redundancy settlement, stimulus package)

Stockpiling concerns

- Easier to take more than intended
- Overdose risk
- Increased spending
- More difficult to store securely
- Legal risk with controlled drugs - anything over a few grams may be considered supply of a controlled drug which carries a significantly higher sentence than a possession charge

DRUG USE & BEHAVIOUR

STOCKPILING

Did you (or they) stockpile any drug (including alcohol) due to COVID-19?

“YES, before anything else!!”

“I buy bigger amounts, to stop more interaction.”

“No. The person who I’m writing about is addicted to street Valium. Throughout the pandemic he was selling them to fund his own addiction. He did have more available in the house but this was due to his tolerance level increasing.”

“I always buy in bulk for a discount.”

“Tried too but ended up using more drugs quicker.”

“I usually buy cannabis 6 grams at a time, but bought an ounce just as lockdown was coming into effect as I was unsure what impact it would have on my dealer. He is in fact still operating, but ounces are no longer available.”

“It's hard to find the money to afford to stockpile. I would if I could.”

“I usually have quite a large stash lying around anyway. I'm pretty much permanently stockpiled and saw no need to add to this due to COVID-19.”

“Used to buy half oz now I buy what I can when it's in supply, if the dealer had an oz I'll take that, since we don't know when we can get it again.”

“Finances permitting, theft by shoplifting now more difficult as well as other acquisitive crimes.”

“Increased amounts taken means more is needed, right?”

“Usually buys blues 1000 at a time so already had stock.”

“I bulk bought weed but not necessarily stockpiled - I know people who bought 3 or 5 ounces in preparation. I knew there would be a steady supply.”

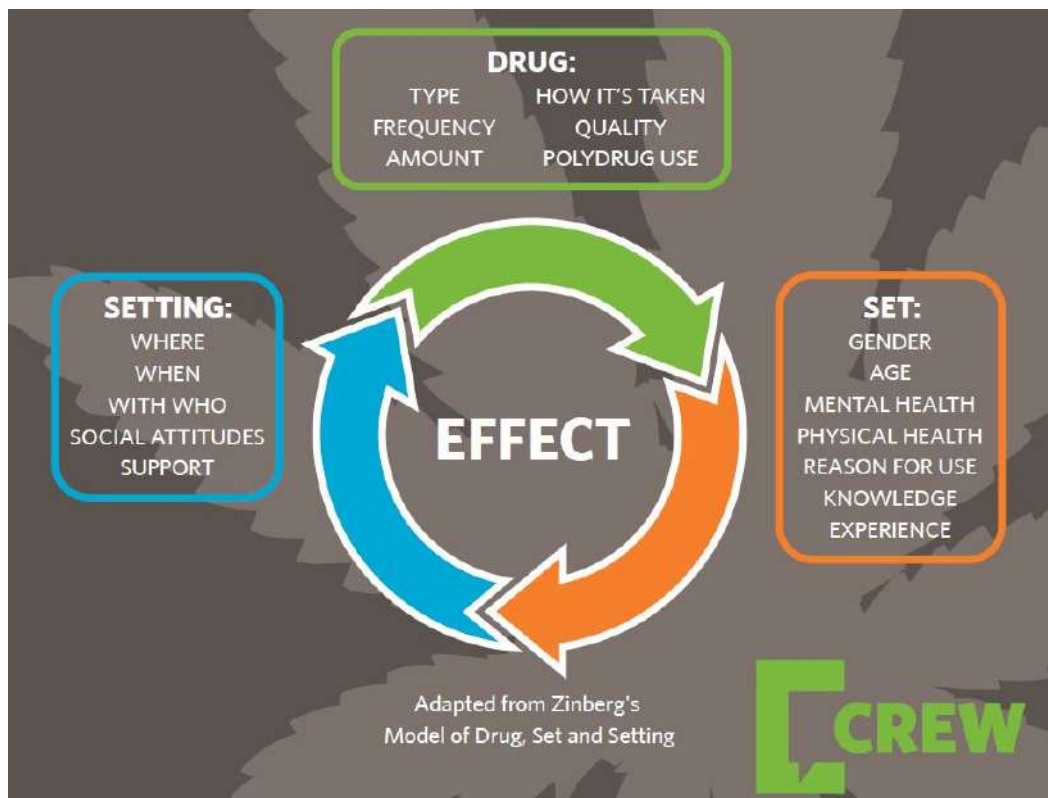
“Unsure about illicit substances, however I am aware of the amount of professionals who have stocked up in their supply of alcohol.”

DRUG USE & BEHAVIOUR

SET AND SETTING

The overall effects of a drug are dependent on the:

- **Drug** (e.g. type, frequency of use, route of administration, dose, legality, purity, polydrug use)
- **Setting** (e.g. environment, company)
- **Set** (e.g. how you feel, expectations of the experience, current health)



For many, physical distancing restrictions have changed the environment in which we take drugs, and this will impact the overall effect. When taking drugs in groups our behaviours and emotions are influenced by those around us. There may be more feelings of euphoria and excitement, whereas if taking drugs alone the experience may be more isolating and introspective.

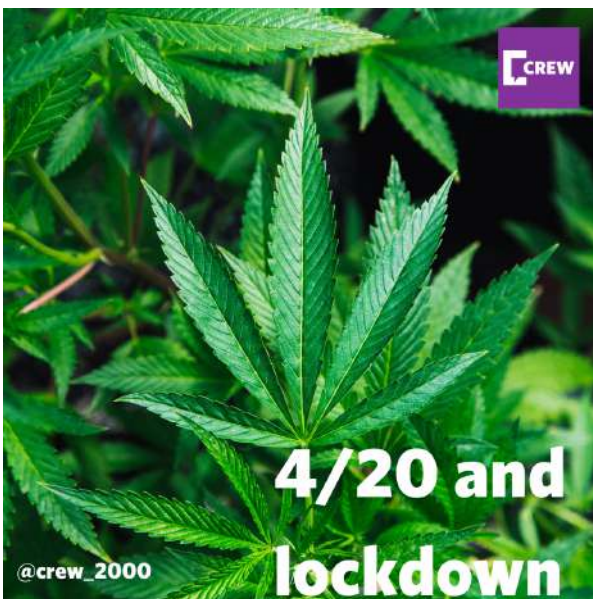
Our mood plays an important part. For example, in the short term, alcohol can lift your mood, and can bring feelings of relaxation, euphoria and a numbness to stresses and problems. Alternatively, alcohol can have the effect of connecting to or heightening existing feelings of sadness or anger.

DRUG USE & BEHAVIOUR

SET AND SETTING

Many of our updates during 2020 related to changes to the 'set and setting', rather than the drug itself. These guides also include information on 'set and setting'-related risks such as disease transmission, solo drug use and overdose.

Click on the images below to read our guides and visit crew.scot to read our post on '[alcohol and lockdown](#)'.





DRUG CONSUMPTION VAN

While many services have stopped face to face contact completely, the team at Safe Consumption Glasgow provide a **safe setting** for people who are injecting in public spaces in Glasgow City.

They supervised 90 injections between the beginning of September and the end of November 2020.

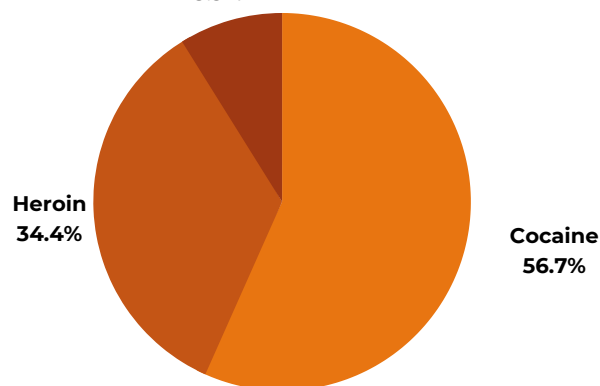
51 (**57%**) of the 90 injections were reported to be cocaine powder, 31 (**34%**) heroin and 8 (**9%**) were a mixture of both. In addition:

- 40 people reported taking prescribed methadone.
- 22 people reported taking 'street valium'.
- 2 people reported taking prescribed benzodiazepines.
- The use of gabapentinoids, alcohol and cannabis was also reported [24].

Find out more at:
www.safeconsumptionglasgow.com

Cocaine and heroin
8.9%

n=90



Their data collection on drug type provides further evidence of the problematic use of cocaine powder. In our survey, cocaine injecting was reported in Glasgow and Edinburgh.

During these desperate times, they also distributed hundreds of essential items such as food, water and bandages.

Public alleys, toilets and wastelands are some of the most dangerous settings in which to take drugs. Official, medically supervised, safer consumption facilities are urgently required in the UK.

SUPPORT & SERVICES



"Some of our service users are feeling very desperate, they can't access the drugs or support they need and desperate people take more risks."

"People being released from prison services with addictions have little to no direct support on offer. The person who I'm writing about would not be able to use a video calling service."

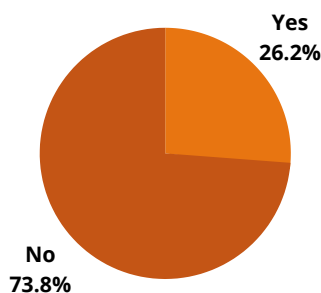


SUPPORT & SERVICES

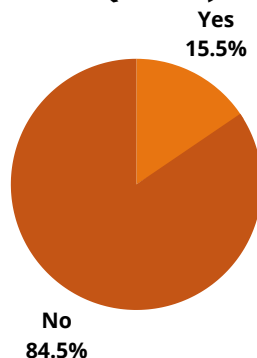
WITHDRAWAL

Have you (or they) experienced any unintended withdrawal symptoms due to COVID-19?

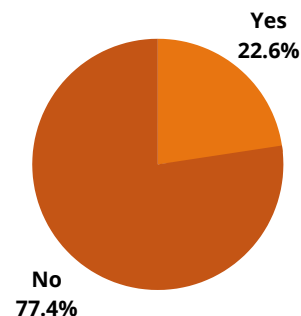
PART 1 (n=328)



PART 2 (n=84)



COMBINED (n=412)



- Overall, **23%** reported unintended withdrawal.
- This was mainly due to reduced availability and loss of income.
- Opiate and benzodiazepine withdrawal was the most commonly reported.
- Reported symptoms included: **sleepy, headaches, panic, apathy, mania, pain, disorientation, mood swings, vomiting, diarrhoea, cramps, depression, shaking, hallucinations and delusions.**
- The withdrawal from drugs such as alcohol and benzodiazepines can be life threatening. Check out this [withdrawal info](#) from Drugs and Me.

“Anxiety about not getting supply and feeling unwell with withdrawals.”

“Initially when lockdown started the Drug Support Company that we used stopped all face-to-face appointments, which caused a back log and had some service users go into withdrawal.”

“Less frequent due to lack of supply, increase in people in withdrawals.”

“Had to cluck a few times as I couldn't source heroin.”

“Seizures from benzo withdrawal due to limited availability.”

“Shaking when not drinking alcohol + really feel like cravings for coke.”

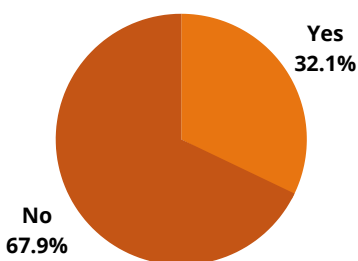
“Some experienced withdrawal symptoms from heroin and methadone.”

SUPPORT & SERVICES

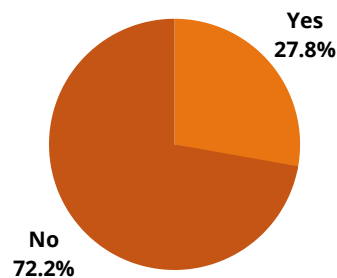
PRESCRIPTIONS

Has there been any difficulty in accessing prescriptions due to COVID-19?

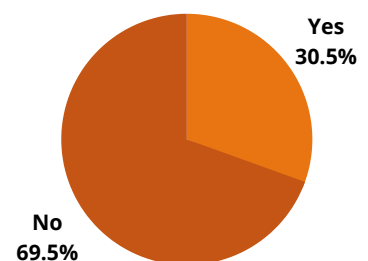
PART 1 (n=262)



PART 2 (n=72)



COMBINED (n=334)



- Overall, **31%** reported difficulty accessing prescriptions.
- In April 2020, the UK Government drafted [legislation](#) to better enable the emergency supply of controlled drugs, but these measures were never used.
- Many of the comments related to difficulty accessing opiate replacement therapies (methadone and buprenorphine) but it also extended to hormones, gabapentinoids, anti-depressants, benzos, inhalers and sleeping tablets.
- Reports included difficulty getting an appointment, difficulty in getting a prescription and then, even with a prescription, difficulty accessing it due to long queues at pharmacies and self-isolation requirements.
- We anticipate a rise in the number of people seeking help for their mental health. Great care should be taken when prescribing anti-depressants and anti-anxiety drugs which, despite being prescribed for legitimate therapeutic purposes, can have significant side effects and health consequences, especially if taken for long periods of time and/or in high doses, and mixed with alcohol and other drugs. Investment in non-pharmaceutical treatments of mental health conditions is urgently recommended.

Guidance on prescribing can be found in the document - '[Contingency Planning for People who use Drugs and COVID-19](#)' which was produced by the Scottish Drugs Forum. Separate information was published for England - '[COVID-19: guidance for commissioners and providers of services for people whose drugs or alcohol](#)'.

SUPPORT & SERVICES

PRESCRIPTIONS

Has there been any difficulty in accessing prescriptions due to COVID-19?

“Had pregabalin withdrawal due to GPs being under more pressure and taking longer to process prescriptions.”

“People struggling on methadone that are daily pick ups.”

“Our service has changed dispensing medications to try and assist and also added a named other for collection if needed to all prescriptions.”

“Those in “shielding” having trouble getting their daily script - pharmacies not delivering and staff unable to collect. Service user forced to collect own script when should be self isolating.”

“No access to OST [opioid substitution therapy i.e methadone] or benzodiazepine substitutes.”

“We deliver directly to pharmacy. Clients only have to attend three times a week for their Methadone or Suboxone.”

“Staff delivering to clients in self-isolation.”

“As some clients start to report Covid-19 symptoms or are in isolation due to a family member displaying symptoms there is not a clear plan from Addiction Services on how the services can get the ORT [opioid replacement therapy i.e methadone] directly to patients.”

“Lengthy waiting times. Long queues at pharmacy. Problematic issues in picking up prescriptions for those who are isolated. Staff wasting of time having to stand in queues for 1-2 hours therefore put at risk of Covid-19 from those attending community pharmacy. High risk situations for staff picking prescriptions up in case attacked for prescribed medication.”

“Longer queues and wait times. Some dosages of drugs not available.”

“Not being able to see Dr to get legitimate drugs has meant turning to other sources.”

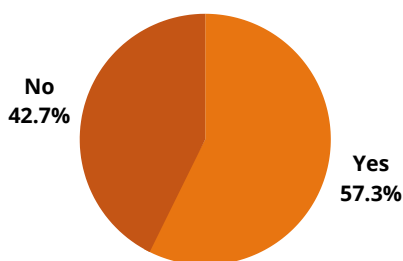
“Being turned away from pharmacy for coughing. Pharmacies closing due to staff absence. Being allocated time slots at pharmacy that can't always be met (for GP prescription and ORT prescription collection).”

SUPPORT & SERVICES

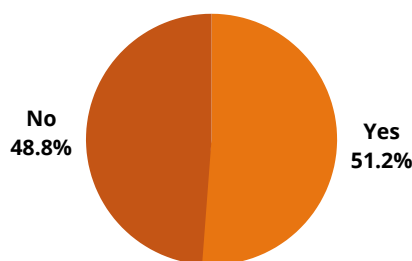
SUPPORT

Has there been any difficulty in getting support related to drug use due to COVID-19?

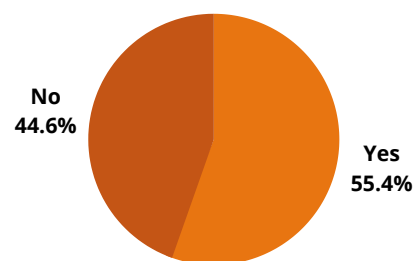
PART 1 (n=192)



PART 2 (n=43)



COMBINED (n=235)



- Difficulty accessing support for drug use was reported by **57%** of people in part 1, **51%** in part 2 and **55%** overall. This is a drop of only **6%** between April/May and October.
- Reasons for this included the lack of face to face support (and limited access to other methods), security or technology challenges posed by online support, difficulty getting doctor's appointments and waiting lists for help.

"Face to face contact is limited, very difficult for some clients who seem to benefit from seeing a worker every day. Phone support does not work for some of the most vulnerable clients [don't have access to phone/difficulties in keeping charge/change numbers]. Hard to get the full picture of what is going on. Phone support does not always work in terms of assessing risk of harm."

"Many/most addiction-based services are closed or not accepting new patients."

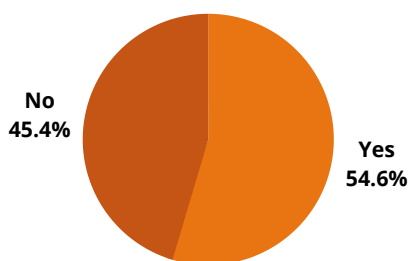
"I think for clients with high risk of overdose and harm from their drug use that reduced face to face contact with trusted drug and mental health professionals and support staff may also impact on how much and what drugs people are using. Services must be adapted to keep staff safe and clients from infection/transmission while supporting them to stay connected with the most vulnerable clients during Covid-19 pandemic."

SUPPORT & SERVICES

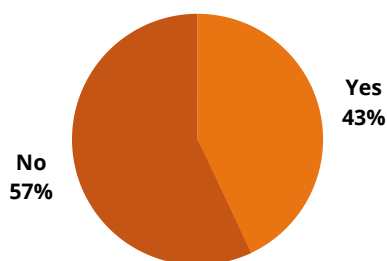
ANXIETY

Have the changes to the way drugs are bought, sold or taken caused any worry or feelings of anxiety?

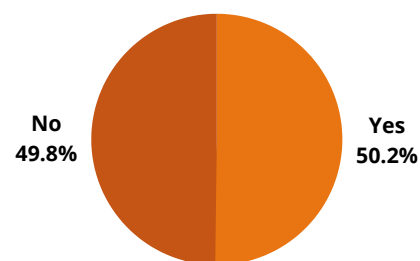
PART 1 (n=340)



PART 2 (n=93)



COMBINED (n=433)



- Overall, **50%** reported worry or feelings of anxiety.
- The co-morbidity of mental health symptoms and drug use makes it difficult for many people who take drugs to access the support they need. We must better recognise the real mental health needs of people who take drugs.

"The mental health system has poorly let me down...especially during covid."

"I've found the lockdown really hard on my mental health and my way of dealing with things is using drugs so obviously my use has massively increased so I'm praying the lockdown can end as soon as possible so I can go back to my usual daily routine (pre pandemic)."

"Was told my mental or physical health was not enough of an emergency."

"Lockdown has had a negative impact on many people's mental health, including mine, due to not being able to socialise and see friends as normal. I doubt everyone is like this, but I've started using alcohol and coke more often to try and lift my mood and dispel boredom while I can't see my friends."

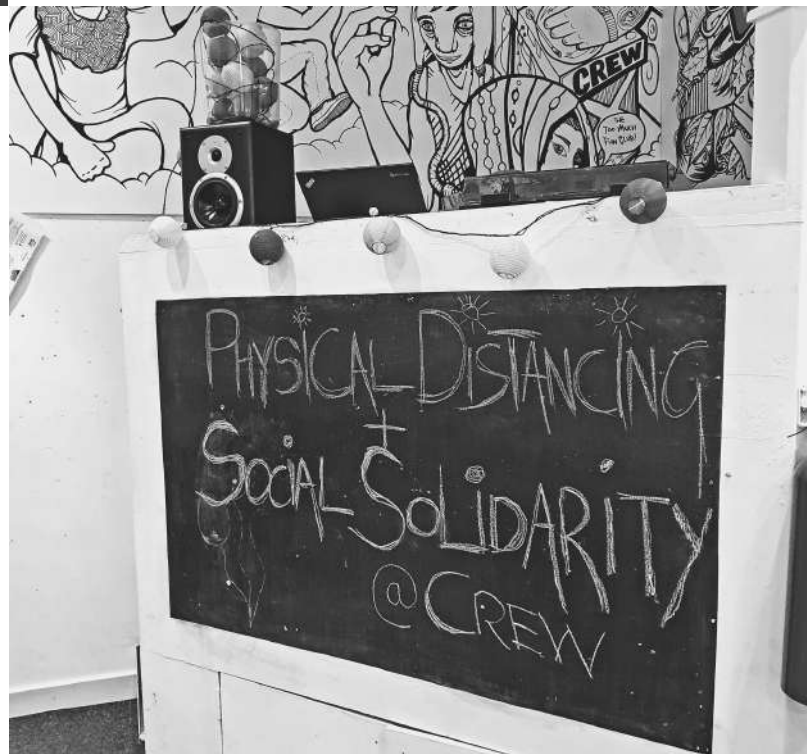
"Only being able to buy small amounts during a time when I am smoking more makes me concerned about running out. I also live with someone who does not know how much I use, and so buying smaller amounts more frequently is more stressful than buying a larger supply as each purchase is another opportunity for them to notice, which may harm our relationship."

THE LEGACY OF COVID-19



"Transform Outreach van with needles, foil, naloxone been brilliant. Takes away all our used stuff to make sure no one re uses them. Always able to chat on the phone to them or meet us somewhere."

"The uncertainty of how long people are expected to be confined to isolate and the uncertainty of how long people will have to wait until their normal weekly meetings and recovery activities can be implemented again is causing a lot of people stress over unknown time lengths."



THE LEGACY OF COVID-19

In many ways, our services and people have stepped up to meet new and difficult challenges, but we are only at the beginning.

A 2020 study into '[Poverty and the Impact of Coronavirus on Young People and Families in Scotland](#)' reported that "since the coronavirus pandemic began, roughly half of the families surveyed [reported] that at their financial situation has worsened and their debt has increased. For families who receive social security, these issues are particularly pronounced. Three quarters of families [reported] that their mental health had deteriorated because of their worsening financial situation. For those reliant on social security, the impact is even greater with 82% reporting that their mental health is worse now than it was a year ago" [25]. Problem drug use is a symptom of an environment lacking in opportunity, connection and prospects and therefore we anticipate that the impact of the pandemic will fuel drug taking for years to come.

Despite the disastrous impact of the pandemic a few positive changes have been made that should be maintained.

NALOXONE

In May 2020, it was announced by the Scottish Health Secretary that "the Lord Advocate has confirmed that - for the duration of this crisis - it would not be in the public interest to prosecute any individual - working for a service registered with the Scottish Government - who supplies naloxone in an emergency, to save a life". [26] This has significantly expanded the provision of this life-saving medication.

These supply rights only apply for the duration of the pandemic but Crew agree with the Scottish Drugs Forum who report that they "will be strongly advocating for this to remain normal and usual practice until the UK regulations can be amended to ensure this supply is endorsed through the usual legal framework" [27].

In 2020, it was also announced that "Police Scotland [will] pilot the carriage of naloxone by officers" [28], and we welcome this development.

Know someone who is taking opiates? Carry naloxone.

From February, naloxone will be available from the Crew Drop-in.

For home delivery visit [SFAD](#).

THE LEGACY OF COVID-19

DELIVERY OF INJECTING EQUIPMENT PROVISION (IEP)

Several health boards, such as Highland, Grampian and Tayside, have implemented 'click and collect' or delivery schemes for injecting equipment. Sterile injecting equipment is essential to reduce disease transmission and the risk of injecting-related infections. This has never been more important as hepatitis C levels remain high, and there is ongoing transmission of HIV among people who inject drugs in Scotland.

TAKE HOME OST (OPIOID SUBSTITUTION THERAPY)

Changes to prescribing guidelines have allowed people to take home a supply of their OST drugs, in order to minimise contact with others and avoid unnecessary journeys. The guidelines recognise that "in some areas, this has been a radical shift from the previous practice of the majority people being on daily supervised dispensing" [29].

While this isn't appropriate for everyone, and some survey reports from services share concerns about this fuelling dealing in prescription drugs, for many it has had a positive impact and has improved their treatment. Learning from these changes should inform future prescribing risk assessments to ensure treatment options are safe and suitable for the person.

GO DIGITAL

The majority of support has gone digital, including video recovery groups and streamed mindfulness sessions. While this is not optimal, digital communications are a great addition for many trying to access support. Crew moved its counselling sessions and Drop-in online. This has removed the geographical constraints of our physical Drop-in, and our digital Drop-in is open to anyone who would like to chat about drugs and sexual health.

As soon as it is safe, face to face services should reopen as a priority but where possible, the new digital services should remain and be considered an essential part of support provision.



The Crew Drop-in is online!

Get in touch with Crew to ask questions and chat about drugs, sexual health and wellbeing.

Email: dropin@crew2000.org.uk
DM us on Instagram: [@crew_2000](https://www.instagram.com/crew_2000)
FREE text: 07860047501

Want info about drugs and harm reduction?
Visit: www.crew.scot/drugs-information

CREW

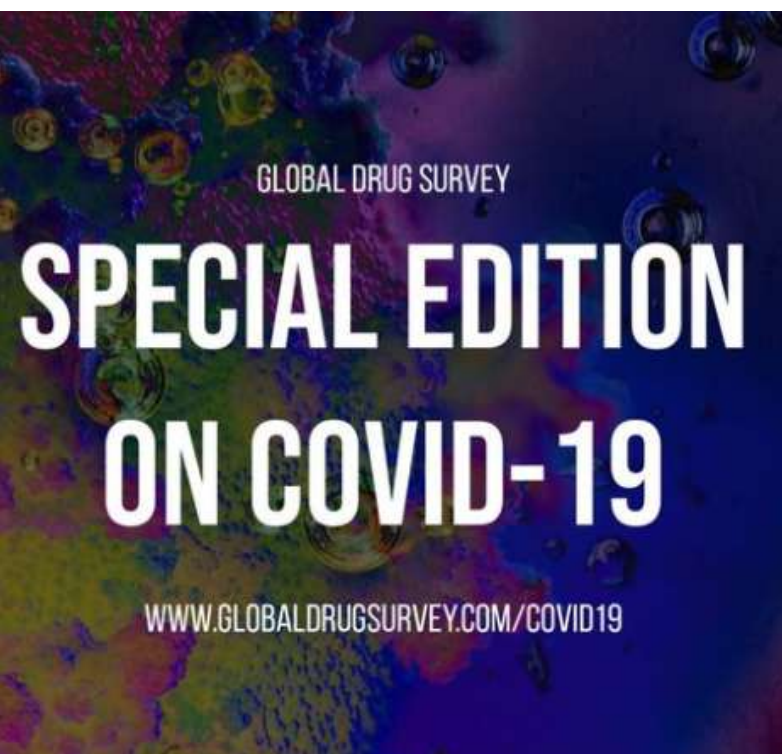
OPPORTUNITY

There is also an opportunity to improve our response to other areas impacted by the pandemic, for example:

- Crew's team of Expert Witnesses provide reports and testimony on drug issues in Scottish courts. There was a significant backlog of trials, even before the pandemic, and this will take many years to clear. This is an opportunity to keep people who take drugs out of the courts. To improve efficiency in the criminal justice system, consideration should be given to expanding the 'Recorded Police Warning' system to include low level offences related to all drugs, not just cannabis.
- Our 'world beating' track and trace system can be applied to other infectious diseases such as sexually transmitted infections (STIs e.g. chlamydia) and blood borne viruses (BBVs e.g. hepatitis C and HIV).

**WANT TO KNOW
MORE?**

**CHECK OUT THE
RESULTS OF THESE
OTHER COVID
SURVEYS**



European Monitoring Centre
for Drugs and Drug Addiction

New psychoactive substances: global markets, global threats and the COVID-19 pandemic

An update from the EU Early Warning System
December 2020



Bristol Drugs Project
COVID Impact Report

bdp.org.uk

As the Covid 19 pandemic shapes the fabric of how we operate as a society, BDP has adapted and evolved the way we deliver our vital services. Much of BDP's work simply cannot be done virtually. Many of the people we support sit at the sharpest end of the health inequality spectrum; and many don't have devices or data to engage with the digital world, so sustaining socially distanced face to face contact throughout lockdown was crucial.

Our **passionate** and **committed** staff and volunteers have really shone during this period, both creating and adapting nimbly, to new ways of working.

**Supporting
People in
the Time of
COVID-19:
Impact
Report**

"Without the support of BDP during the last few months I don't know how I would have coped dealing with the change of circumstances on my own."



Welcome

[Tweet](#)

Understanding the health impacts of the COVID-19 response on people who use drugs in Scotland is a research project that aims to understand the longer-term health impacts of the social response to COVID-19 on people who use drugs. The project involves researchers from the Universities of Stirling and Edinburgh.

PEER-LED COVID-19 IMPACT SURVEY

A review of the
impact of COVID19
on drug and alcohol
users in Wales



Rondine Molinaro

Service User Involvement Lead,
Kaleidoscope

FOREWARD

The COVID19 pandemic affected drug and alcohol providers across Wales, forcing them to completely re-design service provision in a relatively short timescale. The implications of this were vast. Clinical interventions such as BBV testing, urine testing and sexual health screening ceased. Starting people on prescriptions became challenging, and service users who were self-isolating depended on community staff delivering their prescriptions to them at home. Psycho-social interventions had to be quickly re-designed. Online interventions like Breaking Free were offered. Phone check-ups replaced face to face meetings, and recovery activities including art groups, gym sessions and mutual aid groups were abandoned. Recovery Hubs and drop-ins closed their doors. Community Providers did exceptionally well in the circumstances. Assertive outreach teams continued to walk the streets as they tried to assist the Welsh Government achieve their 'Everyone in' campaign and support homeless individuals into temporary accommodation. Staff took turns to ensure critical bases stayed open. Many worked tirelessly from home, attending endless Zoom and team meetings to maintain their support for drug and alcohol users, their families and carers. PPE was purchased at inflated costs to ensure that staff and service users were protected.

drugs and me

Full report: Recreational drug use during COVID-19 outbreak

By


Ivan Ezquerro-Romano and Eszter Demirkan

with the help of

the Drugs and Me team and our community

ANYTHING TO REPORT? CONTRIBUTE TO THESE DRUG SURVEYS TODAY!

CREW Drug Trend Survey



 CREW

SPACED OUT?

How lockdown & easing is impacting drug buying & use

Release
Drugs, The Law & Human Rights



Support drugs research in the time of COVID19.
Please take our 5 minute survey. #HarmReduction

#STAYS SAFE

GLOBAL DRUG SURVEY

GDS2021

GLOBALDRUGSURVEY.COM/GDS2021

ANONYMOUS | CONFIDENTIAL | ESSENTIAL

38,869

Responses and counting . . .

COVID-19 SUMMARY

- Overall, **65%** of respondents noted changes to the drug market due to COVID-19 in Europe.
- In part 1, **59%** reported increased frequency of drug use and **53%** reported that the quantity of drugs being taken had increased, raising concerns around an increase in tolerance, dependence, spending, physical harms, and mental health harms.
- In part 1, **48%** reported increased spending on drugs and in part 2, **42%** reported increased drug-related debt.
- **53%** reported stockpiling drugs.
- **70%** reported that the most typical method of purchasing drugs was through face-to-face sales. **33%** reported that since the outbreak of COVID-19 in Europe, social media and online markets were being used more often.
- **37%** reported taking different drugs than they usually would. Some people impacted by product shortages moved to more available drugs such as alcohol and prescription opioids, and there was a general shift away from 'club drugs' such as MDMA and amphetamine to drugs with a more relaxing effect such as cannabis and benzos.
- **54%** reported drug shortages, **42%** reported price increases and **31%** reported drugs were now poorer quality.
- **23%** reported unintended withdrawal as a result of the impact of COVID-19 and **31%** of respondents reported difficulty in accessing prescriptions.
- **50%** reported worry or anxiety relating to the impact of COVID-19 on the way drugs are bought, sold or taken.
- Drug-related harms and deaths are already at a record level in Scotland and this survey highlights that many people are taking larger quantities of drugs, taking drugs more frequently and spending more. This will further increase drug-related harms, especially since **55%** reported difficulty in getting drug-related support.

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

[Emerging evidence of Afghanistan's role as a producer and supplier of ephedrine and methamphetamine, 2020](#)

[2] POPULATION HEALTH DIRECTORATE, SCOTTISH GOVERNMENT

[Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\): Drug Use Report 2018](#)

[3] PUBLIC HEALTH SCOTLAND

[Drug-Related Hospital Statistics, 2018/19](#)

[4] PUBLIC HEALTH ENGLAND, DRUG HARMS ASSESSMENT AND RESPONSE TEAM

[Quarterly Summary for Professionals, Dec 2020](#)

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

[European Drug Report 2020](#)

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

[World Drug Report 2020](#)

[7] NATIONAL RECORDS OF SCOTLAND (NRS)

[Drug-Related Deaths in Scotland in 2019](#)

[8] NATIONAL RECORDS OF SCOTLAND (NRS)

[Drug-Related Deaths in Scotland Reports 2008-2019](#)

[9] NATIONAL RECORDS OF SCOTLAND (NRS)

[Drug-Related Deaths in Scotland in 2019, Excel Data Table, Tab 'only drug implicated ...'](#)

[10] NATIONAL RECORDS OF SCOTLAND (NRS)

[Drug-Related Deaths in Scotland in 2019, Excel Data Table, Tab 'number of drugs mentioned'](#)

[11] POPULATION HEALTH DIRECTORATE, SCOTTISH GOVERNMENT

[Why are drug-related deaths among women increasing in Scotland? 2018](#)

[12] OFFICE FOR NATIONAL STATISTICS (ONS)

[Population estimates, 2020](#)

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

[Statistical Bulletin 2020 – overdose deaths > methodology](#)

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

[The misuse of benzodiazepines among high-risk opioid users in Europe, 2018](#)

[15] NATIONAL RECORDS OF SCOTLAND (NRS)

[Volatile Substance Abuse and Helium Deaths in 2019](#)

[16] NATIONAL RECORDS OF SCOTLAND (NRS)

[Alcohol Deaths in 2019](#)

[17] OFFICE FOR NATIONAL STATISTICS (ONS)

[Alcohol-specific deaths in the UK: registered in 2018](#)

[18] SCOTTISH DRUG DEATHS TASKFORCE (DDTF)

[About the Taskforce, DDTF website, 2020](#)

[19] SCOTTISH GOVERNMENT

[Coronavirus \(COVID-19\): FACTS poster including translations and accessible formats, 2020](#)

[20] NHSINFORM

[Coronavirus \(COVID-19\): Drug use, 2020](#)

[21] THE UNIVERSITY OF NEW SOUTH WALES, NATIONAL DRUG AND ALCOHOL RESEARCH CENTRE

[Trends in the availability and type of drugs sold on the internet via cryptomarkets, Sep 2019 – Sep 2020, 2020](#)

[22] RELEASE

[Reports from the Release Drug Market Monitoring Network, 2020](#)

[23] NATIONAL CRIME AGENCY (NCA)

[News: NCA and police smash thousands of criminal conspiracies after infiltration of encrypted communication platform in UK's biggest ever law enforcement operation, 2020](#)

[24] SAFE CONSUMPTION GLASGOW

[Data from Peter Krykant, Dec 2020](#)

[25] INCLUDEM

[Poverty and the Impact of Coronavirus on Young People and Families in Scotland, 2020](#)

[26] SCOTTISH GOVERNMENT

[Publication: Coronavirus \(COVID-19\) update, statement given by the Health Secretary Jeane Freeman, 3 May 2020](#)

[27] SCOTTISH DRUGS FORUM (SDF)

[Lord Advocate gives reassurance that naloxone supply can expand, SDF website, 2020](#)

[28] POLICE SCOTLAND

[Police Scotland to pilot carriage of Naloxone by officers. 2020](#)

[29] SCOTTISH DRUGS FORUM (SDF)

[Guidance on contingency planning for people who use drugs and COVID-19, 2020](#)

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.

WITH THANKS



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

V1.0 | Copyright © 2021 Crew

Crew 2000 (Scotland) is a company limited by guarantee, registered in Scotland, company number SC176635, and a charity also registered in Scotland, SCO 21500. Registered office: 32/32a Cockburn Street, Edinburgh, EH1 1PB.