

Rapid Action Drug Alerts and Response (RADAR) quarterly report

October 2022

A Management Information Statistics publication for Scotland

Published 11 October 2022

Type Statistical report

Author Public Health Scotland

Topics Drugs

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About this release

Our quarterly report

The Drugs Team at Public Health Scotland (PHS) has compiled this report of drug-related indicators in order to inform action to prevent drug harms and deaths.

The objectives of this report are to:

- monitor changes in drug trends, harms and use of services to inform immediate and short-term actions that reduce drug harms
- detect potential clusters of harms and recommend appropriate responses

Update

This publication was updated on 10 November 2022 to add a new indicator called 'Police Scotland interim drug bulletin'.

This special interim bulletin released by Police Scotland STOP Unit provides information on nitazene-type drugs found in pills sold as oxycodone.

Data and reporting period

This release reports on Scotland-level data.

Observed changes in indicators may reflect genuine trends in behaviours but may also be influenced by factors such as the configuration of services, or data quality and completeness issues.

These data may be subject to change. Further analysis of these data will be made available in our Official and National Statistics publications on substance use.

Analysis for some indicators is available by NHS board in the substance use section of the COVID-19 wider impacts dashboard.

Different time periods may be reported across the different indicators. In all cases, the most recently available data are used. Where possible, charts are based upon a 2-year time series.

Key time periods, during which notable pandemic restrictions were in place, are indicated by reference lines and shaded areas on the charts.

View a comprehensive timeline of Scottish COVID-19 events and restrictions.

Date of next report

The next release of this publication will be 24 January 2023.

Acknowledgements

This report reflects the collective efforts of different organisations and hundreds of people in frontline and supporting roles who record, organise, analyse and interpret information from a range of sources and services.

We gratefully acknowledge the continued commitment and effort of all those involved.

Summary of trends

Specialist drug treatment referrals	The number of referrals between week beginning 4 April 2022 and week ending 3 July 2022 were 8% lower compared to the previous period between 3 January and 3 April 2022 and 22% lower than expected compared to the same period in 2021.

Opioid substitution therapy

The number of prescribed methadone and buprenorphine items remained

ePrescribing	relatively stable between 1 April and 30 June 2022.
Injecting equipment provision	Both the number of transactions and the number of needles and syringes distributed between week beginning 4 April 2022 and week ending 3 July 2022 were similar compared to the previous period between 3 January and 3 April 2022 (1% and 2% increase, respectively).
	The number of transactions and number of needles and syringes distributed between April and July 2022 were lower than the same period in the previous two years.
Emergency naloxone administration	A 17% increase in incidents was recorded between 1 April and 30 June 2022, compared to the period between 1 January and 31 March 2022.
	Incidents were lower than expected compared to similar time periods in the previous two years.
Drug-related acute hospital admissions	There was a 4% increase in drug-related hospital admissions between 4 April and 26 June 2022, compared to the period of 10 January to 3 April 2022.
	Admissions were considerably lower than the similar time periods in 2020 and 2021.
Drug overdose or intoxication attendances at emergency	A 22% increase in emergency department attendances was recorded between 2 May and 31 July 2022, compared to 31 January and 1 May 2022.
departments	Attendances were comparable to similar time periods in the previous two years.
ASSIST: A Surveillance Study in Illicit Substance Toxicity	New pilot to study the clinical clinical characterisation and toxicological analysis of emergency department presentations at the Queen Elizabeth University Hospital in Glasgow.
Forensic toxicology testing for controlled substances	The proportion of post-mortem tests detecting benzodiazepines decreased between 1 April and 30 June 2022 and was lower than expected compared to the previous year.
	In cases testing positive for controlled drugs, multi drug detection remains the norm.
Scottish Prison Service drug analysis project	Synthetic cannabinoid is the most prevalent drug type detected in seizure analysis.
	There was a 10% increase in samples testing positive for cocaine between 1 January and 31 March 2022.
Suspected drug-related deaths	There were 562 suspected drug deaths during the first six months of 2022. This was 22% (160) lower than during the same period of 2021.
Police Scotland drug trends bulletin	This update shows images of tablets including MDMA (ecstasy) and street benzos (benzodiazepines).
Reports of drug harms to RADAR	Eight reports were validated by RADAR between 1 July and 23 September 2022.

Main points

Although decreases were observed in the number of drug-related hospital admissions and suspected deaths, overall drug-related harms in Scotland remain high.

Drug harms

- Scottish Ambulance Service naloxone incidents between April and June 2022 (1,022) were 17% higher than in the previous quarter but were lower than expected compared to the same quarter in 2021 and 2020.
- The number of drug-related hospital admissions between April and June 2022 (2,066) were considerably lower than the same quarter in 2021 (3,394).
- The most common drug category recorded in general acute hospital admissions between April and June 2022 was opioids (approximately 46% of all admissions). However, the number of opioid-related admissions has been decreasing since May 2021.
- Promoting naloxone distribution and increasing awareness of the signs of an overdose remain important lifesaving interventions.

Drug treatment

- The number of specialist drug treatment referrals between April and June 2022 (4,900) were similar to the previous guarter but 20% lower than expected compared to the same quarter in 2021.
- The number of injecting equipment provision (IEP) transactions and the number of needles and syringes distributed from IEP outlets between April and June 2022 (38,102 and 483,377 respectively), were both similar to the previous quarter, but lower than the same quarter in 2021 and 2020.

Drug trends

- Much of the health harm associated with drug use in Scotland occurs as a result of two or more drugs (polydrug use). The majority of emergency department presentations in the ASSIST hospital toxicology pilot were associated with polydrug use and most post-mortem toxicology tests identified multiple substances.
- Opioids and benzodiazepines are the two most commonly reported drug types implicated in harms, but patterns of harm and use varies by age group and geographical area.
- New drugs are constantly appearing on the market. Five new drugs were detected for the first time in Scottish prisons in 2022. Changes in the types of substances available emphasises the importance of drug checking, forensic post-mortem toxicology and hospital toxicology testing.

Indicators

Specialist drug treatment referrals

The number of referrals between week beginning 4 April 2022 and week ending 3 July 2022 were 8% lower compared to the previous period between 3 January and 3 April 2022 and 22% lower than expected compared to the same period in 2021.

Background

Specialist drug treatment referrals represent the process of transferring the care of an individual to a health or social care professional within the specialist drug treatment service.

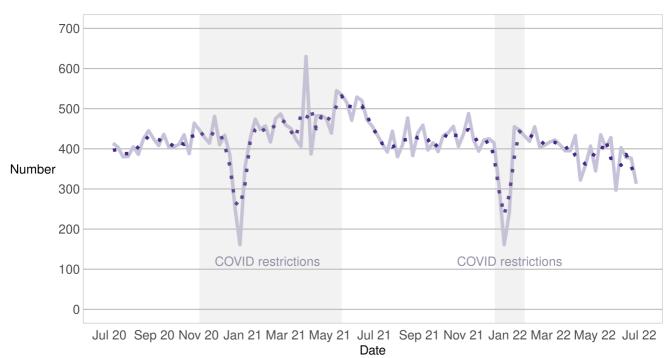
Figures shown are for both drug dependency and co-dependency (people seeking help for both drug and alcohol use) referrals.

Figures include new referrals for treatment and referrals between services where an individual's type of treatment is changing.

This chart shows the weekly number of referrals from 29 June 2020 to 3 July 2022.

Specialist drug treatment referrals





Source: Public Health Scotland

Update

- Weekly number of referrals broadly decreased during the first six months of 2022.
- Weekly number of transactions in June 2022 (354) were around 30% lower compared to the same period in 2021 (490) and 10% lower compared to the same period in 2020 (389).

Additional information

These data are taken from the Drug and Alcohol Information System (DAISy) and its predecessor, the Drug and Alcohol Treatment Waiting Times (DATWT) database.

For more information, or to analyse these data by NHS board, visit the COVID-19 wider impacts dashboard.

PHS also publishes information on waiting times for people accessing specialist drug and alcohol treatment services. The latest data can be viewed in our national drug and alcohol treatment waiting times report.

For details of drug treatment services in your area, visit the Scottish Drug Services Directory. The Medication Assisted Treatment (MAT) Standards are an improvement programme to strengthen access, choice and support within the drug treatment system in Scotland.

Why we use a 3-week moving average

As these data are highly variable over time the 3-week moving average has been included in the graph to account for this variability and provide an average line.

Opioid substitution therapy ePrescribing

The number of prescribed methadone and buprenorphine items remained relatively stable between 1 April and 30 June 2022.

Background

This section summarises information on community prescribing for opioid substitution therapy (OST) drugs, methadone and buprenorphine, in Scotland.

This indicator uses data from eMessage prescriptions and does not include all OST prescriptions.

The methadone statistics relate to prescriptions for methadone 1 mg/1 ml (milligram/millilitre) oral solution.

The buprenorphine statistics relate to prescriptions for 2 mg, 8 mg and 16 mg buprenorphine or buprenorphine and naloxone tablets.

Charts for this indicator are not currently available.

To analyse these data by NHS board, visit the COVID-19 wider impacts dashboard.

A summary of these dashboard statistics for the period between 1 April 2022 and 30 June 2022 is provided here.

Update

Methadone

- The number of methadone items prescribed per month has decreased, from April (28,248) to June 2022 (25,236).
- The quantity of methadone prescribed per item has remained high but stable, from April (1,436.9 mg/ml) to June 2022 (1,421.5 mg/ml).

Buprenorphine

- The number of buprenorphine items prescribed per month increased between April (7,448) and May (7,946), before decreasing in June 2022 (7,390).
- The quantity of buprenorphine prescribed per item was stable between April (203 mg) to June 2022 (203 mg).
- The total quantity of buprenorphine prescribed increased from April (1.5 million mg per month) to May (1.6 million mg per month), before decreasing in June 2022 (1.5 million mg per month).

Additional information

These data are taken from PHS's Prescribing Information System.

What is ePrescribing data?

These data are based on GP practice eMessage prescriptions for OST medications.

eMessages account for approximately 40% of primary care prescriptions for methadone and 30% for oral buprenorphine.

Primary care accounts for 55% of all OST prescribing. As this only accounts for a sizable minority of OST prescriptions, the patterns described are indicative and should not be assumed to apply to all NHS board areas or prescribers.

Injecting equipment provision

Both the number of transactions and the number of needles and syringes distributed between week beginning 4 April 2022 and week ending 3 July 2022 were similar compared to the previous period between 3 January and 3 April 2022 (1% and 2% increase, respectively).

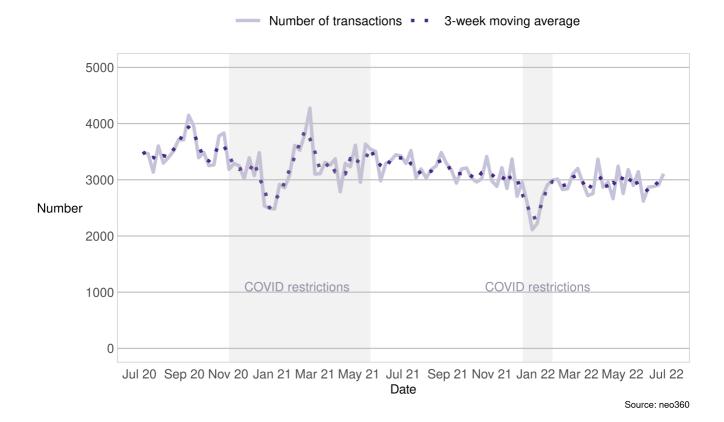
The number of transactions and number of needles and syringes distributed between April and July 2022 were lower than the same period in the previous two years.

Background

Injecting equipment provision (IEP) is a form of harm reduction that helps to reduce the transmission of blood borne viruses among people who inject drugs. These data relate to the number of transactions at IEP sites in which a needle or syringe is provided and the number of needles and syringes distributed.

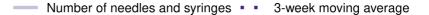
This chart shows the weekly number of transactions from 29 June 2020 to 3 July 2022.

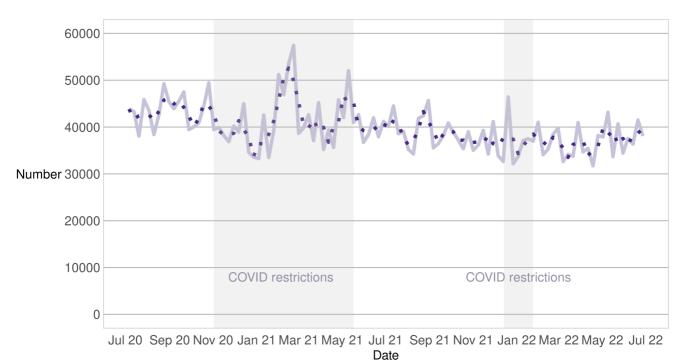
Injecting equipment provision transactions



This chart shows the weekly number of needles and syringes distributed from 29 June 2020 to 3 July 2022.

Number of needles and syringes distributed





Source: neo360

Update

- Weekly number of transactions and numbers of needles and syringes were broadly stable during the first six months of 2022, averaging at just under 3,000 and 37,000 each week respectively.
- Average weekly number of transactions were 12% lower in June 2022 (2,877) compared to the same period in 2021 (3,264) and 18% lower compared to the same period in 2020 (3,501).
- Average weekly number of needle and syringes in June 2022 (37,589) were similar to the number distributed in June 2021 (38,753) and were 17% lower compared to the same period in 2020 (45,094).

Additional information

These data are taken from the Needle Exchange Online 360 database (neo360).

The 11 mainland NHS boards use neo360 routinely, but due to missing data for part of the time period presented, NHS Fife and NHS Highland are excluded from the transaction data. NHS Highland is also excluded from the needle and syringe figures.

For more information, or to analyse these data by NHS board, visit the COVID-19 wider impacts dashboard.

For details of injecting equipment providers in your area, visit the Scottish Needle Exchange Directory.

Why we use a 3-week moving average

As these data are highly variable over time the 3-week moving average has been included in the graph to account for this variability and provide an average line.

Emergency naloxone administration

A 17% increase in incidents was recorded between 1 April and 30 June 2022, compared to the period between 1 January and 31 March 2022. Incidents were lower than expected compared to similar time periods in the previous two years.

Background

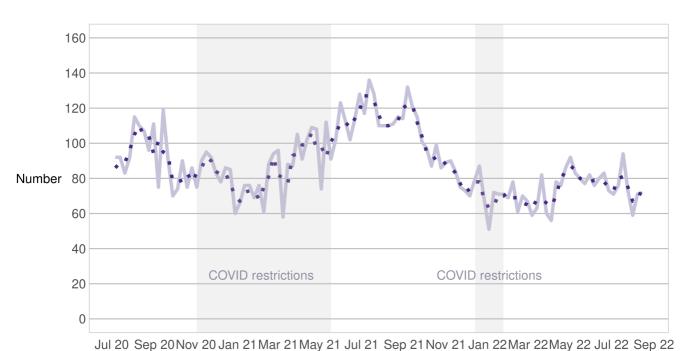
Naloxone is a medicine used to prevent fatal opioid overdoses. These data relate to the number of incidents in which naloxone was administered by Scottish Ambulance Service (SAS) clinicians.

The chart below shows the weekly number of SAS naloxone incidents from 1 July 2020 to 21 August 2022.

While these data count multiple overdose patients at the same incident separately, multiple naloxone administrations to the same patient at the same incident are not counted separately.

Emergency naloxone incidents





Source: Scottish Ambulance Service

Update

• From early 2022, weekly numbers of naloxone incidents diverged from observed trends, remaining lower than the same time period in previous years.

Date

• SAS naloxone incidents were around 30% lower in August 2022 (284) compared to the same period in 2020 (428) and 2021 (446).

Additional information

PHS was provided with these data by SAS.

For more information, or to analyse this data by NHS board, visit the COVID-19 wider impacts dashboard.

Why we use a 3-week moving average

As these data are highly variable over time the 3-week moving average has been included in the graph to account for this variability and provide an average line.

Scotland's Take-Home Naloxone Programme

The Take-Home Naloxone Programme was launched by the Scottish Government in 2011 to prevent fatal opioid overdoses.

Naloxone is a medicine that can temporarily reverse the effects of an opioid overdose. It can be given to anyone who is non-responsive and displaying the signs of an overdose (unconsciousness, shallow breathing, snoring, blue lips, pale skin, pin-point pupils).

Anyone in Scotland can carry naloxone. It can be accessed through most local drug services or pharmacies and it can also be delivered to your home through the charity Scottish Families Affected by Alcohol and Drugs.

Naloxone is very easy to administer.

You can learn more about administering naloxone in a free e-learning module created by the Scottish Drugs Forum.

Information on Take-Home Naloxone distribution can be found in the substance use section of the COVID-19 wider impacts dashboard and in the National Naloxone Programme Scotland Quarterly Monitoring Bulletin, both published by PHS.

Drug-related acute hospital admissions

There was a 4% increase in drug-related hospital admissions between 4 April and 26 June 2022, compared to the period of 10 January to 3 April 2022.

Admissions were considerably lower than the similar time periods in 2020 and 2021.

Background

The data used in these statistics relate to all inpatient and day cases to general acute hospitals (excluding maternity, neonatal, geriatric long stay and admissions to psychiatric hospitals). Data are presented by date of admission.

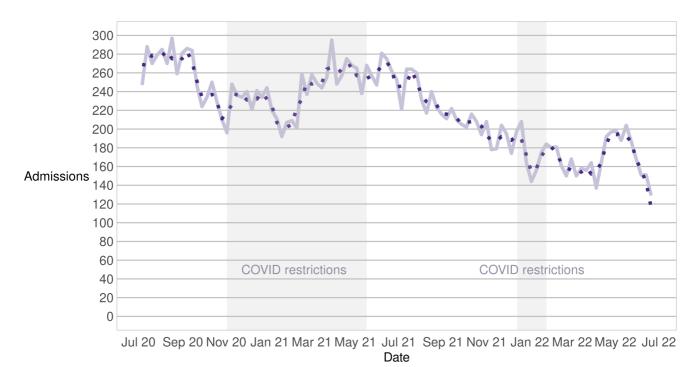
A drug-related hospital admission is identified by the recording of a drug use diagnosis.

For more information on the drug coding used refer to the drug-related hospital statistics publication methods page.

The chart below shows the weekly breakdown of drug-related admissions in Scotland's general acute hospitals between 25 May 2020 and 26 June 2022.

Drug-related hospital admissions





Source: Public Health Scotland

Drug-related hospital stays decreased between January and April 2022.

Update

- Hospital admissions continued to decrease in April and June 2022, despite an increase in admissions in May 2022 (777 admissions).
- Overall, the number of admissions was considerably lower than the same period in the previous years, there were 2,066 drug-related hospital admissions between 4 April and 26 June 2022, compared to 3,394 in the same period in 2021.
- The most common drug category recorded in general acute hospital admissions between April and June was opioids, approximately 46% of all admissions. However, the number of opioid-related admissions has been falling since May 2021.

Additional information

These data have been extracted from our SMR01 dataset.

To analyse the latest published information by NHS board or by Alcohol and Drug Partnership (ADP), go to our information on drug-related hospital statistics admissions.

Why we use a 3-week moving average

As these data are highly variable over time the 3-week moving average has been included in the graph to account for this variability and provide an average line.

Drug overdose or intoxication attendances at emergency departments

A 22% increase in emergency department attendances was recorded between 2 May and 31 July 2022, compared to 31 January and 1 May 2022. Attendances were comparable to similar time periods in the previous two years.

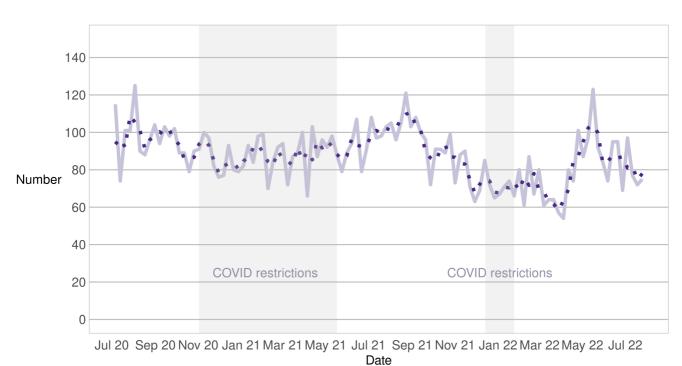
Background

A drug-related emergency department (ED) attendance is an attendance for a drug intoxication or overdose, either alone, or combined with alcohol intoxication.

The chart below shows the weekly number of drug-related ED attendances between 6 July 2020 and 31 July 2022.

Drug-related attendances at emergency departments





Source: Public Health Scotland

Drug-related attendances at EDs decreased between August 2021 and April 2022 and were at the lowest levels in the time series in April 2022.

Update

- In May 2022, drug-related ED attendances increased sharply, from 87 in week beginning 2 May, to 123 in the week beginning 16 May. Further investigations are ongoing to understand the causes of this increase.
- Drug-related ED attendances decreased throughout June and July 2022.
- Overall, there were 1,137 drug-related ED attendances between 2 May and 31 July 2022.

Additional information

These data are taken from our Accident and Emergency Data Mart.

Data limitations

Diagnosis/reason for attendance can be recorded in a variety of ways, including in free text fields and not all NHS boards submit this information.

The numbers presented in this report therefore only give a high-level indication of attendances over time.

For more information, or to analyse these data by NHS board, visit the COVID-19 wider impacts dashboard.

Why we use a 3-week moving average

As these data are highly variable over time the 3-week moving average has been included in the graph to account for this variability and provide an average line.

ASSIST: A Surveillance Study in Illicit Substance Toxicity

New project: Clinical characterisation and toxicological analysis of emergency department presentations at the Queen Elizabeth University Hospital in Glasgow.

Background

This new pilot conducted by the emergency department (ED) at the Queen Elizabeth University Hospital (QEUH) aims to assess the feasibility of prospective surveillance of ED presentations due to acute illicit drug toxicity.

The use of the term 'illicit drug' encompasses any substance that is not prescribed to the individual and is a controlled drug as per the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001.

The purpose of this feasibility research is to establish the introduction of a robust ED toxicology surveillance system.

ASSIST collects anonymised data through audits of standard of care clinical data for patients attending the ED due to illicit drug toxicity.

The pilot also collects anonymous surplus blood samples for full toxicological analysis. This allows for drug profiling and the identification of emerging drug trends, to inform appropriate harm reduction measures and public health responses.

Evaluation of reported/presumed drug consumed versus analysis will also be assessed.

This pilot will run in the QEUH adult ED from August 2022 to August 2023, followed by a three-month follow up period.

There is potential for this surveillance to be continued beyond this date at the QEUH and expanded to other hospitals in Scotland.

Update

- The pilot commenced on 19 August 2022 and is on its fifth week of recruitment.
- 103 discreet ED attendances related to illicit drug use have been identified.
- Anonymous toxicological analysis was requested for 42 surplus samples.

79 patients had data available at the time of this report.

This found:

- Five patients were admitted to an intensive care unit or high dependency unit, 18 were admitted to a ward, five were transferred to a psychiatric unit, 10 were discharged to police custody and 41 went home.
- Of the 79 patients with available data:
 - o a median time of four hours per patient was spent in the ED (range 0.27 12 hours)
 - the total number of hours spent in ED was 367

Admission data was available for 39 patients.

This found:

- The median length of stay from first ED attendance to discharge from hospital was 5.5 hours (range 0.27 to 415 hours).
- Total number of hours for this group was 1,361 hours in hospital.
- Polydrug use is a prevailing feature. This is known to hold higher risk to the individual than single drug use.

Additional information

PHS was provided with this information by QEUH, NHS Greater Glasgow and Clyde (GGC).

The ASSIST trial is registered with Clinical Trials UK (ID: NCT05329142).

Ethical approval has been granted by West of Scotland Research Ethics Service (IRAS ref: 313616) and surplus sampling methodology through Biorepository Ethics (ref 22/WS/0020).

This study is sponsored by NHS GGC Research and Innovation and is funded by the Scottish Government.

Further information on the study can be found at Clinical Trials UK.

Forensic toxicology testing for controlled substances

The proportion of post-mortem tests detecting benzodiazepines decreased between 1 April and 30 June 2022 and was lower than expected compared to the previous year. In cases testing positive for controlled drugs, multi-drug detection remains the norm.

Background

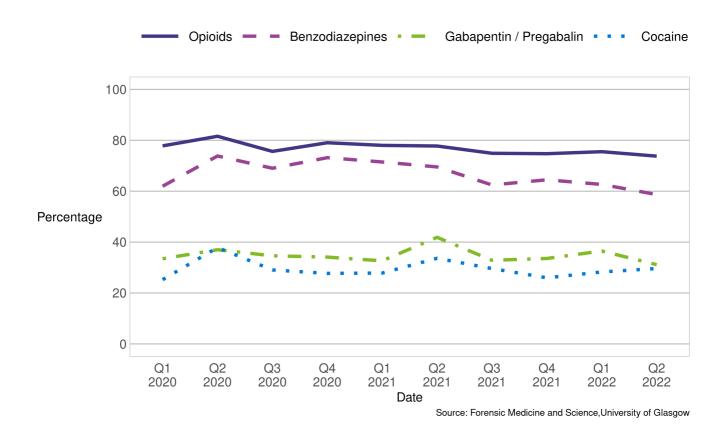
This analysis is based on toxicology testing data completed at post-mortem.

This testing is performed by the Forensic Toxicology Service based within Forensic Medicine and Science (FMS) at the University of Glasgow, on behalf of the Crown Office and Procurator Fiscal Service.

The range of substances routinely analysed by this service is extensive and includes the detection of alcohol, prescribed medicines and controlled drugs.

The charts below provide an indication of controlled drugs found present at post-mortem in deaths occurring between 1 January 2020 and 30 June 2022, presented by calendar year/quarter.

Forensic toxicology cases testing positive for controlled substances



Update

The most commonly detected controlled substances or substance types in the Q2 of 2022 were:

- opioids (74% of all cases)
- benzodiazepines (59%)
- gabapentin/pregabalin (31%)
- cocaine (30%)

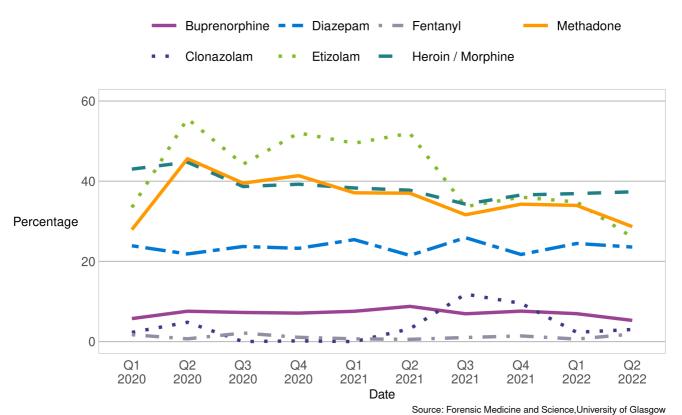
Toxicology cases testing positive for opioids have remained relatively stable throughout the time series.

The trend in benzodiazepines has generally been decreasing, from 73% in the fourth quarter of 2020 to 59% in the second quarter of 2022.

The percentage of deaths testing positive for gabapentin/pregabalin or cocaine have remained relatively stable.

530 toxicology cases were analysed in Q2 2022, similar to the average number of cases typically analysed in a quarter (531).

Forensic toxicology cases testing positive for specific opioids and benzodiazepines



Update

- Following a reduction in cases testing positive for etizolam and methadone, the most commonly found substance in Q2 of 2022 was heroin/morphine.
- The percentage of deaths involving clonazolam decreased in early 2022 and has remained low (2% of cases in O1 and 3% of cases in O2), from a high at the end of 2021 (10% in O4).
- There has been a small increase in the number of cases where fentanyl was detected, from three deaths in Q1 of 2022 to 10 deaths in Q2 of 2022.

Additional information

PHS was provided with these data by FMS, University of Glasgow.

Detailed interpretation of the levels of drugs found present, drug interactions, co-morbidities or other factors relating to death are outside the scope of this analysis. This analysis does not imply that specific drugs were implicated in deaths nor that deaths were classified as 'drug-related' and does not include consideration of wider causes of death.

The data above is for deaths occurring in the west, east and parts of the north of Scotland. Apart from a very small number of cases analysed at the University of Glasgow, post-mortem toxicology testing for deaths occurring in Aberdeen and the far north of Scotland is conducted by a similar service at the Aberdeen Royal Infirmary (ARI). Results from the ARI are not included in the analysis above.

Glossary

Clonazolam

Clonazolam is a Class C benzodiazepine, first detected in Europe in 2015. In high doses effects include sedation (reduced energy levels), amnesia (memory loss) and respiratory depression (slowed breathing and heart rate).

Clonazolam is often available as white or blue circular pills. The EMCDDA reports that a common dose of clonazolam is 0.2 to 0.4 milligrams (mgs). 0.2 mgs of clonazolam is approximately equivalent to 1 mg of etizolam or 10 mgs of diazepam.

Visit NHS inform for information on benzodiazepines.

For guidance on how services can strengthen responses to benzodiazepine harms, visit the Drug Deaths Taskforce website.

Fentanyl

Fentanyl is a strong opioid, thought to be at least 80 times more potent than morphine.

It is a widely used medicine in the UK, but when taken without a prescription it is a Class A drug. It is an analgesic drug and effects include pain relief, sedation (reduced energy levels), nausea and respiratory depression (slowed breathing and heart rate). For more information, visit EMCDDA.

Scottish Prison Service drug analysis project

Synthetic cannabinoid is the most prevalent drug type detected in seizure analysis. There was a 10% increase in samples testing positive for cocaine between 1 January and 31 March 2022.

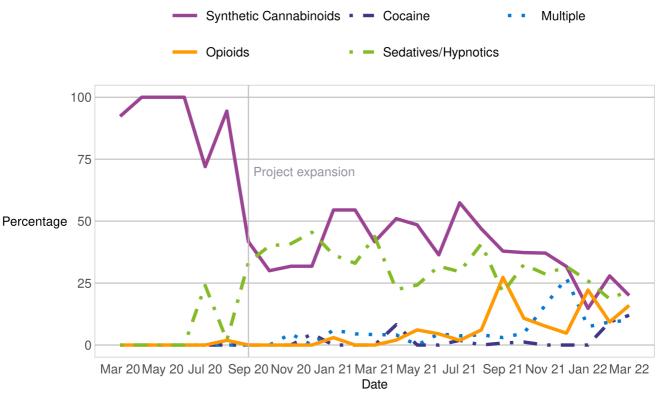
Background

The Leverhulme Research Centre for Forensic Science (LRCFS) is currently undertaking research with the Scottish Prison Service (SPS) to address the changing characteristics of synthetic drugs, including synthetic cannabinoids, often referred to as 'spice'.

The programme began by focusing on synthetic cannabinoids and in September 2020 expanded to analyse all types of drugs seized by the SPS. This change is highlighted below.

The chart below shows the monthly breakdown of results from analysis of drugs seized in Scotland's prisons between 1 March 2020 and 31 March 2022. The results are shown as the percentage of all samples tested, broken down by the top five drug types reported.

SPS drug analysis project: drug type



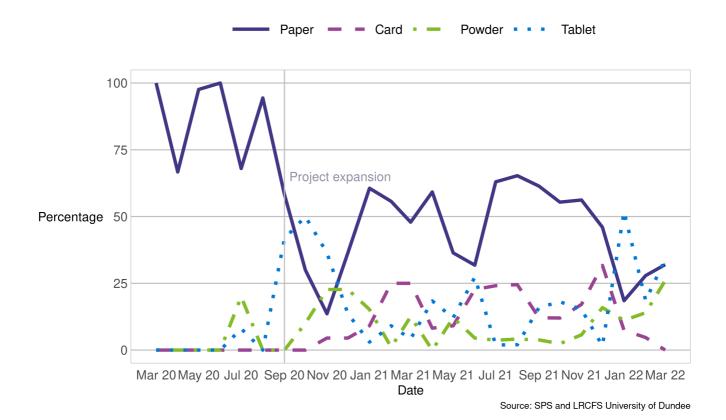
Source: SPS and LRCFS University of Dundee

An overall decreasing trend in the proportion of samples testing positive for synthetic cannabinoids has been observed between July 2021 and January 2022. There has been a slight increase in the proportion of samples testing positive for cocaine since March 2021.

120 substances were analysed in Q1 of 2022, similar to the average number of cases typically analysed in a quarter (137), but less than those analysed in Q4 of 2021 (251) and Q3 of 2021 (235).

The second chart shows the monthly breakdown of the types of samples seized within Scotland's prisons between 1 March 2020 and 31 March 2022. For the purposes of analysis only the top four sample types have been included in the chart below.

SPS drug analysis project: sample type



Update

- Overall, the number of samples testing positive for synthetic cannabinoids remained stable between January and March 2022. 28% of all samples tested in February 2022 tested positive for a synthetic cannabinoid, followed by a decrease to 20% in March.
- Cocaine was detected in samples during both February and March with approximately 1 in 10 samples testing positive for the drug.
- The three most commonly detected drugs between January and March 2022 were etizolam, ADB-BUTINACA (synthetic cannabinoid) and cocaine.
- Overall, in Q1 an increasing trend was observed in the percentage of powder and paper samples seized and a decrease in those of tablet and card.

In 2022, this drug analysis project detected five drugs for the first time in prisons in Scotland, demonstrating a constantly evolving drugs market:

- metonitazene (synthetic opioid)
- CH-PIATA (synthetic cannabinoid)
- bromonordiazepam (benzodiazepine)
- 5F-BZO-POXIZID (synthetic cannabinoid)
- BZO-4en-POXIZID (synthetic cannabinoid)

Additional information

PHS was provided with these data by SPS and LRCFS.

The Scottish Prisons Non-Judicial Drug Monitoring Project is a collaboration between the SPS and the LRCFS at the University of Dundee.

An initial pilot project ran between September 2018 and January 2021.

The project has been directly funded by SPS since February 2021.

Glossary

'Synthetic cannabinoids' is a term used to describe over 200 lab-made drugs that interact with the endocannabinoid system.
The prevalence of synthetic cannabinoids in seizures is higher in prisons than in the general population.
People working and living in prisons should be aware of the harmful effects and risks of synthetic cannabinoid use.
Visit NHS inform for more information on synthetic cannabinoids.
Samples classed as 'multiple' are seizures that contain more than one drug, such as a piece of paper with both a cannabinoid and benzodiazepine, or two different benzodiazepines.
Almost 20% of seizures tested positive for more than one drug and this is concerning as polydrug consumption is a risk factor for overdose and death.
'Multiple' drug results will be analysed in more detail in the next publication
Sedatives are a category of drugs with depressant effects (reduce heart rate and breathing) that includes anti-psychotics (quetiapine and olanzapine) and benzodiazepines (most notably etizolam, but also flubromazepam, bromazolam, diazepam and flualprazolam).
Visit NHS inform for information on benzodiazepines.

Suspected drug-related deaths

There were 562 suspected drug deaths during the first six months of 2022. This was 22% (160) lower than during the same period of 2021.

Suspected drug-related deaths

Suspected drug-related death (DRD) figures are based on reports from police officers attending scenes of death.

Following post-mortem and toxicology testing, these 'suspected' DRDs are either 'confirmed' or determined 'not to be a DRD'. This can take several months so suspected figures are used to provide a timely indication of trends and inform prevention activity.

Data on suspected drug deaths in Scotland is provided by Police Scotland and published quarterly by the Scottish Government. The latest report shows there were 562 suspected drug deaths during the first six months of 2022. This was 22% (160) lower than during the same period of 2021.

We plan to include analysis of the occurrence of suspected DRDs over time in future quarterly reports.

Drug-related deaths

The information above is management information and not subject to the same validation and quality assurance as Official Statistics. National Statistics on drug-related deaths in 2021 and earlier years – broken down by age, sex, substances implicated and NHS board and council areas – are published annually by the National Records of Scotland.

In 2021 there were 1,330 drug-related deaths in Scotland. This was a small decrease compared to 2020 (1,339), which saw the highest annual total on record.

National Drug-Related Deaths Database

Detailed information on drug-related deaths is presented in the National Drug-Related Deaths Database, which is published by PHS every two years. The latest report describes deaths that occurred in 2017 and 2018, with trend data from 2009.

Police Scotland drug trends bulletin

This indicator contains photos of drugs.

This update shows images of tablets including MDMA (ecstasy) and street benzos (benzodiazepines).

These images have been provided by Police Scotland's STOP Unit to raise awareness of drug appearance and to demonstrate some of the substances present in Scotland's drugs market.

Ecstasy tablets

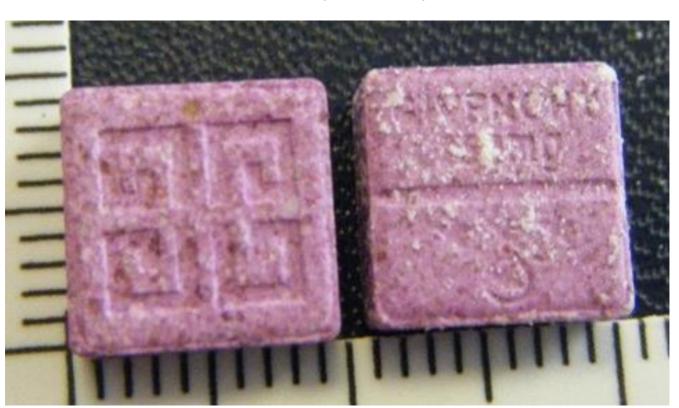
These are images of MDMA (3,4-Methylenedioxymethamphetamine) tablets, commonly known as ecstasy tablets, which have been recovered in the west of Scotland by the Drug Collection Scheme.

This scheme is a collaboration between an events centre and the Police Scotland STOP Unit West.

Drugs found at the conclusion of events within the centre are passed to the STOP Unit for information purposes and then destroyed.

The amount of MDMA in tablets can vary widely and it is common for tablets in Scotland to contain more than one dose.

Visit NHS inform for more information on MDMA.



MDMA/Ecstasy tablet: Givenchy

MDMA/Ecstasy tablet: Blue Versace



MDMA/Ecstasy tablet: Blue Soundcloud



MDMA/Ecstasy tablet: Yellow Soundcloud



MDMA/Ecstasy tablet: Red Ferrari Shields



MDMA/Ecstasy tablet: Yellow MyBrand Skulls



MDMA/Ecstasy tablet: Yellow Maybach



Street benzo tablets

'Street benzos' is a term used to describe benzodiazepines that are unlicensed or illicitly produced. High demand for street benzos continues.

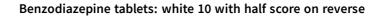
Etizolam is still the most common active ingredient used to produce these tablets.

Tablets vary in colour and design.

Appearance is no guarantee of contents and ingredients can vary widely, even between tablets that look the same.

Most commonly recovered

White '10' with a half score on the reverse is still the most commonly recovered street benzodiazepine tablet.





Second most commonly recovered

White 'ROCHE 10' with a half score on the reverse is the second most commonly recovered street benzodiazepine tablet.

Benzodiazepine tablets: white ROCHE 10 with half score on reverse



Other variations

The following are images of other variations of recovered tablets containing etizolam.





Etizolam variation: yellow tablet



Deaths

In 2021, street benzos were implicated in 842 drug-related deaths in Scotland (National Records of Scotland (NRS), 2022).

772 of these deaths involved etizolam.

In most of these deaths, street benzos were implicated alongside other drugs, for example heroin, methadone, gabapentin and cocaine.

Taking benzodiazepines in high doses or mixing them with other drugs is dangerous.

Other street benzodiazepines implicated in Scottish drug deaths include:

- clonazolam
- alprazolam
- flualprazolam
- flubromazolam
- diclazepam
- flubromazepam
- clonazepam

Visit NHS inform for more information on benzodiazepines.

Additional information

This information is provided to PHS by Police Scotland.

Police Scotland interim drug bulletin (10 November 2022)

N-pyrrolidino etonitazene (synthetic opioid) found in blue pills sold as oxycodone in Aberdeen – October 2022 "Police Scotland have released an interim drug trend bulletin to highlight a current drug-related issue that may affect local communities.

Since late 2021, sporadic intelligence around the UK suggested that illicit oxycodone tablets containing metonitazene were in circulation. These have caused adverse effects including overdose and death.

A recent recovery of tablets bearing oxycodone markings in the Aberdeen area were found to contain N-pyrrolidino etonitazene."

N-pyrrolidino etonitazene (etonitazepyne or NPE) is a potent synthetic opioid of the nitazene/2-benzyl benzimidazole family. It's estimated to be 20 times more potent than fentanyl and over 600 times more potent than heroin. A lethal dose is the equivalent of a few grains of salt.

Identifying features

- blue tablet
- breakline
- number 30 imprinted on one side
- letter M imprinted on the other

These are visually similar to genuine oxycodone. Tablets that are of poor quality or crumble easily may be an indicator that they have been illicitly produced, but it's difficult to distinguish between genuine and counterfeit medication.

Any medicine obtained without a prescription should be treated with caution.

Due to its potency, it's almost impossible to dose correctly and the dose can vary widely between tablets.

PHS strongly recommends people do not take non-prescribed oxycodone tablets.

It's important to remind people at risk of harm about the information on NHS inform - drugs: what you need to know.

Additional information

This information is provided to PHS by Police Scotland and added to this publication on 10 November 2022.

Reports of drug harms to RADAR

Eight reports were validated by RADAR between 1 July and 23 September 2022.

This indicator contains photos of drugs.

A summary of validated reports is shown below for informational purposes.

These were received through our online reporting form and mailbox.

These reports have been collected as part of intelligence gathering.

PHS recommends the widespread use of the following harm reduction messages and interventions across Scotland.

Be cautious

Drugs in circulation can vary widely

- The drug purchased may not always be the drug that it's expected to be.
- It may contain adulterants, be mis-sold or contain a different amount than anticipated.

Test before use

• Drug contents cannot be confirmed by the way it looks, smells or tastes.

 People in Scotland can get their drugs tested by using the free, anonymous postal service provided by WEDINOS.

Mixing drugs is dangerous and should be avoided

- Mixing drugs increases the risk of drug harms and death this includes mixing alcohol with other drugs.
- Those taking medicines should research any potential interactions between their medicines and the drugs they are taking.
- The risk of overdose is also increased if someone takes drugs alone, takes drugs after a break, takes higher purity drugs than expected or injects drugs.

Get help in an emergency

- If someone needs medical help, call 999, ask for an ambulance and stay with the person until help arrives.
- If the person is non-responsive and displaying the signs of an overdose (unconsciousness, shallow breathing, snoring, blue lips, pale skin, pin-point pupils), administer naloxone.

Be informed

General drug information

- NHS inform
- Know the Score
- Talk to Frank

Harm reduction information

- Crew
- Drugs and me

Technical or scientific information

- Drug Science
- Psychonaut Wiki

Report 1

Local authority	Aberdeenshire
Reason for report	Mis-sold drug, suspected death
Drug	Etizolam
Appearance	White circular pill with break line and '28 30' marking
Summary	Drug sold as diazepam suspected in death, sample tested by WEDINOS and confirmed as etizolam.

Report 2

Local authority	City of Edinburgh
Reason for report	Adverse effects, new drug, overdose
Drug	Pregabalin
Appearance	Red and white capsule with no markings, contents of capsule grainy with

distinct aroma

Summary

Drug sold as pregabalin (assumed 'fake'), purchased cheaply in bulk, suspected in near-fatal overdoses and caused adverse effects including:

- anxiety
- confusion
- depression/low mood
- hallucinations
- loss of consciousness
- psychosis
- dilated pupils
- unusual behaviour

Report 3

Local authority	Scottish Borders
Reason for report	New drug
Drug	Tapentadol
Appearance	Red circular pills, sold in blister packs
Appearance	Tapentadol (synthetic opioid) detected in post-mortem toxicology (alongside other drugs).
	Services report that it is referred to as 'red apples' and sold as 'super royal – 225'.

Image of Tapentadol



Report 4

Local authority	City of Edinburgh
Reason for report	New trend
Drug	Cocaine
Appearance	Unknown
Summary	Cocaine cut with mephedrone ('magic').

Report 5

Local authority	East Lothian
Reason for report	Suspected death
Drug	MDMA
Appearance	Gummy bear shaped pill
Summary	Suspected in death. Reports of multiple pills taken, possible polydrug use.

Report 6

Local authority	City of Edinburgh
Reason for report	New trend
Drug	Cocaine
Appearance	Unknown
Summary	Injecting cocaine ('prop') reported in previous non-regular users.

Report 7

Local authority	Highland
Reason for report	Suspected deaths
Drug	Bensedin
Appearance	Branded packets of Bensedin. Drugs consumed by person. Appearance of packet contents unknown.
Summary	Drug suspected in deaths.
	Bensedin is used as a brand name for diazepam but it's not a brand prescribed in Scotland.

Report 8

Local authority	City of Edinburgh
Reason for report	Adverse effects
Drug	Xanax
Appearance	Rectangular green/blue pill, 'XANAX' on one side and '3' on other
Summary	Two taken. Felt nothing from first. Anxiolytic (tranquilising, anti-anxiety) effect from second.

Image of Xanax



Reporting drug harms

Share information on trends, incidents and harms related to drugs, such as:

- adverse effects
- routes of administration
- testing data

Make a report by using our reporting form or by emailing phs.drugsradar@phs.scot

Make a report to RADAR 🖸

Contacts

General enquiries

If you have an enquiry relating to this publication, please email phs.drugsradar@phs.scot.

Reporting a drug harm

To make a report to RADAR and share information such as trends, incidents and harms related to drugs you can either:

- fill in our reporting form
- email phs.drugsradar@phs.scot

Media enquiries

If you have a media enquiry relating to this publication, please contact the Communications and Engagement team.

Requesting other formats and reporting issues

If you require publications or documents in other formats, please email phs.otherformats@phs.scot.

To report any issues with a publication, please email phs.scot.

Further information

RADAR

Find out more about RADAR - Scotland's drugs early warning system.

Data and intelligence

View our wider drug data and intelligence.

Public health information

Visit Scottish Public Health Observatory (ScotPHO) for further drug-related public health information.

Metadata

The metadata for this document has been split into sections as there are some differences between the indicators.



Specialist drug treatment referrals

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on specialist drug treatment referrals in Scotland.

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Public Health Scotland - Drug and Alcohol Information System (DAISy)

Date that data are acquired

8 September 2022

Release date

11 October 2022

Frequency

Ouarterly

Timeframe of data and timeliness

29 June 2020 to 3 July 2022, three months in arrears.

Continuity of data

Details found in the substance use section of the COVID wider impacts dashboard.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022.

Concepts and definitions

Details found in the substance use section of the COVID wider impacts dashboard.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

Details found in the substance use section of the COVID wider impacts dashboard.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Number of specialist drug treatment referrals and moving averages.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

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Date form completed

28 September 2022

Opioid substitution therapy ePrescribing

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on opioid substitution therapy ePrescribing in Scotland.

Theme

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Public Health Scotland - Prescribing Information System (PIS)

Date that data are acquired

14 September 2022

Release date

11 October 2022

Frequency

Quarterly

Timeframe of data and timeliness

1 April 2022 and 30 June 2022.

Data are available for analysis approximately three months after the events described.

Continuity of data

Details found in the substance use section of the COVID wider impacts dashboard.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022..

Concepts and definitions

Details found in the substance use section of the COVID wider impacts dashboard.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

Details found in the substance use section of the COVID wider impacts dashboard.

As this data accounts for a sizable minority of OST prescriptions, the patterns described are indicative and should not be assumed to apply to all NHS board areas or prescribers.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Total number of prescribed items and total quantities of methadone and buprenorphine prescribed recorded by eMessages.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

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Date form completed

28 September 2022

Injecting equipment provision

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on injecting equipment provision (IEP) in Scotland.

Theme

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Public Health Scotland - Needle Exchange Online (neo360)

Date that data are acquired

22 September 2022

Release date

11 October 2022

Frequency

Quarterly

Timeframe of data and timeliness

29 June 2020 to 3 July 2022.

Data are available for analysis approximately three months after the events described.

Continuity of data

Caution is recommended when interpreting these statistics. Service provision in some areas has changed over time.

Some outlets will have closed, and others will have opened.

The methods used by areas to count or estimate some of the figures may also have changed.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022.

Concepts and definitions

Details found in the PHS Injecting Equipment Provision in Scotland 2020/21 report.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

This indicator includes data on attendances and needle and syringe distribution by injecting equipment provision services in mainland Scotland NHS boards.

It does not include data for NHS Shetland, NHS Orkney and NHS Western Isles.

The 11 mainland NHS boards use neo360 routinely, but due to missing data for part of the time period presented, NHS Fife and NHS Highland are excluded from the transaction data.

NHS Highland is also excluded from the needle and syringe figures.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Total number of IEP transactions and numbers of needles and syringes distributed and moving averages.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

phs.drugsradar@phs.scot

Date form completed

28 September 2022



♠ Emergency naloxone administration

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on emergency naloxone administration in Scotland.

Theme

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Scottish Ambulance Service (SAS)

Date that data are acquired

4 September 2022

Release date

11 October 2022

Frequency

Ouarterly

Timeframe of data and timeliness

1 July 2020 to 21 August 2022, three months in arrears.

Continuity of data

Details found in the substance use section of the COVID wider impacts dashboard.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022.

Concepts and definitions

Details found in the substance use section of the COVID wider impacts dashboard.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

Details found in the substance use section of the COVID wider impacts dashboard.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Number of SAS naloxone incidents and moving averages.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

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Date form completed

28 September 2022



Drug-related acute hospital admissions

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on drug-related acute hospital admissions in Scotland.

Theme

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Public Health Scotland - general acute inpatient/day case records (SMR01) and mental health inpatient/day case records (SMR04)

Date that data are acquired

29 August 2022

Release date

11 October 2022

Frequency

Quarterly

Timeframe of data and timeliness

25 May 2020 and 26 June 2022.

Data are available for analysis approximately two months after the events described.

Continuity of data

Details found in the PHS drug-related hospital statistics report.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022.

Concepts and definitions

Details found in the PHS drug-related hospital statistics report.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

Details found in the PHS drug-related hospital statistics report.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Number of admissions to all inpatient and day cases to general acute hospitals (excluding maternity, neonatal, geriatric long stay and admissions to psychiatric hospitals), presented by date of admission with moving averages.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

phs.drugsradar@phs.scot

Date form completed

28 September 2022



Drug overdose or intoxication attendances at emergency departments

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on drug overdose or intoxication attendances at emergency departments in Scotland.

Theme

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Public Health Scotland - Accident & Emergency Datamart

Date that data are acquired

29 August 2022

Release date

11 October 2022

Frequency

Quarterly

Timeframe of data and timeliness

6 July 2020 and 31 July 2022.

Data are available for analysis approximately two months after the events described.

Continuity of data

Details found in the substance use section of the COVID wider impacts dashboard.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022.

Concepts and definitions

A drug-related emergency department (ED) attendance is an attendance for a drug intoxication or overdose, either alone, or combined with alcohol intoxication.

Details found in the substance use section of the COVID wider impacts dashboard.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

Details found in the data management - hospital activity webpage. Diagnosis/reason for attendance can be recorded in a variety of ways, including in free text fields and not all NHS boards submit this information. The numbers presented in this report therefore only give a high-level indication of attendances over time.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Number of drug overdose or intoxication attendances at emergency departments and moving averages.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

phs.drugsradar@phs.scot

Date form completed

28 September 2022



♠ ASSIST: A Surveillance Study in Illicit Substance Toxicity

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on ASSIST: A Surveillance Study in Illicit Substance Toxicity, hospital toxicology pilot in Queen Elizabeth University Hospital, Glasgow, Scotland.

Theme

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Queen Elizabeth University Hospital, Greater Glasgow and Clyde

Date that data are acquired

26 September 2022

Release date

11 October 2022

Frequency

Quarterly

Timeframe of data and timeliness

19 August 2022 to 23 September 2022.

Continuity of data

Queen Elizabeth University Hospital provides Public Health Scotland with toxicology screening data on a monthly basis for the purposes of public health surveillance.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022.

Concepts and definitions

Pilot assesses the feasibility of prospective surveillance of ED presentations due to acute illicit drug toxicity.

The use of the term 'illicit drug' encompasses any substance that is not prescribed to the individual and is a controlled drug as per the Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

All data shared by QEUH has been included in this indicator.

Toxicology results are not yet available for analysis.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Number of patients, details of discharge, number of hours in ED, number of hospital hours.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

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• Forensic toxicology testing for controlled substances

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on forensic toxicology testing for controlled substances in Scotland.

Theme

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Crown Office and Procurator Fiscal Service and University of Glasgow

Date that data are acquired

29 August 2022

Release date

11 October 2022

Frequency

Quarterly

Timeframe of data and timeliness

1 January 2020 and 30 June 2022, three months in arrears.

Continuity of data

Forensic Medicine and Science at the University of Glasgow provides Public Health Scotland with toxicology data for the purposes of dissemination to NHS board Drug-Related Death Data Coordinators and for public health surveillance.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022.

Concepts and definitions

Forensic Medicine and Science undertakes toxicology testing on behalf of the Crown Office and Procurator Fiscal Service for post-mortem cases where controlled drugs (as defined in the Misuse of Drugs Act 1971) were found present.

Detailed interpretation of the levels of drugs found present, drug interactions, co-morbidities or other factors relating to death are outside the scope of this analysis.

This analysis does not imply that specific drugs were implicated in deaths nor that deaths were classified as 'drug-related' and does not include consideration of wider causes of death.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

The data above is for deaths occurring in the west, east and parts of the north of Scotland. Apart from a very small number of cases analysed at the University of Glasgow, post–mortem toxicology testing for deaths occurring in Aberdeen and the far north of Scotland is conducted by a similar service at the Aberdeen Royal Infirmary (ARI). Results from the ARI are not included in this report.

Data presented may be subject to minor change, particularly for more recent time periods.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Forensic toxicology cases testing positive for controlled substances displayed as a percentage per drug type.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

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Date form completed

28 September 2022



Scottish Prison Service drug analysis project

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides information on Scottish Prison Service drug analysis project.

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Scottish Prison Service (SPS) and the Leverhulme Research Centre for Forensic Science (LRCFS), University of Dundee

Date that data are acquired

27 July 2022

Release date

11 October 2022

Frequency

Quarterly

Timeframe of data and timeliness

1 March 2020 and 31 March 2022, six months in arrears.

Continuity of data

LRCFS, University of Dundee provides Public Health Scotland with drug analysis data on a quarterly basis for the purposes of public health surveillance.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 9 November 2022.

Concepts and definitions

- 1. Synthetic cannabinoids
 - 'Synthetic cannabinoids' is a term used to describe over 200 lab-made drugs that interact with the endocannabinoid system.
- 2. Multiple

Samples classed as 'multiple' are seizures that contain more than one drug, such as a piece of paper with both a cannabinoid and benzodiazepine, or two different benzodiazepines.

3. Sedatives/hypnotics

Sedatives are a category of drugs with depressant effects (reduce heart rate and breathing) that includes anti-psychotics (quetiapine and olanzapine) and benzodiazepines (most notably etizolam, but also flubromazepam, bromazolam, diazepam and flualprazolam).

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

Our analysis includes all data provided to PHS by LCRFS. LCRFS does not analysis all seizures from SPS and this data should be considered as a sizeable subset of all prison seizures.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Prison seizures testing positive for controlled substances displayed as a percentage per drug type and sample type.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

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Date form completed

28 September 2022

Police Scotland drug trends bulletin

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides a drug trend bulletin from Police Scotland STOP Unit.

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Police Scotland STOP unit

Date that data are acquired

21 September 2022

Release date

11 October 2022

Frequency

Quarterly

Continuity of data

Police Scotland STOP Unit provides drug trend information on a quarterly basis for the purposes of public health surveillance.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

An additional indicator called 'Police Scotland interim drug bulletin' was added to this publication on 10 November 2022.

Concepts and definitions

MDMA (3,4-methylenedioxymethamphetamine) is a stimulant drug that produces feelings of empathy and euphoria. It is commonly found in tablet or crystal forms.

Benzodiazepines are depressant drugs with sedative and anxiolytic (anti-anxiety) effects. They are also known as tranquilisers.

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

All information provided to PHS by Police Scotland STOP Unit is shared.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Police seizures positive for controlled substances displayed as drug type.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

Next published

24 January 2023

Date of first publication

11 October 2022

Help email

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Date form completed

10 November 2022



• Police Scotland interim drug bulletin

Publication title

Rapid Action Drug Alerts and Response (RADAR) quarterly report

Description

This indicator provides a special interim drug bulletin from Police Scotland STOP Unit.

Theme

Substance use surveillance

Topic

Drugs

Format

HTML

Data source(s)

Police Scotland STOP unit

Date that data are acquired

31 October 2022

Release date

10 November 2022

Frequency

Quarterly

Continuity of data

Police Scotland STOP Unit provides drug trend information on a quarterly basis for the purposes of public health surveillance.

Revisions statement

Data in the most recent quarterly updates supersedes data reported in previous reports.

Revisions relevant to this publication

This 'Police Scotland interim drug bulletin' indicator was added to this publication on 10 November 2022.

This new indicator provides information on nitazene-type drugs found in pills sold as oxycodone.

Concepts and definitions

Nitazene-type drugs (also known as 2-benzyl benzimidazoles) are synthetic opioids with depressant effects (reduce heart rate and breathing).

Relevance and key uses of the statistics

Data are collected as part of public health surveillance on substance use in Scotland.

The most up-to-date data available is published in this report to provide a timely indicator of drug trends as part of RADAR, Scotland's Drugs Early Warning System.

Accuracy

The data are considered accurate.

Data are validated locally by data suppliers/partnerships/sources and checked by PHS.

Where relevant, data quality and completeness issues are described in the text associated with each indicator.

The Code of Practice for Statistics has been followed to ensure a high standard of data value, trustworthiness and quality.

Completeness

All information provided to PHS by Police Scotland STOP Unit is shared.

Comparability

Data are not comparable outwith Scotland.

Accessibility

It is the policy of PHS to make its websites and products accessible according to our accessibility statement. Graphs and tables have been assessed against PHS accessibility standards.

Accessibility of the report and findings are of continuous consideration throughout the report development.

Coherence and clarity

The report is available as HTML web pages.

Wherever possible, plain English descriptions have been used within the narrative and any technical words or phrases explained.

Value type and unit of measurement

Police seizures positive for controlled substances displayed as drug type.

Disclosure

Our protocol on statistical disclosure is followed.

Official Statistics designation

Management Information Report

UK Statistics Authority Assessment

Not applicable.

Last published

First publication in this series

24 January 2023
Date of first publication 10 November 2022
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Date form completed 10 November 2022
• Suspected drug-related deaths
Publication title Rapid Action Drug Alerts and Response (RADAR) quarterly report
Description This indicator provides information on suspected drug-related deaths in Scotland.
Data source(s) Scottish Government
Date that data are acquired 23 September 2022 – date of latest Scottish Government report
Frequency Quarterly
The suspected drug death information in this report is published by the Scottish Government.
For more information on the methodology of these data please visit their latest report 'Suspected drug deaths in Scotland: April to June 2022'.
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Last updated: 21 March 2024

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