

Drug Related Deaths Annual Report 2024

Public Health and Health Policy

Report Authors: Niall Moloney, Drug Related Death Coordinator, Public Health & Health Policy; Flora Ogilvie, Consultant in Public Health, Public Health and Health Policy

Date: November 2024

Acknowledgements: With thanks to contributions from colleagues, including those in Lothian Analytical Services, who supported the preparation of this report.

For further information contact: loth.directorofpublichealth@nhs.scot

Introduction

National Records of Scotland (NRS) report annually on [drug related deaths in Scotland](#). Additional analysis is then conducted by NHS Lothian's Public Health Team to produce an NHS Lothian Drug Related Death Annual Report, with this report providing information on the DRDs that occurred in Lothian between January 2024 and December 2024.

Responsibility for delivering actions to support the National Drugs Mission sits with Lothian's three Alcohol and Drug Partnerships (ADPs), with governance and reporting back processes directed to the respective Integrated Joint Boards (IJBs). This includes delivering the implementation of the Medication Assisted Treatment (MAT) Standards, which were published in May 2021 with the objective of improving access, choice and care and to ensure that MAT is safe and effective, as well as wider work to reduce drug-related harm and deaths.

While there were sadly 152 drug related deaths in Lothian in 2024, Lothian's ADPs' performance against the implementation of the MAT Standards in 2024-25 was rated as 'green' (fully implemented) across all ten of the MAT Standards in each ADP area, with the exception of Edinburgh ADP which was rated 'amber' (partially implemented) for MAT 9 (ensuring that all people with co-occurring drug use and mental health difficulties receive mental health care at the point of MAT delivery in an integrated way). It is important to acknowledge the significant role that frontline substance use staff and wider partners play in providing support, treatment and harm reduction to those who use substances in Lothian. Without their efforts the number of deaths may well have been higher.

We know that further work is required to support more people to access and remain in treatment in Lothian, as well to improve options to support those who use non-opioid substances. Proposals for this ongoing work this is set out within Lothian's individual Alcohol and Drug Partnership strategies and plans. It is also important that NHS Lothian and wider partners maintain their commitment to wider prevention activities, in line with the national Population Health Framework and NHS Lothian's Strengthened Approach to Prevention, to increase people's access to the building blocks of health and reduce the risk factors for substance use in future generations of the population.

Summary

Sadly, there were 152 drug-related deaths recorded in NHS Lothian in 2024. This was slightly lower than the number of deaths in 2023 (182), representing a 16% decrease. Age-adjusted rates in Lothian (18.7 per 100,000 population for the period 2020-2024) are slightly lower than the Scotland average for the same period (22.5 per 100,000 population) and the

percentage decrease in deaths in Lothian (16%) between 2023 and 2024 was slightly greater than the Scotland average decrease (13%). Within Lothian there was a decrease of 19 deaths in the City of Edinburgh, 9 deaths in West Lothian and 3 deaths in Midlothian, with an increase of 1 death in East Lothian. While the numbers of deaths are higher in Edinburgh than within Lothian's other local authority areas, this reflects the larger size of the overall population in Edinburgh, with the age-standardised rates per 100,000 not being statistically significantly different between the four local authorities.

It is important to note that relatively small numbers of deaths remain subject to annual variation, and we should not prematurely assume that we are seeing a new downward trend, particularly when [national data shows ongoing high levels of harm in the first quarter of 2025/26](#). In addition to continued high levels of harm, the pattern of drugs implicated in deaths also continues to change, with stimulants and benzodiazepines accounting for a larger proportion of implicated drugs, as well as heightened levels of harm from synthetic opioids.

Of the 152 drug-related deaths in Lothian in 2024, 70% were male and 30% were female. The median age of those that suffered a drug-related death in 2024 was 45. The age and sex profile of those who experienced drug related deaths is similar to recent years, although there has been a change from more historic data, with the proportion of females increasing, and the median age rising over recent decades. Across Scotland, those living in the most deprived twenty per cent of areas (SIMD Quintile 1) were 12 times as likely to have a drug-related death than those in the least deprived twenty percent of areas (SIMD Quintile 5). The postcode areas with the greatest number of residents who suffered a drug-related death were EH6 in the North-East of Edinburgh encompassing Leith and Newhaven; EH16 in the South-East encompassing Craigmillar, Liberton and Prestonfield; and EH11 in the South-West of Edinburgh encompassing Gorgie, Dalry, Saughton and Sighthill.

The majority of drug related deaths (82%) had more than one drug implicated, with a total of 50 different drugs implicated in 2024 and an average of 4 different drugs from 4 different classes implicated in each drug-related death. Opioids remain the most commonly implicated class of drugs (implicated in 79.6% of deaths in 2024). In keeping with recent years there has been an increase in the proportion of deaths in which stimulants such as cocaine are implicated, with stimulants implicated in 53.9% of deaths in 2024.

In 2024 there was an increase in proportion of deaths in which cocaine was implicated, rising to 51.3% of deaths compared to 45% and to 39% in 2023 and 2022. A similar increase was seen across Scotland with cocaine implicated in 47.1% of drug-related deaths in 2024 compared to 41% and 35% in 2023 and 2022, respectively. The synthetic opioids, nitazenes, were implicated in 19 deaths in 2024, an increase on the 4 deaths in which they were implicated in 2023. Lothian continues to have a high rate of prescribable benzodiazepines implicated in drug-related deaths, 36.2% compared to the national rate of 19.7%.

Gabapentinoids, which are also prescription drugs, were implicated in 44.7% of deaths in Lothian, compared with 36.8% of deaths nationally.

Less than half, 46.1%, of those who suffered a drug-related death were in current contact with substance use services at the time of their death, however an additional proportion had previous contact with substance use services, with only 35% not being known to substance use services at any point. 19% had a previous recorded recent non-fatal overdose. These figures were similar to recent years. 82% lived in their own rented or owned accommodation, however 13% were living in homeless accommodation or with a friend or family member. Compared with 2023 there was a slight reduction in the number of deaths that occurred in the year after discharge or disengagement from community or primary care substance use services (from 17.5% in 2023 to 8.6% in 2024); as well as slight reductions in the number of deaths where individuals had been in police custody in the 6 months before death (from 15.9% in 2023 to 7.9% in 2024); and a slight reduction in deaths where individuals were living in homeless accommodation (from 8.8% in 2023 to 3.9% in 2024). Of those who died from drug related deaths in 2024, 57% lived alone. A significant minority, 16%, were known to have children under the age of 16 (a decrease compared with 26% in 2023).

Contents

INTRODUCTION	1
SUMMARY	1
1. Overview of deaths	5
1.1 Methods to ascertain number of drug related deaths in Lothian	5
1.2 Reviewing drug-related deaths	5
1.3 Number of drug related deaths in Lothian	6
1.4 Location of drug-related deaths in Lothian	7
1.5 Trends in drug related deaths in Lothian	8
1.6 Drug-related deaths by cause of death in Lothian	10
1.7 Comparison of drug related death numbers with other areas	10
2. Demographics of those who suffered a drug-related death	14
2.1 Sex	14
2.2 Age	14
2.3 Area-level deprivation-level of home postcode	15
2.4 Ethnicity, disability and other protected characteristics data	16
2.5 Health co-morbidities at time of death	16
3. Drugs implicated in deaths	17
3.1 Methods to ascertain drugs implicated in deaths in Lothian	17
3.2 Classes of drugs implicated	17
3.3 Overview of commonly implicated drugs	18
3.4 Opioids	19
3.5 Benzodiazepines	21
3.6 Gabapentinoids	22
3.7 Stimulants	23
3.8 Alcohol	24
4. Social circumstances at time of death	25
4.1 Importance of social circumstances as a contributor to drug related deaths	25
4.2 Contact with substance use services	26
4.3 Previous non-fatal overdoses	28
4.4 Previous contact with police custody	28
4.5 Housing circumstances at time of death	28
4.6 Immediate circumstances at time of death	29
4.7 Family circumstances at time of death	30
5. Conclusions and recommendations	31
Annex A. NRS definition of drug-related deaths	34
Annex B. Prescribable and street benzodiazepines	35
Annex C. Update in relation to recommendations from the Drug Related Death Report 2023	38

1. Overview of deaths

Key findings:

- There were 152 drug-related deaths recorded in NHS Lothian in 2024, a 16.5% decrease compared to 2023 or 30 fewer deaths
- There was a decrease of 19 deaths in the City of Edinburgh, 9 deaths in West Lothian and 3 deaths in Midlothian, and an increase of 1 death in East Lothian
- The decrease seen in Lothian is comparable to national figures, with a 13% decrease in the number of drug-related deaths recorded nationally in 2024 compared to 2023.

1.1 Methods to ascertain number of drug related deaths in Lothian

Reports of suspected drug-related deaths are received throughout the year, with death reports forwarded by the pathology lab and recorded by the Lothian Drug Related Death Coordinator. The timely reporting of suspected drug-related deaths is valuable to monitor potential emerging trends and hotspots. Deaths are recorded to the locality and postcode where the person lived at the time of their death, rather than the location of the death. In pre-2023 NHS Lothian drug-related death reports a broader definition was used, which included deaths in which controlled substances were a primary or secondary cause of death, however since the 2023 Annual Report the definition of drug-related deaths used by National Records of Scotland (NRS) has now been adopted in Lothian to make comparisons with other areas of Scotland possible. The updated definition has also been used when making comparisons with numbers of deaths in previous years. The definition of drug-related deaths can be found in Annex A.

1.2 Reviewing drug-related deaths

All local drug-related death information is reviewed by the Lothian Drug-Related Death Coordinator, with this information used as the basis for the Board's Drug-Related Deaths Annual Report as well as to populate the National Drug Related Death Database (NDRDD) at Public Health Scotland. The Drug Deaths Taskforce response from the Scottish Government has outlined the need for further guidance on the operation of individual drug-death reviews, however this is currently still in draft form, with publication not expected until later in 2025.¹ In the interim, multi-disciplinary drug-related death reviews meetings are being held in 2 of the 3 Alcohol and Drug Partnerships (ADPs) in Lothian. These review meetings are held quarterly and bring together partners from NHS Lothian, social services, police and

¹ [Drug death review groups - Drug Deaths Taskforce response: cross government approach - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/drug-death-review-groups/pages/2/content.aspx?lang=en)

the third sector, with actions and minutes recorded by the ADPs/services. Due to the significantly higher level of drug-related deaths in Edinburgh, this process is not undertaken for all individuals. Reviews of deaths are however conducted as part of wider processes for the following categories of individuals in Edinburgh:

- Those in contact with secondary care Substance Use Services (SUS)
- Those registered with the Access Place primary care practice (Edinburgh's primary care practice for those experiencing homelessness and additional needs)
- Those in recent contact with the justice system
- Those designated as 'adults at risk' of harm²
- Young People aged under 18 (or under 25 if care experienced)³
- Those under the care of other NHS Lothian secondary care services

While awaiting the publication of national guidance on individual drug death reviews, it was proposed that Edinburgh explore options for undertaking reviews of deaths in key population groups, for example young people; women; those not in contact with substance use services; those experiencing homelessness; those who have children living within their household; those in recent contact with the justice system; those with a co-existing mental health or neurodevelopmental diagnosis. Recognising that there is some overlap between these groups and the groups whose deaths may already be reviewed as part of existing processes, it was decided to first explore the existing learning obtained from those processes. Work is ongoing and will be appended to the 2024 Annual Report once available.

NRS compiles data on probable suicides separately from drug-related deaths and deaths will only be included in one dataset, therefore suicide deaths are not considered within this report.

1.3 Number of drug related deaths in Lothian

In Lothian in 2024, 152 drug-related deaths were recorded by National Records of Scotland, this is a decrease of 30 deaths, or 16.5% compared to 2023 when 182 deaths were recorded. This compares to a 13% decrease nationally between 2023 and 2024. The decrease in the number of deaths was not seen consistently across all four localities within Lothian, with an increase of 1 death in East Lothian and a decrease of 19 deaths in the City of Edinburgh, 9 deaths in West Lothian and 3 deaths in Midlothian.

While each death is one too many for the individuals and families involved, it is important to remember that statistically these are relatively small numbers, meaning it can be more meaningful to look at changes in numbers of deaths over a period longer than a single year. There was an average of 168 drug-related deaths in Lothian in the previous five years,

² [Adult support and protection - Social care - gov.scot](https://www.gov.scot/adult-support-and-protection-social-care)

³ In 2025 an additional review was conducted of deaths in non-care experienced children and young people age 18-24, to supplement existing reviews of the care-experienced population

with a lower 95% confidence interval of 143 and an upper of 194 deaths. We would therefore urge caution in interpreting the significance of any changes that fall within this range⁴.

The higher number of deaths in Edinburgh are likely a reflection of its higher population. When number of deaths are presented as a rate per 100,000 age-standardised population (see section 1.7) there is no statistically significant difference between the 5-year rates for the four Lothian local authorities. Table 1 provides a breakdown for each locality within Lothian, as well as the four geographical areas within Edinburgh.

Table 1. Number of primary drug-related deaths by locality in Lothian in 2024 with comparison to 2023 and age-standardised rate per 100,000 population, source: NHS Lothian data

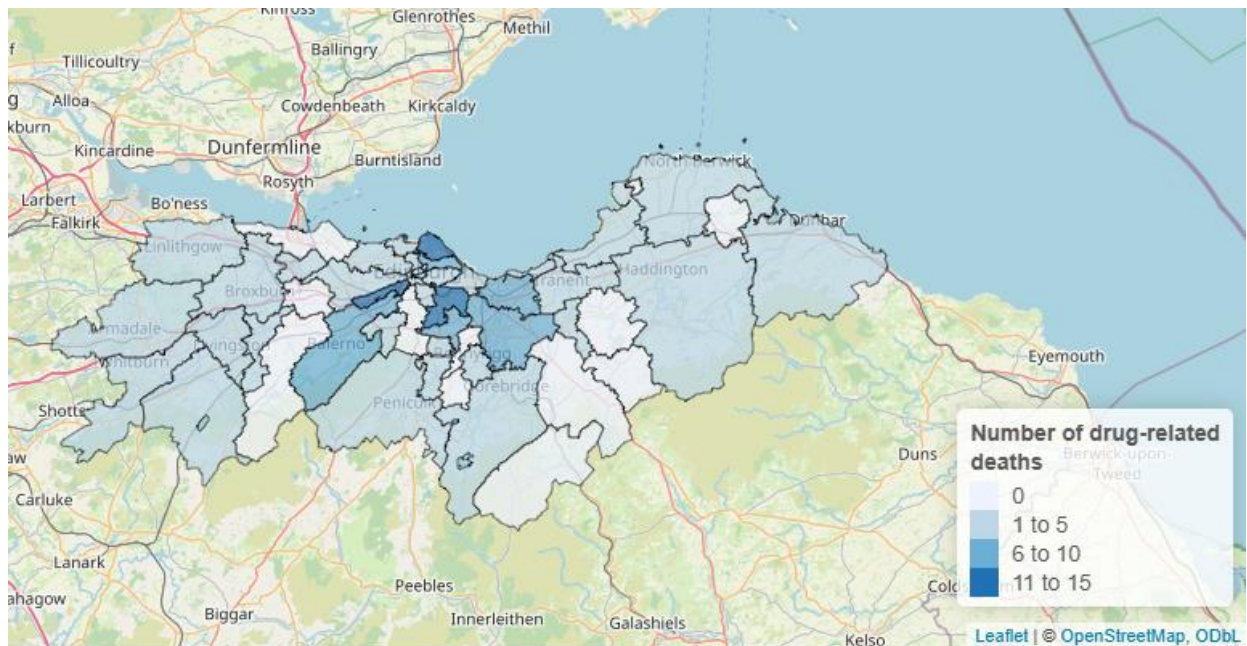
Area	Drug-related deaths 2024	Change 2023 to 2024	Drug-related deaths 2023	Age-standardised rate (per 100,000 population) 2020-2024
City of Edinburgh	92	Decrease	111	20.6
Edinburgh North-East	34	-	34	-
Edinburgh North-West	10	Decrease	18	-
Edinburgh South-East	23	Decrease	33	-
Edinburgh South-West	25	Decrease	26	-
East Lothian	21	Increase	20	16.5
Midlothian	17	<i>Decrease</i>	20	18.2
West Lothian	22	Decrease	31	16.3
NHS Lothian	152	<i>Decrease</i>	182	18.7

1.4 Location of drug-related deaths in Lothian

Drug-related deaths in 2024, as in previous years, were spread throughout Lothian. The postcode areas with the greatest number of residents who suffered a drug-related death was EH6 in the North-East of Edinburgh encompassing Leith and Newhaven; EH16 in the South-East encompassing Craigmillar, Liberton and Prestonfield; and EH11 in the South-West of Edinburgh compassing Gorgie, Dalry, Saughton and Sighthill. This is similar to 2023, when EH6 (North-East) and EH11 (South-West) had the greatest number of residents who suffered a drug related death.

⁴[Drug-related deaths in Scotland, Methodology annexes, Annex D: Fluctuations in the numbers of drug](#)

Figure 1. Map of drug-related deaths in Lothian in 2024 by postcode of residence, source: NHS Lothian and National Records of Scotland



1.5 Trends in drug related deaths in Lothian

The number of drug-related deaths has risen extensively since 2010. Figure 2 below shows the change in the number of drug-related deaths per local authority area within Lothian and Lothian overall. Between 2023 and 2024 there was a slight reduction in the number of deaths in the City of Edinburgh, Midlothian and West Lothian and slight increase in East Lothian. Overall, in Lothian between 2023-2024 there was a reduction in the number of drug-related deaths following the national trend.

Figure 2. Drug-related deaths in Lothian, 2010 to 2024, source: National Records of Scotland

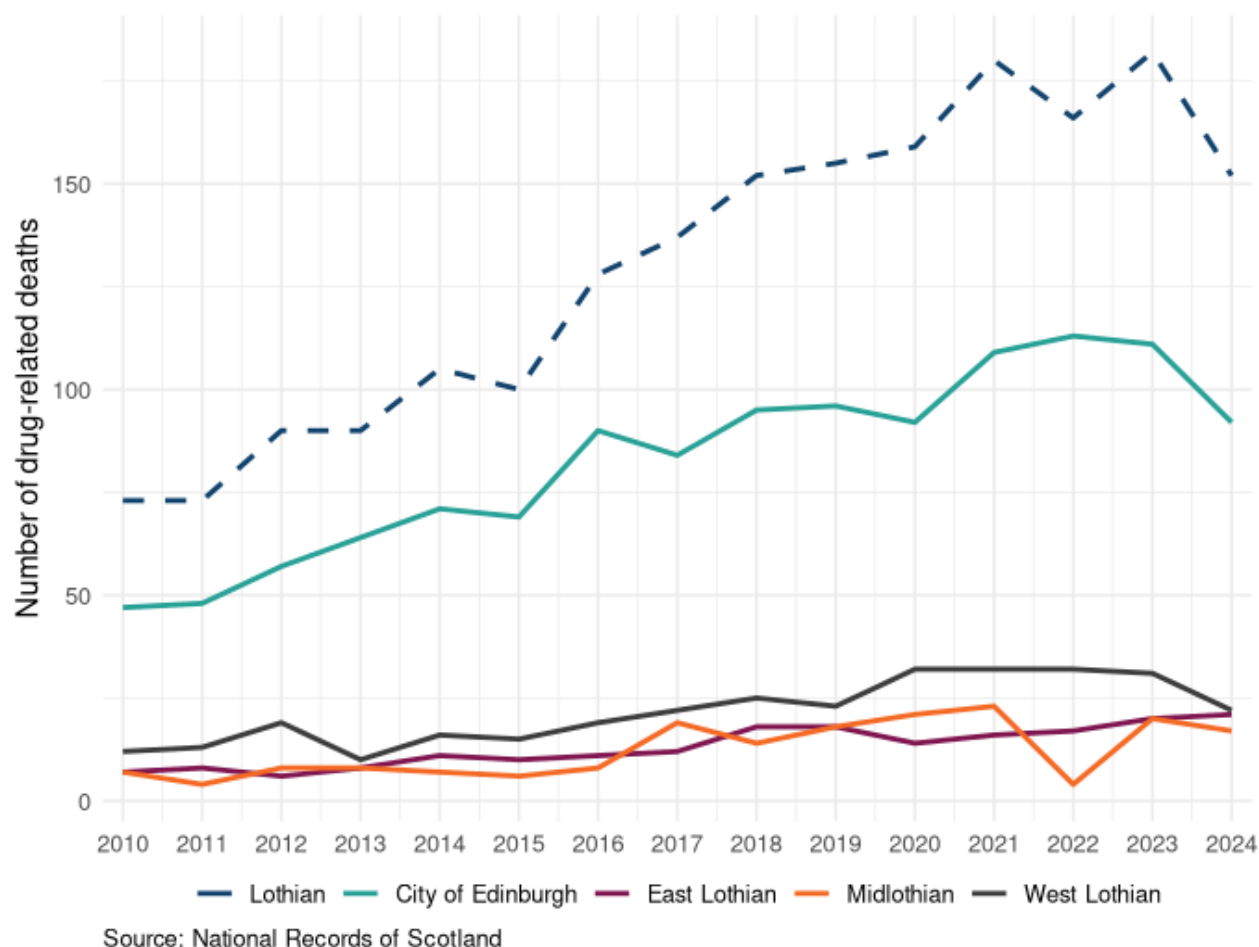
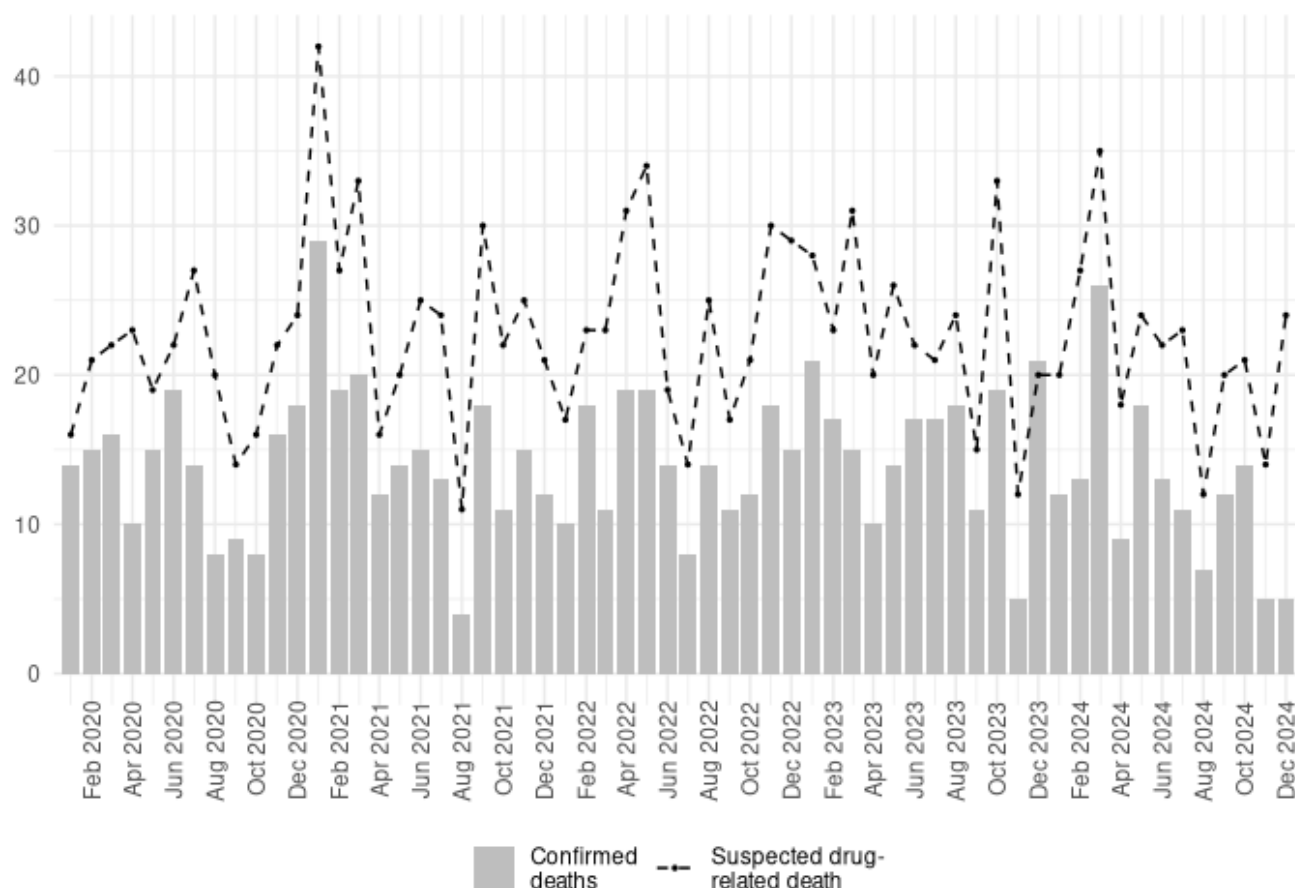


Figure 3 below shows the total number of suspected and confirmed drug-related related received per month by month of death from January 2020 to December 2024. Note that National Records of Scotland categorises deaths by the month in which they receive the report instead of the month of death and this may lead to some differences when comparing the chart below and the final figures released by NRS. Deaths notified to NRS after mid-December will be counted in the following year's data. The number of both suspected and confirmed drug-related deaths varies month to month. There was a spike in the number of drug-related deaths in March 2024, when 26 deaths occurred compared to the average of 12 deaths per month throughout the year.

Figure 3. Drug-related deaths in NHS Lothian by month of death, number of suspected and confirmed drug-related deaths, between 2020 and 2024, source: NHS Lothian (suspected death data) / National Records of Scotland (confirmed death data)



Source: NHS Lothian. Note: drug-related deaths are categorised by the month in which they are reported to NRS and not the time of death as displayed here.

1.6 Drug-related deaths by cause of death in Lothian

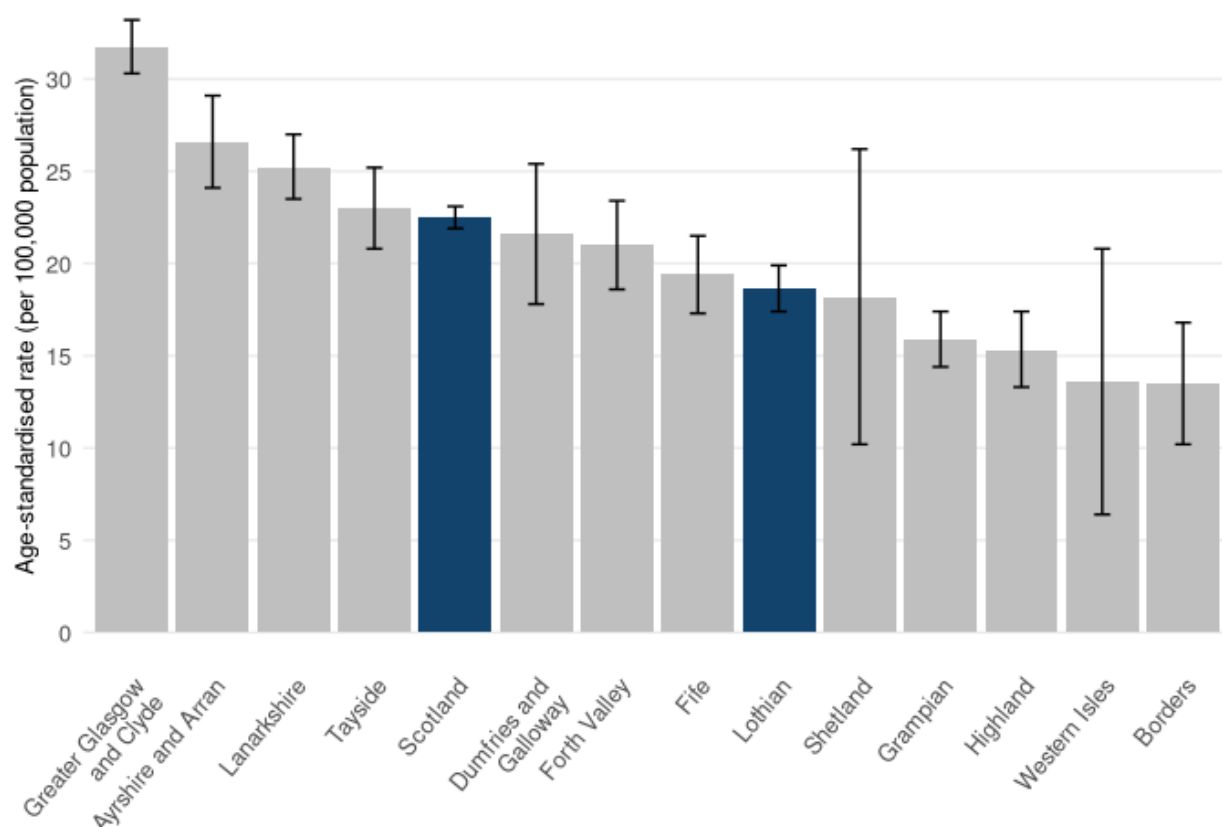
In 2024 in Lothian the majority (90%) of drug-related deaths were classified as accidental poisonings (ICD10 codes X41 and X42), 5% of deaths were classified as intentional self-poisoning (ICD10 codes X61 and X62). This breakdown is similar to Lothian data for 2023 of 89% and 6% respectively and to national data for 2024 of 91% and 6% respectively. There were a small number of deaths (5%) classed as mental and behavioural disorders due to the use of drugs (ICD10 codes F11 and F19).

1.7 Comparison of drug related death numbers with other areas

The rate of drug-related deaths varies substantially between Health Boards across Scotland. Figure 4. Below compares age-standardised drug-related deaths per 100,000 people in the

period 2020 to 2024 for selected NHS Boards. Greater Glasgow and Clyde has the highest rate of drug-related deaths of all Scottish health boards with 31.7 deaths per 100,000 people, while Borders had the lowest rate with 13.5 deaths per 100,000 people, over the period 2020-2024. In Lothian the age-standardised death rate in the period 2020-2024 was 18.7 per 100,000 people, this remains lower than the Scotland wide rate of 22.5 per 100,000.

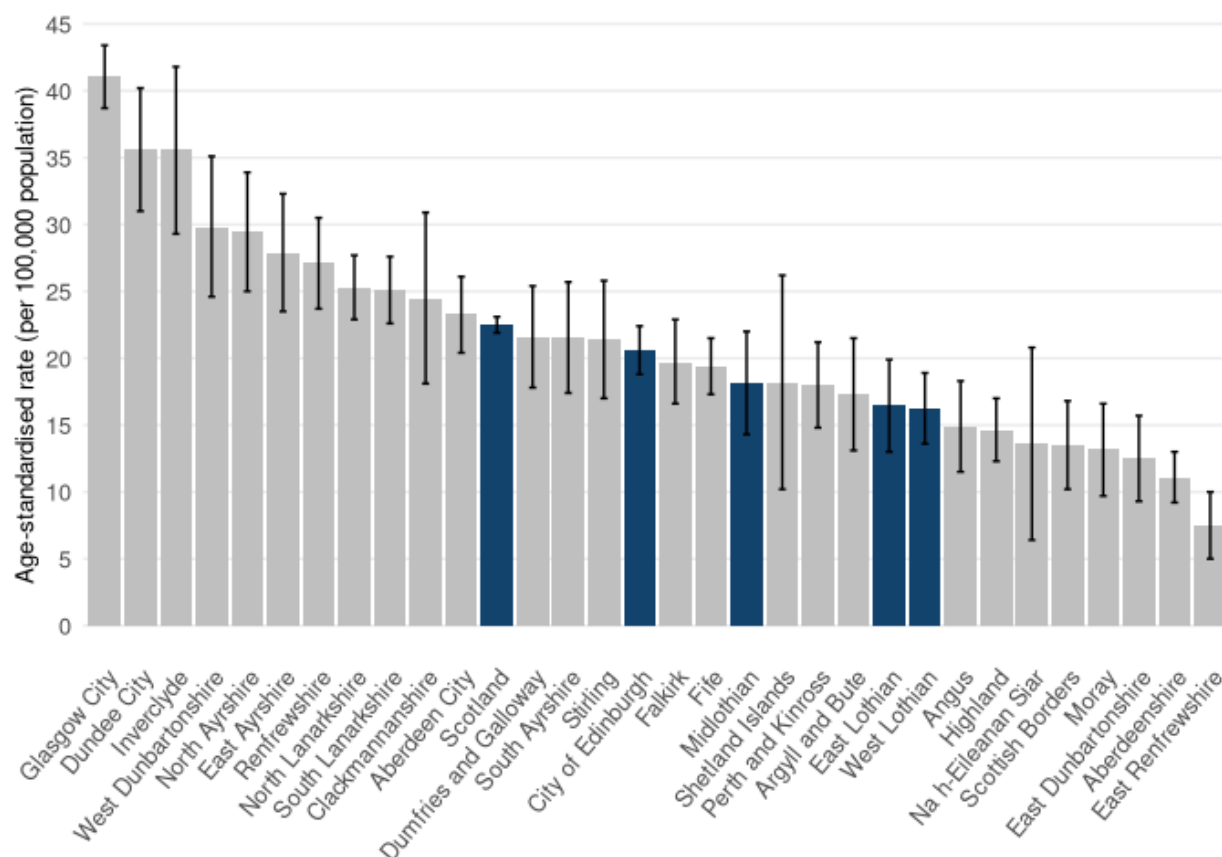
Figure 4. Drug-related deaths for selected NHS Board areas, age-standardised rate per 100,000 people 2020-2024, source: National Records of Scotland



Source: National Records of Scotland

At a local authority level, between 2020 and 2024 Glasgow City had the highest number of age-standardised drug-related deaths per 100,000 at 41.1. Using Scotland as a benchmark with 22.5 age-standardised deaths per 100,000 people in the period 2020-2024, all local authorities in Lothian continue to have a lower rate of age-standardised drug-related deaths than the national rate. Within Lothian, the City of Edinburgh reported the highest rate of 20.6 age standardised deaths per 100,000 people, this was followed by Midlothian, East Lothian, and West Lothian with rates of 18.2, 16.5, and 16.3 respectively.

Figure 5. Drug-related deaths for selected council areas, age-standardised death rates per 100,000 people 2020-2024, source: National Records of Scotland

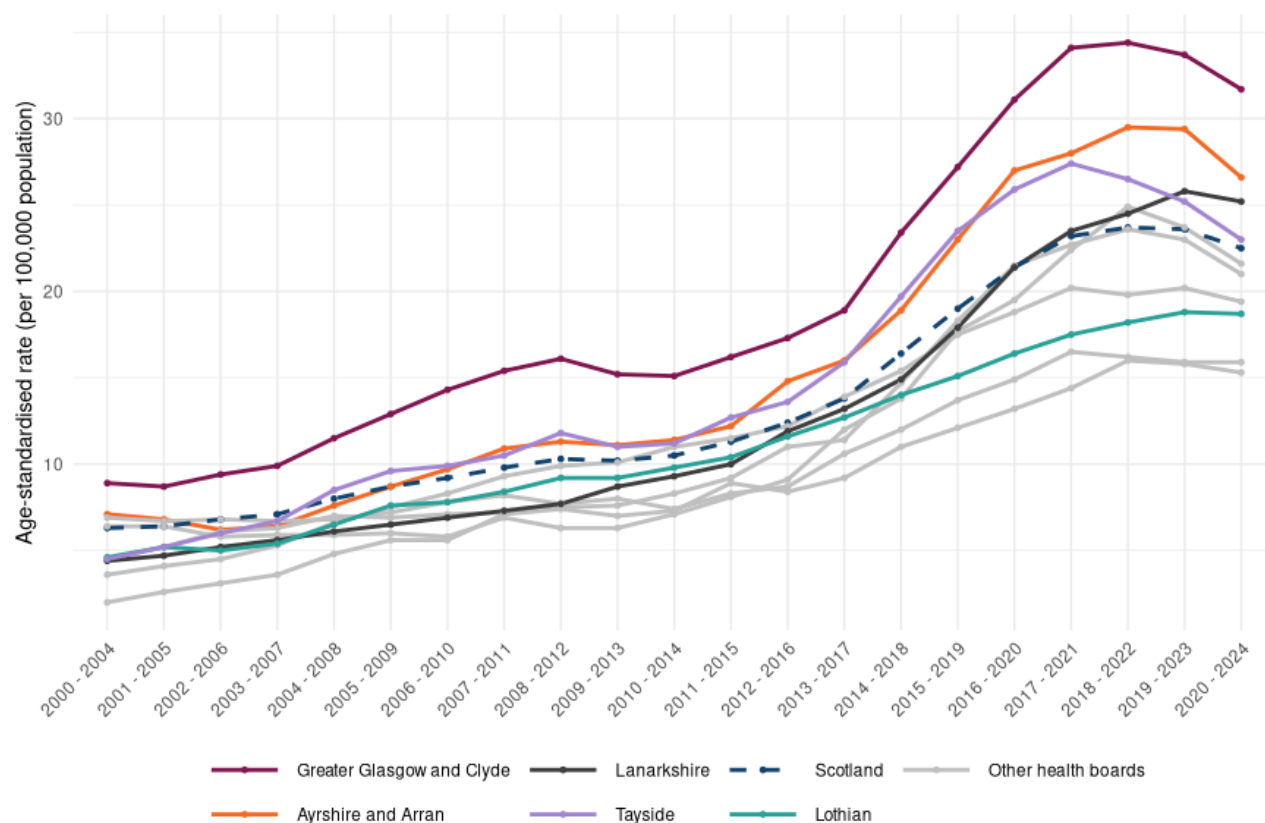


Source: National Records of Scotland

In the single year 2024 compared to 2023 there was a 13% decrease in the number of drug-related death in Scotland. Lothian recorded a 16.5% decrease in the number of drug-related deaths. Due to random variation, smaller boards, which have lower overall numbers of deaths each year, may experience larger percentage changes. Figure 7 therefore shows the change in five-year average age-standardised rates per 100,000 population.

The age-standardised mortality rate of drug-related deaths has increased across Scotland over the last two decades from 6.3 deaths per 100,000 in 2000-2004 to 22.5 deaths per 100,000 in 2020-2024. Nationally, the age standardised mortality rate peaked in 2018-2022 at 23.7 deaths per 100,000 and declined since. Similarly in Lothian the rate increased from 4.6 in 2000-2004, peaking in 2019-2023 at 18.8 before declining in 2020-2024 to 18.7 deaths per 100,000 people. This follows a similar trend in Tayside where the age-standardised rate peaked in the period 2017-2021 at 27.4 deaths per 100,000 before declining. In Greater Glasgow and Clyde and Ayrshire and Arran the rate peaked in 2018-2022 at 34.4 and 29.5 respectively and in Lanarkshire the rate peaked in 2019-2023 at 25.8 deaths per 100,000.

Figure 7. Drug-related deaths for selected NHS Board areas, age-standardised rate per 100,000 people, 2000-2004 to 2020-2024, source: National Records of Scotland



Source: National Records of Scotland

2. Demographics of those who suffered a drug-related death

Key findings:

- Of the 152 drug-related deaths in Lothian in 2024, 70% were male and 30% were female
- The median age of those that suffered a drug-related death in 2024 was 45.
- In Scotland, after adjusting for age, those living in the most deprived twenty percent of areas (SIMD Quintile 1) were 12 times more likely to die of a drug-related-death than those in the least deprived twenty percent of areas (SIMD Quintile 5).

2.1 Sex

Of the 152 drug-related deaths recorded in Lothian in 2024, 106 were male (69.7%) and 46 were female (30.3%). This is similar to 2023, when 70.3% were male and 29.7% were female. This is also in keeping with the national data where in 2024, 68.7% of deaths were male and 31.3% in female. Data from the National Records of Scotland shows that nationally, after adjusting for age, the gap between sexes has decreased over time, from males being 4.7 times as likely as females to suffer a drug-related death in 2000 to 2.3 times as likely in 2024.

2.2 Age

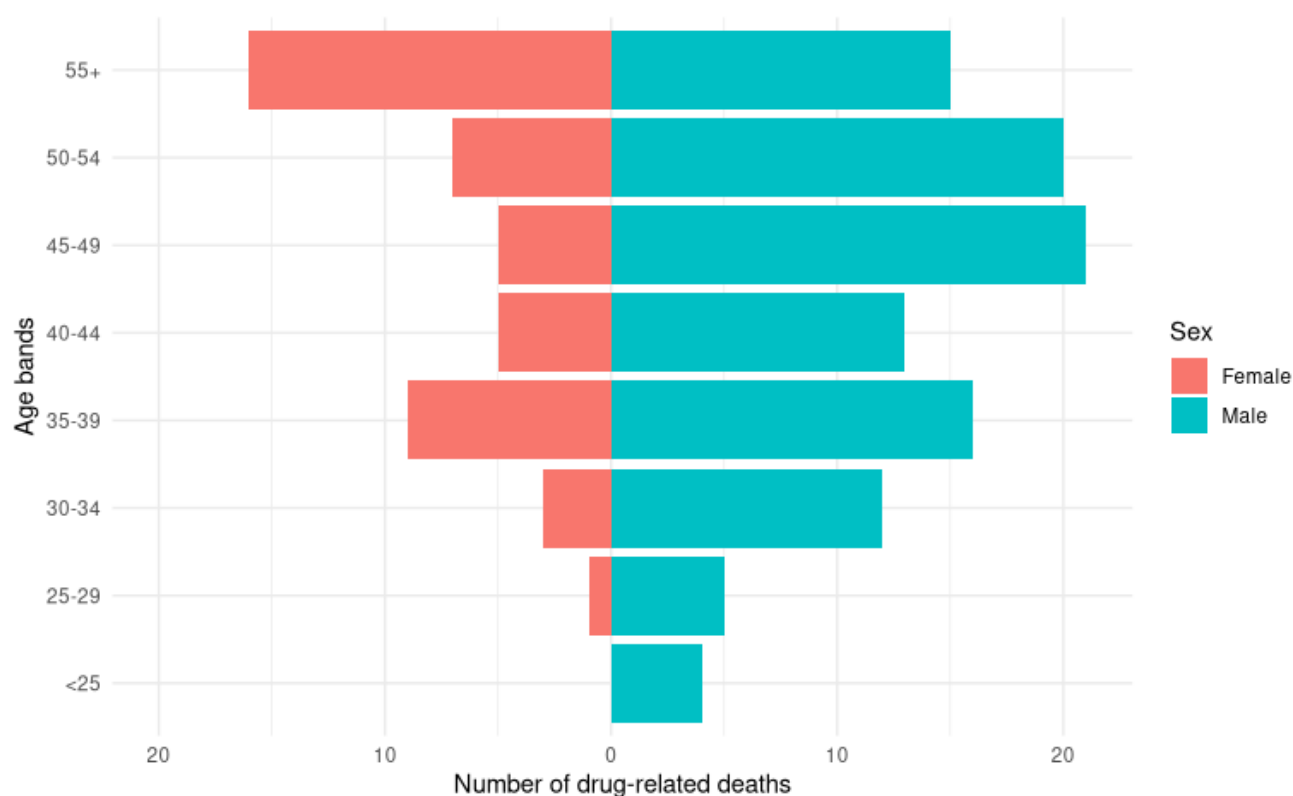
The most common age of people who died of a drug-related death in Lothian in 2024 was 45, compared to 43 and 46 in 2023 and 2022 respectively. This remains similar to the national average of 45.2. In Lothian, the average age of males who suffered a drug-related death is slightly younger than females. Nationally, the average age of those that died of a drug-related death has increased from 32 in 2000 to 45 in 2024. In 2024 there remained a small number of drug-related deaths in those aged under 25 however consistent with recent years' data there were no drug-related deaths in those under 18.

Table 2. Age distribution of drug-related deaths in 2024, source: NHS Lothian data.

Sex	Number	Mean (years)	Standard deviation	Minimum	Median	Maximum
Female	46	48.9	11.9	27	49	81
Male	106	44.4	10.9	20	45	77
All	152	45.8	11.4	20	45	81

In 2024, the age group with the most drug-related deaths was 50-54 (27 deaths, 17.8% of deaths in Lothian), followed by those aged 45-49 (26 deaths, 17.1% of deaths in Lothian), and 35-39 (25 deaths, 16.4% of deaths in Lothian), see figure 7 for a full breakdown of the number of deaths per age-group. This break down is similar to national statistics where the following age groups had the most deaths in 2024 (50-54: 17.4%, 45-49: 16.3% and 40-44: 16.3% of deaths). In Lothian in 2024 there was an overall decrease of 30 deaths compared to 2023, there was an increase in deaths in those aged 55+, returning to the level seen in 2022, this is likely due to the unusually small number of deaths in females aged 55+ seen in 2023.

Figure 8. Drug-related deaths in Lothian 2024 by age-group and sex, source: NHS Lothian data



2.3 Area-level deprivation-level of home postcode

Nationally in 2024, after adjusting for age, people in the most deprived twenty per cent of geographical areas (SIMD Quintile 1) of Scotland were 12 times more likely to die of a drug related death than people in the least deprived twenty percent areas (SIMD Quintile 5), as shown in table 3. Due to the small number of drug-related deaths in Lothian in 2024 per SIMD quintile, it was not possible to calculate this age-standardised rate locally. The majority of drug-related deaths in Lothian did however occur in more deprived areas, in line with the national picture; SIMD Quintile 1 (most deprived): 48 deaths, Quintile 2: 51 deaths, Quintile 3: 31 deaths, Quintile 4: 13 deaths and Quintile 5 (least deprived): 9 deaths.

Table 3. Drug-related deaths in Scotland by Scottish Index of Multiple Deprivation (SIMD) quintile, age-standardised death rates, 2024

	SIMD Quintile 1 (most deprived)	SIMD Quintile 2	SIMD Quintile 3	SIMD Quintile 4	SIMD Quintile 5 (least deprived)
Age standardised rate - Scotland	47.3	25.9	14.8	6.6	4.1

2.4 Ethnicity, disability and other protected characteristics data

Data on ethnicity was collected from police reports and NHS Lothian TRAK records, with ethnicity data available for 94.1% of individuals, compared to 81% in 2023. The majority of individuals were 'White' (92.8%) including 70.4% 'Scottish', followed by 18.4 'White British'. This compares with 77.7% of the Lothian population who identified as 'Scottish' and 9.4% who identified as 'White British' from the Scottish Census 2022. There were a small number of 'Other White' and other ethnicities recorded. Data was not sufficiently well recorded on police reports to be able to provide analysis of deaths by disability or other protected characteristics.

2.5 Health co-morbidities at time of death

Police and pathology reports for all suspected drug-related deaths were checked for their medical history. Of those that suffered a drug-related death in 2024 in Lothian, 52.6% had at least one mental health condition described as part of their medical history in these reports, slightly higher than the 46% and 48% in 2023 and 2022 respectively. A respiratory condition was described in 23% of individuals and a cardiac condition in 14% of individuals.

3. Drugs implicated in deaths

Key findings:

- A total of 50 different drugs were implicated in 2024
- 82% of drug-related deaths had more than one drug implicated, with an average of 4 different drugs from 4 different classes implicated
- Opioids remain the most commonly implicated class of drugs
- 55% of deaths had at least one stimulant implicated
- In 2024 there has been a continued increase in cocaine implications, with cocaine implicated in 51% of deaths compared to 45.1% and 39.2% in 2023 and 2022 respectively, a similar increase was seen across Scotland with cocaine implicated in 47% of drug-related deaths in 2024 compared to 41% in 2023
- Nitazenes were implicated in 19 deaths in 2024 compared to 4 deaths in 2023
- Xylazine was implicated in 6 deaths in 2024 compared to 2 deaths in 2023
- Bromazolam remains the most commonly implicated street benzodiazepine
- Lothian continues to have a high rate of prescribable benzodiazepines implicated in drug-related deaths, 36.2% compared to the national rate of 19.7%

3.1 Methods to ascertain drugs implicated in deaths in Lothian

Drugs implicated in drug-related deaths are those listed by the pathologist on the ME4 form. This form is specifically for the pathologist to confirm which drugs they believe contributed to each death.

The number of drugs implicated in drug-related deaths varied significantly ranging from 1 to 10 different drugs, 82% of drug-related deaths in Lothian in 2024 had more than one drug implicated. The median number of drugs implicated in drug-related deaths remained 4 (the same as in the previous 3 years) from a median of 4 classes of drugs.

3.2 Classes of drugs implicated

Eighteen different classes of drugs were implicated⁵, and 50 different drugs were implicated in at least one drug-related death in Lothian in 2024, similar to 2023. Table 4 below provides a breakdown of the classes of drugs implicated including the number of deaths implicated in, the total number of times implicated and the number of drugs in each class.

Opioids remain the most commonly implicated class of drugs, implicated in 79.6% (121 of 152) drug-related deaths. Benzodiazepines are the second most commonly implicated class

⁵ Alcohol is included as a drug where it is implicated with other drugs, however death due to chronic alcohol use are reported separately by NRS as ['alcohol specific deaths'](#)

of drugs, implicated in 60.5% (92 of 152) deaths, followed by stimulants implicated in 53.9% (82 of 152) and gabapentinoids 44.7% (68 of 152).

Table 4. Main classes of drugs implicated in drug-related deaths in Lothian in 2024 & 2023, source: NHS Lothian data

	2024	2023
Drug class	Percentage and number of drug-related deaths implicated in	Percentage and number of drug-related deaths implicated in
Opioid	79.6% (121)	85.7% (156)
Benzodiazepine	59.9% (91)	62.6% (114)
Stimulants	53.9% (82)	47.3% (86)
Gabapentinoid	44.7% (68)	51.1% (93)
Anti-depressant	12.0% (18)	18.1% (33)
Alcohol	7.3% (11)	13.7% (25)
Non-benzodiazepine GABAergic	5.3% (8)	2.7% (5)

3.3 Overview of commonly implicated drugs

The most commonly implicated drugs in drug-related deaths in 2024 resemble those of previous years with some changes. A full breakdown of the most commonly implicated drugs can be found below in Table 5. In 2024 cocaine was the most commonly implicated individual drug, implicated in 51.3% of deaths, having become more commonly implicated in deaths in recent years (implicated in 45.1% of deaths in 2023 and 39.2% in 2022). In previous years methadone was the most commonly implicated drug, however in 2024 it was only implicated in 37.3% of deaths, a reduction from 54.9% of deaths in 2023. Methadone remains the most commonly prescribed form of opioid substitution therapy, however the increase in prescription of the alternative long-acting buprenorphine may be a factor in the reduced number of deaths in which methadone is implicated.

Benzodiazepines continue to be implicated in a high proportion of drug-related deaths, however the specific benzodiazepines most commonly implicated have continued to change, with etizolam being largely replaced by bromazolam and diazepam remaining commonly implicated. Gabapentinoids (pregabalin and gabapentin) are also commonly implicated in drug-related deaths, although to a lesser extent than in 2023.

Table 5. The most commonly implicated drugs in drug-related deaths in Lothian in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

	Percentage and number of drug-related deaths implicated in		
Drug name	2024	2023	2022
<i>Cocaine</i>	51.3% (78)	45.1% (82)	39.2% (65)
<i>Pregabalin</i>	39.2% (60)	41.8% (76)	43.4% (72)
<i>Methadone</i>	37.3% (57)	54.9% (100)	48.8% (81)
<i>Diazepam</i>	32.0% (49)	36.8% (67)	34.3% (57)
<i>Bromazolam</i>	27.5% (42)	34.1% (62)	9.6% (16)
<i>Heroin derived morphine</i>	21.6% (33)	19.2% (35)	20.5% (34)
<i>Morphine</i>	14.4% (22)	15.4% (28)	16.3% (27)
<i>Gabapentin</i>	11.8% (18)	16.5% (30)	16.3% (27)
<i>Alcohol</i>	7.2% (11)	13.7% (25)	11.4% (19)
<i>Dihydrocodeine</i>	6.5% (10)	12.1% (22)	10.8% (18)

3.4 Opioids

Opioids remain the most commonly implicated class of drugs, 79.6% (121 of the 152) drug-related deaths in Lothian in 2024, with 188 implications in total. A full breakdown of the opioids implicated can be found below in table 6 below. Methadone and buprenorphine are the two most frequently prescribed drugs in opioid substitution therapy⁶; however, they are not always prescribed to the person whose death they are implicated in. Methadone was prescribed to 63.2% of people whose death it was implicated in, consistent with previous years in Lothian and buprenorphine was prescribed to 44% of the people in whose death it was implicated in.

⁶ [Estimated numbers of people prescribed opioid substitution therapy in Scotland \(12 month period\) Scottish Public Health Observatory 30 September 2025 - Estimated numbers of people prescribed opioid substitution therapy in Scotland - Publications - Public Health Scotland](#)

In 2024 the proportion of deaths where heroin was implicated increased compared to 2023 from 19.2% to 27.3%. National Record of Scotland (NRS) data combines heroin and morphine into one drug 'heroin/morphine', resulting in a reduction in the granularity around this data at national level. Nationally the proportion of deaths in which heroin/morphine is implicated has fallen from 67.1% in 2000 to 31.2% in 2024. The synthetic opioids nitazenes were implicated in 19 deaths in 2024, a significant increase on the 4 deaths in which it was implicated in 2023. Metonitazene was implicated in 19 of the nitazene deaths with, 8 of these deaths also having protonitazene implicated. Heroin or morphine was also implicated in 18 of these 19 nitazene deaths.

Table 6. Opioid implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

	Percentage (number) of drug-related deaths implicated in		
Drug name	2024	2023	2022
Methadone	47.1% (57)	54.9% (100)	48.8% (81)
Heroin derived morphine	27.3% (33)	19.2% (35)	20.5% (34)
Morphine	18.2% (22)	15.4% (28)	16.3% (27)
Metonitazene	15.7% (19)	2.2% (4)	-
Buprenorphine	13.2% (16)	2.2% (4)	6.0% (10)
Dihydrocodeine	8.3% (10)	12.1% (22)	10.8% (18)
Codeine	6.6% (8)	6.0% (11)	8.4% (14)
Protonitazene	6.6% (8)	1.1% (2)	0.6% (1)
Tramadol	5.8% (7)	7.1% (13)	9.0% (15)
Oxycodone	2.5% (3)	2.2% (4)	1.2% (2)
Fentanyl	1.7% (2)	2.2% (4)	0.6% (1)
Tapentadol	1.7% (2)	1.6% (3)	-
O-desmethyiltramadol	-	0.5% (1)	-

3.5 Benzodiazepines

Twelve different benzodiazepines were implicated in drug-related deaths in 2024, as in 2023. Table 7 below provides a breakdown of the benzodiazepines and other drugs acting in a similar manner.

Public Health Scotland has developed a list to distinguish between ‘prescribable’ and / or ‘street benzodiazepines’ (see Annex B) which has been applied to the below tables (7A & 7B). Prescribable benzodiazepines are benzodiazepines (or metabolites thereof) which are licenced for prescription in the UK, note that prescribable benzodiazepines are not necessarily prescribed to the person whose death they were implicated in. While street benzodiazepines (or metabolites thereof) are not licensed for prescription in the UK or thought to have originated from an illicit source (due to low overall prescribing in Scotland). Of the 132 benzodiazepines implicated in drug-related deaths in Lothian in 2024, 61 were prescribable and 71 could be classified as street benzodiazepines.

Lothian continues to have a high rate of prescribable benzodiazepines implicated in drug-related deaths, 36.2% compared to the national rate of 19.7%. However, Lothian recorded a lower rate of street benzodiazepine implications than the national rate, at 42.1% vs 46.6%.

Diazepam remains the most commonly implicated benzodiazepine in 2024 and accounted for the vast majority of prescribable benzodiazepine report. While it is sometimes difficult to confirm prescriptions in individuals at the time of death; 30.6% of deaths in which diazepam was implicated had a known prescription. Bromazolam was the second most commonly implicated benzodiazepine and continues to be commonly implicated in 2024. While the number of deaths in which bromazolam was implicated increased significantly from 9.6% in 2022 to 34.1% in 2023, largely due to it replacing etizolam, there was a reduction in the proportion of deaths with bromazolam implicated in 2024 (27.6%).

Table 7A. Prescribable benzodiazepine implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Diazepam	32.2% (49)	36.8% (67)	34.3% (57)
Clonazepam	4.6% (7)	1.1% (2)	2.4% (4)
Nitrazepam	1.3% (2)	0.5% (1)	0.6% (1)
Temazepam	0.7% (1)		
Clobazam	0.7% (1)	-	-
Lorazepam	0.7% (1)	-	-

Table 7B. Street benzodiazepine implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Bromazolam	27.6% (42)	34.1% (62)	9.6% (16)
Alprazolam	7.9% (12)	4.9% (9)	4.2% (7)
Etizolam	5.9% (9)	4.4% (8)	31.3% (52)
Clonazolam	2.6% (4)	2.7% (5)	3.6% (6)
Phenazepam	2.0% (3)	3.3% (6)	1.8% (3)
Flubromazepam	0.7% (1)	4.4% (8)	8.4% (14)
Flualprazolam	-	1.1% (2)	4.8% (8)
Flubromazolam	-	0.5% (1)	0.6% (1)
Desalkylflurazepam	-	0.5% (1)	-

Table 7C. Non-benzodiazepine GABAergic implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Zopiclone	5.3% (8)	2.7% (5)	4.2% (7)

3.6 Gabapentinoids

Both pregabalin and gabapentin are commonly implicated in drug-related deaths with the class (Gabapentin and/or Pregabalin) implicated in 44.7% of deaths. Gabapentinoids remain a frequent contributor to multi-drug deaths due to their respiratory depressant effects. Despite being prescription drugs, gabapentinoids are not commonly prescribed to the person whose death they are implicated in. While the rate of gabapentinoid implications in drug-related deaths in Lothian has fallen since 2023, it remains higher in Lothian at 44.7% of deaths (based on data from NRS) than the national rate of 36.8%.

Table 8. Gabapentinoid implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Pregabalin	39.5% (60)	41.8% (76)	42.2% (70)
Gabapentin	11.8% (18)	16.5% (30)	15.7% (26)

3.7 Stimulants

Stimulants are often contributors to multi-drug drug related deaths, however they also have a higher prevalence of being the sole drug implicated in a drug-related death potentially with an underlying pathology such as ischaemic heart disease. The chronic use of stimulants is also linked to an increased risk of heart disease. In Lothian stimulants accounted for 11 of the 27 deaths where only one drug was implicated.

In 2024 there was an increase in cocaine implications, with cocaine implicated in 51.3% of deaths compared to 45% and to 39% in 2023 and 2022, respectively in Lothian. A similar increase was seen across Scotland with cocaine implicated in 47.1% of drug-related deaths in 2024 compared to 41% and 35% in 2023 and 2022, respectively. The number of deaths in which other stimulant drugs amphetamine, MDMA and methamphetamine has remained similar. Table 9 below provides a breakdown of stimulants implicated in drug-related deaths in 2024.

Table 9. Stimulant implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Cocaine	51.3% (78)	45.1% (82)	39.2% (65)
Amphetamine	5.3% (8)	3.3% (6)	4.2% (7)
MDMA (ecstasy)	3.9% (6)	3.3% (6)	1.8% (3)
Methamphetamine	1.3% (2)	1.1% (2)	0.6% (1)

3.8 Alcohol

Due to its depressant effects, alcohol can exacerbate the effects of other depressant drugs such as benzodiazepines and opioids. Alcohol is recorded as being implicated in drug related deaths in conjunction with other drugs, however deaths solely related to alcohol are captured in separate national statistics on [alcohol-specific deaths](#). There has been a reduction in the number of deaths where alcohol has been implicated in 2024.

Table 10. Alcohol implications in 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2024	2023	2022
Alcohol	7.2% (11)	13.7% (25)	11.4% (19)

4. Social circumstances at time of death

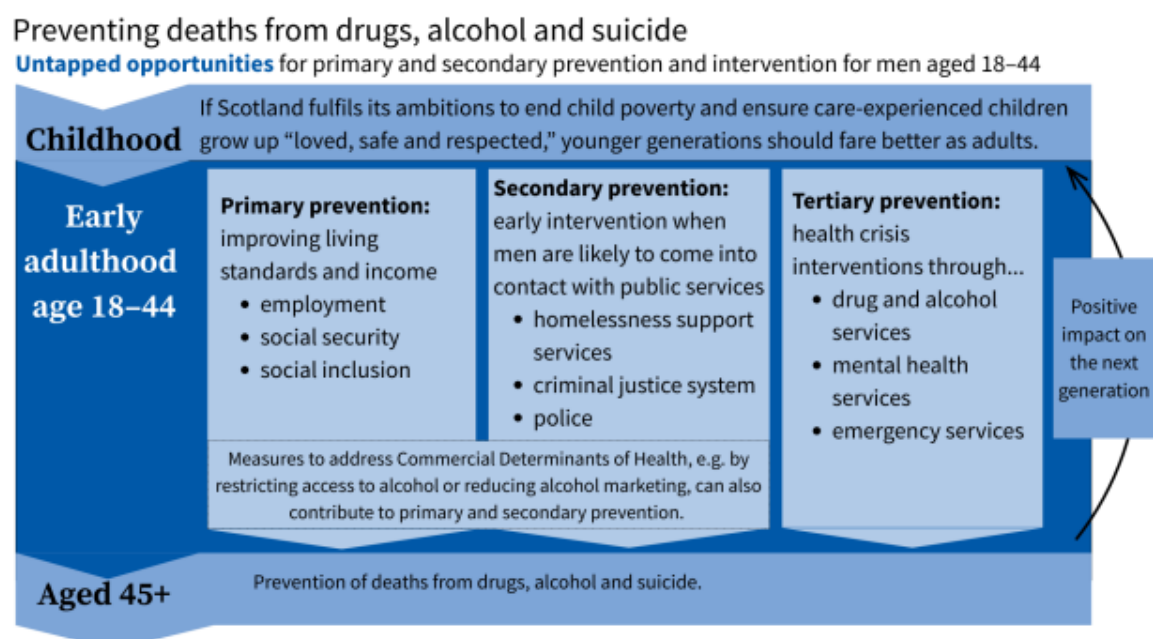
Key findings:

- 41.6% of those who suffered a drug-related death were in current contact with substance use services at the time of their death
- A further 8.6% of those that suffered a drug related death had been in contact with substance use services in the year leading to their death
- 19.1% had a recorded recent non-fatal overdose
- 7.9% had recently been in police custody
- 5.2% were living in temporary or supported accommodation
- 57.2% lived alone
- 16% were known to have children under the age of 16

4.1 Importance of social circumstances as a contributor to drug related deaths

The recently published [Annual Report from the Scottish Health Equity Research Unit: Health and Socio-economic Inequality in Scotland in 2025](#) provides a clear reminder that there are untapped opportunities for the primary prevention of drug related deaths, by improving living standards and income, as well as secondary prevention opportunities by supporting people as part of their existing contact with other services such as the homelessness or justice system.

Figure 9. Factors to prevent deaths from drugs, alcohol and suicide



Source: Scottish Health Equity Unit, 2025

4.2 Contact with substance use services

All drug-related deaths were checked for their contact with services in NHS Lothian only, including community substance use services and the General Practitioner National Enhanced Service (GP-NES). A person was deemed as currently in contact with substance use services if they had not been discharged from the service. For GP-NES, where patients are never 'discharged', two data sources were used: records of appointments and prescription data. Persons with a history of GP-NES registration were classified as currently in contact with the service if they had an appointment or a prescription in the 60 days prior to their death. Table 11 below shows the service use status for all drug-related deaths in Lothian in recent years.

Table 11. Number of drug-related deaths by engagement with substance use service 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Service and status	2024	2023	2022
Substance Use Service - Current	27.6% (42)	26.9% (49)	27.7% (46)
Substance Use Service - discharged within 60 days of death	0.7% (1)	2.7% (5)	3.0% (5)
Substance Use Service - discharged within 61 and 365 days of death	4.6% (7)	8.2% (15)	2.4% (4)
Substance Use Service - discharged >1 year of death	6.6% (10)	8.2% (15)	6.6% (11)
GP-NES - last contact within 60 days of death	18.4% (28)	15.9% (29)	15.1% (25)
GP-NES - last contact within 61 to 365 days of death	3.3% (5)	6.6% (12)	9.6% (16)
GP-NES - last contact > 1 year of death	3.9% (6)	3.3% (6)	4.8% (8)
No known contact with services at any point	34.9% (53)	28.0% (51)	30.7% (51)

Nearly half (46.1%) of those who suffered a drug-related death were in current contact (not discharged from substance use service or having been seen by GP-NES within the past 60 days at the time of their death). This is slightly higher than the proportion in 2023 and 2022 (42.8% and 42.9% respectively). A further 8.6% (13 individuals) who died of a drug-related death in 2024 were in contact with a service in the year prior to their death, this is a reduction on 2023 and 2022 when 17.5% and 17.6% respectively has been in contact in the year prior to their death. The proportion of those who had previous contact with community substance use services or primary care substance use services more than a year

prior to their death was similar to previous years (10.5% in 2024, compared to 11.5% in 2023 and 11.5% in 2022). The number of individuals who died from drug related deaths without any previous known contact with substance use services in Lothian was similar to previous years, however the slight decrease in the overall number of deaths in Lothian meant that those without contact with services accounted for a slightly larger proportion of deaths (34.9% in 2024, compared with 28.0% in 2023 and 30.7% in 2022). While these changes in percentages are relatively small, the reduction in numbers dying following disengagement with services, may be a positive sign that those at risk of harm are being supported to maintain contact with services.

Table 12. Number of drug-related deaths in 2024 by engagement with substance use service, and other risk factors source (note some individuals had more than one risk factor, total number of individuals with any risk factor = 42): NHS Lothian data

Risk factors for DRD	Current registration with community SUS	Contact with GP-NES within 60 days prior to death	Previous registration with SUS or contact with GP-NES	No known contact with any substance use service in Lothian prior to death	Total
Non-fatal overdose within past 6-months	12 (41%)	6 (21%)	4 (14%)	7 (24%)	29
Police custody within past 6-months	4 (33%)	4 (33%)	3 (25%)	1 (8%)	12
Living in temporary or supported accommodation	2 (25%)	2 (25%)	2 (25%)	2 (25%)	8

The table above shows that while the majority of those with one or more of the above potential risk factors for drug related death were in contact with services at the time of their death, a significant minority were not, highlighting the need for ongoing engagement between services to ensure that those who use substances and have touch points with other can be supported to access and maintain contact with community or primary care substance use services.

4.3 Previous non-fatal overdoses

Three data sources are used to determine previous non-fatal overdoses (NFO) in Lothian. This includes any mention in either police or pathology reports as well as the NHS Lothian dataset of near-fatal overdoses, which contains data from the Scottish Ambulance service (SAS) and TRAK (NHS Lothian patient records). Recent near-fatal overdoses are defined as having occurred within 6-months prior to death, as per the definition used in national drug-related death reporting.

In 2024, 29 (19.1%) of those who died of a drug-related death in Lothian had a recent non-fatal overdose recorded, this is slightly higher than in previous years in Lothian (15.9% in 2023 and 15% in 2022). There was no significant difference in the recent non-fatal overdoses in males who died of a drug-related death compared to females in 2024, with 19.8% of males and 17.4% of females.

Under the Medication Assisted Treatment (MAT) Standard 3 each drug treatment service should provide assertive outreach to those categorised as high risk of drug-related harm, including those who have experienced a near-fatal overdose. The fact the 62% of those who had had a recent NFO were in contact with substance use services at the time of their death may be a testament to the effectiveness of the assertive outreach offer. The fact that 38% were not in contact with services despite their recent NFOs suggests that ongoing work is required to enable assertive outreach to lead to effective ongoing engagement with services in a greater proportion of cases.

4.4 Previous contact with police custody

Police reports for each person who suffered a drug-related death were checked to ascertain if individuals had had a recent (within 6-months prior to death) record of police custody. In 2024, 12 (7.9%) of those that suffered a drug-related death had recently been in police custody, compared to 29 (15.9%) in 2023 and 27 (16.3%) in 2022. Males were more likely than females to have been in police custody in the 6 months prior to their death 8.5% vs 6.5%. As numbers are relatively small, annual fluctuations may be due to chance, however the reduction in the proportion of individuals suffering a drug related death in the 6-months following police custody may be seen as a sign that those in contact with police custody are being better supported to engage with services and / or reduce harmful behaviours following discharge from custody.

4.5 Housing circumstances at time of death

The majority (82.2%) of those that died of a drug-related death in Lothian in 2024 lived in their own home (owned or rented). Six (3.9%) of those that died of a drug-related death lived in homeless accommodation such as bed and breakfasts and hostels. Ten (6.6%)

people were living at a relative's home and three (2%) were living with a friend. The increase in the proportion of those who suffered drug related deaths who were living in their own owned or rented home, and corresponding decrease in those living in homeless accommodation or with friends and relatives, may be a result of more people who use substances being supported to access permanent accommodation, and / or increased support in order to reduce levels of harm amongst those living in temporary accommodation. Given that those in living in their own accommodation continue to account for a greater proportion of total drug-related deaths, it is important to ensure that access to treatment and harm reduction services remains accessible to these groups, as well as to those in more traditional high-risk groups such as those living in temporary or supported accommodation or who are street homeless.

Table 13. Accommodation status 2024 with comparison to 2023 & 2022, source: NHS Lothian data

Accommodation type	Percentage and number of persons – 2024	Percentage and number of persons – 2023	Percentage and number of persons – 2022
Own home (owned or rented)	82.2% (125)	73.1% (133)	69.9% (116)
Relative's home	6.6% (10)	7.1% (13)	9.0% (15)
Homeless Accommodation	3.9% (6)	8.8% (16)	9.6% (16)
Friend's home	2% (3)	5.5% (10)	4.2% (7)
Supported Accommodation	1.3% (2)	1.1% (2)	4.8% (8)
Prison	1.3% (2)	2.2% (4)	1.2% (2)
Other (includes hospital, hotel, street homeless and unknown)	2.6% (4)	2.2% (4)	1.1% (2)

4.6 Immediate circumstances at time of death

Understanding the immediate circumstances of drug related deaths is crucial given the success of interventions such as Take Home Naloxone (THN). Unfortunately, the vast majority of those that died of a drug related death in Lothian in 2024 were found already dead (88.8%) compared to 86.8% in 2023, meaning there was no opportunity for the person who found them to administer an intervention such as naloxone. This is in keeping with findings from previous years.

The majority of those who died (86.8%) were found in private property rather than in a public place. Three-quarters (75.7%) were found in their own home, consistent with previous years. Others were found others' homes (11.8%). More than half (57.2%) of those that died of a drug-related death lived alone. People were also commonly alone in the property when they died (49.3%) and more commonly alone in the room when they died (71.7%). There is a need for continued iteration of harm reduction messaging to remind those who use substances of the value of using in a space where others can help if an overdose occurs, as well as a need to continue to explore options for safer drug consumption facilities.

Table 14. Immediate circumstances at time of death, source: NHS Lothian data

	Yes	No	Unclear/ Unknown	Other
Found dead	88.8% (135)	10.5% (16)	0.7% (1)	0
Lived alone	57.2% (87)	35.5% (54)	3.8% (7)	3.3% (6)
Found in private property	84.6% (159)	11.5% (21)	3.3% (5)	3.9% (6)
Alone in property at time of death	49.3% (75)	42.8% (65)	2.0% (3)	5.9% (9)
Alone in room at time of death	71.7% (109)	17.1% (26)	2.6% (4)	8.6% (13)

4.7 Family circumstances at time of death

The majority of those who suffered a drug-related death were found by their friend (28%), family (19.8%) or partner (17.6%). There were also a number of deaths discovered by the police including welfare checks (19.8%).

Not all of those who died of a drug-related death had complete family information available. Of those who had this information available 16% were known to have children under the age of 16⁷, compared with 26% in 2023. Of these, 2 had children living with them at the time of their deaths and 1 drug-related deaths occurred with children present. There was an almost equal split of males and females who had children, however females were more likely to have a child living with them at the time of death (10/13). Additionally, 16 of those who suffered a drug-related death in Lothian had a young-person aged 16 to 25.

⁷ Data is collected in line with the National Drug Related Death Database (NDRDD) in which children are defined as under 16. NHS Lothian otherwise classifies children as those aged under 18.

5. Conclusions and recommendations

While sadly the number of drug related deaths in Lothian remained high, at 152 in 2024, this does represent a slight decrease (30 fewer deaths) compared with numbers in 2023.

Lothian's ADP's performance against the implementation of the MAT Standards in 2024-25 is now 'green' (fully implemented) across all ten of the MAT Standards in each ADP area, with the exception of Edinburgh ADP which was rated 'amber' (partially implemented) for MAT 9 (ensuring that all people with co-occurring drug use and mental health difficulties receive mental health care at the point of MAT delivery in an integrated way). It is important to acknowledge the significant role that frontline substance use staff and wider partners play in providing support, treatment and harm reduction to those who use substances in Lothian. Without their efforts the number of deaths may well have been higher.

There are ongoing challenges relating to the diverse range and changing profile of drugs implicated in deaths in both Lothian and Scotland, particularly in relation to the increase in implication of stimulants and benzodiazepines, as well as heightened levels of harm from synthetic opioids. NHS Lothian continues to work closely, including with wider local and national partners, to monitor and respond to changing trends and clusters of harm, using our recently updated Local Early Warning System procedure, in conjunction with the national Public Health Scotland Rapid Action Drug Alerts and Response (RADAR) approach and new [national guidance on the management of clusters of drug related harms](#).

While it is difficult to draw firm conclusions from small changes within a single year, and important to monitor trends over longer periods, some changes in the most recent year's data may be indicative of positive changes. These changes include a 7 percentage-point reduction in the number of deaths in which prescribable gabapentinoids were implicated (from 58.3 in 2023 to 51.3% in 2024) suggesting potentially reduced access to improper use of prescription medication. There was a 9 percentage-point reduction in the number of deaths that occurred in the year after discharge or disengagement from community or primary care substance use services (from 17.5% in 2023 to 8.6% in 2024), suggesting a potential improved retention of those at risk of harm within services. There was also an 8 percentage point reduction in the number of deaths where individuals had been in police custody in the 6 months before death (from 15.9% in 2023 to 7.9% in 2024) and a 4 percentage point reduction in deaths where individuals were living in homeless accommodation (from 8.8% in 2023 to 3.9% in 2024), suggesting that those in contact with those services are potentially being supported to reduce their levels of harm. While the majority of those with a potential risk factor for drug related death were in contact with services at the time of their death, a significant minority were not, highlighting the need for ongoing engagement between services to ensure that those who use substances and have touch points with other can be supported to access and maintain contact with community or primary care substance use services.

There are other areas however where the most recent year of data does not suggest improvement, with 19.1% of those who had a drug related death having had a previous non-fatal overdose, compared with 15.9% in 2023. This suggests that the MAT Standard requirement to provide assertive outreach following non-fatal overdose is not sufficient to prevent future fatal overdose in all individuals. In addition, similar to data from previous years, the majority of those who sadly died were found to have been using drugs alone, with the majority already dead at the time they were found, meaning there was no opportunity for naloxone or other support to be administered, despite consistent harm reduction messaging to try to discourage people from using drugs alone.

Ongoing work is required, as set out in recent ADP strategies and plans, to ensure more individuals are supported to access substance use services, and to support those in contact with services. This includes supporting those who receive assertive outreach following a non-fatal overdose to reduce their risk of future harm. Work should also continue to ensure that other touchpoints, such as contact with police custody and housing and homelessness services are able to support people to access and maintain contact with substance use services.

Surveillance and response to changing patterns of substances implicated, including in conjunction with wider local and national partners, should continue. Work should also continue to explore and progress opportunities for a drug checking facility and safer drug consumption facility in Edinburgh, to reduce the harm associated with unknown substances and consuming substances alone.

The learning from the collation of data from existing individual death reviews conducted in Edinburgh is currently being collated and will be reviewed in conjunction with the forthcoming publication of Public Health Scotland's guidance on drug death reviews in order to agree an approach going forwards.

It is important that NHS Lothian continues wider primary prevention work, in line with recommendations from the new national [Population Health Framework](#) and the [Scottish Health Equity Research Unit](#), to improve access to the building blocks of health and reduce levels of substance use in future generations. It is also important the trends from this report are used, alongside learning from other health boards, to inform the next national Alcohol and Drugs Plan, which is expected in 2026.

Recommendations

1. Alcohol and Drug Partnerships and Health and Social Care Partnerships in Lothian should continue to support more people to access and maintain contact with substance use services, including those offered assertive outreach following non-fatal overdose.
2. Surveillance and response to drug harm clusters should continue, including through the use of the recently refreshed Lothian Local Early Warning System Procedure, as well as national Public Health Scotland RADAR approaches.
3. Work should continue on the next steps towards the establishment of a Drug Checking Facility and the potential establishment of a Safer Drug Consumption Facility within Edinburgh.
4. The learning from the collation of insights from existing individual death reviews within Edinburgh should be combined with forthcoming national Public Health Scotland Guidance to inform a holistic death review process going forward.
5. NHS Lothian and wider partners should further commit to a prevention approach, as outlined in the national Population Health Framework and NHS Lothian's Strengthened Approach to Prevention, to improve access to the building blocks of health and reduce the prevalence of substance use and related harms in future generations of the population.
6. NHS Lothian will share findings from this report with national partners as part of engagement to inform the next national Alcohol and Drugs Plan, which is expected in 2026.

As with the recommendations made in last year's Drug Related Death Annual Report, actions following on from these recommendations should be integrated into and reported via existing partner organisation workplans and governance arrangements. A brief update against the recommendations included in the 2023 Annual Report is included in Annex C.

Annex A. NRS definition of drug-related deaths

A2. The definition

Drug misuse deaths are defined as follows: (the relevant ICD10 codes are given in brackets):

- a) deaths where the underlying cause of death has been coded to the following sub-categories of 'mental and behavioural disorders due to psychoactive substance use':
 - (i) opioids (F11);
 - (ii) cannabinoids (F12);
 - (iii) sedatives or hypnotics (F13);
 - (iv) cocaine (F14);
 - (v) other stimulants, including caffeine (F15);
 - (vi) hallucinogens (F16); and
 - (vii) multiple drug use and use of other psychoactive substances (F19).
- b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death (even if the pathologist did not consider the drug to have had any direct contribution to the death):
 - (i) accidental poisoning by and exposure to drugs, medicaments and biological substances (X40 – X44);
 - (ii) intentional self-poisoning by and exposure to drugs, medicaments and biological substances (X60 – X64);
 - (iii) assault by drugs, medicaments and biological substances (X85); and
 - (iv) poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent (Y10 – Y14).

A3. Deaths which are excluded

The NRS implementation of the definition excludes a small proportion of the deaths which were coded to one of the ICD10 codes listed in Section A2, specifically:

- deaths coded to drug abuse where the direct cause of death was secondary infections or later complications of drug use. The statistics therefore exclude deaths from:
 - secondary infections such as clostridium or anthrax infection resulting from the injection of contaminated drugs;
 - conditions which could be regarded as later complications of drug use, such as bronchopneumonia, lobar pneumonia, bilateral pneumonia, septicaemia or organ failure where drug misuse was not specified as the direct and immediate cause of death (even though it may have damaged greatly the person's health

- over the years - so reference to, for example, 'chronic' or 'long-term' drug abuse does not necessarily mean that it was the direct and immediate cause of death).
- deaths where a drug listed under the Misuse of Drugs Act was likely to be present only as part of a compound analgesic or cold remedy. For this purpose, NRS identified the following compound analgesics and cold remedies when producing its statistics:
 - for 2018 and earlier years:
 - Co-codamol (paracetamol and codeine sulphate);
 - Co-dydramol (paracetamol and dihydrocodeine);
 - Co-proxamol (paracetamol and dextropropoxyphene); and
 - Dextropropoxyphene alone (as explained below).
 - for 2019 onwards:
 - Codeine and aspirin (co-codaprin);
 - Codeine and brompheniramine maleate;
 - Codeine and dextropropoxyphene;
 - Codeine and diphenhydramine hydrochloride;
 - Codeine and ibuprofen;
 - Codeine and paracetamol (co-codamol, as before);
 - Dextropropoxyphene and paracetamol (co-proxamol, as before);
 - Dextropropoxyphene alone (as before, as explained below);
 - Dihydrocodeine and aspirin;
 - Dihydrocodeine and dextropropoxyphene;
 - Dihydrocodeine and paracetamol (co-dydramol, as before);
 - Pholcodine;
 - Tramadol and paracetamol.

Source: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/23/drug-related-deaths-23-annex-A.pdf>

Annex B. Prescribable and street benzodiazepines

Annex H: 'Prescribable' and 'street' benzodiazepines⁸

H1. In 2019, when preparing statistics for the Chief Medical Officer's Annual Report, the Information Services Division (ISD) of NHS National Services Scotland, which is now part of Public Health Scotland (PHS), proposed a distinction between 'prescribable' and 'street' benzodiazepines. The two categories are defined as follows:

⁸ Source: <https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/23/drug-related-deaths-23-annex-H.pdf>

- ‘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).

H5. ‘Prescribable’ benzodiazepines (and metabolites): as classified by PHS in June 2024

Chlordiazepoxide

Clobazam

Clonazepam

Chlorazepam

Desmethyldiazepam

Diazepam

Librium

Loprazolam

Midazolam

Nitrazepam

Nordiazepam

Oxazepam

Temazepam

Valium

7-aminoclonazepam

7-aminonitrazepam

H6. ‘Street’ benzodiazepines (and metabolites): as classified by PHS in June 2024

Adinazolam

Alprazolam

Bromazepam

Bromazolam

Clonazolam

Cloxazolam

Delorazepam

Desalkylgidazepam

Desalkylflurazepam

Diclazepam

Etizolam

Flualprazolam

Flubromazepam

Flubromazolam

Flunitrazepam
Lormetazepam
Phenazepam
Pyrazolam
8 aminoclonazolam

Annex C. Update in relation to recommendations from the Drug Related Death Report 2023

Recommendations from the Drug Related Death Annual Report 2023 were agreed with members of the pan-Lothian Drug and Alcohol Harm Reduction Partnership Group (DAHPPG) with members of the group being responsible for actions following on from these recommendations being integrated into, and reported via, existing organisational workplans and governance arrangements. A high-level update against the recommendations is however provided below.

Recommendation from 2023 Annual Report	Update from October 2025
1. Alcohol and Drug Partnerships and Health and Social Care Partnerships in Lothian should continue to efforts to fully implement the Medication Assisted Treatment Standards, as well as reaching out to those not currently in contact with services, to support them to access treatment and harm reduction opportunities.	Lothian's ADP's performance against the implementation of the MAT Standards in 2024-25 was rated as 'green' (fully implemented) across all ten of the MAT Standards in each ADP area, with the exception of Edinburgh ADP which was rated 'amber' (partially implemented) for MAT 9 (ensuring that all people the co-occurring drug use and mental health difficulties receive mental health care at the point of MAT delivery in an integrated way).
2. NHS Lothian's public health directorate, in conjunction with other partners, should continue to utilise the current Local Early Warning System approach, to support identification of and action on newly identified harms or clusters of harms. This should be linked to new national guidance on Drug Harm Incident Management.	The Lothian Local Early Warning System procedure has been used to respond to three clusters of drug harms in 2024 and the first half of 2025. It has also recently been reviewed and updated, including incorporating national guidance on Drug Harm Incident Management.
3. The Edinburgh ADP Crack Cocaine Action Plan should be implemented, with all services, including harm reduction services, seeking to be as inclusive as possible in the support offered for users of different substances, with the learning from this shared with wider Lothian ADPs.	Work is ongoing in relation to Cocaine harm reduction, with commitment to further work on this set out in the current Edinburgh ADP Strategy 2025-28

<p>4. The Edinburgh ADP should continue the scoping work for the potential establishment of a Safer Drug Consumption Facility, with the learning from this shared with wider Lothian ADPs.</p>	<p>Work is ongoing in relation to exploring options for a Safer Drug Consumption Facility, with a recent update provided to the Edinburgh Integration Joint Board in August 2025.</p>
<p>5. NHS Lothian's public health directorate, in conjunction with other partners, should begin a process of thematic reviews of deaths, where in addition to an overall annual report, deaths occurring in certain populations are reviewed in more detail, to identify any future prevention opportunities.</p>	<p>Work is ongoing to summarise learning collated from the existing individual death reviews that already take place in Edinburgh. This information, along with guidance due to be published by Public Health Scotland will be used to inform next steps for this work.</p>