



Drug Related Deaths Annual Report 2023

Public Health and Health Policy

Introduction

Despite a range of work ongoing nationally, as well as locally, to reduce numbers of drug related deaths, figures have not fallen nationally, nor in Lothian. There has been little change in the demographics of those affected, or substances implicated in recent years.

Responsibility for delivering actions to support the National Drugs Mission, including the implementation of the Medication Assisted Treatment (MAT) Standards and wider work to reduce drug-related harm and Drug Related Deaths (DRDs), sits with Lothian's three Alcohol and Drug Partnerships (ADPs), with governance and reporting back to the respective Integrated Joint Boards (IJBs). Staff across Lothian continue to carry out significant work to address substance use harms, including the implementation of the national Medication Assisted Treatment Standards, against which Lothian's Alcohol and Drug Partnerships are now ranked 'Green'. Without this important work deaths may well have been higher, and acknowledgement should be given to the dedication of frontline staff currently supporting people who use substances in Lothian to reduce their risk of harm. We know that ongoing work is required to support more people to access treatment, as well as to improve outcomes within the treatment system and work to achieve this is set out within Lothian's individual Alcohol and Drug Partnership Strategies.

Work is also ongoing within NHS Lothian and with Community Planning Partnership colleagues across the four local authority areas to address the wider causes of substance use harm, including through poverty prevention and Anchor Institutions work. There are also good local links within Lothian to Public Health Scotland (PHS), including with RADAR – PHS's early-warning drugs surveillance system for Scotland, with a Local Early Warning System operating procedure in place in Lothian, as part of a range of interventions to reduce future levels of drug related deaths.

Summary

Sadly, there were 182 drug-related deaths recorded in NHS Lothian in 2023, a 10% increase compared to 2022. This increase was driven by an increase in Midlothian and East Lothian with a decrease in West Lothian and City of Edinburgh. In 2022 there were an unusually low number of DRDs reported in Midlothian, for which we did not identify any particular contributing factors, and the increase seen in the 2023 figures likely represents numbers returning to a more usual level in Midlothian. While the numbers of deaths are significantly 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. The increase

seen in Lothian is comparable to national figures, with a 12% increase in the number of drug-related deaths recorded nationally in 2023 compared to 2022.

Of the 182 drug-related deaths in Lothian in 2023, 70% were male and 30% were female. The median age of those that suffered a drug-related death in 2023 was 43. 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. In Lothian, those living in the most deprived areas in Scotland (SIMD Quintile 1) were 8 times as likely to have a drug-related death than those in the least deprived 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 and EH11 in the South-West of Edinburgh encompassing Gorgie, Dalry, Saughton and Sighthill.

The majority of drug deaths (87%) had more than one drug implicated, with a total of 53 different drugs implicated in 2023 and an average of 4 different drugs from 3 different classes implicated in each drug-related death. Opioids remain the most commonly implicated class of drugs (implicated in 86% of deaths in 2023), however in recent years there has been an increase in the proportions of deaths in which stimulants such as cocaine are implicated, with stimulants implicated in 47% of deaths in 2023. There has been a significant increase in the number of deaths in which the new street benzodiazepine, Bromazolam, was implicated, rising from 10% in 2022 to 34% in 2023. This however follows a corresponding decrease in the number of deaths in which the alternative street benzodiazepine, Etizolam, was implicated (31.3% of deaths in 2022 but only 4.4% in 2023). In contrast, the number of deaths in which the synthetic opiates, nitazenes, were implicated has changed little, with these implicated in only 6 deaths in 2023. Lothian continues to have the highest rate of prescribable benzodiazepines implicated in drug-related deaths, 38% compared to the national rate of 18%, with gabapentinoid, which is also a prescription drug, implicated in 51% of deaths in Lothian, compared with 38% of deaths nationally.

Only 42.8% 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 had previous contact with substance use services, with only 30% not being known to substance use services at any point. 16% had a previous recorded recent non-fatal overdose. These figures were similar to recent years. 73% lived in their own rented or owned accommodation, however 21% were living in homeless accommodation or with a friend or family member. The proportion of drug related deaths amongst those living in supported accommodation reduced from 5% in 2022 to 1% in 2023. 53% lived alone, however a significant minority, 26%, were known to have children under the age of 16, compared with 19% in 2022. Of these, 13 had children living with them at the time of their deaths and 3 drug-related deaths sadly occurred with children present.

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1. Overview of deaths

Key findings:

- There were 182 drug-related deaths recorded in NHS Lothian in 2023, a 10% increase compared to 2022.
- This increase was driven by an increase in Midlothian and East Lothian with a decrease in West Lothian and City of Edinburgh.
- In 2022 there were an unusually low number of DRDs reported in Midlothian, for which we did not identify any particular contributing factors, and the increase seen in the 2023 figures likely represents numbers returning to a more usual level in Midlothian.
- The increase seen in Lothian is comparable to national figures, with a 12% increase in the number of drug-related deaths recorded nationally in 2023 compared to 2022.

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 where the person lived at the time of their death. In previous 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 the definition of drug-related deaths used by National Records of Scotland (NRS) has now been adopted 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 drug-related deaths are reviewed by the Lothian Drug-Related Death Coordinator which is used as the basis for the Board's Drug-Related Deaths Annual Report and used 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 drug-death reviews, however this has not yet been produced¹. 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.aspx)

the third sector, actions and minutes are recorded by the ADPs/services. Due to the significantly higher level of drug-related deaths in Edinburgh, an alternative approach has been proposed, which would involve a cycle of themed drug-related deaths reviews, where deaths occurring in specific populations cohorts are considered collectively². Approval from the Edinburgh Alcohol and Drug Partnership Executive is being sought before moving to this approach. In all areas in Lothian, deaths for those in contact with a service receive a local case review or Significant Adverse Event Review (SAER)³. Deaths in young persons reported as suspected drug-related deaths will also be reported to the NHS Lothian Child Death Review Group. 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 2023, 182 drug-related deaths were recorded by National Records of Scotland, this is an increase of 16 deaths, or 9.6% compared to 2022 when 166 deaths were recorded. This compares to a 12% increase nationally between 2022 and 2023. The increase in the number of deaths was not seen consistently across all four localities within Lothian, with an increase of 16 deaths in Midlothian, 3 additional deaths East Lothian and a decrease of 2 deaths in City of Edinburgh and 1 death in West Lothian. In 2022 there were an unusually low number of drug-related deaths reported in Midlothian, for which we did not identify any particular contributing factors, and the increase seen in the 2023 figures likely represents numbers returning to a more usual level in Midlothian, in line with the 5-year average over the period 2019-2023 of 17 deaths.

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. Analysis shows that based on the numbers of drug related deaths in Lothian in 2022, the number of deaths in 2023 would have been expected to be between 140 and 191, due to random fluctuation, and so caution is needed when 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.

² The themes currently being considered include: Young people (under 25); Women; Those not in contact with substance use services; Those not in permanent accommodation; Those with children in the household; Those who have had recent contact with the justice system; Those with a co-existing mental health or neurodevelopmental diagnosis

³ [Substance Misuse Directorate Process for Incident Investigation for DEATH \(scot.nhs.uk\)](https://scot.nhs.uk/substance-misuse-directorate-process-for-incident-investigation-for-death)

⁴ [Fluctuations in the numbers of deaths may be represented as the outcome of a Poisson process \(nrs.scot.nhs.uk\)](https://nrs.scot.nhs.uk/fluctuations-in-the-numbers-of-deaths-may-be-represented-as-the-outcome-of-a-poisson-process)

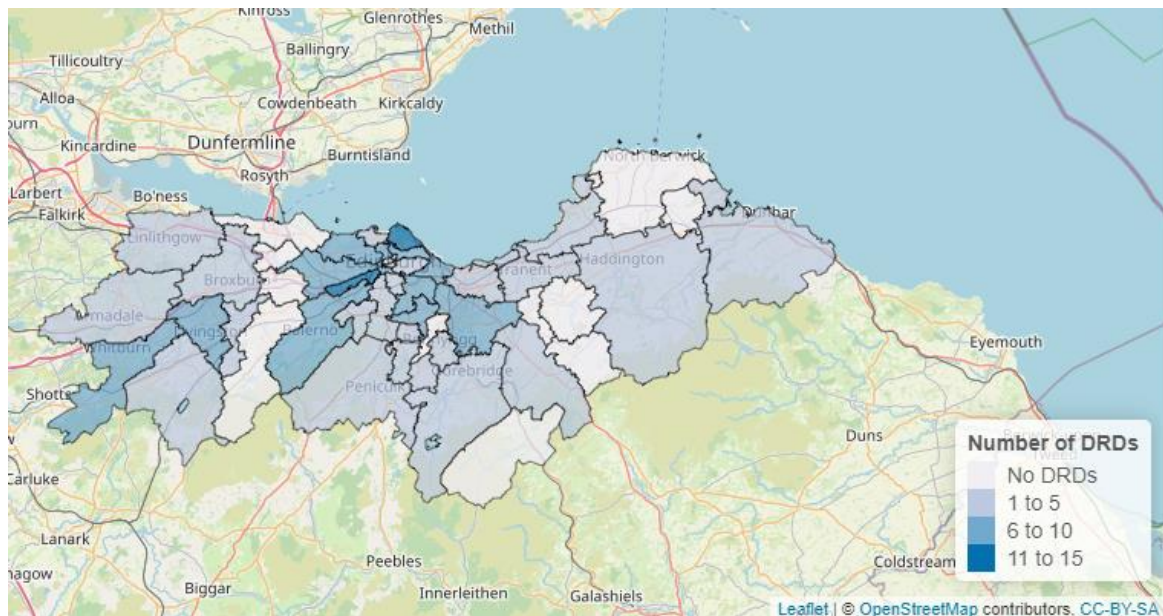
Table 1. Number of primary drug-related deaths by locality in Lothian in 2023 with comparison to 2022 and age-standardised rate per 100,000 population, source: NHS Lothian data

Area	Drug-related deaths 2023	Change 2022 to 2023	Drug-related deaths 2022	Age-standardised rate (per 100,000 population) 2019-2023
City of Edinburgh	111	Decrease	113	20.9
Edinburgh North-East	34	Increase	31	-
Edinburgh North-West	18	Decrease	26	-
Edinburgh South-East	33	Decrease	34	-
Edinburgh South-West	26	Increase	22	-
East Lothian	20	Increase	17	16.4
Midlothian	20	Increase	4	18.8
West Lothian	31	Decrease	32	16.5
NHS Lothian	182	Increase	166	18.9

1.4 Location of drug-related deaths in Lothian

Drug-related deaths in 2023, 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 and EH11 in the South-West of Edinburgh compassing Gorgie, Dalry, Saughton and Sighthill. This is similar to 2022, where EH3 (North-East) and EH14 (South-West) had the greatest number of residents who suffered a drug related death.

Figure 1. Map of drug-related deaths in Lothian in 2023 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 council area within NHS Lothian and a total for Lothian. The overall trend for Edinburgh and West Lothian appears to have levelled-off in the two most recent years, however we have not seen the same pattern in all of our local authority areas.

Figure 2. Drug-related deaths in Lothian, 2010 to 2023, source: National Records of Scotland

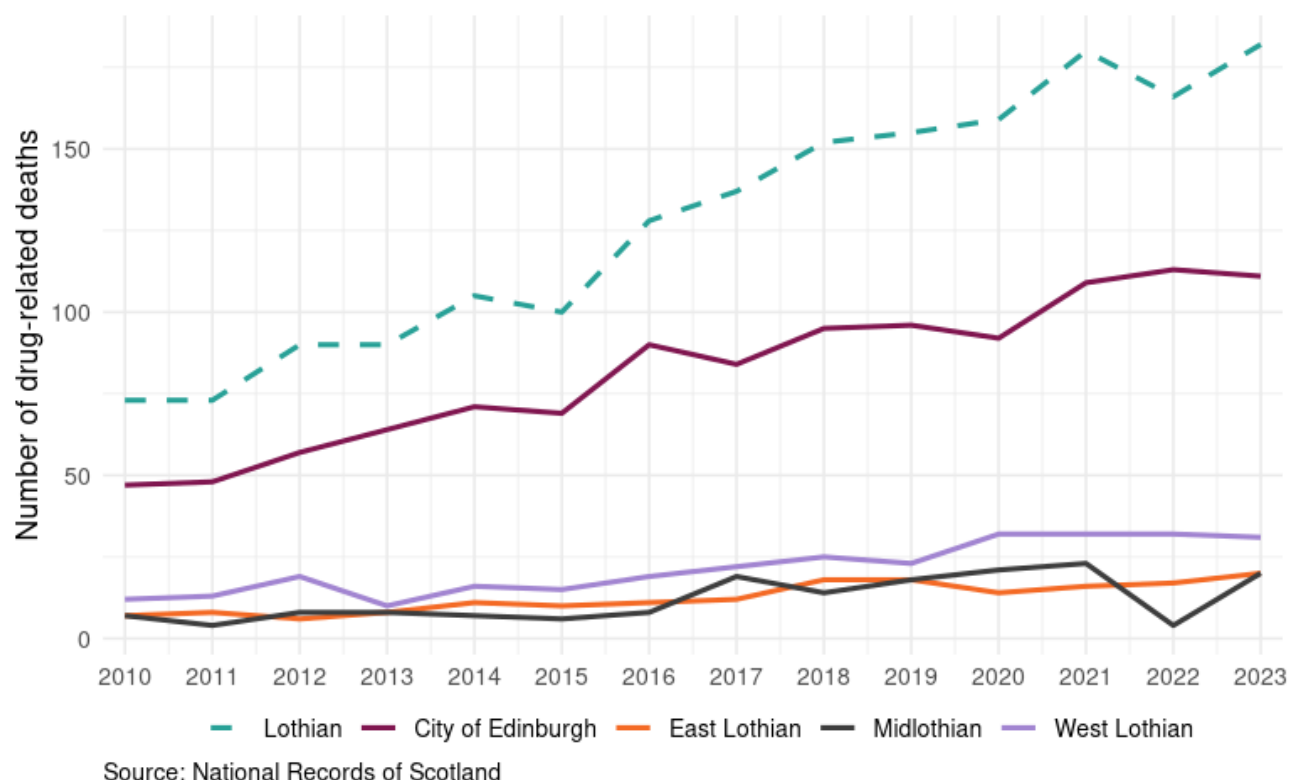
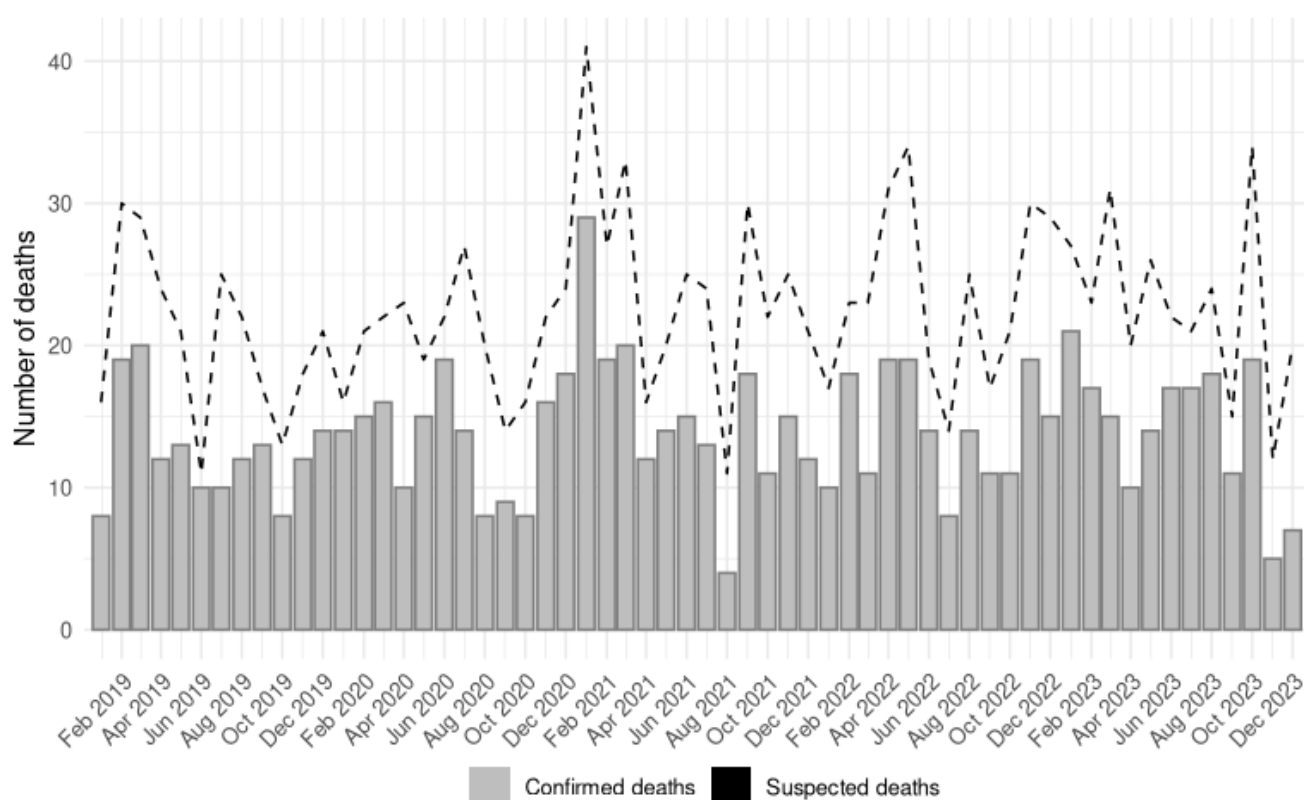


Figure 3 below shows the total number of suspected and confirmed drug-related related received per month by month of death from January 2019 to December 2023. Note that National Records of Scotland categorises deaths by the month in which they receive the report instead of the month of death and this 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.

Figure 3. Drug-related deaths in NHS Lothian by month of death, number of suspected and confirmed drug-related deaths, between 2019 and 2023, source: NHS Lothian (suspected death data) / National Records of Scotland (confirmed death data)



1.6 Drug-related deaths by cause of death in Lothian

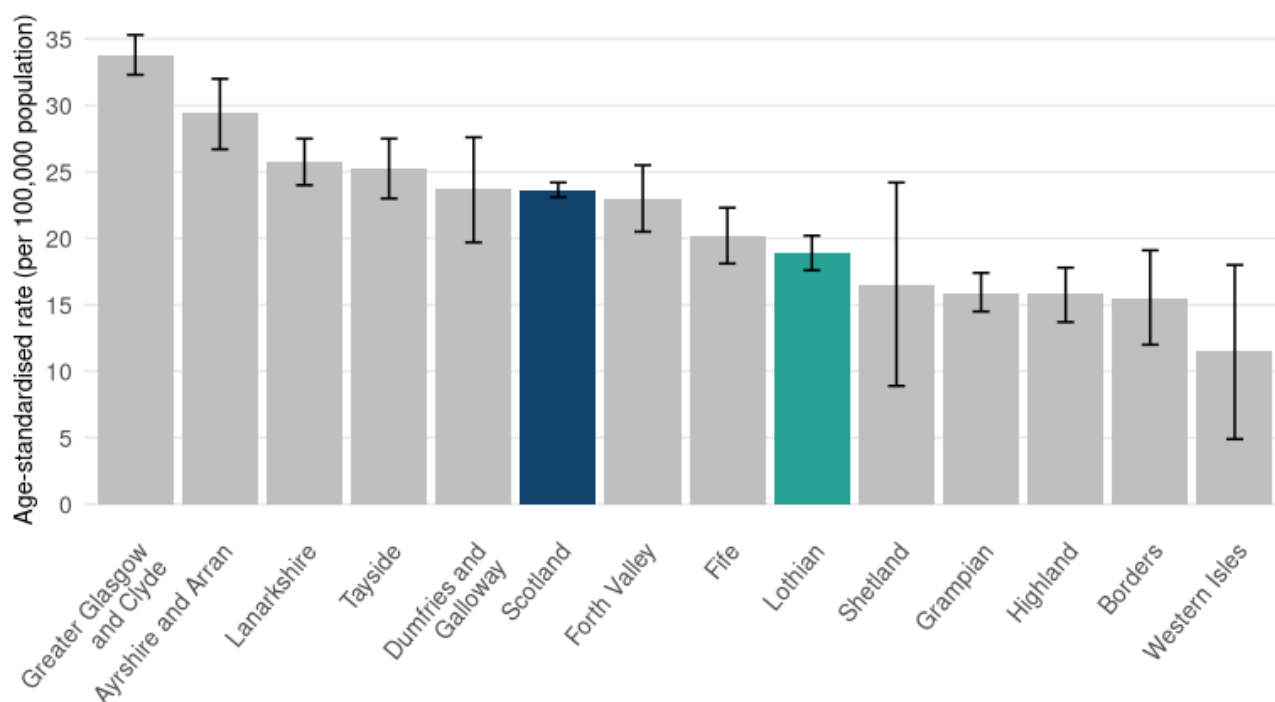
In 2023 in Lothian the majority (89%) of drug-related deaths were classified as accidental poisonings (ICD10 codes X42 and X41), 6% of deaths were classified as intentional self-poisoning (ICD10 codes X61 and X62). This breakdown is similar to Lothian data for 2022 of 84% and 7% respectively and to national data for 2023 of 88% and 7% respectively. There were a small number of deaths (6%) classed as mental and behavioural disorders due to the use of drugs (ICD10 codes F11, F12, 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 2019 to 2023 for selected NHS Boards. Greater Glasgow and Clyde has the highest rate of drug-related deaths of all Scottish health boards with 33.8 deaths per 100,000 people, while the Western Isles had the lowest rate with 11.5 deaths per 100,000 people, over the period 2019-2023. In Lothian the age-standardised death rate in the period 2019-

2023 was 18.9 per 100,000 people, this remains lower than the Scotland wide rate of 23.6 per 100,000. The relative positions of different Boards in Scotland remain largely unchanged from 2022.

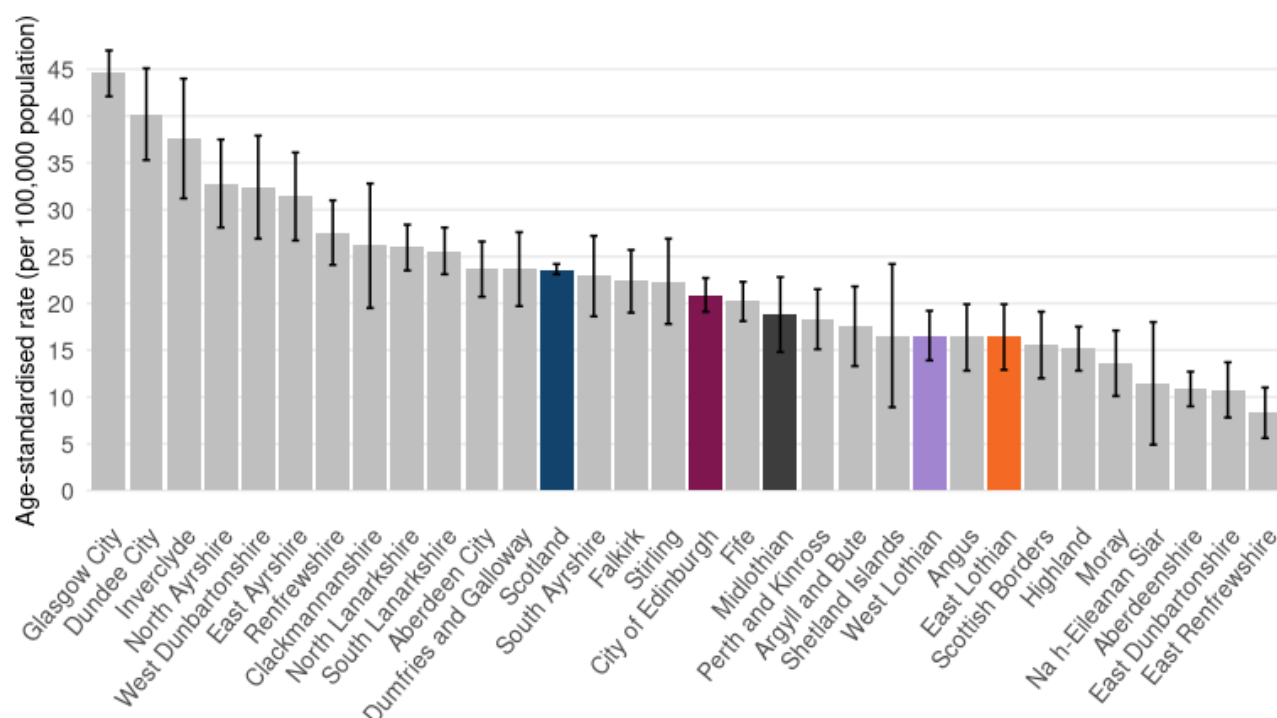
Figure 4. Drug-related deaths for selected NHS Board areas, age-standardised rate per 100,000 people 2019-2023, source: National Records of Scotland



Source: National Records of Scotland

At a local authority level, between 2019 and 2023 Glasgow City had the highest number of age-standardised drug-related deaths per 100,000 at 44.6. Using Scotland as a benchmark with 23.6 age-standardised deaths per 100,000 people in the period 2019-2023, 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 20.9 age standardised deaths per 100,000 people, this was followed by Midlothian, West Lothian, and East Lothian with rates of 18.8, 16.5, and 16.4 respectively.

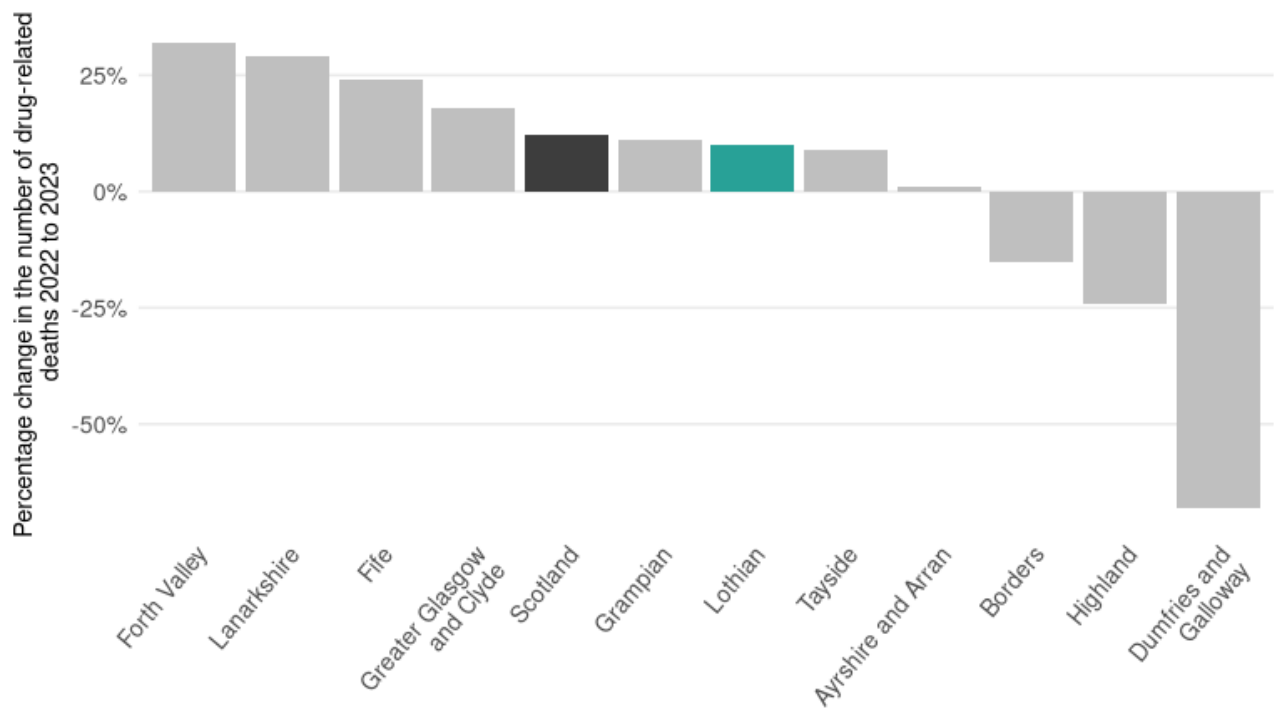
Figure 5. Drug-related deaths for selected council areas, age-standardised death rates per 100,000 people 2019-2023, source: National Records of Scotland



Source: National Records of Scotland

In the single year 2023 compared to 2022 there was a 12% increase in the number of drug-related death in Scotland. Lothian recorded a lower increase than other health boards 9.6% compared to increases in Forth Valley, Lanarkshire, Fife, and Greater Glasgow and Clyde of 32%, 29%, 24% and 18% respectively, with Dumfries and Galloway, Highland and Borders all seeing decreases. The three boards that have seen decreases have seen different trends, with numbers of deaths in Dumfries and Galloway having increased since 2016, and then fallen back to lower levels in 2023; numbers in Highland having peaked in 2022 and subsequently fallen in 2023; while drug related deaths had been falling in Borders since 2018.

Figure 6. Percentage change in the number of drug-related deaths for selected NHS Board areas, 2022-2023, source: National Records of Scotland



Source: National Records of Scotland

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

Key findings:

- Of the 182 drug-related deaths in Lothian in 2023, 70% were male and 30% were female
- The median age of those that suffered a drug-related death in 2023 was 43.
- In Lothian after adjusting for age, those living in the most deprived areas (SIMD Quintile 1) were 8.3 times likely to die of a drug-related-death than those in the least deprived areas (SIMD Quintile 5), this compares nationally to a those in the most deprived areas being 15 times as likely.

2.1 Sex

Of the 182 drug-related deaths recorded in NHS Lothian in 2023, 128 were male (70.3%) and 54 were female (29.7%). This is similar to 2022, when 71.1% were males and 28.9% were female. This is also in keeping with the national data where in 2023, 68.7% of deaths were in males and 31.3% in females. 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 2023.

2.2 Age

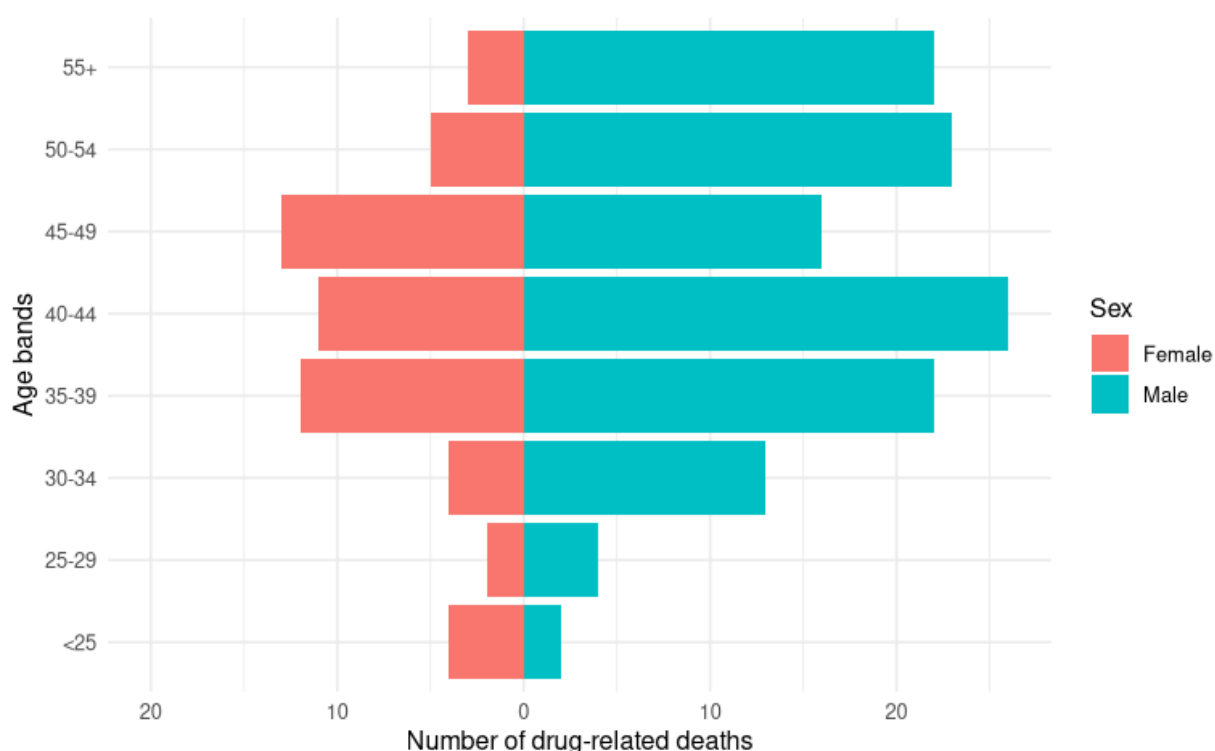
The average age of people who died of a drug-related death in Lothian in 2023 was 43, compared to 46 and 43 in 2022 and 2021 respectively. This remains similar to the national average of 44.8. In Lothian, the average age of females who suffered a drug-related death is slightly younger than males. Nationally, the average age of those that died of a drug-related death has increased from 32 in 2000 to 45 in 2023. There remains to be a small number of drug-related deaths in children (under 18) both locally and nationally in recent years.

Table 2. Age distribution of drug-related deaths in 2022, source: NHS Lothian data.

Sex	Number	Mean (years)	Standard deviation	Minimum	Median	Maximum
Female	54	41.4	9.4	21	43	66
Male	128	44.7	9.8	19	44	73
All	182	43.7	9.8	19	43	73

In 2023, the age group with the most drug-related deaths was 40-44 (37), followed by those aged 35-39 (34), and 45-49 (29), see figure 7 for a full breakdown of the number of deaths per age-group. This break down is similar to national statistics where these age groups had the had the most deaths in 2023 (40-44: 230, 45-49: 205, 55+: 196). In Lothian in 2023 there was an overall increase of 16 deaths compared to 2022, however the increase was not equally distributed across all age groups, for example there was a decrease of 9 deaths in females aged 55+, but an increase of 9 deaths in females aged 35-39. In males there was an increase of 14 deaths in the 50–54-year-old group and a decrease of 5 in those aged under 25.

Figure 7. Drug-related deaths in Lothian 2023 by age-group and sex, source: NHS Lothian data



2.3 Area-level deprivation-level of home postcode

In 2023, after adjusting for age, people in the most deprived geographical areas (SIMD Quintile 1) of Scotland were 15.3 times more likely to die of a drug related death than people in the least deprived areas (SIMD quintile 5). In Lothian after adjusting for age, those in the most deprived areas (SIMD Quintile 1) were 8.3 times more likely to die of a drug-related-death than those in the least deprived areas (SIMD Quintile 5).

Table 3. Drug-related deaths by Scottish Index of Multiple Deprivation (SIMD) quintile, age-standardised death rates, 2023

	SIMD Quintile 1 (most deprived)	SIMD Quintile 2	SIMD Quintile 3	SIMD Quintile 4	SIMD Quintile 5 (least deprived)
Age standardised rate - Lothian	46.3	36.4	22.1	9.0	5.6
Age standardised rate - Scotland	53.7	32.4	17.6	7.4	3.5

2.4 Ethnicity, disability and other protected characteristics data

Data on ethnicity was recorded on 81% of police reports, with the majority (61%) being recorded as 'Scottish', followed by 'White British' (17%). This compared with 77.7% and 9.4% percentages from recent census data. Due to the 19% of drug related deaths in which ethnicity was not recorded, it is not possible to draw conclusions on whether drug deaths are more common in the Scottish / White British populations, or whether those of other ethnicities are more likely to not have their ethnicity recorded. Data was not adequately enough recorded on police reports in order to be able to provide any analysis of deaths by disability or other protected characteristics.

2.5 Mental health co-morbidities at time of death

Police and pathology reports for all suspected drug-related deaths were checked for their medical history, however medical history was not available for all deaths. Of those that suffered a drug-related death in 2023 in Lothian, 46% had at least one mental health condition described as part of their medical history in these reports, similar to the 48% where this was described in 2022.

3. Drugs implicated in deaths

Key findings:

- A total of 53 different drugs were implicated in 2023
- 87% of drug-related deaths had more than one drug implicated, with an average of 4 different drugs from 3 different classes implicated
- Opioids remain the most commonly implicated class of drugs
- 47% of deaths had at least one stimulant implicated
- In 2023 there has been an increase in cocaine implications 45.1% compared to 39.2% in 2022, a similar increase was seen across Scotland with cocaine implicated in 41% of drug-related deaths in 2023 compared to 35.3% in 2022
- Nitazenes were implicated in 6 deaths in 2023, and xylazine was implicated in 2 deaths
- Bromazolam is the most commonly implicated street benzodiazepine, largely replacing etizolam
- Lothian continues to have the highest rate of prescribable benzodiazepines implicated in drug-related deaths, 38% compared to the national rate of 18% & the rate of gabapentinoid implications in drug-related deaths remains higher in Lothian at 51.1% of deaths (based on data from NRS) than the national rate of 38.4%.

3.1 Methods to ascertain drugs implicated in deaths in Lothian

Drugs implicated in drugs-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 were involved in each death.

The number of drugs implicated in drug-related deaths varied significantly ranging from 1 to 9 different drugs, 87% of drug-related deaths in Lothian in 2023 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 3 classes of drugs.

3.2 Classes of drugs implicated

Seventeen different classes of drugs were implicated⁵, and 53 different drugs were implicated in at least one drug-related death in Lothian in 2023, similar to 2022. Table 3. 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.

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’](#)

Opioids remain the most commonly implicated class of drugs, implicated in 85.7% (156 of the 182) drug-related deaths. Benzodiazepines are the second most commonly implicated class of drugs, implicated in 62.6% (114 of 182) deaths, followed by gabapentinoids implicated in 51.1% (93 of 182) and stimulants 47.3% (86 of 182).

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

	2023	2022	2023	2023
Drug class	Percentage and number of drug-related deaths implicated in	Percentage and number of drug-related deaths implicated in	Total times implicated	Number of different drugs
Opioid	85.7% (156)	85.5% (142)	231	13
Benzodiazepine	62.6% (114)	65.7% (109)	172	12
Gabapentinoid	51.1% (93)	51.2% (85)	106	2
Stimulants	47.3% (86)	43.4% (73)	96	4
Anti-depressant	18.1% (33)	17.5% (29)	44	7
Alcohol	13.7% (25)	11.4% (19)	25	1
Anti-psychotic	4.4% (8)	5.4% (9)	8	3
Non-benzodiazepine GABAergic	2.7% (5)	4.2% (7)	5	1

3.3 Overview of commonly implicated drugs

The most commonly implicated drugs in drug-related deaths in 2023 resemble those of previous years with some changes. A full breakdown of the most commonly implicated drugs can be found below in Table 4. Methadone remains the most commonly implicated drug implicated in 54.9% of deaths and is the most commonly prescribed form of opioid substitution therapy. Methadone is, however, rarely the only drug implicated in a death.

Cocaine was the second most commonly implicated drug in Lothian in 2023 implicated in 45.1% of deaths an increase from the 39.2% of deaths implicated in 2022. 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. Gabapentinoids (pregabalin and gabapentin) are also commonly implicated in drug-related deaths.

Table 5. The most commonly implicated drugs in drug-related deaths in Lothian in 2023, 2022 and 2021, source: NHS Lothian data

	Percentage and number of drug-related deaths implicated in		
Drug name	2023	2022	2021
Methadone	54.9% (100)	48.8% (81)	55.6% (100)
Cocaine	45.1% (82)	39.2% (65)	44.4% (80)
Pregabalin	41.8% (76)	43.4% (72)	35.6% (64)
Diazepam	36.8% (67)	34.3% (57)	32.8% (59)
Bromazolam	34.1% (62)	9.6% (16)	-
Heroin derived morphine	19.2% (35)	20.5% (34)	30.6% (55)
Gabapentin	16.5% (30)	16.3% (27)	10.0% (18)
Morphine	15.4% (28)	16.3% (27)	15.0% (27)
Alcohol	13.7% (25)	11.4% (19)	12.2% (22)
Dihydrocodeine	12.1% (22)	10.8% (18)	12.8% (23)
Amitriptyline	11.5% (21)	10.8% (18)	6.7% (12)
Tramadol	7.1% (13)	9.0% (15)	6.7% (12)
Mirtazapine	7.1% (13)	5.4% (9)	6.7% (12)

3.4 Opioids

Opioids remain the most commonly implicated class of drugs, 85.7% (156 of the 182) drug-related deaths in Lothian in 2023, with 231 implications in total. A full breakdown of the opioids implicated can be found below in table 5 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 65% of people whose death it was implicated in, consistent with previous years in Lothian and buprenorphine was prescribed to one of the four people in whose death it was implicated in.

In 2022 implications for heroin decreased slightly compared to 2022. 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 39.9% 2023. The synthetic opioids nitazenes were implicated in 4 deaths with a total of 6 implications.

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

Table 6. Opioid implications in 2023, source: NHS Lothian data

	Percentage and number of drug-related deaths implicated in		
Drug name	2023	2022	2021
Methadone	54.9% (100)	48.8% (81)	55.6% (100)
Heroin derived morphine	19.2% (35)	20.5% (34)	30.6% (55)
Morphine	15.4% (28)	16.3% (27)	15.0% (27)
Dihydrocodeine	12.1% (22)	10.8% (18)	12.8% (23)
Tramadol	7.1% (13)	9.0% (15)	6.7% (12)
Codeine	6.0% (11)	8.4% (14)	5.6% (10)
Buprenorphine	2.2% (4)	6.0% (10)	10.0% (18)
Oxycodone	2.2% (4)	1.2% (2)	3.3% (6)
Fentanyl	2.2% (4)	0.6% (1)	1.1% (2)
Metonitazene	2.2% (4)	-	-
Tapentadol	1.6% (3)	-	-
Protonitazene	1.1% (2)	0.6% (1)	-
O-desmethyltramadol	0.5% (1)	-	-

3.5 Benzodiazepines

Twelve different benzodiazepines were implicated in drug-related deaths in 2023, a decrease on the 15 implicated in 2022. Table 6 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 (6A & 6B). Prescribable benzodiazepines are benzodiazepines (or metabolites thereof) which are licenced for prescription in the UK, 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 172 benzodiazepines implicated in drug-related deaths in Lothian in 2023, 70 were prescribable and 102 could be classified as street benzodiazepines.

Lothian continues to have the highest rate of prescribable benzodiazepines implicated in drug-related deaths, 38% compared to the national rate of 18%. However, Lothian recorded a lower rate of street benzodiazepine implications than the national rate, at 45.6% vs 48.8%.

Diazepam remains the most commonly implicated benzodiazepine in 2023 and accounted for the vast majority of prescribable benzodiazepine implications, while it is sometimes difficult to confirm prescriptions; 35.8% of deaths which implicated diazepam 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 has increased significantly from 9.6% in 2022 to 34.1% in 2023, this appears to have been largely due to it replacing etizolam (which was implicated in 31.3% of deaths in 2022 but only 4.4% in 2023).

Table 7A. Prescribable benzodiazepine implications in 2023, source: NHS Lothian data

Prescribable or street benzodiazepine	Drug name	Percentage (number) of drug-related deaths implicated in		
		2023	2022	2021
Prescribable	Diazepam	36.8% (67)	34.3% (57)	32.8% (59)
	Clonazepam	1.1% (2)	2.4% (4)	3.9% (7)
	Nitrazepam	0.5% (1)	0.6% (1)	1.1% (2)

Table 7B. Street benzodiazepine implications in 2023, source: NHS Lothian data

Prescribable or street benzodiazepine	Drug name	Percentage (number) of drug-related deaths implicated in		
		2023	2022	2021
Street	Bromazolam	34.1% (62)	9.6% (16)	-
	Alprazolam	4.9% (9)	4.2% (7)	3.9% (7)
	Flubromazepam	4.4% (8)	8.4% (14)	2.2% (4)
	Etizolam	4.4% (8)	31.3% (52)	55.6% (100)
	Phenazepam	3.3% (6)	1.8% (3)	-
	Clonazolam	2.7% (5)	3.6% (6)	4.4% (8)
	Flualprazolam	1.1% (2)	4.8% (8)	1.1% (2)
	Flubromazolam	0.5% (1)	0.6% (1)	5.0% (9)
	Desalkylflurazepam	0.5% (1)	-	-

Table 7C. Non-benzodiazepine GABAergic implications in 2023, source: NHS Lothian data

Class		2023	2022	2021
Non-benzodiazepine GABAergic	Zopiclone	2.7% (5)	4.2% (7)	3.3% (6)

3.6 Gabapentinoids

Implications of both pregabalin and gabapentin are commonly implicated in drug-related deaths with the class (Gabapentin and/or Pregabalin) implicated in 51.1% of deaths. Gabapentinoids remain an important contributor to multi-drug deaths due to their depressant effects. Despite being prescription drugs, gabapentinoids are not commonly prescribed to the person whose death they are implicated in. The rate of gabapentinoid implications in drug-related deaths remains higher in Lothian at 51.1% of deaths (based on data from NRS) than the national rate of 38.4%.

Table 8. Gabapentinoid implications in 2023, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2023	2022	2021
Pregabalin	41.8% (76)	42.2% (70)	35.6% (64)
Gabapentin	16.5% (30)	15.7% (26)	10.0% (18)

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 10 out of the 19 deaths where only one drug was implicated. The demographic profile of those who suffered a drug related death where stimulants were the only drug implicated also differs slightly from the overall average. Although the average age of death was 43, consistent with the average for all drug types, 40% of deaths in which stimulants were the only drug implicated were in females, a higher proportion than for all deaths. It is however important to note that this is based on a relatively small number of deaths in which stimulants were the only drug implicated.

In 2023 there has been an increase in cocaine implications, with cocaine implicated in 45% of deaths, compared to 39% in 2022 in Lothian. A similar increase was seen across Scotland

with cocaine implicated in 41% of drug-related deaths in 2023 compared to 35% in 2022. The proportion of drug-related deaths where cocaine was implicated has increased from 6% in 2008 to 41% in 2023, and Edinburgh is the local authority in Scotland with the highest proportion of deaths in which cocaine was implicated (50% in 2023). The number of deaths in which other stimulant drugs amphetamine, MDMA and methamphetamine has remained similar. Table 8 below provides a breakdown of stimulants implicated in primary drug-related deaths in 2023.

Table 9. Stimulant implications in 2023, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2023	2022	2021
Cocaine	45.1% (82)	39.2% (65)	44.4% (80)
Amphetamine	3.3% (6)	4.2% (7)	3.3% (6)
MDMA (ecstasy)	3.3% (6)	1.8% (3)	1.7% (3)
Methamphetamine	1.1% (2)	0.6% (1)	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](#). The level of implications of alcohol has remained similar to previous years.

Table 10. Alcohol implications in 2023, source: NHS Lothian data

Drug name	Percentage (number) of drug-related deaths implicated in		
	2023	2022	2021
Alcohol	13.7% (25)	11.4% (19)	12.2% (22)

4. Social circumstances at time of death

Key findings:

- 42.8% of those who suffered a drug-related death were in current contact with substance use services at the time of their death
- 17.5% of those that suffered a drug related death had been in contact with substance use services in the year leading to their death
- 15.9% had a recorded recent non-fatal overdose
- 73.1% lived in their own rented or owned accommodation
- 52.7% lived alone
- 26% were known to have children under the age of 16

4.1 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 status for all drug-related deaths in Lothian in 2022 and 2023.

Table 11. Number of drug-related deaths by status and engagement with substance use service, source: NHS Lothian data

Service and status	2023	2022
Substance Use Service - Current	26.9% (49)	27.7% (46)
Substance Use Service - discharged within 60 days of death	2.7% (5)	3.0% (5)
Substance Use Service - discharged within 61 and 365 days of death	8.2% (15)	2.4% (4)
Substance Use Service - discharged >1 year of death	8.2% (15)	6.6% (11)
GP-NES - last contact within 60 days of death	15.9% (29)	15.1% (25)
GP-NES - last contact within 61 to 365 days of death	6.6% (12)	9.6% (16)

GP-NES - last contact > 1 year of death	3.3% (6)	4.8% (8)
No known contact with services at any point	28.0% (51)	30.7% (51)

Over a third (42.8%) 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 in keeping with the level in 2022, 42.9%. A further 17.5% (25 persons) who suffered a drug-related death in 2023 were in contact with services in the year prior to their death, this is also similar to the level seen in 2022 (17.6%). Less than 30% of those who died in 2023 in Lothian had no history of contact with drug services compared also in keeping with 2022.

There was no significant difference between males and females being in contact with services at the time of their death. This is in contrast with the caseload of substance use services⁷, with 63.9% of the caseload being male and 36.1% female. The age groups 40 to 44 and 45 to 49 were the most likely to be in contact with services at the time of their death, at 62.2% and 51.7% respectively. This is in keeping with caseload of substance use services⁷ with those aged 40 to 44 and 45 to 49 representing 22% and 19.9% of the caseload.

4.2 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 is used in national drug-related death reporting.

In 2023, 29 (15.9%) of those who died of a drug-related death in Lothian had a recent non-fatal overdose recorded, this is consistent with previous years in Lothian (15% in 2022), but lower than in 2021 (19%). Males were more likely to have a recorded non-fatal overdose (24 of 29 recorded). Nineteen of those that died of a drug-related death had multiple previous near-fatal overdoses recorded.

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.

⁷ Note this caseload includes individuals receiving support for alcohol, drug use or both.

4.3 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 2023, 29 (15.9%) of those that suffered a drug-related death had recently been in police custody, compared to 27 (16.3%) in 2022. In both years there remains a group of deaths where police reports were not accessible, or information was not shared in time for reporting, in 2023 this was in 10 cases and in 2022, 9. Males were more likely than females to have a record of recent police custody prior to death.

4.4 Housing circumstances at time of death

The majority (73.1%) of those that died of a drug-related death in Lothian in 2023 lived in their own home (owned or rented). Sixteen (8.8%) of those that died of a drug-related death lived in homeless accommodation such as bed and breakfasts and hostels. Thirteen (7.1%) people were living at a relative's home and ten (5.5%) were living with a friend.

Table 12. Accommodation status, source: NHS Lothian data

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

4.5 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 2023 were found already dead (86.8%), 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 (84.6%) were found in private property rather than in a public place. Two-thirds (66.5%) were found in their own home, consistent with previous years. Others were found other's homes (19.2%). More than half (52.7%) of those that died of a drug-related death lived alone. People were also commonly alone in the property when they died (39.0%) and more commonly alone in the room when they died (71.4%).

Table 13. Immediate circumstances at time of death, source: NHS Lothian data

	Yes	No	Unclear/ Unknown	Other
Found dead	86.8% (158)	12.1% (22)	1.1% (2)	0
Lived alone	52.7% (96)	40.1% (73)	3.8% (7)	3.3% (6)
Found in private property	84.6% (159)	11.5% (21)	1.1% (2)	0
Alone in property at time of death	39.0% (71)	52.7% (96)	2.2% (4)	6% (11)
Alone in room at time of death	71.4% (130)	21.4% (39)	1.1% (2)	6% (11)

4.6 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 26% were known to have children under the age of 16, compared with 19% in 2022. Of these, 13 had children living with them at the time of their deaths and 3 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, 33 of those who suffered a drug-related death in Lothian had a young-person aged 16 to 25, of which 4 lived with them and 2 were present at the time of the death. Note that 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

Sadly, the number of drug related deaths in Lothian remain high, with a slight increase compared to 2022, but similar numbers to 2021. This could potentially represent a levelling-off of what had previously been an increasing trend in Lothian. The increase seen in Lothian this year was comparable to the average increase across Scotland. This is despite ongoing national and local work to implement the Medication Assisted Treatment Standards, against which Lothian's ADPs are now ranked 'green'. The fact that over half of those who suffered a Drug Related Death were not in contact with substance use services at the time of their deaths, with 30% not known to have ever been in touch with substance use services. This suggests an ongoing need for further work to identify, offer and maintain engagement with those who could benefit from support, with this being a key focus of Lothian's ADPs new strategies.

The ongoing changes in the profile of drugs implicated in deaths suggests the need for continued work to monitor and relay information about new trends, as is done through our newly adopted Local Early Warning System, in conjunction with the national RADAR approach and new [national guidance on the management of clusters of drug related harms](#). Further work is also needed to ensure users of a range of substances are supported, as is proposed within Edinburgh ADPs new Crack Cocaine Action Plan, as well as the inclusive approach taken by harm reduction services to support users of a range of substances. The fact that the majority of people who suffer from drug related deaths continue to be found alone, and already dead at the point of identification, continues to make the case for the potential benefits of the provision of Safer Drug Consumption Facilities. These would allow people to have the opportunity to take substances in a location where support is available, without the risk of criminalisation, as described in [initial feasibility studies in Edinburgh](#).

The fact that fewer drug related deaths occurred amongst those living in supported accommodation, and other institutional establishments is promising, although this could potentially reflect a smaller number of individuals being supported in this way. The relatively high number of deaths amongst those not in permanent accommodation, as well as the deaths occurring with children in the family, or in a small number of cases, being present at the time of death, remains concerning. While we continue to await further national guidance from Public Health Scotland, we are committed within Lothian to moving to a process of thematic reviews, where, in addition to an overall Annual Report, we would review deaths occurring in certain populations to allow us to better understand the non-substance use touchpoints that these populations have, and any future opportunities for prevention.

Recommendations

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.
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.
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.
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.
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.

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 2022 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 2022

Recommendations from the Drug Related Death Annual Report 2022 were agreed with members of the pan-Lothian Drug and Alcohol Harm Reduction Partnership Group (DAHPRG) which 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 2022 Annual Report	Update from October 2024
1. Alcohol and Drug Partnerships and Health and Social Care Partnerships in Lothian should continue to implement the MAT Standards, including ensuring they benefit non-opioid, as well as opioid users.	MAT Standards 1-5 can now be considered fully implemented in Lothian, with all 3 ADPs scoring 'green', comparable with national benchmarking. The national ambition is now for further focus on MAT Standards 6-10, with additional evidence being requested from Boards against these Standards going forward, so work will need continue to ensure we meet all national requirements.
2. Alcohol and Drug Partnerships in Lothian should use learning from the areas in Scotland that saw the greatest reduction in drug related deaths to influence future work in Lothian.	ADP leads have regular contact with leads from other areas across Scotland, in particular through a number of MAT implementation groups. Learning from Greater Glasgow and Clyde has been drawn on in particular, in order to influence the scoping of a Safer Drug Consumption Facility in Edinburgh.
3. Substance use services in Lothian should work to improve data collection on the protected characteristics of those in contact with them and ensure that services are accessible and acceptable to all demographics.	Data collection has been improved as part of the MAT standards process, with ethnicity data now available for a greater proportion of service users.
4. NHS Lothian's public health directorate should continue to monitor real-time suspected drug death reports, and to facilitate two-way sharing of information with Public Health Scotland, to identify	A defined Local Early Warning System Process is now written up, describing the processes for two-way information sharing, in line with Public Health Scotland Guidance. Public Health Scotland have also recently published Guidance on the

and cascade information on risks from novel substances.	Management of Drug Harm Clusters and this is currently being integrated in the East Region Health Protection Service Clinical Manual.
5. NHS Lothian's pharmacy directorate should explore opportunities to strengthen current activity around prescribing and medicines utilisation review, to support safe, appropriate and effective use of medicines and contribute to ambitions to reduce harm in the context of drug related deaths.	Initial steps have been taken to map out existing activity undertaken by Pharmacy services. Next steps, to convene a short life working group to explore this further, was paused due to service capacity within Pharmacy services. Recruitment to relevant posts has been undertaken and it is planned to revisit this and take forward over the remainder of 2024/25.
6. NHS Lothian's public health directorate, analytical services and alcohol and drug partnerships should ensure the continuation of work to identify vulnerable individuals and provide assertive outreach work to support them, including those who have experienced a non-fatal overdose and / or come into contact with police custody.	The process for this was reviewed in 2023, with minor changes made for information governance purposes, to allow this essential early identification process to continue.
7. All services that work with people who use drugs should continue to promote harm reduction messages that encourage individuals to avoid being alone when taking drugs and to carry naloxone, in order to reverse the effects of opioid overdose, including through the extension of community pharmacy provision of take-home naloxone to East, West and Midlothian.	Lothian Harm Reduction Team continue to provide services across the Lothian, with funding for Injecting Equipment Provision increased in 2023 in recognition of increased levels of demand. Community Pharmacy provision of Take Home Naloxone to West and Mid/East is not yet in place, however operational details are being finalised. This will also fall under remit of new post holder mentioned in relation to recommendation 4, above, and will be taken forward once they are in post.
8. Edinburgh Alcohol and Drug Partnership should continue work to explore potential options for safer drug consumption facilities in Lothian.	Initial reports on this are complete and published, and further scoping work is ongoing to determinate the content of a business case to Scottish Government from whom funds need to be sought.

<p>9. Alcohol and Drug Partnerships in Lothian should continue work to identify and support the children and families of substance users and those bereaved by drug related deaths.</p>	<p>All Alcohol and Drug Partnership Strategies include commitments to support children and families of substance users. In Edinburgh work is now underway to identify what data sharing could be used to alert substance use services to families where child protection processes identify substance use as a factor.</p>
<p>10. NHS Lothian's public health directorate should await the publication of the Scottish Government and Public Health Scotland review of drug death review processes and implement relevant recommendations.</p>	<p>Work has only recently started on the development of national guidance, and a representative from Lothian is involved. In the meantime, a commitment has been made to begin thematic reviews of deaths in Edinburgh, in addition to the processes already in place.</p>