

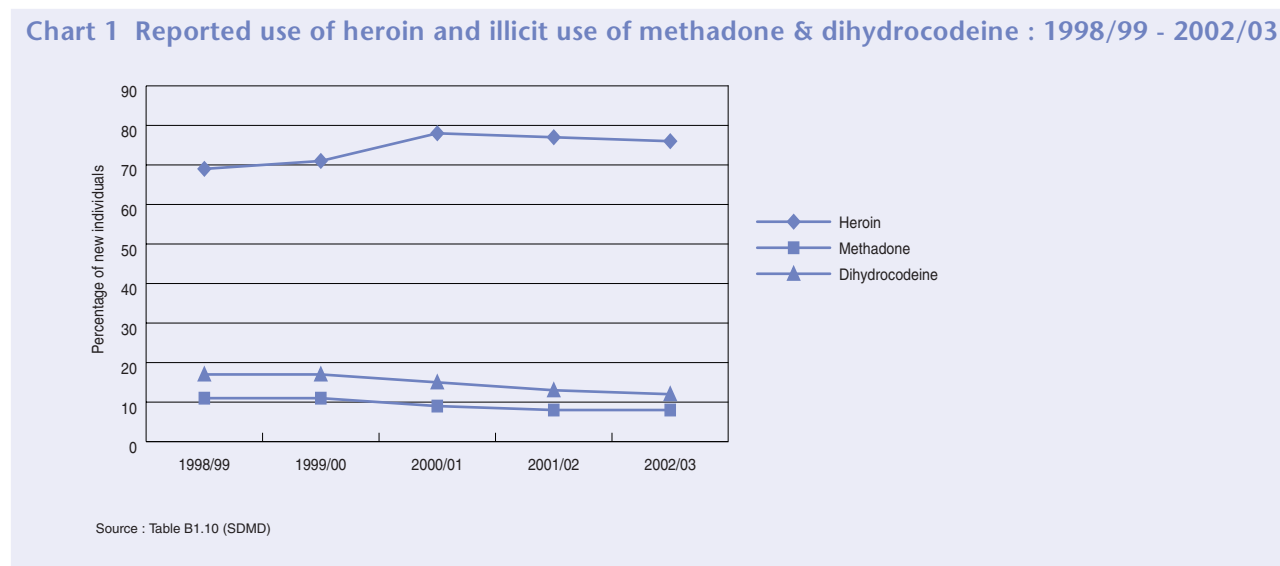
## Illicit drug use in Scotland

This section explores the main drugs currently used across Scotland, drawing together information from contact with specialist drug treatment services, hospital services, drug seizures and drug-related deaths.

Patterns of drug use vary with age. Information specific to the types of drugs taken by children is presented separately in 'The early years'.

### Opiates, and in particular heroin, dihydrocodeine and methadone

Opiates continue to be the most common drug type used illicitly by those reported to the Scottish Drugs Misuse Database (SDMD) as entering drug treatment services. Of the 10 311 new clients attending such services in 2002/03, who reported illicit drug use in the past month, more than four out of five had taken opiates (Table B1.13). The three main forms of opiates used illicitly were heroin (76%), dihydrocodeine (12%) and methadone (8%). A rise in reported heroin use has been seen over the last five years (69% in 1998/99 to 76% in 2002/03). By contrast, the use of dihydrocodeine and methadone has fallen (Table B1.10, Chart 1).



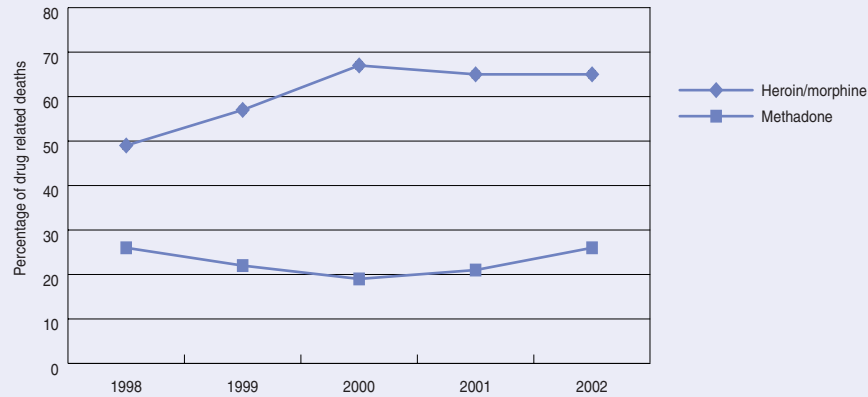
Similarly, for hospital discharges involving a diagnosis of drugs misuse, the drug type most often identified was opiates. Half of the 4 840 drug-related discharges from acute general hospitals, and nearly a third of the 1 768 drug-related psychiatric hospital discharges specifically mentioned opiates (Tables A1.2 & A2.5).

In May 2003, two-thirds of tests carried out at reception into prison from courts were positive for the use of drugs. In a quarter of all the tests administered opiates were found to be present (Table E3.1).

The majority (64%) of class A drug seizures within the community involved heroin. Indeed, the only other drug seized more frequently (including all classes of drug) was cannabis. Over the period 1998-2001, seizures of heroin increased in both number and quantity (Table E2.3).

In 2002, heroin/morphine was found in two-thirds of the 382 drug-related deaths, a sizeable increase since 1998 when just under a half of deaths involved these drugs. Methadone was the third most commonly identified drug, being found in a quarter of drug-related deaths (Table A6.5, Chart 2).

**Chart 2 Drug-related deaths involving heroin/morphine and methadone : 1998 – 2002**

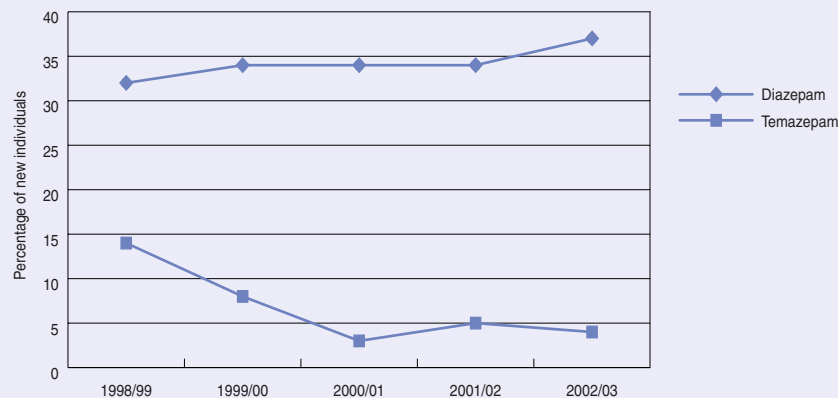


Source : Table A6.5 (GRO Scotland)

### Diazepam and temazepam

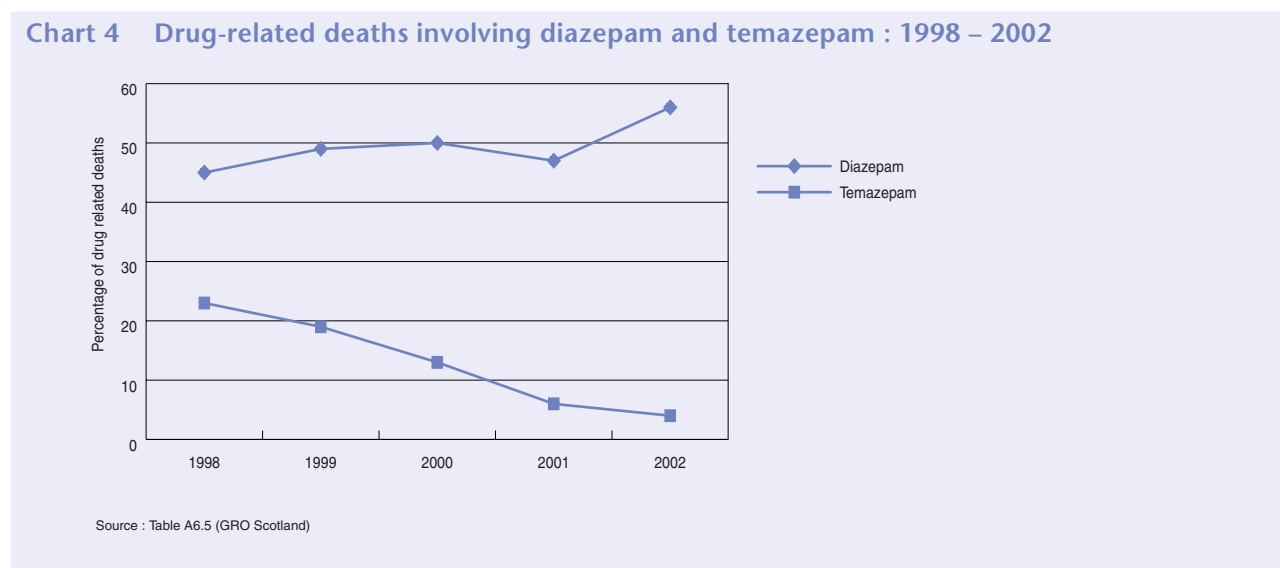
In recent years, diazepam and temazepam were the two main benzodiazepines reported as having been used illicitly by those entering drug treatment services. During 2002/03, more than one in three new clients reported the illicit use of diazepam, making it the second most common drug after heroin. The proportion of new clients reporting the use of diazepam has remained broadly similar over the past five years. In contrast, reports of temazepam use have fallen from 14 per cent in 1998/99 to just 4 per cent in 2002/03, perhaps reflecting the withdrawal of the gel capsule formulation (Table B1.10, Chart 3).

**Chart 3 Reported illicit use of diazepam and temazepam : 1998/99 - 2002/03**



Source : Table B1.10 (SDMD)

A broadly similar pattern was seen in drug-related deaths. Diazepam was found in over half of all deaths in 2002 (again only heroin was more common), an increase from 45 per cent to 56 per cent over the last five years. The number of deaths involving temazepam has declined considerably, with less than five per cent now involving this drug compared to nearly a quarter in 1998 (Table A6.5, Chart 4).



### Cocaine and crack cocaine

The number of cocaine and crack cocaine users who come into contact with drug treatment services, or who present at health services with problems attributable to cocaine use, remains low in comparison with heroin. In 2002/03, 739 new clients attending a drug treatment service reported taking cocaine, and 308 taking crack cocaine. Steady increases in the use of these drugs have, however, been seen over the past five years. The SDMD reveals that the percentage of individuals reporting use of cocaine has increased from 2 per cent in 1998/99 to 7 per cent in 2002/03. The use of crack cocaine has increased from 1 per cent to 3 per cent (Table B1.10). The number of discharges from an acute hospital involving cocaine more than doubled from 41 (1%) to 118 (2%) (Table A1.3), and drug-related deaths where cocaine was found to be present rose from 4 (2%) in 1998 to 31 (8%) in 2002 (Table A6.5).

In 2001, one in ten seizures of class A drugs involved cocaine, whereas crack cocaine was found in only 51 (1%) cases. The number of cocaine seizures more than doubled between 1998 and 2001, although the quantity recovered actually fell. Seizures of crack cocaine increased in both number and quantity (Table E2.3).

### Ecstasy

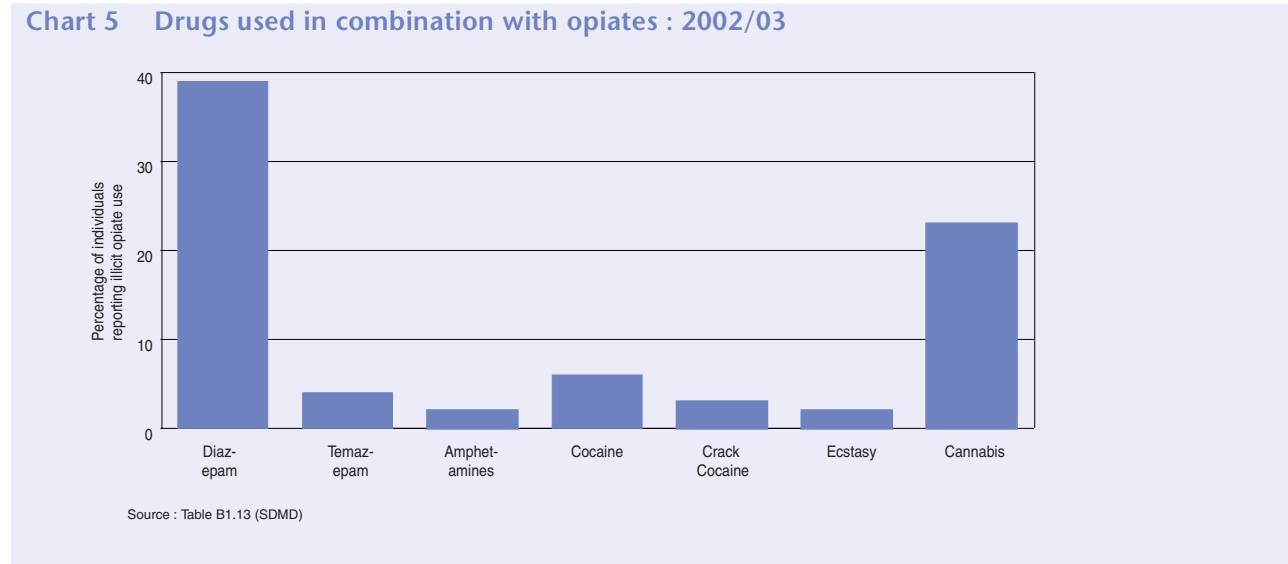
Reported use of ecstasy among new people entering drug treatment services has remained broadly constant at around five per cent over recent years (434 individuals in 2002/03, Table B1.10). Statistics are not available regarding discharges from general acute hospitals with a diagnosis relating to the misuse of ecstasy. However, the number of discharges involving stimulants other than cocaine (of which ecstasy is one) has fallen slightly from 264 (7%) to 240 (5%) between 1998/9 and 2002/03 (Table A1.3). Over a similar period, drug-related deaths where ecstasy was found to be present rose from 3 (1%) in 1999 to 20 (5%) in 2002 (Table A6.5).

Ecstasy was recovered in over a quarter of seizures involving class A drugs, making it the second most common drug (after heroin) to be seized in this class. The number of seizures nearly trebled between 1998 and 2001, and even larger increases (6-fold) were seen in the quantity of tablets recovered (Table E2.3).

### Use of other drugs with opiates

Among those who take opiates, use of other drugs is also common. In 2002/03, over a third of new individuals coming into contact with drug treatment services reported the illicit use of diazepam, as well as opiates, in the past month. This does not imply that both drugs were necessarily taken at the same time. The main other drug reported by opiate users was cannabis (23%) (Table B1.13, Chart 5).

**Chart 5 Drugs used in combination with opiates : 2002/03**



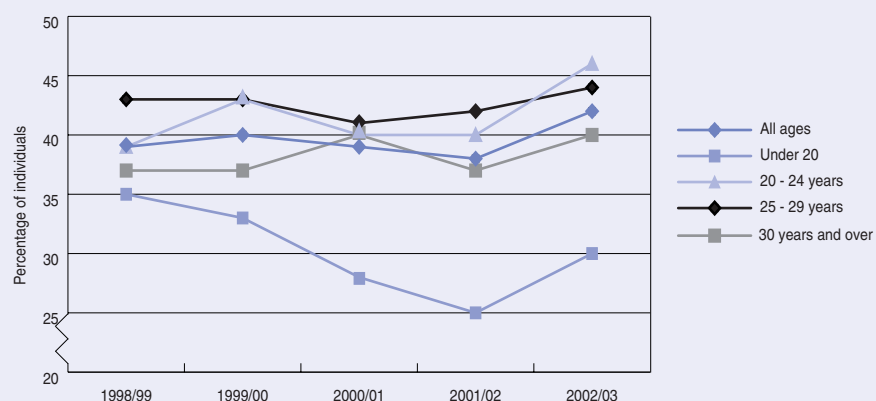
### Drug injecting, sharing of injecting equipment and infectious diseases

It is important to continually monitor the injecting and sharing behaviour of drug users, especially as injecting/sharing are important factors in the transmission of infectious diseases such as Hepatitis B, C and HIV. This section presents information from the SDMD on those reporting injecting in the past month, sharing needles/syringes and sharing spoons/water/filters/solutions. Information on the impact of infectious diseases is provided from the Scottish Centre for Infection & Environmental Health (SCIEH).

#### Injecting in the past month

In 2002/03, 42 per cent of new individuals attending drug treatment services reported that they had injected in the past month. This was an increase from the relative stability of previous years (in 1998/99, 39%, in 2001/02, 38%) (Table B1.21). The rise in new individuals reporting injecting in the last month, was reflected in all age groups but particularly so in the 20-24 age group (Table B1.22, Chart 6). Further information on variations in drug-related behaviours by age can be found in 'Variations in patterns of drug misuse by gender and age group'.

**Chart 6** Individuals injecting within the previous month by age group : 1998/99 - 2002/03

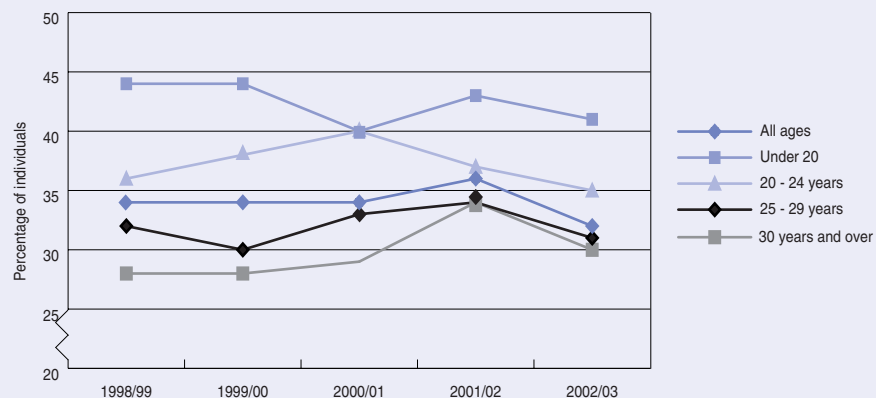


Source : Table B1.22 (SDMD)

### Sharing injecting equipment

In 2002/03, there was a fall from previous years in the number of current injectors reporting that they had shared needles/syringes in the previous month despite an increase of individuals reporting recent injecting. Thirty-two per cent of current injectors reported sharing needles/syringes, compared to 34 per cent in 1998/99 and 36 per cent in 2001/02 (Table B1.30, Chart 7).

**Chart 7** Current injectors reporting sharing needles/syringes in previous month by age group : 1998/99 - 2002/03<sup>1</sup>



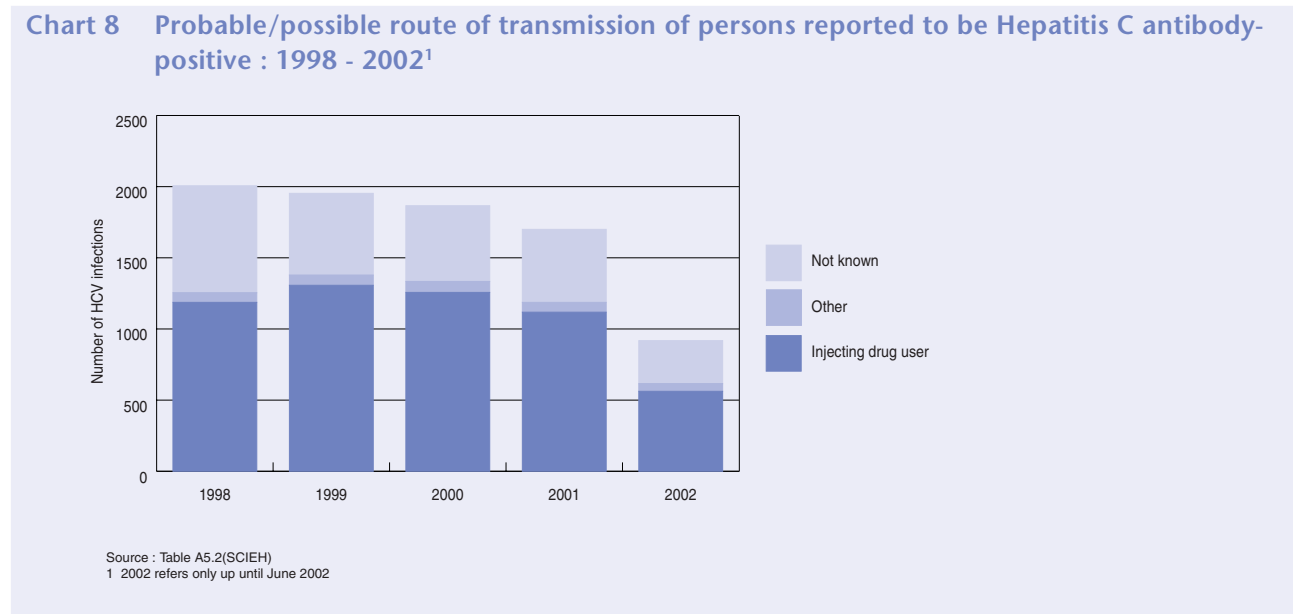
Source : Table B1.30 (SDMD)

<sup>1</sup> Information for 1998/99 to 2000/01 refers to sharing equipment. Information for 2001/02 & 2002/03 refers to sharing needles/syringes.

There was also a slight reduction in the percentage of current injectors reporting that they shared spoons/water/filters/solutions in the previous month, 48 per cent, compared to 50 per cent in 2001/02 (Tables B1.32).

### Infectious diseases and the sharing of injecting equipment

The spread of infectious diseases as a consequence of sharing of injecting equipment continues to be a problem in Scotland. In the first six months of 2002 more than half of all new Hepatitis C (HCV) infections were injecting drug users (IDUs). The total number of IDUs known to be infected with HCV now stands at 8 719. Encouragingly, however, the latest figures on HCV infection show a continuation of the downward trend in total infections over the period 1998 to 2001 (Table A5.2, Chart 8).



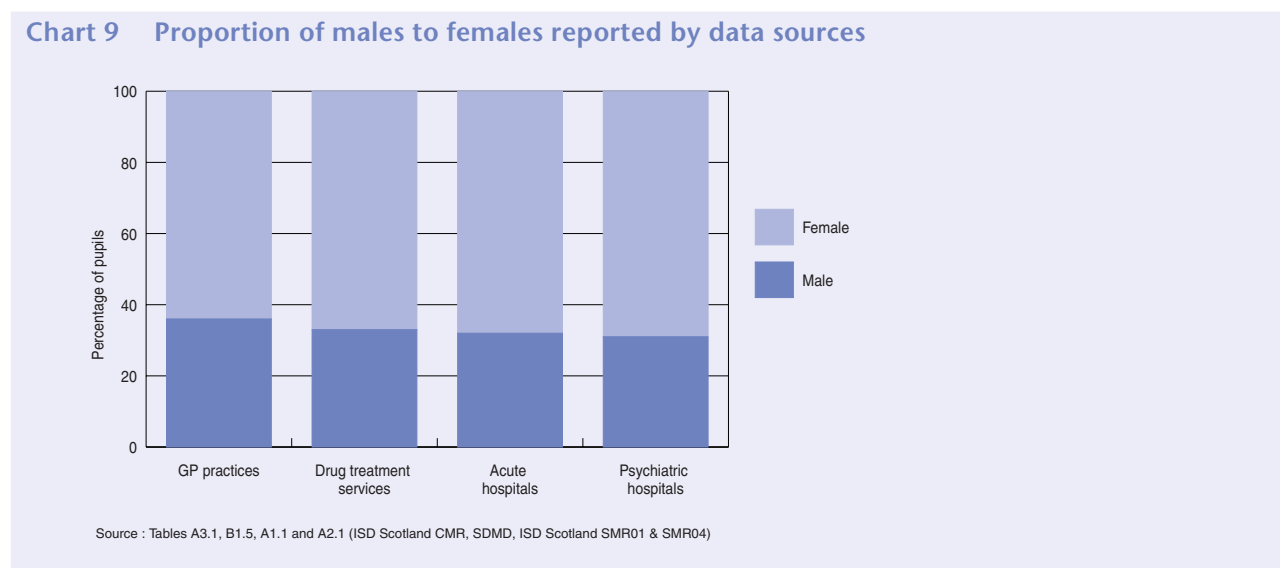
From 1990 onwards there has been a steady decline in reported new HIV infections amongst the IDU population: from 38 in 1990, 26 in 1998 to 10 in 2002. The cumulative total (to 31 December 2002) of HIV infected reports in IDU's is 1 278 (Table A5.4). The increase in the median age at diagnosis of HIV (25 in 1990, 33 in 1998, 37 in 2002) is suggestive of an ageing cohort of individuals who acquired their infection many years previously (Table A5.6).

The introduction of Highly Active Antiretroviral Therapy (HAART) during 1996 resulted in a dramatic decline in the annual number of AIDS registrations and deaths. These have remained relatively low in IDUs: 25 cases in 1990, 19 cases in 1998 and 13 cases in 2002. The cumulative total of AIDS registrations (to 31 December 2002) in IDU's is 418 (Table A5.4).

## Variations in patterns of drug misuse by gender and age group

### Gender

A variety of different data sources highlight the fact that around two-thirds of those who engage in problematic drug misuse are males; a pattern which has been consistent over the past five years (Chart 9). Men accounted for two-thirds of GP consultations relating to drug misuse (Table A3.1), two-thirds of new individuals attending treatment services (Table B1.5), and just over two-thirds of those discharged from either acute hospitals (Table A1.1) or psychiatric care (Table A2.1).



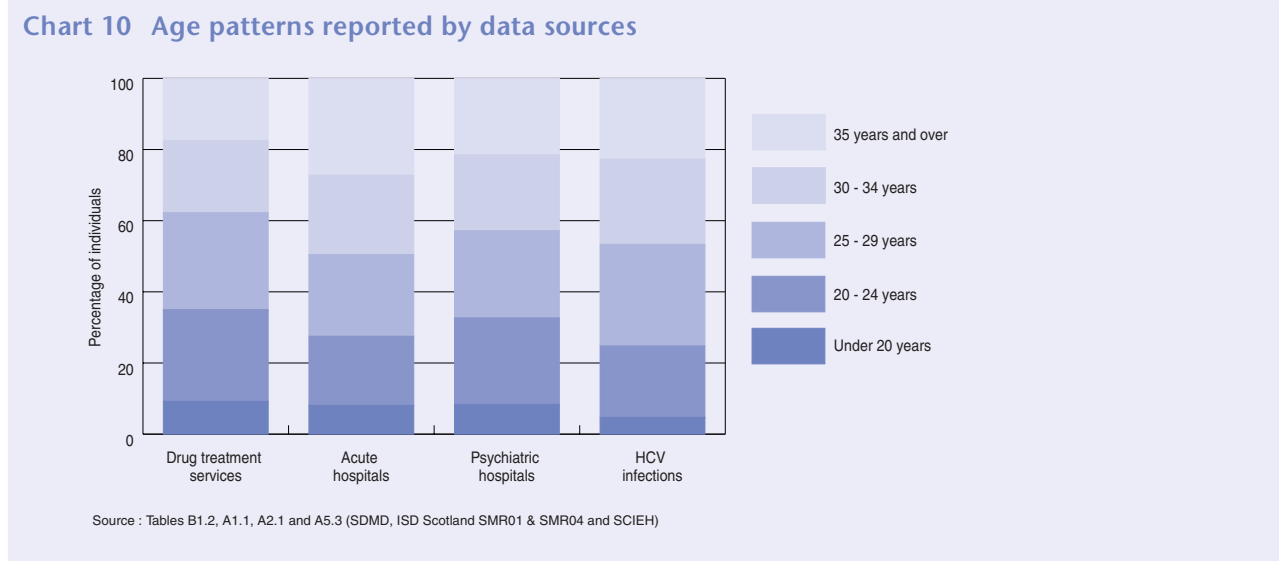
Men accounted for seven out of ten injecting drug users who were diagnosed as having either Hepatitis C or HIV (Table A5.3 and A5.4). In relation to drug-related deaths, men accounted for an even higher proportion of all incidents (84%, Table A6.4).

Whilst the overall pattern of males and females presenting to drug treatment services was in the order of a 2:1 ratio, there were variations by age. In the under 20's, males and females presented to drug treatment services in broadly equal numbers, but in those over 40 years, men outnumbered women by nearly 3:1 (Table B1.5).

### Age group

The age group most likely to come into contact with drug treatment services (as recorded by SDMD) are those between their early 20s to mid 30s. However, SDMD has people recorded from as young as nine years and up to sixty-nine years (Table B1.2, Chart 10).

Around two-thirds (65%) of people discharged from acute and psychiatric hospitals (70%) with a diagnosis of drug misuse were aged between 20-34 years in 2000/1 (Tables A1.1 and A2.1, Chart 10). The majority of IDU's with a diagnosis of HCV were in the 20-34 age group (73%), with only five per cent aged under 20 years (Table A5.3, Chart 10).



Slightly less than half of people who attended specialist drug treatment services reported injecting in the last month. Individuals in their 20s most frequently reported recent injecting (20-24yrs 46% and 25-29yrs 44%), with individuals under 20 years reporting less injecting (30%) (Table B1.22). However, when asked when they first injected 40 per cent of individuals acknowledged that they first injected in their teens (Table B1.23).

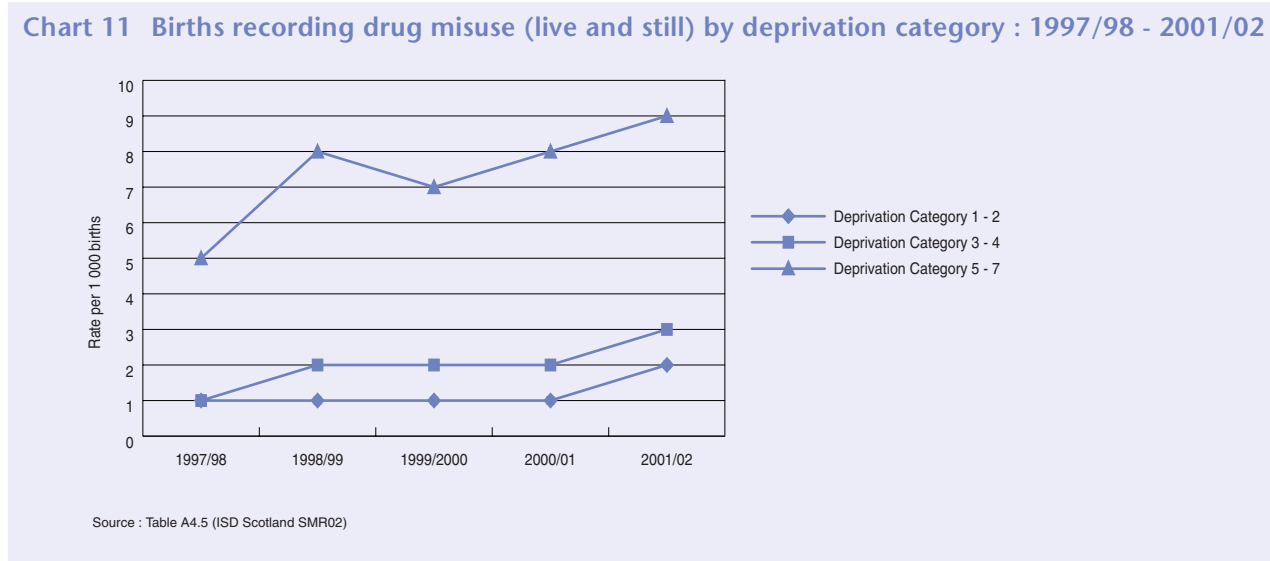
General Practice contact rates with patients increases with age for most social groups. However, the contact rates for patients who are known to misuse drugs was highest in the 15 to 44 age groups (Table A3.2). Nine out of ten drug-related deaths occurred in people under the age of 45 years, with just over a quarter aged under 25 years (Table A6.2).

## The early years – pregnancy, education in schools, and children’s experience of drug misuse

Drug use is influenced by many factors and children may encounter drugs in various different environments: for example, at home, school or during their leisure time. As the recent UK report Hidden Harm<sup>1</sup> has highlighted, living with the effects of parental drug misuse can cause serious problems for children.

### Pregnancy

The number of maternities in Scotland in women with a diagnosis of drug misuse has risen over recent years from 139 in 1997/98 to 238 in 2001/02. This is set against an underlying decrease in the total number of maternities in Scotland (57 567 to 49 790) (Table A4.1). Just over two-thirds of babies born to women known to be misusing drugs were full-term and of normal birth weight. This contrasts with all live births where the corresponding figure was 90 per cent (Table A4.4). Six out of ten births among drug misusers were to women from the most deprived socio-economic groups (deprivation categories 5-7) (Table A4.5, Chart 11).



### Children of those misusing drugs

Nearly one in five (18%) new clients seeking treatment for drug misuse live with dependent children. This does not include those who have dependent children living elsewhere (Table B1.37).

### Drug education

In 2002/03, most schools (98%) provided drugs education to every pupil at some point during their schooling. Nearly all schools (97%) reported that each pupil received drugs education which provides progression and continuity. This compares with 97 per cent and 94 per cent respectively for 2001/02 (Table C1.1). A lower proportion (84%) of schools reported having written procedures for managing incidents of drug misuse which are in line with current national guidelines. Local authority and in particular, local authority secondary schools are more likely than other schools to have such procedures (Table C1.3).

### Drug misuse in Scottish school children

#### The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) in 2002.

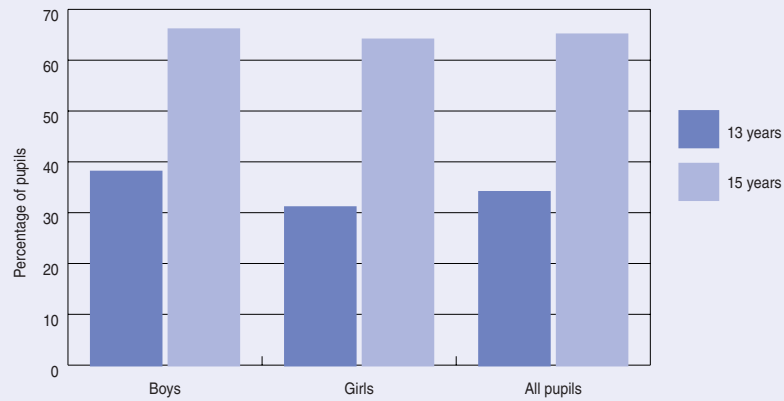
##### *Thirteen year olds*

The survey found that a third (34%) of 13 year olds reported being offered drugs (Table D1.1, Chart 12). Cannabis was reported as being the most readily available drug and had been offered to a quarter of pupils (26%). The other main drugs offered were stimulants (11%) and solvents (10%) (Table D1.2). Just over one in ten pupils (13%) reported having ever actually taken an illicit drug and slightly fewer (8%) acknowledged recent use within the last month (Table D1.3, Charts 13a & 13b). In most cases the drug taken was cannabis and this was usually the only drug used (Tables D1.5 and D1.6). Boys were more likely to have been offered, and to have taken, drugs than girls (Tables D1.1 and D1.3, Charts 12, 13a & 13b). More than one in three pupils (37%) who had ever taken drugs reported doing so outdoors. The other most common place for using drugs was at someone else's house (16%) (Table D1.8).

##### *Fifteen year olds*

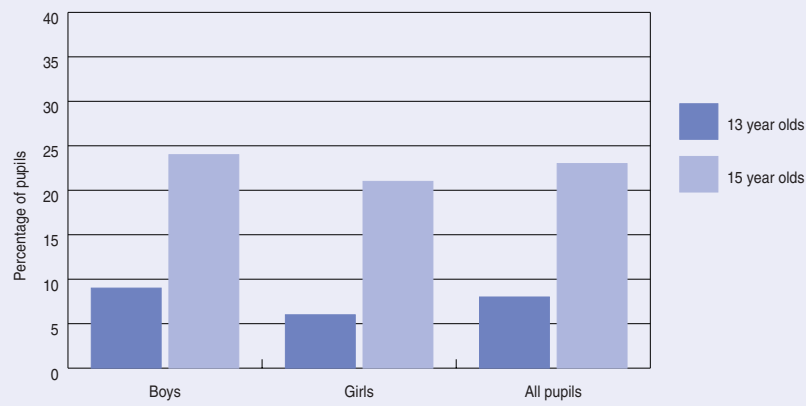
Greater numbers of 15 year olds reported being offered drugs (65%) and acknowledged actual drug use was similarly higher. Over a third (37%) had taken a drug in the last year, and a quarter (23%) reported use in the last month (Tables D1.1 & D1.3, Charts 12, 13a & 13b). The most common drug was cannabis (offered 58%, used in past month 21%) and, as with the 13 year olds, the majority had not taken any other drugs. A sizeable proportion of pupils had been offered stimulants (28%) or solvents (14%) but their use was not often reported (Tables D1.2, D1.5 and D1.6). Differences between boys and girls were less marked in this age group although, again, boys more commonly reported being offered, and taking, illicit drugs (Tables D1.1 & D1.3, Charts 12, 13a & 13b). Drug use usually took place either outdoors (38%) or at someone else's house (32%), the latter being the case among girls in particular (Table D1.8).

**Chart 12 Pupils who had been offered any drug by age : 2002**



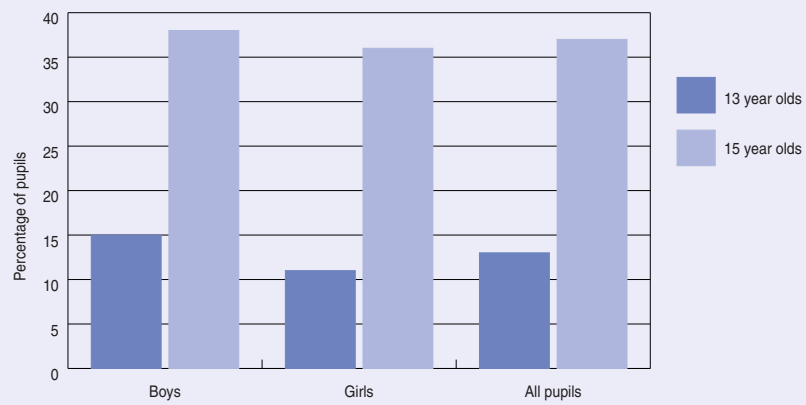
Source : Table D1.1 (SALSUS (2002))

**Chart 13a Pupils who had used drugs in past month : 2002**



Source : Table D1.3 (SALSUS (2002))

**Chart 13b Pupils who had ever used drugs : 2002**



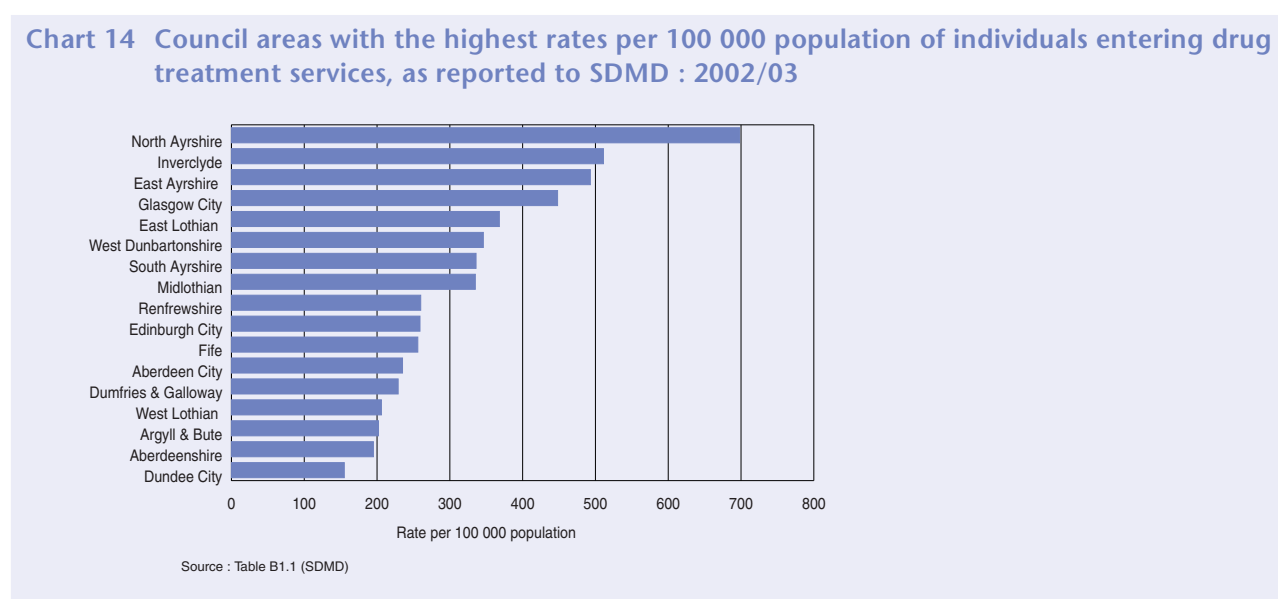
Source : Table D1.3 (SALSUS (2002))

## Geographic variations in drug-related problems

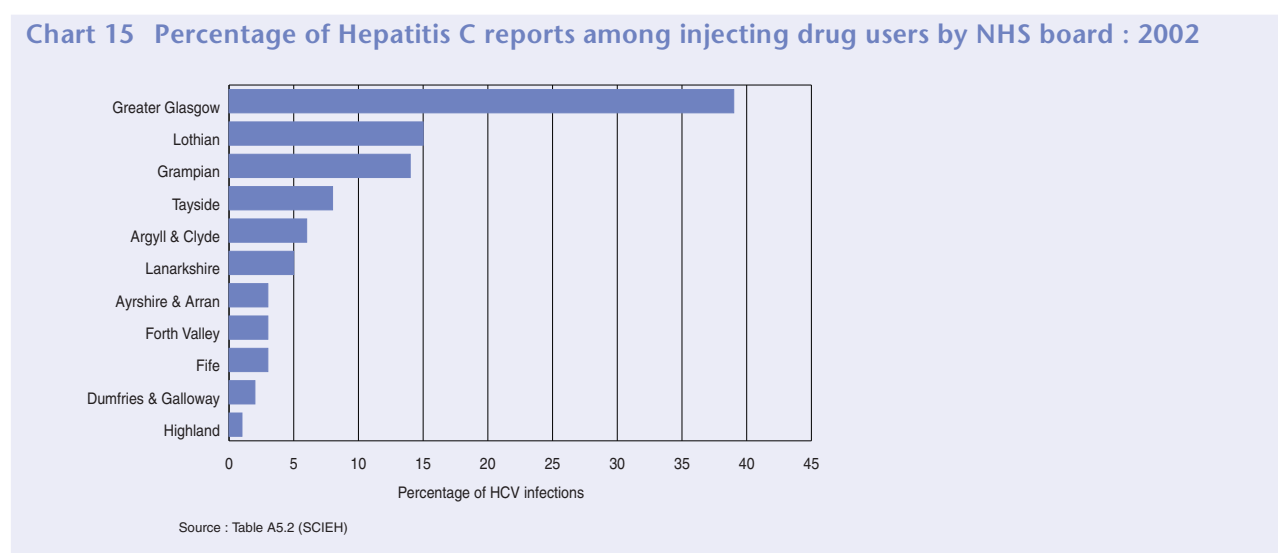
### Drug misuse in socially deprived areas

Drug misuse and related problems are not distributed equally across Scotland. Recorded levels of drug misuse tend to be highest in economically deprived areas. Information from General Practice shows that the percentage of patients consulting their GP because of drug misuse increases as deprivation increases (Table A3.4).

Chart 14 presents information on new individuals attending drug treatment services as a rate per 100 000 population. This is based on returns to the SDMD and is shown by council area of residence (not all areas are included) (Table B1.1).



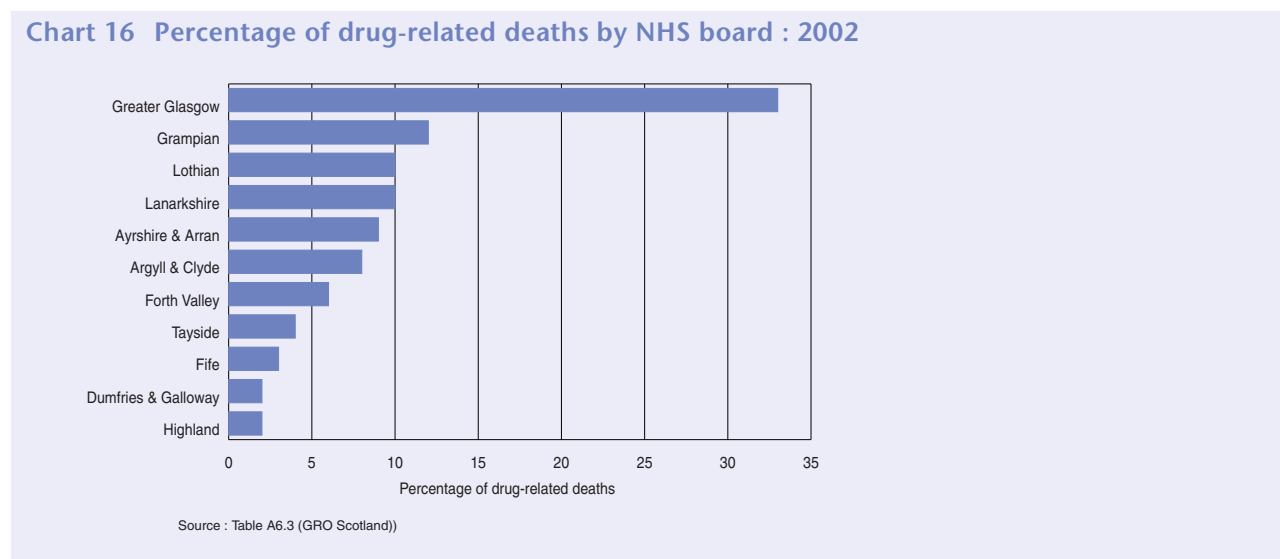
Hepatitis C (HCV) continues to be a significant problem within the injecting drug using population. In total there are 8 719 injecting drug users known to be infected with HCV, with 39 per cent living in Greater Glasgow, 15 per cent in Lothian and 14 per cent in Grampian (Table A5.2, Chart 15).



New cases of HIV continue to be low (10 in 2002), however, half of all new recorded cases occurred in Lothian (Table A5.5).

## Deaths and types of drugs involved

The highest number of drug-related deaths in 2002 was found in the Greater Glasgow NHS Board area (126), with the next highest being seen in Grampian (47) and Lothian (39) (Table A6.2, Chart 16).



There are some geographical differences in the reported involvement of certain drugs within these deaths. For example, heroin/morphine was mentioned in around three-quarters of the deaths in Greater Glasgow (76%) and Grampian (68%) but less than half of Lothian deaths (36%). A similar picture emerges for diazepam which was involved in two-thirds of the deaths in Greater Glasgow and around half of deaths in Grampian (47%) compared to only a quarter of Lothian deaths (23%). However the pattern is reversed for methadone – only a quarter of deaths in Greater Glasgow (26%) and Grampian (23%) compared to over half of deaths in Lothian (56%) (Table A6.6).

## Crime and seizures

The majority of areas have experienced a rise in drug-related offences over the past five years (Table E.1.1). Drug-related offences per 100 000 of the population were highest in Glasgow City, Inverclyde and West Dunbartonshire.

The number of seizures of different drug types and the volumes recovered do not necessarily relate to the number of inhabitants in a police force area. The three areas which had the largest amounts of heroin seized were Dumfries & Galloway (46.2kg), Strathclyde (32.5kg) and Lothian & Borders (23.6kg) (Table E2.2). Grampian Police made more seizures of crack cocaine than Strathclyde Police. In 2001, there were 51 seizures of crack cocaine in Scotland, 44 of which were made by Grampian Police, one by Strathclyde Police (Table E2.2).

## Drug use and the levels of demand placed upon health care, drug treatment services, and the criminal justice system.

Drug misuse continues to place a high demand on various areas of public and voluntary sector services. This section looks at the demands placed upon General Practice, specialist treatment services, acute and psychiatric hospital care and criminal justice.

### General Practice

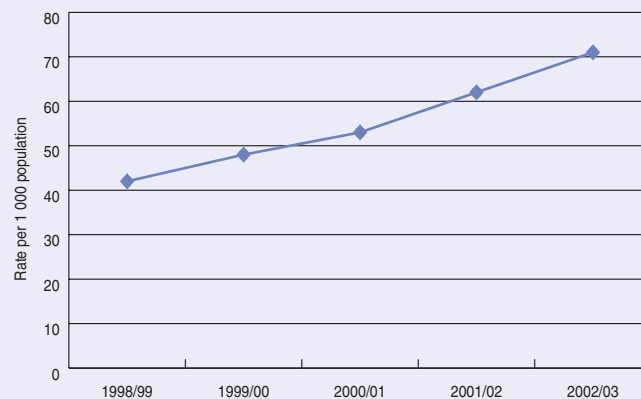
There were 1 133 291 GP consultations in 2002 and of these 11 439 involved a diagnosis of drug misuse (A3.1). This is equivalent to one per cent of all consultations and equates to six in every 1 000 patients seeking help for problems related to drug misuse (A3.2). People who misuse drugs have a higher average number of GP consultations per year than the general population registered with a GP practice (Table A3.1).

### Specialist drug treatment services and substitute medication

In 2002/03, 11 472 new individuals were seen at drug services and reported to the SDMD, corresponding to a rate of 237 per 100 000 of the population (all ages) (Tables B1.1). Almost half of those individuals reported that their motivation for attending services related to obtaining a substitute prescription related to their addiction (Table B1.8). The drugs most commonly prescribed for treatment of drug addiction are methadone mixture, dihydrocodeine and diazepam.

The number of prescriptions for methadone mixture per 1 000 of the population has risen steadily over the last five years. In 2002/03 there were 71 prescriptions for methadone mixture per 1 000 of the population, at a cost of £2147.58 per 1000 of the population (Table B2.3, Chart 17 & Table B2.4).

Chart 17 Methadone mixture prescriptions : 1998/99 - 2002/03



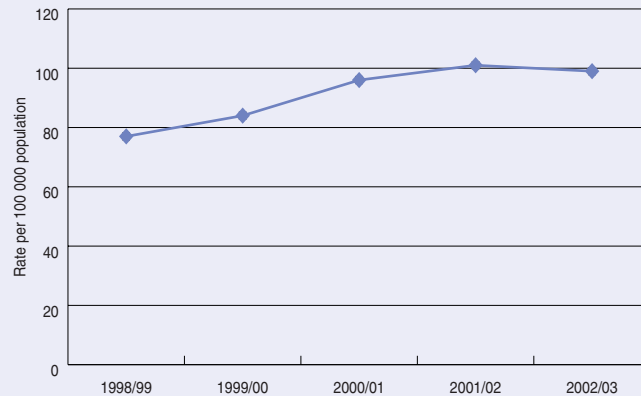
Source : Table B2.3 (ISD Scotland PIS)

The rates of prescribing dihydrocodeine and diazepam have also increased over the past five years, whilst the prescribing of temazepam has fallen significantly (Table B2.2).

### Hospital care

Drug-related admissions to general acute care were primarily as emergencies rather than planned admissions (Table A1.4). In 2002/03, there were 4 840 discharges from acute general hospitals with a diagnosis of drug misuse and this was equal to a rate of 99 discharges per 100 000 of the population (Table A1.1, Chart 18). The comparative rate for psychiatric discharges involving drug misuse was 37 discharges per 100 000 of the population (Table A2.1). Further information on drug use and psychiatric care are contained in the section 'Drug misuse and mental health problems'.

**Chart 18** General acute inpatient discharges with a diagnosis of drug misuse in any position : 1998/99 - 2002/03



Source : Table A1.1 (ISD Scotland SMR01)

### Criminal justice

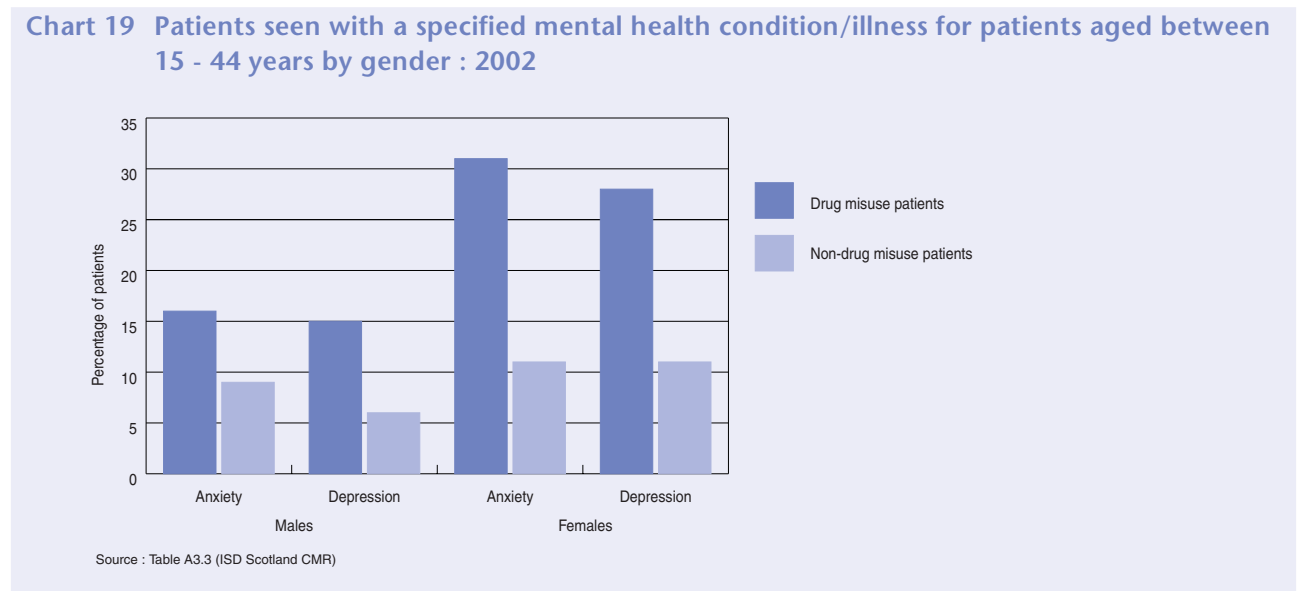
In 2002, there were 40 379 drug-related offences recorded by Scottish police forces, which is a rate of 799 per 100 000 population (Table E1.1). Around three-quarters of these cases were related to possession, with the remaining cases for possession with intent to supply (Table E1.2).

Recent years have seen a large rise (over 125%) in the numbers of people entering treatment programmes via criminal justice interventions. The most common intervention is probation with a condition of attending treatment. However, the number of Drug Treatment and Testing Orders (DTTOs) are continuing to grow. Under DTTOs, drug users are required to submit to regular drug testing and the results are made available to the courts (Table B3.1).

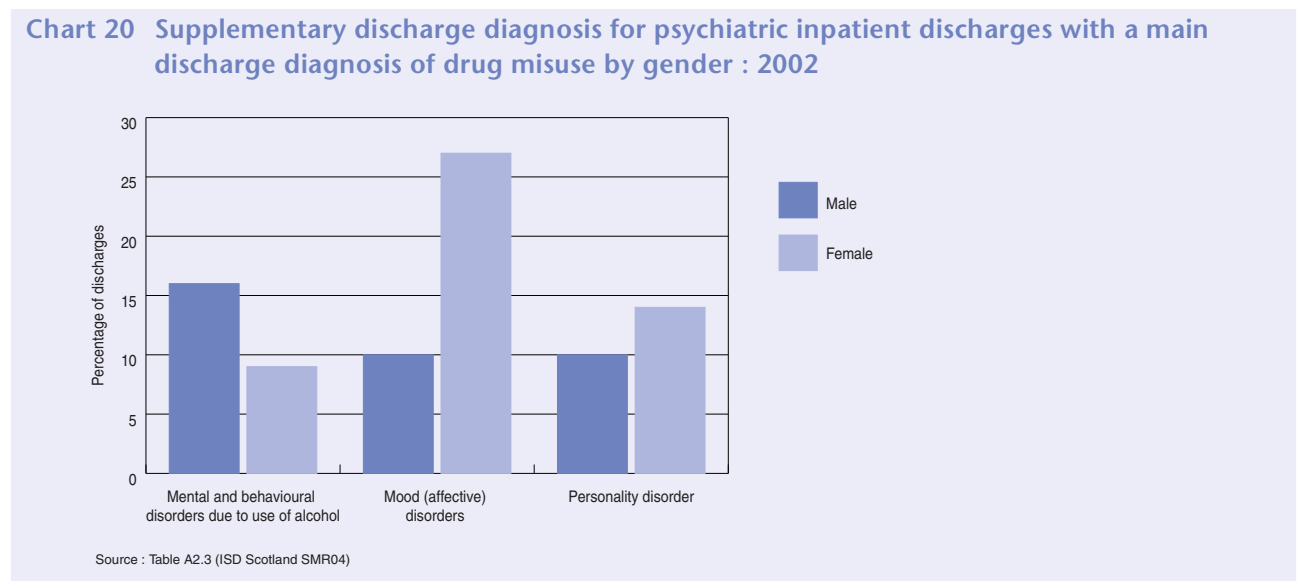
In May 2003, two-thirds of tests carried out at reception into prison were positive for the use of drugs. The drugs which were most commonly detected at reception were cannabis, benzodiazepines and opiates (excluding methadone) (E3.1). Of the 19 875 people coming into prison nearly three-quarters (14 570) were referred to Addiction Services. Once in prison, 17 per cent of mandatory drugs tests proved positive (excluding people who may have misused drugs before incarceration). The drugs most commonly detected during mandatory drug tests were cannabis and opiates, both at 12 per cent of all tests taken (Table E3.2).

## Drug misuse and mental health problems

Many drug misusers first come into contact with treatment services via General Practice and associated services. Data from GPs for 2002 shows that for both men and women with a drug misuse diagnosis, anxiety disorders and depression were the two most common co-occurring conditions (Table A3.3) and that these were in higher proportions than non-drug misusing patients (Chart 19).

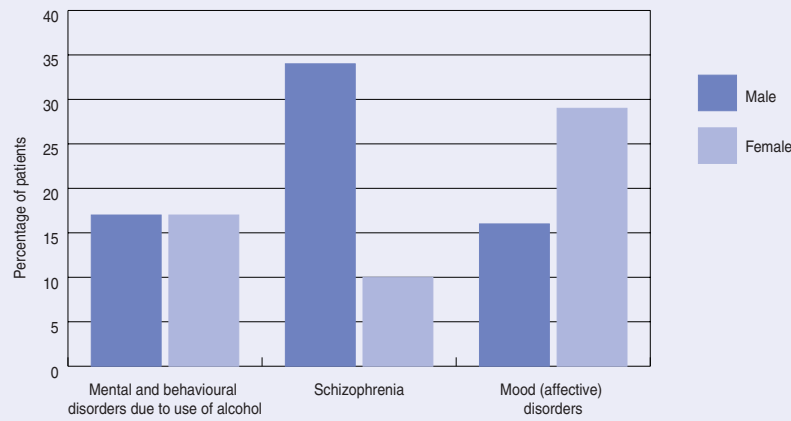


In 2000/01, there were 1 133 discharges from psychiatric hospitals with a main diagnosis of drug misuse. In slightly less than a third of such discharges, a supplementary mental health diagnosis was also recorded. The most common were: mood (affective) disorders, alcohol misuse and personality disorders. Males were more likely to have a co-existent supplementary diagnosis of alcohol misuse than females (Table A2.3, Chart 20). However, females were more likely to have a diagnosis of mood (affective) disorder.



Approximately one-third of psychiatric discharges involved a supplementary rather than a main diagnosis of drug misuse. In these cases, the most common main diagnoses were: schizophrenia, mood (affective) disorders and alcohol misuse (Table A2.4, Chart 21).

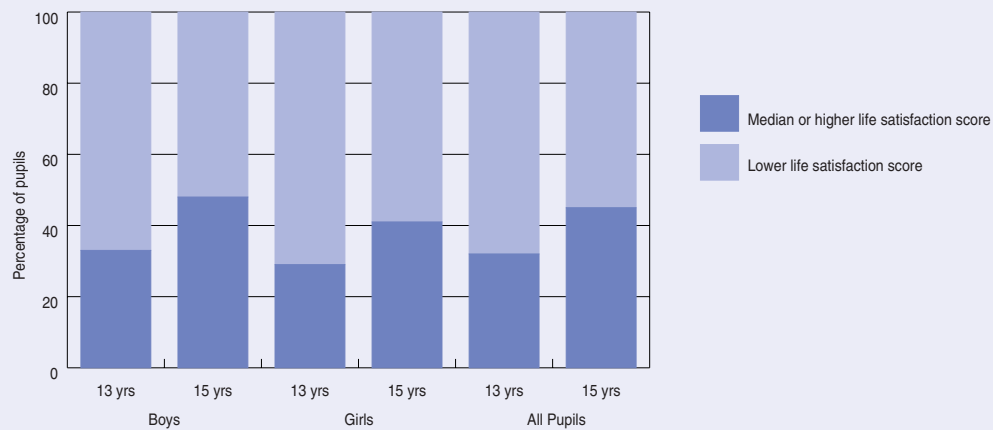
**Chart 21 Main discharge diagnosis for psychiatric inpatient discharges with a supplementary discharge diagnosis of drug misuse by gender : 2002**



Source : Table A2.4 (ISD Scotland SMR04)

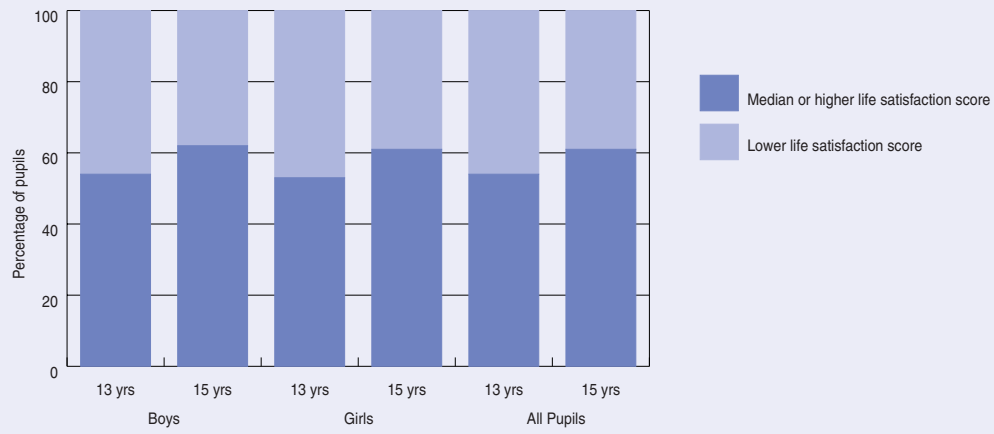
The Scottish Schools Adolescent Lifestyle and Substance Misuse Survey provides insight into the relationships between perceived life satisfaction and drug use in early teenage years. In general, young people (13 and 15 year olds) who have tried illicit drugs report lower levels of life satisfaction those have not tried illicit drugs; this relationship was similar for both boys and girls. Thirteen year olds who had used drugs recently (in the last month) reported lower than average levels of life satisfaction (Table D1.10, Chart 22a/b).

**Chart 22a Life satisfaction by drug use status : 2002  
Used drugs in last month**



Source : Table D1.10 (SALSUS (2002))

**Chart 22b Life satisfaction by drug use status : 2002**  
Never used drugs



Source : Table D1.10 (SALSUS (2002))

**Reference**

- 1 Hidden Harm: Responding to the needs of children of problem drug users. Advisory Council on the Misuse of Drugs (2003).