

**LIVING  
EXPERIENCE  
DRUG TRENDS  
BULLETIN  
JULY-DEC 2025**



# INTRODUCTION

Scottish Drugs Forum (SDF) has 12 Living Experience Engagement Groups across Scotland:

- Borders
- East Ayrshire
- Edinburgh
- Falkirk
- Fife
- Glasgow
- Highland
- Moray
- North Lanarkshire
- Perth and Kinross
- South Lanarkshire
- West Dunbartonshire



Our groups provide a safe space for people who currently use drugs and/or are on medication assisted treatment. During meetings, group members share issues that are important to them, including drug trends information.

This bulletin includes both anecdotal insights shared by group members and test results from samples submitted to the WEDINOS postal testing service by group members and others across Scotland.

## NATIONAL TRENDS

The most reported drug trends across all Living Experience Engagement Groups in this period were:

**COCAINE**

**STREET  
BENZODIAZEPINES**

**HEROIN**



# REGIONAL TRENDS

## BORDERS

**Crack cocaine** was identified as the substance most used within the group, with **heroin** use reported as less common. This shift appeared to be influenced by both reduced availability and perceived poor quality of heroin in the Galashiels area, which discouraged use among participants.

Alongside this, there were ongoing reports of **street benzos** (including tablets branded as “**Kepsol**”) and illicit **Xanax** circulating within the local market. The presence of these substances contributes to a broader pattern of polydrug use, with individuals combining depressants and stimulants.

Overall, drug use patterns within the group reflected a complex and changing local market, where availability, quality and cost were key drivers.

## FIFE

**Heroin** in the area was reported to be stronger than usual, with users generally describing it as good quality. The typical price was £250 per half ounce. Testing indicated the presence of **nitazenes** – though no confirmatory testing was available, so the exact contents were uncertain.

**Cocaine** was reported to be of poor quality, often containing bulking agents to enhance effects. Users reported adverse effects, particularly when smoked, including gastrointestinal discomfort, which may indicate cutting substances. Price averaged £40 per half gram.

## ELGIN

**Heroin** has been scarce, making it difficult to obtain in both Elgin and Lossiemouth. Recently, people reported successfully sourcing heroin in Lossiemouth. Current batches are reported as good quality. Members reported no adverse effects, describing it as “good stone”.

**Crack** was being sourced locally in Lossiemouth at approximately £100 per gram. People reported effects “like rocket fuel” but experienced adverse effects the following day, including breathing difficulties and heart palpitations.

**Cannabis** was commonly used in the group; with one participant reported smoking 2–3 grams per day.

Fake **pregabalin** pills (450mg) were circulating in the area at £3 per pill. No one in the group had consumed them. However increasing numbers of people were using pregabalin in the area. People were reportedly breaking open capsules and snorting the powder for a faster effect.



# REGIONAL TRENDS

## INVERNESS

**Heroin** was reported as hard to get but strong, sold as soft black putty (“scab”) in £20 bags. It was said to be potent, requiring smaller amounts.

**Crack cocaine** was sold at £20 per rock and reported to be strong, causing pins and needles and sore heads. **Powder cocaine** was £30 for 0.3g and reported to be more consistent. Both were being purchased via county lines, adulteration and variable potency present.

White, yellow, blue, and red **street benzos** were circulating with variable strength and effects. The red tablets linked were linked to memory loss and the blue 10mg tablets were reported to be stronger than previous batches.

Silver strip **pregabalin** capsules were reportedly better than gold capsules, with people snorting the powder for a faster effect. Adverse effects included seizures, twitching and restless legs. Hospital admissions have been reported by peers. Fake **pregabalin** was being sold at £3 per pill, with no information on use or effects.

## GLASGOW

**Crack cocaine** was the most used drug in the group alongside **alcohol**, reflecting a trend of polydrug use. Participants reported that alcohol is often consumed to enhance the effects of crack cocaine.

**Heroin** remained present within the group, with participants expressing concern over different strengths and the possibility that it was mixed with other substances. It was felt these factors contributed to a higher risk of overdose, particularly among individuals using heroin alongside other substances such as alcohol, pregabalin or crack cocaine.

**Pregabalin** was regularly discussed and widely available, both in prescription and street form. Participants noted different patterns of use alongside other substances.

**Ketamine** was described as very easy to access in the city centre, and cheaper than buying cocaine/crack at £20 per gram. People believed ketamine to be lower risk than heroin or cocaine.



# REGIONAL TRENDS

## WEST DUNBARTONSHIRE

People could get **crack cocaine** easily through daily text lists and drop-offs. We were told it gives exactly what they're looking for – with no unexpected effects – so the potency feels consistent.

White **Street Valium** tablets, marked C/DC, were being sold at 20 for £10 by street dealers (no drop-offs). People reported these were stronger than usual, and some had serious effects. One person reported that they had a near fatal overdose (NFO) when taking it with methadone, and another experienced unusual effects and a NFO after taking five tablets. Participants noted that batches are usually unpredictable.

**Heroin** was sold via street dealers and drop-offs, costing £15–20 per half gram or three bags for £40. Participants noted that most batches were poor quality, with only occasional 'decent' batches. People said the effects were inconsistent, making it hard to know how strong the heroin was.

## NORTH AND SOUTH LANARKSHIRE

Across the groups, people spoke about a mix of substances being easy to get, with heroin, crack cocaine, street benzos and pregabalin coming up most often. Availability was high, with many substances sourced locally or through texts and drop-offs, making access quick and easy.

**Heroin** was described as "hit and miss", depending on where it was coming from. Some batches had little to no effect, while others were very strong, with people reporting "gouching" after small amounts. Concerns were raised about batches possibly being cut with nitazenes, especially where people experienced unusual or stronger-than-expected effects.

**Crack cocaine** was seen as easy to source, often through daily messages and delivery. People said the effects can be intense, with some reporting losing control of their body or "hitting the deck" after a pipe. There were also reports of seizures and loss of control, suggesting some batches may be particularly strong or perhaps cut with other substances.

**Street benzos** were widely available in different forms (e.g. white V10 tablets, speckled tablets marked Valium). People described these as strong and unpredictable, with multiple reports of NFOs, including blackouts, loss of movement and rapid onset. Some said they were "knocked out" within minutes.

**Pregabalin** was also commonly used, often bought from people with prescriptions. People spoke about using it alongside benzos or methadone, which has led to multiple NFOs in a short period, highlighting the risks of polydrug use.



# REGIONAL TRENDS

## EAST AYRSHIRE

People across the group described crack cocaine as the most used and easiest substance to get, with other substances like heroin, street benzos and pregabalin also widely available but more mixed in quality. Access was mainly through texts, calls and drop-offs, with some mentioning new dealers coming into the area.

**Crack cocaine** was talked about the most. It was considered easy to get, with daily texts, menus and options for delivery. Prices vary (£40 per rock, £80 per gram, or three rocks for £100). People said the effects are generally what they expect, but better quality is sometimes found if they travel outside the area. There were also mentions of dealers coming up from England, and concerns about cuckooing in the area.

**Heroin** was described as harder to get than before, with availability varied. It cost around £10 for 0.2g, but the quality was mixed, with some saying it was “alright” and others saying it was poor. This made it harder to judge strength and effects.

**Street benzos** were easy to source locally, usually through texts or calls. They were cheap (around £10 for 20–25 tablets), but people said the effects were generally poor or not what they expected. Larger bulk buying was also happening, which made risk due to unknown strength far higher.

**Fake pregabalin** was also circulating, including 300mg (red and cream) and 450mg tablets, sold locally at relatively low prices. While not everyone reported using them, people were aware they are widely available.

## FALKIRK

People described a clear difference in quality depending on where substances were sourced, with local supply often seen as poor, and better-quality drugs coming from outside areas.

**Crack cocaine** was reported to be available everywhere locally, but the quality was often very poor or had little-to-no effect. People spoke about “chasing it” and feeling low or depressed because they were not getting the desired effect. In contrast, crack sourced from outside the area (e.g. Bathgate and Greenock) and delivered to the door was described as much better quality, with stronger and better effects.

**Cocaine** was also reported to be poor quality locally, with people feeling it may be cut with other substances. Some described the experience as similar to a comedown from stimulants, feeling agitated rather than the desired effects.



# REGIONAL TRENDS

## FALKIRK CONTINUED

There were also reports of cocaine containing something referred to as “magic”, with noticeably different effects and a heavy comedown, including anxiety and depression.

**Pregabalin** was widely used across the group, with most people sourcing it from individuals selling their prescriptions. Typical use reported was 200mg tablets (14 for £10).

**Benzos** and **dihydrocodeine (DFs)** were also being used. One member reported taking four tablets and overdosing, with no memory of events and being found in the street.

## EDINBURGH

People described heroin and street benzos as widely available.

**Heroin** was reported to be stronger than usual, with effects felt both when smoking and injecting. Some described it as itchy, running clear on foil, and being thicker/lighter in colour, while others noted unusual colouring (green/red) when preparing it. Prices varied depending on potency, with reports of £10 for 0.3g, or smaller amounts (0.1g) for the same price when stronger. It is easily available locally, but people are aware that strength can change batch to batch.

**Crack cocaine** was described as poor quality overall, with some believing it is cut with bulking agents causing unwanted effects like sore heads and heavy comedowns. One person reported cocaine turning orange when washed, which led them not to use it. Others described feeling tired, wanting to sleep or not getting the expected effects. However, there were also some reports of good-quality crack from specific local dealers.

**Street benzos** were said to be widely available and easy to get, with different types circulating (white tablets with C/CD or ROCHE markings, yellow 5mg tablets, and SADIL-marked tablets). Prices were low (around £10 for 20 tablets or bundles), and strength and effects varied. Some people reported no immediate adverse effects, while others described a “Valium hangover” lasting into the next day or even effects lasting up to two days suggesting stronger batches.



# REGIONAL TRENDS

## PERTH

People reported that heroin, crack and benzos were widely available but with big differences in quality depending on source.

**Heroin** was discussed a lot due to strength and possibly being cut with nitazenes. One person described having an NFO after injecting a small amount and they needed multiple doses of naloxone to be revived. Some batches, especially “green heroin”, have been linked to NFOs, although others said they used it without issues. There are also reports of “Afghan cream” heroin in the area, described as strong and similar to older, high-quality heroin, but hard to get. At the same time, some people said other batches feel weaker than expected.

**Crack cocaine** was easy to access, often through drop-offs or going directly to dealers, with some linked to people coming from outside areas. Quality was mixed – some described it as good with a “strong buzz”, while others said it was poor or looked different (e.g. green when washed). One person experienced a NFO and woke up in hospital, suspecting that it might have been cut with something else.

**Street benzos** were widely available, both locally and online (including the dark web). People reported a mix of good-quality yellow and poor-quality white tablets, as well as stronger tablets like alprazolam and lorazepam in blister packs. Effects varied, with some feeling like genuine medication and others not.

**Pregabalin** was commonly used and easy to get, including higher-strength tablets (300–400mg). People described unusual effects including twitching, jerking and loss of control.

# TRENDS FROM ENGAGEMENT GROUPS

## Emerging or notable trends

People across different areas described a drug scene where everything is easy to get, but nothing feels the same anymore. There was a strong shift towards crack cocaine being the main drug used, especially as heroin was either harder to find or unreliable in quality. Many said crack was always available through texts and drop-offs, but the quality varied. Some batches were strong, while others had little effect, leading people to use more and feel frustrated or low.

- **Heroin** was seen as unpredictable, with some batches being very strong and causing overdoses and others feeling weak. There were growing concerns from people in the groups about heroin being cut with something else (like nitazenes), especially where people had unexpected effects or needed multiple naloxone doses. Some people were actively seeking out certain types (like “green” or “Afghan” heroin) because of perceived strength.
- **Mixing drugs** was common, with people regularly using combinations like benzos, pregabalin, heroin, methadone, crack and alcohol. This led to more reports of blackouts, seizures and near fatal overdoses, with some people collapsing or waking up in hospital with no memory of what happened.
- **Street benzos** were everywhere, and considered to be cheap and easy to get. People said they are “hit and miss” – sometimes very strong, sometimes doing very little. There were reports of memory loss, heavy sedation and effects lasting into the next day or longer. Some people were getting tablets online or in blister packs, but there were still concerns about fake or unknown contents.
- **Pregabalin** use was increasing, with people taking higher strengths or using it differently (like snorting). It was often used alongside other drugs, which people said had led to twitching, loss of control and hospital visits.
- **Cocaine** was widely seen as poor quality, with many saying it felt cut or “not like it used to be”, sometimes causing anxiety or a heavy comedown instead of a buzz. There were also concerns about unexpected substances being mixed in.

## Cross-cutting harms and risks

- Increased risk of overdose (polydrug use and stronger batches)
- Tablets and powders not being what they are sold as
- Higher doses being used because of poor quality

# WEDINOS RESULTS

## FROM LIVING EXPERIENCE GROUP SAMPLES (JULY TO DECEMBER 2025)

### Samples submitted

The Living Experience Engagement Team supported group members to access substance testing through WEDINOS.

Over the period July to December 2025, the following five samples were sent to WEDINOS for testing.

Intended purchases	Results
Diazepam (two purchases and samples)	Diazepam
Diazepam	Bromazolam
Diazepam	Ethylbromazolam
Temazepam (Jellies)	Etizolam

### Sample numbers

We observed a reduction in the number of group members seeking support to access testing through WEDINOS compared with the previous reporting period. This appears to reflect the tapering of activity following our earlier pilot of nitazene test strips and group members submitting samples to WEDINOS for confirmatory analysis. Engagement naturally peaked during the pilot phase, when training sessions on test strips also increased group members' awareness of the WEDINOS service.

The drop-off in activity since that point aligns with, and further reinforces our belief that testing strips can play a useful role in increasing knowledge of substances and, importantly, engage people in wider drug checking. The four recommendations set out in our report [Just Say Know: Living Experience and Staff Perspectives on Nitazene Testing Strips](#) are:



WIDEN ACCESS TO DRUG CHECKING SERVICES, INCLUDING PROVISION OF NITAZENE TESTING STRIPS



ENCOURAGE LABORATORY TESTING TO CONFIRM RESULTS OF TESTING STRIPS



TESTING STRIPS SHOULD BE OFFERED AS PART OF A WIDER HARM REDUCTION INTERVENTION



UTILISE TESTING STRIPS AS AN ENGAGEMENT TOOL FOR ACCESSING BROADER SUPPORT AND TREATMENT INTERVENTIONS AND SERVICES

# WEDINOS RESULTS

## SCOTLAND-WIDE SAMPLES (JULY TO DECEMBER 2025)

### Samples submitted

At SDF, we actively encourage and support the use of WEDINOS confirmatory testing for anyone concerned about the contents of the substances they use. This commitment is reflected across all our programmes of work and the networks we facilitate, including the Scottish Needle Exchange Workers Forum (SNEWF) and Scottish Naloxone Network (ScoNN).

Over the period July to December 2025, 449 samples were sent to WEDINOS from Scotland for testing.

### Results

The WEDINOS results for Scotland in this period revealed an unpredictable drug market, with many substances not being what people expected. The most common patterns involved benzos, heroin and cocaine.

**BENZOS WERE BY FAR THE MOST COMMON DRUG SUBMITTED, PARTICULARLY TABLETS SOLD AS DIAZEPAM, ACCOUNTING FOR 40–57% OF THE MOST COMMON SUBSTANCES ANALYSED.**

However, chemical testing showed that many of these tablets did not actually contain diazepam, but instead drugs such as bromazolam, etizolam, clonazolam or ethylbromazolam.

**Heroin** submissions were highest in August and September, making up about a third of the top substances for those months, before dropping at the end of the year. Most heroin samples contained a mix of different substances, including paracetamol, caffeine, noscapine, 6-MAM and 6-acetylcodeine. The data also identified nitazene-type synthetic opioids. For example, etonitazene and metonitazene, particularly within samples from Glasgow, Lothian and Grampian.

**Cocaine** was present at lower levels than benzos or heroin but still appeared every month. It accounted for between 8-12% of the submitted substances across the period. Testing frequently identified phenacetin, procaine, caffeine or norcocaine in samples.

The data showed a wide mix of other drugs, including 2CB, methaqualone, synthetic cannabinoids such as MDMB4enPINACA, Ritalin, pregabalin, and various forms of ketamine. Some samples contained no active drug at all, while others contained something completely different from what they were sold as.

**These patterns underline the importance of harm reduction advice, drug checking services and ongoing monitoring of the drug market in Scotland.**



A Scotland free from drug-related health and social harm.



## **MISSION**

To improve Scotland's approach to drug-related issues. We influence this through our work by striving for compassionate, inclusive, evidence informed policy and practice.

## **CONTACT US**

For more information about the trends outlined in this bulletin or for further details about the regional living experience groups, please contact us.

@ [livingexperience@sdf.org.uk](mailto:livingexperience@sdf.org.uk)

 [Visit our website page](#)

Head Office  
91 Mitchell Street  
Glasgow  
G1 3LN  
0141 221 1175



**SCOTTISH  
DRUGS FORUM**