

Publication Report



Drug Related Hospital Statistics Scotland 2011

Hospital data relating to drug use in Scotland 2010/11

29 May 2012



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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Introduction

This publication includes information on inpatients and day cases discharged from general acute hospitals and psychiatric hospitals in Scotland. In doing so, it tells us about the health impact of drug misuse.

The information reported in this publication has been collated using most recent data obtained from the following sources:

- Hospital data from ISD General Acute Inpatient / Day cases Records (SMR01) years 2006/07 to 2010/11;
- Mental Health Inpatient and Day Case Records (SMR04) years 2005/06 to 2009/10.

Certain figures (commonly small numbers, for small areas or populations) are not shown. This is as a result of 'statistical disclosure control' (SDC) which aims to prevent the release of information that can lead to the identification of individuals. Further information on the SDC methods applied, by ISD Scotland, is available on request.

This publication has two main sections:

B1 Hospital Discharges

B2 Psychiatric Hospital Discharges

These data are normally published as part of Drug Misuse Statistics Scotland publications but due to a backlog in data submissions as health boards moved over to a new Patient Management System, these data are being published separately. This report, and previous publications of this data, are available on the national drug misuse information website at www.drugmisuse.isdscotland.org/dmss. The numbering system for chapters and tables is as it would be if published as part of Drug Misuse Statistics Scotland publication.

Results and Commentary

B Health Impact of Drug Use

B1 Hospital Discharges

Key Points

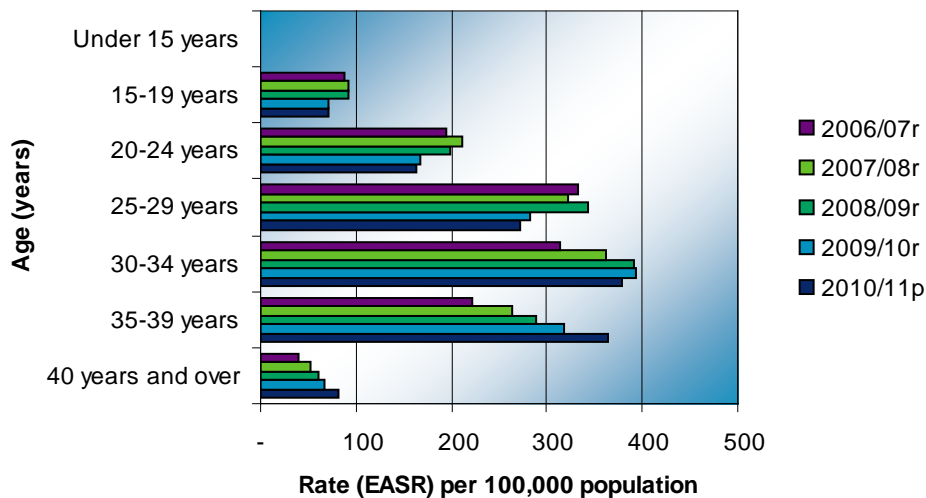
Overview 2010/11

- In 2010/11, the average number of discharges per patient was 1.3 ([Table B1.1](#)).
- During 2010/11, there were 6,166 general acute hospital discharges with a diagnosis of drug misuse, a rate of 123 discharges per 100,000 population ([Table B1.2](#)).
- Sixty-nine per cent of discharges with a diagnosis of drug misuse were amongst males (4,277) compared with 31% of discharges among females (1,889) ([Table B1.2](#)).
- The 30 to 34 years old age group had the highest rate of discharges with a diagnosis of drug misuse, with 380 per 100,000 population ([Table B1.2](#)).
- Opioid discharges were more common in those aged 30 and over (77%) with the highest number recorded in the 40 years and over age group (35%). This was the same in discharges for cannabinoids and sedatives with 27% falling in the 40 years and over age group ([Table B1.3](#)).
- Discharges for cocaine were highest in the 20-24 age group (30%) ([Table B1.3](#)).
- Ninety-two per cent (5,650) of discharges were admitted as an emergency rather than a planned (i.e. elective) intake ([Table B1.5](#)).
- Eighty-six per cent of cases (5,286) involved a stay of less than a week ([Table B1.6](#)).

Five Year trend – 2006/07 to 2010/11

- The general trend in the rate of discharges with a diagnosis of drug misuse has been upward for the last five years, though there was a decrease between 2008/09 and 2009/10. The rate increased from 98 discharges per 100,000 population in 2006/07 to 119 per 100,000 population in 2008/09, and then fell to 115 per 100,000 population in 2009/10 before rising to 123 per 100,000 population in 2010/11 ([Table B1.2](#)).
- The rate per 100,000 population for discharges with a diagnosis of drug misuse increased between 2006/07 and 2010/11 in the older age groups (30 years and over). In particular, the trend was notable in the 35 to 39 years old age group (a rise from 222 discharges per 100,000 population in 2006/07 to 364 per 100,000 population in 2010/11) ([Table B1.2](#) and Figure B1.1).
- In contrast, the rate per 100,000 population for discharges with a diagnosis of drug misuse fluctuated, and ultimately decreased, between 2006/07 and 2010/11 in the younger age groups (29 years and under). The largest overall decrease was in the 25 to 29 years old age group which fell from 332 discharges per 100,000 population in 2006/07 to 273 discharges per 100,000 population in 2010/11 ([Table B1.2](#) and Figure B1.1).
- The number of opioid discharges has steadily increased by 42% over the last five years, from 3,096 in 2006/07 to 4,397 in 2010/11. An increase, although not as high, has also been seen in the number of cannabinoid and sedative discharges (31% and 24% respectively) ([Table B1.4](#)).

Figure B1.1: Rate per 100,000 population of general acute inpatient and day case discharges with a diagnosis of drug misuse in any position, by year and age group 2006/07 – 2010/11



- The proportion of male and female discharges have remained stable over the five year period, with numbers and rates per 100,000 population for males consistently more than double for females ([Table B1.2](#)).

Drugs recorded

- In 2010/11, the most commonly reported specific drug group was opioids, which were recorded in 71 per cent of discharges involving drug misuse (4,397). Cannabinoids (537) and cocaine (305) were the next most frequently recorded specific drugs. A large number of cases reported the use of multiple/ other drugs (753) ([Table B1.3](#)).
- The types of drug recorded varied with age. Opioids were recorded in 19% of cases involving patients aged under 20 years old and in 73% of cases for those aged 20 years old and over. Conversely, cannabinoids were recorded in 33% of cases for those aged under 20 years old and in only 8% of cases involving patients aged 20 years old and over. Cocaine figures were 10% for those under 20 years old and 5% for those aged 20 years old and over ([Table B1.3](#)).

Geographical profile

- The rate of drug misuse discharges varied across Scotland in 2010/11 with the highest levels seen in NHS Ayrshire & Arran (245 discharges per 100,000 population), NHS Shetland (180 discharges per 100,000 population) and NHS Greater Glasgow & Clyde (160 discharges per 100,000 population). ([Table B1.2](#)).

Background information

Hospital activity data are collected across the NHS in Scotland and are based on nationally available information routinely drawn from hospital administrative systems across the country. The principal data sources are the SMR01 (acute inpatient and daycase) and SMR04 (psychiatric inpatient and daycase) returns. Information on SMR data completeness can be found on the Hospital records Data webpage <http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/>, while information on the timeliness of SMR data submissions can be found on the SMR Timeliness webpage <http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Timeliness/>.

Figures will be revised in future publications due to incomplete data returns at the time of publication. The level of submission at the time of publication was sufficiently high to produce reliable statistics; therefore these revisions are expected to be relatively small and are not expected to impact on long-term trends. Within this publication, revisions made to the 2009/10 data, last published in Drug Misuse Statistics Scotland in December 2010, were small. The number of drug-related discharges from general hospitals has increased by only 0.3% since the publication of Drug Misuse Statistics Scotland. Similarly, the number of drug-related discharges from psychiatric hospitals has increased by only 0.7%.

All revisions to data within this publication are planned. All tables will be revised annually. In general, these revisions have a minimal effect on the statistics contained within this publication. Please see the ISD Revisions Policy <http://www.isdscotland.org/About-ISD/About-Our-Statistics/ISD-Revisions-Policy-V04.pdf> for further details.

The ISD Data Quality Assurance (DQA) team is responsible for evaluating and ensuring SMR datasets are accurate, consistent and comparable across time and between sources. Details of the quality assurance process for SMRs are published on the DQA methodology webpage <http://www.isdscotland.org/Products-and-Services/Data-Quality/Methodology/>.

SMR01 is an episode based patient record relating to all inpatient and day cases discharged from specialities other than mental health, maternity, neonatal and geriatric long stay specialities in NHS Scotland. A record is generated for each inpatient and day case episode, of which there are about 1,200,000 each year. Attendances at Accident and Emergency that do not result in an admission are not included. Each individual patient may have more than one stay and hence the number of people discharged within a year will be less than the total number of discharges. The SMR01 basic data set encompasses patient identification and demographic information, episode management information and general clinical information. Items such as waiting time for inpatient or day case admission and length of stay may be derived from the episode management information.

When figures are broken down by geographical area or age the numbers in some categories can be very small. In these cases both differences between categories and trends over time should be interpreted with caution because they may be misleading.

The tables presented here are derived from the SMR01, and contain information about patients admitted to general hospitals (mainly for emergency treatment), where drug misuse is diagnosed as a factor in the patient's treatment. Up to six diagnoses are recorded per admission, and episodes with either a main or a supplementary diagnosis of drug misuse are included. Poisonings and overdoses are not included unless a diagnosis of drug misuse is also recorded. In the tables of drug type ([B1.3](#) and [B1.4](#)), there is an element of double counting as episodes may be associated with, for example, diagnoses of

both opiate and cocaine misuse. Drugs misuse is recorded using the International Classification of Diseases 10th Revision (ICD10) Codes. The following codes were used in the analysis presented in this section:

ICD 10 Code	Description	ICD 10 Code	Description
F11	Opioids	F15	Other Stimulants
F12	Cannabinoids	F16	Hallucinogens
F13	Sedatives / Hypnotics	F18	Volatile Solvents
F14	Cocaine	F19	Multiple / Other Psychoactive Substances

Some caution is necessary when using these data as (a) drug misuse may only be suspected and may not always be recorded by the hospital, and (b) where drug misuse is recorded, it may not be possible to identify which drug(s) may be involved.

Analysis methods used on the SMR01 dataset

The way in which the Substance Misuse Programme analyse data from SMR01 has altered since the publication of Drug Misuse Statistics Scotland 2008. A paper explaining this change was published on the 25th November 2009 at www.drugmisuse.isdscotland.org/publications/abstracts/cis_faq.htm. This website provides more detailed information including a comparison of the impact on analyses over a five year period using both the old and new methods.

In the SMR01 database an 'episode of care' is generated when a patient is discharged from a general acute hospital or when a patient is transferred between hospitals, significant facilities, specialties or to a different consultant. As a result a continuous stay in hospital may have more than one SMR01 'episode of care' for the same stay in hospital.

In the Drug Misuse Statistics Scotland 2008 and earlier publications ISD counted each stay in a general acute hospital once by excluding transfer cases. However, since publication of the Drug Misuse Statistics Scotland 2009 each stay in a general acute hospital is counted once using the Continuous Inpatient Stay (CIS) marker generated by record linkage. This identifies all records relating to the one hospital stay and each stay in hospital is counted once using this marker.

Further information

Information on ISD Scotland's national datasets can be found on our website at: www.isdscotland.org/isd/4306.html.

Further statistics on general acute hospital discharges are available at: www.isdscotland.org/acute_hospital_care.

Further information on analysis methods used on the SMR01 dataset is available at: www.drugmisuse.isdscotland.org/publications/abstracts/cis_faq.htm.

If you would like further information on hospital discharges relating to drug misuse then please contact the Substance Misuse Programme at nss.isdsubstance misuse@nhs.net.

B2 Psychiatric Discharges

Key points

Overview 2009/10

- In 2009/10, there were 22,940 psychiatric discharges in Scotland, of which 6% (1,479) had a diagnosis of drug misuse (a rate of 30 discharges per 100,000 population) ([Table B2.2 and Table B2.3](#)).
- Sixty-six per cent (972) of the psychiatric discharges that had a diagnosis of drug misuse were male in 2009/10, compared to 34% (507) of discharges that were female ([Table B2.1](#)).
- The 30 to 34 years old age group had the highest rate of psychiatric discharges with a diagnosis of drug misuse, with 102 per 100,000 population, followed by the 25 to 29 years age group with 84 per 100,000 population ([Table B2.2](#)).
- Sixty per cent of discharges with a diagnosis of drug misuse were following a length of stay in a psychiatric hospital of 1 week or more ([Table B2.5](#)).

Five year trend - 2005/06 to 2009/10

- The rate of psychiatric discharges with a diagnosis of drug misuse fell from 34 per 100,000 population in 2005/06 to 28 per 100,000 population in 2007/08. In 2008/09, the rate increased to 30 per 100,000 population and this has remained constant for 2009/10. ([Table B2.2](#)).
- The rate per 100,000 population for psychiatric discharges with a diagnosis of drug misuse increased between 2005/06 and 2009/10 in the older age groups (35 years and over). ([Table B2.2](#)).
- In contrast, the rate per 100,000 population for discharges with a diagnosis of drug misuse fluctuated, and ultimately decreased, between 2005/06 and 2009/10 in the younger age groups (34 years and under) ([Table B2.2](#)).

Drugs recorded

- In 2009/10, the use of multiple/other drugs (including hallucinogens, volatile solvents and multiple drug use and use of other psychoactive substances) was the most commonly recorded drug group resulting in mental and behavioural disorder. Of specific drug groups, opioids were recorded in 33% of psychiatric discharges (482) and the use of cannabinoids were recorded in 9% of psychiatric discharges (128) ([Table B2.4](#)).

Geographical profile

- In 2009/10, the highest rate of psychiatric discharges per 100,000 population with a diagnosis of drug misuse was seen in NHS Borders with 69 discharges per 100,000 population. The second highest rate was in NHS Ayrshire and Arran with 46 discharges per 100,000 population ([Table B2.2](#)).

Background information

Data on individual patients are collected by ISD Scotland as a series of Scottish Morbidity Records (SMR).

The SMR datasets are a significant local and national information resource, and are used for epidemiological monitoring, health needs assessment, national and local planning and a range of other applications.

These statistics are derived from data collected through the mental health inpatient and day case return (SMR04), which records information at admission and discharge. On the SMR04 form up to six separate diagnoses can be recorded on discharge. A diagnosis in the first position is the main diagnosis on discharge. A diagnosis 'in any position' refers to the occurrence of a diagnosis in any of the six positions (including main and supplementary).

Figures for all discharges relate to the number of episodes not to the number of individual patients admitted or discharged. Each individual may have more than one episode. When figures are broken down by geographical area or age the numbers in some categories can be very small. In these cases both differences between categories and trends over time should be interpreted with caution because they may be misleading.

Diagnosis is recorded on both the admission and the discharge part of the record and diagnosis on discharge may differ from diagnosis on admission. The tables presented here are based on diagnosis on discharge. Drug misuse is defined using the same group of ICD 10 codes outlined in section B1. In Table B2.3 diagnoses have been grouped together into the following short list of conditions based on the International Classification of Diseases 10th Revision (ICD10):

ICD 10 Code	Description
F11-F16, F18-F19	Drug Misuse
All other ICD10 codes	Other Conditions

For information about the completeness, timeliness and other data quality issues regarding SMR04 data submissions contact the Data Management Team at nss.isdDMT@nhs.net.

Further information

Information on ISD Scotland's national datasets are available at www.isdscotland.org/isd/4306.html.

Further statistics on psychiatric admissions and discharges are available at www.isdscotland.org/isd/962.html.

If you would like further information on psychiatric discharges relating to drug misuse please contact nss.isdsubstance misuse@nhs.net.

Glossary

EASR	European Age Standardised Rate
Deprivation	The Scottish Index of multiple Deprivation (SIMD) is used to calculate deprivation rates. SIMD has 38 indicators in 7 domains (income, employment, housing, health, education, skills and training, geographical access and crime) at datazone level, which have been combined into an overall index. Rates are reported by quintiles. Quintiles divide the population into five equal proportions so that 20% of the population falls into each quintile.
Hospital episode of care	This refers to a given period of health care in a hospital setting. An individual (patient) may account for a number of episodes during a given reporting period. Each episode is initiated by a referral (including re-referral) or admission and is ended by a discharge.
International Classification of Diseases and Related Health Problems (ICD)	The International Statistical Classification of Diseases and Related Health Problems (ICD) revision is used to classify hospital admissions and deaths. The 10th revision is used in analysis.
Provisional data	An indication that the data is provisional means that returns from hospitals are not yet complete and the final figure may be different to that recorded when all returns are in.
Inpatient	This is when a patient occupies an available staffed bed in a hospital and either; remains overnight whatever the original intention or is expected to remain overnight but is discharged earlier.

List of Tables

Table No.	Name	Time period	File & size
B1	B1 – Drug Misuse Hospital Statistics		Excel [650kb]
B1.1	General acute inpatient discharges with a diagnosis of drug misuse in any position: 2010/11		Excel [40kb]
B1.2	General acute inpatient discharges with a diagnosis of drug misuse in any position: 2006/07 - 2010/11		Excel [40kb]
B1.3	General acute inpatient discharges with a diagnosis of drug misuse in any position; drug type: 2010/11		Excel [40kb]
B1.4	General acute inpatient discharges with a diagnosis of drug misuse in any position; drug type: 2006/07 - 2010/11		Excel [40kb]
B1.5	General acute inpatient discharges with a diagnosis of drug misuse in any position; type of admission: 2010/11		Excel [40kb]
B1.6	General acute inpatient discharges with a diagnosis of drug misuse in any position; length of stay: 2010/11		Excel [40kb]
B1.7	General acute inpatient discharges with a diagnosis of drug misuse in any position; length of stay: 2010/11		Excel [40kb]
B2	B2 – Drug Misuse Psychiatric Hospital Statistics		Excel [40kb]
B2.1	Psychiatric hospital discharges with a diagnosis of drug misuse in any position: 2009/10		Excel [40kb]
B2.2	Psychiatric hospital discharges with a diagnosis of drug misuse in any position: 2005/06 - 2009/10		Excel [40kb]
B2.3	Psychiatric hospital discharges; gender: 2009/10		Excel [40kb]
B2.4	Psychiatric hospital discharges with a diagnosis of drug misuse in any position; drug type: 2009/10		Excel [40kb]
B2.5	Psychiatric hospital discharges with a diagnosis of drug misuse in any position; length of stay: 2009/10		Excel [40kb]

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Further Information

Further information can be found on the [ISD website](#)

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Appendix

A1 – Data source contacts

<p>B1 Hospital Discharges Information Services Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB Telephone: 0131 275 7051 www.isdscotland.org</p>	<p>B2 Psychiatric Hospital Discharges Information Services Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB Telephone: 0131 275 7051 www.isdscotland.org</p>
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A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Drug Misuse Hospital Statistics Scotland 2011
Description	This data is normally published as part of Drug Misuse Statistics Scotland 2011 annual publication but has been published separately on this occasion due to data submission delays .
Theme	Health and Social Care
Topic	Substance Misuse
Format	PDF report with Excel tables
Data source(s)	ISD SMR01 and SMR04
Date that data are acquired	January 2012
Release date	Tuesday 29 th May 2012
Frequency	Annual
Timeframe of data and timeliness	Data postponed from February 2012.
Continuity of data	See background information
Revisions statement	All revisions to data within this publication are planned and are due to incomplete data returns at the time of publication. All tables will be revised annually. In general these revisions have minimal affect on the statistics.
Revisions relevant to this publication	In general, revisions have minimal affect on the statistics.
Concepts and definitions	See Hospital Care: Background Information http://www.isdscotland.org/Health-Topics/Hospital-Care/
Relevance and key uses of the statistics	Relevant to understanding problem drug use in Scotland. Statistics will be used for policy making and service planning.
Accuracy	Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends.
Completeness	Details of these data submissions issues are available on the Hospital Records Data Monitoring SMR Completeness web page
Comparability	See introduction of this report.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	The report is available as a PDF file with tables clearly linked for ease of use.
Value type and unit of measurement	Numbers, percentages and rates per 100,000.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistic
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority, report published 4 th April 2012.
Last published	14 th December 2010
Next published	tbc

Date of first publication	1998
Help email	mailto:nss.isdsubstancemisuse@nhs.net
Date form completed	13 th April 2012

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)