

Publication Report



Drug-Related Hospital Statistics Scotland 2013

Publication date – 25 February 2014



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Introduction

This publication reports on hospital discharges relating to drug misuse. It includes information on inpatients and day cases discharged from general acute hospitals in Scotland. In doing so, it tells us about some health impacts of drug misuse.

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

- Hospital data from ISD General Acute Inpatient / Day case Records (SMR01) years 2008/09 to 2012/13.

Each section within this report describes, for the most recent Financial Year for which data are available and across the preceding five-year period, the overall trend in drug-related discharges, the demographic characteristics of those admitted to hospital, the substances used and the geographical differences in discharges within Scotland.

The Mental Health (Psychiatric) Hospital Activity Statistics publication has been delayed until June 2014 due to missing Mental Health Inpatient and Day Case (SMR04) discharge records. SMR04 data is also the source for the psychiatric discharges section of this report and so this section cannot be updated at this stage. ISD are working closely with NHS Boards to ensure submission of SMR04 discharge data. This report will be revised to include SMR04 data as soon as possible.

Methods

The 2013 European Standard Population (ESP2013) has been used to calculate the European Age-Sex Standardised Rates (EASRs) within this publication. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Previous reports used ESP1976 to calculate EASRs. Figures using ESP1976 and ESP2013 are not comparable. Therefore, findings from this publication are not comparable with previous ISD reports. See [Appendix A1](#) for further details.

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 from the [ISD website](#).

While attempts have been made to ensure the terminology used is as clear as possible, the statistical nature of this report means that the use of technical/statistical terms is unavoidable. For further explanation of these words or phrases, please refer to the [Glossary](#). Further background information is available in [Appendix A2](#).

Key points

General Hospital Discharges:

- The European Age-Sex Standardised Rate (EASR) of general hospital discharges with a diagnosis of drug misuse has remained generally stable over the last five years (110 per 100,000 population in 2008/09; 107 per 100,000 population in 2012/13).
- In the period 2008/09 to 2012/13, the EASR for general hospital discharges with a diagnosis of drug misuse increased among older age groups (by 16% for 35-39 years and by 40% for 40 years and over) and decreased among younger age groups (by 28% for under 20 year olds; by 31% for 20-24 year olds; by 37% for 25-29 year olds and by 16% for 30-34 year olds).
- In 2012/13, the majority of drug-related general hospital discharges were associated with opioids (67%), followed by multiple/other drugs (14%; includes hallucinogens, volatile solvents, multiple drug use and use of other psychoactive substances), cannabinoids (11%) and cocaine (6%).

Results and Commentary

General Hospital Discharges

Latest year (2012/13)

- During 2012/13, there were 5,683 general hospital discharges with a diagnosis of drug misuse. These discharges related to 4,445 patients. The average number of discharges per patient was 1.3 ([Table 1.1](#)).
- In 2012/13, the European Age-Sex Standardised Rate (EASR, hereafter referred to as 'rate') for general hospital discharges with a diagnosis of drug misuse was 107 discharges per 100,000 population ([Table 1.3](#)).
- Sixty eight per cent of discharges with a diagnosis of drug misuse were amongst males (3,861, EASR: 148) compared with 32% of discharges among females (1,822, EASR: 67) ([Table 1.3](#)).
- The 35- 39 year and 30-34 year old age groups had the highest rate of discharges with a diagnosis of drug misuse, with 334 and 323 per 100,000 population respectively ([Table 1.3](#)).
- In 2012/13, the majority of drug-related general hospital discharges were associated with opioids (67%), followed by multiple/other drugs¹ (14%), cannabinoids (11%) and cocaine (6%). ([Table 1.4](#)).
- Around three quarters of the discharges involving patients aged 30-34 (75%), 35-39 (77%) and 40 and over (73%) involved opioids. Those aged 20-24 had the highest percentage of discharges related to cocaine (21%) ([Table 1.4](#)).
- Discharges involving those aged under 20 showed considerable variation with cannabinoids recorded in 29% of discharges, 'other stimulants'² involved in 27% and 'multiple/other drugs' involved in 20% of discharges ([Table 1.4](#)).
- Ninety-two per cent (5,246) of general hospital discharges were admitted as an emergency rather than a planned (i.e. elective) intake ([Table 1.6](#)).
- Eighty-four per cent of discharges (4,798) involved an inpatient stay of less than one week ([Table 1.7](#)). The percentage of discharges involving stays of one week or more increased consistently with age (Under 20: 3%, 20-24: 11%, 35-39: 17%, 40+: 22%).
- Discharges related to opioids and 'multiple/other' drugs were associated with the highest percentage of hospital stays of one week or more (both 18%) ([Table 1.8](#)).
- Patients from more deprived areas were more likely to be admitted to hospital with a drug-related diagnosis. Those in the two most deprived SIMD quintiles (one and two) had the highest rates with 269 and 130 per 100,000 population respectively ([Table 1.9](#)).

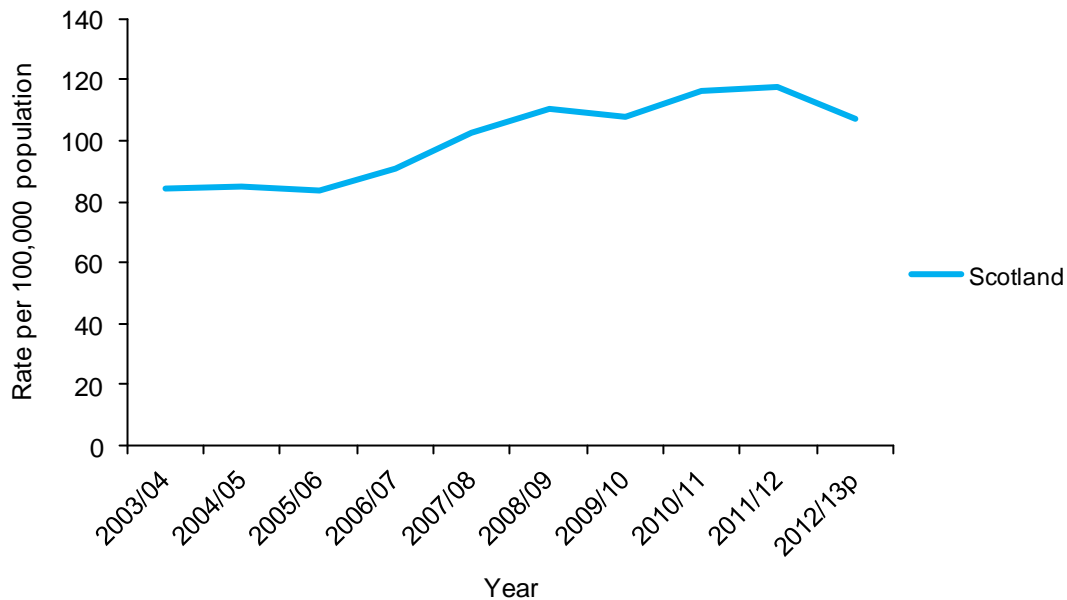
¹ This category includes hallucinogens, volatile solvents, multiple drug use and use of other psychoactive substances (e.g. ecstasy). This category may be used to indicate poly drug use when individual substances are not known or cannot be coded using existing diagnosis (ICD10) codes.

² This category includes stimulants other than cocaine (e.g. caffeine, amphetamine, methamphetamine, BZP, PMA).

Trend analysis

- The rate of general hospital discharges with a diagnosis of drug misuse increased steadily over the past ten years. An increase of 40% occurred over the period 2005/06 (84 per 100,000) to 2011/12 (118). Despite the long-term increases evident, discharge rates have remained generally stable over the last five years. The 2012/13 rate (107 per 100,000 population) was roughly comparable to that observed in 2008/09 (110) ([Table 1.2](#) and Figure 1.1).

Figure 1.1: European Age-Sex Standardised Rate per 100,000 population (using ESP2013¹) of general acute inpatient and day case discharges with a diagnosis of drug misuse by financial year (2003/04–2012/13)



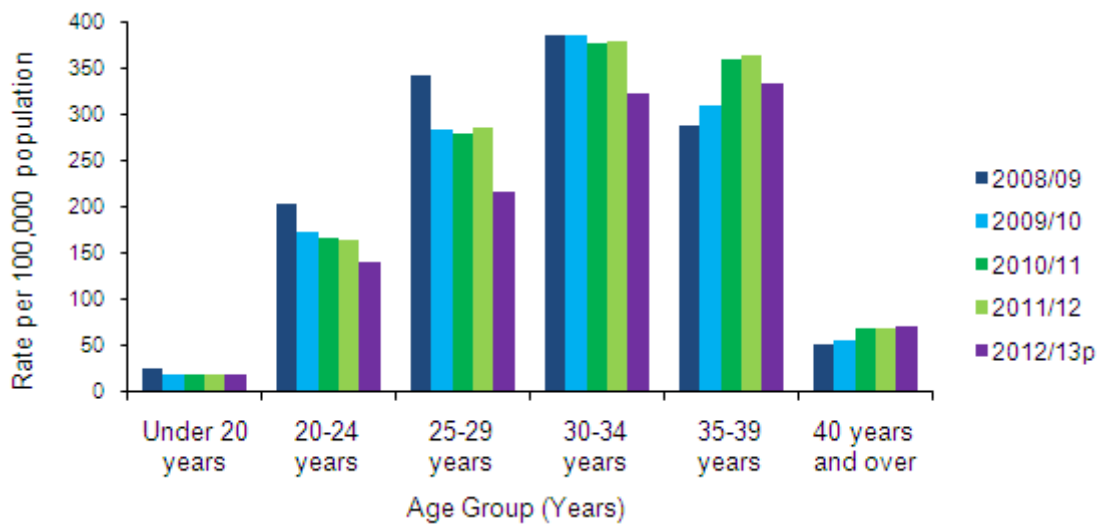
Notes:

1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age-Sex Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 90+. See Appendix A1 for further details.
 2. The population estimates used in the calculation of rates above are based on the 2011 Census results.
- p Provisional

- The ratio of male and female discharges remained stable over the five year period, with numbers and rates per 100,000 population for males consistently more than double that of females ([Table 1.3](#)).
- In the period 2008/9 to 2012/13, the rate of general hospital discharges with a diagnosis of drug misuse increased among older age groups; by 16% (from 288 to 334 discharges per 100,000 population) for 35-39 years, and by 40% (from 51 to 71) for those aged 40 years and over ([Table 1.3](#) and Figure 1.2).

- The rate of general hospital discharges with a diagnosis of drug misuse decreased among younger age groups in the period 2008/9 to 2012/13, reducing by 28% (from 91 to 66 discharges per 100,000 population) for under 20 year olds, 31% (from 203 to 139) for 20-24 year olds and 37% (from 343 to 215) for 25-29 year olds ([Table 1.3](#) and Figure 1.2).
- Comparing 2012/13 with 2011/12, a decrease in drug-related hospital discharge rates was observed across most age groups. Discharges among 25-29 year olds decreased 25% (from 286 to 215), while discharges among 20-24 year olds and 30-34 years olds each reduced by 15% (from 164 to 139 and 381 to 323 respectively) ([Table 1.3](#) and Figure 1.2).

Figure 1.2: European Age-Sex Standardised Rate per 100,000 population (using ESP2013¹) of general acute inpatient and day case discharges with a diagnosis of drug misuse in any position, by financial year and age group (2008/09–2012/13)

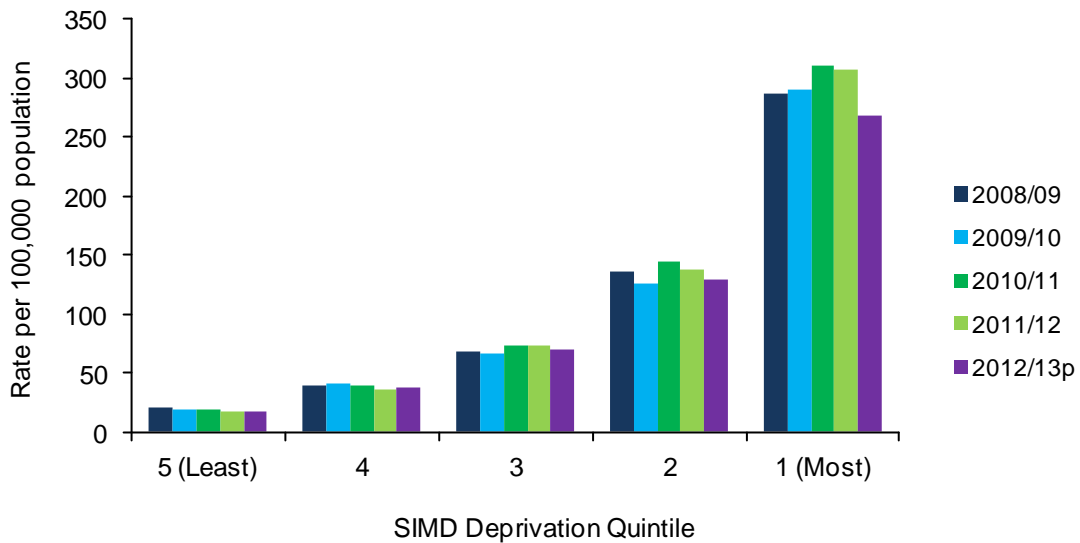


Notes:

1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age-Sex Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 90+. See Appendix A1 for further details.
2. The population estimates used in the calculation of rates above are based on the 2011 Census results.
p Provisional

- In terms of deprivation, individuals living in the least deprived areas in Scotland (SIMD quintile five) had the largest relative change in rates of drug-related discharges between 2008/9 and 2012/13 (a 20% decrease from 21 to 17 per 100,000 population). However, the rate decrease of 6% (from 287 in 2008/9 to 269 in 2012/13) observed among individuals from the most deprived areas (SIMD quintile one) indicated the largest absolute decrease in the number of drug-related discharges (from 3,046 to 2,947) ([Table 1.9](#) and Figure 1.3).

Figure 1.3: European Age-Sex Standardised Rate per 100,000 population (using ESP2013¹) of general acute inpatient and day case discharges with a diagnosis of drug misuse in any position, by financial year and SIMD deprivation quintile (2008/09–2012/13)

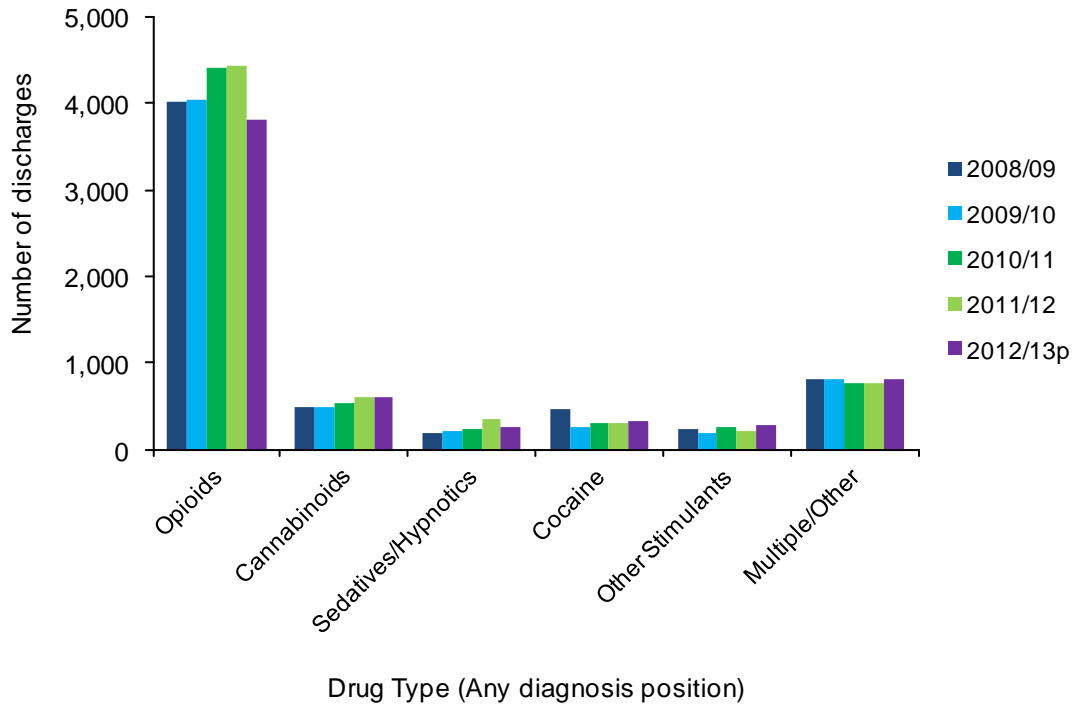


Notes:

1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age-Sex Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 90+. See Appendix A1 for further details.
 2. The population estimates used in the calculation of rates above are based on the 2011 Census results.
- p Provisional

- The substances most commonly indicated in drug-related discharges were opioids - the percentage of discharges in which they were involved decreased from 69% (4,029) in 2008/09 to 67% (3,825) in 2012/13 (opioids were involved in 71% of discharges in 2010/11). The next most frequently recorded specific drug category was multiple/other drugs; the percentage of discharges involving these remained stable from 2008/9 to 2012/13 (14%). The percentage of discharges involving cannabinoids increased from 8% (492) in 2008/09 to 11% (608) in 2012/13. The percentage of discharges where cocaine was indicated decreased from 8% (459) in 2008/09 to 6% (316) in 2012/13. Discharges involving sedatives/hypnotics and other stimulants remained at roughly the same level throughout the period (between 3% and 5% of discharges). Note that the sum of the drug categories does not add up to the total because more than one type of drug can be indicated in a single discharge ([Table 1.5](#) and Figure 1.4).

Figure 1.4: Number of general acute inpatient and day case discharges with a diagnosis of drug misuse in any position, by financial year and drug type (2008/09–2012/13)



Note:
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Geographical profile

- The prevalence of drug-related general hospital discharges varies widely across Scotland. In 2012/13 the highest rates were seen in NHS Ayrshire & Arran (196 discharges per 100,000 population), NHS Fife (154) and NHS Greater Glasgow & Clyde (125) ([Table 1.3](#)).
- NHS Ayrshire & Arran (80%), NHS Grampian (81%) and NHS Tayside (74%) had the highest percentage of discharges with an opioid-related diagnosis ([Table 1.4](#)).
- NHS Borders appeared to show a different pattern of drug-related hospital discharges from the rest of Scotland. Forty-five per cent of drug-related discharges in NHS Borders had a diagnosis of 'multiple/other drugs' while only 30% of discharges were related to opioids (notably lower than the overall Scotland percentage of 67%) ([Table 1.4](#)).

Glossary

EASR	European Age-Sex Standardised Rate; the rate that would have been found if the population in Scotland had the same age-composition as the hypothetical standard European population. The 2013 European Standard Population (ESP2013) has been used to calculate the EASRs within this publication. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Previous reports used ESP1976 to calculate EASRs. Figures using ESP1976 and ESP2013 are not comparable. Therefore, <u>findings from this publication are not comparable with previous ISD reports</u> . See Appendix A1 for further details.
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. The SIMD is updated roughly every three years and the version used depends on the year when the patient was discharged from hospital.
Discharge	This refers to the end of a given period of health care in a hospital setting known as a continuous inpatient stay (CIS). 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.
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.
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.
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.

List of Tables

Table No.	Name	Time period	File & size
	Drug Related Hospital Statistics 2013		Excel [788kb]
1.1	General acute inpatient discharges with a diagnosis of drug misuse in any position: Number of discharges, patients and average discharges per patient (2012/13)	2012/13	
1.2	General acute inpatient & day case discharges with a diagnosis of drug misuse in any position; number and rate of discharges (2003/04-2012/13)	2003/04 - 2012/13	
1.3	General acute inpatient & day case discharges with a diagnosis of drug misuse in any position; number and rate of discharges (2008/09-2012/13)	2008/09 - 2012/13	
1.4	General acute inpatient & day case discharges with a diagnosis of drug misuse in any position; drug type (2012/13)	2012/13	
1.5	General acute inpatient & day case discharges with a diagnosis of drug misuse in any position; drug type (2008/09-2012/13)	2008/09 - 2012/13	
1.6	General acute inpatient & day case discharges with a diagnosis of drug misuse in any position; type of admission (2012/13)	2012/13	
1.7	General acute inpatient & day case discharges with a diagnosis of drug misuse in any position; length of stay (2012/13)	2012/13	
1.8	General acute inpatient & day case discharges with a diagnosis of drug misuse in any position; length of stay by drug type (2012/13)	2012/13	
1.9	General acute inpatient & day case discharges with a diagnosis of drug misuse in any position; deprivation category (2008/09-2012/13)	2008/09- 2012/13	

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Further Information

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

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Appendices

A1 – Changes to the European Standard Population

The 2013 European Standard Population (ESP2013) has been used to calculate the European Age-Sex Standardised Rates (EASRs) within this publication. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Previous reports used ESP1976 to calculate EASRs. EASRs calculated using ESP1976 cannot be compared with EASRs calculated using ESP2013. This section contains a worked example of EASRs using both ESP1976 and ESP2013 to show how the rates differ and why they cannot be compared. See [Appendix A1](#) for further details.

Example: General acute inpatient and day case discharges in Scotland with a diagnosis of drug misuse in any position (1997/98-2012/13)

Based on the number of discharges observed in each of the financial years, the following rates were calculated:

Crude Rate

The crude rate is the total number of people with an illness or who die in a country or region, divided by the total population of that country or region, and is normally expressed 'per 1,000', 'per 10,000' or 'per 100,000'.

Making comparisons on the crude rate can be misleading if the age structures of the populations of the countries or regions are quite different. Areas with larger percentages of younger people are unlikely to have as high levels of death as areas with larger percentages of older people – and therefore if we don't adjust for these differences we may draw the wrong conclusion about the health of an area simply because of the age-structure of the population. EASRs allow us to make comparisons between different geographical areas as they allow the effects of having different age structures in either the same population over time or different geographies to be removed.

European Age-Sex Standardised Rate (EASR) using ESP1976

For each 5 year age group, the crude rate is calculated and then the weighted average of all age groups is taken based on the weightings of the 1976 European Standard Population, to give the overall EASR.

European Age-Sex Standardised Rate (EASR) using ESP2013

For each 5 year age group, the crude rate is calculated and then the weighted average of all age groups is taken based on the weightings of the 2013 European Standard Population, to give the overall EASR.

The table and chart below are for illustrative purposes to show how the rates differ.

Table A1.1: Comparison of European Age-Sex Standardised Rates (EASRs) of general acute inpatient and day case discharges with a diagnosis of drug misuse in any position using both 1976 and 2013 European Standard Populations, and crude rates, by financial year (1997/98-2012/13)

	Financial Year															
	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13
Number of discharges	2,765	3,525	3,761	4,225	4,443	4,635	4,492	4,511	4,443	4,834	5,480	5,870	5,706	6,177	6,270	5,683
Crude Rate per 100,000 population	54	69	74	83	88	91	89	89	87	94	106	113	109	117	118	107
EASR per 100,000 population (ESP1976)	54	70	76	86	91	96	93	93	91	99	111	118	115	123	124	112
EASR per 100,000 population (ESP2013)	49	63	68	77	82	86	85	85	84	91	103	110	108	116	118	107

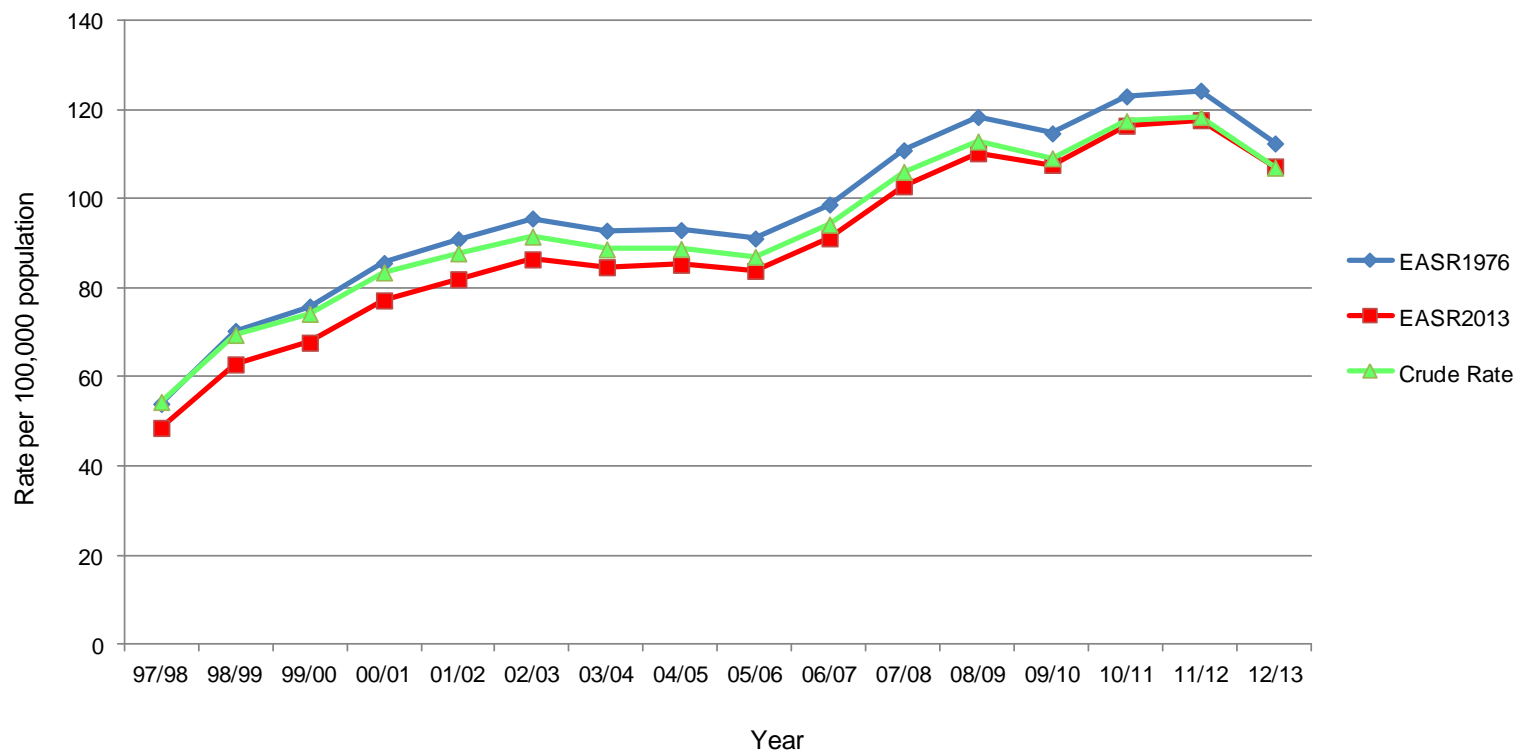
From this example (see Table A1.1 and Figure A1.1 below), it can be seen that the EASR (using ESP2013) is the lowest of the three rates. The Crude Rate is slightly higher than this, and the EASR (using ESP1976) is a little higher still. Despite changes to the age profile of those using illicit drugs, drug-related discharges continue to be most prevalent among younger age groups rather than older age groups. ESP2013 differs from ESP1976 by its inclusion of fewer young people and more people from older age groups. Therefore, in this example, the EASRs calculated using ESP2013 are lower than those calculated using ESP1976. The trends shown for each method of calculating rates are similar, giving confidence to trend analysis. EASRs (using ESP1976) are not comparable with EASRs (using ESP2013). For example, comparing the EASR (using ESP1976) for 09/10 in a report issued in 2013, to an EASR (using ESP2013) relating to the same financial year 09/10, in a report issued in 2014, is meaningless. On this basis, findings from this publication are not comparable with previous ISD reports.

Further Information can be obtained from:

ISD Website: <http://www.isdscotland.org/Products-and-Services/GPD-Support/>

ONS website: <http://www.ons.gov.uk/ons/about-ons/get-involved/consultations/consultations/implementation-of-the-2013-european-standard-population/index.html>

Figure A1.1: Comparison of European Age-Sex Standardised Rates (EASRs)^{1,2} of general acute inpatient and day case discharges with a diagnosis of drug misuse in any position using both 1976³ and 2013^{4,5} European Standard Populations, and crude rates, by financial year (1997/98-2012/13)



- Notes:
- (1) The population estimates used in the calculation of rates above are based on the 2011 Census results.
 - (2) The European Standard Population (ESP), which was first used in 1976, was revised in 2013. European Age-Sex Standardised Rates (EASRs) using ESP1976 and ESP2013 are not comparable.
 - (3) European Age-Sex Standardised Rate (EASR), calculated using ESP1976 and using 5 year age groups 0-4, 5-9 up to an upper age group of 85+.
 - (4) European Age-Sex Standardised Rate (EASR), calculated using ESP2013 and using 5 year age groups 0-4, 5-9 up to an upper age group of 90+.
 - (5) The upper age group for the 2013 European Standard Population structure is 95+. However, due to Scotland population estimates data being unavailable for the 95+ age group for all required geographies, the upper age group used is 90+. This is an amalgamated age group containing both the 90-94 and 95+ age groups.

A2 – 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.

The Mental Health (Psychiatric) Hospital Activity Statistics publication has been delayed until June 2014 due to missing Mental Health Inpatient and Day Case (SMR04) discharge records. SMR04 data is also the source for the psychiatric discharges section of this report and so this section cannot be updated at this stage. ISD are working closely with NHS Boards to ensure submission of SMR04 discharge data. This report will be revised in June 2014 and the SMR04 section added.

SMR01 – Hospital general and acute inpatients and day cases

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 in the first section of this report 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 ([1.4](#) and [1.5](#)), 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.

Data Quality

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/>. 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/>.

Note of Revisions

The Health Improvement Team aims to continually improve the interpretation of the data and therefore analysis methods are reviewed and sometimes updated. Analysis programs may be modified occasionally to reflect process changes and improvements. However, a number of significant changes adopted recently are described below:

For the previous publication of 28 May 2013, two main changes were made:

- Change from using only the first episode with a drug-related diagnosis to all records (episodes) relating to the hospital stay if one or more of these had a drug-related diagnosis in any position.
- Change in application of version of the deprivation score (SIMD). For discharges in 2004/05, 2005/06 or 2006/07 SIMD version 2006 was used; for discharges in 2007/08, 2008/09 or 2009/10 the SIMD 2009 version 2 was used; for 2010/11, 2011/12 and 2012/13 SIMD version 2012 was used. Previously the same version (2009-v2) was used for all years.

For this publication of 25 February 2014, two main changes were made:

- The 2013 European Standard Population (ESP2013) has been used to calculate the European Age-Sex Standardised Rates (EASRs) within this publication. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Previous reports used ESP1976 to calculate EASRs. EASRs calculated using ESP1976 cannot be compared with EASRs calculated using ESP2013. Therefore, findings from this publication are not comparable with previous ISD reports. Further detail regarding this change and a worked example of EASRs using both ESP1976 and ESP2013 is included in [Appendix A1](#).
- Incorporation of revised small area mid-year population estimates based on results from the 2011 Census. These were made available by National Records of Scotland on 17 December 2013 (<http://www.nrscotland.gov.uk/news/2013/revised-population-estimates-for-2002-to-2010>)

Revision September 2014 – Change to age groupings:
Due to small numbers the age groupings used throughout this publication have been changed. This is in line with other drug related publications.

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 statistics on psychiatric admissions and discharges are available at

www.isdscotland.org/isd/962.html.

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 Health Improvement – Drug & Alcohol Team at

nss.isdsubstance misuse@nhs.net.

For information about the completeness, timeliness and other data quality issues regarding SMR01/SMR04 data submissions contact the Data Management Team at

nss.isdDMT@nhs.net.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Drug Misuse Hospital Statistics Scotland 2013
Description	Data relating to hospital (SMR01) discharges with diagnosis of drug misuse. These data are presented at a national level and also broken down by demographic characteristics/local geographies.
Theme	Health and Social Care
Topic	Substance Misuse
Format	PDF report with Excel tables
Data source(s)	ISD SMR01
Date that data are acquired	December 2013
Release date	Tuesday 25 th February 2014
Frequency	Annual
Timeframe of data and timeliness	SMR01 – covers information from the period 01/04/2008-31/03/2013. Longer term trends (Fig 1.1/Table 1.2) cover period from 01/04/2008 to 31/03/2013.
Continuity of data	See background information.
Revisions statement	All tables are revised annually to reflect any changes to analysis and to ensure the most complete information is presented. Data for the most recent financial year are labelled as provisional and may be subject to change in forthcoming publications. Minor revisions of this nature are due to incomplete data returns at the time of the previous publication.
Revisions relevant to this publication	<ul style="list-style-type: none"> The Mental Health (Psychiatric) Hospital Activity Statistics publication has been delayed until June 2014 due to missing Mental Health Inpatient and Day Case (SMR04) discharge records. SMR04 data is also the source for the psychiatric discharges section of this report and so this section cannot be updated at this stage. ISD are working closely with NHS Boards to ensure submission of SMR04 discharge data. This report will be revised to include SMR04 data as soon as possible. The 2013 European Standard Population (ESP2013) has been used to calculate the European Age-Sex Standardised Rates (EASRs) within this publication. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Previous reports used ESP1976 to calculate EASRs. EASRs calculated using ESP1976 cannot be compared with EASRs calculated using ESP2013. Therefore, <u>findings from this publication are not comparable with previous ISD reports</u>. Further detail regarding this change and a worked example of EASRs using both ESP1976 and ESP2013 is included in Appendix A1. Incorporation of revised small area mid-year population

	<p>estimates based on results from the 2011 Census. These were made available by National Records of Scotland on 17 December 2013 (http://www.nrscotland.gov.uk/news/2013/revised-population-estimates-for-2002-to-2010)</p>
Concepts and definitions	<p>See Glossary.</p> <p>Also, refer to: Hospital Care - Background Information: http://www.isdscotland.org/Health-Topics/Hospital-Care/</p> <p>ScotPHO - Drug Misuse: http://www.scotpho.org.uk/behaviour/drugs/introduction</p>
Relevance and key uses of the statistics	<p>Relevant to understanding problem drug use in Scotland. Statistics will be used for policy making and service planning.</p>
Accuracy	<p>Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends.</p>
Completeness	<p>Details of these data submissions issues are available on the Hospital Records Data Monitoring SMR Completeness web page</p>
Comparability	<p>The NHS Health and Social Care Information Centre (HSCIC) publishes figures on Hospital admissions for drug-related mental health and behavioural disorders in England but should not be directly compared with published data from Scotland. For more information see the Background information on the ISD Hospital Care website.</p>
Accessibility	<p>It is the policy of ISD Scotland to make its websites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>The report is available as a PDF file with tables clearly linked for ease of use.</p>
Value type and unit of measurement	<p>Numbers, percentages and European Age-Sex Standardised Rates per 100,000.</p>
Disclosure	<p>The ISD protocol on Statistical Disclosure Protocol is followed and data relating to very small numbers is suppressed.</p>
Official Statistics designation	<p>Accredited National Statistic</p>
UK Statistics Authority Assessment	<p>Completed assessment by UK Statistics Authority, report published 4th April 2012.</p>
Last published	<p>28th May 2013</p>
Next published	<p>February 2015</p>
Date of first publication	<p>1998</p>
Help email	<p>mailto:nss.isdsubstance misuse@nhs.net</p>
Date form completed	<p>11th February 2014</p>

A4 – 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)

A5 – ISD and Official Statistics

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.