

# Publication Report



## Drug-Related Hospital Statistics Scotland 2014/15



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## Introduction

This publication reports on hospital stays in relation to a drug misuse diagnosis and the patients admitted to hospital for such treatment. It includes information on inpatients and day cases discharged by general acute and psychiatric specialties in Scotland, where drug misuse was mentioned in the records at some point during the patients' hospital stay. 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 sources:

- General acute inpatient and day case records (SMR01), years 1996/97 to 2014/15; and,
- Mental health inpatient and day case records (SMR04), years 1996/97 to 2013/14.

This report describes the number of drug-related hospital stays, the number and characteristics of patients admitted to hospital, the substances used and the geographical variations within Scotland. Information is provided for the most recent available financial year (2014/15 for general acute stays, 2013/14 for psychiatric stays). Analyses of trends from 1996/97 are also included to aid interpretation of these data.

The report includes information on psychiatric stays (last published in the 2011/12 report). These data were omitted for the previous two years because of problems with the completeness of SMR04 data. ISD has worked closely with the NHS Boards involved and known data issues have been resolved.

A further section on combined general acute and psychiatric stays is also included in order to provide a more comprehensive description of hospital stays relating to drug misuse.

For the first time, data accompanying this report is published in an [electronic dashboard](#) (replacing the Excel workbook published alongside previous reports). The dashboard provides users with accessible, interactive content based on data from 1996/97 to 2014/15. Interrogation of these data enables members of the public, government and healthcare/Alcohol & Drug Partnership (ADP) staff to identify trends in relevant activity over time and to make comparisons between areas/groups using the information recorded on these national datasets.

This is presented by the dataset of interest (general acute stays, psychiatric stays and combined general acute and psychiatric stays) and includes five themed domains, presenting analyses based on geographical, demographic and drug type indicators. Further information on use of the dashboard is included in the [Results and Commentary](#) section.

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 (e.g. EASR, 'New patients') is unavoidable. For further explanation of these words or phrases, please refer to the [Glossary](#).

Further background information (e.g. data sources, definitions) is available in [Appendix A1](#).

## Key points

### General acute:

- In 2014/15, there were 7,054 general acute stays with a diagnosis of drug misuse. These stays related to 5,404 patients and, of these, 2,899 (54%) were 'new' patients.
- The European Age-Sex Standardised Rate (EASR, hereafter referred to as 'rate') of general acute stays with a diagnosis of drug misuse has shown a general upward trend from 1996/97 (41 per 100,000 population) to 2014/15 (133 per 100,000 population).
- In 2014/15, around two thirds (64%) of drug-related general acute stays were associated with opioids, followed by 'multiple/other' drugs (14%) and cannabinoids (11%).
- In 2014/15, opioid-related general acute stays were most common among patients aged 25 and above. Among 15-19 year olds, the most common drug type was 'other stimulants'. Among 20-24 year olds, 'other stimulants' were equally as likely to be associated with a general acute stay as opioids.
- In 2014/15, 91% (6,437) of drug-related general acute stays were as a result of an emergency admission rather than a planned (i.e. elective) admission and 84% (5,902) of stays were for less than one week.
- In the period 1996/97 to 2014/15, the rate of patients with a general acute stay in relation to drug misuse increased among older age range groups (rising from a rate of 20 to 236 patients per 100,000 population for 40-44 year olds and from 11 to 166 for those aged 45-49 years) and remained stable among younger age groups.
- In 2014/15, half (50%, 2,677) of patients with a general acute stay in relation to drug misuse lived in the 20% most deprived areas in Scotland (Scottish Index of Multiple Deprivation (SIMD) quintile 1).

### Psychiatric:

(Note: 2013/14 is the most up-to-date data available for psychiatric stays)

- In 2013/14, there were 1,451 psychiatric stays with a diagnosis of drug misuse. These stays related to 1,230 patients and of these, 774 (63%) were 'new' patients.
- In 2013/14, the rate of psychiatric stays with a diagnosis of drug misuse was 28 stays per 100,000 population. This rate was the same as in 1997/98, however some fluctuation was observed within this time period.
- In 2013/14, half (50%) of drug-related psychiatric stays were associated with 'multiple/other' drugs, followed by opioids (38%).
- In 2013/14, 72% (1,051) of drug-related psychiatric stays were as a result of an emergency admission rather than a planned (i.e. elective) admission and 63% (917) of stays were for more than one week.
- In the period 1997/98 to 2013/14, the rate of patients with a psychiatric stay in relation to drug misuse increased among older age groups (rising from a rate of 20 to 51 patients per 100,000 population for 40-44 year olds and from 12 to 30 for those aged 45-49 years) and decreased among younger age groups (reducing from 88 to 29 for 20-24 year olds).

- In 2013/14, half (50%, 615) of patients with a psychiatric stay in relation to drug misuse lived in the 20% most deprived areas in Scotland (SIMD quintile 1).

### **General acute/Psychiatric combined:**

- In 2013/14, there were 8,025 general acute and/or psychiatric stays with a diagnosis of drug misuse. These stays related to 6,113 patients and of these, 3,107 (51%) were 'new' patients.
- The rate of general acute and/or psychiatric stays with a diagnosis of drug misuse has increased steadily over the time series, almost doubling over the period 1997/98 to 2013/14 (77 to 152 stays per 100,000 population).
- In 2013/14, 3,107 patients (58 per 100,000 population) were treated in hospital for drug misuse for the first time.
- In 2013/14, the substances most commonly indicated in drug-related general acute and/or psychiatric stays were opioids (61%). The percentage of stays related to opioids increased from 35% in 1997/98 to 61% in 2013/14.

## Results and commentary

This publication has three main sections:

1. General acute
2. Psychiatric
3. General acute/Psychiatric combined

Sections 1 and 2 are divided into two sub-sections:

- a) Latest year (data from the most recent available financial year (2014/15 for General acute and 2013/14 for Psychiatric and General acute/Psychiatric combined); and
- b) Trends (1996-97 to 2014/15 for General acute and 1997-98 to 2013/14 for Psychiatric and General acute/Psychiatric combined).

## Using the electronic dashboard

For the first time, information accompanying this report is published in an [electronic dashboard](#). Due to this change, it has not been possible to provide specific table references as part of the commentary. Instead, commentary includes references to dashboard content using the following format:

- (**Dataset>Domain>Indicator**)

Where:

Options within Dataset':	Options within 'Domain':	Options within 'Indicator':
General acute (SMR01) Psychiatric (SMR04) Gen.acute/Psychiatric combined	Activity profile Drug type – stays Drug type – patients Length of stay (LOS) Admission type	NHS Board of residence ADP of residence Age group Gender Drug type SIMD quintile

For example, (**General acute (SMR01)>Activity profile>Gender**) means that the content relevant to the commentary can be found when:

1. the '**General acute (SMR01)**' dataset is selected;
2. the '**Activity profile**' domain is selected; and,
3. the '**Gender**' indicator is selected.

• General acute (SMR01)

Domain  
Activity profile

Indicator  
Gender

All Indicators with each Domain contain Scotland figures. Therefore, when referring to Scotland data in this report, only the Dataset and Domain selection are specified (e.g. (**General acute (SMR01)>Activity profile**)).

Once the relevant content has been selected, Scotland level information or information on specific Groups (e.g. 'Male' within the '**Gender**' Domain) can be charted by clicking on the relevant row in the data table in the top left-hand corner of the dashboard.

Nearly all the data referred to in this report can be accessed using the dashboard. However, some statistics may require the associated data table to be exported. This can be done by clicking the 'Export data' button when the relevant Dataset, Domain and Indicator are selected.

A rectangular button with a dark grey background and a thin white border. The text "Export data" is written in a white, sans-serif font, centered within the button.

The dashboard contains background and contextual information relevant to the publication. All notes relevant to the data can be found within the specific pages. For further information about the electronic dashboard, please see the [User Guide](#).

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](#).

# 1. General acute

## 1.1 Latest year (2014/15)

- In 2014/15, there were 7,054 general acute stays with a diagnosis of drug misuse. These stays related to 5,404 patients and of these, 2,899 (54%) were 'new'<sup>1</sup> patients ([General acute \(SMR01\)>Activity profile](#)).

## Stays

- In 2014/15, the European Age-Sex Standardised Rate (EASR, hereafter referred to as 'rate') for general acute stays with a diagnosis of drug misuse was 133 stays per 100,000 population ([General acute \(SMR01\)>Activity profile](#)).
- Sixty-eight per cent of general acute stays with a diagnosis of drug misuse were among males (4,819, rate: 184 per 100,000 population) ([General acute \(SMR01\)>Activity profile>Gender](#)).
- Individuals in the 35-39 year old age group had the highest rate of general acute stays with a diagnosis of drug misuse - 383 per 100,000 population ([General acute \(SMR01\)>Activity profile>Age group](#)).
- The average number of general acute stays per patient was 1.3. Individuals in the 40-44 and 50-54 year old age groups had the highest average number of stays per patient (both 1.36) ([General acute \(SMR01\)>Activity profile](#)).

## Patients

- The 2014/15 rate of patients with a general acute stay related to drug misuse was 102 patients per 100,000 population ([General acute \(SMR01\)>Activity profile](#)).
- In 2014/15, 68% of patients who had a general acute stay related to drug misuse were males (3,701, rate: 141 per 100,000 population) (females: 1,703, rate: 63) ([General acute \(SMR01\)>Activity profile>Gender](#)).
- Among general acute patients, the highest rate of drug-related stays was observed in the 35-39 year old age group (293 per 100,000 population) ([General acute \(SMR01\)>Activity profile>Age Group](#)).
- Patients from more deprived areas were more likely to experience a general acute stay related to drug misuse. The highest rates were observed among those in the most deprived Scottish Index of Multiple Deprivation (SIMD) quintile (SIMD 1; 246 patients per 100,000 population) ([General acute \(SMR01\)>Activity profile>SIMD quintile](#)).

## New patients<sup>1</sup>

- The 2014/15 rate for new patients with a general acute stay related to drug misuse was 54 patients per 100,000 population. These are individuals who had not had a general acute stay as a result of drug misuse within the past ten years ([General acute \(SMR01\)>Activity profile](#)).
- In 2014/15, 70% of new patients experiencing a general acute stay in relation to drug misuse were males (2,041, rate: 77 per 100,000 population) (females: 858, rate: 31) ([General acute \(SMR01\)>Activity profile>Gender](#)).

- Among new patients, the highest rate of drug-related general acute stays was observed in the 30-34 year old age group (130 per 100,000 population) (**General acute (SMR01)>Activity profile>Age Group**).

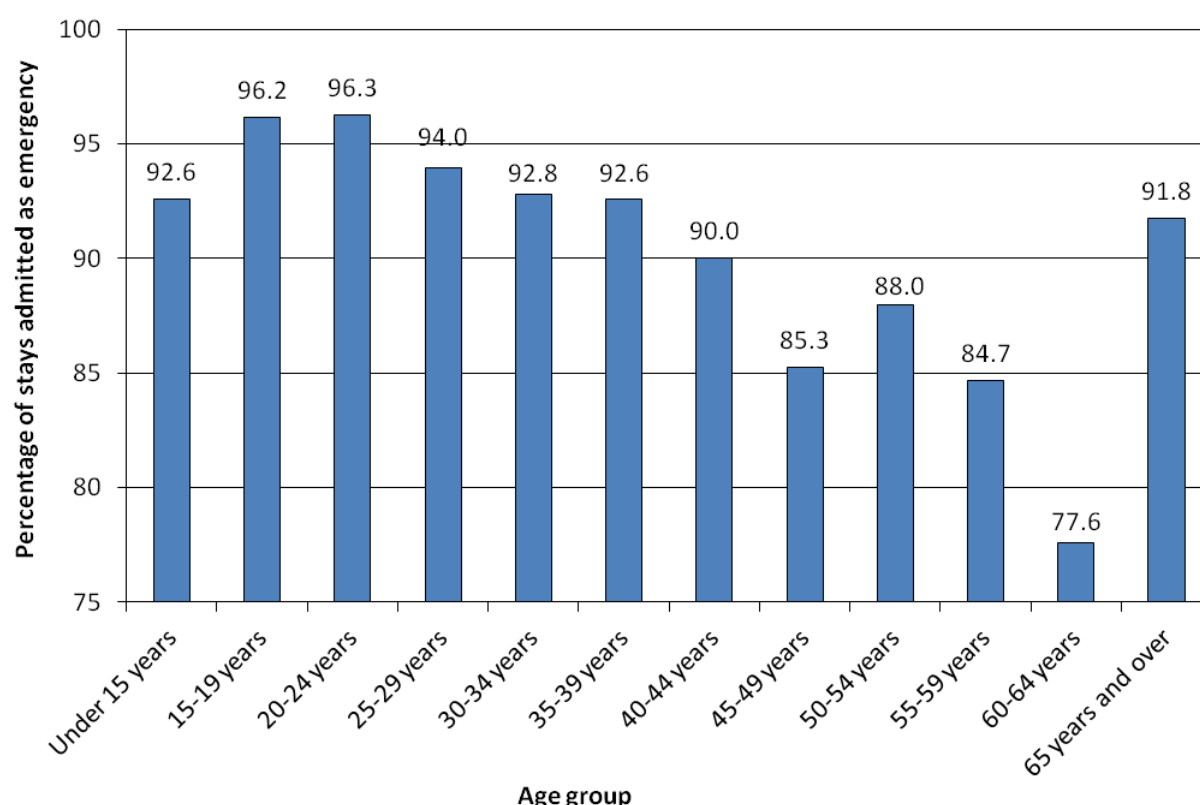
### **Drug type**

- In 2014/15, around two thirds (4,511, 64%) of drug-related general acute stays were associated with opioids, followed by 'multiple/other' drugs<sup>2</sup> (1,006, 14%) and cannabinoids (802, 11%) (**General acute (SMR01)>Drug type – stays**).
- In 2014/15, 62% (3,344) of general acute patients treated for drug misuse had a stay in relation to opioids and 16% (886) had a stay in relation to 'multiple/other' drugs. General acute stays associated with opioids were observed in 77% of patients aged 35-39 and accounted for the highest percentage of stays in all but two age groups (**General acute (SMR01)>Drug type – patients>Age group**). The exceptions were:
  - Among 15-19 year olds, 38% of patients had a stay in relation to 'other stimulants', followed by cannabinoids (34%). Only 7% had a stay associated with opioids.
  - Among 20-24 year olds, 26% of patients each had a stay in relation to 'other stimulants' and opioids.

### **Nature of stay**

- In 2014/15, 91% (6,437/7,054) of drug-related general acute stays were as a result of an emergency admission rather than a planned (i.e. elective) admission (**General acute (SMR01)>Admission type**).
- General acute stays relating to individuals aged 15-19 and 20-24 were most likely to be emergency admissions (both 96%), while stays among 60-64 year olds were least likely to have been an emergency admission (78%) (**General acute (SMR01)>Admission type>Age group** and Figure 1.1 below).
- The majority (5,902, 84%) of drug-related general acute stays were for less than one week. Older patients were more likely to have longer stays: 3% of patients aged 15-19 compared with 36% of patients aged 65+ stayed more than one week (**General acute (SMR01)>Length of stay (LOS)>Age group**).
- Opioids were associated with the highest percentage of general acute stays of one week or more (20%) (**General acute (SMR01)>Length of stay (LOS)>Drug type**).

**Figure 1.1: Percentage of general acute stays with a diagnosis of drug misuse admitted as emergency, by age group; 2014/15<sup>p</sup>**



Notes:

<sup>p</sup> Provisional.

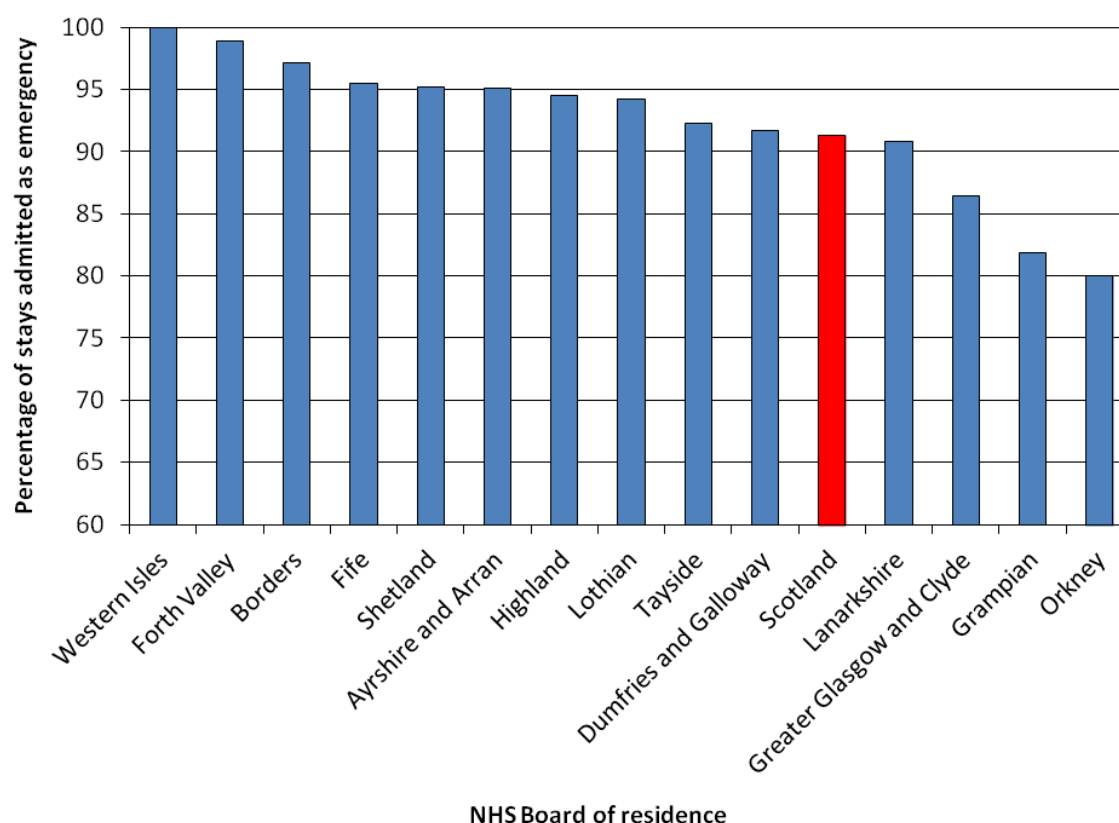
Source: General acute inpatient/day case records (SMR01).

## Geographical profile

### NHS Boards

- The rate of drug-related general acute stays varied widely between NHS Boards. In 2014/15 the highest rates were seen in Ayrshire & Arran (242 stays per 100,000 population), Fife (184) and Lothian (161). Among mainland NHS Boards, the lowest rate was observed in Highland (56 stays per 100,000 population) ([General acute \(SMR01\)>Activity profile>NHS Board of residence](#)). Similar patterns were evident in relation to patient and new patient rates.
- All drug-related general acute stays in NHS Western Isles and 99% of stays in NHS Forth Valley were admitted as emergencies. The percentage of stays admitted as emergencies was lowest in NHS Orkney (80%) ([General acute \(SMR01\)>Admission type>NHS Board of residence](#) and Figure 1.2 below).
- NHS Grampian (85%) and NHS Ayrshire and Arran (76%) had the highest percentage of general acute stays with an opioid-related diagnosis ([General acute \(SMR01\)>Drug type – stays>NHS Board of residence](#)).

**Figure 1.2: Percentage of general acute stays with a diagnosis of drug misuse admitted as emergency, by NHS Board of residence; 2014/15<sup>p</sup>**



Notes:

p Provisional.

Source: General acute inpatient/day case records (SMR01).

### Alcohol & Drug Partnership (ADP) areas

- In relation to ADP areas, the highest rates of drug-related general acute stays in 2014/15 were observed in Inverclyde (284 stays per 100,000 population) and North Ayrshire (280). The lowest rate was observed in Argyll & Bute (33 stays per 100,000 population) (**General acute (SMR01)>Activity profile>ADP of residence**). Similar patterns were evident in relation to patient and new patient rates.
- All drug-related general acute stays in Falkirk and Eilean Siar ADPs were admitted as emergencies (both 100%). The percentage of stays admitted as emergencies was lowest in Aberdeenshire (77%) (**General acute (SMR01)>Admission type>ADP of residence**).
- Aberdeen City (86%), Moray (84%) and Dundee City (82%) had the highest percentage of general acute stays with an opioid-related diagnosis (**General acute (SMR01)>Drug type – stays>ADP of residence**).

## 1.2 Trends (1996/97 to 2014/15)<sup>4</sup>

### **Stays**

- The rate of general acute stays with a diagnosis of drug misuse has increased steadily since 1996/97. Over the period 1996/97 (41 per 100,000 population) to 2014/15 (133 per 100,000 population), a greater than threefold rate increase was observed. Despite this long-term increase, rates of stays fluctuated considerably over the last five years (**General acute (SMR01)>Activity profile** and Figure 1.3).

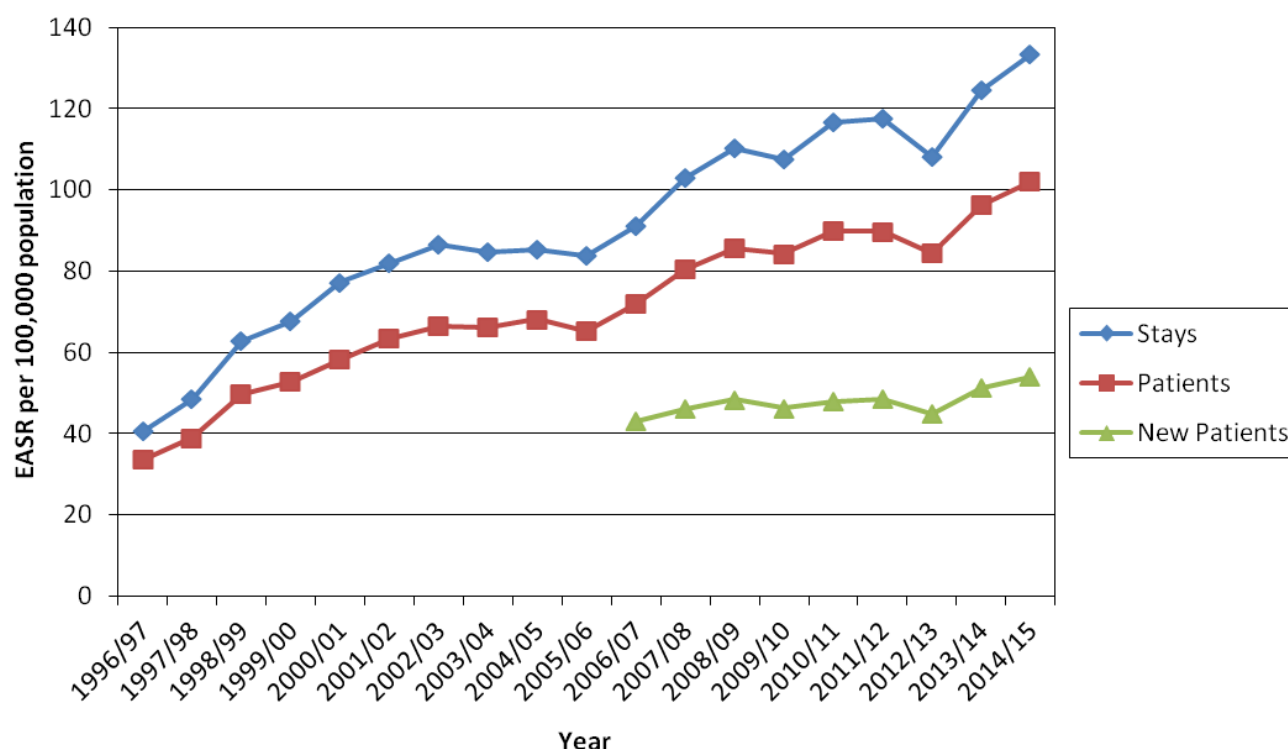
### **Patients**

- The rate of patients with a general acute stay in relation to a drug misuse diagnosis has increased since 1996/97, the pattern roughly corresponding with changes in the rate of stays. A threefold increase in the patient rate occurred over the period 1996/97 (34 per 100,000 population) to 2014/15 (102 per 100,000 population) (**General acute (SMR01)>Activity profile**).
- The average number of general acute stays per patient increased from 1996/97 (1.21) to 2014/15 (1.31). This indicates that, on average, patients with a general acute stay in relation to drug misuse had a higher number of such stays per year in 2014/15 than at the start of the time series (**General acute (SMR01)>Activity profile**).

### **New patients**

- The rate of new general acute patients admitted to hospital in relation to drug misuse increased gradually from 2006/07 (43 per 100,000 population) to 2014/15 (54 per 100,000 population) (**General acute (SMR01)>Activity profile**).
- The increase in the new patient rate from 2006/07 to 2014/15 was of a smaller magnitude than the increase in the patient rate over the same period. Therefore, while in 2006/07, 60% of general acute patients were 'new', this percentage had decreased to 54% in 2014/15 (**General acute (SMR01)>Activity profile**).

**Figure 1.3: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of general acute stays, patients and new patients<sup>‡</sup> with a diagnosis of drug misuse; 1996/97 to 2014/15<sup>p</sup>**



**Notes:**

<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

<sup>‡</sup> Period from 1996/97 to 2005/06 excluded due to diagnostic coding changes that affect the ten-year look back of SMR01 records. See footnote 3 for further details.

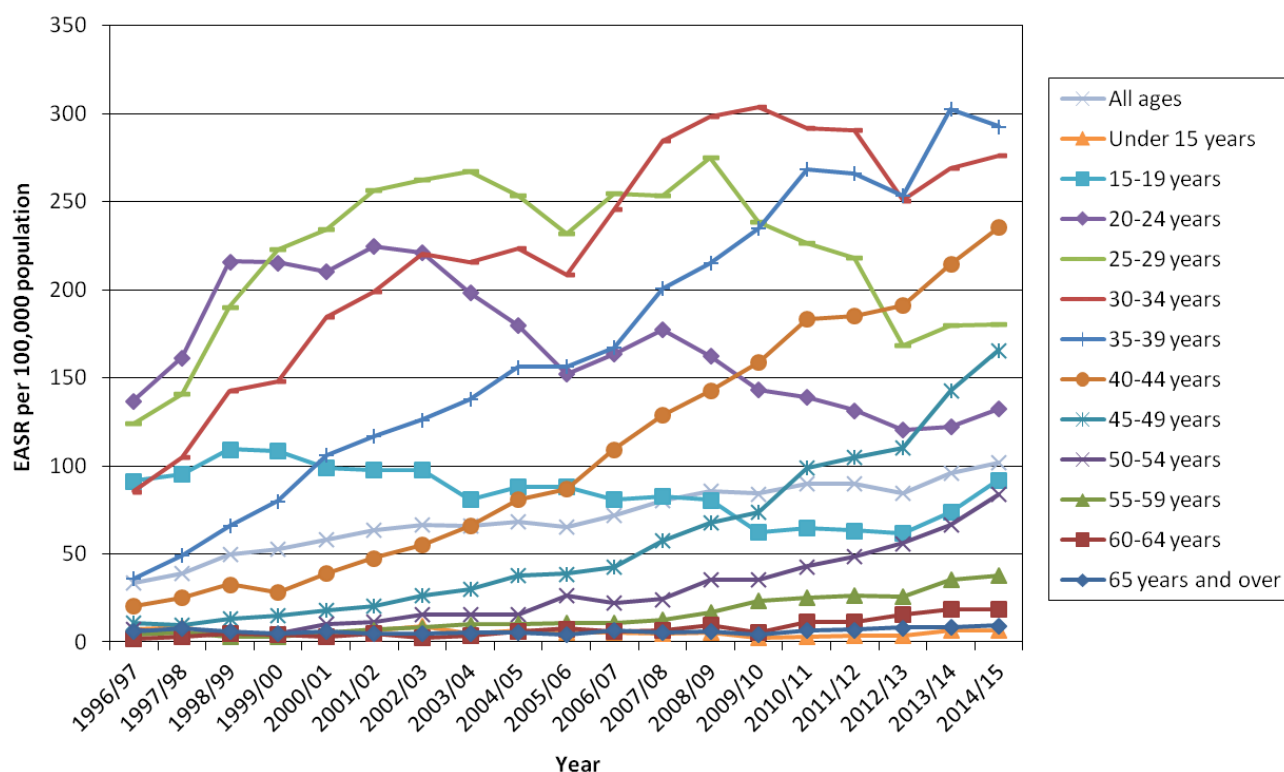
<sup>p</sup> Provisional.

Source: General acute inpatient/day case records (SMR01).

### **Demographic characteristics of patients**

- The ratio of male and female patients with a drug-related general acute stay remained stable over the period 1996/97 to 2014/15, with numbers and rates for males consistently more than double that of females. Male and female patient rates both increased threefold over the time series ([SMR01>Activity profile>Gender](#)).
- In the period 1996/97 to 2014/15, the rate of patients with a general acute stay for drug misuse remained roughly the same among younger age groups. Over the same period, drug-related general acute patient rates for all age groups from 25-29 to 65+ years increased. The largest increases (up to fifteen-fold for 45-49 year olds) were observed in the following age groups ([General acute \(SMR01\)>Activity profile>Age group](#) and Figure 1.4):
  - 20 to 236 patients per 100,000 population for 40-44 year olds;
  - 11 to 166 patients per 100,000 population for 45-49 year olds; and,
  - 7 to 84 patients per 100,000 population for 50-54 year olds.

**Figure 1.4: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of general acute patients with a diagnosis of drug misuse, by age group; 1996/97 to 2014/15<sup>p</sup>**



**Notes:**

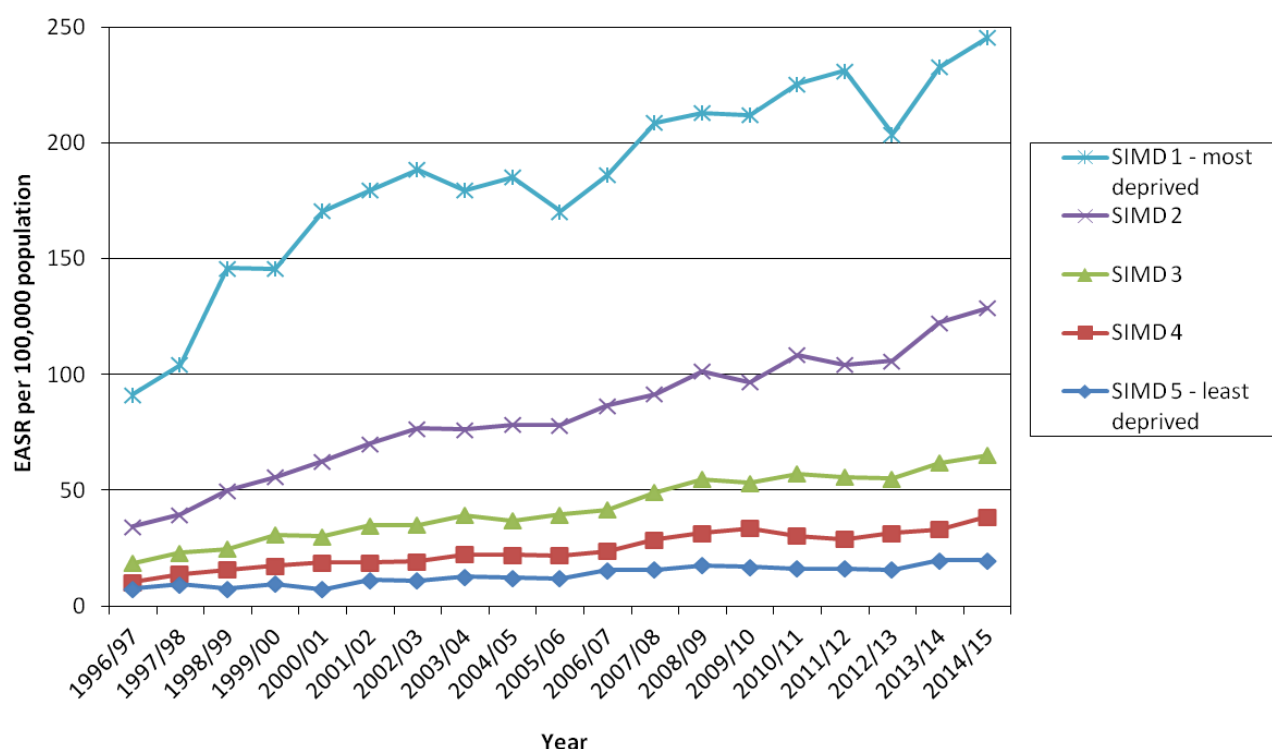
<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

<sup>p</sup> Provisional.

Source: General acute inpatient/day case records (SMR01).

- In 2014/15, half (50%, 2,677/5,404) of patients with a general acute stay in relation to drug misuse lived in the 20% most deprived areas in Scotland (SIMD quintile 1) (**General acute (SMR01)>Activity profile>SIMD quintile**).
- Increases in patient rates were observed across all SIMD quintiles from 1996/97 to 2014/15. The largest increase was observed in quintile 2 (from 34 to 129 patients per 100,000 population). Quintile 5 increased the least overall (from 8 to 20 patients per 100,000 population) (**General acute (SMR01)>Activity profile>SIMD quintile** and Figure 1.5).
- Despite the absolute rate increases observed, the percentage of patients with a general acute stay in relation to drug misuse who lived in SIMD quintile 1 areas has decreased over time, relative to other quintiles. The percentage of patients living in SIMD quintile 1 areas was over 55% in each year from 1996/97 to 2002/03 (peaking at 61% in 1998/99), and has decreased gradually since (**General acute (SMR01)>Activity profile>SIMD quintile**).

**Figure 1.5: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of general acute patients with a diagnosis of drug misuse, by SIMD deprivation quintile; 1996/97 to 2014/15<sup>p</sup>**



**Notes:**

<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

<sup>p</sup> Provisional.

Source: General acute inpatient/day case records (SMR01).

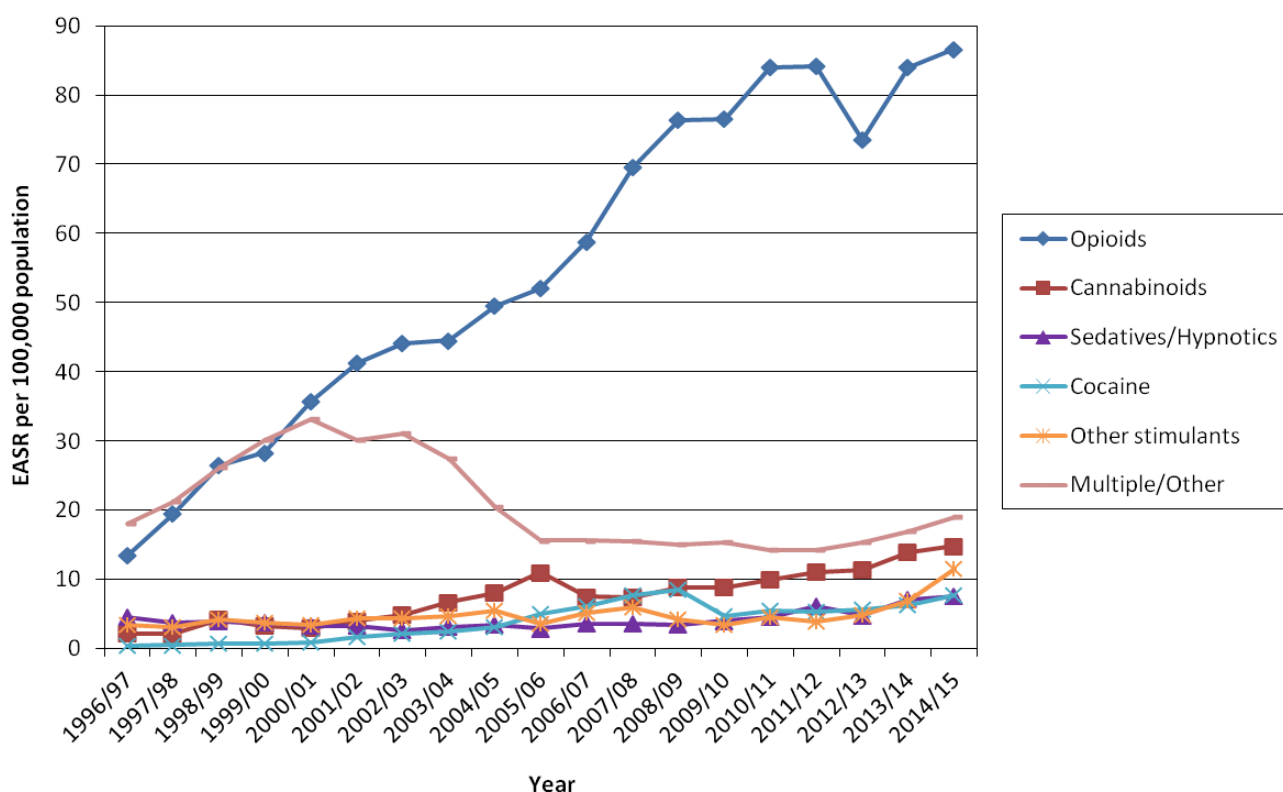
## Drug type<sup>5</sup>

- The substances most commonly indicated in drug-related general acute stays were opioids – in 2014/15 they were reported in 64% of stays (4,511), a large increase since 1996/7 (791, 34%) (**General acute (SMR01)>Drug type – stays**).
- The next most frequently recorded specific drug category was 'multiple/other drugs' (1,006, 14%); the percentage of general acute stays involving 'multiple/other drugs' has decreased from 45% (1,059) in 1996/97, but has remained stable at 12-14% since 2008/09 (**General acute (SMR01)>Drug type – stays**).
- The percentage of stays involving cannabinoids increased from 5% (127) in 1996/97 to 11% (802) in 2014/15. However, the 2014/15 percentage remains below the peak of 13% (596) observed in 2005/06 (**General acute (SMR01)>Drug type – stays**).
- The percentage of general acute stays where cocaine or sedative/hypnotics were indicated has been relatively stable in recent years (cocaine: 428, 6%, sedatives/hypnotics: 405, 6% in 2014/15) (**General acute (SMR01)>Drug type – stays**).
- General acute stays involving 'other stimulants' fluctuated downwards from 8% of stays in 1996/97 to 4% of stays during the period from 2008/09 to 2011/12. However, since

then they have risen to 9% (632) of general acute stays in 2014/15 (**General acute (SMR01)>Drug type – stays**).

- Trends in the rates of drug types associated with general acute stays are shown in Figure 1.6.

**Figure 1.6: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of general acute stays with a diagnosis of drug misuse, by drug type; 1996/97 to 2014/15<sup>p</sup>**



Notes:

<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

<sup>p</sup> Provisional.

Source: General acute inpatient/day case records (SMR01).

## 2 Psychiatric

### 2.1 Latest year (2013/14)

- In 2013/14, there were 1,451 psychiatric stays with a diagnosis of drug misuse. These stays related to 1,230 patients and of these, 774 (63%) were 'new'<sup>1</sup> patients ([Psychiatric \(SMR04\)>Activity profile](#)).

#### Stays

- In 2013/14, the rate for psychiatric stays with a diagnosis of drug misuse was 28 stays per 100,000 population ([Psychiatric \(SMR04\)>Activity profile](#)).
- Seventy-one per cent of psychiatric stays with a diagnosis of drug misuse were among males (1,031, rate: 39 per 100,000 population) compared with 29% of stays among females (420, rate: 16) ([Psychiatric \(SMR04\)>Activity profile>Gender](#)).
- Individuals in the 35-39 year old age group had the highest rate of psychiatric stays with a diagnosis of drug misuse; 92 per 100,000 population ([Psychiatric \(SMR04\)>Activity profile>Age group](#)).
- The average number of psychiatric stays per patient was 1.2. Individuals in the 20-24 age group had the highest number of stays per patient (1.29) ([Psychiatric \(SMR04\)>Activity profile](#)).

#### Patients

- The 2013/14 rate of patients discharged following a psychiatric stay related to drug misuse was 23 patients per 100,000 population ([Psychiatric \(SMR04\)>Activity profile](#)).
- In 2013/14, 71% of patients who had a psychiatric stay related to drug misuse were males (874, rate: 33 per 100,000 population) (females: 356, rate: 13) ([Psychiatric \(SMR04\)>Activity profile>Gender](#)).
- Among patients with a psychiatric stay related to drug misuse, the highest rate was observed in the 35-39 year old age group (76 per 100,000 population) ([Psychiatric \(SMR04\)>Activity profile>Age group](#)).
- Patients from more deprived areas were more likely to experience a psychiatric stay related to drug misuse. The highest rates were observed among patients who lived in the 20% most deprived areas in Scotland (SIMD quintile1; 57 patients per 100,000 population) ([Psychiatric \(SMR04\)>Activity profile>SIMD quintile](#)).

#### New patients<sup>1</sup>

- The 2013/14 rate for new patients with a psychiatric stay related to drug misuse was 15 patients per 100,000 population ([Psychiatric \(SMR04\)>Activity profile](#)). These are individuals who had not had a psychiatric stay as a result of drug misuse within the past ten years ([Psychiatric \(SMR04\)>Activity profile](#)).
- In 2014/15, 71% of new patients experiencing a psychiatric stay in relation to drug misuse were males (553, rate: 21) (females: 221, rate: 8) ([Psychiatric \(SMR04\)>Activity profile>Gender](#)).

- Among new patients, the highest rate of drug-related psychiatric stays was observed in the 35-39 year old age group (43 per 100,000 population) (**Psychiatric (SMR04)>Activity profile>Age group**).

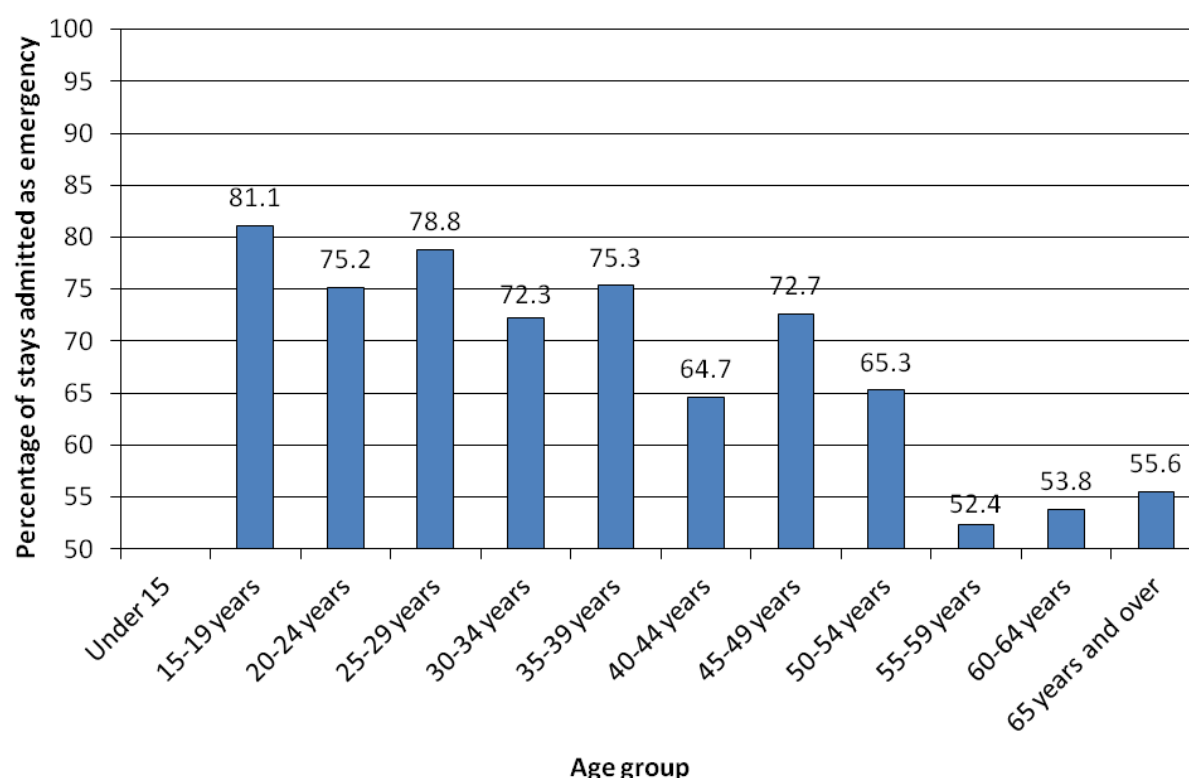
### ***Drug type***

- In 2013/14, half of drug-related psychiatric stays (727, 50%) were associated with 'multiple/other'<sup>1</sup> drugs, followed by opioids (558, 38%) (**Psychiatric (SMR04)>Drug type - stays**).
- In 2013/14, roughly half (622, 51%) of patients with a drug-related psychiatric stay had a stay in relation to 'multiple/other' drugs and 40% (494) had a stay in relation to opioids. In all but two age groups with greater than 100 patients, stays relating to 'multiple/other' drugs were most common (**Psychiatric (SMR04)>Drug type – patients>Age group**). The exceptions were:
  - Among 35-39 year olds, 47% of patients each had a stay in relation to opioids and 'multiple/other' drugs.
  - Among 40-44 year olds, 53% and 45% of patients had a stay in relation to opioids and 'multiple/other' drugs respectively.

### ***Nature of stay***

- Seventy-two per cent (1,051) of drug-related psychiatric stays were as a result of an emergency admission rather than a planned (i.e. elective) admission (**Psychiatric (SMR04)>Admission type**).
- Psychiatric stays relating to individuals aged 15-19 were most likely to be emergency admissions (81%), while stays among 55-59 years olds were least likely to have been an emergency admission (52%) (**Psychiatric (SMR04)>Admission type>Age group** and Figure 2.1).
- The majority of drug-related psychiatric stays (917, 63%) were for more than one week. Older patients were more likely to have longer stays: roughly half (51%) of patients aged 15-19 compared with 92% of patients aged 60-64 stayed more than one week (**Psychiatric (SMR04)>Length of stay (LOS)>Age group**).
- Cannabinoids were associated with the highest percentage of psychiatric stays of one week or more (68%) (**Psychiatric (SMR04)>Length of stay (LOS)>Drug type**).

**Figure 2.1: Percentage of psychiatric stays with a diagnosis of drug misuse resulting from emergency admissions, by age group; 2013/14<sup>p</sup>**



Notes:

p Provisional.

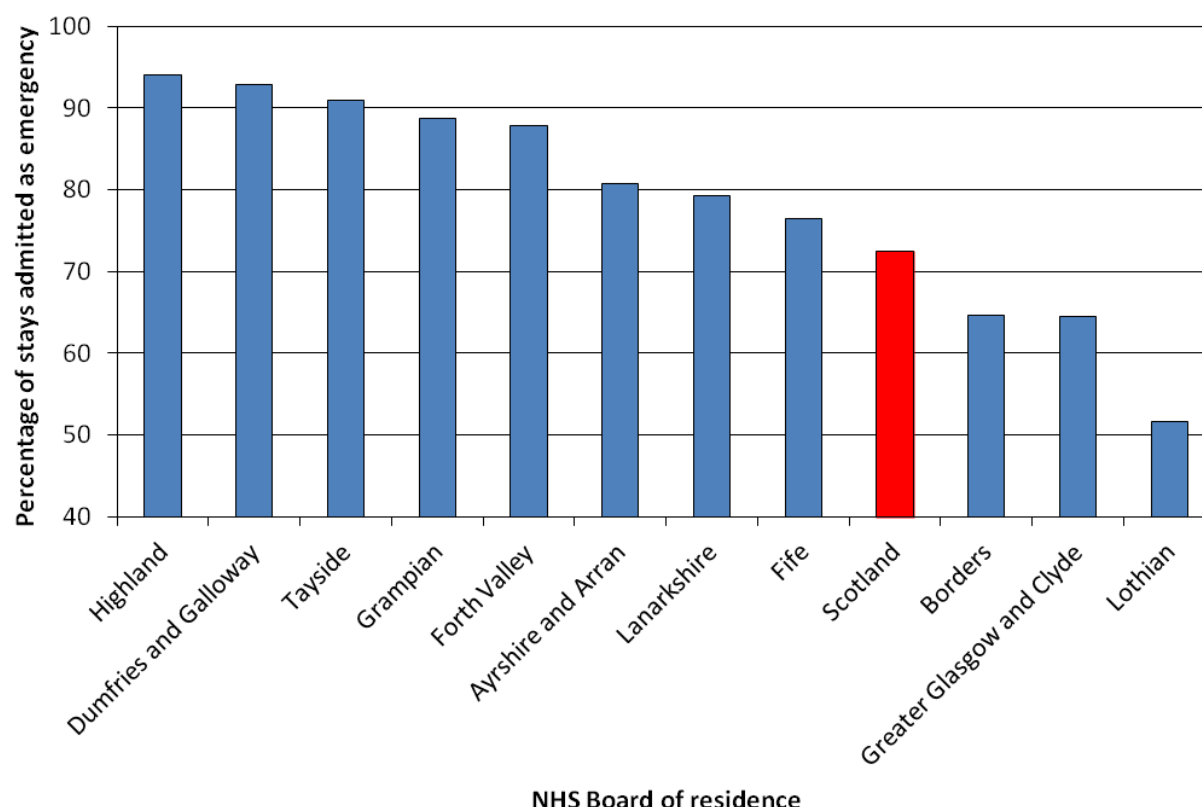
Source: Mental health inpatient/day case records (SMR04).

## Geographical profile

### NHS Boards

- The rate of drug-related psychiatric stays varied widely across Scotland. In 2013/14 the highest rates were seen in NHS Ayrshire & Arran (42 stays per 100,000 population), NHS Greater Glasgow & Clyde (38) and NHS Tayside (34). Among mainland NHS Boards, the lowest rate was observed in Grampian (12 stays per 100,000 population) ([Psychiatric \(SMR04\)>Activity profile>NHS Board of residence](#)). Similar patterns were evident in relation to patient and new patient rates.
- Almost all drug-related psychiatric stays in NHS Highland and NHS Dumfries & Galloway were admitted as emergencies (94% and 93% respectively). The percentage of stays admitted as emergencies was lowest in NHS Lothian (52%) ([Psychiatric \(SMR04\)>Admission type>NHS Board of residence](#) and Figure 2.2).
- NHS Ayrshire & Arran (61%) and NHS Greater Glasgow & Clyde (49%) had the highest percentage of psychiatric stays with an opioid-related diagnosis ([Psychiatric \(SMR04\)>Drug type - stays>NHS Board of residence](#)).

**Figure 2.2: Percentage of psychiatric stays with a diagnosis of drug misuse admitted as emergency, by NHS Board of residence<sup>†</sup>; 2013/14<sup>p</sup>**



Notes:

† Omits Orkney, Shetland and Western Isles due to small numbers.

p Provisional.

Source: Mental health inpatient/day case records (SMR04).

### Alcohol & Drug Partnership (ADP) areas

- In relation to ADP areas, the highest rates of drug-related psychiatric stays in 2013/14 were observed in Inverclyde (93 stays per 100,000 population) and North Ayrshire (57). The lowest rate was observed in Aberdeenshire (7 stays per 100,000 population) (**Psychiatric (SMR04)>Activity profile>ADP of residence**). Similar patterns were evident in relation to patient and new patient rates.
- All drug-related psychiatric stays in Clackmannanshire and East Renfrewshire ADPs were admitted as emergencies (both 100%). The percentage of psychiatric stays admitted as emergencies was lowest in West Lothian (41%) (**Psychiatric (SMR04)>Admission type>ADP of residence**).
- East Ayrshire (73%) and South Ayrshire (71%) had the highest percentage of psychiatric stays with an opioid-related diagnosis (**Psychiatric (SMR04)>Drug type - stays>ADP of residence**).

## 2.2 Trends (1997/98 to 2013/14)<sup>4,6</sup>

### **Stays**

- The rate of psychiatric stays with a diagnosis of drug misuse was the same in 1997/98 and 2013/14 (both 28 stays per 100,000 population). However, there was some fluctuation within the time period; with slightly higher rates from 1997/98 to 2005/06 and, following a decrease observed in 2006/07, slightly lower rates thereafter (**Psychiatric (SMR04)>Activity profile** and Figure 2.3).

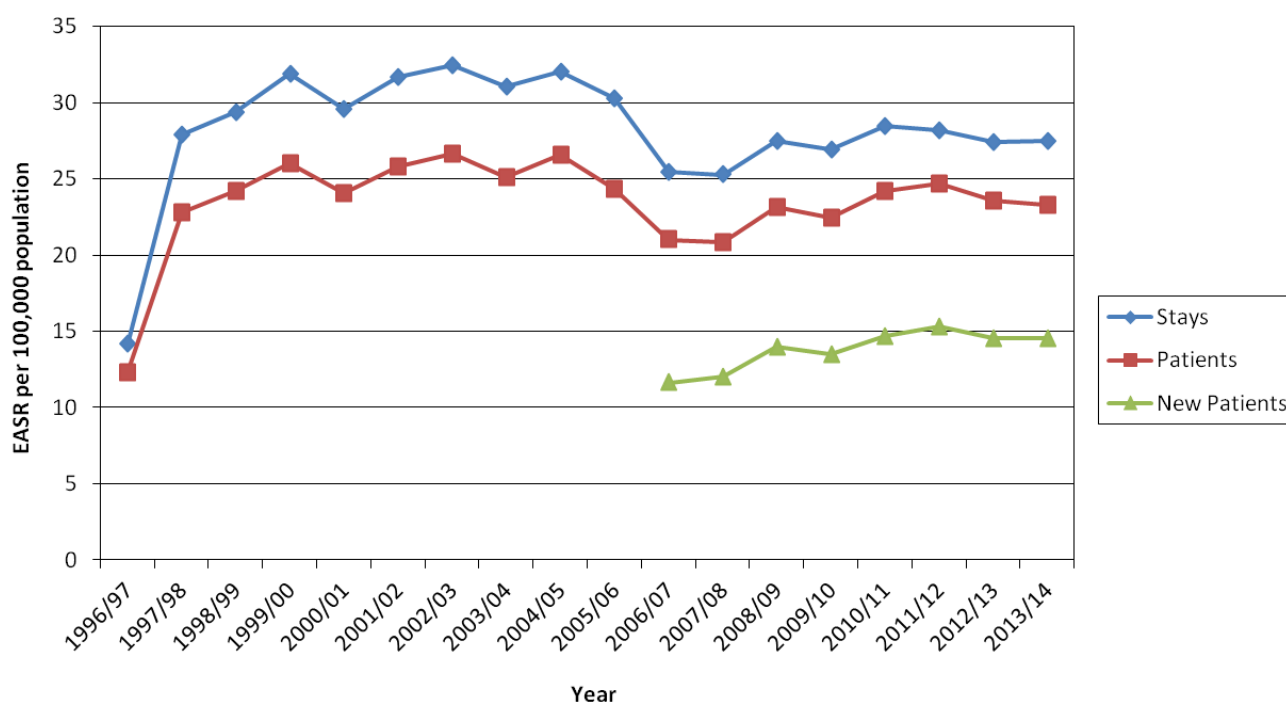
### **Patients**

- The rate of patients with a psychiatric stay in relation to a drug misuse diagnosis roughly corresponded with changes in the rate of stays. The patient rate was the same in 1997/98 and 2013/14 (both 23 stays per 100,000 population) (**Psychiatric (SMR04)>Activity profile**).
- The average number of psychiatric stays per patient was roughly the same from 1997/98 (1.23) to 2013/14 (1.18) (**General acute (SMR01)>Activity profile**).

### **New patients**

- The rate of new patients with a psychiatric stay in relation to drug misuse increased gradually from 2006/07 (12 per 100,000 population) to 2013/14 (15 per 100,000 population) (**Psychiatric (SMR04)>Activity profile**).
- The increase in the new patient rate from 2006/07 to 2013/14 was of a larger magnitude than the percentage increase in the patient rate over the same period. Therefore, while in 2006/07, 55% of patients with a psychiatric drug-related stay were 'new', this percentage had increased to 63% in 2013/14 (**Psychiatric (SMR04)>Activity profile**).

**Figure 2.3: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of psychiatric stays, patients and new patients<sup>‡</sup> with a diagnosis of drug misuse; 1996/97 to 2013/14<sup>p</sup>**



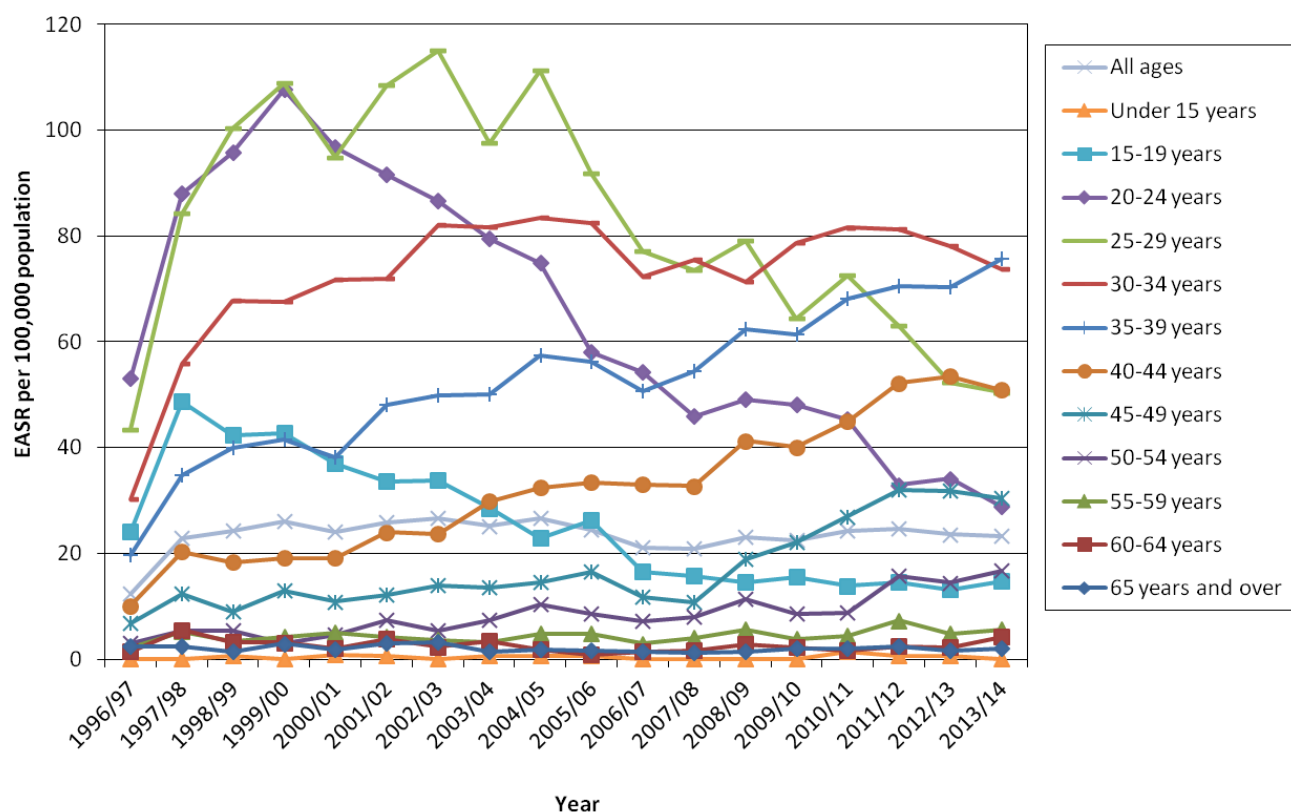
#### Notes:

- † Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.
  - ‡ Period from 1996/97 to 2005/06 excluded due to diagnostic coding changes that affect the ten-year look back of SMR04 records. See footnote 3 for further details.
  - p Provisional.
- Source: Mental health inpatient/day case records (SMR04).

### Demographic characteristics of patients

- The ratio of male and female patients with a drug-related psychiatric stay fluctuated over the period 1997/98 to 2013/14, however, numbers and rates of males were roughly around double that of females throughout (**Psychiatric (SMR04)>Activity profile>Gender**).
- In the period 1996/97 to 2013/14, the rate of patients with a psychiatric stay for drug misuse decreased markedly among younger age groups (**Psychiatric (SMR04)>Activity profile>Age group** and Figure 2.4):
  - 88 to 29 patients per 100,000 population for 20-24 year olds; and,
  - 84 to 50 patients per 100,000 population for 25-29 year olds.
- Over the same period, patient rates increased among older patients with psychiatric stays in relation to drug misuse. Rates doubled between 1996/97 and 2013/14 for the following age groups:
  - 35 to 76 patients per 100,000 population for 35-39 year olds;
  - 20 to 51 patients per 100,000 population for 40-44 year olds; and,
  - 12 to 30 patients per 100,000 population for 45-49 year olds.

**Figure 2.4: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of psychiatric patients with a diagnosis of drug misuse, by age group; 1996/97 to 2013/14<sup>p</sup>**



**Notes:**

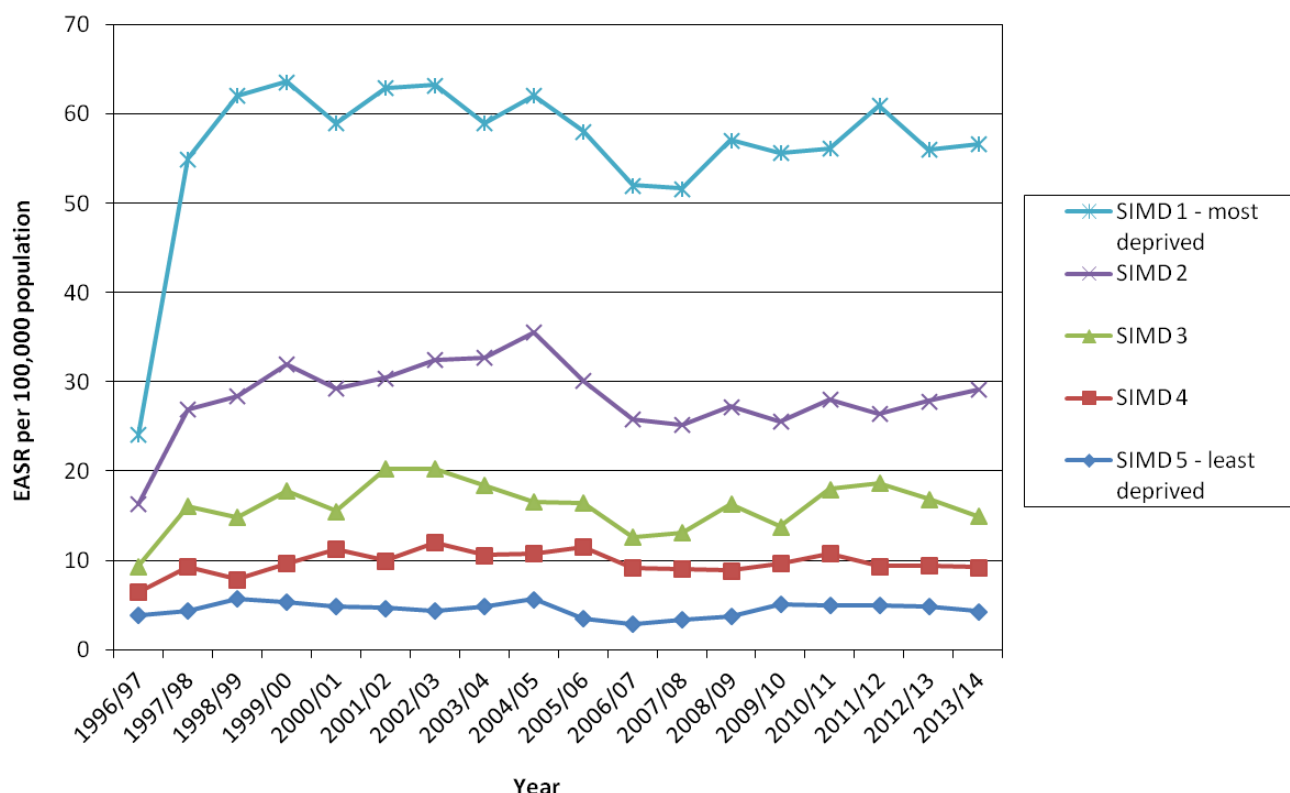
<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

<sup>p</sup> Provisional.

Source: Mental health inpatient/day case records (SMR04).

- In 2013/14, half (50%, 615/1,230) of patients with a psychiatric stay in relation to drug misuse lived in the 20% most deprived areas in Scotland (SIMD quintile 1). The percentage of patients with a psychiatric stay in relation to drug misuse who lived in SIMD quintile 1 areas has changed very little since 1997/98, relative to other quintiles (**Psychiatric (SMR04)>Activity profile>SIMD quintile**).
- Trends in the rates of patients with psychiatric drug-related stays by SIMD deprivation quintile are shown in Figure 2.5.

**Figure 2.5: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of psychiatric patients with a diagnosis of drug misuse, by SIMD deprivation quintile; 1996/97 to 2013/14<sup>p</sup>**



#### Notes:

<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

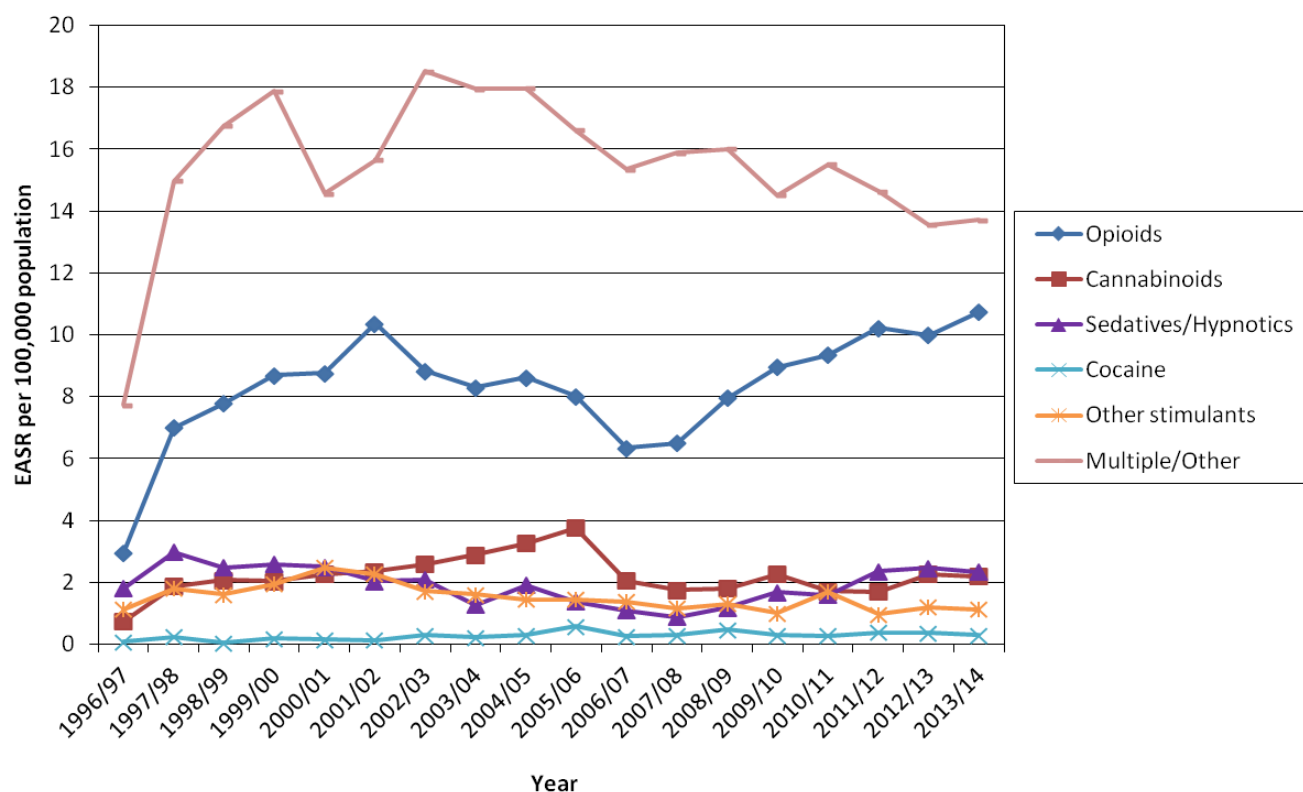
<sup>p</sup> Provisional.

Source: Mental health inpatient/day case records (SMR04).

### Drug type

- The substances most commonly indicated in drug-related psychiatric stays were 'multiple/other' drugs – in 2013/14 they were reported in 50% of stays (727), roughly the same as in 1997/98 (54%, 853) (**Psychiatric (SMR04)>Drug type – stays**).
- Opioids were the next most frequently recorded drug type in 2013/14 (558, 38%). The percentage of psychiatric stays involving opioids has increased by 52% since 1997/98 (400, 25%). All other drug types accounted for less than 10% of psychiatric stays in 2013/14 (**Psychiatric (SMR04)>Drug type – stays**).
- Trends in the rates of drug types associated with psychiatric stays are shown in Figure 2.6.

**Figure 2.6: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of psychiatric stays with a diagnosis of drug misuse, by drug type; 1996/97 to 2013/14<sup>p</sup>**



Notes:

<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

<sup>p</sup> Provisional.

Source: Mental health inpatient/day case records (SMR04).

### 3. General acute/Psychiatric combined

#### 3.1 Trends (1997/98 to 2013/14)<sup>4,6,7</sup>

- In 2013/14, there were 8,025 general acute and/or psychiatric stays (also referred to as combined general acute/psychiatric) with a diagnosis of drug misuse. These stays related to 6,113 patients and, of these, 3,107 (51%) were 'new'<sup>1</sup> patients ([Gen.acute/Psychiatric combined>Activity profile](#)).
- The combined general acute/psychiatric data was weighted heavily in favour of the former, with 82% (6,574/8,025) of stays in 2013/14 admitted as general acute stays. However, roughly one in five stays were psychiatric, so an analysis of drug-related hospital activity cannot be considered complete without taking these into account. Of particular value in this context is the combined new patient rate, which provides a more accurate indication of incidence of problem drug use than either general acute or psychiatric data used in isolation.

#### **Stays**

- The rate of combined general acute/psychiatric stays with a diagnosis of drug misuse has increased steadily over the time series, almost doubling over the period 1997/98 to 2013/14 (77 to 152 stays per 100,000 population) ([Gen.acute/Psychiatric combined>Activity profile](#) and Figure 3.1).

#### **Patients**

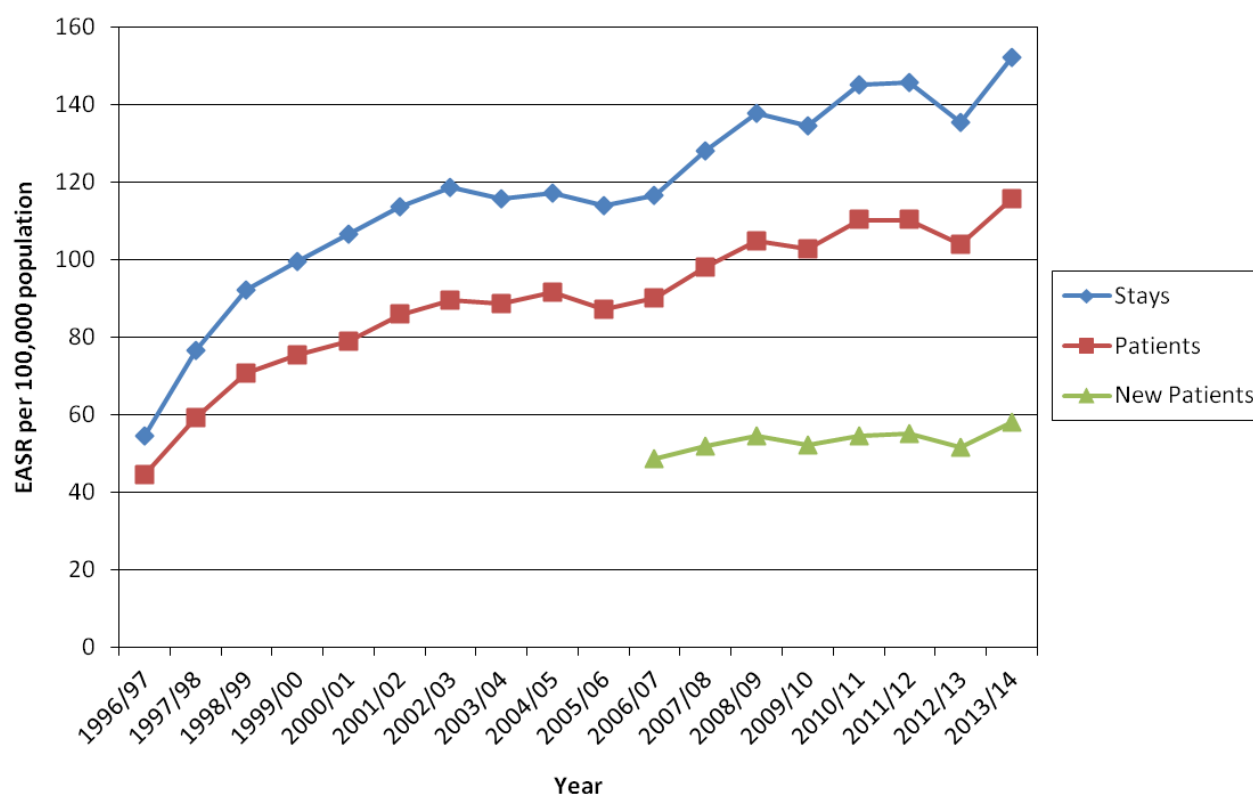
- The rate of patients admitted for an acute and/or psychiatric stay in relation to drug misuse has increased since 1996/97, the pattern closely corresponding with changes in the rate of stays. Patient rates almost doubled over the period 1997/98 to 2013/14 (59 to 116 patients per 100,000 population) ([Gen.acute/Psychiatric combined>Activity profile](#)).
- The average number of general acute and/or psychiatric stays per patient changed little from 1997/98 (1.29) to 2013/14 (1.31). Therefore, on average, patients with a general acute/psychiatric stay in relation to drug misuse had roughly the same number of such stays per year in 2013/14 as they did at the start of the time series ([Gen.acute/Psychiatric combined>Activity profile](#)).

#### **New patients<sup>1</sup>**

- In 2013/14, 3,107 patients (58 per 100,000 population) were treated in hospital for drug misuse for the first time ([Gen.acute/Psychiatric combined>Activity profile](#)).
- The rate of new patients admitted for an acute and/or psychiatric stay in relation to drug misuse has increased slightly from 2006/07 (49 per 100,000 population) to 2013/14 (58 per 100,000 population) ([Gen.acute/Psychiatric combined>Activity profile](#)).
- The increase in the new patient rate from 2006/07 to 2013/14 was of a smaller magnitude than the increase in the patient rate over the same period. Therefore, while in 2006/07, 54% of patients were 'new', this percentage had decreased slightly to 51% in 2013/14 ([Gen.acute/Psychiatric combined>Activity profile](#)).
- The indicators shown in Figure 3.1 show the impact on general acute and psychiatric hospitals resulting from stays associated with drug misuse. The rate of new patients increased gradually over time, in contrast to larger increases in stay and patient rates.

Therefore, while Scottish hospitals treated a large number of new patients each year (3,107 in 2013/14), repeat admissions by those previously been treated in relation to drug misuse increased in relative terms.

**Figure 3.1: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of general acute/psychiatric combined stays, patients and new patients<sup>‡</sup> with a diagnosis of drug misuse; 1996/97 to 2013/14<sup>p</sup>**



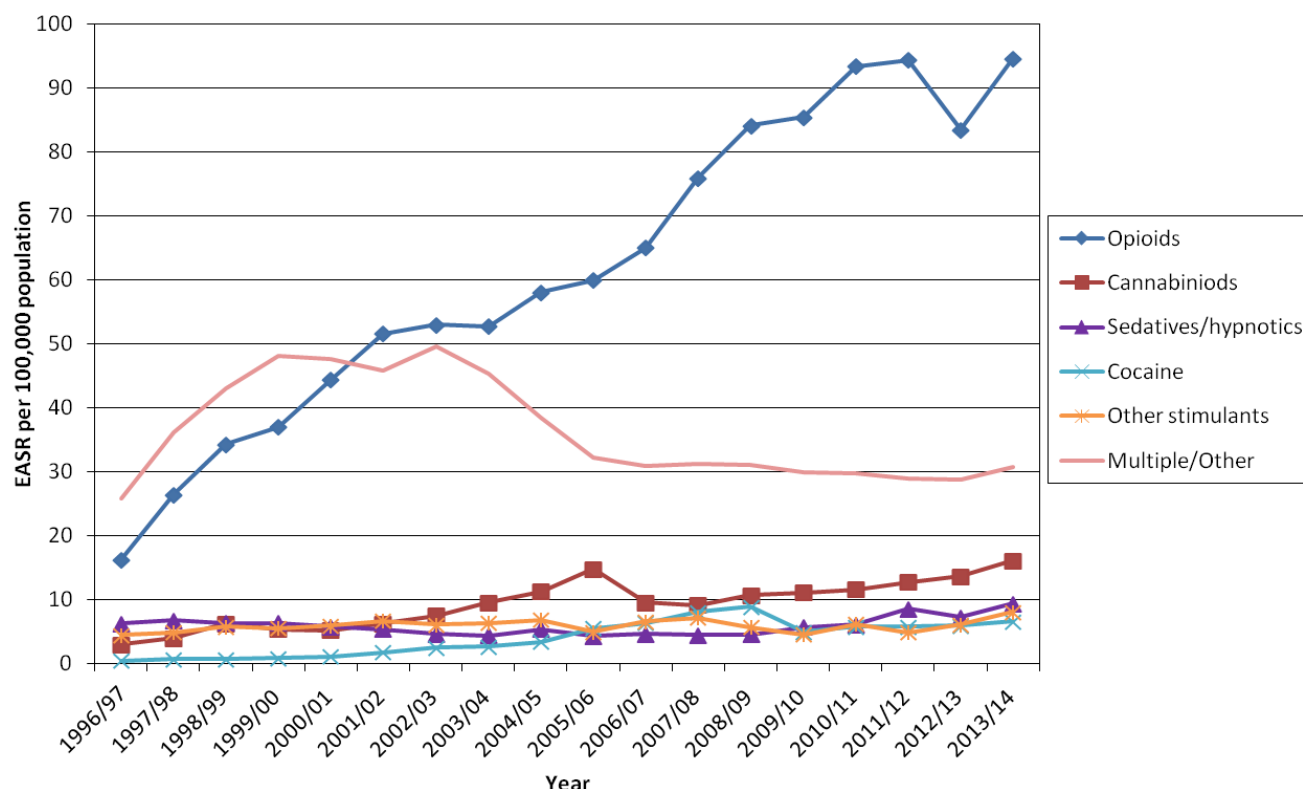
#### Notes:

- † Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.
  - ‡ Period from 1996/97 to 2005/06 excluded due to diagnostic coding changes that affect the ten-year look back of SMR01 and SMR04 records. See footnote 3 for further details.
  - <sup>p</sup> Provisional.
- Source: General acute inpatient/day case records (SMR01) and mental health inpatient/day case records (SMR04) combined.

## Drug type

- In 2013/14, the substances most commonly indicated in drug-related general acute and/or psychiatric stays were opioids (4,924, 61%). The percentage of combined general acute/psychiatric stays related to opioids increased by 75% from 1997/98 (1,519, 35%) to 2013/14 (61%) (**Gen.acute/Psychiatric combined>Drug type - stays**).
- Trends in the rates of drug types associated with drug-related general acute and/or psychiatric stays are shown in Figure 3.2.

**Figure 3.2: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of general acute/psychiatric combined stays with a diagnosis of drug misuse, by drug type; 1996/97 to 2013/14<sup>p</sup>**



**Notes:**

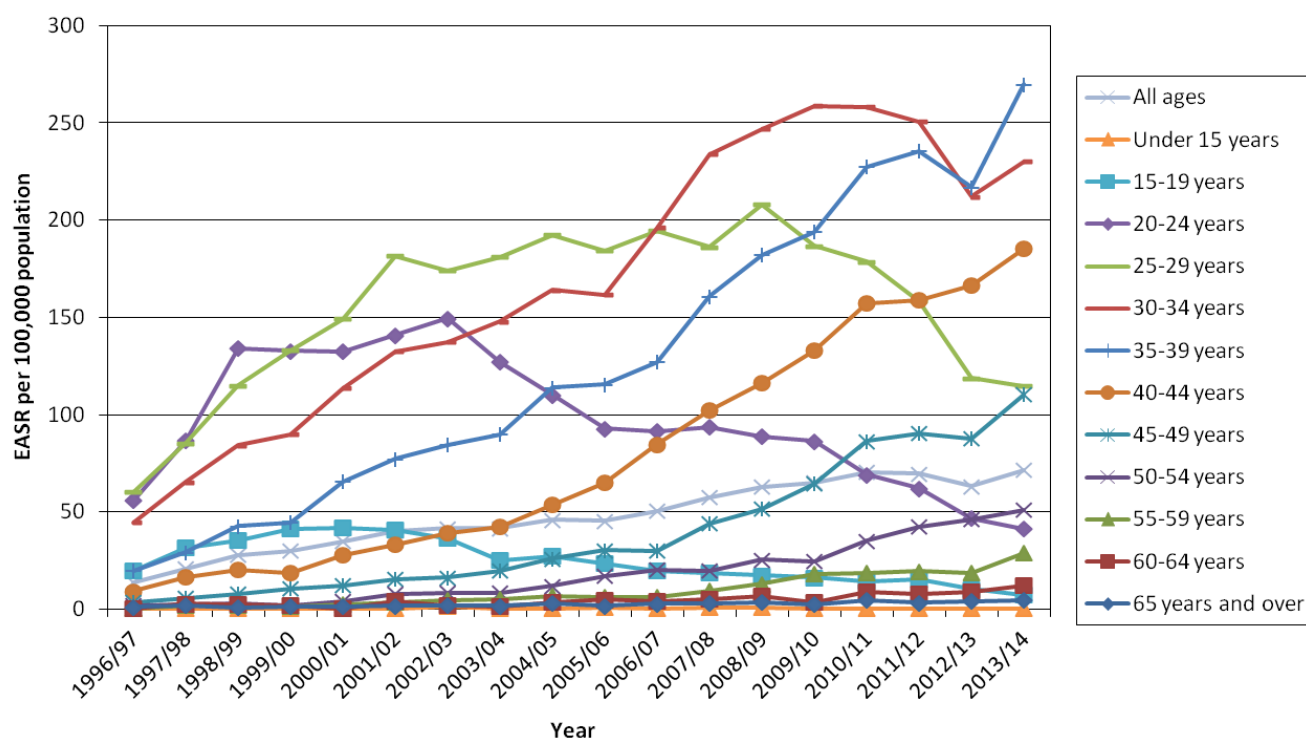
<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

<sup>p</sup> Provisional.

Source: General acute inpatient/day case records (SMR01) and mental health inpatient/day case records (SMR04) combined.

- Analysis of patient with an opioid-related stay by age group provides further evidence for an ageing cohort of opioid users. Figure 3.3 shows that patients with opioid-related stays were most commonly aged 20-24 in 1998/99, then 25-29 years of age from 1999/00 to 2006/07. From 2007/08 to 2010/11, patients aged 30-34 age group had the most opioid-related stays and from 2012/13 to the present, opioid-related stays were most commonly observed in patients aged 35-39 (data not shown on dashboard).

**Figure 3.3: European Age-Sex Standardised Rate per 100,000 population<sup>†</sup> of general acute/psychiatric combined patients with a diagnosis of opioid misuse, by age group; 1996/97 to 2013/14<sup>p</sup>**



#### Notes:

<sup>†</sup> Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

<sup>p</sup> Provisional.

Source: General acute inpatient/day case records (SMR01) and mental health inpatient/day case records (SMR04) combined.

## Notes

1. An individual admitted to hospital as an inpatient within a given time period (e.g. financial year) who was found not to have received similar treatment over a specific time period before that admission – ten years in this publication.
2. The 'multiple/other' drugs 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.
3. The 'other stimulant' category includes stimulants other than cocaine (e.g. caffeine, amphetamine, methamphetamine, BZP, PMA). See the FRANK website for more information about specific substances (<http://www.talktofrank.com/drugs-a-z>).
4. Before 1996/97, diagnosis coding within SMR records was based on ICD9. ISD introduced ICD10 coding into SMR from 1996 onwards. The coding of drug misuse diagnoses changed markedly between these two ICD versions, therefore a considerable increase in the number of drug-related hospital stays was observed between 1995/96 and 1996/97. As this change was likely to be a coding artefact rather than a real increase in drug-related stays, years prior to 1996/97 have been excluded from analyses presented in this report. As the new patients measure incorporates a ten-year look back of SMR records, figures in the period from 1996/97 to 2005/06 were based partly on ICD9 codes and were likely to overestimate the number of new patients throughout this period. Therefore, new patient figures are not provided for years prior to 2006/07.
5. Note that the sum of the drug categories is not equal to the total because more than one type of drug can be indicated in a single stay.
6. In addition to previous footnote 4, in relation to trend analysis for general acute stays, for SMR04 trend analysis it should be noted that the change from ICD9 to ICD10 coding also appears to influence figures for 1996/97. Therefore, while 1996/97 data are included in the electronic dashboard, the following commentary is based on the period from 1997/98 onwards, when SMR04 data appear to be more consistent.
7. See footnotes 4 and 6 above in relation to trend analysis for general acute and psychiatric stays. Similarly to SMR04 trend analysis, the commentary in Section 3.1 is based on the period from 1997/98 (when SMR04 data appear to be more consistent) to 2013/14 (the most recent year when both datasets are available).

## Glossary

EASR	Since publication of 2012/13 data in February 2014, this series of reports has used the 2013 European Standard Population (ESP2013) to calculate European Age-Sex Standardised Rates (EASRs) for all years (including those before 2012/13). The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Before 2014, previous reports in this series used ESP1976 to calculate EASRs. Figures using ESP1976 and ESP2013 are not comparable. Therefore, <u>findings from the 2012/13, 2013/14 and 2014/15 publications are not comparable with previous ISD reports</u> . See Appendix A1 in the <a href="#">2013/14</a> report for further details.
Deprivation	The <a href="#">Scottish Index of Multiple Deprivation</a> (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 data zone level, which have been combined into an overall index. Rates are reported by quiniles. 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) or Stay (see below). Each stay 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.
New Patient	An individual admitted to hospital as an inpatient within a given time period (e.g. financial year) who was found not to have received similar treatment over a specific time period before that admission – ten years in this publication.
Patient	An individual admitted to hospital as an inpatient within a given time period (e.g. financial year).
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.
Stay	This refers to a given period of health care in a hospital setting known as a continuous inpatient stay (CIS). A CIS is composed

of individual episodes (where the patient is under the care of an individual consultant). An individual (patient) may account for a number of stays during a given reporting period. Each stay is initiated by a referral (including re-referral) or admission and is ended by a discharge.

## List of Tables

Table No.	Name	Time period	File & size
	<a href="#">Drug-Related Hospital Statistics dashboard</a>	1996/97 to 2014/15	N/A

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## Further information

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## Appendices

### A1 – 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 (general acute inpatient and day case) and SMR04 (mental health inpatient and day case) returns.

#### SMR01 – General acute inpatient and day case return

The tables presented in the first section of this report are derived from SMR01 and contain information about patients admitted to general acute hospitals, where drug misuse was diagnosed as a factor in the patient's treatment.

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. 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. 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. Up to six diagnoses are recorded per SMR01 episode.

#### SMR04 – Mental health inpatient and day case return

The statistics in the second section of this report are derived from data collected through the mental health inpatient and day case return (SMR04), which records information at admission to, and discharge from psychiatric specialty care. The most recent available data for SMR04 (2013/14) is one year earlier than for SMR01 (2014/15) because a) the two-part submission of SMR04 records means that more data quality checks are required, b) patient management system changes have delayed data submission in some NHS Boards and c) the psychiatric data described in this report cannot be published before ISD's annual [Mental Health Hospital Inpatient Care](#) report.

On the SMR04 form up to six separate diagnoses can be recorded on both the admission and the discharge parts of the record. Diagnosis on discharge may differ from diagnosis on admission. A diagnosis in the first position is regarded as the main diagnosis. A diagnosis 'in any position' refers to the occurrence of a diagnosis in any of the six positions (including main and supplementary).

#### SMR01 and SMR04 – combined analysis

The tables presented in this section of the dashboard are derived from combined general acute (SMR01) and psychiatric (SMR04) drug-related hospital records.

Number of stays includes all drug-related hospital stays, both general acute and psychiatric. However, patients are counted only once in the financial year, even though the same patient may have stayed in both general acute and/or psychiatric hospital on multiple occasions in that time period.

## Analytical definitions

A given period of health care in a hospital setting is known as a continuous inpatient stay (CIS). A CIS is composed of individual episodes (where the patient is under the care of an individual consultant). Each individual patient may have more than one stay and hence the number of patients with a stay in a specific financial year will be less than the total number of stays for that period. Further, as both patients and 'new patients' may have drug-related stays in multiple geographical areas during a financial year, the sum of stays across all geographical areas will not equal the Scotland total.

For the purposes of this report, a CIS is counted as associated with drug misuse if any of the episodes of which it is comprised include a drug misuse diagnosis. Poisonings and overdoses are not included unless a diagnosis of drug misuse is also recorded. Drug misuse is recorded using the International Classification of Diseases 10th Revision (ICD10) Codes. The following codes were used in this analysis:

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

In data on drug type, there is an element of double counting as stays, patients and 'new patients' may each be associated with multiple drug types (e.g. diagnoses of both opiate and cocaine misuse). If multiple drugs have been noted in case notes, the advised coding is to record each substance in a separate diagnosis position where possible. Sometimes the coder may be forced to use the unspecific ICD-10 code F19 ('multiple drugs'). For example, if case notes only state 'multiple drug use' there is no way of identifying which substances were involved. Sometimes the F19 code may be used if the patient has many other diagnoses recorded, leaving insufficient space to record specific drugs separately. There may be more than one specific drug mentioned in the case notes but due to only six positions being available, the coder would be forced to group the drugs into the single code F19.

When gathering information from stays for inclusion in this report, demographic data (age, gender, SIMD quintile) are extracted from the first episode of the stay (thus corresponding most closely to the circumstances of the patient at the point they entered hospital). However, stays involving drug misuse are counted within specific years by the date of discharge. Therefore, a stay spanning two financial years (e.g. 2012/13 and 2013/14) will be counted as having occurred in the most recent of those years, or when the patient was discharged (2013/14 in this example).

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.

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.

## 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](#).

Information on SMR data completeness can be found on the [Hospital records Data webpage](#), while information on the timeliness of SMR data submissions can be found on the [SMR Timeliness webpage](#).

## 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 methodological changes adopted recently are described below:

For the publication of 25 February 2014 (2012/13 data), two main changes were made:

- Since publication of 2012/13 data in February 2014, this series of reports has used the 2013 European Standard Population (ESP2013) to calculate European Age-Sex Standardised Rates (EASRs) for all years (including those before 2012/13). The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Before 2014, previous reports in this series used ESP1976 to calculate EASRs. Figures using ESP1976 and ESP2013 are not comparable. Therefore, findings from the 2012/13, 2013/14 and 2014/15 publications are not comparable with previous ISD reports. See Appendix A1 in the [2013/14 report](#) for further details.
- 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>)

In a revision to the 2012/13 publication issued on 2 September 2014:

- The structure of the age breakdown by drug type was amended to bring it into line with other drug-related publications.

The 2014/15 publication incorporates changes in the following area:

- Correction of an error from 2013/14 report in relation to the calculation of length of stay.
- Local authority area analysis replaced by Alcohol & Drug Partnership analysis.
- Analysis of SIMD decile replaced by analysis of SIMD quintile.

## Further information

Further statistics on general acute hospital discharges are available at: <http://www.isdscotland.org/Health-Topics/Hospital-Care/>.

Further statistics on psychiatric admissions and discharges are available at <http://www.isdscotland.org/Health-Topics/Mental-Health/Psychiatric-Hospital-Activity/>.

If you would like further information on hospital discharges relating to drug misuse then please contact the Health Improvement – Drug & Alcohol Team at [nss.isdsubstancemisuse@nhs.net](mailto:nss.isdsubstancemisuse@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](mailto:nss.isdDMT@nhs.net).

**A2 – Publication metadata (including revisions details)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	Drug-Related Hospital Statistics Scotland 2014/15
Description	Data relating to general acute and psychiatric hospital stays with a 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 online dashboard
Data source(s)	ISD SMR01 & SMR04
Date that data are acquired	August 2015
Release date	Tuesday 13 <sup>th</sup> October 2015
Frequency	Annual
Timeframe of data and timeliness	<p>General acute (SMR01) – covers information from the period 01/04/1996 to 31/03/2015. Longer term trends cover period from 01/04/1996 to 31/03/2015.</p> <p>Psychiatric (SMR04) – covers information from the period 01/04/1996 to 31/03/2014. Longer term trends cover period from 01/04/1996 to 31/03/2014.</p> <p>Combined general acute &amp; psychiatric (SMR01 &amp; SMR04) – covers information from the period 01/04/1996 to 31/03/2014. Longer term trends cover period from 01/04/1996 to 31/03/2014.</p>
Continuity of data	See background information.
Revisions statement	All data 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"> <li>2012/13: Since publication of 2012/13 data in February 2014, this series of reports has used the 2013 European Standard Population (ESP2013) to calculate European Age-Sex Standardised Rates (EASRs) for all years (including those before 2012/13). The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Before 2014, previous reports in this series used ESP1976 to calculate EASRs. Figures using ESP1976 and ESP2013 are not comparable. Therefore, findings from the 2012/13,</li> </ul>

	<p>2013/14 and 2014/15 publications are not comparable with previous ISD reports. See Appendix A1 in the <a href="#">2013/14</a> report for further details.</p> <ul style="list-style-type: none"> <li>• 2012/13: 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 (<a href="http://www.nrscotland.gov.uk/news/2013/revised-population-estimates-for-2002-to-2010">http://www.nrscotland.gov.uk/news/2013/revised-population-estimates-for-2002-to-2010</a>)</li> <li>• 2012/13: The structure of the age breakdown by drug type was amended to bring it into line with other drug-related publications.</li> <li>• 2014/15: Correction of an error from 2013/14 report in relation to the calculation of length of stay.</li> <li>• 2014/15: Local authority area analysis replaced by Alcohol &amp; Drug Partnership analysis.</li> <li>• 2014/15: Analysis of SIMD decile replaced by analysis of SIMD quintile.</li> </ul>
Concepts and definitions	<p>See <a href="#">Glossary</a>.</p> <p>Also, refer to:</p> <p>Hospital Care - Background Information: <a href="http://www.isdscotland.org/Health-Topics/Hospital-Care/">http://www.isdscotland.org/Health-Topics/Hospital-Care/</a></p> <p>ScotPHO - Drug Misuse: <a href="http://www.scotpho.org.uk/behaviour/drugs/introduction">http://www.scotpho.org.uk/behaviour/drugs/introduction</a></p>
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 <a href="#">Hospital Records Data Monitoring SMR Completeness web page</a>
Comparability	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 <a href="#">ISD Hospital Care website</a> .
Accessibility	It is the policy of ISD Scotland to make its websites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	The report is available as a PDF file with dashboard content clearly highlighted for ease of use.
Value type and unit of	Numbers, percentages and European Age-Sex

measurement	Standardised Rates per 100,000.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed and data relating to very small numbers is suppressed.
Official Statistics designation	Accredited National Statistic
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority, report published 4 <sup>th</sup> April 2012.
Last published	23 February 2015
Next published	October 2016
Date of first publication	1998
Help email	<a href="mailto:nss.isdsubstance misuse@nhs.net">nss.isdsubstance misuse@nhs.net</a>
Date form completed	22 September 2015

## **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.

### **Standard Pre-Release Access:**

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

## A4 – 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.