Drug-Related Hospital Statistics
Scotland 2015/16
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**Introduction**

This release from the Information Services Division reports on hospital stays in relation to a drug misuse diagnosis and the patients admitted to hospital for such treatment. This report describes the number of drug-related hospital stays, the number and characteristics of patients admitted to hospital, the substances involved and the geographical variations within Scotland. Analysis of these topic areas provides us with information about inequalities and some of the health impacts of drug misuse.

**Data used in this report**

This report 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. 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 2015/16; and,
- Mental health inpatient and day case records (SMR04), years 1996/97 to 2014/15.

Information is provided for the most recent available financial year (2015/16 for general acute stays, 2014/15 for psychiatric stays) and trends from 1996/97. 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. Further background information (e.g. data sources, definitions) is available in Appendix A1.

**Using the electronic dashboard**

Data accompanying this report is published in an electronic dashboard. This provides users with accessible, interactive content based on data from 1996/97 to 2015/16. As a result, it is not 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:

<table>
<thead>
<tr>
<th>Options within Dataset:</th>
<th>Options within ‘Domain’:</th>
<th>Options within ‘Indicator’:</th>
</tr>
</thead>
<tbody>
<tr>
<td>General acute (SMR01)</td>
<td>Activity profile</td>
<td>NHS Board of residence</td>
</tr>
<tr>
<td>Psychiatric (SMR04)</td>
<td>Drug type – stays</td>
<td>ADP of residence</td>
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<tr>
<td>Gen.acute/Psychiatric combined</td>
<td>Drug type – patients</td>
<td>Age group</td>
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<td></td>
<td>Length of stay (LOS)</td>
<td>Gender</td>
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<td>Admission type</td>
<td>Drug type</td>
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<tr>
<td></td>
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<td>SIMD quintile</td>
</tr>
</tbody>
</table>

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.
The dashboard is organised 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. 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.

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.

**Terminology**

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.
Main points

- The number and rate of drug-related general acute stays increased steadily over time (41 to 143 stays per 100,000 population between 1996/97 and 2015/16), while psychiatric stays remained roughly the same (28 to 29 stays per 100,000 population between 1997/98 and 2014/15).

- In the most recent available year’s data, around six in ten drug-related general acute stays were due to opioids (drugs similar to heroin) while approximately half of drug-related psychiatric stays were associated with ‘multiple/other’ drugs.

- The number and rate of younger people admitted to hospital for drug misuse has remained relatively stable over time, while admissions among older drug users have increased (for example, among 40-44 year olds, a fifteen-fold rise from 20 to 291 patients per 100,000 population between 1996/97 and 2015/16 (general acute)).

- In the most recent available year’s data, around half of patients with either a general acute or psychiatric stay in relation to drug misuse lived in the 20% most deprived areas in Scotland.

- In 2014/15, 3,297 patients (61 new patients per 100,000 population) were treated in hospital (general acute/psychiatric combined) for drug misuse for the first time.
Results and Commentary

1. General acute

1.1 Latest year (2015/16)

- In 2015/16, there were 7,537 general acute stays with a diagnosis of drug misuse. These stays related to 5,922 patients and of these, 3,275 (55%) were ‘new’ patients (General acute (SMR01)>Activity profile).

Stays

- In 2015/16, the European Age-Sex Standardised Rate (EASR, hereafter referred to as ‘rate’) of general acute stays with a diagnosis of drug misuse was 143 stays per 100,000 population (General acute (SMR01)>Activity profile).
- Sixty-nine per cent of general acute stays with a diagnosis of drug misuse were among males (5,237, rate: 200 stays per 100,000 population) (females: 2,300, rate: 85) (General acute (SMR01)>Activity profile>Gender).
- The highest drug-related stay rate was observed among those aged 35-39 years (410 stays per 100,000 population) (General acute (SMR01)>Activity profile>Age group).
- The average number of general acute stays per patient was 1.27. Individuals aged 45-49 years had the highest average number of stays per patient (1.37) (General acute (SMR01)>Activity profile).

Patients

- The 2015/16 rate of patients with a general acute stay related to drug misuse was 112 patients per 100,000 population (General acute (SMR01)>Activity profile).
- In 2015/16, 70% of patients who had a general acute stay related to drug misuse were males (4,139, rate: 158 patients per 100,000 population) (females: 1,783, rate: 66) (General acute (SMR01)>Activity profile>Gender).
- The highest drug-related patient rate was observed among those aged 35-39 years (313 patients 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; 279 patients per 100,000 population) (General acute (SMR01)>Activity profile>SIMD quintile).

New patients

- The 2015/16 rate for new patients with a general acute stay related to drug misuse was 61 new patients per 100,000 population. These individuals had no general acute stays as a result of drug misuse within the past ten years (General acute (SMR01)>Activity profile).
- In 2015/16, 72% of new patients experiencing a general acute stay in relation to drug misuse were males (2,366, rate: 89 new patients per 100,000 population) (females: 909, rate: 33) (General acute (SMR01)>Activity profile>Gender).
- The highest drug-related new patient rate was observed among those aged 35-39 years (136 new patients per 100,000 population) (General acute (SMR01)>Activity profile>Age Group).
Drug type

- In 2015/16, around two thirds (4,656, 62%) of drug-related general acute stays were associated with opioids, followed by ‘multiple/other’ drugs (1,070, 14%) and cannabinoids (913, 12%) (General acute (SMR01)>Drug type – stays).

- In 2015/16, 59% (3,517) of general acute patients treated for drug misuse had a stay in relation to opioids and 17% (982) had a stay in relation to ‘multiple/other’ drugs. General acute stays associated with opioids were observed in 76% (759) of patients aged 35-39 and accounted for the highest percentage of stays in all but the youngest three age groups (General acute (SMR01)>Drug type – patients>Age group). The exceptions were:
  - Among under 15s, 45% of patients had a stay in relation to cannabinoids, followed by ‘other stimulants’ (43%).
  - Among 15-19 year olds, 37% of patients had a stay in relation to ‘other stimulants’, followed by cannabinoids (27%).
  - Among 20-24 year olds, 28% of patients had a stay in relation to cannabinoids, followed by cocaine (25%). Nineteen per cent had a stay in relation to opioids.

Nature of stay

- In 2015/16, 93% (6,998) 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 under 15 and 15-19 years were most likely to be emergency admissions (100% and 98% respectively), while stays among 60-64 year olds were least likely to have been an emergency admission (85%) (General acute (SMR01)>Admission type>Age group).

- The drugs most likely to be involved in emergency general acute admissions were sedatives/hypnotics (98%) and ‘other stimulants’ (97%). Cannabinoids (89%) were associated with the lowest percentage of emergency admissions (General acute (SMR01)>Admission type>Drug type).

- The majority of drug-related general acute stays (6,278, 83%) were for less than one week. Older patients were more likely to have longer stays: 2% of patients aged under 15 compared with 49% of patients aged 65 or over stayed more than one week (General acute (SMR01)>Length of stay (LOS)>Age group).

- General acute stays related to opioids were most likely to be for one week or more (21%) (General acute (SMR01)>Length of stay (LOS)>Drug type).

Geographical profile

NHS Boards

- Figure 1.1 shows that drug-related general acute stay rates varied widely by NHS Board. In 2015/16, the highest rates were seen in Ayrshire & Arran (256 stays per 100,000 population), Greater Glasgow & Clyde (198) and Fife (177). Among mainland NHS Boards, the lowest rate was observed in Highland (72). Similar patterns were evident in relation to patient rates. New patient rates were highest in Greater Glasgow & Clyde (90 new patients per 100,000 population), Ayrshire & Arran (82) and Fife (67), while the lowest was observed in Grampian (29) (General acute (SMR01)>Activity profile>NHS Board of residence).
NHS Grampian (79%) and NHS Dumfries & Galloway (77%) had the highest percentage of general acute stays with an opioid-related diagnosis (General acute (SMR01)>Drug type – stays>NHS Board of residence).

**Figure 1.1: Drug-related general acute stay rates†, by NHS Board of Residence (Scotland; 2015/16**

Notes:
† Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.
p Provisional.
Source: General acute inpatient/day case records (SMR01).

**Alcohol & Drug Partnership (ADP) areas**

- In 2015/16, the highest drug-related general acute stay rates were observed in North Ayrshire (323 stays per 100,000 population) and Inverclyde ADPs (321). Among mainland ADPs, the lowest rate was observed in Aberdeenshire (40). Similar patterns were observed in patient rates. New patient rates were highest in Inverclyde (138 new patients per 100,000 population) and West Dunbartonshire (116), while the lowest was observed in Aberdeenshire (18) (General acute (SMR01)>Activity profile>ADP of residence).

- Aberdeen City and Ayrshire East ADPs (both 81%) and Dundee City ADP (80%) 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 2015/16)†

**Stays**
- The drug-related general acute stay rate has increased steadily since 1996/97. Over the period 1996/97 (41 stays per 100,000 population) to 2015/16 (143), a greater than threefold rate increase was observed (General acute (SMR01)>Activity profile and Figure 1.2).

**Figure 1.2: Drug-related general acute stay, patient and new patient† rates‡ (Scotland; 1996/97 to 2015/16)***

Notes:
† 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 4 for further details.
‡ Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.
p Provisional.
Source: General acute inpatient/day case records (SMR01).

**Patients**
- The drug-related general acute patient rate has increased since 1996/97, the pattern closely corresponding with changes in the stay rate. A greater than threefold increase in the patient rate occurred over the period 1996/97 (34 patients per 100,000 population) to 2015/16 (112) (General acute (SMR01)>Activity profile).

- The average number of general acute stays per patient increased from 1996/97 (1.21) to 2015/16 (1.27). This indicates that, on average, patients with a drug-related general acute stay had a slightly higher number of such stays per year in 2015/16 than at the beginning of the time series (General acute (SMR01)>Activity profile).
**New patients**

- The drug-related general acute new patient rate increased from 2006/07 (43 new patients per 100,000 population) to 2015/16 (61) ([General acute (SMR01)>Activity profile](#)).

- The increase in the new patient rate from 2006/07 to 2015/16 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 55% in 2015/16 ([General acute (SMR01)>Activity profile](#)).

**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 2015/16, 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 ([General acute (SMR01)>Activity profile>Gender](#)).

- From 1996/97 to 2015/16, drug-related general acute patient rates increased only slightly among individuals aged 15-19, 20-24 or 25-29 years. Over the same period, patient rates among all age groups from 30-34 to 60-64 years increased markedly. In 2015/16, the highest patient rates were observed among 35-39 year olds (313 patients per 100,000 population). However, from 1996/97 to 2015/16, the largest patient rate increases (over sixteen-fold for 45-49 year olds) were observed in the following age groups ([General acute (SMR01)>Activity profile>Age group](#) and Figure 1.3):
  - 20 to 291 patients per 100,000 population for 40-44 year olds;
  - 11 to 181 patients per 100,000 population for 45-49 year olds; and,
  - 7 to 101 patients per 100,000 population for 50-54 year olds.

- In 2015/16, half (3,006, 51%) 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 2015/16. The largest increase was observed in quintile 4 (from 10 to 44 patients per 100,000 population). Quintile 5 increased the least over the time series (from 8 to 22 patients per 100,000 population) ([General acute (SMR01)>Activity profile>SIMD quintile](#) and Figure 1.4).

- 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 gradually decreased since that time ([General acute (SMR01)>Activity profile>SIMD quintile](#)).
Notes:
† Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.
Provisional.
Source: General acute inpatient/day case records (SMR01).
Drug type

- The substances most commonly indicated in drug-related general acute stays were opioids - in 2015/16 they were reported in 62% of stays (4,656), a large increase since 1996/97 (791, 34%) (General acute (SMR01)>Drug type – stays).

- In 2015/16, the next most frequently recorded drug category was ‘multiple/other drugs’ (1,070, 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 general acute stays involving cannabinoids increased from 5% (127) in 1996/97 to 12% (913) in 2015/16. However, the 2015/16 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 increased in 2015/16. Cocaine (553, 7%) was involved in a higher percentage of stays than in any year since 2008/09 (458, 8%). Sedatives/hypnotics (483, 6%) were involved in a higher percentage of stays than in any year since 1997/98 (200, 7%) (General acute (SMR01)>Drug type – stays).

- In 2015/16, 7% (551) of general acute stays involved ‘other stimulants’. This was a slight decrease since 2014/15 (633, 9%), but higher than the 4% of stays observed during the period from 2008/09 to 2011/12 (General acute (SMR01)>Drug type – stays).

- Trends in the general acute stay rates for specific drug types are shown in Figure 1.5.

**Figure 1.5: Drug-related general acute stay rates†, by drug type‡ (Scotland; 1996/97 to 2015/16p)**

Notes:

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

‡ For an explanation of the drug types referred to, see endnotes 2 and 3 and Glossary.

p Provisional.

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

2.1 Latest year (2014/15)

- In 2014/15, there were 1,499 psychiatric stays with a diagnosis of drug misuse. These stays related to 1,294 patients and of these, 845 (65%) were ‘new’ patients (Psychiatric (SMR04)>Activity profile).

Stays
- In 2014/15, the rate of psychiatric stays with a diagnosis of drug misuse was 29 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 (1,061, rate: 41 stays per 100,000 population) (females: 438, rate: 16) (Psychiatric (SMR04)>Activity profile>Gender).
- The highest drug-related stay rate was observed among those aged 35-39 years (97 stays per 100,000 population) (Psychiatric (SMR04)>Activity profile>Age group).
- The average number of psychiatric stays per patient was 1.16. Individuals aged 30-34 years had the highest number of stays per patient (1.23) (Psychiatric (SMR04)>Activity profile>Age group).

Patients
- The 2014/15 rate of patients with a psychiatric stay related to drug misuse was 25 patients per 100,000 population (Psychiatric (SMR04)>Activity profile).
- In 2014/15, 71% of patients who had a psychiatric stay related to drug misuse were males (919, rate: 35 patients per 100,000 population) (females: 375, rate: 14) (Psychiatric (SMR04)>Activity profile>Gender).
- The highest drug-related patient rate was observed among those aged 35-39 years (82 patients 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 quintile 1; 57 patients per 100,000 population) (Psychiatric (SMR04)>Activity profile>SIMD quintile).

New patients
- The 2014/15 rate for new patients with a psychiatric stay related to drug misuse was 16 new patients per 100,000 population. ‘New’ individuals are those with no drug-related psychiatric stays 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 (602, rate: 23 new patients per 100,000 population) (females: 243, rate: 9) (Psychiatric (SMR04)>Activity profile>Gender).
- The highest drug-related new patient rate was observed among those aged 35-39 years (46 new patients per 100,000 population) (Psychiatric (SMR04)>Activity profile>Age group).
**Drug type**

- In 2014/15, over half of drug-related psychiatric stays (804, 54%) were associated with ‘multiple/other’ drugs, followed by opioids (540, 36%), cannabinoids (129, 9%) and sedatives/hypnotics (123, 8%) (Psychiatric (SMR04)>Drug type - stays).

- In 2014/15, roughly half (696, 54%) of patients with a drug-related psychiatric stay had a stay in relation to ‘multiple/other’ drugs and 38% (487) had a stay in relation to opioids. Patients with stays relating to opioids were most common in only two age groups (Psychiatric (SMR04)>Drug type – patients>Age group):
  - Among 40-44 year olds, 50% of patients had a stay in relation to opioids (‘multiple/other’ drugs: 43%).
  - Among 50-54 year olds, 52% of patients had a stay in relation to opioids (‘multiple/other’ drugs: 40%).

**Nature of stay**

- Two thirds (1,011, 67%) 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 20-24 were most likely to be emergency admissions (86%), while stays among 50-54 years olds were least likely to have been an emergency admission (51%) (Psychiatric (SMR04)>Admission type>Age group).

- The drugs most likely to be involved in emergency psychiatric admissions were ‘multiple/other’ drugs (80%), followed by cannabinoids (78%). Only 29% of cocaine related stays were emergency admissions (Psychiatric (SMR04)>Admission type>Drug type).

- The majority of drug-related psychiatric stays (1,017, 68%) were for more than one week. Older patients were more likely to have longer stays: roughly half (55%) of patients aged 15-19 compared with 76% of patients aged 50-54 stayed more than one week (Psychiatric (SMR04)>Length of stay (LOS)>Age group).

- Psychiatric stays related to opioids and cannabinoids were most likely to be for one week or more (both 73%) (Psychiatric (SMR04)>Length of stay (LOS)>Drug type).

**Geographical profile**

**NHS Boards**

- Figure 2.1 illustrates the variance of drug-related psychiatric stay rates by NHS Board. In 2014/15, the highest rates were seen in Tayside, Ayrshire & Arran and Lothian (all 40 stays per 100,000 population) and Greater Glasgow & Clyde (39). Among mainland NHS Boards, the lowest rate was observed in Grampian (11). In 2014/15, Greater Glasgow & Clyde had the highest drug-related psychiatric patient (36 patients per 100,000 population) and new patient rates (23 new patients per 100,000 population) (Psychiatric (SMR04)>Activity profile>NHS Board of residence).

- Almost all drug-related psychiatric stays in NHS Highland (98%) were admitted as emergencies. The percentage of stays admitted as emergencies was lowest in NHS Greater Glasgow & Clyde (44%) (Psychiatric (SMR04)>Admission type>NHS Board of residence).
• NHS Ayrshire & Arran (57%) 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 2.1: Drug-related psychiatric stay rates†, by NHS Board of Residence (Scotland; 2014/15**

![Graph showing drug-related psychiatric stay rates by NHS Board of Residence]

**Notes:**
† Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

p Provisional.

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

**Alcohol & Drug Partnership (ADP) areas**

• In 2014/15, the highest drug-related psychiatric stay rates were observed in Inverclyde (69 stays per 100,000 population) and Dundee City ADPs (55). Among mainland ADPs, Moray (4) had the lowest rate. Similar patterns were evident in relation to patient and new patient rates (Psychiatric (SMR04)>Activity profile>ADP of residence).

• All drug-related psychiatric stays in Highland ADP and 92% in Dumfries & Galloway ADP were emergency admissions. The percentage admitted as emergencies was lowest in West Dunbartonshire ADP (39%) (Psychiatric (SMR04)>Admission type>ADP of residence).

• East Ayrshire and South Ayrshire ADPs (both 67%) had the highest percentage of opioid-related psychiatric stays (Psychiatric (SMR04)>Drug type - stays>ADP of residence).
2.2 Trends (1997/98 to 2014/15)\(^{1,6}\)

**Stays**

- The drug-related psychiatric stay rate was approximately the same in 1997/98 (28 stays per 100,000 population) and 2014/15 (29). 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 2.2).

**Figure 2.2: Drug-related psychiatric stay, patient and new patient\(^\dagger\) rates\(^\ddagger\) (Scotland; 1996/97 to 2014/15\(^p\))**

Notes:

\(^\dagger\) 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 4 for further details.

\(^\ddagger\) Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

\(^p\) Provisional.

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

**Patients**

- Fluctuations in the drug-related psychiatric patient rate closely corresponded with changes in the stay rate. The patient rate increased slightly from 1997/98 (23 patients per 100,000 population) to 2014/15 (25) (Psychiatric (SMR04)>Activity profile).

- The average number of psychiatric stays per patient decreased slightly from 1997/98 (1.22) to 2014/15 (1.16) (Psychiatric (SMR04)>Activity profile).
New patients

- The drug-related psychiatric new patient rate increased gradually from 2006/07 (12 new patients per 100,000 population) to 2014/15 (16) (Psychiatric (SMR04)>Activity profile).

- The increase in the new patient rate from 2006/07 to 2014/15 was of a larger magnitude than the percentage increase in the patient rate over the same period. Therefore, while in 2006/07, 56% of patients with a psychiatric drug-related stay were ‘new’, this percentage had increased to 65% in 2014/15 (Psychiatric (SMR04)>Activity profile).

Demographic characteristics of patients

- The ratio of male and female patients with a drug-related psychiatric stay fluctuated over the period 1997/98 to 2014/15. However, numbers and rates of males were roughly double that of females throughout (Psychiatric (SMR04)>Activity profile>Gender).

- In the period 1997/98 to 2014/15, drug-related psychiatric patient rates decreased markedly among younger age groups (Psychiatric (SMR04)>Activity profile>Age group and Figure 2.3):
  - 52 to 13 patients per 100,000 population for 15-19 year olds.
  - 89 to 32 patients per 100,000 population for 20-24 year olds; and,
  - 86 to 45 patients per 100,000 population for 25-29 year olds.

- Over the same period, drug-related psychiatric patient rates increased for older individuals, more than doubling between 1997/98 and 2014/15 for the following age groups:
  - 34 to 82 patients per 100,000 population for 35-39 year olds;
  - 19 to 63 patients per 100,000 population for 40-44 year olds; and,
  - 12 to 36 patients per 100,000 population for 45-49 year olds.

- In 2014/15, approximately half (612, 47%) 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 (50%), relative to other quintiles (Psychiatric (SMR04)>Activity profile>SIMD quintile).

- Trends in drug-related psychiatric patient rates by SIMD deprivation quintile are shown in Figure 2.4.
Figure 2.3: Drug-related psychiatric patient rates†, by age group
(Scotland; 1996/97 to 2014/15\(^p\))

Figure 2.4: Drug-related psychiatric patient rates†, by SIMD deprivation quintile
(Scotland; 1996/97 to 2014/15\(^p\))

Notes:
† Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.
\(^p\) 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 2014/15 they were reported in 54% of stays (804), roughly the same as in 1997/98 (851, 54%) (Psychiatric (SMR04)>Drug type – stays).

- Opioids were the next most frequently recorded drug type in 2014/15 (540, 36%). The percentage of psychiatric stays involving opioids has increased by around one third since 1997/98 (402, 26%). All other drug types accounted for less than 10% of psychiatric stays in 2014/15 (Psychiatric (SMR04)>Drug type – stays).

- Trends in the psychiatric stay rates for specific drug types are shown in Figure 2.5.

![Figure 2.5: Drug-related psychiatric stay rates†, by drug type‡](Scotland; 1996/97 to 2014/15\(^p\))

**Notes:**

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

‡ For an explanation of the drug types referred to, see endnotes 2 and 3 and Glossary.

\(p\) Provisional.

Source: Mental health inpatient/day case records (SMR04).
3. General acute/Psychiatric combined

3.1 Trends (1997/98 to 2014/15)\(^\text{4,6,7}\)

- In 2014/15, there were 8,568 general acute and/or psychiatric stays (also referred to as general acute/psychiatric combined) with a diagnosis of drug misuse. These stays related to 6,486 patients and, of these, 3,297 (51%) were ‘new’ patients (Gen.acute/Psychiatric combined>Activity profile).

- The general acute/psychiatric combined data was weighted heavily towards the former, with 83% (7,069/8,568) of 2014/15 activity in general acute hospitals. However, as roughly one in five stays were psychiatric, this combined analysis provides a comprehensive account of drug-related hospital activity and further our understanding by:
  - quantifying overall numbers of stays and patients in each financial year; and,
  - providing (in the combined new patient rate) a robust indication of the incidence of problem drug use resulting in hospital admission.

**Stays**

- The drug-related general acute/psychiatric combined stay rate has increased steadily over the time series, doubling over the period 1997/98 (76 stays per 100,000 population) to 2014/15 (162) (Gen.acute/Psychiatric combined>Activity profile and Figure 3.1).

**Figure 3.1: Drug-related general acute/psychiatric combined stay, patient and new patient† rates‡ (Scotland; 1996/97 to 2014/15\(^\text{p}\))**

\[\text{Notes:}\]
\[\text{† Period from 1996/97 to 2005/06 excluded due to diagnostic coding changes that affect the ten-year look back of SMR01 and SMR04 records. See footnote 4 for further details.}\]
\[\text{‡ Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.}\]
\[\text{\(p\) Provisional.}\]
\[\text{Source: General acute inpatient/day case records (SMR01) and mental health inpatient/day case records (SMR04) combined.}\]
**Patients**

- The drug-related general acute/psychiatric combined patient rate has increased since 1997/98, the pattern closely corresponding with changes in the stay rate. The combined patient rate doubled over the period 1997/98 (59 patients per 100,000 population) to 2014/15 (123) (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 2014/15 (1.32). 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 2014/15 as they did at the start of the time series (Gen.acute/Psychiatric combined>Activity profile).

- Figure 3.2 shows the trend towards an increasingly ageing patient profile over the past five years (comparing 2010/11 and 2014/15). For both sexes, drug-related general acute/psychiatric combined patient rates among the 15-19 year age group and all age groups from 35-39 years and older increased, while rates among those aged 20-24, 25-29 and 30-34 decreased (data not shown on dashboard).

**Figure 3.2: Drug-related general acute/psychiatric combined patient rates†, by sex and age group (Scotland; 2010/11 & 2014/15p comparison)**

---

**Notes:**

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

p Provisional.

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

- In 2014/15, 3,297 patients (61 new patients per 100,000 population) were treated in hospital for drug misuse for the first time (Gen.acute/Psychiatric combined>Activity profile).

- The drug-related general acute/psychiatric combined new patient rate increased slightly from 2006/07 (49 new patients per 100,000 population) to 2014/15 (61) (Gen.acute/Psychiatric combined>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, 54% of patients were ‘new’, this percentage had decreased slightly to 51% in 2014/15 (Gen.acute/Psychiatric combined>Activity profile).

- Figure 3.1 shows there were smaller increases in the combined new patient rate over time than in the combined stay and patient rates. Therefore, while Scottish hospitals treated a large number of new patients each year (3,297 in 2014/15), repeat admissions among those previously treated in relation to drug misuse increased in relative terms.

- Figure 3.3 shows the trend towards an increasingly ageing new patient profile over the past five years (comparing 2010/11 and 2014/15). As seen above in relation to patients, for both sexes, drug-related general acute/psychiatric combined new patient rates among 15-19 year olds and all age groups from 35-39 years and older increased, while rates among those aged 20-24, 25-29 and 30-34 tended to decrease (data not shown on dashboard).

**Figure 3.3: Drug-related general acute/psychiatric combined new patient† rates‡, by sex and age group (Scotland; 2010/11 & 2014/15p comparison)**

Notes:

† See footnote 1 for further details.
‡ Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.

p Provisional.

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

- In 2014/15, opioids were the substances most commonly involved in drug-related general acute and/or psychiatric stays. The percentage of combined general acute/psychiatric stays related to opioids increased from 1997/98 (1,521, 35%) to 2011/12 (4,984, 64%). Since then, while the number of opioid-related stays remained approximately the same, they decreased slightly as a percentage of stays (2014/15: 5,064, 59%) (Gen.acute/Psychiatric combined>Drug type - stays).

- Trends in the general acute/psychiatric combined stay rates for specific drug types are shown in Figure 3.4.

Figure 3.4: Drug-related general acute/psychiatric combined stay rates†, by drug type‡
(Scotland; 1996/97 to 2014/15p)

Notes:
† Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.
‡ For an explanation of the drug types referred to, see endnotes 2 and 3 and Glossary.
p Provisional.
Source: General acute inpatient/day case records (SMR01) and mental health inpatient/day case records (SMR04) combined.

- Figure 3.5 shows that opioid-related patient rates were highest among individuals aged 20-24 in 1998/99, then among those aged 25-29 years from 1999/00 to 2006/07. From 2007/08 to 2010/11, opioid-related patient rates were highest among those aged 30-34 years and, from 2012/13 to the present, among patients aged 35-39 years. The increase in patient rates among individuals aged 40-44 also suggests that this age group may have the highest number of opioid-related stays in the near future. This pattern, whereby successive age groups have the highest opioid-related patient rates over time is strongly suggestive of an ageing cohort of problem opioid users. The increase in patient rates in successive age groups also suggests increasing ill health among this cohort over time (data not shown on dashboard).
Figure 3.5: Opioid†-related general acute/psychiatric combined patient rates‡, by age group (Scotland; 1996/97 to 2014/15)

Notes:
† For an explanation of opioids, see Glossary.
‡ Uses European Standard Population 2013. The population estimates used in the calculation of rates are based on the 2011 Census results.
§ 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 2014/15 (the most recent year when both datasets are available).
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cannabinoids</strong></td>
<td>Drugs related to cannabis containing chemical compounds which act on cannabinoid receptors in cells that repress neurotransmitter release in the brain. The most notable cannabinoid is tetrahydrocannabinol (THC), the primary psychoactive compound in cannabis. This group of drugs also includes synthetic cannabinoids: designer recreational drugs such as spice that are chemically different from, but give similar effects to cannabis. Psychoactive effects may include a state of relaxation, euphoria, introspection, anxiety, paranoia, increase in heart rate and hunger.</td>
</tr>
<tr>
<td><strong>EASR</strong></td>
<td>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. Therefore, findings from publications since 2012/13 are not comparable with previous ISD reports. See Appendix A1 in the 2013/14 report for further details.</td>
</tr>
<tr>
<td><strong>Deprivation</strong></td>
<td>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 data zone 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. SIMD is updated roughly every three years and the version used depends on the year when the patient was discharged from hospital.</td>
</tr>
<tr>
<td><strong>Discharge</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>ICD</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>New Patient</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Opioids</strong></td>
<td>Drugs similar to heroin or morphine. Opioids include opiates (drugs derived from opium, including morphine and heroin (diamorphine)) and semi-synthetic and synthetic drugs such as hydrocodone, oxycodone and fentanyl. Opioids are most often used medically to</td>
</tr>
</tbody>
</table>
relieve pain. The side effects of opioids may include itchiness, sedation, nausea, respiratory depression, constipation, and euphoria. The euphoria attracts recreational use, and frequent, escalating recreational use of opioids typically results in addiction. Tolerance and dependence will develop with continuous use, requiring increasing doses and leading to a withdrawal syndrome upon abrupt discontinuation. Accidental overdose or concurrent use with other depressant drugs commonly results in death from respiratory depression. Because of opioid drugs' reputation for addiction and fatal overdose, most are controlled substances.

**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.

**Sedatives/hypnotics**

Drugs which induce sedation by reducing irritability or excitement. This group of drugs includes benzodiazepines (prescribed drugs such as diazepam, alprazolam and Novel Psychoactive Substances such as etizolam) and z-hypnotics (such as zopiclone). While low doses reduce anxiety and produce a peaceful effect, higher doses may result in slurred speech, staggering gait, poor judgment, and slow, uncertain reflexes. Higher doses may also be used as a hypnotic to induce sleep. In the event of an overdose or if combined with another sedative, many of these drugs can cause unconsciousness and even death.

**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>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
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<tr>
<td></td>
<td><strong>Drug-Related Hospital Statistics dashboard</strong></td>
<td>1996/97 to 2015/16</td>
<td>N/A</td>
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</tbody>
</table>


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**Further Information**

Other ISD publications on drug and alcohol misuse can be found at the [ISD website](http://isdscotland.org/).  
The Scottish Public Health Observatory (ScotPHO) provides information on various aspects of drug misuse in Scotland: [ScotPHO drug misuse section](http://www.isdscotland.org/Health-Topics/Drug-Misuse/).  
Further statistics on general acute hospital activity are available at: [http://www.isdscotland.org/Health-Topics/Hospital-Care/](http://www.isdscotland.org/Health-Topics/Hospital-Care/).  
Further statistics on psychiatric hospital activity are available at [http://www.isdscotland.org/Health-Topics/Mental-Health/Psychiatric-Hospital-Activity/](http://www.isdscotland.org/Health-Topics/Mental-Health/Psychiatric-Hospital-Activity/).  
If you would like further information on hospital activity relating to drug misuse, please contact the Health Improvement – Drug & Alcohol Team at 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.  
The next update of this publication will be in September 2017.

**Rate this publication**

Please [provide feedback](http://isdscotland.org/) on this publication to help us improve our services.
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 specialties other than mental health, maternity, neonatal and geriatric long stay 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 (2014/15) is one year earlier than for SMR01 (2015/16) 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 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 of the six positions (main and supplementary) is referred to as ‘in any position’.

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. The most recent available data for combined analysis relates to 2014/15. The reasons for this are discussed above.

Analysis of stays includes all general acute and psychiatric activity. However, patients are counted only once per financial year, even though the same patient may have stayed in both general acute and psychiatric hospitals 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:

<table>
<thead>
<tr>
<th>ICD 10 Code</th>
<th>Description</th>
<th>ICD 10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F11</td>
<td>Opioids</td>
<td>F15</td>
<td>Other Stimulants</td>
</tr>
<tr>
<td>F12</td>
<td>Cannabinoids</td>
<td>F16</td>
<td>Hallucinogens</td>
</tr>
<tr>
<td>F13</td>
<td>Sedatives / Hypnotics</td>
<td>F18</td>
<td>Volatile Solvents</td>
</tr>
<tr>
<td>F14</td>
<td>Cocaine</td>
<td>F19</td>
<td>Multiple / Other Drugs</td>
</tr>
</tbody>
</table>

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/other drugs'). For example, if case notes only state ‘multiple/other drugs’ 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.

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 [SMR completeness 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. Therefore, findings from publications since 2012/13 are not comparable with previous ISD reports. See Appendix A1 in the [2013/14 report](#) for further details.

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 incorporated changes in the following areas:

- 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.

The 2015/16 publication incorporates changes in the following areas:

- Correction of errors from previous reports in relation to the calculation of rates for the under 15 and 65 and over age groups.
- Correction of errors from previous reports in relation to the aggregation of SMR04 CISs.
## A2 – Publication Metadata (including revisions details)

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<th>Metadata Indicator</th>
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<tr>
<td>Publication title</td>
<td>Drug-Related Hospital Statistics Scotland 2015/16</td>
</tr>
<tr>
<td>Description</td>
<td>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.</td>
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<td>Theme</td>
<td>Health and Social Care</td>
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<tr>
<td>Topic</td>
<td>Substance Misuse</td>
</tr>
<tr>
<td>Format</td>
<td>PDF report with online dashboard</td>
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<tr>
<td>Data source(s)</td>
<td>ISD SMR01 &amp; SMR04</td>
</tr>
<tr>
<td>Date that data are acquired</td>
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</tr>
<tr>
<td>Release date</td>
<td>Tuesday 27 September 2016</td>
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<td>Frequency</td>
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<td>Timeframe of data and timeliness</td>
<td>General acute (SMR01) – information from the period 01/04/1996 to 31/03/2016. Psychiatric (SMR04) – information from the period 01/04/1996 to 31/03/2015. General acute &amp; psychiatric combined (SMR01 &amp; SMR04) – information from the period 01/04/1996 to 31/03/2015.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>See background information.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>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 often due to incomplete data returns at the time of the previous publication.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>• 2015/16: Correction of errors from previous reports in relation to the calculation of rates for the under 15 and 65 and over age groups.</td>
</tr>
<tr>
<td></td>
<td>• 2015/16: Correction of errors from previous reports in relation to the aggregation of SMR04 episodes into CISs.</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>See Glossary.</td>
</tr>
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<td>Also, refer to: Hospital Care - Background Information: <a href="http://www.isdscotland.org/Health-Topics/Hospital-Care/">http://www.isdscotland.org/Health-Topics/Hospital-Care/</a></td>
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<td><a href="http://www.scotpho.org.uk/behaviour/drugs/introduction">http://www.scotpho.org.uk/behaviour/drugs/introduction</a></td>
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<tr>
<td>Information Services Division</td>
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</table>

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 data submission issues are available on the SMR Completeness webpage.

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 ISD Hospital Care webpage.

Accessibility: It is the policy of ISD Scotland to make its websites and products accessible according to published guidelines.

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 measurement: Numbers, percentages and European Age-Sex Standardised Rates per 100,000.

Disclosure: The ISD protocol on Statistical Disclosure Protocol is followed and data relating to very small numbers is suppressed.

Official Statistics designation: Accredited National Statistic


Last published: 13 October 2015

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Date of first publication: 1998

Help email: nss.isdsubstancemisuse@nhs.net

Date form completed: 14 September 2016
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.