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

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in April 2012. The OSR is the regulatory arm of the UK Statistics Authority.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
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Introduction

This publication provides figures on alcohol-related inpatient and day case activity taking place within general acute hospitals and psychiatric hospitals in Scotland. This release covers general acute hospital activity for the financial years 1981/82 to 2018/19 and psychiatric hospital admissions from 1997/98 to 2018/19.

Using this publication

Data accompanying this report are published in an interactive Tableau electronic dashboard, designed to allow users to visualise figures included in the report. An Excel workbook is also available for users wishing to directly access detailed data that has been used to create the dashboard.

Background

Excessive consumption of alcohol can result in a wide range of health problems. Some may occur after drinking over a relatively short period, such as acute intoxication (drunkenness) or poisoning (toxic effect). Others develop more gradually, only becoming evident after long-term heavy drinking, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as alcohol dependency. This publication reports on conditions that are entirely due to alcohol. Alcohol can also play a factor in a range of other conditions such as injuries; epilepsy; cancer. Estimates of the number of inpatient and day case hospitalisations are based on counts where alcohol-related conditions are diagnosed during the hospital stay (see diagnostic codes Appendix A1). Attendances at Accident and Emergency that do not result in an admission to hospital are not included.

There are two types of hospitals where patients with alcohol-related conditions can be admitted. General acute hospitals are facilities in which patients receive care under specialties other than mental health, maternity, neonatal and geriatric long stays. A small proportion of patients receive treatment for alcohol-related mental health conditions in a psychiatric hospital. Information from these two settings are included in this report (see data sources Appendix A1).

This publication reports three hospital activity measures; continuous inpatient stays (referred to as ‘stays’), patient counts and new patient counts. Stays are distinct alcohol-related hospital admissions which occur within a year and a person could potentially have more than one stay in a year. Counts of patients are the number of people who have had at least one alcohol-related hospital admission during a particular year. New patient counts describe how many people each year have had an alcohol-related admission that have not had an alcohol-related admission in the past 10 years (see Glossary for additional detail).

European Age-sex Standardised Rates (EASR)

This publication includes rates of activity presented as European Age-sex Standardised Rates (EASR) calculated using the 2013 European Standard Population. Comparisons of rates that have not been standardised can be misleading when the age structures of populations differ between geographical areas or where they have changed over time. For example, alcohol-related hospital admissions are more common in males and older people. Adjustment for age and sex using the EASR prevents misleading comparisons between areas that may have populations with different age or gender structures.
Main Points

- In 2018/19 there were 38,370 alcohol-related hospital admissions (stays) in general acute and psychiatric hospitals in Scotland, similar to the previous year (38,199). The vast majority of patients (93%) admitted with alcohol-related conditions are treated in general acute hospitals (35,685) with a further 2,685 patients in psychiatric hospitals.

- The 35,685 admissions to general acute hospitals relate to 23,751 patients some of whom had multiple admissions to hospital. Around half of these patients (12,033) were admitted for the first time for alcohol-related conditions.

- Considering the long term trend since 1981/82, there was a steep and sustained increase in general acute alcohol-related hospital admissions until 2007/08 reaching a rate of 855 admissions per 100,000 population; this has now fallen to 669 per 100,000 population.

- Men were 2.5 times more likely than women to be admitted to general acute hospitals for alcohol-related conditions (971 per 100,000 population compared to 377).

- People in the most deprived areas were six times more likely to be admitted to general acute hospitals for an alcohol-related condition than those in the least deprived areas (1,059 per 100,000 population compared to 167).
Results and Commentary

Overall hospital admissions

People with alcohol-related conditions can be admitted to either general acute hospitals or psychiatric hospitals for treatment. In 2018/19 there were 38,370 admissions overall for alcohol-related conditions. More than nine out of ten admissions (93%) were to general acute hospitals (35,685) with a further 7% of admissions to psychiatric hospitals (2,685).

The European Age-Sex Standardised Rate (EASR) for alcohol-related general acute hospital stays was 669 stays per 100,000 population in 2018/19; this was similar to the previous year.

The European Age-Sex Standardised Rate for alcohol-related psychiatric hospital stays was 50 stays per 100,000 population in 2018/19, which was the same as the previous year.

General acute hospital admissions

The section below focuses on general acute hospitals only, where the majority of alcohol-related hospital admissions take place; alcohol-related admissions to psychiatric hospital are covered in a later section.

In 2018/19 there were 35,685 alcohol-related hospital admissions (stays) in general acute hospitals in Scotland. These stays are attributed to 23,751 Scottish residents who had at least one admission to hospital with an alcohol-related condition. Of these individuals, 12,033 were admitted to hospital for an alcohol-related condition for the first time or had not been admitted to hospital for an alcohol-related admission in the previous 10 years.

The vast majority of alcohol-related hospital admissions are unplanned. In 2018/19, emergency admissions accounted for 94% of admissions (33,366).

National trends from 1981/82 to 2018/19

The rate of alcohol-related hospital stays and patients consistently increased from 1981/82 to a peak in 2007/08 and reduced thereafter, with rates remaining similar over recent years (Figure 1).
Looking at the long term trend in alcohol-related hospital admissions there was a steep and sustained increase in stays in hospital from 157 per 100,000 population in 1981/82 to a peak of 855 per 100,000 population in 2007/08. Since then there has been a general decrease to 669 per 100,000 population in 2018/19. This rate remains substantially higher than it was in 1981/82.

Looking at trends in patients admitted to hospital this also increased between 1981/82 to 2007/08 from 138 patients per 100,000 population to 578 patients per 100,000 population, before a general decrease and was 445 per 100,000 population in 2018/19.

Over the same time period the average number of alcohol-related hospital admissions per patient in each year increased from 1.1 in 1981/82 to 1.5 in 2006/7 and has remained at 1.5 since then.

In 1991/92 (the first year from which such figures can be calculated) over two thirds (69%) of patients with an alcohol-related hospital admission were classified as new patients (patients who had not been admitted to hospital for an alcohol-related condition in the previous 10 years). In 2018/19 just over half (51%) of the patients admitted to hospital for an alcohol-related condition were classified as new patients.
Gender and Age

Males are 2.5 times more likely than females to be admitted to hospital for alcohol-related conditions. The rate of hospital stays in 2018/19 was 961 per 100,000 population for males compared to 377 per 100,000 population for females.

In 2018/19, seven out of 10 alcohol-related hospital admissions were for males (70%), a similar percentage to 2017/18 (71%).

Since the peak in alcohol-related hospital admissions in 2007/08 the hospital stays rate has decreased by 23% for males and 18% for females (Figure 2).

Figure 2: Alcohol-related hospital stay rates\(^1\) by gender for general acute hospitals, Scotland, financial years 1997/98 to 2018/19\(^p\)

There is a strong association between age and the rate of hospital admissions particularly amongst men, in 2018/19 there were twice as many males aged 55-64 admitted to a general acute hospital for an alcohol-related condition compared to males aged 25-34 (Figure 3).

In 2018/19, the highest rate of stays in general acute hospitals for males was 1,625 per 100,000 population in the 55-64 year age group. The highest rate for females was in the 45-54 year old age group (626 per 100,000 population) (Figure 3).

\(^1\) European age sex standardised rates (EASR).

\(^p\) Provisional
Figure 3: Alcohol-related hospital stay rates\(^1\) by gender and age for general acute hospitals, Scotland, financial year 2018/19\(^p\)

![Graph showing alcohol-related hospital stay rates by gender and age for general acute hospitals, Scotland, financial year 2018/19.](image)

\(^1\) European age sex standardised rates (EASR).
\(^p\) Provisional

Figure 4 presents the rate of alcohol-related general acute hospital stays by age group and gender between 1997/98 and 2018/19.

For males, over the time period 1997/98 to 2018/19, the age groups with the highest rate of alcohol-related general acute hospital stays are the 55-64 age group and the 45-54 age group.

For females, over the time period 1997/98 to 2018/19, the age group with the highest rate of alcohol-related general acute hospital stays was the 45-54 age group; this has remained consistent over the time period (Figure 4).
Psychiatric hospital admissions

This section focuses on psychiatric hospitals for the time period 1997/98 to 2018/19.

Alcohol-related admissions to psychiatric hospitals accounted for 7% of all alcohol-related admissions to hospital in 2018/19.

National trends from 1997/98 to 2018/19

Alcohol-related hospital admissions to psychiatric hospitals have decreased since 1997/98 (Figure 5). The age and sex adjusted rate of stays fell by 51% between 1997/98 and 2018/19, from 103 to 50 stays per 100,000 population.

The average number of admissions per patient within the psychiatric setting was 1.3 in 1997/98 compared to 1.1 in 2018/19. Over the same time period the average number of admissions per patient in general acute hospitals was 1.3 in 1997/98 compared to 1.5 in 2018/19.
Figure 5: Alcohol-related hospitalisation rates\textsuperscript{1} for psychiatric hospitals, Scotland, financial years 1997/98 to 2018/19\textsuperscript{p}

\textsuperscript{1} European age sex standardised rates (EASR).
\textsuperscript{p} Provisional

Gender and Age

As with general acute hospital admissions, the rate of alcohol-related psychiatric hospital stays is consistently higher in males compared to females. The rate of hospital stays in 2018/19 was 68 per 100,000 population for males, which is over twice the rate for females (33 per 100,000 population).

In 2018/19, taking into account age group and gender, the highest rates of alcohol-related stays within psychiatric hospitals for males and females were in the 35-44 and 45-54 age groups (Figure 6).

Alcohol-related psychiatric hospital stay rates per 100,000 population have generally decreased over the time period 1997/98 to 2018/19, with the largest percentage decreases for males aged 15-24 (78\%) and for females aged 35-44 (53\%).
Figure 6: Alcohol-related hospital stay rates\textsuperscript{1} by gender and age for psychiatric hospitals, Scotland, financial years 1997/98 to 2018/19\textsuperscript{p}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure6}
\caption{Alcohol-related hospital stay rates by gender and age for psychiatric hospitals, Scotland, financial years 1997/98 to 2018/19.}
\end{figure}

\textsuperscript{1} European age sex standardised rates (EASR).

\textsuperscript{p} Provisional

Geographical variation (Acute and Psychiatric Settings)

There is variation in the rate of alcohol-related admissions by NHS Board and local authority. Differences in service delivery models, local policy and relative levels of deprivation across Scotland are likely to account for some of this variation. Figure 7 shows the latest alcohol-related stay rates for general acute admissions and psychiatric admissions for each of the NHS Boards in Scotland.
The decreasing trend in alcohol-related acute hospital stay rates per 100,000 population observed in Scotland overall were generally repeated within local areas, although these often showed more variable patterns from year to year. All NHS Boards have seen a reduction in the rate of alcohol-related stays in general acute hospitals since the peak of activity in 2007/08 with the exception of NHS Lanarkshire which had a 7% increase, and NHS Fife which had a 3% increase.

In 2018/19 NHS Western Isles and NHS Greater Glasgow & Clyde had the highest admission rates in general acute hospital settings (996 per 100,000 population and 928 per 100,000 population respectively), while for psychiatric hospital settings NHS Ayrshire & Arran and NHS Tayside had the highest admission rates (86 per 100,000 population and 84 per 100,000 population respectively).
NHS Island boards (Orkney, Shetland and Western Isles) have lower psychiatric hospital admission rates for alcohol-related conditions; this is likely to reflect models of service delivery rather than levels of harm.

**Deprivation (Acute and Psychiatric Settings)**

The following section shows variations in alcohol-related admissions to general acute and psychiatric hospital admissions by deprivation in Scotland.²

In both the general acute and psychiatric settings there is a clear correlation between levels of deprivation in an area and rates of alcohol-related admissions. All activity measures (stays, patients and new patients) increase with increased levels of deprivation. Figure 8 illustrates how alcohol-related stay rates have varied across each of the deprivation deciles since 2007/08. Prior to 2007/08, alcohol-related admissions to general acute hospitals had been increasing. Alcohol-related admissions to psychiatric hospitals have been in decline since 1997/98.

**Figure 8: Alcohol-related hospital stay rates¹ by SIMD decile and hospital setting; Scotland, Financial years 2007/08 to 2018/19**

² The Scottish Index of Multiple Deprivation (SIMD) ranking can be used to divide the Scottish population into ten groups (deciles). Each decile represents the same number of people; those living in areas in decile 1 live in the most deprived areas of Scotland and those in decile 10 live in the least deprived.

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¹ European age sex standardised rates (EASR).
² Provisional
When looking at rates for patients in the general acute setting, in 2018/19, people in the most deprived areas were six times more likely to be admitted to general acute hospitals for an alcohol-related condition than those in the least deprived areas (1,059 per 100,000 compared to 167 per 100,000 population).

For psychiatric alcohol-related admissions the gap is more pronounced. In 2018/19 the stay rates in the most deprived areas of Scotland were thirteen times higher than those in the least deprived areas (154 compared to 12 per 100,000 population). It should be noted that these rates are based on smaller numbers.

**Type of admission**

As emergency admissions are by definition unplanned they can lead to unpredictable demands on hospital resources such as staff or available beds.

In 2018/19, within the general acute setting, 94% of the alcohol-related inpatient stays resulted from emergency admissions. The percentage of alcohol-related admissions that were emergencies has consistently been above 90% since 1997/98.

A smaller proportion of alcohol-related admissions to psychiatric hospitals were emergencies. In 2017/18, within the psychiatric hospital setting, 50% of stays were emergencies.
Specific alcohol-related conditions

The conditions most commonly recorded during alcohol-related hospital admissions are those within the category ‘mental and behavioural disorders due to the use of alcohol’. This category covers a range of diagnoses including acute intoxication and harmful use of alcohol. It also includes some conditions generally associated with longer term alcohol misuse such as alcohol dependence and withdrawal states.

The second most prevalent group of diagnoses for alcohol-related hospital admissions are those associated with alcoholic liver disease, followed by toxic effects of alcohol.

Figure 9 shows the inpatient stay rates for all alcohol conditions and the three most common conditions recorded during alcohol-related admissions in general acute hospitals.

Hospital records can include up to six diagnostic codes; this publication reports on hospitalisations that include one or more alcohol-related diagnostic code in any of the diagnostic code positions.

**Figure 9: Alcohol-related hospital stay rates\(^1\) in general acute hospitals by diagnosis group, Scotland, Financial years 1997/98 to 2018/19\(^p\)**

\(^1\) European age sex standardised rates (EASR) – Rates calculated using general acute hospital activity only.  
\(^p\) Provisional
Mental and behavioural disorders due to use of alcohol

There are a number of separate diagnostic codes that form the category ‘mental and behavioural disorders due to the use of alcohol’.

The relative proportions of these diagnoses vary between the acute and psychiatric hospital setting. Within general acute hospitals, stays with a diagnosis of harmful use or acute intoxication are the most common of the mental and behavioural disorders due to use of alcohol. Within the psychiatric hospital setting stays with diagnosis of alcohol dependence are the most common, followed by harmful use.

Figure 10 shows how the rate of stays, in general acute hospitals, for specific conditions within mental and behavioural disorders due to the use of alcohol, have compared over the time period 1997/98 to 2018/19.

**Figure 10: Mental and behavioural disorders due to use of alcohol stay rates\(^1\) in general acute hospitals by specific diagnosis code, Scotland, Financial years 1997/98 to 2018/19\(^p\)**

![Graph showing rates of stays by specific diagnoses over time](image)

\(^1\) European age sex standardised rates (EASR) – Rates calculated using general acute hospital activity only.

\(^p\) Provisional

Harmful use, acute intoxication and toxic effects of alcohol

Local variation in coding of medical records can make understanding the changing patterns of activity more difficult. Patterns of hospital activity for conditions such as harmful use, acute intoxication and toxic effects of alcohol, in particular, can be influenced by the interpretation and application of national coding and terminology guidance.
Acute hospital admissions with a diagnosis of harmful use reduced markedly from 2010/11 to 2011/12 at the same time as the rates with a diagnosis of acute intoxication increased (Figure 10). These changes coincided with the issue of national coding guidance relating to these conditions. This guidance is likely to have influenced the application of these diagnostic codes contributing to the increase in admissions for acute intoxication and in the reduction in admissions for harmful use.

Withdrawal state
Alcohol withdrawal is a group of symptoms which can occur when an individual reduces or stops alcohol use after long periods of use. Although rates of inpatient stays and patients with a diagnosis of withdrawal state are comparatively low, the rate of stays per 100,000 with this diagnosis code has increased in the general acute setting from 1997/98 (31) to 2018/19 (127). The stay rate for 2018/19 (127) is at a similar level to the previous two years (125 in 2017/18 and 2016/17) (Figure 10). Psychiatric hospital stays which include a diagnosis of withdrawal state are low and with a stay rate of 4 per 100,000 population in 1997/98 reducing to 1 per 100,000 population in 2018/19.

Alcohol dependence
Inpatient stay rates for alcohol dependence have remained comparatively low since 1997/98 and have shown a decrease in recent years, despite past fluctuations. Psychiatric hospitals have had a decline in inpatient stay rates for alcohol dependence over the time period. In 2018/19 a diagnosis of alcohol dependence syndrome was included in 73% of alcohol-related psychiatric stays compared to 63% in 1997/98.

Alcoholic liver disease
There are several diagnostic codes that make up the classification alcoholic liver disease; these include reversible conditions such as fatty liver disease as well as conditions where damage to the liver may be longer lasting, such as cirrhosis and hepatitis. Hepatic (liver) failure is an end-stage event that results from severe liver damage.

In 2018/19 cirrhosis was the most commonly recorded of the alcoholic liver disease diagnoses, as has been the case since 2014/15. Rates of general acute hospitals stays which include a diagnosis of cirrhosis show a consistent increase since 2007/08. Over the same time period the rate of new patient admissions has increased, from 4 per 100,000 population in 2007/08 to 9 per 100,000 population in 2017/18 and was 8 per 100,000 population in 2018/19.
Alcohol-Related Brain Damage (ARBD)

Excessive drinking over a period of years may lead to a condition known as Alcohol-Related Brain Damage. This condition can cause problems with memory, learning and other cognitive skills.

Admissions with a diagnosis of Alcohol-Related Brain Damage are comparatively low: the stay rate increased since 1997/98 in the general acute setting from 12 per 100,000 population to 17 per 100,000 population in 2010/11 and since then the rate has fluctuated between 16 & 17 per 100,000 population. In 2018/19 the stay rate in the general acute setting was 16 per 100,000 population.

Psychiatric hospital stays rates which include a diagnosis of Alcohol-Related Brain Damage are low and ranged from a high of 6 per 100,000 population to a low of 3 per 100,000 population. In 2018/19 the stay rate in psychiatric hospitals was 3 per 100,000 population.

Toxic effect of alcohol

Admissions to general acute hospitals with a diagnosis of toxic effect of alcohol have remained low: the rate of stays in 2018/19 was 48 stays per 100,000 population. This is the only alcohol-related condition where activity has been consistently higher for females compared to males as there were 51 stays per 100,000 females and 44 stays per 100,000 males.
Glossary

Admissions
This term is used as a generic description of various measures of hospital activity which cover stays, patients and new patients.

Alcohol-related diagnosis
This refers to conditions known to be a direct consequence of alcohol consumption. Codes used in the analyses are provided in Appendix A1.

Continuous Inpatient Stay (CIS or Stay)
Refers to a continuous period of health care in a hospital setting from initial admission to discharge. This may include a number of ‘episodes’ recorded back-to-back for the same patient. Each stay is initiated by a referral (including re-referral) or admission and is ended by a discharge from hospital.

Deprivation
The Scottish Index of Multiple Deprivation (SIMD) is used to calculate deprivation rates. SIMD has 38 indicators in 7 domains (income, employment, housing, health, education, skills and training, geographical access and crime), which have been combined into an overall index calculated for each datazone. Rates are reported by deciles with 1 being most deprived and 10 least deprived. Deciles divide the population into ten equal proportions so that 10% of the population falls into each decile. SIMD 2009 has been applied for years 2007/08 to 2009/10, SIMD 2012 for the years 2010/11 to 2011/12 and SIMD2016 from 2012/13 onwards.

Datazone
The datazone is the key small-area statistical geography in Scotland. The datazone geography covers the whole of Scotland and nests within local authority boundaries. Datazones are groups of Census output areas and have populations of between 500 and 1,000 household residents. Where possible, they have been made to respect physical boundaries and natural communities. They have a regular shape and, as far as possible, contain households with similar social characteristics.

EASR
European Age-sex Standardised Rate. For more information see Introduction.

ICD
International Classification of Diseases and Related Health Problems 10th revision is used to classify hospital admissions and deaths from 1996 onwards. Before this the International Classification of Diseases and Related Health Problems 9th revision (ICD-9) was used.

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.

<table>
<thead>
<tr>
<th>New Patient</th>
<th>An individual admitted to hospital as an inpatient within a given time period (e.g. financial year) who was found not to have another inpatient admission for the same condition within the preceding ten years.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisional data</td>
<td>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 reported once all returns are received.</td>
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## List of Tables

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<thead>
<tr>
<th>File name</th>
<th>File and size</th>
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<tr>
<td>2019-11-19-ARHS-FY2018-19-Data</td>
<td>Excel 3,436 KB</td>
</tr>
<tr>
<td>Alcohol-Related Hospital Statistics Dashboard</td>
<td></td>
</tr>
</tbody>
</table>
Contact

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Further Information

Further information can be found on the ISD website. For related topics, please visit the drugs and alcohol pages.

For additional information on hospital activity relating to alcohol-related conditions, please contact the ISD Health & Social Care Drug and Alcohol Team at nss.isdsubstancemisuse@nhs.net.

The next full release of this publication will be in November 2020.

Rate this publication

Please provide feedback on this publication to help us improve our services.
Appendices

Appendix 1 – Background information

Data sources

The hospital activity data included in this publication are sourced from routinely collected national datasets.

- SMR01 (Scottish Morbidity Records 01) is the source for general acute inpatient and day case hospital activity for specialties other than mental health, maternity, neonatal and geriatric long-stay.

- SMR04 (Scottish Morbidity Records 04) is the source for psychiatric inpatient and day case hospital activity.

Analysis combining SMR01 and SMR04 activity is presented for mental and behavioural conditions associated with the use of alcohol to enable a better estimate of the total hospital activity and can be viewed in the associated excel workbook and dashboard.

General acute inpatients and day cases – SMR01

SMR01 is an episode based patient record relating to all inpatient and day cases discharged from acute medical, i.e. specialties other than mental health, maternity, neonatal and geriatric long stay specialties in NHS Scotland. A record is generated for each inpatient and day case episode, of which there are about 1,200,000 each year. Attendances at Accident and Emergency that do not result in an admission to hospital are not included. Each individual patient may have more than one stay and hence the number of people discharged within a year will be less than the total number of stays. The SMR01 basic data set encompasses patient identification and demographic information, episode management information and general clinical information. On the SMR01 form up to six separate diagnoses can be recorded for discharge episode record. 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).

Mental health inpatient and day cases – SMR04

The second data source is information derived from the Mental Health Inpatient and Day Case return (SMR04), which collects episode level data at the point of both admission and discharge on patients who are receiving care in mental health specialties. In this publication these records are referred to as ‘psychiatric stays’. 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).
Analytical definitions

Stay

For this report, a hospital stay (also described as a continuous inpatient stay or CIS), is defined as an unbroken period of time that a patient spends as an inpatient or day case. During a stay a patient may have numerous episodes as they change consultant, significant facility, speciality and/or hospital. Stays are counted at the point of discharge, when all diagnostic information regarding the full stay is available. Therefore, a ‘stay’ and a ‘discharge’ are equivalent in this report. However, the demographic information (age, gender, deprivation decile, NHS Board or local authority of residence) is taken from the first episode of the stay, thus most closely corresponding to the circumstances of the patient at the point of entering the hospital.

Patient

Where numbers of patients are reported, this refers to the number of unique individuals treated within the financial year. Patients are counted only once in the financial year in which they have an alcohol-related stay, even though the same patient may be admitted to hospital several times in a year.

New Patient

New patients are defined as patients who have not been previously admitted to hospital with an alcohol diagnosis within the last 10 years. If a patient has several alcohol-related stays over a number of years, this patient will be counted only in the year of the first alcohol-related hospital stay within a 10-year period.

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.

Clinical codes for alcohol-related conditions

Alcohol misuse is recorded using the International Classification of Diseases. In 1997, ISD moved from using the 9th revision to the 10th revision. The change introduced a number of new alcohol-related codes. However, mapping of codes from the ninth revision to the tenth revision is not exact and therefore the longer trends (back to 1981/82) are only used for reporting on ‘all’ alcohol codes combined, and time trends for individual alcohol-related conditions start in 1997/98. The following codes were used in the analysis presented in this report:
Diagnostic (ICD10) codes used for reporting alcohol-related stays in Scottish hospitals

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<tr>
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<th>Sub-Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>Acute intoxication</td>
</tr>
<tr>
<td></td>
<td>F10.1</td>
<td>Harmful use</td>
</tr>
<tr>
<td></td>
<td>F10.2</td>
<td>Dependence syndrome</td>
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<tr>
<td></td>
<td>F10.3</td>
<td>Withdrawal state</td>
</tr>
<tr>
<td></td>
<td>F10.4</td>
<td>Withdrawal state with delirium</td>
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<td></td>
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<td>Psychotic &amp; amnesic conditions</td>
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<td>F10.8, F10.9</td>
<td>Unspecified &amp; other conditions</td>
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<td>K70.1</td>
<td>Alcoholic Hepatitis</td>
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<td>K70.4</td>
<td>Alcoholic hepatic failure</td>
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<td></td>
<td>K70.9</td>
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<td>E51.2</td>
<td>Wernicke encephalopathy</td>
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<td></td>
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<td>G31.2</td>
<td>Degeneration of nervous system due to alcohol</td>
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<td>Psychotic &amp; amnesic conditions</td>
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<tr>
<td></td>
<td>G31.2</td>
<td>Degeneration of nervous system due to alcohol</td>
</tr>
<tr>
<td></td>
<td>K85.2</td>
<td>Alcohol-induced acute pancreatitis</td>
</tr>
<tr>
<td></td>
<td>K86.0</td>
<td>Alcohol-induced chronic pancreatitis</td>
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<tr>
<td></td>
<td>T51.0</td>
<td>Ethanol</td>
</tr>
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<td></td>
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<td>Methanol</td>
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<td></td>
<td>T51.9</td>
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<td>I42.6</td>
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<td>Alcoholic Cardiomyopathy</td>
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<td>K29.2</td>
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<tr>
<td>G31.2</td>
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<td>Degeneration of nervous system due to alcohol</td>
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<tr>
<td>G62.1</td>
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<td>Alcoholic polyneuropathy</td>
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<td>G72.1</td>
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<td>Alcoholic myopathy</td>
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<td>O35.4</td>
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<td>Maternal care for (suspected) damage to fetus from alcohol</td>
</tr>
<tr>
<td>P04.3</td>
<td></td>
<td>Fetus and newborn affected by maternal use of alcohol</td>
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<td>Q86.0</td>
<td></td>
<td>Fetal alcohol syndrome (dysmorphic)</td>
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<td>R78.0</td>
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<td>Finding of alcohol in blood</td>
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<tr>
<td>X45</td>
<td></td>
<td>Accidental poisoning by and exposure to alcohol</td>
</tr>
<tr>
<td>X65</td>
<td></td>
<td>Intentional self-poisoning by and exposure to alcohol</td>
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<tr>
<td>Y15</td>
<td></td>
<td>Poisoning by and exposure to alcohol, undetermined intent</td>
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<td>Y57.3</td>
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<td>Alcohol deterrents</td>
</tr>
<tr>
<td>Y90</td>
<td></td>
<td>Evidence of alcohol involvement determined by blood alcohol level</td>
</tr>
<tr>
<td>Y91</td>
<td></td>
<td>Evidence of alcohol involvement determined by level of intoxication</td>
</tr>
<tr>
<td>Z50.2</td>
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<td>Alcohol rehabilitation</td>
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<td>Z71.4</td>
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<td>Alcohol abuse counselling and surveillance</td>
</tr>
<tr>
<td>Z72.1</td>
<td></td>
<td>Alcohol use</td>
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Data Quality and Completeness

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


At the time of data extract used for this report; data at Scotland level (SMR01 and SMR04) were 99% complete. However, SMR04 data for NHS Highland were only 83% complete.

Note of Revisions

The Health & Social Care 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. This year’s publication includes no revisions.
Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>Publication title</td>
<td>Alcohol-related Hospital Statistics Scotland 2018/19</td>
</tr>
<tr>
<td>Description</td>
<td>Publication reporting on general acute and psychiatric hospital stays with diagnosis of an alcohol-related condition. These data are presented at a national level and also broken down by demographic characteristics and local geographies.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Alcohol Misuse</td>
</tr>
<tr>
<td>Format</td>
<td>PDF report with Excel tables and online Tableau dashboard</td>
</tr>
</tbody>
</table>
| Data source(s)             | • SMR01 (Scottish Morbidity Records 01) is the source for general acute inpatient and day-case hospital activity for specialties other than mental health, maternity, neonatal and geriatric long-stay.  
<pre><code>                          | • SMR04 (Scottish Morbidity Records 04) is the source for psychiatric inpatient and day-case hospital activity.                                                                                                                                                      |
</code></pre>
<p>| Date that data are acquired| September 2019                                                                                                                                                                                            |
| Release date               | Tuesday 19 November 2019                                                                                                                                                                                     |
| Frequency                  | Annual                                                                                                                                                                                                     |
| 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 often due to incomplete data returns at the time of previous publication. |
| Revisions relevant to this publication | No revisions.                                                                                                                                                                                            |
| Concepts and definitions   | See Glossary                                                                                                                                                                                               |
|                            | See Hospital Care: Background Information                                                                                                                                                                  |
|                            | <a href="http://www.isdscotland.org/Health-Topics/Hospital-Care/">http://www.isdscotland.org/Health-Topics/Hospital-Care/</a>                                                                                                                                                |
| Relevance and key uses     | Relevant to understanding Alcohol misuse in Scotland.                                                                                                                                                   |</p>
<table>
<thead>
<tr>
<th>of the statistics</th>
<th>Statistics will be used for policy making and service planning.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accuracy</strong></td>
<td>Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends.</td>
</tr>
<tr>
<td><strong>Completeness</strong></td>
<td>At the time of data extract used for this report; data at Scotland level (SMR01 and SMR04) were 99% complete. However, SMR04 data for NHS Highland were only 83% complete. Details of data submission issues are available on the <a href="#">SMR completeness webpage</a>.</td>
</tr>
<tr>
<td><strong>Comparability</strong></td>
<td>NHS Digital publish figures on hospital admissions in <a href="#">Statistics on Alcohol 2019</a> but these should not be directly compared with published data from Scotland.</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a>.</td>
</tr>
<tr>
<td><strong>Coherence and clarity</strong></td>
<td>The report is available as a PDF file with dashboard content.</td>
</tr>
<tr>
<td><strong>Value type and unit of measurement</strong></td>
<td>Rates are per 100,000 population, standardised for age and gender to the 2013 European Standard Population.</td>
</tr>
<tr>
<td><strong>Disclosure</strong></td>
<td>The <a href="#">ISD Statistical Disclosure Protocol</a> is followed.</td>
</tr>
<tr>
<td><strong>Official Statistics designation</strong></td>
<td>National Statistic</td>
</tr>
<tr>
<td><strong>UK Statistics Authority Assessment</strong></td>
<td>Completed assessment by UK Statistics Authority report published 4 April 2012</td>
</tr>
<tr>
<td><strong>Last published</strong></td>
<td>26 February 2019</td>
</tr>
<tr>
<td><strong>Next published</strong></td>
<td>The next full release of this publication will be in November 2020.</td>
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<tr>
<td><strong>Date of first publication</strong></td>
<td>1998</td>
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<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:NSS.isdsubstancemisuse@nhs.net">NSS.isdsubstancemisuse@nhs.net</a></td>
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<tr>
<td><strong>Date form completed</strong></td>
<td>07 November 2019</td>
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</table>
Appendix 3 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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
Appendix 4 – 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.