Scottish Public Health Observatory
Quarterly Update
December 2018

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About this release

This release by Information Services Division provides the Scottish Public Health Observatory quarterly update on a number of topic areas. Of these topics, ‘Alcohol’, ‘Allergic conditions’, ‘Asthma’, ‘Chronic liver disease’, ‘Chronic obstructive pulmonary disease’, ‘Drugs’ (Social harm), ‘Epilepsy’, ‘Multiple sclerosis’ and ‘Tobacco use’ provide previously unpublished data.

Main Points

Alcohol: treatment for alcohol misuse

- In 2017/18, 8,972 patients were dispensed drugs for alcohol dependency; a 3.2% decrease from the previous year.
- The gross ingredient cost of drugs for alcohol dependence was approximately £2.1 million in 2017/18, this is a 9.6% decrease compared with 2016/17.

Allergic conditions

- Asthma continues to be the most common allergic condition, accounting for around 77.1% (6,705) of all allergy-related hospital admissions.

Asthma

- Deaths due to asthma have remained at similar levels since 2015 with 126 deaths in 2017.
- First admission rates for asthma continue to show a divergence between males and females. In 2017/18 there was a decrease to 43.8 per 100,000 population for males compared to an increase to 71.9 for females.

Chronic liver disease

- Mortality rates for chronic liver disease decreased from a peak of 25.4 per 100,000 population in 2003 until 2012 (15.5 per 100,000 population). Thereafter the rate remained relatively stable until 2015 (15.0 per 100,000 population) before increasing in 2016 to 16.8 per 100,000 population. The rate for 2017 (16.6 per 100,000 population) is similar to the previous year.
- The rate for general acute hospital admissions (stays) including a diagnosis of chronic liver disease increased markedly between 1982/83 and 2006/07 from 47.1 per 100,000 population to 180.7 per 100,000 population. Rates then remained relatively stable until 2011/12 and a small decrease was seen in 2012/13. Since 2012/13 rates increased for four consecutive years to 208.0 per 100,000 population in 2016/17, decreasing to 204.2 per 100,000 population in 2017/18.
In 2017, chronic liver disease mortality rates per 100,000 population were just over twice as high in males compared to females (22.5 compared to 10.7). In 2017/18, chronic liver disease hospital stay rates were 1.8 times higher in males than females (261.5 compared to 147.0).

**Drugs - Social Harm**

In 2017/18, the Scotland rate of recorded drug offences was 59.7 offences per 10,000 population. Council area rates of recorded drug offences ranged from 103.7 offences per 10,000 population in Glasgow City to 21.9 per 10,000 population in Na h-Eileanan Siar.

**Tobacco use: deaths attributable to smoking in those aged 35 and over**

In 2017, smoking accounted for an estimated 9,332 deaths, or around 16% of all deaths in Scotland.

In the ten years up to 2017 the number of deaths attributable to smoking per 100,000 population fell by 25% from 419 deaths per 100,000 population in 2008 to 316 deaths per 100,000 population in 2017.

In 2017, smoking accounted for 29% of cancer deaths, 13% of deaths due to circulatory diseases such as heart attacks and strokes, and 39% of deaths from respiratory disease.

**Background**

The Scottish Public Health Observatory collaboration is led by the Information Services Division and NHS Health Scotland, and includes the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland. The aim of the collaboration is to make public health information more accessible, to promote the reduction in inequalities and to inform health improvement in Scotland.

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**Further Information**

All the topic areas updated will be available on the ScotPHO website. The next release of this publication will be March 2019.

**ISD and 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. Further information about our statistics.