Public Health Scotland

National Drug and Alcohol Treatment Waiting Times

1 October 2022 to 31 December 2022

A National Statistics release for Scotland

Publication date: 28 March 2023

Translations and other formats are available on request at:

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Introduction

Waiting times are important to patients and are a high-profile measure of how Scotland is responding to demand for health services. In 2011, the Scottish Government set a Health improvement, Efficiency, and Access to Treatment (HEAT) target (now a Local Delivery Plan (LDP) Standard) that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.

Information about referrals, waiting times and treatment for drug and alcohol use is provided by treatment services. Treatment services report to Alcohol and Drug Partnerships (ADPs), which are multi-agency groups tasked by the Scottish Government with tackling alcohol and drug issues through partnership working. Public Health Scotland acknowledges the contribution and commitment of treatment services and ADPs to ensuring that accurate and up-to-date information is submitted to enable the production of this report.

These data were extracted from the Drug and Alcohol Information System (DAISy) and its predecessor the Drug and Alcohol Treatment Waiting Times (DATWT) database. DAISy was available in all NHS Boards from April 2021 and replaced two previous systems: the DATWT database and the Scottish Drug Misuse Database (SDMD). DAISy and its predecessors hold data in relation to drug and alcohol treatments and waiting times from services throughout Scotland delivering tier 3 and 4 interventions, namely structured community and residential treatment[i]. Further details on the policy context and data collection for drug and alcohol treatment waiting times are included within **Appendix 1 - Background information**.

This publication reports on:

- referrals received by drug and alcohol treatment services;

[i] Detailed information about types of intervention can be found in **DATWT treatment types**.

- waiting times;
- types of treatments received;
- discharges prior to treatment; and,
- demographics of people accessing specialist drug and alcohol treatment services in Scotland.

In late 2022, ongoing data quality investigations identified a small number of services providing specialist drug and alcohol treatment in acute hospital settings. These services were hospital-based liaison teams, which represent an integration of community and acute secondary care services. Whilst there are a number of liaison services in operation across the country, data are only provided by a subset of teams. To maintain consistency with the other services presented in this report, hospital-based services have been temporarily excluded from this publication. Further discussions on the extent and role of such services are underway in order to assess how this information could be presented more coherently in future reports. (see **2. Data quality and completeness section** for further information).

This report should be read in conjunction with the **Excel workbook**, which provides users with interactive content based on data from 1 October to 31 December 2022 and the four preceding quarters. For further explanation of technical terms please refer to the **Glossary**.

Main points

- During the quarter, 9,845 referrals were made to community-based specialist drug and alcohol treatment services: 5,029 (51%) were for problematic use of alcohol, 3,698 (38%) for problematic use of drugs, and 1,118 (11%) for co-dependency.

- 7,118 referrals to community-based services started treatment during the quarter. Overall, 91% involved a wait of three weeks or less. Eleven of the 14 NHS Boards met the Standard and three did not (Highland (84%), Tayside (81%) and Lothian (80%)).

- Nationally, the Standard was met for referrals to community-based services starting treatment for co-dependency (94%), and problematic use of drugs (93%). The Standard was not met for those starting treatment for alcohol (89%).

- At the end of the quarter, 2,018 community treatment referrals had not started treatment. Of these, 505 (25%) involved a wait of more than three weeks.

- The most common treatments commenced during the quarter at community-based services were structured preparatory and motivational intervention (47 to 54% across substance types), and community-based support and/or rehabilitation (34 to 41% across substance types).

- 717 referrals were made to prison-based services during the quarter. Of these, 590 (82%) were for people seeking help for problematic use of drugs, in contrast to community-based services where just over half of referrals were for people seeking help for problematic use of alcohol.

- 325 referrals to prison-based services started treatment during the quarter. Of these, 95% involved a wait of three weeks or less.

Results and commentary

1. Interpreting the data

The information presented in this report relates to referrals for specialist drug or alcohol treatment in Scotland, where data were submitted to Public Health Scotland (PHS) via DAISy and its predecessor the DATWT database.

When interpretating these statistics, the following points should be noted:

Where people are referred to more than one service, they may have more than one referral. Therefore, the number of referrals does not directly reflect the number of people being referred to services.

The implementation of DAISy introduced changes to how data are captured, which should be considered when interpreting the data and making comparisons over time.

1. A 'co-dependency' substance type was introduced for cases where the referral relates to treatment for use of both alcohol and drugs, where previously only a single substance use could be specified.

2. A continuation of care process was introduced, which captures when people who are already in treatment move from one service to another. If there is no break or change in the patient's treatment, no waiting time was recorded at the receiving service. Previously a waiting time would have been recorded against the receiving service.

As part of the data compliance process, services that were unable to confirm that their data were accurate and up-to-date are excluded from reported figures (further information on service exclusions can be found in **2. Data quality and completeness section**). When services are excluded from a quarterly release, their data are removed from all five quarters reported in that release to ensure consistency. When making comparisons over time it should be noted that figures presented in this report may not be directly comparable with previous releases because previous releases may have excluded different services.

2. Data quality and completeness

DAISy is a dynamic source of data, which means the information extracted for reporting is a snapshot of the data that are on the system at that time. As such, data for previous quarters may not be the same as found in previous publications for the same time period. Similarly, data for the most recent quarter are provisional and may change in future publications.

To ensure high quality, consistent data are reported in this publication, a compliance process is in place to facilitate the submission of accurate and up-to-date information by treatment services[ii]. It is the responsibility of ADPs to ensure the compliance of the treatment services in their area and to help them assure the quality of the data they submit. Data from services that were unable to confirm that their data were accurate and up-to-date within preannounced timescales are excluded from the reported figures. In addition to service exclusions, an entire ADP is excluded if they are unable to complete the agreed compliance process within the timescales.

Among the 30 ADPs[iii], data from ten services, out of 204, have been excluded from this release as these services were unable to confirm their data within the specified timescales (see Table 6.1 in the accompanying **Excel workbook**).

[ii] Each ADP is sent an extract of their treatment service's data and asked to check and confirm with the services in their area that the data recorded are up-to-date and accurate. ADPs then return a form confirming their data or providing details of any services where they have been unable to confirm the data are up-to-date and accurate.

[iii] Clackmannanshire and Stirling operate as one combined ADP, but the two areas of Clackmannanshire and Stirling are reported separately in this publication at the ADP's request to accommodate for the differing needs of the two areas.

For the quarter ending 31 December 2022, the following services were excluded:

- Two services from Inverclyde ADP (DTTO Inverclyde and HMP Greenock). As HMP Greenock is the only prison in Inverclyde ADP, the exclusion of this service means no prison level data are available for this ADP. Both services have also been unable to confirm their data for the preceding quarter.

- Two services in City of Glasgow ADP (SAMH ARBD Hoddam and SAMH Floating Support). Both services have also been unable to confirm their data for the preceding four quarters.

- Two services from Mid and East Lothian ADP (East Lothian DTTO and Midlothian DTTO). Both services have also been unable to confirm their data for the preceding six quarters.

- Three services from Highland ADP (HMP Inverness Social Work DAIT, Crossreach Inverness, and Addictions Counselling Inverness). The first two services have also been unable to confirm their data for the preceding six quarters, while this is the first quarter that Addictions Counselling Inverness have been unable to confirm their data.

- One service from Western Isles ADP (Substance Misuse CPN). This service has also been unable to confirm their data for the preceding six quarters.

PHS and the Scottish Government monitor the number of compliant services and are implementing processes to ensure that the data submitted by ADPs are accurate, up-to-date and complete.

In addition to the services excluded because their data were not up-to-date and accurate, ongoing data quality investigations identified four hospital-based services that appeared to be inconsistent with the 'Community' and 'Prison' settings reported in this publication. The reporting of referrals to these services has been paused and these services excluded from this report until investigations into the scope and operation of hospital-based services and their contribution to DAISy have been concluded. The hospital-based services excluded from reporting are:

- North Lanarkshire ADP: Substance Misuse Liaison Nurse (Monklands) and Substance Misuse Liaison Nurse – Wishaw.
- South Lanarkshire ADP: Substance Misuse Liaison Nurses, Hairmyres (E K).
- Renfrewshire ADP: Acute Addiction Liaison Service.

3. Community-based services

This section describes information relating to referrals to community-based services providing specialist drug and alcohol treatment services for the quarter ending 31 December 2022.

3.1 Number and substance type of referrals

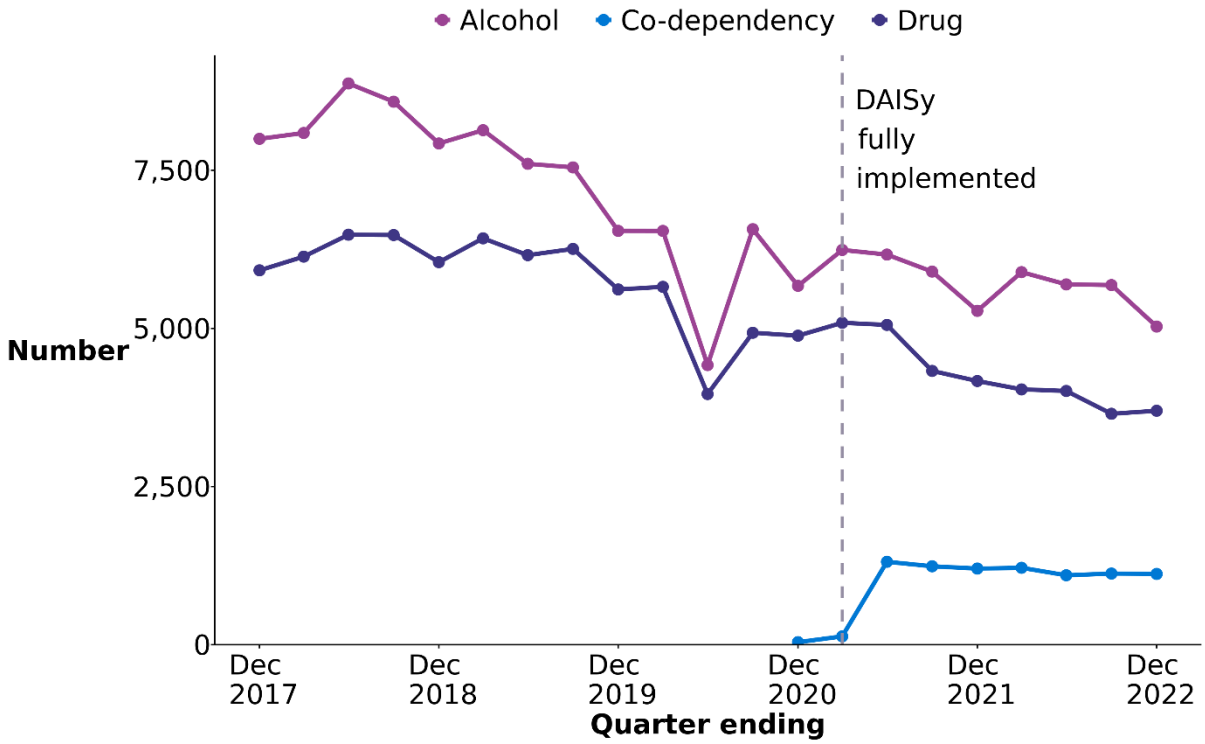
Chart 3.1 shows quarterly trend data for the number of referrals to community-based specialist drug and alcohol treatment services.

The number of referrals entered into the Drug and Alcohol Treatment Waiting Times database (DATWT) for alcohol and drugs both decreased from quarter ending December 2018 to the introduction of DAISy in April 2021 (Chart 3.1). These trends each included a distinctive reduction in referrals during quarter ending June 2020 which was associated with the implementation of measures to limit the spread of COVID-19.

Since the introduction of DAISy in April 2021, alcohol and drug referrals have both gradually decreased.

- Alcohol referrals decreased from 6,167 in quarter ending June 2021 to 5,029 in quarter ending December 2022.
- Drug referrals decreased from 5,055 in quarter ending June 2021 to 3,698 in quarter ending December 2022.
- Co-dependency was a new category of referrals introduced in DAISy. The number of co-dependency referrals has been fairly consistent over time, with around 1,100 to 1,200 referrals per quarter.

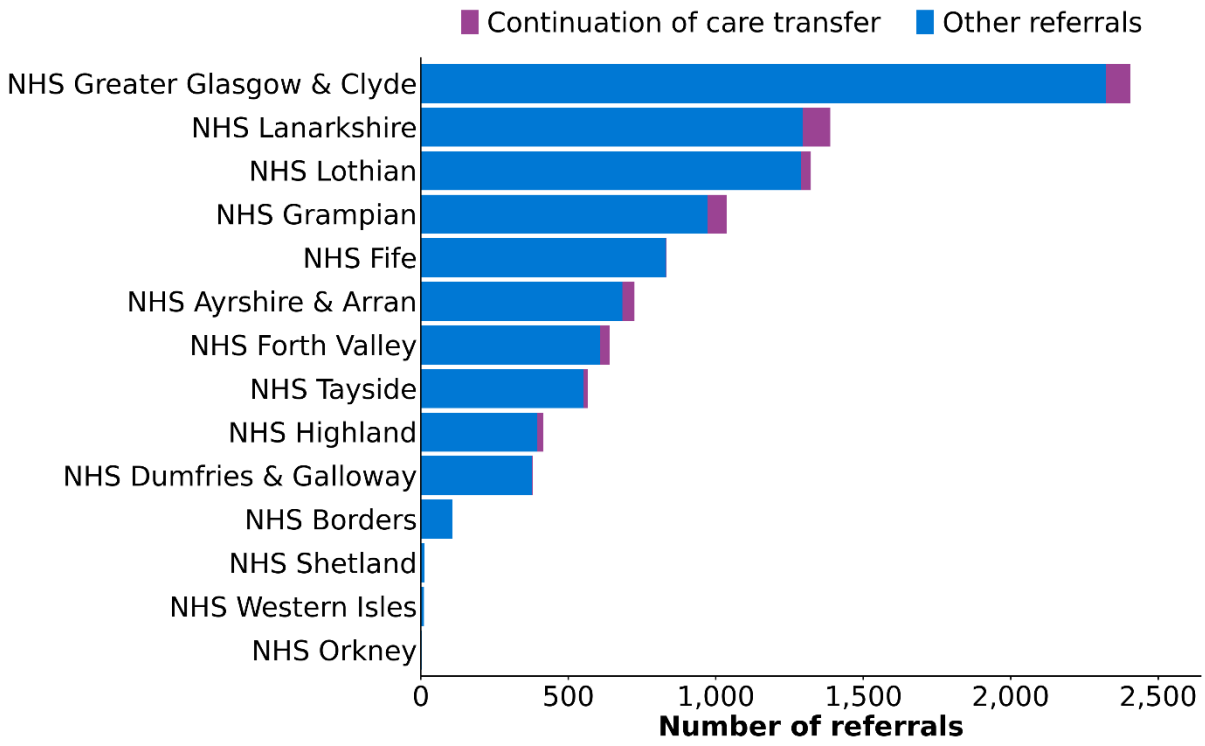
Chart 3.1: Number of community referrals, by substance type (1 October 2017 to 31 December 2022)



Between 1 October and 31 December 2022, 9,845 referrals were made to community-based specialist drug and alcohol treatment services in Scotland. Around one quarter of referrals (2,406; 24%) were to services in NHS Greater Glasgow & Clyde (Chart 3.2 and **Excel workbook** Table 1.1).

Across Scotland, 385 (4%) referrals to community-based services were continuation of care referrals, where people move from one service to another without a break or change in their treatment (see **Section 1. Interpreting the Data** for further information). In around half (six) of NHS Boards, continuation of care accounted for 1% or less of referrals. Across the remaining eight NHS Boards, continuation of care accounted for a maximum of 7% of referrals (in NHS Lanarkshire).

Chart 3.2: Number of community referrals, by NHS Board and continuation of care status (1 October to 31 December 2022)

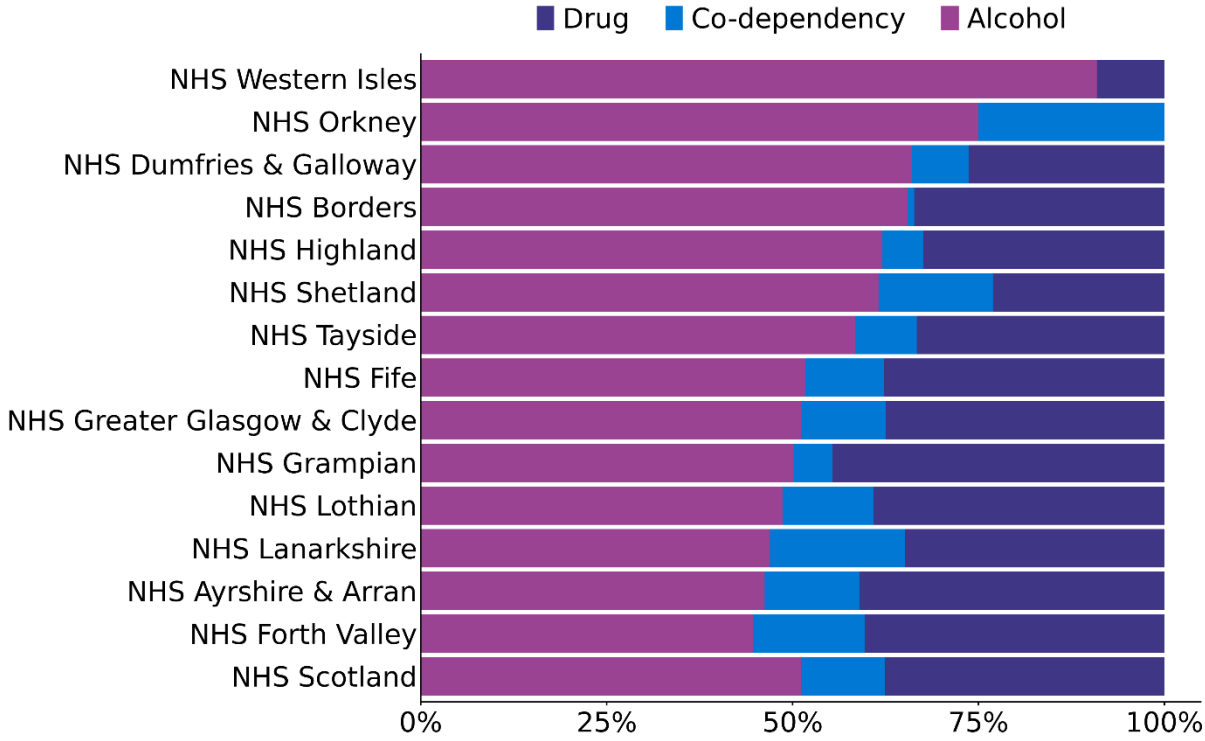


Of the 9,845 referrals, 5,029 (51%) were for people seeking help for problematic use of alcohol, 3,698 (38%) for problematic use of drugs and 1,118 (11%) for problematic use of both alcohol and drugs (co-dependency).

The pattern of substance types associated with referrals varied across NHS Boards (Chart 3.3). Excluding the island boards (which have relatively small numbers of referrals) some NHS Boards had different patterns compared to the national average.

- NHS Boards with a higher percentage of referrals for alcohol use included NHS Dumfries & Galloway (66%), NHS Borders (65%), and NHS Highland (62%).
- NHS Dumfries & Galloway had a lower percentage of referrals for drug use (26%), while NHS Grampian had a higher percentage (45%).
- Co-dependency accounted for a relatively low percentage of referrals in NHS Borders (1%), NHS Grampian (5%), and NHS Highland (6%).

Chart 3.3: Percentage of community referrals, by substance type and NHS Board (1 October to 31 December 2022)



3.2 Source of referrals

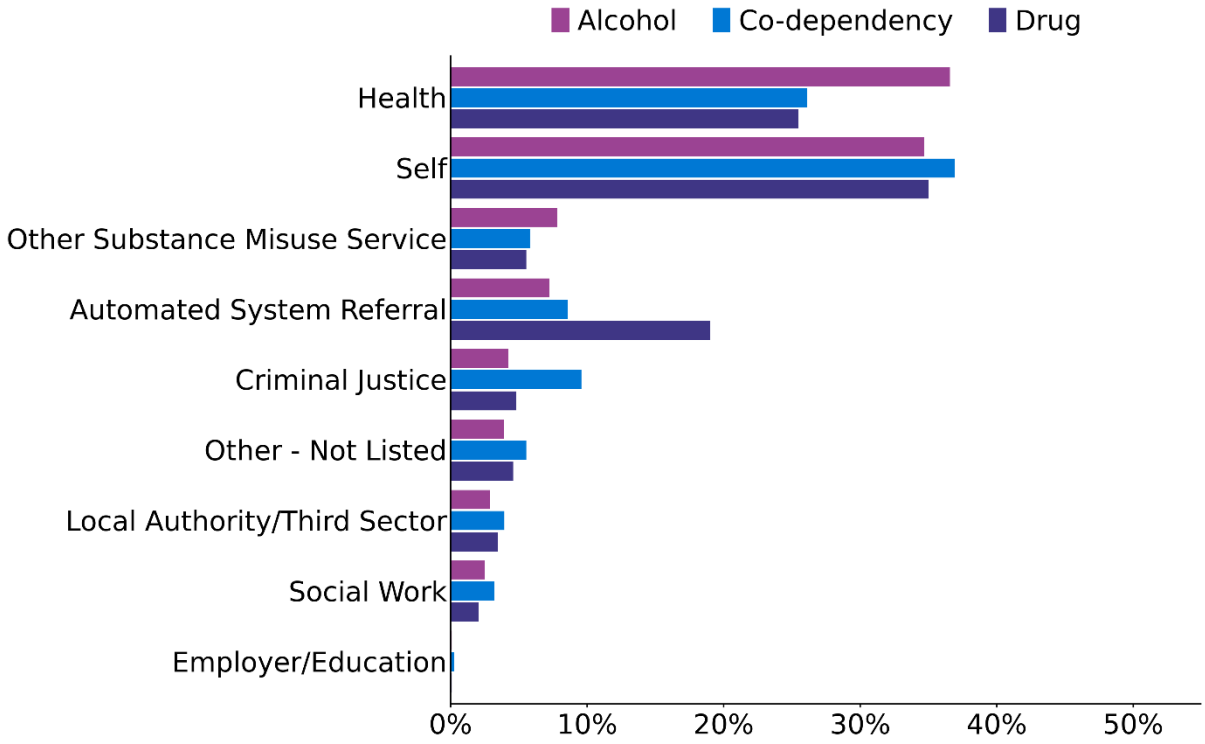
Referrals can be made to specialist drug and alcohol treatment services via several sources including health[iv], self, criminal[v], third sector, social work, employer or education, and another treatment service.

[iv] Health sources includes accident and emergency, other hospital, primary care, community mental health, GP, police custody (health care), prison/young offenders institute (health care).

[v] Criminal justice sources include arrest referrals, Community Payback Orders (CPO), Drug Treatment and Testing Orders (DTTO), drug court, police, social work and youth justice.

Across substance types, self-referral and health sources were the two most common sources of referrals to community-based services during the quarter ending 31 December 2022. Self-referral accounted for between 35% and 37% referrals and health sources accounted for between 25% and 37%. For drug treatment, automated referrals[vi] was also a notable source of referrals (19%) (Chart 3.4 and **Excel workbook** Table 1.2).

Chart 3.4: Percentage of community referral source, by substance type (1 October to 31 December 2022)



[vi] Automated system referrals are referrals that originate from one service and are transferred to another when a person is referred for a specific treatment that the original service is unable to provide. Automated system referrals include continuation of care transfers as well as other types of transfers between services (e.g., if a service does not provide all the treatments a person needs).

3.3 Length of wait and performance against Standard

This section describes the length of wait for completed waits (referrals where a person started treatment during the quarter). The length of wait is calculated as the length of time from the date a referral was received to the date treatment started.

Completed waits are also reported in relation to the waiting times Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.

3.3.1 Length of wait: latest quarter

Between 1 October and 31 December 2022, 7,118 referrals to community-based specialist drug and alcohol treatment services started treatment. Of these referrals, 91% involved a wait of three weeks or less, with 53% starting treatment within one week of referral (**Excel workbook** Table 2.1). The median length of wait was seven days.

Scotland

Of the 7,118 referrals to community-based specialist drug and alcohol treatment services that started treatment in this quarter, 3,754 (53%) were for people seeking help for problematic use of alcohol, 2,589 (36%) for problematic use of drugs and 775 (11%) for problematic use of both alcohol and drugs (co-dependency).

Nationally, the Standard was met for referrals starting treatment for problematic use of drugs (93%) and co-dependency (94%) (**Excel workbook** Table 2.1). The standard was not met for referrals starting treatment for problematic use of alcohol (89%).

NHS Boards

Eleven of the 14 NHS Boards met the Standard during the quarter (Chart 3.5). Three NHS Boards did not meet the Standard: NHS Highland (84%), NHS Tayside (81%) and NHS Lothian (80%).

This was the tenth successive quarter that NHS Lothian did not meet the standard, the ninth successive quarter that NHS Highland did not meet the Standard, and the sixth successive quarter that NHS Tayside did not meet the Standard.

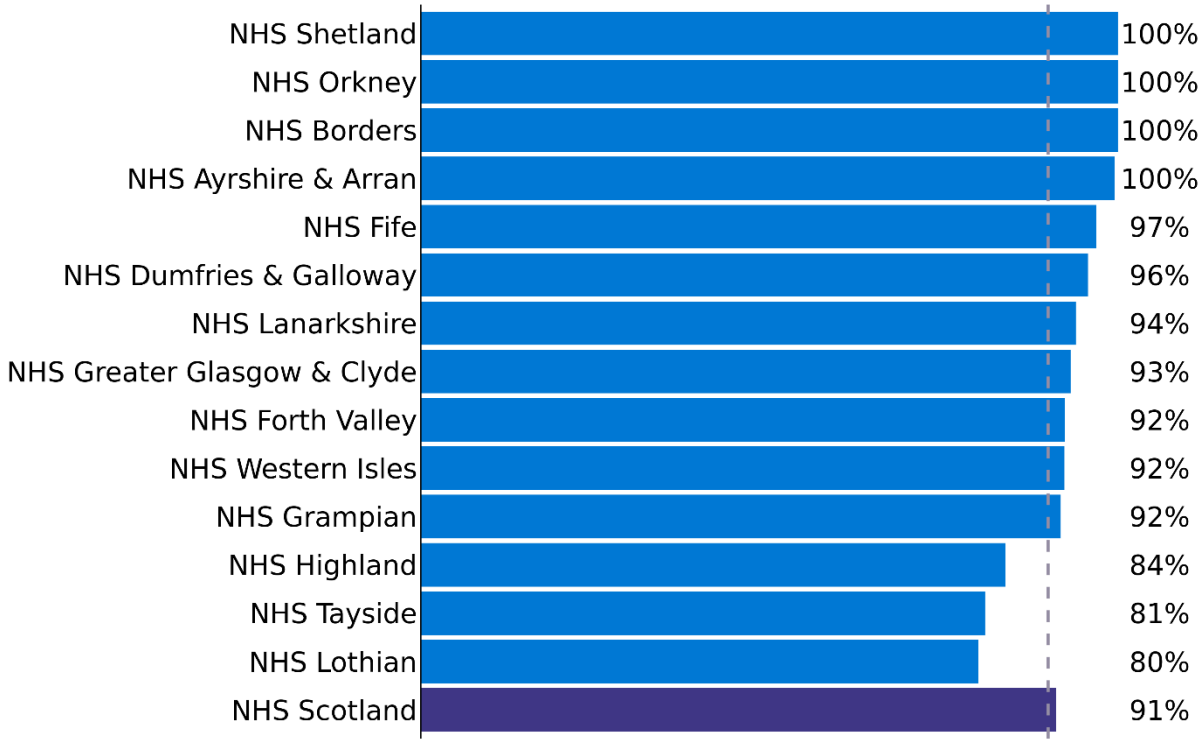
There was variation in the length of wait for referrals in the NHS Boards that did not meet the Standard:

- In NHS Highland, the median length of wait was three days. 45 referrals (16%) resulted in the person starting treatment more than three weeks after referral. Of these referrals, 10 (22%) started treatment within four weeks, another 23 (51%) started treatment within eight weeks, and the remaining 12 (27%) started treatment within 26 weeks.

- In NHS Tayside, the median length of wait was eight days. 92 referrals (19%) experienced a wait of more than three weeks for treatment. Of these, 23 referrals (25%) commenced treatment within four weeks, while a further 45 referrals (49%) started treatment within eight weeks. The remaining 24 referrals (26%) waited up to 26 weeks for treatment.

- In NHS Lothian, the median length of wait was eleven days. 194 referrals (20%) started treatment after more than three weeks. Of these, 47 (24%) started treatment within four weeks, another 87 (45%) started treatment within eight weeks, and the remaining 60 (31%) started treatment within 26 weeks.

Chart 3.5: Percentage of completed community referrals with a wait of three weeks or less, by NHS Board (1 October to 31 December 2022)



A breakdown at NHS Board level is shown in Table 3.1. Of the three NHS Boards that missed the Standard, Highland and Lothian each missed the Standard for all substance types during this quarter. Tayside missed the Standard for alcohol and co-dependency (73% and 86% respectively) but met the Standard for drug treatment (92%). Although NHS Forth Valley met the Standard overall (93%), and for drug (95%) and co-dependency (96%), alcohol treatment missed the Standard (88%).

Table 3.1: Percentage of completed community referrals with a wait of three weeks or less, by substance type and NHS Board (1 October to 31 December 2022)[1,2]

	Alcohol (%)	Drug (%)	Co-dependency (%)
NHS Shetland	100.0	100.0	100.0
NHS Borders	100.0	100.0	NA
NHS Orkney	100.0	NA	100.0
NHS Ayrshire & Arran	99.0	100.0	100.0
NHS Fife	96.0	97.4	100.0
NHS Dumfries & Galloway	94.1	97.5	100.0
NHS Lanarkshire	93.0	94.8	95.5
NHS Greater Glasgow & Clyde	91.8	95.2	93.6
NHS Grampian	91.1	92.1	95.0
NHS Western Isles	90.9	100.0	100.0
NHS Forth Valley	88.7	95.7	96.5
NHS Highland	82.4	88.3	70.0
NHS Lothian	78.8	80.0	85.1
NHS Tayside	73.3	92.9	86.7
Scotland	**89.3**	**93.0**	**93.8**

1 Caution is needed when interpreting the percentages due to the small number of completed referrals for some categories, particularly in island boards and the co-dependency category.

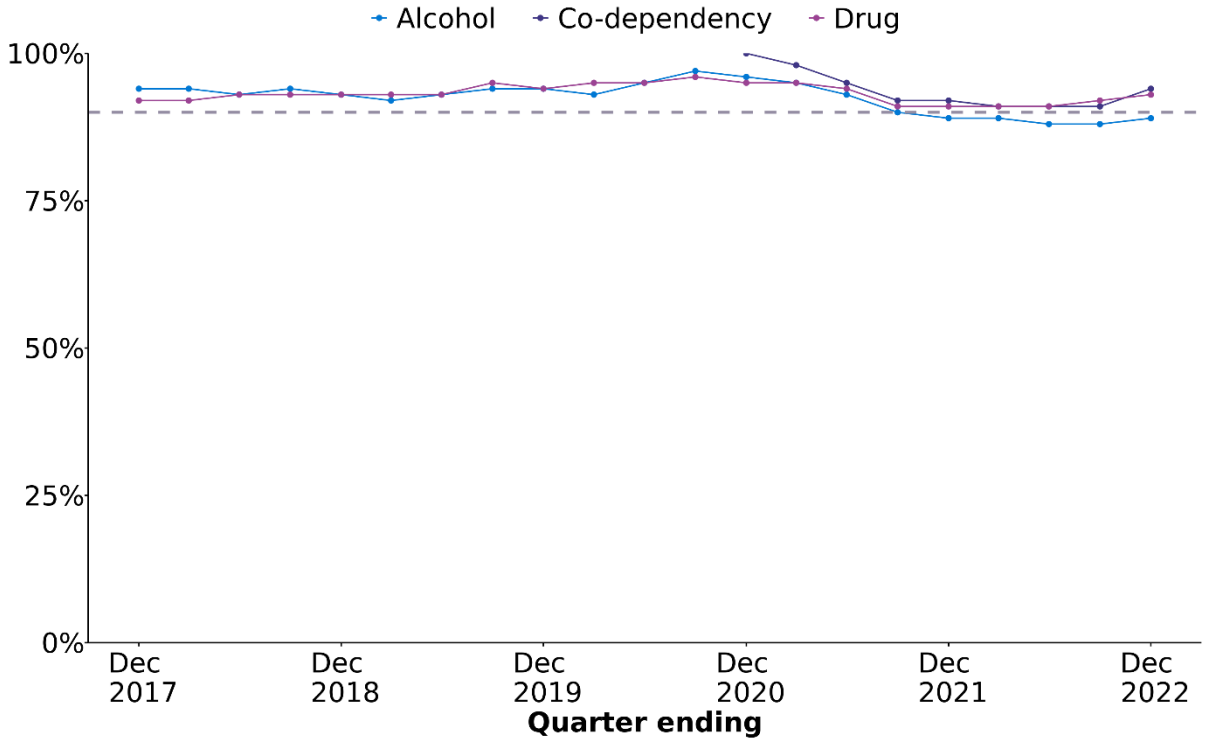
2 NA indicates there were no completed referrals for a category during this period.

3.3.2 Length of wait: trends over time

Chart 3.6 shows quarterly trend data for the percentage of referrals to community-based specialist drug and alcohol treatment services where treatment started within three weeks or less of referral.

While the percentage of referrals for drug and co-dependency with a wait of three weeks or less has fluctuated over time the percentage has remained above the Standard of 90% for all quarters. In contrast, the percentage of alcohol referrals starting treatment within three weeks has been below 90% since quarter ending 30 September 2021. It should be noted that this is a change to previous reports which stated that the Standard was met nationally for alcohol referrals in all quarters from quarter ending September 2017. This is partly a consequence of the decision to exclude hospital-based services from this section of the publication due to their incomparability with community-based treatment services. See **Data quality and completeness** section for more information.

Chart 3.6: Percentage of completed community referrals with a wait of three weeks or less, by substance type (1 October 2017 to 31 December 2022)



3.4 Ongoing waits

Ongoing waits are referrals where the person was still waiting to start treatment at the end of the quarter. The length of wait is calculated as the length of time from the date a referral was received to the last day of the quarter.

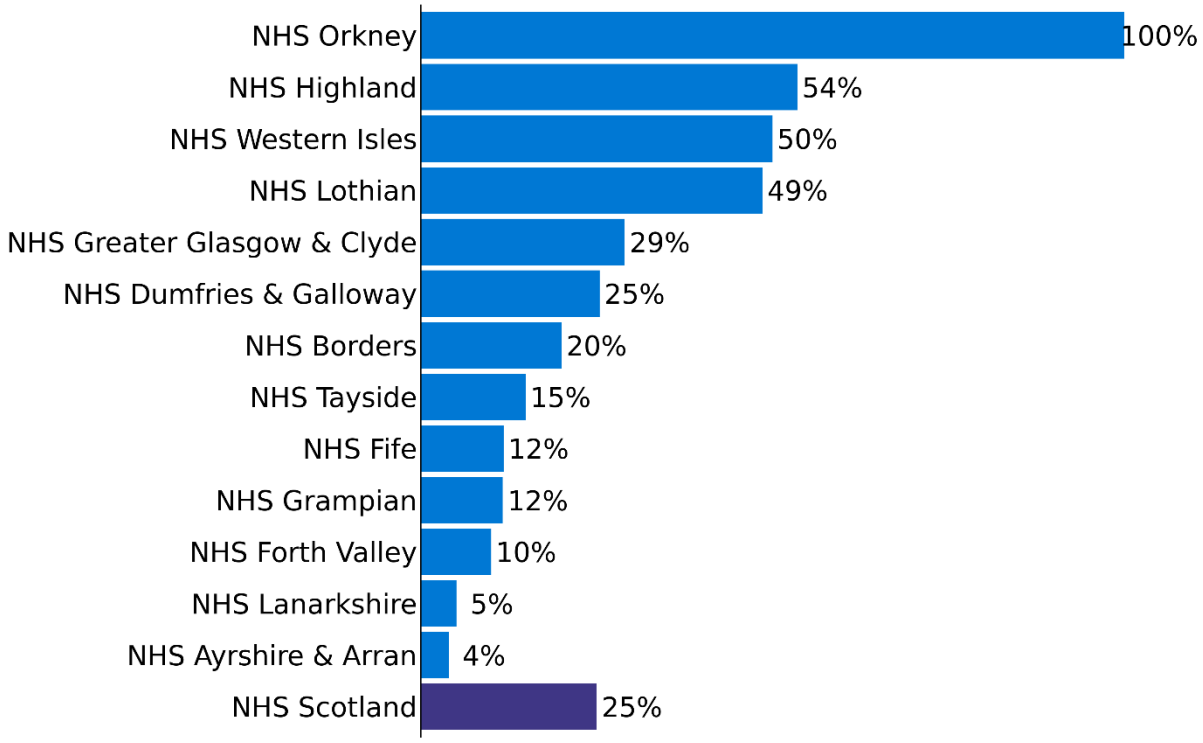
At the end of the latest quarter, 31 December 2022, 2,018 referrals to community-based specialist drug and alcohol treatment services were waiting to start treatment. Seventy five percent of these ongoing referrals were made in the last three weeks of the quarter. These recent referrals influence the median length of wait for ongoing referrals, which was 12 days at the end of the quarter.

Of the 2,018 referrals that had not started treatment, 1,139 (56%) were for people seeking help for problematic use of alcohol, 625 (31%) for problematic use of drugs and 254 (13%) for problematic use of both alcohol and drugs (co-dependency).

Twenty five percent (505) of these ongoing referrals involved a wait of more than three weeks and therefore did not meet the Standard. Approximately one quarter of alcohol (26%; 295) and drug (27%; 166) referrals waiting to start treatment at the end of the quarter had been waiting more than three weeks, while a smaller percentage of co-dependency (17%; 44) referrals had been waiting more than three weeks (**Excel workbook** Table 2.2).

There was variation by NHS Board in the percentage of ongoing referrals that had been waiting for more than three weeks, ranging from four percent of referrals in NHS Ayrshire & Arran to over half (54%) in NHS Highland (Chart 3.7 and **Excel workbook** Table 2.2).

Chart 3.7: Percentage of ongoing community referrals with a wait of more than three weeks, by NHS Board (1 October to 31 December 2022)[1]



1 At the end of the quarter, NHS Shetland did not have any referrals waiting to start treatment.

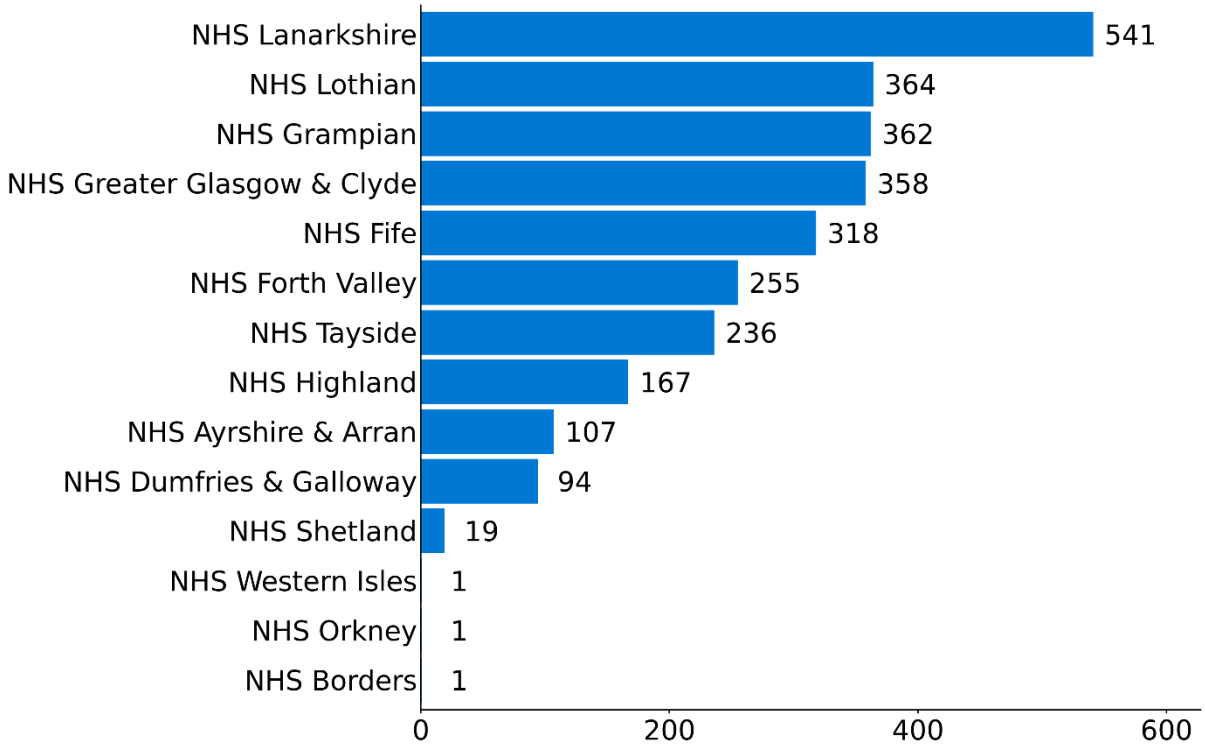
3.5 Number of referrals discharged before treatment

Between 1 October and 31 December 2022, 2,910 referrals were discharged before starting treatment. This includes referrals discharged to another service to provide treatment, as well as instances where the service user disengaged or was unable to commence treatment.

Of the 2,910 referrals discharged before starting treatment, most occurred in urban areas with large populations. NHS Lanarkshire accounted for 19% (541) of the discharged referrals, NHS Lothian and NHS Grampian each discharged about 13% (367 and 364 respectively), NHS Greater Glasgow & Clyde accounted for 12% (359), and NHS Fife 11% (318). Other NHS Boards accounted for one tenth or less of referrals discharged without treatment (Chart 3.8 and **Excel workbook** Table 5.1).

Of the referrals discharged without starting treatment, 1,567 (54%) were for people seeking help for problematic use of alcohol, 1,010 (35%) for drugs and 333 (11%) for co-dependency. This broadly reflects the profile of referrals to services (51% alcohol, 38% drugs and 11% co-dependency; see **Section 3.1**).

Chart 3.8: Number of community referrals discharged before starting treatment, by NHS Board (1 October to 31 December 2022)



3.6 Demographics

This section describes the demographic profile[vii] of referrals that started treatment at community-based services during the quarter ending 31 December 2022.

[vii] Due to differences in categorisations used in DATWT and DAISy, it is difficult to combine demographic data between the two systems and so this section is based on DAISy data only. However, as more than 99% of treatment starts for the periods

3.6.1 Sex

Across all substance types, males accounted for a minimum of 64% (alcohol) and a maximum of 78% (co-dependency) of referrals starting treatment (Table 3.2 and **Excel workbook** Table 3.1).

Table 3.2: Sex of community referrals starting treatment, by substance type (1 October to 31 December 2022)[1]

Treatment Type	Male	Female
Alcohol	64%	36%
Co-dependency	78%	22%
Drug	69%	31%

1 Percentages are based on totals that also include 'unknown' and 'intersex' categories. To reduce the risk of disclosure, the numbers for these categories have not been itemised.

3.6.2 Age

Those who started treatment for problematic use of alcohol were typically older than those starting treatment for problematic use of drugs or co-dependency (Chart 3.9 and **Excel workbook** Table 3.1). The median age at referral of those starting alcohol treatment was 46 years, compared with 38 for drug treatment and 35 for co-dependency.

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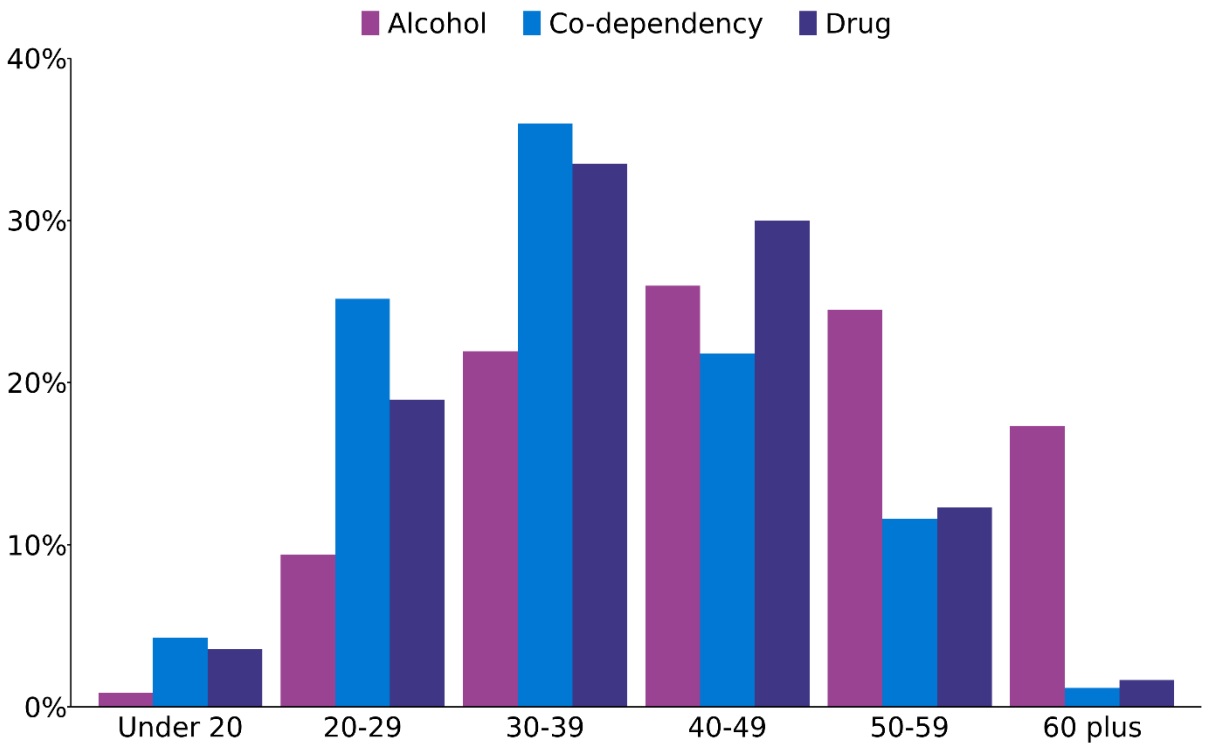
covered in this release were recorded on DAISy, this has little impact on the numbers reported (see **Introduction** and **Excel workbook**).

Chart 3.9: Age group (at referral) of community referrals starting treatment, by substance type (1 October to 31 December 2022)



3.6.3 Ethnicity

Ethnicity was broadly similar between substance types. White Scottish accounted for the highest percentage of referrals across all substance types (59-64%). However, the ethnicity of the person referred was not recorded in approximately one third of referrals (29-33%) (**Excel workbook** Table 3.1).

3.6.4 Disability

Disability status was similar across substance types. Less than 5% of referrals specified at least one disability (**Excel workbook** Table 3.1). It should be noted that the person's disability status was recorded as unknown in almost three-quarters of referrals starting treatment during the quarter.

3.7 Treatment types

This section focuses on all treatments that started at community-based services during the quarter ending 31 December 2022. This includes both first treatments (against which the Standard is measured) and subsequent treatments. Treatments are categorised into five groups:

1. Structured preparatory and motivational intervention
2. Prescribed drug treatment (includes prescribing by GP or specialist)
3. Community-based detoxification
4. Community-based support and/ or rehabilitation (includes structured psychosocial interventions, structured day programmes and other structured)
5. Residential detoxification and rehabilitation (includes residential rehabilitation and residential detoxification/ inpatient treatment)

A total of 8,310 treatments were started at community-based services between 1 October and 31 December 2022 (**Excel workbook** Table 4.1). Of these, 7,118 (86%) were the first treatment within the referral, 864 (10%) were the second treatment, 161 (2%) the third treatment and 167 (2%) the fourth treatment or higher.

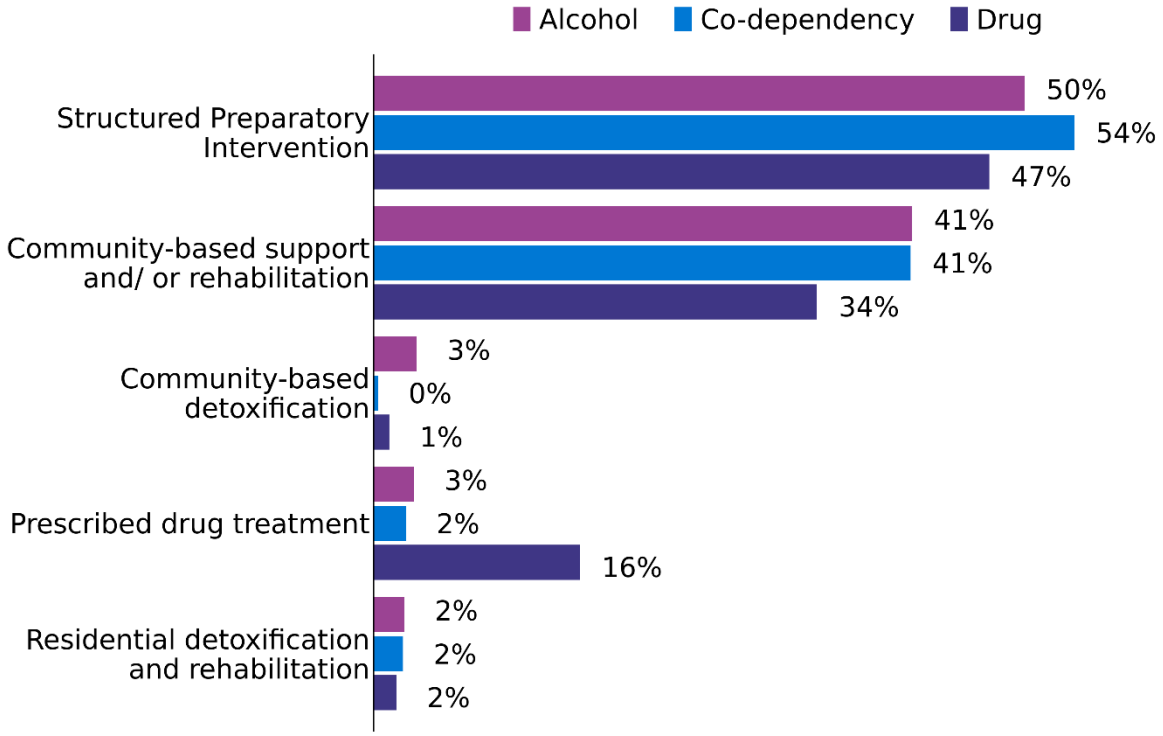
Of the 8,310 treatments started during the quarter, 4,394 (53%) were for people seeking help for problematic use of alcohol, 3,071 (37%) for problematic use of drugs and 845 (10%) for problematic use of both alcohol and drugs (co-dependency) (**Excel workbook** Table 4.1).

Chart 3.10 shows the types of treatments started. Across all substance types, structured preparatory and motivational intervention was the most common type of treatment. This treatment accounted for 54% of all co-dependent treatments started, 50% of all alcohol treatments started and 47% of all drug treatments started. This was followed by community-based support and/or rehabilitation, which accounted for 41% of all alcohol treatments and co-dependency treatments, and 34% of drug treatments started.

All other treatments accounted for 3% or less of treatments started across all substance types. However, among treatments for the problematic use of drugs, 'prescribed drug treatment' accounted for 16% of treatments started during the quarter.

The percentage share of treatment types has seen only minor fluctuations between the current and previous four quarters (**Excel workbook** Table 4.1).

Chart 3.10: Percentage of treatment types started in community-based services, by substance type (1 October to 31 December 2022)



4. Prison-based services

This section describes information relating to referrals to prison-based services providing specialist drug and alcohol treatment services for the quarter ending 31 December 2022. As described in **Section 2: Data quality and completeness**, data for prison-based services excludes Inverclyde ADP. At NHS Board level, this means that data for prison-based services in NHS Greater Glasgow & Clyde exclude Inverclyde ADP.

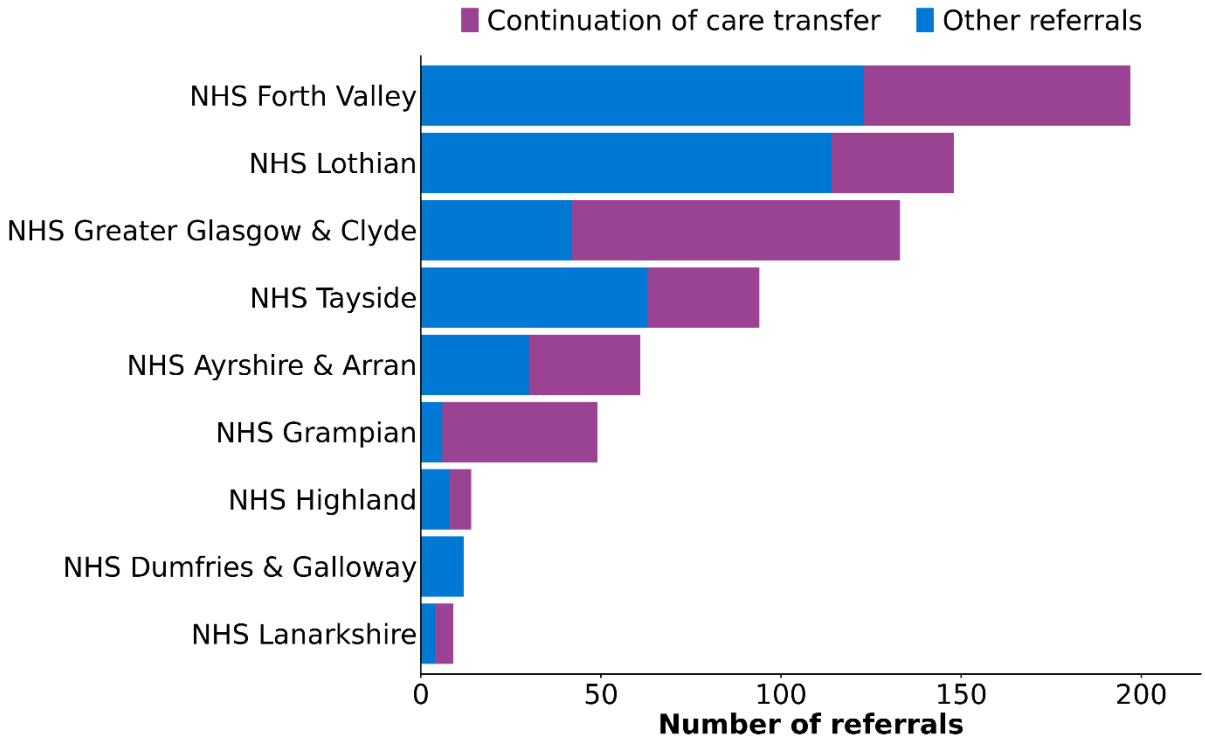
4.1 Number and substance type of referrals

Between 1 October and 31 December 2022, 717 referrals were made to prison-based specialist drug and alcohol treatment services in Scotland across the nine NHS Boards with prison services (Chart 4.1 and **Excel workbook** Table 1.1). Of these, 197 (27%) were to services in NHS Forth Valley, 148 (21%) to services in NHS Lothian, 133 (19%) to services in NHS Greater Glasgow & Clyde (excluding Inverclyde ADP), and 94 (13%) to services in NHS Tayside. The remaining NHS Boards with prison-based services each accounted for one tenth or less of prison referrals.

Across Scotland, 315 (44%) referrals to prison-based services were continuation of care transfers from community-based services. This compares with 385 referrals to community-based services from prison-based services (**Section 3.1 Number and substance type of referrals**).

There was variation between NHS Boards in the percentage of prison-based continuation of care transfers. In NHS Grampian, most referrals (43; 88%) were continuation of care transfers, while no prison-based referrals in NHS Dumfries and Galloway were continuation of care transfers.

Chart 4.1: Number of prison referrals, by NHS Board and continuation of care status (1 October to 31 December 2022)[1]



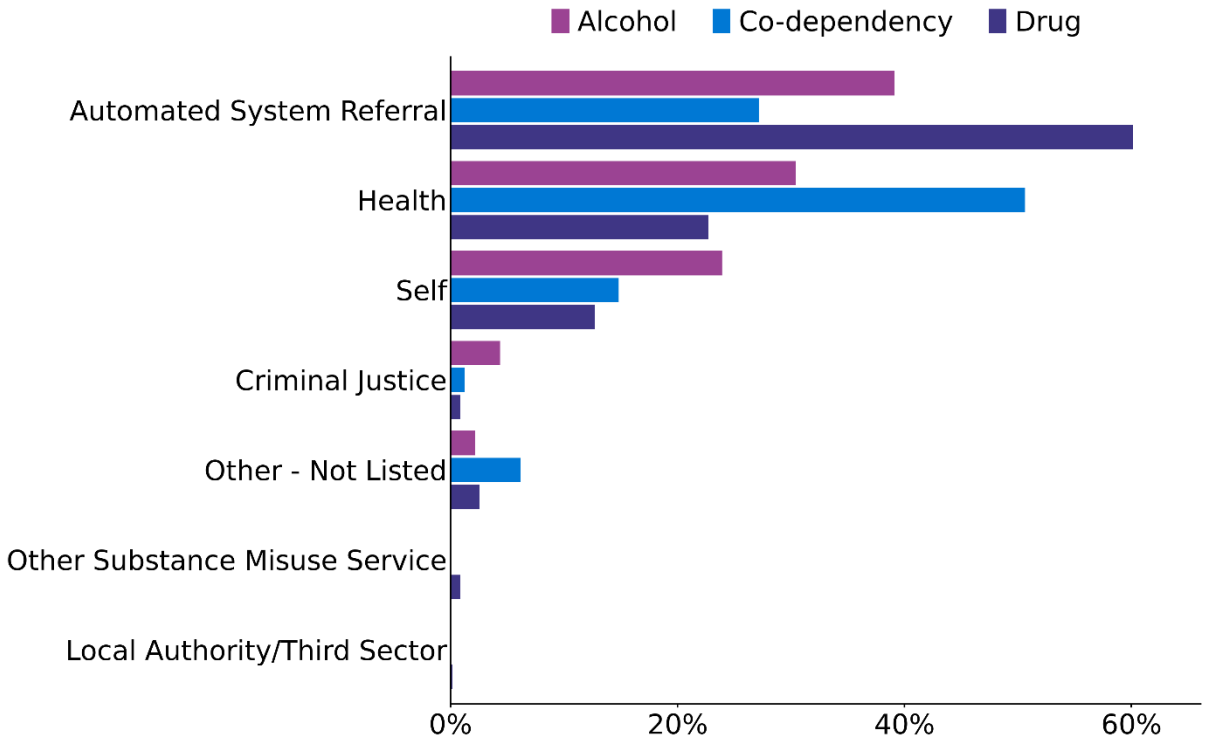
1 Inverclyde ADP is excluded from these data.

Of the 717 referrals to prison-based services received during the quarter, 590 (82%) were for people seeking help for problematic use of drugs, 81 (11%) for problematic use of both alcohol and drugs (co-dependency) and 46 (6%) for problematic use of alcohol. This contrasts with community-based services where over half of referrals (51%) were for help with problematic alcohol use.

4.2 Source of referrals

Across substance types, automated system referrals (395; 55%)[viii], health[ix] sources (189; 26%), and self-referral (98; 14%) accounted for the majority of referrals to prison-based services (Chart 4.2 and **Excel workbook** Table 1.2).

Chart 4.2: Percentage of prison referral source, by substance type (1 October to 31 December 2022)[1]



[viii] Automated system referrals are referrals that originate from one service and are transferred to another when a person is referred for a specific treatment that the original service is unable to provide. Automated system referrals include continuation of care transfers as well as other types of transfers between services (e.g., if a service does not provide all the treatments a person needs).

[ix] Health includes A&E, other hospital, primary care, community mental health, GP, police custody (health care), prison/young offenders institute (health care).

1 'Employer/education', and 'social work' are not shown in the chart as there were no referrals to prison-based services from these sources during this quarter.

4.3 Length of wait and performance against Standard

Of the 325 referrals to prison-based specialist drug and alcohol treatment services which were completed during the quarter ending 31 December 2022, 95% (309) involved a wait of three weeks or less, and 67% (219) resulted in treatment starting within one week of referral (**Excel workbook** Table 2.1). The median length of wait was two days. This compares to a median wait of seven days in community-based services.

Scotland

Nationally, of the 325 completed referrals to prison-based services, 233 (72%) were for people seeking help for problematic use of drugs, 59 (18%) for problematic use of both alcohol and drugs (co-dependency) and 33 (10%) for problematic use of alcohol. This broadly follows the profile of referrals to prison-based services described in **Section 4.1**.

Nationally, prison-based treatment services met the Standard, that at least 90% of referrals to prison-based treatment services started treatment within three weeks (alcohol and co-dependency, 97% each, and drugs 94%) (**Excel workbook** Table 2.1).

NHS Boards

Amongst prison-based services, all referrals for people in four NHS Boards started treatment within three weeks (NHS Dumfries & Galloway, NHS Grampian, NHS Highland, and NHS Lanarkshire). Over 90% of referrals started treatment within three weeks in a further four NHS Boards (NHS Ayrshire & Arran, NHS Forth Valley, NHS Greater Glasgow & Clyde (excluding Inverclyde ADP) and NHS Lothian). Prison-based services in NHS Tayside did not meet the Standard with only 70% of referrals seen in three weeks or less (**Excel workbook** Table 2.1). This was the fifth

successive quarter that NHS Tayside did not achieve the Standard for prison-based services.

4.4 Ongoing waits

At the end of the quarter ending 31 December 2022, 28 referrals to prison-based specialist drug and alcohol treatment services were waiting to start treatment. Of these, 24 (86%) were drug referrals, and four (14%) co-dependency (**Excel workbook** Table 2.2).

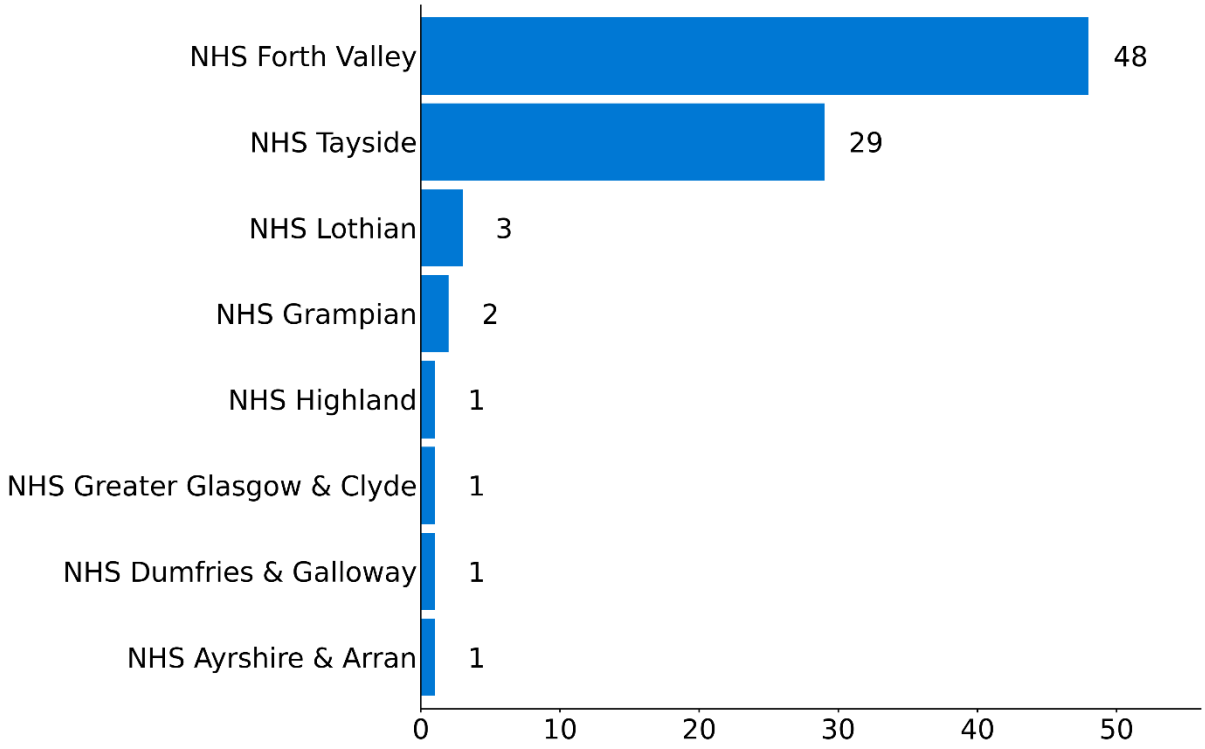
Of the 28 referrals waiting to start treatment, 15 (54%) referrals (all for problematic use of drugs) had been waiting more than three weeks. All co-dependency referrals had been waiting two weeks or less.

4.5 Number of referrals discharged

Between 1 October and 31 December 2022, 86 referrals to prison-based services were discharged before starting treatment. This includes referrals discharged to another service to provide treatment, as well as instances where the service user disengaged or otherwise was unable to commence treatment. Two NHS Boards accounted for 90% of these discharged referrals; NHS Forth Valley (48; 56%), and NHS Tayside (29; 34%). Three or less referrals were discharged in the other NHS Boards with prison-based services (Chart 4.3 and **Excel workbook** Table 5.1).

Of the referrals discharged without starting treatment, 80 (93%) were for people seeking help for problematic use of drugs, while three (3%) were each for alcohol use and co-dependency. This broadly reflects the profile of referrals to prison-based services more generally (82% drugs, 5% alcohol and 11% co-dependency; see **Section 4.1**).

Chart 4.3: Number of prison referrals discharged before starting treatment, by NHS Board (1 October to 31 December 2022)[1]



1 Inverclyde ADP is excluded from these data.

4.6 Demographics

This section describes the demographic profile (sex and age)[x] of referrals that started treatment at prison-based services during the quarter ending 31 December 2022[xi].

4.6.1 Sex

Eighty six percent of referrals for people starting treatment at a prison-based services were male and 14% female. The percentage of males was higher among referrals for alcohol (94%) compared to drugs (85%) and co-dependency (83%) (**Excel workbook** Table 3.2).

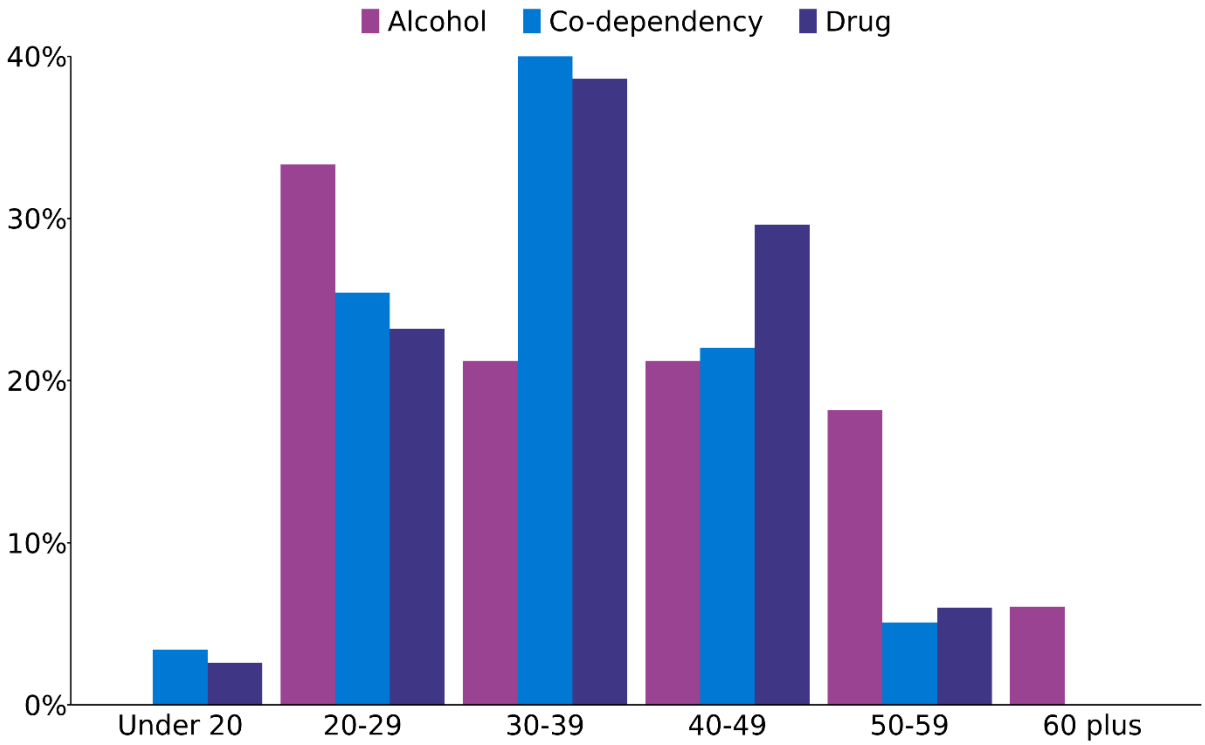
4.6.2 Age

Chart 4.4 shows the age group at referral of those starting treatment at prison-based services by substance type (**Excel workbook** Table 3.2). The median age of those starting alcohol treatment was 38 years, 35 years for drug referrals and 33 years for co-dependency treatment. These were lower median ages than seen in the community; alcohol 46 years, drugs 38 years, and co-dependency 35 years.

[x] Data on the ethnicity and disability of those starting treatment has been omitted for prison-based services due high levels of missing data and to prevent disclosure.

[xi] Due to differences in categorisations used in DATWT and DAISy, it is difficult to combine demographic data between the two systems and so this section is based on DAISy data only. However, as more than 99% of treatment starts for the periods covered in this release were recorded on DAISy, this has little impact on the numbers reported (see **Introduction** and **Excel workbook**).

Chart 4.4: Age group (at referral) of prison referrals starting first treatment, by substance type (1 October to 31 December 2022)[1]



1 Inverclyde ADP is excluded from these data.

4.7 Treatment types

This section focuses on treatments that started at prison-based services during the quarter ending 31 December 2022. This includes both first treatments (against which the Standard is measured) and subsequent treatments. As outlined in **Section 3.7**, treatments are categorised into five groups.

A total of 370 treatments started at prison-based services between 1 October and 31 December 2022 (**Excel workbook** Table 4.1). Of these, 325 (88%) were the first treatment within the referral, 40 (11%) the second treatment and five (1%) the third treatment.

Of the 370 treatments started during the quarter, 274 (74%) were for people seeking help for problematic use of drugs, 63 (17%) for problematic use of both alcohol and

drugs (co-dependency) and 33 (9%) for problematic use of alcohol (**Excel workbook** Table 4.1).

Chart 4.5 shows the types of treatments started at prison-based services during the quarter. For alcohol, there were two main treatment types, while there were three main treatment types for drug and co-dependency treatment.

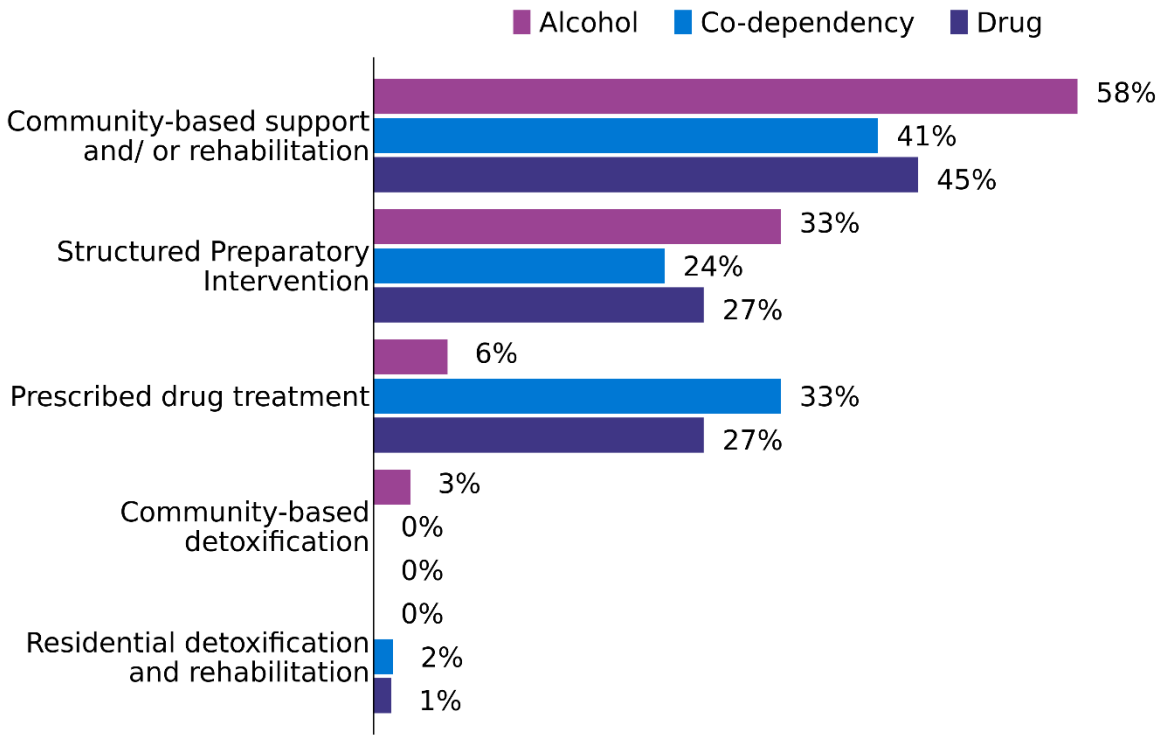
The most common type of treatment across substance types was community-based[xii] support and/or rehabilitation (which includes structured psychosocial interventions, structured day programmes and other structured treatments) (58% of alcohol, 45% of drug and 41% of co-dependent treatments).

For alcohol, the second most common treatment type (33%) was structured preparatory and motivational interventions.

For drugs and co-dependency, structured preparatory and motivational interventions accounted for 27% and 24% of treatments respectively, while prescribed drug treatment accounted for 33% and 27% of treatments respectively.

[xii] The terminology used to describe the five treatment categories reflects the wording used in the waiting times guidance '**DATWT treatment types**'. For example, the guidance does not use the term 'community-based' in the same way as it is used in this report (where it refers to the location of the treatment service). More information on the different treatments and the form these can take in a prison-based service can be found in **DATWT treatment types**.

Chart 4.5: Percentage of treatment types started in prison-based services, by substance type (1 October to 31 December 2022)[1]



1 Inverclyde ADP is excluded from these data.

Glossary

ADP

Alcohol and Drug Partnership

ADATs

Alcohol and Drug Action Teams

DAISy

Drug and Alcohol Information System

DATWT

Drug and Alcohol Treatment Waiting Times

DTTO

Drug Treatment and Testing Orders

HEAT

Health improvement, Efficiency, and Access Treatment

LDP

Local Delivery Plan

PHS

Public Health Scotland.

SDMD

Scottish Drug Misuse Database

SPS

Scottish Prison Service

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Further information

Further information and data for this publication are available from the **publication page** on our website.

The next release of this publication will be 27 June 2023.

Open data

Data from this publication is available to download from the **Scottish Health and Social Care Open Data Portal**.

Rate this publication

Let us know what you think about this publication via. the link at the bottom of this **publication page** on the PHS website.

Appendices

Appendix 1 – Background information

The **National Drug Waiting Times Information Framework** was introduced in 2004. The aim of the framework was to give Alcohol and Drug Action Teams (ADATs) a consistent structure for local monitoring of treatment services, and it included guidance and definitions on data items to be collected for drug waiting times. In 2007, a revised data collection system was introduced by Information Services Division (ISD) that enabled ADATs to produce a wider range of reports and monitor data quality more easily. In 2008, the Scottish Government published **The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem**, followed in 2009 by **Changing Scotland's Relationship with Alcohol: A Framework for Action**, which together put a focus on the access to treatment services across Scotland. Operational structures changed in January 2009, when the 22 ADATs were dissolved and replaced by 30 Alcohol and Drug Partnerships (ADPs), which are multi-agency groups tasked by the Scottish Government with tackling alcohol and drug issues through partnership working and have the responsibility of ensuring services are submitting accurate and up-to-date information.

The Scottish Government introduced a HEAT target (HEAT A11) for drug treatment waiting times in 2010 and this was subsequently expanded to include alcohol treatment waiting times in 2011. This expansion was part of the of the local delivery plan (LDP) Standards, namely, that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.

Also in 2011, the improved Drug and Alcohol Treatment Waiting Times (DATWT) Database went live across Scotland. This was the first time that data on alcohol as well as drug treatments was recorded nationally, and the first-time information was available on the full patient journey from assessment to treatment. The Drug and Alcohol Information System (DAISy) was implemented in four NHS Boards (Ayrshire & Arran, Dumfries & Galloway, Grampian and Western Isles) from December 2020, and was available in all NHS Boards from April 2021. DAISy replaces the previous

systems: the DATWT database and the Scottish Drug Misuse Database (SDMD), and holds data in relation to drug and alcohol treatments and waiting times from services throughout Scotland delivering tier 3 and 4 interventions (i.e. structured community and residential treatment)[xiii].

The responsibility for provision of healthcare to prisoners in Scotland was transferred from the Scottish Prison Service (SPS) to the NHS on 1st November 2011 and ADPs became responsible for the collection and submission of drug and alcohol treatment waiting times in prisons in addition to community-based services. The data provided in this report presents waiting times information for community-based and prison-based services separately.

Acknowledgements

The co-operation and assistance of staff within specialist drug and alcohol treatment services and ADPs contributing to data entry and submission, as well as service users who consent to their data being reported are gratefully acknowledged.

[xiii] Detailed information about Tier 1-4 interventions can be found in **DATWT treatment types**.

Appendix 2 – Publication metadata

Publication title

National Drug and Alcohol Treatment Waiting Times, 1 October 2022 to 31 December 2022

Description

Data are presented on waiting times from referral to treatment for people accessing specialist drug and alcohol services in Scotland between 1 October and 31 December 2022. Waiting times information are presented for people that started treatment (a completed wait) or were waiting to start treatment (an ongoing wait). This report also contains information on referrals received, the demographics of people starting treatment, the types of treatments started, and the number of referrals discharged before starting treatment.

The data provided presents information for community-based and prison-based services separately, with breakdowns by NHS Board, Alcohol and Drug Partnerships and the substance(s) people sought help for.

Theme

Drugs, Alcohol, Tobacco, and Gambling.

Topic

Drugs and alcohol.

Format

PDF report with Excel tables.

Data source(s)

Drug and Alcohol Information System (DAISy), and Drug and Alcohol Treatment Waiting Times (DATWT) database.

Date that data are acquired

Data was extracted from DAISy and DATWT on 15 February 2023.

Release date

28 March 2023.

Frequency

Quarterly.

Timeframe of data and timeliness

The timeframe for this publication is 1 October to 31 December 2022.

Continuity of data

This is a series of quarterly publications that provide up-to-date information about waiting times for accessing treatment at specialist drug and alcohol services in Scotland.

Revisions statement

None.

Revisions relevant to this publication

- Four services that appear to be hospital-based have been excluded from this release as the nature of a treatment referral in this setting is not comparable with the 'Community' and 'Prison' settings that are reported in this publication. The pause in reporting of these services means that were previously there was a total of 208 services appropriate for inclusion in this publication the total is now 204.

  The exclusion of these services has contributed to the alcohol Standard now being missed for several quarters. The **previous report** for quarter ending September 2022 stated that the Standard had been met for alcohol. In contrast, this report shows that alcohol Standard has not been met since quarter ending September 2021.

Concepts and definitions

Refer to **Glossary** contained within this report.

Relevance and key uses of the statistics

The analyses presented in this report provide evidence on the waiting times for accessing treatment at specialist drug and alcohol services in Scotland. Key uses of Drug and Alcohol Treatment Waiting Times Information include: performance management, monitoring against the LDP Standard and service planning.

Accuracy

Refer to **Section 2. Data quality and completeness** within this report.

Completeness

Refer to **Section 2. Data quality and completeness** within this report.

Comparability

No comparable published data outwith Scotland.

Accessibility

It is the policy of Public Health Scotland to make its web sites and products accessible according to published guidelines. More information on accessibility can be found on the **PHS website**.

Coherence and clarity

This report is available as a PDF file.

Value type and unit of measurement

Numbers and percentages.

Disclosure

The **PHS Statistical Disclosure Protocol** was followed. No statistical disclosure has been applied to the data shown in the **Excel tables** as they relate to referrals rather than people and the potential to disclose information about those attending specific Drug and Alcohol services is limited by the aggregation of the data by Alcohol and Drug Partnership, service type and quarter.

Official Statistics designation

National Statistics.

UK Statistics Authority Assessment

Assessed by UK Statistics Authority:

https://osr.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-assessmentreport254statisticsonnhswaitingtimesinscotlandphase_tcm97-42952.pdf

Last published

20 December 2022

Next published

27 June 2023

Date of first publication

27 September 2011.

Help email

phs.drugsteam@phs.scot

Date form completed

17 March 2023.

Appendix 3 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS 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

Alcohol and Drug Partnership Leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to ‘management information’, i.e. as part of the delivery of health and care.

Scottish Government Health Department

Appendix 4 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public's health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the **Code of Practice for Statistics** in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the '**five safes**'.