Drug and Alcohol Information System

Overview of Initial Assessments for Specialist Drug and Alcohol Treatment 2021/22 and 2022/23

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Introduction

The Drug and Alcohol Information System (**DAISy**) was implemented in 2020 to collect drug and alcohol referral, waiting times and assessment information from services delivering **tier 3 and 4** specialist drug and alcohol interventions. DAISy replaced the Scottish Drug Misuse Database (SDMD) and the Drug and Alcohol Treatment Waiting Times database (DATWT) and allowed for the introduction of a new 'co-dependency' client for those seeking help for both alcohol and drugs. Please see our website for further details on **SDMD** and **DATWT** and our **appendix** for further information on DAISy.

This report provides information on people starting specialist treatment for alcohol and/or drug use in 2021/22 and 2022/23.

NHS Ayrshire and Arran, Dumfries and Galloway, Grampian, and Western Isles were early adopters of DAISy and began contributing data from 1 December 2020, the remaining ten NHS Boards contributed data from 1 April 2021. DAISy data submitted by these early adopter Boards during 2020/21 are not included in this report. We aim to include these data in a special report which uses SDMD and DAISy data to explore trends in drug use and treatment over time.

This report should be read in conjunction with the associated Excel workbook, which provides users with accessible, interactive content based on data from 2021/22 and 2022/23. SDMD data on specialist drug treatment services prior to 2021/22 can be found on our **website**.

For further explanation of technical terms please refer to the **Glossary**.

Main points

Initial assessments for specialist alcohol and drug treatment relating to 18,294 people resident in Scotland were recorded on DAISy in 2021/22. Assessments relating to 16,936 people were recorded in 2022/23.

Alcohol:

- In 2021/22, a total of 10,204 initial assessments recorded on DAISy were for people starting specialist alcohol treatment in Scotland. In 2022/23 a total of 9,803 assessments were recorded.

- The median age at initial assessment was 46 years in 2021/22 and 47 years in 2022/23. Among people starting specialist alcohol treatment in Scotland, the percentage of women was 37% in 2021/22 and 36% in 2022/23.

- The most common alcohol type for which people reported needing treatment for was spirits in both years (36% in 2021/22 and 35% 2022/23)

Drugs:

- In 2021/22, a total of 7,288 initial assessments recorded on DAISy were for people starting specialist drug treatment in Scotland. In 2022/23 a total of 6,275 assessments were recorded.

- The median age at initial assessment was 36 years in 2021/22 and 2022/23. Among people starting specialist drug treatment in Scotland, the percentage of women was 29% in 2021/22 and 28% in 2022/23.

- Heroin was the most common drug for which people reported needing help in both years (32% in 2021/22 and 2022/23)

Co-dependency:

- In 2021/22, a total of 2,153 initial assessments recorded on DAISy were for people starting specialist co-dependency (alcohol and drug) treatment in Scotland. In 2022/23 a total of 2,017 assessments were recorded.

- The median age at initial assessment was 33 years in both 2021/22 and 2022/23. Among people starting specialist alcohol and/or drug treatment in Scotland, the percentage of women was 22% in 2021/22 and 21% in 2022/23.

- Beer was the most commonly reported main alcohol type (2021/22: 33%; 2022/23: 31%) reported by people starting treatment for co-dependency.

- Cocaine was the most commonly reported main drug (2021/22 38%; 2022/23: 46%) reported by people starting treatment for co-dependency.

Results and commentary

This report focuses on information provided by people presenting for initial assessment for specialist drug and alcohol treatment services in Scotland during 2021/22 and 2022/23. It contains:

- Section 1: Data quality and completeness - summary description of the completeness and data quality of DAISy initial assessment submissions in 2021/22 and 2022/23

- Section 2: Demographics - analysis of the number and demographic characteristics of people with an initial assessment for specialist drug and alcohol treatment recorded in DAISy. This includes age, ethnicity, living situation and social circumstances. NHS Board/Alcohol and Drug Partnership (ADP) findings are described where those differed from national findings and were sufficiently robust to merit inclusion.

- Section 3: Alcohol - analysis of the number of people starting specialist alcohol treatment in Scotland and their drinking behaviours. Analysis presented includes age at first use, and when use became problematic; exploration of the alcohol types; analysis of frequency of consumption and the number of weekly units consumed; exploration of medications prescribed for the treatment of alcohol addiction.

- Section 4: Drugs - analysis of the number of people starting specialist drug treatment in Scotland and the characteristics of their drug use. Analysis presented includes age at first use, and when use became problematic; exploration of the drug types and categories reported; injecting and associated sharing practices, blood borne virus testing and vaccinations, and medications prescribed for the treatment of drug addiction.

- Section 5: Co-dependency - summary analysis of people starting specialist treatment for both drugs and alcohol. As this was a comparatively small cohort of individuals, a high-level summary of information is provided.

In this report, service users are classified according to type of substance associated with the referral which occurred closest to the date of the initial assessment. This is thought to provide an accurate reflection of the service user's main area of concern.

The specialist treatment service regarded as the Primary Service Provider also indicates the type of substance each service user is considered to be in treatment for.

In the majority of cases these two ways of determining service user type provide consistent results. However, across both 2021/22 and 2022/23, there were a total of four individuals for whom the data collected at initial assessment conflicted with the substance type they were most recently referred for treatment for. For this reason, some questions in the alcohol, drug or co-dependency sections may include missing data.

Terminology used in this report

In Section 1, the total number of **episodes of care** and individuals eligible[i] for an initial assessment are used as the denominators, with the number with completed initial assessments used as numerator. This allows for data completeness and representativeness to be assessed.

In Sections 2 through 5, the denominator becomes the number of people who have started treatment for each substance within a financial year that have a completed initial assessment. For simplicity they will be referred to as 'starting treatment', but it should be noted (see Table 1.1), approximately 30% of episodes of care in each year had treatment started, but no initial assessment was recorded.

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[i] Episodes of care are eligible to have an initial assessment recorded once a treatment start date has been agreed and entered onto the system. Initial assessments must be submitted within eight weeks of the treatment start date.

Section 1 - Data quality and completeness

Data completeness

This section summarises 2021/22 and 2022/23 data quality, completeness and representativeness findings.

When a person approaches or is referred to a specialist drug or alcohol treatment service, staff assess whether the interventions provided would be appropriate. If the service can provide help, a new **episode of care** is started. Unless the person withdraws their **consent,** data on all initial assessments must be recorded on DAISy within eight weeks of the treatment start date.

In 2021/22, there were 28,120 episodes of care with a treatment start date, indicating that they were eligible to have an initial assessment recorded on DAISy. Of these, 19,645 (70%) were completed and entered into DAISy. In 2022/23, there were 27,534 episodes of care eligible for initial assessment, of which 18,095 (66%) were completed and entered into DAISy. Compliance with this process varied by area of treatment, and by the type of substance treatment was requested for (See Table 1.1 and Workbook table 1.1)

Table 1.1: Number and percentage of completed initial assessments by area of treatment (2021/22 and 2022/23)

NHS Board of Treatment[1]	Number of episodes of care eligible[2] (2021/22)	Percentage complete[3] (2021/22)	Number of episodes of care eligible[2] (2022/23)	Percentage complete (2022/23)[3]
NHSScotland	28,120	70	27,534	66
NHS Ayrshire & Arran	2,280	91	1,963	88
NHS Borders	533	98	474	87
NHS Dumfries & Galloway	976	56	986	43
NHS Fife	1,445	74	1,497	71
NHS Forth Valley	1,669	95	1,636	93
NHS Grampian	1,897	96	1,971	94
NHS Greater Glasgow & Clyde	6,551	64	7,027	53
NHS Highland	921	70	1,273	53
NHS Lanarkshire	5,913	48	4,972	52
NHS Lothian	4,376	68	3,877	69
NHS Orkney	28	64	47	60
NHS Shetland	91	86	68	66
NHS Tayside	1,358	87	1,681	77
NHS Western Isles	82	85	62	92

1. NHS Board of Treatment refers to the NHS Board the service is located in.
2. Episodes of care which are eligible to have an initial assessment entered onto DAISy are those with a completed waiting time and a treatment start date.
3. The number of initial assessments submitted on DAISy, as a percentage of the total number of episodes of care eligible for an initial assessment.

DAISy reports have adopted a convention whereby NHS Board findings are not described in the report commentary if completeness in that area was lower than 50%. On this basis, findings from the following areas for the mentioned years (with 50% or lower completeness overall) are not described in the narrative of this report:

- NHS Lanarkshire, 2021/22: 48%

- NHS Dumfries & Galloway, 2022/23: 43%

Data representativeness

The extent to which the demographic profile of the people recorded on DAISy matches the profile of people who started treatment also helps determine whether the DAISy cohort is a representative sample of the population starting specialist treatment.

National representativeness estimates by age and sex are presented in Table 1.2. For each age and sex group, representativeness is measured as the percentage of individuals with a completed initial assessment recorded on DAISy compared to the total number of individuals eligible for an initial assessment. Roughly similar percentages across age and sex groups would indicate that the sample of individuals with completed initial assessments was unlikely to be affected by bias.

In 2021/22, representativeness ranged between 71% and 81% for all persons. In 2022/23, representativeness ranged from 67% to 77%.

Table 1.2: DAISy representativeness by age group, sex[1] and financial year (number of individuals, NHSScotland, 2021/22 and 2022/23)[2]

Sex	Age group	Total individuals eligible (2021/22)	Percentage complete (2021/22)	Total individuals eligible (2022/23)	Percentage of complete (2022/23)
Males	Under 25	1,496	80.9	1,473	78.0
Males	25-34	4,059	79.9	3,899	73.1
Males	35+	11,320	70.3	11,372	65.9
Females	Under 25	639	82.3	607	74.3
Females	25-34	1,573	76.8	1,527	73.3
Females	35+	5,661	72.8	5,605	68.7
All persons	Under 25	2,145	81.4	2,088	77.0
All persons	25-34	5,637	79.1	5,434	73.2
All persons	35+	16,998	71.1	16,991	66.8

1. Individuals with sex recorded as indeterminate sex, intersex, not reported or not specified are not reported separately, but are included in the 'All persons' totals.
2. Numbers presented will differ from Table 1.1 as Table 1.1 uses the number of **episodes of care,** whereas the number of individuals are used here to determine representativeness. Individuals on DAISy may have multiple episodes of care.

Table 1.3 tabulates the representativeness of DAISy data by financial year, age group and user type. Within each year, individuals in the same age group showed similar levels of representativeness across the three user types.

Table 1.3: Percentage of individuals with complete initial assessments by age group, user type and financial year (NHSScotland, 2021/22 and 2022/23)

Financial Year	Age group	Alcohol	Co-dependency	Drugs
2021/22	Under 25	80.4	81.0	80.6
2021/22	25-34	80.8	77.8	76.5
2021/22	35+	72.3	71.8	66.8
2021/22	All persons	73.9	75.5	71.4
2022/23	Under 25	74.9	77.4	76.3
2022/23	25-34	71.9	71.8	72.6
2022/23	35+	66.6	66.8	66.2
2022/23	All Persons	67.7	70.5	69.4

Considering Tables 1.2 and 1.3, in 2022/23, the data described in this report represent 77% of people aged under 25 seeking treatment, compared to 67% of people aged 35-years. Relative to the number of people from each age group who were in treatment (and eligible for their assessment to be recorded on DAISy), this report may slightly over-report characteristics or behaviours that are prevalent among people aged under 25 years and under-report characteristics or behaviours that are prevalent among people 35 years and over. As differences across substance types are generally minor, the individuals reported on in this report are considered sufficiently representative of the population assessed for specialist alcohol and drug treatment.

Indicator completeness

DAISy collects a wide range of indicators that are not available from other data sources. This report focuses on several indicators describing demographics, various measures of problematic alcohol, drug and co-dependency use, and medication prescribed during the course of treatment. The data validation within DAISy requires

answers for each question, however 'unknown' or 'not recorded' are recognised as valid responses. Where necessary this is noted in the narrative of this report. All numbers are available in the workbook.

Section 2 - Demographics

This section describes the demographic profile of people starting specialist treatment for alcohol and drug use in Scotland during 2021/22 and 2022/23, who had an initial assessment recorded on DAISy.

Data collected from the first initial assessment within a financial year are used throughout. In the first instance, each person is counted once at each geography level (Scotland, NHS Board and ADP), however due to migration, individuals may be counted in more than one NHS Board and/or ADP. As people may start treatment for more than one substance type within a year, individuals may also be counted in more than one substance category.

In 2021/22, a total of 24,780 people sought specialist treatment for alcohol and/or drug treatment in Scotland, of which 18,294 (74%) people had an initial assessment recorded on DAISy. This comprised 9,563 (52%) people starting specialist treatment for alcohol; 6,875 (38%) starting specialist treatment for drug use and 2,085 (11%) people starting treatment for co-dependency[ii] (Workbook table 2.1 and Figure 2.1).

[ii] Note that because people can start treatment for multiple substance types over the course of a year, numbers and percentages may not be additive.

Figure 2.1: Percentage of initial assessments for people starting treatment for alcohol, drug, or co-dependency by NHS Board (2021/22)
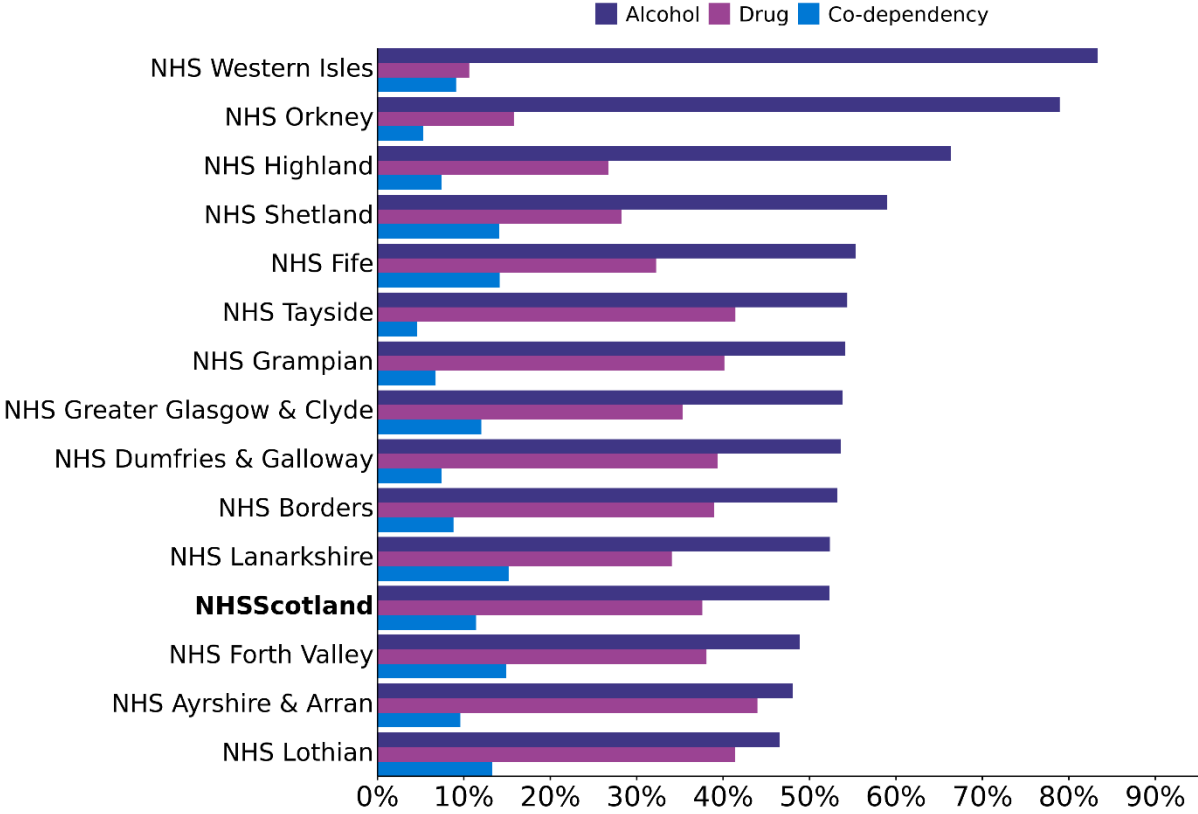
Source: Public Health Scotland

In 2022/23, a total of 24,513 people started treatment for substance use in Scotland, of which 16,936 (69%) people had an initial assessment recorded on DAISy: 9,266 (55%) were for alcohol treatment, 5,904 (35%) for drug treatment and 1,963 (12%) for co-dependency (Workbook table 2.1 and Figure 2.2).
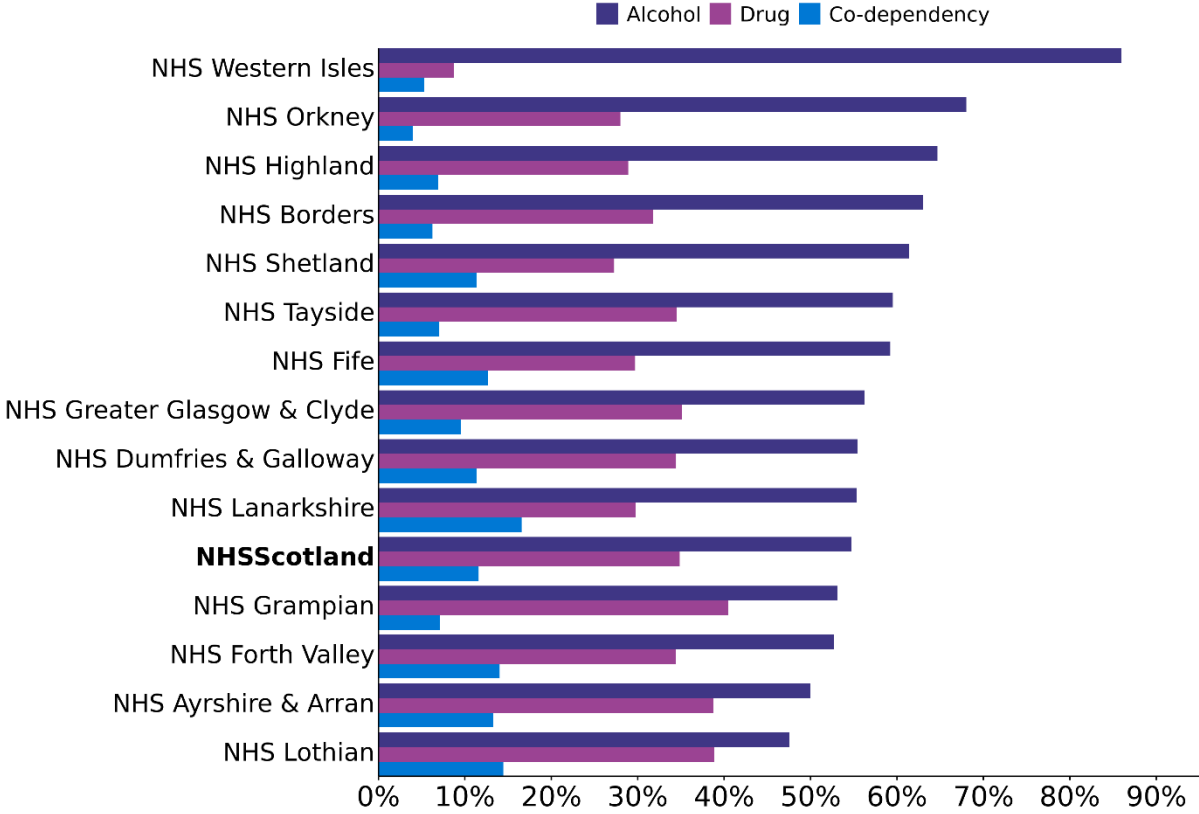
Figure 2.2: Percentage of initial assessments for people starting treatment for alcohol, drug, or co-dependency by NHS Board (2022/23)

Source: Public Health Scotland

Across all NHS Boards, and in both financial years, alcohol was the substance most people started treatment for. Among mainland NHS Boards, Lothian had the lowest percentage of people starting treatment for alcohol use (2021/22: 47%, 1,292 individuals; 2022/23: 48%, 1,163 individuals), whilst Highland had the highest percentage (2021/22: 66%, 412 individuals; 2022/23: 65%, 423 individuals). In both years, alcohol was the most common substance people started treatment for in the island NHS Boards.

Age profile

In 2021/22, the median age of people presenting for initial assessment for specialist drug or alcohol treatment was 40 years (**Interquartile range** (IQR): 31 to 50 years), varying by service user type. People starting treatment for alcohol tended to be older,

with a median age of 46 years (IQR 36 to 56), compared to 36 years (IQR 29 to 43) for people starting treatment for drugs, and 33 years (IQR 26 to 41) for co-dependency (Workbook table 2.2). In 2022/23, the median age was 41 years (alcohol: 47 years; drug: 36 years; co-dependency: 33 years).

Figure 2.3 illustrates that the cohort of people starting treatment for alcohol was relatively evenly distributed across the age groups and included similar percentages of people from the 35-39 to 55-59 year age groups. The age profiles for people starting treatment for drugs and co-dependency were similar, with a more well-defined peak in prevalence among individuals aged 30-34 years.

Figure 2.3: Age group at initial assessment by service user type and financial year (NHSScotland, 2021/22 to 2022/23)
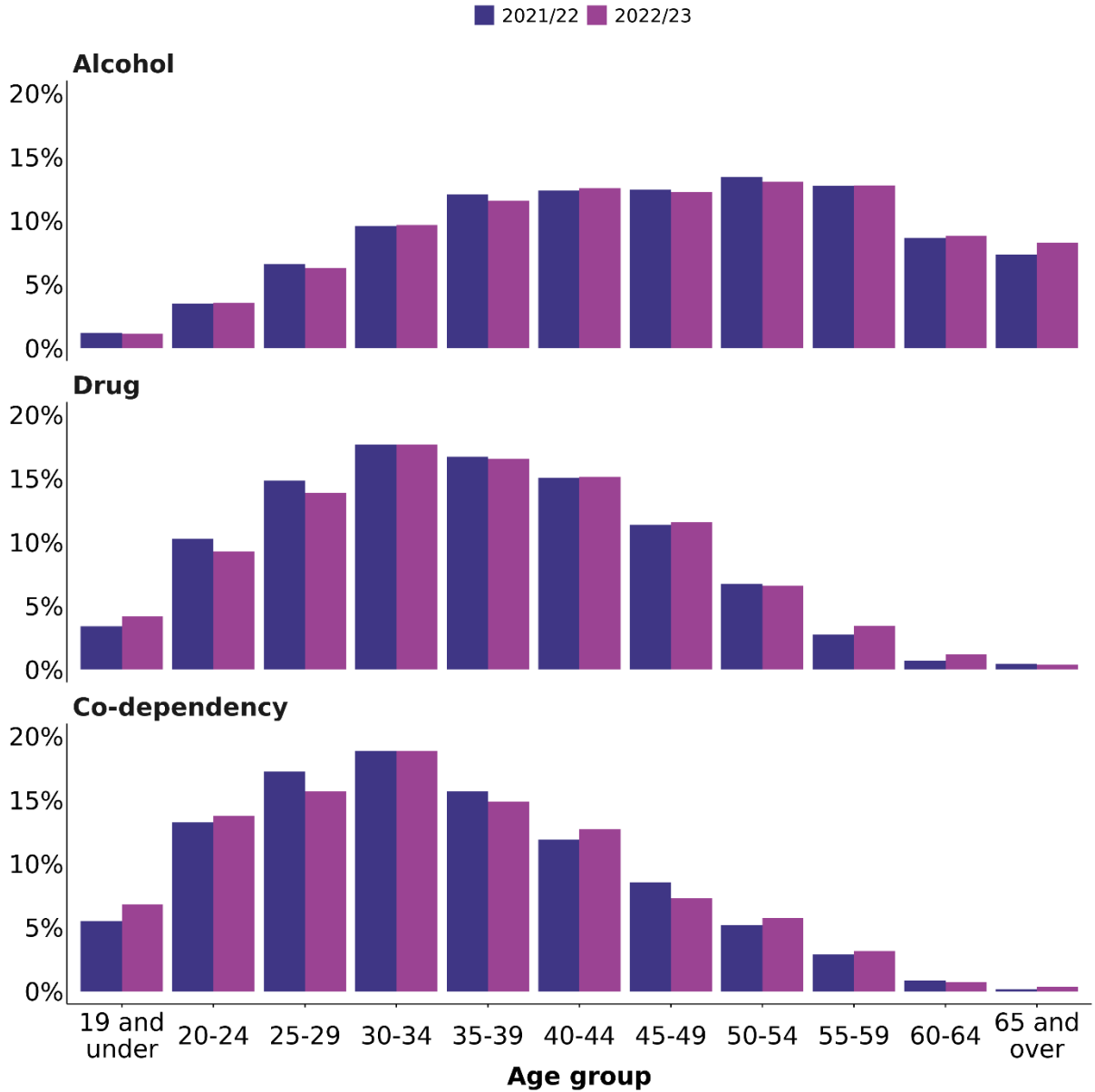
Source: Public Health Scotland

## Sex profile

In 2021/22, males accounted for 68% (12,411) of people starting treatment for all types of substance while 32% (5,858) were female (Workbook table 2.3 and Figure 2.4). The percentage of males starting treatment varied by substance type (alcohol: 63%, drugs: 72%, co-dependency: 78%). In 2022/23, the overall pattern was broadly similar, with 68% (11,495) males and 32% (5,421) females.

Figure 2.4: Percentage of Initial Assessments by service user type, sex, and financial year (NHSScotland 2021/22 to 2022/23)

■ 2021/22 ■ 2022/23

Alcohol

Drug

Co-dependency

Sex
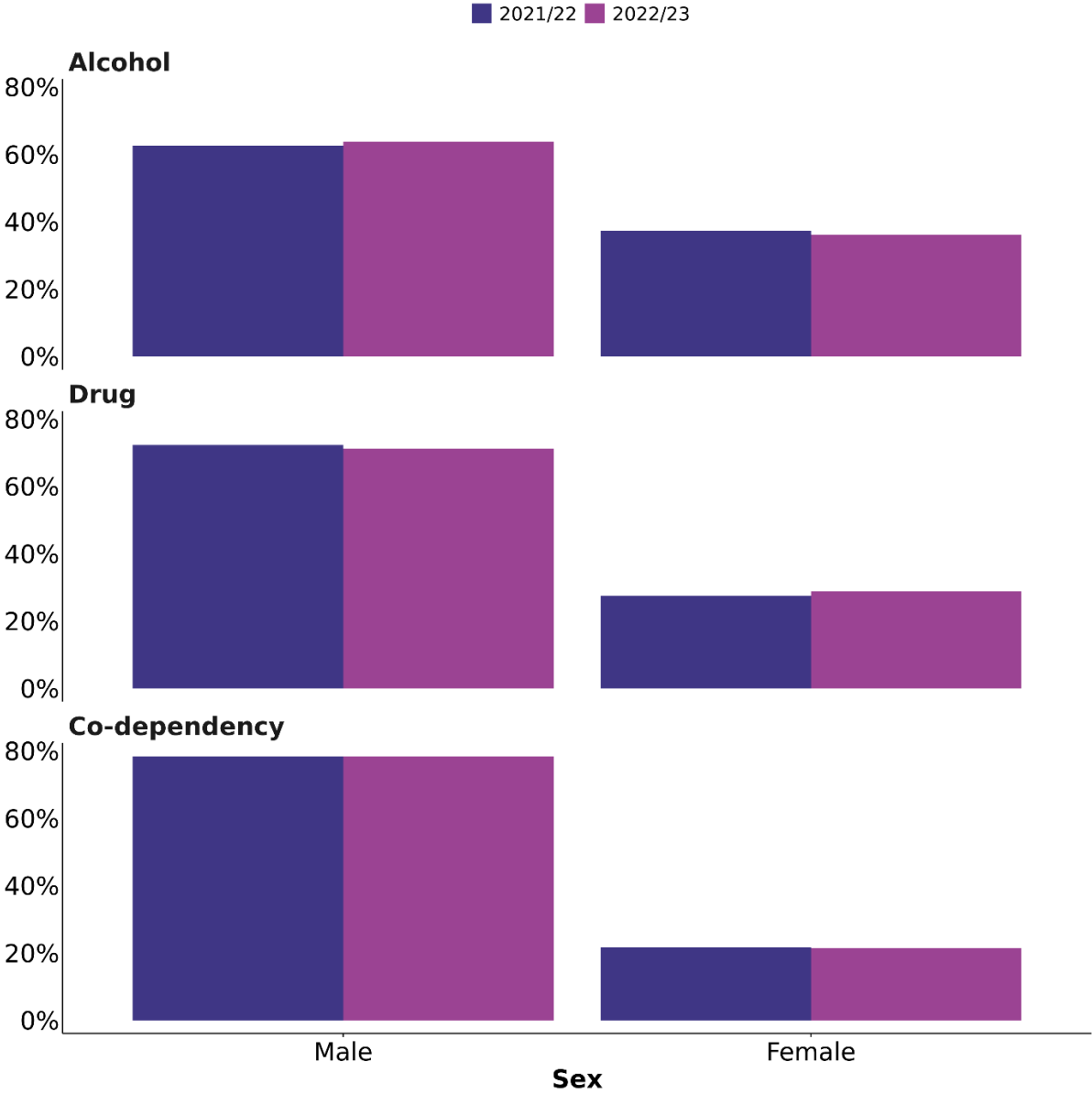
Source: Public Health Scotland

Ethnicity

White Scottish service users accounted for 67% (12,253) of all service users in 2021/22, and 66% (11,165) in 2022/23 (Workbook table 2.4). Other White and White or Other British groups were the next most common ethnicities. There was very little difference across the service user types.

DAISy allows ethnicity to be recorded as 'Not known'. In 2021/22, 25% (4,611) of service users with an eligible initial assessment were of unknown ethnicity, increasing to 26% (4,347) in 2022/23. This has been identified as an area for improvements in data collection and recording and is currently being looked into.

Impairments

Impairment(s) are conditions which may affect the ability of the service user to communicate or may impact the assessment process or delivery of services. These include specific learning difficulties, hearing, language and communication disorder, physical or motor, visual, cognitive, combined sight and hearing loss or other impairments. Similar to Ethnicity status, Impairments can be recorded as 'Not known'.

In 2021/22, a total of 5% (844) of people starting treatment for substance use reported at least one impairment and 34% (6,141) reported no impairments. It should be noted that impairment status was recorded as Not Known in 62% (11,309) of people. This again has been identified as an area for improvements in data collection and recording.

Impairment status was broadly similar for 2022/23 where 4% (762) had at least one impairment recorded, 32% (5,372) reported no impairments and impairment status was Not known for 64% (10,802) of people (Workbook table 2.5).

Impairment status was similar across all substance types across both years.

Living situation and social circumstances

Employment status

In both 2021/22 and 2022/23, the employment status of people starting treatment for substance use in Scotland was broadly similar. In 2022/23, a total of 43% (7,247) were unemployed, 32% (5,399) employed or in education/training, 13% (2,181) long-term sick or disabled and 6% reported being in Prison/Young Offenders Institute (YOI)/Young Person (YP) secure units (Table 2.6.1 and Figure 2.5).

Similar patterns were observed among those starting alcohol treatment in 2022/23, with 38% unemployed, 37% employed or in education/training and 14% long-term sick/disabled. However, higher percentages of people who were unemployed were observed for drug (50%) and co-dependency treatment (45%), with a greater percentage of people in prison/YOI/YP secure units starting drug or co-dependency treatment compared to alcohol (drug: 12%, co-dependency 11%, alcohol 1%) (Table 2.6.1 and Figure 2.5).

In both 2021/22 and 2022/23, 9% of people in alcohol treatment were recorded as retired. This was higher than both drug and co-dependency and reflects the age profiles described in Workbook table 2.1 and Figure 2.3.

Figure 2.5: Employment status of people starting treatment by substance type and financial year (NHSScotland, 2021/22 and 2022/23, top five categories)

Legend: ■ 2021/22 ■ 2022/23
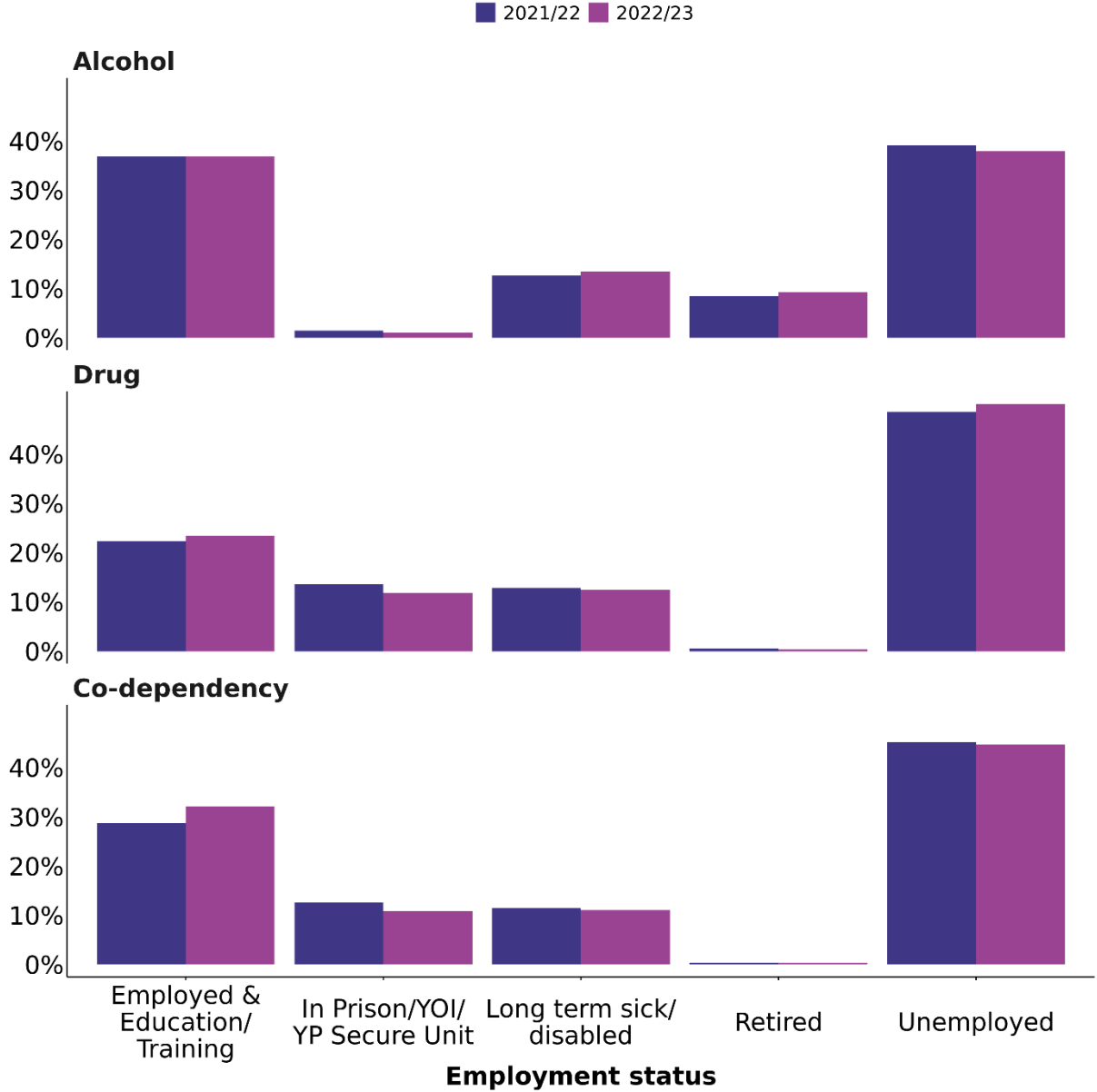
Source: Public Health Scotland

Lives with other adults

People's living situation may have an influence on their health and wellbeing. In 2021/22, 44% (8,062) of people starting treatment for any substance use reported

living with another adult[iii] (Workbook table 2.6.2). Within substance type, 45% of people starting treatment for alcohol use reported living with another adult, 43% for drugs and 42% for co-dependency.

Percentages were similar in 2022/23, with 44% (7,428) of people reported living with another adult overall; 45% for alcohol, 43% for co-dependency and 42% for drug.

In mainland NHS Board areas, the percentage of people living with another adult ranged from the lowest levels in both years in Greater Glasgow & Clyde (2021/22: 39%, 2022/23: 36%) to the highest in Fife (2021/22: 50%, 2022/23: 53%).

Accommodation status

In 2021/22, the most common accommodation status was owned or rented, reported by 83% (15,275) of all people starting treatment for substance use. Followed by 7% of people (1,330) being in prison/YOI/YP Secure unit, and a further 7% (1,353) were homeless (either temporarily or roofless) (Workbook table 2.6.3 and Figure 2.6).

In 2022/23, 86% reported being in owned or rented accommodation, 6% were in prison/YOI/YP Secure unit and 6% were homeless (either temporary or roofless).

In 2021/22, there were higher percentages of people in owned/rented accommodation starting treatment for alcohol (92%) than for drugs (73%) or co-dependency (75%), whilst higher percentages of people starting treatment for drugs or co-dependency were in prison/YOI/YP Secure units or homeless (10% to 14%) compared to alcohol (less than 6%).

A higher percentage of people starting treatment for drugs or co-dependency were in prison/YOI/YP Secure units or homeless in both years (2022/23: 9% to 12%) compared to alcohol (2022/23: less than 5%).

[iii] This question was not applicable for people under the age of 16, and those whose Primary Service Provider was a prison.

Figure 2.6: Accommodation status of people starting treatment, by substance type and financial year (NHSScotland, 2021/22 and 2022/23)[1]

Source: Public Health Scotland
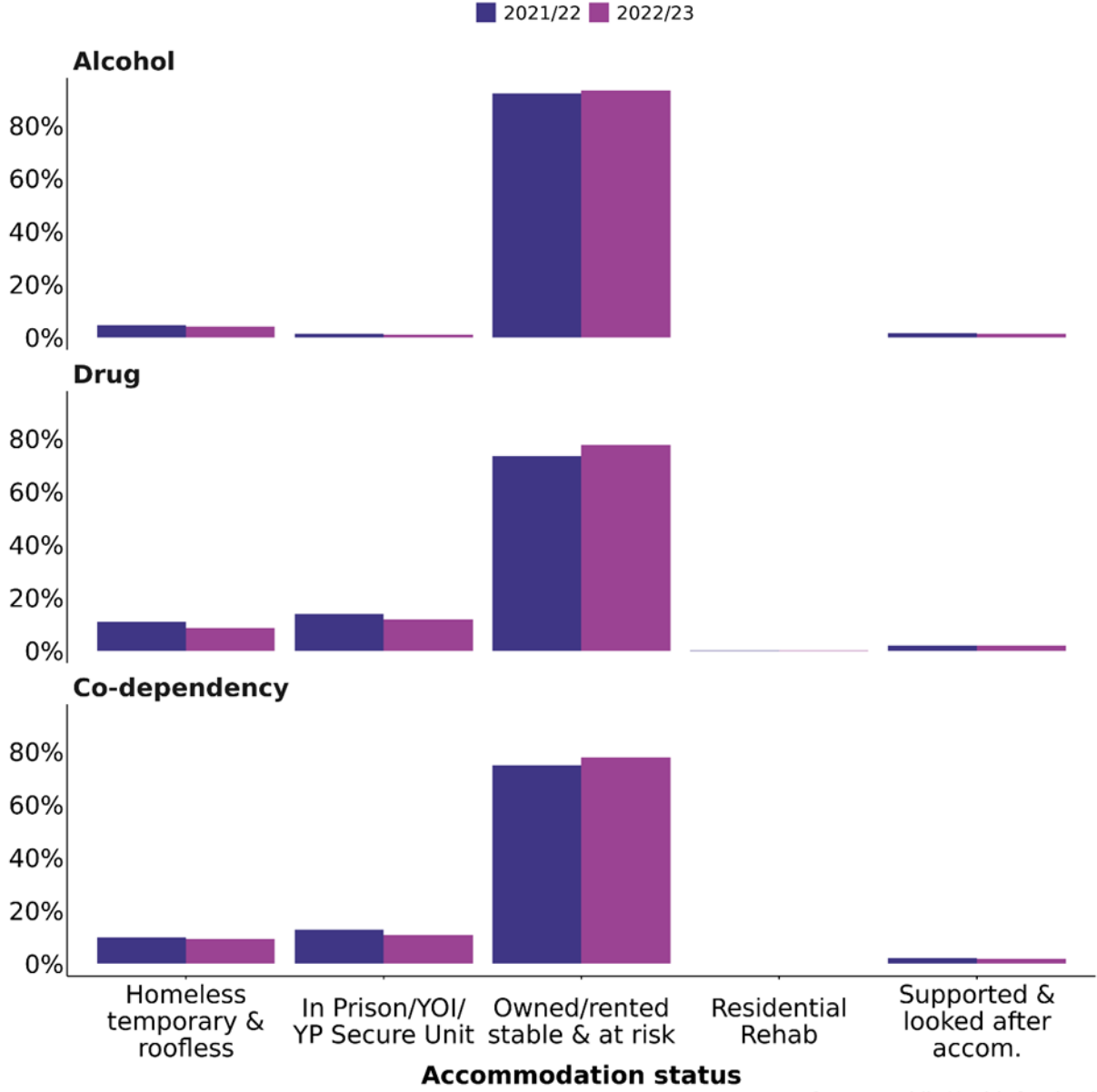
1. Not all residential rehabilitation providers submit data to DAISy, therefore this should not be considered a robust commentary on the initiative.

Children & pregnancy

About one percent (229 in 2021/22 and 232 in 2022/23) of people starting treatment for substance use in Scotland reported themselves or their partner as being pregnant at the time of initial assessment (Workbook table 2.6.4).

Approximately one-third (32% to 33%) of people starting treatment for substance use reported having children aged under 16. In 2021/22, 16% (2,959) reported having one child and 17% (3,072) had two or more children. The pattern was similar in 2022/23.

Prison history

People starting specialist treatment for substance use were asked if they were currently in prison/YOI or had been in the previous 12 months. This varied by the type of substance: in 2022/23, 12% (696) and 11% (217) of people starting treatment for drugs and co-dependency respectively reported being in prison at the time of assessment, compared to 1% (104) of people starting treatment for alcohol (Workbook table 2.6.5).

Armed forces

In 2021/22, 3% of people starting treatment for substance use reported having ever serving in the armed forces, with a further 3% not wishing to answer (Workbook table 2.6.6). There was little variation between substance types in those that reported serving in the armed forces (alcohol; 4%, co-dependency; 2% and drugs; 2%). These figures remained the same in 2022/23.

For those that reported serving, data on their length of service was also collected. In both 2021/22 and 2022/23, 40% of veterans reported a length of service between one and four years, and 48% reporting serving for five years or more.

Tobacco and smoking

In 2021/22, details of tobacco use were recorded for 13,035 (71%) people starting treatment for substance use (tobacco use was recorded as 'Not known' for 5,259 (29%) individuals). Current tobacco use was more common in people starting treatment for co-dependency (50%, 1,044) and drugs (46%, 3,174), than for alcohol (38%, 3,595). Of those who reported current tobacco use, 10% reported being referred to a smoking cessation service (Workbook table 2.6.7).

In 2022/23, tobacco history was recorded for 12,607 (74%) people starting treatment. Similar to the previous year, current tobacco use was more common in people starting treatment for co-dependency (52%, 1,017) and drugs (49%, 2,884) than for alcohol (38%, 3,477). The percentage of current tobacco users who had been referred to a smoking cessation service decreased to 8% in 2022/23.

Setting

Specialist treatment services which offer **tier 3 and 4 interventions** for alcohol, drug and co-dependency are required to enter data onto DAISy. In the DAISy **Waiting Times publication**, the length of time taken from referral to treatment start is reported by service setting (community, prison and hospital-based).

In this report, initial assessments are not presented according to setting. However, there are some differences within the cohorts of people starting treatment for different substances at each setting. Key points are highlighted below:

Prisons

In 2021/22, 7% of people starting treatment had their first initial assessment conducted by a prison service provider, decreasing to 6% in 2022/23. This varied by the type of substance people were starting treatment for. In 2021/22, 13% (907) of people starting treatment for drug use, and 12% of people starting treatment for co-dependency had their first initial assessments conducted in prison, compared to 1% of people starting alcohol treatment.

In 2022/23, 11% (637) people had their first initial assessment for drug treatment conducted by a prison service provider, 10% for co-dependency use, and less than 1% for alcohol treatment.

The cohort of people starting treatment for alcohol in prison were approximately ten years younger than those obtaining treatment from non-prison based services in both years, whilst the drug and co-dependency cohorts were of similar ages (data not provided).

Hospital-based

Hospital-based liaison teams provide specialist drug and alcohol treatment in acute hospital settings and 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 recorded on DAISy in four such teams[iv], and no initial assessments were submitted to DAISy by three.

The majority of people obtaining treatment via these services were people starting treatment for alcohol who tended to be older than people starting treatment in community-based services (data not provided).

[iv] This is currently being explored, with an expectation that more services will be identified as being eligible for recording their activity on DAISy. Current activity in services identified thus far is being recorded locally.

Section 3 - Alcohol

In 2021/22, a total of 14,763 episodes of care for people starting specialist alcohol treatment in Scotland were eligible for an initial assessment, of which 10,204 (69%) were recorded on DAISy. These completed initial assessments related to 9,563 unique people.

In 2022/23, a total of 15,266 episodes of care for people starting specialist alcohol treatment in Scotland were eligible for an initial assessment, of which 9,803 (64%) were recorded on DAISy.

Demographics

Age and sex at time of assessment

Among people starting specialist alcohol treatment in Scotland, the percentage of women was 37% in 2021/22 and 36% in 2022/23 (Workbook table 2.3).

As reported in Section 2, the median age for people starting alcohol treatment in Scotland was 46 years in 2021/22 and 47 in 2022/23 (Workbook table 2.2). However, median varied by sex with females being slightly older. The median age at assessment for males in 2021/22 and 2022/23 was 45 years and 46 years respectively whilst for females the median age was slightly higher at 48 years in both periods (data not shown in tables). Furthermore, the interquartile range for males was 35 to 55 years in 2021/22 and 36 to 56 years in 2022/23. The equivalent figure for females was 38 to 57 years in both 2021/22 and 2022/23.

Age at first use and onset of problematic use

In both 2021/22 and 2022/23 the median age reported for first consuming alcohol was 16 years and the median age people deemed their alcohol use to be problematic was 30 years (Workbook tables 3.1 and 3.2).

Females reported a higher median age for first consuming alcohol and for when they deemed their alcohol use to be problematic. In both 2021/22 and 2022/23 the median

age for first consuming alcohol was 17 years for females and 16 years for males. For females, the median age for when they deemed their alcohol use to be problematic was 34 in both 2021/22 and 2022/23 whilst the equivalent figure for males was 28 years and 30 years in 2021/22 and 2022/23 respectively. The interquartile range for the onset of problematic alcohol use was 25 to 45 years in females and 20 to 40 years in males in both 2021/22 and 2022/23 (data not shown in tables).

Types of alcohol consumed

In the initial assessment, service users are asked to report their alcohol use history and the types of alcohol they consume. Up to seven drink types may be recorded on DAISy, with one drink type nominated as the 'main drink'. Examining the main drink type reported can provide an indication of patterns of recent (in the previous month) alcohol use among people assessed for specialist alcohol treatment in each financial year (Workbook table 3.3).

The possible choices for main drink type are beer, spirits, wine, fortified wine, ready to drink, cider and perry, and "other". Spirits, wine, and beer are the most commonly reported main types of alcohol consumed. Due to the small numbers of service users who reported fortified wine, ready to drink, cider and perry, and "other" as their main drink, these four types have been aggregated into an overall "other" category for the purposes of this report narrative[v].

In 2021/22, of the 9,563 people with an initial assessment recorded on DAISy for alcohol treatment, 87% (8,306) reported recent alcohol use (defined as use in the month prior to the assessment) (Workbook table 3.3). Of those who recently used alcohol, 36% (2,968) reported mainly drinking spirits, 27% (2,267) reported mainly drinking wine, 24% (1,986) reported mainly drinking beer, and 13% (1,085) reported mainly consuming other drink types (Workbook table 3.4).

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[v] Workbook table 3.4 provides data on main drink type with fortified wine, ready to drink, cider and perry, and 'other' reported separately.

In 2022/23, alcohol use in the month prior to initial assessment was reported by 88% (8,195) of the 9,266 people receiving an initial assessment for specialist alcohol treatments (Workbook table 3.3). Spirits were the most commonly reported main drink type (35%, 2,882), followed by wine (26%, 2,142), beer (24%, 1,995) with the remaining 15% reporting that they mainly consumed other drink types (Workbook table 3.4).

There were differences between the sexes when reporting the main types of alcohol consumed (Figure 3.1). Males were more likely than females to report consuming beer as their main drink type. In 2022/23, 33% (1,725) of males with recent alcohol use reported beer as their main drink type compared to 9% (265) of females. Females were more likely to report consuming wine as their main drink type. In 2022/23, 43% of females (1,284 people) with recent alcohol use reported wine as their main drink type whilst for males the equivalent figure was 17% (860 people). The equivalent figures for 2021/22 were broadly the same and can be seen in Figure 3.1 (data not shown in tables).

Figure 3.1: Main type of alcohol consumed by sex and financial year (NHSScotland, 2021/22 and 2022/23)

Source: Public Health Scotland
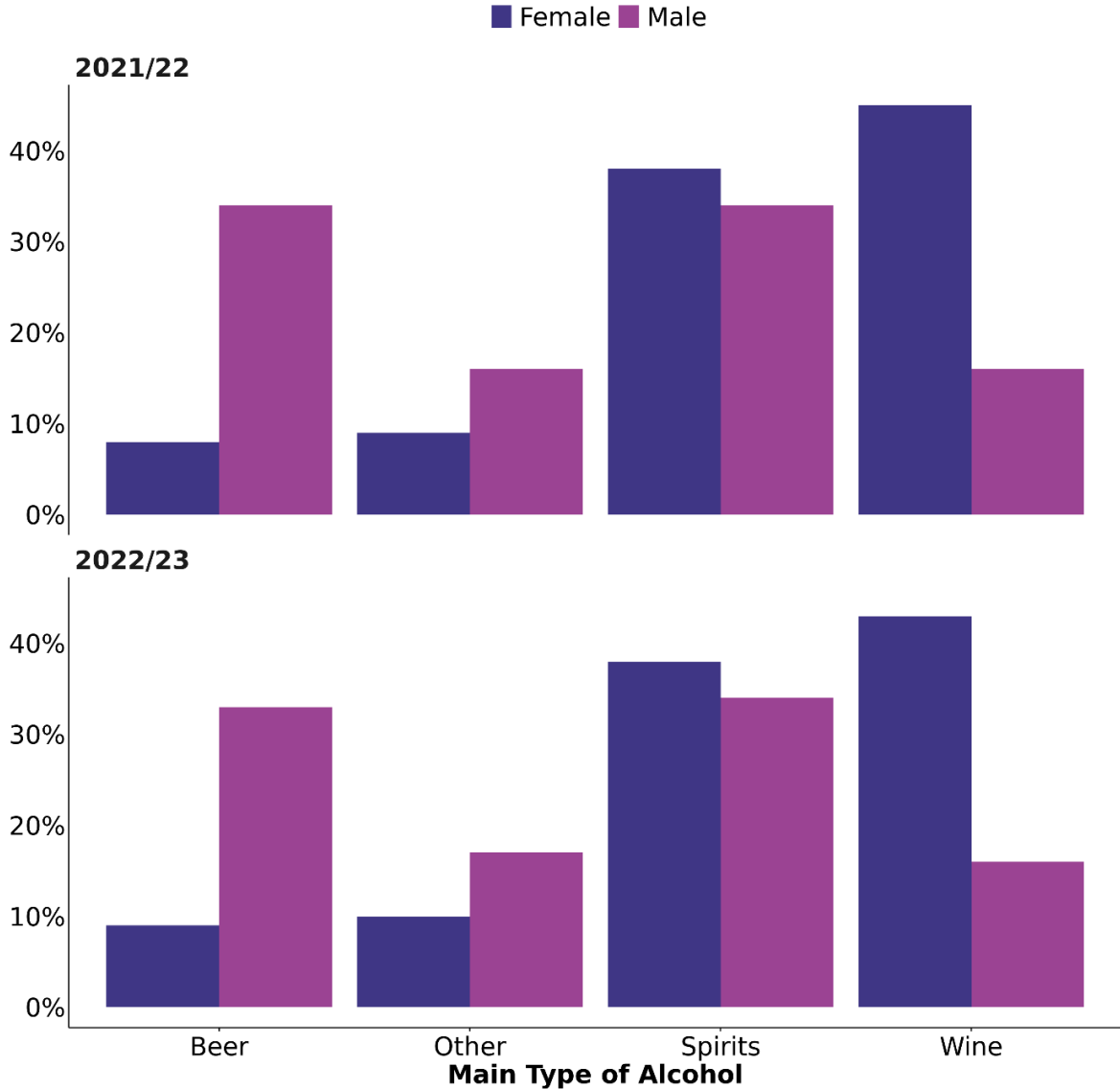
Main drink type by area

In 2021/22, 10 of the 11 mainland NHS Boards reported spirits as the most common main drink type among people who reported recent alcohol use. The percentage varied across the boards ranging from 33% in Greater Glasgow & Clyde and Lothian to 40% in Forth Valley, Grampian and Tayside. Borders was the only mainland NHS Board where wine was more common (37%, 95 people compared to 30% of people reporting spirits).

In 2022/23, 9 of the 11 mainland boards reported spirits as the most common main drink type. The percentage of people reporting spirits as their main drink ranged from 33% in Lanarkshire to 40% in Grampian. Wine was more commonly reported as the main drink type in NHS Borders (28%).

Frequency of Consumption

During assessment, service users are asked about their drinking behaviours including questions on the frequency with which they consume alcohol. In both 2021/22 and 2022/23, 59% of service users with a recent history of alcohol use reported drinking on a daily basis (Workbook table 3.5). There was little difference between males and females in relation to this, however differences between age groups were observed.

Figure 3.2 shows the percentage of service users by drinking frequency for each age group in 2021/22 and 2022/23. In both years, for all age groups except those aged 19 years and under in 2021/22, daily drinking was the most commonly reported drinking frequency.

Figure 3.2: Frequency of alcohol consumption by age group and financial year (NHSScotland, 2021/22 and 2022/23)

■ <3 days a week ■ 3-6 days a week ■ Daily
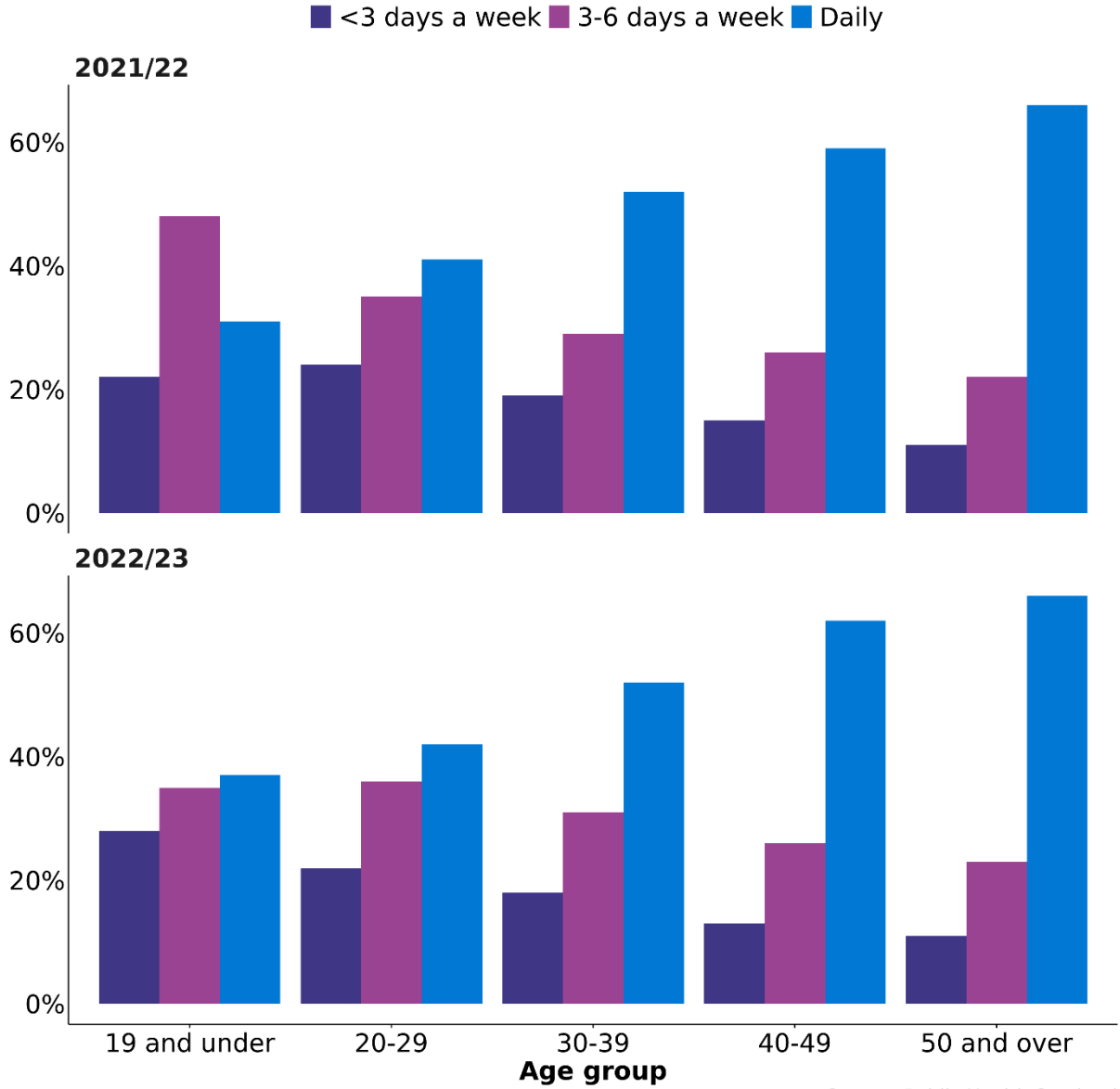
Source: Public Health Scotland

Frequency of Consumption by area

During both 2021/22 and 2022/23, daily drinking was the most common frequency of consumption for service users reporting recent alcohol use in all Scottish NHS Boards. In 2021/22, the figures for daily drinking ranged from 50% (252) in Fife to 66% in Highland. In 2022/23, the percentage of people reporting daily drinking ranged between 56% (Forth Valley) to 74% (Borders).

Units of alcohol consumed

In addition to being asked about their frequency of drinking, service users are also asked during their assessments about the number of units they consume in a 'typical drinking day' as well as the number of units consumed on their heaviest drinking days.

To produce comparable results across all service users, the number of units consumed by each service user in a typical drinking week has been calculated using a combination of their reported frequency of consumption and their reported units consumed on a typical drinking day. For the reasons outlined in **appendix 2**, caution should be exercised when interpreting the figures in this section of the report.

Median Weekly Units Consumed by Age and Sex

The median number of units consumed per week for service users who reported recent alcohol use during 2021/22 was 112[vi]. There were however differences reported between the sexes and between the age groups. The median figure for male service users in 2021/22 was 133 units per week whilst the equivalent median figure for female service users was 103 units per week (Workbook table 3.6). Male service users had higher median values for weekly units consumed for all age groups with the exception of those aged under 20 years (see Figure 3.3).

[vi] 'men and women are advised not to drink more than 14 units a week on a regular basis' according to NHS advice - https://www.nhs.uk/live-well/alcohol-advice/calculating-alcohol-units/

Figure 3.3: Median typical weekly units consumed by sex, age group and financial year (NHSScotland, 2021/22 and 2022/23)
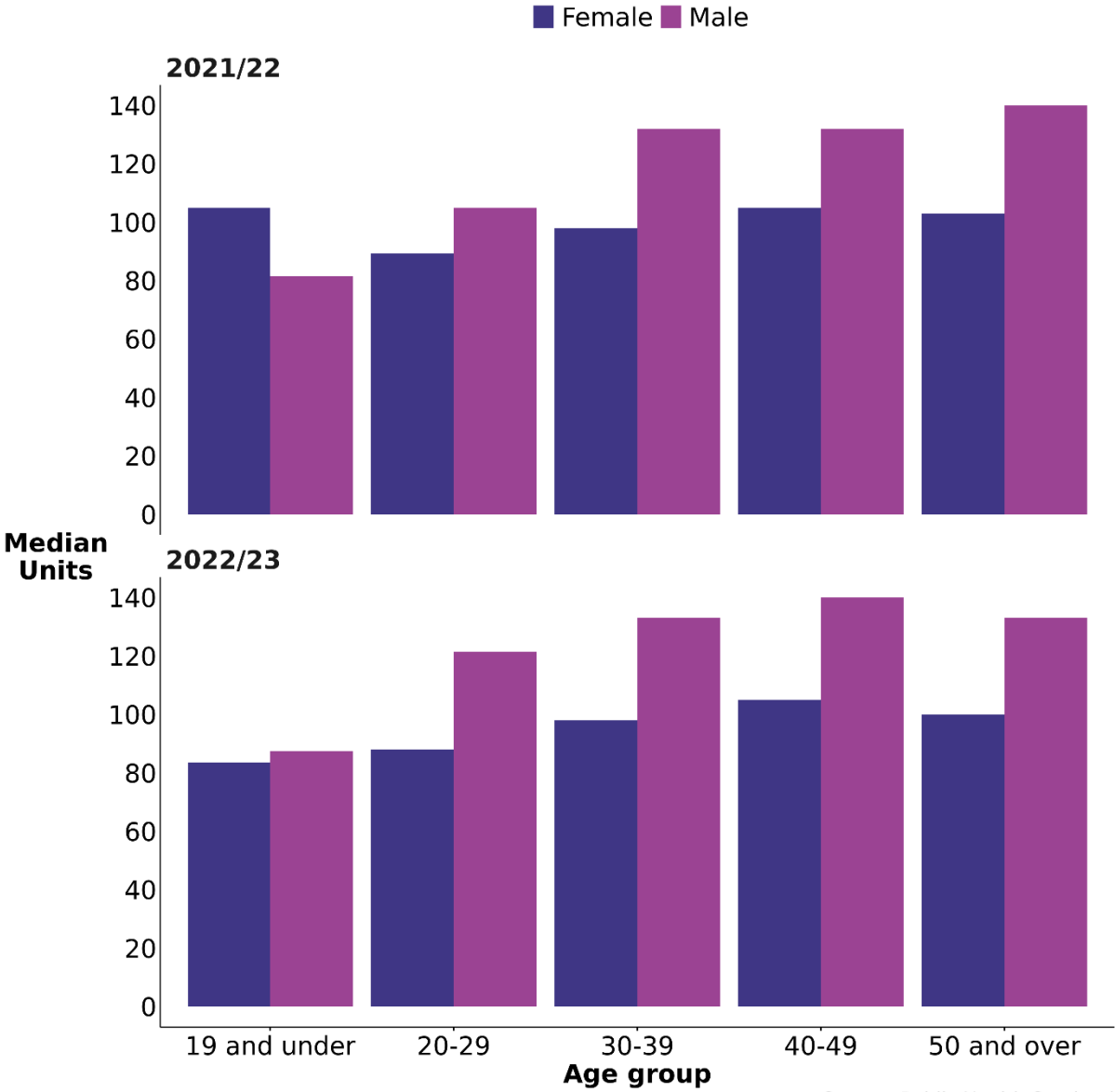
Source: Public Health Scotland

The figures for 2022/23 were similar to 2021/22. In 2022/23, the median number of units consumed per week for service users who reported recent alcohol use was 113. The median figure for male service users in 2022/23 was 138 units per week whilst the equivalent median figure for female service users was 101 units per week. In 2022/23, male service users had higher median values for weekly units consumed for all age groups. For male service users there also appeared to be a pattern during both 2021/22 and 2022/23 where older age groups reported higher weekly consumption (see Figure 3.3).

Median Weekly Units Consumed by Area

In 2021/22, the mainland NHS Board reporting the highest median number of units consumed was NHS Highland where the figure was 126 units whilst NHS Forth Valley reported the lowest median figure of 105 units. The highest number of weekly units consumed in 2022/23 was 133 in NHS Tayside. The lowest number of weekly units consumed in 2022/23 was 110 in NHS Highland.

Prescribed drugs

This section of the report presents findings about drugs reported as being prescribed for the treatment of problematic alcohol use to people at the time of their initial assessment.

The medications described will generally have been prescribed prior to assessment for specialist alcohol treatment and should not be interpreted as reflecting the treatments prescribed during specialist alcohol treatment episodes.

In 2021/22, 18% (1,684 people) reported at least one prescribed medication at their initial assessment. The most commonly reported prescribed drugs were thiamine (738, 8%), acamprosate (316, 3%) and disulfiram (174, 2%). Antidepressants of various types were reported by 3% (251 people) (Workbook table 3.6).

In 2022/23, 19% (1,715 people) reported at least one prescribed medication. Thiamine was reported by 9% (805) of people starting treatment for alcohol use whilst 3% (296) reported being prescribed acamprosate. Disulfiram was prescribed to 2% (157) whilst antidepressants of various types were reported by 3% (284).

Section 4 - Drugs

In 2021/22 there were a total of 10,455 episodes of care for people starting specialist drug treatment in Scotland which were eligible for an initial assessment. Of these, 7,288 (70%) were submitted to DAISy (Workbook table 1.1). These completed initial assessments related to 6,875 unique people (Workbook table 2.1).

In 2022/23 there were 9,353 episodes of care for people starting specialist drug treatment in Scotland which were eligible for an initial assessment. Of these, 6,275 (67%) were submitted (Workbook table 1.1). These completed initial assessments relate to 5,904 unique people (Workbook table 2.1).

SDMD provides a historic comparison for service users starting specialist drug treatment. In this section, reference to statistics from the **final SDMD report**[vii] published in May 2022 will be made, where possible. As the final year of the report (2020/21) coincided with both the COVID-19 pandemic and the phased introduction of DAISy in four NHS Boards, data for that year are considered less reliable than previous years. Therefore, comparisons to SDMD will be based on data up to 2019/20[viii].

Demographics

Age at assessment

SDMD reported that the median age people were starting treatment for drug use in Scotland was 36 years in 2019/20, having gradually increased from 30 years in

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[vii] https://publichealthscotland.scot/publications/scottish-drug-misuse-database/scottish-drug-misuse-database-overview-of-initial-assessments-for-specialist-drug-treatment-202021/

[viii] It should be noted that SDMD did not require treatment for drug use to have started before an initial assessment was recorded, and therefore SDMD reported on people seeking treatment, without necessarily having started it.

2006/07. As reported in **Section 2**, the median age for people starting drug treatment in Scotland continued to be 36 years in 2021/22 and 2022/23 (Workbook table 2.2).

Sex

Since 2006/07 approximately three in every ten people starting specialist drug treatment in Scotland have been women (2006/07: 29% (3,511 women out of 12,185 people); 2019/20: 27% (2,949 women out of 10,898 people).

This pattern persisted into data recorded on DAISy (2021/22: 1,895 women out of 6,875 service users (28%); 2022/23: 1,702 women out of 5,904 (29%)) (Workbook table 2.3).

Living situation and social circumstances

In SDMD results from 2019/20[ix], 20% of the people starting specialist drug treatment were considered employed. This was slightly lower than in DAISy data (23% in 2021/22, and 24% in 2022/23) when the DAISy categories were collapsed to match SDMD[x] (Workbook table 2.6.1). Percentages of unemployment were similar (2022/23: 51%, 2021/22: 50% and 2019/20: 50%).

Age at first use and onset of problematic use

In 2021/22 the median age reported for first using illicit drugs was 16 years, increasing slightly to 17 years in 2022/23 (Workbook Table 4.1). The median age at which service users report first using drugs has increased slightly over time. Data

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[ix] Categories of employment in SDMD were generalised to employed, unemployed and other. Employment status was missing for 8% of the 2019/20 cohort.

[x] Employed: Employed and Education/Training, Voluntary worker, Support into employment. Unemployed: Unemployed and Never employed. Other: long term sick/disabled, in Prison/YOI/YP secure unit, Retired and Carer.

from SDMD revealed that the median age was 15 years between 2006/07 and 2018/19 and increased to 16 years in 2019/20.

The median age of when people reported considering their drug use becoming problematic was 22 years in both 2021/22 and 2022/23 (Workbook table 4.2). Historical data were not collected in SDMD.

All drugs used in the previous month

In the initial assessment, people starting treatment are asked to report their drug use history and the types of drugs they use. Up to ten drugs may be recorded on DAISy, with one drug nominated as the 'main drug'. Examining the overall drug categories reported can provide an indication of patterns of recent (in the previous month) drug use among people starting specialist drug treatment in each financial year.

In 2021/22, of the 6,875 people with an initial assessment recorded on DAISy for drug treatment, 79% (5,458) reported recent drug use, defined as use in the month prior to the assessment (Workbook table 4.3). Of those who recently used drugs 49% (2,691) reported using opioids, 33% (1,814) reported using stimulants, 31% (1,674) reported using depressants, and 30% (1,674) reported using cannabinoids (Workbook table 4.4 and Figure 4.1).

Heroin was the most common drug reported (38% of people reporting recent drug use), followed by cocaine (31%), and benzodiazepines and cannabis (both 31%) (Workbook table 4.4).

In 2022/23 drug use in the month prior to initial assessment was reported by 83% (4,880) of the 5,904 people starting specialist drug treatment (Workbook table 4.3). Opioids were the most commonly reported drug category (48%, 2,334), followed by stimulants (41%, 1,982), cannabinoids (31%, 1,493) and depressants (27%, 1,325) (Workbook table 4.4 and Figure 4.1).

Whilst opioids remained the most common drug category reported overall in 2022/23, cocaine became the most common drug recorded for the first time (taking account of SDMD findings from 2006/07 onwards), with 38% of people reporting recent use.

Recent heroin use was reported by 37%, followed by cannabis (30%) and benzodiazepines (24%) (Workbook table 4.4).

Figure 4.1: Category of illicit drug used among people reporting illicit drug use in the month prior to assessment by financial year (NHSScotland 2021/22 and 2022/23)
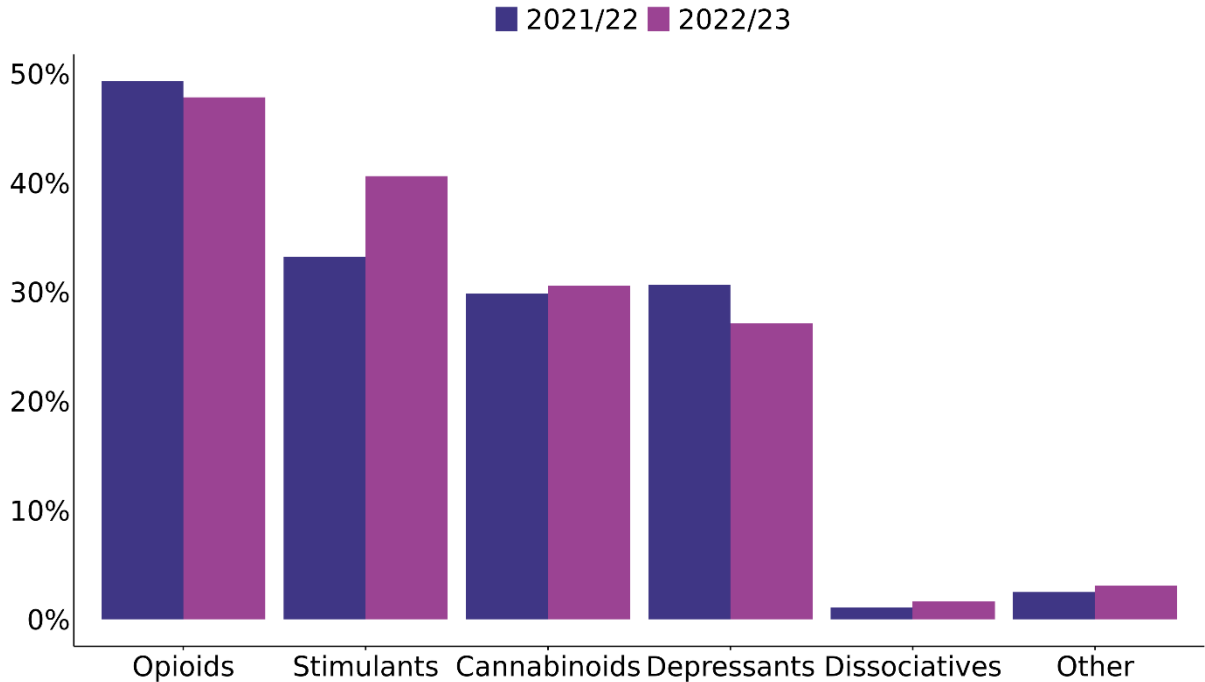
Source: Public Health Scotland

Drug categories by area

Opioids were the most commonly reported drug category in all but one mainland NHS Board area in 2021/22, ranging from 41% of service users (Borders) to 62% (Ayrshire & Arran). In NHS Fife the most commonly reported drug category in 2021/22 was cannabinoids (43%), followed by opioids (37%) (Workbook table 4.4).

In 2022/23, opioids were the most common drug category reported to have been used in the month prior to assessment in six mainland NHS Boards, ranging from 46% (Forth Valley and Highlands) to 60% (Tayside). Stimulants were the most commonly reported category in three NHS Board areas (Borders: 48%, Grampian: 53% and Greater Glasgow & Clyde: 42%). Cannabinoids were the most commonly reported drug category in NHS Fife (42%) (Workbook table 4.4).
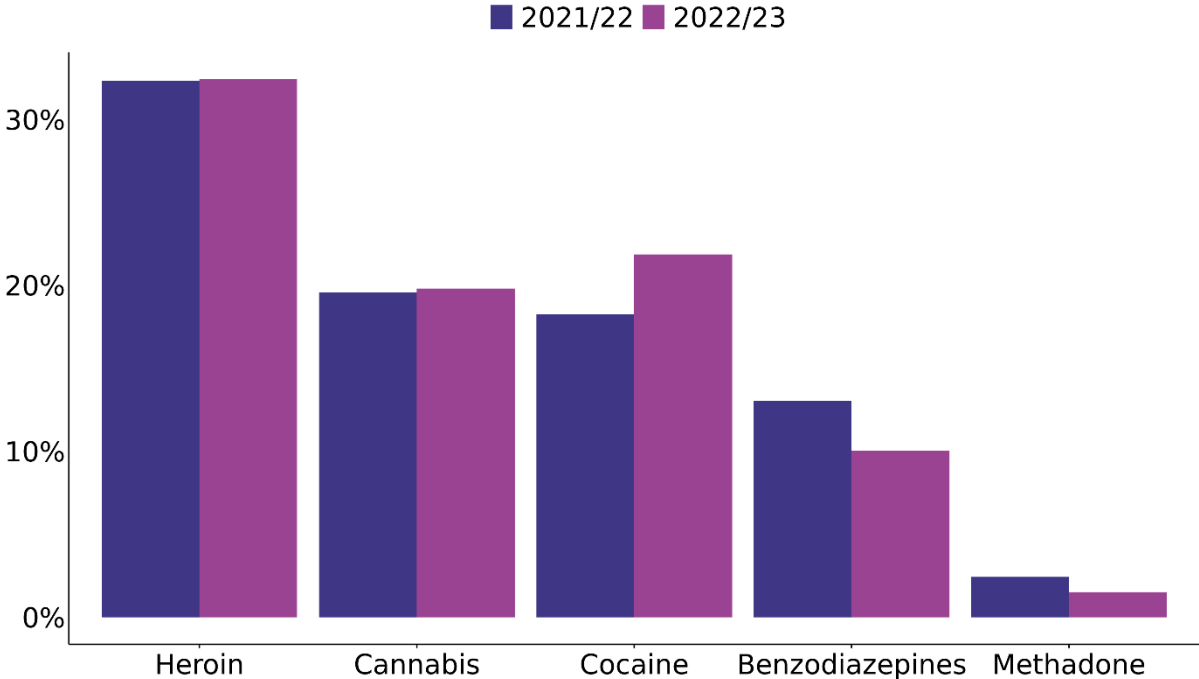
Main drug types

Service users are asked to nominate a main drug during the assessment. This main drug is considered to be the substance for which people were seeking specialist drug treatment (Workbook table 4.5).

In 2021/22, among the 5,458 people reporting drug use in the month prior to assessment, heroin was the most commonly reported main drug (32%; 1,765), followed by cannabis (20%; 1,068), cocaine (18%; 997) and benzodiazepines (13%; 711) (Figure 4.2).

In 2022/23, in spite of cocaine being the most commonly reported drug overall, heroin remained the most commonly reported main drug among the 4,880 people reporting drug use in the previous month (32%; 1,582). The second most commonly reported main drug was cocaine (22%; 1,067), followed by cannabis (20%; 967) and benzodiazepines (10%; 490).

Figure 4.2: Main illicit drug used among people reporting illicit drug use in the month prior to initial assessment by financial year (NHSScotland 2021/22 and 2022/23)

Source: Public Health Scotland

Whilst heroin continues to be the most commonly reported main drug, the percentage of people in treatment identifying it as their main drug fell from 62% in 2006/07 to 35% in 2020/21 on SDMD and has continued to decrease. The recording of cocaine as the main drug was relatively constant until 2015/16 (approximately 6%) but increased from 10% to 21% by 2019/20. Approximately 20% of people starting treatment each year since 2015/16 have reported cannabis being their main drug.

Main drug by area

In almost all mainland NHS Boards, heroin was the most commonly reported main drug used in the month prior to assessment during 2021/22. The percentage of people reporting heroin as their main drug in these areas ranged from 26% in Borders and Lothian to 44% in Ayrshire & Arran.

In Forth Valley, cannabis and heroin were equally most common as the main drug recorded (27%, 105 people). In two NHS Boards cannabis was more commonly recorded than heroin:

- In Fife, 30% (72) of people reporting drug use in the month prior to assessment nominated cannabis as their main drug, followed by 19% (46) for heroin and 18% (44) for cocaine

- In Highland, cannabis was the main drug for 28% (36) of people, followed by heroin (25%, 32) and cocaine (19%, 24)

In 2022/23, heroin was the most common main drug in seven mainland NHS Boards, ranging between 31% (Forth Valley) and 47% (Tayside). In Greater Glasgow & Clyde, heroin and cocaine were equally most common as the main drug recorded (heroin: 269 people, 26%; cocaine: 267 people, 26%). Drugs other than heroin were more common in the remaining mainland NHS Boards:

- In Borders cocaine was the most commonly reported main drug (36% (39), compared to heroin: 19% (21) and cannabis: 22% (24)).

- In Fife cannabis was the most commonly reported main drug (35% (84), compared to heroin: 14% (33) and cocaine: 24% (57)).

Other notable NHS Board level findings include:

- The highest percentage of people reporting benzodiazepines as their main drug was observed in Greater Glasgow & Clyde in 2021/22 (19% compared to 13% nationally) and 2022/23 (16% compared to 10% nationally).

Opioids and Stimulants Profile

Opioids and stimulants were the two most commonly reported drug categories reported in 2021/22 (Opioids 49%; stimulants: 33%) and 2022/23 (48% and 41% respectively). The most common drugs within these categories were heroin (2021/22: 76% of all opioids reported; 2022/23: 77%) and cocaine (2021/22: 93% of all stimulants; 2022/23: 94%).
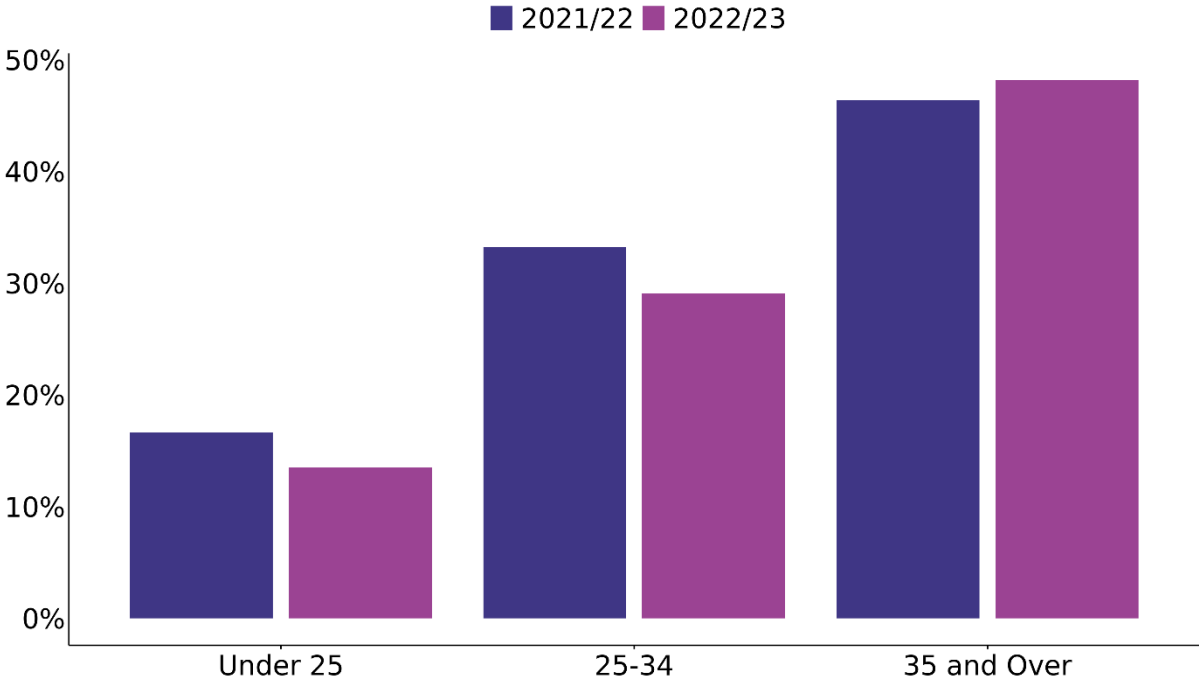
Heroin

The use of heroin is associated with greater risks of overdose, physical dependency and withdrawal symptoms, acute harms, and drug death.

Age of people reporting recent heroin use

Among people aged under 25 years who reported illicit drug use in the month prior to initial assessment, 17% (136 out of 818 individuals) reported using heroin in 2021/22, and 14% (96 out of 711 individuals) in 2022/23 (Workbook table 4.6 and Figure 4.3). Comparing to data from SDMD, heroin use in this age group has decreased from 58% in 2006/07 (1,587 out of 2,736 individuals). The decrease in heroin use among this age group has coincided with a decrease in the overall numbers of individuals aged under 25 years starting specialist treatment for drug use in Scotland[xi].

[xi] https://publichealthscotland.scot/publications/scottish-drug-misuse-database/scottish-drug-misuse-database-overview-of-initial-assessments-for-specialist-drug-treatment-202021/

Fig 4.3: Percentage of each age group reporting any recent heroin use, by financial year (NHSScotland, 2021/22 and 2022/23)


Source: Public Health Scotland

Heroin use among people aged 35 years and older who reported using illicit drugs in the month prior to assessment was recorded for 46% (1,312 out of 2,827) of people in 2021/22, and 48% (1,253 out of 2,601 individuals) in 2022/23 (Workbook table 4.6 and Figure 4.3). Historically, there had been a moderately decreasing trend in reported heroin use amongst this age group recorded in SDMD, from 66% (1,748 out of 2,569 individuals) in 2006/07 to 52% (2,284 out of 4,375) in 2019/20.

Route of heroin use

In 2021/22, out of the 2,051 people who reported heroin use in the month prior to initial assessment, 24% (494) reported injecting and 72% reported smoking it (1,470). Route of use percentages for 2022/23 were roughly the same (Workbook table 4.7 and Figure 4.4).

Fig 4.4: Route of use for people reporting heroin use in the month prior to initial assessment, by financial year (NHSScotland, 2021/22 and 2022/23)
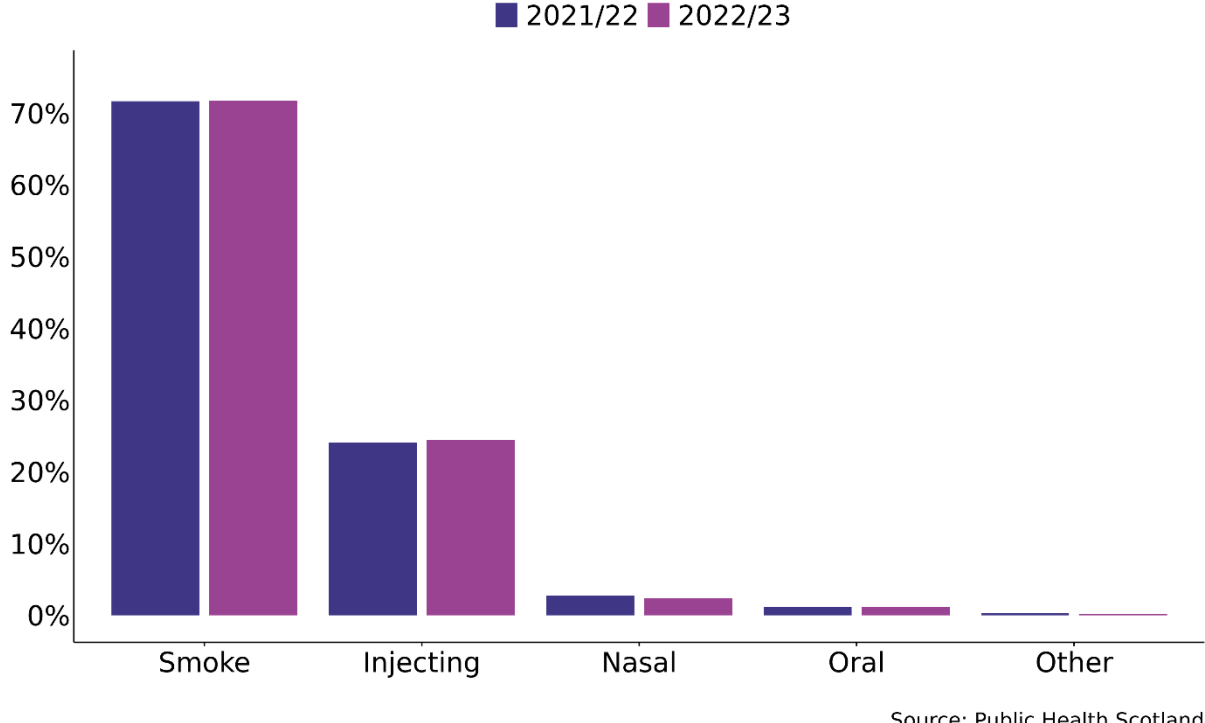
Living circumstances of people reporting opioid use in the month prior to assessment

Living alone

People who use drugs and live alone may be more likely to experience loneliness or to have lower levels of recovery capital than those who live with others. People who live alone and use opioids may also be at greater risk of drug-related death if they use drugs in circumstances when are others are not present to administer naloxone in the event of an opioid overdose[xii].

[xii] National drug related deaths database (Scotland) Analysis of deaths occurring in 2017 and 2018. Accessed: https://publichealthscotland.scot/publications/national-

In 2021/22, 45% (1,202 out of 2,691) of people who reported opioid use in the month prior to assessment did not live with another adult (44% lived with another adult, and the question was marked as not applicable to the remaining 12%[xiii]). In 2022/23, the percentage of people reporting that they did not live with another adult increased to 49% of people (data not shown in tables).

Naloxone kits

The National Naloxone Programme[xiv] in Scotland aims to prevent fatal opioid overdoses. When administered, naloxone reverses the effects of a potentially fatal overdose and provides emergency services time to arrive and provide further treatment. Take-Home Naloxone kits are supplied free of charge in all 14 NHS Boards and 15 prisons to people who are most likely to witness an opioid overdose. People starting treatment across all substance types are asked whether they have a naloxone kit, but this question is of particular relevance to people who reported using opioids.

In 2021/22, 57% (1,523) of people reporting any opioid use in the month prior to initial assessment reported having a take-home naloxone kit, increasing to 60% (1,411) in 2022/23 (Workbook table 4.8). In both years, the most common reason for not having a kit was service users declining a kit (2021/22: 70% of the 906 people refusing a naloxone kit; 2022/23: 72% of the 685 people).

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drug-related-death-database-scotland/the-national-drug-related-deaths-database-scotland-report-analysis-of-deaths-occurring-in-2017-and-2018/

[xiii] This question was not applicable for people under the age of 16, and those whose Primary Service Provider was a prison.

[xiv] National naloxone programme annual report. Accessed: **https://publichealthscotland.scot/publications/national-naloxone-programme-scotland-annual/national-naloxone-programme-scotland-monitoring-report-201920-202021/**

Amongst all those who started treatment for drug use (including non-opioids), in 2022/23, 34% of people who used an illicit drug in the previous month reported having a kit (Workbook table 4.8).

Cocaine

Age of people reporting any recent cocaine use

The percentage of people aged under 25 years who reported recent cocaine use has increased from 36% (292 out of 818 individuals reporting recent drug use) in 2021/22 to 44% (311 out of 711 individuals) in 2022/23 (Workbook table 4.9 and Figure 4.5). Equivalent figures for previous years are not available.

Figure 4.5: Percentage of each age group reporting any recent cocaine use, by financial year (NHSScotland, 2021/22 and 2022/23)
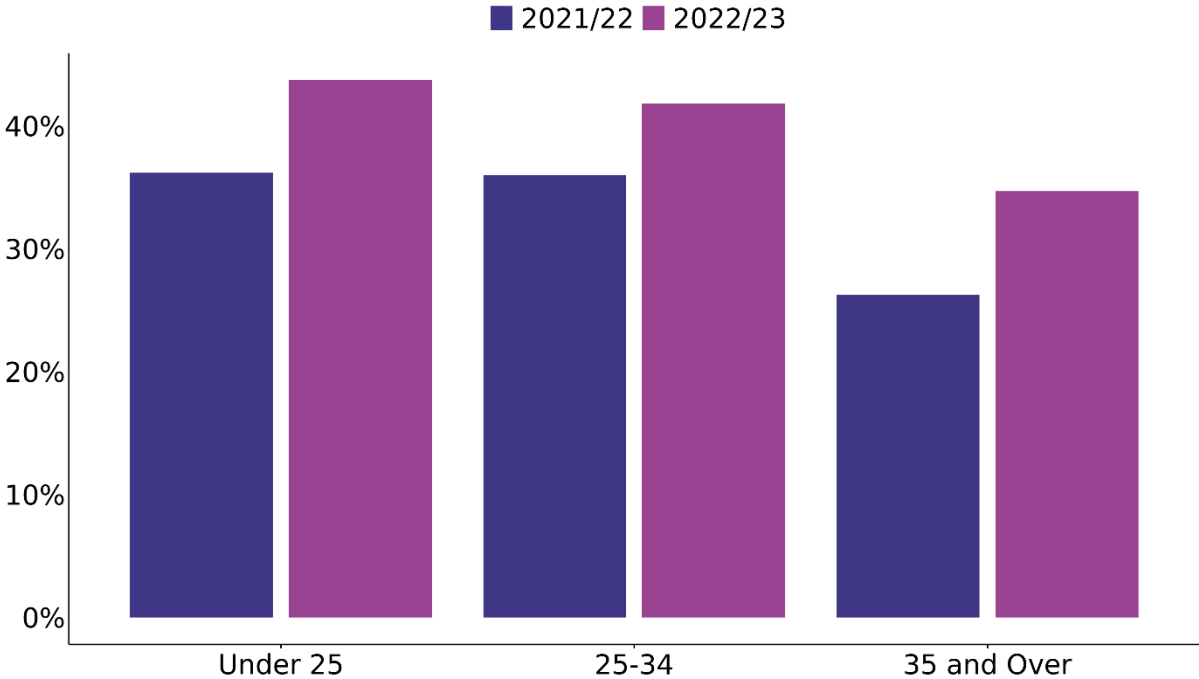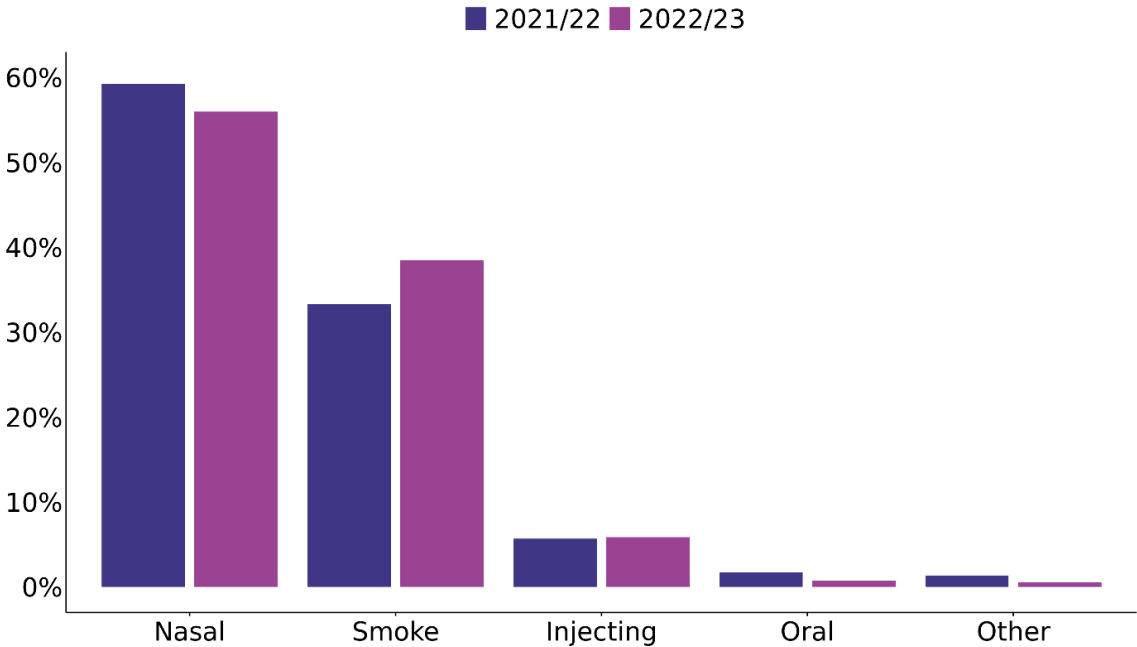

Source: Public Health Scotland

Reports of recent cocaine use among people aged 35 years also increased from 26% (733 out of 2,827 individuals) in 2021/22 to 34% (886 out of 2,601 individuals) in 2022/23 (Workbook table 4.9 and Figure 4.5). Equivalent figures prior to this using SDMD data are not available.

Route of cocaine use

Of the 1,691 people reporting cocaine use in the month prior to assessment in 2021/22, 59% (1,002) reported nasal consumption, 33% (563) reported smoking, and 6% (96) reported injecting[xv]. In 2022/23 there was a small increase in the percentage reporting smoking (39%, 720 out of 1,870 individuals), and a decrease in those reporting nasal consumption (56%) (Workbook table 4.10 and Figure 4.6).

Figure 4.6: Route of use for people reporting cocaine use in the month prior to initial assessment, by financial year (NHSScotland, 2021/22 and 2022/23)

Source: Public Health Scotland

Injecting

This section of the report presents findings about the drug use behaviours of people starting specialist drug treatment. Specifically, injecting drugs and sharing

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[xv] Cocaine includes both cocaine powder and crack cocaine. People may report using both and therefore percentages for route of use will not sum to 100%.

needles/syringes or other injecting equipment at any time are described. This provides an insight into the percentage of people using drugs in ways that may increase their risk of blood borne virus infection or injecting-related conditions such as deep vein thrombosis.

Injecting behaviour

In 2021/22, of the 6,875 people starting treatment, 11% (745) of people reported injecting in the month prior to the assessment, whilst 21% (1,412) reported last injecting more than one month prior to assessment, and 69% (4,718) reported never having injected drugs. For those reporting injecting in the month prior to initial assessment, the median age of first injection was 22 years (Workbook table 4.11).

In 2022/23, of the 5,904 people starting treatment, 11% (652) reported injecting in the month previous to their initial assessment, whilst 19% (1,101) reported last injecting more than a month prior to assessment. For those reporting injecting in the month prior to initial assessment, the median age of first injection increased to 24 years.

Using data from SDMD, in 2019/20, 52% of people stated they had never injected drugs, 26% reported doing so in the past, and 11% reported currently injecting. Injecting behaviour was not recorded for 12% (1,257 out of 10,898 people) of the 2019/20 cohort, therefore caution is advised when making direct comparison to the results presented above.

Sharing needles/syringes

In 2021/22, of the 2,157 people reporting injecting drugs at any time, 7% (145) reported sharing injecting equipment in the previous month, 34% (738) reported sharing equipment prior to that, and 59% (1,274) reported never having shared injecting equipment (Workbook table 4.12 and Figure 4.7).

In 2022/23, 8% (147 out of 1,753 people reporting ever injected) of people reported sharing injecting equipment in the previous month, whilst 58% (1,024 out of 1,753 people) reported never having shared equipment.

Using data from SDMD, in 2019/20, 62% (2,467 out of 3,990 people) of people stated they had never shared injecting equipment, 29% (1,167) reported doing so in the past, and 5% (187) reported currently sharing injecting equipment. The sharing of needles/syringes was missing for 4% of people reporting injecting drugs.

Figure 4.7: Sharing needles/syringes and other injecting equipment amongst people reporting ever injected illicit drugs by financial year (NHSScotland, 2021/22 and 2022/23).

Source: Public Health Scotland

Sharing other injecting equipment

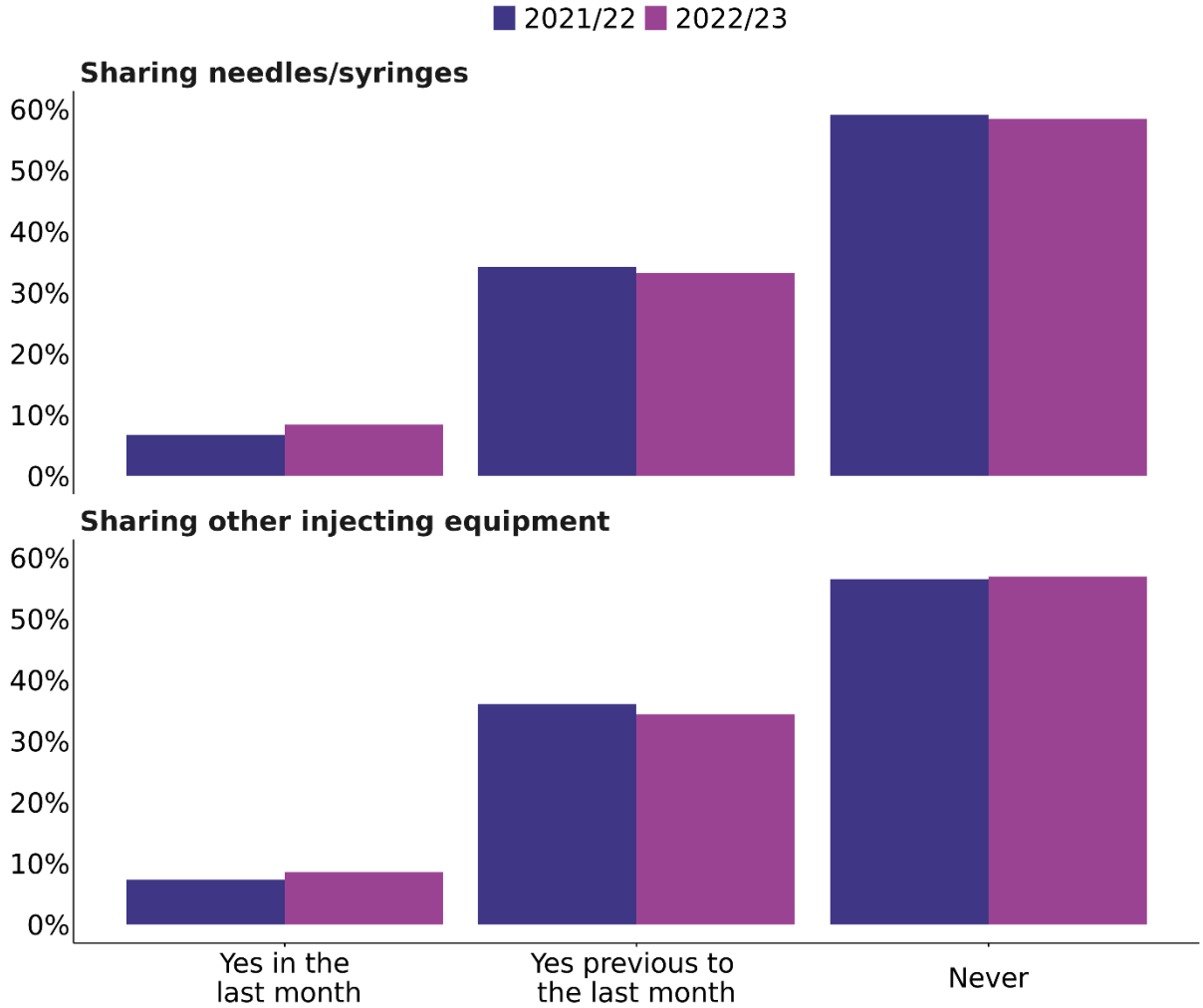Other injecting equipment includes injecting-related equipment other than needles/syringes, see **Glossary** for more detail.

In 2021/22, of the 2,157 people reporting injecting drugs at any time, 7% (159) reported sharing other injecting equipment in the previous month, 36% (778) reported sharing other equipment prior to that, and 57% (1,220) reported never having shared other injecting equipment. Percentages were similar for 2022/23 (See Figure 4.7 and Workbook table 4.12).

Using data from SDMD, in 2019/20, 6% (235 out of 3,990 people) of people reported currently sharing other injecting equipment, whilst 48% (1,915) reported never sharing. The sharing of other injecting equipment was missing for 14% (543) of people reporting injecting drugs in 2019/20 in SDMD.

Blood borne virus (BBV) testing

The risk of contracting Blood Borne Viruses (BBVs) is higher amongst people who inject drugs than in other populations[xvi].

In DAISy, people who report injecting are asked further questions on BBV testing and vaccination status. This amounts to 2,157 people in 2021/22 (31% of all people starting treatment for drug use), and 1,753 people in 2022/23 (30%) (Workbook table 4.11). Testing status was unknown for approximately 10% of the 2021/22 cohort, and 14% of the 2022/23 cohort. Previous vaccination status for Hepatitis B was unknown for 23% of the 2021/22 cohort and 27% of the 2022/23 cohort (Workbook table 4.13).

Hepatitis C

In 2021/22, 1,769 (82%) of all people reporting ever injecting illicit drugs reported having ever having a test for Hepatitis C. Of those tested, 48% reported tests in the previous year.


[xvi] Shooting Up (2021) accessed from:
https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk/shooting-up-infections-and-other-injecting-related-harms-among-people-who-inject-drugs-in-the-uk-data-to-end-of-2021

1,333 (76%) people reported ever having a Hepatitis C test in 2022/23, of which 50% reported having had a test in the 12 months prior to the assessment (Workbook tables 4.13 and 4.14 and Figure 4.8).

Using data from SDMD, in 2019/20, 81% (3,213) of the 3,990 people reporting ever injected also reported having been tested for Hepatitis C. Testing status was missing for 10% of the cohort.

Figure 4.8: Percentage of people who report having a BBV test or vaccination in the previous 12 months out of all people who have ever tested or been vaccinated, by financial year (NHSScotland, 2021/22 and 2022/23)
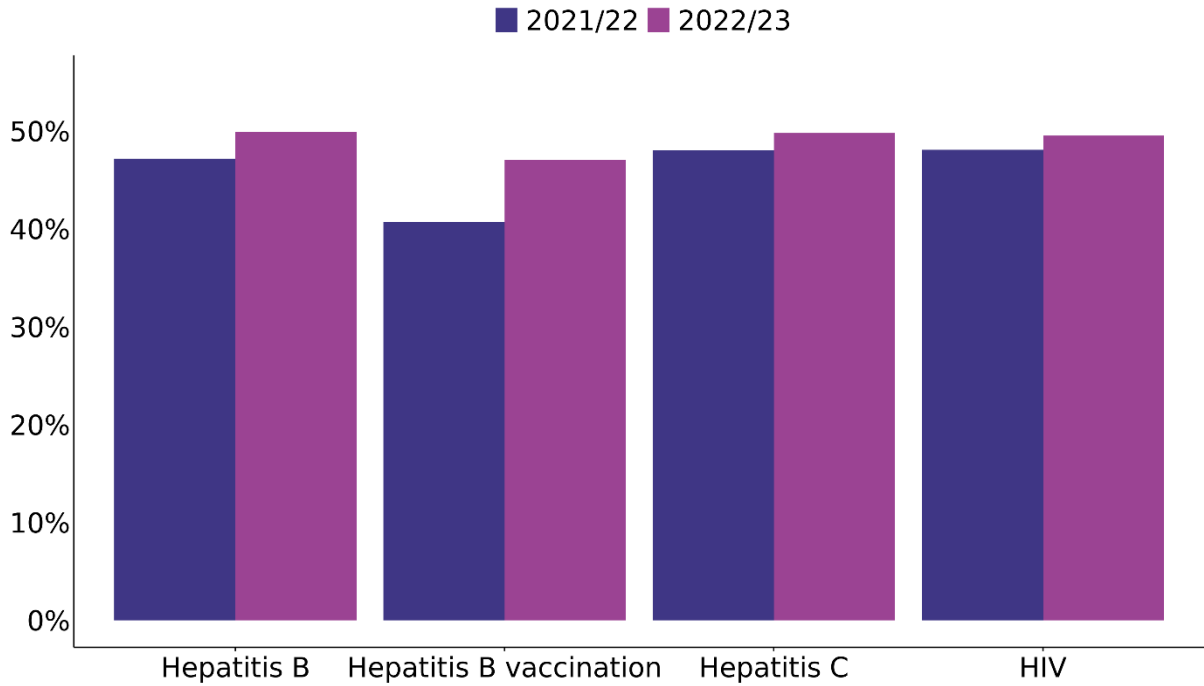
Source: Public Health Scotland

Hepatitis B

In 2021/22, 81% (1,755) of those who ever injected drugs reported having previously been tested for Hepatitis B, of which 47% (828) reported tests in the previous year.

In 2022/23, 77% (1,354) of this group reported having ever had a Hepatitis B test, of which 50% (676) reported a test in the previous 12 months (Workbook tables 4.13 and 4.14 and Figure 4.8).

Using data from SDMD, in 2019/20, 78% (3,117) of the 3,990 people reporting ever injected also reported having been tested for Hepatitis B. Testing status was missing for 10% of the cohort.

In 2021/22, 54% (1,169) of people who reported ever injecting illicit drugs reported having previously had a Hepatitis B vaccination, of which 41% had been vaccinated in the previous 12 months. In 2022/23, the percentage of people vaccinated in the previous year increased to 48% (Workbook tables 4.13 and 4.14 and Figure 4.8).

HIV

In 2021/22, 80% (1,721) of people who reported injecting drugs reported ever having an HIV test, of which 48% reported a test in the previous year.

In 2022/23, 74% (1,304) of people reporting ever injecting illicit drugs reported ever having an HIV test, of which 50% reported a test in the previous year (Workbook tables 4.13 and 4.14 and Figure 4.8).

Using data from SDMD, in 2019/20, 79% (3,161) of the 3,990 people reporting ever injected also reported having been tested for HIV. Testing status was missing for 11% of the cohort.

Prescribed drugs

This section presents details of medications prescribed for the treatment of problematic drug use at the time of initial assessment. Up to ten prescribed drugs can be listed. See **Appendix 2** for further detail.

As data are gathered when people are being assessed for treatment, the medications described will generally have been prescribed prior to assessment. Therefore, these results should not be interpreted as reflecting the treatments prescribed during specialist drug treatment episodes.

In 2021/22, 2,580 (38%) people reported at least one prescribed medication at their initial assessment. The most commonly reported prescribed drugs were methadone

(1,532, 22% of all people starting specialist drug treatment), buprenorphine[xvii] (671, 10%) and diazepam (164, 2%) (Workbook tables 4.15).

Of the 2,580 people reporting at least one prescribed medication, 85% (2,193) were prescribed at least one drug considered to be an Opioid Substitution Therapy[xviii] (OST) (Workbook table 4.16).

In 2022/23, 2,277 (39%) people reported at least one prescribed medication. Methadone was reported by 19% (1,146 out of 5,904 people starting specialist drug treatment) of people, whilst 768 (13%) reported being prescribed buprenorphine. OST prescriptions made up 83% of all reported prescribed drugs (Workbook tables 4.15 and 4.16).

[xvii] Buprenorphine includes oral buprenorphine (Subutex®), Buprenorphine and Naloxone (Subuxone®) and a prolonged-release injectable buprenorphine (Buvidal®).

[xviii] OST includes Methadone, Buprenorphine and Dihydrocodeine

Section 5 - Co-dependency

In 2021/22, 2,085 people started specialist treatment for co-dependency (alcohol and drug). Of these, 1,462 (70%) reported recent (in the month prior to assessment) alcohol and drug use (Workbook table 5.1). Recent alcohol use only reported by 10%, 9% reported recent drug use only. The remaining 10% reported not having used either substance in the month prior to assessment.

In 2022/23, 1,963 people started treatment for co-dependency, of which 1,398 (71%) reported recent alcohol and drug use (Workbook table 5.1).

As these cohorts were comparatively smaller than the cohorts of people starting treatment for problematic drug or alcohol use, a limited number of outputs are presented in the workbook.

Demographics

Age at assessment

As reported in **Section 2**, the age distribution of people starting treatment for co-dependency was found to be slightly younger than the cohort of people starting treatment for drugs only, with a median age of 33 years in 2021/22 and 2022/23, compared to 36 years for drugs only in both years (Workbook table 2.2).

Sex

Approximately one in every five people starting treatment for co-dependency in Scotland were women (2021/22: 22% (452 out of 2,085 people); 2022/23: 21% (420 out of 1,963). This was lower than the percentage of women starting treatment for a single substance use in both years (alcohol: 36% and 37% respectively; drugs: 28% and 29% respectively).

Age at first use and when use became problematic

The age when alcohol and drug use began and became problematic are both reported in Workbook tables 5.2 to 5.5. Among those in treatment for co-dependency, the median age when people starting first started using alcohol was 15 years in both 2021/22 and 2022/23 and the median age for starting to use drugs was 16 years. In both 2021/22 and 2022/23, people reported their use of both substances becoming problematic at the median age of 21 years.

Compared to people starting treatment for a single substance, people starting treatment for co-dependency had similar median ages of starting alcohol and drug use (Figure 5.1). In 2022/23, alcohol use became problematic approximately nine years earlier for those starting treatment for co-dependency (median: 21 years), compared to those starting treatment for alcohol use alone (30 years). The age at which drug use became problematic was similar between the two cohorts (co-dependency: 21 years; drug: 22 years).

Figure 5.1: Age at which each service user first used alcohol and drugs, and age at which use became problematic (NHSScotland, 2022/23)
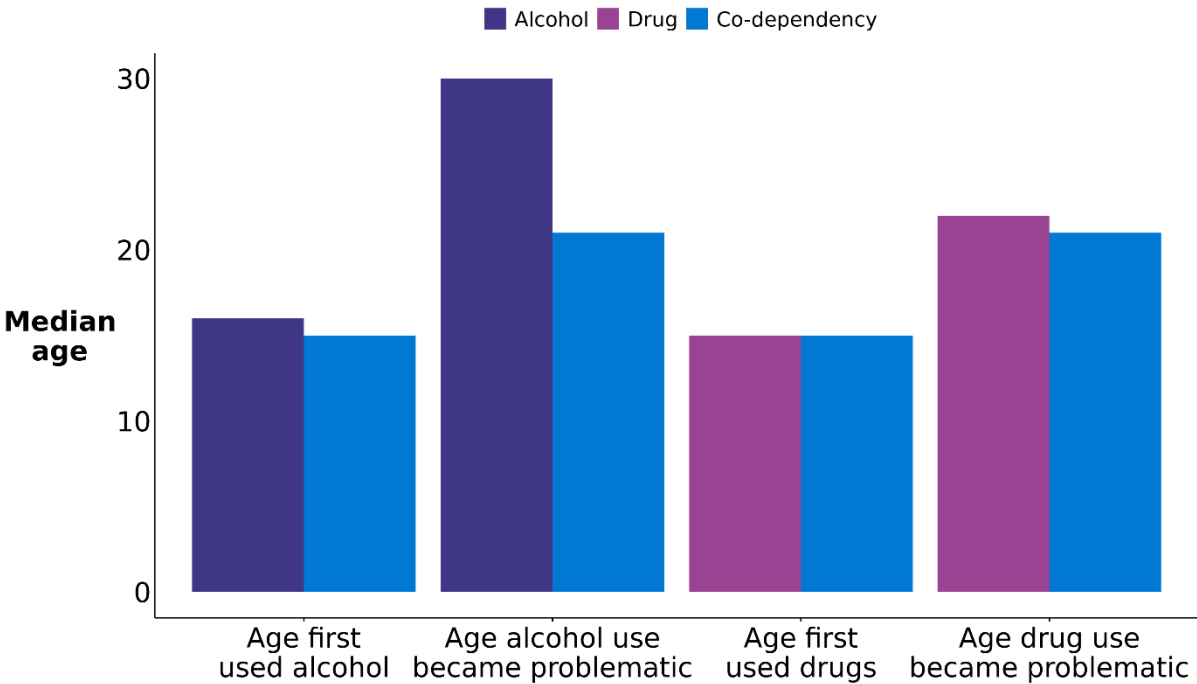
Source: Public Health Scotland

Alcohol type

All reported alcohol types

Co-dependent service users were asked to report all of the alcohol types they consumed. Up to seven categories of alcohol may be recorded at any assessment, and details on consumption patterns are also collected.

In 2021/22, of the 1,670 co-dependent service users who reported consuming alcohol in the month prior to initial assessment, 43% (724) reported consuming beer, 38% (630) reported spirits, 21% (346) reported drinking wine, 15% (246) reported fortified wine, 10% (168) cider and perry, 4% (61) of people reported ready-to-drink[xix] and 5% (86) reported 'other' [xx] (Workbook table 5.6).

In 2022/23 there were 1,604 co-dependent service users who reported consuming alcohol in the month prior to initial assessment. Beer was reported by 42% (679), spirits by 39% (629) and 18% each reported consuming wine and fortified wine (Workbook table 5.6).

Main type of alcohol reported

Service users were asked to nominate their main alcohol type at initial assessment. Across the two financial years the patterns were similar. Beer was the most commonly reported main alcohol type (2021/22: 33%; 2022/23: 31%) reported by people starting treatment for co-dependency, followed by sprits (2021/22: 28%; 2022/23: 29%).

The main type of alcohol people reported starting treatment for differed by whether they were starting treatment for alcohol alone, or in conjunction with drugs (co-

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[xix] Ready-to-drink includes alcopops and energy drinks containing high levels of alcohol (e.g., Dragon Soop®).

[xx] Service users may report more than one alcohol type therefore percentages will add to more than 100%.

dependency). In the cohort of people starting treatment for alcohol alone spirits (36% in 2021/22 and 2022/23) were the most commonly reported main alcohol type which people reported starting treatment for, followed by wine (2021/22: 27%; 2022/23: 26%). Beer was the third most common alcohol type (2021/22: 24%, 2022/23: 24%) (see **Section 3** and Workbook table 3.3)

Drug type

All reported drug categories

Co-dependent service users were asked to report all drug types that they used. Up to ten drug types may be recorded at any assessment.

In 2021/22, of the 1,660 co-dependent service users who reported using drugs in the month prior to initial assessment, 54% (889) reported using stimulants, 39% (654) reported using cannabinoids, 28% (462) reported using depressants, and 19% (319) reported using opioids (Workbook table 5.8). The most commonly reported individual drugs were cocaine (51%), cannabis (38%), benzodiazepines (26%) and heroin (14%).

In 2022/23 1,558 co-dependent service users reported using drugs in the past month. The percentage of service users reporting stimulant use increased to 62% (969), whilst use of cannabinoids (39%), depressants (22%) and opioids (15%) remained fairly stable (Workbook table 5.8). In terms of individual drug types, the percentage of people reporting recent use of cocaine increased to 60%. The percentage of people reporting recent cannabis use remained stable (38%), whilst reports of benzodiazepines (20%) and heroin (11%) decreased.

These patterns contrast to the cohort of people starting treatment for drugs alone. In both years stimulants (such as cocaine) were the most frequently reported category amongst people starting treatment for co-dependency, whilst opioids (such as heroin) were more common in people starting treatment for drug use alone (See **Section 4** and Workbook table 4.5)

Main reported drug category

In 2021/22, the most commonly reported main drug category co-dependent service users reported was stimulants (40%, 670), followed by cannabinoids (29%, 477), depressants (16%) and opioids (14%) (Workbook table 5.9). Within drug types, cocaine (38%, 629) was the most commonly reported main drug used in the previous month, followed by cannabis (28%, 466), benzodiazepines (14%, 240) and heroin (10%, 166).

The percentage of people reporting stimulants as their main drug increased in 2022/23 to 48% (754), with decreases in depressants and opioids (both 11%) (Workbook table 5.9). Almost half of people (46%; 721) reported cocaine as their main drug.

The most common recorded main drugs differed between the cohorts of people starting treatment for co-dependency and drugs alone. In 2022/23, the most commonly reported main drugs in people starting treatment for co-dependency were cocaine (46%), cannabis (27%), benzodiazepines (10%), and heroin (8%). In contrast, heroin (32%) was the most commonly reported main drug amongst people starting treatment for drug use alone, followed by cocaine (32%) and cannabis (20%) (See **Section 4** and Workbook table 4.6).

Prescribed drugs

Initial assessments are required to have been carried out within eight weeks of treatment starting. The medications prescribed will generally have been prescribed prior to assessment for specialist alcohol or drug treatment and should not be interpreted as reflecting the treatments prescribed during the episodes of care. Low levels of prescribing may be attributed towards there being a lack of medication-based treatment options for non-opioid drug use, which make up the majority of people in this cohort[xxi].

[xxi] https://www.nhs.uk/live-well/addiction-support/cocaine-get-help/

In 2021/22, 135 people reported being prescribed methadone, and 73 were prescribed a form of buprenorphine[xxii]. Diazepam was reported by 33 people, and 25 service users reported thiamine[xxiii] (Workbook table 5.10).

In 2022/23 there was a decrease in the number of people reporting being prescribed methadone (81) and buprenorphine (49).

[xxii] Buprenorphine includes oral buprenorphine (Subutex®), Buprenorphine and Naloxone (Subuxone®) and a prolonged-release injectable buprenorphine (Buvidal®).

[xxiii] Thiamine is used to treat or prevent vitamin B1 deficiency. Long-term or heavy drinking can stop your body from adsorbing thiamine. **Common questions about thiamine - NHS (www.nhs.uk)**. The National Institute for Health and Care Excellence recommends offering thiamine to harmful or dependent drinkers (**Alcohol - problem drinking | Health topics A to Z | CKS | NICE**)

The Role of Thiamine Deficiency in Alcoholic Brain Disease (nih.gov)

Glossary

ADP

Alcohol and Drug Partnership

BBV

Blood Borne Virus

Cannabinoids

Cannabinoids are compounds that interact with the endocannabinoid system. They are found in the cannabis plant (such as THC) or can be produced synthetically in a laboratory (synthetic cannabinoids)

Cocaine

Cocaine is a short-lasting stimulant drug that increases heart rate and breathing. This group includes powder cocaine and crack cocaine.

DAISy

Drug and Alcohol Information System

DATWT

Drug and Alcohol Treatment Waiting Times

Depressants

Depressants (also known as sedatives or hypnotics) are drugs that induce sedation and depress the central nervous system, which also decreases heart rate and breathing. This group of drugs primarily includes 'prescribable' benzodiazepines (drugs such as diazepam), 'street' benzodiazepines (such as etizolam and alprazolam) and z-hypnotics (such as zopiclone).

Episode of Care

When people approach a service provider for specialist alcohol and/or drug treatment an episode of care is started on DAISy. This process assigns a unique episode of care number which allows all associated referrals, waiting times, treatments, assessments, and reviews to be linked over time and across different service

providers. Once a person has been discharged from all services, the episode of care ends. If and when further treatment is requested, a new episode of care begins.

Interquartile Range

The interquartile range (IQR) measures the spread of the central 50% of the data. It is calculated as the difference between the 75th and 25th percentile of the data.

Opioids

Opioid drugs act on opioid receptors to produce sedative and painkilling effects. They are respiratory depressants (reduce heart rate and breathing). Opioids include synthetic (lab-made) drugs such as methadone and buprenorphine, as well as opiates (drugs made from opium) such as heroin and morphine.

OST

Opioid Substitution Therapy (also known as Opioid Replacement Therapy (ORT))

Other Injecting Equipment

Sterile injecting equipment other than needles/syringes. These items are distributed to improve injecting hygiene and to prevent the spread of Blood Borne Viruses. Citric acid/Vitamin C and sterile water are used to dissolve drugs (particularly heroin) into an injectable solution. Wipes and swabs allow people who inject drugs to sterilise injecting sites. Sharps bins are distributed to facilitate the safe disposal of used needles. Filters help prevent larger particles from entering the syringe after preparation of the drug, and spoons or other forms of cookers such as 'stericups' facilitate the sterile cooking of drugs.

SDMD

Scottish Drug Misuse Database

Tier 3

Tier three interventions include, community-based specialised alcohol and drug assessment, coordinated care-planned treatment and alcohol and drug specialist liaison.

Tier 4

Tier four interventions include the provision of residential specialised alcohol and drug treatment.

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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 Summer 2024.

Open data

Data from this publication will be 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

Policy Context

For information on the development and purpose of the Scottish Drug Misuse Database (SDMD) please refer to Appendix 1 of the **final SDMD report**[xxiv].

The Drugs Strategy Delivery Commission (DSDC) was established in 2009 to monitor and assess the delivery of Scotland's national drugs strategy 'The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem'. In 2013, the DSDC published the Independent Expert Review Of Opioid Replacement Therapies In Scotland which stated that Scotland required a coordinated national approach to collecting data on substance use problems in order to deliver improved treatment and recovery outcomes. Reflecting these aims, ISD (now part of PHS) were commissioned by Scottish Government to develop an integrated drug and alcohol information system which amalgamated the functions of the SDMD and Drug & Alcohol Treatment Waiting Times database (DATWT). The product developed to address this requirement was the Drug and Alcohol Information System (DAISy).

The Scottish Government's new drug and alcohol treatment strategy Rights, Respect and Recovery (RRR), launched in November 2018, reiterated their commitment to improving data on treatment outcomes. Commitment R9 to 'improve our public health surveillance and ensure that service design is informed by data, intelligence and academic evidence', includes an action for Scottish Government to 'work with local areas to implement DAISy and also to develop reports which inform our understanding of the impact of treatment services at a local and national level'.

[xxiv] https://publichealthscotland.scot/publications/scottish-drug-misuse-database/scottish-drug-misuse-database-overview-of-initial-assessments-for-specialist-drug-treatment-202021/

The Scottish Government's 2018 strategy 'Rights, Respect and Recovery' (RRR)[xxv] emphasised the commitment towards improving data on treatment outcomes via DAISy implementation. The Monitoring and Evaluation of Rights, Respect and Recovery (MERRR) framework, published by NHS Health Scotland (now part of PHS) in March 2020 brought a systematic, intelligence-led approach to the monitoring and evaluation of RRR and includes a number of indicators based on data from SDMD, DATWT, and DAISy[xxvi].

The Scottish Drug Deaths Taskforce (DDTF) was established in July 2019 by the Minister for Public Health and Sport following the Scottish Government's declaration that drug-related deaths were a public health emergency. In July 2022, the Taskforce published its final report[xxvii], and described progress against the six priorities it had identified:

1. Targeted distribution of naloxone

2. Immediate response pathway for non-fatal overdoses

[xxv] Improving Scotland's Health: Rights, Respect and Recovery (2018) **Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (www.gov.scot)**

[xxvi] Monitoring and Evaluating Rights, Respect & Recovery (MERRR) dashboard **https://scotland.shinyapps.io/phs-merrr/**

[xxvii] Drug Deaths Taskforce Final report, Changing Lives (July 2022) **Changing-Lives-updated-1.pdf (knowthescore.info)**

3. Optimising the use of Medication-Assisted Treatment (MAT) – ten MAT Standards[xxviii] to remove barriers to accessing treatment and improve treatment quality and outcomes are being implemented.

4. Targeting the people most at risk of drug-related death - making changes in areas such as commissioning and procurement of services, data sharing and integration between drug and other related services to improve outcomes.

5. Optimising public health surveillance - a drugs early warning system is in development by PHS[xxix].

6. Supporting those in the criminal justice system

Data from the Scottish Drug Misuse Database (SDMD), Drug and Alcohol Treatment Waiting Times (DATWT) and DAISy will be used to support the implementation of the MAT standards, development of the public health surveillance system and address other Taskforce priorities.

In January 2021, a National Drugs Mission was announced by the Scottish Government. The 'National Mission on Drug Deaths Plan 2022-2026'[xxx] describes the context of this initiative and the additional £50m funding for service improvements, local support organisations, residential rehabilitation, and children and families

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[xxviii] Medication Assisted Treatments (MAT) Standards for Scotland (May 2021) **medication-assisted-treatment-mat-standards-scotland-access-choice-support.pdf (www.gov.scot)**

[xxix] Rapid Action Drug Alerts and Response (RADAR) quarterly report (April 2023) **Rapid Action Drug Alerts and Response (RADAR) quarterly report - April 2023 - Rapid Action Drug Alerts and Response (RADAR) quarterly report - Publications - Public Health Scotland**

[xxx] Improving Scotland's Health: National Mission on Drug Deaths: Plan 2022-2026 **National Mission on Drug Deaths: Plan 2022-2026 (www.gov.scot)**

impacted by drug use, available each year from 2021 to 2026. The National Mission builds upon the existing strategy (RRR) and established a further outcome framework with a cross-cutting emphasis on ensuring policy is 'Surveillance and data informed'.

Drug and Alcohol Information System (DAISy)

The Drug and Alcohol Information System (DAISy) is a national database developed to collect drug and alcohol referral, waiting times and outcome information from staff delivering specialist drug and alcohol interventions. The objectives of developing a single system were to enhance the quality and completeness of the data available on treatment for problematic drug use and to start the collection of alcohol treatment data, while reducing the amount of data entry required by staff working in ADPs and specialist treatment services.

DAISy gathers key demographic and outcome data on people who engage with drug/alcohol treatment services. It enables a better understanding of the impact of drug/alcohol treatment services at both a local and national level and consequently will facilitate improvements in service planning and delivery.

On 1 December 2020, DAISy was implemented in four NHS Boards (Ayrshire & Arran, Dumfries & Galloway, Grampian, and Western Isles), with the remaining ten NHS Boards implementing DAISy on 1 April 2021.

For further information about DAISy, please go to https://publichealthscotland.scot/our-areas-of-work/substance-use/data-and-intelligence/drug-and-alcohol-information-system-daisy

Acknowledgements

Appendix 2 – Data quality

This publication reports on individuals starting treatment for alcohol or drug use or co-dependency. Service users who consent to their treatment details and assessments being recorded on DAISy are assigned a unique service user ID. This ID was implemented to allow episodes of care over time within individuals to be linked.

All service users are periodically sent for CHI-seeding to enable the de-duplication of individuals mistakenly assigned multiple service user IDs. This process has returned CHI details for 99% of service users included in this report.

In this report each individual is counted once within each geographic level (NHSScotland, NHS Board and ADP) and user type, on the basis of the person identifiable information provided (and subsequent CHI linkage). Therefore, an individual will only be counted once within each geography/user type/time period in spite of multiple valid assessments recorded on DAISy. However, if an individual attended services in different NHS Boards or ADP areas, or had assessments for different user types within a financial year, they may be counted in more than one geography or user type. Only the first assessment within each geography and user type is counted in each Financial Year.

Consent

DAISy has an implied consent model and all service users which approach a service provider for specialist alcohol and/or drug treatment should be entered on to the system. Public Health Scotland is not required to use consent for the sharing of data when we are delivering our public task which is covered by our responsibilities under the National Health Service Act 1978 and the Public Health Scotland Order 2019[xxxi]. The data processed within the DAISy system falls into this category. If a service user

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[xxxi] **https://www.publichealthscotland.scot/our-privacy-notice/organisational-background/**

objects to their personal data being processed in this way local procedures within drug and alcohol services must be followed and cases discussed with the service provider's Data Protection Officer. Where it has been agreed that a service user's personal data is not to be recorded through DAISy, other systems must be in place to allow recording of information for direct care and to fulfil any reporting requirements of their Service Level Agreement.

Free-text searching

A free-text data entry is required by DAISy when reporting 'other' types of illicit or prescribed drugs. In the majority of cases the free-text entered were 'street names' of illicit drugs, or brand names of prescribed drugs.

In the case of prescribed drugs, the free text was searched for specific branded drugs used for Opioid Substitution Therapy (OST). In January 2023 the DAISy data collection interface was updated to include 'prolonged release injectable buprenorphine' as a hard coded option. As this drug had been prescribed in Scotland prior to this date, free text entries were searched for reports prior to January 2023. The opportunity was also taken to ensure all brand names for OST drugs were assigned to the correct categories, allowing for improved estimates of numbers of service users already prescribed OST at the time of their initial assessment.

Area of Residence vs Area of Treatment

Both area of treatment and area of residence are recorded on DAISy, as a person may be assessed for treatment outwith the NHS Board or ADP in which they reside. The findings presented in this report are based on analysis by area of residence because this is thought to be of most value to the users of these statistics.

Completeness of the data (Workbook table 1.1) is presented by area of treatment, given it assesses the completeness of data supplied by services, rather than the individuals receiving treatment.

Units consumed by alcohol service users

Analysis of the DAISy data suggests that there has sometimes been a misunderstanding during assessments when recording the number of units of alcohol service users consume. In some instances, the number of units reported on a typical drinking day exceeds the number of units reported on the heaviest drinking day. Where this has occurred, the figure reported for the number of units consumed on the heaviest drinking day has been used as an estimated 'typical drinking day' figure when calculating summary statistics. The median number of units, as opposed to the mean number of units, has been used as the metric for comparison. This is because the number of units consumed across service users, using the methodology described, results in a right-skewed distribution where the median is lower than the mean. The use of the median is an attempt to mitigate against the inclusion of figures associated with some users' heaviest drinking days.

Appendix 3 – Publication metadata

Publication title

Drug and Alcohol Information System - Overview of Initial Assessments for Specialist Drug and Alcohol Treatment 2021/22 and 2022/23

Description

This publication presents information on initial assessments for specialist drug and alcohol treatments recorded in the Drug and Alcohol Information System (DAISy). Information is presented for Scotland and by NHS Board/Alcohol and Drug Partnership (ADP) of residence for 2021/22 and 2022/23.

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)

Date that data are acquired

22 May 2023

Release date

27 June 2023

Frequency

Annual

Timeframe of data and timeliness

Data published for assessments conducted up to 31 March 2023 and submitted by 30 April 2023.

Continuity of data

This is the first report using data sourced from the Drug and Alcohol Information System (DAISy).

Revisions statement

Data from the most recent year is considered provisional and subject to revision in future publications.

Data are subject to routine quality assurance checks and may be revised periodically to improve accuracy.

Revisions relevant to this publication

None

Concepts and definitions

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

Relevance and key uses of the statistics

Relevant to understanding problematic drug and alcohol use in Scotland. Statistics will be used for policy making and service planning.

Accuracy

Refer to **Section 1. Data quality and completeness** within this report.

Completeness

Refer to **Section 1. Data quality and completeness** within this report.

Comparability

Data on initial assessments for specialist drug treatment in Scotland between 2006/07 and 2020/21 were published as part of the **Scottish Drugs Misuse Database** publication series. No comparable data exists for specialist treatment for alcohol or co-dependency use.

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

The report is available as a PDF file with an interactive Excel workbook with drop down boxes. Notes have been added to ensure technical terms can be understood.

Value type and unit of measurement

Numbers and percentages.

Disclosure

The PHS protocol on Statistical Disclosure Protocol is followed.

Official Statistics designation

Official statistics

UK Statistics Authority Assessment

N/A

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Appendix 4 – 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

Appendix 5 – 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'.