Drug and Alcohol Information System

Overview of Initial Assessments for Specialist Drug and Alcohol Treatment 2023/24

An Official statistics release for Scotland

Publication date: 26 November 2024

| Translations | Easy read | BSL | Audio | Large print | Braille |

Translations and other formats are available on request at:

@ **phs.otherformats@phs.scot**

☏ **0131 314 5300**

Public Health Scotland is Scotland's
national agency for improving and
protecting the health and wellbeing
of Scotland's people.

© Public Health Scotland 2024

OGL

This publication is licensed for re-use
under the **Open Government Licence v3.0**.

For more information, visit
www.publichealthscotland.scot/ogl

www.publichealthscotland.scot

This is an Official statistics publication

Public Health Scotland has authority to produce official statistics on any matter in accordance with The Official Statistics (Scotland) Order 2008, The Official Statistics (Scotland) Amendment Order 2019 and the Statistics and Registration Service Act 2007.

All official statistics should comply with the UK Statistics Authority's Code of Practice which promotes the production and dissemination of official statistics that inform decision making. They can be formally assessed by the UK Statistics Authority's regulatory arm for Accredited official statistics status.

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards.

Alternatively, you can contact OSR by emailing **regulation@statistics.gov.uk** or through the **OSR website**.

Visit the UK Statistics Authority website for more information about the **Code of Practice** and **Official Statistics**.

Visit our website for **further information about our statistics and PHS as an Official Statistics producer.**

Contents

Introduction

The Drug and Alcohol Information System (**DAISy**) was implemented in 2020[i] 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 **Appendix 1** for further information on DAISy.

This report provides information on people starting specialist treatment for alcohol and/or drug use in financial year 2023/24.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 to 2023/24. SDMD data on specialist drug treatment services prior to 2021/22 can be found on the **PHS website**.

In this year's report, several changes were made to improve data quality, including a refined process for categorising free text entries for illicit and prescribed drugs. This change has improved the accuracy of data on prescribed medications (including Opioid Substitution Therapy (OST) drugs) in the Alcohol, Drug, and Co-dependency sections. Please see **Appendix 3** for further information.

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

---

[i] NHS Ayrshire and Arran, Dumfries and Galloway, Grampian, and Western Isles were early adopters of DAISy, submitting data from 1 December 2020. The remaining ten NHS Boards submitted data from 1 April 2021 onwards. 2020/21 data from early adopter Boards 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.

Main points

In 2023/24:

Initial assessments for 16,507 people accessing specialist alcohol and/or drug treatment were recorded on DAISy.

Demographics:

- People starting alcohol treatment had a higher median age (47 years) than people starting drug (36) or co-dependency (problematic use of alcohol and drugs) treatment (33).

- Almost one third (32%) of people starting treatment for problematic substance use were female (68% were male). The percentage of females was highest for people starting alcohol treatment (37%), followed by drugs (28%) and co-dependency (22%).

- Higher percentages of people starting treatment for co-dependency (13%) and drugs (12%) than for alcohol (1%) were in a prison/young offender institution at the time of their assessment.

Alcohol:

- The median age for when people deemed that their alcohol use became problematic was 30 years for males and 34 years for females.

- 89% of people starting alcohol treatment reported drinking in the month prior to their assessment. Spirits (36%) was the most commonly reported main drink type.

- 61% of people starting alcohol treatment who had consumed alcohol in the month prior to assessment reported drinking on a daily basis.

Drugs:

- Cocaine (30%) was the most commonly reported main drug used by people starting specialist drug treatment in Scotland, overtaking heroin (28%) for the first time since drug treatment reporting began.

- Of the people who reported using opioids in the previous month, 63% had a take-home naloxone kit (a medication to prevent fatal opioid overdoses) at the time of initial assessment.

- 10% of people reported injecting in the month prior to assessment, and 17% reported last injecting more than a month before.

Co-dependency:

- Spirits was the most common main alcohol type (30%) and cocaine the most common main drug (50%) reported by people starting treatment for co-dependency.

- Daily alcohol consumption was lower for the co-dependency cohort (29%) than the alcohol cohort (61%).

- 35% of people in the co-dependency cohort who reported cocaine as their main drug used it at least once a day. This was lower than for the drug cohort (48%).

Further main points are also shown at the beginning of the **Data Quality**, **Demographics**, **Alcohol**, **Drugs** and **Co-dependency** Sections.

Results and commentary

This report focuses on information provided by people presenting for initial assessment for specialist alcohol and drug treatment services in Scotland during financial year 2023/24.

In this report, two data items are used to determine if people who use services are recorded as part of the drugs, alcohol or co-dependency cohort.

1. People are classified according to substance type (alcohol, co-dependency, or drugs) associated with the referral which occurred closest to the date of the initial assessment.

2. The specialist treatment service regarded as the Primary Service Provider indicates the substance type for which each person is considered to be in treatment.

In the majority of cases these two ways of determining substance type provide consistent results. However, since DAISy data collection began there have been five individuals for whom these data items did not agree - these cases were manually recoded. For this reason, some questions in the Alcohol, Drug or Co-dependency sections may include missing data.

For this year's report, improvements to the process for categorising free text entries for prescribed drugs were implemented, resulting in more accurate reporting of prescribed medications in the Alcohol, Drug, and Co-dependency sections. Due to this change, the results presented here should not be compared with those from previous reports. Please see **Appendix 3** for further details of this change.

Please note that throughout the **Demographics**, **Alcohol**, **Drug** and **Co-dependency** sections, the people described in this report are referred to as 'people with an initial assessment' or 'people starting treatment'. These terms are used interchangeably to refer to the sample of people engaging with specialist substance use treatment providers for whom data were submitted to DAISy. The **Data Quality** section below provides further information about their treatment journey and DAISy data completeness.

Section 1 - Data quality and completeness

Main points

- Initial assessments for specialist alcohol and drug treatment relating to 16,507 people were completed in 2023/24.

- Based on the number of referrals to services it can be determined that only 62% of assessments were entered into DAISy. Therefore, reported figures are based on a sample of the overall population of people who used services.

- Age-sex representativeness comparisons were conducted and we have determined these were adequately comparable for there to be sufficient confidence that this sample represents DAISy users overall.

- There are ongoing issues affecting DAISy data quality and completeness which PHS and service delivery partners are actively working to address.

Introduction

This section summarises data quality and completeness for the new reporting year of 2023/24, enhancements to analysis which affect data for previous years, and the representativeness of findings.

The treatment journey and DAISy

DAISy is a unique source of data on people accessing treatment for problematic substance use. It provides insights into their drug and alcohol use, health and social circumstances at the point when they contacted services for treatment

When a person approaches or is referred to a specialist drug or alcohol treatment service, staff assess whether the interventions they provide would be appropriate. If the service can provide help, a new episode of care is started. The DAISy data recording rules mean that initial assessments must be recorded on DAISy within eight weeks of the treatment start date.

Figure 1.1: DAISy treatment journey and published outputs

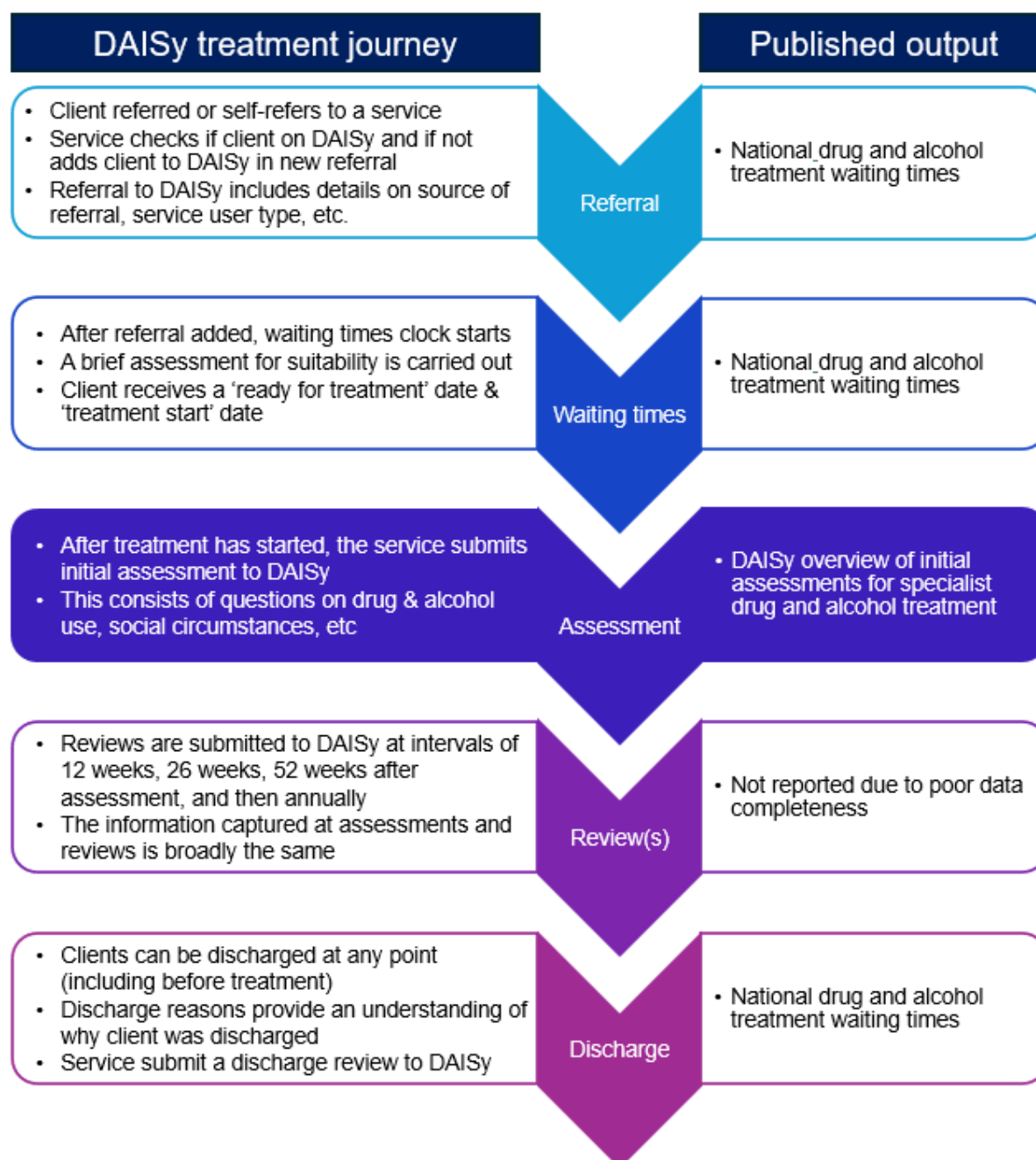| DAISy treatment journey		Published output
• Client referred or self-refers to a service • Service checks if client on DAISy and if not adds client to DAISy in new referral • Referral to DAISy includes details on source of referral, service user type, etc.	**Referral**	• National drug and alcohol treatment waiting times
• After referral added, waiting times clock starts • A brief assessment for suitability is carried out • Client receives a 'ready for treatment' date & 'treatment start' date	**Waiting times**	• National drug and alcohol treatment waiting times
• After treatment has started, the service submits initial assessment to DAISy • This consists of questions on drug & alcohol use, social circumstances, etc	**Assessment**	• DAISy overview of initial assessments for specialist drug and alcohol treatment
• Reviews are submitted to DAISy at intervals of 12 weeks, 26 weeks, 52 weeks after assessment, and then annually • The information captured at assessments and reviews is broadly the same	**Review(s)**	• Not reported due to poor data completeness
• Clients can be discharged at any point (including before treatment) • Discharge reasons provide an understanding of why client was discharged • Service submit a discharge review to DAISy	**Discharge**	• National drug and alcohol treatment waiting times

Figure 1.1 outlines key points in a person's journey from their referral to specialist alcohol and drug treatment services, through the assessment and treatment phases to their eventual discharge. It shows how these stages of the process align with the PHS publications that use DAISy data to describe the volume and type of referrals, waiting times for treatment, and the characteristics of people seeking treatment for problematic substance use.

Data completeness

There were 28,400 recorded episodes of care with a treatment start date in 2023/24, indicating that they were eligible to have an initial assessment recorded on DAISy. Of these, 17,715 (62%) were completed and entered into DAISy. This represents a decrease in overall data completeness of four percentage points compared to 2022/23 (66%). As recording of an assessment closes within eight weeks of the treatment start date, assessment completion rates for 2021/22 and 2022/23 cannot be improved.

As initial assessments were not recorded on DAISy for all eligible people, the information and findings presented within this report should be considered as based on a sample of the overall population of people who used services. This sample (62% for 2023/24) is termed the DAISy cohort for this report.

Assessment completeness varied by NHS Board of treatment. Figures for 2023/24 are shown in **Table 1.1**, alongside 2022/23 data for comparison (also see Workbook Table 1.2).

Table 1.1: Number and percentage of completed initial assessments by area of treatment (2022/23 and 2023/24)

NHS Board of Treatment[1]	Number of episodes of care eiligible[2] (2022/23)	Percentage complete[3] (2022/23)	Number of episodes of care eligible[2] (2023/24)	Percentage complete[3] (2023/24)
NHSScotland	27,541	65.7	28,400	62.4
NHS Ayrshire & Arran	1,963	87.5	1,839	83.9
NHS Borders	474	87.1	443	94.1
NHS Dumfries & Galloway	987	43.0	1,024	53.9
NHS Fife	1,499	71.0	1,383	67.5
NHS Forth Valley	1,636	93.4	1,661	90.5
NHS Grampian	1,971	94.4	2,068	92.1
NHS Greater Glasgow & Clyde	7,031	53.3	7,565	46.3
NHS Highland	1,273	52.7	1,277	48.5
NHS Lanarkshire	4,972	51.8	5,383	48.7
NHS Lothian	3,877	68.6	3,847	72.6
NHS Orkney	47	59.6	49	57.1
NHS Shetland	68	66.2	43	32.6
NHS Tayside	1,681	77.5	1,707	72.2
NHS Western Isles	62	91.9	111	49.6

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.

Analysis of the representativeness of the DAISy cohort compared to the population who were referred for treatment has been conducted (see **Tables 1.2** and **1.3** below). This indicates that the demographic profile (the age and sex groupings) of the people recorded on DAISy reflects the demographic profile of people known to have started treatment.

This means that, while findings cannot be presented with absolute certainty due to the number of assessments that were not submitted to DAISy, the completeness level and the representativeness of that sample means there can be sufficient confidence in the findings and commentary to present here.

Data representativeness

The extent to which the demographic profile of the people whose assessments were recorded on DAISy matches the profile of people known to have started treatment determines 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.

In 2023/24, age-sex group representativeness ranged from 66% to 78% (data for 2022/23 is also presented). Roughly similar percentages were recorded across age and sex groups, indicating that the sample of individuals with completed initial assessments was unlikely to be affected by bias.

Table 1.2: DAISy representativeness by age group, sex[1] and financial year (number of individuals, NHSScotland, 2022/23 and 2023/24)[2]

Sex	Age group	Total individuals eligible (2022/23)	Percentage complete (2022/23)	Total individuals eligible (2023/24)	Percentage complete (2023/24)
Males	Under 25	1,475	78	1,446	75
Males	25-34	3,900	73	3,796	73
Males	35+	11,375	66	11,291	65
Females	Under 25	607	74	603	74
Females	25-34	1,527	73	1,469	73
Females	35+	5,605	69	5,618	68
All persons	Under 25	2,090	77	2,066	75
All persons	25-34	5,435	73	5,285	73
All persons	35+	16,994	67	16,932	66

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 is used here to determine representatives. Individuals on DAISy may have multiple episodes of care.

Table 1.3 shows the representativeness of DAISy data by age group and user type for 2022/23 and 2023/24. Within each year, people in the same age group had 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, 2022/23 and 2023/24)

Financial year	Age group	Alcohol	Co-dependency	Drug
2022/23	Under 25	75	77	76
2022/23	25-34	72	72	73
2022/23	35+	67	67	66
2022/23	All persons	68	70	69
2023/24	Under 25	75	72	75
2023/24	25-34	71	70	73
2023/24	35+	65	65	66
2023/24	All persons	66	68	69

Considering Table 1.2 and Table 1.3, the 2023/24 data described in this report represented 78% of people aged under 25 years who were recorded as starting treatment, compared to 69% of people aged 35 years or over. Therefore, 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 aged 35 years and over. As differences across substance types were generally minor, the cohorts described in this report are considered sufficiently representative of the population known to have been assessed for specialist alcohol and drug treatment.

Data quality and commentary

This publication has previously adopted a convention whereby, if completeness in that area was lower than 50%, findings for that NHS Board were presented in data tables but not described in the report commentary. This was because low NHS Board completeness levels meant there was a higher probability that submitted data were

unrepresentative of the population in treatment, so more caution was required when making comparisons with other areas.

For this 2023/24 report, a more advanced approach has been taken[ii], whereby in addition to the convention outlined above, an NHS Board is not described within the report commentary if the completeness for any ADP within that NHS Board is below 50%[iii]. This will be the approach used in future annual reports unless the data quality and completeness situation changes enough to merit reconsideration.

For 2023/24, no NHS Boards were excluded on the basis of one or more constituent ADPs being under the 50% completion threshold. All excluded NHS Boards either contained a single ADP or all ADPs within the NHS Board were under the 50% threshold.

As a result of applying these criteria, five NHS Boards are not described in the narrative of this report:

- 2023/24: Greater Glasgow & Clyde, Highland, Lanarkshire, Shetland, and Western Isles.

For 2023/24, data completeness for NHS Lanarkshire was impacted by the completeness of data from hospital-based services. Please see **Appendix 1** for further information.

Note that all NHS Board figures, including where completeness is under 50%, are included in Scotland level figures and national level analysis.

[ii] Other options were explored, including making data quality exclusions at ADP level. However, NHS Board is regarded as the most useful geographical unit of analysis for readers of this report, and therefore remains the focus of actions to highlight data quality.

[iii] Note that figures for 2021/22 and 2022/23 are presented on the previous basis (50% completion regardless of ADP completion levels).

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 and are categorised in the Excel workbook. Where necessary this is noted in the narrative of this report.

Section 2 - Demographics

Main points

- People starting alcohol treatment had a higher median age (47 years) than people starting drug (36) or co-dependency (problematic use of alcohol and drugs) treatment (33).

- Almost one third (32%) of people starting treatment for problematic substance use were female (68% were male). The percentage of females was highest for people starting alcohol treatment (37%), followed by drugs (28%) and co-dependency (22%).

- Higher percentages of people starting treatment for co-dependency (13%) and drugs (12%) than for alcohol (1%) were in a prison/young offender institution at the time of their assessment.

- Of those starting treatment for all types of substance, 32% (5,286) reported having children aged under 16.

Introduction

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

Data collected from the first initial assessment within each financial year are used throughout. 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.

Number of initial assessments

In 2023/24, 24,658 people started specialist alcohol and/or drug treatment in Scotland, of whom 67% (16,507) had an initial assessment recorded on DAISy. Of these 16,507 people, 53% (8,682) started specialist treatment for alcohol; 36% (5,976) started specialist treatment for drug use, and 12% (2,058) started treatment for co-dependency[iv] (Workbook Table 2.1 and Figure 2.1).

Figure 2.1: Percentage of initial assessments for people starting treatment for alcohol, drug, or co-dependency by NHS Board (2023/24)
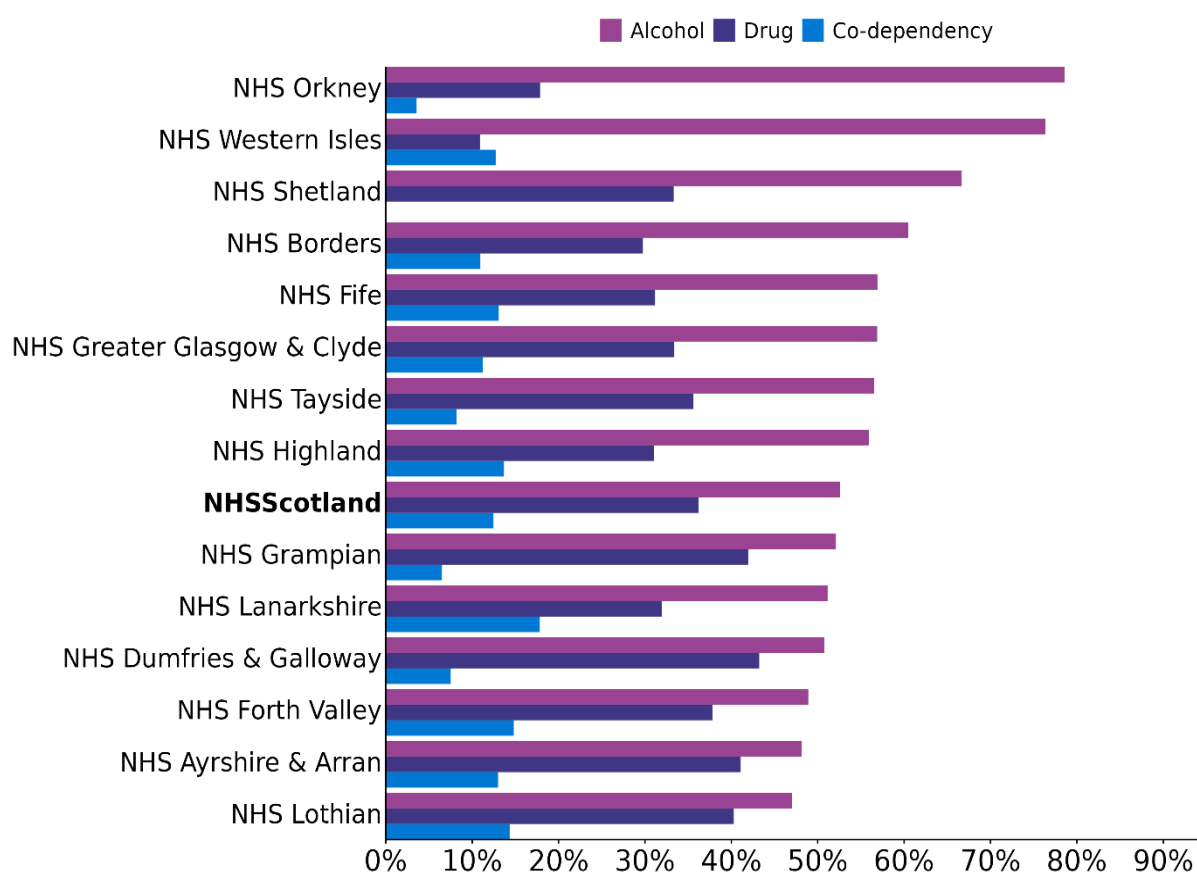
Source: Public Health Scotland

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

Nationally, the number of initial assessments recorded for people starting specialist treatment per financial year for alcohol and/or drug use remained relatively stable from 2021/22 to 2023/24, as did the percentages associated with each substance type.

Across all NHS Boards, and in all three financial years, alcohol was the substance most people started treatment for. Among the eight mainland NHS Boards subject to commentary[v], NHS Lothian had the lowest percentage of people starting treatment for alcohol use (47%; 1,207 individuals), while NHS Borders had the highest percentage (60%; 254).

Age profile

In 2023/24, the median age of people at their initial assessment for specialist drug or alcohol treatment was 41 years (Interquartile range (IQR[vi]): 32 to 51 years), varying by substance type.

People starting treatment for alcohol tended to be older, with a median age of 47 years (IQR: 37 to 56), compared to 36 years (IQR: 29 to 44) for people starting treatment for drugs, and 33 years (IQR: 27 to 41) for co-dependency.

The median age for people starting specialist drug or alcohol treatment increased from 40 to 41 years in 2022/23 as a result of the median age of the alcohol cohort having increased from 46 to 47 years. Age distributions among other substance type cohorts remained the same across all three years (Workbook Table 2.2).

---

[v] Excludes NHS Greater Glasgow & Clyde, NHS Highland and NHS Lanarkshire (see **Section 1 - Data quality and completeness**).

[vi] The interquartile range (IQR) measures the spread of the central 50% of the data for a given measure and shows the difference between the lowest and highest values in the middle of set of data. This is a useful means to demonstrate the variation in ages around the median age presented.

Figure 2.2 illustrates that the cohort of people starting treatment for alcohol was relatively evenly distributed across the 'middle' age groups with similar percentages of people aged 35-39, 40-44, 45-49, 50-54 and 55-59 years. In contrast, the age group profile for drugs and co-dependency shows a more well-defined peak in prevalence among people aged 30-34 years.

Figure 2.2: Age group at initial assessment by substance type and financial year (NHSScotland, 2021/22 to 2023/24)
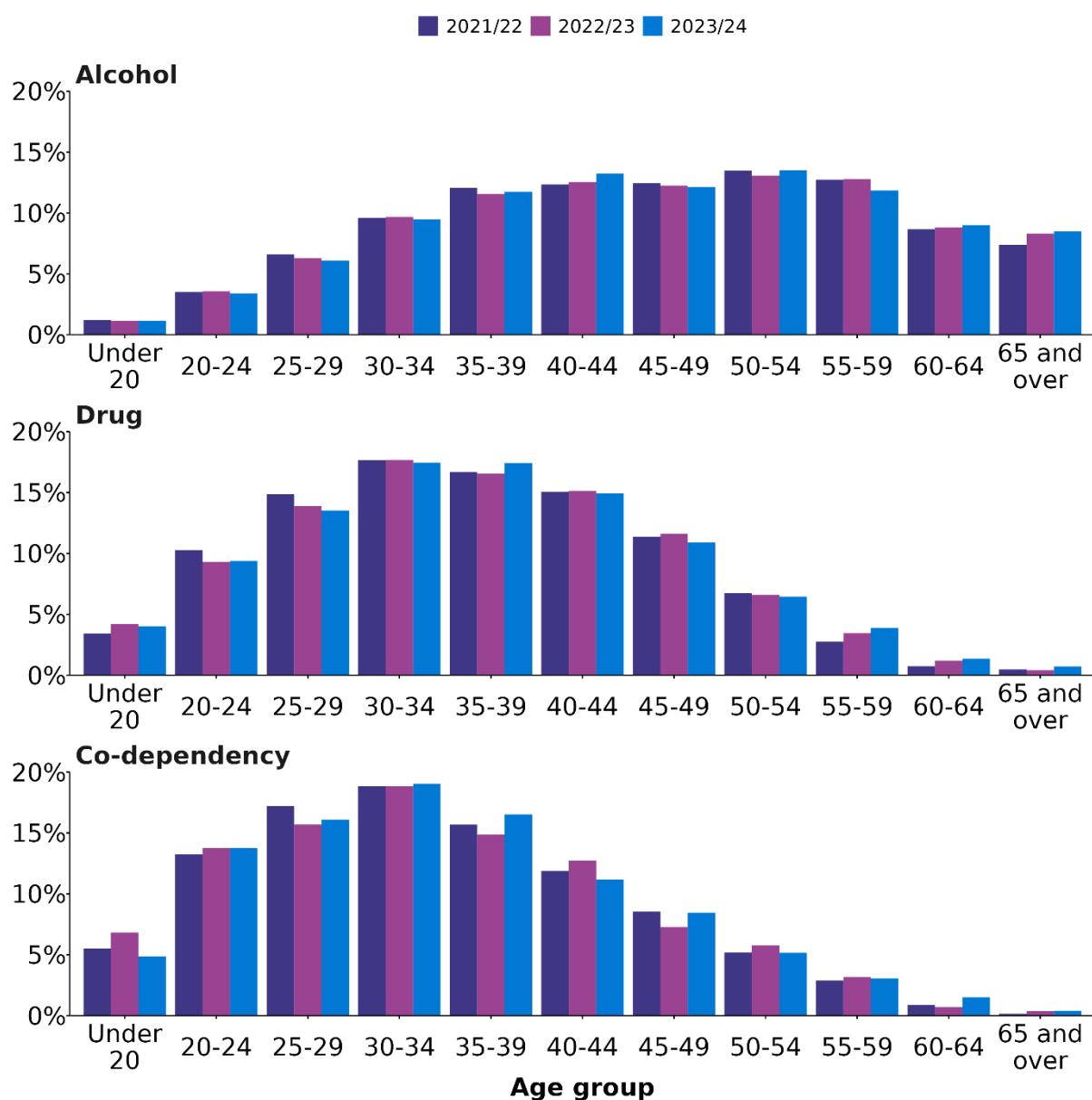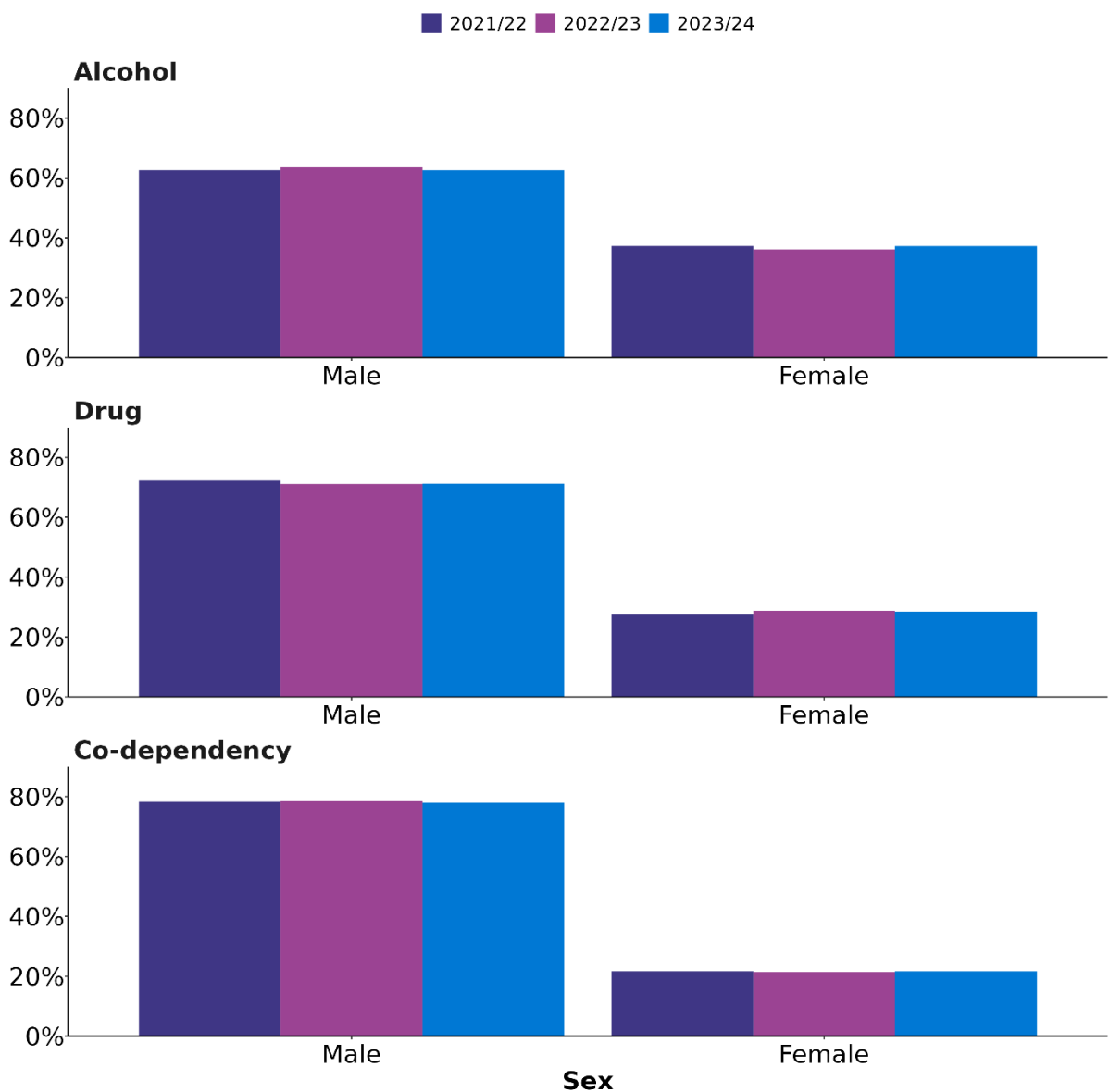

Source: Public Health Scotland

Sex profile

In 2023/24, males accounted for 68% (11,145) of people starting treatment for all types of substance while 32% (5,318) were female (Workbook Table 2.3). Fewer than 1% (44) of people had their sex recorded as 'Not known' or 'Not specified'.

As shown in Figure 2.3, the percentage of males starting treatment varied by substance type (alcohol: 63%; drug: 71%; co-dependency: 78%). The overall pattern was broadly similar across all three financial years.

Figure 2.3: Percentage of initial assessments by substance type, sex, and financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland

Ethnicity

People of 'White Scottish' ethnicity accounted for 64% (10,621) of people who started treatment in 2023/24. The 'White other British' and 'Other White' ethnic groups were the next most common at 6% (919) and 2% (320), respectively (Workbook Table 2.4). There was very little difference across the substance types or financial years.

DAISy allows ethnicity to be recorded as 'Not known'. In 2023/24, 27% (4,486) of people with an eligible initial assessment were of unknown ethnicity, similar to previous years. This has been identified as an area for improvement in data collection and recording. PHS is actively engaging with ADPs to raise awareness of issues affecting data quality and completeness. See **Appendix 2** for further information.

Health circumstances

Impairments

Impairments are conditions which may affect a person's ability 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. As is the case for ethnicity, impairments can be recorded as 'Not known'.

In 2023/24, 5% (743) of people starting treatment for substance use reported at least one impairment, while 31% (5,083) reported no impairments. The percentage of people reporting impairments was broadly similar across the substance types and during all three financial years (Workbook Table 2.5). However, the percentage of people with 'Not known' impairment status has increased from 62% in 2021/22 to 65% in 2023/24. This has also been identified as an area for improvement in discussions around data quality and completeness.

Tobacco and smoking

In 2023/24, details of tobacco use were recorded for 77% (12,758) of people starting treatment for substance use. Tobacco use was recorded as 'Unknown' for 23% (3,749) of people. The percentage recorded as 'Unknown' has reduced from 29% in 2021/22 and represents an improvement in the data collected.

Current tobacco use was more common among people starting treatment for co-dependency (53%; 1,097) and drugs (50%; 2,994) than for alcohol (38%; 3,318). The percentage of people reporting current tobacco use remained relatively stable within each substance type over the period 2021/22 to 2023/24 (Workbook Table 2.6.7).

Of the 7,299 people who reported current tobacco use, 7% (544) had been referred to a smoking cessation service. The percentage of current tobacco users who had been referred to a smoking cessation service has decreased year on year (2021/22: 10%; 2022/23: 8%; 2023/24: 7%).

Living situation and social circumstances

Employment status

In 2023/24, of the 16,507 individuals with an initial assessment recorded in DAISy, 42% (7,015) were unemployed, 5,278 (32%) were employed or in education/training, 2,128 (13%) were long term sick or disabled and 1,052 (6%) were in a prison, young offender institute (YOI) or young person (YP) secure unit (Workbook Table 2.6.1). Employment status was broadly similar over time.

The employment status profile of people starting alcohol treatment in 2023/24 was similar to the overall patterns described above, with 38% unemployed, 37% employed or in education/training and 14% recorded as long-term sick or disabled; only 1% were in a prison, YOI or YP secure unit (**Figure 2.4**).

Figure 2.4: Employment status of people starting treatment by substance type and financial year (NHSScotland, 2021/22 to 2023/24, top five categories)
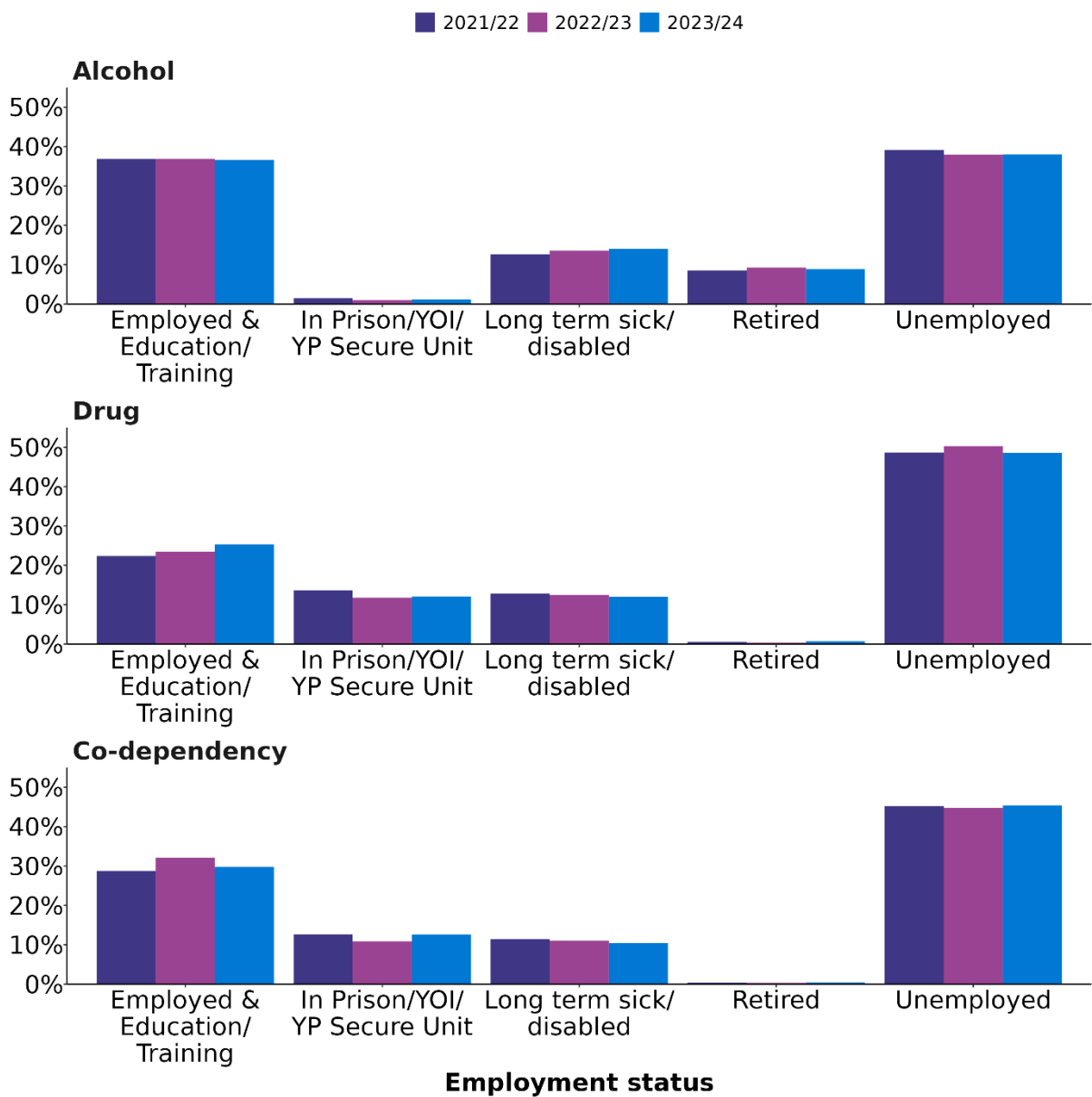
Source: Public Health Scotland

The profile of people starting treatment for drug or co-dependency had different characteristics, with higher percentages of people who were unemployed (drug: 49%; co-dependency: 45%) or in prison, YOI or YP secure units (drug: 12%; co-dependency: 13%).

Another notable difference between the substance types was the percentage of people recorded as retired, with a larger percentage being recorded for alcohol than

drug or co-dependency (alcohol: 9%; drug: 1%; co-dependency: 0%). This difference reflects the age profiles described in Workbook Table 2.1 and **Figure 2.2**.

Lives with other adults

People's living situation may have an influence on their health and wellbeing. In 2023/24, 44% (7,252) of people starting treatment for any substance type reported living with another adult[vii] (Workbook Table 2.6.2). There was little variation in the percentage of people living with another adult by substance type (44% for alcohol, 43% for drugs and 43% for co-dependency). Percentages were similar across the period 2021/22 to 2023/24.

In mainland NHS Boards, the percentage of people living with another adult was lowest in NHS Ayrshire & Arran (42%) and highest in NHS Fife (51%).

Accommodation status

In 2023/24, 86% (14,165) of people starting treatment for any substance type reported their accommodation status as owned or rented, with 6% (1,058) living in a prison/YOI/YP secure unit, 6% (1,022) recorded as homeless (either temporarily or roofless) and a further 2% (251) of people living in supported or 'looked after' accommodation (Workbook Table 2.6.3). Percentages were similar across the period 2021/22 to 2023/24.

There were differences in the accommodation status profiles for each substance type (**Figure 2.5**). In 2023/24, the percentage of people in owned/rented accommodation was higher among people starting treatment for alcohol (93%) than for drugs (78%) or co-dependency (76%), whereas there were higher percentages of people in prison/YOI/YP secure units among those starting treatment for drugs (12%) or co-dependency (13%) than for alcohol (1%).

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

Figure 2.5: Accommodation status of people starting treatment, by substance type and financial year (NHSScotland, 2021/22 to 2023/24)[1]
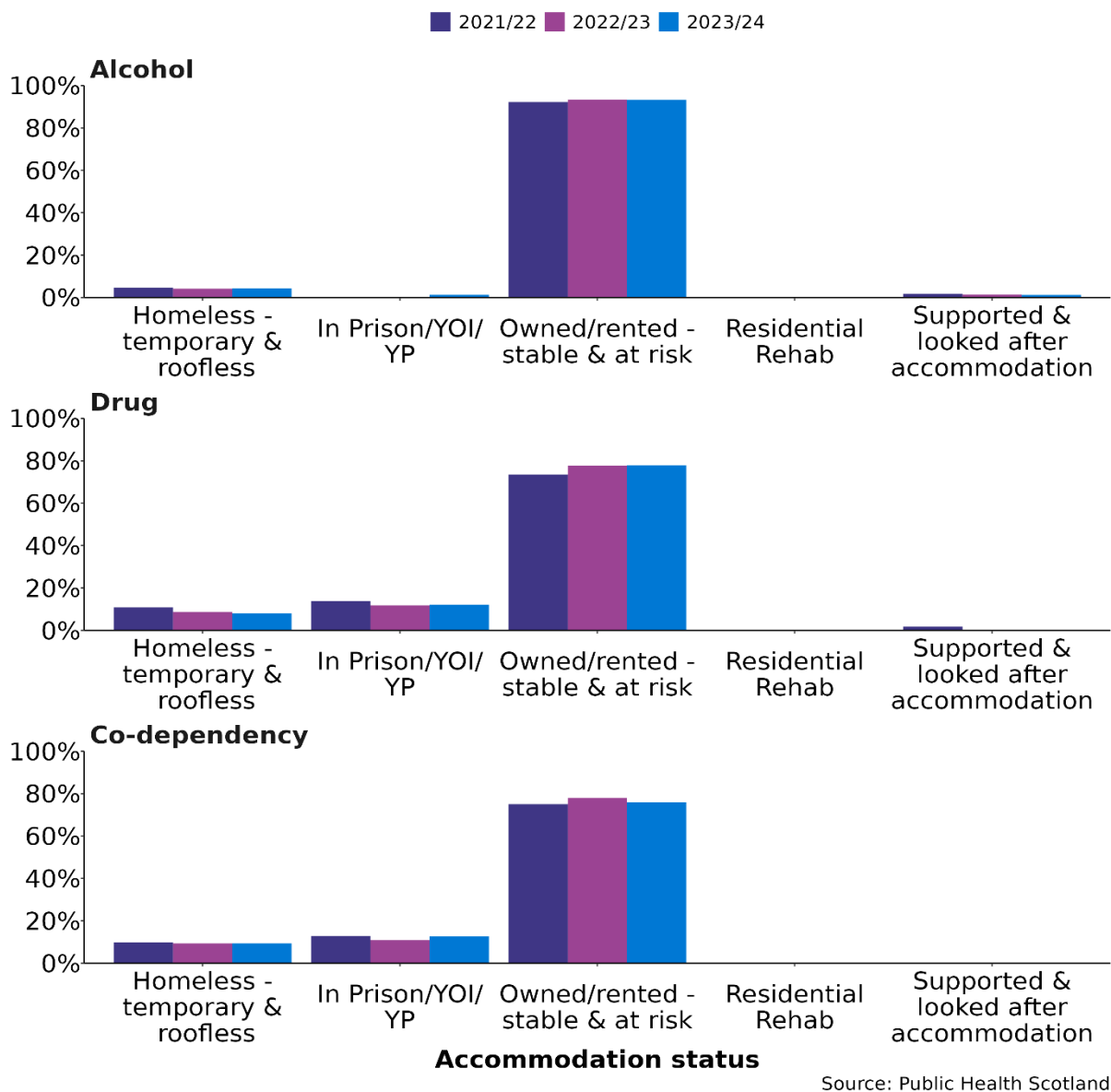
Source: Public Health Scotland

1. Not all residential rehabilitation providers submit data to DAISy, therefore this should not be considered a robust commentary on the initiative. Please see **Appendix 1** for more details about which services are reported on in DAISy.

The percentage of people recorded as homeless was around twice as high among those starting treatment for drugs or co-dependency compared to alcohol (alcohol: 4%; drug: 8%; co-dependency: 9%). There was little variation in the percentages within each substance type across the period 2021/22 to 2023/24.

Children and pregnancy

In 2023/24, 200 people (1%) 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). The percentage was the same in all three years.

Approximately one-third (32% to 33%) of people starting treatment for substance use reported having children aged under 16. Of these, 2,547 people (15%) reported having one child and 2,739 (16%) had two or more children. These patterns were similar in previous years.

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. In 2023/24, 7% (1,079) of people reported being in prison at the time of assessment. This percentage was broadly similar to previous years (2021/22: 7%; 2022/23: 6%). There was variation across substance types, with 13% of people (263) starting co-dependency treatment and 12% of people (736) starting drug treatment recorded as being in custody at the time of assessment, compared to 1% (115) for alcohol (Workbook Table 2.6.5).

Armed forces

In 2023/24, 3% (499) of people starting treatment for substance use reported ever having served in the armed forces, with a further 2% (322) not wishing to answer (Workbook Table 2.6.6). There was little variation in the percentages of people who reported serving in the armed forces across substance types (alcohol: 4%; drugs: 2%; co-dependency: 3%) and these figures remained the same over time.

For those who reported serving in the armed forces, data about their length of service were also collected. In 2023/24, 53% of veterans reported a length of service of up to four years and 47% reported having served for five years or more. These percentages showed little change over the period 2021/22 to 2023/24, however there

were differences across substance types. In 2023/24, lower percentages of veterans who started treatment for drugs or co-dependency had served for five years or more than was reported for alcohol (alcohol: 54%; drug: 34%; co-dependency: 30%). The higher percentage of people with longer periods of service among the alcohol cohort may reflect their higher median age, as described in Workbook Table 2.1 and **Figure 2.2**.

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 were some differences within the cohorts of people starting treatment at each setting. Key points are highlighted below.

Prisons

In 2023/24, of the 16,507 people who had an initial assessment, 6% (995) had their first initial assessment conducted by a prison-based service provider. There has been little variation in this percentage over the period 2021/22 to 2023/24.

Considering the different substance types in 2023/24, higher percentages of prison-based initial assessments were reported for people starting treatment for drug use (12%; 696) and co-dependency (12%; 244) than for people starting alcohol treatment (1%; 88). This pattern remained stable over the period 2021/22 to 2023/24.

The median age of people starting treatment for alcohol in prison was 37 years, ten years younger than those accessing treatment at community-based services (47 years) (data not shown in tables).

Hospital-based

Hospital-based substance use liaison teams provide specialist drug and alcohol treatment in acute hospital settings and represent an integration of community and acute secondary care services. Hospital-based liaison services are operational in all mainland NHS Boards, however data were only recorded on DAISy by four teams[viii], and initial assessments were submitted to DAISy by only one (see **Appendix 1** for more information). The majority of people accessing treatment via this service were starting treatment for alcohol. The cohort of people starting treatment for alcohol in hospital in 2023/24 had a median age of 53 years, six years older than those accessing treatment at community-based services (47 years) (data not shown in tables).

[viii] 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

Main points

- In 2023/24, 8,682 people started specialist alcohol treatment

- The median age at initial assessment was 47 years. The median age for males was 45 years whilst for females the median age was 48 years.

- The median age for when people deemed that their alcohol use became problematic was 30 years for males and 34 years for females.

- 89% of people starting alcohol treatment reported drinking in the month prior to their assessment. Spirits (36%) was the most commonly reported main drink type.

- 61% of people starting alcohol treatment who had consumed alcohol in the month prior to assessment reported drinking on a daily basis.

Introduction

In 2023/24, a total of 15,205 episodes of care for people starting specialist alcohol treatment in Scotland were eligible for an initial assessment, of which 9,247 (61%) were recorded on **DAISy**. These completed initial assessments related to 8,682 unique people.

Demographics

Age profile

As reported in **Section 2 - Demographics**, the median age for people starting alcohol treatment in Scotland was 47 years in 2023/24 (Workbook Table 2.2). However, the median differed by sex with females being slightly older. The median

age at assessment for males in 2023/24 was 45 years with an interquartile range[ix] (IQR) of 36 to 56 years whilst for females the median age was slightly higher at 48 years with an IQR of 38 to 57 years (data not shown in tables). These figures were broadly the same as in the previous year.

Sex profile

Among people starting specialist alcohol treatment in Scotland, the percentage of females was 37% in 2023/24 compared with 36% in 2022/23 (Workbook Table 2.3).

Alcohol use

Age at first use and onset of problematic use

In 2023/24, 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). These figures were the same as those reported for 2022/23.

Females reported higher median ages for when they first consumed alcohol and when they deemed their alcohol use to be problematic. In 2023/24 the median age for first consuming alcohol was 17 years for females and 16 years for males. The median age for when people deemed their alcohol use to be problematic was 34 for females with an IQR of 24 to 45 years and 30 years for males with an IQR of 21 to 40 years. The median figures for the previous financial year (2022/23) for both males and females were the same as 2023/24 (data not shown in tables).

[ix] The interquartile range (IQR) measures the spread of the central 50% of the data for a given measure and shows the difference between the lowest and highest values in the middle of set of data. This is a useful means to demonstrate the variation in ages around the median age presented.

Main drink type

In their initial assessments, people who use alcohol services are asked to report their alcohol use history and the types of alcohol they consume. Up to seven drink types can be recorded on DAISy, with one drink type nominated as the 'main drink'. Examining the main drink type reported provided 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 were beer, spirits, wine, fortified wine, ready to drink, cider and perry, and 'other'. Since reporting via DAISy commenced, spirits, wine, and beer have been the most commonly reported main types of alcohol consumed. Due to the small numbers of people who reported fortified wine, ready to drink, cider and perry, and 'other' as their main drink, these four types were aggregated into an overall 'other' category for the purposes of this report narrative[x].

In 2023/24, of the 8,682 people with an initial assessment recorded on DAISy for alcohol treatment, 89% (7,732) 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% (2,788) reported mainly drinking spirits, 25% (1,903) reported mainly drinking wine, 23% (1,814) reported mainly drinking beer, and 16% (1,227) reported mainly consuming other[xi] drink types (Workbook Table 3.4).

There were differences between the sexes when reporting the main types of alcohol consumed (**Figure 3.1**). In 2023/24, males (32%; 1,565) were more likely than

---

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

[xi] PHS is aware of a data quality issue which may have resulted in the over-reporting of 'Other' as the main drink type for people who use alcohol services who were assessed by the WithYou service provider. This has a minor effect on national level figures, a small effect on some Boards and a more significant effect on figures for NHS Borders. See Workbook Table 3.4 for more details.

females (8%; 245) to report beer as their main recent drink type. Conversely, females (41%; 1,178) were more likely than males (15%; 721) to report wine as their main drink type (data not shown in tables).

Figure 3.1: Main type of alcohol consumed by sex (NHSScotland, 2023/24)

Source: Public Health Scotland
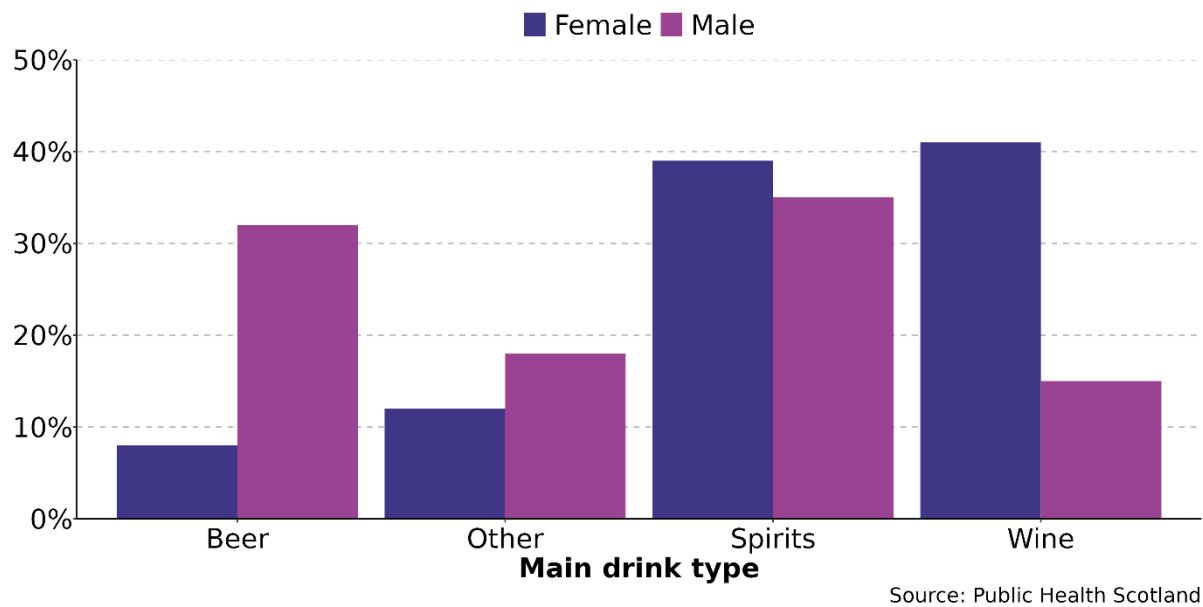
Main drink type by area

In 2023/24, seven of the eight mainland NHS Boards subject to commentary[xii] reported spirits as the most common main drink type among people who reported recent alcohol use. The percentage varied across NHS Boards, ranging from 28% in Dumfries & Galloway to 42% in Grampian (Workbook Table 3.4).

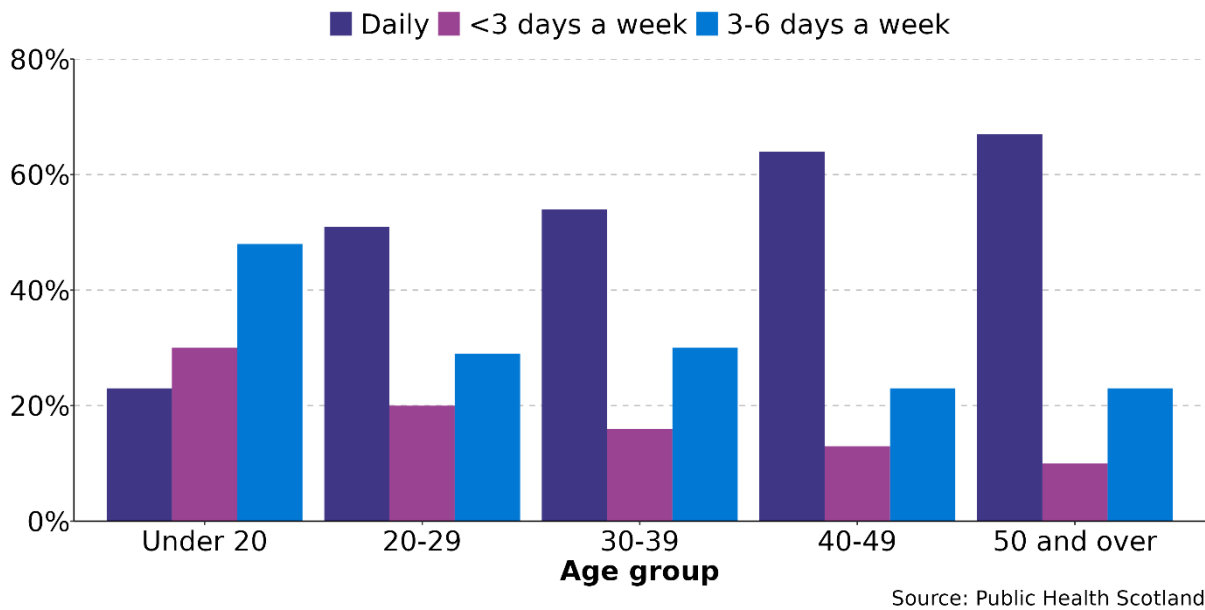**Frequency of alcohol consumption**

During assessment, people who use alcohol services are asked about their drinking behaviours including the frequency with which they consume alcohol. In 2023/24,

---

[xii] Excludes NHS Greater Glasgow & Clyde, NHS Highland and NHS Lanarkshire (see **Section 1 - Data quality and completeness**).

61% of people with a recent history of alcohol use reported drinking on a daily basis representing a slight increase from the figure of 59% in 2022/23 (Workbook Table 3.5). Alcohol consumption frequency habits for males and females were broadly similar, however differences between age groups were observed.

Figure 3.2 shows the percentage of people who used alcohol services by drinking frequency and age group for 2023/24. For all age groups except those aged under 20, daily drinking was the most commonly reported drinking frequency and it was observed that daily drinking became more frequent as age increased. People aged under 20 years most commonly reported drinking on three to six days per week.

Figure 3.2: Frequency of alcohol consumption by age group (NHSScotland, 2023/24)

Source: Public Health Scotland

Frequency of consumption by area

In 2023/24, daily drinking was the most common frequency of consumption for people reporting recent alcohol use in all eight of the mainland NHS Boards subject to commentary, ranging from 53% (249) in Fife to 84% (212) in Borders (Workbook Table 3.5).

Units of alcohol consumed

In addition to being asked about their frequency of drinking, people who use alcohol services are also asked about the number of units they consume in a 'typical drinking day' and the number of units consumed on their heaviest drinking days.

To produce comparable results, the number of units consumed by each person in a typical drinking week was 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.

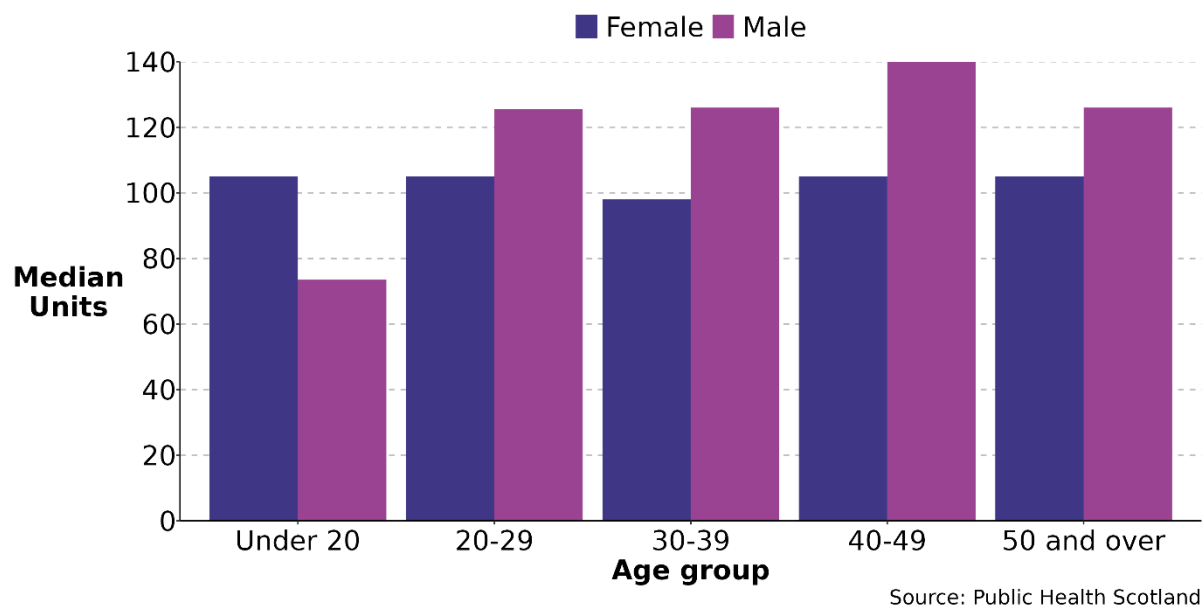**Units of alcohol consumed by age and sex**

The median number of units consumed per week for people seeking specialist alcohol treatment who reported recent alcohol use during 2023/24 was 116[xiii]. This was very similar to the equivalent figure reported in 2022/23 (113 units).

Differences in the median number of units consumed were apparent when analysed by sex and age group. In 2023/24, the median figure for males was 128 units per week whilst the equivalent median figure for females was 105 units per week. Similar figures were observed in 2022/23 (Workbook Table 3.6). Males had higher median values for weekly units consumed across all age groups with the exception of people aged under 20 years (see **Figure 3.3**).

[xiii] '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 (NHSScotland, 2023/24)

Source: Public Health Scotland

Units of alcohol consumed by area

In 2023/24, of the eight mainland NHS Boards subject to commentary the highest median number of alcohol units consumed was reported by NHS Borders where the figure was 140 units. NHS Dumfries & Galloway reported the lowest median figure of 84 units (Workbook Table 3.6).

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 this report, figures for current prescriptions have been refined following data quality checks. Specifically, errors in the categorisation of free text entries were identified and resolved. As a result, the figures presented below should not be compared with those from previous DAISy reports. For more information, please see **Appendix 3.**

In 2023/24, 14% (1,213 people) reported being prescribed at least one medication for the treatment of dependence. Thiamine was reported by 9% (742) of people starting treatment for alcohol use, 3% (301) reported being prescribed acamprosate and 2% (139) reported being prescribed disulfiram. These percentages were the same as those reported in 2022/23 (Workbook Table 3.7).

Section 4 - Drugs

Main points

- A total of 6,349 initial assessments recorded on DAISy were for people starting specialist drug treatment in Scotland.

- The median age at initial assessment was 36 years. Of those starting specialist drug treatment, 28% were female and 71% were male.

- Cocaine (30%) was the most commonly reported main drug used by people starting specialist drug treatment in Scotland, overtaking heroin (28%) for the first time since drug treatment reporting began.

- Of the people who reported using opioids in the previous month, 63% had a take-home naloxone kit (a medication to prevent fatal opioid overdoses) at the time of initial assessment.

- 10% of people reported injecting in the month prior to assessment, and 17% reported last injecting more than a month before.

Introduction

In 2023/24 there were 9,881 episodes of care for people starting specialist drug treatment in Scotland which were eligible for an initial assessment. Of these, 6,349 (64%) were submitted to DAISy (Workbook Table 1.1)[xiv]. These completed initial assessments related to 5,976 unique people (Workbook Table 2.1).

SDMD provides a historic comparison for people starting specialist drug treatment. In this section, reference to statistics from the **final SDMD report** published in May 2022 are 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

[xiv] The completion rate was lower in 2023/24 than in 2022/23 (67%).

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[xv].

Demographics

Age profile

SDMD reported that the median age of people starting treatment for drug use in Scotland gradually increased from 30 years in 2006/07 to 36 years in 2019/20.

As reported in **Section 2 - Demographics**, the median age for people starting drug treatment in Scotland continued to be 36 years in 2023/24, the same as in 2022/23 and 2021/22 (Workbook Table 2.2).

Sex profile

Since 2006/07, SDMD data has shown that around three in every ten people starting specialist drug treatment in Scotland were female (2006/07: 29%; 2019/20: 27%).

This pattern continued in 2023/24, with 28% (1,702) of people whose assessment for specialist drug treatment was recorded on DAISy recorded as female and 71% (4,257) as male. This was roughly the same as in 2022/23 and 2021/22[xvi].

[xv] 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.

[xvi] Percentages are based on totals that also include 'Unknown' and 'Not specified' categories which explains why the sum of the categories does not equal 100%. To reduce the risk of disclosure, the figures for these categories have not been itemised.

Living situation and social circumstances

Employment status

The percentage of people starting specialist drug treatment in 2023/24 who were reported to be unemployed was 49%. This was roughly the same as in 2022/23 (50%) and the most recent year of SDMD data (2019/20: 50%).

In SDMD results from 2019/20[xvii], 20% of the people starting specialist drug treatment were reported to be employed. This was slightly lower than in DAISy data (25% in 2023/24, and 23% in 2022/23)[xviii] (Workbook Table 2.6.1).

Drug use

Age at first use and onset of problematic use

In 2023/24, the median age reported for first using illicit drugs was 17 years - the same as in 2022/23 (17) and slightly higher than 2021/22 (16) (Workbook Table 4.1). Over time, the median age at which people reported first using drugs has gradually increased. SDMD data showed that the median age was 15 years between 2006/07 and 2018/19, rising to 16 years in 2019/20.

The median age when people felt their drug use became problematic was 22 years in 2023/24, unchanged from 2022/23 and 2021/22 (Workbook Table 4.2). Historical data were not collected in SDMD.

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

[xviii] In order to compare these data DAISy categories were combined to match SDMD. 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.

All reported drugs

In their initial assessment, people starting specialist drug treatment are asked to report their drug use history and the types of drugs they have used. 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, with specific drugs representing the majority within each category.
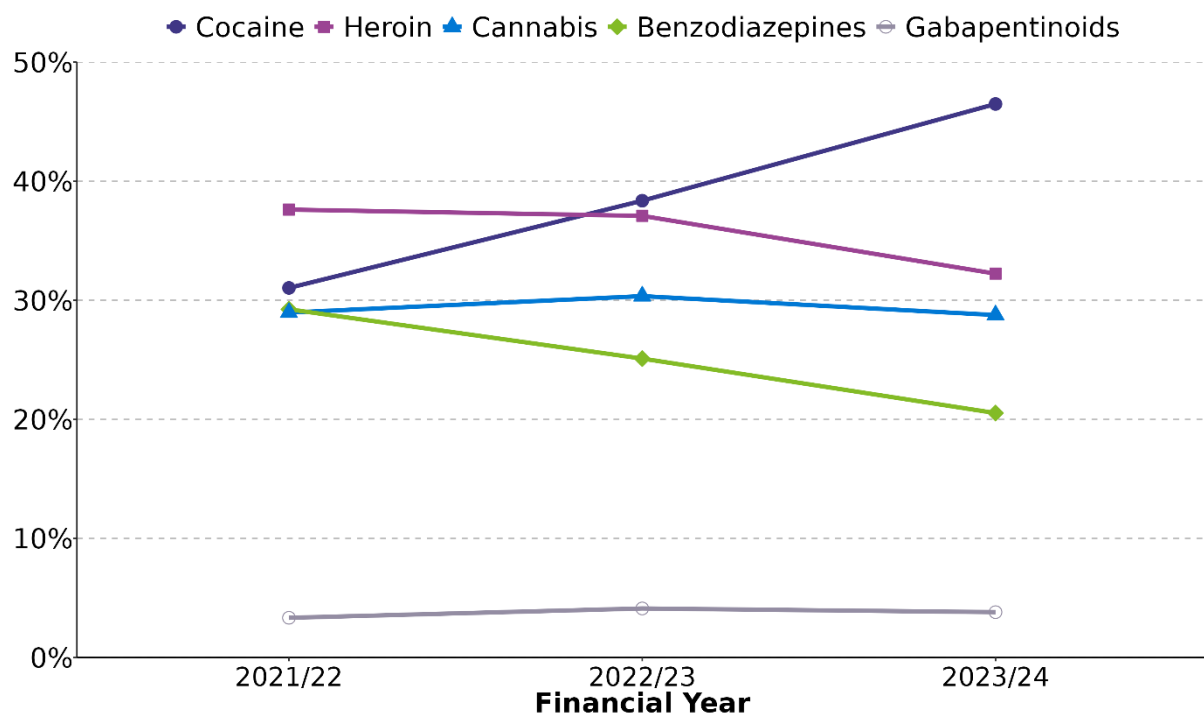
In 2023/24, illicit drug use in the month prior to initial assessment was reported by 85% (5,066) of the 5,976 people starting specialist drug treatment (Workbook Table 4.3). Stimulants were the most commonly reported drug category (48%; 2,457), followed by opioids (43%; 2,167), cannabinoids (29%; 1,481) and depressants (23%; 1,162). This was a change from 2022/23 and 2021/22 when opioids were the most commonly reported drug category, followed by stimulants (Workbook Table 4.4)

Among specific illicit drugs, cocaine was the most commonly reported drug in Scotland in 2023/24 with 46% (2,355) of people reporting recent use, followed by heroin (32%; 1,633), cannabis (29%; 1457), and benzodiazepines (21%; 1,040) (Workbook Table 4.4 and **Figure 4.1**).

Including SDMD data from 2006/07 to 2019/20, this marks the second consecutive year that cocaine was the most commonly reported drug, having overtaken heroin in 2022/23 (Workbook Table 4.4).

The percentage of people reporting recent use of heroin in 2023/24 was the lowest to date (32%). **SDMD** data show that the percentage of people reporting recent heroin use decreased steadily from 67% in 2006/07 to 42% in 2019/20. This reduction continued in DAISy data, with 38% of people reporting recent use of heroin in 2021/22 and 32% in 2023/24 (Workbook Table 4.4).

Figure 4.1: Recent use of specific drugs among people reporting illicit drug use by financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland

All reported drugs by area

In 2023/24, cocaine was the most commonly reported drug used in the month prior to assessment in all eight of the mainland NHS Boards subject to commentary[xix], ranging from 38% in Forth Valley to 52% in Borders. Heroin was the second most reported drug in five Boards. Cannabis was the second most reported drug in two Boards (Workbook Table 4.4).

This was in contrast to 2022/23 when heroin was the most commonly reported drug in four NHS Boards (Ayrshire & Arran; 44%, Forth Valley; 37%, Lothian; 42%, and Tayside; 51%). Cocaine was most common in Borders (47%) and Grampian (46%) (Workbook Table 4.4).

[xix] Excludes NHS Greater Glasgow & Clyde, NHS Highland and NHS Lanarkshire (see **Section 1 - Data quality and completeness**).

Main reported drug

People who use drug services report their 'main drug' during assessment. This is considered to be the substance for which people were seeking specialist drug treatment.

In 2023/24, among the 5,066 people reporting drug use in the month prior to assessment, cocaine was the most commonly reported main drug (30%; 1,538), followed by heroin (28%; 1,427), cannabis (18%; 936) and benzodiazepines (8%; 389). The percentage of people reporting cocaine as their main drug increased from 18% in 2021/22 to 22% in 2022/23, before reaching 30% in 2023/24 (Workbook Table 4.5 and **Figure 4.2**). This was a continuation of the increases seen in **SDMD** data (from 6% in 2006/07 to 21% in 2019/20).

In contrast, the percentage of people starting drug treatment who reported heroin as their main drug was the lowest to date. **SDMD** data reported a series of decreases from 63% in 2006/07 to 36% in 2019/20. In DAISy, the percentage of people reporting heroin as their main drug decreased further from 33% in 2022/23 to 28% in 2023/24 (Workbook Table 4.5).

In 2023/24, 18% (936) reported cannabis as their main drug, similar to percentages in 2021/22 and 2022/23 (both 20%) (Workbook Table 4.5). This was broadly similar to **SDMD** data (20% between 2011/12 and 2017/18 and 18% in 2019/20).

In contrast, the percentage of people reporting benzodiazepines was 8% (389) in 2023/24, a decrease from 2021/22 (13%) and 2022/23 (10%). There was no comparative **SDMD** data.

Figure 4.2: Main drug used among people reporting recent illicit drug use, by financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland
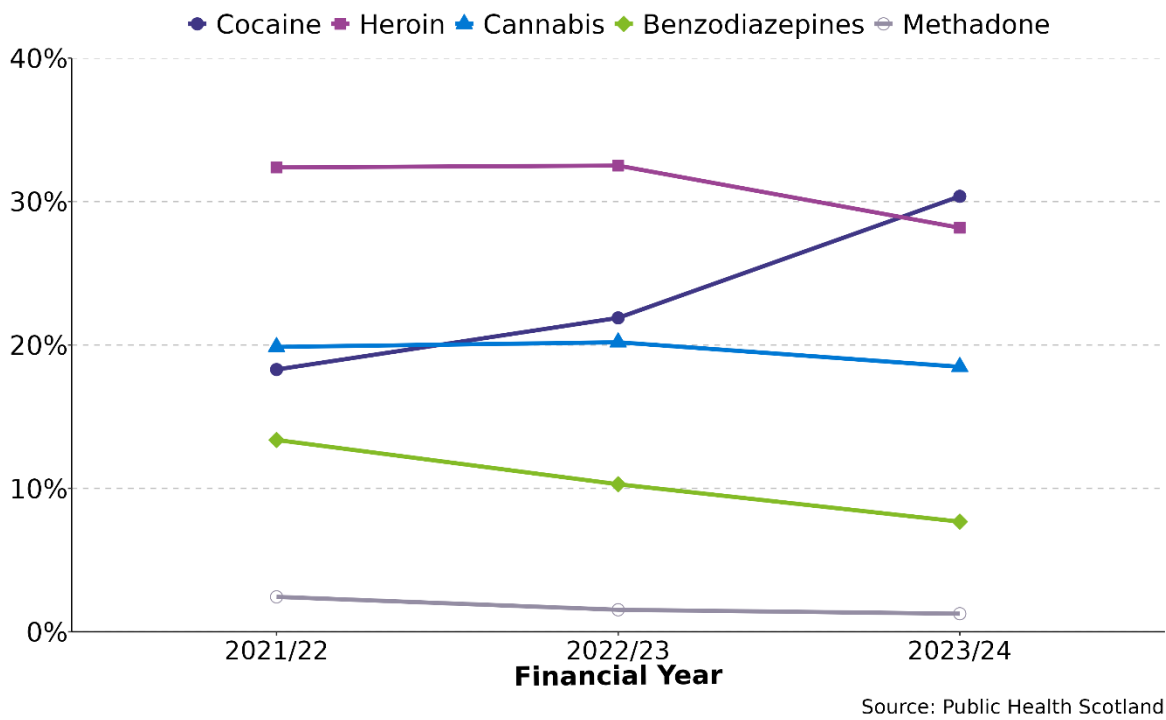
Main reported drug by area

In 2023/24, cocaine was the most commonly reported main drug in three of the eight mainland NHS Boards that are subject to commentary (see **Section 1 - Data quality and completeness**): Borders (42%), Fife (35%), and Dumfries & Galloway (30%). Heroin was most common in four other Boards: Ayrshire & Arran (40%), Tayside (39), Lothian (30%) and Grampian (27%). Heroin and cocaine were equally common main drugs in Forth Valley (26%) in the month prior to assessment (Workbook Table 4.5).

This was in contrast to 2022/23, when heroin was the most commonly reported main drug in six NHS Boards (ranging from 31% in Forth Valley to 47% in Tayside) and cocaine in one NHS Board (36% in Borders).

Opioids and stimulants profile

In 2023/24, stimulants (48%) and opioids (43%) were the two most commonly reported drug categories. The most commonly used drugs within these categories were cocaine (96% of all stimulants reported) and heroin (75% of all opioids) (Workbook Table 4.4).

This section presents findings on cocaine and heroin use, focusing on key demographics and routes of administration. This analysis describes differences in the profile of people reporting recent use of these drugs, which are important to consider given the recent shifts in drug use patterns described above. In particular, examining age and administration routes helps to identify patterns of dependency, risk behaviours, and areas for targeted interventions among these cohorts. Heroin is particularly associated with a high risk of overdose, physical dependency and withdrawal symptoms, and acute harms including overdose, and drug death.

Since problematic drug use has traditionally been more prevalent among younger populations, age groups are categorised as Under 25, 25-34, and 35 and over.

Cocaine
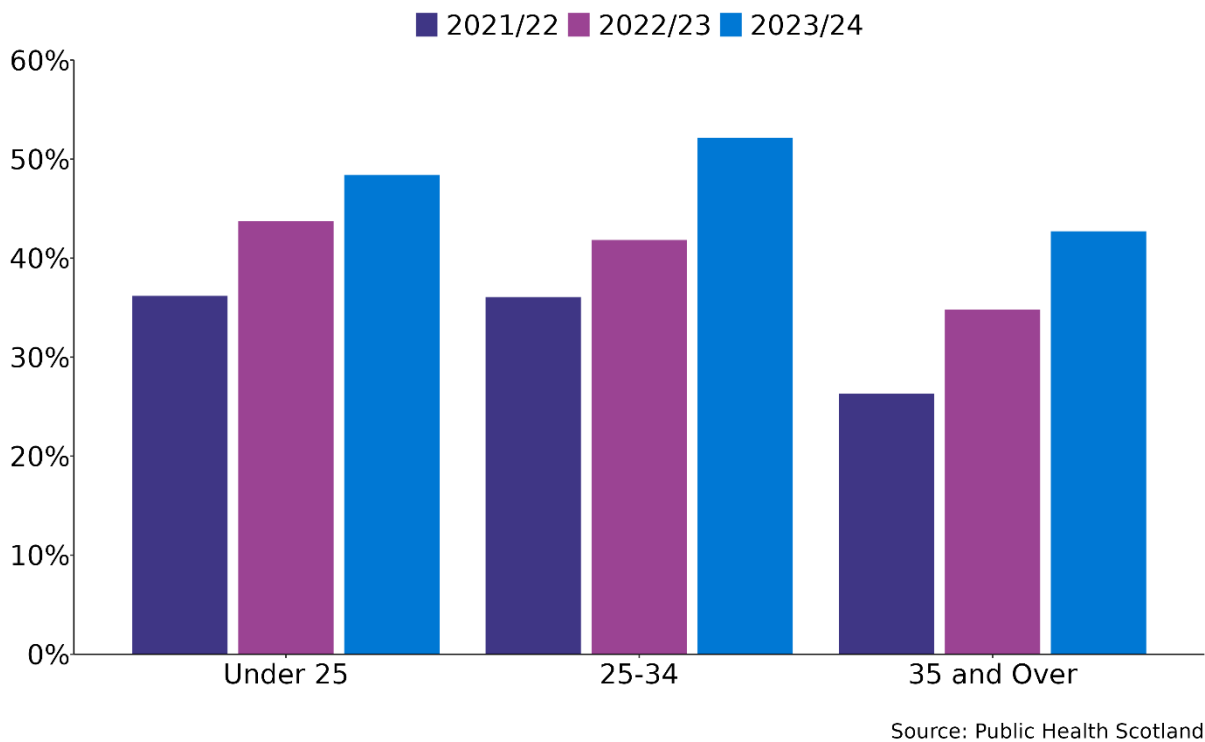
Age of people reporting any recent cocaine use

In 2023/24:

- Among people aged under 25 years who reported illicit drug use in the month prior to initial assessment, 48% (345) reported using cocaine, an increase from 36% in 2021/22 and 44% in 2022/23 (Workbook Table 4.10 and **Figure 4.3**).

- Recent cocaine use was reported by 43% (1,178) of people aged 35 years and older. This was an increase from 26% in 2021/22 and 35% in 2022/23.

Equivalent figures for previous years using **SDMD** data are not available.

Figure 4.3: Percentage of each age group reporting any recent cocaine use, by financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland

Route of cocaine use

Of the 2,355 people reporting cocaine use in the month prior to assessment in 2023/24, 58% (1,356) reported nasal consumption, 37% (863) reported smoking, and 6% (152) reported injecting[xx].The percentages of route of use of cocaine were broadly similar to 2021/22 and 2022/23 (Workbook Table 4.11 and **Figure 4.4**).

[xx] 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%.

Figure 4.4: Route of use for people reporting recent cocaine use, by financial year (NHSScotland, 2021/22 to 2023/24)
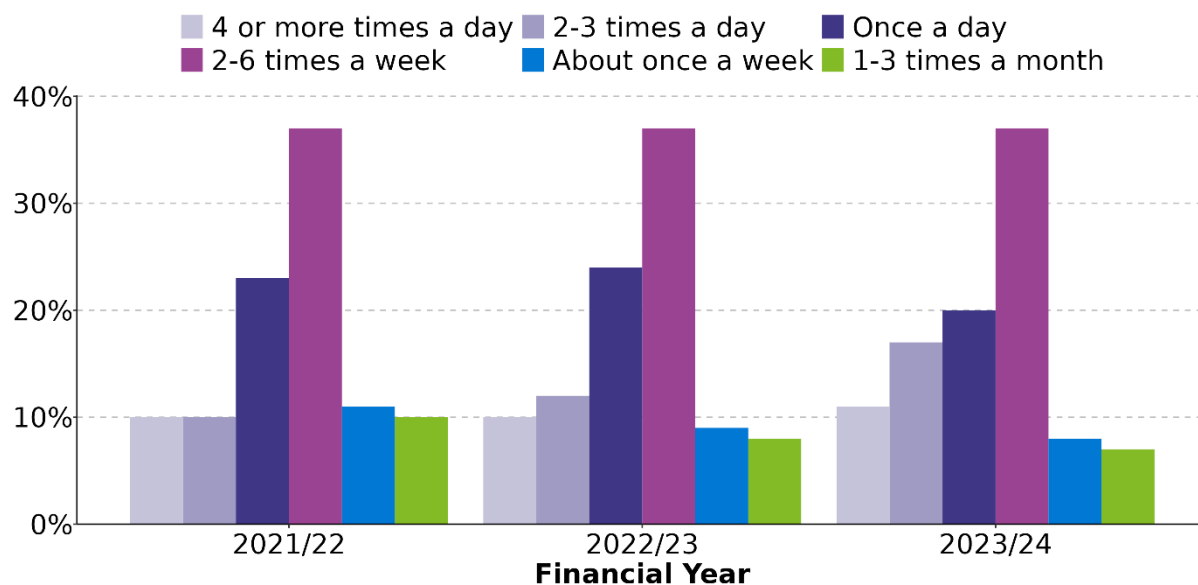

Source: Public Health Scotland
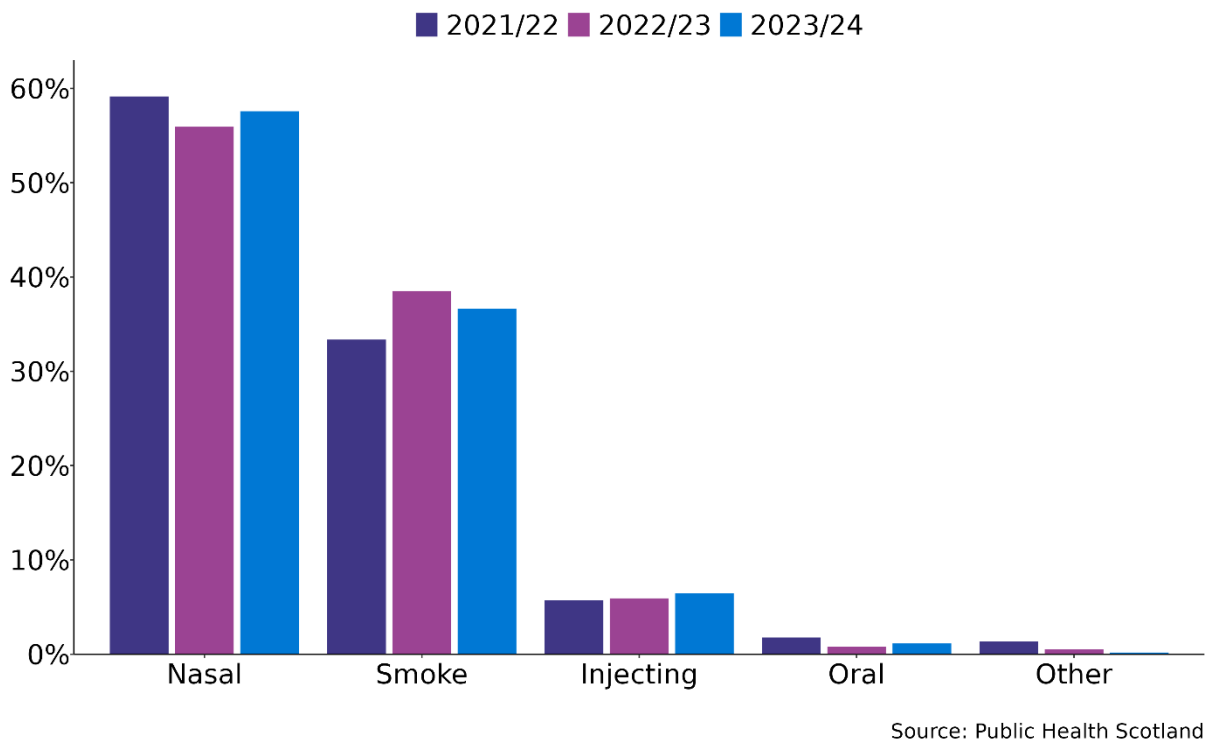
Consumption of cocaine

In 2023/24, of the 1,538 people who reported cocaine as their main drug[xxi], 37% (570) used it two to six times a week, 20% (307) used it once daily and 17% (254) used it two to three times daily. In total, 48% (735) of people who reported cocaine as their main drug used it at least once a day (Workbook Table 4.12 and **Figure 4.5**).

The percentage of people using cocaine two to six times a week remained stable at 37% across 2021/22, 2022/23 and 2023/24. Daily use (once a day) decreased slightly to 20% in 2023/24 compared to 24% in 2022/23.

[xxi] For this section, consumption data for main drug was used due to data quality and consistency issues when data on different types of cocaine use were compared.

Figure 4.5: Percentage of cocaine use frequency, by financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland

More frequent cocaine use increased in 2023/24, with 17% reporting use two to three times a day (from 12% in 2022/23) while the percentage using cocaine four or more times a day remained broadly similar at 10% to 11% each year.
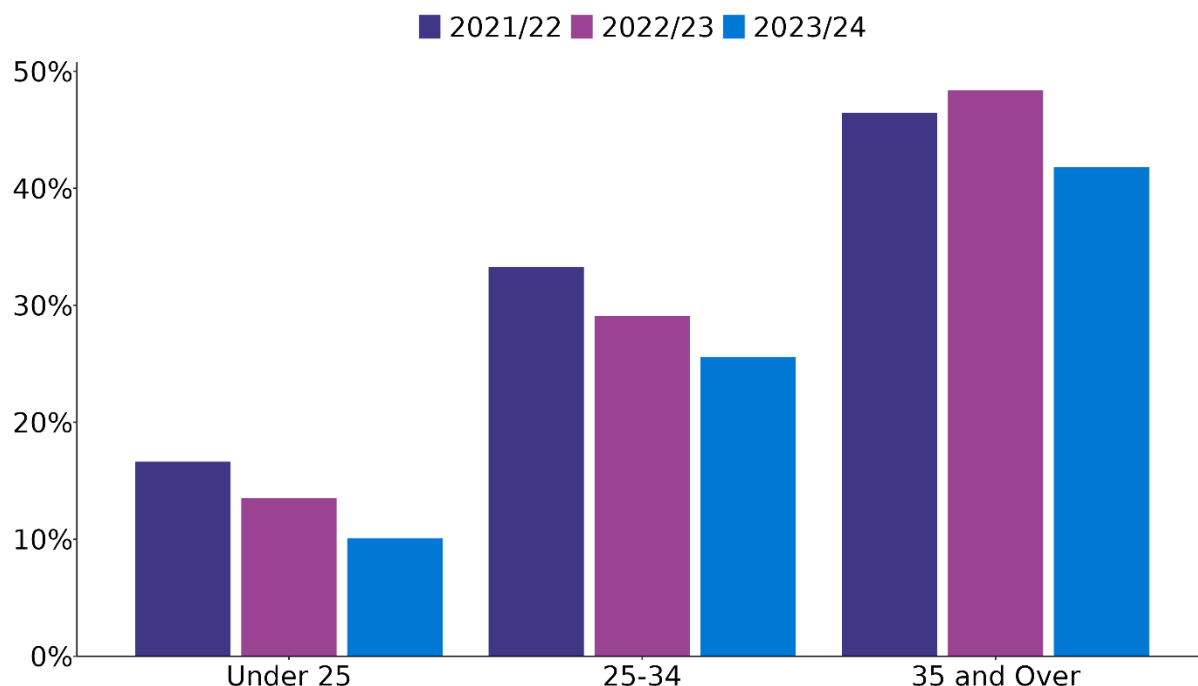
Heroin

Age of people reporting recent heroin use

Heroin use among people aged under 25 years has seen a substantial decrease over time. In 2006/07, SDMD data showed that 58% of people in this age group reported heroin use in the month prior to assessment. In 2023/24, DAISy data indicated this figure had decreased to 10% (72) (Workbook Table 4.6 and **Figure 4.6**).

Among people aged 35 years and older who reported using illicit drugs in the month prior to assessment, heroin use was recorded for 42% (1,153) in 2023/24, a decrease from 48% in 2022/23 (Workbook Table 4.6 and Figure 4.6). Historically, there had been a moderately decreasing trend in reported heroin use amongst this age group recorded in SDMD, from 66% in 2006/07 to 52% in 2019/20.

Figure 4.6: Percentage of each age group reporting any recent heroin use, by financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland

Route of heroin use

In 2023/24, out of the 1,633 people who reported heroin use in the month prior to initial assessment, 25% (402) reported injecting and 71% (1,155) reported smoking the drug. Route of use percentages for 2022/23 were broadly the same (Workbook Table 4.7). In comparison, **SDMD** data from 2019/20 showed that 22% reported injecting heroin either in the previous month or prior to the previous month[xxii].


[xxii] This percentage is for the route 'Injecting only' whereas the figures reported in the last **SDMD** report combines both 'Injecting only' and 'Injecting and other route'.

Consumption of heroin

In 2023/24, of the 1,427 people who reported heroin as their main drug[xxiii], 34% (491) used it once a day, 34% (487) used it two to three times a day and 19% (272) used it four or more times a day. These data show a markedly higher level of daily use of heroin than cocaine.

The percentage of people using heroin once daily remained broadly stable at 34% in 2023/24 compared to 31% in 2022/23. There was an increase in those using heroin four or more times a day to 19% in 2023/24 compared to 16% in 2022/23. In contrast, the percentage using heroin two to three times a day decreased slightly to 34% in 2023/24 from 39% in 2022/23 (Workbook Table 4.8 and Figure 4.7).

Figure 4.7: Percentage of heroin use frequency, by financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland
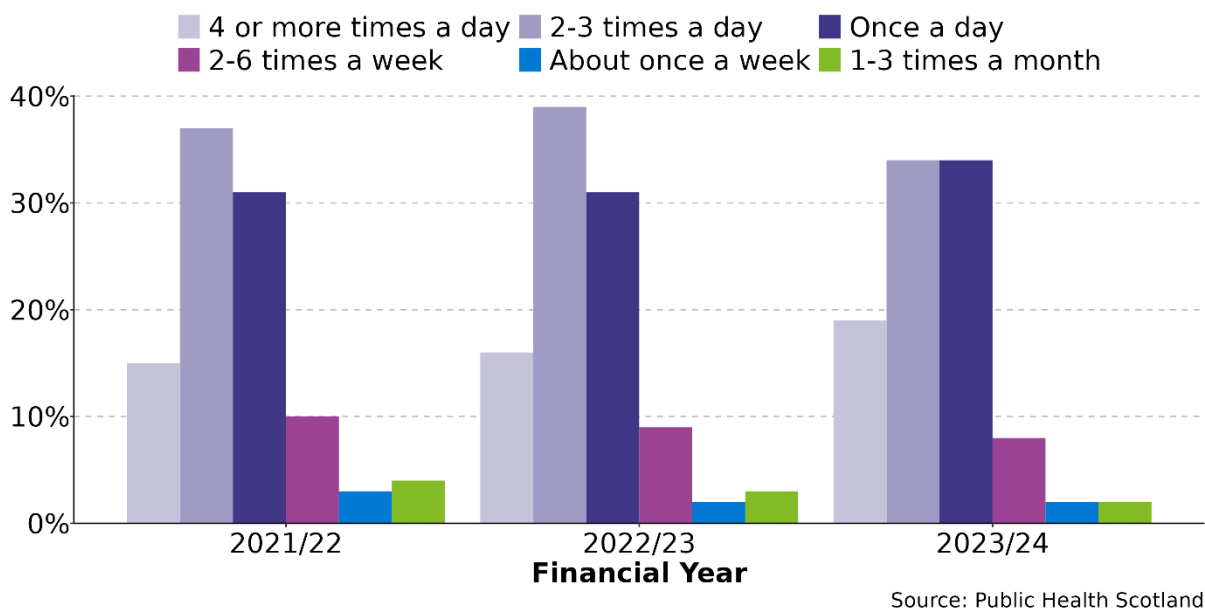
[xxiii] For this section, consumption data for main drug was used due to data quality and consistency issues.

Harm reduction among people reporting opioid use

Living alone

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

In 2023/24, 47% (1,023) of people who reported opioid use in the month prior to assessment did not live with another adult, while 42% did[xxiv]. The percentage who reported not living with another adult was lower than in 2022/23 (49%) (data not shown in tables).

Naloxone kits

When administered, naloxone reverses the effects of a potentially fatal overdose, allowing time for emergency services time to attend and provide further treatment. All territorial Scottish NHS Boards and Scottish prison establishments supply take-home naloxone kits free of charge to people who are likely to experience or witness an opioid overdose. For more details on Scotland's National Naloxone Programme please see the **PHS report**.

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 2023/24, 63% (1,363) of people reporting opioid use in the month prior to initial assessment reported having a take-home naloxone kit, an increase from 60% in 2022/23 (Workbook Table 4.9). The most common reason for not having a kit was

---

[xxiv] This question was not applicable for people under the age of 16, and those whose Primary Service Provider was a prison (11% in total).

that they declined to take one (76% of the 581 people), with no further details given on why they refused the naloxone kit.

Amongst all those who started treatment for drug use (including non-opioids), in 2023/24, 33% of people who used an illicit drug in the previous month reported having a naloxone kit (Workbook Table 4.9).

Injecting

This section of the report presents findings about the drug use behaviours of people starting specialist drug treatment. Specifically, injecting drugs and sharing 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 2023/24, 10% (614) of people starting treatment reported injecting in the month prior to initial assessment, while 17% (1,036) reported last injecting more than a month prior to assessment. Of those injecting in the month prior to assessment, the median age of first injection was 24 years, similar to 2022/23 and higher than 2021/22 (22 years) (Workbook Table 4.13).

In 2019/20, SDMD data showed that 11% of people reported currently injecting, 26% reported injecting in the past and 52% reported never injecting drugs. Injecting behaviour was not recorded for 12% (1,257 of 10,898), so caution is advised when comparing these results to the data above.
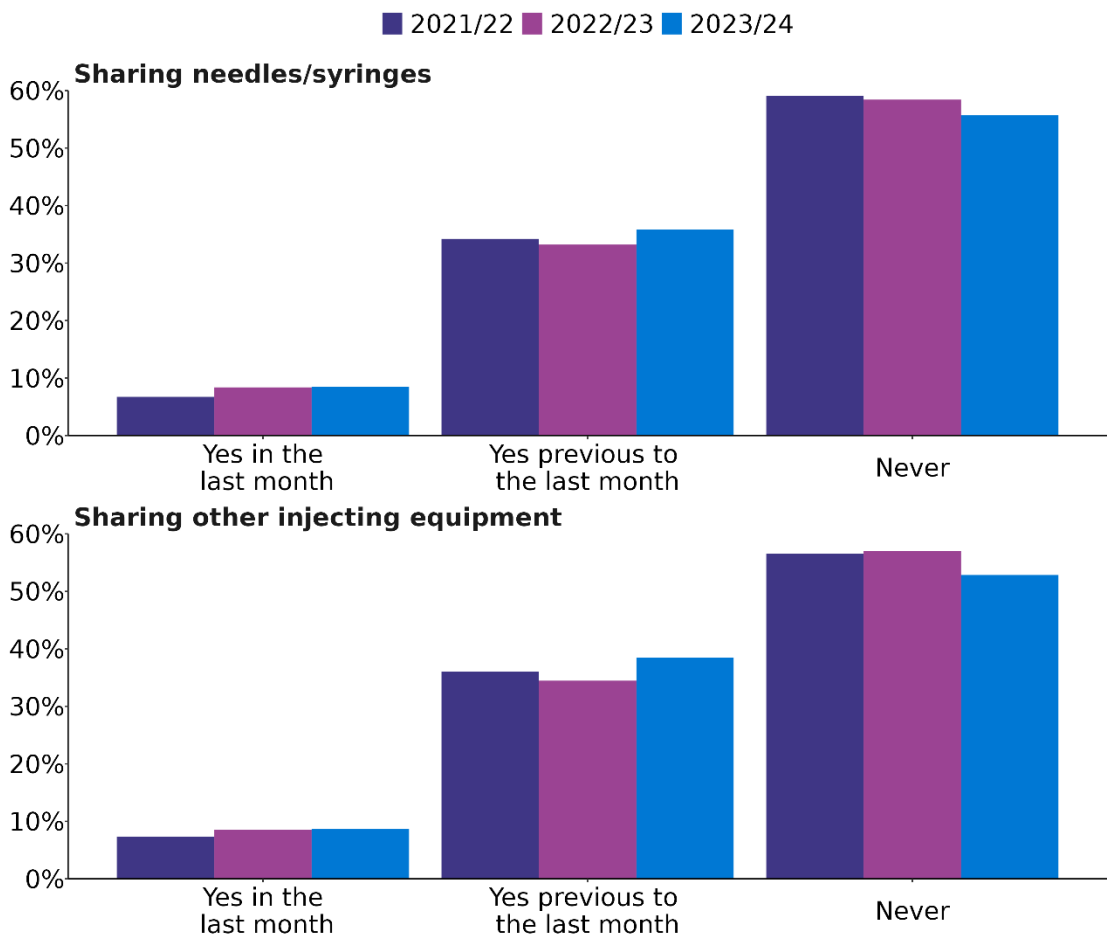
Sharing needles/syringes

In 2023/24, 8% (140 out of 1,650 people who reported ever injecting) shared injecting equipment in the previous month, 36% (591) shared equipment prior to that, and 56% (919) reported never having shared equipment. This was broadly similar to

2022/23 (8% recently shared equipment, 33% shared before that and 58% never shared equipment) (Workbook Table 4.14 and Figure 4.8).

In 2019/20, **SDMD** data showed that 5% reported currently sharing injecting equipment, 29% reported doing so in the past, and 62% stated they had never shared injecting equipment. The sharing of needles/syringes was missing for 4% of people reporting injecting drugs.

Figure 4.8: Sharing needles/syringes and other injecting equipment amongst people reporting ever injecting drugs by financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland

Sharing other injecting equipment

Other injecting equipment includes injecting-related equipment other than needles/syringes which are used for injection of drugs and can be shared between users, see the **Glossary** for more detail.

In 2023/24, of the 1,650 people reporting injecting drugs at any time, 9% (143) reported sharing other injecting equipment in the previous month, 38% (635) reported sharing other equipment prior to that, and 53% (872) reported never having shared other injecting equipment. Percentages were broadly similar for 2022/23 (Workbook Table 4.14 and **Figure 4.8**).

Using data from **SDMD**, in 2019/20, 6% of people reported currently sharing other injecting equipment, whilst 48% reported never sharing. The sharing of other injecting equipment was missing for 14% of people reporting injecting drugs.

Blood borne virus (BBV) testing

The risk of contracting blood borne viruses (BBVs) is higher amongst people who inject drugs than in other populations[xxv].

In DAISy, people who report injecting are asked further questions on BBV testing and vaccination status. This accounted for 1,650 people in 2023/24 (28% of all people starting treatment for drug use). Information on the results of BBV testing is not collected by DAISy.

All DAISy data are shown in Workbook Tables 4.15 and 4.16 and in **Figure 4.9.**

[xxv] **Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK (updated 2023)**

Figure 4.9: Percentage of people with BBV test or vaccination in the previous 12 months, by financial year (NHSScotland, 2021/22 to 2023/24)
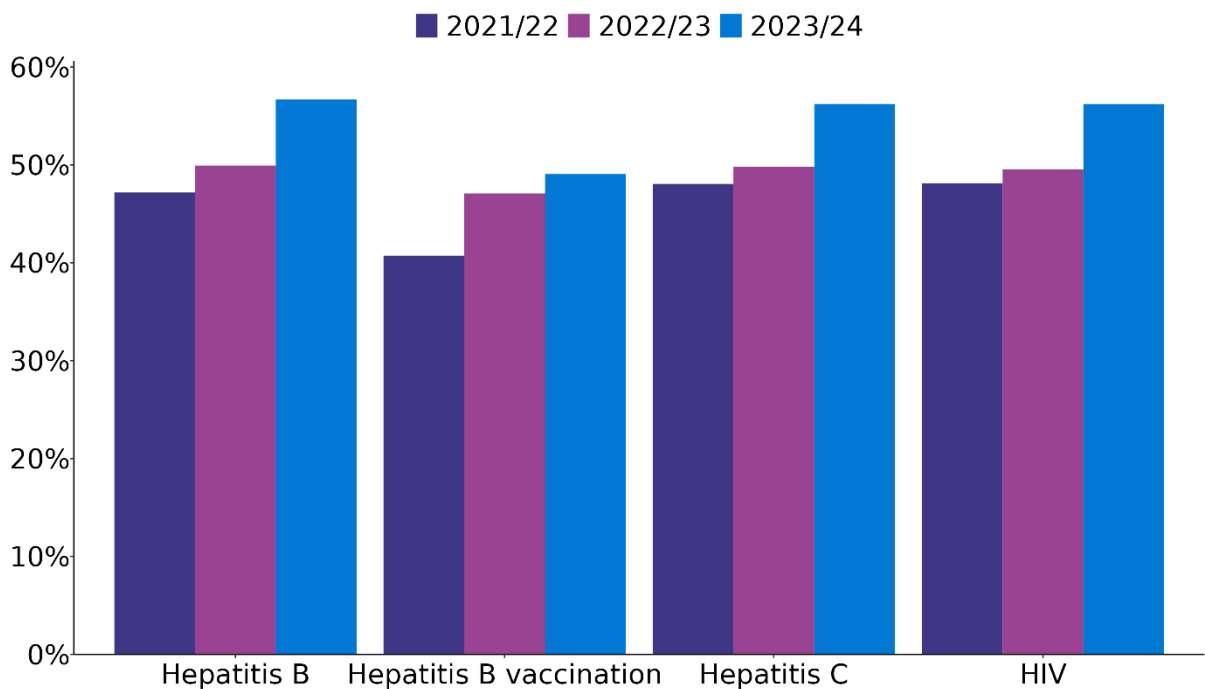
Source: Public Health Scotland

Hepatitis B

In 2023/24, 77% (1,274) of people who injected drugs reported having had a test for Hepatitis B. Of these, 57% (722) reported being tested in the previous year. This was broadly similar to 2022/23 when 77% reported ever having a Hepatitis B test, with 50% reported a test in the previous 12 months.

Using data from **SDMD**, in 2019/20, 78% of people who injected illicit drugs reported having been tested for Hepatitis B. Testing status was missing for 10% of the cohort.

In 2023/24, 45% (746) of all people who injected drugs reported having had a Hepatitis B vaccination, with 49% vaccinated in the previous 12 months, similar to 47% in 2022/23.

Hepatitis C

In 2023/24, 76% (1,258) of people who injected drugs reported having had a test for Hepatitis C. Of these, 56% (707) reported being tested in the previous year. This was broadly similar to 2022/23 when 76% reported ever having a Hepatitis C test, with 50% having been tested in the year prior to the assessment.

Using **SDMD** data, in 2019/20, 81% of people who injected drugs reported having been tested for Hepatitis C. Testing status was missing for 10% of the cohort.

HIV

In 2023/24, 73% (1,210) of people who injected illicit drugs reported having had an HIV test. Of these, 56% (680) reported being tested in the previous year. This was broadly similar to 2022/23 when 74% reported ever having an HIV test, of which 50% had been tested in the 12 months prior to assessment.

Using data from **SDMD**, in 2019/20, 79% of people who injected illicit drugs reported having been tested for HIV. Testing status was missing for 11% of the cohort.

Prescribed drugs

This section describes the medications prescribed for the treatment of dependence. For people entering drug treatment, the main prescribed drugs will be Opioid Substitution Therapy (OST) medications such as methadone and buprenorphine. Up to ten prescribed drugs can be listed. See **Appendix 2** for further details.

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 all of the medications for treating dependence that were prescribed during specialist drug treatment episodes.

In this report, figures for current prescriptions have been refined following data quality checks. Specifically, errors in the categorisation of free text entries were identified and resolved. As a result, the figures presented below should not be compared with those from previous DAISy reports. For more information, please see **Appendix 3**.

In 2023/24, 38% (2,256) reported at least one prescribed medication at their initial assessment. The most commonly reported prescribed drugs were methadone (18%; 1,048), buprenorphine[xxvi] (17%; 989) and diazepam (2%; 116) (Workbook Tables 4.17). Of those reporting at least one prescribed medication, 97% (2,195) were prescribed an OST[xxvii] medication (Workbook Table 4.18).

Compared to previous years, there was a gradual increase in the percentage of people reporting at least one prescribed medication at the time of assessment, from 36% in 2021/22 to 37% in 2022/23 and 38% in 2023/24. Among those with a current prescription, the percentage of people who were prescribed an OST medication slightly increased from 95% in 2021/22 to 97% in both 2022/23 and 2023/24.

[xxvi] Buprenorphine includes oral buprenorphine, buprenorphine and naloxone, and prolonged-release injectable buprenorphine formulations.

[xxvii] Methadone, buprenorphine or dihydrocodeine.

Section 5 - Co-dependency

Main points

- In 2023/24, 2,058 people started treatment for co-dependency (alcohol and drug) misuse.

- The median age in the co-dependency cohort was 33 years old, and 78% were male and 22% were female.

- Spirits were the most reported main alcohol type (30%) and cocaine the most reported main drug (50%) reported by people starting treatment for co-dependency.

- Daily alcohol consumption was lower for the co-dependency cohort (29%) than the alcohol cohort (61%).

- 35% of people in the co-dependency cohort who reported cocaine as their main drug used it at least once a day. This was lower than for the drug cohort (48%).

Introduction

As the co-dependency cohorts were smaller than the cohorts of people starting treatment for problematic drug or alcohol use, a limited number of outputs are described in this narrative and presented in the workbook.

In 2023/24, there were 3,314 episodes of care for people starting specialist co-dependency treatment which were eligible for an initial assessment, which was an increase from 2022/23 (2,915) and 2021/22 (2,912). Of these, 64% (2,119) were submitted to DAISy (Workbook Table 1.1), compared to 69% (2,017) in 2022/23 and 74% (2,153) in 2021/22. These completed initial assessments in 2023/24 related to 2,058 unique people (Workbook Table 2.1).

Demographics

Age profile

As reported in **Section 2 - Demographics**, in 2023/24 the median age of people starting treatment for co-dependency was 33 years, which was younger than the cohort of people starting treatment for problematic use of drugs (36 years) or alcohol (47 years). The median age of the co-dependency cohort has not changed since DAISy data collection started in 2021/22 (Workbook Table 2.2).

Sex profile

In 2023/24, of the people starting treatment for co-dependency, 78% (1,604) were male, and 22% (446) were female. The co-dependency cohort had a lower percentage of females seeking treatment than the alcohol and drug cohorts (37% and 28%, respectively). The sex distribution of the co-dependency cohort has remained stable throughout the last three years (Workbook Table 2.3).

Substance use

Of the people starting treatment in 2023/24, 1,526 (74%) reported recent (in the month prior to assessment) alcohol and drug use (Workbook Table 5.1), 8% had used either alcohol or drugs, and 9% had not used either substance.

Age at first use and when use became problematic

In 2023/24, of people starting treatment for co-dependency, the median age they reported first using alcohol was 15 years, while for drugs it was 16 years. For both substance types, the median age at which use became problematic was 21 years. For the co-dependency cohort, the ages at which alcohol and drug use became problematic has remained consistent since 2021/22 (Workbook Tables 5.2 to 5.5).

People commencing treatment for co-dependency in 2023/24 started using alcohol and drugs at similar median ages to those being treated solely for their problematic alcohol or drug use (**Figure 5.1**). However, the co-dependency cohort reported an

earlier onset of problematic alcohol use than those in specialist alcohol treatment (21 years compared to 30 years). The age at which drug use became problematic was similar between the co-dependency (21 years) and drug (22 years) cohorts.

Figure 5.1: Median age at first use of alcohol and drugs, and age at which use became problematic, by substance type (NHSScotland, 2023/24)

Source: Public Health Scotland
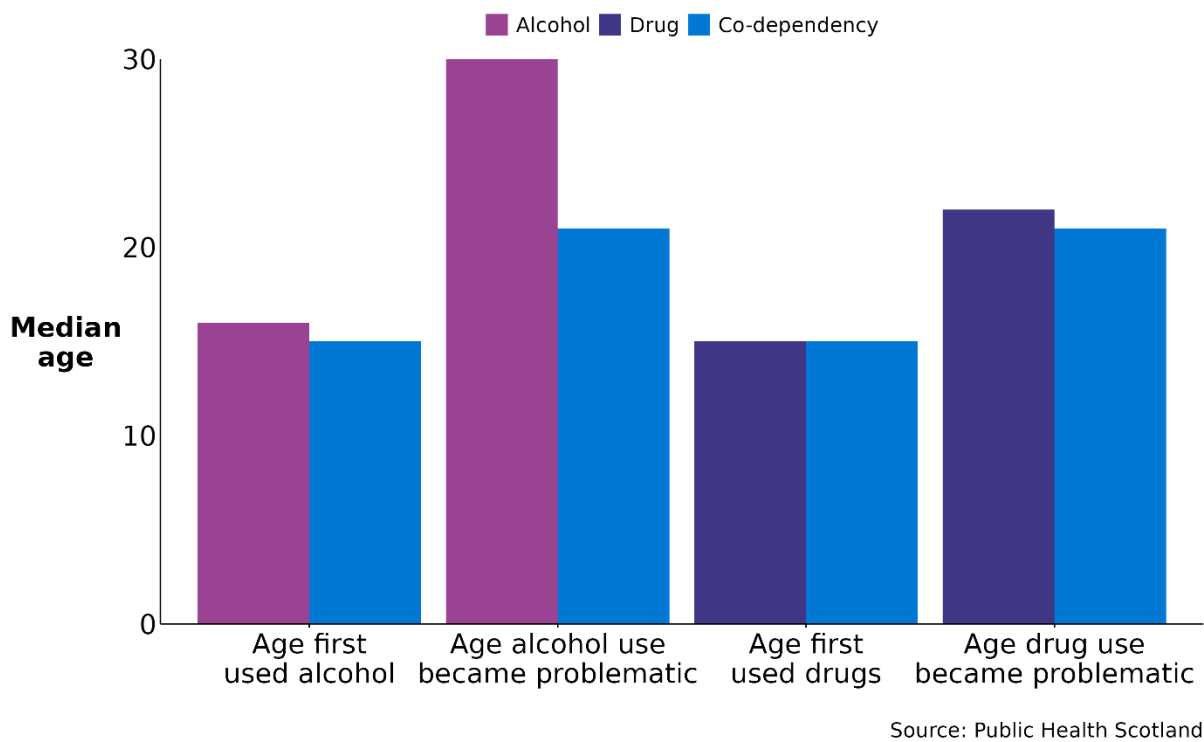
Alcohol use

Main drink type

As with those starting treatment for problematic use of alcohol (**Section 3 - Alcohol**), people starting treatment for co-dependency were asked to report all the alcohol types they consumed. Up to seven categories of alcohol may be recorded at any assessment (one of these is nominated as the main drink type), and details on consumption patterns were also collected.

In 2023/24, spirits were the most commonly reported main alcohol type (30%; 508) followed by beer (29%; 498). This differed to 2022/23, when beer (31%) was the most reported, followed by spirits (29%) (Workbook Table 5.7). The main type of alcohol reported for people starting treatment for alcohol alone differed from the co-dependency cohort - spirits were the most commonly reported (36%), while wine was the second most reported (25%).

Frequency of alcohol consumption

During assessment, people who used co-dependency services are asked about their drinking behaviours including the frequency with which they consume alcohol.

In 2023/24, 29% (589) of people seeking treatment for co-dependency reported drinking on a daily basis, which was substantially lower than people seeking treatment for alcohol only (61%). The percentage of people reporting daily drinking has remained consistent since 2022/23 (27%) and 2021/22 (29%) (Workbook Table 5.8 and Figure 5.2).

Figure 5.2: Frequency of alcohol consumption, by financial year (NHSScotland, 2021/22 to 2023/24)

Source: Public Health Scotland
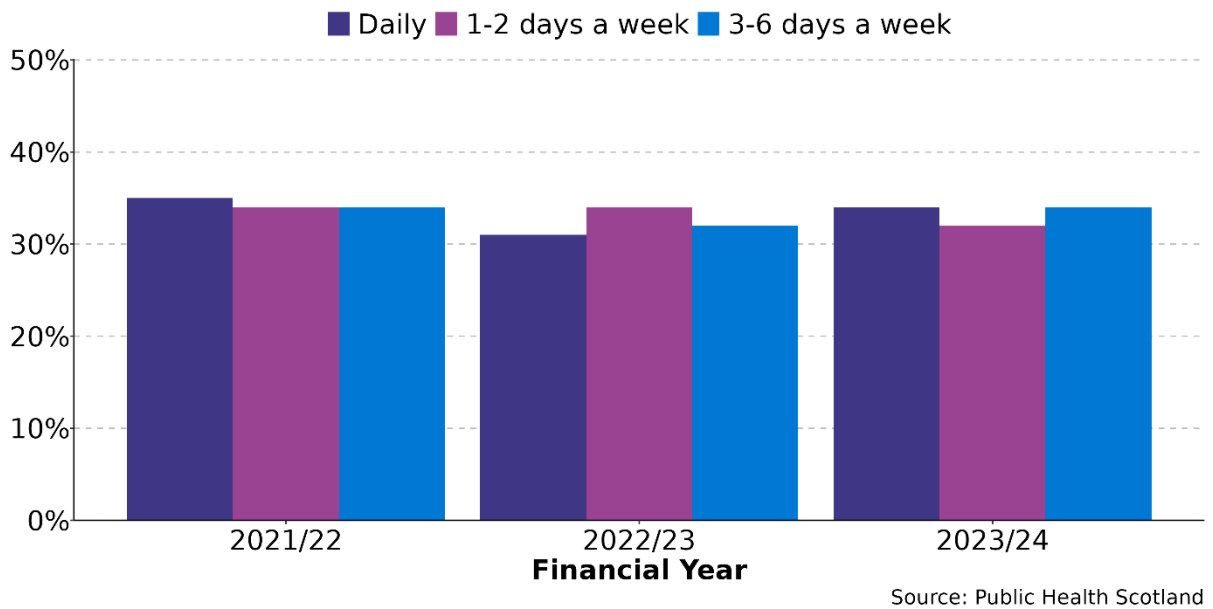
Drug use

People starting treatment for co-dependency were asked to report all drug types that they used. Up to ten drug types may be recorded at any assessment (one of these is nominated as the main drug type), and details on consumption patterns were also collected.

All reported drugs

In 2023/24, 1,692 of the co-dependent cohort reported drug use in the month prior to initial assessment. The most commonly reported individual drugs were cocaine (64%; 1,085), cannabis (38%; 638), and heroin (10%; 165). In comparison to 2022/23, cocaine use increased by four percentage points (60%), while heroin use remained broadly stable (11%) (Workbook Table 5.9).

These patterns contrast to the cohort of people starting treatment for drugs alone **Section 4 - Drugs**). The reporting of heroin was twelve percentage points lower in the co-dependency cohort (10%) than in the drug cohort (32%), while cocaine reporting was higher amongst the co-dependency cohort (64%) than the drug cohort (46%) (Workbook Table 4.4).

Main reported drug

In 2023/24, the most reported main drug (the drug people were seeking treatment for) among those seeking co-dependency treatment was cocaine (50%; 842), followed by cannabis (26%; 439), and heroin (7%; 120). Compared to 2022/23, the percentage of people stating their main drug was cocaine increased by four percentage points (46%), while cannabis (28%) and heroin (8%) remained roughly the same (Workbook Table 5.10).

These patterns contrast to the cohort of people starting treatment for drugs alone. Cocaine (50%) and cannabis (26%) were the two most commonly reported main drugs in the co-dependency cohort, whereas for the drug cohort, the most reported main drugs were cocaine (30%) and heroin (28%).

Frequency of cocaine consumption

In 2023/24, cocaine was the most commonly reported drug for treatment being sought amongst the co-dependency cohort. 842 people in the co-dependency cohort reported cocaine use as their main drug. The most commonly reported frequency of use was two to six times a week (42%; 355) (Figure 5.3).

There has been a steady increase year on year in reported cocaine usage of four or more times a day from 2021/22 (4%), 2022/23 (7%) and 2023/24 (11%). In total, 35% of people who reported cocaine as their main drug used it at least once a day (Workbook Table 5.11).

Reported use of cocaine at a frequency of at least once a day was lower in the co-dependency cohort (35%) than the drug cohort (48%). In both cohorts, 11% of people reported cocaine use four or more times a day.

Figure 5.3: Frequency of cocaine consumption, by financial year (NHSScotland, 2021/22 to 2023/24)
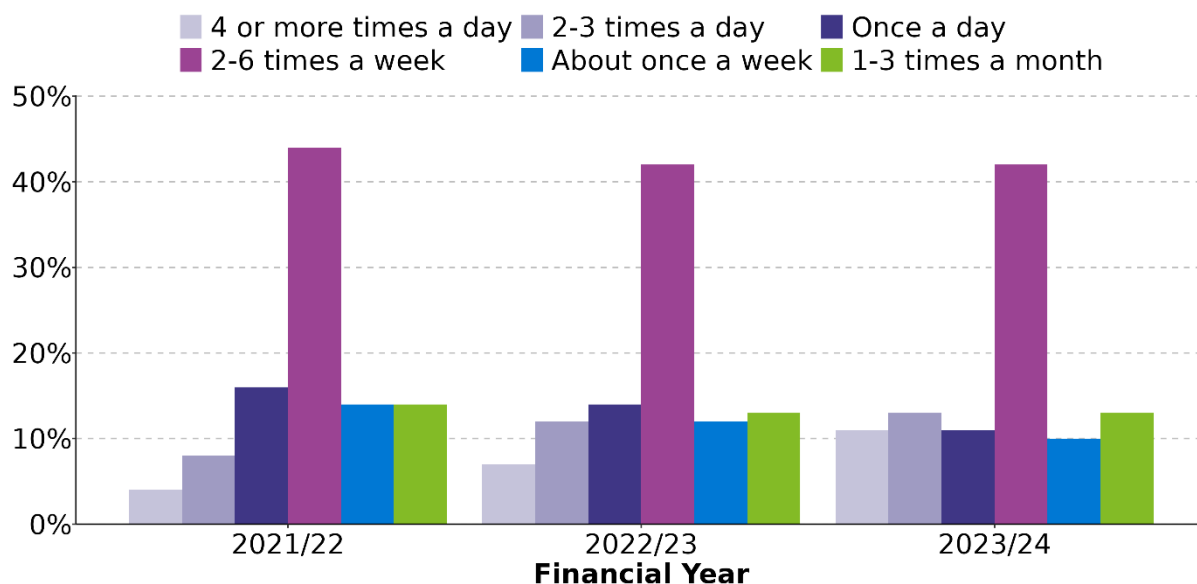
Source: Public Health Scotland

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 applies to most people in the co-dependency cohort[xxviii].

In this report, figures for current prescriptions have been refined following data quality checks. Specifically, errors in the categorisation of free text entries were identified and resolved. As a result, the figures presented below should not be compared with those from previous DAISy reports. For more information, please see **Appendix 3**.

In 2023/24, 287 people reported being prescribed medication for the treatment of dependence at the time of their assessment. Of those, 32% (92) of people were prescribed methadone, 22% (63) of people were prescribed a form of buprenorphine[xxix], 10% (29) of people were prescribed thiamine[xxx], 12% (34) of people were prescribed diazepam, and 6% (18) of people were prescribed acamprosate (Workbook table 5.12). These figures were consistent with 2022/23.

[xxviii] **Cocaine addiction: get help**

[xxix] Buprenorphine includes oral buprenorphine, buprenorphine and naloxone, and prolonged-release injectable buprenorphine formulations.

[xxx] 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.

Recovery capital

Recovery capital is defined as an individual's social, physical, human and cultural resources and assets to assist, enable and support positive outcomes in seeking to overcome drug dependence and sustain their recovery journey.

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.

Contact

Lee Barnsdale, Programme Portfolio Manager

Public Health Scotland Drugs Team

phs.drugsteam@phs.scot

Caroline Thomson, Principal Information Analyst

Public Health Scotland Drugs Team

phs.drugsteam@phs.scot

Scott Kilgariff, Principal Information Analyst

Public Health Scotland Alcohol Team

phs.alcoholteam@phs.scot

For all media enquiries please email **phs.comms@phs.scot** or call 0131 275 6105.

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 Winter 2025.

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[xxxi]

Policy context for delivery of the Drug and Alcohol Information System (DAISy)

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'.

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

The Scottish Government's 2018 strategy 'Rights, Respect and Recovery' (RRR)[xxxii] 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[xxxiii].

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 2022, the DDTF's final report[xxxiv] described progress against the six priorities it had identified:

1. Targeted distribution of naloxone

2. Immediate response pathway for non-fatal overdoses

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

[xxxii] 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)**

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

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

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

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[xxxvi].

6. Supporting those in the criminal justice system

Data from the SDMD, 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'[xxxvii] describes the context of this initiative and the additional £50m funding for service improvements, local support organisations, residential rehabilitation, and children and families 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'.

At the time of publication, PHS is engaged in a review of the DAISy system, engaging with a range of stakeholders to review the scope, dataset, system functionality, and reporting. The intention is to ensure that the DAISy system can incorporate data relevant to recent policy initiatives (for example, MAT Standards), to make the DAISy system easier for services to use, and to support the improvement in data quality and completeness.

[xxxvi] **Rapid Action Drug Alerts and Response (RADAR) quarterly report (April 2024)**

[xxxvii] **Improving Scotland's Health: National Mission on Drug Deaths: Plan 2022-2026**

The scope and purpose of the 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 see PHS's **webpage.**

Services reported in DAISy

Guidance for DAISy indicates that all services delivering **tier 3 and 4** specialist drug and alcohol interventions should record data on the system. Therefore, the focus of the data collection and of this report is on:

- Structured community interventions; and,

- Structured residential interventions.

However, some minor differences resulting from the interpretation of guidance or implementation of data collection processes are noted below.

Community-based services

A range of services that work with people with problematic substance use are not included within the scope of DAISy data collection or this report. These are:

- Tier 1 and 2 services which work with people with problematic drug and/or alcohol use but do not provide specialist treatments to address dependence (e.g. advocacy and harm reduction services); and

- General Practitioners who provide specialist treatments to address dependence (in spite of these being tier 3 services, there is no mechanism for them to submit data to DAISy).

PHS is currently developing new Waiting Times Guidance providing a clearer direction on data submission to DAISy for services delivered across a range of settings. ADPs and other stakeholders will be consulted with on these developments in 2024/25.

Hospital-based services

The guidance for ADPs is to include all tier 3 and 4 service activities in their DAISy data submissions. This includes relevant hospital-based services. Currently only two NHS Boards (Lanarkshire and Greater Glasgow & Clyde) enter data from hospital-based services and the completion rate for assessments was very low - less than 1% in 2023/24.

For NHS Lanarkshire this has meant their overall completion rate is under the 50% threshold for inclusion in the report commentary, whereas if hospital-based activity was excluded they would be over this threshold. PHS continues to support ADPs to improve data completion across all service types and expect assessment completion rates to improve for 2024/25 analysis.

Residential rehabilitation

DAISy data submissions include only a small number of initial assessments that were submitted by residential rehabilitation services.

It is estimated that four out of twenty-five residential rehabilitation services currently operating in Scotland submit data to DAISy. These are:

- North Ayrshire Drug and Alcohol Recovery Service (NADARS)[xxxviii]

- Alternatives (Dumbarton/Clydebank)

- LEAP (Edinburgh)

- Hebrides Alpha, Supported Accommodation Unit

PHS is engaging with the Scottish Government and residential rehabilitation services currently operating in Scotland to improve DAISy data submissions for these services.

For further information about residential rehabilitation services in Scotland, please see PHS's **report**.

Acknowledgements

The co-operation and assistance of the staff at all services contributing to the database are gratefully acknowledged.

[xxxviii] This service includes referrals from Ward 5 Woodland View in North Ayrshire ADP.

Appendix 2 – Data collection and data quality

Data collection

Data are collected by drug and alcohol services providing tier 3 and 4 interventions and are based on information collected at service user interactions at appointments. Service workers and/or service administrators manually enter data directly into DAISy, which is hosted on a secure web system.

Each record contains key social and demographic information about the person accessing services, key time points in the pathway and information about any treatments.

DAISy collects personal information including date of birth, postcode, and CHI (this is often it not available to 3rd sector organisations, so CHI seeding is used to ensure all service user records have this field correctly completed).

Data quality

This publication reports on people starting treatment for alcohol or drug use or co-dependency. Each person for whom treatment and assessment details are recorded on DAISy is assigned a unique ID number. This ID number was implemented to allow episodes of care over time within individuals to be linked.

Data are periodically sent for CHI-seeding to enable the de-duplication of individuals mistakenly assigned multiple ID numbers. This process has returned CHI details for 99% of people who use services who are described in this report.

In this report each person 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, a person will only be counted once within each geography/user type/time period in spite of multiple valid assessments recorded on DAISy. However, if a person attended services in different NHS Boards or ADPs 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.

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, free text was searched for specific branded drugs used for medications for the treatment of dependence (including Opioid Substitution Therapy (OST) drugs). In January 2023, the DAISy data collection interface was updated to include 'prolonged release injectable buprenorphine' as a hard-coded option. As this medication had been prescribed in Scotland prior to this date, free text entries were searched for reports prior to January 2023.

In this report, figures for illicit and prescribed drugs have been refined following data quality checks. Specifically, errors in the categorisation of free text entries were identified and resolved. As a result, the figures presented (particularly for prescribed drugs) should not be compared with those from previous DAISy reports. For more information, please see **Appendix 3.**

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.

Conversely, information on data completeness (Workbook Table 1.1) is presented by area of treatment, given it assesses the data submitted by services.

Units consumed by people who use alcohol or co-dependency services

Analysis of the DAISy data suggests that there has sometimes been a misunderstanding during assessments when recording the number of units of alcohol consumed. 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, 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 heaviest drinking days.

DAISy data quality improvements

PHS routinely holds discussions with ADPs and services to understand any data quality issues and provide any support needed. This includes providing general advice around recording practices and specific areas such as low initial assessment completion rates and unusual numbers of referrals being discharged before treatment. PHS is also undertaking a review of the DAISy system and have held focus days with stakeholders to understand barriers to data quality and improvements that could be made, providing useful information to inform the review.

To assist ADPs in monitoring and improving DAISy data, PHS developed a DAISy Data Quality and Completeness report, which will be shared monthly with ADPs. It covers the most recent five quarters of data and provides information on new referrals and discharges (including discharges before treatment), waiting time performance and initial assessment completion rates. This report will allow ADPs to monitor data quality and flag any issues with services.

PHS is also working on a number of DAISy system improvements that should help improve data quality. Features being developed include improving the notifications pages; improving the search functions to help prevent duplicate entry of people's details; and adding extra checks when recording waiting times.

Appendix 3 – Publication metadata

Publication title

Drug and Alcohol Information System - Overview of Initial Assessments for Specialist Drug and Alcohol Treatment 2023/24

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 2023/24.

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

16 September 2024

Release date

26 November 2024

Frequency

Annual

Timeframe of data and timeliness

Data published for assessments conducted up to 31 March 2024 and submitted by 30 April 2024.

Continuity of data

This is the second report on initial assessments for specialist drug and alcohol treatments using data sourced from the Drug and Alcohol Information System (DAISy).

Revisions statement

The DAISy dataset is subject to minimal revision. Assessment records must be entered within 12 weeks of an individual starting treatment and cannot be updated after this time. Therefore, the underlying data for this report is unlikely to be revised in future releases except where improvements to analysis are identified and carried out. Please see Revisions relevant to this publication for detail of published information has been revised for a new release.

Revisions relevant to this publication

The DAISy dataset collects the details of drug and alcohol use in the past 30 days, and medications prescribed for the treatment of dependence (problematic drug and/or alcohol) at the time of initial assessment, review etc.

In the previous report, illicit and prescribed drug analyses was based on the data reported in those fields, however subsequent quality assurance identified a large number of free text entries that were incorrectly entered into DAISy (mainly prescriptions for medications which are not treatments for dependence) or were allocated to an incorrect category.

For this report, further free text analysis was undertaken to improve the reliability of the information presented. This included removing data for out-of-scope medications and correcting instances where illicit or prescribed drugs had been assigned to an incorrect category. This process was also retrospectively applied to 2021/22 and 2022/23 data. As a result, the illicit and prescribed drug figures for 2021/22 and 2022/23 differ to those reported in the previous report of 27 June 2023.

The main impact of these change are that the percentage of prescribed medications recorded as 'Other' has reduced from 5 to 6% across substance use categories in 2021/22 and 2022/23 to less than 0.1% in both years.

Concepts and definitions

Refer to the **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 websites 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 accreditation

Official statistics

UK Statistics Authority assessment

N/A

Last published

27 June 2023

Next published

Winter 2025

Date of first publication

27 June 2023

Help email

phs.drugsteam@phs.scot and **phs.alcoholteam@phs.scot**

Date form completed

15 November 2024

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 Department of Health and Social Care (DHSC)

NHS Board chief executives

NHS Board communication leads

Early access for management information

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

Early access for quality assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

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 Office for National Statistics '**Five Safes**' of data privacy.