Public Health Scotland

Drug and Alcohol Information System

Overview of Initial Assessments for Specialist Drug and Alcohol Treatment 2024/25

An Official statistics release for Scotland

Publication date: 27 January 2026

Translations and other formats are available on request at:

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Introduction

The Drug and Alcohol Information System (DAISy) was implemented in 2020[i] to collect drug and alcohol referral, waiting times, assessment, treatment and outcomes 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). DAISy implementation facilitated the recording of data on specialist alcohol treatment and treatment for the problematic use of both alcohol and drugs (previously referred to as 'co-dependency'). This terminology has been updated as dependency can be a stigmatising term and it does not adequately represent the often complex and nuanced nature of problematic use of 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 2024/25. It also includes the first reporting of treatment outcomes from DAISy, which are presented for all reported years of DAISy activity to date i.e. 2021/22 to 2024/25. This report should be read in conjunction with the associated Excel workbooks, which provides users with accessible, interactive content based on data from 2021/22 to 2024/25. SDMD data on specialist drug treatment services prior to 2021/22 can be found on the **PHS website**.

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[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.

In this year's report, several changes were made to improve data quality, including refinement of the process for allocating 'ongoing' initial assessments to specific financial years, and further improvement of the process for categorising free text entries for illicit and prescribed drugs (see Data Quality and Completeness section and **Appendix 2** for further details). As a result of these changes there are small differences between the figures shown in this publication and those reported previously.

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

Main points

In 2024/25:

Initial assessments for 17,578 people accessing specialist alcohol and/or drug treatment were recorded on DAISy.

Demographics:

- People starting alcohol only treatment had a higher median age (47 years) than people starting drug only treatment (37) or both alcohol and drug treatment (34).
- Two thirds (67%) of people starting treatment for problematic substance use were male (33% were female). The percentage of males was highest for people starting treatment for both alcohol and drugs (75%), followed by drugs only (70%) and alcohol only (63%).
- People living in the 20% most deprived communities (as measured using Scottish Index of Multiple Deprivation) accounted for 37% of assessments in 2024/25, compared to only 7% of assessments for people living in the 20% least deprived communities.

Alcohol:

- The median age for when people deemed that their alcohol use became problematic was 30 years for males and 34 years for females.
- 88% of people starting alcohol treatment reported drinking in the month prior to their assessment. Spirits (35%) 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 (32%) was the most commonly reported main drug used by people starting specialist drug treatment in Scotland, followed by heroin (25%).
- Of the people who reported using opioids in the previous month, 65% had a take-home naloxone kit (a medication to prevent fatal opioid overdoses) at the time of initial assessment.
- Overall, 27% of people reported a history of injecting drugs with 10% injecting in the month prior to assessment and a further 17% injecting more than one month ago.

Problematic use of alcohol and drugs:

- Spirits were the most reported main alcohol type (32%) and cocaine the most reported main drug (52%) reported by people starting treatment for problematic use of both alcohol and drugs.
- Daily alcohol consumption was lower for the people starting treatment for problematic use of both alcohol and drugs (31%) than the alcohol cohort (61%).
- 35% of people in the Alcohol and Drugs cohort who reported cocaine as their main drug used it at least once a day. This was lower than for the drug cohort (49%). Polysubstance use carries various and extensive risks, are there are specific risks in the consumption of both alcohol and cocaine.

Treatment outcomes:

- Between 2021/22 and 2024/25 38% of people experienced a positive discharge from tier 3 and 4 alcohol services, 18% of people were retained in treatment and 6% were transferred to tier one and two services. 38% of people were recorded as having a negative discharge.
- Females experienced a higher percentage of positive discharges than males (33% compared to 30% for males across all substance types).

Further main points are also shown at the beginning of the Data quality and completeness, **Demographics**, **Alcohol**, **Drugs**, **Problematic use of both alcohol and drugs** and **Outcomes** 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 2024/25.

In this report, two data items are used to determine if people who use services are recorded as part of the drugs only, alcohol only or alcohol and drugs cohort:

1. People are classified according to substance type they are seeking treatment for (alcohol, drugs, or alcohol and 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 Problematic Use of Alcohol and Drugs sections may include missing data.

Please note that throughout the Demographics, Alcohol, Drug, Alcohol and Drugs and Outcomes 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 17,578 people were completed in 2024/25.
- Based on the number of referrals to services it can be determined that 67% 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. We have determined that the age-sex characteristics of the sample of people for whom an assessment was recorded on DAISy is representative of the wider population of people whose service referrals were recorded on DAISy.
- 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 2024/25, enhancements to analysis which affect data for previous years, and the representativeness of findings.

Please note that information on the number of complete initial assessments and eligible episodes of care for financial years up to and including 2023/24 differ from those shown in previous reports. In the course of work to streamline data extraction processes, an issue was identified which meant that initial assessments categorised as 'ongoing' in previous data extracts were not being routinely re-assessed and allocated to specific financial years when subsequent financial years' data was extracted. This issue was resolved but has resulted in the following differences between the figures shown in this publication and those reported previously.

As a result of this quality improvement work, initial assessment percentage completeness for NHSScotland in 2023/24 has been revised from 62.4% to 66.1%.

Initial assessment completeness for NHS Western Isles in 2023/24 has also been revised from 49.6% to 52.4%. Therefore, in relation to the process described on pages 19 and 20, it was incorrect to exclude NHS Western Isles from the narrative of the 2023/24 report.

While other NHS Board initial assessment percentage completeness figures were also subject to revision, all remaining NHS Board exclusions were correct.

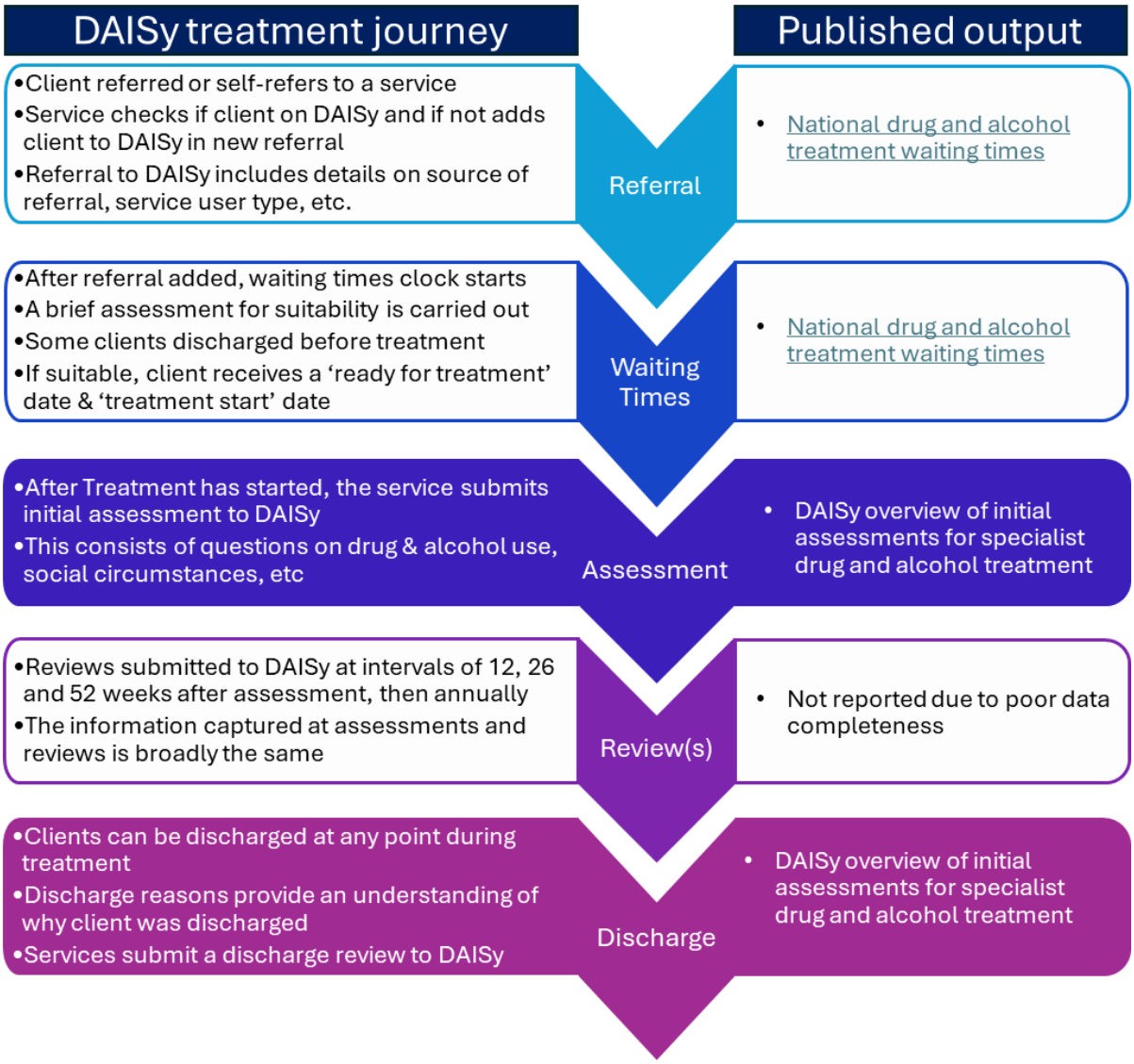
The treatment journey and DAISy

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 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.

Figure 1.1: DAISy treatment journey and published outputs



Data completeness

There were 26,138 recorded episodes of care with a treatment start date in 2024/25, indicating that they were eligible to have an initial assessment recorded on DAISy. Of these, 17,578 (67%) were completed and entered into DAISy. This represents an increase in overall data completeness of one percentage point compared to 2023/24 (66%). As recording of an assessment closes within eight weeks of the treatment start date, assessment completion rates for previous years 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 (67% for 2024/25) is termed the DAISy cohort for this report.

Assessment completeness varied by NHS Board of treatment. Figures for 2024/25 are shown in **Table 1.1**, alongside 2023/24 data for comparison (also see Workbook Table 1.2).

Table 1.1: Number and percentage of completed initial assessments by area of treatment (2023/24R and 2024/25)

NHS Board of Treatment[1]	Number of episodes of care eligible[2] (2023/24)R	Percentage complete[3] (2023/24)R	Number of episodes of care eligible[2] (2024/25)	Percentage complete[3] (2024/25)
NHSScotland	26,783	66.1	26,138	67.3
NHS Ayrshire & Arran	1,798	85.8	1,754	83.9
NHS Borders	433	96.3	444	95.5
NHS Dumfries & Galloway	909	60.7	809	69.5
NHS Fife	1,329	70.2	1,432	59.4
NHS Forth Valley	1,628	92.3	1,748	91.4
NHS Grampian	2,061	92.4	1,961	94.3
NHS Greater Glasgow & Clyde	6,820	51.3	6,997	46.4
NHS Highland	1,154	53.6	954	64.9
NHS Lanarkshire	5,230	50.1	4,703	58.9
NHS Lothian	3,615	77.2	3,535	82.9
NHS Orkney	48	58.3	39	76.9
NHS Shetland	37	37.8	65	89.2
NHS Tayside	1,616	76.1	1,560	67.5
NHS Western Isles	105	52.4	137	81.8

R Revised

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 DAISy cohort is a representative sample of the population starting specialist treatment can be determined by comparing the demographic profile of people whose assessments were recorded on DAISy to those known to have started 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 2024/25, age-sex group representativeness ranged from 68% to 81% (data for 2023/24 are 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, 2023/24R and 2024/25)[2]

Sex	Age group	Total individuals eligible (2023/24)R	Percentage complete (2023/24)R	Total individuals eligible (2024/25)	Percentage complete (2024/25)
Males	Under 25	1,432	76.1	1,366	75.5
Males	25-34	3,739	73.9	3,594	73.8
Males	35+	11,015	66.2	10,828	67.6
Females	Under 25	576	77.6	599	80.5
Females	25-34	1,424	74.9	1,366	74.5
Females	35+	5,500	69.1	5,379	71.7
All persons	Under 25	2,026	76.6	1,974	77.0
All persons	25-34	5,182	74.2	4,976	74.0
All persons	35+	16,537	67.2	16,226	68.9

R Revised

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 2023/24 and 2024/25. 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, 2023/24R and 2024/25)

Financial year	Age group	Alcohol	Alcohol & Drugs	Drug
2023/24R	Under 25	76.0	74.1	76.9
2023/24 R	25-34	72.7	71.3	74.7
2023/24 R	35+	66.3	66.7	67.4
2023/24 R	All persons	67.6	69.6	70.7
2024/25	Under 25	76.8	73.9	77.5
2024/25	25-34	72.8	70.6	74.2
2024/25	35+	69.4	64.8	67.9
2024/25	All persons	70.2	68.2	70.8

R Revised

Considering **Table 1.2** and **Table 1.3**, the 2024/25 data described in this report represented 77% of people aged under 25 years who were recorded as starting treatment, compared to 68% 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 those of 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.

Since the **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].

As a result of applying these criteria, one NHS Board is not described in the narrative of this report:

- 2024/25: NHS Greater Glasgow & Clyde

In 2024/25, initial assessment data completeness for NHS Greater Glasgow & Clyde was 46.4%. NHS Greater Glasgow & Clyde also contained the sole ADP where initial assessment data completeness was lower than 50% (Glasgow City Alcohol & Drug Partnership: 33.1%).

Please note that data from all NHS Boards, including those where completeness was under 50%, are included in Scotland level figures and analyses.

Please also note that NHS Board comparisons in the narrative of this report are restricted to areas in mainland Scotland only. This limitation is not related to assessment completeness in DAISy, but reflects the low number of specialist substance use treatment assessments undertaken in island NHS Boards. While data for island NHS Boards are available in the Excel Workbook, including areas with

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[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 in the Excel tables on the previous basis (50% completion regardless of ADP completion levels).

small numbers of cases in the report narrative may lead to problems making comparisons between areas, or over the time series[iv].

Indicator quality and completeness

This section describes various aspects of data quality and completeness or circumstances where data is subject to later revision, and where relevant the work planned or underway to address these.

DAISy collects a wide range of indicators that are not available from other data sources. This report focuses on indicators describing demographics, measures of recent problematic alcohol and drug 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.

Further quality improvement work was conducted to improve the accuracy of data on illicit drug use and current prescriptions. Specifically, inaccuracies in the coding of free text for drugs/medications were identified and addressed, and additional measures were put in place to revise information about whether people had a current prescription or used drugs recently in instances where all medications/drugs had been removed. As these improvements were applied across all years, the figures reported here differ from previous reports.

Analysis of the DAISy data has continued to identify inconsistencies in relation to recording of the number of units of alcohol that people consumed. It is currently not possible to quantify the impact of these inconsistencies, but it should be noted that a substantial proportion of DAISy assessments may overestimate the number of alcohol units consumed. Work is ongoing to evaluate the impact of differences in

[iv] Among small samples of data, minor differences in observations will often result in considerable percentage changes, which may not accurately reflect underlying activity.

recording practices and to clarify guidance in relation to this question. As a result, these data should be interpreted with caution. Further details of this investigation are provided in **Appendix 2**.

While most information fields submitted as part of a DAISy assessment are not subject to change once data are submitted, other aspects of the DAISy system are dynamic and may be revised by service providers/data suppliers over time. One information field is SIMD. Analysis of Scottish Index of Multiple Deprivation (SIMD) is included in this report for the first time. SIMD quintile is derived from a person's postcode of residence. Please see **Appendix 2** for more information.

Section 2 - Demographics

In 2024/25:

Main points

- People starting alcohol only treatment had a higher median age (47 years) than people starting drug only (37) or both alcohol and drugs treatment (34).
- Two thirds (67%) of people starting treatment for problematic substance use were male (33% were female). The percentage of males was highest for people starting treatment for both alcohol and drugs (75%), followed by drugs only (70%) and alcohol only (63%).
- People living in the 20% most deprived communities (as measured using Scottish Index of Multiple Deprivation) accounted for 37% of assessments, compared to only 7% of assessments for people living in the 20% least deprived communities.
- Higher percentages of people starting treatment for both alcohol and drugs (13%) and drugs only (13%) than for alcohol only (figure suppressed[v]) were in a prison or young offender institution at the time of their assessment.
- One third (33%) of people starting treatment for their substance use reported having children aged under 16.

[v] Suppression is applied due to the potential risk of disclosure and to help maintain patient confidentiality. See **PHS statistical disclosure control** for more detail.

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**.

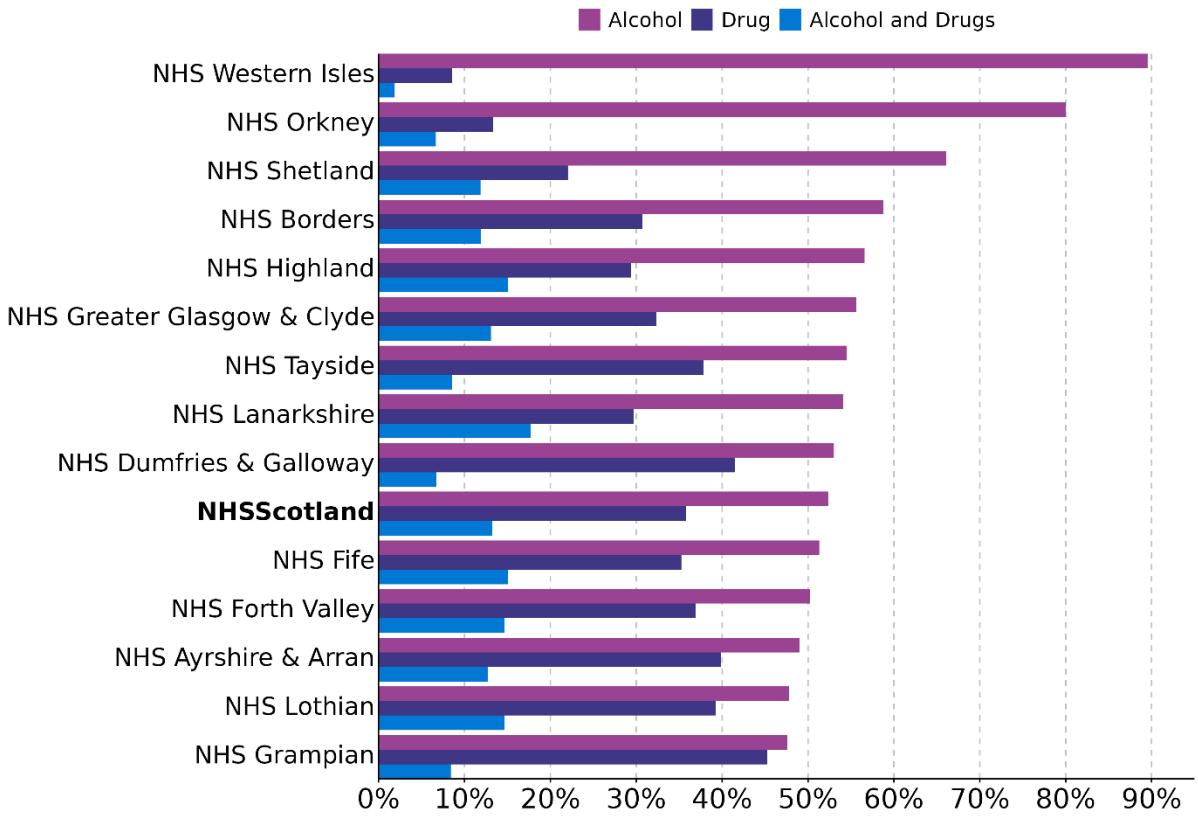
Data collected from the first initial assessment within each financial year are used throughout. Each person is counted once at each geography level (Scotland, NHS Board and ADP), however due to migration, individuals may be counted in more than one NHS Board and/or ADP. As people may start treatment 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 2024/25, a total of 26,138 episodes of care for people starting specialist alcohol and/or drug treatment in Scotland were eligible for an initial assessment, of which 17,578 (67%) were recorded on DAISy. These completed initial assessments related to 16,415 unique people. Of these 16,415 people, 52% (8,589) started specialist treatment for alcohol only; 36% (5,878) started specialist treatment for drugs only, and 13% (2,175) started treatment for alcohol and drugs[vi] (Workbook Table 2.1 and Figure 2.1).

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

Figure 2.1: Percentage of initial assessments for people starting treatment for alcohol, drug, or alcohol and drugs by NHS Board (2024/25)



Source: Public Health Scotland

Nationally, the total number of initial assessments recorded for people starting specialist for alcohol and/or drug use treatment per financial year was relatively stable from 2021/22 to 2024/25, as were the percentages associated with each substance type (Workbook Table 2.1).

Across all NHS Boards, and in all four financial years, alcohol only was the most common category people started treatment for. Among the ten mainland NHS Boards subject to commentary[vii], NHS Grampian had the lowest percentage of people

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

starting treatment for alcohol only (48%; 831 people), while NHS Borders had the highest percentage (59%; 241).

Age profile

In 2024/25, the median[viii] age of people at their initial assessment for specialist alcohol and/or drug treatment was 41 years (Interquartile range (IQR[ix]): 32 to 51 years), varying by substance type.

People starting treatment for alcohol only tended to be older, with a median age of 47 years (IQR: 37 to 57), compared to 37 years (IQR: 29 to 44) for people starting treatment for drugs only, and 34 years (IQR: 27 to 41) for alcohol and drugs.

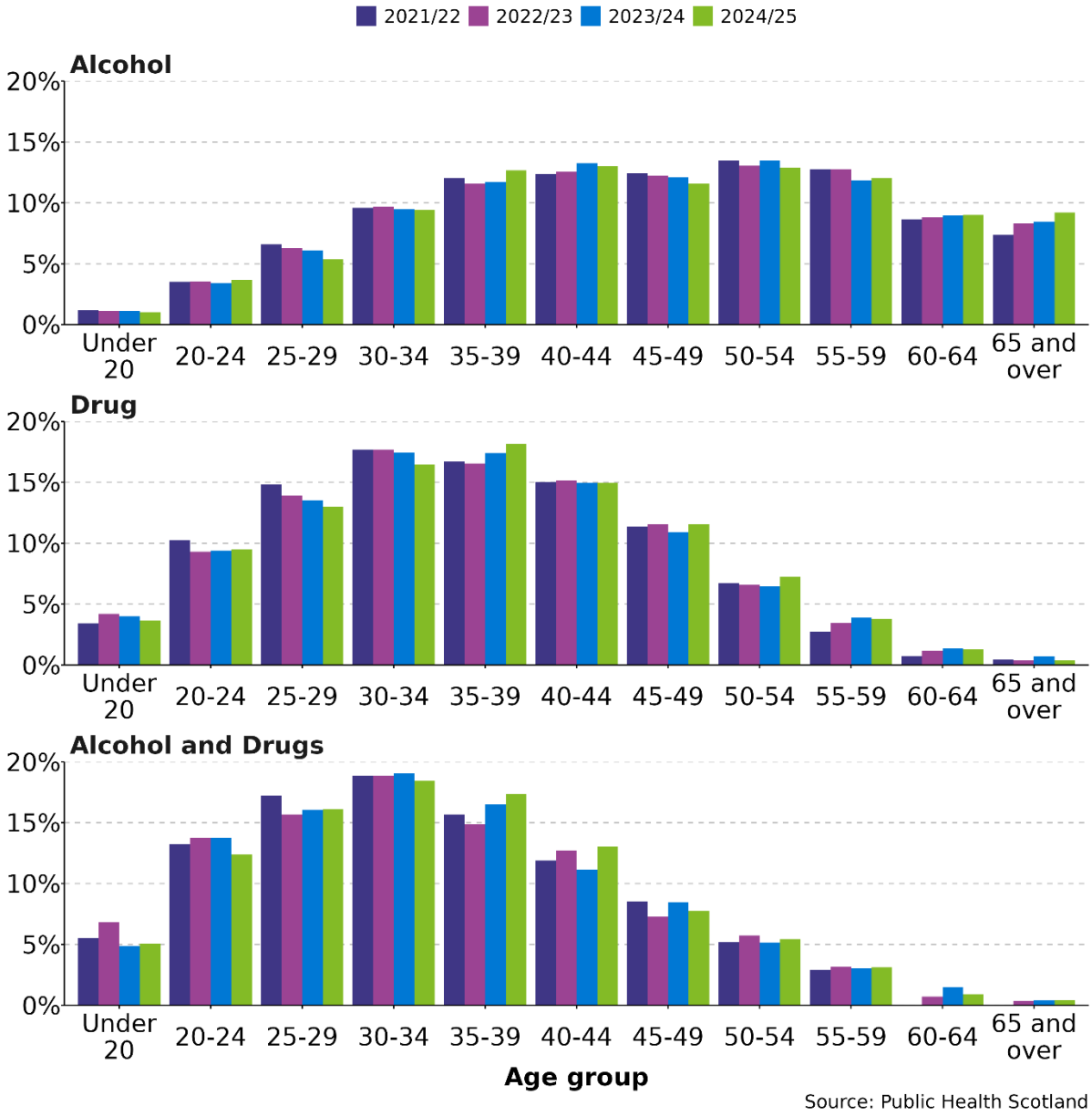
In 2024/25 the median age for people accessing treatment for alcohol only was the same as 2023/24, while for drugs only it increased from 36 to 37 and for alcohol and drugs from 33 to 34 (Workbook Table 2.2).

Figure 2.2 illustrates that the cohort of people starting treatment for alcohol only 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 only and for alcohol and drugs show a more defined peak in prevalence among people aged 35-39 years and 30-34 years respectively.

[viii] The median is the middle value in a sorted set of numbers, where half the values are smaller and half are larger.

[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 around the median presented.

Figure 2.2: Age group at initial assessment by substance type and financial year (NHSScotland, 2021/22 - 2024/25)



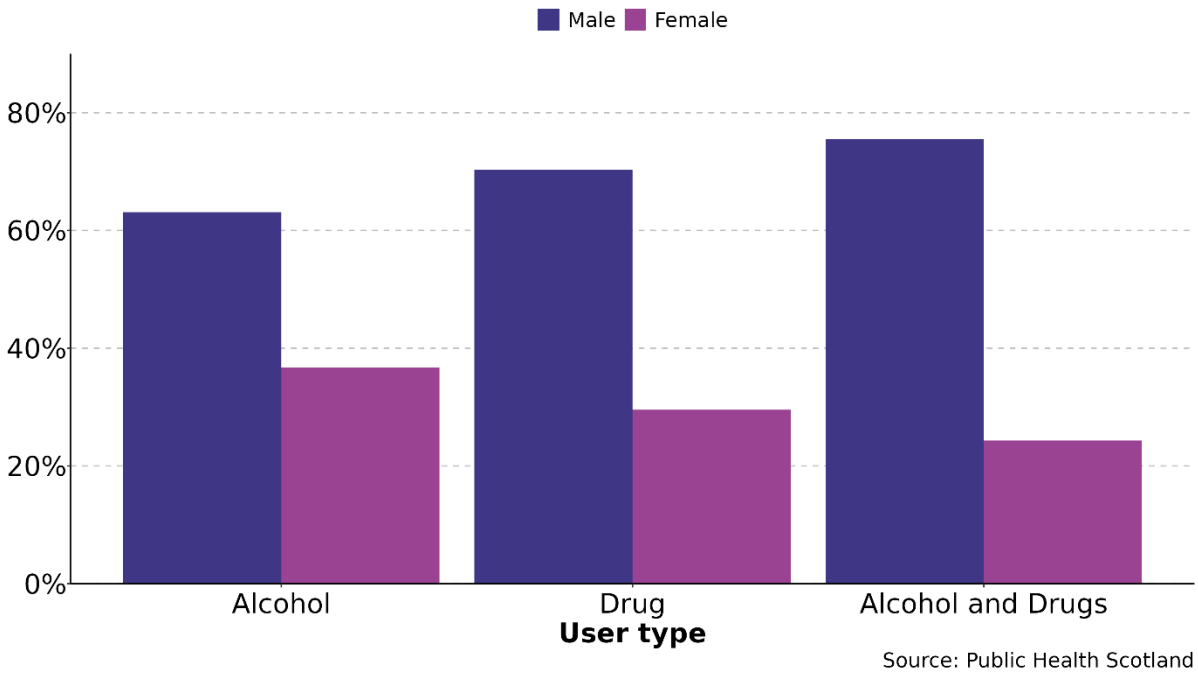
Source: Public Health Scotland

Sex profile

In 2024/25, males accounted for 67% (11,026) of people starting treatment for all types of substance while 33% (5,365) were female (Workbook Table 2.3). Fewer than 1% (24) 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: 70%; alcohol and drug: 75%). The overall pattern was broadly similar across all four financial years.

Figure 2.3: Percentage of initial assessments by substance type, sex, and financial year (NHSScotland, 2024/25)



Deprivation

Deprivation is measured by the Scottish Index of Multiple Deprivation (SIMD), which determines the relative deprivation of an area. Information presented here is based on deprivation quintiles[x] from most to least deprived (quintiles 1 to 5 respectively). For further information, see the **Glossary**. The SIMD identifies deprived areas, not

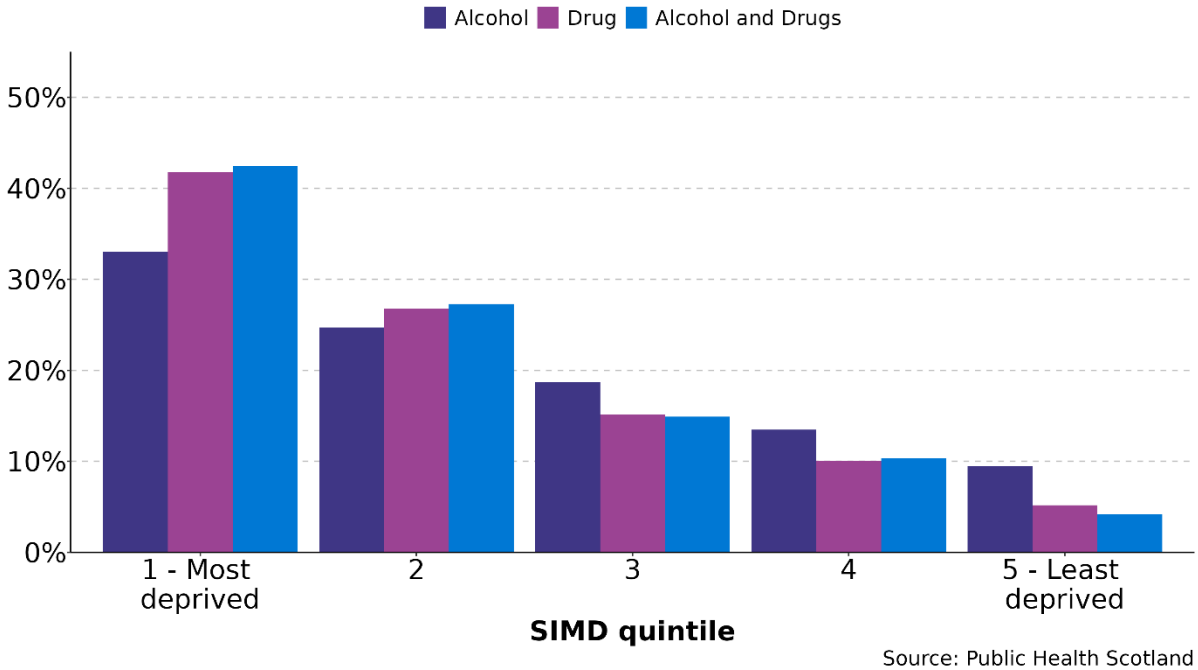
[x] The data presented here uses population weighted within-Scotland quintiles. Quintiles are calculated by ranking small areas (called datazones) within Scotland from most to least deprived and then grouping these into 5 quintiles with approximately 20% of the population in each quintile.

deprived individuals, and these analyses are included to aid the monitoring of equity of access, outcomes and inequalities at a population level.

People living in the 20% most deprived communities (SIMD 1) accounted for 37% (6,120) of assessments in 2024/25, compared to only 7% (1,200) of assessments for people living in the 20% least deprived communities (SIMD 5). Between 2021/22 and 2024/25 there was little variation across all quintiles. For those living in SIMD 1 it varied between 37% and 40%.

Figure 2.4 shows there was variation across the substance types, with a higher percentage of people from the most deprived communities (SIMD 1) starting treatment for drugs only (42%) or alcohol and drugs (42%) compared to those starting treatment for alcohol only (33%).

Figure 2.4: Percentage of initial assessments by substance type, SIMD, and financial year (NHSScotland, 2024/25)



Source: Public Health Scotland

Ethnicity

These analyses are included to aid the monitoring of equity of access, outcomes and inequalities at a population level.

People of 'White Scottish' ethnicity accounted for 64% (10,428) of people who started treatment in 2024/25. The 'White other British' and 'Other White' ethnic groups were the next most common at 6% (939) and 2% (316), respectively (Workbook Table 2.5). There was very little difference across the substance types or financial years.

DAISy allows ethnicity to be recorded as 'Not known', or ‘Refused/Not provided’. In 2024/25, 28% (4,595) 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, and importance of this measure. 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 2024/25, 5% (744) of people starting treatment for substance use reported at least one impairment, while 30% (4,924) reported no impairments. The percentage of people reporting impairments was broadly similar across the substance types and financial years (Workbook Table 2.6). However, the percentage of people with 'Not known' impairment status has increased from 62% in 2021/22 to 65% in 2024/25. This has also been identified as an area for improvement in discussions around data quality and completeness.

Tobacco and smoking

The 2024 **Scottish Health Survey (SHeS)** reports that 14% of adults are current smokers. Smoking is the cause of around one in five deaths annually and a leading cause of premature death and ill health in Scotland.

In 2024/25, details of tobacco use were recorded for 76% (12,481) of people starting treatment for substance use. Tobacco use was recorded as 'Unknown' for 24% (3,934) of people, a similar level to 2023/24 (23%)

Using a broad measure of including those where tobacco use was unknown, across all service users 44% (7,260) of people report current tobacco use. Using a narrower measure of including only people where tobacco use was known this rises to 58% of people reporting current tobacco use.

Using the broad measure, current tobacco use was more common among people starting treatment for alcohol and drugs (57%; 1,241) and drugs only (51%; 3,022) than for alcohol only (37%; 3,135). (Workbook Table 2.7.7).

Of the 7,260 people who reported current tobacco use, 8% (575) had been referred to a smoking cessation service. The percentage of current tobacco users who had been referred to a smoking cessation service has varied between 7-10% between 2021/22 and 2024/25.

Living situation and social circumstances

Employment status

In 2024/25, of the 16,415 individuals with an initial assessment recorded in DAISy, 43% (6,997) were unemployed, 31% (5,101) were employed or in education/training, 13% (2,117) were long term sick or disabled and 7% (1,119) were in a prison, young

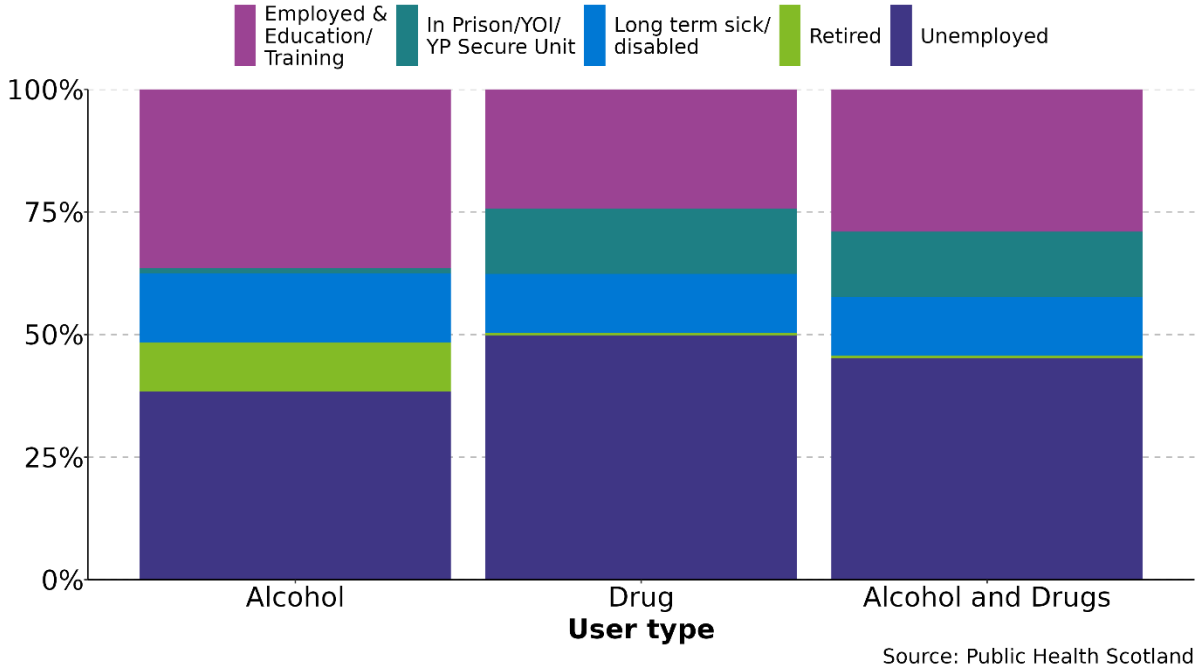
offender institute (YOI) or young person (YP) secure unit[xi] (Workbook Table 2.7.1). Employment status was broadly similar over time.

The profile of people starting treatment for drugs only or alcohol and drugs had different characteristics, with higher percentages of people who were unemployed (drugs only: 49%; alcohol and drugs: 45%) or in prison, YOI or YP secure units (drugs only: 13%; alcohol and drugs: 13%).

Another notable difference between the substance types was the percentage of people recorded as retired, with a larger percentage being recorded for alcohol only than drugs only or alcohol and drugs (alcohol: 10%; drugs: 1%; alcohol and drugs: 1%). This difference reflects the age profiles described in Workbook Table 2.2 and **Figure 2.2.**

[xi] Prison status is recorded in the sections on employment, accommodation and prison history. Recent data quality investigations have shown that the recording of prison status is not consistent between these variables. As a result, minor differences in figures are reported for prison status between these sections, but they do not alter the overall conclusions drawn. Further investigations are underway, and any revisions will be reported in future publications.

Figure 2.5: Employment status of people starting treatment by substance type and financial year (NHSScotland, 2024/25, top five categories)



Lives with other adults

People's living situation may have an influence on their health and wellbeing. In 2024/25, 44% (7,228) of people starting treatment for any substance type reported living with another adult[xii] (Workbook Table 2.7.2). There was little variation in the percentage of people living with another adult by substance type (45% for alcohol

[xii] This question was not applicable for people under the age of 16, and those whose Primary Service Provider was a prison. Recent data quality investigations have shown that this variable has been recorded in a small number of cases for people treated within prison. As these differences are minor, they do not alter the overall conclusions drawn. Further investigations are underway, and any revisions will be reported in future publications.

only, 43% for drugs only and 40% for alcohol and drugs). Percentages were similar across the period from 2021/22 to 2024/25.

In mainland NHS Boards subject to commentary, the percentage of people living with another adult was lowest in NHS Ayrshire & Arran and NHS Dumfries & Galloway (41%) and highest in NHS Fife (51%).

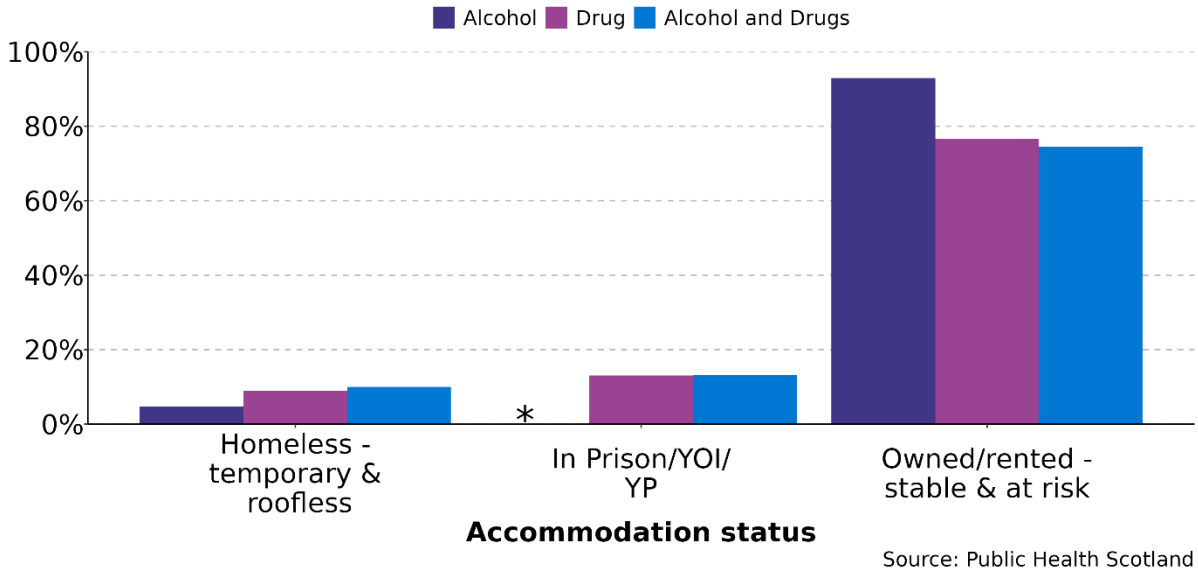
Accommodation status

In 2024/25, 85% (13,935) of people starting treatment for any substance type reported their accommodation status as owned or rented, with 7% (1,121) living in a prison/YOI/YP secure unit, 7% (1,114) recorded as homeless (either temporarily or roofless) (Workbook Table 2.7.3). Percentages were similar across the period from 2021/22 to 2023/24.

There were differences in the accommodation status profiles for each substance type (Figure 2.6). In 2024/25, the percentage of people in owned/rented accommodation was higher among people starting treatment for alcohol only (93%) than for drugs only (77%) or alcohol and drugs (75%), whereas there were higher percentages of people in prison/YOI/YP secure units among those starting treatment for drugs only (13%) or alcohol and drugs (13%) than for alcohol only (figure suppressed).

There are minor inconsistencies between figures relating to Prisons/YOIs for accommodation status, prison experience and prison service settings. However, these are not thought to alter the overall conclusions drawn from these data. Please see **Appendix 2** for more information.

Figure 2.6: Accommodation status of people starting treatment, by substance type and financial year (NHSScotland, 2024/25)[1]



1. Were figures are suppressed this is represented by *. See **PHS statistical disclosure control** for more detail.

The percentage of people recorded as homeless was around twice as high among those starting treatment for drugs only or alcohol and drugs compared to alcohol only (alcohol: 5%; drug: 9%; alcohol and drugs: 10%). There was little variation in the percentages within each substance type across the period from 2021/22 to 2024/25.

Children and pregnancy

In 2024/25, 158 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 2.7.4). The percentage was the same across all years.

Approximately one-third (33%) of people starting treatment for substance use reported having children aged under 16. Of these, 2,658 people (16%) reported having one child, 1,718 (10%) as having two children and 967 (6%) had three or more children. These patterns were similar in previous years.

There was variation in the percentages of people who reported having one or more child under 16 between substance types. For drugs only and alcohol and drugs

cohorts 37% and 39% respectively reported having children under 16, while for alcohol only 28% of people reported having children under 16. This may reflect their higher median age of those seeking treatment for alcohol only use (as described in Workbook Table 2.2 and **Figure 2.2**), whose children may be more likely to be over 16.

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 2024/25, 7% (1,132) of people reported being in prison at the time of assessment. This percentage was broadly similar to previous years (6-7%). There was variation across substance types, with 13% of people (291) starting treatment for alcohol and drugs and 13% of people (772) starting treatment for drugs only recorded as being in custody at the time of assessment, compared to 1% (96) for alcohol only (Workbook Table 2.7.5).

Armed forces

In 2024/25, 3% (458) of people starting treatment for substance use reported ever having served in the armed forces, with a further 2% (274) not wishing to answer (Workbook Table 2.7.6). There was little difference in the percentages of people who reported serving in the armed forces across substance types (alcohol: 4%; drugs: 2%; alcohol and drugs: 2%). However, over time these figures have consistently shown a higher percentage for alcohol only (4%) compared to drugs only (2%) and alcohol and drugs (2-3%).

For those who reported serving in the armed forces, data about their length of service were also collected. In 2024/25, 51% of veterans reported a length of service of up to four years and 49% reported having served for five years or more. These percentages showed little change over the period 2021/22 to 2024/25, however there were differences across substance types. In 2024/25, higher percentages of veterans who started treatment for alcohol only had served for five years or more than was reported for drugs only (alcohol: 53%; drug: 40%). Due to small numbers a comparison to both alcohol and drug use could not be made. The higher percentage

of people with longer periods of service among the alcohol only cohort may reflect their higher median age, as described in Workbook Table 2.2 and **Figure 2.2**.

Setting

Specialist treatment services which offer **tier 3 and 4 interventions** for alcohol and/or drug use 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 2024/25, of the 16,415 people who had an initial assessment, 7% (1,077) 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 2024/25.

Considering the different cohorts in 2024/25, higher percentages of initial assessments for people starting treatment for drugs only (13%; 743) and alcohol and drugs (13%; 278) than for people starting treatment for alcohol only (1%; 83) were from prison-based services. This pattern remained stable over the period 2021/22 to 2024/25.

The median age of people starting treatment for alcohol only in prison was 37 years, ten years younger than those accessing treatment at community-based services (47 years). For drugs only and alcohol and drugs the median age of people starting treatment was similar between community services (36 and 34 respectively) and prison services (37 and 34 respectively) (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 services[xiii], 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 only. The cohort of people starting treatment for alcohol only in hospital in 2024/25 had a median age of 55 years, eight years older than those accessing treatment at community-based services (47 years) (data not shown in tables).

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

Section 3 - Alcohol

In 2024/25:

Main points

- 8,589 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 49 years.
- The median age for when people deemed that their alcohol use became problematic was 30 years for males and 34 years for females.
- 88% of people starting alcohol treatment reported drinking in the month prior to their assessment. Spirits (35%) 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 2024/25, a total of 13,660 episodes of care for people starting specialist alcohol treatment in Scotland were eligible for an initial assessment, of which 9,099 (67%) were recorded on DAISy. These completed initial assessments related to 8,589 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 2024/25 (Workbook Table 2.2).

Median age differed by sex with females being slightly older. The median age at assessment for males in 2024/25 was 45 years with an interquartile range (IQR) of 36 to 56 years whilst for females the median age was slightly higher at 49 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 in 2024/25, the percentage of females was 37%, which was the same as the figure reported for 2023/24 (Workbook Table 2.3).

Alcohol use

Age at first use and onset of problematic use

In 2024/25, 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 2023/24.

Females reported higher median ages for when they first consumed alcohol and when they deemed their alcohol use to be problematic. In 2024/25, 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 years for females (IQR of 24 to 45 years) and 30 years for males (IQR of 20 to 40 years). These median figures were broadly the same as in the previous financial year (data not shown in tables).

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 have recently consumed. 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 provides 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'. Ready to drink refers to pre-mixed drinks such as cocktails, spirit and mixer and alcopop style drinks typically in single serving cans or bottles. 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[xiv].

In 2024/25, of the 8,589 people with an initial assessment recorded on DAISy for alcohol treatment, 88% (7,597) reported recent alcohol use (defined as use in the month prior to the assessment) (Workbook Table 3.3).

Of those who recently used alcohol, 35% (2,683) reported mainly drinking spirits, 26% (1,966) reported mainly drinking wine, 24% (1,830) reported mainly drinking beer, and 15% (1,118) reported mainly consuming other[xv] drink types. These figures are broadly the same as those reported in 2023/24 (Workbook Table 3.4).

There were differences between the sexes when reporting the main types of alcohol consumed (**Figure 3.1**). In 2024/25, males (33%; 1,592) were more likely than females (8%; 238) to report beer as their main recent drink type. Conversely, females

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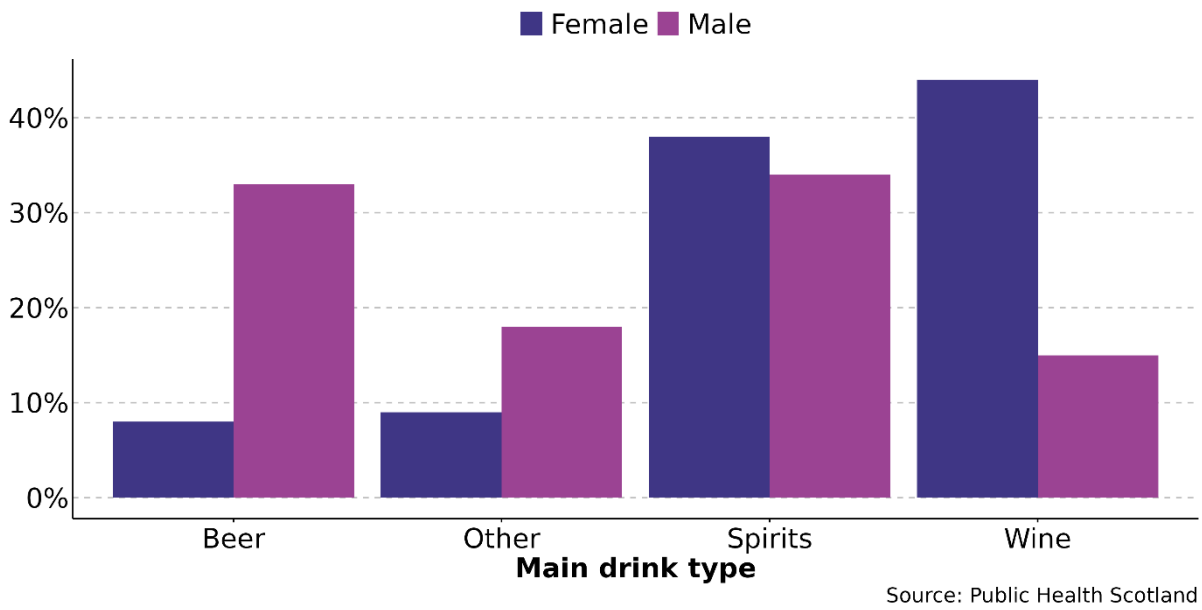
[xiv] Workbook Table 3.4 provides data on main drink type with fortified wine, ready to drink, cider and perry, and 'other' reported separately.

[xv] 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.

(44%; 1,248) were more likely than males (15%; 715) to report wine as their main drink type (data not shown in tables).

Figure 3.1: Main type of alcohol consumed by sex (NHSScotland, 2024/25)



Source: Public Health Scotland

Main drink type by area

In 2024/25, eight of the ten mainland NHS Boards subject to commentary[xvi] reported spirits as the most common main drink type among people who reported recent alcohol use. The percentage varied across these eight NHS Boards, ranging from 33% in Ayrshire & Arran to 39% in Grampian (Workbook Table 3.4).

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

Frequency of alcohol consumption

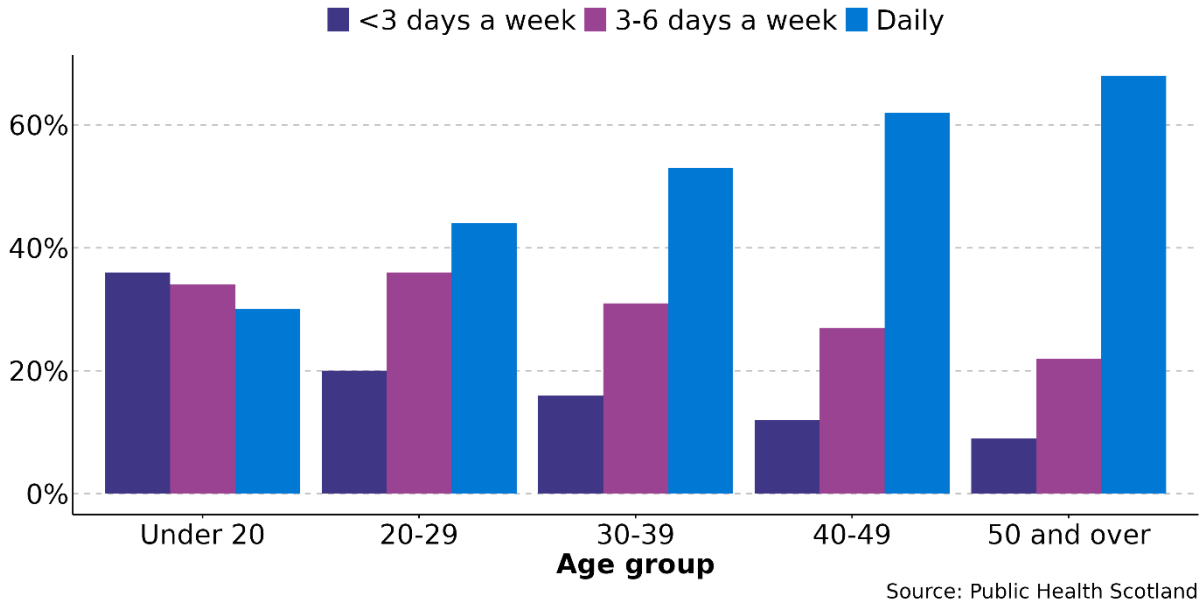
During assessment, people who use alcohol services are asked about their drinking behaviours including how often they consume alcohol.

In 2024/25, 61% of people who reported recent alcohol use stated that they consumed alcohol on a daily basis. This percentage was the same as in 2023/24 (Workbook Table 3.5).

Reported frequencies of alcohol consumption were broadly similar for males and females, with daily drinking being reported by 61% of males and 59% of females however differences between age groups were observed.

Figure 3.2 shows the reported alcohol consumption frequency by age group for 2024/25. 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 common as age increased. People aged under 20 years most commonly reported drinking on less than three days per week. It should be noted however that statistics for this age group are based on very small numbers of service users.

Figure 3.2: Frequency of alcohol consumption by age group (NHSScotland, 2024/25)



Frequency of consumption by area

In 2024/25, daily drinking was the most common frequency of consumption for people reporting recent alcohol use in all ten of the mainland NHS Boards subject to commentary, ranging from 53% (202) in Fife to 71% (228) in Highland (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. A review of the methodology used in previous editions of this publication has uncovered an error which resulted in higher alcohol consumption frequencies being assigned to service users who reported drinking on ‘2 to 3 days per month’. This issue has been corrected in this release and it should be noted that this has not resulted in any material changes to the underlying trends or commentary provided in previous publications. A more detailed explanation of this issue can be found in the **Data quality and completeness** section. In addition, service provider practices during assessments are known to be inconsistent when recording information related to service users’ consumption frequencies. Further discussion of these inconsistencies is provided in **Appendix 2** and caution should therefore be exercised when interpreting the figures in this section of the report.

Units of alcohol consumed by age and sex

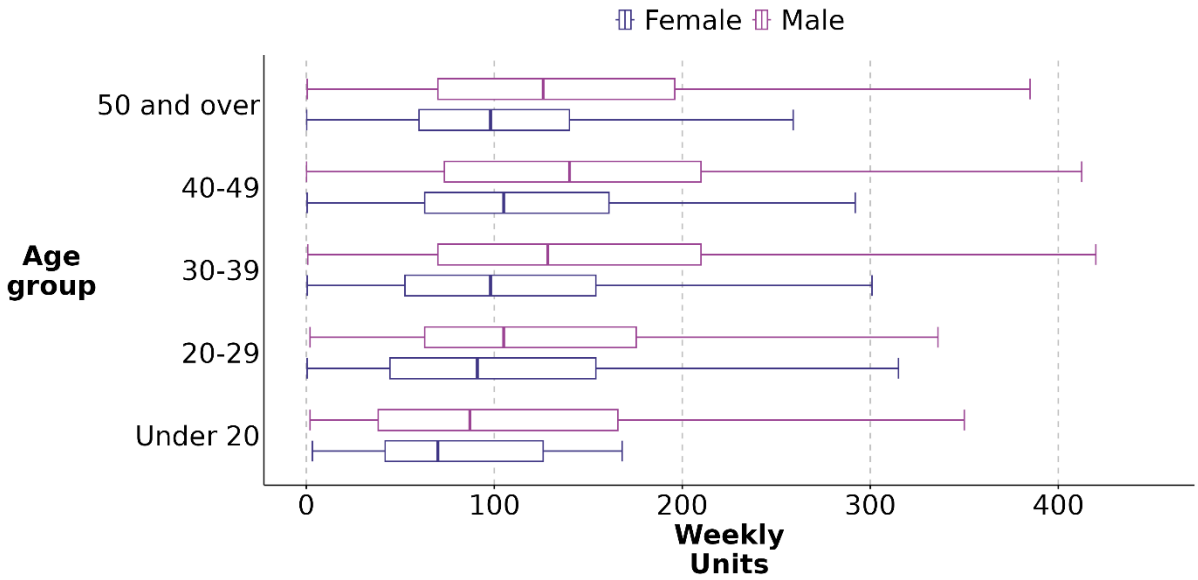
The median number of units consumed per week for people seeking specialist alcohol treatment who reported recent alcohol use during 2024/25 was 111[xvii]. This was very similar to the equivalent figure reported in 2023/24 (112 units).

Differences in the median number of units consumed were apparent when analysed by sex and age group. In 2024/25, the median figure for males was 126 units per week whilst the equivalent median figure for females was 98 units per week. Similar figures were observed in 2023/24 (Workbook Table 3.6). Males had higher median values for weekly units consumed across all age groups[xviii] (see **Figure 3.3**).

[xvii] '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/**

[xviii] Approximately 1% of persons seeking specialist alcohol treatment are aged under 20. Caution should therefore be exercised when interpreting summary statistics related to this age group due to the small number of individuals included.

Figure 3.3: Boxplot of typical weekly units consumed by sex, age group (NHSScotland, 2024/25)[xix]



Source: Public Health Scotland

Units of alcohol consumed by area

In 2024/25, of the ten mainland NHS Boards subject to commentary the highest median number of alcohol units consumed were reported by NHS Highland and NHS Borders where the figure for both Boards was 126 units. NHS Dumfries & Galloway reported the lowest median figure of 99 units (Workbook Table 3.6).

Prescribed drugs

This section of the report presents findings about medications prescribed for the treatment of problematic alcohol use. As these data were captured during initial assessment for specialist alcohol treatment, they may reflect the medications people were receiving at the time of assessment rather than the treatments prescribed during subsequent alcohol treatment episodes.

[xix] Please note the data quality statement in relation to recording of alcohol units consumed on page 33.

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 and people were excluded from this measure if all recorded prescriptions were removed during the recoding process. As a result, the figures presented below should not be compared with those from previous DAISy reports. For more information, please see **Appendix 2**.

In 2024/25, 14% of people seeking specialist alcohol treatment (1,185 people) reported being prescribed at least one medication for the treatment of dependence. Among these, 62% (730) were prescribed thiamine which helps treat or prevent vitamin B1 deficiency caused by long-term or heavy drinking. Acamprosate, which reduces alcohol cravings, was prescribed to 25% (292), while 9% (108) were being prescribed disulfiram, a medication that causes unpleasant reactions like nausea and flushing if alcohol is consumed, thereby discouraging drinking. These percentages were broadly the same for both males and females and were similar to those reported in 2023/24 (Workbook Table 3.7).

Section 4 - Drugs

In 2024/25:

Main points

- A total of 6,228 initial assessments recorded on DAISy were for people starting specialist drug treatment in Scotland.
- The median age at initial assessment was 37 years. Of those starting specialist drug treatment, 70% were male and 30% were female.
- Cocaine (32%) was the most commonly reported main drug used by people starting specialist drug treatment in Scotland, followed by heroin (25%).
- Of the people who reported using opioids in the previous month, 65% had a take-home naloxone kit (a medication to prevent fatal opioid overdoses) at the time of initial assessment.
- Overall, 27% of people reported a history of injecting drugs with 10% injecting in the month prior to assessment and a further 17% injecting more than one month ago.

Introduction

In 2024/25 there were 9,094 episodes of care for people starting specialist drug treatment in Scotland which were eligible for an initial assessment. Of these, 6,228 (68.5%) were submitted to DAISy (approximately the same as in 2023/24 (68.3%)) (Workbook Table 1.1). These completed initial assessments related to 5,878 unique people (Workbook Table 2.1).

The Scottish Drug Misuse Database (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 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.[xx]

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 of people starting drug treatment in Scotland was 37 years in 2024/25 with an IQR of 29 to 44 years (IQR data not shown in tables), compared to 36 years in 2023/24 (IQR: 29 to 44) (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 2024/25 with 30% (1,737) of people whose assessment for specialist drug treatment was recorded on DAISy recorded as female and 70% (4,134) as male. The percentage recorded as female was broadly similar to 2023/24 (28%).[xxi]

[xx] 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.

[xxi] Percentages are based on totals that also include 'Unknown' and ‘Not specified’ categories therefore 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

In 2024/25, of the 5,878 people starting specialist drug treatment recorded in DAISy, 49% (2,886) were reported to be unemployed, 24% (1,414) were employed or in education or training and 13% (766) were in prison or YOI or YP secure units. This was broadly similar to 2023/24.

In SDMD results from 2019/20[xxii], 20% of the people starting specialist drug treatment were reported to be employed. This was slightly lower than in DAISy data (24% in 2024/25)[xxiii] (Workbook Table 2.7.1).

Drug use

Age at first use and onset of problematic use

In 2024/25, the median age reported for first using illicit drugs was 17 years (IQR: 14 to 21) - the same as in other years except 2021/22 (16 years) (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 (IQR: 18 to 30) in 2024/25, this is unchanged from previous years (Workbook Table 4.2). Comparable data were not collected in SDMD.

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

[xxiii] For comparability, DAISy employment categories were aligned to SDMD classifications (see **Appendix 2** for more details).

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.

In 2024/25, illicit drug use in the month prior to initial assessment was reported by 84% (4,962) of the 5,878 people starting specialist drug treatment (Workbook Table 4.3). Stimulants were the most commonly reported category (52%; 2,564), followed by opioids (41%; 2,012), cannabinoids (29%; 1,451) and depressants (24%; 1,179). The percentage reporting stimulant use has risen steadily over previous years from 33% in 2021/22 to 52% in 2024/25. While the overall pattern was broadly similar to 2023/24, these years were markedly different from 2022/23 and 2021/22 when opioids (48% and 49% respectively) was the most commonly reported category followed by stimulants (Workbook Table 4.4).

Examining specific drugs, cocaine was the most commonly reported drug in Scotland in 2024/25 with 50% (2,483) of people starting specialist drug treatment reporting recent use, followed by heroin (29%; 1,422), cannabis (28%; 1,412), and benzodiazepines (21%; 1,033) (Workbook Table 4.4 and **Figure 4.1**).

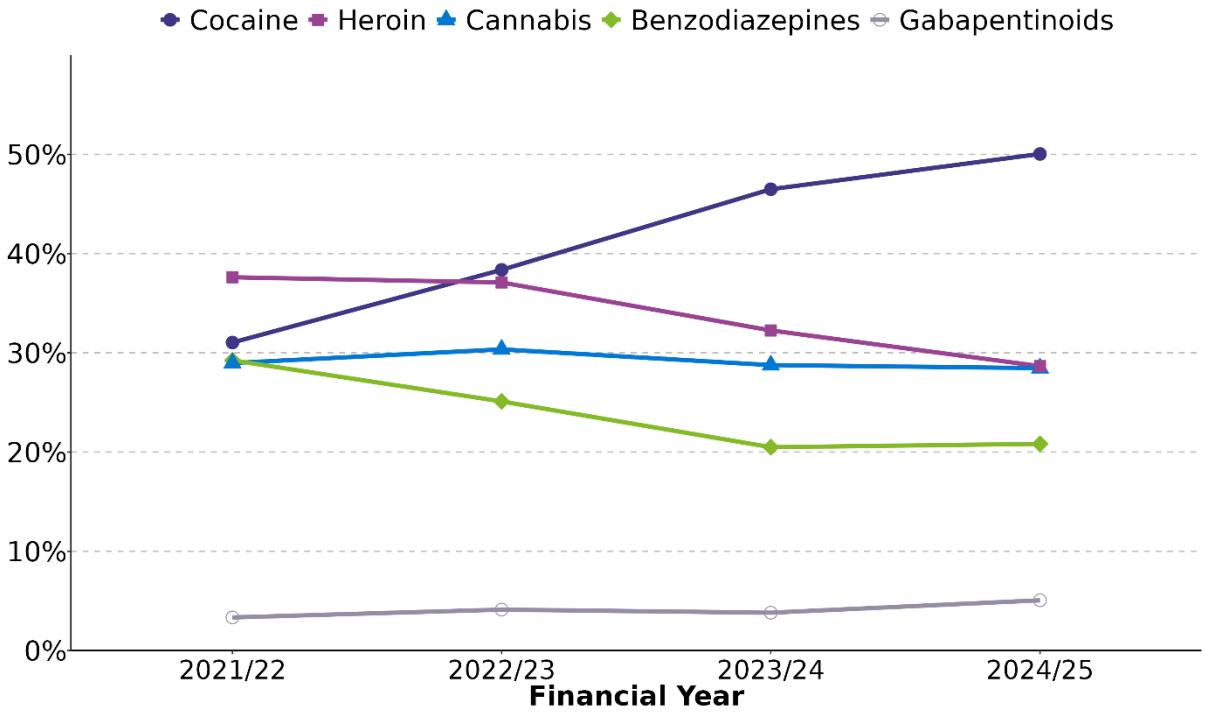
Including **SDMD** data from 2006/07 to 2019/20, this marks the third consecutive year that cocaine was the most commonly reported individual drug, having overtaken heroin in 2022/23 (Workbook Table 4.4). SDMD data show a steady increase in reported cocaine use, from 15% in 2006/07 to 36% in 2019/20. DAISy data shows a continued increase from 31% in 2021/22 to 50% in 2024/25.

In contrast, the percentage of people reporting recent use of heroin in 2024/25 was the lowest to date, at 29%. **SDMD** data show a steady decline in reported heroin use, from 67% in 2006/07 to 42% in 2019/20. This downward trend has continued in DAISy, with 38% of people reporting recent use of heroin in 2021/22, decreasing to 29% in 2024/25 (Workbook Table 4.4 and **Figure 4.1**).

Also in 2024/25:

- 28% of people starting specialist drug treatment reported recent use of cannabis. This percentage has remained broadly stable over the past four years, consistent with the percentage observed in **SDMD**.
- 21% of people reported recent use of benzodiazepines, showing a gradual decrease from 29% in 2021/22.
- 5% of people reported recent use of gabapentinoids. This percentage has remained broadly stable since 2021/22 (Workbook Table 4.4 and **Figure 4.1**).

Figure 4.1: Recent use of specific drugs among people reporting illicit drug use by financial year (NHSScotland, 2021/22 to 2024/25)



Source: Public Health Scotland

All reported drugs by area

In 2024/25, cocaine was the most commonly reported drug used in the month prior to assessment in all ten mainland NHS Boards subject to commentary[xxiv], ranging from 45% in Ayrshire & Arran to 53% in Fife and Highland. The second most commonly reported drug was heroin in six Boards, and cannabis in four Boards (Workbook Table 4.4).

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 2024/25, among the 4,962 people reporting drug use in the month prior to assessment, cocaine was the most commonly reported main drug (32%; 1,595), followed by heroin (25%; 1,224), cannabis (18%; 906) and benzodiazepines (7%; 346). This pattern was broadly similar to that observed in 2023/24 (cocaine 30%; heroin 28%; cannabis 18%; and benzodiazepines 8%) (Workbook Table 4.5 and **Figure 4.2**).

The percentage of people reporting cocaine as their main drug has steadily increased over the past four years from 18% in 2021/22 to 32% in 2024/25 (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).

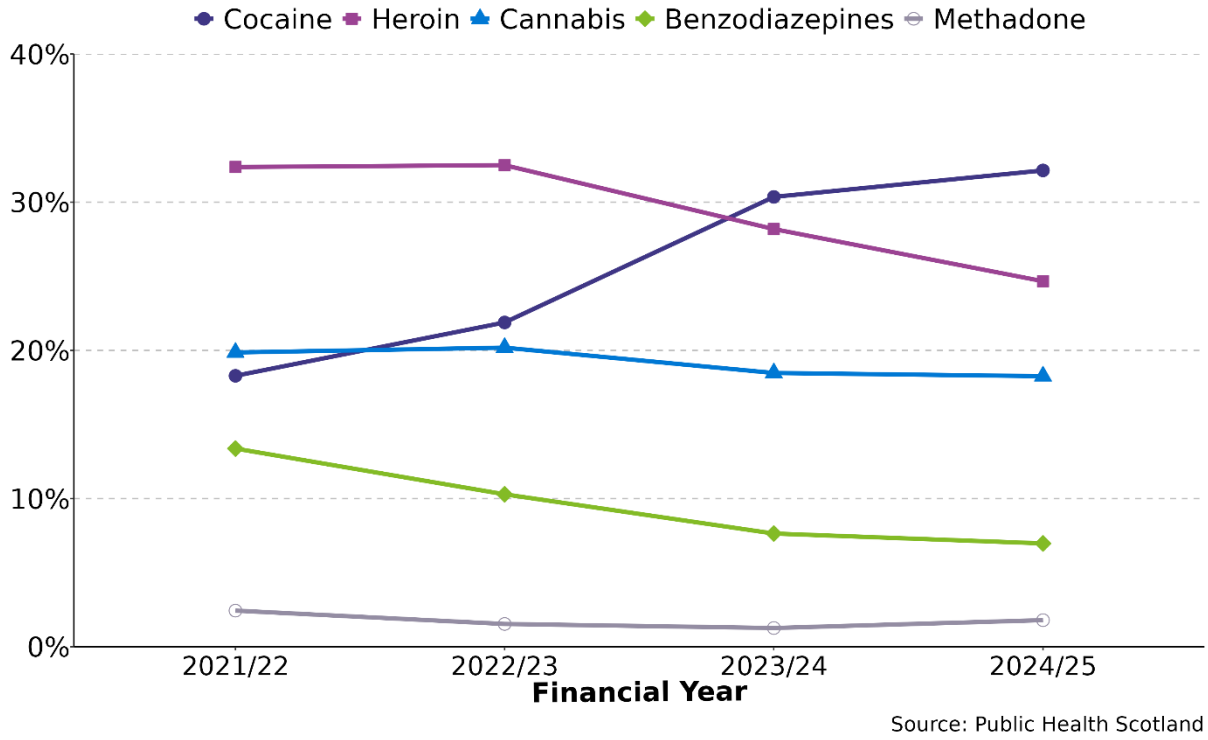
In contrast, the percentage of people starting drug treatment who reported heroin as their main drug has steadily decreased over the same period from 32% in 2021/22 to 25% in 2024/25 (Workbook Table 4.5 and **Figure 4.2**). **SDMD** data reported a series of decreases from 63% in 2006/07 to 36% in 2019/20.

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

In 2024/25, 18% reported cannabis as their main drug, similar to percentages in previous years from both DAISy and **SDMD** (Workbook Table 4.5 and **Figure 4.2**).

In 2024/25, 7% of people reported benzodiazepines as their main drug. This reflects a gradual decrease from previous years: 13% in 2021/22, 10% in 2022/23 and 8% in 2023/24 (Workbook Table 4.5 and **Figure 4.2**). 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 2024/25)



Source: Public Health Scotland

Main reported drug by area

In 2024/25, cocaine was the most commonly reported main drug in seven of the ten mainland NHS Boards: Borders (41%), Fife (41%), Dumfries & Galloway (35%), Tayside (34%), Forth Valley (32%), Lanarkshire (31%) and Grampian (26%). Heroin was most common in the remaining three Boards: Ayrshire & Arran (35%), Highland (35%) and Lothian (30%).

Opioids and stimulants profile

In 2024/25, stimulants (52%) and opioids (41%) were the two most commonly reported drug categories. The most commonly used drugs within these categories were cocaine (accounting for 97% of all stimulants reported) and heroin (71% of all opioids) (Workbook Table 4.4).

This section describes differences in the profile of people reporting recent use (in the month prior to initial assessment) of cocaine and heroin. Analyses are restricted to people who reported use of the specified drug and percentages are calculated using drug-specific denominators. Findings are presented by age group, route of administration and frequency of use.

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. Cocaine use is associated with acute and chronic harms, including cardiovascular events, cocaine-related seizures, mental health problems, particularly with frequent use or use of crack cocaine.

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

Cocaine

Age and cocaine use

In 2024/25, the percentage of people who reported recent cocaine use has increased across all age groups reflecting the continued rise over the previous years:

- Among people aged under 25 years who reported illicit drug use in the month prior to initial assessment, 46% (320) reported using cocaine. The percentage increased steadily from 36% in 2021/22 to 48% in 2023/24 before a slight decrease to 46% in 2024/25.

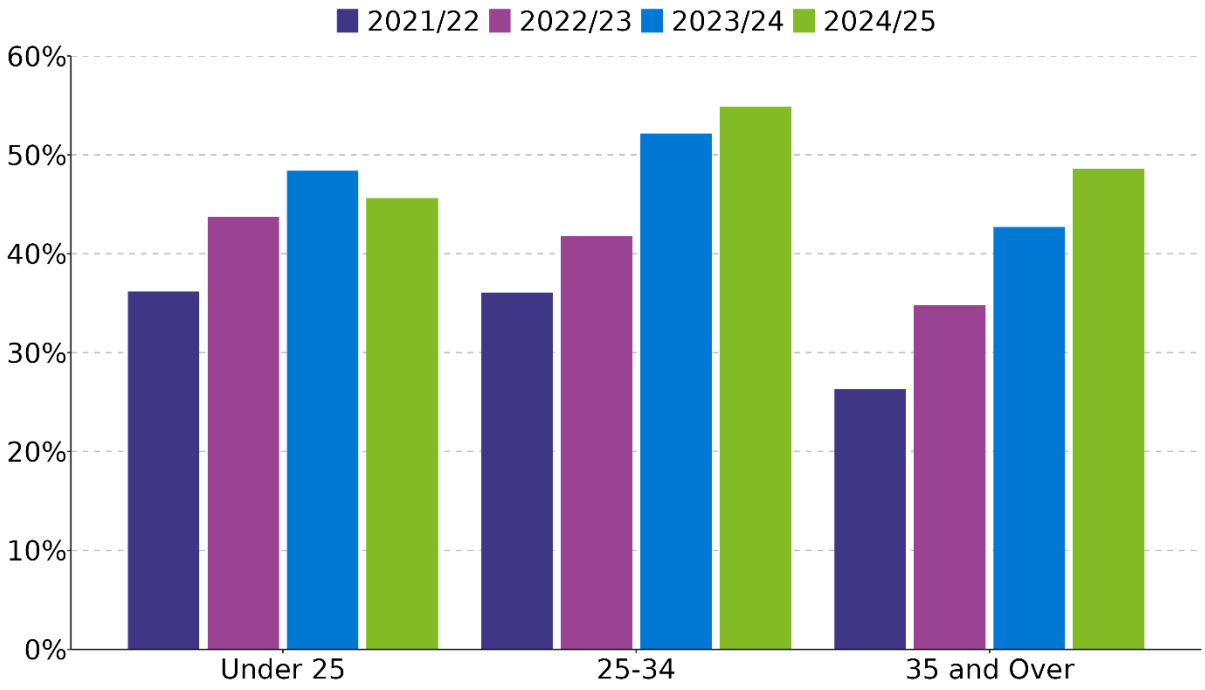
- Among people aged 25 to 34 years, 55% (807) reported recent cocaine use. This reflects a steady increase over time from 36% in 2021/22 to 55% in 2024/25

- Among people aged 35 years and older, 49% (1,356) reported recent cocaine use. Percentages have also increased consistently in this age group, from 26% in 2021/22 to 49% in 2024/25

See Workbook Table 4.10 and **Figure 4.3** in relation to these points. Equivalent figures for previous years using **SDMD** data are not available.

The continued increases across all age groups, particularly among people aged 35 years and older, suggest a shifting pattern of cocaine use among people starting specialist drug treatment. As stimulant use becomes more common across the treatment population, services may increasingly need to support people experiencing harms related to cocaine and crack cocaine, potentially alongside opioid-related harms.

Figure 4.3: Percentage of each age group reporting any recent cocaine use, by financial year (NHSScotland, 2021/22 to 2024/25)



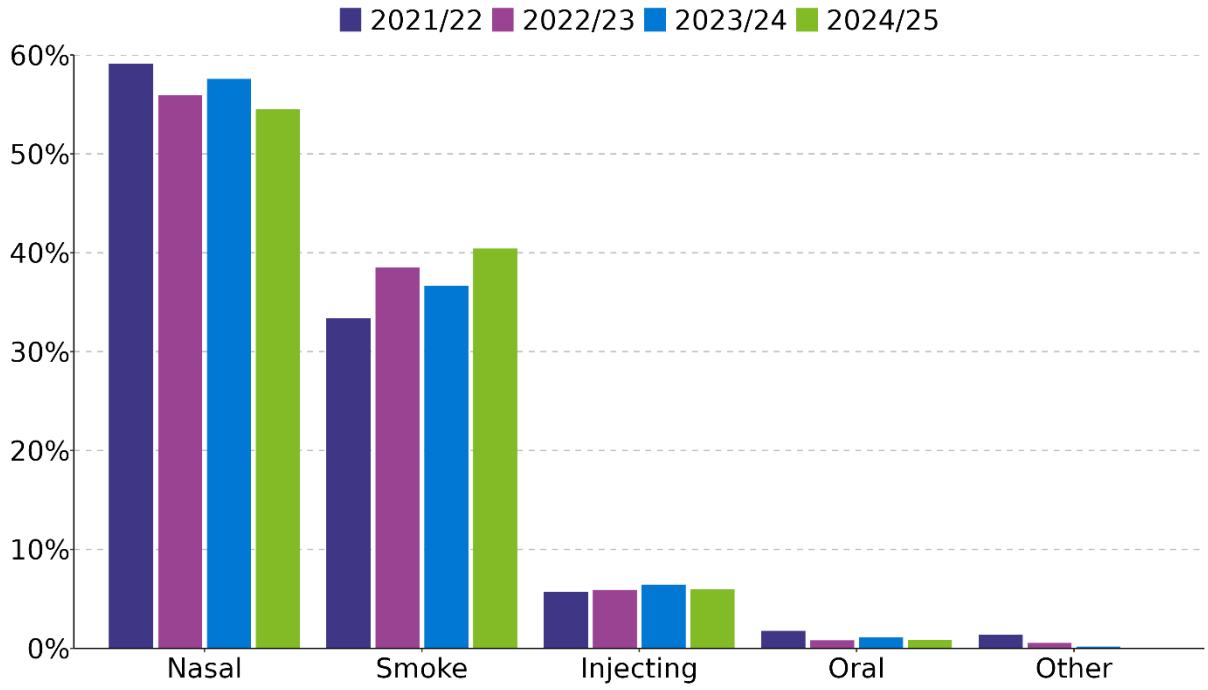
Source: Public Health Scotland

Route of cocaine use

In 2024/25, of the 2,483 people reporting cocaine use in the month prior to assessment, 41% (1,011) used crack cocaine and 59% (1,472) used powder cocaine. The percentage reporting crack cocaine use has increased over time, from 32% in 2021/22 to 41% in 2024/25. Over the same period, the percentage reporting powder cocaine decreased from 68% to 59% (data not shown in tables).

Across all people reporting cocaine use, 55% (1,354) reported nasal consumption, 40% (1,004) reported smoking, and 6% (149) reported injecting[xxv]. This pattern was broadly similar to 2023/24 (Workbook Table 4.11 and **Figure 4.4**). Smoking is a common route for crack cocaine use, which is included in this category.

Figure 4.4: Route of use for people reporting recent cocaine use, by financial year (NHSScotland, 2021/22 to 2024/25)



Source: Public Health Scotland

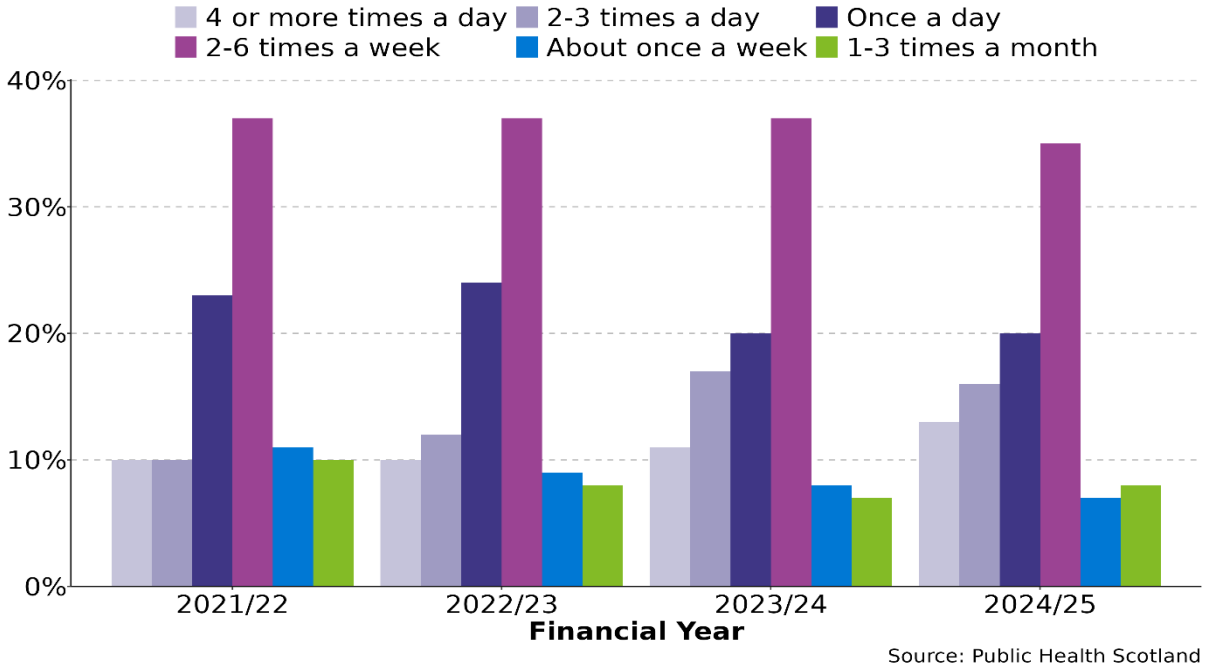
[xxv] Cocaine includes both powder cocaine and crack cocaine. DAISy records a single route of administration at assessment, therefor use of multiple routes may not be fully captured (see **Appendix 2** for more details).

Frequency of cocaine use

In 2024/25, of the 1,595 people who reported cocaine as their main drug[xxvi], 35% (559) used it two to six times a week, 20% (325) used it once daily, 16% (256) used it two to three times daily and 13% (202) used it four or more times daily. Daily use (i.e. once a day) of cocaine has remained broadly stable over the past four years, ranging from 20% to 24%. High frequent use (two or more times a day) has increased over time from 20% in 2021/22 to 29% in 2024/25. This suggests a shift towards more frequent use of cocaine among people starting specialist drug treatment (Workbook Table 4.12 and **Figure 4.5**).

In total, 49% (783) of people who reported cocaine as their main drug used it at least once a day - roughly the same as in 2023/24 (48%) (Workbook Table 4.12 and **Figure 4.5**).

Figure 4.5: Percentage of cocaine use frequency, by financial year (NHSScotland, 2021/22 to 2024/25)



[xxvi] For this section, frequency of consumption data for main drug was used due to data quality and consistency issues.

Heroin

Age and heroin use

In 2024/25, the percentage of people who reported recent heroin use continued to decrease across all age groups, consistent with the longer-term downward trend observed in **SDMD** and DAISy data (Workbook Table 4.6 and **Figure 4.6).**

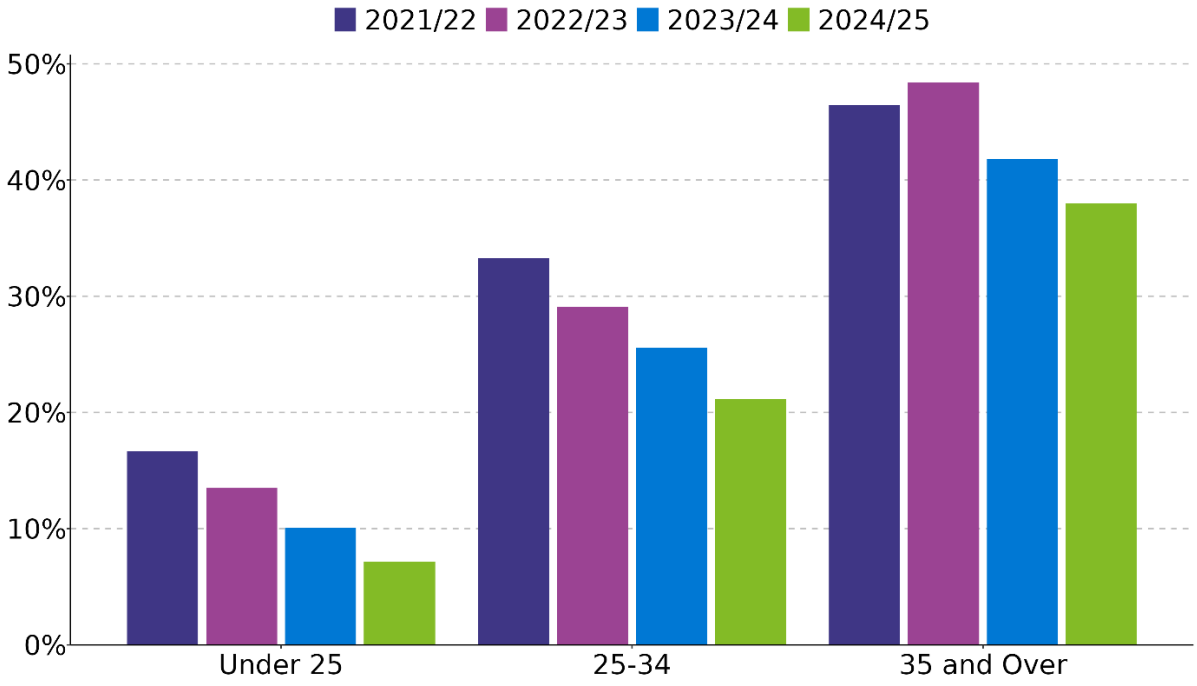
- Among people aged under 25 years who reported illicit drug use in the month prior to initial assessment, 7% (50) reported using heroin in 2024/25. This reflects a substantial and continued decrease over time from 58% in 2006/07 in **SDMD** data, to 17% in 2021/22 and 9% in 2023/24 (Workbook Table 4.6 and **Figure 4.6**).

- Among people aged 25 to 34 years, 21% (311) reported recent heroin use in 2024/25. This reflects a decrease from 33% in 2021/22 and continues the downward trend observed in previous years (Workbook Table 4.6 and **Figure 4.6**).

- Among people aged 35 years and older, 38% (1,061) reported recent heroin use in 2024/25. This was lower than 42% in 2023/24 and reflects the downward trend observed in this age group (Workbook Table 4.6 and **Figure 4.6**). **SDMD** data also show a long-term decrease, from 66% in 2006/07 to 52% in 2019/20.

The decreases in recent heroin use observed across all age groups, particularly among people aged 25 years and under, indicate a potential reduction in the population at highest risk of drug-related overdose and death. However, the relatively high percentage of people aged 35 years and over reporting recent heroin use reflects an ongoing service need to provide support and promote recovery amongst people with chronic opioid dependence even as overall heroin use continues to decline.

Figure 4.6: Percentage of each age group reporting any recent heroin use, by financial year (NHSScotland, 2021/22 to 2024/25)



Source: Public Health Scotland

Route of heroin use

In 2024/25, out of the 1,422 people who reported heroin use in the month prior to initial assessment, 72% (1,021) reported smoking and 24% (335) reported injecting the drug. Route of use percentages for 2023/24 were broadly the same (Workbook Table 4.7).[xxvii]

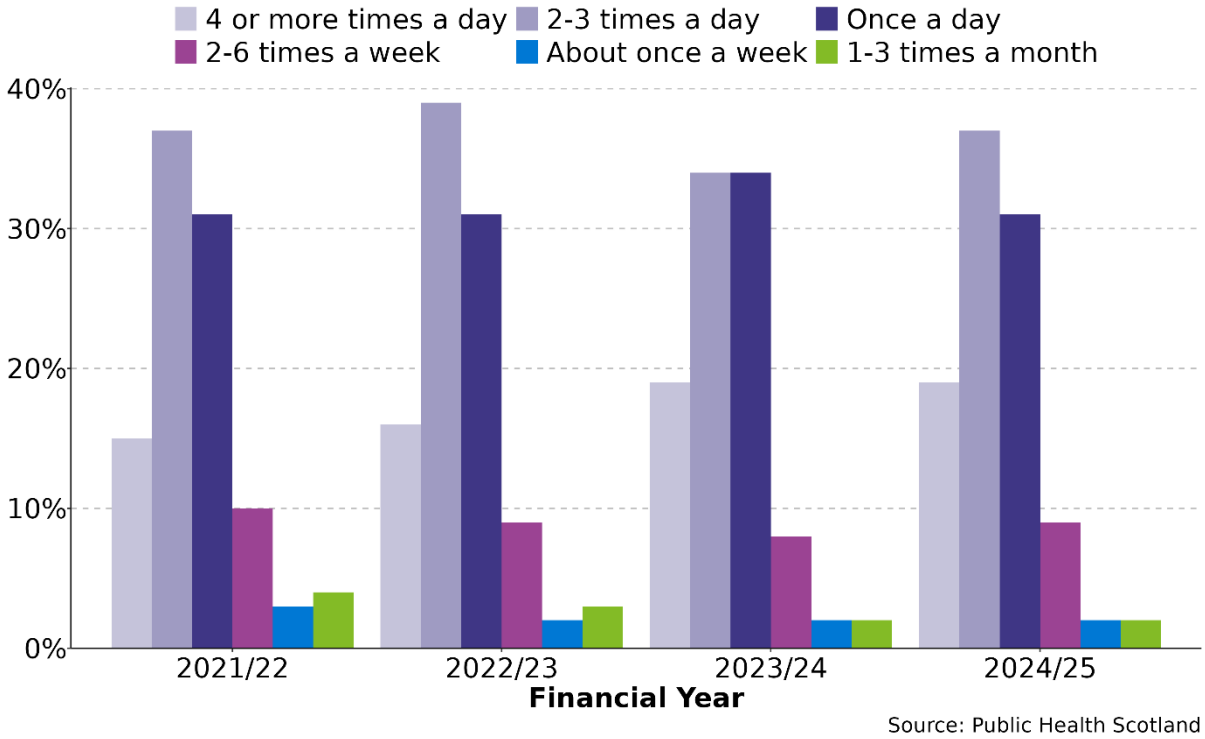
[xxvii] **SDMD** data from 2019/20 showed that 22% reported injecting heroin either in the previous month or prior to the previous month.

Frequency of heroin use

In 2024/25, of the 1,224 people who reported heroin as their main drug[xxviii], 37% (453) used it two to three times a day, 31% (379) used it once a day, and 19% (230) used it four or more times a day (Workbook Table 4.8 and **Figure 4.7**).

Overall, 87% (1,062) of people who reported heroin as their main drug used it at least once a day, unchanged from 2023/24 (87%) This represents a markedly higher level of daily use than cocaine, for which 49% reported use at least once a day (Workbook Table 4.8 and **Figure 4.7**).

Figure 4.7: Percentage of heroin use frequency, by financial year (NHSScotland, 2021/22 to 2024/25)



Source: Public Health Scotland

[xxviii] For this section, frequency of consumption data for main drug was used due to data quality and consistency issues.

Harm reduction among people reporting opioid use

This section relates to all people reporting opioid use in the month prior to assessment, which represents a broader group than in the previous section focusing on heroin 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 also at greater risk of drug-related overdose and death if they use drugs in circumstances when others are not present to administer naloxone in the event of an opioid overdose.

In 2024/25, of the 2,012 people who reported opioid use in the month prior to assessment, 45% (897) did not live with another adult and 42% lived with at least one other adult, while 14% were not applicable to this question.[xxix] The percentage who reported not living with another adult was lower than in 2023/24 (47%) (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**.

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

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 2024/25, of the 2,012 people reporting opioid use in the month prior to initial assessment, 65% (1,312) reported having a take-home naloxone kit, 22% (447) reported not having a kit and naloxone kit status was recorded as unknown for 13% (253). These percentages were broadly similar to 2023/24 (Workbook Table 4.9). Among those who did not have a naloxone kit, the most common reason was that the service user declined to take one (77%; 345), with no further details recorded on reason for refusal.

Amongst all those who started treatment for drug use (including non-opioids), in 2024/25, 34% 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 2024/25, of the people starting treatment, 10% (560) reported injecting drugs in the month prior to initial assessment, while 17% (991) reported last injecting more than a month earlier. Of those injecting in the month prior to assessment, the median age of first injection was 24 years, which was the same as in 2023/24 and 2022/23 and higher than in 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

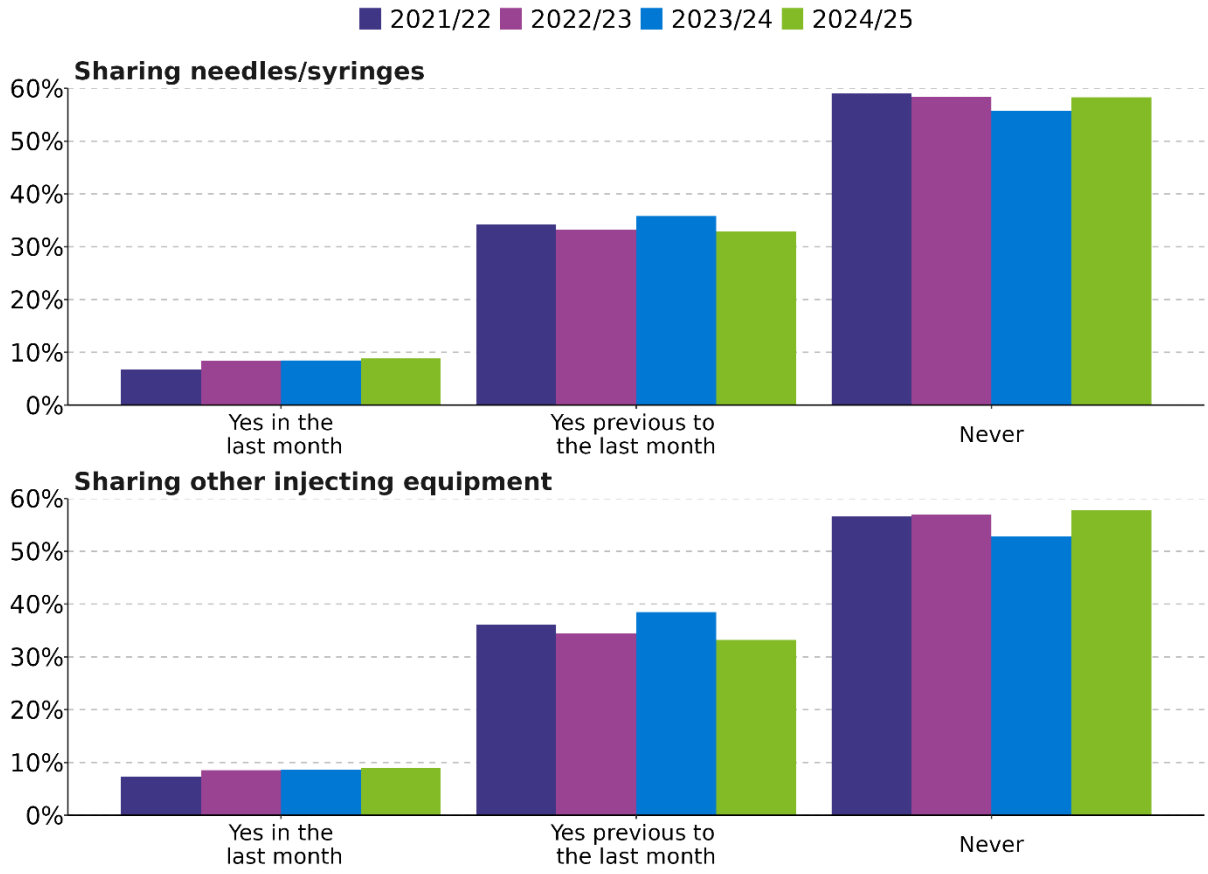
behaviour was not recorded for 12% (1,257 of 10,898), so caution is advised when comparing these results to the data above.

Sharing needles/syringes and other injecting equipment

In 2024/25, among the 1,551 people who reported ever injecting drugs, 42% (647) reported ever sharing needles/syringes while 58% (904) reported never sharing. Similar percentages were observed for sharing other injecting equipment (see Glossary [LINK] for more detail). These findings were broadly similar to previous years (Workbook Table 4.14 and **Figure 4.8**).

This was comparable to **SDMD** data for 2019/20 where 34% reported ever sharing needles/syringes, 62% reported never sharing and 4% had missing information. For sharing other injecting equipment, 38% reported ever sharing, 48% reported never sharing and 14% had missing information.

Figure 4.8: Sharing needles/syringes and other injecting equipment amongst people reporting ever injecting drugs by financial year (NHSScotland, 2021/22 to 2024/25)



Source: Public Health Scotland

Blood borne virus (BBV) testing

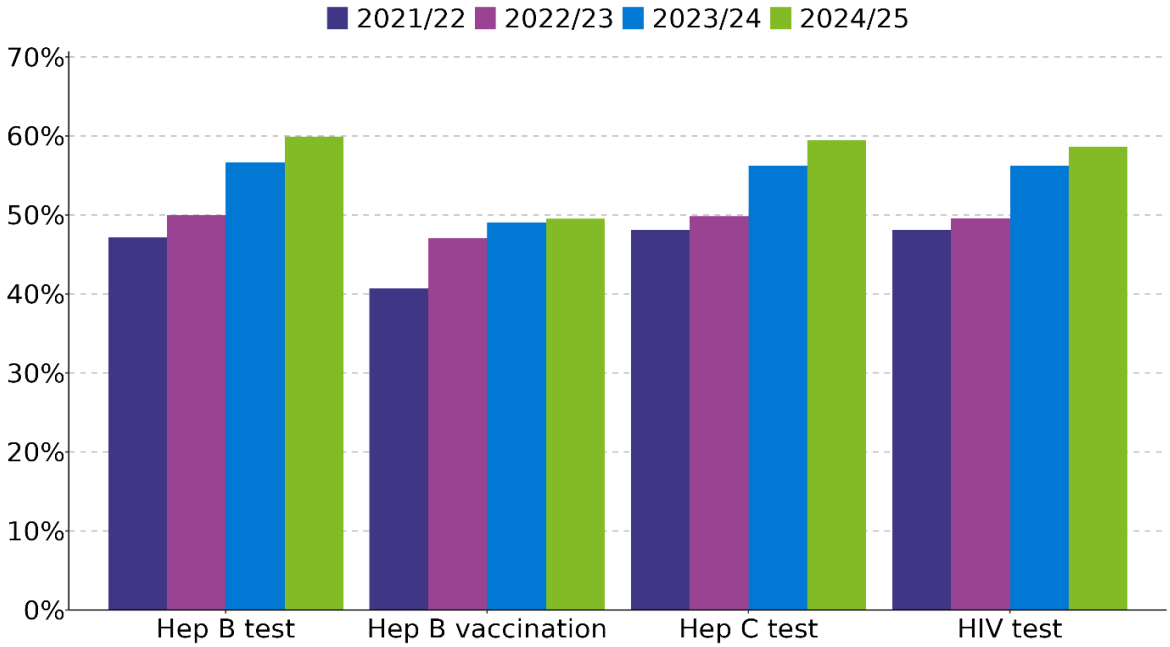
The risk of contracting blood borne viruses (BBVs) is higher amongst people who inject drugs than in other populations.[xxx]

In DAISy, people who reported injecting are asked about BBV testing and vaccination status. This accounted for 1,551 people in 2024/25 (26% of all people starting

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

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 **Figure 4.9.**

Figure 4.9: Percentage of people with BBV test or vaccination in the previous 12 months, by financial year (NHSScotland, 2021/22 to 2024/25)[xxxi]



Source: Public Health Scotland

Hepatitis B

In 2024/25, of people who injected drugs, 79% (1,232) reported having had a test for hepatitis B, with 60% (738) tested in the previous year. This was broadly similar to 2023/24, when 77% reported ever having a hepatitis B test, and 57% reported a test in the previous 12 months.

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

[xxxi] Hep B and Hep C refer to hepatitis B and hepatitis C respectively; HIV refers to Human Immunodeficiency Virus. See the **PHS pages on infectious diseases** for more information and relevant surveillance data.

In 2024/25, of people who injected drugs, 51% (792) reported having had a hepatitis B vaccination, an increase from 45% in 2023/24. Among those vaccinated, 49% received the vaccination in the previous 12 months, similar to 2023/24 (49%).

Hepatitis C

In 2024/25, of people who injected drugs, 79% (1,221) reported having had a test for hepatitis C. Of these, 59% (726) reported being tested in the previous year. This was broadly similar to 2023/24 when 76% reported ever having a hepatitis C test, with 56% having been tested in the year prior to the assessment.

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

HIV

In 2024/25, of people who injected illicit drugs, 78% (1,204) reported having had an HIV test. Of these, 59% (706) reported being tested in the previous year. This was a small increase from 2023/24 when 73% reported ever having an HIV test, of which 56% 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 are 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 were captured during initial assessment for specialist drug treatment, they may reflect the medications that people were receiving at the time of assessment rather than the treatments prescribed during subsequent 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 and people were excluded from this measure if all recorded prescriptions were removed during the recoding process. As a result, the figures presented below should not be compared with those from previous DAISy reports. For more information, please see **Appendix 2**.

In addition, the denominator used for prescribed drug analyses in 2024/25 was revised to include only individuals with at least one prescribed drug recorded at initial assessment. In previous reports, percentages were calculated using the total drug cohort. This change should be considered when interpreting trends over time. Further details are provided in the **Data Quality section** and **Appendix 2**.

In 2024/25, of the 5,878 people starting specialist drug treatment, 35% (2,070) reported at least one prescribed medication at their initial assessment. Taking account of the revised prescription methodology described above, this percentage was broadly stable over time, at 34% in both 2021/22 and 2022/23, and 35% in 2023/24 and 2024/25.

The most commonly reported prescribed drugs were buprenorphine[xxxii] (51%; 1,063), methadone (46%; 955) and diazepam[xxxiii] (5%; 102). The percentage of people prescribed methadone decreased steadily from 65% in 2021/22 to 46% in 2024/25, while prescribing of buprenorphine (including oral, buprenorphine-naloxone, and prolonged-release formulations) increased from 28% to 51% over the same period (Workbook Table 4.17).

Of those reporting at least one prescribed medication, 96% (1,978) were prescribed an OST[xxxiv] medication. The percentage of people who were prescribed an OST

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

[xxxiii] Diazepam is a benzodiazepine commonly used in drug treatment services and is often prescribed for the treatment of problematic benzodiazepine use.

[xxxiv] Methadone, buprenorphine or dihydrocodeine.

medication increased slightly from 93% in 2021/22 to 96% in both 2023/24 and 2024/25 (Workbook Table 4.18).

Section 5 - Problematic use of both alcohol and drugs[xxxv]

In 2024/25:

Main points

- 2,175 people started treatment for problematic use of both alcohol and drugs (Alcohol and Drugs cohort).
- For people starting treatment for problematic use of both alcohol and drugs the median age was 34 years old. Three-quarters (75%) were male and 24% female.
- Spirits were the most reported main alcohol type (32%) and cocaine the most reported main drug (52%)
- Daily alcohol consumption was lower for the Alcohol and Drugs cohort (31%) than the Alcohol only cohort (61%).
- 35% of people in the Alcohol and Drugs cohort who reported cocaine as their main drug used it at least once a day. This was lower than for those in the Drug only cohort who reported cocaine as their main drug (49%). Polysubstance use carries various and extensive risks, and there are specific risks in the consumption of both alcohol and cocaine.

Introduction

As the Alcohol and Drugs cohort was smaller than the cohorts of people starting treatment for problematic drug or alcohol use only, a limited number of outputs are described in this narrative and presented in the workbook.

[xxxv] This section was previously named "Co-dependency". For more information see the **introduction** to this report.

In 2024/25, there were 3,384 episodes of care for people starting specialist alcohol and drugs treatment which were eligible for an initial assessment, which was higher than 2023/24 (3,128). Of these, 67% (2,251) were submitted to DAISy (Workbook Table 1.1), compared to 68% (2,119) in 2023/24. These completed initial assessments in 2024/25 related to 2,175 unique people (Workbook Table 2.1).

Demographics

Age profile

As reported in Section 2 - Demographics, in 2024/25 the median age of people starting treatment for alcohol and drugs was 34 years. This was younger than the cohort of people starting treatment for problematic use of drugs only (37 years) or alcohol only (47 years). In 2024/25, the median age of the Alcohol and Drugs cohort was slightly higher than in previous years (2021/22 to 2023/24; 33 years) (Workbook Table 2.2).

Sex profile

In 2024/25, of the people starting treatment for alcohol and drugs, 75% (1,642) were male, and 24% (529) were female. The Alcohol and Drugs cohort had a lower percentage of females seeking treatment than either the Alcohol only or Drug only cohorts (37% and 30%, respectively). The percentage of females seeking treatment for alcohol and drugs was higher than in previous years (2021/22 to 2023/24; 21-22%) (Workbook Table 2.3)[xxxvi].

[xxxvi] 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 provided.

Substance use

Of the people starting treatment in 2024/25, 1,554 (71%) reported recent (in the month prior to assessment) alcohol and drug use (Workbook Table 5.1). 8% had recently used alcohol only, 9% had recently used drugs only, and 11% had not used either substance.

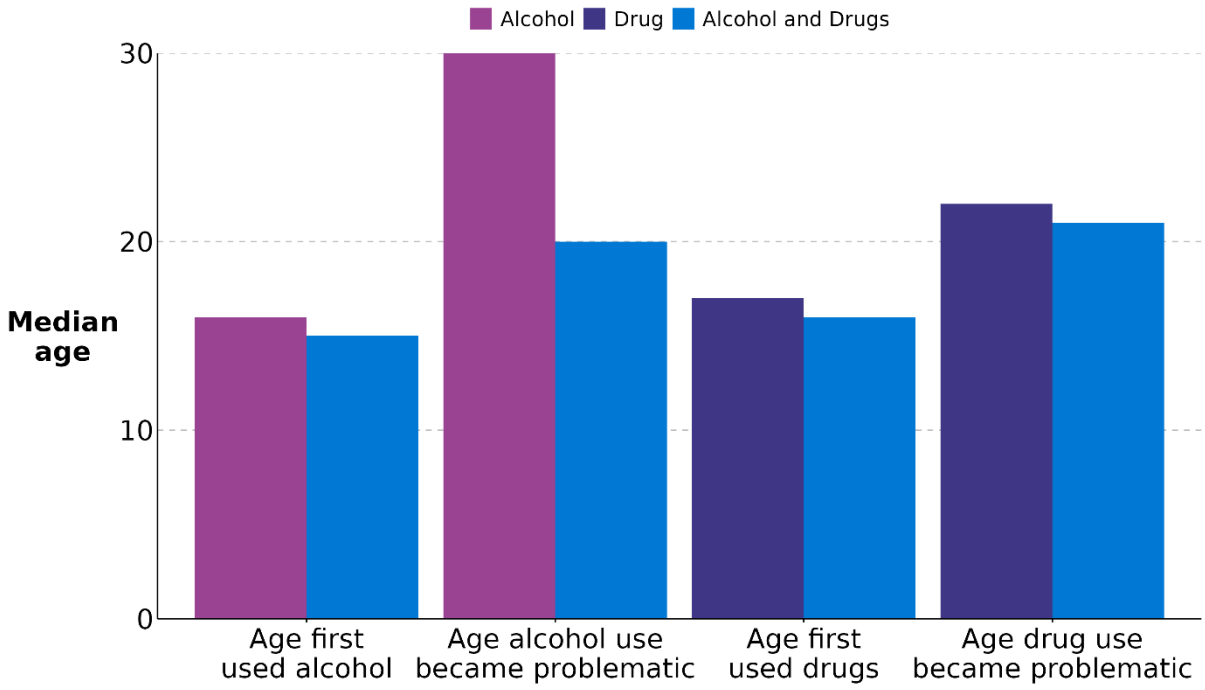
Age at first use and when use became problematic

In 2024/25, people starting treatment for alcohol and drugs reported first using alcohol at a median age of 15 years, and drugs at a median age of 16 years. The median age at which use became problematic for this cohort was 20 years for alcohol and 21 years for drugs.

For the Alcohol and Drugs cohort, the age at which drug use became problematic (21 years) has remained consistent since 2021/22. The age at which alcohol use became problematic (20 years) was slightly lower in 2024/25 than in previous years (21 years) (Workbook Tables 5.2 to 5.5).

People commencing treatment for alcohol and drugs in 2024/25 started using alcohol at a median age of 15 years old and drugs at a median age of 16 years old, which was broadly similar to those being treated solely for their problematic alcohol or drug use (16 and 17 years respectively; **Figure 5.1**). The age at which drug use became problematic was also similar between the Alcohol and Drugs cohort (21 years) and the Drug only cohort (22 years). However, the Alcohol and Drugs cohort reported significantly earlier onset of problematic alcohol use than those in specialist alcohol only treatment (20 years compared to 30 years).

Figure 5.1: Median age at first use of alcohol and drugs, and age at which use became problematic, by substance type (NHSScotland, 2024/25)



Source: Public Health Scotland

Alcohol use

As with those starting treatment for problematic use of alcohol only (**Section 3 - Alcohol**), people starting treatment for alcohol and drugs 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 of consumption patterns were also collected.

Main drink type

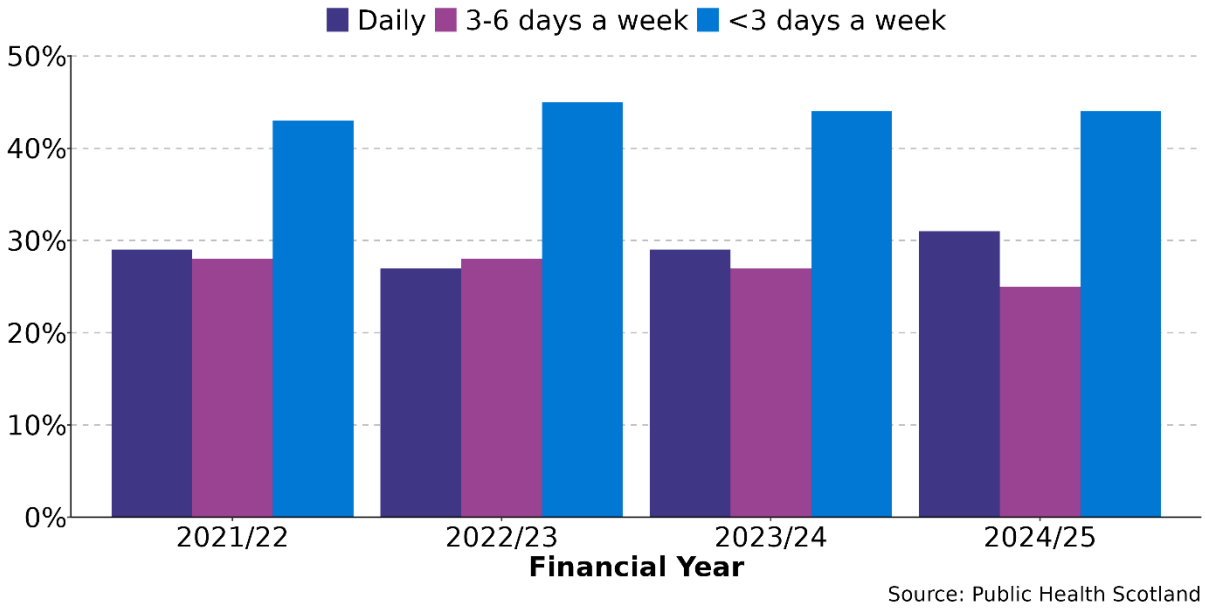
In 2024/25, alcohol use in the month prior to initial assessment was reported by 1,728 (79%) of the Alcohol and Drugs cohort. In 2024/25, spirits were the most commonly reported main alcohol type (32%; 551) followed by beer (27%; 472). This was similar to 2023/24, when 30% reported spirits as their main alcohol type, followed by beer (29%) (Workbook Table 5.7). People starting treatment for alcohol

alone also reported spirits as the most commonly used main alcohol type (35%), while wine was the second most reported (26%), followed by beer (24%).

Frequency of alcohol consumption

In 2024/25, 31% (530) of people seeking treatment for alcohol and drugs 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 was higher in 2024/25 than in previous years (2021/22 to 2023/24: 27-29%) (Workbook Table 5.8 and Figure 5.2).

Figure 5.2: Frequency of alcohol consumption, by financial year (NHSScotland, 2021/22 to 2024/25)



Source: Public Health Scotland

Drug use

As with those starting treatment for problematic use of drugs only (**Section 4 - Drugs**), people starting treatment for alcohol and drugs were asked to report which drugs they had 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.

In this report, figures for currently reported drug use have been refined following data quality checks. Specifically, errors in the categorisation of free text entries were identified and resolved and people were excluded from this measure if all recorded prescriptions were removed during the recoding process. As a result, the figures presented below should not be compared with those from previous DAISy reports. For more information, please see **Appendix 2.**

All reported drugs

In 2024/25, drug use in the month prior to initial assessment was reported by 1,751 (81%) of the Alcohol and Drugs cohort. The most commonly reported individual drugs were cocaine (67%; 1,169), cannabis (36%; 627), and benzodiazepines (17%; 299). Heroin use was reported by 10% (181) of the Alcohol and Drugs cohort. In comparison to 2023/24, cocaine use increased by three percentage points (64%), cannabis use decreased by two percentage points (38%), while benzodiazepine and heroin use remained broadly stable (17% and 10% respectively) (Workbook Table 5.9).

These patterns contrast to those for the Drug only cohort (Section 4 - Drugs), where the most commonly reported drugs were cocaine (50%), heroin (29%), and cannabis (28%). Recent use of heroin was lower in the Alcohol and Drugs cohort (10%) than in the Drug only cohort (29%), while cocaine use was higher among the Alcohol and Drugs cohort (67%) than the Drug only cohort (50%) (Workbook Table 4.4).

Main reported drug

In 2024/25, the most reported main drug (the drug people were seeking treatment for) among those seeking treatment for problematic use of alcohol and drugs was cocaine (52%; 918), followed by cannabis (25%; 445), and benzodiazepines (7%; 124). Heroin was reported as the main drug by only 7% (114) of the Alcohol and Drugs cohort. Compared to 2023/24, the percentage of people stating their main drug was cocaine increased by two percentage points (50%), use of cannabis (26%) and benzodiazepines (8%) decreased by one percentage point, while heroin use remained roughly the same (7%) (Workbook Table 5.10).

Again, these patterns contrasted with the Drugs only cohort (**Section 4 - Drugs**). Cocaine (52%), cannabis (25%), and benzodiazepines (7%) were the three most commonly reported main drugs in the Alcohol and Drugs cohort, whereas for the Drug only cohort, the most reported main drugs were cocaine (32%), heroin (25%), and cannabis (18%).

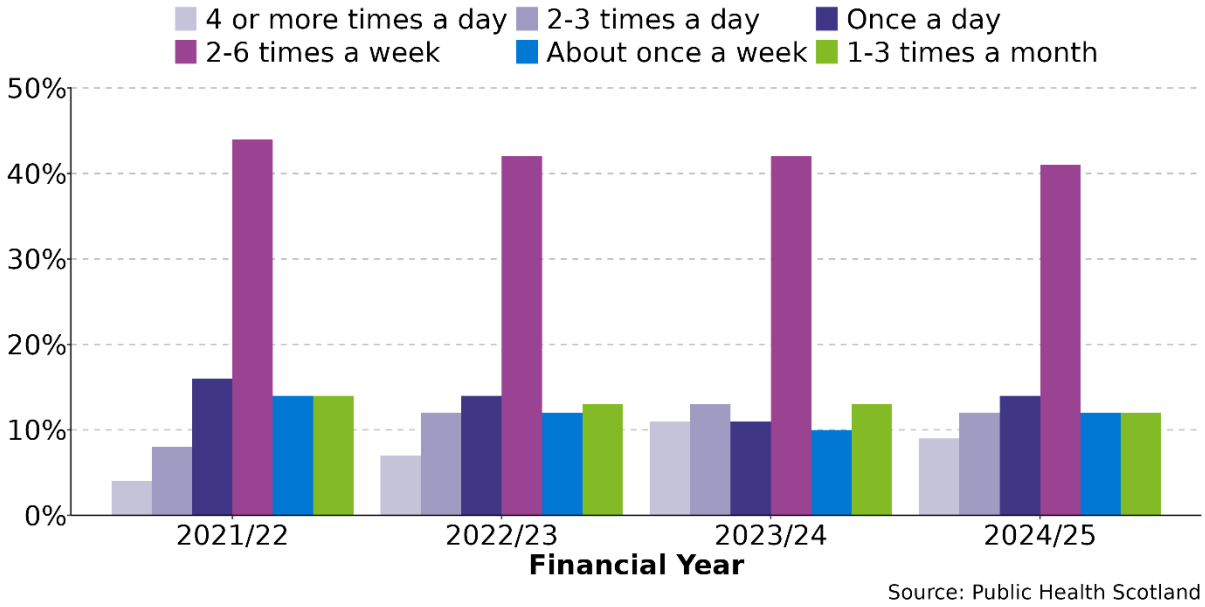
Frequency of cocaine consumption

In 2024/25, over half (52%; 918) of people in the Alcohol and Drugs cohort reported cocaine use as their main drug[xxxvii]. Among those people, the most commonly reported frequency of use was two to six times a week (41%; 376) (Figure 5.3).

In total, 35% of people who reported cocaine as their main drug used it at least once a day (Workbook Table 5.11). This was broadly similar to 2023/24 (35%), after two years of consistent increase (2021/22: 28%; 2022/23: 33%). Reported use of cocaine at a frequency of at least once a day was lower in the Alcohol and Drugs cohort (35%) than the Drug only cohort (49%).

[xxxvii] For this section, frequency of 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 5.3: Frequency of cocaine consumption, by financial year (NHSScotland, 2021/22 to 2024/25)



Source: Public Health Scotland

Prescribed drugs

This section of the report presents findings about medications prescribed for the treatment of problematic use of alcohol and drugs. As these data were captured during initial assessment, they may reflect the medications people were receiving at the time of assessment rather than the treatments prescribed during subsequent alcohol and drugs treatment episodes. 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 Alcohol and Drugs cohort[xxxviii].

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 and people were excluded from this measure if all recorded prescriptions were removed during the recoding process. As a result, the figures

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

presented below should not be compared with those from previous DAISy reports. For more information, please see **Appendix 2**.

In addition, the denominator used for prescribed drug analyses in 2024/25 was revised to include only individuals with at least one prescribed drug recorded at initial assessment. In previous reports, percentages were calculated using the total Alcohol and Drugs cohort. This change should be considered when interpreting trends over time. Further details are provided in **Appendix 2**.

In 2024/25, 330 people (15% of the Alcohol and Drugs cohort) reported being prescribed medication for the treatment of dependence at the time of their assessment. Among them, the most commonly reported prescribed medications were buprenorphine[xxxix] (37%;121 people) and methadone (32%; 107 people). 13% (44) of people were prescribed thiamine, which helps treat or prevent vitamin B1 deficiency caused by long-term or heavy drinking.10% (32) of people were prescribed diazepam, most likely for the treatment of problematic benzodiazepine use, and 8% (26) of people were prescribed acamprosate, which reduces alcohol cravings (Workbook table 5.12).

These figures represented a shift compared to 2023/24, when 38% of people in the Alcohol and Drugs cohort with a current prescription were prescribed methadone, 26% were prescribed a form of buprenorphine, 14% were prescribed diazepam, 12% were prescribed thiamine, and 7% were prescribed acamprosate. Buprenorphine prescriptions among the Alcohol and Drugs cohort increased by eleven percentage points compared to 2023/24, while methadone and diazepam prescriptions decreased by six and four percentage points respectively.

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

Section 6 - Outcomes

This section describes the outcomes for people who started specialist drug and alcohol treatment and had an initial assessment recorded in DAISy between 2021/22 and 2024/25. Analysing the treatment outcomes and experience of treatment services that people have is important for understanding differences between groups (e.g. between substance cohorts) and may help to identify potential improvements in service delivery.

The outcomes analysis is based on the episode of care (EOC, see **Glossary**) associated with an initial assessment. The EOC links all the referrals, treatment dates and treatment types within an individual's treatment journey across time and service providers (see **Figure 1.1**). Within each EOC there can be multiple referrals to services. Data collected in DAISy includes information about when each of these referrals were received and, if applicable, the date and reason for their closure.

This section is split into two parts:

1. The first part (**episode of care level outcomes**) considers the outcomes for EOCs reported in these statistics - specifically, those where an initial assessment was recorded on DAISy. As per previous sections, this part focuses on the first EOC each person had within each financial year, geography level and substance type (alcohol only, drug only or both alcohol and drugs). Outcomes reported are based on the outcome attached to the last treatment discharge within an EOC.

2. The second part of the section (**person level outcomes**) takes a person-focused view of the data and reports on outcomes for people who had an initial assessment recorded in DAISy. We have considered differences based on person-level demographic characteristics (sex, age group), the financial year of a person's latest EOC recorded on DAISy and the associated substance type.

For this first publication of new data relating to outcomes, data have been limited to Scotland level only.

Main points

- Considering all episodes of care that were discharged between 2021/22 and 2024/25, the alcohol only cohort had the highest percentage of positive discharge reasons (45%; 13,760), followed by alcohol and drugs (33%; 2,301) and drug only (31%; 5,554).
- The median length of time for successful completion of treatment was longest for the drug only cohort (145 days), followed by alcohol only (140 days) and alcohol and drugs (133 days).
- Among episodes of care that were retained in treatment as of 30 June 2025, the drug only cohort had the longest median length of treatment (629 days) followed by alcohol only (459 days) and both alcohol and drugs (423.5 days).
- Between 2021/22 and 2024/25 38% of people experienced a positive final discharge from tier 3 and 4 alcohol services, 18% of people were retained in treatment and 6% were transferred to tier one and two services. 38% of people were recorded as having a negative final discharge.
- Females experienced a higher percentage of positive final discharges than males (33% compared to 30% for males across all substance types).

Methods

Referrals

As discussed above, this section is based on referral information which is recorded on DAISy alongside the assessment data which forms the basis of the rest of this report. Information on referrals for specialist drug or alcohol treatment and compliance with the Waiting Times Standard is the basis of the **National Drug and Alcohol Treatment Waiting Times publication**. All referrals associated with an

EOC are included in this outcomes analysis[xl]. This is to ensure that every EOC can be associated with at least one referral, allowing the status of the EOC to be calculated. Legacy EOCs, i.e. those that started treatment before 1 April 2021 when DAISy began, are excluded.

Episode of care status

EOCs are categorised by their status (retained in treatment[xli] or discharged), the type of discharge outcome and the length of time spent in treatment. The status of a person's EOC (whether they have, for example, been retained in treatment or discharged) is measured as of 30 June 2025, three months after the end of the 2024/25 financial year. The reason for delaying the categorisation of EOCs in this way is to allow sufficient time for EOCs commencing near the end of 2024/25 to have had a minimum treatment period of 12 weeks.

For each eligible EOC (specifically, those with an assessment recorded on DAISy), we have used the related referral data to classify the EOC as having been discharged or retained: if all referrals related to the EOC were closed on 30 June 2025, the EOC is considered to be discharged; if any referrals related to the EOC were open on 30 June 2025, the EOC is considered to be retained in treatment. At person level (the second part of this section), someone is considered to have been discharged if all EOCs associated with their Community Health Index (CHI) number (see **Glossary**) have dates of closure; if any EOCs were open on 30 June 2025, the person is considered to have been retained in treatment.

[xl] This differs from the **National Drug and Alcohol Treatment Waiting Times publication**, where a small number of referrals (n < 200) are excluded each quarter due to administrative errors that cannot be corrected.

[xli] EOCs may be retained in treatment for two reasons - either because treatment has only recently been started or the treatment includes Opioid Substitution Therapy, which involves a prolonged period of treatment.

Discharge reason and date

Each referral within an EOC has its own discharge reason. The discharge reason of the referral that was closed most recently has been used to classify the entire EOC. This can be considered the final discharge. The discharge date for the referral that was closed most recently has been used to determine the date the EOC was discharged.

Treatment length

For discharged EOCs, the treatment length is the difference between the first treatment start date and the last referral discharge date. For retained EOCs, the treatment length is the difference between the first treatment start date and the measurement date for determining the EOC status (30 June 2025).

Outcome type

Detailed discharge reasons are grouped into three broad categories in DAISy: 'treatment complete', 'treatment incomplete' and 'transferred or discharged to another service'. 'Treatment complete' was interpreted as a positive status at discharge while 'treatment incomplete' was interpreted as a negative status at discharge. Information on EOCs by individual discharge reason can be found in the supporting outcomes Excel workbook.

Positive outcomes include the following discharge reasons: 'Alcohol Free', 'Drug Free', 'Occasional use', ' Service User still receiving treatment at another service' and 'Substance Free'.

Negative outcomes include: 'Change of Service User Type to Co-Dependency', 'Inappropriate referral', ' Service Decommissioned', ' Service User died', 'Service User disengaged prior to completing full Assessment', 'Service User unable to engage' and ' Treatment withdrawn by Service Provider'.

Transfers include: 'Discharged to another service (Tier 1/2 interventions)', 'Discharged to GP', ' Transferred between Prison/YOI services' and 'Transferred to Prison/YOI Service'.

Person level outcomes

In the second part of this section, people (defined on the basis of unique CHI numbers) are grouped into overall outcomes based on the status of their most recent EOC that had an initial assessment recorded, and whether or not they are still receiving treatment.

We have created the following four overall outcome groups:

Negative discharge - the most recent EOC discharge was among the 'negative' reasons listed above, and the person does not have any ongoing EOCs.

Retained in treatment - the person has an open EOC, i.e. they are retained in treatment.

Positive discharge - the most recent EOC discharge was among the 'positive' reasons listed above, and the person does not have any ongoing EOCs.

Lost to follow-up - the most recent EOC discharge was a 'transfer' reason listed above, and the person does not have any ongoing EOCs. The person may have been transferred to tier 1 or tier 2 services or retained in treatment in Prison/YOI services, or in Primary Care services, but they are no longer recorded in DAISy.

Information on specialist substance use treatment referrals and discharges may be revised by service providers/data suppliers and is therefore subject to change over time. It should be noted that, in a small number of cases, discharge information relating to specific episodes of care was no longer available when the data were extracted for analysis. The impact of this issue is expected to be minor.

Episode of care level outcomes

Number of EOCs in treatment

Table 6.1 shows the number of EOCs with an initial assessment recorded on DAISy in each year between 2021/22 and 2024/25, and the breakdown of outcomes from

those EOCs[xlii]. Between 2022/23 and 2024/25, the number of EOCs with an initial assessment was relatively stable at between 16,400 and 17,000 per year. Figures for 2021/22 are higher due to records being transferred from SDMD.

The percentage of those EOCs that were discharged reduces year on year. This is because EOCs which started treatment more recently are more likely still to be in treatment. For EOCs starting in the most recent financial year (2024/25), only 65% had been discharged by 30 June 2025. We would expect to see many EOCs commencing in 2024/25 to have been discharged when these figures are updated in the next release of this report.

Drug EOCs had the highest percentage of EOCs retained in treatment, averaging 26% across all years. Alcohol EOCs had an average retention of 15%, while EOCs for both alcohol and drugs had an average retention of 14%.

[xlii] The number of EOCs that have been discharged or retained in treatment is close but not equal to the number of individuals who had an assessment as reported in earlier sections. This is due to the deletion of some referral data by service providers in a small number of cases after the associated assessment has been completed and recorded in DAISy, so no outcome can be identified for the assessment. PHS will be working with services to improve the completeness of recorded data.

Table 6.1 - Breakdown of outcomes for episodes of care with a recorded initial assessment, by substance type and year [1,2,3,4]

Substance type	Financial year of assessment	Episodes of care	Discharged as of 30/06/2025 (n, %)	Retained as of 30/06/2025 (n, %)
All	2021/22	18,012	15,947 (89%)	2,065 (12%)
All	2022/23	16,840	14,646 (87%)	2,194 (13%)
All	2023/24	16,472	13,693 (83%)	2,779 (17%)
All	2024/25	16,402	10,700 (65%)	5,702 (35%)
Alcohol	2021/22	9,531	8,850 (93%)	681 (7%)
Alcohol	2022/23	9,237	8,393 (91%)	844 (9%)
Alcohol	2023/24	8,675	7,536 (87%)	1,139 (13%)
Alcohol	2024/25	8,588	5,910 (69%)	2,678 (31%)
Drug	2021/22	6,650	5,401 (81%)	1,249 (19%)
Drug	2022/23	5,848	4,629 (79%)	1,219 (21%)
Drug	2023/24	5,949	4,520 (76%)	1,429 (24%)
Drug	2024/25	5,867	3,378 (58%)	2,489 (42%)
Alcohol and Drugs	2021/22	2,059	1,908 (93%)	151 (7%)
Alcohol and Drugs	2022/23	1,951	1,803 (92%)	148 (8%)
Alcohol and Drugs	2023/24	2,056	1,809 (88%)	247 (12%)
Alcohol and Drugs	2024/25	2,174	1,538 (71%)	636 (29%)

1. Differences between EOCs assessed and discharged/retained are due to a small number of referrals having been deleted after the assessment.
2. Each person is counted once within Scotland. However, because people can seek treatment for multiple substances, numbers may not be additive.
3. Figures are based on counting the first assessment a person has in each financial year and substance type. However, people can have assessments in multiple financial years so there may be double counting across financial years.
4. Data relating to discharges are provisional and will be updated in future reports.

Discharges from treatment

Across all years (2021/22 to 2024/25), 54,986 EOCs were discharged. Of these, 39% (21,408) had a positive discharge, while 52% (28,407) had a negative discharge outcome. The remaining 9% (5,171) were transferred or discharged to another service.

Table 6.2 shows the number and percentage of discharge types by substance type across 2021/22 to 2024/25. Data for individual years are not shown because substance type was found to be more important in determining outcomes than year of assessment.

Alcohol EOCs had the highest percentage of positive discharge reasons (45%; 13,760) while drug EOCs had the lowest percentage (31%; 5,554). One third (33%; 2,301) of the EOCs for both alcohol and drugs were discharged with positive reasons.

Table 6.2 - Number and percentage of discharges, by discharge outcome and substance type (2021/22 to 2024/25)

Discharge outcome	All	Alcohol	Drug	Alcohol and drugs
Positive	21,408 (39%)	13,760 (45%)	5,554 (31%)	2,301 (33%)
Negative	28,407 (52%)	14,587 (48%)	10,023 (56%)	4,209 (60%)
Transferred	5,171 (9%)	2,342 (8%)	2,351 (13%)	548 (8%)

Positive discharge outcomes

Across all substance types, the detailed discharge reasons 'Alcohol free', 'Drug free' and 'Substance free' combined accounted for 56% of positive outcomes. Over one third of EOCs (36%) were reported as having 'Occasional use' at discharge and 8% were still receiving treatment at another service not in DAISy (see Workbook table 1.3).

Among the individual substance types, drug EOCs had the highest percentage of positive discharges related to the person being 'Alcohol free', 'Drug free' or 'Substance free'[xliii] (57%), followed by alcohol only (56%) and both alcohol and drugs (51%). EOCs for both alcohol and drugs reported the highest percentage of positive discharges associated with 'Occasional use' (39%), followed by alcohol only (37%) and drug only (32%). The percentage of discharges associated with the person still receiving treatment at another service was lowest for alcohol EOCs (7%) and highest for drug (11%; both alcohol and drugs, 10%).

Across 2021/22 to 2024/25 the median length of time taken for positive discharge outcomes was 140 days (Interquartile range IQR[xliv]: 76 to 261 days, see **Figure 6.1**). EOCs for drugs only had the longest time to positive discharge outcomes (median length 145 days), while for alcohol only EOCs it was 140 days, and for both alcohol and drugs it was 133 days.

Data showing the median treatment lengths for the detailed discharge reasons listed in **Methods** are provided in outcomes Workbook table 1.3. There was considerable variation between these detailed discharge reasons when considering the median treatment lengths by substance type.

[xliii] These discharge reasons can be selected regardless of the substance type, but their use is aligned to the substance type associated with the EOC in more than 96% of discharges, i.e. 'Alcohol Free' is predominantly selected for the alcohol cohort (see Workbook table 1.4).

[xliv] 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 around the median presented.

Negative discharge outcomes

Over half (52%; 28,407) of EOCs were discharged without completing treatment. EOCs for both alcohol and drugs had the highest percentage of negative outcomes (60%), followed by drug only (56%) and alcohol only (48%).

Of the discharges with negative outcomes, 83% (23,471) were because the person was recorded as having disengaged from treatment. A further 10% (2,888) were because the person was recorded as unable to engage, while 3% (948) were due to the person having died while in treatment (see Excel workbook table 1.3.)

When looking at negative outcomes between substance types, the percentage of discharges recorded as disengaged from treatment was highest for alcohol only EOCs (84%) and was similar between drug only and co-dependency EOCs (82% and 81%, respectively). Conversely, the percentage of discharges recorded as unable to engage was highest among EOCs for both alcohol and drugs (12%) and lowest for alcohol only (9%; drugs only, 11%). The percentage of negative discharges that were due to the death of the person receiving treatment was higher for alcohol only and drugs only EOCs (both 4%) than for EOCs for both alcohol and drugs (2%).

The median treatment length for negative outcomes was 102 days (IQR 55 to 200 days) across all years. This was 38 days shorter than for positive outcomes (see **Figure 6.1**). The median treatment length for negative outcomes was highest for alcohol only (105 days), however there was little variation in the median between substance types (drug only, 100 days; both alcohol and drugs, 97 days).

Data showing the median treatment lengths for the detailed discharge reasons listed in **Methods** are provided in outcomes Excel workbook table 1.3. There was considerable variation between these detailed discharge reasons when considering the median treatment lengths by substance type.

Retained in treatment

As of 30 June 2025, 12,740 EOCs were retained in treatment following an initial assessment in any year (2021/22 to 2024/25) and across all substance types. The number of retained EOCs was highest for drug only EOCs (6,386), followed by alcohol only (5,342) and both alcohol and drugs (1,182). Drug only EOCs also had the highest retention percentage of all the substance types, across all years (see **Table 6.1**).

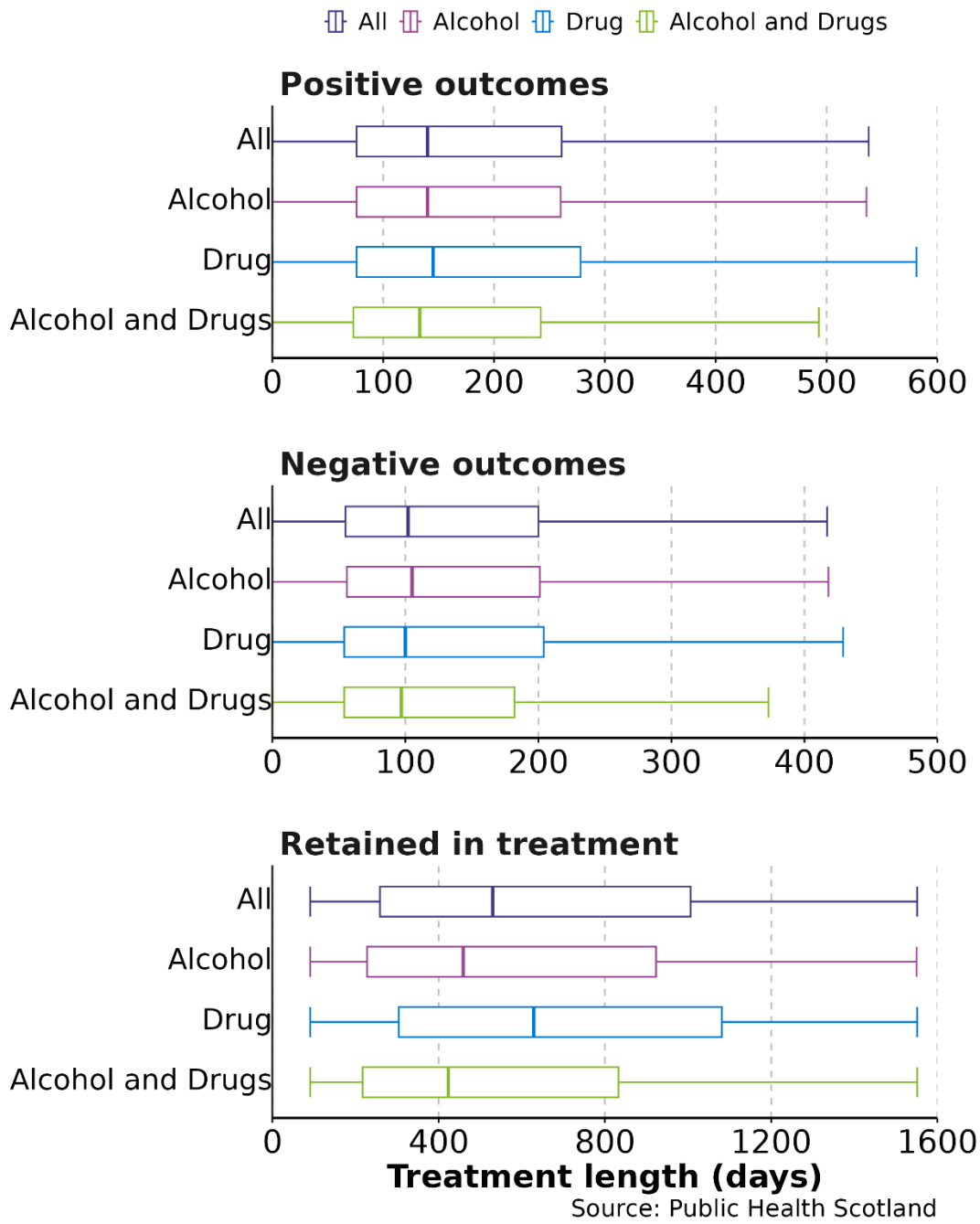
Table 6.3 shows retained EOCs by the year in which treatment commenced. Almost half (5,702; 45%) started treatment in 2024/25. Recency of treatment start was a significant determinant of retention which should be borne in mind when interpreting data on median length of treatment.

Table 6.3 - EOCs retained in treatment, by financial year of treatment start (all substance types)

Treatment start year	Number of EOCs retained in treatment	Percentage of all total EOCs retained in treatment
2021/22	2,065	16%
2022/23	2,194	17%
2023/24	2,779	22%
2024/25	5,702	45%
Total	12,740	100%

Figure 6.1 is a box plot showing the treatment lengths for each substance type and EOC outcome (positive, negative or retained in treatment). A small number of EOCs were recorded as discharged after zero or a very small number of days of treatment. For positive outcomes this may reflect cases where EOCs were transferred into tier 3 or tier 4 services but are quickly ready for discharge. Presenting data using the median average reduces the influence of outliers and is the most accurate representation of the range of treatment lengths.

Figure 6.1 - Length of time in treatment by EOC outcome and substance type (NHSScotland)[1,2]



5. The box part of the plot shows the interquartile range (Q1 to Q3), and the line inside the box marks the median value. The lines extending from the box show highest and lowest values within the range (Q3 + 1.5 x interquartile range) to
6. (Q1 - 1.5 x interquartile range), excluding outliers.
7. The 'Retained in treatment' group has a fixed lower limit of 91 days in treatment due to the EOC status being measured at 30 June 2025, whereas valid treatment lengths for either of the discharge groups begin at zero days.

Across all substance types, the median length of time in treatment for retained EOCs was 530 days (IQR 259 to 1,006 days). The median treatment length for retained EOCs was longest for drug only EOCs (629 days). This is 170 days longer than for alcohol only EOCs (459 days) and 205.5 days longer than for both alcohol and drugs (423.5 days). While drug-related EOCs encompass a wider range of substances, the longer treatment length for drugs only EOCs is likely related to the treatment of people with opioid dependence. The MAT standards[xlv], introduced in May 2021 are specifically designed to improve access to and retention in treatment. MAT Standard 5, "All people will receive support to remain in treatment for as long as requested.", is particularly relevant to encouraging people to be retained in treatment longer.

Person level outcomes

This section examines the most recent outcomes of people who had an assessment recorded in DAISy, based on their status at 30 June 2025. While the focus of this section is mainly on person-level demographic characteristics (sex, age group), people in this treatment 'cohort' are also grouped according to the financial year of cohort entry (i.e. their first initial assessment recorded on DAISy) and the substance type associated with that assessment.

Retention in treatment reflects continuing treatment as is appropriate for that individual's needs. This is often the case where the service user is being maintained on opioid substitution therapy, which is known to have a protective effect for individuals at risk of overdose or other harms.

Table 6.4 shows the number of people in the treatment cohort, broken down by the financial year of their first initial assessment, and the substance type associated with that assessment. This means that each person is only counted once and categorised according to the substance type associated with their first DAISy assessment, so the

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

statistics do not reflect possible changes in substance type in any subsequent EOCs, nor any EOCs that a person had before DAISy. Note that the figures in Table 6.4 differ from those in Workbook table 2.1 because in earlier sections of this report people can be counted multiple times if they have assessments for different substance types and in different years and/or NHS Boards or ADPs.

Table 6.4 - DAISy treatment cohort, by substance type and financial year of first assessment

Year of first observation	People	Alcohol	Drug	Alcohol and drugs
2021/22	18,011	9,453	6,581	1,977
2022/23	14,268	7,749	4,949	1,570
2023/24	12,437	6,462	4,478	1,497
2024/25	11,327	5,939	4,012	1,376
Total	56,043	29,603	20,020	6,420

The number of people entering the DAISy treatment cohort reduces year on year. This reflects substance use and dependence being a chronic, recurring condition and the decision to focus this section on the year in which each person's first episode of care was recorded on DAISy. This contrasts with the relatively stable number of EOCs recorded on DAISy each year shown in part one of this outcome section, when subsequent EOCs were counted (**Table 6.1**).

As an example, of the 16,840 EOCs reported on in 2022/23 (**Table 6.1**), 14,268 were among people recorded on DAISy and entering the treatment cohort for the first time. Some of these individuals may have entered treatment services prior to DAISy being implemented. This means that the remaining 2,572 EOCs commencing in 2022/23 were among people who also had an EOC in 2021/22.

Outcomes after DAISy assessment

This section considers person-level outcomes following the most recent initial assessment and associated EOC recorded for a person on DAISy. The EOC is

identified using the most recent assessment date for each person. We then used data from the referrals within the identified EOC to determine if the person is currently in treatment, or where discharged we have used the outcome for their last discharge within that EOC to assign one of four outcomes:

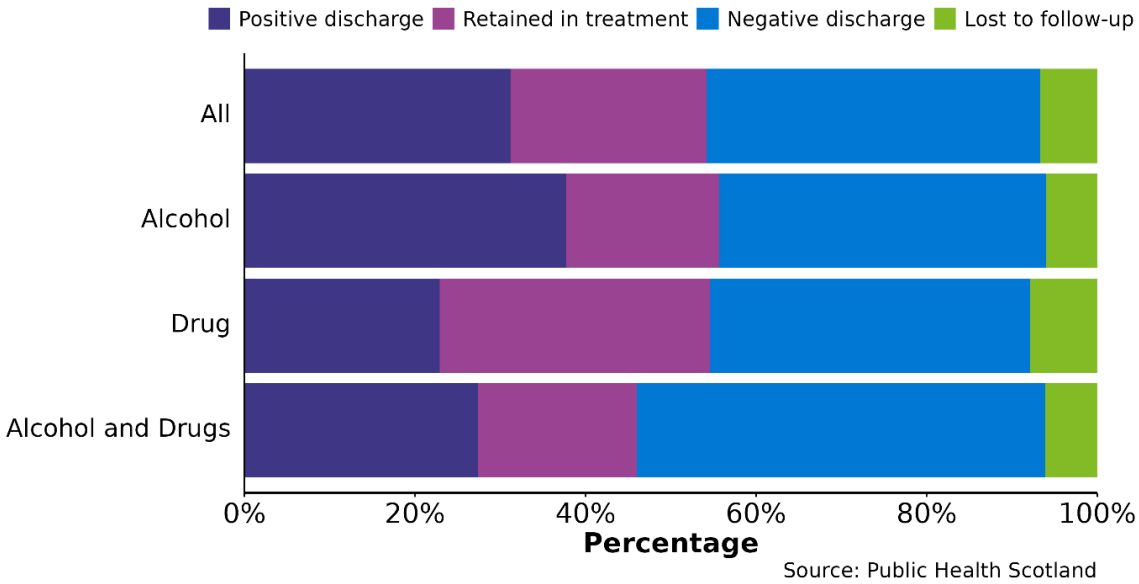
- **Negative discharge:** Person had a negative outcome (see outcome types in **Methods** section) for the EOC associated with the latest assessment and is not currently in treatment
- **Retained in treatment:** Person is currently in treatment
- **Positive discharge:** Person had a positive outcome (see outcome types in **Methods** section) for the EOC associated with the latest assessment and is not currently in treatment
- **Lost to follow-up:** The EOC associated with the latest assessment ended with transfer to another service and the person is not currently in treatment. The person may have been transferred to tier 1 or tier 2 services or retained in treatment in Prison/YOI services, or in Primary Care services, but they are no longer recorded in DAISy.

Across all substances, 39% of people experienced a negative last discharge, around one third (31%) experienced a positive last discharge, and almost one quarter (23%) of people were retained in treatment. The remaining 7% of people were lost to follow-up due to having been transferred to services that do not report into DAISy (e.g. services that provide tier 1 or tier 2 treatments).

Figure 6.2 shows the percentage of outcomes in each category, split by the substance type associated with people's first DAISy assessment. People in the alcohol only cohort had the highest percentage of positive discharges (38%) while those in the drugs only cohort have the lowest percentage (23%; both alcohol and drugs, 27%). However, considering that retention in treatment is often appropriate for people in the drugs cohort, when combining positive outcomes and retained in treatment the drugs only and alcohol cohorts were similar (drugs only, 55%; alcohol only, 56%). Just under half (48%) of the people in the cohort for both alcohol and

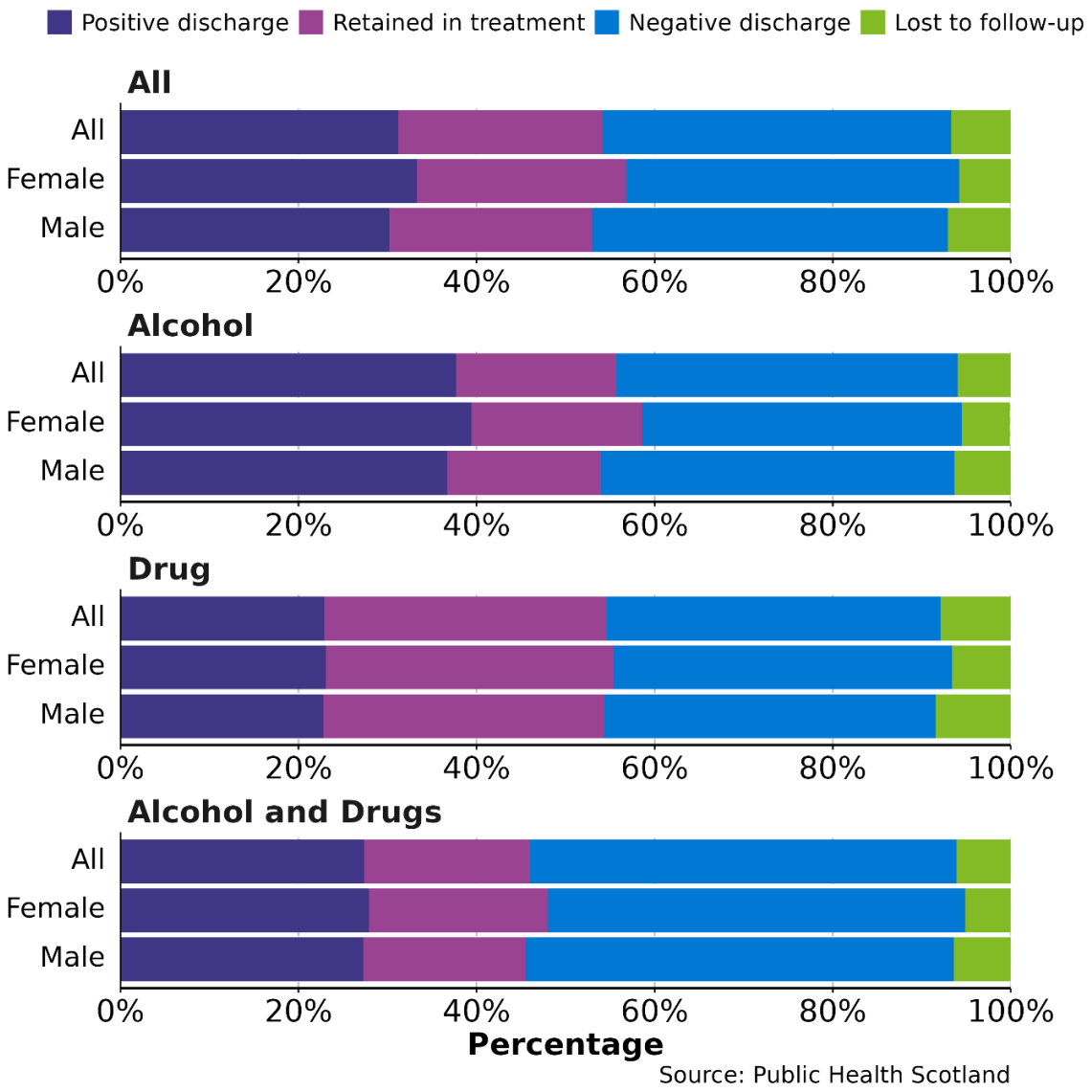
drugs experienced negative final discharges, which is around 10 percentage points higher than either the alcohol only or drug only cohorts (both 38%).

Figure 6.2 - Most recent treatment outcome, by substance type (2021/22 to 2024/25)



Females reported higher percentages of positive final discharges across all substance types (**Figure 6.3** and Workbook table 1.5), with the largest percentage point difference being for the alcohol only cohort (females, 40%; males 37%). Females also experienced lower percentages of negative final discharges than males for all of the substance types, except drugs.

Figure 6.3 - Most recent treatment outcome, by sex and substance type (2021/22 to 2024/25)

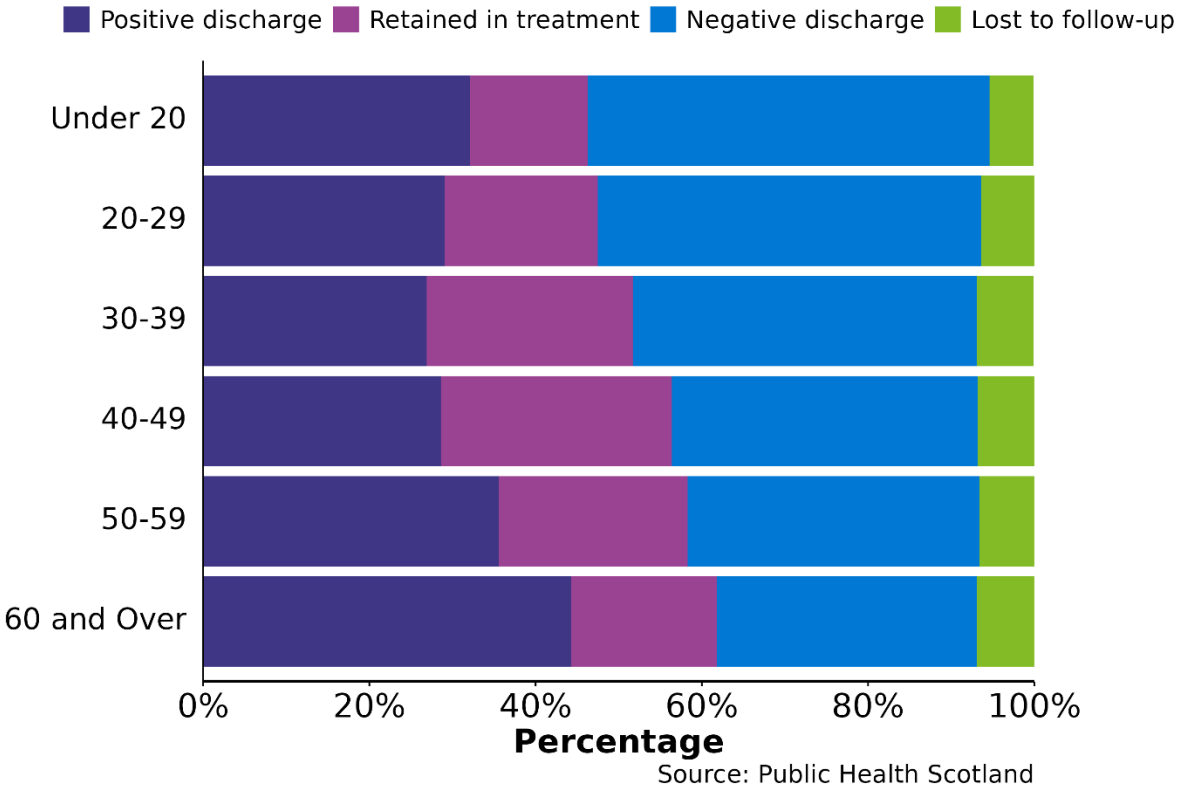


Source: Public Health Scotland

Figure 6.4 shows the relationship between outcomes and a person's age at their first assessment (entry to the treatment cohort). There is a linear trend in combined positive discharges and retention in treatment by age group, which increases from 46% in the 'Under 20' age group to 62% in the '60 and Over' age group. This trend is also seen in the drugs only and both alcohol and drugs cohorts, while in the alcohol only cohort the '20-29' age group has the lowest percentage of negative discharges (see outcomes Workbook table 1.4). This may be related to differences in the underlying age distributions within each substance type cohort since the alcohol only cohort has the lowest percentage of entries into the treatment cohort for the 'Under

20' age group - only 2%, compared with 6% for drugs only and 9% for both alcohol and drugs.

Figure 6.4 - Most recent treatment outcome, all substance types by age at first assessment (2021/22 to 2024/25)



Source: Public Health Scotland

Summary and plans for development

This section represents the first analysis of outcomes recorded on DAISy. In **part one** we showed that the treatment lengths for successful completion of treatment were longest in the drug only cohort, and this cohort were also retained in treatment longest. In **part two** we took a person level view of outcomes on the basis of each person's each person's first assessment in DAISy and the latest information available on their treatment status. Part two showed that positive final discharges were more likely for females than males and people who were in older age groups when they first entered treatment. People who first entered treatment as part of the alcohol only cohort were most likely to have positive final discharges, potentially influenced by the

older age of the alcohol only cohort relative to the drug only and both alcohol and drugs cohorts.

This first release of outcomes data has been limited to give a Scotland level view only. Future developments may include expanding the analyses to consider variations between NHS Boards and drug types. PHS will be consulting with drug and alcohol treatment services, other key stakeholders and users of these statistics to support and inform future developments.

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.

Community Health index (CHI)

The Community Health Index (CHI) is a register of all patients in NHSScotland. Each patient has a unique 10-digit CHI number, which is assigned to them when they use NHSScotland services. CHI exists to ensure that patients can be correctly identified and relevant information pertaining to a patient's health is available to providers of care.

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 for a given measure and shows the difference between the lowest and highest values in the middle set of data. This is a useful means to demonstrate the variation around the median presented.

Median

The median is the middle value in a sorted set of numbers, where half the values are smaller and half are larger.

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.

Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying areas in Scotland of concentrations of deprivation. It combines several different aspects of deprivation (multiple deprivation) into a single index. The SIMD identifies deprived areas, not deprived individuals.

The data presented here uses population weighted within-Scotland quintiles. Quintiles are calculated by ranking small areas (called datazones) within Scotland from most to least deprived and then grouping these into 5 quintiles with approximately 20% of the population in each quintile.
The version of SIMD used in this analysis is SIMD2020. Note that some health boards will not be represented across the deprivation spectrum. In SIMD2020, when calculated on a within-Scotland basis -

- NHS Orkney had no Data Zones in the most deprived quintile (quintile 1).
- NHS Shetland fell within quintiles 2, 3 and 4.
- NHS Western Isles fell within quintiles 2 and 3 only.

For more information on how SIMD is used within PHS statistics see our **Geography, population and deprivation** support pages.

SDMD
Scottish Drug Misuse Database

Tier 3

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

Tier 4

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

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Further information

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

The next release of this publication will be winter 2026.

Rate this publication

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

Appendices

Appendix 1 – Background information

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

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 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)[xlvi], 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

[xlvi] 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)**

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'.

The RRR strategy 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[xlvii].

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

3. Targeted distribution of naloxone
4. Immediate response pathway for non-fatal overdoses
5. Optimising the use of Medication-Assisted Treatment (MAT) – ten MAT Standards[xlix] to remove barriers to accessing treatment and improve treatment quality and outcomes are being implemented.

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

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

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

6. 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.

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

8. Supporting those in the criminal justice system

Data from the Scottish Drug Misuse Database (SDMD), Drug and Alcohol Treatment Waiting Times (DATWT) and DAISy will be used to support the implementation of the MAT standards, development of the public health surveillance system and address other Taskforce priorities. The PHS Rapid Action Drug Alerts and Response (RADAR) early warning system is now well established and at time of this release has reached the 14th quarterly release of timely management information on drugs harms and service activity.

In January 2021, a National Drugs Mission was announced by the Scottish Government. The 'National Mission on Drug Deaths Plan 2022-2026'[li] 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 has recently concluded a review of the DAISy system conducted through 2024 and 2025, engaging with a range of stakeholders to review

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[l] Rapid Action Drug Alerts and Response (RADAR) quarterly report (most recent release at time of publication was October 2025). For latest release please see: **https://publichealthscotland.scot/publications/rapid-action-drug-alerts-and-response-radar-quarterly-report/**

[li] Improving Scotland's Health: National Mission on Drug Deaths: Plan 2022-2026 **https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/**

the scope, dataset, system functionality, and reporting. The aim of this review was 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. Dataset and system changes related to the DAISy review are being implemented from January 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)[lii]
- 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 **reports** (most recent at time of this publication was July 2025).

Acknowledgements

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

[lii] 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 individuals starting treatment for alcohol only, drugs only or both problematic use of alcohol and drugs. Service users are assigned a unique service user ID on DAISy. This ID was implemented to allow episodes of care over time within individuals to be linked.

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

In this report each individual is counted once within each geographic level (NHSScotland, NHS Board and ADP) and user type, on the basis of the person identifiable information provided (and subsequent CHI linkage). Therefore, an individual will only be counted once within each geography/user type/time period in

spite of multiple valid assessments recorded on DAISy. However, if an individual attended services in different NHS Boards or ADP areas, or had assessments for different user types within a financial year, they may be counted in more than one geography or user type. Only the first assessment within each geography and user type is counted in each Financial Year.

Free-text searching

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

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

Area of Residence vs Area of Treatment

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

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

Units consumed by alcohol service users

Analysis of the DAISy data suggests that there has sometimes been a misunderstanding of the information required during assessments when recording the number of units of alcohol service users consume. Furthermore, investigations have discovered that practice across service providers is not consistent. Some service providers have entered values that relate to typical weekly consumption and some appear to have entered values that relate to consumption during service users' heaviest drinking days. It is expected that service providers should enter the units consumed on typical drinking days and although it is currently not possible to quantify the extent of the adherence to this guidance, it should be noted that a substantial proportion of DAISy assessments may overestimate service users' consumption habits.

DAISy data also show that 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 calculation of weekly units consumed for each service user uses a combination of reported drinking frequency (in days per week or month) and the estimated number of units consumed during those days when drinking occurs. Specifically, the calculations for converting units consumed to a weekly total for each of the seven possible drinking frequencies are as follows:

Daily = typical drinking day units multiplied by 7

5-6 days a week = typical drinking day units multiplied by 5.5

3-4 days a week = typical drinking day units multiplied by 3.5

1-2 days a week = typical drinking day units multiplied by 1.5

2-3 days a month = typical drinking day units multiplied by 0.625

About one day a month = typical drinking day units multiplied by 0.25

Less often = typical drinking day units multiplied by 0.2

The median number of units, as opposed to the mean number of units, has been used as the metric for comparison. This is because the number of units consumed across service users, using the methodology described, results in a right-skewed distribution where the median is lower than the mean. The use of the median is an attempt to mitigate against the inclusion of figures associated with some users' heaviest drinking days and the overestimates resulting from the incorrect entry of weekly units consumed for some assessments.

Employment status harmonisation with SDMD

To enable comparison with historic SDMD data, employment status categories recorded in DAISy were grouped to align with SDMD classification. The groupings applied were as follows:

- 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; Carer.

Routes of administration for cocaine use

DAISy records a single route of administration for cocaine at initial assessment. Where individuals use cocaine via more than one route, this may not be fully captured in the data. People may also report using both powder cocaine and crack cocaine; therefore, percentages for route of use may not sum to 100%, and less commonly reported routes may be underestimated.

Prescribed drugs denominator change

For prescribed drugs analyses, the denominator used in this report differs from that used in previous DAISy publications. In 2024/25, the denominator used for prescribed drugs analyses was revised to include only individuals with at least one prescribed drug recorded at initial assessment. In previous reports, percentages were calculated using the total cohort for each user type. This change has been applied consistently across Alcohol, Drugs, and Problematic Use of Both Alcohol and Drugs sections.

Prison custody experience

People’s current or previous experience of prison custody may be recorded in the DAISy assessment via questions relating to employment, accommodation and prison history. Recent data quality investigations have shown that the recording of prison status is not consistent between these variables. As investigations into this are ongoing, the figures reported in this publication have not been amended. Therefore, there are minor differences between these sections in figures relating to Prisons/YOIs. However, these are not thought to alter the overall conclusions drawn from these data. These data may be subject to change in future publications.

SIMD

While most information fields submitted as part of a DAISy assessment are not subject to change when data are submitted, some aspects of the DAISy system are dynamic and may be revised by service providers/data suppliers over time. Analysis of Scottish Index of Multiple Deprivation (SIMD) is included in this report for the first time, and information provided here may be subject to revision based on potential changes in the recording of cases.

SIMD quintile is derived from a person's postcode of residence. As the postcode of residence recorded in DAISy may be incomplete and may be subject to revision, a decision was made to derive SIMD from the postcode recorded in the Community

Health Index (CHI) database[liii] in order to provide the most complete and accurate analysis of SIMD. DAISy data are routinely CHI-seeded each quarter using the CHI database, which includes the postcode of residence recorded for an individual at their most recent interaction with a healthcare provider (for example, their GP). A postcode of residence derived from the CHI database may differ from that recorded by a service provider at the time specialist drug or alcohol treatment commenced. It is not possible to quantify the impact of this issue, but it is expected to be minor.

DAISy data quality improvements

Further to the completion of a DAISy review in 2025, PHS routinely holds discussions with ADPs and services collectively and individually to understand any data quality issues and provide any support needed and communicate on changes being implement. 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. To assist ADPs in monitoring and improving DAISy data, PHS developed a DAISy Data Quality and Completeness report, which is 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 implementing a number of DAISy system improvements that are expected to 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. New changes to the DAISy dataset and system are being implemented in January 2026.

[liii] The CHI number is a unique patient identifier used by health and care services associated with NHS Scotland. PHS's CHI database is a data asset containing demographic and residential information for each person with a CHI number.

Appendix 3 – Publication metadata

Publication title

Drug and Alcohol Information System - Overview of Initial Assessments for Specialist Drug and Alcohol Treatment 2024/25

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 2024/25.

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

8 August 2025

Release date

27 January 2026

Frequency

Annual

Timeframe of data and timeliness

Data published for assessments conducted up to 31 March 2025 and submitted by 30 April 2024.

Continuity of data

This is the third 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. However, changes are being implemented to allow the amendment of records which will support better data completion and quality and some information collected at the point of the data extraction for this release may be subsequently updated. Therefore, the underlying data for this report may be revised in future releases or for future data for forthcoming reports. identified and carried out. Please see Revisions relevant to this publication for detail of published information that has been revised for a this release.

Revisions relevant to this publication

Information on the number of complete initial assessments and eligible episodes of care for financial years up to and including 2023/24 differ from those shown in previous reports. In the course of work to streamline data extraction processes, an issue was identified which meant that initial assessments categorised as 'ongoing' in previous data extracts were not being routinely re-assessed and allocated to specific financial years when subsequent financial years' data was extracted. This issue was resolved but has resulted in the following differences between the figures shown in this publication and those reported previously:

As a result of this quality improvement work, initial assessment percentage completeness for NHSScotland in 2023/24 has been revised from 62.4% to 66.1%.

Initial assessment completeness for NHS Western Isles in 2023/24 has also been revised from 49.6% to 52.4%. Therefore, in relation to the process described on pages 19 and 20, it was incorrect to exclude NHS Western Isles from the narrative of the 2023/24 report.

While other NHS Board initial assessment percentage completeness figures were also subject to revision, all remaining NHS Board exclusions were correct.

For this report further quality improvement work was conducted to improve the accuracy of data on illicit drug use and current prescriptions. Specifically, inaccuracies in the coding of free text associated with these fields were identified and addressed, and cases where recoding resulted in the removal of all valid entries were excluded from associated cell counts. As these improvements were applied across all years, the figures reported here differ from previous reports.

For prescribed drugs analyses, the denominator used in 2024/25 was revised to include only individuals with at least one prescribed drug recorded at initial assessment. In previous reports, percentages were calculated using the total cohort for each user type. This change has been applied consistently across Alcohol, Drugs, and Problematic Use of Both Alcohol and Drugs sections.

Statistics detailing median weekly units consumed broken down by sex and geographic area for alcohol only service users have been revised in this release. These figures are calculated using information provided during assessments by service users which relates to their frequency of alcohol consumption coupled with their reported consumption during a typical drinking day. Previous editions of this publication used calculations that incorrectly categorised service users who reported that they drank alcohol during ‘2-3 days a month’ as being persons who drank on ‘2-3 days a week’. This incorrect categorisation of drinking frequency affected 4% of records and resulted in overestimations in a minority of the figures previously reported. The last edition of this report included median weekly units for males, females, and both sexes combined across geography areas consisting of 31 ADPs, 14 Health Boards and Scotland as a whole over 3 years (2021/22 – 2023/24). This equates to 414 aggregated weekly median figures for these geography areas. Of these 414 figures the following were overestimated:

- 22 figures (5.3% of 414) were overestimated by 1% or less

- 61 figures (14.7% of 414) were overestimated by more than 1% and no more than 5%
- 29 figures (7% of 414) were overestimated by more than 5% and no more than 10%
- 6 figures (1.4% of 414) were overestimated by more than 10% (ranging from 10.5% to 12.8%)

This error has been corrected in this edition and it should be noted that this has not resulted in any material changes to the underlying trends or commentary provided in previous publications.

Concepts and definitions

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

Relevance and key uses of the statistics

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

Accuracy

Assessment completeness for NHS Scotland is 66.1% for 2023/24 and 67.3% for 2024/25. All analysis is based on assessments, therefore accuracy of reporting should take this into consideration, but comparison to referrals and the demographic breakdown of referrals indicate the assessment data is sufficiently representative. Refer to **Section 1. Data quality and completeness** within this report.

Completeness

Assessment completeness for NHS Scotland is 66.1% for 2023/24 and 67.3% for 2024/25. All analysis is based on assessments, therefore accuracy of reporting should take this into consideration, but comparison to referrals and the demographic breakdown of referrals indicate the assessment data is sufficiently representative. Refer to **Section 1. Data quality and completeness** within this report.

Comparability

Data on initial assessments for specialist treatment for drugs only 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 only or both alcohol and drugs 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

26 November 2024

Next published

Winter 2026/27

Date of first publication

27 June 2023

Help email

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Date form completed

16 January 2026

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.