



The  
**Scottish Public Health Observatory**  
*"Working to improve Scotland's health  
and reduce health inequalities"*

# ScotPHO Alcohol and Drugs Profiles 2013

*NHS Board and ADP-level*

## Overview Report



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## Introduction

The Alcohol and Drugs Profiles are produced by Information Services Division (ISD) and published by Scottish Public Health Observatory (ScotPHO) using a new purpose-built on-line profiling tool. These profiles are part of the series of specialist profiles covering a range of public health topics, for example, Smoking and Diabetes. The On-line Profiling Tool (OPT) is designed to replace previous paper reports and Excel-based outputs, such as the Health & Wellbeing profiles 2010, allowing more flexibility for users and making it easier to keep the information in the tool up-to-date. Details of forthcoming profile releases are available at [www.scotpho.org.uk/profiles](http://www.scotpho.org.uk/profiles).

To help Alcohol and Drug Partnerships (ADPs) track progress in delivering the core outcomes agreed in their local delivery plans, a short-life working group, initiated by the Scottish Government, drew up a set of indicators mapped onto seven Core Outcome areas: Health; Prevalence; Recovery; Children affected by Parent's Substance Misuse/Families; Community Safety; Local Environment and Services.<sup>1</sup> These seven areas define the domains used within these profiles; and in addition, a Data Quality domain has been included in the OPT.

In this release, the Alcohol and Drugs profiles provide a range of indicators at ADP and NHS Board level; in future other geographical small area levels will be provided. Indicators will be updated regularly (at least annually) when new data becomes available. The indicators included in the OPT are similar to those used by ADPs as part of their local delivery plans. However, there are a number of minor differences in the indicators reported by the ADPs and those in the OPT – these are detailed in Appendix I.

In due course, the list of Profile indicators may expand to support health improvement partners in Scotland. Clear and relevant information will help service providers, planning teams, policy makers and the public make informed decisions to improve health in relation to alcohol and drugs.

The profiles contain:

- For each ADP & NHS Board: a spine chart showing for all indicators how the ADP (or NHS Board) value compares to either the Scottish average or to another ADP (or NHS Board). More information on interpretation of spine charts can be found in Appendix II.
- For each indicator: a rank chart (histogram) comparing all ADPs (or NHS Boards) against the Scottish average or to another ADP (or NHS Board).
- For each indicator: a time trend chart comparing the ADP (or NHS Board) with either the Scottish average or a chosen ADP (or NHS Board). The trend chart is not available if only one year's worth of data is available.

The tool allows valid comparison between local areas in Scotland but differences should be interpreted in light of local knowledge. In this report, further information on the definition of indicators is provided in Appendix III, and on data sources in Appendix IV. These tables can also be accessed by clicking on the hyperlink next to the indicator.

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<sup>1</sup>Further information on ADP Core Outcome Indicators is available in the Scottish Government guidance on [ADP Planning and Reporting Guidance 2013-15](#)

## Background

In 2010, the Information Services Division (ISD) Substance Misuse Programme carried out a consultation regarding information requirements for reporting alcohol and drug misuse. This consultation involved Alcohol and Drug partnerships (ADPs) and other key stakeholders in Scotland. Following the consultation, a [Strategic Framework and Action Plan](#) was published outlining developments that would be undertaken by ISD to meet the information needs of key stakeholders.

This resulted in a more detailed proposal to decommission the [Alcohol Information Scotland website and Drug Misuse Information Scotland website](#) and moving the content from these web pages to the [ScotPHO website](#). To guide ISD in this process, a short-term working group, including representatives from key stakeholders was formed. A further consultation was carried out involving Scottish Government, ADPs, alcohol and drug specialists from ISD and sister organisations, advocacy organisations, Public Health consultants and Licensing Boards and Fora. The working group helped decide what information would be made available through the new ScotPHO Alcohol and Drug online profiles tool, and what information currently available on websites or bulletins would be maintained and/or further expanded on the ScotPHO website.

The Alcohol and Drug Profiles released in September 2013 are part of this comprehensive data resource for the alcohol and drugs misuse field. Further developments for these profiles are planned for December 2013 and March 2014 in the form of additional indicators and the geographies available.

# Alcohol

## Health

### **Alcohol-related hospital discharges** (Source: [Scottish Morbidity Record 01](#))

The European age-standardised rate (EASR) of general acute inpatient & day case discharges with an alcohol-related diagnosis (in any position) for Scotland was 690.9 per 100,000 population in 2011, compared with 709.1 per 100 000 in 2010. For Scotland on a whole, there was a large rise in discharge rates since 1997, the first year available in the profiles, peaking in 2007 (801.8 alcohol-related discharge rates per 100,000 population), followed by a gradual decrease. The discharge rates across NHS Boards did not always follow the same pattern. For example in Lanarkshire and Forth Valley figures increased slightly from 2010 to 2011. Erratic patterns and some very large values are seen for NHS Boards with very small populations (Orkney, Shetland and Western Isles). As expected, ADP rates tend to vary from the general pattern more due to their smaller populations.

### **Alcohol-related mortality** (Source: [National Records Scotland](#))

The mortality EASR in Scotland per 100,000 population with an alcohol-related underlying cause was 20.8 in 2011/12. This was very similar to the rate seen in 1997/98 (the first year shown in the profile) when the rate was 20.7 per 100,000 population. The alcohol-related mortality rate for Scotland has risen until 2003/04 to 28.1 per 100,000; remained broadly stable for the next three years (e.g. 27.8 in 2006/07), and since then the trend has been downwards. At NHS Board and ADP level, this trend is not necessarily repeated. Generally the patterns are less obvious, particularly for NHS Boards with small populations. Small numbers result in large confidence intervals, which should be kept in mind when interpreting any trends.

## Prevalence

### **Proportion of individuals drinking above daily/weekly limit** (Source: [Scottish Health Survey](#))

The proportion of individuals drinking above the daily and/or weekly recommended limits is based on combined figures from the Scottish Health Surveys conducted in 2008, 2009, 2010 and 2011, ensuring a sufficient sample size to obtain NHS Board-level representativeness. Of NHS Boards in Scotland, only Lanarkshire had a statistically significant higher (46.4%) proportion of individuals drinking above daily/weekly recommended limits than the Scottish average (43.4%), and only Western Isles (29.4%) and Orkney (38.5%) NHS Boards had a statistically significantly lower proportion of individuals than Scotland overall.

There were differences between men and women exceeding the daily/weekly limits. Among males, none of the NHS Boards had significantly higher proportions of males drinking above the daily and/or weekly limits than Scotland. In contrast, Lanarkshire NHS Board (41.5%) had a statistically significant higher proportion of female drinkers drinking above the daily and/or weekly recommended limits, compared with the Scottish average (38.6%). Women in the Western Isles and Orkney NHS Boards had statistically significant lower proportions of female drinkers exceeding daily and/or weekly limits than the national average.

### **Proportion of population 'binge' drinking** (Source: [Scottish Health Survey](#))

Based on combined figures from the four Scottish Health Surveys in 2008 to 2011, only Lanarkshire NHS Board had a statistically significantly higher (25.3 %) proportion of 'binge' drinkers (i.e.

individuals drinking above twice the daily recommended limits) than Scotland overall (21.1%). Western Isles (12.8%), Dumfries & Galloway (15.3%) and Highland (17.1%) NHS Boards all had statistically significantly lower proportions of 'binge' drinkers than the national average.

#### **Proportion of population problem drinking** (Source: [Scottish Health Survey](#))

Based on combined figures from the four Scottish Health Surveys in 2008 to 2011, 11.7% of current drinkers aged 16+, in Scotland, could be regarded as potential problem drinkers. Among NHS Boards, Orkney (7.5%), Highland (8.4%) and Borders (8.6%) all had statistically significant lower proportions of potential problem drinkers than Scotland, whereas Greater Glasgow & Clyde had more (13.7%). For males, the majority of NHS Boards were significantly different from the average (13.9%) with the exception of Highland (9.4%). For females, Orkney, Borders, Dumfries & Galloway and Grampian all reported a lower percentage of potential problem drinkers than the national average (9.5%), and Greater Glasgow & Clyde, with 11.5%, was significantly higher.

#### **Percentage of 15 year old pupils drinking on a weekly basis** (Source: [SALSUS](#))

In 2010, 20.4% of 15-year old pupils in Scotland reported drinking on (at least) a weekly basis, compared to 30.0% in 2006. The variation between NHS Boards was relatively small with only Western Isles having a significantly lower percentage compared with the national average, and Orkney with a significantly higher percentage in 2010. All NHS Boards showed a drop from 2006 to 2010, except Orkney, which stayed unchanged. Of the ADPs, only Angus ADP showed a small rise from 21.0% in 2006 to 22.3% in 2010. East Renfrewshire ADP stayed unchanged at 23.0%. For all other ADPs, the proportion of pupils drinking on a weekly basis decreased between 2006 and 2010.

## **Recovery**

No indicators are available yet for this outcome domain in the online profile tool.

## **Children Affected by Parent's Substance Misuse/Families**

#### **Child protection cases with parental alcohol and/or drug use** (Source: [Scottish Government, Children's Social Work Statistics](#))

The rate of child protection cases with an indication of parental alcohol and/or drug misuse expressed per 10,000 population aged under 18 is very variable between ADP areas; the average is 8.8 per 10,000 but this varies between 1.2 per 10,000 in Fife ADP and 23.1 per 10,000 in South Ayrshire ADP. Note that the figures for the Island ADPs were too small to be published. These differences reflect variation in local policies as well as different levels of problem cases. The numbers of children on the child protection register and the identification of abuse or neglect cases can vary because the option of registering multiple concerns is relatively new, and some areas may still be recording the main concern only, whereas others may be recording any area of concern.

#### **Child protection cases with parental alcohol use** (Source: [Scottish Government, Children's Social Work statistics](#))

The rate of child protection cases with an indication of parental alcohol misuse (regardless of any potential drug misuse) is also very variable between ADP areas; the average is 5.0 per 10,000 but this varies between 1.8 per 10,000 in Perth & Kinross ADP and 17.8 per 10,000 in South Ayrshire ADP. Please note that due to the relatively small numbers, the confidence intervals are large.

## Community safety

A number of anti-social behaviour offences are quite commonly associated with alcohol consumption, and therefore knowledge of the number of these offences is of value to policy makers in the field of alcohol.

### **Serious assault** (Source: [Scottish Government, Recorded Crime in Scotland](#))

In 2012/13, there were 6.1 per 10,000 population serious assault offences in Scotland. These rates have dropped over the last four years from an average of 9.7 per 10,000 in 2009/10. In 2012/13, serious assault rates varied greatly between ADP areas; from 1.1 per 10,000 population in East Renfrewshire to 13.0 per 10,000 in Glasgow City, with approximately half of the ADPs having rates similar to the Scottish average. For most ADPs, serious assault rates have fallen since 2009/10, with the exception of Fife ADP (4.3 in 2009/10 and 4.4 per 10,000 in 2012/13) and Mid and East Lothian ADP (4.6 in 2009/10 and 4.8 per 10,000 in 2012/13).

### **Common assault** (Source: [Scottish Government, Recorded Crime in Scotland](#))

There were on average 102 common assaults in Scotland per 10,000 population in 2012/13. This is a decrease from 129 per 10,000 in 2009/10. Most ADP areas also showed a general decrease over this four-year period. Notable exceptions are Perth & Kinross ADP, which had an increase from 74 per 10,000 in 2009/10 to 80 per 10,000 population in 2012/13, and Shetland ADP (an increase from 62 to 85 per 10,000). In 2012/13, the lowest rate was recorded in East Renfrewshire ADP (41 per 10,000) and the highest in Aberdeen City ADP (177 per 10,000).

### **Vandalism** (Source: [Scottish Government, Recorded Crime in Scotland](#))

There were on average 100.3 cases of vandalism in Scotland per 10,000 population in 2012/13, compared with 127.2 per 10,000 in 2011/12. Vandalism rates have dropped since 2009/10 when the average rate for Scotland was 150.8 per 10,000 population. Vandalism rates vary greatly between ADPs with Orkney recording 49.2 vandalism offences per 10,000 in 2012/13, whereas Clackmannanshire recorded 138.7 per 10,000 population. For most ADPs, rates have dropped over the time period. Notable exceptions are Edinburgh City ADP and Mid & East Lothian ADP, which showed a steep rise from 2009/10 to 2011/12 and then a drop to 2012/13.

### **Breach of the Peace** (Source: [Scottish Government, Recorded Crime in Scotland](#))

The definition of breach of the peace changed in 2011, therefore, comparable figures are only available for 2011/12 and 2012/13. There were 46.8 cases of Breach of the Peace per 10,000 population in Scotland in 2012/13, which is lower than the rate in 2011/12 (62.9 per 10,000 population). All ADP areas showed a decrease in breach of peace rates from 2011/12 to 2012/13. The lowest rate was recorded in East Renfrewshire ADP (8.6 per 10,000 population in 2012/13) and the highest in Glasgow City ADP (92.4 per 10,000 in 2012/13).

## Environment

### **Alcohol abuse perceived as negative aspect of neighbourhood** (Source: [Scottish Household Survey](#))

In 2009/10, 4.1% of the Scottish population considered alcohol abuse to be an aspect of their neighbourhood they particularly disliked, almost identical to that reported in 2007/08 (4.4%). Fife and Lothian NHS Boards reported statistically significantly higher disapproval ratings (5.8% and 5.7%, respectively) of alcohol abuse in their neighbourhood compared to the national average. In 2009/10, figures varied greatly between ADP areas; from 0.3% for Orkney ADP to 6.7% for Edinburgh City ADP.



Generally, the percentages dropped from the previous survey in 2007/08, but some ADPs showed a substantial rise; for example, Edinburgh City 3.8% in the 2007/08 and 6.7% in the 2009/10. In 2009/10, the ADPs with the highest rates were mainly those in the large cities (Glasgow, Edinburgh and Aberdeen). The confidence intervals for the percentages are generally wide so only large differences are statistically significant.

#### **Alcohol sales licence statistics** (Source: [Licensing statistics](#))

##### **Rate of premise licences per 10,000 population 18+ - on-trade<sup>2</sup>**

The number of on-trade premise [and occasional] licences in force at 31<sup>st</sup> March 2012 in Scotland was 27.3 per 10,000 population aged 18 and over. Rates varied greatly between ADPs; from 13.9 per 10,000 in East Dunbartonshire ADP, to 58.1 per 10,000 in Argyll & Bute ADP. In general, the highest rate of licences per 10,000 population are found in the less populous areas and although each licensed premise will serve a relatively small number of people, it is likely to serve a relatively large geographical area.

##### **Rate of premise licences per 10,000 population 18+ - off-trade<sup>3</sup>**

The number of off-trade premise [and occasional] licences in force at 31<sup>st</sup> March 2012 in Scotland, was 11.5 per 10,000 population aged 18 and over. ADP rates varied between 6.5 per 10,000 in East Renfrewshire to 24.3 per 10,000 in Shetland. Most of the highest rates were found in sparsely populated areas.

##### **Rate of premise licences per 10,000 population 18+ - on- and off-trade combined**

Overall, there were 38.8 per 10,000 population, aged 18 and over, premise [and occasional] licences in force at the 31<sup>st</sup> of March 2012, compared with 39.1 per 10,000 at 31<sup>st</sup> March 2011. The ADP rates varied from 21.6 per 10,000 for East Dunbartonshire, to 80.7 per 10,000 for Argyll & Bute.

##### **Rate of personal licences per 10,000 population 18+**

The number of personal licences in force per 10,000 population aged 18 and over at 31<sup>st</sup> March 2012 was 108.9, varying between 67.8 (East Renfrewshire ADP) and 211.2 (Orkney ADP). This reflects a slight increase from the previous year from 96.3 per 10,000 population 18 years and over. Note no data was available for Stirling ADP in 2011.

## **Services**

#### **Alcohol Brief Interventions delivered as percentage of target** (Source: [ISD, Alcohol brief Interventions](#))

Overall, since the implementation of the [A4: HEAT target](#) for the delivery of alcohol brief interventions, the target has been exceeded at a national level; in 2012/13, the Scotland average was 155.4%. Among NHS Boards, Forth Valley recorded the highest percentage at 302.1% and the lowest was Western Isles (74.6%).

#### **Alcohol treatment waiting times** (Source: [Drug & Alcohol Treatment Waiting Times database](#))

This indicator shows the percentage of clients waiting for more than 3 weeks between referral to a specialist alcohol service and start of treatment. This information is available for two financial years (2011/12 and 2012/13). In 2012/13, the average percentage of waits over 3 weeks in Scotland was

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<sup>2</sup> On-trade licence describes an establishment where alcohol must be consumed at the point of sale, such as a pub, bar, nightclub or café.

<sup>3</sup> Off-trade licence is where a shop licensed to sell alcoholic beverages for consumption *off* the premises.

7.9%, with large variation between NHS Boards (from 0.3% in Lanarkshire to 24.1% in Tayside) and ADPs (from 0% in Clackmannanshire ADP, to 37.6% in Stirling ADP). In 2011/12, the average percentage waiting over 3 weeks was markedly higher at 13.0%. This decreasing trend is repeated in most areas to a greater or lesser degree. Note that for some rural areas the figures are very small and therefore confidence intervals are large.

## Drugs

### Health

#### **Drug-related hospital discharges** (Source: [Scottish Morbidity Record 01](#))

The European age-standardised rate of general acute inpatient & day case discharges with a diagnosis of drug misuse (in any position) for Scotland was 124.2 per 100,000 population in 2011. This is much higher than the rate seen in 1997 (53.9 per 100,000), the first year shown in these profiles, but virtually unchanged compared with the previous year (124.1 per 100,000 in 2010). There was a gradual rise in drug-related discharge rates in Scotland from 1997 although rates in recent years seemed to have reached a plateau. This pattern was repeated in individual NHS Boards, although discharge rates in the smaller areas were more variable. At NHS Board level, NHS Ayrshire & Arran had the highest drug-related discharge rate at 257.1 per 100,000 in 2011. The lowest rate was seen in Orkney (27.9 per 100,000). Among ADPs, the highest rate was recorded in East Ayrshire ADP where the drug-related discharge rate rose to 303.7 per 100,000 population in 2011; an increase from 71.5 per 100 000 in 1997. North Ayrshire ADP had similarly high rates at 300.4 per 100,000 in 2011 compared with 42.3 per 100,000 in 1997.

#### **Hepatitis-C positives among people who inject drugs** (Source: [Needle Exchange Surveillance Initiative](#))

In 2010, 56.4% of people in Scotland who inject drugs tested positive for the hepatitis C antibody, compared with 54.6% in 2008/09. There was considerable variation between NHS Boards and ADPs. Among ADPs for example, figures in 2010 ranged from 14.5% in the Borders to 70.1% in Glasgow City). Some ADPs recorded a large increase between 2008/09 and 2010 in people injecting drugs who tested positive for HCV antibody (e.g. Falkirk, from 43.4% to 58.3%) whereas others saw a substantial decrease (e.g. Borders from 26.8% to 14.5%).

### Prevalence

#### **Estimated prevalence of problem drug use**

Problem drug use is defined here as problematic (routine and prolonged) use of opiates and/or benzodiazepine.

#### **Percentage of problem drug use amongst the population aged 15-64** (Source: [Drug Misuse Prevalence Study](#))

In Scotland, the estimated percentage of problem drug users in the general population aged 15-64 years was 1.7% in 2009/10, similar to 1.6% in 2006. The highest percentage was estimated for Glasgow City ADP (3.4% in 2009/10). Other ADPs with high percentages include Dundee City and East Ayrshire ADP and other urban areas with high population density. Very rural areas, like Moray and Borders ADP, had percentages well under 1%. When males and females were combined, percentages could be estimated for the Island boards, and these were low (all less than 1%).

#### **Percentage of problem drug use amongst males aged 15-64** (Source: [Drug Misuse Prevalence Study](#))

Between 2006 and 2009/2010, the percentage of problem drug use amongst males aged 15-64, in Scotland (excluding the Islands), remained almost the same (2.3% in 2006, 2.5% in 2009/10). In 2009/10, the percentage of male problem drug users was highest in Glasgow City ADP, where 4.9% of the males aged between 15 and 64 were estimated to be a problematic drug user. In contrast,

Moray and East Dunbartonshire ADPs had percentages under 1%. Figures for the Island boards were too small to allow reliable estimates.

#### **Percentage of problem drug use amongst females aged 15-64** (Source: [Drug Misuse Prevalence Study](#))

The percentage of problem drug use was lower in females than males. In 2009/10, 1.0% of the female population aged 15 to 64 (mainland Scotland only) was estimated to be a problem drug user, identical to the figure reported in 2006. In the latest year, Moray ADP had the lowest percentage of problem drug use in women among all ADPs (0.4%) and Dundee City the highest (2.0%).

#### **Percentage of 15-year old pupils who used illicit drugs in the last month** (Source: [SALSUS](#))

In 2010, 11.4% of the 15-year old pupils reported that they had used illicit drugs in the last month, compared with 14.0% in 2006. There was large variation between ADPs with Shetland recording the lowest percentage in 2010 (4.9%) and East Renfrewshire recording the highest percentage (20.2%). The confidence intervals are, however, large so very few ADPs had figures that were significantly higher than the national average. Most ADPs follow the national trend and showed a decrease between 2006 and 2010. A minority of ADPs, however, recorded a rise; for example, East Renfrewshire from 12.0% in 2006 to 20.2% in 2010; Renfrewshire from 11.0% to 16.6% and North Ayrshire from 12.0% to 15.1%.

#### **Percentage of 15-year old pupils who used illicit drugs in the last year** (Source: [SALSUS](#))

In 2010, 18.5% of 15-year old pupils in Scotland said that they had used illicit drugs within the last year, compared with 23.0% in 2006. Large variation was seen between ADPs, with Shetland having the lowest percentage in 2010 (7.7%) whereas East Renfrewshire recorded the highest percentage at 31.1%. The largest decrease was for Stirling ADP, which recorded a drop from 41.0% in 2006 to 15.6% in 2010. The largest rise was for East Renfrewshire ADP, which saw the percentage increase from 24.0% in 2006 to 31.1% in 2010.

## **Recovery**

No indicators are available yet for this outcome domain in the online profile tool.

## **CAPSM/Families**

#### **Rate of maternities recording drug misuse** (Source: [Scottish Morbidity Record 02](#))

The Scotland figure for the most recent three-year aggregate period (2009/10 to 2011/12) was 18.8 per 1,000 maternities recording drug use. There has been a gradual increase over the time period from 9.5 per 1,000 in 2005/06-2007/08, to 11.9 per 1,000 in 2007/08-2009/10 to the current figure of 18.8 per 1,000. Most ADPs, followed a similar pattern although some increases were larger than others; for example in Lothian some very sharp rises have been noted from 13.9 per 1,000 in 2005/06 to 2007/08 to 49.4 per 1,000 in 2009/10 to 2011/12 years; Edinburgh City ADP (MELDAP) increased from 18.4 to 45.7 per 1,000; West Lothian from 5.6 to 46.9 per 1,000 and Mid & East Lothian ADP increased from 11.9 to 65.1 per 1,000 maternities. Some areas, however, showed a drop; for example in South Ayrshire the rate of maternities with drug misuse decreased from 20.2 per 1,000 in 2005/06-2007/08 to 10.1 per 1,000 in 2009/10-2011/12. For the Island boards and some of the rural areas, numbers from some of the earlier periods were too small to be reported.

#### **Child protection cases with parental drug use** (Source: [Children's Social Work statistics](#))

In Scotland, in 2012, the rate of all Child Protection Case Conferences that had an indication of parental drug misuse (regardless of any potential alcohol misuse) per 10,000 children under 18 was

5.6 but this varied across ADPs from 1.0 per 10,000 in Fife ADP and 15.3 per 10,000 in MELDAP and Clackmannanshire ADP. The differences between the big cities are striking; in Glasgow City ADP 2.4 of child protection cases indicated parental drug misuse whereas higher rates were seen in Aberdeen ADP (8.1), Dundee City (10.7) and City of Edinburgh ADP (9.5). It should be noted, that due to the relatively small numbers the confidence intervals are large and that numbers for the Islands and some other rural areas are too small to be reported.

## Community safety

### Percentage of new patients at specialist drug treatment services who report funding their drugs through crime (Source: *Scottish Drug Misuse Database*)

On average, in Scotland, a smaller percentage of new patients at specialist drug treatment services reported that they were funding their drug use through crime in 2011/12 (20.9%) than in the first year of recording (2006/07), when the percentage was 26.2%. In 2011/12, the lowest percentage was recorded was for West Lothian ADP (8.8%) whilst the highest was for Dundee City ADP (37.5%).

## Environment

### Percentage of 15-year old pupils who have ever been offered drugs (Source: *SALSUS*)

In 2010, 42.5% of 15 year old schoolchildren in Scotland had ever been offered drugs in their lifetime, compared with 53.0% in 2006. Individual ADP area averages varied considerably in 2010; Aberdeenshire had the lowest value at 31.8% of 15-year olds having ever been offered drugs, whereas East Renfrewshire had the highest (58.5%).

### Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood (Source: *Scottish Household Survey*)

In 2009/10, 11.6% of people across Scotland considered drug misuse or dealing to be very or fairly common in their neighbourhood, but this varied greatly between areas, from 0.8% in Orkney ADP to 21.8% in East Ayrshire ADP. Generally, higher values were found in the more populous areas. There was a small decrease in the overall report in 2009/10 from that reported in 2008/09, when the Scotland average was 12.6%. However, for some areas, there were differences between the years. For example, Clackmannanshire showed a drop from 24.8% in 2007/08 to 11.2% in 2009/10. The next largest change was seen Falkirk ADP, where the percentage dropped from 14.8% in 2007/08 to 8.0% in 2009/10. All other areas showed smaller changes and confidence intervals were large.

## Services

### Drug treatment waiting times (Source: *Drug & Alcohol Treatment Waiting Times database*)

This indicator shows the percentage of clients waiting for more than three weeks between referral to a specialist drug treatment service and the start of treatment. This information is available for two financial years (2012/13 and 2011/12). In the latest year, the average percentage of waits over three weeks in Scotland was 8.3%, but there was substantial variation between areas; from 1.8% in South Ayrshire ADP to 22.7% in Highland ADP. Most areas had fewer people waiting more than 3 weeks than previously; the average in 2011/12 was 17.0%. Particularly large drops were seen in Mid & East Lothian DAP (from 47.0% to 3.9%), Falkirk ADP (from 40.0% to 8.3%) and Edinburgh City ADP (from 44.2% to 17.1%). In contrast, a few areas recorded a rise with the largest rise being seen in Highland ADP (from 17.3% to 22.7%).

## Data quality

### **Scottish Drug Misuse Database (SDMD) initial completeness** (Source: [Scottish Drug Misuse Database/Drug & Alcohol Treatment Waiting Times database](#))

The completeness of the SDMD with regard to new patients can be estimated using the proxy measure of the percentage of patients recorded in SDMD as part of the number recorded on Drug & Alcohol Treatment Waiting Times database (DATWT). DATWT is generally more complete because drug treatment waiting times are a HEAT standard. However, in five ADP areas the number of new patients on SDMD was higher than the number of new waits in DATWT so there may be an element of incompleteness in the DATWT database as well. Note that confidence intervals could not be calculated because the indicator is not a true proportion, so no information is shown on the significance of the differences.

In Scotland, the number of new patients entered in the SDMD was 62.8% of the number of waits in the DATWT database in 2012/13, meaning that there is potentially substantial under-recording in SDMD. This is lower than the figure reported in 2011/12 (74.3%). There was wide variation across the ADPs; Argyll & Bute reported the lowest data completeness percentage (23.8%) while Aberdeen City's data was most complete (123.2%) showing that there were more reported cases in SDMD than in the DATWT. In most ADP areas, the percentage dropped in 2012/13 compared to 2011/12. However, some recorded a substantial rise but Stirling ADP showed a marked increase (from 54.5% to 98.1%). However, these figures must be treated with caution and interpreted in light of local knowledge.

### **Scottish Drug Misuse Database (SDMD) follow-up completeness** (Source: [Scottish Drug Misuse Database](#))

The percentage of patients with an initial assessment recorded in the SDMD who also have a follow-up assessment 10-14 weeks later in the SDMD gives an indication of completeness of follow-up data. Follow-up completeness in 2012/13 was low; on average it was 14.6% for Scotland only slightly higher than the figure reported in the previous year (12.1%). However, there was wide variation across the ADPs and local knowledge may explain this variation. It is very difficult to draw any robust conclusions about treatment progress and patient outcomes from data with low completeness.

## APPENDICES

### Appendix I - Comparison of Profiles indicators with indicators in ADP reports

Indicator label (ADP report)	Description in ADP report	Description in Profiles	Differences between ADP and Profiles	Quality remarks / Rationale for change	Source
<b>HEALTH</b>					
1.1 Drug-related hospital admissions	General acute inpatient discharge rates with a drug-related diagnosis in any position; 3 year rolling average using EASR (2005/06-2007/08 to 2009/10-2011/12)	General acute inpatient & day case discharges (EASR) with a diagnosis of alcohol misuse in any position; <b>by single year (1997/98-2011/12)</b>	<b>By single year and long term trend</b>	Yearly data provides a better ability to spot year-on-year changes. Confidence intervals will show significance of unexpected peaks and troughs.	SMR01, ISD
1.2 Alcohol-related hospital admissions	General acute inpatient discharge rates with a alcohol-related diagnosis in any position; 3 year rolling average using EASR (2005/06-2007/08 to 2009/10-2011/12).	General acute inpatient & day case discharges (EASR) with a diagnosis of drug misuse in any position; <b>by single year (1997/98-2011/12)</b>	<b>By single year and long term trend</b>	Yearly data provides a better ability to spot year-on-year changes. Confidence intervals will show significance of unexpected peaks and troughs.	SMR01, ISD
1.3 Alcohol-related mortality	3 year rolling average using EASR. Indicator based on underlying cause.	Alcohol-related deaths (underlying cause) (EASR) per 100,000 population; <b>by calendar year (1997-2011)</b>	<b>By calendar year and long term trend</b>	Yearly data provides a better ability to spot year-on-year changes. Confidence intervals will show significance of unexpected peaks and troughs.	NRS but held by ISD
1.4 Prevalence of hepatitis C among people who inject drugs (PWID)	Prevalence of hepatitis C among people who inject drugs (PWID). Percentage of injecting drug users testing positive for HVC antibody (% is based on all injecting drug users tested)	Identical	Identical		Needle Exchange Surveillance Initiative, Health Protection Scotland
<b>PREVALENCE</b>					
2.1 Prevalence of problem drug users	Estimated prevalence (expressed as a percentage of population) of problem drug for each ADP (for ages 15-64); 2006 & 2009/10.	Identical	Identical		Drug Misuse Prevalence Study

2.2 Prevalence of injecting drug users	Estimated prevalence (expressed as a percentage of population) of problem drug for each ADP [not reported].	Not available			Drug Misuse Prevalence Study
2.3 Drug use last month (pupils age 15)	Percentage of 15 year olds who usually take illicit drugs at least once a month (2006, 2010).	Identical	Identical		SALSUS
2.4 Drug use last year (pupils age 15)	Percentage of 15 year olds that report using an illicit drug in the last year (2006, 2010).	Identical	Identical		SALSUS
2.5 Above limit drinkers	Percentage of individuals drinking above daily and/or weekly recommended limits (males, females, total); aggregate over 2008-2011.	Identical	Identical		Scottish Health Survey
2.6 Binge drinkers	Percentage of individuals drinking above twice daily ('binge' drinking) recommended limits (males, females, total); aggregate over 2008-2011.	Identical	Identical		Scottish Health Survey
2.7 'Problem' drinkers	Problem drinkers are identified as current drinkers in Scottish Health Survey who agree with at least 2 out of 6 statements in CAGE questionnaire (males, females, total; aggregate over 2008-2011).	Identical	Identical		Scottish Health Survey
2.8 Weekly drinkers (pupils age 15)	Percentage of 15 year olds that report drinking on a weekly basis and weekly mean consumption (in units) of those reporting drinking on a weekly basis.	Percentage of 15-year old pupils drinking on a weekly basis (2006, 2010).	<b>Percentage drinking identical. Mean consumption not provided</b>	'Mean consumption' is planned for inclusion in December update.	SALSUS
<b>RECOVERY</b>					
3.1 Drugs spend reduction	Percentage reduction in daily drugs spend during treatment [not reported].	Not available			SDMD, ISD
3.2 Injecting drugs reduction	Percentage reduction of clients injecting in the last month during treatment [not reported].	Not available			SDMD, ISD



3.3 Drug abstinence (12 weeks)	Percentage of clients who abstain from illicit drugs between initial assessment and 12 week follow-up [not reported].	Not available			SDMD, ISD
3.4 Drug user's employment/education improvement	Percentage of clients receiving drugs treatment experiencing improvements in employment / education profile during treatment [not reported].	Not available			SDMD, ISD

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#### CAPSM / FAMILIES

4.1 Maternities with drug use	Aggregate 3-year rate (per 1,000 maternities) of maternities recording drug use (2004/05-2006/07 to 2008/09-2010/11).	Aggregate 3-year rate (per 1,000 maternities) of maternities recording drug use (2005/06-2007/08 to 2009/10-2011/12).	<b>Updated with newer data.</b>	Updated with newer data. Longer time trends under consideration for December update.	SMR02, ISD
4.2 Maternities with alcohol use	Financial year rate (per 1,000 maternities) of maternities recording alcohol use.	<b>Not included</b>	<b>Not included</b>	Data regarded as of insufficient quality and completeness to be included in tool.	SMR02, ISD
4.3 Child protection with parental alcohol/drug misuse	Number of Child Protection Case Conference where parental drug and alcohol abuse has been identified.	Number <b>and rate</b> of Child Protection Case Conferences where drug and/or alcohol abuse has been identified (rate per 10,000 population under 18); Additional: (1) rate of CPCCs where parental drug misuse has been identified; (2) rate of CPCCs where parental alcohol misuse has been identified	<b>Rates (per 10,000 population aged &lt;18) used as well as numbers. Additional information provided.</b>	Absolute numbers are not suitable for comparison between areas, hence change to rates. Extra information allows distinction between drug & alcohol cases, as per requirements of separate drug and alcohol profiles.	Children's Social Work Statistics
4.4 Positive ABI screening	Proportion of positive ABI screenings in ante-natal setting [not reported].	Not available			ADPs

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#### COMMUNITY SAFETY

5.1 Drug use funded by crime	Percentage of new clients entering specialist drug treatment services who report funding their drug use through crime, by ADP area.	Identical	Identical		SDMD, ISD
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5.2 Reconviction of DTTO-ers	One year reconviction frequency rate for offenders given a Drug Treatment and Testing Order (DTTO). The rates are based upon the number of reconvictions for every 100 offenders.	<b>Not included</b>	<b>Not included</b>	Data reported by Community Justice Area; does not fit in Board/ADP geographies. Mapping to ADP area may feature in future release.	Criminal Justice Social Work Statistics, Scottish Government
5.3 ASBO rate	Rate of Anti-Social Behaviour Orders per 1,000 population: Serious Assault, Common Assault, Vandalism and Breach of the Peace (2009/10, 2010/11, 2011/12; Breach of the Peace is only available from 2011/12 onwards).	Four indicators for offences often related to alcohol misuse: Serious assault, Common assault, Vandalism, Breach of the Peace; <b>rate per 10,000 population</b> (2009/10, 2010/11, 2011/12, 2012/13).	<b>Rates per 10,000 population used instead of rate per 1,000</b>	Rate recalibrated to 'per 10,000 population' to bring in line with other publications. For less common crimes, rate change also makes figures easier to interpret.	Recorded Crime Data, Scottish Government
5.4 CPOs with alcohol/drug treatment	Number of Community Payback Order requirements issued with drug or alcohol treatment required, and percentage that are successfully completed (not currently available).	<b>Not included</b>	<b>Not included</b>	Provided in ADP report as 'management information only'.	Criminal Justice Social Work Statistics, Scottish Government
5.5 Alcohol/drug fuelled offences	Percentage of victims of a crime who reported that offender was under the influences of alcohol and/or drugs	<b>Not included</b>	<b>Not included</b>	Data reported by Police Force area; does not fit in Board/ADP geographies. Mapping to ADP area may feature in future release.	Scottish Crime and Justice Survey

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#### ENVIRONMENT

6.1 Pupils age 15 being offered drugs	Percentage of 15 year olds who have ever been offered drugs (2006, 2010).	Identical	Identical		SALSUS
6.2 Drug misuse in neighbourhood	Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood (2007/08, 2009/10).	Identical	Identical		Scottish Household Survey
6.3 Alcohol abuse in neighbourhood	Prevalence of people noting 'alcohol abuse' as a negative aspect of their neighbourhood (2007/08, 2009/10).	Identical	Identical		Scottish Household Survey

6.4 Licenses in force	Number of premise and occasional licences in force per annum (on-sale, off-sale, total; also included: personal licences).	Number <b>and rate</b> of premise [and occasional] licences in force (on-trade, off-trade, both) & Personal licenses in force; <b>per 10,000 population aged 18+.</b>	<b>Rates per 10,000 population aged 18+ given as well as numbers</b>	Absolute numbers are not suitable for comparison between areas, hence inclusion of rate. Information is derived from live management information systems. While figures are subject to quality assurance, they may be subject to on-going revision. Most local authority licensing boards have put in place new IT systems to manage the implementation of the 2005 Act and there may be issues of comparability until a longer time series becomes available. At this stage, it is difficult to compare these figures over time due to changes in the way licences are being administered under current licensing arrangements (for instance, single licences for premises which were previously subject to multiple licences, and registered clubs coming under the responsibility of licensing boards rather than sheriff courts).	Liquor licensing statistics, Scottish Government
6.5 Applications for licenses	Number of new applications for premise or occasional licences, and percentage refused; also for personal licences	<b>Not included</b>	<b>Not included</b>	Some areas have extremely small numbers, therefore data not suitable for inclusion in tool. Inclusion of rates may be considered for future release.	Liquor licensing statistics, Scottish Government
<b>SERVICES</b>					
7.1 Screenings for alcohol use disorders	Number of screenings for alcohol use disorders delivered and the percentage screening positive (with % eligible for ABI and % eligible for referral [not reported]).	Not available			ADPs
7.2 Alcohol brief interventions	Number of alcohol brief interventions delivered in accordance with HEAT Standard guidance.	Number <b>and percentage</b> of alcohol brief interventions delivered in accordance with the HEAT Standard guidance, <b>as percentage of target.</b>	<b>Percentage used instead of number.</b>	Absolute numbers are not suitable for comparison between areas, hence inclusion of percentage. Percentages are weighted by population and therefore more comparable between areas of different population size.	ISD Health Improvement Team

7.3 Treatment waiting times	Percentage of clients waiting more than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment.	Percentage of clients waiting for more than 3 weeks between referral to a specialist service and start of treatment <b>(per annum); split into (1) alcohol treatment; and (2) drug treatment.</b>	<b>Data given per year; split into alcohol and drug treatments separately</b>	Extra information allows distinction between drug & alcohol cases, as per requirements of separate drug and alcohol profiles.	Drugs and alcohol waiting times database, ISD
7.4 Follow up interventions	Number of treatments drug service clients receive at 3 month and 12 month follow-up (and annually after that).	Percentage of patients with initial assessment with a follow-up assessment 10-14 weeks later in SDMD.	<b>Different follow up times reported.</b>	Not a reliable measure of service provision due to low follow-up completion rates. <b>Included for use a quality indicator.</b>	SDMD, ISD
Extra measure	Not in ADP	Percentage of patients in SDMD divided by number of patients in Drug & Alcohol Treatment Waiting Times database.	<b>Extra measure included in profile.</b>	Included for use a quality indicator.	SDMD and Drugs and Alcohol Waiting Times Database, ISD

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## Appendix II - Interpretation of spine charts

The Number column in the spine chart shows whether any data for the area are suppressed due to disclosure, or there simply are no data available. Note that if the measure was zero, it will be shown as such in the tool.

- Suppressed data may still show as a point in the spine chart (e.g. when the number is disclosive but the rate isn't, for example when the rate is age-sex standardised); hovering over the point will show up a 'suppressed' box. However, if suppressed data was not submitted to the tool no point will be shown at all. In both cases, the grey bar will still be charted. Details of our suppression rules are given in the technical report.
- If data is unavailable because it was not collected at the particular geographical level, this is shown in the Definition box (available by hovering over the "i" button).
- If data was unavailable because it wasn't collected in that particular area, despite being collected in other areas at the same geographical level, this will typically be shown as 'n/a' in the Number field and blank in the Measure field, but the grey bar showing values for the areas for which data are available is still charted.

The grey bar on the spine chart shows the range for all areas in Scotland for which data are available at that area level (irrespective of the comparator used). If the amount of light grey shading is much bigger at one side than at the other side, then the data are skewed. For example, the rates are much more widely spaced at the higher ('worse') end than the lower ('better') end.

The rank charts show data for all the areas within Scotland in ascending order, so values of 0.0 for the Measure will display on the left of the chart. However, where the Measure is not presented for a particular area, this area's name will display at the bottom of the rank chart without a bar being shown.

The trend charts show trends over all the years for which data is available, which is as far back as 1997 for some indicators. The charts show the particular area trend alongside the comparator trend (by default this is Scotland but can be another ADP when looking at ADP profiles, or another Board if looking at the NHS Board profiles). Where there is only one time point there is now graph shown.

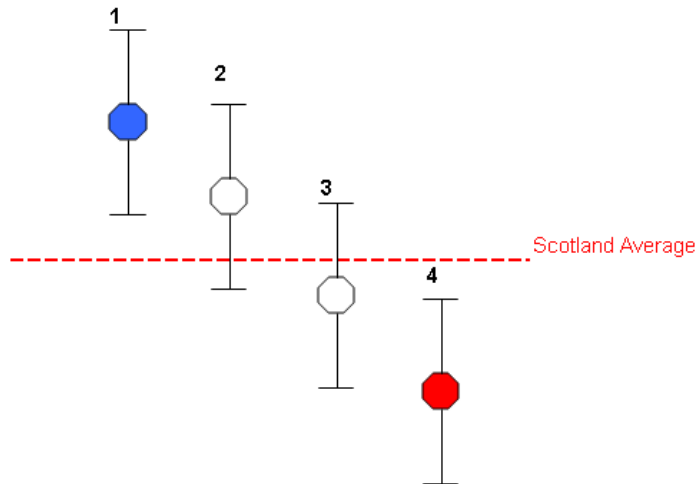
If values on the time trend graph are suppressed the values either side of the suppressed value are joined in the trend line. If the suppressed value is at the one end of the time line then the line will stop before this point.

Values show as significantly 'better' (blue dot) or 'worse' (red dot) if the 95% confidence interval of the indicator value;

- a) Does not include the value of the Scottish average (if the comparator is Scotland; this implies that the Scotland value was treated as an exact reference value); or

- b) Does not overlap with the 95% confidence interval of the comparator (if the comparator is another area at the same geographical level, e.g. another ADP if looking at ADP profiles, or another Board if looking at NHS Board profiles).

The example below shows how significance of the difference compared to the Scottish average is assessed:



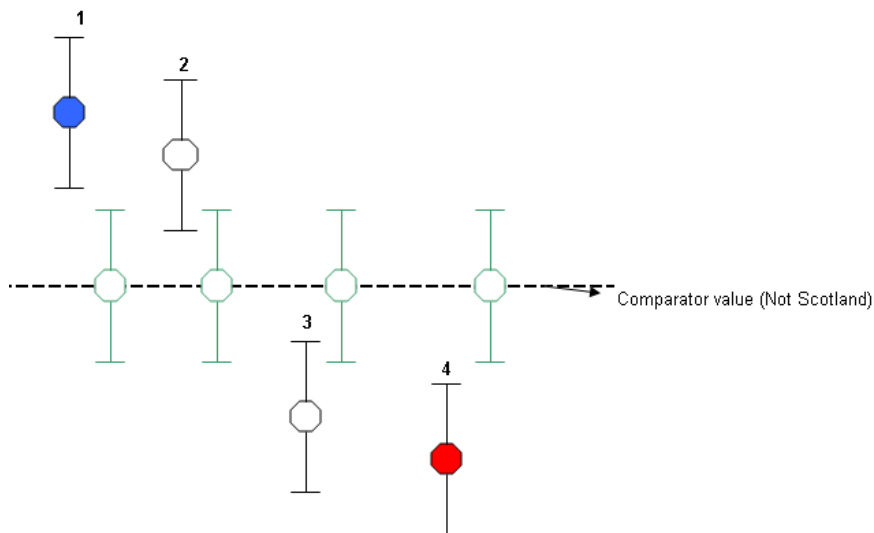
Area 1: Area is statistically significantly better than the Scotland Average.

Area 2: Area is similar to the Scotland Average.

Area 3: Area is similar to the Scotland Average.

Area 4: Area is statistically significantly worse than the Scotland Average.

When the comparator is changed from the Scotland Average to another area, the comparator is no longer treated as an exact reference value but instead the confidence intervals are compared:



Area 1: Area is statistically significantly better than the Comparator value.

Area 2: Area is similar to the Comparator value.

Area 3: Area is similar to the Comparator value.

Area 4: Area is statistically significantly worse than the Comparator value.

Note that if it is not appropriate to tag a significant difference as 'better' or 'worse', the dot is shown in orange.

It is possible for two areas to have the same value for the Measure for a particular indicator, but for this to show as "statistically significantly 'better' or 'worse' than the Scottish average" for one and "not statistically significantly different from the Scottish average" for the other. This is because statistical significance is calculated on the basis of population size and the number of records to which the value relates, and this may be different for the two areas.

## Appendix III - Definitions and Sources

Indicator No.	Description	Definition	Geography	Time Period	Source
<b>Alcohol</b>					
1	Alcohol-related hospital discharges	General acute inpatient & day case discharges (EASR) with a diagnosis of alcohol misuse in any position; by financial year	Scotland, NHS Board, ADP	1997/98-2011/12	ISD Scotland, SMR01
2	Alcohol-related mortality	Alcohol related deaths (underlying cause) (EASR) per 100,000 population; by calendar year	Scotland, NHS Board, ADP	1997-2011	ISD Scotland / NRS
3-5	Individuals exceeding daily/weekly drinking limits (males/females / both)	The proportion of individuals drinking above daily and/or weekly recommended limits	Scotland, NHS Board	Aggregate over 2008, 2009, 2010, 2011	<a href="#">Scottish Health Survey</a>
6-8	Individuals binge drinking (males/females/both)	The proportion of individuals drinking above twice daily recommended limits ("binge" drinking) (16+ & current drinker)	Scotland, NHS Board	Aggregate over 2008, 2009, 2010, 2011	<a href="#">Scottish Health Survey</a>
9-11	Individuals problem drinking (males/females/ both)	Proportion of people with potential problem drinking (16+ & current drinker; based on CAGE)	Scotland, NHS Board	Aggregate over 2008, 2009, 2010, 2011	<a href="#">Scottish Health Survey</a>
12	Weekly drinkers (pupils age 15)	Percentage of 15-year old pupils drinking on a weekly basis	Scotland, NHS Board, ADP	2006, 2010	<a href="#">SALSUS</a>
13-14	Child protection with parental alcohol/drug or just alcohol misuse	Rate of Child Protection Case Conferences where parental drug and/or alcohol abuse has been identified per 10,000 children aged under 18; also just specific to alcohol	Scotland, ADP	2012	<a href="#">Children's Social Work Statistics 2011-12</a>
15-18	Anti-social behaviour offences	Offences often related to alcohol misuse: Serious assault, Common assault, Vandalism, Breach of the Peace; rate per 10,000 population	Scotland, ADP	2009/10, 2010/11, 2011/12, 2012/13	SG, Justice Analytical Services Division



19	Perception of alcohol abuse in neighbourhood	Alcohol abuse considered aspect of neighbourhood particularly disliked	Scotland, NHS Board, ADP	2007/08 & 2009/10	<a href="#">Scottish Household Survey</a>
20-23	Alcohol sales licensing	Number of premise [and occasional] licences in force (on-trade, off-trade, both) & Personal licenses in force; per 10,000 population aged 18+	Scotland, ADP	2010/11, 2011/12	<a href="#">SG, Liquor licensing statistics (Scotland): 2011-12</a>
24	Alcohol Brief Interventions delivered	Number of alcohol brief interventions delivered in accordance with the HEAT Standard guidance, as percentage of target	Scotland, NHS Board	2008/09 – 2012/13	<a href="#">ISD Scotland</a>
25	Alcohol treatment waiting times	Percentage of clients waiting for more than 3 weeks between referral to a specialist alcohol service and start of treatment (per annum)	Scotland, NHS Board, ADP	2011/12, 2012/13	<a href="#">ISD, Drug &amp; Alcohol Treatment Waiting Times</a>
	<b>Drugs</b>				
1	Drug-related hospital discharges	General acute inpatient & day case discharges (EASR) with a diagnosis of drug misuse in any position; by financial year	Scotland, NHS Board, ADP	1997/98-2011/12	ISD Scotland, SMR01
2	Hepatitis-C positives among PWID	Percentage of injecting drug users testing positive for HVC antibody (% is based on all injecting drug users tested)	Scotland, NHS Board, ADP	2008/09, 2010	<a href="#">Needle Exchange Surveillance Initiative (NESI), 2008-09 and 2010</a>
3-5	Prevalence of problem drug use (males/ females/ both)	Estimated prevalence of problem drug use (ages 15 to 64)	Scotland, NHS Board, ADP	2006, 2009/10	ISD, Prevalence Report <a href="#">2009/10</a>
6	Drug use last month (pupils age 15)	Percentage of 15 year old pupils who used illicit drugs in the last month	Scotland, NHS Board, ADP	2006, 2010	<a href="#">SALSUS</a>
7	Drug use last year (pupils age 15)	Percentage of 15 year old pupils who used illicit drugs in the last year	Scotland, NHS Board, ADP	2006, 2010	<a href="#">SALSUS</a>

8	Maternities with drug use	Rates of maternities (per 1,000 maternities) recording drug misuse; 3-yr rolling aggregates	Scotland, NHS Board, ADP	2005/06-2007/08 to 2009/10-2011/12	ISD, SMR02
9-10	Child protection with parental drug misuse & with alcohol and/or drug misuse	Rate of Child Protection Case Conferences where parental drug misuse has been identified per 10,000 children aged under 18; and where drug and/or alcohol abuse has been identified	Scotland, ADP	2012	<a href="#">Children's Social Work Statistics 2011-12</a>
11	Drug use funded by crime	Percentage of new patients/clients at specialist drug treatment services who report funding their drugs through crime	Scotland, NHS Board, ADP	2006/07 – 2011/12	<a href="#">ISD, SDMD</a>
12	Children being offered drugs (pupils age 15)	Percentage of 15 year old pupils who have ever been offered drugs	Scotland, NHS Board, ADP	2006, 2010	<a href="#">SALSUS</a>
13	Drug misuse in neighbourhood	Drug abuse considered aspect of neighbourhood particularly disliked	Scotland, NHS Board, ADP	2007/08, 2009/10	<a href="#">Scottish Household Survey</a>
14	Drug treatment waiting times	Percentage of clients waiting for more than 3 weeks between referral to a specialist drug service and start of treatment (HEAT target)	Scotland, NHS Board, ADP	2011/12, 2012/13	<a href="#">ISD, Drug &amp; Alcohol Treatment Waiting Times</a>
15	SDMD initial completeness	Number of patients in SDMD divided by number of patients in DATWT (as percentage)	Scotland, NHS Board, ADP	2011/12, 2012/13	ISD, SDMD & DATWT
16	SDMD follow-up completeness	Percentage of patients with initial assessment with a follow-up assessment 10-14 weeks later in SDMD	Scotland, NHS Board, ADP	2011, 2012	<a href="#">ISD, SDMD</a>

## Appendix IV - Description of data sources

Data Source	Description
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Data Source	Description
<i>Scottish Morbidity Record</i>	<p>The Scottish Morbidity Record (SMR01) is an episode-based record relating to all inpatients and day cases discharged from non-psychiatric, non-obstetric wards in Scottish hospitals (acute hospital admissions).</p> <p>The rate of maternities (per 1,000 maternities) where drug misuse was recorded was obtained from the Scottish Morbidity Record (SMR02) dataset collected by ISD. This dataset does not contain data on home births and births at non-NHS hospitals. To minimise the potential risk of disclosure, data were grouped into 3-year rolling aggregates and very small numbers were suppressed.</p>
<i>National Records Scotland</i>	<p>Since 1 January 2000, deaths in Scotland have been coded in accordance with the Tenth Revision of the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems (ICD10). The choice of underlying cause of death follows rules set out by WHO and is based on information collected on the medical certificate of cause of death together with any additional information provided subsequently by the certifying doctor. Changes notified to National Records for Scotland (NRS; formally, GROS) by Procurators Fiscal are also taken into account</p>
<i>Scottish Health Survey</i>	<p>The SHeS was introduced in 1995 to provide a detailed picture of the health of the Scottish population in private households and is designed to make a major contribution to the monitoring of health in Scotland. One-off surveys were carried out in 1995, 1998 and 2003. Following redesign in 2007, the survey moved to a continuous format with annual reporting. The first continuous survey cycle ran from 2008-2011. The next will run from 2012-2015.</p>
<i>SALSUS</i>	<p>SALSUS (Scottish Schools Adolescent Lifestyle &amp; Substance Use Survey) is conducted every two years and aims to include a representative sample of S2 and S4 pupils in Scotland. Questions cover three areas: smoking, drinking and drug use. The last survey was carried out in 2010. A questionnaire consultation was carried out in 2012 and the next SALSUS survey will report in 2014.</p>

Data Source	Description
<i>Children's Social Work statistics</i>	<p>The number of case conferences of children who were on the child protection register, by local authority, is published in the Children's Social Work Statistics publication available on the Scottish Government website. The Scottish Government published revised National Guidance for Child Protection in Scotland in December 2010 which expanded the categories for abuse/concerns identified at case conferences. As a result, many of the categories in 2012 may have been included in other categories previously or would not have been counted as they have no equivalent in previous years. These cases are subdivided by concerns identified. The indicators shown in the Alcohol Profiles are the rate of child protection cases per 10,000 children aged under 18, where (a) either alcohol and/or drug abuse was indicated; or (b) alcohol abuse was indicated (with or without drug use). Similarly, the Drugs Profiles show the rate of cases where drug abuse was indicated (with or without alcohol abuse) and where either alcohol or drugs were indicated. As figures are published by local authority only, the profiles include ADP-level figures but not NHS Board level figures</p>
<i>Recorded Crime in Scotland</i>	<p>A number of anti-social behaviour offences are quite commonly associated with alcohol misuse, and therefore knowledge of the number of these offences is of value to policy makers in the field of alcohol. The four offences that can be reported at ADP level and are shown in this Profile include serious assault, common assault, vandalism and breach of the peace. Rates are reported per 10,000 population as published in Scottish Government Recorded Crime in Scotland series. The definition of Breach of the Peace changed in 2011 and therefore consistent figures are only available for 2011/12 and 2012/13; for the other three offences figures are shown for 2009/10 and 2010/11 as well.</p>
<i>Scottish Household Survey</i>	<p>The Scottish Household Survey is a continuous cross-sectional survey. It began in 1999. Each sweep covers two years: 1999/2000, 2001/02, 2003/04, 2005/06, 2007/08, 2009/10, 2011/12. The principal purpose of the survey is to collect information in the areas of Social Justice and Transport. A wide range of other topics is also covered. Survey questions include: household composition, accommodation, neighbourhoods and community safety, education and training, employment, income, travel and transport, volunteering, local services, health and disability</p>
<i>Licensing statistics</i>	<p>The number of alcohol sales licences is collected by local councils so can only be reported at ADP level, and not at NHS Board level. The number of licences is expressed as a rate per 10,000 people aged 18 or over (the section of the population legally able to buy alcohol). These figures are provided as totals and split by 'on-trade' (pubs, clubs and restaurants) and 'off-trade' (supermarkets, convenience stores and off-licences). At this stage, it is difficult to meaningfully compare these figures over time due to changes in the way licences are being administered under current licensing arrangements, and therefore only the two most recent years are included in this profile. In 2011, the published figures on premise licences did not make the distinction between on-trade and off-trade, so for these two indicators only data for the latest year have been included</p>

Data Source	Description
<i>Alcohol brief Interventions</i>	<p>An alcohol brief intervention (ABI) is a short, evidence-based, structured conversation about alcohol consumption with a patient or service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviours in order to reduce their consumption and/or their risk of harm. In 2008/09 the number of ABIs delivered by each NHS Board in relation to the minimum target set became part of the HEAT H4 target, and in 2012/13, the ABI HEAT standard. In these profiles the ABI indicator is calculated as the total number of alcohol brief interventions delivered by NHS Boards divided by the target set. In the first three years only ABIs delivered in the three priority settings (general practice, accident and emergency departments and antenatal) were included, but in 2012/13 ABIs delivered in wider settings also counted towards the standard as long as at least 90% was delivered in the priority settings. Data is collected by NHS Board and is not available at ADP level. No confidence intervals are shown for these values due to many percentages being larger than 100% causing mathematical problems.</p>
<i>Drug &amp; Alcohol Treatment Waiting Times database</i>	<p>Information about waiting times for drug and alcohol treatment is provided by the treatment services and collected in the Drug &amp; Alcohol Treatment Waiting Times (DATWT) database which went live across Scotland on 1 April 2011. The DATWT database collates information about the length of time people wait for specialist drug and/or alcohol treatment after they have been referred to treatment services in Scotland.</p>
<i>Needle Exchange Surveillance Initiative</i>	<p>The number of people testing positive for Hepatitis-C among those injecting drugs is derived from a cross-sectional voluntary anonymous survey of people who inject drugs, recruited from selected services that provide injecting equipment in mainland Scottish NHS Boards. The Needle Exchange Surveillance Initiative (NESI) study is designed to give a limited level of representativeness at NHS Board level but not necessarily at local authority or ADP level. Categorisation of individuals into local authority areas was based on postcode district (where it was uncertain as to which of several local authorities an individual resided in, that case was counted in all local authorities that applied). Therefore, the sum of the local authority (ADP) numerators and denominators does not equal the Scotland total and may also not reconcile with NHS Board level figures. Consequently, there is some inaccuracy in the ADP prevalence rates, as can be seen from the wide confidence intervals.</p>

Data Source	Description
<i>Drug Misuse Prevalence Study</i>	<p>Problem drug use is defined here as problematic (routine and prolonged) use of opiates and/or benzodiazepine. Because the drug using population is hidden, prevalence figures can only ever be estimates. The estimates were obtained using a technique called capture-recapture, whereby a population of unknown size is repeatedly sampled and the size can then be derived from the number of individuals who appear in more than one sample (the more often the same individuals appear in several samples, the smaller the unknown population is likely to be). The dataset for sampling used four sources: specialist drug treatment services, drug-related hospital admissions, police reports and social enquiry reports. Estimates were derived for each council area and then summed to provide a national estimate. The study was restricted to individuals aged between 15 and 64 years of age. Unfortunately no gender-specific estimates were published at NHS Board level.</p>
<i>Scottish Drug Misuse Database</i>	<p>The SDMD is based on systematic recording of a national dataset on clients seen at a broad range of services across Scotland. The database holds information on demographic and behavioural characteristics of new clients coming to the attention of medical services (general practice, hospital etc.) and specialist drug services (statutory and non-statutory). Between April 2008 and March 2009, ISD introduced an enhanced Scottish Drug Misuse Database Follow-up Reporting System (SMR25 Follow-up). The new system is designed to collect information on clients throughout their Care Episode and replaces the current paper based SMR25 data collection system SMR25a Initial Assessment (on paper).</p>