

Press Release - Friday 26th September 2003 (0930 h)

Update of statistics from the Scottish Drug Misuse Database – new clients/patients attending services in connection with their misuse of drugs

The Information and Statistics Division (ISD Scotland), today published the above statistics at the following web address:

<http://www.drugmisuse.isdscotland.org/publications/03dmss/03dmss.htm>

Points of interest:-

- In 2002/03, 11 472 new* individuals seen at services were reported to the Scottish Drug Misuse Database, virtually the same as in 2001/02.

Of these new attenders:

- The median age is 27 years, with a range from 9 - 69 years. Men outnumbered women by two to one.
- Nearly two-thirds (64%) of individuals reported physical health issues, and half (50%) mental health issues in addition to their drug misuse.
- Just over three-quarters (76%) reported heroin use in 2002/03 compared with 77 per cent in 2001/02. In 1998/99 the percentage using heroin was 69 per cent.
- Use of cocaine among new individuals attending services has increased from 2 per cent in 1998/99 (190 individuals) to 5 per cent in 2001/02 (548 individuals) and 7 per cent in 2002/03 (739 individuals), a trend reflected in all age groups. Use of crack cocaine among those attending services has also increased from 1 per cent to 2 per cent and then 3 per cent within the same time period (57 to 308 individuals).
- In 2002/03, 42 per cent of individuals reported that they had injected in the past month, a slight increase from the relative stability of previous years (in 1998/99 39 %, in 2001/02, 38%). This rise is reflected in all age groups but particularly so in the 20-24 age group.
 - Individuals in their twenties more frequently reported that they had injected during the previous month than other age groups (46% and 44% of those aged 20-24 and 25-29 years respectively). Compared with other ages relatively few individuals aged under 20 years reported recent injecting behaviour (30%).
 - In 2002/03, 32 per cent of current injectors reported that they shared needles/ syringes in the previous month, a fall from last year (36%).

*New is defined as never before attended or not attended during the previous six months

Note

This publication presents the latest available information from the Scottish Drug Misuse Database (SDMD). The SDMD, established in 1990 at ISD Scotland, gathers information from most specialist drug services and from a number of general practitioners. The information presented relates to **new patients/clients** attending at services. As such these statistics **do not** reflect the total number of drug misusers seen by services during 2002/3.

Background

1. This is an ISD Scotland National Statistics release. National Statistics are produced to high professional standards and adhere to codes of practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.
2. ISD Scotland is part of the Common Services Agency and has a primary role in supporting NHS Scotland and other associated organisations on information matters. Within ISD the Drug Misuse Information Strategy Team carry out work on behalf of the Scottish Executive and local Drug and Alcohol Teams and their constituent organizations. For more information about ISD Scotland see the ISD Scotland website: <http://www.isdscotland.org/>
3. The Drug Misuse Information Strategy Team who produced this publication are part of the Information and Statistics Division (ISD).

The team:

- provides information support to Drug Action Teams, Local Authorities, NHS Boards, specialist drug services, the Scottish Executive and others;
- manages the Scottish Drug Misuse Database (SDMD), and ensures the effective and appropriate exploitation of other relevant data collected by ISD.
- develops expertise in the use of available data to produce robust performance and activity indicators to monitor the impact of national and local policies; and
- supports the research and analytical work of other organisations, subject to general priorities and ethical and legal considerations.

4. For further information contact :

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