

C1 General acute hospital inpatient statistics

Key Points

Overview of acute hospital discharges

- During 2003/04, there were 5 006 general acute hospital discharges with a diagnosis (main or secondary) of drug misuse, a rate of 103 per 100 000 population. (Table C1.1) In the majority of cases (95%, 4 749 discharges), the main reason for admission was not drug misuse; instead the most common primary diagnoses were phlebitis, cutaneous abscesses and cellulitis. (Data not shown)
- Males were much more likely than females to have a diagnosis of drug misuse, with over two-thirds (3 429) of such discharges being seen among men. (Table C1.1)
- Discharges involving drug misuse increased steadily with age up to 1 178 in 30-34 year olds and then declined; very few discharges (212) were seen in those aged 50 and over. (Table C1.1)
- Approximately half of all cases (2 673) were admitted to the specialty of general medicine, with a further 16 per cent (795) being admitted to general surgery and seven per cent (374) to orthopaedics. (Table C1.5)
- Admissions most often occurred as an emergency rather than an elective (i.e. planned) intake. (Table C1.4) The vast majority (89%, 4 449) of admissions involved a stay of less than a week. (Table C1.6)

5 year trends – 1999/00 to 2003/04

- Between 1999/00 and 2003/04, there was an 18 per cent increase (from 4 227 to 5 006) in the number of discharges involving drug misuse. (Table C1.1)
- While the ratio of males to females remained broadly constant at 2:1, the age on admission was seen to rise. The proportion aged 30 and over at the time of admission increased from 41 per cent (1 752 discharges) to 54 per cent (2 720 discharges) during the 5-year period. (Table C1.1)

Drugs recorded

- The drug type most often recorded was the opioids, being explicitly mentioned in just over a half (2 578) of all acute hospital discharges involving drug misuse. (Table C1.2)
- Discharges involving opioids were slightly more common in females (54%, 858 discharges) than males (50%, 1 720 discharges). Cannabis was mentioned in eight per cent (285) of discharges among males compared to four per cent (69) among females. Broadly similar proportions of other drug types were recorded across the sexes. (Table C1.2)
- Drug types were seen to vary by age group. Discharges involving opioids increased steadily with age up to 679 in 30-34 year olds and then declined. The proportion mentioning cocaine was broadly constant across all age groups at around two to three per cent. Stimulants other than cocaine were recorded in a quarter of discharges (80) under the age of 20 but there were proportionally less reports in the older age groups. A similar pattern was seen for cannabis; 27 per cent (85) of discharges in the under 20s involved this drug type compared to six per cent (269) of discharges in 20+ age group. (Table C1.2)

Geographical profile

- The rate of drug misuse discharges varied considerably across Scotland with the highest levels being seen in the Ayrshire and Arran (204 discharges per 100 000 population) and Greater Glasgow (178 discharges per 100 000 population) NHS Board areas. Within mainland Scotland, the lowest rates were in Highland (40 discharges per 100 000 population), Tayside (47 discharges per 100 000 population) and Lanarkshire (48 discharges per 100 000 population). (Table C1.1)
- Nearly all NHS board areas saw a rise in such discharges between 1999/00 and 2003/04; the largest increase was seen in Ayrshire and Arran where the rate more than doubled from 96 to 204 discharges per 100 000 population. (Table C1.1)

Background information

Data on individual patients are collected by ISD Scotland as a series of Scottish Morbidity Records (SMR).

The SMR datasets are a significant local and national information resource, and are used for epidemiological monitoring; health needs assessment, national and local planning and a range of other applications.

SMR01 is an episode based patient record relating to all inpatients and day cases discharged from specialities other than mental health, maternity, neonatal and geriatric long stay specialities in the NHS Scotland. A record is generated for each inpatient and day case episode, of which there are about 1 200 000 each year. Attendances at Accident and Emergency that do not result in an admission are not included. Each individual patient may have more than one episode and hence the number of people discharged within a year will be less than the total number of discharges. The SMR01 basic data set encompasses patient identification and demographic information, episode management information and general clinical information. Items such as waiting time for inpatient or day case admission and length of stay may be derived from the episode management information.

The tables presented here are derived from the SMR01, and contain information about patients admitted to general hospitals (mainly for emergency treatment), where drugs misuse is diagnosed as a factor in the patient's treatment. Up to six diagnoses are recorded per admission, and episodes with either a main or a supplementary diagnosis of drugs misuse are included. Poisonings and overdoses are not included unless a diagnosis of drug misuse is also recorded. In the tables of drug type (C1.2, C1.3 and C1.7), there is an element of double counting as episodes may be associated with, for example, diagnoses of both opiate and cocaine misuse. Drugs misuse is recorded using the International Classification of Diseases 10th Revision (ICD10) Codes. The following codes were used in the analysis presented in this section:

ICD 10 Code	Description	ICD 10 Code	Description
F11	Opioids	F15	Other Stimulants
F12	Cannabinoids	F16	Hallucinogens
F13	Sedatives / Hypnotics	F18	Volatile Solvents
F14	Cocaine	F19	Multiple / Other Psychoactive Substances

Some caution is necessary when using these data as (a) drug misuse may only be suspected and may not always be recorded by the hospital, and (b) where drug misuse is recorded, it may not be possible to identify which drug(s) may be involved.