Lothian NHS Board

NHS Lothian Headquarters
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Date 16 November 2026
Your Ref
Our Ref 12064

Enquiries to Richard Mutch
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Dear

FREEDOM OF INFORMATION – DRUGS AND ALCOHOL

I write in response to your request for information in relation to drugs and alcohol.

Question:

- On how many occasions were children hospitalised for (a) alcohol-related, or (b) drug-related injuries or illnesses in (i) 2019-20, (ii) 2021-21, (iii) 2021-22, (iv) 2022-23, (v) 2023-24), (vi) 2024-25 and (vii) 2025-26, broken down by (A) 0-4 years olds, (B) 5-9 year olds, (C) 10-13 year olds, (D) 14-17 year olds.

  If an incident was related to both drugs and alcohol, and is therefore included in both categories, please provide details of on how many occasions this occurred, broken down by year and age category.

  Please include:
  - both attendances at an emergency department and admissions to hospital
  - those admitted for observation
  - cases of accidental consumption

Answer:

Table 1 - Drug related ED attendances (see notes re definitions and caveats)

	Count of attendances						
Age group	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
0-4 years olds	164	101	87	103	90	103	142
5-9 year olds	29	18	11	19	24	28	26
10-13 year olds	59	101	117	142	124	105	74
14-17 year olds	458	589	652	485	503	430	358

Table 2 - Alcohol related ED attendances (see notes re definitions and caveats)

	Count of attendances						
Age group	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
0-4 years olds	0	5<	5<	0	5<	5<	0

5-9 year olds	0	0	0	0	0	0	0
10-13 year olds	30	21	23	28	24	16	21
14-17 year olds	141	128	125	105	120	114	85

Table 3 - Drug related hospital admissions (see notes re definitions and caveats)

	Count of admissions						
Age group	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
0-4 years	23	24	21	21	15	12	11
5-9 years	5<	5<	5<	5<	7	5<	7
10-13 years	20	53	49	59	38	24	23
14-17 years	201	315	322	157	155	86	87

Table 4 - Alcohol related hospital admissions (see notes re definitions and caveats)

	Count of admissions						
Age group	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
0-4 years	0	5<	0	5<	0	0	0
5-9 years	5<	0	0	0	0	0	0
10-13 years	5<	5<	5<	5<	5<	5<	1
14-17 years	16	27	18	14	11	9	11

To protect the identity of the individuals involved any figure of 5 or less has not been shown in the table above. Since we do not have their consent to release this data from their records, the information is exempt under section 38(1)(b) of the Freedom of Information (Scotland) Act i.e. to provide it would breach the Data Protection Act (2018).

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive

Notes:-

Emergency Department (ED) data (Tables 1 and 2)

The following diagnosis codes were included in the search for drug related attendances:
BBT432- Antidepressant overdose
BBT427- Benzodiazepine overdose
BBT393- NSAID overdose
BBT406- Opiate overdose
BBT391- Paracetamol overdose
BBT407- Overdose - Other
BBF112- Dependence on opioids
BBZ722- Recreational drug use

The following diagnosis codes were included in the search for alcohol related attendances:
BBF102- Alcohol dependence syndrome
BBF100- Alcohol (ethanol) intoxication
BBF103.1- Alcohol withdrawal seizure
BBF103- Alcohol withdrawal syndrome

Discharge Diagnosis coding was introduced across all NHS Lothian ED sites from March 2018.

Only one code can be entered per attendance and therefore only those records where one of the drug/alcohol codes listed above was entered as the main reason for the attendance are included. It is not possible to include attendances coded with a non-drug/alcohol diagnosis but where drugs/alcohol were a factor.

The data present a count of attendances, therefore any unique patient may appear more than once.

It is not possible to distinguish between accidental and deliberate consumption, nor between illicit and prescription drugs.

Inpatient admission data (Tables 3 and 4)

Drug-related admissions were defined as inpatient admissions where the main diagnosis codes included F11-F16 or F18-F19 (Mental and behavioural disorders due to psychoactive substance use, excluding alcohol and tobacco) or T36-T50 (Poisoning by drugs, medicaments and biological substances). F17 (Mental and behavioural disorders due to use of tobacco/nicotine) was excluded from the definition.

Alcohol-related admissions were defined as inpatient admissions where the main diagnosis codes included F10 (Mental and behavioural disorders due to use of alcohol) or T51 (Toxic effect of alcohol).

Diagnoses recorded in secondary diagnosis fields were not included; therefore, the analysis identifies admissions where drug or alcohol use was recorded among primary reasons for admission. There were no records where both drug and alcohol codes (as defined above) were present in the main diagnosis.

The data present a count of admissions, therefore any unique patient may appear more than once.

It is not possible to distinguish between accidental and deliberate consumption, nor between illicit and prescription drugs.