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► [Planned and unplanned discharge from alcohol services in Scotland, 2004–2008.](#)

Newham R., Russell C., Davies J.B. [Request reprint](#)
Alcohol and Alcoholism: 2010, 45(1), p. 64–69.



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In the mid-2000s over 50% of terminated alcohol treatment episodes in Scotland ended with the client or patient dropping out. Considerable variation between regions suggests there is room for improvement and with it improvement in the cost effectiveness of services.

Summary To gain a picture of the drop-out rate from alcohol treatment services in Scotland, researchers contacted all 21 [drug and alcohol action teams](#) in the country and sent a request for the required information. These multi-agency partnerships coordinate services in a local area including inpatient services and community-based specialist nursing and counselling services both public sector and not-for-profit. The same request was sent to 63 alcohol treatment services randomly sampled from those listed by [Alcohol Focus Scotland](#), a national charity. For the period 1 April 2004 to 31 March 2008, discharge status data were received from 10 of the 21 partnerships which accounted for nearly two thirds of the Scottish population. Data from three of the 63 services was included in the total for their areas.

Results Across the four years, of 48,299 treatment episodes which ended (some of which would have been the same people re-entering and leaving again), 22,380 (46%) ended in a [planned discharge](#), 25,231 (52%) in an [unplanned discharge](#) or 'drop-out', and 688 (1.4%) in a [disciplinary discharge](#).

Each year the proportion of discharges which were planned steadily increased from 42% in 2004–2005 to 52% in 2007–2008, while the unplanned discharge proportion remained roughly constant until a sharp drop from 56% in 2006–2007 to 47% in 2007–2008. The last year of the monitored period – 2007–2008 – was the only one in which planned discharges exceeded unplanned. Disciplinary discharges decreased steadily from 3% in 2004–2005 to just under 1% in 2007–2008.

There was considerable and statistically significant regional variation, ranging from Ayrshire and Arran's 68% planned discharge proportion to 26% in West Lothian. Across the four years, only four of the 10 regions reported an average planned discharge proportion exceeding 50%. While the number of treatment starts in each of the 10 areas was associated with an **index of deprivation**, there was no significant association between deprivation and the proportion of discharges which were planned.

Conclusions Over the four years drop-outs accounted for 52% of discharges, comparable to the first-month drop-out rate found by most studies included in a [review](#) published in 1992. At 46%, the average Scottish planned discharge proportion over the four years exceeded that of Wales' 40% in 2007–2008, but at 67% the USA did better than both – possibly because there some services are paid for by the client, and possibly too because UK clients have a poorer prognosis than in some other nations and in particular are more likely to be unemployed. The considerable regional variation in Scotland might be due to regional differences in how alcohol services are structured and funded. Identifying these factors should help improve the cost effectiveness of alcohol treatment services.

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