Background Leading causes of death for drug-treatment clients across Scotland, 1996–2006, were drug-related (1383 DRDs) and non-drug-related suicides (269). We investigate DRD-risk by time since most recent hospital stay.

Methods Drug-treatment records were linked to national registers of deaths, hepatitis C virus (HCV) diagnoses, and hospital/psychiatric episodes. We calculated DRD-rates (and suicide-rates): during hospitalisation, within 28 days, 91 days -1 year, >1 year since hospital discharge from most recent hospital stay vs never admitted. Proportional hazards analysis adjusted for demographic and other time-specific influences on DRD-risk.

Results The cohort comprised 69457 individuals, 850317 person-years (pys) and 90314 hospital-stays. DRD-rate per 1000 person-years (pys) was: 87 (95% CI 72 to 103) during hospitalisation, 21 (18 to 25) within 28 days, 12 (10 to 15) during 29–90 days and 8.5 (7.5 to 9.5) during 91 days to 1 year after discharge vs 4.2 (3.7 to 4.7) when >1 year after most recent hospitalisation and 1.9 (1.7–2.1) for those who never admitted. Adjusted HRs by time since hospital discharge (vs never admitted) were: 10 (95% CI 8 to 12) within 28 days, 5.6 (4.6 to 6.8) during 29–90 days, and 4.0 (3.5 to 4.7) vs 2.5 (2.0 to 2.7) when >1 year after most recent hospital stay. Alcohol misuse increased HR (1.5, 1.3 to 1.7) and female, never injector, and no HCV diagnosis decreased it: 0.56 (0.49 to 0.64), 0.62 (0.52 to 0.73), 0.74 (0.65 to 0.85).

Conclusions Hospital discharge marks high DRD-risk periods. Doctors should consider prescribing Naloxone when discharging women at their workplace affected their decision about when to begin their family. After controlling for age and income, women who had completed a post-graduate degree were three times (OR=3.39, 95% CI 1.69 to 6.81) more likely to indicate that the support or lack of support for pregnant women in the workplace affected their childbearing decisions. In spite of national policies, and the potential risks associated with delayed childbearing, workplace support impacts timing of pregnancy, particularly for highly educated women.