



Scottish Drug Misuse Database

Overview of Initial Assessments for Specialist Drug Treatment 2015/16

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Introduction

This report on the Scottish Drug Misuse Database (SDMD) presents the available information on individuals presenting for initial assessment (for a new drug treatment episode) at specialist drug treatment services in 2015/16.

The SDMD, which is managed by ISD Scotland, was set up in 1990 to collect information about people with problem drug use. Services contributing to the SDMD include specialist drug services and some medical services. Data is collected when individuals make contact with services providing tier 3 and 4 interventions (i.e. structured community and residential treatment) or reinitiate contact following a gap of at least six months since last attendance. This provides us with insights into their substance misuse needs and aspects of their social circumstances and behaviours at the point when they were seeking help in relation to their problem drug use. Further details on SDMD are included within [Appendix A1-Background information](#).

The SDMD is an important and widely used national data source on problem drug use in Scotland. It provides a range of information on individuals assessed for specialist drug treatment that members of the public, government and healthcare/Alcohol and Drug Partnership (ADP) staff may use to identify trends in activity over time, make comparisons between areas/groups, conduct research, improve services and influence policy in relation to service provision for problem drug use.

This report should be read in conjunction with the [SDMD electronic dashboard](#), which is publicly available and provides users with accessible, interactive content based on data from 2006/07 (the year in which the current data collection form (SMR25a) was introduced) to 2015/16.

Further details of the contents of this report can be found at the beginning of the [Results and Commentary](#) section.

While attempts have been made to ensure the terminology used is as clear as possible, the nature of this report means that the use of technical/statistical terms is unavoidable. For further explanation of these words or phrases, please refer to the [Glossary](#).

Main Points

- In 2015/16, initial assessments for specialist drug treatment relating to 11,954 individuals were recorded on the Scottish Drug Misuse Database (SDMD).
- Of the 8,567 individuals who had information on recent 'illicit' drug use recorded, 47% sought treatment for heroin. The percentage of individuals reporting heroin as their main drug has decreased from 64% in 2006/07.
- In 2015/16, one in four (25%) under 25s reported recent heroin use compared to over half (58%) in 2006/07.
- A general downward trend in the percentage of individuals who reported that they were currently injecting was observed (from 28% in 2006/07 to 18% in 2015/16).
- Between 2006/07 and 2015/16 current sharing of needles/syringes decreased from 12% to 6%, whilst sharing of injecting paraphernalia fell from 20% to 8%.
- The percentage of individuals assessed for specialist drug treatment who were aged 35 and over increased from 30% in 2006/07 to 50% in 2015/16.

Results and Commentary

This report focuses on information provided by individuals presenting for initial assessment (for a new drug treatment episode) at specialist drug treatment services in 2015/16 and for whom data was submitted to ISD on a SMR25a form. It contains:

- **Section 1: SDMD Data Quality and Completeness (Scotland and NHS Board/ADP of Treatment)** – Summary description of the completeness and data quality of Scottish Drug Misuse Database (SDMD) initial assessment submissions in 2015/16 and comparison of the number of individuals recorded in SDMD initial assessment records and drug treatment records from the Drug and Alcohol Waiting Times database (DATWT). Detailed findings are provided in [Appendix A2-Data Quality](#).
- **Section 2: SDMD Findings (Scotland and NHS Board/ADP of Residence)** - Analysis of the number of initial assessments for specialist drug treatment recorded in SDMD, socio-demographic characteristics, measures of 'illicit'¹ and prescribed drug use, injecting behaviour and Blood Borne Virus testing in 2015/16 and trends since 2006/07. NHS Board/ADP findings are described where those differed from national findings and were sufficiently robust to merit inclusion (see [Section 1](#)).

The information presented in this report does not reflect the total number of individuals seen by services. As individuals are identified by matching SDMD records by forename initial, surname and date of birth, the reliability of analysis is dependent upon data quality ([Section 1](#)). Some individuals will have had more than one initial assessment during 2015/16, however, only their first recorded initial assessment during the time period is counted and analysed. For some, this may have been their first contact with specialist drug treatment services, while for others it may have been part of a series of treatment episodes spanning multiple years. Individuals have been included only once within each NHS Board and ADP area of residence. However, individuals may be counted in more than one area and, as a result, the sums of the NHS Board and ADP area data will not equal the Scotland figure. Where data are presented at a national level, individuals are counted only once in any year.

Due to data quality and completeness issues, limited 2012/13 and 2013/14 data were available for some areas ([Appendix A2-Data Quality](#)). Therefore, Scotland and relevant NHS Board/ADP trend analyses are incomplete or available only for a limited range of indicators in 2012/13. In [Section 2](#), where indicators are affected by missing data, columns have been excluded from charts and dashed lines have been used to connect valid data points in line charts. For these line charts, it is important to note that the 'true' indicator value in years where data were missing was unknown and may differ from the value represented by the dashed line.

SDMD is a dynamic source of data. It should be noted that the 2015/16 data presented in this report is provisional and may change in future publications.

Some figures (commonly small numbers, for small areas or populations) are not shown. This is as a result of 'Statistical Disclosure Control' which aims to prevent the release of information that can lead to the identification of individuals. Further information on the statistical disclosure control methods applied by ISD Scotland is available from the [ISD website](#).

¹ The term 'illicit drugs' includes (as per the SMR25a and SMR25b proforma and guidance) use of solvents, 'novel' or 'new' psychoactive substances (NPS)/legal highs or inappropriate use of 'Over The Counter' (OTC) medications.

Using the Electronic Dashboard

Information accompanying this report is published in an [electronic dashboard](#). It is recommended that the dashboard should be referred to while reading this report. Commentary within this report includes references to dashboard content using the following format:

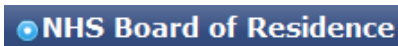
- **(Geography>Domain>Indicator)**

Where:

Options within 'Geography':	Options within 'Domain':	Options within 'Indicator' for 'Injecting and sharing' domain:
Health Board of Residence ADP of Residence	Data quality and completeness Demographics Drug profile Prescribed drug profile Heroin profile Injecting and sharing	Injecting behaviour Sharing needles/syringes Sharing paraphernalia Blood Borne Virus (BBV) testing

For example, **(NHS Board of Residence>Demographics>Gender profile)** means that the content relevant to the commentary can be found when:

1. the **'NHS Board of Residence'** Geography is selected;
2. the **'Demographics'** Domain is selected;
and,
3. the **'Gender profile'** Indicator is selected.



Domain
Demographics

Indicator
Gender profile

All Indicators in each Domain contain Scotland

figures. Therefore, when referring to Scotland data in this report, only the Domain and Indicator selection are specified (e.g. **Demographics>Gender profile**).

Once the relevant content has been selected, Scotland level information or information on specific areas (e.g. 'NHS Borders') or groups (e.g. heroin within the **'Main drug'** Indicator of the **'Drug profile'** domain) can be charted by clicking on the relevant row in the data table in the top left-hand corner of the dashboard.

Nearly all the data referred to in this report can be accessed using the dashboard. However, some statistics may require the associated data table to be exported. This can be done by clicking the 'Export data' button when the relevant Geography, Domain and Indicator are selected.



The dashboard contains background and contextual information relevant to the publication. All notes relevant to the data can be found within the specific pages. For further information about the electronic dashboard, please see the [User Guide](#).

Section 1: SDMD Data Quality and Completeness (Scotland and NHS Board/ADP of Treatment)

Introduction

Problems with local data collection systems in specific NHS Boards prevented publication of comprehensive national data for 2012/13 or 2013/14. Reflecting these issues and publication of the UK Statistics Authority's Guidelines on [Administrative Data Quality Assurance](#) in 2015, the 2014/15 Annual Report included a detailed investigation of data quality and completeness, and established that publication of a national report was possible. This section summarises 2015/16 data quality and completeness findings (see also [Appendix A2-Data Quality](#)).

Data Completeness

Specialist services providing tier 3 and 4 interventions (i.e. structured community and residential treatment) should be submitting information on assessments for specialist drug treatment to both SDMD and the Drug and Alcohol Treatment Waiting Times database ([DATWT](#)). These are separate systems which are managed separately locally and have different processes and procedures. Comparison of the numbers of individuals recorded on these systems suggests that SDMD compliance was lower. In 2015/16, SDMD data was estimated to be 66% complete (i.e. two in three individuals assessed for specialist drug treatment were recorded on SDMD) - the lowest since DATWT was introduced in 2011/12 ([Data quality and completeness>SDMD compliance with DATWT](#) and Table 1).

Table 1: SDMD and DATWT Data Completeness by Financial Year (numbers of individuals; Scotland; 2010/11-2015/16)

Year	Number of individuals			
	SDMD (Initial Assessments)	DATWT (Drug Waits)	% DATWT Anonymous	% SDMD Completeness
2010/11	10,590	-	-	-
2011/12	10,340	15,227	25.4%	67.9%
2012/13	10,778	14,719	22.6%	73.2%
2013/14	-	15,330	22.3%	-
2014/15	11,127	15,574	18.3%	71.4%
2015/16	10,511	15,923	16.9%	66.0%

Note: Records submitted from prisons are excluded from this comparison.

While these estimates may be inexact due to contextual and system-related issues (described fully in [Appendix A2-Data Quality](#)), the extent of the differences observed between DATWT and SDMD mean that it is not appropriate to consider individuals recorded on SDMD as the complete population of individuals assessed for specialist drug treatment.

Despite issues with the SDMD and DATWT comparison, there is an increased probability that SDMD cohorts from areas of low completeness may be unrepresentative. ADP level comparisons of SDMD and DATWT data are problematic due to differences in service delivery and SDMD data recording. However, NHS Board comparisons ([Table A2.1](#)) are considered more robust and are used to determine how findings are reported. On this basis, findings from the following areas (with 50% or lower completeness) are not described in this report:

- NHS Shetland: 19%

- NHS Highland: 31%
- NHS Orkney: <50% (exact figure suppressed)

Data Representativeness

As DATWT data were more complete than SDMD data, they are assumed to be more representative of the population assessed for specialist drug treatment. National SDMD-DATWT completeness estimates by age and gender (Table 2) showed higher relative completeness for individuals aged under 25 (particularly females). Data completeness for other age groups was slightly below average. Over-representation of individuals from specific age/gender groups increases the likelihood that characteristics or behaviours more common among those groups may be over-reported. Such bias can be corrected by data weighting. However, as differences were generally minor, SDMD was deemed sufficiently representative.

Table 2: SDMD Data Completeness (compared to DATWT) by Age Group and Gender (numbers of individuals; Scotland; 2015/16)

	Age Group							
	Under 25		25-34		35+		Total	
Gender	SDMD/ DATWT	%	SDMD/ DATWT	%	SDMD/ DATWT	%	SDMD/ DATWT	%
Male	1,027/1,233	83.3%	2,371/3,043	77.9%	3,982/5,069	78.6%	7,380/9,345	79.0%
Female	463/507	91.3%	1,161/1,497	77.6%	1,505/1,871	80.4%	3,129/3,875	80.7%
Total	1,490/1,740	85.6%	3,532/4,540	77.8%	5,487/6,940	79.1%	10,509/13,220	79.5%

Note: This analysis excludes DATWT anonymous clients, focusing on those who provided age and gender information.

Indicator Completeness

In 2015/16, improvements in completeness were noted in relation to a number of indicators, particularly those relating to Blood Borne Virus testing. However, for the indicators described below, data completeness was generally low across Scotland or varied by NHS Board/ADP of treatment. These variables have been included in the report and [electronic dashboard](#) because of a) their relevance to the issue of problem drug use and b) in order to highlight poor data quality. However, findings may be biased by observed variations in reporting and results should be interpreted carefully in light of the following information. Comprehensive 2015/16 indicator completeness data is provided in the [electronic dashboard \(Data quality and completeness > Indicator completeness\)](#).

- **Co-Occurring Health Issues:** This indicator potentially provides valuable insights into risk factors for relapse (e.g. people with a mental illness are twice as likely to misuse drugs and vice versa ([drugabuse.gov](#), 2011)). However, data completeness across Scotland was 56% (compared to 51% in 2014/15) and varied widely between areas (93% of NHS Ayrshire & Arran records included valid data compared to only 35% of records from NHS Fife).²
- **Age First Started Using Drugs:** This variable is a useful indicator in assessing age of onset of drug misuse. Overall completeness for Scotland in 2015/16 was 76% (compared to 73% in 2014/15). Data completeness in NHS Fife was low at 44% of cases.

² The probable reason for low completeness of this variable is that it has no 'none' category. While the absence of a response could be assumed to mean there were no co-occurring health issues, there is evident ambiguity associated with responses.

- **Alcohol Consumption:** It is likely that a high proportion of those assessed for specialist drug treatment also consumed alcohol. Across Scotland, completion was 80% (compared to 81% in 2014/15). However, considerable variations in data recording were observed between NHS Boards and ADPs. Completion was as low as 60% in NHS Greater Glasgow & Clyde. While 18 ADPs had completeness rates of 90% or greater, two ADPs collected these data in less than 70% of records (Glasgow City ADP: 45%, Highland ADP: 65%).

Comparisons between Area of Treatment and Area of Residence

The data quality and completeness analyses presented in this section of the report are based on the individual's *area of treatment* (i.e. the NHS Board/ADP where an individual was assessed for specialist drug treatment) while the findings presented in Section 2 are based on analysis by *area of residence* (thought to be of most value to end users of these statistics). Therefore, in order for the findings from Section 1 to function as measures of the reliability of findings in Section 2, there should be a high degree of correspondence between treatment and resident populations. In 13 of 14 NHS Boards, over 98% of individuals assessed for specialist drug treatment were resident in the same area (94% in NHS Borders) ([Table A2.2](#)).

Other Data Quality and Completeness Indicators

The [electronic dashboard](#) contains other data quality and completeness indicators which may be of interest to users of these data. The completeness of SDMD 3-month follow-up (SMR25b) recording for the most recent treatment episode for each individual recorded on SDMD in 2015/16 is provided in **Data quality and completeness>SDMD follow up completeness**. This shows that, nationally, 19% of initial assessments had follow-up data recorded on SDMD after three months (the same percentage as in 2014/15).

Numbers of unplanned discharges are monitored by services because such events may be associated with the relapse of individuals to problem drug use. **Data quality and completeness> Unplanned discharge before treatment** shows that the percentage of discharges before treatment which were unplanned increased slightly from 28% in 2014/15 to 31% in 2015/16. Unplanned discharges as a percentage of discharges during treatment continued to decrease across the time series (from 50% in 2011/12 to 39% in 2015/16) (**Data quality and completeness> Unplanned discharge during treatment**).

Conclusions

While SDMD does not provide data on all people seeking help for problem drug use, it provides data on a demographically representative group of individuals assessed for specialist drug treatment and includes a wide range of indicators (e.g. 'illicit' drug use, prescribed drug use, injecting behaviour) that are not available from other comparable national data sources.

The findings from Section 1 emphasise the importance of carefully considering quality and completeness information when interpreting data and are reflected in the following guidelines for SDMD analysis presented in Section 2:

- Statistics (e.g. standardised rates) which may produce underestimates of the 'true' size of the population assessed for specialist drug treatment are not reported.
- Areas where completeness in comparison to DATWT was estimated to be 50% or lower are not described as there is a higher probability that SDMD findings may be unrepresentative.
- Analysis of indicators with considerable variation in completeness is restricted to Scotland level figures.

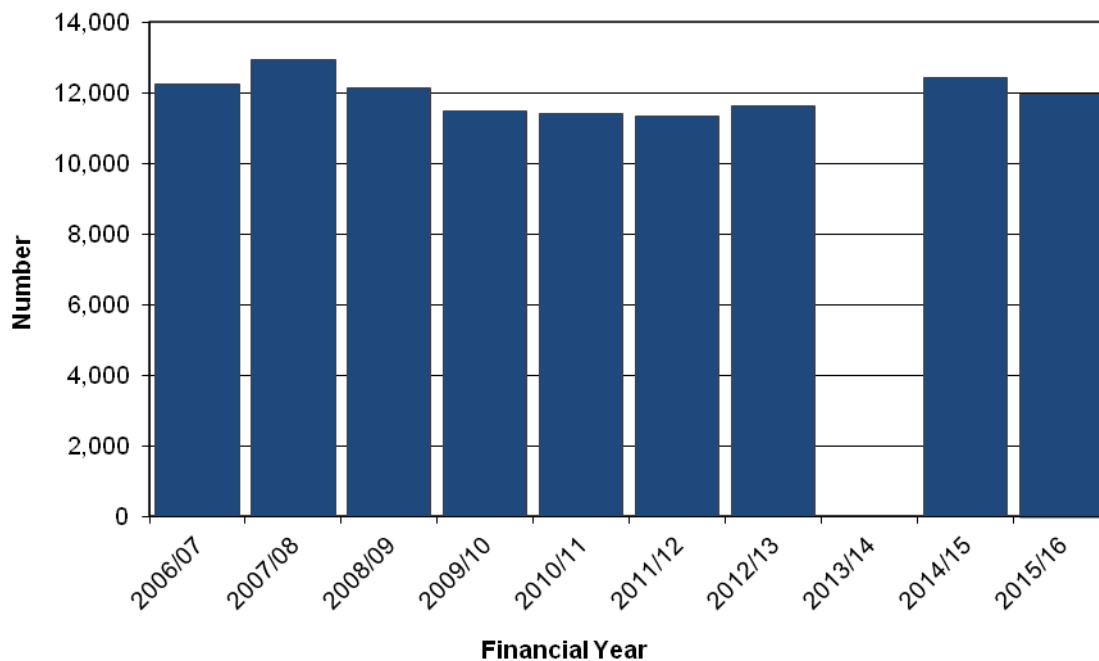
Section 2: SDMD Findings (Scotland and NHS Board/ADP of Residence)

Demographics³

New Individual Patients/Clients

In 2015/16, initial assessments for specialist drug treatment relating to 11,954 individuals were recorded on the Scottish Drug Misuse Database (SDMD) (**Demographics>New individual patients/clients**). The annual number of individuals assessed and recorded has remained broadly similar since 2006/07 (ranging between 12,932 in 2007/08 and 11,335 in 2011/12) (Figure 1).

Figure 1: Number of Initial Assessments by Financial Year (Scotland; 2006/07-2015/16)



There was considerable variation over time in the number of initial assessments recorded on SDMD when analysed by specific NHS Board or Alcohol and Drug Partnership (ADP) area. These variations may reflect fluctuations in the demand for specialist drug treatment or may be due to changes in service configuration or data submission over time.

Across Scotland, 70% of individuals stated they had previously been in contact with drug treatment services. By NHS Board area, the percentage of individuals previously in contact with drug treatment services ranged from 60% in Forth Valley to 77% in Dumfries & Galloway.

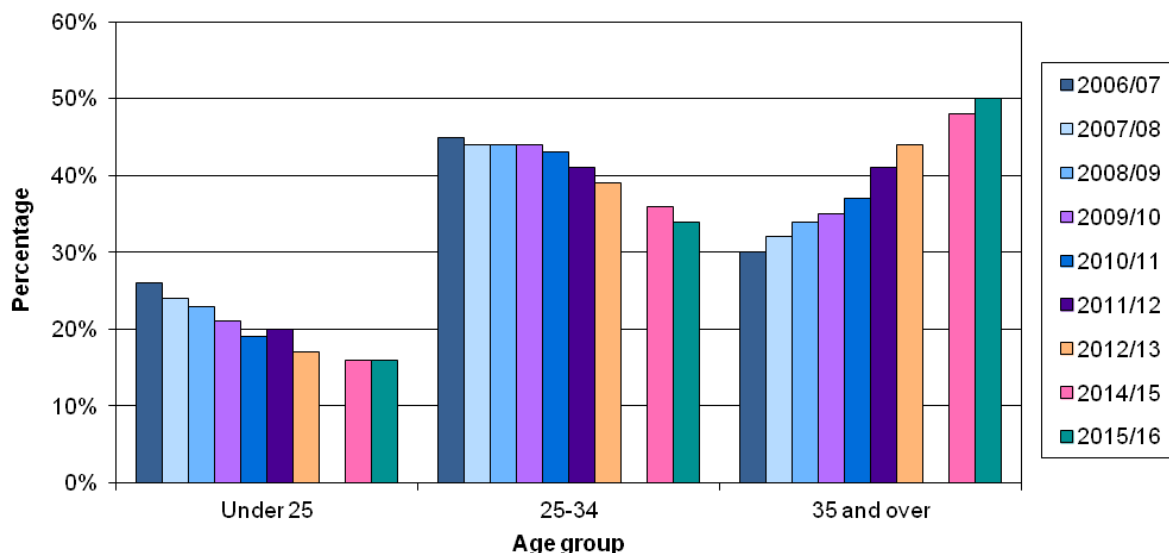
Age Profile

Since 2006/07, an increasing percentage of individuals recorded on SDMD have been from older age groups. In 2006/07, 30% of individuals assessed for specialist drug treatment were aged 35 and over, compared with half (50%) in 2015/16. Assessments among individuals aged

³ This section describes the demographic profile of individuals presenting for an initial assessment of their drug use care needs at specialist drug treatment services in Scotland. As stated above, for some individuals this may have been their first contact with specialist drug treatment services, while for others this may be one case within a series of treatment episodes spanning multiple years.

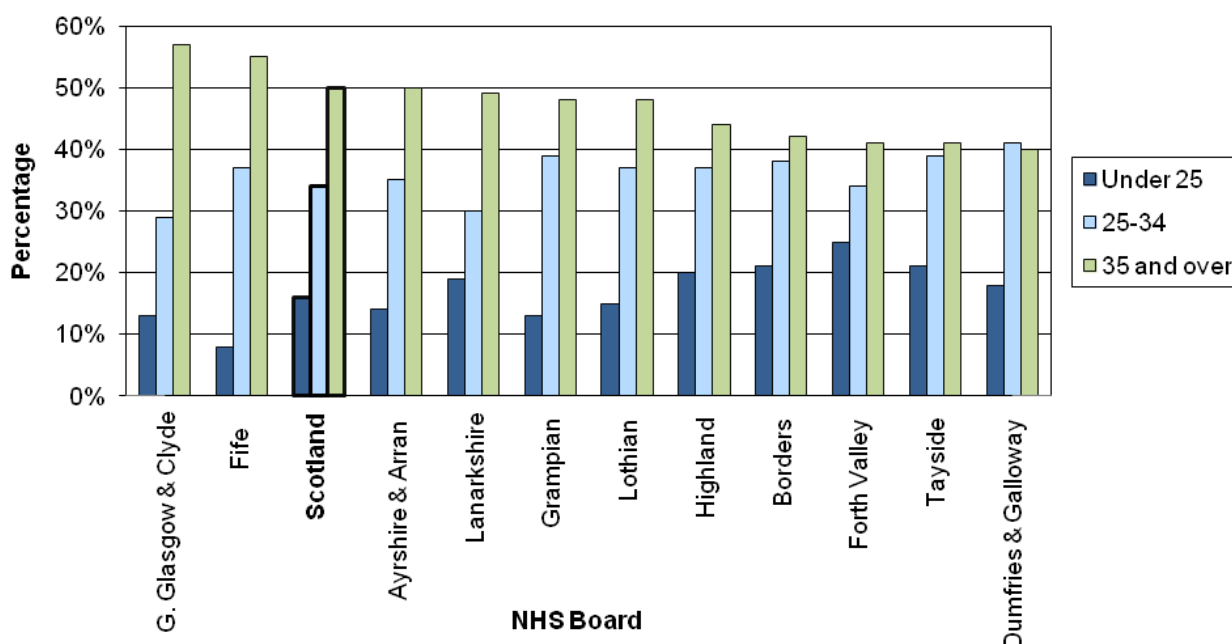
25-34 (until 2012/13, this was the group most often assessed for specialist drug treatment) decreased from 45% in 2006/07 to 34% in 2015/16. The percentage of individuals aged under 25 years also decreased from 26% in 2006/07 to 16% in 2015/16. Further emphasising this change in the demographic composition of individuals assessed for specialist drug treatment in Scotland, the median age at assessment increased from 30 years in 2006/07 to 35 years in 2015/16 ([Demographics>Age profile](#) and Figure 2).

Figure 2: Percentage of individuals by Age Group and Financial Year (Scotland; 2006/07-2015/16)



In 2015/16, the age breakdown in the majority of NHS Board areas was similar to that of Scotland with the 35+ age group most prominent among those assessed. Differences in age composition were most marked in Greater Glasgow & Clyde, where 57% of individuals were aged 35 and over while only 29% were aged 25-34. The median age of individuals assessed for treatment in 2015/16 varied across mainland NHS Board areas, from 32 years (Dumfries & Galloway, Forth Valley and Tayside) to 36 years (Greater Glasgow & Clyde and Fife) ([NHS Board of Residence>Demographics>Age profile](#) and Figure 3).

Figure 3: Percentage of individuals by Age Group and NHS Board of Residence (Scotland; 2015/16)



Note: NHS Orkney, NHS Shetland and NHS Western Isles are not included in this chart, as a result of the suppression of small numbers.

Gender Profile

In 2015/16, 72% of individuals assessed for specialist drug treatment were male (28% female); similar to previous years ([Demographics>Gender profile](#)). The percentage of males in NHS Board areas ranged from 66% in Dumfries & Galloway to 76% in Lanarkshire and 81% in Western Isles ([NHS Board of Residence>Demographics> Gender profile](#)).

Source of Referral

The distribution of referral sources reflects local networks of health, social care and justice agencies within NHS Boards. Valid responses were provided in 95% of cases. The most common referral source was 'Self' (42%), followed by 'Health' (24%). Just over one-sixth (17%) of initial assessments were referred by 'Criminal Justice' ([Demographics>Source of referral](#)).

In seven NHS Board areas, 'Self' referral was the most common (69% of referrals in Fife were by 'Self'). In Grampian, 'Health' referrals were the most common, accounting for 55% of individuals. The highest percentages of 'Criminal Justice' referrals were observed in Ayrshire & Arran and Forth Valley (28% and 25% respectively) ([NHS Board of Residence>Demographics>Source of referral](#)).

Employment Status

Employment/education status was reported at assessment for 83% of individuals. In 2015/16, 45% of individuals reported being unemployed at the time they were assessed for specialist drug treatment, 23% reported an 'other' employment status⁴ and 15% reported being employed or in full time education/training ([Demographics>Employment status](#)).

⁴ 'Other' employment status includes school, excluded from school, long term sick / disabled, in prison and other.

Among individuals assessed for specialist drug treatment, the highest percentage reported as unemployed was observed in NHS Grampian (54%), while the highest percentage employed (20%) was observed in NHS Dumfries & Galloway ([NHS Board of Residence>Demographics>Employment status](#)).

Living Situation

The living situation of individuals known to use drugs may influence personal outcomes; living with other drug users may increase the risk of relapse to problem drug use while living alone may be a risk factor for drug-related death⁵. Among individuals recorded on SDMD, 'lives alone' (39%) was the most common living situation, followed by 'living with partner/spouse' (20%) and 'friends/other family'/'living with parents' (both 16%). Living with 'friends/other family' (16%) increased compared to 2014/15 (9%). Only 11% reported 'living with other drug users' - a marked reduction since 2011/12 (34%) ([Demographics>Living situation](#)).

Accommodation Status

In Scotland, 63% of individuals reported that they lived in 'owned/rented accommodation'. More than one-tenth (11%) of individuals reported being homeless when they were assessed for specialist drug treatment ([Demographics>Accommodation status](#)).

The highest percentage of people who were 'homeless' when assessed for specialist drug treatment was observed in Grampian (19%) ([NHS Board of Residence>Demographics>Accommodation status](#)). Among ADP areas, Aberdeen City reported the highest percentage of individuals who were 'homeless' (22%) when assessed for specialist drug treatment. However, the high percentage of missing responses from Glasgow City ADP (28%) may have influenced this finding ([ADP of Residence>Demographics>Accommodation status](#)).

Legal Situation

In 2015/16, almost two-thirds (63%) of individuals assessed for specialist drug treatment were not currently subject to any legal proceedings or sanctions, while 16% had a case pending and 13% were in prison ([Demographics>Legal situation](#)).

Among NHS Board areas, Lothian had the lowest percentage of individuals with no legal proceedings or sanctions against them at the time of assessment (59%). In Lothian, 18% of individuals assessed were in prison, compared to only 6% in Lanarkshire ([NHS Board of Residence>Demographics>Legal situation](#)).

Co-Occurring Health Issues

In 2015/16, more than half of the individuals (56%) assessed for specialist drug treatment reported that they had co-occurring health issues. Fifty-four per cent of individuals who reported a co-occurring health condition reported drug-related physical issues, 53% reported mental health issues and 28% reported alcohol issues ([Demographics>Co-occurring health issues](#)).

⁵ Andrews, J.Y. & Kinner, S.A., 2012. 'Understanding drug-related mortality in released prisoners: a review of national coronial records', in *BMC Public Health*, 12(1), p.270. Available at: <http://www.biomedcentral.com/1471-2458/12/270/abstract>

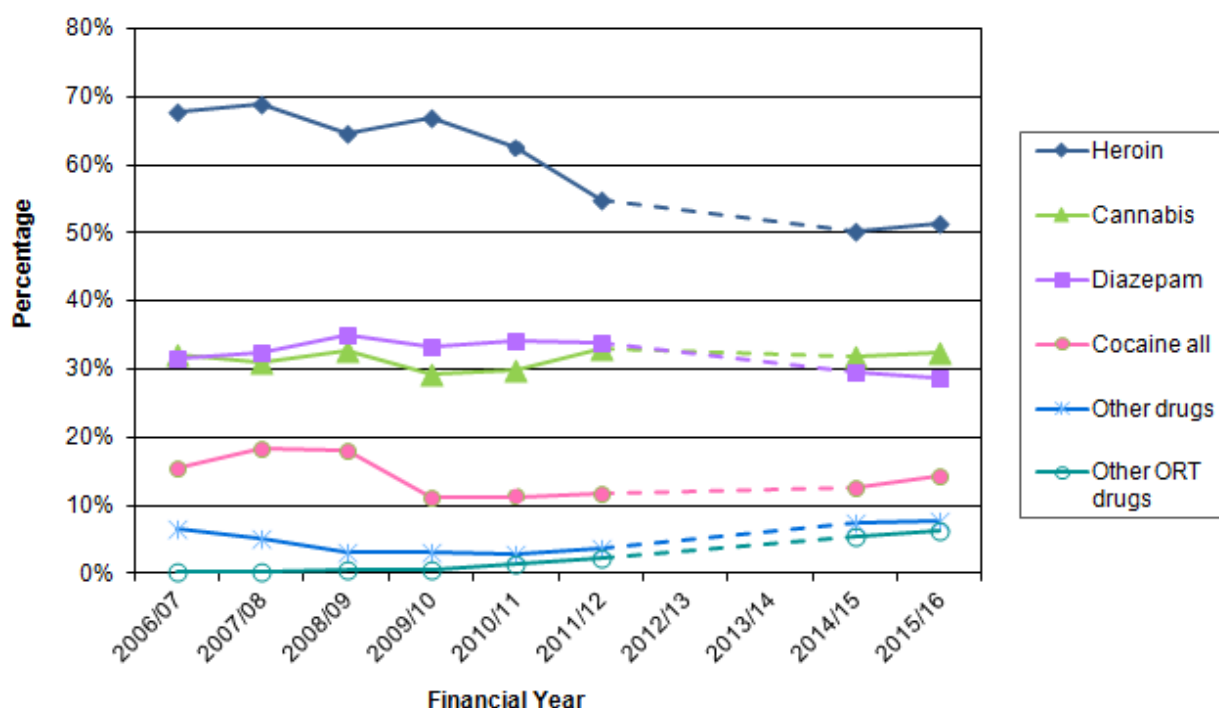
Drug Profile

All Drugs

Examining drugs reported in any of the five 'illicit'⁶ drug fields in SDMD provides an indication of patterns of recent problem drug use among those assessed for specialist drug treatment. Of the 11,954 individuals recorded on SDMD in 2015/16, 72% (8,567) reported 'illicit' drug use in the month prior to initial assessment, with approximately half (4,413; 52%) reporting the use of heroin. Cannabis (2,769; 32%), diazepam (2,453; 29%) and cocaine (1,226; 14%) were the next most frequently reported drugs.

In spite of its ongoing use among those assessed for specialist drug treatment, the most notable change observed in drug use across the time series was the decrease in recent heroin use from 2006/07 (68%) to 2015/16 (52%) ([Drug profile>All drugs](#) and Figure 4).

Figure 4: Type of 'Illicit' Drug Used in the Past Month among Individuals Reporting Recent 'Illicit' Drug Use by Financial Year (Scotland; 2006/07-2015/16)



In all NHS Board areas, heroin, cannabis and diazepam were the drugs most often reported to have been used in the month prior to assessment. Of individuals reporting recent 'illicit' drug use, heroin was most commonly reported in Fife (70%), compared with only 25% of individuals in Western Isles and 36% in Lanarkshire. Cannabis was recently used by up to 60% of individuals in Western Isles and 40% in Lanarkshire ([NHS Board of Residence>Drug profile>All drugs](#)). The ADP areas in Greater Glasgow & Clyde all reported high levels of recent diazepam use, with the highest percentage observed in West Dunbartonshire (48%) ([ADP of Residence>Drug profile>All drugs](#)).

⁶ The term 'illicit drugs' includes (as per the SMR25a and SMR25b proforma and guidance) use of solvents, 'novel' or 'new' psychoactive substances (NPS)/legal highs or inappropriate use of 'Over The Counter' (OTC) medications.

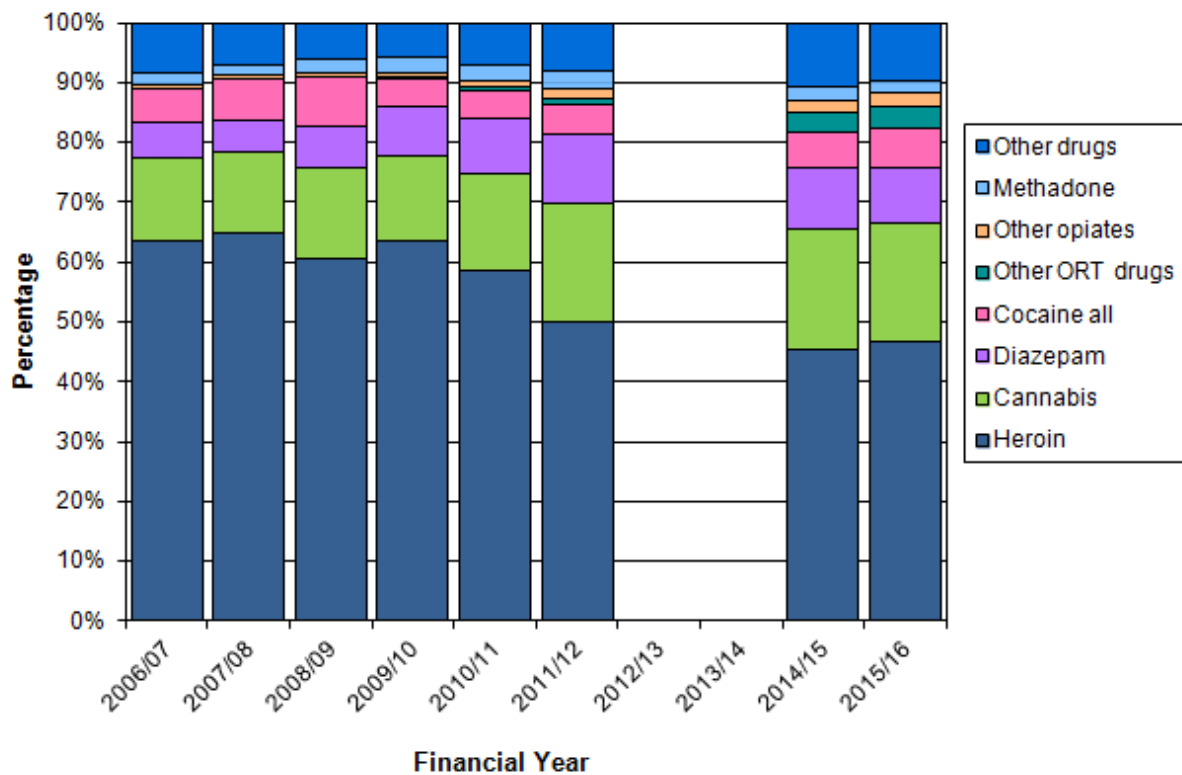
Main Drug

The 'main' drug used is recorded in the first 'illicit' drug field of the SMR25a form and is considered to be the substance for which individuals were seeking specialist drug treatment. In 2015/16, among the 8,567 individuals providing information on recent 'illicit' drug use, heroin was the most common 'main' drug (3,989; 47%), followed by cannabis (1,704; 20%) and diazepam (787; 9%).

The absence of reported figures for 2012/13 and 2013/14 reduces certainty about trends over the past five years. However, the following changes across the time series were observed (**Drug profile>Main drug** and Figure 5):

- The percentage of individuals reporting heroin as their main drug decreased from 64% in 2006/07 and appears to have stabilised in recent years.
- The percentage of individuals reporting cannabis as their main drug increased from 14% in 2006/07 before stabilising at 20% in each reported year from 2011/12.
- Reporting of diazepam increased from 6% in 2006/07 to 11% in 2011/12, but had a small decrease in each subsequent reported year.
- The percentage reporting 'other ORT drugs'⁷ as their main drug increased from less than 1% in 2006/07 to 4% (309) in 2015/16.
- Reporting of cocaine/crack cocaine as a main drug decreased from 8% in 2008/09 to 5% in 2009/10, but has since increased to 7% (568) in 2015/16.

Figure 5: Main 'Illicit' Drug Used in the Past Month among Individuals Reporting Recent 'Illicit' Drug Use by Financial Year (Scotland; 2006/07-2015/16)



⁷ 'Other ORT drugs' includes: buprenorphine & naloxone (suboxone), buprenorphine (subutex), britloflex, naltrexone and lofexidine.

Main Drug by Area

Heroin was the most common main 'illicit' drug reported in all NHS Board areas; Fife (67%) had the highest percentage of recent drug users reporting heroin as their main drug, compared to only 34% in Lanarkshire ([NHS Board of Residence>Drug profile>Main drug by area](#)). Other notable findings include:

- In Lanarkshire, 14% of individuals reported cocaine/crack cocaine as their 'main' drug, compared to 7% nationally.
- In Greater Glasgow & Clyde, 13% reported diazepam as their 'main' drug compared to 9% across Scotland.
- 9% of individuals assessed for specialist drug treatment in Borders reported dihydrocodeine as their main drug compared to a Scottish average of 2%.
- In Forth Valley, higher than average percentages of individuals reported either amphetamines or mephedrone as their 'main' drug (cumulatively, 7% compared to 2% across Scotland).

Age When First Started Using Drugs

Across the time series, median age when started using drugs remained stable at 15 years. In 2015/16, 32% of individuals reported being under 15 years old when they started using drugs and 29% were between 15 and 19 years ([Drug profile>Age when first started using drugs](#)).

Alcohol Consumption

Of the 9,596 individuals who provided information on their recent alcohol use, 40% (3,805) had consumed alcohol in the month prior to commencing specialist drug treatment. Of those recently consuming alcohol, almost a third (1,212/3,805; 32%) reported drinking every day in the past month. The percentage of individuals who consumed alcohol every day in the month prior to assessment increased slightly between 2014/15 (29%) and 2015/16 (32%) ([Drug profile>Alcohol consumption](#)).

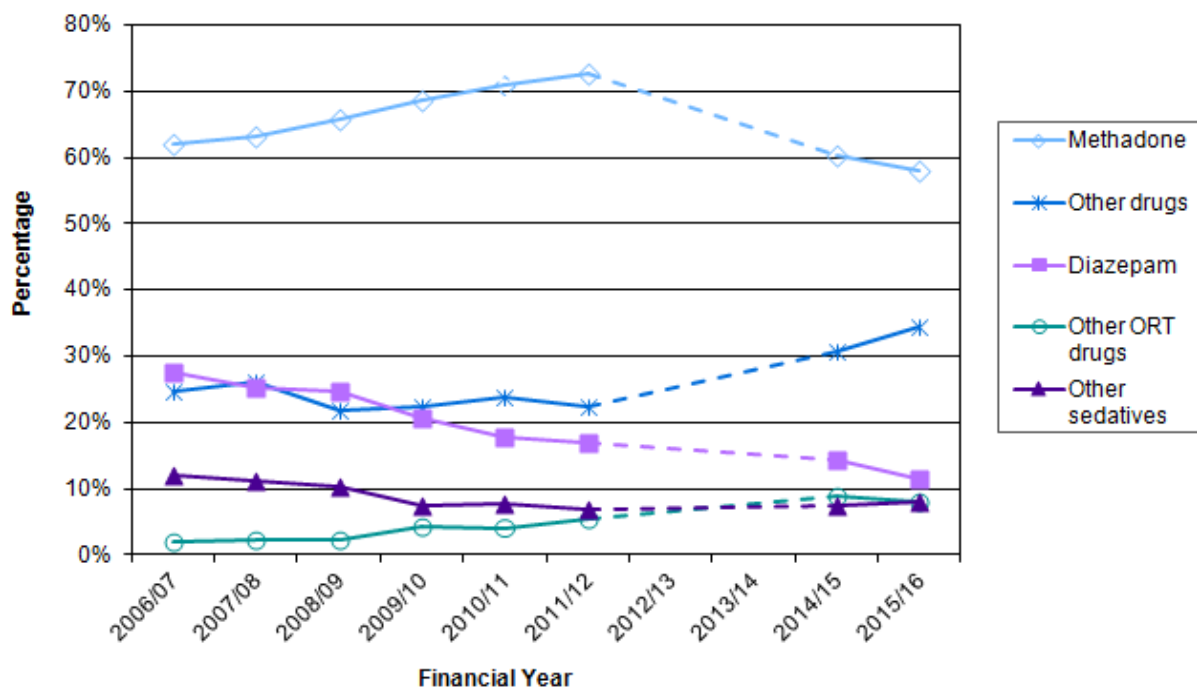
Prescribed Drug Profile

All Prescribed Drugs

In 2015/16, 4,857 (41%) of individuals recorded on SDMD reported that they were currently prescribed a drug for the treatment of addiction. Methadone (an Opioid Replacement Therapy or ORT) was the most commonly prescribed drug (58% (2,819) of assessments where a current prescription was reported) followed by 'other drugs'⁸ (1,674, 34%). Diazepam (often used to treat opiate withdrawal symptoms) was the third most commonly prescribed drug (551; 11%). 'Other ORTs'⁹ and 'other sedatives' were prescribed to 8% (392 and 385 respectively) of currently prescribed individuals ([Prescribed drug profile>All prescribed drugs](#)).

The main changes over time in prescribed drug use were the decrease in methadone prescribing from 2011/12 (73%) to 2015/16 (58%) and in diazepam prescribing from 2006/07 (27%) to 2015/16 (11%). An apparent increase in 'other drugs' prescribing occurred from 2011/12 (22%) to 2015/16 (34%), while a general increase in 'other ORT drugs' was evident from 2006/07 (2%) onwards ([Prescribed Drug profile>All drugs](#) and Figure 6).

Figure 6: Type of Drugs Currently Prescribed among Individuals Reporting Current Prescription by Financial Year (Scotland; 2006/07-2015/16)



Methadone was the most commonly prescribed drug in most NHS Boards, accounting for between 43% (Forth Valley) and 77% (Dumfries & Galloway) of assessments where a current prescription was recorded. In Forth Valley and Greater Glasgow & Clyde 'other drugs' were most commonly prescribed. There were wide variations between areas in the percentage of individuals currently prescribed diazepam; ranging from 4% (Dumfries & Galloway, Lanarkshire and Tayside) to 50% (Western Isles) and 26% (Lothian) ([NHS Board of Residence>Prescribed drug profile>All prescribed drugs](#)).

⁸ 'Other drugs' included mostly a range of anti-depressants and anti-psychotics.

⁹ 'Other ORT drugs' includes: buprenorphine & naloxone (suboxone), buprenorphine (subutex), buprenorphine, naltrexone and lofexidine.

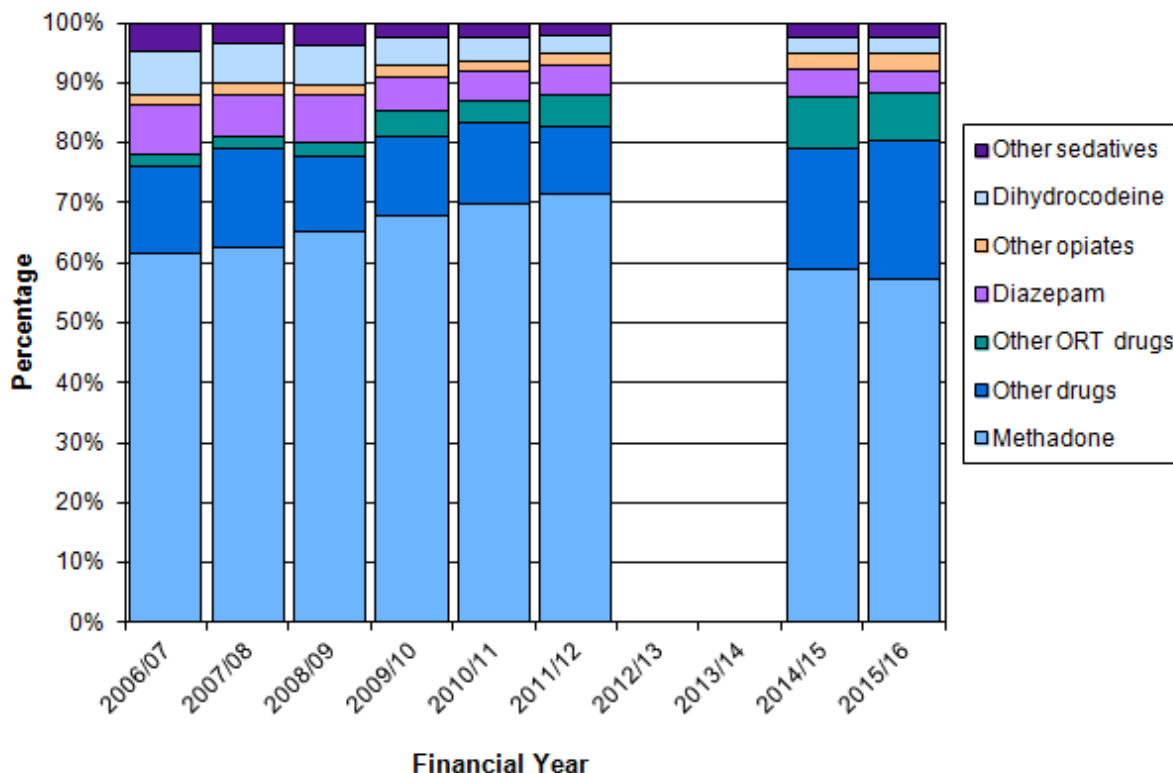
Main Prescribed Drug

In 2015/16, among the 4,857 individuals who were currently prescribed a drug for the treatment of addiction, 57% (2,733) reported methadone as their 'main' prescription, followed by 'other drugs' (1,136; 23%) and 'other ORT drugs' (372; 8%). Although figures for 2012/13 and 2013/14 were not available, the percentage of currently prescribed individuals reporting methadone as their 'main' prescribed drug decreased from 71% in 2011/12, while the percentage reporting 'other drug' prescribing increased from 11% in the same time period. Decreases over the entire time series (2006/07 to 2015/16) were evident in relation to diazepam (8% to 4%) and dihydrocodeine (8% to 4%). 'Other ORT drugs' showed largely the opposite trend, increasing from 2% in 2006/07 to 9% in 2014/15 before decreasing in 2015/16 ([Prescribed drug profile>Main prescribed drug](#) and Figure 7).

Main Prescribed Drug by Area

Methadone was the most common 'main' prescribed drug reported in all NHS Board areas; Dumfries & Galloway (77%) had the highest percentage of individuals currently prescribed methadone, compared to 42% in Forth Valley. Prescription of 'Other ORT drugs' varied from 14% of currently prescribed individuals in Lanarkshire and Borders to 2% in Ayrshire & Arran ([NHS Board of Residence>Prescribed drug profile>Main prescribed drug by area](#)).

Figure 7: Main Currently Prescribed Drug among Individuals Reporting Current Prescription by Financial Year (Scotland; 2006/07-2015/16)



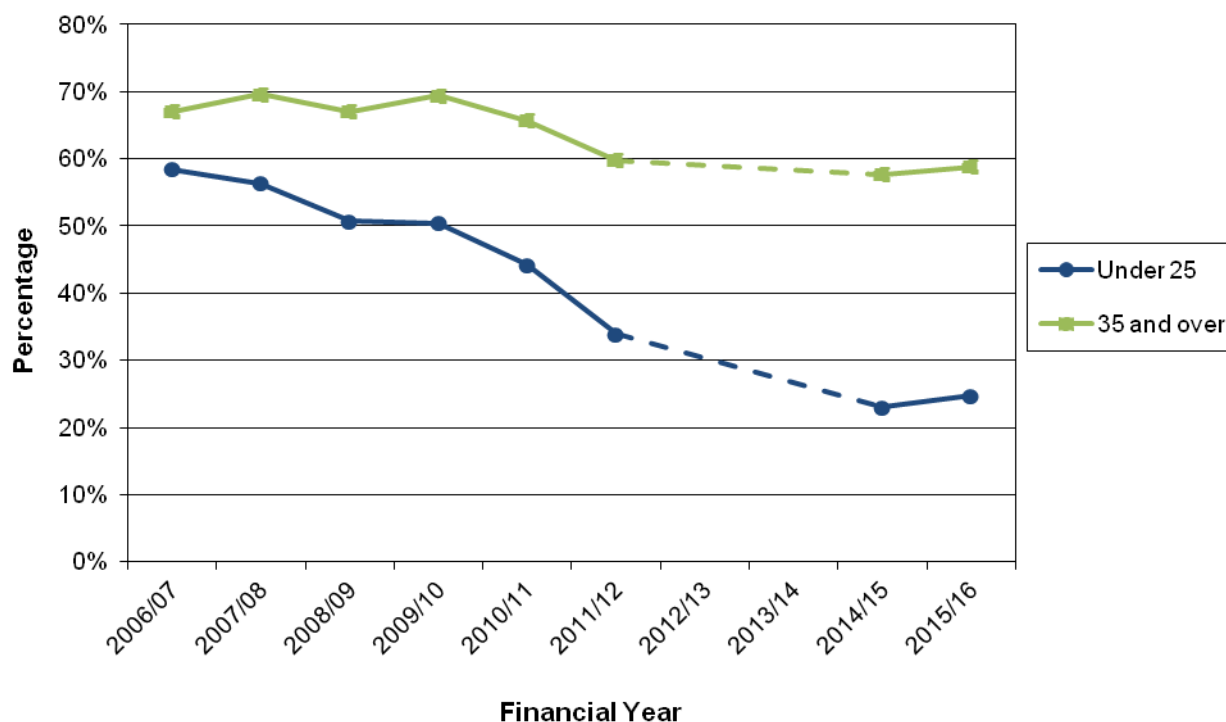
Heroin Profile

Individuals aged under 25

In Scotland, reported heroin use among individuals aged under 25 years at initial assessment decreased significantly from 58% (1,592/2,729) in 2006/07 to 25% (341/1,363) in 2015/16. As this percentage change in heroin use occurred during a period when the numbers of under 25s assessed for drug treatment also reduced, the marked decrease in the numbers reporting heroin use is noteworthy ([Heroin profile>Individuals aged under 25](#) and Figure 8).

There was wide variation across NHS Board areas in reported heroin use among under 25s; in Lanarkshire, 14% of individuals under 25 reported using heroin, while in Fife 49% of under 25s assessed were heroin users ([NHS Board of Residence>Heroin profile> Individuals aged under 25](#)). While only 11% of under 25s assessed in the Inverclyde ADP area were recorded as using heroin, 66% of under 25s in East Ayrshire reporting recently using the drug ([ADP of Residence>Heroin profile> Individuals aged under 25](#)).

Figure 8: Percentage of Individuals Aged Under 25 and 35 and Over Reporting Recent Heroin Use by Financial Year (Scotland; 2006/07-2015/16)



Individuals aged 35 and over

There was a moderate decrease in the percentage of older drug users (i.e. those aged 35 and over) reporting recent heroin use from 67% (1,755/2,620) in 2006/07 to 59% (2,417/4,111) in 2015/16. As this was accompanied by an increase in the number of older drug users recorded on SDMD, the number of heroin users aged 35 and over has increased despite the percentage reduction described above ([Heroin profile>Individuals aged 35 and over](#) and Figure 8).

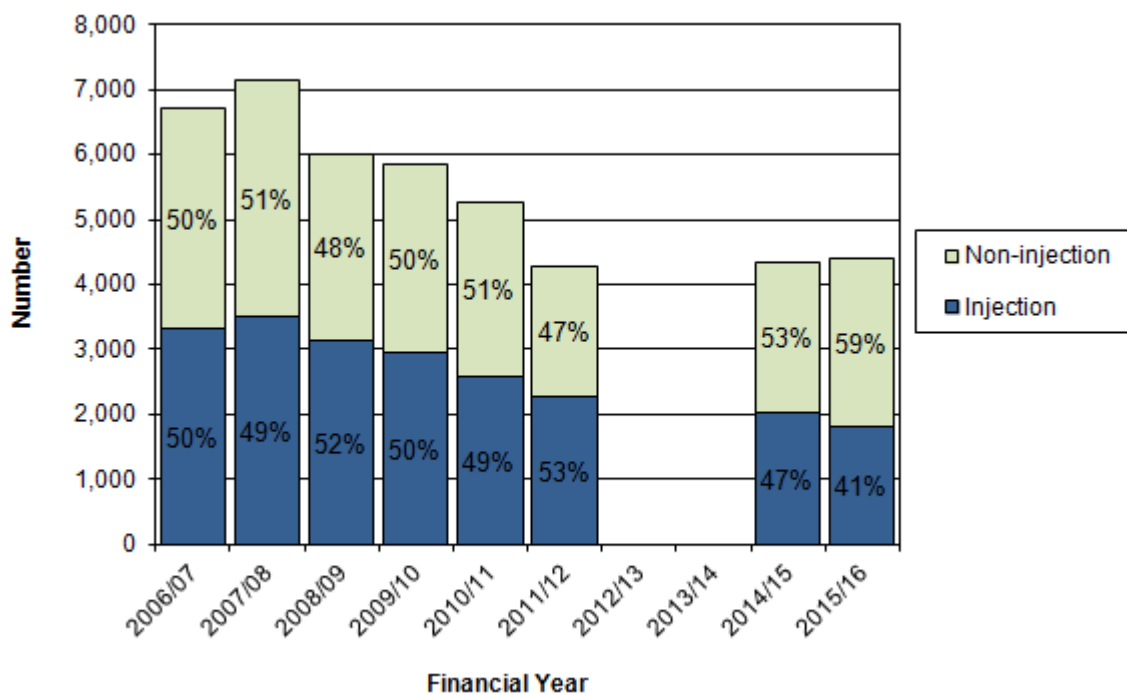
Among NHS Board areas, Lanarkshire had the lowest percentage (45%) of individuals aged 35 and over reporting heroin use, while the highest percentages were observed in Tayside and Fife (71%) ([NHS Board of Residence>Heroin profile>Individuals aged 35 and over](#)).

Route of Use of Heroin

In 2015/16, 41% (1,820/4,413) of individuals who had used heroin in the month prior to assessment reported injecting the drug. This was a notable decrease from previous years: the percentage of injecting heroin users was fairly stable from 2006/07 (50%; 3,330/6,710) to 2014/15 (47%; 2,035/4,344) ([Heroin profile>Route of use of heroin](#) and Figure 9).

By NHS Board area, Ayrshire & Arran and Greater Glasgow & Clyde reported the lowest percentage (33%) of recent heroin injectors, while Dumfries & Galloway reported the highest percentage (58%). Forth Valley, Fife, Ayrshire & Arran, Lanarkshire, Grampian and Tayside each reported reductions of greater than five percentage points in injecting among recent heroin users between 2014/15 and 2015/16 ([NHS Board of Residence>Heroin profile>Route of use of heroin](#)).

Figure 9: Route of Heroin Use among Recent Heroin Users by Financial Year (Scotland; 2006/07-2015/16)



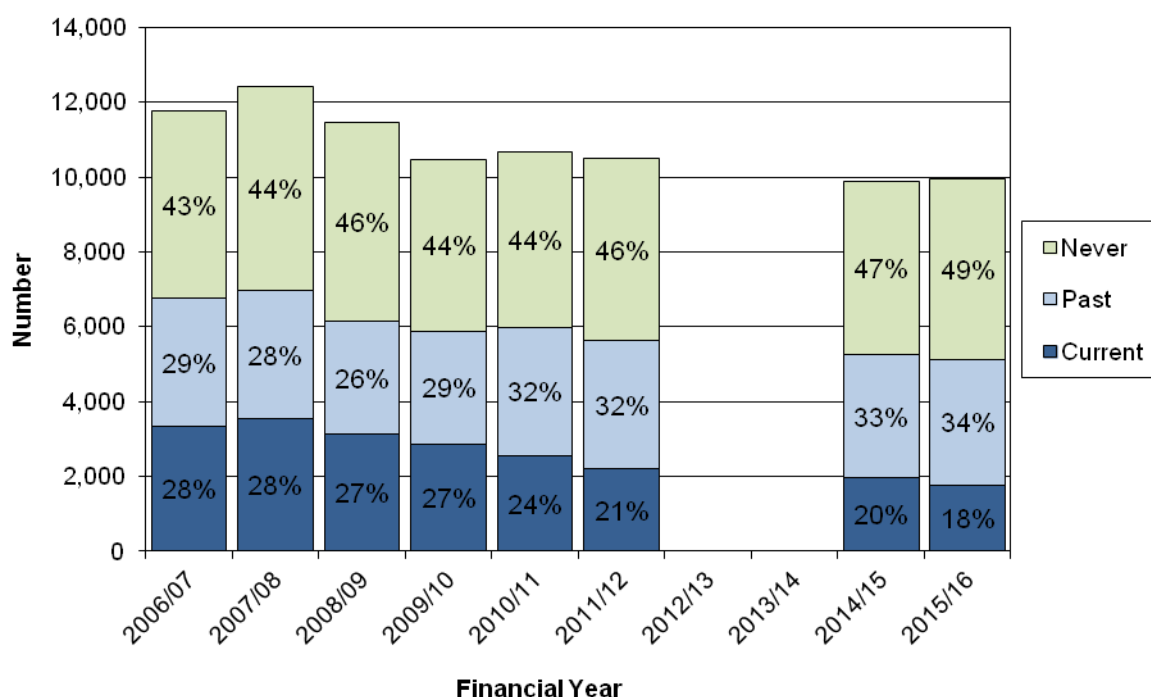
Injecting and Sharing

Injecting Behaviour

Eighty three per cent (9,943) of individuals recorded on SDMD provided information on injecting behaviour. Of those, 49% (4,824) stated they had never injected drugs, 34% (3,340) reported doing so in the past and 18% (1,779) currently injected drugs. Despite the unavailability of 2012/13 and 2013/14 Scotland figures, there has been a general downward trend in the percentage of individuals reporting current injecting since 2006/07 (28%) was observed ([Injecting and sharing>Injecting behaviour](#) and Figure 10).

The percentage of individuals currently injecting varied by NHS Board area, with 9% currently injecting in Ayrshire & Arran compared to 25% in Grampian ([NHS Board of Residence>Injecting and sharing>Injecting behaviour](#)). Variation between ADP areas was wider, with 30% in Glasgow City currently injecting compared to 8% in North and South Ayrshire ([ADP of Residence>Injecting and sharing>Injecting behaviour](#)).

Figure 10: Injecting Behaviour by Financial Year (Scotland; 2006/07-2015/16)

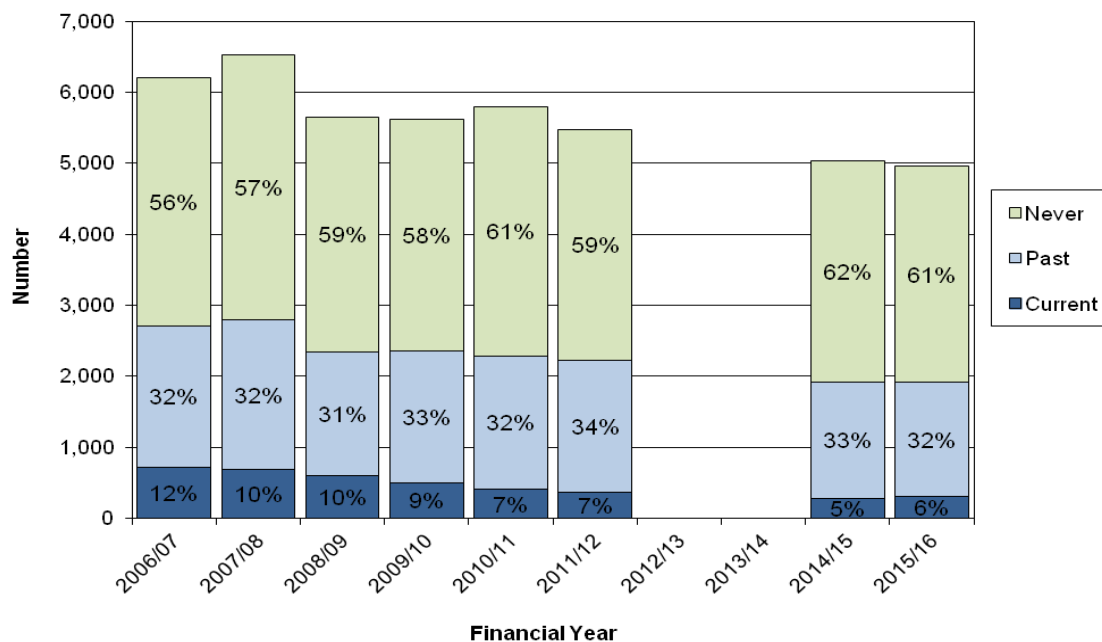


Sharing Needles/Syringes

In 2015/16, past sharing of needles/syringes was reported by 32% (1,605/4,959) of individuals injecting drugs in the month prior to assessment and current sharing was reported by 6% (305/4,959). A general downward trend in the percentage of injectors currently sharing needles/syringes was observed since 2006/07 (12%) ([Injecting and sharing>Sharing needles/syringes](#) and Figure 11).

The percentage of injectors reporting current needle/syringe sharing varied between NHS Boards (ranging from 3% in Ayrshire & Arran to 9% in Grampian and Forth Valley). Reported needle/syringe sharing in the past ranged from 23% in Forth Valley to 41% in Grampian ([NHS Board of Residence>Injecting and sharing>Sharing needles/syringes](#)).

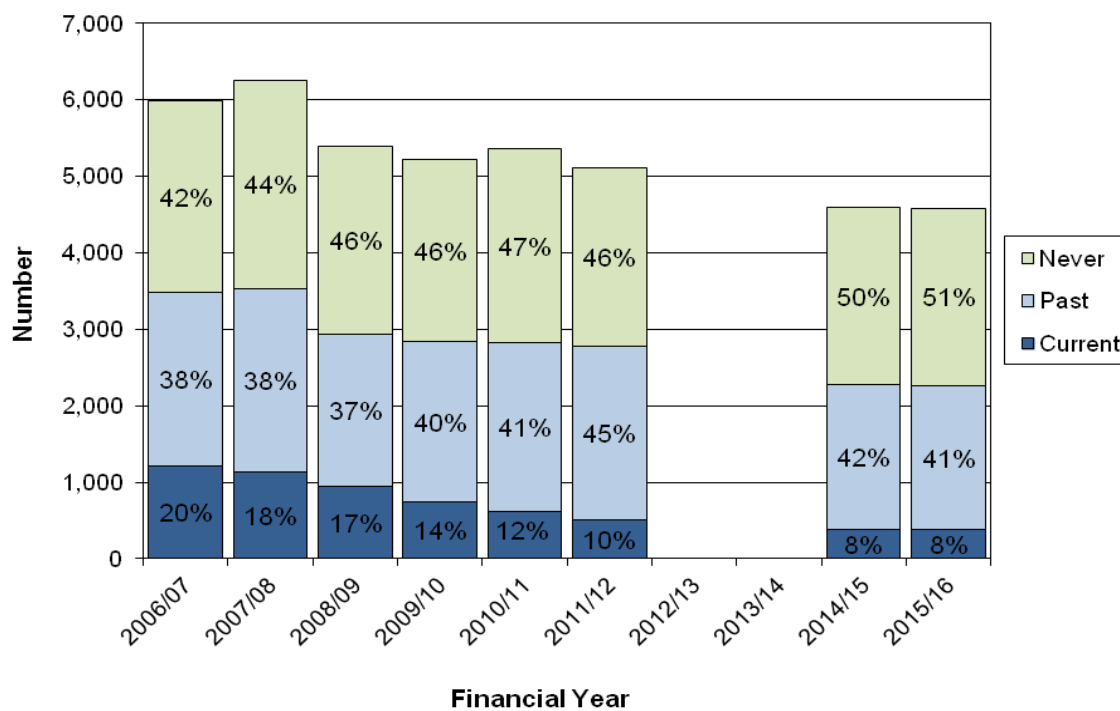
Figure 11: Sharing Needles/Syringes by Financial Year (Scotland; 2006/07-2015/16)



Sharing Paraphernalia

In 2015/16, past sharing of injection-related equipment other than needles/syringes (hereafter referred to as ‘paraphernalia’) was reported by 41% (1,891/4,585) of individuals injecting drugs in the month prior to assessment and current sharing was reported by 8% (376/4,585). As with needles/syringes, a general downward trend in the percentage currently sharing paraphernalia was observed since 2006/07 (20%) ([Injecting and sharing](#)>[Sharing paraphernalia](#) and Figure 12).

Figure 12: Sharing Paraphernalia by Financial Year (Scotland; 2006/07-2015/16)



Analysed by NHS Board area, reported current sharing of paraphernalia among injectors was highest in Forth Valley (13%) and lowest in Ayrshire & Arran (4%). Similar to sharing needles/syringes, the percentage of injectors sharing paraphernalia in the past was higher (ranging from 25% in Borders to 54% in Ayrshire & Arran) ([NHS Board of Residence>Injecting and sharing>Sharing paraphernalia](#)).

Blood Borne Virus (BBV) Testing

The risk of contracting Blood Borne Viruses (BBVs) is higher amongst people who inject drugs than in other populations¹⁰. In Scotland, among the 5,119 individuals who had reported previous injecting, information was available on whether individuals were tested for Hepatitis B, Hepatitis C and HIV in 89%, 89%, and 88% of cases respectively. Previous testing for Hepatitis B, Hepatitis C and HIV was reported by 78% (3,983), 80% (4,073) and 76% (3,907) of individuals respectively ([Injecting and sharing>Blood Borne Virus \(BBV\) testing](#)).

BBV testing among reported injectors was highest in NHS Grampian (Hep B: 84%, Hep C: 85% and HIV: 84%) and lowest in Ayrshire & Arran (66%, 67% and 66% respectively) ([NHS Board of Residence>Injecting and sharing>Blood Borne Virus \(BBV\) testing](#)).

¹⁰ WHO (2012) *Guidance on Prevention of viral Hepatitis B and C among People who inject Drugs* [online], Available at: http://apps.who.int/iris/bitstream/10665/75357/1/9789241504041_eng.pdf?ua=1

Glossary

ADP	Alcohol and Drug Partnership
BBV	Blood Borne Virus
CoSLA	Convention of Scottish Local Authorities
DATWT	Drugs and Alcohol Treatment Waiting Times database
Denominator	The term of a fraction, usually below the line, that indicates the total population in terms of which statistical values are expressed.
EASR	European Age-Sex Standardised Rate; the rate that would have been found if the population in Scotland had the same age-composition as the hypothetical standard European population.
HEAT	Health Improvement, Efficiency, Access and Treatment
ISD	Information Services Division
LDP	Local Delivery Plan
Numerator	The term of a fraction, usually above the line, that indicates the number of equal parts that are to be added together.
ORT	Opioid Replacement Therapy
Paraphernalia	Sterile injecting equipment other than needles/syringes. These items are distributed to improve injecting hygiene and to prevent the spread of Blood Borne Viruses. Citric acid/Vitamin C and sterile water are used to dissolve drugs (particularly heroin) into an injectable solution. Wipes and swabs allow PWIDs to sterilise injecting sites. Sharps bins are distributed to facilitate the safe disposal of used needles. Filters help prevent larger particles from entering the syringe after preparation of the drug, and spoons or other forms of cookers such as 'stericups' facilitate the sterile cooking of drugs.
SDMD	Scottish Drug Misuse Database

List of Tables

Table No.	Name	Time period	File & size
	Scottish Drug Misuse Database dashboard	2006/07 to 2015/16	N/A

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Further Information

Information on the Scottish Drug Misuse Database is available at:

<http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Scottish-Drug-Misuse-Database/>.

If you would like further information please contact the Health & Social Care Team at

nss.isdsubstancemisuse@nhs.net

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Appendices

A1 – Background Information

Policy Context

The Scottish Drug Misuse Database (SDMD) is an important and widely used national information source on the misuse of drugs in Scotland. Amongst the aims of the database are to support services, Alcohol and Drug Partnerships (ADPs), the NHS and the Scottish Government by:

- monitoring problem drug use;
- collecting social and demographic information about individuals presenting to services for assessment of their drug use and treatment/care needs;
- helping to identify, or confirm, trends in drug use at a national and local level;
- informing discussions about service provision and service design; and,
- providing data for ADPs to help them take forward local strategies.

The database, established in 1990, holds information on demographic and behavioural characteristics of individuals who have had a specialist assessment of their drug use treatment and care needs by specialist drug services (provided by statutory and non-statutory services across a range of settings) and some medical services (general practice, hospital etc.). Specialist services providing tier 3 and 4 interventions within local authorities, NHS, prisons and the third sector are all expected to submit data to the SDMD.

Scotland's national drugs strategy [The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem](#), launched in May 2008, highlighted the need for 'evidence informed drugs policy and practice' and, as part of this, 'improving data on the drug misusing population'. The strategy's Action Plan included the following 'key action': to 'Work with Information Statistics Division (ISD) to deliver (by April 2008) an enhanced Scottish Drug Misuse Database (SDMD) to improve outcome data on a person's journey through treatment' thus providing better outcome data to inform policy and practice.

The SDMD was developed by ISD to allow the collection of information on individuals throughout their treatment pathway (i.e. not only at initial assessment). From April 2008, ISD began to introduce an enhanced, web-based, SDMD Follow-up Reporting System. The expanded database offered the potential to collect information on substance misuse and the wider social circumstances that may underpin recovery throughout the course of treatment, forming a valuable source of information on the outcomes of drug treatment for services, ADPs and the Government in Scotland.

The Drugs Strategy Delivery Commission (DSDC) was established in 2009 to monitor and assess the delivery of the Road to Recovery. In 2013, the DSDC published the [Independent Expert Review Of Opioid Replacement Therapies In Scotland](#) which stated that Scotland requires a new coordinated national approach to develop the relevant evidence base to support a better understanding of the natural history of substance use problems and the delivery of improved treatment and recovery outcomes. Systematic collection and management of routine data from services should be the foundation for this work. Reflecting these aims, ISD have been commissioned by Scottish Government to develop an integrated drug and alcohol information system which will amalgamate the existing functions of the SDMD, Drug & Alcohol Treatment Waiting Times database (DATWT) and gather additional

information on alcohol treatment outcomes (see [Drug and Alcohol Information System \(DAISy\)](#) below).

A joint decision was taken in November 2014 by the Scottish Government, members of the DSDC and relevant stakeholders that the original work of the DSDC had been concluded. Since then, the Scottish Government has worked closely with key stakeholders to develop the new Partnership for Action on Drugs in Scotland (PADS) group which was launched in January 2016. The PADS group has been set up to reduce problem drug use and complement the work of the established Road to Recovery strategy. The group brings together leaders from the fields of addiction, mental health, inequality, social work and health and social care and is leading and focusing the sector on three priorities:

- building communities focused on recovery and tackling stigma;
- quality and consistency of service planning and delivery; and,
- harm reduction and reducing drug-related deaths.

SDMD Data Collection

The SDMD, managed by ISD Scotland, was set up in 1990 to collect information about people with drug problems, based on data obtained when individuals first made contact with services (or reinitiated contact following a gap of at least six months since last attendance). In April 2006, ISD introduced the SMR25a assessment form to replace the SMR24 form which had been in use since 2001. The revised form reflected the need for more detailed information on individuals who presented for treatment. The new dataset incorporated most of the information that was collected using SMR24 but also included new information, including blood borne virus testing information, information on dependent children and alcohol profile. The SMR25a form contains both mandatory and non-mandatory data items and is completed at the beginning of an individual's episode of care.

There have been a number of changes in data collection methods between SMR24 and SMR25a. This means that information from the SDMD for the financial year 2006/07 onwards are not directly comparable with previously published analysis of data collected using SMR24 forms. Therefore, this report only describes trends from 2006/07 onwards.

Since April 2009, all services which supply data to the SDMD have transferred from paper to electronic proforma, using the web-based data collection system or other local systems (with the exception of General Practitioners (GPs), who continue to complete paper forms¹¹). Using this system, data are collected at the following points throughout an individual's course of treatment:

- Initial assessment (SMR25a proforma): <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Docs/smr25A.pdf>
- 12 week follow-up (SMR25b proforma): <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Docs/smr25B.pdf>
- Annual follow-up (SMR25b)
- Ad-hoc follow-up (SMR25b)
- Discharge from service (SMR25a or SMR25b)
- Transfer or referral from service (SMR25b)

¹¹ GP data are not included in the analysis within this publication.

There are two possible methods of submitting data to the SDMD, both of which use a secure internet connection.

1. Service providers log into the SDMD application and submit data to ISD via a web form.
2. File upload via the SDMD application. This allows a local system administrator to log into the application and submit a data file from their local system directly to ISD.

Drug and Alcohol Information System (DAISy)

The Drug and Alcohol Information System (DAISy) is a national database being developed to collect drug and alcohol, outcomes and waiting times information from staff delivering specialist drug and alcohol interventions. By developing a single system it is hoped that the amount of data entry required by ADPs and Specialist Services will reduce and go some way to ensure data quality and completeness can be managed more effectively. DAISy is now in the IT development project phase and is expected to go live in April 2018.

For further information about DAISy, please go to <http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drug-Alcohol-Information-System/>

Acknowledgements

The co-operation and assistance of the staff at all services contributing to the database and individuals who consent to their data being reported are gratefully acknowledged.

A2 – Data Quality

The reporting of Scottish Drug Misuse Database (SDMD) has changed since 2011/12 as a result of concerns regarding completeness and data quality. In particular, issues associated with specific NHS Boards (described in 2014/15 report) led to the following changes to national reporting.

- In 2012/13, the SDMD Annual Report included Scotland-level data on a limited range of indicators (overall numbers, gender and age of individuals assessed) in Section 1. A comparison between NHS Boards (except NHS Greater Glasgow & Clyde and Tayside) in relation to a wider range of indicators ('illicit' and prescribed drug use, injecting behaviour, health and socio demographics) was included in Section 2.
- In 2013/14, no SDMD Annual Report was published. An electronic dashboard showing NHS Board and ADP level comparisons across a comprehensive range of indicators (overall numbers, gender, age, 'illicit' and prescribed drug use and injecting behaviour etc.) was produced. However, it was not possible to provide Scotland-level analyses for those indicators or 2013/14 data for NHS Greater Glasgow & Clyde and Tayside.

Following extensive collaborative work between NHS Boards and ISD, the quality and completeness of data improved sufficiently to allow publication of a full national 2014/15 SDMD Annual Report. As in 2014/15, [Section 1](#) of the 2015/16 report provides an account of data quality and completeness, reflecting both the issues encountered in previous years and the UK Statistics Authority's (UKSA) Guidelines on [Administrative Data Quality Assurance](#) (January 2015) which further emphasised the need to critically appraise the representativeness and reliability of administrative data. This Appendix provides further technical detail to accompany [Section 1](#) along with a summary of ongoing data quality management work undertaken by ISD.

Data Completeness

In addition to the summary provided in Section 1, it is useful to provide a more detailed account of the SDMD-Drug and Alcohol Treatment Waiting Times (DATWT) comparison and the potential areas of bias.

Methodology

The comparison of SDMD and DATWT completeness does not involve data linkage and is based on numbers of individuals assessed for specialist drug treatment (not numbers of individuals treated). For each financial year, the following individual counts are compared:

Numerator = Number of individuals with initial assessment (IA) record on SDMD¹²

Denominator = Number of individuals with drug-related wait record on DATWT¹³

NHS Board/ADP area is assigned based on location of the service attended (may be different to individual's area of residence). Therefore, records for individuals who live outside Scotland or have an unknown area of residence are included.

Each individual is counted once within Scotland and NHS Board or ADP on the basis of the person identifiable information provided. Therefore, an individual will only be counted once

¹² With the following exclusions: SDMD records submitted by GPs; records listed in SDMD database as 'logically deleted'; records with no submission date; SDMD records with no first and last name (or initial), no date of birth, and/or gender; records submitted by prison services.

¹³ With the following exclusions: SDMD records submitted by prison services, records with no assessment date.

within each geography/time period in spite of multiple valid drug waits/assessment. However, if an individual attended services in different NHS Board or ADP areas, this individual may be counted in more than one NHS Board or ADP. Only the most recent episode within each geography is counted in each Financial Year (i.e. 1 April to 31 March).

NHS Board completeness findings

Table A2.1: SDMD and DATWT Data Completeness by NHS Board of Treatment (numbers of individuals; 2015/16)

	Number of individuals			
	SDMD (Initial Assessments)	DATWT (Drug Waits)	% DATWT Anonymous	% SDMD Completeness
Scotland	10,511	15,923	16.9%	66.0%
NHS Ayrshire & Arran	977	1,141	12.4%	85.6%
NHS Borders	144	152	28.9%	94.7%
NHS Dumfries & Galloway	317	389	0.5%	81.5%
NHS Fife	1,072	1,738	55.5%	61.7%
NHS Forth Valley	577	679	0.9%	85.0%
NHS Grampian	1,093	1,406	13.3%	77.7%
NHS Greater Glasgow & Clyde	2,133	3,882	5.9%	54.9%
NHS Highland	168	548	29.0%	30.7%
NHS Lanarkshire	1,505	2,071	5.9%	72.7%
NHS Lothian	1,900	2,758	21.0%	68.9%
NHS Orkney Islands	*	11	18.2%	*
NHS Shetland Islands	6	31	71.0%	19.4%
NHS Tayside	634	1,200	19.2%	52.8%
NHS Western Isles	24	29	13.8%	82.8%

Note: * Suppressed due to small numbers.

Issues with comparison

There are a number of potential explanations for lower relative completion of SDMD compared to DATWT.

- In 2011, the Scottish Government established Health Improvement, Efficiency, Access and Treatment ([HEAT target A11](#)), which stated that, by March 2013¹⁴, 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. DATWT was implemented in 2011 to collect information on this target. Since then, SDMD completeness appears to have been comparatively low. It is possible that, in some areas, inputting data to demonstrate compliance with this target/standard may have been prioritised above SDMD data input.
- SDMD requires that individuals provide informed consent for the collection and use of their identifiable data. However, DATWT allows anonymous records to be submitted, reducing the risk that individuals may not consent. This difference may have contributed to an increase in individuals withholding consent for their data to be recorded on SDMD.

¹⁴ After March 2013, this became a HEAT standard, and, from 2015/16, a Local Delivery Plan (LDP) Standard for NHS Boards.

- The SDMD web system (introduced in 2009) helps avoid record duplication by allowing services to check if an SMR25 already exists.

In the absence of comprehensive data on specialist drug treatment assessments in Scotland, SDMD completeness is measured against DATWT. Although DATWT provides a useful comparison, neither dataset accurately captures the entire population assessed for specialist drug treatment:

- As anonymous records are permitted in DATWT, it is not possible to identify the 'true' number of individuals assessed for specialist drug treatment. Details of the percentage of DATWT individuals with a 2015/16 drug wait who were recorded anonymously are included in Table A2.1. Without personal identifiers, each anonymous record in DATWT must be counted as a unique individual, potentially inflating the number of individuals for comparison with SDMD¹⁵.
- DATWT and SDMD are separate systems which are managed separately and have different processes and procedures. Comparisons may be inexact due to differences in the service codes used in a small number of areas and differences in patient management processes (for example, a small number of ADPs triage individuals and then refer them to other services for assessment/treatment (in some cases, submitting DATWT data but no SDMD data)).

Comparisons between Area of Treatment and Area of Residence

The data quality and completeness analyses presented in this section of the report are based on the individual's *area of treatment* (NHS Board or ADP) (i.e. the area where an individual was assessed for specialist drug treatment). Data quality and completeness is analysed this way because:

1. NHS Board/ADP treatment services submit SDMD data to ISD based on the patients they assess. Therefore, data quality and completeness issues can only be identified by evaluating records on the basis of NHS Board/ADP of treatment. Likewise, data quality and completeness issues are addressed in communication between ISD and the NHS Board/ADP submitting those records.
2. Specialist drug treatment waiting times from DATWT are reported by area of treatment only. Therefore, analysis of SDMD data quality and completeness by area of treatment facilitates use of DATWT data for comparisons in terms of completeness, representativeness etc.

However, an individual may be assessed for treatment outwith the NHS Board or ADP in which they reside. The key SDMD findings presented in Section 2 are based on analysis by *area of residence* because this is thought to be of most value to end users of these statistics. In order for data quality and completeness findings from Section 1 to function as measures of the reliability of findings in Section 2, there should be a high degree of correspondence between the SDMD treatment and resident populations. Table A2.2 shows the correspondence between area of treatment and area of residence by NHS Board.

In all except four ADPs, over 90% of individuals assessed were also resident in the same area (data not shown). Three of the four ADPs where the overlap between individuals assessed and

¹⁵ However, even after excluding all anonymous DATWT records (therefore assuming that all anonymous individuals in DATWT had a further drug wait in the same area in 2015/16 where they consented to their personal details being recorded), national SDMD completeness was still only around 80% compared to DATWT.

resident was lower than 90% (Clackmannanshire, Falkirk and Stirling) together constitute NHS Forth Valley (where 99.3% of individuals assessed were resident). NHS Forth Valley operates a pan-Board service structure resulting in movement of service users between ADPs to receive specialist drug treatment. This local arrangement provides an explanation of the comparatively low percentage of residents treated in each of the relevant ADP areas.

Table A2.2: Percentage of Individuals Assessed Resident in the same NHS Board of Treatment (2015/16)†

NHS Board of Treatment	Number Individuals Assessed	% Individuals Resident
NHS Ayrshire & Arran	977	99.2%
NHS Borders	144	94.4%
NHS Dumfries & Galloway	317	99.1%
NHS Fife	1,071	99.3%
NHS Forth Valley	577	99.3%
NHS Grampian	1,092	100.0%
NHS Greater Glasgow & Clyde	2,133	98.6%
NHS Highland	168	99.4%
NHS Lanarkshire	1,504	99.3%
NHS Lothian	1,900	98.9%
NHS Orkney	*	100.0%
NHS Shetland	6	100.0%
NHS Tayside	634	99.7%
NHS Western Isles	24	100.0%

Notes:

† Individuals assessed in prison were excluded from this analysis as they are counted within an area of residence based on their home postcode and are therefore not analysed as a distinct group in Section 2 of this report.

* Suppressed due to small numbers.

SDMD Data Management

Positive relationships with data suppliers and robust data quality assurance are crucial in ensuring the integrity of SDMD data. The ISD Data Management team examines data quality and completeness issues in specific areas and documents these in order to understand data and assess the likelihood and impact of inaccurate reporting.

Ongoing Data Quality Work

In addition to working with specific areas, the ISD Data Management team routinely provide data suppliers with a range of monthly and quarterly surveillance reports to assist them in improving the completeness and quality of SDMD data¹⁶. During 2015/16 ISD Data Management also worked with data suppliers in the following ways:

- **Training:** Several ADPs were provided with short refresher training sessions to enhance their knowledge and understanding of SDMD (in particular, correct review recording and use of notification screens).

¹⁶ The routine surveillance reports to NHS Boards/ADPs provide information on all SMR25 records submitted to ISD. However, this Annual Report presents information on *individuals* with problem drug use and therefore cannot be compared with those outputs.

- **Open Services:** During 2015/16 a number of services were identified that were commissioned and active on SDMD although they had been physically decommissioned. Work to assess the extent of this issue resulted in around 100 services being closed and/or realigned in SDMD.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Scottish Drug Misuse Database - Overview of Initial Assessments for Specialist Drug Treatment 2015/16
Description	This publication presents the latest available information on initial assessments for specialist drug treatment recorded in the Scottish Drug Misuse Database (SDMD). Information is presented for Scotland and by NHS Board/Alcohol and Drug Partnership (ADP) of Residence.
Theme	Health and Social Care
Topic	Substance Misuse
Format	PDF report with electronic dashboard
Data source(s)	Scottish Drug Misuse Database (SDMD), Drug and Alcohol Treatment Waiting Times database (DATWT)
Date that data are acquired	Extracted October 2016
Release date	Tuesday 4 April 2017
Frequency	Annual
Timeframe of data and timeliness	Data published up to 31 March 2016
Continuity of data	See Section 1 and Appendices A1 and A2 .
Revisions statement	Data from the most recent year is considered provisional and subject to revision in future publications. Data are subject to routine quality assurance checks and may be revised periodically to improve accuracy.
Revisions relevant to this publication	None
Concepts and definitions	Guidance on definitions for SDMD is available at: http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Scottish-Drug-Misuse-Database/ .
Relevance and key uses of the statistics	Relevant to understanding problem drug use in Scotland. Statistics will be used for policy making and service planning.
Accuracy	Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends. Data quality & completeness issues are described in Section 1 and Appendix A2 .
Completeness	It is not mandatory for individuals to provide their information in the collection of data through SDMD. Data quality & completeness issues are described in

	Section 1 . See Appendix A2 for further information.
Comparability	Data quality & completeness issues are described in Section 1 . See Appendix A2 for further information.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	The report is available as a PDF file with relevant dashboard content clearly highlighted for ease of use.
Value type and unit of measurement	Numbers and percentages.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority, report published 4 th April 2012.
Last published	17 May 2016
Next published	Spring 2018
Date of first publication	1998
Help email	nss.isdsubstancemisuse@nhs.net
Date form completed	17 March 2017

A4 – Early Access Details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

A5 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed