

## Publication Report



# Scottish Drug Misuse Database (SDMD) Report on People in Treatment – 2011/12

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## Introduction

This is the first release of information from the Scottish Drug Misuse Database (SDMD) Follow-up Reporting System. This report presents data on individuals entering drug treatment services in Scotland during 2011/12 and, using person level 'follow-up' data, explores their treatment outcomes three months after initial assessment. For comparison, and to look at longer term (twelve month) outcomes, we also present data on individuals entering services during 2010/11.

The primary source of the data presented here is the Scottish Drug Misuse Database (SDMD). 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. Similar systems were set up in England and Wales at the same time. Services contributing to the SDMD include specialist drug services, GPs and hospitals. Further detail on the SDMD is included at [Appendix A1-Background information](#). Included also in this report are data from the national Drugs and Alcohol Treatment Waiting Times Database (DATWTD). The latter have been used, alongside data from the SDMD, to produce estimates of SDMD data completeness/compliance across Alcohol and Drug Partnerships (ADPs) in Scotland.

As noted above, the SDMD was first established to collect data on people presenting for drug treatment based only on 'initial contact' with a service (or following a gap of at least six months since last attendance), however, over the years there has been growing interest in being able to look at the 'outcomes' of those interventions. The first attempt to collect 'follow-up' data via the SDMD was as part of an initial [outcomes pilot study](#), conducted between May 1998 and May 1999, with five drug treatment services across Scotland.

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.

To this end, ISD was asked to develop a system that would allow the collection of information on individuals throughout their treatment pathway and their contact with services i.e. not only at initial assessment. From April 2008, ISD began to introduce an enhanced, web-based, SDMD Follow-up Reporting System designed to collect information on individuals throughout their course of treatment, both in terms of their substance misuse and the wider social circumstances that may underpin their recovery. The expanded database offers the potential for a valuable source of information for services, ADPs and Government on outcomes of drug treatment in Scotland.

In April 2009 a new joint Framework for Alcohol and Drug Partnerships (ADPs) was signed by the Scottish Government, NHS and the Convention of Scottish Local Authorities (CoSLA). Under the new Framework ADPs began to create outcomes-focused local strategies. [Delivering Better Outcomes: An Outcomes Toolkit for Alcohol and Drug Partnerships](#) was published alongside the Framework to assist in the process of improving services through a focus on outcomes. In 2011, the Scottish Government initiated a programme of work to draft a set of core outcomes and indicators for ADPs. This led to the

development of a set of 34 indicators, including five 'recovery' related indicators, which would be derived from the SDMD follow-up monitoring data.

The drug treatment analyses presented here, using the enhanced SDMD, begin to provide important evidence of the reach and effectiveness of drug treatment services in Scotland.

This report contains:

- an assessment of current data completeness and representativeness;
- provisional findings on treatment outcomes from the enhanced SDMD (presenting three month outcomes for individuals entering services in 2011/12 and three and 12 month outcomes for individuals entering services in 2010/11);
- conclusions and next steps for the future.

The data presented here relate specifically to the 'follow-up' monitoring information available from the enhanced SDMD. As in previous years, detailed analyses from the SDMD based on 'initial contacts' with drug treatment services in 2011/12, and analyses of trends over time, will be published separately. These data will be published on the [Scottish Public Health Observatory web site](#) in spring 2013.

## Key points

### *Data completeness and representativeness:*

- In 2011/12, the Scottish Drug Misuse Database (SDMD) was around 70-74% complete when compared to the national Drug and Alcohol Treatment Waiting Times Database (DATWTD); there did not appear to be an age or sex bias in completeness but there were wide geographic variations.
- For individuals with an SDMD initial assessment, 52% had any follow-up data recorded in 2011/12 and 53% in 2010/11. If we only consider individuals for whom, at the conclusion of their initial assessment, the intention was to continue in active treatment then 58% and 59%, respectively, had any follow-up data recorded.
- In 2011/12, 25% of individuals with an SDMD initial assessment had a three month follow-up record, a slight increase on the 20% in 2010/11. In 2010/11, 14% of individuals with an SDMD initial assessment had a 12 month follow-up record and 5% had both a three and 12 month follow-up record.
- There did not appear to be any substantial bias by age or sex in the likelihood of an individual having a three or 12 month follow-up record, but there were large variations by Alcohol and Drugs Partnership (ADP).
- The findings presented in this report do not provide a complete picture, and may not be representative of, all individuals in drug treatment in Scotland, but they do offer a useful first look at outcomes for those individuals for whom we have follow-up information.

### *Follow-up analyses:*

- For those individuals with an initial assessment in 2011/12 whose course of treatment was subsequently recorded as closed (4 549 individuals), 32% were discharged as having received required support, 39% had an unplanned discharge, 1% had a disciplinary discharge, 6% went to prison, 0.4% died, 6% were on a service waiting list and 16% were discharged for 'other' reasons.
- For individuals who self-reported as having used illicit drugs 'in the past month' at initial assessment, almost one third of these self-reported as not having used illicit drugs 'in the past month' by three month follow-up (32% of the 2011/12 cohort and 31% of the 2010/11 cohort), whilst the equivalent figure at 12 month follow-up (2010/11 cohort) was 46%.
- Self-reported combination illicit drug use 'in the past month' declined by around 25% for the most common illicit drug use combinations by three month follow-up (2011/12 cohort) and by 40% by 12 month follow-up (2010/11 cohort).

- At three month follow-up, 38% of individuals who had not previously reported prescribed drug use now reported prescribed drug use (2011/12 cohort), and by 12 month follow-up this figure had increased to 59% (2010/11 cohort).
- The most common illicit/prescribed drug combinations used at initial assessment (2011/12 cohort with three month follow-up) were prescribed methadone and heroin (15% of illicit drug users), prescribed methadone and diazepam (10%) and prescribed methadone and cannabis (8%). At three month follow-up, reported use of these combinations of drugs had declined by around 30% (with around 21% unknown/missing drug use details). By 12 month follow-up (2010/11 cohort), reported use of these combinations of drugs had declined by around 44% (with around 17% unknown/missing drug use).
- At least 36% of individuals who self-reported as having 'injected in the past month' at initial assessment had ceased injecting by three month follow-up (self reported; 2011/12 cohort). At least 55% had ceased injecting by 12 month follow-up (2010/11 cohort) (most conservative estimates).
- For those still injecting at 12 month follow-up, the percentage who reported sharing of needles/syringes had reduced from 19% at initial assessment to 6% at 12 month follow-up, and reported sharing of wider injecting paraphernalia reduced from 29% to 14%.
- In 2011/12, at least 28% of all individuals who reported that they were homeless at initial assessment had moved into 'owner/rented accommodation', 'supported accommodation/residential rehab' or 'other accommodation' by three month follow-up. By 12 month follow-up, at least 45% of those who had been homeless had moved into accommodation (2010/11 cohort) (most conservative estimates).
- In 2011/12, at least 4% of individuals who reported they were unemployed at initial assessment had moved into employment by three month follow-up. In 2010/11, at least 6% had moved into employment by 12 month follow-up (most conservative estimates).
- In 2011/12, 42% of individuals self-reported as having dependent children, at initial assessment. Of the 1 739 children reported, 41% were reported as living with the individual and 59% 'living elsewhere' It is difficult to measure change in the living arrangements of dependent children from initial assessment to three month follow-up in the SDMD due to the high percentage of unknown/missing data at follow-up.

## Results and Commentary

### Chapter 1. Individuals included in the analysis

For the purposes of the analyses in this report, an extract from the Scottish Drug Misuse Database (SDMD) was taken on 26 September 2012 containing all initial assessments undertaken between 1 April 2010 and 31 March 2012 along with all follow-up records relating to these initial assessments as entered on the SDMD by 26<sup>th</sup> September 2012.

The dataset was then split into two cohorts:

- initial assessments conducted between 1 April 2010 and 31 March 2011 (referred to as “2010/11 cohort”) and;
- initial assessments conducted between 1 April 2011 and 31 March 2012 (referred to as “2011/12 cohort”).

The SDMD requires services to follow up all individuals at three months and twelve months after initial assessment if their course of treatment is still open at these time points. For this report, the three month assessment includes follow-ups undertaken between 47 to 119 days after initial assessment and the twelve month assessment includes follow-ups undertaken between 298 and 432 days after initial assessment.

Three sets of analyses are presented throughout the report: three month follow-up for the 2011/12 cohort, three month follow-up for the 2010/11 cohort, and twelve month follow-up for the 2010/11 cohort (note: 12 month follow-up is not yet available for the 2011/12 cohort). Including two sets of follow-up at three months allows us to look at changes in outcomes and data quality and completeness over the two cohorts. More detail on setting up the file is available in [Appendix A2 – Methodology](#).

The completeness and representativeness of the Scottish Drug Misuse Database (SDMD) has been investigated in two stages for this publication.

Firstly, the level of completeness of initial assessments during 2011/12 was assessed by comparing the age, sex and ADP composition of initial assessments on the SDMD with the age, sex and ADP composition of waiting times records generated on the national Drug and Alcohol Treatment Waiting Times Database (DATWTD). This showed that the SDMD was around 70-74% complete when compared to the national Drug and Alcohol Treatment Waiting Times Database (DATWTD); there did not appear to be an age or sex bias in completeness but there were wide geographic variations (see [Appendix A3 – Completeness and Representativeness](#) for more details).

Secondly, as we would expect everyone for whom the intention at initial assessment was “active treatment” to have at least one follow-up, we looked at completeness of follow-up reporting. Overall, 58% of those individuals had any follow-up data recorded in 2011/12 and 59% in 2010/11. Focussing on the three and 12 month follow-up periods, in 2011/12, 25% of individuals with an SDMD initial assessment had a three month follow-up record, a slight increase on the 20% in 2010/11. In 2010/11, 14% of individuals with an SDMD initial assessment had a 12 month follow-up record and 5% had both a three and 12 month follow-up record. Again, there did not appear to be an age or sex bias in completeness of follow-up records but there were wide geographic variations (see [Appendix A3 –](#)

[Completeness and Representativeness](#) for the detailed findings on the QA exercise and [Appendix A1 – Background Information](#) for details of known issues with SMR25 submissions).

When interpreting the figures presented in this report it is important to bear in mind that this is the first year of presenting these national treatment outcomes data and that with the low levels of data completeness detailed above the results presented may not be representative of drug users in Scotland as a whole. These results give a useful first picture of outcomes for those individuals for whom we have follow-up information, and show the potential in the data. It is hoped that in publishing this first report on the SDMD treatment follow-up monitoring, this will lead to enhanced data completeness in future.

## Chapter 2. Follow-up Analyses

This chapter presents information on treatment exits, and information on initial assessment and follow-up data by ‘topic’ (changes in drugs used – illicit and prescribed, changes in injecting behaviour, sharing of needles/syringes and wider paraphernalia, changes in housing, employment and education and whether the individual is living with dependent children).

Within each topic area (Section 2.2 - 2.8), data are presented firstly on the initial assessment to three month follow-up outcomes, using the 2011/12 cohort (and the 2010/11 cohort for comparison), followed by data on the initial assessment to 12 month follow-up outcomes using the 2010/11 cohort only (12 month follow-up data for the 2011/12 cohort not yet being available). Additionally, presentation of each topic is started by comparing the topic profile for the whole 2010/11 or 2011/12 cohort to the topic profile for the sub-set of records for which follow-up data were available. All the follow-up analyses presented below are at Scotland level only and do not include any ADP level findings. This is due to the low levels of data completeness.

Please refer to [Appendix A2- Methodology](#) and [Appendix A3 - Data Completeness and Representativeness](#) and when interpreting the results in this chapter.

### 2.1 Treatment exits and numbers in treatment

[Flowchart 2.1](#) and [Flowchart 2.2](#) (external links to pdf documents – if you cannot access these please contact [nss.isdsubstancemisuse@nhs.net](mailto:nss.isdsubstancemisuse@nhs.net)) show the numbers of individuals in our two cohorts (2010/11 and 2011/12) leaving treatment at any time up to 26<sup>th</sup> September 2012, and the reasons for exiting treatment. Note: individuals whose course of treatment remained open after initial assessment and who have no follow-up records on SDMD are not included in the figures in this section as we do not have any information on whether their record is now closed (and why) or if they still remain under active treatment.

For those individuals with an initial assessment in 2011/12 whose record was reported as subsequently closed (4 549 individuals; see the four “closed” boxes in Flowchart 2.1) , 1 437 (32%) were discharged as having received required support, 1 789 (39%) had an unplanned discharge, 66 (1%) had a disciplinary discharge, 264 (6%) went to prison, 22 (0.4%) died, 251 (6%) were on a service waiting list, and 720 (16%) were discharged for other reasons.

For those individuals with an initial assessment in 2010/11 whose record was subsequently closed (5 533 individuals; see the four “closed” boxes in Figure 2.2), 1 847 (33%) were discharged as having received required support, 2 283 (41%) had an unplanned discharge, 96 (2%) had a disciplinary discharge, 357 (6%) went to prison, 44 (1%) died, 222 (4%) were on a service waiting list, and 684 (12%) were discharged for other reasons.

Overall, 1 513 (15%) individuals with an initial assessment in 2011/12 were not actively treated, and 1 806 (17%) of those with an initial assessment in 2010/11. For the individuals in the 2011/12 cohort, 8 399 were actively treated (and 3 111 have been subsequently recorded as closed). For individuals in 2010/11, 8 780 were actively treated (and 3 893 have been subsequently recoded as closed).

It was our intention to produce an estimate of the number of individuals who were in active drug treatment in Scotland on 31<sup>st</sup> March 2012. However, we have decided that this number would be too uncertain because (1) the figure would be based on the SDMD which we believe is around 70-74% complete, (2) we do not know the number of individuals in long-term treatment, and (3) we would have had to assume that individuals who had no follow-up records, but were being actively treated at initial assessment, were still under active treatment.

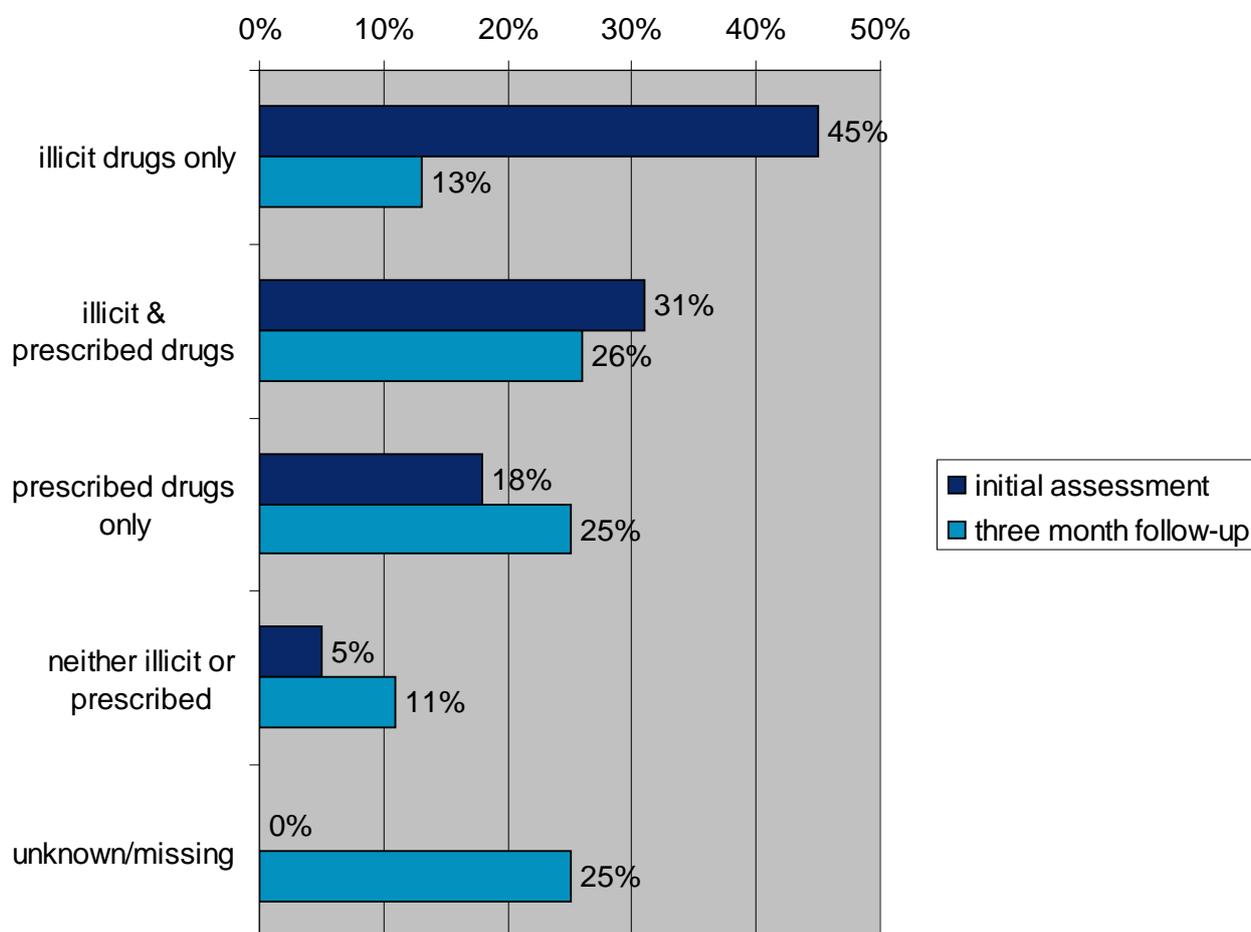
## 2.2 Drugs used

Presented below are data on both illicit and prescribed drug use of individuals in the two cohorts. We begin by looking at a broad categorisation of individuals' drug use 'in the past month' (viz: illicit drug use only, both illicit and prescribed drugs, prescribed drugs only, or neither illicit or prescribed drugs). We then go on to examine use of specific 'named' drugs.

Based on the 2011/12 cohort, there were a total of 2 431 individuals who had both an initial assessment and a three month follow-up record and therefore for whom change over time could be examined. These 2 431 records represent 25% of the whole 2011/12 cohort. The drug use profile at initial assessment for this sub-set of individuals was similar to that of the whole 2011/12 cohort, with, for example, 74% reporting having used illicit drugs 'in the past month' (either illicit drugs only or in combination with prescribed drug use) based on all initial assessments (n=9 912) compared with 76% for those individuals with both an initial assessment and a three month follow-up record. This suggests that the sub-set of cases are representative of the total cohort (see [Table 2.1.1](#)).

Focussing on those individuals with a three month follow-up record (25% of the 2011/12 cohort): at initial assessment, 45% of these individuals self-reported using illicit drugs only 'in the past month', 31% both illicit and prescribed drugs, 18% prescribed drugs only, 5% neither illicit or prescribed drugs used 'in the past month', whilst for 0% of individuals details of their illicit and/or prescribed drug use 'in the past month' were unknown/missing. At three month follow-up the percentage of individuals reporting that they had used illicit drugs only 'in the past month' had fallen to 13%, the percentage using both illicit and prescribed drugs had reduced to 26%, the percentage using prescribed drugs only had increased to 25%, the percentage using neither illicit or prescribed drugs 'in the past month' had also increased, to 11%, however, there were 25% of cases where illicit/prescribed drug use 'in the past month' was unknown/missing (see Figure 2.1; data not shown in tables).

**Figure 2.1: Drugs used 'in the past month' at initial assessment and at three month follow-up (2011/12 initial assessment cohort; n=2431)**



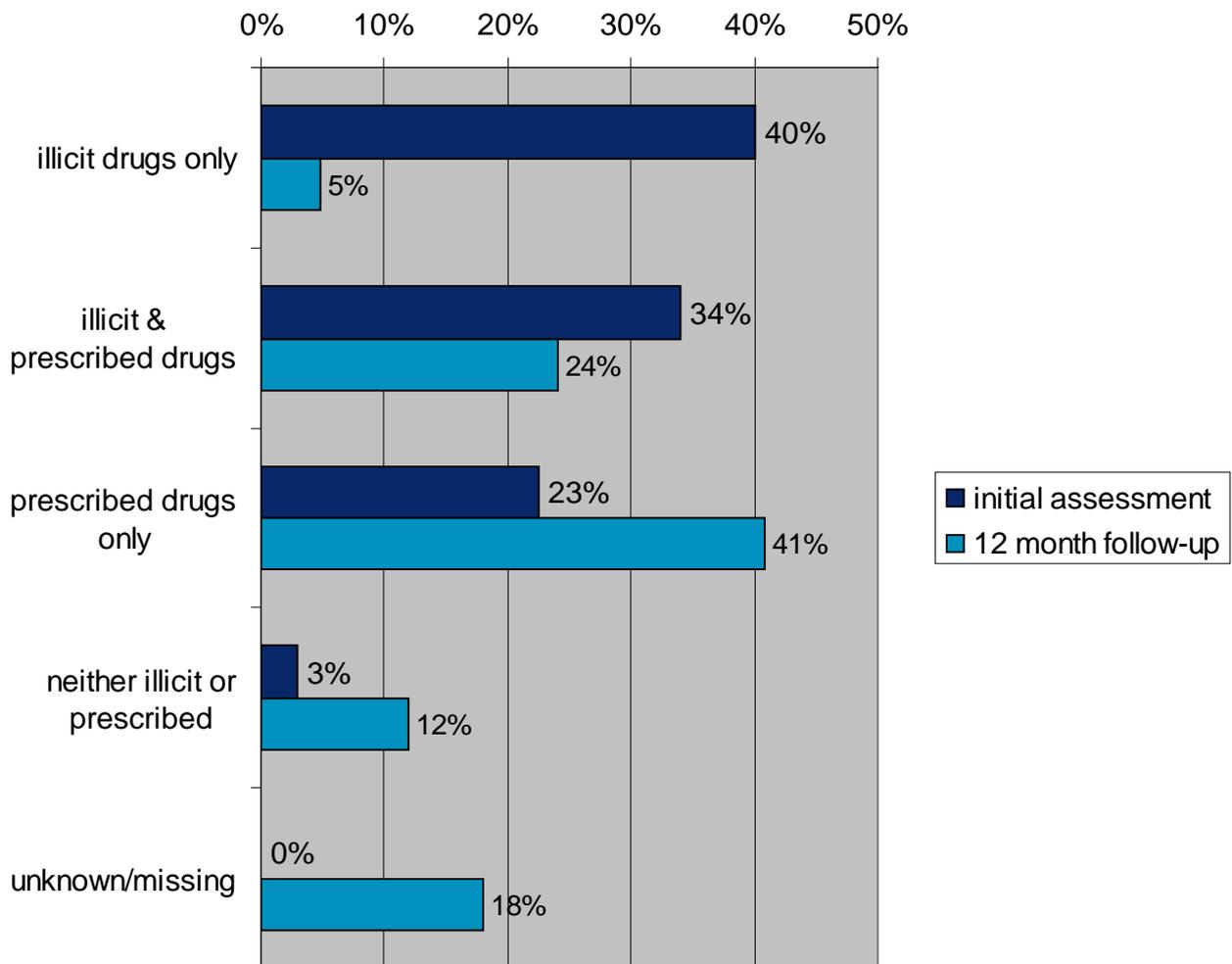
These data are difficult to interpret because of the large increase in unknown/missing data at three month follow-up. However, if we focus on those individuals who reported illicit drug use at initial assessment, we do know that at three month follow-up 46% still reported illicit drug use, but 32% now reported no illicit drug use (with 21% unknown/missing illicit drug use). It is unlikely that all of the individuals with unknown/missing data were in fact still using illicit drugs, so the 32% decrease in illicit drug use in this group is our most conservative estimate (see [Table 2.1.2](#)).

For those individuals in 2010/11 with a three month follow-up record (20% of the whole 2010/11 cohort): their drug use profile at initial assessment was also similar to that of the whole 2010/11 cohort (see [Table 2.1.1](#)). If we look at the most conservative estimate of change in drug use between initial assessment and three month follow-up for the 2010/11 cohort, we see that 31% of individuals who reported illicit drug use at initial assessment reported no illicit drug use at three month follow-up (with 25% unknown/missing illicit drug use (see [Table 2.1.3](#)).

For those individuals in 2010/11 with a 12 month follow-up record (14% of the whole 2010/11 cohort): their drug use profile at initial assessment was again similar to that seen for the whole cohort (see [Table 2.1.1](#)). The percentage of individuals reporting use of illicit drugs only 'in the past month' fell from 40% at initial assessment to 5% at 12 month follow-

up, the percentage using both illicit and prescribed drugs also fell, from 34% to 24%, the percentage using prescribed drugs only 'in the past month' increased from 23% to 41%, the percentage using neither illicit or prescribed drugs 'in the past month' increased from 3% to 12% and the percentage 'unknown/missing' rose from 0% to 18% (see Figure 2.2).

**Figure 2.2: Drugs used 'in the past month' at initial assessment and at 12 month follow-up (2010/11 initial assessment cohort; n=1474)**



If we focus on the individuals who reported illicit drug use at initial assessment, and if we look at the most conservative estimate of change in drug use between initial assessment and 12 month follow-up for the 2010/11 cohort, we see that 46% of individuals who reported illicit drug use at initial assessment reported no illicit drug use at 12 month follow-up (with 20% unknown/missing illicit drug use). It is unlikely that all of the unknown/missings were in fact still using illicit drugs, so the 46% decrease in illicit drug use in this group is our most conservative estimate (see [Table 2.1.4](#)).

**Types of illicit drugs used:**

For the individuals in the 2011/12 cohort with a three month follow-up and who reported using illicit drugs at initial assessment, the types of illicit drugs reported included: 56%

using heroin, 31% using diazepam, 33% using cannabis and 11% using illicit methadone (note: individuals may report using more than one illicit drug and, if so, will be counted multiple times; [Table 2.2.1](#)). At three month follow-up these figures had reduced to 26%, 12%, 13% and 2%, respectively (with 21% unknown/missing drug use details at three month follow-up; see [Table 2.2.2](#)).

Of those individuals who reported heroin use at initial assessment, 42% still reported heroin use at the three month follow-up (30% had no illicit drug use in the past month, 20% unknown/missing drug use details and the remainder had used other illicit drugs).

The corresponding figures for those reporting illicit diazepam use at initial assessment were 27% still reporting use at the three month follow-up (27% now no illicit drug use 'in the past month' and 23% unknown/missing drug use details), for individuals who reported cannabis use at initial assessment, 32% still reported cannabis use at three month follow-up (30% had no illicit drug use 'in the past month' and 24% unknown/missing drug use) and the figures for illicit methadone were 10% still reporting use (29% with no illicit drug use 'in the past month' and 19% unknown/missing drug use details) (see [Table 2.2.2](#)). The corresponding figures for the individuals in the 2010/11 cohort with a three month follow-up are shown in [Table 2.2.3](#).

For the individuals in the 2010/11 cohort with a 12 month follow-up: reported heroin use reduced from 72% at initial assessment to 18% at 12 month follow-up, illicit diazepam use reduced from 30% to 10%, cannabis use reduced from 23% to 9%, and illicit methadone use reduced from 10% at initial assessment to 0% at 12 month follow-up (20% had unknown/missing drug use details at 12 month follow-up; individuals may report using more than one illicit drug and, if so, will be counted multiple times; [Tables 2.2.1 and 2.2.4](#)).

Of those individuals who reported heroin use at initial assessment, 23% still reported heroin use at the 12 month follow-up. Of those individuals who reported illicit diazepam use at initial assessment, 18% still reported illicit diazepam use at 12 month follow-up. The corresponding figure at 12 months for cannabis was 27% and for illicit methadone 0% (see [Table 2.2.4](#)). It should be noted that the cohort of individuals with a 12 month follow-up have a different illicit drug profile to the whole 2010/11 cohort (see [Table 2.2.1](#)) so these results may not be representative of the whole cohort.

### ***Types of prescribed drugs used:***

For the individuals in the 2011/12 cohort with a three month follow-up (25% of the whole 2011/12 cohort): at initial assessment, 49% self-reported using one or more prescribed drugs 'in the past month' (6% unknown/missing drug details) ([Table 2.3.1](#)). At three month follow-up, 55% self-reported using one or more prescribed drugs 'in the past month' (20% unknown/missing drug details) ([Table 2.3.2](#)). Of those reporting the use of one or more prescribed drugs at initial assessment, 68% reported using prescribed methadone and 19% reported using prescribed diazepam (note: individuals may report using more than one prescribed drug and, if so, will be counted multiple times; [Table 2.3.1](#)). At three month follow-up, 38% of individuals who did not report using prescribed drugs at initial assessment now reported that they had used prescribed drugs 'in the past month' (42% still not using prescribed drugs and 20% unknown drug use at three month follow-up). Of those who did report the use of prescribed drugs at initial assessment, 74% still reported use of prescribed drugs at three month follow-up, 8% no longer reported the use of prescribed drugs and 18% were unknown prescribed drug use at three month follow-up) (see [Table](#)

[2.3.2](#)). Similar figures for the 2010/11 cohort with a three month follow-up are shown in [Table 2.3.3](#).

For the individuals in the 2010/11 cohort with a 12 month follow-up (14% of the 2010/11 cohort): at initial assessment, 57% self-reported the use of one or more prescribed drugs (5% unknown/missing drug use details at initial assessment) and 68% reported using a prescribed drug at 12 month follow-up (17% unknown/missing drug use details at 12 month follow-up). Of those self-reporting prescribed drug use at initial assessment, 75% reported using prescribed methadone and 18% reported using prescribed diazepam (note: individuals may report using more than one prescribed drug and, if so, will be counted multiple times; [Table 2.3.1](#)). At 12 month follow-up, 59% of individuals who did not previously report using prescribed drugs now reported the use of one or more prescribed drugs 'in the past month' (22% reported still not using any prescribed drugs and 19% were unknown prescribed drug use at 12 month follow-up). Of those who did report the use of prescribed drugs at initial assessment, 75% still reported use of prescribed drugs at 12 month follow-up, 10% no longer reported the use of prescribed drugs and 16% had unknown drug use at 12 month follow-up) (see [Table 2.3.4](#))

### ***Types of illicit and prescribed drug combinations used:***

Information on the most common illicit drug combinations used by individuals is shown in [Tables 2.4.1 – 2.4.4](#). For the individuals in the 2011/12 cohort with a three month follow-up, the most common combination at initial assessment was heroin and illicit diazepam (19% of individuals who used illicit drugs at initial assessment in 2011/12), with other common combinations being heroin and cannabis (9%), illicit diazepam and cannabis (9%) and heroin and illicit methadone (7%). At three month follow-up, combination drug use had declined by around 25%<sup>1</sup> for each of these combinations (with around 25% unknown/missing drug details). By 12 month follow-up (based on the 2010/11 cohort), combination drug use had declined by around 40%<sup>2</sup> for each of these combinations (with around 23% unknown/missing drug details).

Information on the most common illicit and prescribed drug combinations used by individuals is shown in [Tables 2.5.1 – 2.5.4](#). For the individuals in the 2011/12 cohort with a three month follow-up, the most common combination was prescribed methadone and heroin (15% of individuals who used illicit drugs at initial assessment in 2011/12), with other common combinations being prescribed methadone and illicit diazepam (10%) and prescribed methadone and cannabis (8%). At three month follow-up, reported use of each of these combinations of drugs had declined by around one third<sup>3</sup> (with around 21% unknown/missing drug use details at three months). By 12 month follow-up (based on the 2010/11 cohort), reported use of each of these combinations of drugs had declined by around 44%<sup>4</sup> (with around 17% unknown/missing drug use details at 12 months).

<sup>1</sup> Ranging from 22% for illicit diazepam and cannabis to 26% for heroin and cannabis (Table 2.4.2)

<sup>2</sup> Ranging from 38% for heroin and illicit methadone to 42% for heroin and cannabis (Table 2.4.4)

<sup>3</sup> 30% for prescribed methadone and heroin, 29% for prescribed methadone and illicit diazepam, and 32% for prescribed methadone and cannabis (Table 2.5.2)

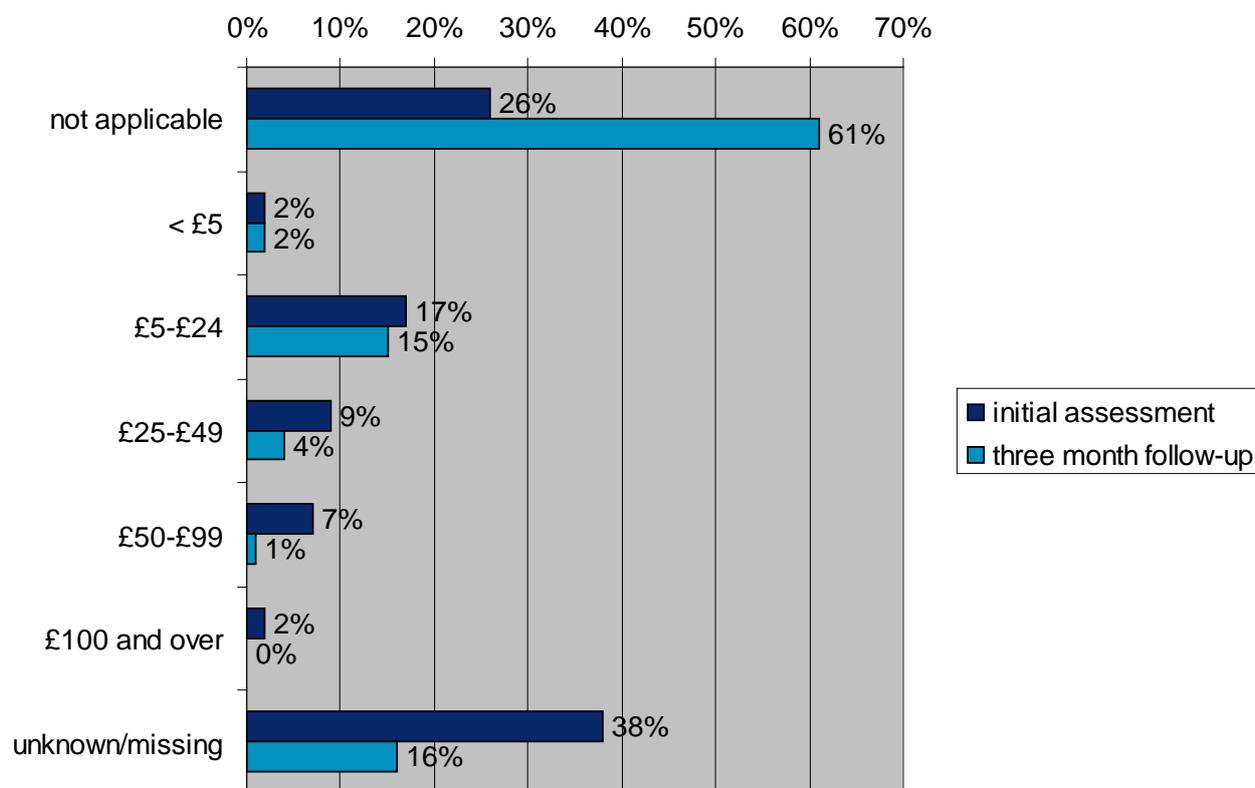
<sup>4</sup> 42% for prescribed methadone and heroin, 44% for prescribed methadone and illicit diazepam, and 47% for prescribed methadone and cannabis (Table 2.5.4)

### 2.3 Daily spend on illicit drugs

For the 2011/12 cohort with three month follow-up (25% of the 2011/12 cohort): just over one quarter (26%) of these individuals did not report any specific illicit drugs used ‘in the past month’ at initial assessment (and therefore ‘money spent on drugs’ has been recorded as ‘not applicable’)<sup>5</sup>, for a further 36% of cases ‘drugs spend’ data were available and for 38% of individuals the information was missing/unknown. The 36% of cases where ‘drugs spend’ data were available comprised: 2% ‘under £5’ spent on drugs in a typical drug using day, 17% ‘between £5-£24’ spent, 9% ‘between £25-£49’ spent, 7% ‘between £50-£99’ spent and 2% ‘£100 and over’ spent on drugs in a typical drug using day (see [Table 2.6.1](#)).

At three month follow-up, 61% of individuals reported no illicit drug use (and therefore ‘money spent on drugs’ has been recorded as ‘not applicable’). (Note: this comprises individuals who said they hadn’t used in the past month, those who said they had used in the past month, but didn’t provide details of the drugs used, and those for whom this information was unknown/missing). For a further 16% of individuals where illicit drugs were listed, the spend data was unknown/missing. The remaining 23% comprised: 2% ‘under £5’ spent on drugs in a typical drug using day, 15% ‘between £5-£24’ spent, 4% ‘between £25-£49’ spent, 1% ‘between £50-£99’ spent and < 1% ‘£100 and over’ spent on drugs in a typical drug using day (see [Table 2.6.2](#) and Figure 2.3).

**Figure 2.3: Money spent on illicit drugs in a ‘typical drug using day’ at initial assessment and three month follow-up (2011/12 initial assessment cohort; n=2431)**

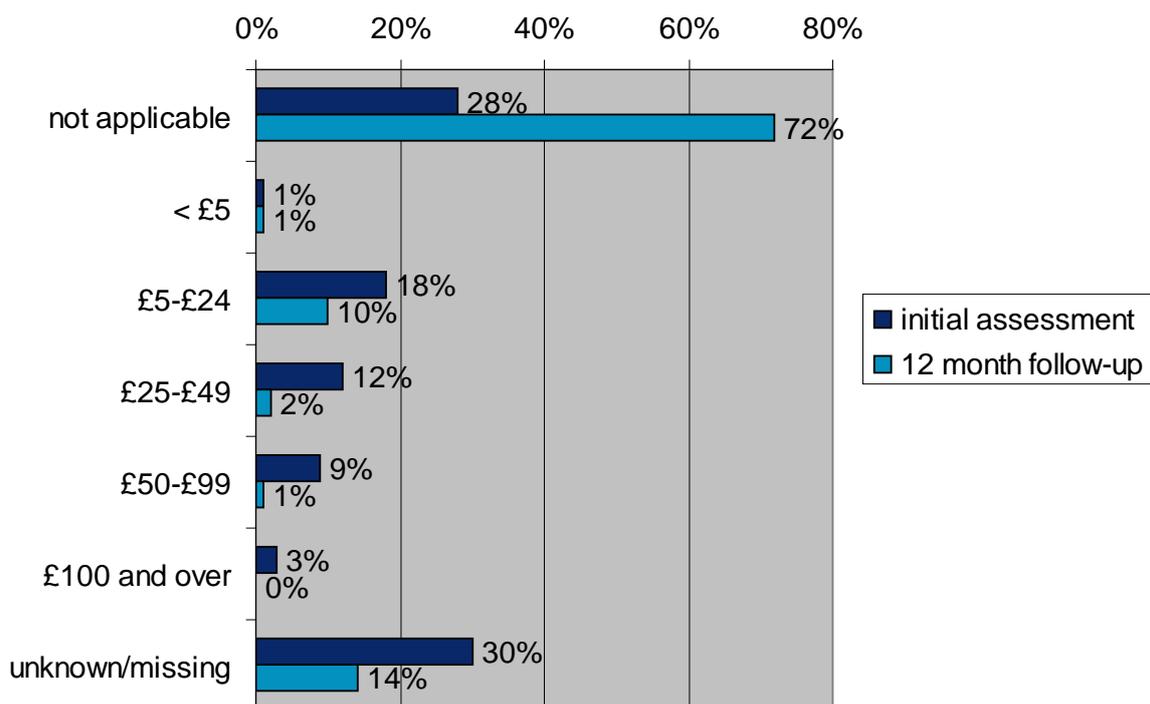


<sup>5</sup> Some individuals said they had used illicit drugs in the past month, but did not specify the drugs – these individuals are included here in the “not applicable” group. Others said they hadn’t used illicit drugs in the past month, but then listed specific drugs - these are included here as illicit drug users. These figures are not directly comparable to Table 2.1.1 where we only considered the question “Used in the past month?”, but are included here to maximise the data available for analysis.

For the 2010/11 cohort with three month follow-up (20% of the 2010/11 cohort): at initial assessment, 24% of these individuals did not report any specific illicit drugs used 'in the past month' (and therefore 'money spent on drugs' has been recorded as 'not applicable'), for 42% of cases 'drugs spend' data were available and for 34% of cases data were missing/unknown. The 42% of cases where 'drugs spend' data were available comprised: 2% 'under £5' spent on drugs in a typical drug using day, 19% 'between £5-£24' spent, 11% 'between £25-£49' spent, 8% 'between £50-£99' spent and 3% '£100 and over' spent on drugs in a typical drug using day. At three month follow-up, 65% of cases did not report any specific illicit drugs used 'in the past month' (and therefore 'money spent on drugs' has been recorded as 'not applicable'). For a further 15% of individuals where illicit drugs were listed, the spend data was unknown/missing at three month follow-up. The remaining 20% comprised: 1% 'under £5' spent on drugs in a typical drug using day, 15% 'between £5-£24' spent, 3% 'between £25-£49' spent, 1% 'between £50-£99' spent and <1% '£100 and over' spent on drugs in a typical drug using day (see [Table 2.6.3](#)).

For the 2010/11 cohort with 12 month follow-up (14% of the whole 2010/11 cohort): at initial assessment, over one quarter (28%) of these individuals did not report any illicit drug use 'in the past month' at the time of initial assessment (and therefore 'money spent on drugs' would be 'not applicable'), for 42% of individuals 'drugs spend' data were available and for 30% the data were unknown/missing. The 42% of cases where 'drugs spend' data were available comprised: 1% 'under £5' spent on drugs in a typical drug using day, 18% 'between £5-£24', 12% 'between £25-£49', 9% 'between £50-£99' and 3% '£100 and over' spent on drugs in a typical drug using day. At 12 month follow-up, there were now 72% of cases where individuals reported no illicit drug use 'in the past month' (and therefore 'money spent on drugs' would be 'not applicable') and 14% where data were unknown/missing. The remaining 14% comprised: 1% 'under £5' spent on drugs in a typical drug using day, 10% 'between £5-£24', 2% 'between £25-£49', 1% 'between £50-£99' and <1% '£100 and over' spent on drugs in a typical drug using day (see [Table 2.6.4](#) and [Figure 2.4](#)).

**Figure 2.4: Money spent on illicit drugs in a 'typical drug using day' at initial assessment and at 12 month follow-up (2010/11 initial assessments cohort; n=1474)**

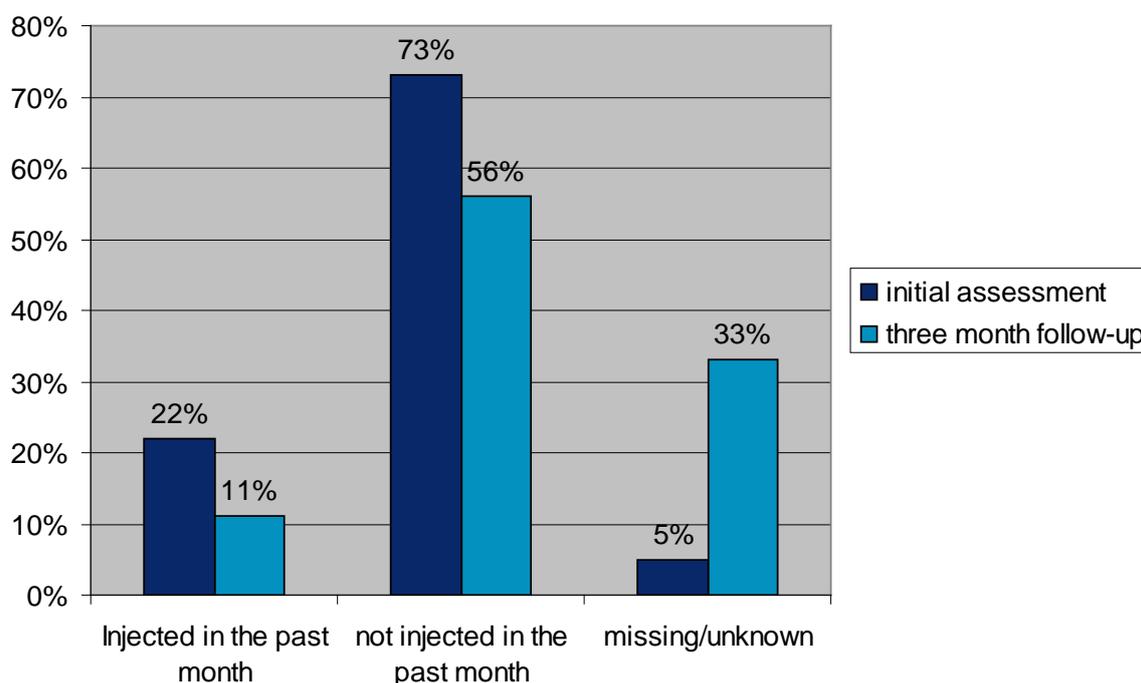


## 2.4 Injecting behaviour

For the 2011/12 cohort with three month follow-up (25% of the 2011/12 cohort): the injecting profile for this sub-set of individuals was similar to that of the total initial assessments in the 2011/12 cohort, with, for example, 21% reporting having 'injected in the past month' based on all initial assessments (n=9,912) compared with 22% for those individuals that had both an initial assessment and a three month follow-up record. This suggests that the sub-set of cases are representative of the total cohort (see [Table 2.7.1](#)). Overall, 22% of this sub-set of individuals 'self-reported' as having 'injected in the past month' at initial assessment, 73% had 'not injected in the past month' and for 5% of cases injecting status was 'unknown/missing'. At three month follow-up, the percentage of individuals reporting that they had 'injected in the past month' had fallen to 11%, whilst 56% reported that they had 'not injected in the past month' (note: at follow-up there is no distinction between 'never injected' and 'injected in the past, but not in the past month') and for 33% injecting status was unknown/missing (see [Table 2.7.2](#) and Figure 2.5).

These data are difficult to interpret due to the large increase in unknown/missing data at three month follow-up. However, we do know that just over one third (36%) of all individuals who self-reported as having 'injected in the past month' at the time of initial assessment reported having ceased injecting by three month follow-up (based on individual self-report), with 35% continuing to inject. Of the remaining 29% of individuals whose injecting status at three month follow-up was 'unknown/missing', some of these are likely to have in fact ceased injecting, so the 36% improvement is our most conservative estimate. It is important also to be aware that there will be individuals who self-report as 'never having injected/having injected in the past but not in the past month', at the time of initial assessment, but at three month follow-up are recorded as having 'injected in the past month', although the numbers involved are relatively small (see [Table 2.7.2](#)). The latter may be as a result of new or renewed injecting behaviour, or more honest individual reporting of their injecting behaviour over time.

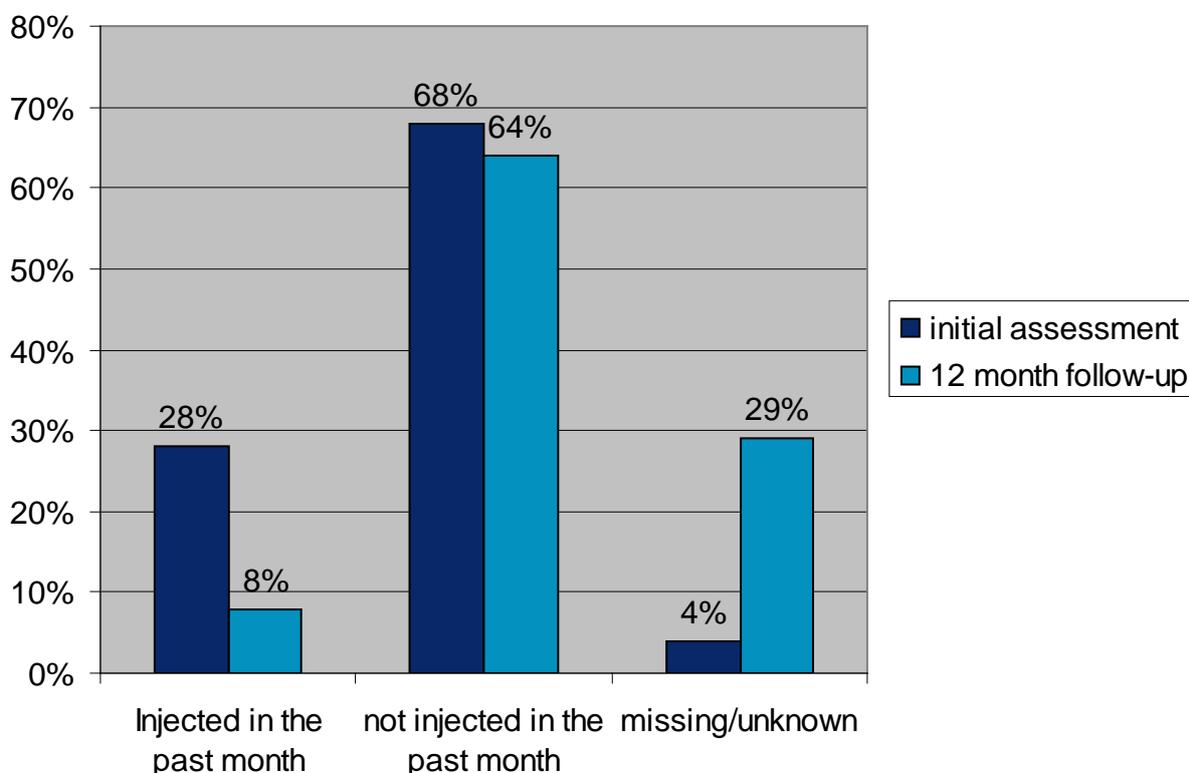
**Figure 2.5: Injecting behaviour at initial assessment and at three month follow-up (2011/12 initial assessments cohort; n=2431)**



For the 2010/11 cohort with three month follow-up (20% of the 2010/11 cohort): as with the 2011/12 cohort, the injecting profile of the sub-set of records for which both initial assessment and three month follow-up data were available was similar to that of the total initial assessments in the 2010/11 cohort (see [Table 2.7.1](#)). The percentage of cases reporting having 'injected in the past month' fell from 23% to 10%, but for 37% of cases injecting status was unknown/missing at three month follow-up. If we focus on those individuals who self-reported as having 'injected in the past month' at the time of initial assessment, one third (33%) had ceased injecting by three month follow-up (based on individual self-report), with 32% continuing to inject and 35% 'unknown/missing' (see [Table 2.7.3](#)).

For the 2010/11 cohort with 12 month follow-up (14% of the 2010/11 cohort): this sub-set of records has a slightly different injecting profile to the whole 2010/11 cohort so may not be representative of the cohort as a whole. The percentage of individuals reporting having 'injected in the past month' fell from 28% to 8%, but for 29% of cases injecting status was unknown/missing at 12 month follow-up (see Figure 2.6). If we focus on those individuals who self-reported as having 'injected in the past month' at the time of initial assessment, over half (55%) had ceased injecting by 12 month follow-up (based on individual self-report), with 16% continuing to inject and 29% 'unknown/missing' (see [Table 2.7.4](#)).

**Figure 2.6: Injecting behaviour at initial assessment and at 12 month follow-up (2010/11 initial assessments cohort; n=1474)**

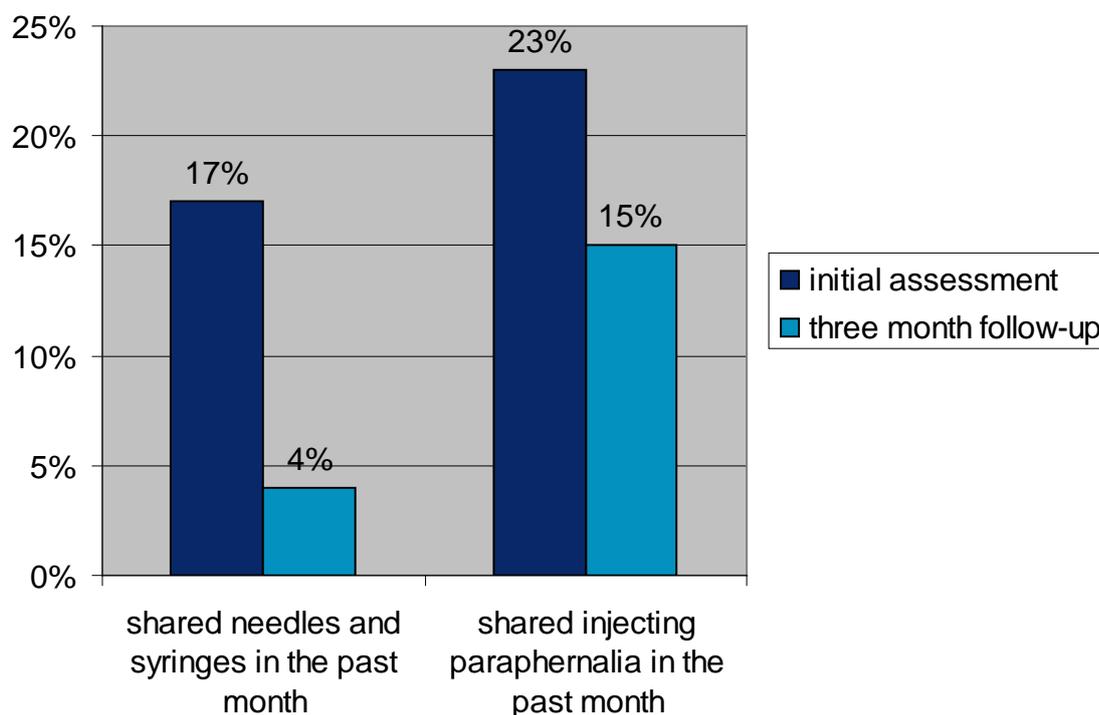


## 2.5 Sharing of needles and syringes and wider paraphernalia

As described in the section above 'Injecting behaviour', based on the 2 431 initial assessment records in 2011/12 for which both initial and three month follow-up data were available, 22% of these individuals self-reported as having injected in the past month at the time of initial assessment. At three month follow-up, the percentage of individuals reporting that they had 'injected in the past month' had fallen to 11%.

For the 11% of individuals who, at three month follow-up, still reported as having 'injected in the past month', we examine below whether there has been any positive change in their 'sharing behaviour' from initial assessment to three month follow-up. At initial assessment 17% of these individuals reported having shared needles/syringes in the past month and 23% reported having shared wider injecting paraphernalia (such as spoons, filters and water) in the past month. At three month follow-up the percentage reporting having shared needles and syringes in the past month had fallen to 4% and the percentage reporting having shared wider injecting paraphernalia in the past month had reduced to 15%, (see Figure 2.7; data not shown in tables).

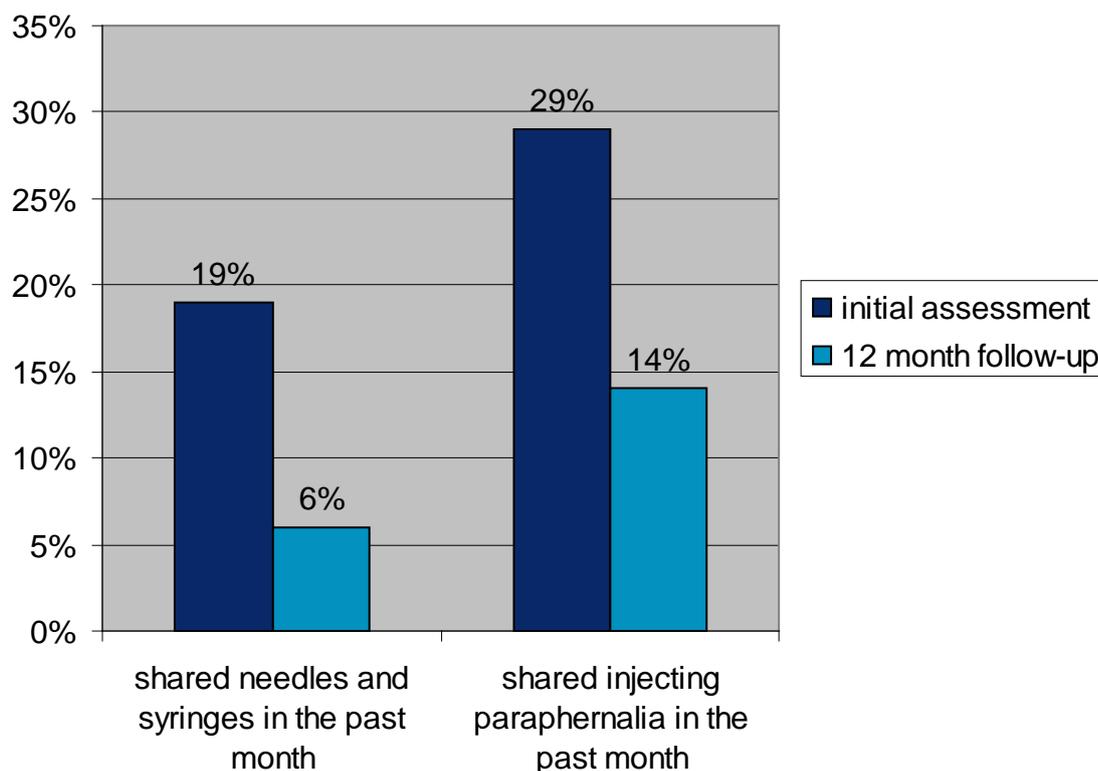
**Figure 2.7: Sharing behaviour (of current injectors) at initial assessment and at three month follow-up (2011/12 initial assessments cohort; n=2431)**



Comparable figures for the 2010/11 cohort were 19% and 24% at initial assessment (of individuals who at three month follow-up still reported as having 'injected in the past month') reporting sharing needles/syringes and wider paraphernalia respectively and at three month follow-up 5% reporting having shared needles/syringes in the past month and 21% having shared wider injecting paraphernalia in the past month (data not shown).

Using data from the 2010/11 assessments cohort to look now at change from initial assessment to 12 month follow-up (for those individuals still reporting as having 'injected in the past month' at the 12 month follow-up), the sharing of needles/syringes reduced from 19% to 6% and sharing of wider paraphernalia fell from 29% to 14% (see Figure 2.8; data not shown in tables).

**Figure 2.8: Sharing behaviour (of current injectors) at initial assessment and at 12 month follow-up (2010/11 initial assessments cohort; n=1474)**



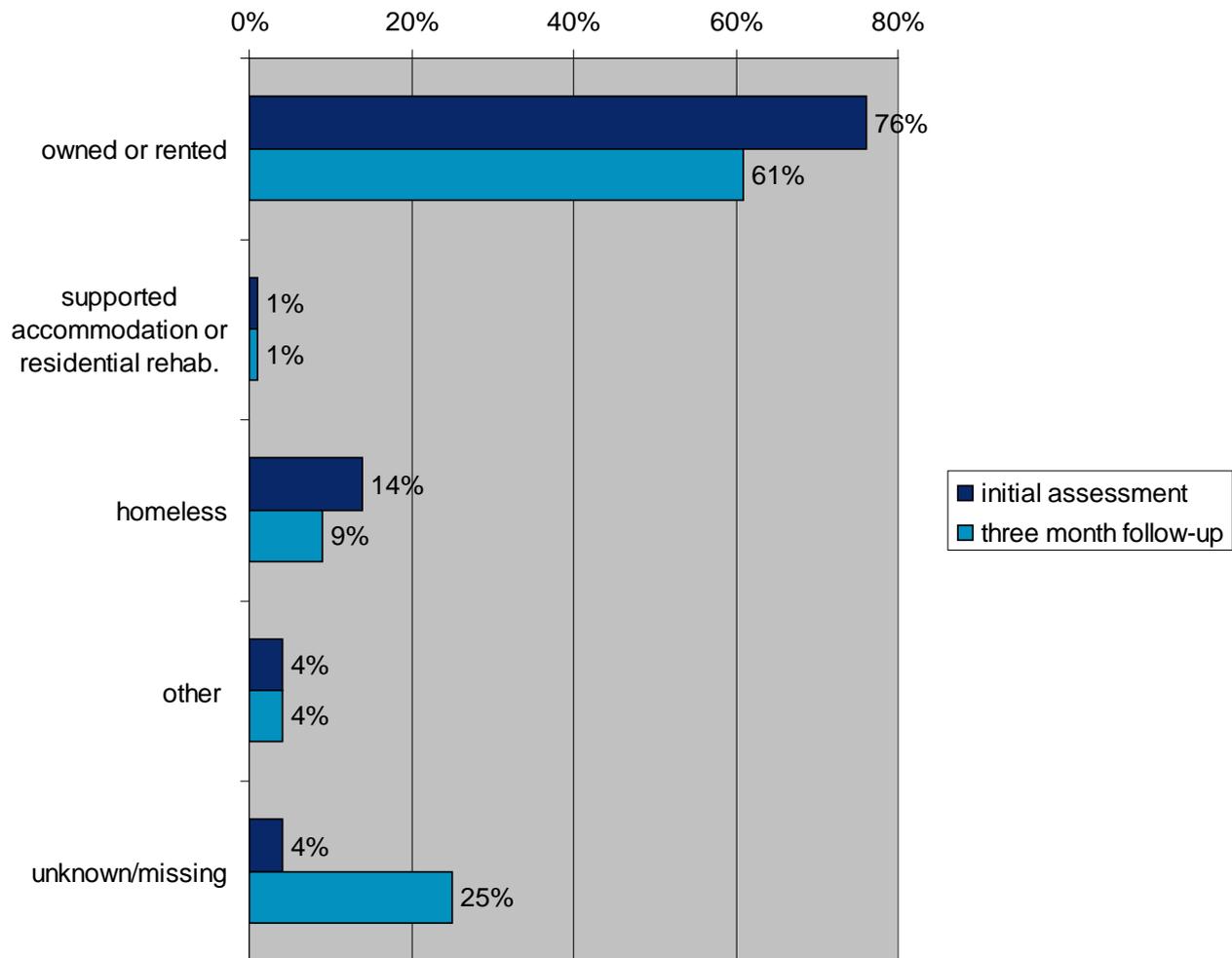
## 2.6 Housing

For the 2011/12 cohort with three month follow-up (25% of the 2011/12 cohort): the housing profile of this sub-set of individuals was similar to that of the total initial assessments in the 2011/12 cohort, which suggests that the sub-set are representative of the whole cohort (see [Table 2.8.1](#)). Overall, 76% of this sub-set of individuals self-reported as living in owned or rented accommodation at the time of initial assessment, 14% reported being homeless, 1% living in supported accommodation or residential rehab., 4% 'other' and 4% unknown/missing housing details. At three month follow-up, the percentage of individuals reporting that they lived in owned or rented accommodation was 61%, homeless 9%, supported accommodation/residential rehab. 1%, 'other' 4% and unknown/missing 25% (see [Tables 2.8.1](#) and [2.8.2](#), and [Figure 2.9](#)).

These data are difficult to interpret because of the large increase in unknown/missing data at three month follow-up. For example, if the unknown/missing records are excluded from both the initial assessment and three month follow-up results, the percentage of individuals living in owned or rented accommodation would be 80% at initial assessment and 81% at three months (data not shown). However, even with the large proportion of unknowns at follow-up, we do know that 28% of all individuals who reported they were homeless at initial assessment had moved into 'owned/rented accommodation', 'supported accommodation/

residential rehab’ or ‘other accommodation’ by three month follow-up, 46% were still homeless and 26% of homeless individuals had accommodation status ‘unknown/missing’ at three month follow-up. Some of this latter group, of individuals with unknown/missing data, are likely to no longer be homeless, so the 28% improvement in homelessness status is our most conservative estimate (see [Table 2.8.2](#)).

**Figure 2.9: Housing status at initial assessment and at three month follow-up (2011/12 initial assessments cohort; n=2431)**

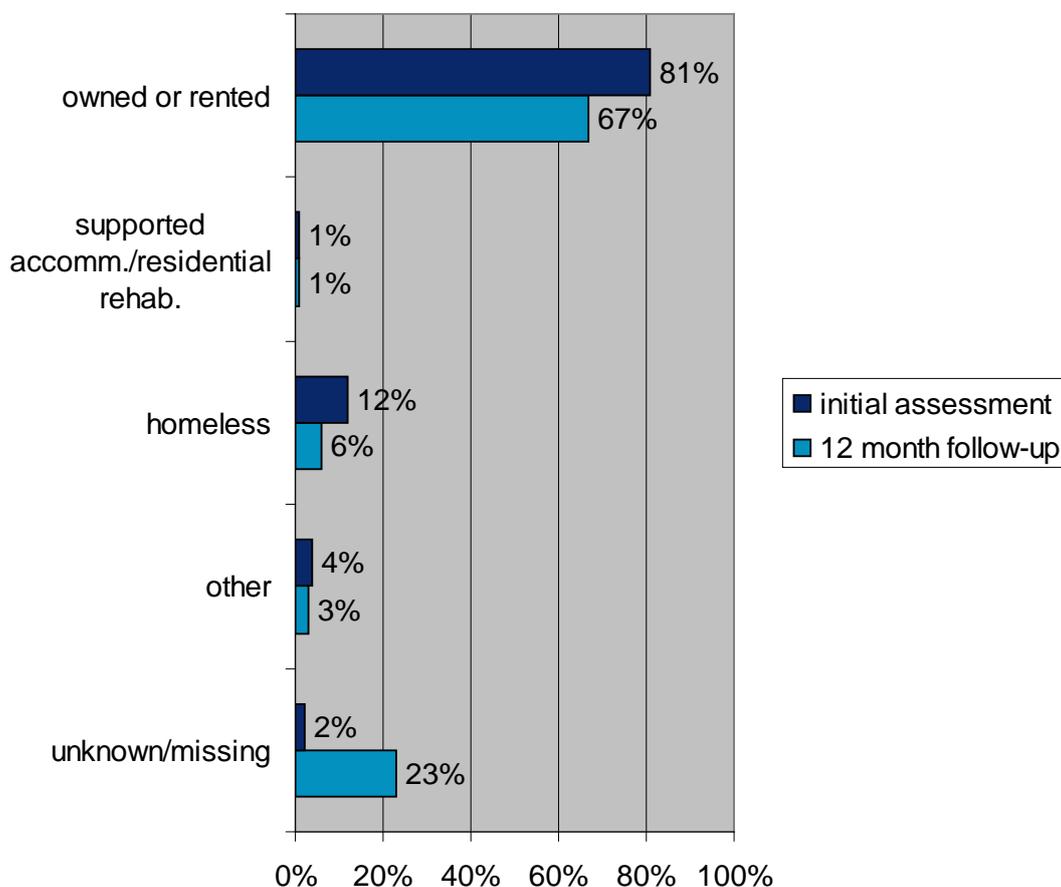


For the 2010/11 cohort with three month follow-up (20% of the cohort): the accommodation profile of the sub-set of records for which both initial assessment and three month follow-up data were available was slightly different to that of the total initial assessments in the 2010/11 cohort so may not be representative (see [Table 2.8.1](#)). For those individuals for whom both initial assessment and three month follow-up data were available, the percentage reporting living in owned or rented accommodation fell from 81% to 60% and the percentage reporting being homeless declined from 11% to 6%, but with accommodation status unknown/missing for 30% of cases at three month follow-up. If the unknowns/missings are excluded from the initial assessment and three month follow-up results, the percentage of individuals living in owned/rented accommodation increases from 83% at initial assessment to 86% at three month follow-up and the percentage reporting being homeless declines from 11% to 9% (data not shown). Overall, 31% of those

homeless at initial assessment moved into some sort of accommodation, 36% remained homeless and housing status was unknown for the remaining 32%. So, as our most conservative estimate, 31% of individuals had moved out of homelessness by three month follow-up (see [Table 2.8.3](#)).

For the 2010/11 cohort with 12 month follow-up (14% of the cohort): the housing profile of the sub-set of records for which both initial assessment and 12 month follow-up data were available was slightly different to that of the total initial assessments in the 2010/11 cohort so may not be representative (see [Table 2.8.1](#)). For these individuals, the percentage reporting living in owned or rented accommodation fell from 81% to 67%, and the percentage reporting being homeless declined from 12% to 6%, but accommodation status was unknown/missing for 23% of cases at 12 month follow-up (see Figure 2.10). If the unknowns/missings are excluded from the initial assessment and three month follow-up results, the percentage of individuals living in owned/rented accommodation increases from 83% at initial assessment to 87% at three month follow-up and the percentage reporting being homeless declines from 12% to 8% (data not shown). Overall, 45% of those homeless at initial assessment moved into some sort of accommodation, 21% remained homeless and housing status was unknown for the remaining 34%. So, as our most conservative estimate, 45% of individuals had moved out of homelessness by 12 month follow-up (see [Table 2.8.4](#)).

**Figure 2.10 Housing status at initial assessment and at 12 month follow-up (2010/11 initial assessments cohort; n=1474)**

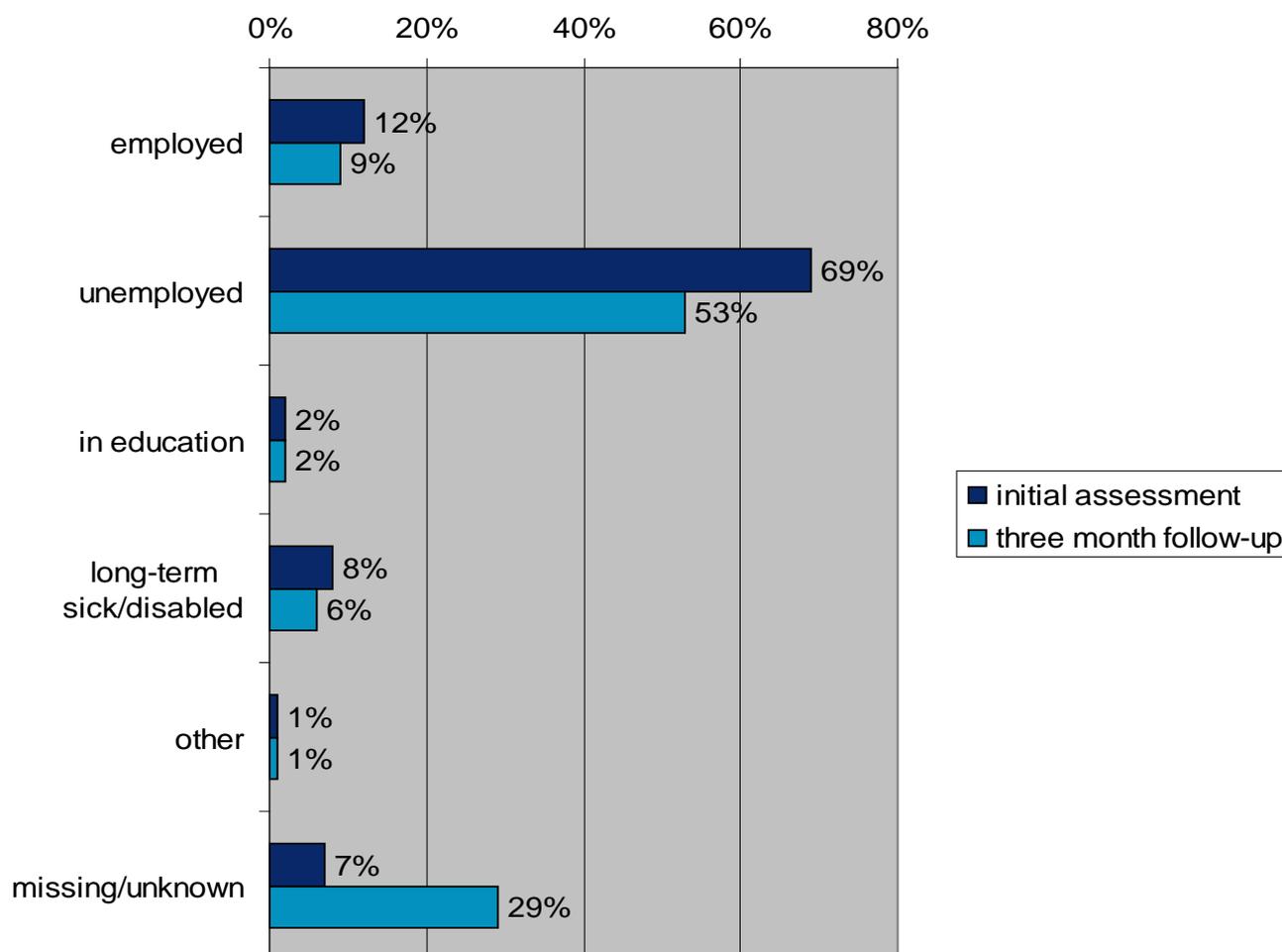


## 2.7 Education and employment

For the 2011/12 cohort with three month follow-up (25% of the 2011/12 cohort): the employment profile of this sub-set was similar to that of the total initial assessments in the 2011/12 cohort, with, for example, 10% employed based on total initial assessments (n=9,912) and 12% for those individuals who had both an initial assessment and a three month follow-up record. This suggests that the sub-set of cases are representative of the whole 2011/12 cohort (see [Table 2.9.1](#)). Overall, 12% of this sub-set of individuals 'self-reported' as being employed at the time of initial assessment, 69% unemployed, 2% in education, 8% long-term sick or disabled, 1% 'other' and 7% unknown/missing. At three month follow-up, 9% of individuals reported being employed, 53% unemployed, 2% in education, 6% long-term sick or disabled, 1% 'other' and 29% unknown/missing employment status (see [Tables 2.9.1 and 2.9.2](#), and Figure 2.11).

These data are difficult to interpret because of the large increase in unknown/missing data at three month follow-up. For example, if the unknown/missing records are excluded from both the initial assessment and three month follow-up results, the percentage who were employed would be 13% at initial assessment and 13% at three month follow-up and the percentage of individuals reporting that they were unemployed would be 75% and 73% respectively (data not shown). However, even with the large proportion of unknowns at follow-up, we do know that 66% of individuals who reported that they were unemployed at initial assessment were still unemployed at three month follow-up, 4% were now in employment, 3% long-term sick or disabled, 1% 'other' and 26% employment status 'unknown'/missing. This 4% improvement in employment status is our most conservative estimate (see [Table 2.9.2](#)). Conversely, we also know that 14% of individuals who reported that they were employed at initial assessment were unemployed at three month follow-up, whilst 55% remained employed and for 29% their employment status was 'unknown/missing'.

**Figure 2.11: Employment status at initial assessment and at three month follow-up (2011/12 initial assessments cohort; n=2431)**



For the 2010/11 cohort with three month follow-up (20% of the 2010/11 cohort): the employment profile of this sub-set of records was very similar to that of the total initial assessments in the 2010/11 cohort. This suggests that the sub-set of cases are representative of the whole 2010/11 cohort (see [Table 2.9.1](#)). Overall, the percentage of individuals self-reporting as being employed fell from 11% at initial assessment to 9% at three month follow-up, the percentage reporting being unemployed declined from 69% to 48%, and employment status was unknown/missing for 7% of individuals at initial assessment compared to 34% at three month follow-up. If the unknowns/missings are excluded from the initial assessment and three month follow-up results, the percentage of individuals in employment increases from 12% to 14%, the percentage reporting being unemployed declines from 74% to 72% and the percentage in education is 3% at both initial assessment and at three month follow-up (data not shown).

Overall, we know that 61% of individuals who reported that they were unemployed at initial assessment were still unemployed at three month follow-up, 3% were now in employment, 3% long-term sick or disabled, 1% 'other' and for 32% their employment status was 'unknown'/missing. This 3% improvement in employment status is our most conservative estimate (see [Table 2.9.3](#)). Conversely, we also know that 11% of individuals who reported

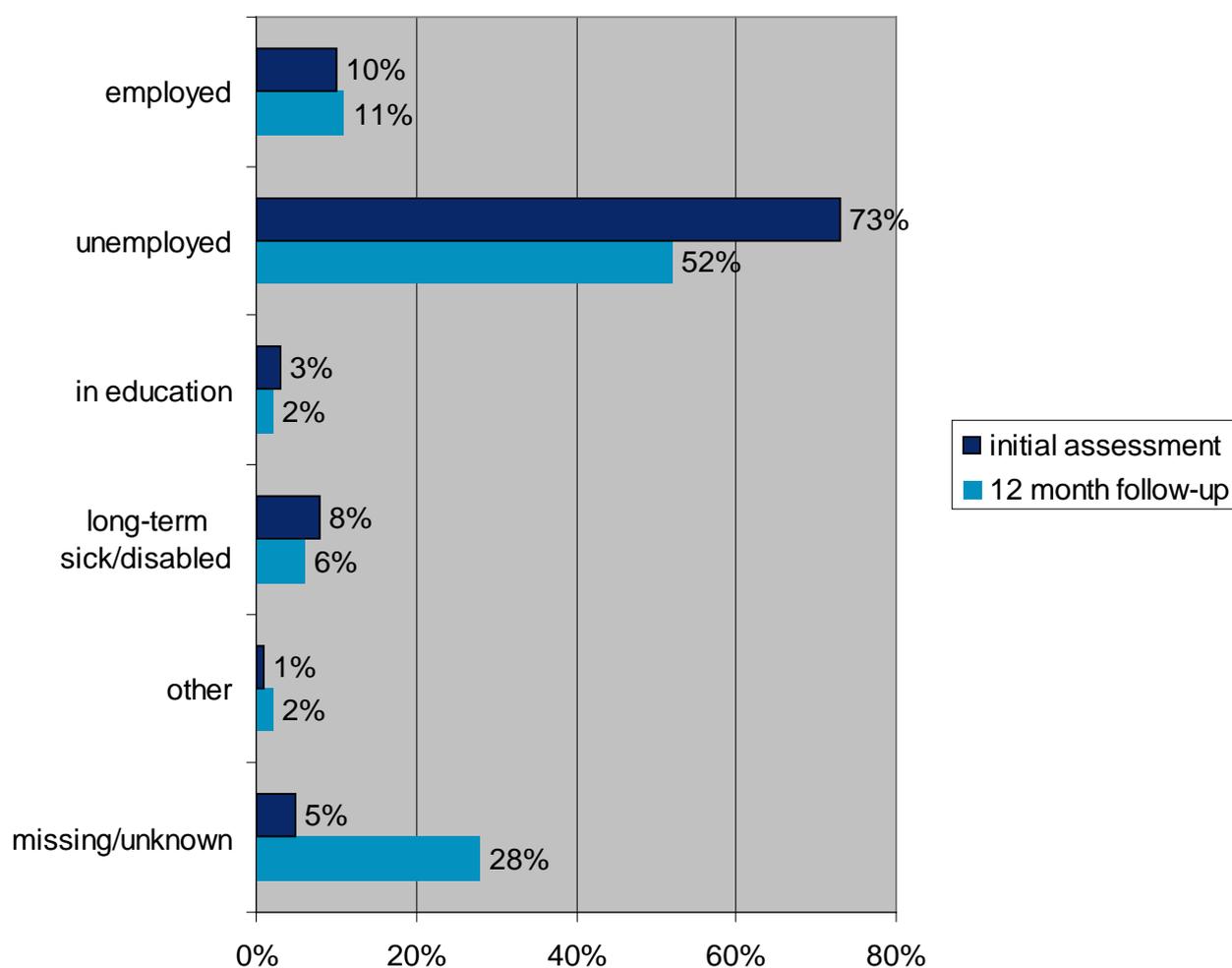
that they were employed at initial assessment were unemployed at three month follow-up, whilst 57% remained employed and for 30% employment status was unknown/missing.

Note: with regard to change in education/employment status, we might not expect to see positive change in the short-term/at three month follow-up, rather we might expect to see positive change in education/employment status at longer-term/12 month follow-up.

For the 2010/11 cohort with 12 month follow-up (14% of the 2010/11 cohort): the employment profile of this sub-set of records was very similar to that of the total initial assessments in the 2010/11 cohort. This suggests that the sub-set of cases are representative of the whole 2010/11 cohort (see [Table 2.9.1](#)). Overall, at initial assessment 10% of these individuals self-reported as being employed. By 12 month follow-up, 11% of individuals 'self-reported' as being employed. The percentage of individuals self-reporting as being in education was also similar at initial assessment and at 12 month follow-up (3% and 2% respectively) (see [Tables 2.9.1 and 2.9.4](#), and Figure 2.12). If the unknown/missing records are excluded from both the initial assessment and 12 month follow-up, the percentage of individuals who are employed increases from 11% to 15%, the percentage unemployed decreases from 77% to 71%, and the percentage in education would be 3% at both initial assessment and at 12 month follow-up (data not shown).

Overall, we know that 60% of individuals who reported that they were unemployed at initial assessment were still unemployed at 12 month follow-up, 6% were now in employment, 1% in education, 4% long-term sick or disabled, 1% 'other' and for 28% employment status was 'unknown'/missing. This 6% improvement in employment status is our most conservative estimate (see [Table 2.9.4](#)). Conversely, we also know that 16% of individuals who reported that they were employed at initial assessment were unemployed at 12 month follow-up, whilst 54% remained employed and for 25% their employment status was unknown/missing.

**Figure 2.12: Employment status at initial assessment and at 12 month follow-up (2010/11 initial assessments cohort; n=1474)**



## 2.8 Living with dependent children?

For the 2011/12 cohort with three month follow-up (25% of the 2011/12 cohort): the dependent children profile of this sub-set was similar to that of the total initial assessments in the 2011/12 cohort. This suggests that the sub-set of cases are representative of the whole 2011/12 cohort (see [Table 2.10.1](#)). Overall, 42% of this sub-set of individuals self-reported as having dependent children at initial assessment. Of the 1 739 children reported, 41% were reported as living with the individual (comprises 38% 'own' dependent children and 3% with 'non-related' children) and 59% 'living elsewhere' (see [Table 2.10.1](#)). At three month follow-up, 30% of the initially reported children were reported as living with the individual and 41% were living elsewhere, however, there were 29% of children for whom these details were unknown/missing (see [Table 2.10.2](#) and Figure 2.13).

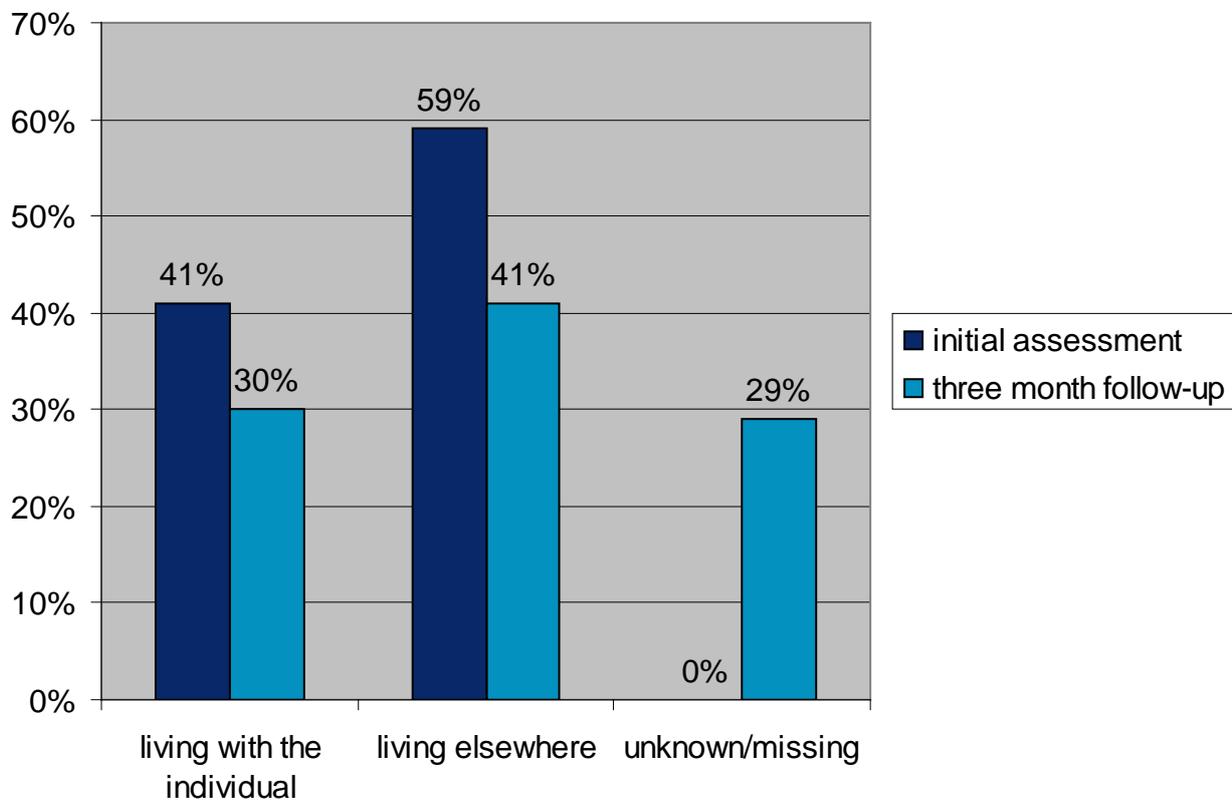
These data are difficult to interpret because of the large increase in unknown/missing data at three month follow-up. For this particular set of questions, the difficulties are further compounded due to the way the questions are formulated which means that it is not possible to directly cross-tabulate/compare the living arrangements of each individual dependent child identified at initial assessment with their respective living arrangements at

three month follow-up within SDMD. Also, due to the sensitive nature of this topic, it is likely to be less reliably reported on than the other variables in this report.

It should be noted also that some individuals reported having dependent children at three month follow-up who hadn't reported any at initial assessment (this is perhaps not unexpected as confidence in the drug worker grows, but possibly also, in the case of 'non-related children', change from initial assessment to three month follow-up may be due to change in where/with whom the individual is living or birth of a new child). We have not included these children in our comparisons.

Note: individuals may have more than one dependent child and it may be possible for some of them to be living with the individual and some to be living elsewhere.

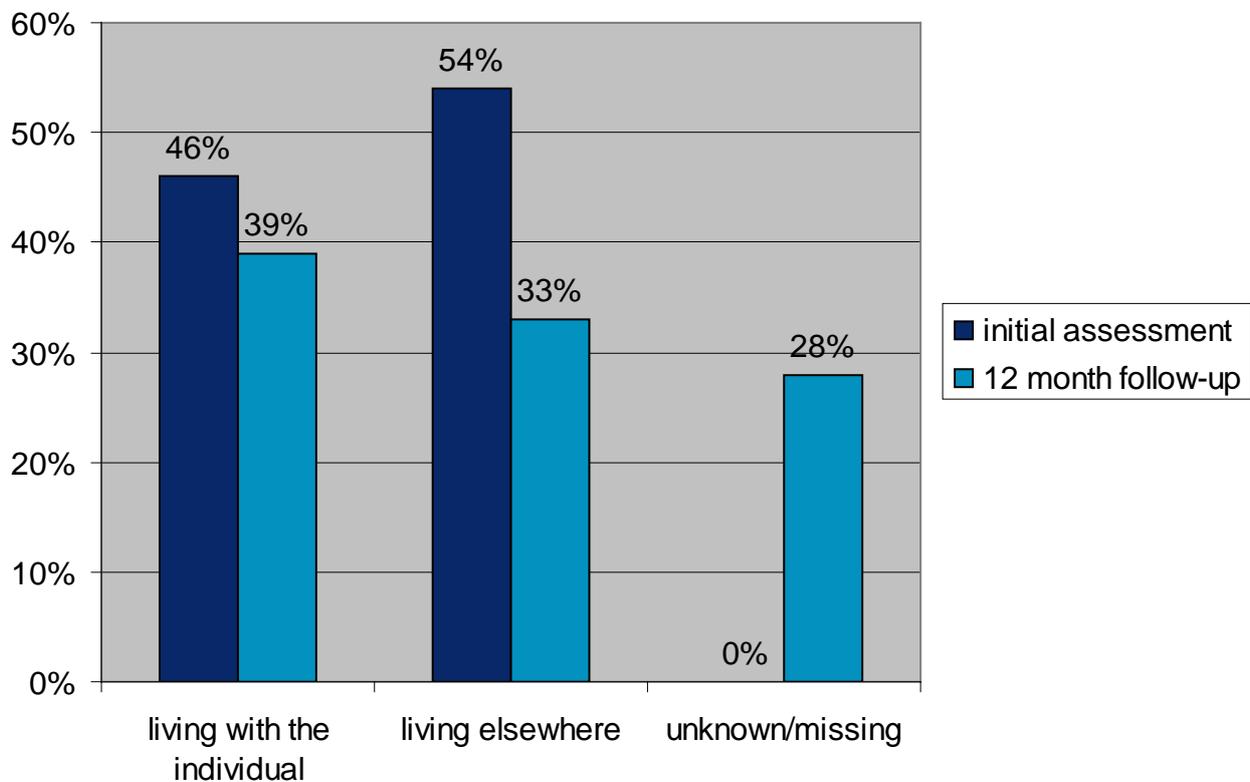
**Figure 2.13: Living arrangements of dependent children at initial assessment and at three month follow-up (2011/12 initial assessments cohort; n=2431)**



For the 2010/11 cohort with three month follow-up (20% of the 2010/11 cohort): the dependent children profile of this sub-set was similar to that of the total initial assessments in the 2010/11 cohort. This suggests that the sub-set of cases are representative of the whole 2010/11 cohort (see [Table 2.10.1](#)). Overall, 45% of individuals self-reported as having dependent children at initial assessment. Of the 1 653 children reported, 43% were reported as living with the individual (comprises 39% 'own' dependent children and 4% with 'non-related' children) and 57% 'living elsewhere'. At three month follow-up, the percentage of these children who were reported as living with the individual had reduced to 33%, whilst 36% were living elsewhere, however, there were 31% of children for whom these details were missing/unknown at three month follow-up.

For the 2010/11 cohort with 12 month follow-up (14% of the 2010/11 cohort): the dependent children profile of this sub-set was different to that of the total initial assessments in the 2010/11 cohort. This suggests that the sub-set of cases are not representative of the whole 2010/11 cohort in relation to this topic (see [Table 2.10.1](#)). At initial assessment, 32% of individuals self-reported as having dependent children (42% based on the whole 2010/11 cohort) and of these children 46% were reported as living with the individual (comprises 43% 'own children' and 3% 'non-related children') and 54% 'living elsewhere'. At 12 month follow-up, the percentage of these children who were reported as living with the individual was 39%, whilst 33% were living elsewhere, however, there were 28% of children for whom these details were missing/unknown at 12 month follow-up (see [Table 2.10.4](#) and Figure 2.14).

**Figure 2.14: Living arrangements of dependent children at initial assessment and at 12 month follow-up (2010/11 initial assessments cohort; n=1474)**



### Conclusions and Next Steps

This is the first release of information from the SDMD treatment follow-up monitoring in Scotland. As such this report provides a useful starting point in examining changes in drug using behaviour and in the wider education, employment and living circumstances of individuals with drug problems during the course of their treatment in drug services. The report does provide evidence of positive change in the above, from initial assessment to three and 12 month follow-up, for example: reductions in the use of illicit drugs, increased use of prescribed drugs, reduced spending on illicit drugs, reduced injecting and sharing behaviour and reductions in the percentage of individuals reporting as being homeless.

The findings presented here, however, are based only upon a subset of SDMD assessment records for whom follow-up data were available (25% of records in the case of three month follow-ups in 2011/12, 20% for three month follow-ups in 2010/11 and 14% for 12 month follow-ups in 2010/11) and so do not enable us to provide a complete picture of follow-up outcomes in drug treatment services across Scotland. We know also, from the data completeness analyses undertaken in Appendix A3 (which compared SDMD with data held on the national DATWTD) that there were a proportion of initial assessments that were not recorded on the SDMD. Furthermore, for the subset of records for which both initial assessment and follow-ups were available there were issues with regard to missing/unknown data, particularly at follow-up, which made it difficult to interpret the data and to assess change over time. As a result of the above, findings are presented at this stage at Scotland level only and reflect what we know about individuals for whom we have follow-up information. We cannot be sure that this subgroup of individuals are representative of drug users in Scotland. It is hoped that in future, subject to substantially improved data completeness, we will be able to present more detailed findings, and at ADP level.

In [Appendix A3 - Data Completeness and Representativeness](#) we described some of the work currently being undertaken by ISD colleagues, (in partnership with the Scottish Government and with ADPs) to improve the completeness of data reporting to the SDMD. We also described proposals to review the current dataset and to investigate increasing the number of mandatory fields, as well as continuing data collection support and training for drug services. Additionally, we will work with data management colleagues in ISD to give detailed feedback to ADPs on completion of initial assessment and follow-ups by service. There may be value also in further learning from the database/data monitoring developments that have taken place in England and Wales in recent years in relation to drugs and alcohol treatment services (see [Appendix A4-Publication Metadata](#) – ‘comparability’ item). This report’s findings, it is hoped, will assist too in the further refinement of the SDMD, to best meet the needs of customers and stakeholders.

## Glossary

ADP	Alcohol and Drug Partnership
CoSLA	Convention of Scottish Local Authorities
DATWTD	Drugs and Alcohol Treatment Waiting Times Database
HEAT	Health Improvement, Efficiency, Access and Treatment
ISD	Information Services Division
SDMD	Scottish Drug Misuse Database

## Terminology

Scottish Drug Misuse Database (SDMD)	The national database in Scotland, managed by the Information Services Division (ISD) of NHS National Services Scotland (NSS), which collects information on individuals presenting to drug treatment services in Scotland for help with their drug use. The database was set up in 1990. The current version of the SDMD has been in place since 2006 and was expanded in 2008 to include the follow-up reporting on individuals as they progress through treatment.
Health Improvement Team	ISD's Health Improvement Team (HIT) exists to support both policy and practice for those working in the public health field through assimilating data and information and translating that into high quality evidence and interpretation. These are used by a wide range of customers for purposes such as service planning, evaluation and public health surveillance.
Scottish Morbidity Record (SMR) 25a form	The set of data that are required to be submitted by services, to the SDMD, at the point of an individual's 'initial' assessment.
Scottish Morbidity Record (SMR) 25b form	The set of data that are required to be submitted by services, to the SDMD, at 'follow-up' assessment points (see below).
Follow-up assessment	<p>'Follow-up' assessment refers to points in an individual's treatment where information is collected for submission to the SDMD using the SMR25b proforma.</p> <p>Follow-up assessments can be either planned or adhoc.</p> <p>Planned 'follow-ups' are due to be carried out by services at 12 weeks after 'initial' assessment and then annually or at 'discharge' from the service. Adhoc follow-up assessments can be completed at any point during treatment.</p>
Record	Each submission of either an 'initial' assessment or 'follow-up'. There can be multiple records which relate to the same course of treatment or individual. All data reported from the database are anonymised to ensure individuals confidentiality.
Course of Treatment	<p>A set of records relating to a single period of treatment from assessment through to discharge. This can include treatment at more than one service.</p> <p>Courses of treatment do not equate to individuals as it is possible for an individual to have more than one course of treatment.</p>
Individual	A single individual who may have had more than one course of treatment during the time period and can have multiple records relating to one or more courses of treatment.
Service	A <a href="#">tier 3 or 4 specialist service</a> which provides care for an individual's drug use needs. These services are expected to submit data to the SDMD. Individuals can be seen by more than one service during a course of treatment and can be in contact with more than one service at a time.

## List of Tables

2.1	<a href="#">Illicit drug use</a>	2010/11 & 2011/12	Excel [205kb]
2.2	<a href="#">Types of illicit drugs used</a>	2010/11 & 2011/12	Excel [205kb]
2.3	<a href="#">Types of prescribed drugs used</a>	2010/11 & 2011/12	Excel [205kb]
2.4	<a href="#">Illicit drug combinations used</a>	2010/11 & 2011/12	Excel [205kb]
2.5	<a href="#">Combinations of prescribed and illicit drugs used</a>	2010/11 & 2011/12	Excel [205kb]
2.6	<a href="#">Daily spend on illicit drugs</a>	2010/11 & 2011/12	Excel [205kb]
2.7	<a href="#">Injecting behaviour</a>	2010/11 & 2011/12	Excel [205kb]
2.8	<a href="#">Housing</a>	2010/11 & 2011/12	Excel [205kb]
2.9	<a href="#">Education and employment</a>	2010/11 & 2011/12	Excel [205kb]
2.10	<a href="#">Living with dependent children?</a>	2010/11 & 2011/12	Excel [205kb]
A3.1	<a href="#">Comparison of individuals on the DATWTD and the SDMD, 2011/12</a>	2011/12	Excel [205kb]
A3.2	<a href="#">Number of individuals with an initial assessment (SMR25a) in 2011/12 and the number of these who also had a follow-up (SMR25b) record, by ADP</a>	2011/12	Excel [205kb]
A3.3	<a href="#">Number of individuals with an initial assessment (SMR25a) in 2010/11 and the number of these who also had a follow-up (SMR25b) record, by ADP</a>	2010/11	Excel [205kb]

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## Further Information

Further information can be found on the [ISD website](#)

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## Appendix

### **A1 – Background Information**

#### The Scottish Drug Misuse Database (SDMD)

The Scottish Drug Misuse Database (SDMD) is an important and widely used national information source on the misuse of drugs in Scotland. The database 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.

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
- providing data for ADPs to help them take forward local strategies

Data are collected at the following points throughout an individual's course of treatment:

- Initial assessment (SMR25a proforma):  
<http://www.drugmisuse.isdscotland.org/sdmd/smr25A.pdf>
- 12 week follow-up (SMR25b proforma):  
<http://www.drugmisuse.isdscotland.org/sdmd/smr25B.pdf>
- Annual follow-up (SMR25b)
- Discharge from service (SMR25a or SMR25b)
- Transfer or referral from service (SMR25b)

There are two possible methods of submitting data to the SDMD, both of which use a secure internet connection. The first is an online form. Service providers log onto the application and submit data directly to ISD via a web form. The second is a file upload facility within the application. This allows a local system administrator to log onto the application and submit a batch file of data from their local system directly to ISD, at given points in time.

#### Known issues with SMR25 submissions

With the introduction of the SDMD web-system, ISD has observed some reduction in duplication of SMR25 submissions i.e. in the past an SMR25 paper form may have been completed by two services even though the individual was only seen as a single episode of care, on the web-system it is now clear when an SMR25a has already been completed so the 2<sup>nd</sup> service can avoid duplicating the submission. Overall this has led to a slight reduction of SMR25a submissions from some areas who can now better share the SMR25 submissions for a single episode.

Some areas have had issues in relation to data captured from their own local systems, and then passing that data across to ISD. For the time period covered in this report, Glasgow City had a local system in place for around half of the larger community addiction teams. These teams reported both SMR25a and SMR25b data, although as the system was still newly in place, the levels of SMR25b submission were lower than initially expected. More significantly, as Glasgow City did not yet have full coverage for their local system, a large amount of SMR25b data was not captured.

West Dunbartonshire had been unable to begin submitting SMR25b data in time for inclusion in this report. Their original plan had been to utilise a local system for data capture following the successful completion of the Glasgow City rollout. Given the delays experienced in Glasgow City, the timescales for this stretched further than had been originally anticipated. However, they have now begun to submit electronic submissions for both SMR25a and SMR25b data.

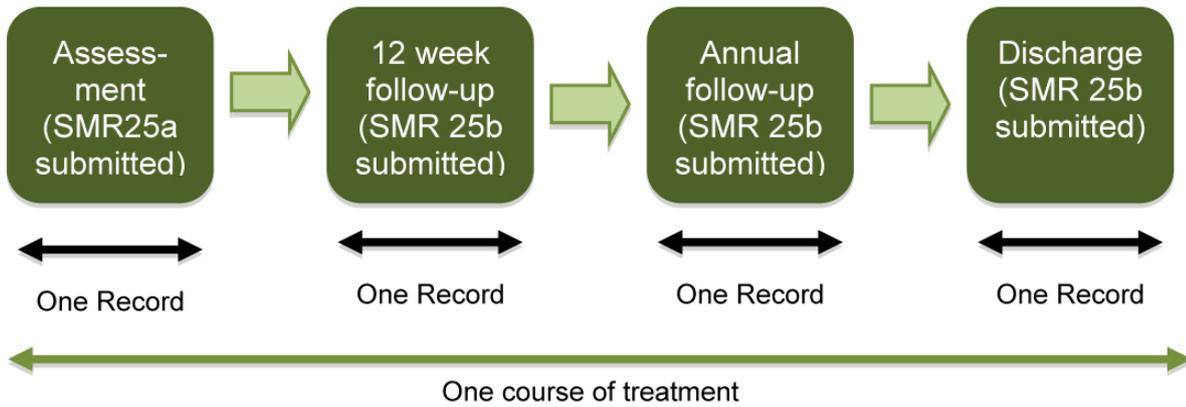
Three services across Tayside were also collecting local SMR25 data but due to issues with data quality and the extract process, a large amount of SMR25b data could not be included in the final analysis.

Information on waiting times for drug and alcohol treatment is provided by the treatment services and collected in the DATWTD which went live across Scotland on 1<sup>st</sup> April 2011. The DATWTD collects information about the length of time people wait for specialist drug and/or alcohol treatment after they have been referred to treatment services in Scotland. The Scottish Government has set a target that by March 2013, 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. This is one of the national Health improvement, Efficiency Access and Treatment (HEAT) targets (number A11). Specialist services providing tier 3 and 4 interventions should be submitting information to both the DATWTD and the SDMD, however anecdotal evidence suggests that some service areas prioritise their resource to ensure that the HEAT target is maintained, possibly to the detriment of the submissions to the SDMD.

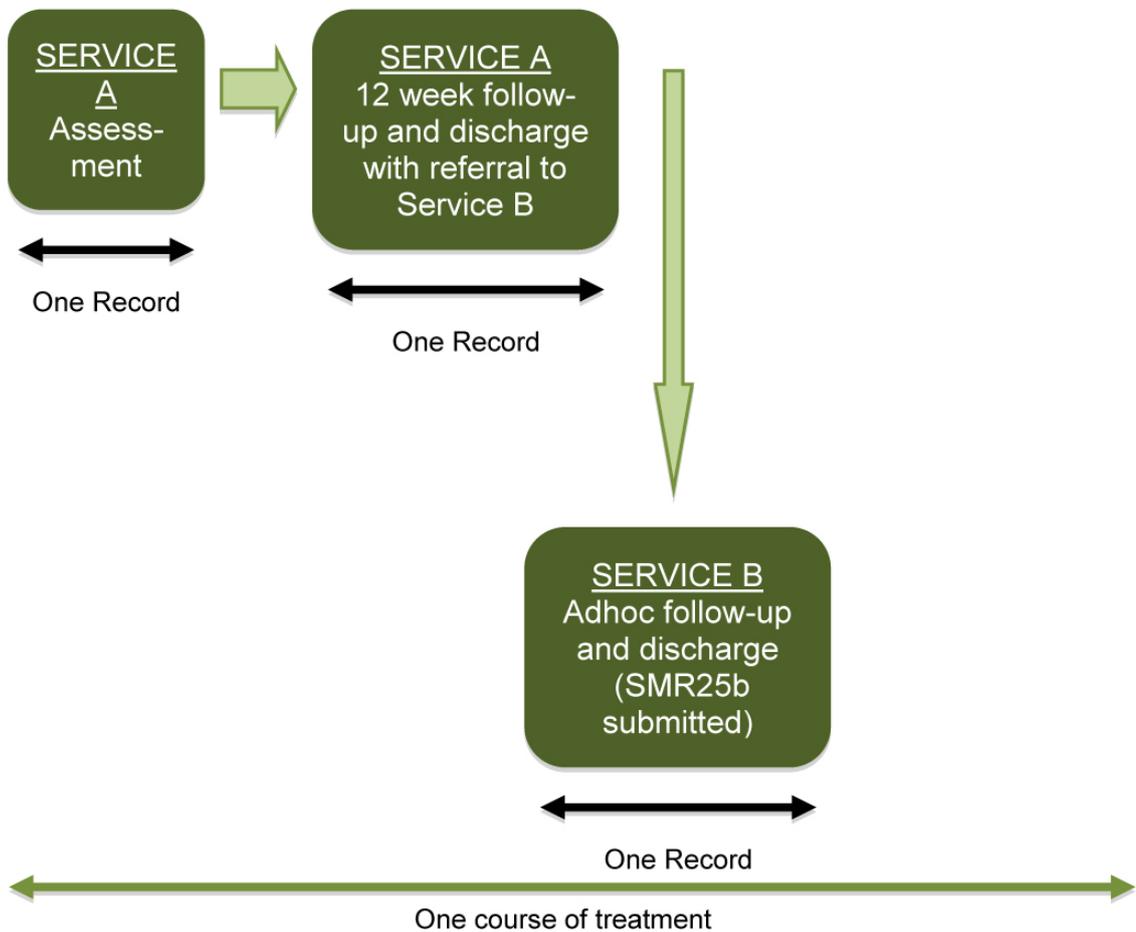
One of the features of the DATWTD is the ability to submit anonymous records (where the record has been stripped of personal identifiers). Currently the SDMD does not allow for fully anonymous individuals to be registered. Some areas, in particular Orkney and Argyll & Bute have reported significant issues with individuals withholding consent and therefore these data are not submitted to the SDMD.

Examples of a course of treatment

TREATMENT AT ONE SERVICE



TREATMENT WITH REFERRAL TO SECOND SERVICE



## A2 - Methodology

For the purposes of the analyses for this report, an extract from the SDMD was taken on 26 September 2012 containing all initial assessments undertaken between 1 April 2010 and 31 March 2012 along with all follow-up records relating to these initial assessments as entered on the SDMD by 26<sup>th</sup> September 2012 (an initial assessment with related follow-up records is hereafter referred to as “a course of treatment”). Using personal identifiers we then internally linked this dataset to add an individual identifier. This way, we could identify multiple courses of treatment for the same individual.

The dataset was then split into two cohorts:

- initial assessments conducted between 1 April 2010 and 31 March 2011 (referred to as “2010/11 cohort”) and;
- initial assessments conducted between 1 April 2011 and 31 March 2012 (referred to as “2011/12 cohort”).

Within each of the above cohorts, where an individual started more than one course of treatment within that time period, only the individual’s most recent course of treatment was retained for analysis (i.e. an individual is only counted once within each cohort, but can be included in both cohorts). This ensures clarity in what we are reporting on.

The SDMD requires services to follow-up all individuals at three months and twelve months after initial assessment if their course of treatment is still open at these time points. For the purposes of this report, the three month assessment includes follow-ups undertaken between 47 to 119 days after initial assessment and the twelve month assessment includes follow-ups undertaken between 298 and 432 days after initial assessment. If an individual had more than one follow-up in the follow-up window, only the most recent follow-up was analysed so that the most up-to-date outcomes are reported.

Three sets of analyses are presented throughout the report: three month follow-up for the 2011/12 cohort, three month follow-up for the 2010/11 cohort, and twelve month follow-up for the 2010/11 cohort (note: 12 month follow-up is not yet available for the 2011/12 cohort). Including two sets of follow-up at three months allows us to look at changes in outcomes and data quality and completeness over the two cohorts.

Using data collected at initial assessment alongside data collected at three and twelve month follow-up, we looked at change over time in: presenting substance use, injecting and sharing behaviour, drugs spend, as well as changes in education and employment, housing and dependent children living with the individual.

Individuals’ age was calculated as their age at initial assessment. Individuals with no date of birth, or reported as being aged under 9 or over 75 years at initial assessment were excluded from the analyses (24 individuals in 2010/11 and 15 individuals in 2011/12).

### A3 - Data Completeness and Representativeness

The completeness of the Scottish Drug Misuse Database (SDMD) has been investigated in two stages for this publication:

Firstly, the level of completeness of initial assessments during 2010/11 and 2011/12 was assessed by comparing the age, sex and ADP composition of initial assessments on the SDMD with the age, sex and ADP composition of waiting times records generated on the national Drug and Alcohol Treatment Waiting Times Database (DATWTD). The DATWTD is a separate database to the SDMD and collects information on every new individual with drug or alcohol problems who attends a tier three or four service for treatment, either for the first time ever or having been discharged after attending a service previously. The database records the dates the individual is referred, assessed, when a recovery plan is agreed, when treatment starts and when they are discharged. Individuals with a drug problem should be added to the SDMD when an assessment occurs. As the DATWTD collects assessment/recovery plan details we are able to look at the number of individuals with a drug problem who have had an assessment/recovery plan agreed and use this to derive an estimate for completeness of the SDMD.

Secondly, the level of completeness of the SDMD follow-ups was assessed by comparing the percentage of individuals with both an initial assessment and a follow-up record on the SDMD, by age, sex and ADP composition.

We excluded individuals reported as aged <9 years (probable data errors), >75 years and with unknown age. We excluded GP services because they are not part of DATWTD and do not record follow-up on SDMD. We excluded prison services because of comparability issues between the two databases and difficulties around follow-up for prisoners.

Further background on the SDMD including details of the data collected at different time points and the proformas used are included in [Appendix A1-Background information](#).

#### A3.1 Comparison of the SDMD and DATWTD in 2011/12

The DATWTD had 16 626 waiting times records (after excluding waiting time only services<sup>6</sup>) with a recovery plan agreed date between 1<sup>st</sup> April 2011 and 31<sup>st</sup> March 2012<sup>7</sup>. In most instances, individuals with a 'recovery plan agreed date' should be on the SDMD.

Ideally, it would be possible to use person identifiers such as name and date of birth to link the individual's records in the DATWTD and SDMD, however, one of the features of the DATWTD is the ability to submit anonymous records (where the records are stripped of personal identifiers). During 2011/12, 3 830 (23%) of the records on the DATWTD were anonymous<sup>8</sup>. This high percentage of anonymous records means that record linkage between the databases is not possible. Instead, in this section we compare the age and

<sup>6</sup> These are hospitals who refer individuals on to other services in the community, creating a waiting time record as they do this.

<sup>7</sup> Note this figure is not directly comparable with published waiting times figures.

<sup>8</sup> There were 234 services on the DATWTD; 60 services had submitted only anonymous records, 18 services had submitted at least half anonymous records, 49 services submitted between 1-49% anonymous records and the remaining 107 (46%) services submitted only identifiable records.

sex profile of the individuals in the two databases, and look at differences in numbers across the ADPs in order to assess completeness and potential bias.

For the DATWTD records with personal identifiers, we identified repeat records for the same individual through internal linkage of the personal identifiers. Of the 12 796 identifiable records, 2 477 (19%) were identified as 'repeat' waits (within the period 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012). For the purposes of comparison, only the 'last' wait was retained for each individual (and assigned to the service relating to that record). This gave us 10319 unique individuals.

For the comparison with the SDMD we took the 10 319 unique individuals and the 3 830 anonymous records to give us 14 149 individuals with a waiting times record. We further estimated that if the proportion of repeat records for the anonymous individuals was also 19% then the true number of individuals may be closer to 13 500<sup>9</sup>.

During the same period (1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012), the SDMD had 11 395 initial assessments recorded. Using internal linkage, we identified individuals with more than one assessment between 1<sup>st</sup> April 2011 and 31<sup>st</sup> March 2012, and retained only the latest assessment for each individual. This gave us 9 912 unique individuals with an SDMD record.

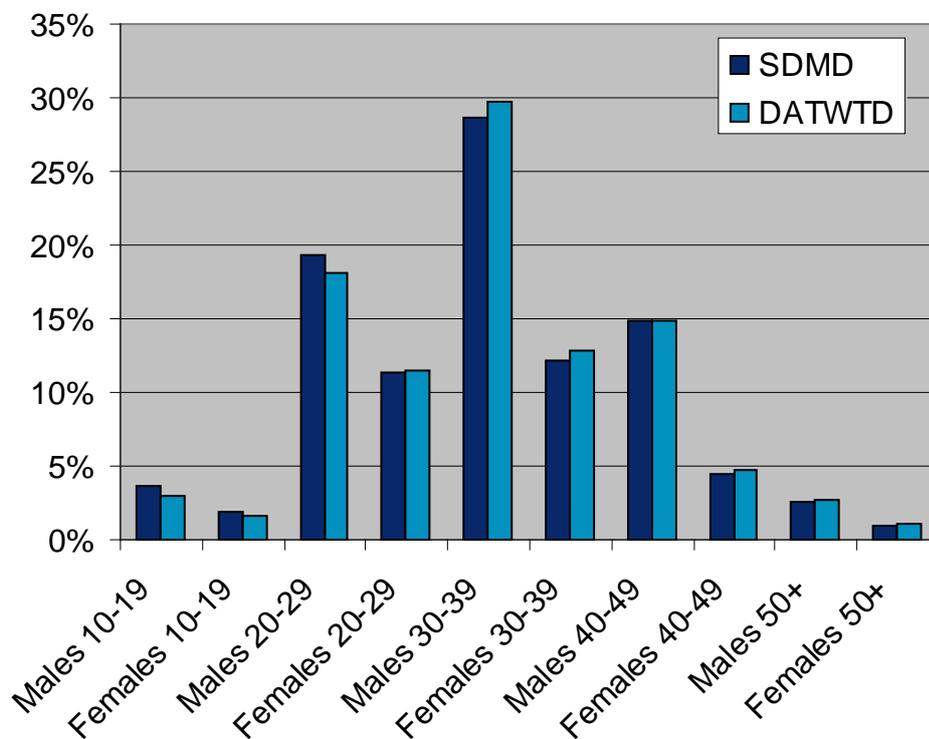
Overall, we estimate there were between 3 509 (26%) and 4 237 (30%) fewer individuals with an initial assessment on the SDMD compared to those with a recovery plan agreed date on the DATWTD during 2011/12. [Table A3.1](#) shows completeness for the SDMD compared to the DATWTD by geographical area. The highest SDMD completion levels appear to be in East Dunbartonshire<sup>10</sup>, Borders, Western Isles, Fife, Aberdeen City and Ayrshire. The lowest completion levels appear to be in Orkney, Moray, Mid and East Lothian and Tayside.

Figure A3.1 shows the age and sex composition of the individuals in the two datasets. We do not have an age breakdown for the anonymous records on the DATWTD, so only the non-anonymous records are included in this comparison. The age and sex composition appears to be very similar in the two databases.

<sup>9</sup> Calculated as  $10\,319 + (3\,830 \times (1 - 0.19))$

<sup>10</sup> The figure for East Dunbartonshire looks very high. This might be due to differences in coding of services in the SDMD and DATWTD and is being investigated further.

**Figure A3.1: Age and sex breakdown of individuals on the SDMD and the DATWTD (2011/12) <sup>1</sup>**



<sup>1</sup> Non-anonymous records only

Service level comparisons have also been explored, however, service codes are not consistent across the two databases and so the results are not presented in this report. They will be followed up with individual ADPs over the next few months. Of particular note from the service level comparison work is that the data gaps in the SDMD are not consistently in those services which submit anonymous records to the DATWTD (which is what we might have expected).

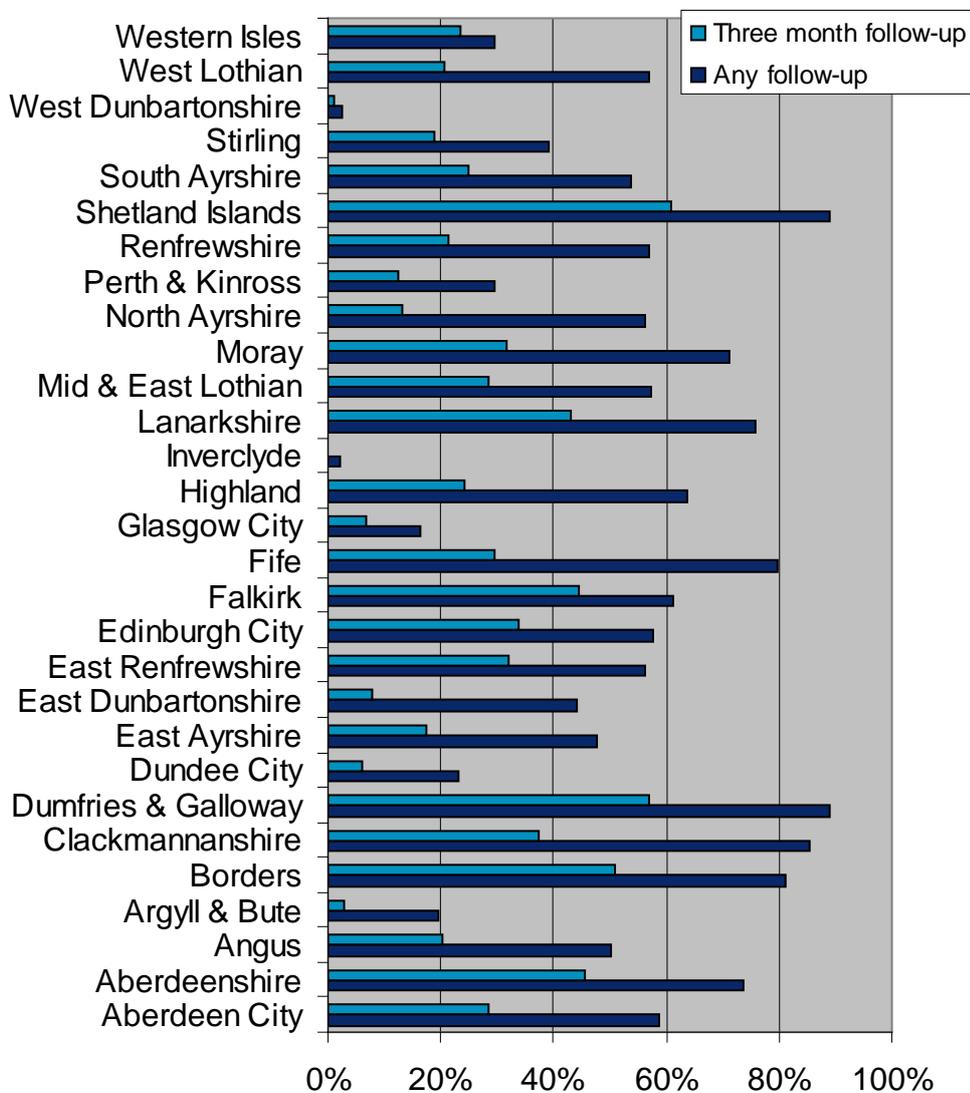
### A3.2 Completion of follow-ups for individuals assessed in 2011/12

For the 9 912 individuals with an initial assessment in 2011/12 (hereafter referred to as the 2011/12 cohort), 5 154 (52%) had at least one follow-up record. We would expect everyone for whom the intention at initial assessment was active treatment to have at least one follow-up. Overall, 8 399 individuals were recorded at initial assessment as ‘intention to actively treat’<sup>11</sup>, and 4 810 (58%) of these individuals had at least one follow-up record. The completion of follow-ups varied by ADP, with the highest levels of completion (>80% of individuals with an initial assessment having at least one follow-up record) in Shetland Islands, Dumfries and Galloway, Clackmannanshire, Borders and Fife, and the lowest completeness (<25%) in Inverclyde, West Dunbartonshire, Glasgow City, Argyll and Bute and Dundee City (see Figure A3.2). We do not know to what extent follow-ups are being

<sup>11</sup> There were 1 513 individuals who, at initial assessment, were documented as ‘no intention to actively treat’ and 1 162 of these records were closed at initial assessment. We would not expect these individuals to be followed up, so it is fair to exclude these individuals from calculations of follow-up completeness. Some individuals documented as ‘no intention to actively treat’ at initial assessment, but whose record remained open at this time (351 individuals) are not included in the completeness calculation above, for clarity.

undertaken but not reported on, or that the follow-up are not being undertaken. See section [A1-Background Information](#) for known issues regarding completion of follow-up forms.

**Figure A3.2: ADP breakdown of the individuals who had a follow-up record on the SDMD (in 2011/12)**

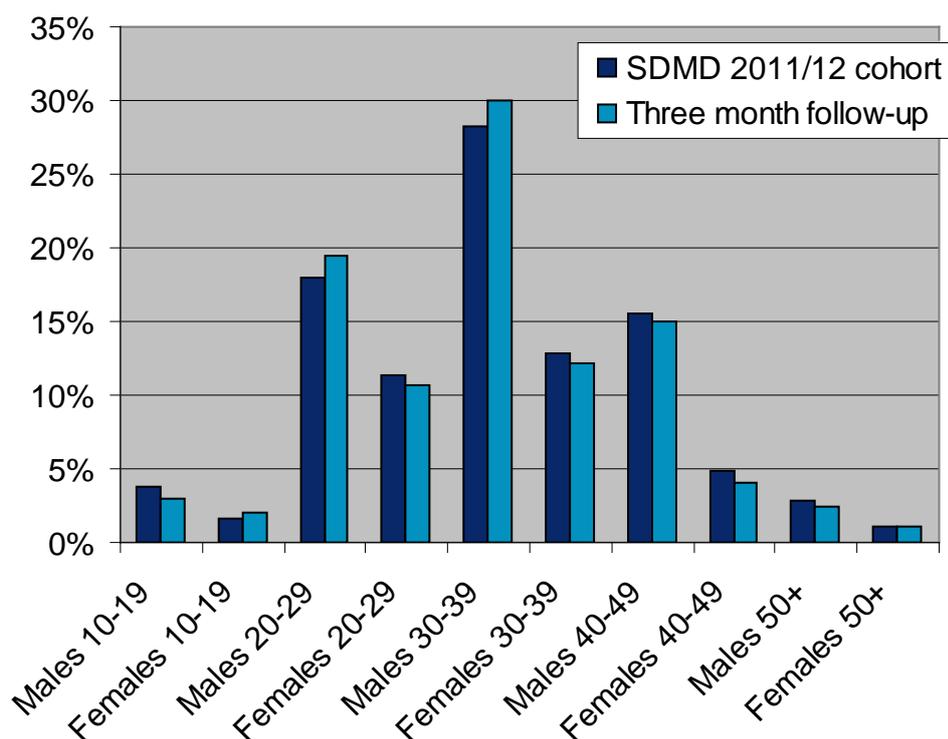


The completion of a follow-up form does not guarantee completeness of the data items within the follow-up form. This completeness of data items within the follow-up records is covered in Chapter 2 in relation to each topic.

For the purposes of consistent reporting, we were interested in outcomes at pre-defined time points after initial assessment. Details of how we identified follow-up records can be found in [Appendix A2-Methodology](#). For individuals assessed in 2011/12 we looked at changes in outcomes between initial assessment and three month follow-up. As individuals are not followed up at regular time points in practice, we used a window of 47-119 days to denote “three months”. Overall, 25% of individuals had a “three month” follow-up, ranging from 1% (Inverclyde and West Dunbartonshire) to 61% (Shetland Islands). Follow-ups that occurred outside this period were reported in the ‘any follow-up’ category.

The age and sex profile of the individuals with three month follow-up compared to the whole 2011/12 cohort are shown in Figure A3.3. The age and sex profile of the individuals with follow-up information is very similar to the whole 2011/12 cohort. However, given that the follow-up rate varies so substantially geographically across Scotland, for each topic in Chapter 2 we consider the representativeness of our follow-up sample in relation to the topic being considered, and due to the low levels of completion of follow-up forms we only look at Scotland level analyses and not ADP level analyses.

**Figure A3.3: Age and sex breakdown of all initial assessments in 2011/12 SDMD cohort compared to the sub-set with three month follow-up**



### A3.3 Completion of follow-ups for individuals assessed in 2010/11

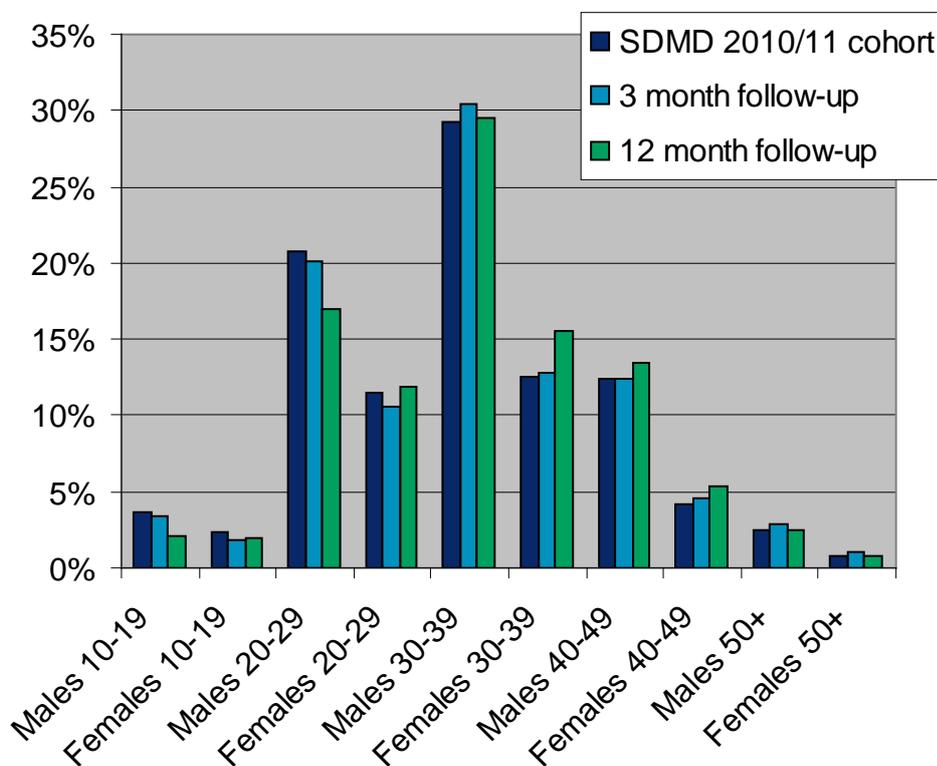
For the 10 586 individuals with an initial assessment in 2010/11 (hereafter referred to as the 2010/11 cohort), 5 595 (53%) had at least one follow-up record. Overall, 8 780 individuals were recorded at initial assessment as ‘intention to actively treat’, and 5 170 (59%) of these individuals had at least one follow-up record<sup>12</sup>. The completion of follow-ups varied by ADP, with the highest levels of completion (>80% of individuals with an initial assessment having at least one follow-up record) in Shetland Islands, Clackmannanshire, Dumfries and Galloway, Falkirk, Borders, Fife and Lanarkshire, and lowest completeness (<25%) in Inverclyde, West Dunbartonshire, East Dunbartonshire, Dundee City and Glasgow City ([see Appendix A1-Background information](#) for known issues in particular ADP areas).

<sup>12</sup> There were 1 807 individuals who were recorded at initial assessment as ‘no intention to actively treat’. Of these, 1 247 records were closed at initial assessment. The rest remained open and 263 had a follow-up record.

For individuals assessed in 2010/11 we looked at changes in outcomes between initial assessment and both three and 12 month follow-up. As individuals are not followed up at regular time points in practice, we used a window of 47-119 days to denote three month follow-up and 298-432 to denote 12 month follow-up. Overall, 20% of individuals had a three month follow-up (ranging from 0% in Western Isles, East and West Dunbartonshire and Inverclyde to 68% in Dumfries and Galloway and the Shetland Islands), 14% had a “12 month” follow-up (ranging from 0% in Argyll and Bute, Inverclyde and West Dunbartonshire to 42% in Shetland Islands) and only 5% had both a three and 12 month follow-up. This means that in this report we can look at outcomes separately from initial assessment to three months, and from initial assessment to 12 months, but cannot look at changes over the three time points.

The age and sex profile of the individuals in the whole 2010/11 cohort, and those with three month follow-up and 12 month follow-up are shown in Figure A3.4. The age and sex profile of the individuals with three month follow-up information is very similar to the whole 2010/11 cohort. The age and sex profile of individuals with 12 month follow-up information is slightly different to the whole 201/11 cohort. This should be borne in mind if generalising the 12 month follow-up results to the whole 2010/11 cohort. Similarly, in Chapter 2, given the geographical non-representativeness of the follow-up sample, for each analysis topic we consider the representativeness of our follow-up sample when compared to the whole cohort. Due to the low levels of data completeness, all follow-up analyses presented in this report are produced at Scotland level only and do not include any ADP level findings.

**Figure A3.4 Age and sex breakdown of all initial assessment in the 2010/11 SDMD cohort compared to the sub-sets with three month follow-up and 12 month follow-up**



### **A3.4 Future actions to improve data completeness**

ISD colleagues continue to work with data providers in all areas to improve compliance of SDMD submissions and to investigate any drops in submission levels as soon as possible. ISD, in consultation with stakeholders, is developing a framework for monthly data quality reporting to ADPs. These reports will allow the monitoring of completeness numbers and rates for SDMD submissions at a local level so that expected numbers can be confirmed and any issues can be identified throughout the year.

In conjunction with ADPs, ISD is in the process of agreeing action plans for each area to address and resolve issues relating to SDMD submissions. This will include issuing information on completeness by service area. There are also plans to investigate increasing the mandatory data fields to ensure that data is submitted for crucial data items therefore ensuring that the data collected remains fit for purpose and that data from GP and prison services are captured appropriately.

Where necessary, ISD colleagues will continue to provide additional training and support for services.

## A4 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Scottish Drug Misuse Database (SDMD) Report on People in Treatment – 2011/12
Description	This report presents data on individuals entering drug treatment services in Scotland during 2011/12 and, using person level 'follow-up' data, an exploration of treatment outcomes. Also included are longer-term (12 month follow-up) outcomes for individuals entering drug treatment services in Scotland during 2010/11.
Theme	Health & Social Care
Topic	Lifestyles & Behaviours
Format	PDF document
Data source(s)	Scottish Drug Misuse Database (SDMD) and Drugs and Alcohol Treatment Waiting Times Database (DATWTD)
Date that data are acquired	26 <sup>th</sup> September 2012
Release date	18 <sup>th</sup> December 2012
Frequency	Annual
Timeframe of data and timeliness	Data for the period 1 <sup>st</sup> April 2011 to 31 <sup>st</sup> March 2012. Also, data for the previous year – 1 <sup>st</sup> April 2010 to 31 <sup>st</sup> March 2012. Release published to agreed December timescale.
Continuity of data	n/a – year one of reporting.
Revisions statement	No revisions to this publication are planned.
Revisions relevant to this publication	n/a
Concepts and definitions	See <a href="#">Appendix A1. Background Information</a> .
Relevance and key uses of the statistics	The SDMD is an important and widely used national information source on the misuse of drugs in Scotland. The SDMD analyses produced by ISD are used to monitor trends in presenting problem drug use in Scotland and to inform local service delivery and national policy development.
Accuracy	<p>See <a href="#">Appendix A3. Data completeness and representativeness</a> for details.</p> <p>ISD colleagues carry out monthly quality/compliance reporting on SMR25a and SMR25b submissions and issue reports to ADP contacts across Scotland. Issues identified are followed-up locally to ensure any obstacles are resolved as soon as possible.</p> <p>The SDMD web-system ensures data meets an agreed level of validation before being accepted into the database. Every SMR25 submission must pass this level of quality assurance before data is used for reporting purposes.</p> <p>ISD colleagues also carry out training/re-training where required to help support the correct use of the system and thus the quality of data submitted.</p>
Completeness	It is acknowledged in the report that there is evidence,

	across Scotland, of data under-recording. This is described in detail in this report.
Comparability	<a href="#">2011/12 statistics from the National Drug Treatment Monitoring System (NDTMS) in England</a> were published in October 2012. <a href="#">Statistics for 2011/12 from the Welsh National Database for Substance Misuse</a> were also published in October 2012 as were <a href="#">2011/12 statistics from the Northern Ireland Drug Misuse Database</a> . Please note that there may be important comparability issues and users are strongly encouraged to seek advice before making direct comparisons.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	The report includes detail on the background to the SDMD follow-up monitoring in Scotland as well as analysis results. The report is available as a PDF file.
Value type and unit of measurement	Count – numbers and percentages
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	n/a
Last published	n/a
Next published	Not confirmed
Date of first publication	18 <sup>th</sup> December 2012
Help email	<a href="mailto:linsey.galbraith@nhs.net">linsey.galbraith@nhs.net</a>
Date form completed	5 <sup>th</sup> December 2012

## **A5 – 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 and, separately, those receiving extended Pre-Release Access.

#### **Standard Pre-Release Access:**

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
- ADP Co-ordinators
- ADP Chairs

#### **Extended Pre-Release Access**

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

- Scottish Government Health Department (Analytical Services Division)
- Scottish Government Justice Department (Analytical Services Division)

## A6 – 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 (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie 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](#).