

# Publication Report



**Scottish Drug Misuse Database:  
Overview of individuals  
assessed in  
2011/12**



## Contents

|   |    |
|---|----|
| Contents .....  | 1  |
| About ISD .....   | 2  |
| Official Statistics .....   | 2  |
| Introduction.....   | 3  |
| Key Points .....  | 4  |
| Overview: 2011/12 .....   | 4  |
| Trends: 2006/07 – 2011/12 .....   | 4  |
| Results and Commentary .....  | 5  |
| Demographic profile of individuals receiving an initial assessment.....   | 5  |
| Social profile of individuals being assessed.....                         | 5  |
| Individuals’ sources of referral and co-occurring health issues.....      | 6  |
| Types of drugs that individuals reported using at initial assessment..... | 6  |
| Geographical profile of individuals at initial assessment .....           | 8  |
| Age at first use, problem recognition and seeking help.....               | 8  |
| Ways in which people take drugs.....                                      | 8  |
| Alcohol profile .....   | 9  |
| Background Information.....   | 10 |
| Glossary .....  | 13 |
| Contact .....   | 16 |
| Further Information .....   | 16 |
| Appendix.....   | 17 |
| A1 – Data source contacts.....  | 17 |
| A2 – Publication Metadata (including revisions details) .....             | 17 |
| A3 – Early Access details (including Pre-Release Access).....             | 19 |

## 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](#).

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

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

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

## Introduction

This annual publication presents the available information from the Scottish Drugs Misuse Database (SDMD) on individuals presenting for initial assessments at drug treatment services in 2011/12. Information in this publication is the updated version of what has previously been contained within section A1 of 'Drugs Misuse Statistics' publications.

The SDMD is an important information source on the use of drugs in Scotland. It provides a wealth of information on drug treatment that Alcohol and Drug Partnerships (ADPs), their individual members and a range of different organisations can use to influence policy, strategies or research to improve the services available to help people with drug problems recover.

Information is recorded by drug treatment services in the NHS, local authority, voluntary sector and prisons throughout Scotland at specific points during an individual's recovery journey, i.e. at:

- Initial Assessment (SMR25a)
- 12 week Follow-up (SMR25b)
- Annual Follow-up (SMR25b)
- Discharge from service (SMR25a or SMR25b)
- Transfer or referral from service (SMR25b)

The database provides us with an opportunity to understand more about the needs of people who present for specialist drug treatment, and this report focuses on information **provided by individuals at their initial specialist assessment for drug treatment services** in 2011/12. Individuals are only counted once within the 12 month period. The background information section provides more details relating to data collection.

The recently released publication [Scottish Drug Misuse Database \(SDMD\) Report on People in Treatment 2011/12 \(December 2012\)](#) provided an insight into the follow-up information recorded by the SDMD, including what this was able to tell us about people's journey through treatment and evidence of the outcomes they achieve as a result of their engagement with specialist services.

## Key Points

### Overview: 2011/12

- In 2011/12, 11,380 individuals received a specialist assessment of their drug use care needs, which equates to a rate of 230 per 100,000 of the Scottish population ([Table A1.1](#)). This compares with a rate of 238 (11,696) reported in 2010/11.
- Of those reporting illicit drug use in the last month (7,875 individuals), 55% reported using heroin ([Table A1.7 and Table A1.8](#)). This compares to 63% in 2010/11.
- Of those under the age of 25 who reported illicit drug use in the last month, 34% reported using heroin ([Table A1.10](#)). This is a drop from 44% reported in 2010/11.
- Twenty-two per cent of all individuals (for whom information is available) reported that they had injected in the month prior to their initial assessment. Forty-seven per cent reported that they had never injected ([Table A1.20](#)).
- Seven per cent of individuals reported that they had shared needles/syringes in the previous month ([Table A1.29](#)).
- Of those individuals who had injected drugs in the past: 81% reported that they had been tested for Hepatitis B; 82% for Hepatitis C and 80% for HIV, prior to their initial assessment ([Table A1.33](#)).
- Sixty-two per cent of individuals reported that a year or more had elapsed between the onset of problem drug use and their initial assessment ([Table A1.19](#)). This is consistent with previous years.

### Trends: 2006/07 – 2011/12

- The age profile of individuals being assessed for their drug use care needs has changed over the last six years. In 2006/07, 51% of individuals were aged 30 and over. In 2011/12 this figure was 62%. Amongst the 40 and over age group, the number of new individuals receiving a specialist assessment for their drug use care needs increased from 15% in 2006/07 to 22% in 2011/12. ([Table A1.3](#) and Figure A1.1)
- The percentage of individuals who reported using heroin in the previous month has fluctuated since 2006/07, but has decreased by 8 percentage points in the past year – the largest observed decrease since the introduction of the SDMD. ([Table A1.8](#)).
- The percentage of individuals reporting injecting in the previous month fell from 28% in 2006/07 to 22% in 2011/12. This fall occurred in all age groups, with the biggest fall observed in the 20-24 age group (from 34% in 2006/07 to 21% in 2011/12) ([Table A1.22](#)).
- The percentage of individuals who reported currently sharing needles/ syringes has also fallen, from 11% in 2006/7 to 7% in 2011/12. The number of individuals who had never shared equipment has also risen over the last five years, from 56% in 2006/07 to a peak of 61% in 2010/11, but decreased in 2011/12 to 58% ([Table A1.29](#)).
- The number of individuals reporting sharing spoons/ water/ filters/ solutions in the previous month has also fallen: from 20% in 2006/07 to 10% in 2011/12 ([Table A1.32](#)).
- An increasing proportion of individuals who have injected in the past have been tested for blood borne viruses: in 2011/12 81% were tested for Hepatitis B, 82% for Hepatitis C and 80% for HIV compared to 64%, 66% and 61% respectively in 2006/07 ([Table A1.34](#)).

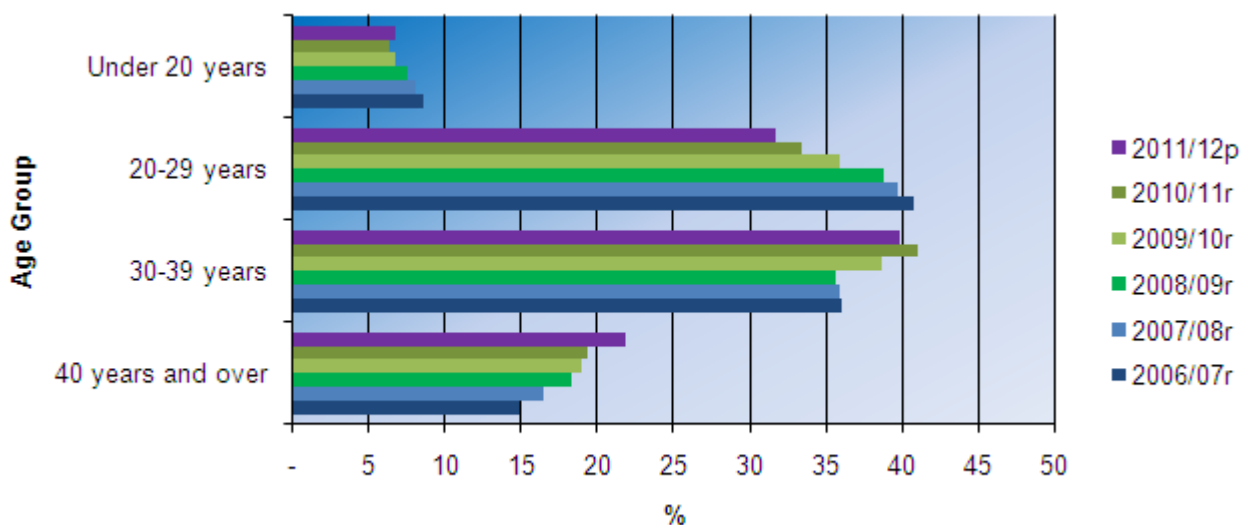
## Results and Commentary

### Demographic profile of individuals receiving an initial assessment

This section describes the demographic profile of individuals attending specialist treatment services in Scotland for an initial assessment of their drug use care needs.

- The male: female assessment ratio in 2011/12 was more than 2:1 (71% male to 29% female). This gender breakdown is consistent with that reported over the past 6 years. There was little variation in the gender breakdown between the age groups ([Table A1.3](#)).
- The age profile of individuals being assessed for their drug use care needs has changed over the last six years. In 2006/07, 51% of individuals were aged 30 and over. In 2011/12 this figure was 62%. Amongst the 40 and over age group, the number of individuals receiving a specialist assessment for their drug use care needs increased from 15% in 2006/07 to 22% in 2011/12. ([Table A1.3](#) and Figure A1.1)

**Figure A1.1 Individuals by age group, 2006/07 - 2011/12**



p = Provisional, r = Revised

- The median age of individuals was 32 years old ([Table A1.2](#)).
- Of those individuals who specified their ethnic origin (85%), almost all (96%) described themselves as 'white Scottish' ([Table A1.4](#)). This is consistent with the ethnic profile reported in previous years.

### Social profile of individuals being assessed

The personal circumstances of the individual seeking treatment or advice from drug services can influence that person's motivation for seeking help and the extent to which the service can contribute to a change in drug-related behaviour. Information on employment status, current living arrangements and accommodation, source of funding and average

amount spent on their drug use, and the individual's current legal status are potentially relevant factors in the individual's pathway through drug use.

- Just over two-thirds (67%) of individuals in 2011/12 were unemployed which is the same proportion reported for 2010/11. Eleven percent of individuals were in paid or unpaid employment (including full time education and training) in 2011/12 ([Table A1.36](#)).
- Seventy-three per cent of individuals said that their drug use was funded by benefits, 21% reported that they funded their drug use with crime, and 16% reported that their drug use was funded by debt ([Table A1.37](#)).
- The average daily spend, in a 'typical' drug using day, for individuals who reported using heroin, was £33 and this is consistent with previous years' reporting ([Table A1.38](#)).
- For individuals using cocaine, the average daily spend, in a 'typical' drug using day, was reported to be £90. This is the first time the average daily spend on cocaine has dropped below £100 since 2007/08 where the figure was also £90 ([Table A1.38](#)).
- Over two-thirds (69%) of individuals (who provided information) reported that they lived in owned or rented accommodation at the time of their assessment, a drop from 72% in 2010/11 and from 80% in 2009/10. Fourteen percent reported that they were homeless (includes those reporting living in temporary or unstable accommodation, or a hostel) and 1% reported that they lived in supported accommodation (includes residential rehabilitation) in 2011/12 ([Table A1.41](#)).
- Twenty-two per cent of individuals had previously been in prison ([Table A1.43](#)).
- Thirty-eight per cent of individuals reported that they had dependent children under the age of 16 years old. This is a decrease from 41% in 2010/11. Overall these figures have remained largely stable since 2006/07 ([Table A1.40](#)).

### Individuals' sources of referral and co-occurring health issues

- More than a third (37%) of individuals in 2011/12 referred themselves to specialist drug services. Over a quarter (29%) were referred by a general practitioner, primary care, mental health professional or other health professional, compared to 31% in the previous year. ([Table A1.5](#)).
- Around half (48%) of individuals did not report a co-occurring health issue in addition to their drug use. Almost a quarter (24%) of individuals reported drug-related physical health issues in addition to their drug use. Just over a quarter (26%) reported mental health problems as a co-occurring health issue. Eighteen per cent reported alcohol problems as a co-occurring health issue ([Table A1.6](#)).

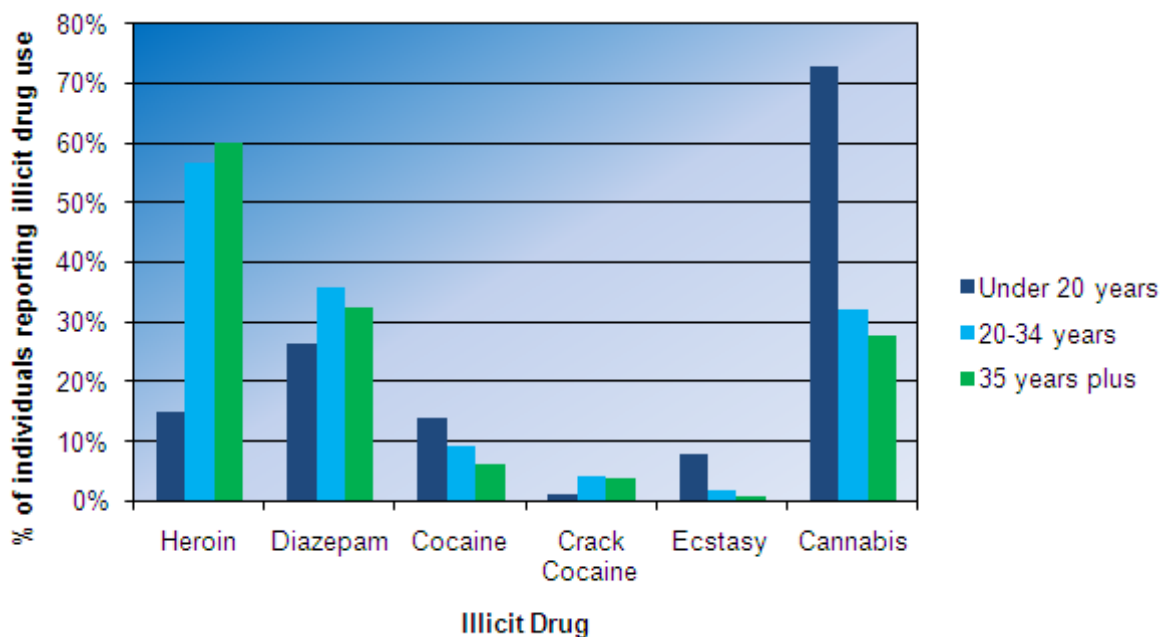
### Types of drugs that individuals reported using at initial assessment

In 2011/12 the illicit drugs that they had used in the past month that were most commonly reported by individuals attending their initial assessment were:

- heroin (55%; 4, 339 individuals)
- diazepam (34%; 2,668 individuals)
- cannabis (33%; 2,599 individuals)
- cocaine (8%; 654 individuals)
- methadone (8%; 602 individuals)
- other opiates (6%, 441 individuals)
- dihydrocodeine (5%, 410 individuals)
- crack cocaine (4%; 297 individuals) ([Table A1.7](#) and [Table A1.8](#)).

- The percentage of individuals reporting heroin use in the previous month (55%) has decreased by 8 percentage points since 2010/11. However, this figure has fluctuated since 2006/07. The percentage of individuals reporting use of diazepam, cannabis, cocaine and methadone is similar to that reported over the past 6 years ([Table A1.7](#) and [Table A1.8](#)).
- Of the 4,339 individuals who reported heroin use in the previous month, 94% (3,967 individuals) reported it as their main drug of use ([Table A1.7](#) and [Table A1.9](#)). This is consistent with the previous year.
- Of those reporting illicit drug use, 50% reported heroin as their main drug in 2011/12 this is a 9% decrease from 59% in 2010/11 ([Table A1.9](#)).
- Of those who reported heroin as their main drug of use, 33% reported additional illicit diazepam use, 15% reported using cannabis, 8% reported illicit methadone use and 5% reported using crack cocaine ([Table A1.11](#)).
- Heroin was less commonly reported in the drugs profile of younger people. Fifty-nine per cent or more of all age groups over 25 years reported using heroin compared to 16% of 15 to 19 year olds and 43% of 20 to 24 year olds ([Table A1.8](#)). The reported use in the 15 to 19 year old age group has decreased from 23% in 2010/11 and 33% in 2009/10. The reported use in the 20 to 24 year old age group has decreased by 11 percentage points (from 54% in 2010/11 to 43% in 2011/12).
- In 2011/12 reports of ecstasy use were most common amongst those aged 15 to 19 years old, with 8% reporting the use of ecstasy in the previous month. Cannabis use was most common in the under 15 year old age group; 94% of this age group reported cannabis use in the previous month. Caution is advised when interpreting these figures because the number of individuals in the 15 years and under age group is relatively small ([Table A1.8](#) and Figure A1.2).
- Mephedrone is a relatively new drug which has only been captured by the SDMD in the last 2 years. In 2011/12, 2% (111 individuals) of those reporting illicit drug use in the past month, reported using it at initial assessment with 35 of these reporting it as their main drug ([Tables A1.7 and A1.9](#)).

Figure A1.2 Illicit drug use by age (selected drugs), 2011/12





### Geographical profile of individuals at initial assessment

- In 2011/12, of those reporting use of heroin, 25% (1,089 individuals) were resident in NHS Greater Glasgow & Clyde; 17% (738 individuals) were resident in NHS Lothian; 12% (532 individuals) were resident in NHS Grampian and 9% were resident in NHS Fife & NHS Tayside (385 & 371 individuals respectively) ([Table A1.7](#)).
- Of those reporting cocaine use, 36% (235 individuals) were resident in NHS Greater Glasgow & Clyde; 18% (115 individuals) were resident in NHS Lanarkshire; and 13% (83 individuals) were resident in NHS Lothian ([Table A1.7](#)).
- 297 individuals reported crack cocaine use in 2011/12. Of these individuals, 49% (147 individuals) were resident in NHS Grampian; 27% (81 individuals) were resident in NHS Greater Glasgow & Clyde; and 14% (41 individuals) were resident in NHS Lothian ([Table A1.7](#)).

### Age at first use, problem recognition and seeking help

The time between the age when an individual first used an illicit drug, age at onset of problem, and age when (professional) help was sought provide some indication of an individual's journey through drug use.

- In 2011/12, the majority of individuals were in their teens when they first started using illicit drugs (including volatile substances and over the counter medicines), in their late-teens/early twenties when their drug use became a problem and in their twenties when they sought help ([Table A1.14](#), [Table A1.15](#) and [Table A1.16](#)).
- The length of time between the first use of illicit drugs and the onset of a problem varies from person to person. Over two-fifths (44%) reported that they did not perceive their drug use to be a problem until five years or more after they had started using drugs. Seventeen per cent of individuals perceived their use of illicit drugs to be a problem after less than one year ([Table A1.17](#)), which is consistent with the information reported in 2010/11.
- The time from the onset of the problem drug use until help was first sought also varied amongst individuals. Over a third (38%) of individuals reported that they first sought help less than a year after they perceived there to be a problem, 22% sought help after one to two years, 13% sought help after three to four years, whilst the remaining 27% waited five years or more before seeking help ([Table A1.19](#)). Again this is consistent with the previous year.

### Ways in which people take drugs

Individuals who receive a specialist assessment for their drug use are asked whether they have ever injected drugs and if they have, whether they have done so in the past month prior to attending the service. Similar questions are also asked about sharing needles/syringes and sharing spoons/water/filters/solutions. These questions provide useful public health information as they offer an insight into the numbers of individuals who have either used equipment previously used by someone else or lent to someone else equipment that they have already used.

- Twenty-two per cent of all individuals (for whom information is available) reported that they had injected in the month prior to their initial assessment.

- The highest proportion of individuals reporting drug injecting in the previous month was found in the 25 to 29 years old age range; with 27% reporting injecting in the month prior to attending a service. Correspondingly, 26% of 30 to 34 year olds and 25% of 35 to 39 year olds reported injecting in the previous month ([Table A1.22](#)).
- Only 8% of individuals aged under 20 years old reported injecting in the previous month ([Table A1.22](#)). This is a drop from the 12% reported in 2009/10.
- A third (33%) of individuals who had injected drugs reported that they were under 20 years old when they first injected. The median age for first injecting was 22 years old ([Table A1.23](#)).
- Over half (53%) of individuals reporting heroin use also reported that they injected the drug ([Table A1.25](#)).
- Forty-two per cent of individuals reporting heroin use reported taking it through injection only. Eleven per cent reported administering the drug both by injection and by another method (e.g. smoking) ([Table A1.24](#)).

### Alcohol profile

Individuals who present at a specialist drug treatment service are also asked to give details of their alcohol consumption, although it should be noted that this section is only completed for individuals who have presented to a service for their drug use, rather than their alcohol use.

- Thirty-six per cent of individuals reported that they had consumed alcohol in the past month (4,206 individuals) ([Table A1.35](#)).
- Twenty-eight per cent of those who reported drinking alcohol in the last month and who provided further information on their frequency of alcohol consumption reported drinking alcohol every day. A further 25% reported drinking alcohol at least 1 to 2 days a week ([Table A1.35](#)).

## Background Information

### Data Collection

The analysis presented in this section is based on data collected through SMR25a initial assessments. In April 2006, ISD introduced the SMR25a assessment form to replace the SMR24 form which had been in use since 2001. The revised form reflected the need for more in-depth and focussed information on individuals who present for treatment. The new dataset incorporated most of the information that was collected using SMR24 but also included new information, including blood borne virus testing information, information on dependent children and alcohol profile. The SMR25a form is completed at the beginning of an individual's episode of care.

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

Since April 2009, all services which supply data to the SDMD have transferred from completing paper based forms to using the new web-based data collection system, with the exception of General Practitioners, who continue to complete paper forms. General Practitioner data are not included in the analysis within this publication. This system allows follow-up data (SMR25b) to be collected for each new individual. It has also reduced the number of duplicate forms being completed for the same treatment episode for individuals as all services involved in the delivery of treatment have access to the individual's online form. Full individual names are now requested as part of the new web system (where individuals give their consent). As submission of data to SDMD relies wholly on the permission of the individual, this may lead to a reduction in forms being completed due to individuals' refusal to participate.

The Scottish Drugs Misuse Database is a dynamic source of data. It should be noted that the 2011/12 data presented in this report is provisional and may change in future publications as revised data will be used. Caution should therefore be applied when comparing 2011/12 data with previous years.

The information presented relates to all individuals receiving an initial assessment in 2011/12. Some individuals will have had more than one initial assessment during the time period, however, only their first such initial assessment is counted. The statistics do not reflect the total number of individuals seen by services.

### Relationship between this publication and the SDMD report on people in Treatment – 2011/12 (published December 2012)

The [Scottish Drug Misuse Database \(SDMD\) Report on People in Treatment – 2011/12](#) (published December 2012) presented data on individuals entering drug treatment services in Scotland during 2010/11 and 2011/12 and, using person level 'follow-up' data, explored their treatment outcomes three and 12 months after initial assessment. The report also reported on the completeness and representativeness of the SMR25a data for 2011/12.

The treatment report excluded individuals assessed in prisons and in GP surgeries due to lack of follow-up information for these individuals, leaving 9 912 individuals in the analysis (see [flowchart](#)). This compares to the 11 380 individuals reported on in this publication. Additionally, the treatment report used more stringent methods to identify individuals and retained only the latest assessment (within the year) for each individual whereas this report retains the first assessment. This is because the focus of interest is different in the two publications. For consistency with previous publications of chapter A1 of the drugs bulletin, we have used the same exclusion criteria and individual identification as used in previous drug bulletins.

Due to the differences noted above it is not appropriate to compare the figures in this report with those in the treatment report. We intend to combine the current publication with the treatment publication for 2012/13 onwards, and at this point it will be necessary to make changes to the exclusion criteria and initial assessment selection criteria.

### Local area analysis and trends

Individuals have been included only once within each NHS Board and council area of residence. However, they may appear in more than one area and as a result the sums of the NHS Board and council area data will not equal the Scotland figure. Where data are presented at a national level individuals are counted only once in any year.

### Acknowledgements

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

### Further information

Information on the Scottish Drug Misuse Database is available at <http://www.drugmisuse.isdscotland.org/sdmd/sdmd.htm>.

If you would like further information please contact the Health Improvement Team at <mailto:nss.isdsubstance misuse@nhs.net>

## Glossary

Confidence interval Provides an estimate range of values within which the true value is likely to lie. The width of the confidence interval gives an indication of the reliability of the value (ie. The smaller the range the more reliable the value).

## List of Tables

| Table No. | Name  | Time period | File & size   |
|-----------|---|-------------|---------------|
| A1        | <a href="#">A1 – Scottish Drugs Misuse Database</a>   |             | Excel [650kb] |
| A1.1      | <a href="#">New individual patients/ individuals: 2006/07 to 2010/12</a>  |             | Excel [40kb]  |
| A1.2      | <a href="#">Age group analysis: year ending 31 March 2012</a>   |             | Excel [40kb]  |
| A1.3      | <a href="#">Age group and gender: 2006/07 to 2010/12</a>  |             | Excel [40kb]  |
| A1.4      | <a href="#">Ethnic profile of new individuals: 2006/07 to 2010/12</a>   |             | Excel [40kb]  |
| A1.5      | <a href="#">Source of referral to specialist drug services: year ending 31 March 2012</a>                               |             | Excel [40kb]  |
| A1.6      | <a href="#">Co-occurring health issue(s): year ending 31 March 2012</a>   |             | Excel [40kb]  |
| A1.7      | <a href="#">All illicit drugs: year ending 31 March 2012</a>  |             | Excel [40kb]  |
| A1.8      | <a href="#">All illicit drugs by age group: 2006/07 to 2010/12</a>  |             | Excel [40kb]  |
| A1.9      | <a href="#">Main illicit drug: year ending 31 March 2012</a>  |             | Excel [40kb]  |
| A1.10     | <a href="#">Reports of heroin use, people under the age of 25: 2006/07 to 2010/12</a>                                   |             | Excel [40kb]  |
| A1.11     | <a href="#">Drugs used in combination with heroin when heroin is the main drug of misuse: year ending 31 March 2012</a> |             | Excel [40kb]  |
| A1.12     | <a href="#">All prescribed drugs: year ending 31 March 2012</a>   |             | Excel [40kb]  |
| A1.13     | <a href="#">Main prescribed drug: year ending 31 March 2012</a>   |             | Excel [40kb]  |
| A1.14     | <a href="#">Age when first started using illicit drugs: year ending 31 March 2012</a>                                   |             | Excel [40kb]  |
| A1.15     | <a href="#">Age at onset of problem drug use: year ending 31 March 2012</a>   |             | Excel [40kb]  |
| A1.16     | <a href="#">Age when help first sought: year ending 31 March 2012</a>   |             | Excel [40kb]  |
| A1.17     | <a href="#">Time from first used illicit drugs until onset of problem drug use: year ending 31 March 2012</a>           |             | Excel [40kb]  |
| A1.18     | <a href="#">Time from first used illicit drugs until help was first sought: year ending 31 March 2012</a>               |             | Excel [40kb]  |
| A1.19     | <a href="#">Time from onset of problem drug use until help was first sought: year ending 31 March 2012</a>              |             | Excel [40kb]  |
| A1.20     | <a href="#">Injecting: year ending 31 March 2012</a>  |             | Excel [40kb]  |
| A1.21     | <a href="#">Current injecting: 2006/07 to 2010/12</a>   |             | Excel [40kb]  |
| A1.22     | <a href="#">Injecting by age group: 2006/07 to 2010/12</a>  |             | Excel [40kb]  |
| A1.23     | <a href="#">Age when first injected: year ending 31 March 2012</a>  |             | Excel [40kb]  |
| A1.24     | <a href="#">Route of use of heroin: year ending 31 March 2012</a>   |             | Excel [40kb]  |
| A1.25     | <a href="#">Injecting heroin use: year ending 31 March 2012</a>   |             | Excel [40kb]  |

|       |   |  |              |
|-------|---|--|--------------|
| A1.26 | <a href="#">Route of use of heroin: 2006/07 to 2011/12 (by age group)</a>                 |  | Excel [40kb] |
| A1.27 | <a href="#">Sharing needles/syringes: year ending 31 March 2012</a>                       |  | Excel [40kb] |
| A1.28 | <a href="#">Current sharing needles/syringes: 2006/07 to 2010/12</a>                      |  | Excel [40kb] |
| A1.29 | <a href="#">Sharing needles/syringes: 2006/07 to 2011/12 (by age group)</a>               |  | Excel [40kb] |
| A1.30 | <a href="#">Sharing spoons/water/filters/solutions: year ending 31 March 2012</a>         |  | Excel [40kb] |
| A1.31 | <a href="#">Current spoons/water/filters/solutions: 2006/07 to 2010/12</a>                |  | Excel [40kb] |
| A1.32 | <a href="#">Sharing spoons/water/filters/solutions: 2006/07 to 2010/12 (by age group)</a> |  | Excel [40kb] |
| A1.33 | <a href="#">Tested for blood borne viruses: year ending 31 March 2012</a>                 |  | Excel [40kb] |
| A1.34 | <a href="#">Tested for blood borne viruses: 2006/07 to 2010/12</a>                        |  | Excel [40kb] |
| A1.35 | <a href="#">Alcohol consumption: year ending 31 March 2012</a>                            |  | Excel [40kb] |
| A1.36 | <a href="#">Employment Status : year ending 31 March 2012</a>                             |  | Excel [40kb] |
| A1.37 | <a href="#">Source of funding: year ending 31 March 2012</a>                              |  | Excel [40kb] |
| A1.38 | <a href="#">Daily spend on all drugs, heroin and cocaine: year ending 31 March 2012</a>   |  | Excel [40kb] |
| A1.39 | <a href="#">Living situation : year ending 31 March 2012</a>                              |  | Excel [40kb] |
| A1.40 | <a href="#">Dependent children: year ending 31 March 2012</a>                             |  | Excel [40kb] |
| A1.41 | <a href="#">Accommodation: year ending 31 March 2012</a>                                  |  | Excel [40kb] |
| A1.42 | <a href="#">Legal situation: year ending 31 March 2012</a>                                |  | Excel [40kb] |
| A1.43 | <a href="#">Previously been in prison : year ending 31 March 2012</a>                     |  | Excel [40kb] |



## Contact

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## Further Information

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

## Appendix

### A1 – Data source contacts

#### *Scottish Drug Misuse Database*

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Edinburgh, EH12 9EB  
Telephone: 0131 275 7051

### A2 – Publication Metadata (including revisions details)

| Metadata Indicator                       | Description   |
|--|---|
| Publication title                        | Drug Misuse Statistics Scotland 2012  |
| Description                              | This annual publication presents the latest available information on initial assessments in the Scottish drug misuse database   |
| Theme                                    | Health and Social Care  |
| Topic                                    | Substance Misuse  |
| Format                                   | PDF report with Excel tables  |
| Data source(s)                           | Data source is the Scottish Drug Misuse Database.   |
| Date that data are acquired              | Data was extracted in December 2012   |
| Release date                             | Tuesday 26 <sup>th</sup> March 2013   |
| Frequency                                | Annual  |
| Timeframe of data and timeliness         | Data published up to 31 <sup>st</sup> March 2012.   |
| Continuity of data                       | See background information in the report  |
| Revisions statement                      | Data source will include revised data in future publications.   |
| Revisions relevant to this publication   | N/A   |
| Concepts and definitions                 | Guidance on definitions for SDMD is available at <a href="http://www.drugmisuse.isdscotland.org/sdmd/advice.htm">http://www.drugmisuse.isdscotland.org/sdmd/advice.htm</a>  |
| Relevance and key uses of the statistics | Relevant to understanding problem drug use in Scotland. Statistics will be used for policy making and service planning.   |
| Accuracy                                 | Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends.   |
| Completeness                             | It is not mandatory for individuals to provide their information in the collection of data through SDMD. Detailed information on completeness is available in appendix A3 of the <a href="#">SDMD treatment report</a> .  |
| Comparability                            | Since April 2009 all services supplying data to SDMD have been moving from paper-based completion onto the new web-based collection system. This has resulted in a reduction in the number of duplicate forms being completed for the same individual episode. There have also been some issues with the completeness of the data in recent years. Therefore caution should be used when interpreting |

|                                    |  |
|------------------------------------|--|
|                                    | trends regarding the number of people accessing drug services in Scotland.   |
| 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 is available as a PDF file with tables clearly linked for ease of use.  |
| Value type and unit of measurement | Numbers, percentages and rates per 100,000.  |
| Disclosure                         | No disclosure has been applied   |
| Official Statistics designation    | National Statistic   |
| UK Statistics Authority Assessment | National Statistics  |
| Last published                     | 28 <sup>th</sup> February 2012   |
| Next published                     | November 2013 (to be combined with SDMD treatment outcomes report)   |
| Date of first publication          | 1998   |
| Help email                         | <a href="mailto:nss.isdsubstancemisuse@nhs.net">mailto:nss.isdsubstancemisuse@nhs.net</a>  |
| Date form completed                | 5 <sup>th</sup> February 2013  |

## **A3 – 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

#### **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)

#### **Early Access for Management Information**

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

#### **Early Access for Quality Assurance**

These statistics will also have been made available to those who needed access to help quality assure the publication: