



## **Scottish Drugs Misuse Database**

### **SMR 25a Assessment: Guidance Notes**

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## **i: How to use this document**

These guidelines should be used as a reference when completing an SMR25a paper form.

Each section of the form corresponds to a section in this document. You will find guidelines, definitions and advice on how to complete each section, in addition to some key information below on general advice about when to submit forms, who should submit, and standard conventions for completing the forms.

## **ii: Introduction**

The Scottish Drug Misuse Database (SDMD) is an important and widely used national information source on the misuse of drugs in Scotland. The SDMD is based on systematic recording of a universal dataset on clients seen at a broad range of services across Scotland.

The aims of the database are to:

- monitor presenting problem use
- collect information about clients presenting to services for assessment of their care/ treatment needs pertaining to drug misuse
- help identify, or confirm, trends
- inform discussion about service provision
- provide data for the ADATs for taking forward the drugs misuse strategy
- provide information in support of monitoring targets set by the Scottish Executive

SMR25a has evolved from the SMR24 dataset, from requests and feedback from drug treatment services, various specialist groups, and through advice from the Scottish Executive. The form has been designed so that the information it collects is gathered from your normal assessment process. The form should not necessarily drive or structure how you perform your assessment of clients' care and treatment needs, but you should be able to complete the form from the information ascertained during the assessment.

### **iii: Which services should complete an SMR25 assessment**

If your service provides a **comprehensive** or **specialist assessment** of clients' care/ treatment needs related to their drug misuse, then please complete an SMR25 assessment form for each new client (see definition of 'new client' below).

*Note: For the purposes of this document, the term "specialist assessment" is used to describe both comprehensive and specialist assessments.*

This assessment aims to identify needs and aspirations of the client, in order to inform decisions about their treatment, care and support.

For clarification on what level of assessment your service carries out, refer to appendix B.

**iv: Which clients are appropriate for inclusion in this dataset**

SMR25a assessment reports are designed to gather information from the assessment process. The form should only be completed for a client who is starting a new episode of care and who has undergone a specialist assessment of their drug treatment and support needs at your service.

If a client is formally referred to you from another drug service, which has already carried out a specialist assessment for the client's drug treatment needs, then it is not necessary to submit a form. If a client arrives at your service without a formal referral from another agency or service then a form should be submitted.

The following questions should help you to identify which clients to submit SMR25a for:

**Is the client beginning a new episode of care i.e. the client is not in contact with any other drug treatment/support service?**

If Yes, complete SMR25a

**Has the client been informally referred to you by another drug treatment service?**

If Yes, complete an SMR25a

**Is the client re-attending your service for a specialist assessment after being formally discharged previously, and has not been formally referred to you by another service?**

If Yes, complete an SMR25a

**Has the client been formally referred to you by another drug treatment service as part of the client's ongoing episode of care?**

If Yes, **do not** complete an SMR25a. The referring service should have completed one.

**Is the client attending your service for treatment and support for something other than drug use? This includes treatment of alcohol use and non-drug related interventions such as housing and employability.**

If yes, **do not** complete an SMR25a. SMR25a is only appropriate for drug-related treatment.

**v: When to submit an SMR25a**

Send in the paper form when either:

- **The Assessment process is completed**

The nature and timing of the assessment process varies across services and between individuals. The goal for any assessment at any service is to inform decisions about treatment care and support with a view to matching services to the assessed needs of the individual.

OR

- **The dataset is completed**

It is possible that the full SMR25a dataset may be collected from a client before the assessment is complete.

OR

- **As much information as possible has been collected**

It may sometimes not be possible to complete all data items. The client may have lost contact with the service before assessment has been completed. This should be recorded on the form and the information that has been collected should be used to complete the form.

## **vi: 10 Golden rules for form completion**

1. As much information should be recorded as possible. At a very minimum, every form must include *first initial, surname initial, date of birth, gender, institution code* and *date assessment completed*. Without these items, the form cannot be entered into the SDMD.
2. Write clearly, in dark ink and in block capitals.
3. If a particular item is not available from the assessment process, do not feel obliged to complete that item.
4. Strike through any sections and items that are not available. The SDMD team will then know that the question has been addressed and cannot be answered, rather than simply missed. This does not however apply to the mandatory items listed in point 1 above.
5. Follow the guide statements on the form – e.g. where it says “Tick all that apply”, more than one option can be ticked. “If no, go to section X” means you can save time and move on to the next section.
6. Ensure that details of the client’s drug misuse are recorded in either the Prescription Drugs profile or the Illicit Drugs profile.
7. Do **not** complete an SMR25a for **alcohol only** clients. Ensure that the form is only completed for clients who have presented at your service for treatment of their drug misuse.
8. Return only the top copy, and do not return the section of the form containing full name and CHI number. This information is on the form to help with your local administrative requirements. Full names of clients should **never** be sent to ISD through the post.
9. Use the envelopes provided. This will ensure that the forms are returned to the right address, and will save any postage charge for your service.
10. If in doubt, phone the SDMD for clarification. ISD appreciate your contribution and are keen to ensure that you have as few problems as possible in completing and returning the forms.

Phone the SDMD team on 0131 275 7096 or 0131 275 7097 for additional guidance on form completion.

**TEAR-OFF SECTION: DO NOT RETURN THIS TO ISD**

This section has been included to aid your service in the administration of your copy of the SMR25a assessment form. Sending this information through the post to ISD presents a risk to the anonymity of your clients. Please ensure that this slip remains with your (pink) copy of the form and is NOT returned to ISD.

**Item****Guidance****First Name**

Included in order to help you identify locally which form relates to which client.

**Surname**

Included in order to help you identify locally which form relates to which client.

**CHI Number**

Community Health Index (CHI) is a unique number assigned to patients registered with a GP in Scotland. If known, enter in the space provided on the tear-off slip.

**SECTION 1: PERSONAL DETAILS**

<b><u>Item</u></b>	<b><u>Guidance</u></b>
<b>First Name – First Initial Only</b>  <b><i>Mandatory</i></b>	<p>ISD aims to preserve the anonymity of clients who data is submitted for on the paper SMR25a form. You should not submit named data via the post. However, the SDMD still needs to distinguish one client from another. Please enter first initial only of the client's first name on the copy of the form to be returned to the SDMD.</p>
<b>Surname – First initial and fourth character only</b>  <b><i>Mandatory</i></b>	<p>Please enter the first initial and fourth character only of the client's surname on the copy of the form to be returned to the SDMD.</p> <p>Enter hyphens or apostrophes as separate characters.</p>
<b>Date Of Birth</b>  <b><i>Mandatory</i></b>	<p>Record in the format dd/mm/yyyy.</p>
<b>Gender</b>  <b><i>Mandatory</i></b>	<p>A statement by the individual about the gender they currently identify themselves to be (i.e. self-assigned).</p>
<b>Local Ref</b>	<p>If each of your clients is issued with an individual reference number within your service, then please include it here. This will assist ISD and service staff in identifying the appropriate record, should the need arise.</p>
<b>Ethnic Group</b>	<p>Enter ethnic group of client, as judged by the client. The stated ethnicity of the client as defined in the Scottish Census 2001 classification.</p> <p>If other is selected, please specify further.</p>
<b>City / Town</b>	<p>Enter city/ town where client is staying at time of presenting.</p>

There are a number of exceptions:

Roofless – record city/town if known and NF1.

Temporary/unstable – record address where stayed the night before.

Prison, residential rehabilitation, supported accommodation, secure unit – record usual home address.

Spending time at more than one address – record address where they spend most time.

Young person in long-term foster care/children's home – record where person staying at time of presenting.

Students away from home – record where person staying at time of presenting.

## Postal Sector

Postcodes are written as two parts. The first part consists of Area (letter(s)) and District (number(s)). The second part consists of Sector (one number) and Unit (two letters). Enter postal sector where client is staying at time of presenting.

See Appendix 1 for further guidance on unclear situations. Please ensure that Sector is entered in the second part of the boxes on the form. **Do not enter Unit.**

The exceptions above for city/ town also apply to postcode

**SECTION 2: PRESENTING INFORMATION (OF THIS EPISODE)****Item****Guidance****Main Source of Referral**

Only one option should be selected. For definitions of the 'referral' options please see Appendix A: Glossary of terms. ([link](#))

If none of the options listed apply, then select "Other" and specify further.

**Co-occurring Health Issues**

Presenting significant health issues other than drug use either revealed by client or assessed by the worker. Tick all that apply. For definitions of the 'co-occurring health' options please see Appendix A: Glossary of terms. ([link](#))

If none of the options cover a co-occurring health issue, select "Other" and specify further.

There is one exception. Please do not record pregnancy as a co-occurring health issue. This should be recorded in Section 12.

**SECTION 3: CONTACT WITH THIS SERVICE**

<b><u>Item</u></b>	<b><u>Guidance</u></b>
<b>Institution Code</b>  <b><i>Mandatory</i></b>	ISD assigns an institution code to each service. Enter the institution code for your service here. If you are unsure of your institution code, contact us on:  0131 275 6348
<b>Contact Name</b>	Enter the name of the worker at your service who should be contacted regarding problems with this form.
<b>Date contact first made (this episode only)</b>	Enter the date contact was first made with this service by the client, for this episode of drug misuse. Includes face-to-face / letter / phone call.
<b>Date first appointment offered</b>	Enter the date of the first appointment offered to the client to identify their needs, with a view to establishing a clear statement of the type and level of treatment, and support required, regardless of whether the client attended or not.
<b>Date this assessment completed / last seen</b>  <b><i>Mandatory</i></b>	Enter the date that this assessment was completed, OR the date the client was last seen.  Note – this date must be after the date of first contact and the date of first appointment.
<b>Client Referred to another drug agency</b>	If Yes please provide the date the referral was made as well as the name of the agency in the space provided

**Client being cared for**

Enter whether the client is currently receiving care from the service.

If No, select all the corresponding reasons from the list provided. Also enter the date of discharge for the client (or the date last seen).

**Client Referred to a moving-on/reintegration service**

If Yes, tick all the boxes that apply.

**SECTION 4: PREVIOUS CONTACT WITH SERVICES****Item****Guidance****Previous contact with any drug treatment services**

Indicate whether the client has had a specialist assessment of their drug treatment needs from **any** drug treatment service in the past. This includes your service or any other the client tells you about.

**If yes, year of last contact**

Indicate year contact last occurred between the client and any drug treatment service, including your own. The service referred to by the client does not need to still be in operation.

**Age when help first sought**

Enter the age (in years) of the client, the first time they ever sought professional help for drug misuse. The term "drug misuse" does not include alcohol or tobacco in this instance. Only illicit drug misuse should be considered. This includes over-the counter medicines taken inappropriately, illicit drugs, and volatile substances. It does not include alcohol or tobacco.

**SECTION 5: AGE PROFILE****Item****Guidance****Age when first started using illicit drugs**

Enter the age (in years) when the client says they first used illicit drugs. This includes over-the counter medicines taken inappropriately, illicit drugs, and volatile substances. It does not include alcohol or tobacco.

**Age at onset of problem illicit drug use**

Enter the age (in years) when the client believes problems began as a result of their drug use.

Problem drug use refers to illicit drug use, which could be either dependent or recreational. It is not necessarily the frequency of drug use which is the primary 'problem', but the effects that drug taking has on the user's life (i.e. they may experience social, financial, psychological, physical or legal problems as a result of their drug use).

## **SECTION 6: PRESCRIPTION DRUGS PROFILE (CURRENT)**

### **Item**

### **Guidance**

#### **Prescription drugs Profile (current)**

If the client is in receipt of a prescription related to treatment of addiction, complete the table. If not, indicate either None or Not known, and proceed to section 7.

#### **Details verified**

Use this box to indicate if you have verified the prescription drug(s) information provided by the client, either with the prescriber or against the client's formal record of prescription. If you have not verified the prescription, complete the table, and mark "no" to this question.

#### **Drug Name**

Record any drug here that has been prescribed (verified or not) to the client **for the treatment of their drug misuse or dependence**. Do not include drugs that are intended to be prescribed in the near future.

If more than 5 drugs are reported by the client, an additional form may be attached to the SMR 25. Ensure that all details are provided, and that both forms are returned to the SDMD.

#### **Main Drug**

When more than one drug has been prescribed, the drug worker should decide which drug is the **primary prescription for the client's drug problem** i.e. to achieve stabilisation/ maintenance, reduction or abstinence. This drug should be recorded in the first line of the table. Note – this drug may not necessarily be the drug taken most frequently or in the largest quantities.

#### **Daily dosage (mg)**

Enter the daily dose prescribed for each drug listed. **Use milligrammes (mg) in all cases**. Most drugs are prescribed to be consumed daily. If drugs listed are not, please calculate the daily equivalent dose.

**SECTION 7: ALCOHOL PROFILE****Item****Guidance****Consumed alcohol?**

Has the client consumed alcohol **in the past month?** If yes, complete this section. If no, go to section 8.

**How often did the client have an alcoholic drink?**

Only answer this question if the answer to the previous question was "Yes". Tick the appropriate box.

**In a typical day, how many units did the client usually have?**

The aim of this section is to establish the drinking habits of the client. Calculate the typical number of units the client has drunk per day in the last month. To calculate the number of units, use whichever method you are comfortable with. If you are unsure how to do this, Appendix D gives a list of standard drinks with their equivalent units. A link to the source website can also be found here.

**SECTION 8: ILLICIT DRUGS PROFILE (PAST MONTH)****Item****Guidance****Used in past month**

Has the client used illicit drugs in the past month? Tick yes or no. If no, proceed to section 9.

Include:

Any OTC medicine used inappropriately (e.g. excessive consumption)

Volatile substances used inappropriately (e.g. inhaling gas, sniffing glue)

A drug being used by the person which is prescribed for someone else's use.

Exclude:

Any drug related to drug misuse which are prescribed to that person.

A drug prescribed for that person even if not used as directed

**Drug name**

Enter full drug name for every drug reported.

**Do not record alcohol in this section. Alcohol use is recorded in section 10.**

If more than 5 drugs are reported by the client, an additional form may be attached to the SMR25. Ensure that all details are provided, and that both forms are returned to ISD.

**Main drug**

When more than one illicit drug has been used, the drug worker should decide which drug is causing the client the most problems at the time of presenting. Note this may not be the drug used most frequently or in largest quantities.

**Main route**

The most commonly used method of getting the drug into the body, for each drug listed. Where more than one route is identified, a decision should be made locally about which route is the 'main' route. Where more than two routes are reported, record the two most frequently used routes.

For definitions of the 'route' options please see Appendix A: Glossary of terms.[\(link\)](#)

**How often**

Record the frequency of use in the past month for each drug and route listed. Select from the options on the form. For definitions of the 'frequency' options please see Appendix A: Glossary of terms.[\(link\)](#)

Note; the terms 'Experimental', 'Recreational' and 'Occasional' are not suitable options, as they do not specify a 'frequency' of use.

**Other route**

If applicable, the secondary method of getting the drug into the body. See examples on form.

**Quantity**

Enter quantity of each drug used in a typical drug-using day. Specify units and amount e.g.

Milligrammes (mg)

Millilitres (ml)

Ounces (oz),

Grammes (g),

Binge. This where the total amount is not known as it was taken in a 'binge'.

Tablets (tabs)

Other

**Spend**

Enter amount spent in a typical drug-using day for each drug recorded.

**SECTION 9: INJECTING/ SHARING DETAILS****Item****Guidance****EVER****Ever Injected**

Has the client ever taken a **drug of misuse** (or had one administered for them by someone else) using a hypodermic needle/ syringe?

Do not include legitimate self-injection of prescribed drugs e.g. insulin for diabetes, or drugs injected by trained staff in a professional capacity.

Select the appropriate choice. If no, proceed to section 9.

**Always used new equipment first**

If the client has used new equipment **every** time they have injected, tick yes.

Equipment includes needles, syringes, spoons, water, filters etc.

**Used a needle or syringe that someone else has used**

If the client has ever used a hypodermic needle/ syringe that **anyone** else has previously used, tick yes.

**Lent someone else a needle or syringe which client has used**

If the client has ever **used** a hypodermic needle/ syringe and then lent it to **anyone**, tick yes.

**Used the same spoon, filter or water as someone else**

If the client has ever used the same spoon, filter or water as someone else when preparing drugs for use, tick yes.

**Age first injected**

Enter age, in years, when client first injected.

**IN THE PAST MONTH**

**ALL ITEMS DEFINED AS ABOVE, BUT APPLY ONLY TO PAST MONTH**

**SECTION 10: BLOOD BORNE VIRUSES****Item****Guidance****Tested for Hepatitis B**

Tick the appropriate box. If yes, provide date of last test, if available. If date of last test is not available, but client is sure they were tested, select yes and omit the date of last test.

**Tested for Hepatitis C**

Tick the appropriate box. If yes, provide date of last test, if available. If date of last test is not available, but client is sure they were tested, select yes and leave date blank.

**Tested for HIV**

Tick the appropriate box. If yes, provide date of last test, if available. If date of last test is not available, but client is sure they were tested, select yes and leave date blank.

**Has the client been at risk since last test?**

Since their last test, has the client been involved in any risk behaviours? E.g. injecting drugs, sexual contact, body piercing/ tattoo, needlestick bite, blood transfusion. Tick the appropriate box.

**Has the client completed a course of vaccinations for Hepatitis B?**

Has client completed a full course of vaccinations for Hepatitis B? Tick the appropriate box.

**SECTION 11: SOCIAL PROFILE****Item****Guidance****Accommodation**

Client's current accommodation. Tick one box only. If other, then please specify further.

If the client has more than one address, choose the option where they spend the most time. This information should correspond with the address information given in the Personal Details section.

For definitions of the 'accommodation' options please see Appendix A: Glossary of terms.[\(link\)](#)

**Living situation**

Who the client is currently living with. Tick all that apply. If other, then please specify further e.g. with grandparents.

If the client has more than one address, choose the place where they spend the most time.

If the client is in prison at the time of presenting, strike through this question.

For definitions of the 'living situation' options please see Appendix A: Glossary of terms.[\(link\)](#)

**Living with other drug users**

Is the client living with someone they know to regularly use drugs illicitly? Tick the appropriate box.

If the client is in prison, residential rehabilitation or similar, then select "No".

**Employment / Education**

Client's current employment status. Tick one box only. If other, then please specify further.

For definitions of the 'employment/ training' options please see Appendix A: Glossary of terms.[\(link\)](#)

**Legal situation**

Client's current legal situation. Tick all that apply. If other, then please specify further.

For definitions of the 'legal situation' options please see Appendix A: Glossary of terms.[\(link\)](#)

**Has client been in prison in previous 12 months?**

Tick the appropriate box. If yes, please record length of time since release and name of prison of release. If the client has been in prison more than once in the last 12 months, enter details of most recent release. Include any time spent in prison other than prison visits.

**Drug use funded by**

How does the client fund their drug habit? Tick all that apply. If other, then please specify further. For definitions of the 'drug use funded by' options please see Appendix A: Glossary of terms.[\(link\)](#)

**SECTION 12: DEPENDENT CHILDREN****Item****Guidance****Does client have dependent children**

Includes children under 16 years of age (both biological and non-biological) who are dependent on the client. Tick the appropriate box. If yes, please record the age of each child and with whom the child is living in the table provided. This includes the client's biological children, and any other children who are dependent on the client.

If the client has more than 6 dependent children, please attach additional sheet with relevant details, and submit with the rest of the form.

Record the age in years of each child. For children under the age of 1, write the number of months, then specify 'months' e.g. an 8 month old should be recorded as '8months'.

For definitions of the 'where the child is living' please see Appendix A: Glossary of terms.[\(link\)](#)

**Is client or their partner pregnant?**

Tick the appropriate box.

**SECTION14: LOCAL USE****Item****Guidance****Local Use Boxes**

These boxes are optional. Your service can use them to capture information that may be desirable locally.

The entries in the local use boxes will not be entered onto the database unless ISD are requested to do so by the service.

If the entries are to be included, ISD will require a list of valid codes per box.

ISD will be happy to provide analysis of the local data on request.

ISD does not require an explanation of what each code represents.

**Examples of valid local codes notified to ISD:**

Box 1: 1,2,3

Box 2: A,B,C,D,E,F,G,H

Box 3: Y,N

**Appendix A – Glossary of terms**

<b>Section</b>	<b>Options</b>	<b>Definition</b>
<b><u>2- Presenting information– Source of referral</u></b>	Self	Client has referred himself or herself to the organisation.
	Health -GP	A general practitioner (GP) who provides primary care.
	Health- Primary care team	A group of professionals delivering health services in the community at 'primary' or first points of contact with the health service. Includes clinical staff (nurses, physiotherapists, counsellors) and administrative staff (receptionists, practice managers).
	Health- Mental Health	Services specialising in the assessment and treatment of mental ill-health.
	Health- Other	NHS services specialising in the treatment of issues other than drug misuse e.g. occupational health, A&E, needle exchange.
	Social Work- Criminal Justice	Criminal justice based social work service (Victims and Offenders) e.g. Probation Service, Supervision of, and support for released prisoners.
	Social Work- Child and family	Child and family based social work service.
	Social work- Other	Any other social work service not detailed above.
	Criminal Justice- DTTO	Drug Treatment and Testing Order. A

		sentence for drug users who receive treatment for their drug use and have to give regular urine tests to make sure they are not using drugs.
	Criminal Justice- Arrest referral	An intervention seeking to identify problem drug using offenders at the point of entry into the criminal justice system and refer them into treatment.
	Criminal Justice- Drug court	A special court given the responsibility to handle cases involving drug-addicted offenders through an extensive supervision and treatment program.
	Criminal Justice-Prison	Referral from any UK based prison i.e. Prison- based case workers have conducted an assessment of needs to co-ordinate service provision e.g. using Common Addictions Recording Tool (CAART).
	Criminal Justice-Other	Referral from any other Criminal justice based service not detailed above.
	Voluntary service	Referral from any type of voluntary service.
	Education	Referral from an education authority or service.
	Housing	Referral from a housing or homelessness service.
	Other (specify)	Any other referral not specified above.

<p><u>2- Co-occurring health issues</u></p>	<p>Drug related physical health</p>	<p>Any symptom or diagnosis that is linked to drug use e.g. treatment of abscess, thrombosis, viral illness, dental health problems, malnutrition etc.</p>
	<p>Mental Health</p>	<p>Any symptom or self-diagnosis of a mental health problem whether or not seeking professional support or treatment e.g. depression, anxiety.</p>
	<p>Alcohol</p>	<p>Client's pattern and level of drinking is a concern to either themselves or the worker i.e. they may be experience health, social, financial, or legal problems as a result of their alcohol use.</p>
	<p><u>Other</u></p>	<p><u>Any other significant presenting health issue not detailed above.</u></p>
<p><u>3 Current contact with service-detail of contact/non contact</u></p>	<p>Received required support</p>	<p>Client's needs met according to assessment i.e. discharged at the end of their treatment, with the agreement of the client and the service</p>
	<p>Disciplinary</p>	<p>Client has been discharged due to misconduct</p>
	<p>Unplanned</p>	<p>Client was referred to the service but did not attend a number of assessment or treatment appointments. The discharge date would be entered as soon as service staff agree that</p>

		the client is no longer on its books or would be viewed as a new client if they re-presented at the service.
	Deceased	Service can confirm that the client is dead
	Referred to other service	Client has been referred on to another drug service with the agreement of the client and the service
<b><u>8 Illicit profile- Main route</u></b>	Intra-venous	Injected into the vein.
	Swallow	Ingested by eating or drinking.
	Smoke	Vapours produced by substance incineration taken into the lungs, with or without tobacco.
	Snort	Powder taken through the nose e.g. cocaine.
	Inhale	Intake by breathing vapours through mouth and or nose e.g. gas/solvents.
	Sniff	Vapours taken through the nose only e.g. gas/solvents.
	Intra-Muscular	Injected into the muscle.
	Skin Popping	Injected directly under the skin.
	Buccal	Taken against the gums/ mouth cavity (exclude under the tongue)
	Sub-Lingual	Under the tongue.
	Other	Other routes of administration not detailed above.
<b><u>8 Illicit profile- How often</u></b>	Daily	Habitual use of specified drug every day.
	Most days	Between 4 and 6 days per week.
	Weekends	Friday to Sunday.
	Weekly	Between 1 and 3 days

		per week.
	Fortnightly	Every two weeks.
	Monthly	Every month.
	Less often than monthly	Less than once every month but at least once during the past month..
	Other	Other frequencies not specified above.
<u>11 Social profile- Accommodation</u>	Owned/ rented	Client currently lives in stable accommodation
	Supported accommodation (drug related)	Client currently lives in supported housing e.g. owned by Registered Social Landlords (RSLs) and either managed by them or specialist agencies.
	Residential rehabilitation	Client is currently engaged in a residential rehabilitation programme aimed to support individuals to attain a drug-free lifestyle and be re-integrated into society. They provide intensive psychosocial support and a structured programme of daily activities which residents are required to attend over a fixed period of time.
	In prison	Client is currently in prison or young offenders institution
	Homeless-temporary/unstable accommodation/ hostel	“Homelessness means not having a home. You don't have to be living on the street to be homeless - even if you have a roof over your head you can still be without a home. This may be because you don't have any rights to stay where

		you live or your home is unsuitable for you." Shelter UK
	Homeless-roofless	Client is currently sleeping on the streets
	Other (specify)	Other accommodation not specified above.
<u>11 Social profile –Living situation</u>	With spouse/partner	Client is living with spouse/ partner
	With parents	Client is living with parent(s). Includes step/ foster.
	Alone	Client lives alone (includes no children living with client)
	Other (specify)	Other living situation not specified above.
<u>11 Social profile- Employment/ Education</u>	Employed (paid or unpaid)	Includes self employed and employed part time
	Support into employment	Client is receiving a service and or programme aimed at helping clients to progress towards or get into employment, to stay in employment and to move on in the workplace. Examples New Deal, New Futures, New Opportunities, Beattie Inclusiveness funded projects.
	Unemployed	Client is aged 16 or over and is without a job, is available to start work in the next two weeks and have been seeking a job in the last four weeks, or is waiting to start a job already obtained in the next two weeks.
	Never employed	Client has never been employed (full/part time, paid/ unpaid)
	Long term sick/disabled	Client is claiming Disability Living

		Allowance. This infers client needed help for 3 months because of a severe physical or mental illness or disability, and is likely to need this for at least another 6 months
	School	<u>Client is currently in school.</u>
	Excluded from school	Client is currently excluded from school by the school/ relevant education authority. Includes those in alternative education provision.
	Full time education or training	Client currently undertaking post school education or training programme
	In prison	Client is currently in prison or young offenders institution
	Other (specify)	Other employment/training not specified.
<u>11 Social profile-Legal situation</u>	None	Client is currently not involved within the criminal justice system.
	Case pending	Client has been arrested and is awaiting the case to be heard or the disposition to be given
	DTTO	Client is currently subject to a Drug Treatment and Testing Order
	Probation or supervision order	Client is currently subject to a probation or supervision order
	In prison	Client is currently in prison or young offenders institution.
	Other	Other legal situation not specified above.

**Appendix B – Levels of Assessment**

<b>Level of assessment</b>	<b>Purpose</b>	<b>Carried out by</b>	<b>Level of information</b>
<b>Simple assessment</b>	Screening- The 'gateway' into care.	Professionally qualified staff in health, housing and social work who are the first contact; vocationally qualified staff; and unqualified staff with training in assessment.	Basic
<b>Comprehensive assessment.</b>	To allow some decisions about treatment, care and support to be made, or whether it is appropriate to refer an individual elsewhere.	Professionally qualified staff in social work or health.	Cover more detailed information on drug use and other factors such as housing, employment, health and benefits
<b>Specialist assessment</b>	When a client has been referred to a specialist service, or has moved on from entry-level assessment.	Professionally qualified staff in social work, health and housing, who may have recognised expertise; vocationally qualified or trained staff in specialist areas where simple specialist assessment is needed; and professionally qualified or trained staff in specialist independent agencies.	Cover in detail the nature and extent of drug use, physical and psychological health, personal and social skills, social and economic circumstances, previous treatment episodes and assets and attributes of the individual.

Definitions and concepts of integrated care and its key elements, including assessment can be found in the Scottish Executive's guidance- 'Integrated Care for Drug Users'. LINK! <http://www.drugmisuse.isdscotland.org/eiu/intcare/intcare.htm>

## **Appendix C – Confidentiality**

The SDMD is an important and widely used national information source on the misuse of drugs in Scotland. The Database is based on systematic recording of a universal dataset on clients seen at a broad range of services across Scotland.

In Scotland, the database was established originally in August 1990, with the ISD part of the NHS in Scotland assigned responsibility for the database. Similar systems were set up in England and Wales at the same time and the Scottish database, although tailored to Scottish needs, seeks to retain common standards with the rest of the UK wherever possible.

The database collects information on demographic and behavioural characteristics of new clients coming to the attention of medical services (general practice, hospital etc.) and specialist drug services (statutory and non-statutory). The dataset covers:

- demographic information
- presenting information
- prescription profile
- illicit drug profile
- injecting/sharing details
- social profile

The aims of the database are:

- (a) to monitor presenting problem use
- (b) to collect information about clients presenting to services for assessment of their care/ treatment needs pertaining to drug misuse
- (c) to help identify, or confirm, trends
- (d) to inform discussion about service provision
- (e) to provide data for the ADATs for taking forward the drugs misuse strategy
- (f) to provide information in support of monitoring targets set by the Scottish Executive

### **Confidentiality of information held by ISD**

ISD is fully committed to the processing of all personal data securely and in accordance with the requirements of Data Protection legislation. The work of ISD is included within the Common Services Agency for Scottish Health Service's registration with the Data Protection Commissioner. ISD is also subject to the Service's Data Protection policy, and abides by the eight Data Protection Principles, which govern the handling of personal data. The Service's Data Protection Officer is Kim Kingan, Gyle Square, 1 South Gyle Crescent Edinburgh, EH12 9EB, Tel: 0131 275 7176

Client confidentiality is regarded as of utmost importance within ISD. Measures to ensure the protection of confidentiality include:

### **An explicit set of Confidentiality Rules for ISD Scotland Staff**

All new staff are required to read these rules and sign their acceptance of them. Existing staff re-sign every six months. These rules cover the care and release of confidential data, copies are available on request.

### **The Privacy Advisory Committee**

Any release of person-identifiable data is carefully controlled. The Privacy Advisory Committee, an independent body set up by the Chief Medical Officer to advise ISD, examines requests of a non-routine nature.

### **Regular Audit of Practice**

Regular internal audits of confidentiality and security practice take place within ISD.

### **Caldicott Guardian**

In addition to maintaining the measures outlined above, ISD is responding to the recommendations of the Caldicott Committee. The Caldicott Guardian for ISD is Dr Rod Muir, Trinity Park House, South Trinity Road, Edinburgh, EH5 3SQ, Tel: 0131 551 8639.

The Scottish Drug Misuse Database is managed by ISD. Because of the sensitivity of the information collected, there are additional measures in place to ensure that confidentiality and anonymity are maintained. These are explained on the next page.

## **Confidentiality procedures**

The Database has a system of security levels, which guarantees that access in ISD is restricted to those working within the drugs misuse team.

The forms are kept in lockable cabinets and shredded once all the quality issues for a particular period have been resolved.

The 'data processed by ISD relating to drugs misuse' is registered for the purpose of 'health research and statistics' as part of the Common Services Service registration under the Data Protection Act 1984.

## **Anonymity**

**Initials, full date of birth** and **gender** are essential to account for the double counting of people reported to the database on more than one occasion. It is vital therefore that these items are recorded as accurately as possible on the forms.

It is recognised that obtaining an accurate full date of birth can sometimes be more difficult than obtaining other details, but clients will usually provide this information if they know that to do so offers no risk to themselves and will contribute to the provision of accurate statistics. Most people using drugs fall into a fairly narrow age band and if the age of the individual alone was used to match records, many apparent matches would be made in error. There is clearly no point in collecting information that is unreliable and a full date of birth is vital.

A full postcode is not required by ISD on paper forms. Only the **Postal Sector** is recorded on the ISD part of the form. Postal Sectors usually cover large

populations: 'There are approximately 300 addresses in a (postal) sector' (Source: The Royal Mail Postal Address Book). An analysis completed by ISD shows that under 2% of the postal sector areas in Scotland include fewer than 50 'delivery points' (post boxes), while almost 80% include more than 1000 'delivery points'

## **Client Consent**

In practice, some services do ask for consent while other services see the data collection as a normal part of the administration of the service offered to any clients. However, where client consent is sought it is important that the person is given reassurance that his/her interests are a paramount consideration with everyone involved in SDMD work.

To avoid any misunderstanding, call staff at the SDMD for further clarification.

If there is a problem regarding client consent which may affect the completion of an SMR25 form, please contact us at the SDMD

**Appendix D – SIGN Guideline 74, Appendix 1: The management of harmful drinking and alcohol dependence in primary care**

<http://www.sign.ac.uk/guidelines/fulltext/74/annex1.html>

Beverage type		Alcohol by volume (%)	Measure	Alcohol content (units)
<b>Beers/lagers</b>	Barbican	0.02	440ml	<0.01
	Kaliber	0.05	Pint	0.03
	Tennents LA	1.2	440ml	0.5
	Mild/light beers (various brands)	3.1	Pint	1.8
		3.5	Pint	2.0
	Best bitter (various brands)	3.6	Pint	2.0
	Skol	4.0	Pint	2.3
	McEwans/Labatt	4.1	Pint	2.3
	Guinness draft stout	5.0	440ml	2.2
	Grolsch	5.0	Pint	2.8
	Premium beer/lager (various brands)	5.2	330ml	1.7
		6.0	440ml	2.6
	Stella Artois	9.0	440ml	4.0
	Lowenbrau Pils	9.5	440ml	4.2
	Hofmeister Special			
	Kestral Super			
<b>Ciders/Perries</b>	Strongbow LA	0.9	330ml	0.3
	Woodpecker	3.5	Pint	2.0
	Strongbow	4.5	1000ml	4.5
	Old English	5.5	Pint	3.1
	Strongbow Super	8.0	Pint	4.5
	Diamond White	8.2	275ml	2.3
	Strong White Cider	8.4	1000ml	8.4
<b>Spirit based drinks with mixers (alcopops)</b>	Hooch	4.7	330ml	1.6
	WKD Original Vodka Blue or Iron Brew	5.5	330ml	1.8
		5.5	275ml	1.5
	Smirnoff Ice	5.4	275ml	1.5
	Bacardi Breezer	5.4	275ml	1.5
	Metz Snapps (Black, Still or Original)	5.5	275ml	1.5
		40.0	700ml	28.0
	Vodka Red Square (Barrs Inn Bru)			
Aftershock				
<b>Vodka Hooch</b>	Lemon/Apple/Orange/Hoopers Hooch	4.7-5.1	330ml	1.6-1.7
<b>Shooters (addition to main drink)</b>	Jelly Pots	15.0	47ml	0.7
	Sidekick	20.0	30ml	0.6
	Aftershock	40.0	30ml	1.2
	Frostbite	50.0	30ml	1.5

	Absinthe	75.0	30ml	2.3
<b>Wines</b>	Various brands	9-14	750ml	6.8-10.5
A purchased glass of wine can vary from 125 to 250 ml and can contain 1.1-3.5 units per glass depending on % alcohol. A small (125ml) glass of average strength (12%) wine contains 1.5 units.				
<b>Fortified Wines and other</b>	Cinzano bianco/Buckfast	14.7	750ml	11.0
	Croft Original Sherry	17.5	750ml	13.1
	Cockburn's Port	20.0	750ml	15.0
<b>Spirits</b>	Gordons Dry Gin/Smirnoff	37.5	700ml	26.3
	Vodka	37.5	700ml	26.3
	Bacardi White Rum	40.0	700ml	28.0
	Bells Whisky/Martell cognac brandy	40.0	700ml	28.0
	Captain Morgan's dark rum			
A purchased measure of spirit is 25 or 35 ml. A 25ml measure of 40% spirit contains 1 unit of alcohol.				
<b>Liqueurs</b>	Bailey's Irish Cream	17.0	350ml	6.0
	Archers Peach Schnapps	23.0	700ml	16.0
	Apricot Brandy/Crème de	24.0	700ml	16.8
	Menthe/Malibu	40.0	700ml	28.0
	Pernod/Cointreau/Drambuie			