NHS
National
Services
Scotland

NATIONAL STATISTICS

Scottish Drug Misuse Database

Overview of Initial Assessments for

Specialist Drug Treatment 2018/19

**Publication date
03 March 2020**

iSD
SCOTLAND

A National Statistics publication for Scotland

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Contents

Introduction

The Scottish Drug Misuse Database (SDMD) was set up in 1990 to collect information about people in Scotland with problem drug use. Services contributing to the SDMD include specialist drug services and some medical services. Data are collected when individuals make contact with services providing tier 3 and 4 interventions[1] (i.e. structured community and residential treatment) or reinitiate contact following a gap of at least six months since last attendance. This provides insights into drug treatment needs and the social circumstances and behaviours of individuals at the point when they contact services for treatment.

The SDMD is a unique and widely used national data source that provides information which may be used to identify trends in activity over time, make comparisons between areas/groups, conduct research, improve services, and influence policy in relation to service provision for problem drug use.

Further details on the SDMD are included within **Appendix 1 - Background information**.

This report provides information on individuals presenting for initial assessment for a new drug treatment episode at specialist drug treatment services in 2018/19. This is the first full National Statistics report since the publication of 2016/17 data in June 2018. Information for 2017/18 was published in October 2019 as a statistical data release in order to focus on the more timely release of the 2018/19 full report.

This report should be read in conjunction with the **Excel workbook**, which is publicly available and provides users with accessible, interactive content based on data from 2006/07 (the year in which the current data collection form (SMR25a) was introduced) to 2018/19.

For further explanation of technical terms please refer to the **Glossary**.

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[1] Detailed information about Tier 1-4 interventions can be found in **DATWT treatment types**.

Main Points

- In 2018/19, initial assessments for specialist drug treatment relating to 10,757 individuals resident in Scotland were recorded on the Scottish Drug Misuse Database.

- Just over half of people in contact with drug services were from older age groups; the percentage of individuals assessed for specialist drug treatment who were aged 35 years or over increased from 29% in 2006/07 to 53% in 2018/19.

- Heroin was the most common substance people reported needing help with, although its use has decreased over time. Among those who indicated recent drug use, the percentage of individuals reporting heroin as their main drug decreased from 63% in 2006/07 to 38% in 2018/19.

- Reported heroin use has declined sharply among younger people; the percentage of individuals aged under 25 years reporting heroin use in the month prior to assessment fell from 58% in 2006/07 to 19% in 2018/19.

- From 2006/07 to 2015/16, between 5% and 8% of individuals reported cocaine or crack cocaine as their main drug. This percentage has increased in the years since 2015/16, rising to 19% in 2018/19.

- There has been a decrease in reports of injecting drug use; the percentage of individuals who reported that they were currently injecting drugs decreased from 28% in 2006/07 to 13% in 2018/19.

- Sharing of needles/syringes and other injecting equipment increases the risk of blood borne virus infection. Sharing of needles/syringes decreased from 11% in 2006/07 to 6% in 2011/12 and has remained around this level to 2018/19 (5%). The sharing of other injecting equipment fell from 18% in 2006/07 to 7% in 2018/19.

Results and Commentary

This report focuses on information provided by individuals presenting for initial assessment for a new drug treatment episode at specialist drug treatment services in 2018/19 and for whom data were submitted to ISD on a SMR25a form. It contains:

Section 1: SDMD Data Quality and Completeness (Scotland and Area of Treatment) – Summary description of the completeness and data quality of SDMD initial assessment submissions in 2018/19 and comparison of the number of individuals recorded in SDMD initial assessment records with the number of individuals waiting for drug treatment recorded in the Drug and Alcohol Waiting Times database (DATWT). Detailed findings are provided in **Appendix 2 - Data Quality**.

Section 2: SDMD Findings (Scotland and Area of Residence) – Analysis of the number of initial assessments for specialist drug treatment recorded in SDMD, socio-demographic characteristics, measures of 'illicit'[2] and prescribed drug use, injecting behaviour and Blood Borne Virus testing. The findings are presented for 2018/19 along with trends since 2006/07. NHS Board/Alcohol and Drug Partnership (ADP) findings are described where those differed from national findings and were sufficiently robust to merit inclusion (see **Section 1**).

The information presented in this report does not reflect the total number of individuals seen by services. As individuals are identified by matching SDMD records by forename initial, surname initials, sex and date of birth, the reliability of analysis is dependent upon data quality (**Section 1**). Some individuals will have had more than one initial assessment during 2018/19, however, only their first recorded initial assessment during the time period is counted and analysed. For some, this may have been their first contact with specialist drug treatment services, while for others it may have been part of a series of treatment episodes spanning multiple years. Individuals have been included only once within each NHS Board or ADP area of residence. However, individuals may be counted in more than one area and, as a result, the total of the NHS Boards or ADP areas will not equal the Scotland figure. Where data are presented at a national level, individuals are counted only once in any year.

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

SDMD is a dynamic source of data. It should be noted that the 2018/19 data presented in this report is provisional and may change in future publications.

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[2] The term 'illicit drugs' includes (as per SDMD guidance) use of solvents, 'novel' or 'new' psychoactive substances (NPS)/legal highs or inappropriate use of 'Over The Counter' (OTC) medications.

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

Please note that a small number of percentages shown in this report may appear to be slightly different from comparable percentages shown in the Excel tables. This issue is associated with the way in which Excel rounds numbers.

Section 1: SDMD Data Quality and Completeness (Scotland and Area of Treatment)

Introduction

In 2012/13 and 2013/14, problems with data collection systems in specific NHS Boards prevented publication of comprehensive national SDMD data. Reflecting these issues and the publication in 2015 of the UK Statistics Authority's Guidelines on **Administrative Data Quality Assurance**, the 2014/15 SDMD Annual Report included a detailed investigation of data quality and completeness, and established that the publication of a national report was possible. This section summarises 2018/19 data quality and completeness findings (see also **Appendix 2 - Data Quality**).

Data Completeness

Specialist services providing tier 3 and 4 interventions[3] (i.e. structured community and residential treatment) should be submitting information on assessments for specialist drug treatment to both SDMD and the Drug and Alcohol Treatment Waiting Times database (**DATWT**). These are separate systems which are managed separately locally and have different processes and procedures. Comparison of the numbers of individuals recorded on these systems suggests that SDMD completeness is lower. In 2018/19, SDMD data on Initial Assessments was estimated to be 59.6% complete compared to the DATWT database (i.e. three in five individuals recorded on DATWT were also recorded on SDMD). This is lower than the figure for 2017/18 (64.6%) and is the lowest SDMD completeness estimate since DATWT was introduced in 2011/12 (**Workbook Table 1.2** and Table 1).

Table 1: SDMD data completeness (compared to DATWT) by financial year (number of individuals[1,2], Scotland, 2011/12-2018/19)

Year	Number of individuals on SDMD[3]	Number of individuals on DATWT	Percentage SDMD completeness compared to DATWT	Percentage of anonymous records on DATWT
2011/12	10,340	15,330	67.5	25.2
2012/13	10,784	14,831	72.7	22.5
2013/14	x	15,420	X	22.1
2014/15	11,188	15,574	71.8	18.3
2015/16	10,692	16,034	66.7	16.9
2016/17	10,467	15,617	67.0	14.5
2017/18	9,907	15,326	64.6	11.7
2018/19	9,586	16,085	59.6	9.4

'x' - not reported due to data quality and completeness issues.
1. Records submitted from prisons are excluded from this comparison.
2. Number of individuals on DATWT includes all anonymous drug waits. As each anonymous record in DATWT must be counted as a unique individual (there is no way to identify repeat clients), the number of individuals identified for comparison with SDMD may be slightly inflated.
3. Initial Assessments.

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[3] Detailed information about Tier 1-4 interventions can be found in **DATWT Treatment types**.

These estimates may be subject to bias due to contextual and system-related issues (including changes in data quality) which are described fully in **Appendix 2 - Data Quality**. However, in spite of differences in recording, the completeness of SDMD is consistently lower when compared to the DATWT database, which suggests it is not appropriate to consider individuals recorded on SDMD as the complete population of individuals assessed for specialist drug treatment.

Despite issues comparing SDMD with DATWT, there is an increased probability that SDMD cohorts from areas of low completeness may be unrepresentative of all service users. ADP level comparisons of SDMD and DATWT data are problematic due to differences in service delivery and SDMD data recording. However, NHS Board comparisons (**Table A2.1**) are considered more robust and are used to determine how findings are reported. On this basis, findings from the following areas (with 50% or lower completeness) are not described in **Section 2** of this report:

- NHS Greater Glasgow & Clyde: 43%

- NHS Highland: 33%

- NHS Orkney: 0%

- NHS Western Isles: 26%

Data Representativeness

As DATWT data were more complete than SDMD data, they were also assumed to be more representative of the population assessed for specialist drug treatment. Over-representation of individuals from specific age/sex groups within SDMD compared to DATWT increases the likelihood that characteristics or behaviours more common among those groups may be over-reported. National SDMD and DATWT completeness estimates by age and sex (Table 2) show higher relative completeness for individuals aged under 25 (particularly males). Data completeness for the age group '35 and over' was lower than the completeness for all ages combined. Such bias can be partly corrected by data weighting. However, as differences were generally minor, SDMD was deemed sufficiently representative.

Table 2: SDMD data completeness (compared to DATWT) by age group and sex (number of individuals[1,2], Scotland, 2018/19)

Sex	Age Group	Number of individuals on SDMD[3]	Number of individuals on DATWT	Percentage SDMD completeness compared to DATWT
Males	Under 25	932	1,273	73.2
	25-34	2,247	3,201	70.2
	35+	3,786	6,027	62.8
	All ages	**6,965**	**10,501**	**66.3**
Females	Under 25	331	469	70.6
	25-34	913	1,304	70.0
	35+	1,374	2,289	60.0
	All ages	**2,618**	**4,062**	**64.5**
All persons	Under 25	1,263	1,742	72.5
	25-34	3,160	4,505	70.1
	35+	5,160	8,316	62.0
	All ages	**9,583**	**14,563**	**65.8**

1. Records submitted from prisons are excluded from this comparison.
2. This analysis excludes DATWT anonymous clients, focusing on those who provided age and sex information. It also excludes those SDMD clients that do not provide this information. As a result, the figures cannot be compared with Table 1.
3. Initial Assessments.

Indicator Completeness

SDMD data includes indicators describing demographics, illicit drug use, prescribed drug profile, heroin use and injecting practices. Not all of the dataset variables used to calculate these indicators are completed. Therefore, the level of completeness can vary over time, by area and between indicators. In 2018/19, improvements in completeness were noted in over half of all indicators (12 out of 23) at a national level compared to 2017/18. A decrease was observed in nine indicators and, for the remaining two indicators completeness was the same as in 2017/18. All changes ranged within +/-2 percentage points of the value observed in the previous year.

However, for the indicators described below, data completeness was generally low across Scotland or varied widely by NHS Board/ADP of treatment. These indicators have been included in the report and **workbook** because of: a) their relevance to the issue of problem drug use and b) in order to highlight poor data quality. However, findings may be biased by observed variations in reporting and results should be interpreted carefully. Comprehensive 2018/19 indicator completeness data is provided in **Workbook Table 1.5**.

- *Co-Occurring Health Issues*: This indicator describes health issues that may be risk factors for relapse or drug-related death (e.g. older people with a drug problem were admitted to hospital more frequently and had a higher prevalence of a range of

medical/psychiatric conditions than the rest of the Scottish population (SDF: 2017)[4]). In 2018/19, data completeness across Scotland was 64% (compared to 61% in 2017/18) and varied widely between areas (37% of NHS Shetland records included valid data compared to 95% of records from NHS Ayrshire & Arran)[5].

- ***Living Situation/Living with other drug users:*** In previous publications these two SDMD questions were reported as one indicator where 'other drug users' was a category in the 'Living situation' analysis. In the 2017/18 data release, the 'other drug users' category was removed from the 'Living situation' analysis and included as a separate analysis (called 'Living with other drug users'). Overall completion in 2018/19 (78% and 72% respectively) increased from 2017/18 (77% and 70%), but was lower than all other indicators except for the 'Co-occurring health issues'. Some areas also showed low completion rates (Living situation: 31% in NHS Ayrshire and Arran, Living with other drug users: 57% in NHS Fife and NHS Lanarkshire).

- ***Age First Started Using Drugs:*** This variable is a useful indicator in assessing the age of onset of drug misuse. In 2018/19, overall completeness for Scotland was 82% (compared to 80% in 2017/18).

Comparisons between Area of Treatment and Area of Residence

The data quality and completeness analyses presented in this section of the report are based on an individual's *area of treatment* (i.e. the NHS Board/ADP where an individual was assessed for specialist drug treatment) while the findings presented in **Section 2** are based on their *area of residence* (thought to be of most value to users of these statistics). Therefore, in order for the findings from **Section 1** to function as measures of the reliability of findings in **Section 2**, there should be a high degree of correspondence between treatment and resident populations. In 2018/19, in 13 NHS Boards, at least 98% of individuals assessed for specialist drug treatment were resident in the same area (**Table A2.2**). No data were recorded in SDMD by NHS Orkney.

Other Data Quality and Completeness Indicators

The **Workbook** contains additional data quality and completeness indicators which may be of interest to users of these data. The completeness of SDMD 3-month follow-up (SMR25b) recording for the most recent treatment episode for each individual recorded on SDMD in 2018/19 is provided in **Workbook Table 1.1**. This shows that, nationally, 21% of initial assessments had follow-up data recorded on SDMD after three months (similar to 2017/18 (20%)).

Numbers of unplanned discharges are monitored by services because such events may be associated with the relapse of individuals to problem drug use. **Workbook Table 1.3** shows that the percentage of discharges before treatment which were unplanned increased from 28% in 2017/18 to 35% in 2018/19. Unplanned discharges as a percentage of discharges

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[4] Scottish Drugs Forum (2017) *Older People with Drug Problems in Scotland: Addressing the Needs of an Ageing Population* [online]. Available at: **http://sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017.pdf**.

[5] The probable reason for low completeness of this variable is that it has no 'none' category. The absence of a response could be either that there were no co-occurring health issues, or that the question was not answered.

during treatment were 38% in 2017/18, broadly similar to 2017/18 to 2018/19 (37%) (**Workbook Table 1.4**).

Conclusions

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

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

- Statistics (e.g. standardised rates) which may be unreliable due to potential under/over-representation of specific groups in the population assessed for specialist drug treatment are not reported.

- Areas where completeness in comparison to DATWT was estimated to be 50% or lower are not described in this report, as there is an increased probability that SDMD findings may be unrepresentative.

- For indicators with considerable geographical variation in completeness, only Scotland level figures are reported.

## Section 2: SDMD Findings (Scotland and Area of Residence)

Demographics

This section describes the demographic profile of individuals presenting for an initial assessment of their needs at specialist drug treatment services in Scotland. For some individuals this may have been their first contact with specialist drug treatment services, while for others it may have been part of a series of treatment episodes spanning multiple years.

New Individual Patients/Clients

In 2018/19, initial assessments for specialist drug treatment relating to 10,757 individuals were recorded on SDMD (**Workbook Table 2.1**). This is the lowest number of individuals assessed and recorded throughout the time series, and there has been a steady decline since 2014/15 (12,524) (Figure 1). This may, in part, be due to the decrease in completeness of SDMD over time, as can be seen in the comparison with DATWT described in Section 1 (Table 1).

Figure 1: Number of initial assessments by financial year (Scotland; 2006/07-2018/19)[1]
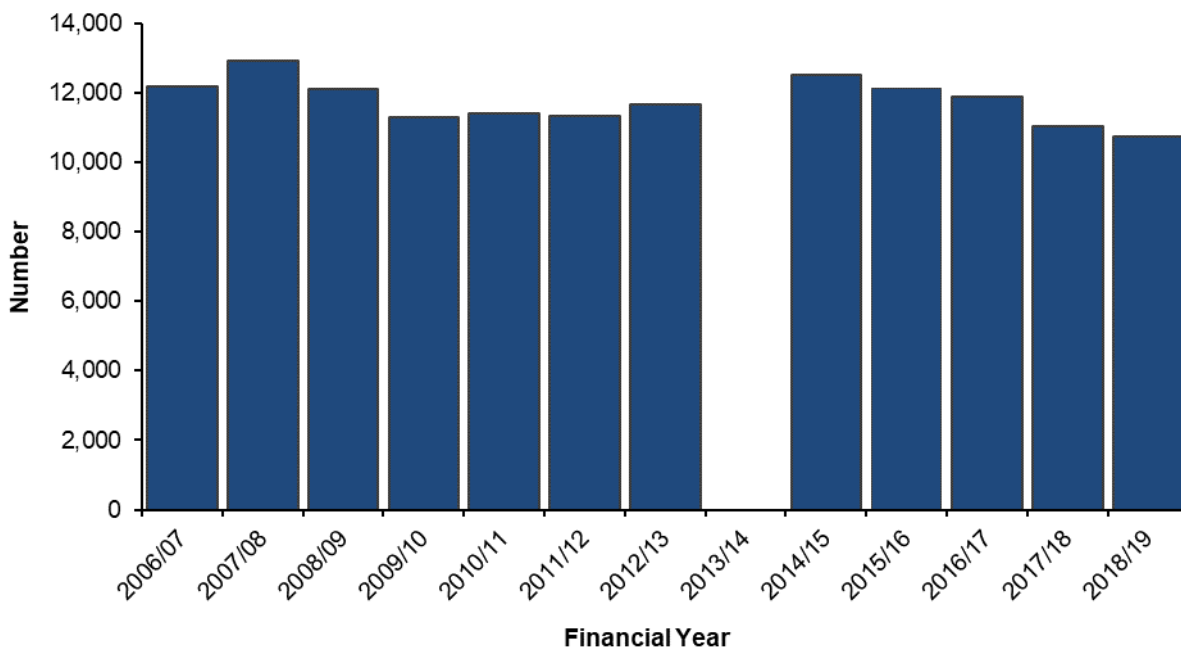
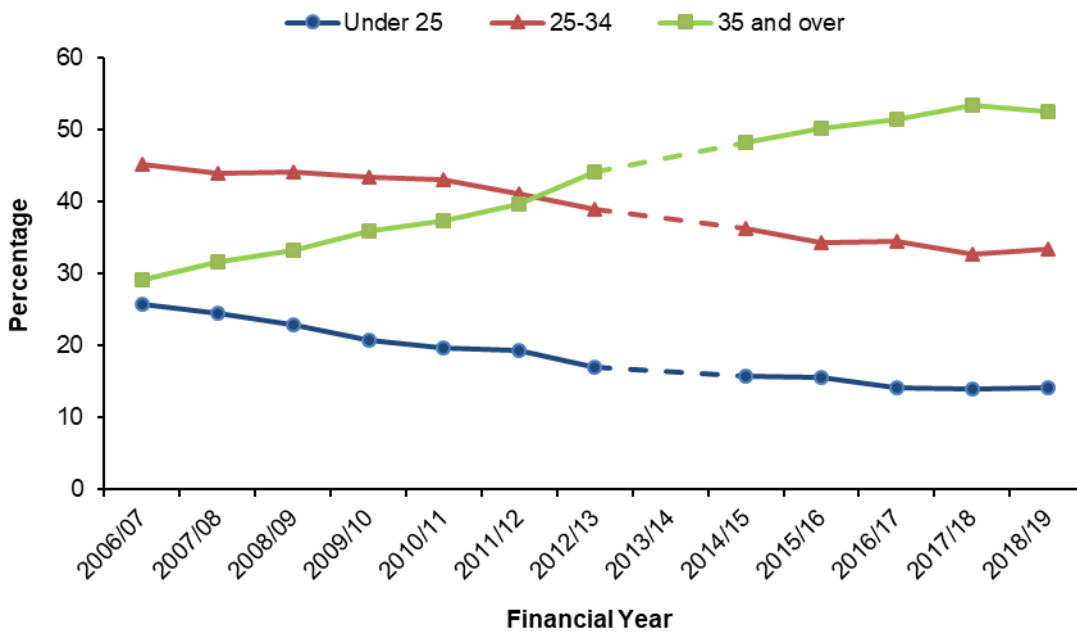1. 2013/14 is not reported due to data quality and completeness issues.

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

Across Scotland, 67% of individuals stated they had previously been in contact with drug treatment services. By NHS Board area, the percentage of individuals previously in contact with drug treatment services ranged from 55% in Forth Valley to 73% in Grampian.

Age Profile

Since 2006/07, an increasing percentage of individuals recorded on SDMD have been from older age groups. In 2006/07, 29% of individuals assessed for specialist drug treatment were aged 35 and over, compared with 53% in 2018/19. Assessments among individuals aged 25-34 (until 2012/13 the group most often assessed for specialist drug treatment) decreased from 45% in 2006/07 to 33% in 2018/19. The percentage of under 25 year olds also decreased from 26% in 2006/07 to 14% in 2018/19. Median age at assessment increased from 30 years in 2006/07 to 35 years in 2018/19 (**Workbook Table 2.2** and Figure 2).

Figure 2: Percentage of individuals by age group and financial year (Scotland; 2006/07-2018/19)[1]

1. 2013/14 is not reported due to data quality and completeness issues.

In 2018/19, the age breakdown in the majority of NHS Board areas was similar to that of Scotland with the 35 and over age group most prominent among those assessed. Differences in age composition were noted in Fife, where 58% of individuals were aged 35 and over and 30% were aged 25-34. Forth Valley also had a different age composition with 40% of individuals aged 35 and over was and the same percentage of individuals aged between 25 and 34 years assessed within the NHS Board). The median age of individuals assessed for treatment in 2018/19 varied across NHS Board areas, from 31 years (Shetland) to 36 years (Fife) (**Workbook Table 2.2** and Figure 3).

Figure 3: Percentage of individuals by age group and NHS Board[1,2] of residence (Scotland; 2018/19)
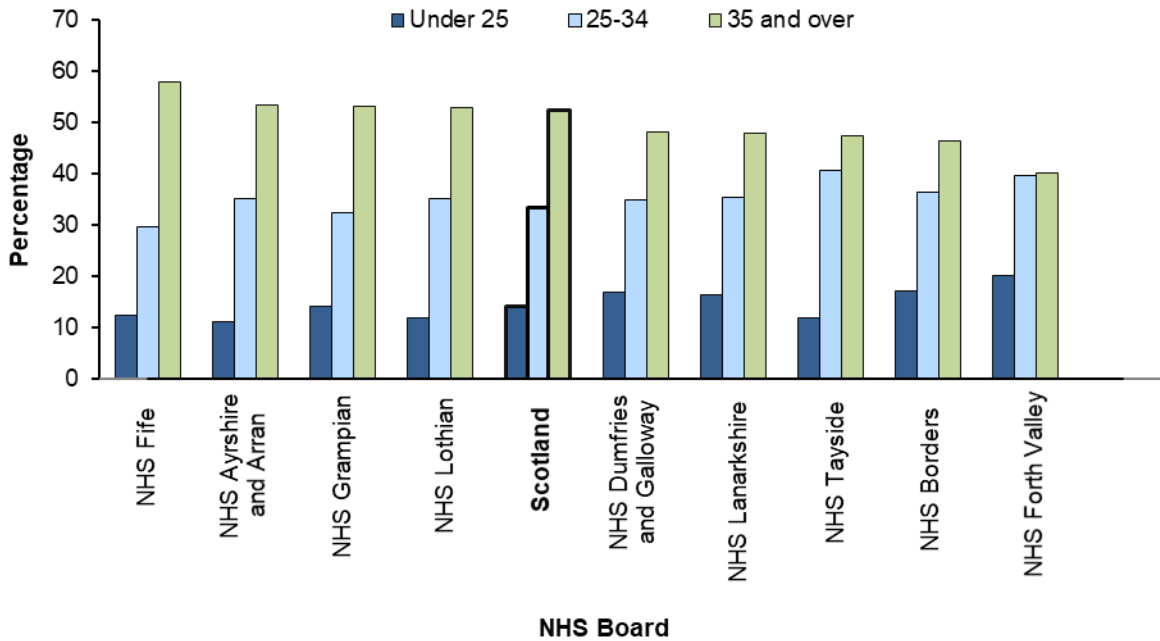
1. NHS Shetland is not included in this chart due to the suppression of small numbers.
2. NHS Greater Glasgow & Clyde, NHS Highland, NHS Orkney and NHS Western Isles are not included due to data completeness issues.

Sex Profile

In 2018/19, almost three quarters (73%) of individuals assessed for specialist drug treatment were male, similar to previous years. The percentage of males in NHS Board areas ranged from 69% in Fife to 76% in Lanarkshire (**Workbook Table 2.3**).

Source of Referral

The distribution of referral sources reflects local networks of health, social care and justice agencies within NHS Boards. Valid responses were provided in 97% of cases. The most common referral source was 'Self' (51%), followed by 'Health' (21%), and then 'Criminal Justice' (15%) (**Workbook Table 2.4**).

Employment Status

Employment/education status was reported at assessment for 91% of individuals. In 2018/19, 48% of individuals reported being unemployed at the time they were assessed for specialist drug treatment, 23% reported an 'other' employment status[6] and 19% reported being employed or in full time education/training (**Workbook Table 2.5**).

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

Living Situation

People's living situation may have an influence on their health and wellbeing. For example, among people who use drugs, living alone may be a risk factor for drug-related death[7,8]. Living situation was reported at assessment for 79% of individuals. Among individuals recorded on SDMD, 'lives alone' (37%) was the most common living situation, followed by 'spouse/partner' (15%), 'living with parents' (14%), and 'friends/other family' (12%) (**Workbook Table 2.6**).

Living with Other Drug Users.

Living with other drug users may increase the risk of relapse to problem drug use and may be a risk factor for drug-related death[7,8]. In 2018/19, of the individuals assessed for specialist drug treatment, 10% reported they were living with other drug users (the same percentage as in 2017/18) (**Workbook Table 2.7**).

Accommodation Status

In Scotland, 71% of individuals reported that they lived in owned/rented accommodation. More than one-tenth (12%) of individuals reported being homeless when they were assessed for specialist drug treatment (similar to 2017/18 (13%)) (**Workbook Table 2.8**).

The highest percentage of people who were homeless when assessed for specialist drug treatment was observed in NHS Grampian (16%). Among ADP areas, Aberdeen City reported the highest percentage of individuals who were homeless (21%) when assessed for specialist drug treatment (**Workbook Table 2.8**).

Legal Situation

In 2018/19, of individuals who were assessed for specialist drug treatment 59% were not currently subject to any legal proceedings or sanctions, 14% were in prison and 11% had a case pending. A further 5% were on probation/supervision, 4% were on a Drug Treatment and Testing Order (DTTO), and 1% had 'other' criminal proceedings. Overall, 33% of people were subject to some form of legal proceedings or sanctions (**Workbook Table 2.9**).

Co-Occurring Health Issues

In 2018/19, of the individuals who were assessed for specialist drug treatment, 64% reported that they had co-occurring health issues. Fifty-eight percent of individuals who reported a co-occurring health condition reported physical issues, 58% reported mental health issues and 26% reported alcohol issues (**Workbook Table 2.10**).

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[7] Frischer, M., et al. (2012) *'Preventing opioid overdoses in Europe: A critical assessment of known risk factors and preventative measures'* [online]. Available at: **http://www.emcdda.europa.eu/system/files/publications/672/Preventing_overdose_report_final _396018.pdf**.

[8] Barnsdale, L., et al., Information Services Division (2018) *The National Drug-Related Deaths Database (Scotland) Report 2015 and 2016* [online]. Available at: **https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-12/2018-06-12-NDRDD-Report.pdf**.

Drug Profile

All Drugs

Examining drugs reported in any of the five illicit[9] drug fields in SDMD provides an indication of patterns of recent (within the previous month) problem drug use among those assessed for specialist drug treatment. In 2018/19, of the 10,757 individuals recorded on SDMD, 8,678 (81%) reported illicit drug use in the month prior to initial assessment. Of those who recently used drugs, 44% (3,815) reported the use of heroin. Cocaine/crack cocaine (2,853; 33%), cannabis (2,658; 31%) and diazepam (2,643; 30%) were the next most frequently reported drugs.

There was a general downward trend in recent heroin use across the time series from 2006/07 (67%) to 2018/19 (44%) (**Workbook Table 3.1** and Figure 4).

From 2010/11 to 2015/16), the percentage of individuals reporting recent cocaine/crack cocaine use ranged from 11% to 14%. However, cocaine/crack cocaine use has increased to 33% (2018/19) over the last three years, and is now the second most commonly reported drug used. This change may be related to increases in the availability and purity of cocaine (European Drug Report 2019[10]).

Figure 4: Type of illicit drug used in the month prior to assessment among individuals reporting recent illicit drug use, by financial year (Scotland; 2006/07-2018/19)[1,2]
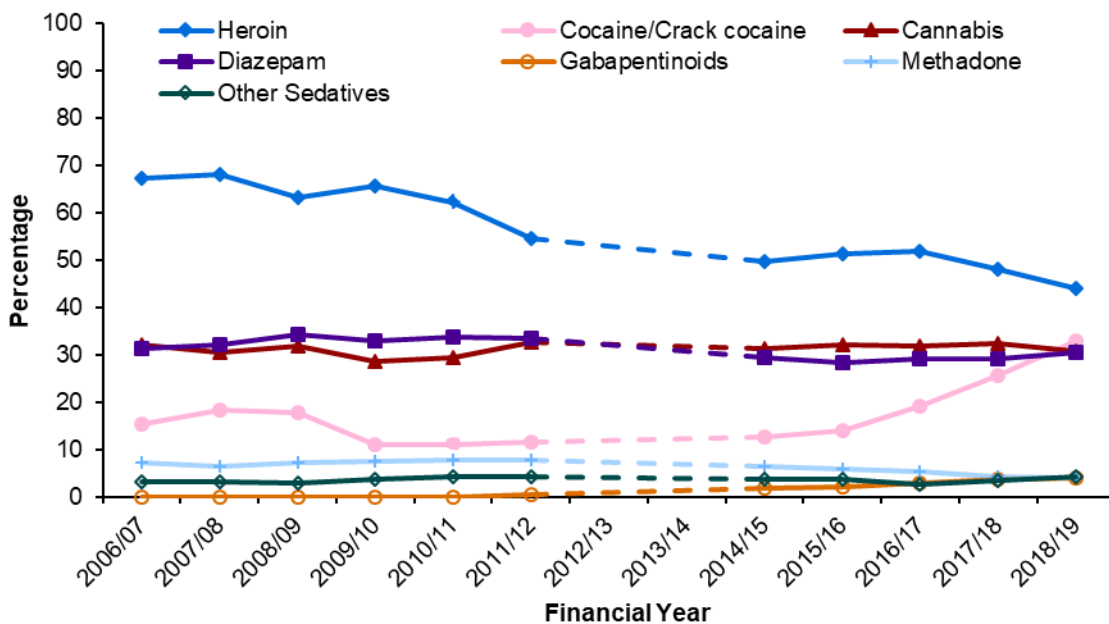
1. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.

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[9] The term 'illicit drugs' includes (as per SDMD guidance) use of solvents, 'novel' or 'new' psychoactive substances (NPS)/legal highs or inappropriate use of 'Over The Counter' (OTC) medications.
[10] EMCDDA (2019) *European Drug Report 2019: Trends and Developments* [online]. Available at: http://www.emcdda.europa.eu/system/files/publications/11364/20191724_TDAT19001ENN_PDF.pdf

In all NHS Board areas with the exception of Forth Valley and Lanarkshire, heroin was the drug most often reported to have been used in the month prior to assessment. In Forth Valley cannabis was the most commonly reported drug (41%) and in Lanarkshire cocaine was the most commonly reported drug (40%). In spite of often being the drug most commonly reported, there was wide variation between NHS Boards in the percentage of individuals reporting recent heroin use, from 56% in Tayside to 30% in Forth Valley. Individuals in Grampian reported both the highest percentages of recent cocaine/crack cocaine (52%) and diazepam use (41%). The highest percentage of cannabis use was reported in NHS Forth Valley (41%).
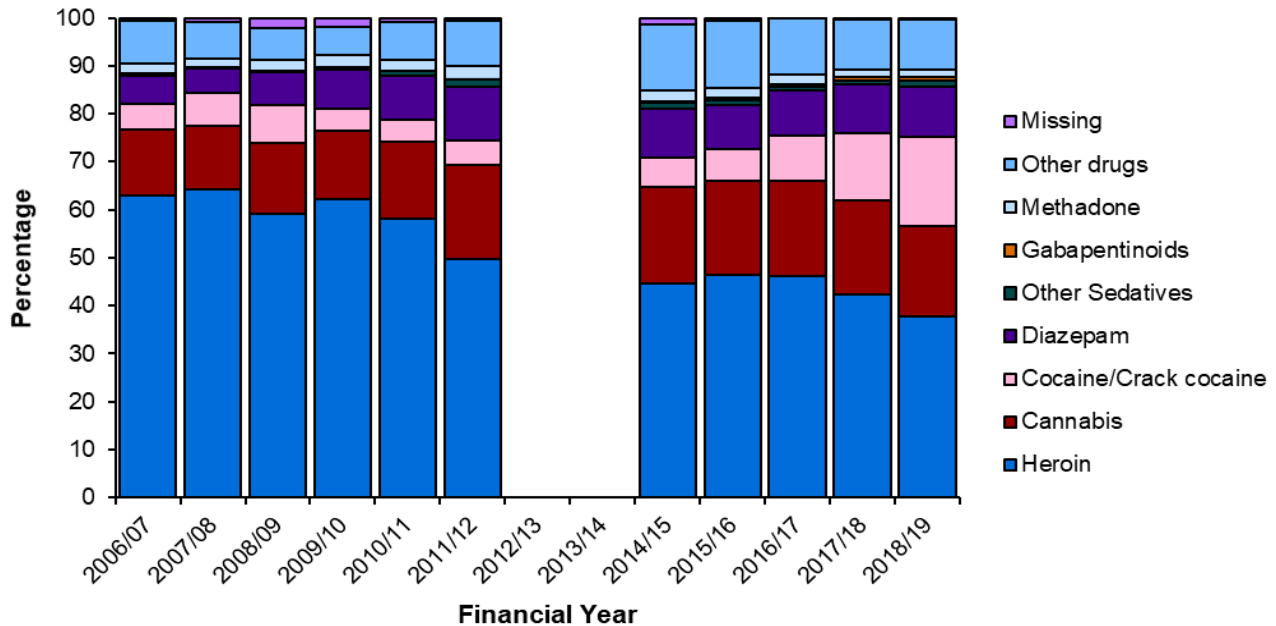
Main Drug

The main drug used is recorded in the first illicit drug field of the SMR25a form and is considered to be the substance for which individuals were seeking specialist drug treatment. In 2018/19, among the 8,678 individuals providing information on recent (within the previous month) illicit drug use, heroin was the most common main drug (3,285; 38%), followed by cannabis (1,623; 19%), cocaine/crack cocaine (1,612; 19%), and diazepam (921; 11%).

Examining trends, the following changes were observed across the time series (**Workbook Table 3.2** and Figure 5):

- The percentage of individuals reporting heroin as their main drug decreased from 63% in 2006/07 to 38% in 2018/19.

- The percentage of individuals reporting cannabis as their main drug increased from 14% in 2006/07 before stabilising around 19-20% in each reported year from 2011/12.

- From 2006/07 to 2015/16, between 5% and 8% of individuals reported cocaine or crack cocaine as their main drug. This percentage has increased in the years since 2015/16, rising to 19% in 2018/19.

- Reporting of diazepam increased from 6% in 2006/07 to 11% in 2011/12, and has since remained in the range of 9 to 11%.

Figure 5: Main illicit drug used in the month prior to assessment among individuals reporting recent illicit drug use, by financial year (Scotland; 2006/07-2018/19)[1,2,3]

1. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.
2. Other drugs includes: Amphetamines, dihydrocodeine, Ecstasy, other Opioid Substitution Therapy (OST) drugs, other opiates, and other drugs.

Main Drug by Area

Heroin was the most common main illicit drug reported in all NHS Board areas with the exception of Forth Valley. Tayside (52%) had the highest percentage of recent drug users reporting heroin as their main drug, compared to 25% in Forth Valley (**Workbook Table 3.2**). Other notable findings include:

- The highest percentage of recent drug users reporting cannabis as their main drug was observed in Forth Valley, where it was the most commonly reported main drug (28% compared to 19% nationally)

- In Lanarkshire, 28% of individuals reported cocaine/crack cocaine as their main drug, compared to 19% nationally.

- Six percent of individuals assessed for specialist drug treatment in Borders reported dihydrocodeine as their main drug compared to a Scottish average of 2%.

Age When First Started Using Drugs

Across the time series (2006/07 to 2018/19), median age at first use of drugs has remained stable at 15 years.

In 2018/19, around one third of individuals each reported that they were under 15 years old (32%) or between 15 and 19 years old (33%) when they started using drugs (**Workbook Table 3.3**).

Alcohol Consumption

Of the 9,385 individuals who provided information on their recent alcohol use, 40% (3,726) had consumed alcohol in the month prior to assessment for specialist drug treatment. Of

those recently consuming alcohol, around a third (1,162; 31%) reported drinking every day in the past month (a small decrease since the highest percentage was reported in 2016/17 (35%) (**Workbook Table 3.4**).

Prescribed Drug Profile

This section of the report presents findings about drugs prescribed to individuals at the time of their initial assessment. The medications described will generally have been prescribed prior to assessment for specialist drug treatment and should not be interpreted as reflecting the treatments prescribed during specialist drug treatment episodes.

Individuals referred to specialist drug treatment services from criminal justice agencies (for example, following prison release) or from other healthcare providers (such as GPs) were more likely to be prescribed medication for the treatment of dependence (such as Opioid Substitution Therapy (OST) drugs) than other individuals. In 2018/19, over three quarters (77%) of people referred from criminal justice and 55% of people referred from other healthcare providers reported being prescribed methadone compared with 39% of those referred from social work. As OST prescribing may be influenced by the source of referral into specialist drug treatment, these drugs are shown separately (in Figure 6) from other prescribed medications (Figure 7). See **Appendix 3 - SDMD Findings** for more information on the relationship between referral and OST prescribing.
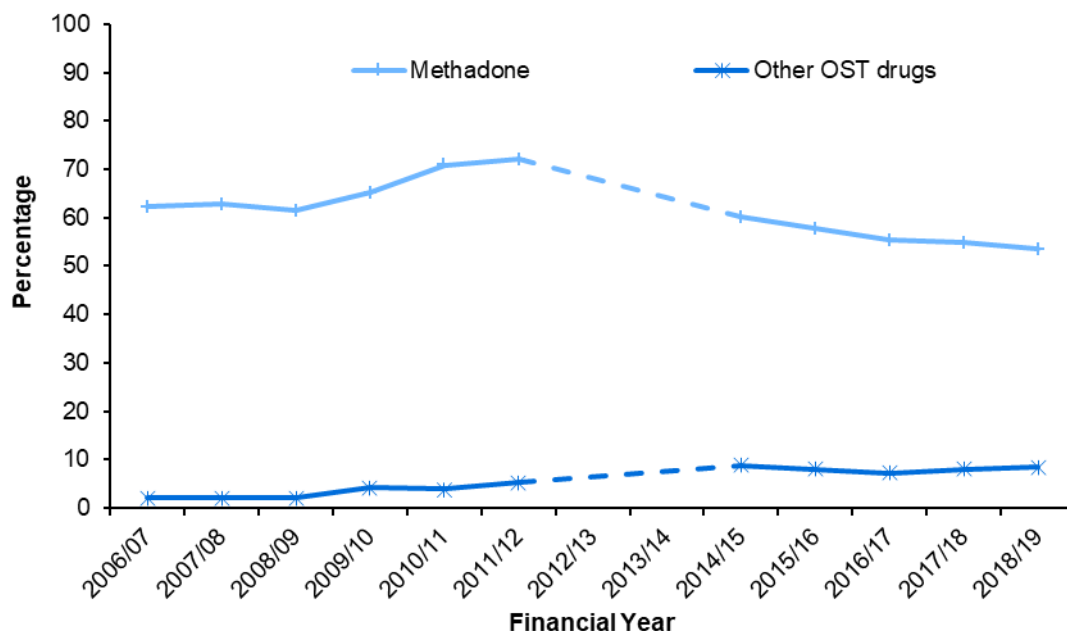
All Prescribed Drugs

In 2018/19, there were 4,605 (43%) individuals recorded on SDMD who reported that they were currently prescribed a drug for the treatment of dependence.

Methadone was the most commonly prescribed drug (2,464, 54% of assessments where a current prescription was reported). In 2018/19, other OST drugs were reported by 388 (8%) individuals who were currently prescribed a drug for the treatment of dependence. There has been a decrease in the percentage of individuals prescribed methadone from a peak of 72% in 2011/12 to 54% in 2018/19. There was an increase in the percentage of individuals prescribed 'other OST drugs' between 2006/07 (2%) to 2014/15 (9%), but since then the percentage prescribed 'other OST drugs' has remained approximately the same (2018/19; 8%) (**Workbook Table 4.1** and Figure 6).

In most NHS Boards, methadone was the most commonly prescribed medication, but this varied from 22% (Forth Valley) to 73% (Dumfries & Galloway) of assessments where a current prescription was recorded. Other OST drugs varied from 4% (Ayrshire & Arran and Forth Valley) and 15% (Lanarkshire). As discussed above, these differences may, in part, be associated with the prevalence of specific referral types.

Figure 6: Type of OST drug currently prescribed among individuals reporting current prescription at initial assessment, by financial year (Scotland; 2006/07-2018/19)[1,2]
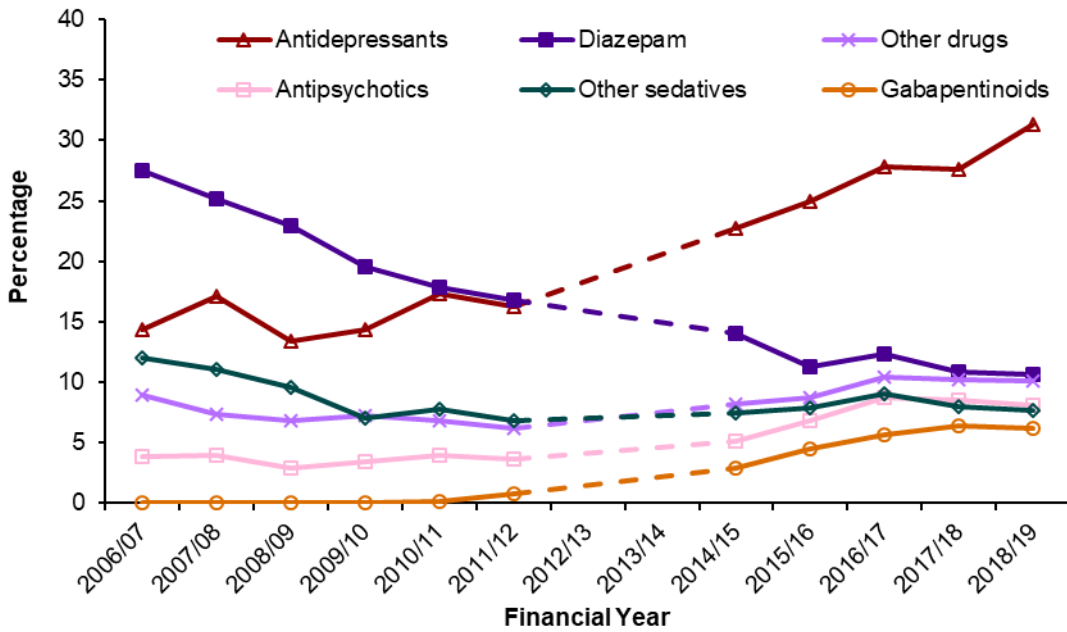

1. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.
2. 'OST' - Opioid Substitution Therapy.

Aside from OST drugs, the most commonly prescribed medications at initial assessment were antidepressants (1,442; 31% in 2018/19). Mirroring trends among the general population[11], there was an increase in antidepressant prescribing from 2006/07 (14%) to 2018/19 (31%). In 2018/19, Diazepam (often used to treat opiate withdrawal symptoms) was the second most commonly prescribed drug (489; 11%). Up to 2011/12, diazepam was the most commonly prescribed non-OST drug, but its prevalence has decreased from 2006/07 (27%) to 2018/19 (11%). The next most commonly prescribed non-OST medications were 'other drugs' [12] (467; 10%), antipsychotics (375; 8%), and 'other sedatives' (351; 8%) (**Workbook Table 4.1** and Figure 7).

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[11] There was a 48% increase in the number of people being prescribed antidepressants between 2009/10 to 2018/19 (Information Services Division (2019) *Medicines Used in Mental Health Years 2009/10- 2018/19* [online]. Available at: **https://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Publications/2019-10-22/2019-10-22-PrescribingMentalHealth-Report.pdf**).

[12] Many of the medications in the 'other drugs' category are used to treat conditions related to dependence (for example, insomnia) rather than for the treatment of dependence itself. If left untreated, such conditions may result in individuals' withdrawing from specialist drug treatment.

Figure 7: Type of non-OST drug currently prescribed among individuals reporting current prescription, by financial year (Scotland; 2006/07-2018/19)[1]
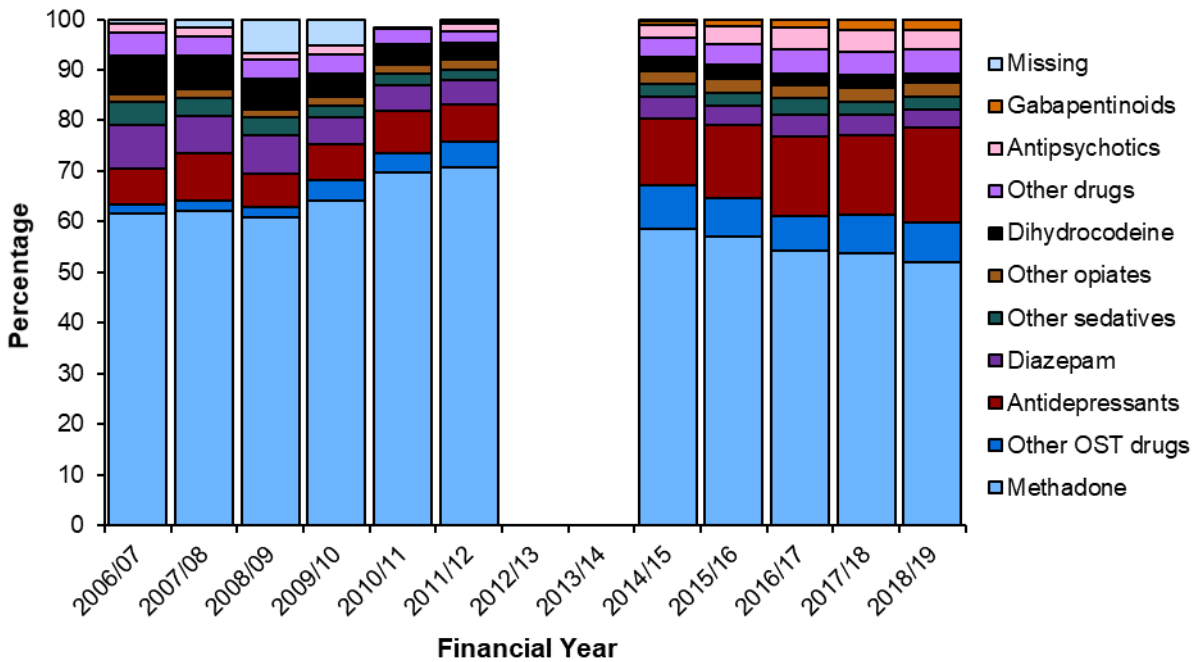

1. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.

Main Prescribed Drug

In 2018/19, among the 4,605 individuals who were currently prescribed a drug for the treatment of dependence at initial assessment, 52% (2,394) reported methadone as their main prescription, followed by antidepressants (856; 19%) and 'other OST drugs' (366; 8%). Noting that figures for 2012/13 and 2013/14 were not available, the percentage of currently prescribed individuals reporting methadone as their main prescribed drug decreased from a peak of 71% in 2011/12 to 52% in 2018/19, while the percentage reporting antidepressant prescribing increased from 7% to 19% in the same time period. Between 2006/07 and 2014/15, diazepam prescribing decreased from 8% to 4%, and has remained at 4% in every year since (**Workbook Table 4.2** and Figure 8).

Figure 8: Main currently prescribed drug among individuals reporting current prescription, by financial year (Scotland; 2006/07-2018/19)[1,2]

1. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.
2. 'OST' - Opioid Substitution Therapy.
3. For 2010/11, the figures for gabapentinoids and antipsychotics were suppressed due to small numbers, so the column does not total 100%.

Main Prescribed Drug by Area

Methadone was the most common main prescribed drug at initial assessment in all NHS Board areas except Forth Valley where it was the second most commonly prescribed after antidepressants. Dumfries & Galloway and Grampian (both 72%) had the highest percentage of individuals currently prescribed methadone, compared to 22% in Forth Valley which had the lowest percentage. In Forth Valley the most commonly prescribed drug at initial assessment was antidepressants (39%). Prescription of 'other OST drugs' varied from 3% of currently prescribed individuals in Ayrshire & Arran to 15% in Lanarkshire (**Workbook Table 4.2**). As discussed above an individual's prescribed drug profile may be related to their source of referral.

Heroin Profile

While there has been a decrease in the numbers of people reporting heroin use, it is still the most common drug reported (44%, see Illicit Drug Profile and Figure 4). Therefore, this section focuses on this issue in more detail, describing trends among two age groups. The presentation of figures for under 25's allows for surveillance of emerging trends of opioid use among young people, while presentation of trends among people aged 35 and over provides an insight into the older cohort of heroin users, who are currently the main demographic group in specialist drug treatment services. Figures for route of administration of heroin are also included.

Individuals aged under 25

Among individuals aged under 25 years who reported illicit drug use, heroin use decreased from 58% in 2006/07 (1,587 out of 2,736 individuals) to 19% (254 out of 1,335) in 2018/19. The fall in heroin use among this age group is particularly noteworthy as it occurred during a period when overall numbers of individuals aged under 25 years assessed for drug treatment also decreased (Figure 2) (**Workbook Table 5.1** and Figure 9).

Figure 9: Percentage of recent drug users who reported heroin use by age group and financial year (Scotland; 2006/07-2018/19)[1]
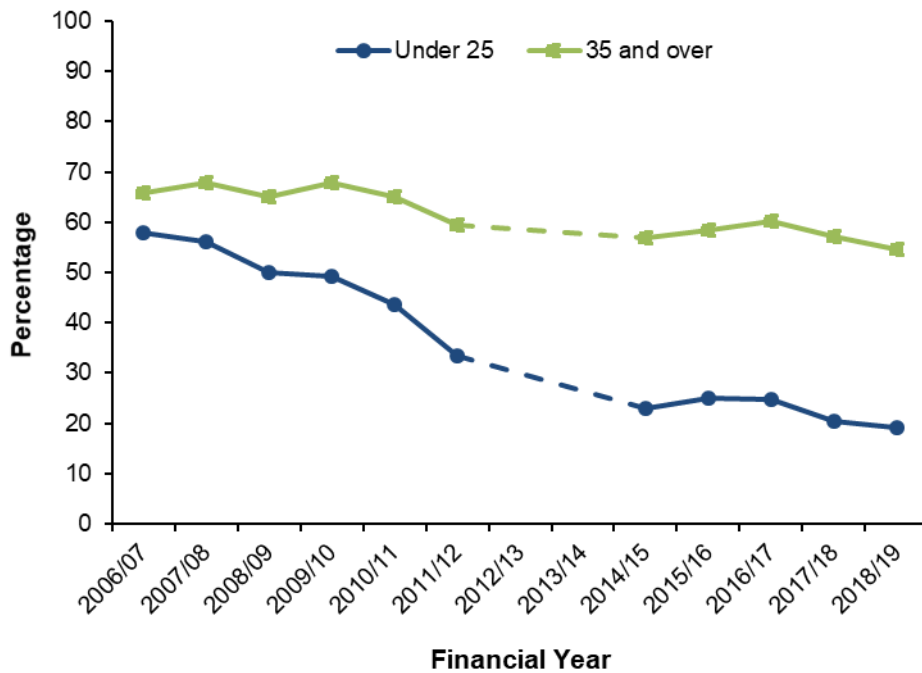
1. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.

There was wide variation across NHS Board areas in reported heroin use among individuals aged under 25 years. In Lanarkshire 13% of individuals assessed under 25 reported using heroin, while in Ayrshire & Arran 33% of individuals assessed under 25 were heroin users (**Workbook Table 5.1**).

Individuals aged 35 and over

There has been a moderate decrease in the percentage of older drug users (i.e. those aged 35 years and over) reporting recent heroin use at initial assessment from 66% (1,748 out of 2,660 individuals) in 2006/07 to 55% (2,384 out of 4,367) in 2018/19. As this decreasing trend across the time series was accompanied by an increase in the number of older individuals recorded on SDMD, the total number of heroin users aged 35 years and over has increased despite the percentage reduction in older drug users reporting heroin use (**Workbook Table 5.2** and Figure 9).

Among NHS Board areas, Forth Valley had the lowest percentage (41%) of individuals aged 35 years and over reporting heroin use at initial assessment, while the highest percentage was observed in Tayside (67%) (**Workbook Table 5.2**).

Route of Use of Heroin

In 2018/19, of the individuals who reported heroin use in the month prior to initial assessment 34% (1,303 out of 3,815) reported injecting the drug. This percentage has decreased since peaking at 53% (2,272 out of 4,291) in 2011/12 and it is the lowest percentage in the time period (**Workbook Table 5.3** and Figure 10).

Figure 10: Route of use of heroin among individuals reporting recent heroin use by financial year (Scotland; 2006/07-2018/19)[1]
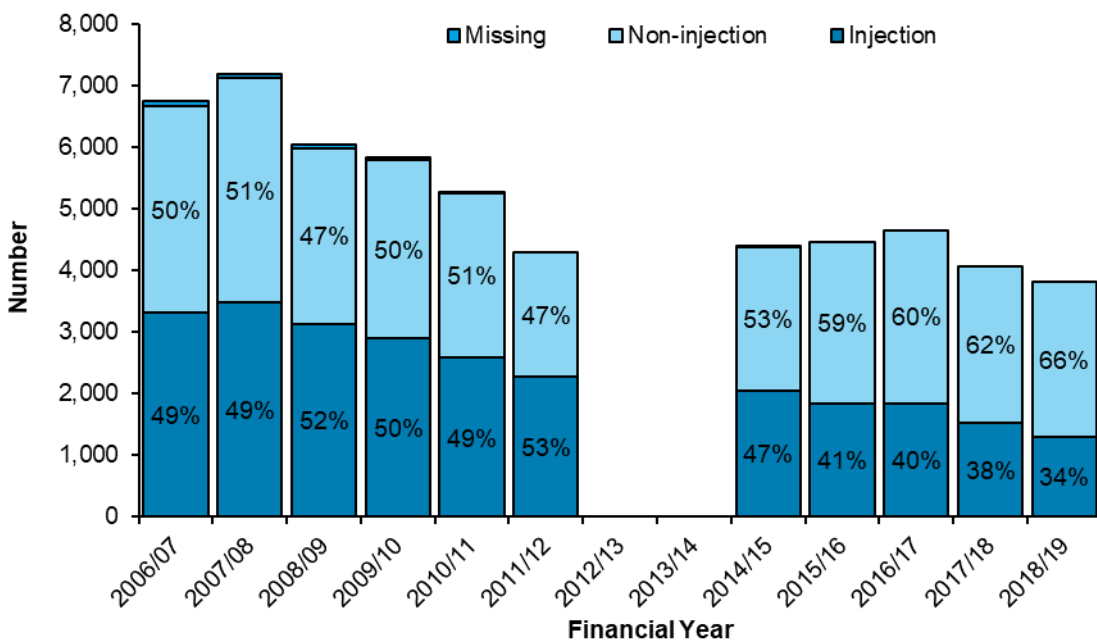
1. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.

By NHS Board area, Lanarkshire reported the lowest percentage (29%) of recent heroin injectors, while Dumfries & Galloway (53%) reported the highest percentage. A notable reduction in injecting among recent heroin users between 2017/18 and 2018/19 was observed in Fife (from 44% to 34%) (**Workbook Table 5.3**).

Injecting and Sharing

This section of the report presents findings about the injecting and sharing behaviours of individuals assessed for specialist drug treatment. Injecting data are collected in two distinct sections of the SMR25a form:

1. how drugs consumed in the past 30 days were administered; and,
2. previous/current injecting and sharing behaviours.

The data described below relate to the second of these sections. Responses may differ slightly from the information on heroin injecting (**Route of Use of Heroin**) due to data quality and completion issues.

Injecting Behaviour

Of individuals recorded on SDMD, 50% (5,368) stated they had never injected drugs, 27% (2,933) reported doing so in the past and 13% (1,361) reported currently injecting drugs. Noting that Scotland figures for 2012/13 and 2013/14 were unavailable, there has been a general downward trend in the percentage of individuals reporting current injecting since 2006/07 (28%) (**Workbook Table 6.1** and Figure 11).

Figure 11: Injecting behaviours among individuals reporting injecting by financial year (Scotland; 2006/07-2018/19)[1,2]
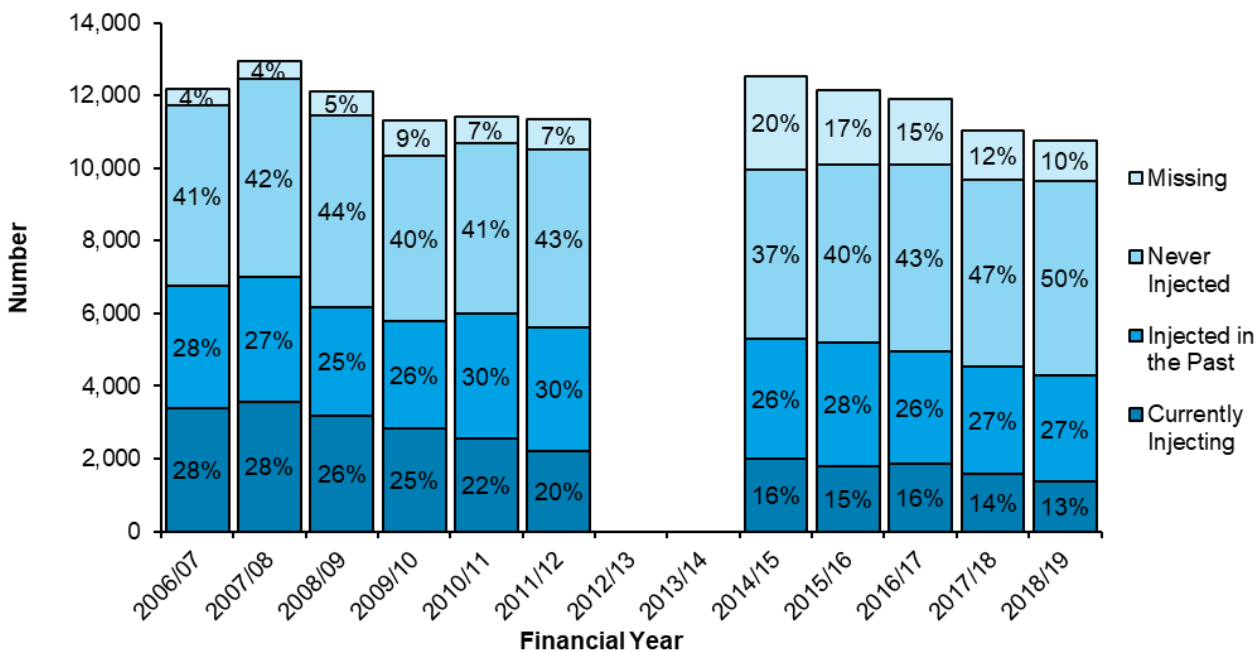
1. Due to rounding the sum of individual percentages may not equal 100%.
2. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.

Sharing Needles/Syringes

In 2018/19, past sharing of needles/syringes was reported by 29% (1,254 out of 4,294) of individuals who reported past or current injecting. Current sharing was reported by 5% (236 out of 4,294). A general downward trend in the percentage of injectors currently sharing needles/syringes has been observed from 2006/07 (11%) to 2011/12 (6%) and the percentage has remained between 5-6% since then (**Workbook Table 6.2** and Figure 12).

Figure 12: Reported sharing of needles/syringes among individuals reporting injecting by financial year (Scotland; 2006/07-2018/19)[1,2,3]
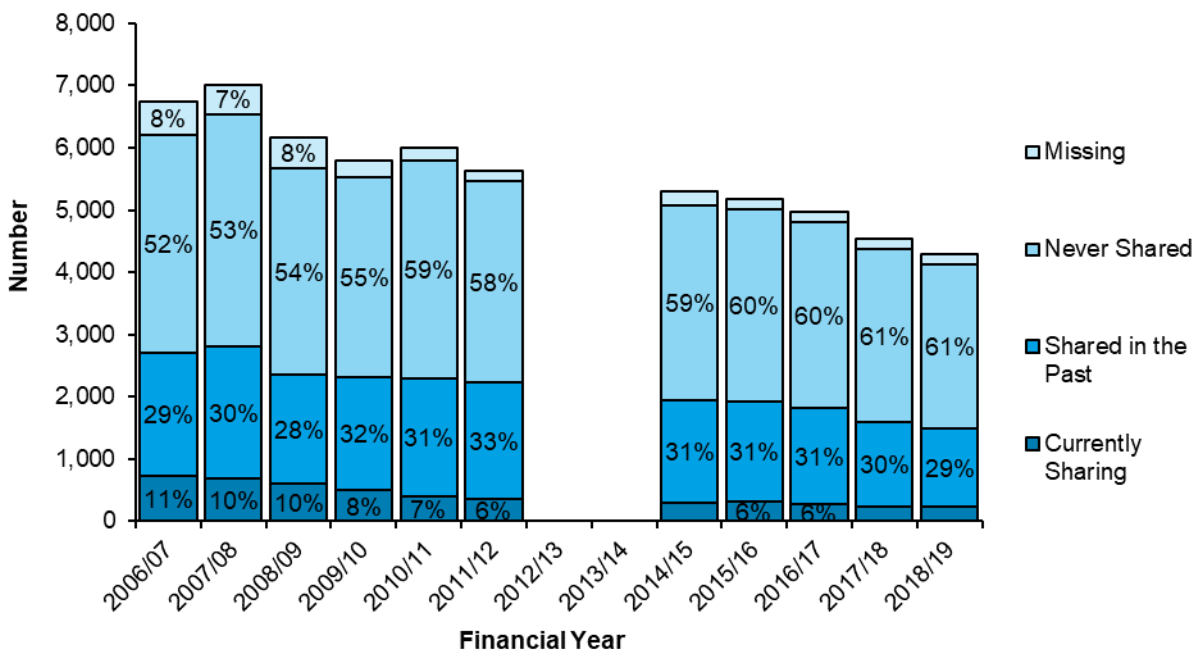

1. Due to rounding the sum of individual percentages may not equal 100%.
2. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.
3. On sections of bars where percentage is not displayed this represents a figure of 5% or less.

Sharing Other Injecting Equipment

In 2018/19, past sharing of injection-related equipment other than needles/syringes (hereafter referred to as 'other injecting equipment') was reported by 34% (1,440 out of 4,294) of individuals who reported past or current injecting. Current sharing of other injecting equipment was reported by 7% (298 out of 4,294). As with needles/syringes, a general downward trend in the percentage of individuals reporting current sharing of other injecting equipment has been observed since 2006/07 (18%) (**Workbook Table 6.3** and Figure 13).

Figure 13: Reported sharing of other injecting equipment among individuals reporting injecting by financial year (Scotland; 2006/07-2018/19)[1,2]
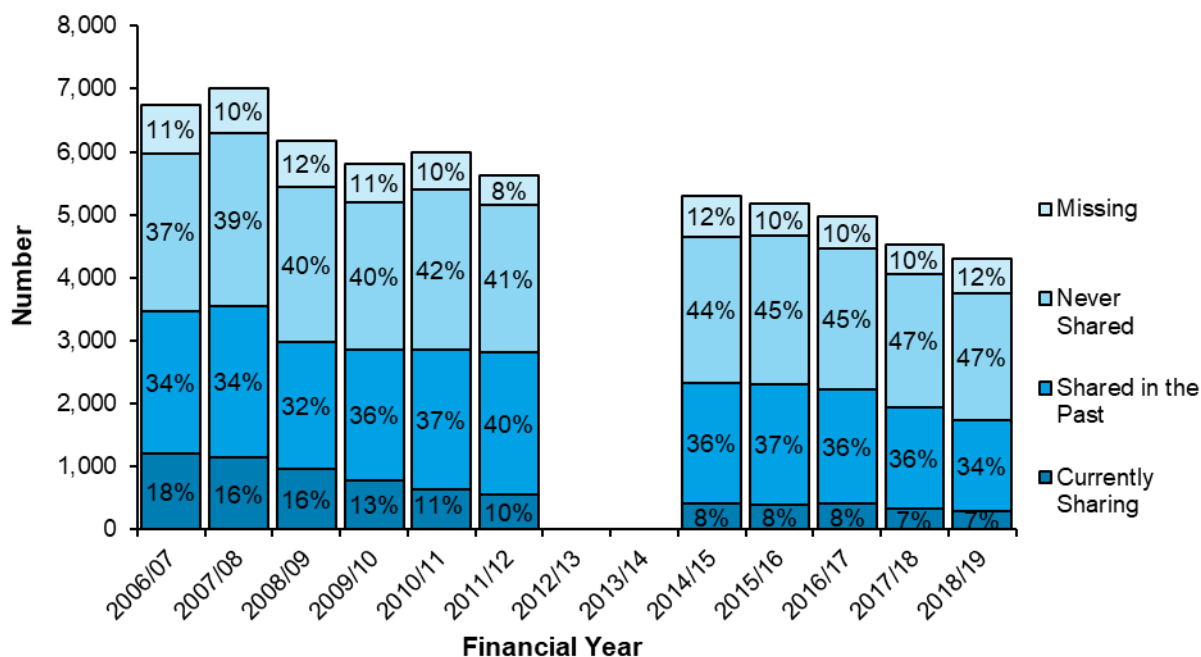

1. Due to rounding, sum of percentages may not equal 100%.
2. 2012/13 and 2013/14 are not reported due to data quality and completeness issues.

Blood Borne Virus (BBV) Testing

The risk of contracting Blood Borne Viruses (BBVs) is higher amongst people who inject drugs than in other populations[13]. Since 2015 there has been an outbreak of HIV among people who inject drugs in the NHS Greater Glasgow and Clyde area, with over 150 individuals diagnosed. This is the largest HIV outbreak in Scotland among people who use drugs in over 30 years and the rise has been associated with homelessness, previous incarceration, public injecting and an increase in the injection of cocaine[14].

In 2018/19, among the 4,294 individuals who reported previous injecting, information was available on whether individuals were tested for Hepatitis B, Hepatitis C and HIV in 90%, 91%, and 90% of cases respectively. Previous testing for Hepatitis B, Hepatitis C and HIV was reported by 79%, 80% and 79% of individuals respectively (**Workbook Table 6.4**).

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[13] Public Health England (2019) *Shooting Up: Infections among people who inject drugs in the UK, 2018* [online], Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/851815/Shooting_Up_2019_report.pdf.

[14] McAuley, A. *et al* (2019) *Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis,* Lancet HIV, **6** (5), pp. 315-324 Available at: **http://dx.doi.org/10.1016/S2352-3018(19)30036-0**

Glossary

ADP	Alcohol and Drug Partnership
BBV	Blood Borne Virus
CoSLA	Convention of Scottish Local Authorities
DATWT	Drugs and Alcohol Treatment Waiting Times database
Denominator	The lower portion of a fraction, used to calculate a rate or ratio.
HEAT	Health Improvement, Efficiency, Access and Treatment
ISD	Information Services Division
LDP	Local Delivery Plan
Numerator	The upper portion of a fraction, used to calculate a rate or ratio.
OST	Opioid Substitution Therapy (also known as Opioid Replacement Therapy (ORT))
Other Injecting Equipment	Sterile injecting equipment other than needles/syringes. These items are distributed to improve injecting hygiene and to prevent the spread of Blood Borne Viruses. Citric acid/Vitamin C and sterile water are used to dissolve drugs (particularly heroin) into an injectable solution. Wipes and swabs allow people who inject drugs to sterilise injecting sites. Sharps bins are distributed to facilitate the safe disposal of used needles. Filters help prevent larger particles from entering the syringe after preparation of the drug, and spoons or other forms of cookers such as 'stericups' facilitate the sterile cooking of drugs.
SDMD	Scottish Drug Misuse Database

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Further Information

Further Information can be found on the **ISD website**.

For more information on SDMD see the **Scottish Drug Misuse Database section of our website**. For related topics, please see the **Drugs Misuse** pages.

The Scottish Public Health Observatory (ScotPHO) provides information on various aspects of drug misuse in Scotland: **ScotPHO drug misuse section**.

The next release of this publication will be in spring 2021.

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Appendices

Appendix 1 – Background information

Policy Context

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

- monitoring problem drug use;

- collecting social and demographic information about individuals presenting to services for assessment of their drug use and treatment/care needs;

- helping to identify, or confirm, trends in drug use at a national and local level;

- informing discussions about service provision and service design; and,

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

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

Following a recommendation in Scotland's national drugs strategy **The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem**, the SDMD was further developed by ISD to allow the collection of information on individuals throughout their treatment pathway (i.e. not only at initial assessment). From April 2008, ISD introduced an enhanced, web-based SDMD Follow-up Reporting System. The expanded database offered the potential to collect information on substance misuse and the wider social circumstances that may underpin recovery throughout the course of treatment, forming a valuable source of information on the outcomes of drug treatment for services, ADPs and the Government in Scotland.

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

The Scottish Government's new drug and alcohol treatment strategy **Rights, Respect and Recovery**, launched in November 2018, reiterated their commitment to improving data on treatment outcomes via DAISy. Commitment R9 to 'improve our public health surveillance and ensure that service design is informed by data, intelligence and academic evidence', includes an action for Scottish Government to 'work with local areas to implement DAISy and also to develop reports which inform our understanding of the impact of treatment services at a local and national level'.

SDMD Data Collection

The SDMD, managed by ISD Scotland, was set up in 1990 to collect information about people with drug problems, based on data obtained when individuals first made contact with services (or reinitiated contact following a gap of at least six months since last attendance). In April 2006, ISD introduced the SMR25 assessment form to replace the SMR24 form which had been in use since 2001. Further minor changes (principally, the collection of full patient identifiable information) were incorporated in the SMR25a form, introduced in April 2008.

These revised forms reflected the need for more detailed information on individuals who presented for treatment. The new dataset incorporated most of the information that was collected using SMR24 but also included new information, including blood borne virus testing information, information on dependent children and alcohol profile. The SMR25 and SMR25a forms contain both mandatory and non-mandatory data items and are completed when an individual is assessed for specialist drug treatment.

There were a number of changes in data collection methods between SMR24 and SMR25/25a. This means that information from the SDMD for the financial year 2006/07 onwards are not directly comparable with previously published analysis of data collected using SMR24 forms. Therefore, this publication only includes trends from 2006/07 onwards.

Since April 2009, all services which supply data to the SDMD have transferred from paper to electronic submission, using the web-based data collection system or other local systems (with the exception of General Practitioners (GPs), who continue to complete paper forms[15]). Using this system, data are collected at the following points throughout an individual's course of treatment:

- Initial assessment (SMR25a proforma)
- 12 week follow-up (SMR25b proforma)
- Annual follow-up (SMR25b)
- Ad-hoc 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.

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[15] GP data are not included in the analysis within this publication.

1. Service providers log into the SDMD application and submit data to ISD via a web form.

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

Drug and Alcohol Information System

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

DAISy will gather key demographic and outcome data on people who engage in drug/alcohol treatment services. It will enable a better understanding of the impact of drug/alcohol treatment services at both a local and national level and consequently facilitate improvements in service planning and delivery.

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

Acknowledgements

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

Appendix 2 – Data Quality

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

- In 2012/13, the SDMD Annual Report included Scotland-level data on a limited range of analyses (overall numbers, sex and age of individuals assessed) in Section 1. A comparison between NHS Boards (except NHS Greater Glasgow & Clyde and Tayside) in relation to a wider range of analyses (illicit and prescribed drug use, injecting behiour, health and socio demographics) was included in Section 2 of the report.

- In 2013/14, no SDMD Annual Report was published. An electronic dashboard showing NHS Board and Alcohol and Drug Partnership (ADP) level comparisons across a comprehensive range of analyses (overall numbers, sex, age, illicit and prescribed drug use and injecting behaviour etc.) was produced. However, it was not possible to provide Scotland-level figures for these indicators, nor 2013/14 data for NHS Greater Glasgow & Clyde and Tayside.

Following extensive collaborative work between NHS Boards and ISD, the quality and completeness of data improved sufficiently to allow publication of a full national 2014/15 SDMD Annual Report.

Section 1 of the 2018/19 report and Tables 1.1 to 1.5 in the accompanying Excel workbook provide a breakdown of data quality and completeness, reflecting the issues encountered in previous year's publications. This is in line with the UK Statistics Authority's (UKSA) Guidelines on **Administrative Data Quality Assurance** (January 2015) which emphasise the need to critically appraise the representativeness and reliability of administrative data. This Appendix provides further technical information to accompany **Section 1** and Workbook Tables 1.1 to 1.5 along with a summary of ongoing data quality management work undertaken by ISD.

Data Completeness

Methodology

The completeness of data submitted by ADPs is estimated by comparing the numbers of individuals recorded in the SDMD and Drug and Alcohol Treatment Waiting Times (DATWT) databases. This exercise does not involve data linkage and is based on numbers of individuals waiting for and assessed for specialist drug treatment (not numbers of individuals treated). For each financial year, the following individual counts are compared:

Numerator = Number of individuals with initial assessment (IA) record on SDMD[16]

Denominator = Number of individuals with drug-related wait record on DATWT[17]

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

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

Each individual is counted once within Scotland and NHS Board or ADP on the basis of the person identifiable information provided. Therefore, an individual will only be counted once within each geography/time period in spite of multiple valid drug waits/assessment. However, if an individual attended services in different NHS Board or ADP areas, this individual may be counted in more than one NHS Board or ADP. Only the most recent assessment within each geography is counted in each Financial Year (i.e. 1 April to 31 March).

NHS Board completeness findings

Table A2.1: SDMD data completeness (compared to DATWT) by NHS Board of treatment (number of individuals[1,2], 2018/19)

NHS Board of Treatment	Number of individuals on SDMD[3]	Number of individuals on DATWT	Percentage SDMD completeness compared to DATWT	Percentage of anonymous records on DATWT
NHS Ayrshire & Arran	861	1,142	75.4	10.0
NHS Borders	167	177	94.4	9.0
NHS Dumfries & Galloway	291	394	73.9	1.8
NHS Fife	793	1,135	69.9	39.3
NHS Forth Valley	678	845	80.2	0.0
NHS Grampian	894	1,131	79.0	0.0
NHS Greater Glasgow & Clyde	2,080	4,882	42.6	4.2
NHS Highland	185	554	33.4	23.1
NHS Lanarkshire	1,386	2,389	58.0	2.3
NHS Lothian	1,765	2,565	68.8	19.1
NHS Orkney	0	24	0	0.0
NHS Shetland	27	28	96.4	0.0
NHS Tayside	468	902	51.9	5.8
NHS Western Isles	12	47	25.5	6.4
Scotland[4]	**9,586**	**16,085**	**59.6**	**9.4**

1. Records submitted from prisons are excluded from this comparison.
2. Number of individuals on DATWT includes all anonymous drug waits. As each anonymous record in DATWT must be counted as a unique individual (there is no way to identify repeat clients), the number of individuals identified for comparison with SDMD may be slightly inflated.
3. Initial Assessments.
4. Scotland figure does not equal the total of the numbers reported for individual NHS Boards as a person could be counted in more than one board but only once in Scotland.

Issues with comparison

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

- In 2011, the Scottish Government established Health Improvement, Efficiency, Access and Treatment **(HEAT) target A11**, which stated that, by March 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. After March 2013, this became a HEAT standard, and, from 2015/16, a Local Delivery Plan (LDP) Standard for NHS Boards. DATWT was implemented in 2011 to collect information on this target. Since then, SDMD completeness appears to have been comparatively low. It is possible that, in some areas, inputting data to demonstrate compliance with this target/standard may have been prioritised above SDMD data input.

- SDMD does not allow for anonymous records to be submitted, and requires that individuals provide identifiable data (forename, surname, date of birth, sex). However, DATWT allows anonymous records to be submitted, reducing the risk that individuals may not consent. This difference may have contributed to an increase in individuals withholding consent for their data to be recorded on SDMD.

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

- As anonymous records are permitted in DATWT, it is not possible to robustly quantify the 'true' number of individuals assessed for specialist drug treatment. Details of the percentage of DATWT individuals with a 2018/19 drug wait who were recorded anonymously are included in Table A2.1. At present, each anonymous record in DATWT is counted as a unique individual. This potentially inflates the number of individuals for comparison with SDMD, producing what could be regarded as a 'lower limit' estimate of SDMD completeness. If a less methodologically robust calculation was used, whereby only non-anonymous drug wait records were counted (i.e. it was assumed that all anonymous individuals in DATWT had a further drug wait where they consented to their personal details being recorded) this would produce an 'upper limit' estimate of SDMD completeness. As the number of DATWT anonymous drug wait records has decreased over time (Table 1), the estimated range of SDMD completeness (the difference between the lower and upper limit estimates) has also narrowed over time. Hence, the decrease in SDMD completeness cannot be considered to be an artificial outcome related to the way in which anonymous records are counted as unique individuals[18].

- DATWT and SDMD are separate systems which are managed separately and have different processes and procedures. Comparisons may be inexact due to differences in the service codes used in a small number of areas and differences in patient management processes (for example, a small number of ADPs triage individuals and then refer them to other services for assessment/treatment (in some cases, submitting DATWT data but no SDMD data)).

Comparisons between Area of Treatment and Area of Residence

The data quality and completeness analyses presented in this section of the report are based on the individual's *area of treatment* (NHS Board or ADP) (i.e. the area where an individual

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[18] Even after excluding all anonymous DATWT records national SDMD completeness was still only around 66% compared to DATWT. This was only marginally higher than the lower estimated of completeness for 2017/18 of 65% (Table 1).

was assessed for specialist drug treatment). Data quality and completeness is analysed this way because:

1. NHS Board/ADP treatment services submit SDMD data to ISD based on the patients they assess. Therefore, data quality and completeness issues can only be identified by evaluating records on the basis of NHS Board/ADP of treatment. Likewise, data quality and completeness issues are addressed in communication between ISD and the NHS Board/ADP submitting those records.

2. Specialist drug treatment waiting times from DATWT are reported by area of treatment only. Therefore, analysis of SDMD data quality and completeness by area of treatment facilitates use of DATWT data for comparisons in terms of completeness, representativeness etc.

However, an individual may be assessed for treatment outwith the NHS Board or ADP in which they reside. The key SDMD findings presented in **Section 2** and Workbook Tables 2.1 to 6.4 are based on analysis by *area of residence* because this is thought to be of most value to the users of these statistics. In order for data quality and completeness findings from **Section 1** and Workbook Tables 1.1 to 1.5 to function as measures of the reliability of findings in **Section 2** and Workbook Tables 2.1 to 6.4, there should be a high degree of correspondence between the SDMD treatment and resident populations. Table A2.2 shows the correspondence between area of treatment and area of residence by NHS Board.

Table A2.2: Percentage of individuals assessed resident in the same NHS Board of treatment (2018/19)[1]

NHS Board of Treatment	Number of individuals assessed	% Individuals resident
NHS Ayrshire & Arran	848	98.5
NHS Borders	167	100.0
NHS Dumfries & Galloway	290	99.7
NHS Fife	793	100.0
NHS Forth Valley	665	98.1
NHS Grampian	893	99.9
NHS Greater Glasgow & Clyde	2,040	98.1
NHS Highland	185	100.0
NHS Lanarkshire	1,383	99.8
NHS Lothian	1,757	99.6
NHS Orkney	0	N/A
NHS Shetland	27	100.0
NHS Tayside	468	100.0
NHS Western Isles	12	100.0

'*' - suppressed due to small numbers.
1. Individuals assessed in prison were excluded from this analysis as they are counted within an area of residence based on their home postcode and are therefore not analysed as a distinct group in Section 2 of this report.

In all except one ADP, over 90% of individuals assessed were also resident in the same area (data not shown). In Ayrshire South ADP, 88% of individuals treated were resident in the area.

SDMD Data Management

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

Ongoing Data Quality Work

In addition to working with specific areas, the ISD Data Management team routinely provide data suppliers with a range of monthly and biannual surveillance reports to assist them in improving the completeness and quality of SDMD data[19].

During 2018/19 the ISD Data Management team continued to identify services that remained active on the SDMD system, although they had in practice been decommissioned by the ADPs. All services decommissioned during 2018/19 were inactivated on the system.

Compliance and Initial Assesment-12 Week Follow-up reports have been issued since 2016 with the aim of increasing compliance with data submission processes and data quality across all SDMD submissions.

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

Appendix 3 – SDMD Findings

Prescribing by source of referral

The relationship between source of referral and prescribed drug at initial assessment was consistent over time (2006/07 to 2018/19), with individuals referred from criminal justice reporting the highest levels of methadone prescription (between 70 and 82%). Individuals referred from health were generally the next most likely to report a methadone prescription (55 to 72%).

In 2018/19, lower percentages of methadone prescribing have been observed among people assessed following self-referral (42%), social work referral (39%) or 'other' referrals (48%). However, methadone prescribing for these three referral categories has decreased markedly over time, having been comparable with the percentages observed among health and criminal justice referrals at the beginning of the time series (Table A3.1)

Table A3.1: Percentage of individuals assessed reporting being prescribed methadone by the source of referral (2006/07 - 2018/19) in Scotland[1].

Financial Year	Percentage of people prescribed methadone at Initial Assessment by source of referral				
	Self	Health	Criminal Justice	Social Work	Other
2006/07	60	59	73	70	70
2007/08	56	63	70	71	71
2008/09	55	61	73	61	66
2009/10	53	63	80	62	63
2010/11	66	68	80	66	73
2011/12	63	72	82	69	77
2012/13	x	x	x	x	x
2013/14	x	x	x	x	x
2014/15	47	61	79	51	62
2015/16	43	58	80	56	51
2016/17	45	57	79	51	48
2017/18	43	58	81	45	49
2018/19	42	55	77	39	49

'x' - not reported due to data quality and completeness issues.
1. The 'Other' category includes housing, education and voluntary services.

Appendix 4 – Publication Metadata

Metadata Indicator	Description
Publication title	Scottish Drug Misuse Database - Overview of Initial Assessments for Specialist Drug Treatment 2018/19
Description	This publication presents information on initial assessments for specialist drug treatment recorded in the Scottish Drug Misuse Database (SDMD). Information is presented for Scotland and by NHS Board/Alcohol and Drug Partnership (ADP) of Residence for 2006/07 to 2018/19.
Theme	Health and Social Care
Topic	Substance Misuse
Format	PDF report with accompanying Excel **workbook**
Data source(s)	Scottish Drug Misuse Database (SDMD), Drug and Alcohol Treatment Waiting Times database (DATWT)
Date that data are acquired	SDMD data were extracted in September 2019 and DATWT data in September 2019
Release date	Tuesday 3 March 2020
Frequency	Annual
Timeframe of data and timeliness	Data published up to 31 March 2019
Continuity of data	See **Section 1**, **Appendix 1** and **Appendix 2**.
Revisions statement	Data from the most recent year is considered provisional and subject to revision in future publications. Data are subject to routine quality assurance checks and may be revised periodically to improve accuracy.
Revisions relevant to this publication	A number of revisions have been made from the last publication. The revisions in this publication are also applied to findings from previous years (2006/07 to 2017/18). • In previous years the drug 'gabapentin' was incorrectly coded to the 'mephedrone' category. As gabapentin is a prescription drug that may also be used illicitly, this has had an impact on both the illicit and prescribed drug figures from 2010/11 onwards (no gabapentin use was recorded before 2010/11). This issue is summarised below: Illicit, All Drugs – The number of cases that were recoded from mephedrone to gabapentin ranged from 36 in 2011/12 to 172 in 2016/17.

	Illicit, Main Drug – The number of cases that were recoded from mephedrone to gabapentin ranged from 4 in 2012/13 to 31 in 2016/17
	Prescribed, All – The number of cases that were recoded from mephedrone to gabapentin ranged from 3 in 2010/11 to 137 in 2016/17.
	Prescribed, Main – The number of cases that were recoded from mephedrone to gabapentin ranged from 10 in 2011/12 to 29 in 2016/17.
	In addition, this issue affected the overall number of individuals classed as drug free in both the illicit and prescribed categories. In the illicit category one case in 2014/15 was wrongly coded as drug free. In the prescribed category, between 6 (2011/12) and 21 (2017/18) cases annually were wrongly coded as prescription drug free. These cases have now been recoded.
	In this publication gabapentin is now assigned to the category 'Gabapentinoids' (also including pregabalin) in both the illicit and prescribed drug section. Mephedrone is now assigned to the category 'Other drugs' in the illicit category.
	• The 'other drugs' category in the prescribed drug section has been changed to remove antidepressants, antipsychotics, and gabapentinoids and these now have their own categories. This has had the impact of reducing the size of the 'other drugs' category in both the 'all' and 'main' prescribed drug categories. The impact is summarised below.
	Prescribed, All – The number of cases removed from 'other drugs' ranged from 613 in 2008/09 to 1,508 in 2016/17.
	Prescribed, Main – The number of cases removed from 'other drugs' ranged from 373 in 2008/09 to 1,104 in 2017/18.
Concepts and definitions	Guidance on definitions for SDMD is available at: **http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Scottish-Drug-Misuse-Database/**.
Relevance and key uses of the statistics	Relevant to understanding problem drug use in Scotland. Statistics will be used for policy making and service planning.
Accuracy	Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends. Information on data quality & completeness issues is provided in **Section 1**, **Appendix 2** and Workbook Tables 1.1 to 1.5.

Completeness	It is not mandatory for individuals to provide their information in the collection of data through SDMD. Information on data quality & completeness issues is provided in **Section 1**. See **Appendix 2** and Workbook Tables 1.1 to 1.5 for further information.
Comparability	ISD publish the quarterly National Drugs and Alcohol Treatment Waiting Times (DATWT). See **Appendix 2** for further information on the comparability of this information. Other countries: Similar publications from other UK countries and the EU are shown below. However, direct comparisons between SDMD and these data sources should not be made due to differences in the definitions and methodologies that are used in for data collection and analysis. a) England - **National Drug Treatment Monitoring System**; b) Wales - **Welsh National Database for Substance Misuse**, **Substance Misuse - Drugs & Alcohol**; c) Northern Ireland - **Northern Ireland Substance Misuse Database**; Europe - The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) publishes **statistics relating to individuals seeking treatment for a drug problem** across the EU Member States, Norway and Turkey.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to **published guidelines**.
Coherence and clarity	The report is available as a PDF file with an interactive Excel workbook with drop down boxes. Notes have been added to ensure technical terms can be understood.
Value type and unit of measurement	Numbers and percentages.
Disclosure	The **Statistical Disclosure Protocol** is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority, report published 4th April 2012.
Last published	SDMD Data Release - 8 October 2019 SDMD Report – 26 June 2018
Next published	Spring 2021

Date of first publication	1998
Help email	**nss.isdsubstancemisuse@nhs.net**
Date form completed	21 February 2020

Appendix 5 – Early access details

Pre-Release Access

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

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Appendix 6 – 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.