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Renfrewshire
Health & Social Care Partnership

Renfrewshire Council

NHS Greater Glasgow and Clyde

Renfrewshire Drug Service

Date: 28th November 2016
Date Dictated: 24th November 2016
Our Ref: BO'N/SR/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

PRIVATE & CONFIDENTIAL
Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW
PA4 8RU

Dear Dr Anderson

David McGeown, DoB: 08.12.1975, 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome
Amphetamine Misuse

Current Psychotropic Medication: Methadone 50mls daily supervised (reduced today)

Next Clinic Appointment: 16th February 2017

I reviewed this gentleman with his Key Worker, David Hamilton at the Renfrewshire Drug Service on the 24th November 2016.

He continues to desist from all illicit drugs including heroin, valium, amphetamines and cannabis. This is corroborated by urinary drug screens.

David is consistent with regards to drug taking behaviour and has made significant progress over the last year. Issues regarding his daughter's adoption, clearly dominate his thoughts most of the time. He is quite determined not to relapse and not to offend in order that the Social Work Department would have one over him in Court. It is clear that he feels that authority and the collective who are in authority are prejudice against his case. He would, as he states just require a chance to prove that he can look after his daughter and be involved in her life. He is however gradually accepting that this may not be the case but is not deterred with regards to his attendance at the clinic and doing all that has been advised. It is acknowledged that on occasions during Social Work reviews he can appear aggressive. This has never been the case with regards to his presentation to his Key Worker or in the Medical review.

David is aware that his continued progress requires him to do all that I have suggested and as he states he is happy in all domains of his life except regarding the custody issues regarding his child. We have arranged to see him again on the 16th February 2017 and we will keep you updated as to his progress.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

cc David Hamilton, Key Worker, Renfrewshire Drug Service

[CDOAS Run: 610]

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **MCGEOWN**
Forename: **DAVID**
DOB/Age: **08.12.75**
Address: **FLAT 3-2**
Location: **Renfrewshire Drug Service**
Diagnosis:
Details: **On Methadone**
Spec. Comm:
External No:

CHI/Unit No: **0812753232**
Sex: **Male**
Requestor: **Dr Charles McMahon**

Screening Tests

	[[CURRENT]]			
Lab No	B,17.0402592.Q	B,17.0401084.M	B,16.0418640.P	B,16.0416797.B
Date/Time collected	16.02.17	18.01.17	24.11.16	26.10.16
Date/Time received	16.02.17 15:30	20.01.17 15:12	28.11.16 12:55	27.10.16 14:36
Urine Amphetamines	Negative	Negative	Negative	Negative
Urine Benzodiazepine	Negative	Negative	Negative	Negative
Urine Cocaine	Negative	Negative	Negative	Negative
Urine Methadone	Positive	Positive	Positive	Positive
Urine Opiates	Negative	Negative	Negative	Negative
Urine Cannabinoids				
Urine Barbiturates				
Urine Alcohol				
Urine Buprenorphine				
Ur T/cyclic Antideps				
Urine Creatinine (mmol/L)	9.1	11.4	1.8	11.7

Result Comments:

No actn.
RG
BS - 2/3/17

Reported: 17.02.17 Authorised by:

Tel: 0141 354 9060 Option 4

[CDOAS Run: 396]

SOUTH GLASGOW HOSPITALS
BIOCHEMISTRY REPORT

Surname: **MCGEOWN**
Forename: **DAVID**
DOB/Age: **08.12.75**
Address: **196 BERRYKNOWES ROAD**
Location: **Renfrewshire Drug Service**
Diagnosis:
Details: **On Methadone**
Spec. Comm: **METH**
External No:

CHI/Unit No: **0812753232**
Sex: **Male**
Requestor: **Dr Charles McMahon**

Screening Tests

	[[CURRENT]]			
Lab No	B,16.0418640.P	B,16.0416797.B	B,16.0414035.S	B,16.0413706.R
Date/Time collected	24.11.16	26.10.16	05.09.16	29.08.16
Date/Time received	28.11.16 12:55	27.10.16 14:36	06.09.16 14:45	30.08.16 14:43
Urine Amphetamines	Negative	Negative	Negative	Negative
Urine Benzodiazepine	Negative	Negative	Negative	Negative
Urine Cocaine	Negative	Negative	Negative	Negative
Urine Methadone	Positive	Positive	Positive	Positive
Urine Opiates	Negative	Negative	Negative	Negative
Urine Cannabinoids				
Urine Barbiturates				
Urine Alcohol				
Urine Buprenorphine				
Ur T/cyclic Antideps				
Urine Creatinine (mmol/L)	1.8	11.7	13.7	8.7

Result Comments:

Noadm.
BC
BCSW - 30/11/16

Reported: 29.11.16 Authorised by:

Tel: 0141 354 9060 Option 4

LIASON SHEET
OTHER AGENCIES INVOLVED: (Names and Contact Info)

CLIENTS NAME. David Mc Geown. ..... DOB. 08 '12' 1975 .....

KEYWORKER. ..... DATE. .....

CONTACT	NAME	ADDRESS	TEL NO
Prescribing Doctor	Dr. O'Neil	RDS.	0141 618 2585
Chemist		Paisley Rd. West Cardonald GLASGOW	0141 882 1513
General Practitioner	DR ANDERSON.	BRACEHEAD M.C. 10 FERRY Rd. RENFREW PA4 8RU	207 7400 ? 207 7700
Social Worker			
Other Agencies Involved in Care	NEIL WEATHERSPOON	COMMUNITY SERVICE OFFICER.	618 6605
N.o.K.			

2ND COPY

Renfrewshire
Health & Social Care Partnership

Renfrewshire Council

NHS Greater Glasgow and Clyde

Renfrewshire Drug Service

Date:	10th August 2016
Date Dictated:	4th August 2016
Our Ref:	BO'N/DJC/CHI 0812753232
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL

Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW
PA4 8RU

Dear Dr Anderson

David McGeown, dob 08.12.75 – 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome, Amphetamine Misuse

Current Psychotropic Medication: Methadone 60mls daily supervised

Next Appointment: 27.10.16 at 1.20pm

I reviewed this gentleman with his keyworker David Hamilton at Renfrewshire Drug Service on 04.08.16. He continues to desist from all illicit drugs including heroin, valium, amphetamines and cannabis. He denies any alcohol use also.

Today his demeanour is objectively very good. He is articulate, euthymic and appropriate. He is presently experiencing a significant improvement in all domains of his life. I note that his reporting is corroborated by urinary drug screens which we have repeated today. His ex partner is 27 weeks pregnant and he is coping with this situation in a very reasonable and accepting manner. He is trying to avoid confrontation and being embroiled in controversy. It is clear that since his last medical review in May he has developed a great deal of self efficacy and believes he can continue with his aims in life as far as his children and family are concerned and his arrest of drug taking behaviour.

We decided today that a reduction of 5mls in his Methadone prescription would be appropriate. He will let David his keyworker know if this is satisfactory and we shall review him again in three months time.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

c.c. David Hamilton, keyworker, Renfrewshire Drug Service

Renfrewshire
Health & Social Care Partnership

Renfrewshire Council

NHS Greater Glasgow and Clyde

Renfrewshire Drug Service

Date: 25th May 2016
Date Dictated: 12th May 2016
Our Ref: BO'N/SR/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

PRIVATE & CONFIDENTIAL
Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Anderson

David McGeown, DoB: 08.12.1975, 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome
Amphetamine Misuse

Current Psychotropic Medication: Methadone 65mls, daily supervised
Mirtazapine 15mgs, nocte

Next Clinic Appointment: 6th June 2016

I reviewed this gentleman with his Key Worker, David Hamilton at the Renfrewshire Drug Service on the 12th May 2016.

He reports continued desistance from heroin use, benzodiazepines and alcohol. He admits to smoking cannabis occasionally. The focus of the consultation centred on discrepancies surrounding his urinary drug screens, which are monthly. Those taken on the 17th March 2016 and the 12th April 2016 showed the presence of amphetamines. But of most concern was his last specimen from the 5th May 2016, which while positive for cannabis, was negative for Methadone. While this may be an erroneous sample it suggests a possibility of tampering given that it does not show amphetamines which he has disclosed he is using now and again.

He is aware how these discrepancies may be interpreted and has insight into the necessity to validate any drug screening more robustly. His Key Worker and myself shall discuss his management and the best way to take this forward – whether to directly supervise urinary sampling or use buccal measurements.

Again this gentleman presents extremely well. Despite this obvious disappointment he has hope and optimism for the future and indeed has been in contact with his 21 year old child and certainly he feels that this is positive. He expresses that this is the best that he has been for such a long time. We shall contact you with an update. I have arranged to see him again on the 6th June 2016.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

cc David Hamilton, Key Worker, Renfrewshire Drug Service

Renfrewshire
Health & Social Care Partnership

Renfrewshire Council

NHS Greater Glasgow and Clyde

Renfrewshire Drug Service

Date: 28th January 2016
Date Dictated: 21st January 2016
Our Ref: BO'N/DJC/CHI 0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

PRIVATE & CONFIDENTIAL

Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW
PA4 8RU

Dear Dr Anderson

David McGeown, dob 08.12.75 -10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome, Amphetamine Misuse

Current Psychotropic Medication: Methadone 70mls daily supervised, Mirtazapine 15mgs nocte

---

I reviewed this gentleman with his keyworker David Hamilton in Renfrewshire Drug Service on 21.01.16.

He remains well and his drug screens continue to verify his version of events which is that he has desisted from heroin, valium and cannabis and this has been the case for some time. What is of small concern is his seemingly irregular self administration of co-codamol which he obtains from a relative. It is not quite clear why he chooses co-codamol rather than paracetamol for the various episodic painful maladies that he experiences.

He consistently reports good mood and we shall be stopping his Mirtazapine 15mgs today as his sleep has improved.

He is reactive and co-operative and is due to attend an LAC hearing to-morrow. He continues to remain optimistic in the medium to long term future with regards to his daughter [redacted]

We have removed a urinary drug screen today and shall keep you updated as to his progress. He would like to continue with small reductions in his Methadone provided his mental state remains stable. David has an appointment in two month's time.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

c.c. David Hamilton, keyworker, Renfrewshire Drug Service ✓

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Service Users Name: David Mc Geown.	CHI N°/DoB: 08 12 753232 CHI: 3232 D.O.B. 08/12/75	PIMS N°:
Legal Status: Informal ☑ Detained ☐ Community Order ☐	Ward /Dept / CMHT:	

Context of Assessment

On admission ☐ Engagement with Crisis Services ☐ MDT/C.P.A. review ☐
Annual review: ☐ Significant change in presentation/circumstances ☐ Other ☐ specify

Sources of Information

Service user ☑ Carer ☐ Consultant ☐ Other Dr ☐ Occupational Therapy ☐
Named Nurse ☐ Social Work ☐ Psychology ☐ CPN ☐ Voluntary agency worker ☐
Pharmacy ☐ GP ☐ Support worker ☐ Other ☐ specify

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Screening completed by

Print Name:	Signature:
Designation:	Date & Time:

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Suicide &/or Self Harm			Violence			Other Risk Factors		
History and Situational Factors								
S1	Mental illness diagnosed or diagnosis uncertain	☐	V1	Previous violent acts	☑	O1	Vulnerable due to learning disability, cognitive impairment or mental illness	☐
S2	Use of violent methods	☐	V2	Use of weapons	☐	O2	History of stalking others	☐
S3	Previous self-harm	☐	V3	Previous admission to secure units	☐	O3	History of social, financial or sexual exploitation of others	☐
S4	Socially isolated	☐	V4	Convictions for violence / assault	☑	O4	History of falls	☐
S5	Past diagnosis of personality disorder,	☐	V5	Past diagnosis personality	☐	O5	History of self-neglect,	☐
S6.	Major physical illness	☐	V6	Alcohol or drug misuse	☑	O6	Lacks basic housing amenities	☐
S7	Alcohol/drug misuse	☑	V7	Male under 35	☐	O7	Previous fire setting	☐
S8	Family history of suicide	☐	V8	Prior supervision failure	☐	O8	Socially or culturally isolated	☐
S9	Previous treatment non-compliance	☐	V9	Previous treatment non-compliance	☐	09	Neglect - children or other dependents	☐
S10	Impulsivity	☐	V10	Impulsivity	☐	O10	History of exploitation by others	☐
Short Term or Precipitating Factors								
S11	Planning suicide	☐	V11	Intoxicated	☐	O11	Difficulty communicating needs/views/comprehension difficulties	☐
S12	Access to lethal method	☐	V12	Acute psychosis	☐	O12	Confusion or disorientation	☐
S13	Hopeless / helpless	☐	V13	Violent fantasies	☐	O13.	Sexually disinhibited or aggressive	☐
S14	Recent major loss	☐	V14	Identified target	☐	O14	Significant financial problems	☐
S15	Recent psych hospital discharge	☐	V15	Access to weapons	☐	O15	Current self-neglect	☐
S16	Current or recent treatment non-compliance	☐	V16	Current or recent treatment Non-compliance	☐	016	Current neglect of children or other dependents	☐
Protective Factors								
S17	Willing to respond to advice/carers	☑	V17	Willing to respond to advice	☑	O17	Willing to respond to advice/carers	☐
S18	Has close relationship	☐	V18	Appropriate services available	☑	O18	Appropriate services available	☐
S19	Religious beliefs	☐						

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Please write N/A if no risks identified or no risk management actions required.

Management plan	Action by:
Suicide/Self Harm	
Violence Reports 56 charges/offences over a twenty year period. Offences include convictions for violent and aggressive behaviour. Serious assault to permanent disfigurement. Assault to severe injury.	
Other Risk Factors Continuing investigations into blackouts. Possible relapse when put under excessive pressure.	

Outcome of screening/management plan discussed with

Service User ☑	Carer ☐	Consultant ☐	Other Dr. ☑
CPN ☐	Ward Nurse ☐	Social Work ☐	Occupational Therapy ☐
Psychology ☐	Pharmacy ☐	Other ☑ specify Line manager.	

Management Plan completed by

Print Name: David Hamilton	Signature:
Designation: SPW.	Date & Time: 2 July 2015 - 11:30 AM.

CLINICAL REVIEWS FROM: January'2014.

Diagnosis : Opiate Dependency. Amphetamine.Cannabis misuse.

14. Jan.14. Attended clinical review with Dr. McPhillimy.

Denies heroin use over the past 12 months. Denies valium use.

Admits using alcohol and amphetamine together once weely.

Admits to using cannabis every night.

24.Mar.14. Attended clinical review with Dr. Duncan.

Denies, heroin,valium and amphetamine use.
Wants to work towards giving clean samples.
Aim, to be allowed methadone collection x3days/week.

16. May.'14 DNA Clinical review. Re-appointed

30.May.'14 DNA Clinical review. Re-appoint, to be arranged.

SUMMERY:

Following allocation David did not respond well to attending appointments at RDS, this I put down to him already having a prescription issued by DTTO in the pharmacy.
Following initial contact David was not responsive to discussing current or past issues related to his drug use, he was also difficult to engage with verbally and displayed an attitude problem.

At that time Concerns shared with social work were overcrowding conditions with two young children sharing a one bedroom flat with 3 dogs and 4 pups. Also accusations of drug dealing and complaints from neighbours.

Since March '2014, things have changed between David and writer, he is now more trusting and therefore open to sharing his thoughts and feelings. David appears to have had a change in attitude towards his treatment plan. He is now doing well in treatment, providing regular clean drug screens and attending k/w appointments. David stated that his main motivator was preventing the children going into care.

On the down side David continues to have an attitude towards authority therefore creating obstacles for himself which denies him recognition of the progress he is making in his drug treatment. Regarding the question mark around dealing accusations, David feels moving house may end accusations. Also missed last two clinical reviews on the 16 and 30May.

David was placed on a 3 year DTTO on 8/11/2010 and was referred to RDS on completion of his order on 11/11/13.

20.Nov.'13. Allocated to David Hamilton.

19. Dec.'13. David engaged with RDS for the first time.
Given a second appointment for 08.Jan.'14.

08.Jan.14. DNA - RDS app. Still had prescription from DTTO in chemist.

14.Jan. 14. Attended first clinical review at RDS with Dr McPhillimy .
Required new prescription, two week prescription given.
Next prescription due 28/01/14 at k/w appointment.

KEY WORKER APPOINTMENTS

Allocated to DH on 20/11/13.

First contact with k/w. 19/12/14
Further contacts: 27/01/14
21/02/14
21/03/14
22/04/14
16/05/14 dna clinic
19/05/14
30/05/14 dna clinic
12/06/14
09/07/14. Mobile left message/reminder
10/07/14. Dna re script.
14/07/14. Dna start script date'
15/07/14. Attended service to collect script.

URINE DRUG SCREEN RESULTS : 28 Jan. 2014 to 01. July. 2014

Current medication:35mls Meth./daily/Supervised.

28/01/14. + Methadone. + Opiates.

25/02/14. +Methadone. + Amphetamine.

25/03/14. +Methadone only.

23/04/14. +Methadone only.

20/05/14. +Methadone. Further testing reqd.Results not consistent with a daily. Methadone regime. Was specimen supervised?

30/06/14. +Methadone only.

01/07/14. +Methadone only.

15.Nov.'13 DH contacted Jenny Lough, at DTTO.

David Mc. has prescriptions in the chemist which expire on 17/12/13.

RDS app for 10/12/13 left with Jenny to pass on to David.

10.Dec.'13. David DNA – RDS.

David requires prescription for 17/12/13.

DTTO agreed to give David prescriptions from 17/12 to 30/12 .

Also script from 31/12 to 13/01'14, to cover Festive Season.
Passed on k/w and clinical appointments to give to David.

David to be informed that DTTO will not issue further prescriptions.

Attended Core Group Meeting on 14/08/14

15/Sep. '14

David presented at RDS and admitted to using ½ gram of heroin intravenously into his arms. David was looking for an increase to his methadone. Reason offered for relapse was recent events between Lynda and himself, coupled with, "being accused by everyone of using heroin so " why not".

David reported no heroin use into his groin or legs. Inspection of David's arms indicated recent intravenous use so an increase of 10 mls from 35mls to 45 mls methadone daily was arranged. A prescription for 4 days was issued incase David required a further increase.

19/Sep.'14

David presented at RDS as requested. David reported that his heroin use had decreased but he felt that he required a further increase as he was experiencing slight withdrawals. His methadone was titrated up a further 10mls daily to 55mls daily.

On Monday, 22/Sep'14.

David attended a 10 am clinical review appointment at RDS. David's appearance and presentation were appropriate. Dr Duncan inspected David's injecting sights on his arms, David reports that he has never injected into his groin or legs.

David reported no heroin use for two days and was not experiencing any withdrawals so did not require a increase to his methadone. David reports that he has moved back into Jessiman Square, so will be away from the influences that led to lapse into heroin use. RDS will continue to support David

Health : David had a colloid cyst removed from his brain '2008.
Continues with follow up treatment at SGH.
. Has used codeine based pain relief for headaches in the past.
Advised against use as it shows in drug screens as opiates.

Police: Has current ongoing charges. B of P. Police assault.
Pocession of weapon. Misuse of drugs Act.

1. 22 Nov'13 . Obstructive, threatening behaviour towards police. David claimed police assault.
2.
3. 08 Jan'14. Pocession of a Stanley knife.

3 21 Jan'14 Investigation by Antisocial Team.

DTTO.
Long history of offending behaviour extending over many years which has seen David receive both custodial and community based disposals as a result.

DTTO Records indicate that David has struggled to show any sustained .
Periods. of abstinence.

1. Aged 14years- cannabis
2. Aged 16years- Temazepam
3. Aged 18years- Amphetamine/speed. Ecstacy
4. Aged 21years- Heroin.

Family.
Situation: Currently residing at new tenancy at 10D Jessiman Square. Renfrew.

[redacted]

David has x2 children who live with their mother. No contact.

Renfrewshire
Health & Social Care Partnership

Renfrewshire Council

NHS Greater Glasgow and Clyde

Renfrewshire Drug Service

Date: 2nd December 2014
Date Dictated: 20th November 2015
Our Ref: BO'N/SR/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

PRIVATE & CONFIDENTIAL
Dr Anderson
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Anderson

David McGeown, DoB: 08.12.1975, 10D Jessiman Square, Renfrew, PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome, Amphetamine Misuse

Current Psychotropic Medication: Methadone 70mls daily supervised, Mirtazapine 15mgs nocte

---

I reviewed this gentleman with his Case Worker, David Hamilton on the 29th October 2015.

Mr McGeown has not used heroin since December 2014. He denies valium or cannabis use over the last few months. He did take co-codamol for a episodic painful illness. His history is collaborated by urinary drug screens.

His mood today is 7/10, although he is not making progress with regards to his insomnia and I have prescribed him Mirtazapine 15mgs in order to assist with regards to this.

He is reactive, cooperative and there is hope and optimism for the future with regards to expectations regarding his daughter.

We shall keep you updated as to his progress.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

c.c. David Hamilton, Key Worker, RDS ✓

RDS Waiting Times

Original form to be returned in file

Name(for file use only): David McGeown

Has an SMR25a form been completed ? YES ☑ NO ☐ UNKNOWN ☐

		DATE SUBMIITTED FOR RECORDING
Local Reference No (Swift No)	9008020	
Post Code (first part eg PA3, PA5)	PA4	
Category	(Drugs) / Alcohol	
Client Anonymous	(Yes) / No	
Ethnic Origin	White	
Date Referral Made	11/11/13	
Date Referral Received	11/11/13	
Source of Referral	GP	
Period of Unavailability Start Date		
Reason		
Unavailability End Date (Do not enter date on database)		
Assessment Attendance Details		
First Assessment Date	11/11/13	PJO
Attended	(Yes)/No	
Reason For Non Attendance	DNA: Did Not Attend CAN: Could Not Attend CS: Cancelled By Service	
Non Attendance Outcome	RET: Retained REM: Removed	
Assessment 2 Attendance Details		
First Assessment Date		
Attended	Yes/No	
Reason For Non Attendance	DNA: Did Not Attend CAN: Could Not Attend CS: Cancelled By Service	
Non Attendance Outcome	RET: Retained REM: Removed	
Assessment 3 Attendance Details		
First Assessment Date		
Attended	Yes/No	
Reason For Non Attendance	DNA: Did Not Attend	

	RET – Retained	
2nd Date offered for Treatment		
Attended	Yes/No	
Treatment Type (only 1 recorded for each treatment)	1. Structured Preparatory Intervention 2. Structured Psychosocial Intervention 3. Rehabilitation: Residential 4. Detoxification/Inpatient Treatment: Residential 5. Detoxification: Community Based 6. Prescribing: GP 7. Prescribing: Specialist 8. Structured Day Programmes 9. Other Structured Intervention If the number of treatment interventions have been identified as a priority, then the one which is required to start first should be recorded. Definitions of treatment types available in Waiting Times folder	
Non-Attendance for 2nd Treatment Date Offered	CAN – Could Not Attend DNA – Did Not Attend CS – Cancelled By Service	
Non-Attendance Outcome	REM – Removed (also enter date of discharge) RET – Retained	
3rd Date offered for Treatment		
Attended	Yes/No	
Treatment Type (only 1 recorded for each treatment)	1. Structured Preparatory Intervention 2. Structured Psychosocial Intervention 3. Rehabilitation: Residential 4. Detoxification/Inpatient Treatment: Residential 5. Detoxification: Community Based 6. Prescribing: GP 7. Prescribing: Specialist 8. Structured Day Programmes 9. Other Structured	

Removal		
Removal Date (Date Client Discharged)		
Removal Reason	1. Planned Discharge: referred to other service 2. Planned Discharge: referred to GP 3. Planned Discharge: received required support 4. Unplanned Discharge 5. Disciplinary	

MN 3/6/08.

NATIONAL WAITING TIMES INFORMATION FRAMEWORK

CLIENTS NAME David MC ~~Gowan~~ MC Geown

SERVICE ID

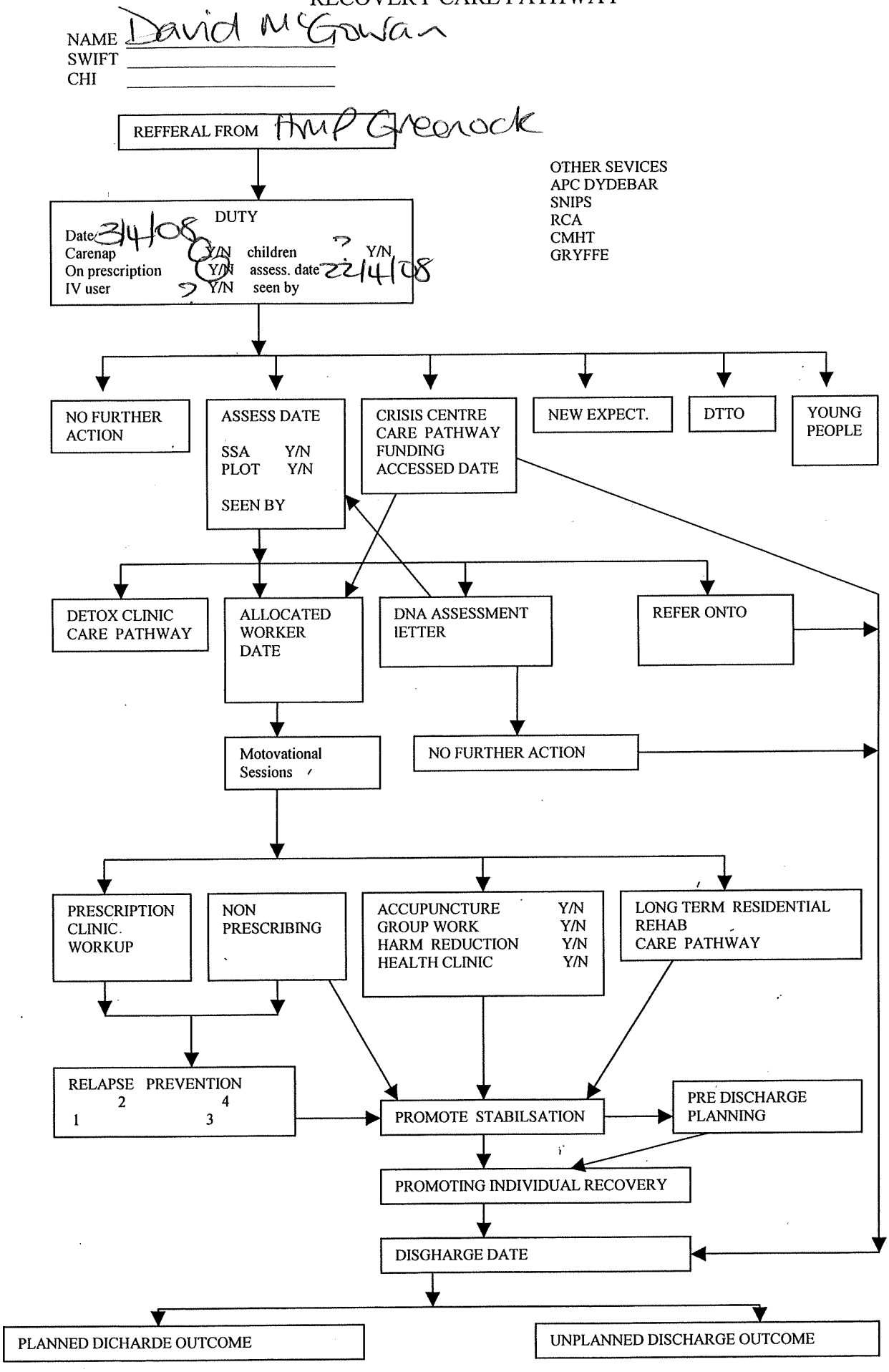
WORKERS NAME	CLIENT SWIFT NO.	DATE REFERAL RECEIVED FIRST CONTACT	FIRST APPT DATE OFFERED FOR ASSESS	DATE CARE PLAN IS AGREED/DECISION or TREATMENT MADE	FIRST TREATMENT		SECOND TREATMENT			DATE DISCHARGE/ REFERAL ON	DISCHARGE CODE	Has SMR24 been completed + sent to ISD for this patient
					TREATMENT REQUIRED	FIRST APPOINTMENT DATE OFFERED	DATE CLIENT READY FOR TREATMENT	TREATMENT REQUIRED	FIRST APPOINTMENT DATE OFFERED			
Louise Galloway	9008020	3/4/08	9/4/08	9/4/08	2	14/5/08				2/6/08	2	yes ✓

TREATMENT CODES
1. STRUCTURED PREPARATORY AND MOTIVATIONAL INTERVENTION
2. PRESCRIBED DRUG TREATMENT
3. COMMUNITY BASED SUPPORT AND/OR REHABILITATION
4. RESIDENTIAL DETOX AND REHABILITATION

DISCHARGE CODE
1. PLANNED
2. UNPLANNED
3. DISCIPLINARY

RENFREWSHIRE DRUG SERVICE
RECOVERY CARE PATHWAY

NAME David McGowan
SWIFT _____
CHI _____



Renfrewshire Joint Care

Partnership

Shared Information

Client Details

ırname: M'Geown	**Date of Birth:** 8-12-75
›rename: David	**Social Work ID:**
›ntact Agency: RDS	**Department:**

[r/Mrs/Ms ----------------David McGeown------------------------have had principles of joint care planning explained to me by my health/~~social~~ worker.

--------Angela Perry---------------------. I understand that it may be essary for information relating to me to be shared between the various agencies involved ny care, i.e.. health and social work professionals and voluntary agency staff. Where ropriate. The information shared will only be that relevant to my care and it will be y on a "need to know " basis.

ive my consent to the sharing of my personal information for the joint care planning ~~purposes~~ explained to me.

I give restricted consent to the sharing of my personal information for the joint care planning purposes explained to me.

I do not give my consent to the sharing of my personal information for the purposes explained to me and I understand that this could place restrictions on the integrated service within my care plan. These restrictions have been explained to me.

have/have not received a copy of an information leaflet which explains how information ut me is used.

ease delete as appropriate

ned --- Date 22/4/08 ---------------

tus if not client: ____________________________

a.../Social Worker Statement:

›nfirm that I have explained to --David McGeown--the principles of joint care ıning, including the fact that information may be shared wi[th others on a "need to] ›w" basis. I have also explained that should information sh[aring consent be ...] [leve]l of integrated service could be ricted.

Paisley childcare centre

Claire McLeod

Liz Lochaye worker H.V.

now involved with F. Matters 1/08

ned ---

ignation -------------Nurse-----------------------------

Client Signature:	Worker Signature:	A...	Date:

Consent Restrictions Specified by client

ase note any specific consent restrictions intimated by client and action taken to ensure that they are met.

tes

s area can be used to record any specific points which the consultant/key worker wishes recorded.

SECTION 1 ADDICTION - SINGLE SHARED ASSESSMENT

Project Identifier	CHI No.	NI Number:	Prison Number

PIMS Number:	Date of initial assessment:	Date of referral: 8/9/06

Name: (alias, previously known as, married, nickname)	Gender:	Date of Birth:
DAVID MCGEOWN	M	8/12/75

Marital Status: Singl ☐ Married ☐ Divorced ☐ Co-habiting ☐ Separated ☐ Widow ☐

Address: 30 ELIZABETHAN WAY RENFREW (present & previous address, NFA, hostel dweller) Contact Y ☑ No ☐

Contact for mail if different: DADS → Contact Yes ☐ No ☐

Telephone Number: Home- Mobile-

Notes:

Ethnicity	Religion	Language

Emergency Contact (Relationship)	Next of kin (legal):
Name:	Name:
Address:	Address:
Tel no:	Tel no:

Partner - Name:
Address:
Tel No
Is partner: Alcohol user Yes ☐ No ☐ **Drug user:** Yes ☐ No ☐

Have consent forms to assessment and sharing information been completed?
Yes ☐ No ☐

Assessors Name

Agency:

Contact Details/Tel No:

Location (where seen):

Referring Agency (Please write name and address of agency)

Referral Agency - Workers Name	Tel No:

Reason for referral including presenting issues: Alcohol ☐ Drugs ☐ Carer ☐

Summary of Need (include any unmet need and give reasons why)	
Presenting Issues: Naltrexone	Action: Continue script from Prison
Service User View/Perception	

REFERRAL ON:

AGENCY	**SERVICE USER NEEDS**	**CONTACTED** (date & outcome)

CONSENT FORM

I ..... give permission for information contained in my assessment form to be shared with the following:

Please indicate pages or tick for whole document		**Pages**	All
Service 1	**Signed** **Date**		
Service 2	**Signed** **Date**		
Service 3	**Signed** **Date**		
Service 4	**Signed** **Date**		

Section 2 - Alcohol and Drug History

Drugs/Alcohol history (please include onset/development of difficulties short history leading to present use -present use should be more detailed)

Age	Substance used - legal, illegal & prescribed	Consequences
14	Cannabis daily	Until present
16	Speed & E's at weekends	Until in prison aged 24
21	Heroin - smoking between 2-5 a day.	In longest period off heroin was 8 mths in 1998
24	In prison - detoxed	released today used heroin once in the 4yrs in Prison Currently on Naltrexone Given 6 days away

Section 3 - Service History Details

Previously known:
(to this agency and/or other agencies, does the client have any other involvement?)

Contact (address/contact numbers)	**Interventions**	**Outcomes** - include dates
No other services apart from Detox in Prison		

Section 4 - General Information/Profile

Housing
(tenancy, problems, complaints, arrears)

Currently homeless. gave up tenancy when given 4 yrs prison sentence in 2000

Finance
(present income, outgoings & debts)

Employment
(past/current difficulties, plans, literacy and numeracy)

Prior to sentence worked in petrol station

has meeting with job centre on Mon 20 Sept.

Education
(past/current difficulties, plans, literacy and numeracy)

No schooling problems.

Legal Status	None		Probation		Licence	✓

Previous Offences

Non parole licence until 28/6/06.

Current/Outstanding Offences

Serious assault served 4yrs.

Any other Details

Section 5 - Health Information/Profile

Physical Health (including any hospital admissions)

Asthma

Psychological Health (including any hospital admissions)

Nil

Section 6 - Social Situation/Context

(home situation, living arrangments, domestic arrangments, time spent)

Homeless lost tenancy when put in prison.

Staying in fathers home. - with stepmum & Dad.
Young Sister 14yrs

Older sister - no regular contact Rosem.

Section 7 - Information on Children & Other Care Responsibility

Children: Yes ☑ No ☐				Main Carer?		
Name	DOB	Address	Nursery/School	Yes	No	SW Status
[redacted]						

Total Household: Adults		Children		

Other Care Responsibility Yes ☐ No ☐			Main Carer		
Name	DOB	Address	Yes	No	SW Status

Family Circumstances
(please list present family status, childcare issues/arrangements)

Children stay with Davids ex-girlfriend [redacted] He has regular contact.

Relatives/Other Agencies or Arranging Childcare:	**Yes**		**No**		
Help Required with Children or Arranging Childcare:	**Yes**		**No**		
Social Worker: Details	**Yes**		**No**		
Health Visitor: Details	**Yes**		**No**		
Medical Problems:	**Yes**		**No**		

Progress at School / Nursery

Clients Perceived Effects of their own alcohol/drug use on children:
(please include perceived effects of any others alcohol and drug use on clients children)

What arrangement are made for children when drug/alcohol use is being pursued and/or consumed

What arrangements are made for safe storage of alcohol/drugs - both illegal and prescribed

Section 7 - Assessment Outcome/Action Plan

IdentifiedNeed	Proposed Interventions	Timescale
(should be in order of priority for service user)	(Demonstrate how intervention will take account of gender, ethnicity, disability)	(include person responsible)
Nalthexone		

Unmet need	Reasons

Clients Perception of the Above

Further Assessment Indicated

(Please tick then give details of service/agency)

Substitute Prescribing	
Alcohol Detoxification - In Patient	
Home Detox	
Out Patient	
Residential Detoxification	
Residential Rehabilitation	

Give Further Details:

No Further Action

(Give details why)

Assessor's signature:

Date:

Client's Signature **(I agree that this is an accurate account of my initial assessment)**

Date:

Mental Health & Learning Disabilities

Source: Sainsbury Centre for Mental Health

RISK ASSESSMENT AND MANAGEMENT (LEVEL 1)

CLIENT NAME: David McGeown D.O.B.: 8 / 12 /75 ID No:.....

ADDRESS:..... POSTCODE:.....

DATE/PERIOD OF ASSESSMENT: 17 / 9 /04 TIME:..... REVIEW DATE: / /

RISK FROM OTHERS (eg. Abuse, exploitation) — YES / NO — UNKNOWN
Details of identified risk: — Further investigation required*

RISK TO SELF (eg. Suicide, self harm) — YES / NO — UNKNOWN
Details of identified risk: — Further investigation required*

RISK TO OTHERS (eg. Aggression, violence) — YES / NO — UNKNOWN
Details of identified risk: — Further investigation required*
Released from prison 4yrs assault

RISK OF NEGLECT (eg. Health, personal) — YES / NO — UNKNOWN
Details of identified risk: — Further investigation required*

RISK TO CHILD(REN) (eg. Neglect, abuse) — YES / NO — UNKNOWN
Details of identified risk: — Further investigation required*

RISK OF PHYSICAL IMPAIRMENT (eg. Medical, sensory) — YES / NO — UNKNOWN
Details of identified risk: — Further investigation required*

RISK OF WANDERING and/or FALLS — YES / NO — UNKNOWN
Details of identified risk: — Further investigation required*

MEMORY & COGNITIVE IMPAIRMENT — YES / NO — UNKNOWN
(eg. Forgetfulness)
Details of identified risk: — Further investigation required*

CHALLENGES TO SERVICES — YES / NO — UNKNOWN
(eg. Inappropriate demands, poor service response)
Details of identified risk: — Further investigation required*

*** Any further investigation required should be part of level 1 Risk Management Plan.**

PLOT

(PERSONAL LIFESTYLE OUTCOME TRACE)

PATIENT'S NAME: ~~George~~ David M DOB: 8/12/75

SECTOR & NURSE: ANGELA DATE COMPLETED: 17/9/04

SCORE		0	1	2	3	
CATEGORY		**Chaos**	**Regularisation**	**Stabilisation**	**Socialisation**	**Totals**
DRUG BEHAVIOUR	**Repertoire**	> 2 drugs	<3 drugs	Prescribed Drugs	Drug Free	2
	Daily dose variation	Max/min>2	Max/min=<2	No Variation	Drug Free	2
	Route	High Risk IV	Low Risk IV	Non Injecting	Drug Free	2
					TOTAL	6
ROUTINE	**Reference Times**	No daily routine	1reference times	2 reference times	3 reference times	2
	Insomnia	Early, middle & late	2 of early, middle &late	Early, middle & late	Good Sleep	3
					TOTAL	5
UNHEALTHY FEATURES	**Weight**	Low, falling	Low, steady	Low, rising	Normal High	3
	Physical Co morbidity	Untreated	Treated symptomatic	Treated Asympotomatic	Well	2
	Mental Co morbidity	Untreated	Treated symptomatic	Treated Asymptomatic	Well	3
					TOTAL	8
GEOGRAPHIC FEATURES	**Sleeping in same bed**	2 nights/week	3 nights/week	4 nights/week	5 nights/week	5
	Housing	Homeless	Own bed (e.g. B&B)	Own Room e.g. lodgings	Own House	0
					TOTAL	5
SOCIAL FEATURES	**Relationship**	Alone & lonely	Unsupported adult	1 supportive adult	>1 supportive adult	3
	Legal	Non-compliance	Order outstanding	Compliance with order	No trouble	2
	Finance	Debt increasing	Debt steady	Debt reducing	Not in debt	3
					TOTAL	8
IV Route Checked	Use of High risk sites	Use of low risk sites	No evidence of IV use	Not Checked		32
				Plot score (total of category score)		

Carenap Basic Information Sheet

Person's full name:

Mr / Mrs / Miss / Ms / Other David

Preferred name: McGrown

DOB: 8/12/75

Lives alone - **Yes** / **No** (please circle)

CHI number:

Social Work number: 9008020

Other number *(specify):*

Gender: M / F

Ethnic Background:

Referrer

Name of Referrer: DTTO

Address:

Profession:

Telephone:

Is person aware that referral has been made? **Yes** / **No** (please circle)

Reason for assessment

completed order

Date of referral: 11/11/13

Person lives in? (tick box)

Rented - Local Authority	☐	Sheltered Housing	☐	Residential Home -Local Authority	☐
Rented - Housing Assoc.	☐	Supported accommodation	☐	Residential Home - Private	☐
Rented - Private Landlord	☐	Hospital	☐	Residential Home - Voluntary	☐
Rented - Other (specify What)	☐	Nursing Home	☐	Hostel	☐
Privately Owned	☐	Care Home	☐	Homeless	☐
Relatives home (specify who)	☐	Other (specify what)	☐		

Present address:

Post town: 9E Ferguson St

Post code: Renfrew

Telephone:

Home address *(if different):*

Post town:

Post code:

Telephone:

Contact Details	**Main Carer**	**Next of Kin (if different)**	**Keyholder (if different)**
Name (include title):			
Relationship to person:			
Keyholder:	**Yes** / **No** (circle)	**Yes** / **No** (circle)	
Address:			
Post town:			
Post code:			
Tel. (Day):			
Tel. (Night):			
Tel. (Mobile):			

Who is the GP? Dr.

Address: Coyle

Post town: Renfrew HC

Post code:

Tel. (Day):

Tel. (Night): 314 4645

Practice number:

Communication Needs

Preferred language:

Is an interpreter required? **Yes** / **No** (circle)

Sign Language required? **Yes** / **No** (circle)

Hearing aid used? **Yes** / **No** (circle)

Spectacles used? **Yes** / **No** (circle)

Other - please specify

Relevant Background History

To include where appropriate: Work/employment, Family, Marital Status, Religion, Any other factors - Housing/Accommodation issues, recent change in abilities/function, Concerns, Risks, Social network, Bereavement,

see SSA + case notes

A. Boyle

P. Leslie.

Relevant Medical History (including current medical conditions and medication)

Carenap Basic Information Sheet

Person's full name : McGeown
Mr / Mrs / Miss / Ms / Other David McGeown
Preferred name :
DOB : 8 / 12 / 75
Lives alone – Yes / No (please circle)

CHI number :
Social work number :
Other number *(specify)* :
Gender : M / F
Ethnic Background :

Referrer Caroline Robson

Name of Referrer :
Address : HMP Greenock
Inverkip Rd · Greenock

Profession Nursing assistant
Telephone : 01475 787 801

Is person aware that referral has been made? Yes / No (please circle)

Reason for assessment

Date of referral : 3 / 4 / 08

Receiving 30mg daily methadone in prison
Liberation due 9/4/08. Need script for 10/4/08
– Assessment date given for 22/4/08 @ 10am

Person lives in? *(tick box)*

Rented – Local Authority	☐	Sheltered Housing	☐	Residential Home – Local Authority	☐
Rented – Housing Assoc.	☐	Supported accommodation	☐	Residential Home – Private	☐
Rented – Private Landlord	☐	Hospital	☐	Residential Home – Voluntary	☐
Rented – Other (specify what)	☐	Nursing Home	☐	Hostel	☐
Privately Owned	☐	Care Home	☐	Homeless	☐
Relatives home (specify who)	☐	Other (specify what)	☐		

Present address : Not given

Post town :
Post code :
Telephone :

Home address *(if different)* **:**

Post town :
Post code :
Telephone :

Contact Details	**Main carer**	**Next of Kin (if different)**	**Keyholder (if different)**
Name (include title) :			
Relationship to person :			
Keyholder :	**Yes / No** *(circle)*	**Yes / No** *(circle)*	
Address :			
Post town :			
Post code :			
Tel (Day) :			
Tel (Night) :			
Tel (Mobile) :			

Who is the GP? Dr. Not known.

Address:

Post town :

Post code :

Tel (Day) :

Tel (Night) :

Practice number :

Communication Needs

Preferred language :

Is an interpreter required? Yes / No *(circle)*

Sign Language required ? Yes / No *(circle)*

Hearing aid used? Yes / No *(circle)*

Spectacles used? Yes / No *(circle)*

Other - please speciify

Relevant Background History

To include where appropriate : *Work/employment, Family, Marital Status, Religion, Any other factors – Housing/Accommodation issues, recent change in abilities/function, Concerns, Risks, Social network, Bereavement,*

Referred by GP thro' Greenock health service as being liberated from prison 9/4/08. Need ongoing prescribing from 10/4/08. No details given as to :-

- risks/criminal offence
- community throughcare arrangements
- children
- address
- GP
- medical history

Proceed w/ caution, letter sent for assessment 22/4/08 @ 10am.

Relevant Medical History (including current medical conditions and medication)

K Somerville (CAN)

RENFREW SUBSTANCE ABUSE RESOURCE

Referral Form

NAME Dana McCrown D.O.B: 8/12/75

ADDRESS 1A Dunvegan Quad SEX:

Renfrew

POSTCODE

Can mail be sent to above address Yes [ ] No [ ]

CORRESPONDENCE ADDRESS
or
METHOD OF CONTACT

G.P.

ADDRESS

SOCIAL WORK/OTHER AGENCIES INVOLVED

REFERRED BY John Kelly DATE: 28/6/00

NAME Community Alternatives Unit

ADDRESS

887 5470

METHOD OF REFERRAL

Is client aware of referral Yes [ ] No [ ]

Drugs currently being used (last 7 days) (2)

	Drug	Route	Frequency
1st (main)	Heroin		
2nd			
3rd			
4th			

Assessment appointment given/sent (delete as appropriate) Date 14/8/00

12.30pm

Unemployed -(2)

PTO

RENFREW SUBSTANCE ABUSE RESOURCE

Referral Form

NAME David McGeown D.O.B: 18/12/75 25yrs.

ADDRESS C/O 30 Elizabethan Way SEX: Male

Renfrew

PA4 0LS.

POSTCODE

Can mail be sent to above address Yes [✓] No [ ]

CORRESPONDENCE ADDRESS
or
METHOD OF CONTACT

G.P. Dr Anderson (Mr).

ADDRESS RHC.

SOCIAL WORK/OTHER AGENCIES INVOLVED

REFERRED BY DATE: 2/12/99.

NAME

ADDRESS

METHOD OF REFERRAL

Is client aware of referral Yes [ ] No [ ]

Drugs currently being used (last 7 days)

	Drug	Route (2)	Frequency
1st (main)	Heroin	smoke	daily
2nd	Hash	"	occ.
3rd			
4th			

Assessment appointment given/sent (delete as appropriate) Date Wed 19/1/00 @ 11.30

Unemployed (2)

PTO

Urine Sample Obtained Yes [ ] No [✓]

G.P./Social Work informed of assessment date Yes [ ] No [✓]
(please note all G.P. referrals to be notified of date)

No follow up required [ ]

Any other relevant information

Paul has been using heroin past 2yrs. 1st contact with a service. Wants to stop heroin use. Wants other ways of beginning to reduce. Has reduced over recent weeks. Recently homeless, still contact with dad & sister though lives in B&B.
Advised to use duty till assessment date.

Completed By: Diane Kell

Date: 2/12/99.

RENFREWSHIRE DRUGS SERVICE

Renfrewshire Council

Referral Form

NAME DAVID MCGEOWN D.O.B. 8/12/75

ADDRESS C/O 30, ELIZABETH WAY, SEX M

RENFREW

POSTCODE

Can mail be sent to the above address? **Yes [✓]** **No [ ]**

CORRESPONDENCE ADDRESS N/A.

or

METHOD OF CONTRACT

G.P.

ADDRESS

SOCIAL WORK/OTHER AGENCIES INVOLVED

REFERRED BY LESLIE REEKIE DATE 6/9/04.

NAME ADDICTIONS NURSE.

ADDRESS HMP GLENOCHIL (01259 767295)

METHOD OF REFERRAL FAX.

Is client aware of referral **Yes [✓]** **No [ ]**

Drugs currently being used (last seven days)

	Drug	**Route**	**Frequency**
1st (main)			
2nd			
3rd			
4th			

Assessement appointment given/sent (delete as appropriate) Date

* ILLICIT DRUG FREE. COMMENCED ON NALTREXONE WHILST IN PRISON, LOOKING FOR THIS TO CONTINUE ON LIBERATION ✱.

SW 20 (07/03)

Urine Sample Obtained **YES [ ]** **NO [ ]**

G.P./Social Work informed of assesment date **YES [ ]** **NO [ ]**
(please note all G.P. referrals to be notified of date)

No follow-up required **[ ]**

Any other relevant information

SERVICES

Services (Please tick as appropriate)	Services requested (Tick at referral stage)	Services Perception of needs	Actual Services Provided
1. Assessment	☐	☐	☐
2. Advice/Information	☐	☐	☐
3. Counselling	☐	☐	☐
4. Minimal Intervention	☐	☐	☐
5. Detox	☐	☐	☐
6. Residential Rehab	☐	☐	☐
7. Substitute Prescribing	☐	☐	☐
8. Medical Input/Advice	☐	☐	☐
9. Harm Reduction	☐	☐	☐
10. Throughcare	☐	☐	☐
11. Lifestyle Modification	☐	☐	☐
12. Advocacy	☐	☐	☐
13. Other (Please Specify	☐	☐	☐

Please add any relevant comments (include details of unmet need)

Completed by Elaine Fitzpatrick

Date 6/9/04

Scottish Drug Misuse Database
MONITORING OF DRUG MISUSE IN SCOTLAND

SMR24 introduced April 2001
Please read the notes on the back.

1. Is person attending this service for their drug misuse problem:

for the 1st time ever ☑
or
returning after an interval of at least 6 months ☐

*Please do **not** complete a form if neither applies. Exclude letter only and third party contacts.*

2. Personal Details

First Name DAVID
Surname MCGEOWN
Initials D M E
ISD ref B 129384
Date of birth 08 12 1975
Gender Male ☑ Female ☐
Local ref

Address
Street: ELIZABETHAN WAY
Area of City/Town:
City/Town: RENFREW
Postal Sector: PA4
Please do not enter last two items of postcode

Ethnic group

White	☑	Black-Caribbean	☐
Indian	☐	Black-African	☐
Pakistani	☐	Black-Other	☐
Bangladeshi	☐	Chinese	☐
Other (specify)			

3. Presenting Information (of this episode)

Date contact first made (this episode only) - include letter/phone referrals: 08 09 04

Date of this assessment/ contact: 17 09 04

Main source of referral

Self	☐
GP/Primary care team	☐
Criminal justice - social work	☐
Criminal justice - other	☑
Social work - other	☐
Specialist drug service (incl. SW addiction teams)	☐

Other (specify):

Presenting issue(s) *Tick all that apply*

N.B. **not** 'drug misuse'

Physical health	☐
Mental health	☐
Pregnancy	☐
Legal	☐

Other (specify): Self

Seeking prescription ☑

4. Details of Reporter

Name of service/practice: ROS
10 ST. JAMES ST PAISLEY
Contact name: A PERRY
Telephone number: 889 1273
Practice No. or Institution code: C4216C

5. Prescription Profile (current), give details of current prescription related to drug misuse

None ☐ Not known ☐

	Drug Name	Daily dosage (mg)	Prescriber (✓): Person's GP	Specialist service	Prison doctor	Other doctor	Weekly consumption: No. of days supervised	No. of days unsupervised
Main Drug	NALTREXONE				✓			7
Drug 2								
Drug 3								

6. Age Profile

Age when first started using illicit drugs	14	years
Age at onset of problem drug use	21	years
Age when help was first sought	24	years

7. Illicit Drugs Profile (past month),

list illicit drugs (include alcohol, solvents & OTC medicine taken inappropriately)

Illicit drug free for the past month (✓) Yes ☑ *go to Injecting / Sharing details* No ☐ *show details below*

	Drug Name	Route(s) e.g. IV / IM / smoke / swallow / inhale / snort: Main route	Other route	How often? e.g. daily / most days / weekends / weekly / fortnightly / monthly / less often than monthly	In a 'typical' day: Number of times	Total quantity e.g. G / mg / ml / oz / units / binge	Ceased use? (✓)
Main Drug							
Drug 2							
Drug 3							
Drug 4							
Drug 5							

8. Injecting / Sharing Details

Ever injected: Yes ☐ No ☐ *go to Social profile*

Age when first injected: years

In the past month:

Injected: Yes ☐ No ☐ *go to #*

	Yes	No
Always used new injecting equipment	☐	☐
Always cleaned equipment first	☐	☐
Lent/borrowed/shared: needles/syringes	☐	☐
Lent/borrowed/shared: spoons/water/filters/solutions	☐	☐

Injected into: Arms ☐ *and/or* Elsewhere ☐

 # Ever:

	Yes	No
lent/borrowed/shared: needles/syringes	☐	☐
lent/borrowed/shared: spoons/water/filters/solutions	☐	☐

9. Social Profile (current)

Legal situation *Tick all that apply*

None	☐
Pre-adjudication - in prison	☐
Pre-adjudication - at liberty	☐
Post-conviction - in prison	☐
Post-conviction - subject to statutory supervision	☑

Other (specify):

Previously been in prison

Yes ☑ No ☐ Did not wish to answer ☐

If within the past 12 months :
- how long since release: TODAY
- prison of release: GLENOCHIL

Employment Status

Never employed	☐
Unemployed (1 year or longer)	☑
Unemployed (less than a year)	☐
Employed	☐
In full-time education	☐

Other (specify):

Living *Tick all that apply*

With spouse/partner	☐
With parents	☑
With dependent children	☐
Alone	☐

Other (specify):

Accommodation

Owned / Rented	☐
Temporary / Unstable accommodation	☑
Supported accommodation (drug-related)	☐
Residential rehab.	☐
In prison	☐
Roofless	☐

Other (specify):

Living with other drug users?

Yes ☐ No ☑ Did not wish to answer ☐

10. Local use 1 2 3 4 5 6

B This is your copy to retain.

SMR24

129384

Guidelines on monitoring of drug misuse in Scotland

When to complete a form

Complete form SMR24 for every 'new' problem drug user that attends your service, at the first face-to-face contact that provides enough information. Include telephone contacts only if enough information can be obtained. Exclude all letter only and third party contacts.

Who completes forms

All medical practitioners and other professionals who are engaged in the treatment of 'problem drug users'.

Database definitions:

Problem drug user	*Any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence of his/her own use of drugs or chemical substances.*
New drug users	*Those attending the service for their drug misuse problem for the first time ever or after an interval of at least six months.*
Illicit drugs	*Any illicit drug including solvents, tranquillisers and over the counter medicines taken inappropriately. Include alcohol only when used in combination with other drugs. Tobacco is excluded.*
Prescribed drugs	Include: *any drug used in the treatment of addiction, i.e. substitute prescribing, drugs to treat withdrawal symptoms, anti-depressants and anti-psychotics.*
	Exclude: *drugs used to alleviate the medical effects of drug misuse, e.g. TB, abscesses, Hep C.*

Please ensure that:

- All the critical data items are complete: initials, date of birth, sex and main illicit drug (unless drug free) or main prescribed drugs. ISD will contact services if any of these are missing or unclear.
- The initials and 4th character are clearly written in capital letters and in the correct order, i.e. first name and then surname.
- If the postal sector is not specified, it is important that other address items are provided. This will allow derivation of the person's council area of residence, in order to meet requirements for local information.
- There are no discrepancies between the routes of the illicit drugs listed and the injecting details, as they both refer to the person's drug using behaviour during the past month.

Examples

5. PRESCRIPTION PROFILE (CURRENT), give details of current prescription related to drug misuse

	Drug Details		Prescriber (✓)				Weekly consumption	
	Drug Name	Daily dosage (mg)	Person's GP	Specialist service	Prison doctor	Other doctor	No. of days supervised	No. of days unsupervised
Main Drug	METHADONE	30 mg		✓			5	2
Drug 2	PROZAC	20 mg	✓				0	7
Drug 3								

7. ILLICIT DRUGS PROFILE (PAST MONTH), list illicit drugs (include alcohol, solvents & OTC medicine taken inappropriately)

Illicit drug free for the past month (✓) Yes ☐ *go to Injecting / Sharing details* No ☐ *show details below*

	Drug Name	Route(s) e.g. IV / IM / smoke / swallow / inhale / snort		How often? e.g.daily / most days / weekends / weekly / fortnightly / monthly / less often than monthly	In a 'typical' day		Ceased use? (✓)
		Main route	Other route		Number of times	Total quantity e.g. G / mg / ml / oz / units / binge	
Main Drug	HEROIN	IV	SMOKE	MOST DAYS	3	1G	
Drug 2	CYCLIZINE	IV		DAILY	1	100 mg	
Drug 3	METHADONE (top up)	SWALLOW		WKLY	1	20 mg	
Drug 4	COCAINE	SNORT		WKNDS	4	1G	✓
Drug 5							

Where to send the forms

Keep the carbonised copy of the form and send the top copy to ISD Scotland in the pre-paid addressed envelopes provided. Partially completed forms can also be returned to ISD, provided the critical items are included (see above)

Detailed guidelines

Detailed guidelines on the completion of form SMR24, including definitions, are available from ISD at the address below or on the national website: **www.drugmisuse.isdscotland.org/sdmd/sdmd.htm**

Enquiries and supplies of forms: (also envelopes and guidelines)

Scottish Drug Misuse Database
Information & Statistics Division
Trinity Park House
South Trinity Road
Edinburgh, EH5 3SQ

Telephone: 0131 551 8221

or forms can be ordered on the national website
www.drugmisuse.isdscotland.org/sdmd/forms.htm

Scottish Drug Misuse Database
MONITORING OF DRUG MISUSE IN SCOTLAND

For Statistical Purposes
SMR23 revised April 1995

Please complete a form if (a) the client is attending for the first time ever or (b) the client has attended before but not within the previous six months. Exclude letter and third party contacts. Please read the notes on the back.

Enquiries: phone 0131-551 8715

DETAILS OF CLIENT

First Name: DAVID
Last Name: MCGEOWN

Initials:

Date of Birth: 01 12 75

Your Ref:

Sex: Male ☑ Female ☐

Ethnic Group: White ☑ Indian Sub-continent ☐ Chinese ☐ Afro-Caribbean ☐ Other (specify) _____

ADDRESS

Street: 1A Dunvegan Quad

District/Ward:

City/Town: Renfrew

Postal District: PA4

Date of initial contact (of this episode): 28 06 90

DRUG PROFILE

Has client used drugs in the past month? Yes ☐ *list current drug use below*
No ☐ *list significant drug use (within the past 12 months) below*

	Drug Name (include each drug used, prescribed or not)	Prescribed? (Yes/ No/ Both)	Route(s)	How often? (daily/ weekly/ monthly/ occasionally)	For Local Use A	For Local Use B
Main Drug	Heroin	No	Smoke	Daily		
Drug 2						
Drug 3						
Drug 4						
Drug 5/Alcohol						

Age at onset of problem drug use (if appropriate) ____ *years* Age when help was first sought ____ *years*

INJECTING / SHARING DETAILS

Ever injected: Yes ☑ No ☐ *go to next section*

Age when first injected: ____ Years

In the past month has client:

Injected	Yes ☐	No ☐	*go to #*
Always used new injecting equipment	Yes ☐	No ☐	
Filtered	Yes ☐	No ☐	
Bleached	Yes ☐	No ☐	
Rotated injecting sites	Yes ☐	No ☐	
Lent injecting equipment	Yes ☐	No ☐	
Borrowed injecting equipment	Yes ☐	No ☐	
Shared injecting equipment	Yes ☐	No ☐	*go to #*

Has client ever shared injecting equipment: Yes ☐ No ☐

CONTACT DETAILS

Is client attending for the first time ever ☐ or is the client returning after an interval of at least 6 months ☑

	Initial Contact	Where Assessed
At agency	☑	
Telephone		
In street		
At home		
In prison		

Other (specify) _____

DETAILS OF REPORTING AGENCY

Agency: RSAT

Contact person: Alan Day

Telephone number: 0141 887 1223

Institution code: C426C

Health board: S ___

SOCIAL PROFILE (*CURRENT STATUS*)

EMPLOYMENT STATUS

Never employed ☐
Unemployed (1 year or longer) ☐
Unemployed (less than a year) ☐
Employed ☐

Other (specify) _____

LEGAL SITUATION *Tick all that apply*

None ☐
Serving prison sentence ☐
Deferred sentence ☐
On probation - with condition of treatment ☐
On probation - unspecified ☑
Community service ☐
Awaiting sentence ☐
Trial pending ☐
Pending cases ☐

Other (specify) _____

Previously been in prison ☑

LIVING *Tick all that apply*

Alone ☐
With spouse/partner ☑
With parents ☐
With dependent children ☐
With friends ☐
In residential rehabilitation ☐
In prison ☐
No fixed abode ☐

Other (specify) _____

ARE ANY OF THE PEOPLE YOU LIVE WITH DRUG USERS?

Yes ☐
No ☐
Did not wish to answer ☐

LOCAL USE C D E F G H

CONTACT PROFILE

DRUG RELATED CONTACT IN PAST 12 MONTHS *Tick all that apply*

None ☐
GP ☐
Specialist drug service
— statutory ☐
— non-statutory ☐
Social work services ☐
Social work offender services ☑

Other (specify) Community

REFERRAL FROM

Self ☐
GP ☐
Social work services ☐
Social work offender services ☑
Psychiatrist/Mental health services ☐
Family ☐
Friend ☐

Other (specify) GAM

ACTION PLANNED

Further appointment/ongoing assessment ☑
Waiting list ☐

Other (specify) _____

PLANNED LIAISON *Tick all that apply*

None ☐
GP ☐
Specialist drug service
— statutory ☐
— non-statutory ☐

Other (specify) Community

DISCHARGED AND REFERRED ON (specify) McCreaties

This is your copy to retain.

SMR23

Guidelines on monitoring of drug misuse in Scotland

Please read the SMR23 notes for completion which have been distributed with the blank forms. These give more detailed guidelines on how to complete form SMR23. Copies of the Notes for Completion can be obtained at the address given below.

Who should use this form ?

This form (SMR23) should be used by all projects and professionals other than registered medical practitioners. Registered medical practitioners should use form SMR22.

When should a form be completed ?

A form should be completed for every 'new' problem drug user who attends the agency. This includes only those problem drug users who are attending the particular agency for the first time ever, or, they have attended before but not within the previous six months. It is essential that the initials, date of birth and gender of the client are completed on the ISD copy as they are necessary in order to minimise the risk of double counting people seen by several agencies/practices.

Should all 'new' contacts be included?

Yes, all 'new' contacts should be reported. This includes the normal face-to-face contacts as well as telephone contacts. However, in practice a telephone contact should only be included provided that enough information is obtained to complete an SMR23 form ie. a telephone assessment. Letter only and third party contacts, such as those with parents, are not recorded.

Definitions

A 'problem drug user' is defined as 'any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his/her own use of drugs or chemical substances'. The Database defines 'drugs' as 'any drug including solvents and tranquillisers and including alcohol only where it is used in combination with other drugs (ie used as a secondary drug). Tobacco is excluded'.

Please ensure that:

(1) the initial of first name and initial & 4th character of the last name have been copied into the relevant boxes as shown.
(2) if the first part of the postal district is complete that it is in the correct format.
(3) the date of birth and sex are complete.
(4) the 'current' or 'significant (within the past 12 months)' drug use is listed.
(5) details on injecting/sharing are given.

Example

DRUG PROFILE Has client used drugs in the past month? Yes ☑ *list current drug use below*
No ☐ *list significant drug use(within the past 12 months) below*

	Drug Name (include each drug used, prescribed or not)	Prescribed? (Yes/ No/ Both)	Route(s)	How often? (daily/ weekly/ monthly/ occasionally)	For Local Use	
					A	B
Main Drug	HEROIN	NO	IV	DAILY		
Drug 2	TEMAZEPAM	NO	O	WKLY		
Drug 3						
Drug 4						
Drug 5/Alcohol	VODKA	NO		WKNDS		

Where should the form be sent?

The completed form (top copy) should be returned to ISD in the reply paid envelopes provided. The back copy should be kept with the client's notes (if required). Partially complete forms may also be returned to ISD (please see the *Notes for Completion* for further information).

Enquiries and supplies of forms

Any enquiries about the Database should be made to:
Scottish Drug Misuse Database, Information & Statistics Division, Trinity Park House, South Trinity Road, Edinburgh, EH5 3SQ (phone 0131-551 8715).

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Scottish Drug Misuse Database
MONITORING OF DRUG MISUSE IN SCOTLAND

For Statistical Purposes
SMR23 revised April 1995

Please complete a form if (a) the client is attending for the first time ever or (b) the client has attended before but not within the previous six months. Exclude letter and third party contacts. Please read the notes on the back.

Enquiries: phone 0131-551 8715

DETAILS OF CLIENT

First Name: DAVID
Last Name: MCGEOWN

Initials: D M E.
Your Ref:
Date of Birth: 18 12 78
Sex: Male ✓ Female
Ethnic Group: White ✓ Indian Sub-continent ☐ Chinese ☐ Afro-Caribbean ☐ Other (specify) ____

ADDRESS

Street: c/o Elizabeth Way
District/Ward: Renfrewshire
City/Town: Renfrew
Postal District: PA4
Date of initial contact (of this episode): 21299

DRUG PROFILE

Has client used drugs in the past month? Yes ✓ *list current drug use below* / No ☐ *list significant drug use (within the past 12 months) below*

	Drug Name (include each drug used, prescribed or not)	Prescribed? (Yes/ No/ Both)	Route(s)	How often? (daily/ weekly/ monthly/ occasionally)	For Local Use A	For Local Use B
Main Drug	Heroin	No	Smoke	daily		
Drug 2	Hash.	↓	↓	occa.		
Drug 3						
Drug 4						
Drug 5/Alcohol						

Age at onset of problem drug use (if appropriate) ____ *years* Age when help was first sought 23 *years*

INJECTING / SHARING DETAILS

Ever injected: Yes ☐ No ✓ *go to next section*
Age when first injected: ____ Years

In the past month has client:

Injected	Yes ☐	No ☐	*go to #*
Always used new injecting equipment	Yes ☐	No ☐	
Filtered	Yes ☐	No ☐	
Bleached	Yes ☐	No ☐	
Rotated injecting sites	Yes ☐	No ☐	
Lent injecting equipment	Yes ☐	No ☐	
Borrowed injecting equipment	Yes ☐	No ☐	
Shared injecting equipment	Yes ☐	No ☐	*go to #*

Has client ever shared injecting equipment: Yes ☐ No ☐

CONTACT DETAILS

Is client attending for the first time ever ✓ or is the client returning after an interval of at least 6 months ☐

	Initial Contact	Where Assessed
At agency	✓	
Telephone		
In street		
At home		
In prison		
Other (specify)		

DETAILS OF REPORTING AGENCY

Agency: RSAR
Contact person: CH26C.
Telephone number: 0141 8891223
Institution code: CH26C
Health board: S

SOCIAL PROFILE (CURRENT STATUS)

EMPLOYMENT STATUS

Never employed ☐
Unemployed (1 year or longer) ✓
Unemployed (less than a year) ☐
Employed ☐
Other (specify) ____

LEGAL SITUATION *Tick all that apply*

None ☐
Serving prison sentence ☐
Deferred sentence ☐
On probation - with condition of treatment ☐
On probation - unspecified ☐
Community service ☐
Awaiting sentence ☐
Trial pending ☐
Pending cases ✓
Other (specify) ____
Previously been in prison ✓

LIVING *Tick all that apply*

Alone ☐
With spouse/partner ☐
With parents ☐
With dependent children ☐
With friends ☐
In residential rehabilitation ☐
In prison ☐
No fixed abode ☐
Other (specify) BfB

ARE ANY OF THE PEOPLE YOU LIVE WITH DRUG USERS?

? Yes ☐
No ☐
Did not wish to answer ☐

LOCAL USE C D E F G H

CONTACT PROFILE

DRUG RELATED CONTACT IN PAST 12 MONTHS *Tick all that apply*

None ☐
GP ✓
Specialist drug service
— statutory ☐
— non-statutory ☐
Social work services ☐
Social work offender services ☐
Other (specify) ____

REFERRAL FROM

Self ✓
GP ☐
Social work services ☐
Social work offender services ☐
Psychiatrist/Mental health services ☐
Family ☐
Friend ☐
Other (specify) ____

ACTION PLANNED

Further appointment/ongoing assessment ✓
Waiting list ☐
Other (specify) ____

PLANNED LIAISON *Tick all that apply*

None ☐
GP ✓
Specialist drug service
— statutory ✓
— non-statutory ☐
Other (specify) ____

DISCHARGED AND REFERRED ON (specify) ____

This is your copy to retain.

SMR23

Guidelines on monitoring of drug misuse in Scotland

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Definitions

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Please ensure that:

(1) the initial of first name and initial & 4th character of the last name have been copied into the relevant boxes as shown.
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(3) the date of birth and sex are complete.
(4) the 'current' or 'significant (within the past 12 months)' drug use is listed.
(5) details on injecting/sharing are given.

Example

DRUG PROFILE Has client used drugs in the past month? Yes ☑ *list current drug use below*
No ☐ *list significant drug use(within the past 12 months) below*

	Drug Name (include each drug used, prescribed or not)	Prescribed? (Yes/ No/ Both)	Route(s)	How often? (daily/ weekly/ monthly/ occasionally)	For Local Use A	For Local Use B
Main Drug	HEROIN	NO	IV	DAILY		
Drug 2	TEMAZEPAM	NO	O	WKLY		
Drug 3						
Drug 4						
Drug 5/Alcohol	VODKA	NO		WKNDS		

Where should the form be sent?

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Further supplies of forms, reply paid envelopes and *Notes for Completion* can also be obtained at this address.

RENFREWSHIRE DRUGS SERVICE

Referral Form

Renfrewshire Council

NAME DAVID McGEOWN D.O.B. 8-12-75

ADDRESS c/o 30 ELIZABETHAN WAY SEX M

RENFREW

POSTCODE

Can mail be sent to the above address? **Yes [✓]** **No [ ]**

CORRESPONDENCE ADDRESS

or

METHOD OF CONTRACT

G.P.

ADDRESS

SOCIAL WORK/OTHER AGENCIES INVOLVED

REFERRED BY Glenochil Prison DATE 6/9/01

NAME Leslie Reekie

ADDRESS

METHOD OF REFERRAL Phone

Is client aware of referral **Yes [✓]** **No [ ]**

Drugs currently being used (last seven days)

	Drug	**Route**	**Frequency**
1st (main)			
2nd			
3rd			
4th			

Assessement appointment given/sent (delete as appropriate) Date

Urine Sample Obtained **YES [ ]** **NO [ ]**

G.P./Social Work informed of assesment date **YES [ ]** **NO [ ]**
(please note all G.P. referrals to be notified of date)

No follow-up required **[ ]**

Any other relevant information

SERVICES

Services (Please tick as appropriate)	Services requested (Tick at referral stage)	Services Perception of needs	Actual Services Provided
1. Assessment	☐	☐	☐
2. Advice/Information	☐	☐	☐
3. Counselling	☐	☐	☐
4. Minimal Intervention	☐	☐	☐
5. Detox	☐	☐	☐
6. Residential Rehab	☐	☐	☐
7. Substitute Prescribing	☐	☐	☐
8. Medical Input/Advice	☑	☐	☐
9. Harm Reduction	☐	☐	☐
10. Throughcare	☐	☐	☐
11. Lifestyle Modification	☐	☐	☐
12. Advocacy	☐	☐	☐
13. Other (Please Specify	☐	☐	☐

Please add any relevant comments (include details of unmet need)

Completed by P Kerr

Date 8/9/24

Date:	PROGRESS SHEET NO.:	Worker
11/11/13	David referred by DTTO see SSA as they have completed their intervention. SMR completed. Open and to be reviewed by Intake Team at present.	A Bell / Leader
19/11/13	Discussion at last Allocation Meeting as to the suitability of David to go to Area Team Wests - had a look at case. David although he has contact is not living in the house and Lynda the mother of the children is allocated to Lynda McCulloch so does not appear appropriate for their service however Tony O'Neill SSW contacted to see if there was a possibility that David could be picked up by Rachel	A Bell / Leader
2?/11/13	Allocated to David Hamilton.	A Bell / Leader
22/11/13	Call to DTTO. 577 8442. Not available. Jenny Lough to return call	
25/11/13	Discussed case with Jenny at the DTTO. Order at DTTO finished. David given x2 prescriptions > 19 Sep to 2 Dec. and 3 Dec to 16 Dec. New script reqd 17 Dec. Has a 1year old daughter [redacted]	
	Breach of Peace at weekend. [redacted] present? App. given to David by Jenny for 10/12 at 11am	

***Client's Name ____________________
Client's Signature ____________________

Date : :

Worker ____________________
Renfrewshire Drug Service
10 St. James Street
Paisley

1. Enter Client's Name (at***) when starting new progress sheet.
2. Initial each entry in right hand margin.
3. Complete box above when client is granted access to personal file.

SW 19 (07/03)

Date:	PROGRESS SHEET NO.:	Worker
28/11/13	David offered two appointment times AM or PM. Chose Tuesday 10/12 at 11am.	
	~~by~~ Jenny at DTTO confirmed date with David	
4/12/13	Voice mail from Jenny Lough DTTO.	
	App agreed with David for 10/12 x 11am.	
	[redacted]	
	Needs Prescription from 17 Dec.	
	Clinic : 17 Dec @ 11:20	
10/12/13	DNA K/W app. Today. Call from JENNY (13) DDTO	
	Prescription 17/12 to 30/12 and 31/12 to 18 Jan '14	
	Police Assault > B of P.	
	JAT. - meeting 17/12	
	Requires Script from 14 Jan.	
	App given K/W. 19/12 at 11am.	
	Needs Double clinic app.	
11/12/13	Passed on double clinic app to Jenny (Recp.)	
	for David. App with Dr M'Phillemy	
	on 14 Jan @ 11am.	
19/12/13.	Attended. Methadone 40mls daily Sup.	
	Looking for reduction.	
	5mls. Then whenever he wants to reduce	
	again.	
	Speed. - weekends > clean UDS.	
	No Alcohol - Valium use.	
	Script	
	Child. Care issues	
	Partner > has own tenancy. Dr. Coyle. does not prescribe	
	Looking for GP Shared Care.	

***Client's Name _____ Client's Signature _____	Worker _____
Date : :	Renfrewshire Drug Service 10 St. James Street Paisley

1. Enter Client's Name (at***) when starting new progress sheet.
2. Initial each entry in right hand margin.
3. Complete box above when client is granted access to personal file.

Date:	PROGRESS SHEET NO.:	Worker
8/1/14	DNA.	
9/1/14	In Custody > MARY STUART. SW.	
	Bail Special conditions.	
	LAST specimen : Pos. Amp,	
	30/12. Neg Morphine + cocaine + Benzo,	
	Methadone 40Mls. daily Supervised.	
	Chemist: Boots, Braehead 885 9097	
14/1/14	Attended clinic App. Next Clinic 21/1 @ 10am	
	given to David. Script for 35Mls given up to	
	26 Jan. Next app 27/Jan @ 3pm.	
	[redacted]	
22/1/14	Linda > H/V this morning > Presented as though under	
	the influence, grey, drawn, albert dog got hold of	
	his teeth. looking for david to be urine	
	Tested. E-mail sent to linda + KAREN.	
24/2/14	Collected Prescription. UDS taken. See Swift.	
24/3/14	See Swift.	
15/4/14	Karen Turnbull S/W RAT. Update.	
	SP. 24/3 + Meth only - No breakdown.	
	Requesting x2 weekly p/up > not encouraged.	
	Next clinical review 16/6/14.	
	[redacted]	

***Client's Name _____ Client's Signature _____	Worker _____ Renfrewshire Drug Service 10 St. James Street Paisley
Date : :	

1. Enter Client's Name (at***) when starting new progress sheet.
2. Initial each entry in right hand margin.
3. Complete box above when client is granted access to personal file.

Date:	PROGRESS SHEET NO.:	Worker
22/4/14	Attended app. Twenty eight day prescription given. UDS taken. Reports no illicit drug use. Prescription would support claims. Reports Housing refusing to relocate to larger premises, currently overcrowded. Attends app and clinical reviews. Clinic apps read.	
19/5/14	Attended	
4/6/14.	attended. C.P. JAT. Next Clinical Review 16/6	
9/6/14	Call to David passed on - reminded David about app. Clinic app on 16/6.	
16/6/14	DNA Clinical Review.	
30/6/14	See Swift.	
9/7/14	Phoned mobile See Swift.	
10/7/14	DNA App See Swift	
14/7/14	DNA Requires new script today See Swift	
15/7/14	Call to Pharmacy Missed Meth 14/7 See Swift Phone to mobile > Agreed to Attend RDS See Swift	
17/7/14	Citation to appear at court re: illicits	
8/8/14	UDS taken. 28 day prescription given. Lynch Pharm.	
14/8/14	Attended Core group meeting RAT. Meth. Negative on 8/8. Injecting sights to be examined.	

***Client's Name _____ Client's Signature _____	Worker _____ Renfrewshire Drug Service 10 St. James Street Paisley
Date : :	

1. Enter Client's Name (at***) when starting new progress sheet.
2. Initial each entry in right hand margin.
3. Complete box above when client is granted access to personal file.

Date:	PROGRESS SHEET NO.:	Worker
5/9/14	attended appt inspected I/V sight forearms. bruising. David not living at Jessiman Sq preferring to "Sofa surfing" with various friends. Changed locked to Jessiman Sq. Willing to give Lynda a key. CP case conference 23 Sep See Swift	
8/9/14	See Swift	
[redacted]		
15/9/14	Housing - Meeting Tuesday PM Heroin use ½ gram - £20. every 2nd Day I/V use into arms - No groin. No abscesses. Meth 35mls. Discussed case with Dr Duncan methadone increased to 45mls daily. 4 day prescription given. Renew Fri 19 Sep Call to Bridehead Pharmacy to cancel existing prescription. 885 9099	

***Client's Name _____	Worker _____
Client's Signature _____	Renfrewshire Drug Service 10 St. James Street Paisley
Date : :	

1. Enter Client's Name (at***) when starting new progress sheet.
2. Initial each entry in right hand margin.
3. Complete box above when client is granted access to personal file.

Date:	PROGRESS SHEET NO.:	Worker
16/10/14	Attended appointment.	
	given 17day prescription starting on 17/10.	
	Looking for 10mls increase.	
	Currently on 55mls Meth daily.	
	Mood low, smoked heroin reason offered	
	was that his daughter [redacted] has been	
	taken into care. Apparently David and [redacted]	
	mother who have a joint tenancy but living	
	apart had conditions imposed regarding	
	access to [redacted] and they have been broken	
	by Lynda (mother).	
17/10/14	Discussed increase of Methadone with	
11am	prescriber Dr. Duncan who agreed to an	
	increase from 55mls to 65mls daily.	
	Call to David to arrange collection of new	
	prescription. David attending the Childrens	
	Panel around mid-day so will collect	
	prescription either before or after the meeting.	
	Contacted Pharmacist to advise about the	
	changes to dose of medications.	
20/10/14	Swift Notes.	
	1 hour Separate contact START THURS 23 OCT. at 3PM.	
	Lynda. 2pm - 3pm.	
	David at Court on 23/24 '10 EXTRA TIME NEXT WEEK.	
	PRIOR TO x Following Children going to Cina's.	
20/10/14	LYNSEY - 9PM went to buy hash at	
	Lynda's & David's.	
	Conditions poor. Needles on floor.	
	[redacted] smoking heroin from foil.	
	[redacted] present injecting into groin.	
	David left room to inject into groin.	
13/11/14	See swift	

***Client's Name _____ Client's Signature _____	Worker _____
Date : :	Renfrewshire Drug Service 10 St. James Street Paisley

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3. Complete box above when client is granted access to personal file.

Date:	PROGRESS SHEET NO.:	Worker
1/12/14	See Swift	
8/12/14	See Swift	
9/12/14	See Swift	
11/12/14	See Swift	
16/12/14	See Swift	
23/12/14	See Swift.	
30/12/14	Attended App	
28/1/15	Attended app. UDS taken >2ED/Script	
	Cancelled clinic 26/1 - at Court	
29/1/15	DNA Clinic app after missed 01/12 clinic	
	Reason offered "Was at court all day"	
6/2/15	Attended KAC Review. David & Lynda not	
	present. David to meet with Karen Turnbull	
	on 9/2 at 9:30 for update.	
	David did not attend KW app on 6/2	
09/2/15	Attended App See Swift	
18/2/15	Received Minutes of last meeting. Swift notes:	
	David to get his name off joint tenancy. David to take	
	responsibility and contact appropriate dept. Court progress	
	housing application until name removed.	

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Date:	PROGRESS SHEET NO.:	Worker
23/2/15	Attended Clinical Review with Dr. McMahon. See Sn-Ft	
	Meth increased to 75mls daily	
3/3/15	David has been offered a Tenancy at Flat 3/2, 196 Berry Knowes Rd Glasgow G52 > 07526 881 326	
20/3/15	Attended app. 8wks Script given	
	23 March - 4W	
	20 April - 4W	
	Next Script Due 15 May. Next App 14 May Script.	
14/4/15	Attended app	
14/5/15	Attended Clinical review. Last Review March 15	
	(Pal hanged himself in prison)	
	Reports no illicit drug use. Appearance slightly improved presentation appropriate	
	Body language improved more articulate.	
	Appeared relaxed and comfortable with himself.	
22/5/15	Karen Turnbull. David back in relationship with Lynda although denying it. Staying over at Jessimen Square.	
	Lynda staying over at Cardonald	
	Breach of bail if he enters Jessimen Square.	
	Can talk to her and be at	
11/6/15	See Sn-Ft	
16/7/15	See Sn-Ft. CP. Fri. 24/7. @ 11am.	
	15/7 Fined £150 for B of P. Sep'14 Lynda/David.	

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Date:	PROGRESS SHEET NO.:	Worker
24/7/15	[redacted]	
8/15		
9/15		
29/10/15	Clinica Review.	
2/11/15	App. UDS Taken.	
25/11/15	ATT App UDS Taken Script given (28) CP Meeting put back.	
17/12/15	Lee Swift	
19/1/16	UDS	
21/1/16	Clinical Review + UDS + Script	
22/1/16	LAAC Review - Renfrew.	
18/2/16	Script	
22/2/16	UDS.	
17/3/16	Script + UDS	
13/4/16	Script + UDS - 1	
9/5/16	Script + UDS - LAST Script Pos Amphetamines.	
12/5/16	Med Review	

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Date:	PROGRESS SHEET NO.:	Worker
16/5/16	APP - UDS	
9/6/16	Script	
21/6/16	APP - UDS	
07/7/16	Script	
04/8/16	Med 'Review + UDS + Script	
01/9/16	Script UDS	
29/9/16	Script	
27/10/16	Script + UDS	
24/11/16	MED'R + UDS + Script	
	Tom Clocherty. CJ unpaid work	
	David given FIRST WARNING for unacceptable behaviour 23/11	
	Instruction from David West	
	21 Hours unpaid work - Balance 59 hours. Attends Mondays	
	Mostly good attitude. Warning for abusive language to Supervisor	
21/12/16	Attended app.	
18/1/16	Attended APP. Tom clocherty - 1PM - Script change to	
	START Friday instead of Thurs. Prescriber change Dr O'Neil PM Clinic to	
	Consultant Dr. Sykes morning clinic. URINE Drug Screen TAKEN.	
	Reports No illicit drug use. Presentation and appearance	
	appropriate. Noticed weight loss. David has not noticed.	
	Annoyed at Police presence at Childrens' Panel or Lynda agreeing	
	to help with the integration of [redacted] to adoptive parents. David NO CONTACT.	

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Date:	PROGRESS SHEET NO.:	Worker
	Cancelled Medical Reviews. Dr. O'Neill	
	27'10'16 - 22'12'16 - 16'2'17.	
16/2/17	Wants to reduce. 5mls/month.	
	Court 10am today 16/2. Appeal for child contact.	
	Lynda continues to have contact.	
	Using - No illicit drug use.	

***Client's Name _____

Client's Signature _____

Date : :

Worker _____

Renfrewshire Drug Service
10 St. James Street
Paisley

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Social Work

Director: Peter MacLeod

RENFREWSHIRE DRUG SERVICE
10 St. James Street
PAISLEY
PA3 2HT

Tel No: 0141 889 1223
Fax No: 0141 848 9776

Renfrewshire Council

David McGeown
14 Dunlop ~~Ct~~ Cres
Renfrew
PA4 8PQ

Our Ref:

Date: 14/05/08

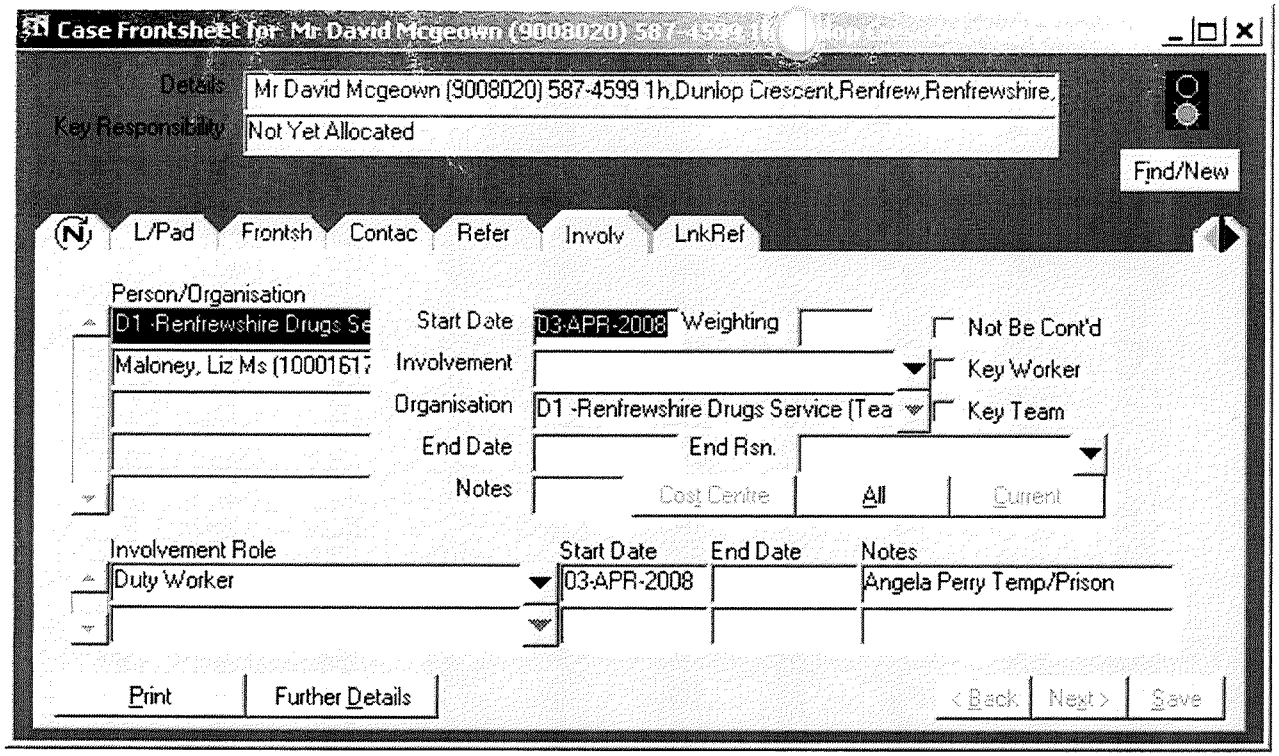
Dear David

I have been allocated your worker at RDS. I noticed you didn't pick your script up last week.

Please let me know if you wish to continue your methadone treatment.

If I don't hear ~~within~~ from you within a week, I will assume you don't want any further treatment and close your case.

Louise Galloway, Addictions Worker



(D.O.B - 8/12/75)

Address was Elizabethem Way.

05/06/02.

David McGeown.

30 Elizabethan Way

8/12/75.

Meredone 30 yrs

17/4 for 7 days

Social Work Department

Director: Sheena Duncan

RENFREW SUBSTANCE ABUSE RESOURCE
20 Back Sneddon Street, Paisley PA3 2DJ
Telephone No: 0141 889 1223

Our Ref: AB/CC
Date: 3rd August 2000

David McGeown
c/o 30 Elizabethan Way
RENFREW
PA4 OLS

Dear David

Just a short note to remind you that you have an assessment appointment on Monday 14th August at 12.30 p.m.

If you do not want to keep this appointment, could you please call the above number to cancel.

Thank you.

Yours sincerely

Social Work Department

Director: David Crawford

RENFREWSHIRE DRUG SERVICE
10 St. James Street
PAISLEY PA3 2HT
Tel No: 0141 889 1223
Fax No: 0141 848 9776

Our Ref: KS/KS

Date: **3/4/08**

Private & Confidential

Staff Nurse Andrew McTaggart
Health Centre
Greenock Prison
Inverkip Road
GREENOCK

Dear Mr McTaggart

Re: Mr David McGowan (8/12/75) No Given Address

Your colleague Caroline Robson contacted the service today to refer the above gentleman for continuation of methadone maintenance treatment following his liberation from prison on Wednesday 9th April 2008.

We would ask that he attend no later than Thursday 10th April 2008 before 12 noon to arrange his treatment and complete some inital referral details. He will receive a prescription at this point, once a community pharmacy is secured, up to his assessment date only which is Tuesday 22nd April 2008 at 10am prompt.

Failure to attend will leave him without treatment, therefore please ensure he is notified of this. It may be of benefit if his Throughcare worker attends with him.

Your sincerely

Katrine Somerville
Community Addiction Nurse

Social Work Department

Director: Peter MacLeod

RENFREWSHIRE DRUG SERVICE
10 St. James Street
PAISLEY
PA3 2HT

Tel No: 0141 889 1223

Renfrewshire Council

Our Ref:

Date:

26/03/08

For the attention of Andy Mc Taggart

DAVID MCGEOWN 08/12/75

In response to your fax Renfrewshire Drug Service will pick up Davids methadone script on his release.

If you could contact the service prior to his release in order for us to make the appropriate arrangements.

Regards

Angela Perry
Addiction Nurse

David was placed on a 3 year DTTO on 8/11/2010 and was referred to RDS on completion of his order on 11/11/13.

20.Nov.'13. Allocated to David Hamilton.

19. Dec.'13. David engaged with RDS for the first time.
Given a second appointment for 08.Jan.'14.

08.Jan.14. DNA - RDS app. Still had prescription from DTTO in chemist.

14.Jan. 14. Attended first clinical review at RDS with Dr McPhillimy .
Required new prescription, two week prescription given.
Next prescription due 28/01/14 at k/w appointment.

Urine drug screen results from 28 Jan. 2014 to 01. July. 2014
Current medication:35mls Meth./daily/Supervised.

28/01/14. + Methadone. + Opiates.

25/02/14. +Methadone. + Amphetamine.

25/03/14. +Methadone only.

23/04/14. +Methadone only.

20/05/14. +Methadone. Further testing reqd.Results not consistent with a daily.
Methadone regime.
Was specimen supervised?

30/06/14. +Methadone only.

01/07/14. +Methadone only.

CLINICAL REVIEWS FROM: January'2014.

Diagnosis : Opiate Dependency. Amphetamine.Cannabis misuse.

14. Jan.14. Attended clinical review with Dr. McPhillimy.

Denies heroin use over the past 12 months. Denies valium use.

Admits using alcohol and amphetamine together once weely.

Admits to using cannabis every night.

24.Mar.14. Attended clinical review with Dr. Duncan.

Denies, heroin,valium and amphetamine use.
Wants to work towards giving clean samples.
Aim, to be allowed methadone collection x3days/week.

16. May.'14 DNA Clinical review. Re-appointed

30.May.'14 DNA Clinical review. Re-appoint, to be arranged.

KEY WORKER APPOINTMENTS

Allocated to DH on 20/11/13.
First contact with k/w. 19/12/14
Further contacts: 27/01/14
21/02/14
21/03/14
22/04/14
16/05/14 dna clinic
19/05/14
30/05/14 dna clinic
12/06/14
09/07/14. Mobile left message/reminder
10/07/14. Dna re script.
14/07/14. Dna start script date'
15/07/14. Attended service to collect script.

Following allocation David did not respond well to appointments at RDS, this I put down to him already having a prescription issued by DTTO in the pharmacy, David agreed and added that he was busy dealing with the festive season.

David initially was not responsive to discussing issues or engaging with treatment plans, he was also difficult to engage with verbally and displayed an attitude problem.

At that time Concerns shared with social work were overcrowding conditions with two young children sharing a one bedroom flat with 3 dogs and 4 pups. Potentially an accident waiting to happen.

Since then things have changed between David and writer, he is now more trusting and therefore open to sharing his thoughts and feelings.

Since March '14, David appears to have had a change in attitude towards his treatment plan. He is now doing well in treatment, providing regular clean drug screens and attending k/w appointments. David stated that the main motivational factor was the fear of the children going into care.

On the down side David continues to have an attitude towards authority therefore creating obstacles for himself which are a distraction from the progress he is making in his drug treatment. Regarding the question mark around dealing accusations. David feels moving house may end accusations. Missed last two clinical reviews on the 16 and 30May.

Health : David had a colloid cyst removed from his brain '2008.
Continues with follow up treatment at SGH.
Has used codeine based pain relief for headaches in the past.
Advised against use as it shows in drug screens as opiates.

Police: Has current ongoing charges. B of P. Police assault.
Pocession of weapon. Misuse of drugs Act.

1. 22 Nov'13 . Obstructive, threatening behaviour towards police. David claimed police assault.
2.
3. 08 Jan'14. Pocession of a Stanley knife.

3 21 Jan'14 Investigation by Antisocial Team.

DTTO.
Long history of offending behaviour extending over many years which has seen David receive both custodial and community based disposals as a result.

DTTO Records indicate that David has struggled to show any sustained .
Periods. of abstinence.

1. Aged 14years- cannabis
2. Aged 16years- Temazepam
3. Aged 18years- Amphetamine/speed. Ecstacy
4. Aged 21years- Heroin.

Family.
Situation: Currently residing at new tenancy at 10D Jessiman Square. Renfrew.

Alicia, 21 months . Paula,8years

David has x2 children who live with their mother. No contact.

15.Nov.'13 DH contacted Jenny Lough, at DTTO.

David Mc. has prescriptions in the chemist which expire on 17/12/13.

RDS app for 10/12/13 left with Jenny to pass on to David.

10.Dec.'13. David DNA – RDS.

David requires prescription for 17/12/13.

DTTO agreed to give David prescriptions from 17/12 to 30/12 .

Also script from 31/12 to 13/01'14, to cover Festive Season.
Passed on k/w and clinical appointments to give to David.

David to be informed that DTTO will not issue further prescriptions.