

Hospital use only	Clinic	Day Date	Time	Hospital No.
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REFERRAL LETTER**MEDICAL IN CONFIDENCE**GGC Mental Health Referral Protocol - Glasgow (Glasgow,
v17.0)

REFERRAL TO	
Renfrewshire Drug Service GGC Mental Health	— Consultant / receiving practitioner and/or specialty clinic
CAT (Community Addiction Team) SCI Gateway Virtual Location Code	— Hospital and hospital address Hospital location code. G004G Email address -
Urgency of referral Routine	Date sent 01-Oct-2018
Date of referral	

PATIENT DETAILS		Patient's address
Surname	McGeown	3b charles avenue RENFREW PA4 8RS
Forename(s)	David	
Title	Mr	
Sex	Male	
Date of birth	08-Dec-1975	
CHI no.	0812753232	Contact number(s) Voice: 07784147163
Area of Residence	-	

101017093133N

Unique Care Pathway Number: 101017093133N

REGISTERED GP DETAILS		Practice address
Name	Dr Iain Harrison	Renfrew Health Centre 10 Ferry Road Renfrew Glasgow PA4 8RU
GMC code	7071040 GP code 36374	
Practice name	Clydeview Medical Practice (14577)	
Practice code	87700	
		Contact number(s) Voice: 0141-207-7730 Facsimile: 0141-207-7740

REFERRING GP DETAILS		Practice address
Name	Dr. Paula Lynch	Renfrew Health Centre 10 Ferry Road Renfrew PA4 8RU
GMC code	4614144 GP code 36102	
Practice name	Clydeview Medical Practice (87700)	
Practice code	87700	
		Contact number(s) Voice: 0141 207 7730

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: low mood

Comment: This gentleman has recently rejoined our practice. I understand he has been known to yourselves for a reducing methadone prescription. He denies any other drug use. He has ongoing issues with depression. He recently lost a case regarding access to his 5 year old daughter. He has felt he has been struggling to get support and I would appreciate if you could speak to him about these issues.

Yours sincerely

Dr P Lynch

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma resolved	-	03-Apr-2008	03-Apr-2008
Drug dependence	-	03-Apr-2008	03-Apr-2008
Neurotic depression reactive type	Start Date: 09/04/1997	09-Apr-1997	09-Apr-1997

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Implantation of insertable loop recorder	-	22-Sep-2011	22-Sep-2011
Hepatitis C antibody test positive	Start Date: 06/04/2010	06-Apr-2010	06-Apr-2010
Craniotomy	Excised benign infratentorial tumour Start Date: 28/11/2008	28-Nov-2008	28-Nov-2008

Family conditions (All priorities)

<u>Description</u>	<u>Comment</u>	<u>Date of Onset</u>
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values, priority=2	04-Jan-2008
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	04-Jan-2008

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
25-Jul-2012	128	80
24-May-2012	120	80
31-Jan-2012	110	80
18-Jan-2011	120	80
16-Dec-2009	110	70

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
08-Jun-2011	-	67	-
04-Jan-2008	183	69	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker:		24-May-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	08-Dec-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2008
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	16-Dec-2009
Teetotaler:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2008
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	16-Dec-2009
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	04-Jan-2008
Clinical warnings		
Additional relevant information		
Administrative information		
Risk of Suicide:No		
Past history of suicide attempt:Don't Know		
Risk of deliberate self harm:No		
Is patient responsible for children?:No		
Risk to others including children/dependents/clinicians/other:Don't Know		
Risk from others:No		
Risk of Self Neglect:No		
OK to send correspondence to home address?:Yes		
Patient will accept any site:Yes		
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes		
Referred By:Referring GP		
Electronic Attachment Present:No		
Social circumstances		
Ethnic Origin: (White) Scottish		

Signature of referring doctor (or other professional) Date



Date: 27th April 2018
Date Dictated: 6th April 2018
Our Ref: RS/AN/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

Strictly Private & Confidential

Dr Robinson
Kingsinch Medical Practice
10 Ferry Rd, Renfrew

Dear Dr Robinson

RE: David McGeown dob 08/12/19751 0D Jessimen Square, Renfrew, PA4 8EB
Psychiatric Diagnosis: F11.22 Opiate Dependence Syndrome
Current Psychotropic Medication: Methadone 30mls Daily
Next Clinic Appointment: To be arranged in 2 month

I reviewed this patient with key worker Jocelyn Walker on 6th April 2018.

There have been some issues with him providing urine screens positive for amphetamines. He admits that this is a long term problem for him. He declined to provide a specimen today and he did appear somewhat volatile and over talkative suggesting that he may be continuing to use amphetamines although he denies this today.

He has been involved in unfortunately committing domestic violence once again. He was convicted of assaulting his ex partner recently. Currently he is on a "Tag" restricting his movements out with the home. Despite this he has been trying to work in a job via an agency. He may run into problems with work pattern as he is also on a Community Payback Order and has to do unpaid work. He is trying to negotiate this with his criminal justice worker in Glasgow. I understand that he is currently living in Cardonald and Jocelyn will be taking up the issue on where he should receive his treatment. Giving the difficulty in establishing a rapport with David, however the plan would be to address this with him over the next few months. There is also the continuing issue of access to his 5 year old daughter and he is not been coping well with no interactions with Social Work. I gathered there is potentially a court case regarding his access to the child. He will be seen again at the clinic in about 2 months.

Yours sincerely

Dr Roger Sykes
Consultant Psychiatrist





Date: 13th November 2017
Date Dictated: 10th November 2017
Our Ref: RS/SR/0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

Strictly 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: F11.22 Opiate Dependence Syndrome

Current Psychotropic Medication: Methadone 30mls, daily supervised

I reviewed David with his Key Worker, Jocelyn Walker on the 10th November 2017. He reported that he has been doing well and avoiding illicit drugs apart from some cannabis. Unfortunately one of his urine screens turned up positive for amphetamines and the patient has queried this and asked if it could be repeated. There is of course an issue with regards to drug use and his application to the court to oppose the adoption of his 5 year old daughter.

He has previously said to Jocelyn that he is not happy at disclosing information regarding these issues as he feels that the information will be relayed to Social Work. This uncomfortable dynamic has continued for some time now.

The most pressing issue today was that he is due to start work, he says, at a processing factory in Queenslie in Glasgow. This will involve potentially lengthy shifts but we have arranged that he can collect his prescription from a late opening Pharmacy. He will be reviewed in due course.

Yours sincerely

Dr Roger Sykes
Consultant Psychiatrist



Renfrewshire Drug Service

Date: 11th July 2017
Date Dictated: 7th July 2017
Our Ref: RS/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: F11.22 – Opiate Dependence Syndrome

Current Psychotropic Medication: Methadone 40mls daily dispensed Tues /Friday

Next Appointment: 6th October 2017 at 11.15am

I reviewed this patient with his keyworker Elaine Fitzpatrick on 07.07.17. He reports remaining drug free and appears to be stable in terms of his lifestyle. He said that he gets support from an ex partner from years ago and his grown up daughter.

As you may be aware there has been an ongoing process about which he is very angry to do with access to his young daughter. I understand there is a court hearing in October in this regard. The patient was barely able to suppress his anger about this.

He remains keen to reduce his Methadone in a progressive fashion. We were planning to reduce further to 35mls next time. I gave an outline of my concerns regarding the risks as his dose reduces. He does have some insight about this but one would have some concerns as his dosage reduces further. I think in particular he may be somewhat unrealistic about the process of detoxifying. He was telling me that he had a colloid cyst removed in 2006 and still experiences a lot of headache pain. He made brief reference to being advised that he might go on to Amatriptyline or Gabapentinoid which so far he is resisting. He will be seen again in two months.

Yours sincerely

Dr Roger Sykes
Consultant Psychiatrist

Renfrewshire Drug Service

Date: 10th May 2017
Date Dictated: 4th May 2017
Our Ref: BO'N/LF/ 0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141 618 2585

PRIVATE & CONFIDENTIAL

Mr John Gardner
John Gardner & Company
12a Moss Street
Paisley
PA1 1BL

RDS

Dear Mr Gardiner,

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

I refer to your letter dated 26th April 2017 addressed to my Key Worker colleague David Hamilton. I see this gentleman at Renfrewshire Drug Service and I am his Medical Officer in Addiction Psychiatry. He attends on a regular basis and has done so with myself since June 2015. He has been diagnosed with opiate dependence syndrome and amphetamine misuse. Throughout this time he has attended every 2-3 months for a medical review but seen Mr David Hamilton, his Key Worker more frequently. I note that over the past 16 months he has made considerable improvement as far as his drug taking behaviour is concerned. Corroborated by our clinical impression and urinary drug screens he has been able to desist from illicit substances with the help of a Methadone prescription.

It is important to emphasise that his all round well being has improved substantially. Throughout this time a significant motivating factor is that he would in a position to look after his daughter and this continues to be his wish although he is realistic about the present situation.

Mr McGeown has done all that is suggested, has engaged well attending appointments and accepting psycho social advice from myself and his Key Worker.

I hope this information is helpful to you and I require no fee for this letter.

Yours sincerely

Brian O'Neill
Specialty Doctor in Addiction Psychiatry

Dr. Charles McMahon
Consultant Psychiatrist

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/DC/CHI 0812753232
Date: 05 February 2015

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-628-5267

Date Dictated: 05 February 2015

PRIVATE & CONFIDENTIAL

Ms Karen Turnbull
Social Worker
Social Work Department
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Ms Turnbull

David McGeown (0812753232)
9E Ferguson Street, Renfrew

Child Protection Case Conference

I am responding to a request for an updated report on David McGeown. As you are aware he had been seeing Dr Clare Duncan at Renfrewshire Drug Service and she provided an update in November which confirmed that Mr McGeown had continued to use heroin by injection. He was offered further medical appointments on 01 December 2014 and 26 January 2015 neither of which he attended. His key worker David Hamilton should be able to provide an update on progress from his perspective.

If you require any further information please let me know.

Yours sincerely



Dr Charles McMahon
Consultant Psychiatrist

cc: David Hamilton

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

Back Sneddon Centre, 20 Back Sneddon Street, PAISLEY, PA3 2DJ

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 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
Back Sneddon Centre, 20 Back Sneddon Street, PAISLEY, PA3 2DJ

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 Aleisha.

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

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

20 Back Sneddon Street
Paisley PA3 2DJ

Date: 13 August 2015
Date Dictated: 06 August 2015
Our Ref: BO'N/KAC/CHI 0812753232
Enquiries: Renfrewshire Drug Service
Tel: 0141-618-2585

Private & Confidential

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

Dear Dr Anderson

David McGeown (0812753232)
10D Jessiman Square, Renfrew PA4 8EB

Psychiatric Diagnosis: Opiate Dependence Syndrome, Amphetamine Misuse

Current Psychotropic Medication: Methadone 75 mls daily supervised

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I reviewed this gentleman with his key worker David Hamilton on 06 August 2015 at Renfrewshire Drug Service. David continues to progress well. He reports no illicit heroin use since December 2014, confirmed by urine drug screens. He also denies illicit Valium, cannabis and alcohol. I note that he is coping with the legal rigors of a pending children's panel regarding his daughter Alicia.

His mood today is 8.5 out of 10 and he has hope and optimism for the future. I note that in the past there has been a tendency for him to be aggressive if his expectations have not been met. Perhaps of the stabilisation of his illicit drug use he is much more capable of controlling his emotions appropriately.

We had a discussion today with regards to the possible future reductions of his Methadone prescription and agreed to revisit this at his next medical appointment. We shall keep you updated with regards to his progress.

Yours sincerely

Dr Brian O'Neill
Specialty Doctor
Addiction Psychiatry

Dr Charles McMahon
Consultant Psychiatrist

cc: David Hamilton, RDS

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/SJ/CHI 0812753232
Date: 02.03.15

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-840-5729

Date Dictated:

PRIVATE & CONFIDENTIAL

Dr. Coyle
Kings Inch Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Dr. Coyle

David McGeown (0812753232)
9e Ferguson Street, Renfrew

Psychiatric Diagnosis: F19 – Opiate Dependence, Amphetamine Misuse

Current Psychotropic Medication: Methadone increased to 75 mls daily.

I saw Mr. McGeown at Renfrewshire Drug Service for further review on the 23.02.15. Mr McGeown told me that he hasn't used any Heroin since before Christmas. he said however he has been feeling somewhat unsettled and agitated and would like the dose to be increased. On examination he didn't appear impaired. He was thin however. His arms showed the presence of stigmata from injecting. I thought some of these were relatively recent perhaps less than 2 months but Mr McGeown was adamant that he had not been injecting. This is perhaps something that we many need to monitor carefully.

He says he remains very focused on obtaining custody of his 3 year old daughter. He is pursuing legal channels for this.

I have increased his Methadone up to 75mls today and I will see him again in due course.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/DC/CHI 0812753232
Date: 05 February 2015

Date Dictated: 05 February 2015

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-628-5267

PRIVATE & CONFIDENTIAL

Ms Karen Turnbull
Social Worker
Social Work Department
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Ms Turnbull

David McGeown (0812753232)
9E Ferguson Street, Renfrew

Child Protection Case Conference

I am responding to a request for an updated report on David McGeown. As you are aware he had been seeing Dr Clare Duncan at Renfrewshire Drug Service and she provided an update in November which confirmed that Mr McGeown had continued to use heroin by injection. He was offered further medical appointments on 01 December 2014 and 26 January 2015 neither of which he attended. His key worker David Hamilton should be able to provide an update on progress from his perspective.

If you require any further information please let me know.

Yours sincerely

Dr Charles McMahon
Consultant Psychiatrist

cc: David Hamilton

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/KAC/CHI 0812753232
Date: 17 November 2014
Date Dictated: 17 November 2014

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-618-5267

PRIVATE & CONFIDENTIAL

Ms Karen Turnbull
Social Work
Renfrew Medical Centre
10 Ferry Road
Renfrew PA4 8RU

Dear Ms Turnbull

David McGeown (0812753232)
10 D Jessiman Square, Renfrew PA4 8EB

Child Protection Review Case Conference

Further to your request for updated information regarding the patient above, I can confirm that he continues to attend Renfrewshire Drug Service. He was last reviewed by myself at RDS on 22 September 2014. Unfortunately at this time he described to continued use of heroin which he had been injecting. I was able to confirm this by inspecting injection sites at his left arm. He is currently prescribed Opiate substitute medication, Methadone and continues to attend RDS, with regular support from his key worker David Hamilton.

Yours sincerely

Dr Clare Duncan
Locum Specialty Doctor

Dr Charles McMahon
Consultant Psychiatrist

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/KAC/CHI 0812753232
Date: 22 September 2014
Date Dictated: 22 September 2014

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-618-5267

PRIVATE & CONFIDENTIAL

Dr. Coyle
Kings Inch Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Dr. Coyle

David McGeown (0812753232)
10 D Jessiman Square, Renfrew PA4 8EB

Psychiatric Diagnosis: F19 – Opiate Dependence, Amphetamine Misuse

Current Psychotropic Medication: Methadone 55 mls daily supervised

I reviewed Mr McGeown at Renfrewshire Drug Service on 22 September 2014. Unfortunately he had been injecting heroin again for the past 3 weeks or so. He describes that he has been injecting approximately 1 x £10 bag every 2 days or so. I was able to inspect the Injections sites at his left arm today. He last used 2 days ago. He is also using speed occasionally again this was at the weekend. He denies the use of Valium, cocaine and alcohol. He describes his increased use of heroin to ongoing access difficulties to his children.

Social Work services have been informed regarding his current illicit drug use. I believe his young children are now in the care of his ex-partner and her mother. In order to support his stability, we have recently increased his daily supervised Methadone – he is currently on 55 mls Methadone per day. We will continue to support him with regular input from his key worker David Hamilton. We will update you with regards to his progress.

Yours sincerely

Dr Clare Duncan
Locum Specialty Doctor

Dr Charles McMahon
Consultant Psychiatrist

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/DC/CHI 0812753232
Date: 24th March 2014

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-840-5729

Date Dictated: 24th March 2014

PRIVATE & CONFIDENTIAL

Dr. Coyle
Kings Inch Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Dr. Coyle

David McGeown (0812753232)
9e Ferguson Street, Renfrew

Psychiatric Diagnosis: F19 – Opiate Dependence, Amphetamine Misuse

Current Psychotropic Medication: Methadone 35 mls.

I reviewed Mr. McGeown at Renfrewshire Drug Service on 24.03.2014. I note that he was transferred earlier this year from DTTO service. Today Mr. McGeown describes that he continues to use Dihydrocodeine at least once or twice per week. He denies the use of Heroin or street Valium at this time. He describes he is not using Amphetamines, although his last urine screen on 24.02.2014 was positive for Amphetamine. He uses Cannabis every evening. He drinks alcohol only rarely.

I note that he is currently residing with his partner and his seventeen-month-old daughter. Social Work are currently still involved with the family. He has three other children, having access to his thirteen-year-old daughter only. Today he describes that he is currently on a daily collection of his Methadone, but is keen to reduce this to perhaps twice or three times per week. We discussed the importance of him being stable and to this end we have agreed that he will require to provide several clean urine samples prior to us considering a reduction in his daily pick-up. Mr. McGeown has agreed with this plan and we will continue to review him at this clinic and update you accordingly.

Yours sincerely

Dr. Clare Duncan
Locum Specialty Doctor

Dr. Charles McMahon
Consultant Psychiatrist

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: JMACP/DC/CHI 0812753232
Date: 15th January 2014

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-618 5267

Date Dictated: 14th January 2014

PRIVATE & CONFIDENTIAL

Dr. Coyle
Kingsinch Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Dr. Coyle

David McGeown (0812753232)
9e Ferguson Street, Renfrew

Psychiatric Diagnosis: F19 – Opiate Dependence, Amphetamine Misuse

Current Psychotropic Medication: Methadone 35 mls (reduced today)

I met this man for the first time at Renfrewshire Drug Service today, having been transferred from the DTTO service. David tells me he has not had Heroin for more than a year and is not currently using any Valium. He did admit that he was using Speed once weekly and that this was while he was drinking alcohol at the pub.

He smokes 10-20 cigarettes daily and uses Cannabis at night.

David currently lives with his partner and he has a fourteen-month-old daughter who has recently been returned to his care from foster care. He also had two older children who currently live with their mother and he has no contact with them. His girlfriend also has three children two of whom are under the age of sixteen and both he and his girlfriend have contact with these children. There is a Social Worker already involved who will be doing appropriate Social Work checks since she is aware of the situation with David's drug use.

David has current ongoing charges for police assault, possession of a weapon and breach of the peace.

PHYSICAL HEALTH

As you are aware, David had a colloid cyst removed in 2008 and is still having follow-up at the Southern General with regard to this. He tells me that he is possibly awaiting a pacemaker insertion, although he was unsure as to why this was.

Cont'd/... ..

Page 02
David McGeown

Dr. Coyle
Renfrew Health Centre

Today David was keen to reduce his Methadone and I have therefore agreed to a 5 ml. reduction to 35 mls.

He will be reviewed by his key worker David Hamilton in two week's time and I have obviously encouraged him to reduce his Amphetamine and Alcohol use in the meantime. I will keep you informed of his progress.

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr Charles McMahon
Consultant Psychiatrist

Single Shared Assessment

Drug / Alcohol Support Needs Assessment Package

14th April 2008: Version 12

Person's Name:

David McGeown

Person's DOB:

8-12-75

Lead Assessor's Name:

Michael Nelis

Agency of Lead Assessor:

DTTO

Date of Assessment:

28-9-10

Date of Review:

June 2012 – Helen Soper

Date of Review:

17.10.13 - Patricia Murray

Date of Review:

Section 1: BASIC INFORMATION			
Person's Full Name:	David McGeown	CHI / PIMS Number:	
ADDRESS	9E Ferguson Street, Renfrew	SWIFT/CARE FIRST/REFERENCE Number:	P115958
GP NAME, ADDRESS AND TEL NUMBER	Dr Coyle, Renfrew Health Centre. 0141 314 4645	Date Consent Form Completed:	26.11.10
Location (where seen):	Murray Street St James Updated 17.10.13 DTTO 14 St James Street.	Date of Birth:	08.12.75

Section 2: ALCOHOL / DRUG CURRENT USE & HISTORY				
Drugs / Alcohol History: Please indicate onset / development of difficulties, short history leading to present use (present use should be more detailed). Indicate type of substance (legal (L), illegal (I), or P (Prescription)).				
Current				
Substance Used (What, How much, How often, and Last used)	Type (L, I or P)	Consequences		
Valium, daily, 30mg	I	To help sleep		
Methadone, 100mg, daily	P			
Zopiclone, 40mg, daily	P			
Updated 17.10.13 – Amphetamine	I	David advised he uses amphetamine whilst in the pub socialising.		
Opiate	P	David takes Cocodamol for headaches he has got ongoing health matters, a plate in his head and attends the Southern General Hospital for checks.		
Have you ever injected?		YES	x	NO
Have you ever shared injecting equipment?		YES		NO x

Comments – relating to above Recently tested for Hep C- inconclusive, has been immunised for Hep A&B and had booster Updated 17.10.13: Last noted Heroin use - 28.05.12, 06.06.12 and 11.06.12 Benzodiazepines – 16.08.12 and 23.08.13 (said he used street valium because he missed his methadone)
--

Section 2: ALCOHOL / DRUG CURRENT USE & HISTORY (cont'd)

History			
Age	Substance Used (What, How much, How Often)	Type (Legal, illegal or prescribed)	Consequences
14yrs	Cannabis	I	
16yrs	Temazepam	I	
18yrs	Speed and ecstasy	I	
21yrs	Heroin	I	

Section 3: SERVICE HISTORY DETAILS

Current and Previously Known Details: Please indicate whether client has any other current involvement, and whether s/he is previously known to this agency and / or other agencies

Contact Details Named Worker (address & telephone) Dates of Involvement	Interventions	Outcomes (please include dates)
Dr Ramage, Renfrew Health Centre	Methadone, 100mls daily, also see's drug worker Elaine.	Not using heroin at present
Updated 17.10.13: DTTO, 14 St James Street.	Methadone 40mg	Lasted noted Heroin use 11 th June 2012. David occasionally uses Opiate pain relief.

Section 4: GENERAL INFORMATION / PROFILE													
HOUSING (Tenancy, Problems, Complaints, Arrears, Length of Tenure)					Yes		No		N/A				
Details: Tenement flat on Renfrew. Had tenancy since 2009. No other issues noted.													
FIRE RISK: Information given		YES	NO	Leaflet Given		YES	NO	Referral On		YES	NO	DECLINED	
FINANCE (Present Income, Outgoings and Debts)					Yes		No		N/A				
Details: Receives Employment Support Allowance and Disability Living Allowance totalling £117 a week. Income Maximisation Required?										Yes		No	N/A
EMPLOYMENT (Past/Current Difficulties, Literacy and Numeracy)					Yes		No		N/A				
Details: No significant employment history. Difficulties due to period in custody.													
EDUCATION (Past/Current Difficulties, Literacy and Numeracy)					Yes		No		N/A				
Details: None noted.													
CURRENT LEGAL STATUS (Please indicate status below)					Yes		No		N/A				
None		Probation			Licence		DTTO						
Community		In Prison			Other		DTTO Assessment						
Details: Theft OLP, Misuse of Drugs Act 71 S.5(2) x 2, breach of curfew.													
Previous Offences:					Yes		No		N/A				
41 previous convictions since 1993. offences include convictions for violent & aggressive behaviour, road traffic offences and crimes of dishonesty													
Current / Outstanding Offences					Yes		No		N/A				
Theft OLP, Misuse of Drugs Act 71 S.5(2) x 2, breach of curfew.													
Any Other Details (including any periods in Prison)													

23 previous custodial sentences. In 2001 received a 4 year sentence for Assault to severe injury, permanent disfigurement and permanent impairment.

Section 5: HEALTH INFORMATION / PROFILE

Physical Health (including hospital admissions, current prescribed medication, Hepatitis B vaccination, Hepatitis C information, Pregnancy).

Smoker yes 10 -12 cigs per day

Operation 2 yrs ago to remove colloid cyst from his brain, follow up continuous at southern general, residual collapse and headaches, due to attend neuro psychologist , some memory loss, mild asthma, does not use inhalers, aged 12yrs suspected meningitis , no overdose or seizures

June 2012

David has had a heart monitor attached underneath his skin due to blackouts he was experiencing. This can be there for up to 18 months. He is due at ongoing appointments at Southern General to monitor this and his head injury

Updated 17.10.13

David continues to have checks at Southern General Hospital following an operation to remove a cyst on his brain in 2008 this procedure involved fitting a plate to his skull. Occasionally complains of headaches and takes codeine based pain relief.

David also has ongoing investigations with Cardiology following on from checks after his operation as he was continuing to complain of blackouts after the cyst was removed. DTTO staff have has this information verified by his GP.

Psychological Health (including hospital admissions and current prescribed medication).

Previously prescribed prozac and seroxat following bereavement of son, stopped taking anti – depressants prescribed by the doctor in jail, no psychiatric history.

Updated 17.10.13

David has experienced low mood on occasions but no significant issues relating to his mental health over the last year.

During a FACT assessment carried out by Children and Families it did come to light there are many underlying issues from his past that cause him a great deal of emotional turmoil. David has expresses a great deal of anger at times towards Children and Families as his daughter is in Foster care since birth but is now spending overnights with him and his partner.

Section 6: SOCIAL SITUATION / CONTEXT	
Living / Domestic Arrangements; Family Relationships (Past and Present); Current/history of domestic violence	
Current	
Mr McGeown lives alone in his own tenancy. He reports having some family support but this can vary at times. He advises he has a partner. Mr McGeown has two children from a previous relationship, Kyle and Keira which he advises he has not seen in some considerable time. He has not contact as they live with their mother but he hopes to pursue legal action to gain contact. <u>Updated 17.10.13</u> David has got his own tenancy in Renfrew (9E Ferguson St) but spends the majority of his time at his partner's house, also in Renfrew (3b Edward Ave). They have got a baby daughter Alicia McGeown DOB 30.10.12 is currently in Foster care but is having overnights three nights per week with her parents. David's partners other children reside with their maternal grandmother and they have got contact with them. Chloe 16yrs, Melissa 14yrs and Paula 8yrs. A new change from this week (31.10.13) Melissa and Paula will stay over night with Linda and David on a Saturday night at Linda's house. Alicia's contact is increasing week beginning 4th November to overnights on Monday to Saturday.	
Past	
Mr McGeown has two siblings. He advises his parents separated when he was young and his mother remarried. He reports a poor relationship with his step-father. He indicates spending time in children's home and residential care as a teenager. <u>Updated 17.10.13</u> David struggled emotionally due to issues from his past during a FACT assessment. He found this process difficult and did not want to discuss matters with DTTO staff.	

Section 7: INFORMATION ON CHILDREN, PRENANCY & OTHER CARE RESPONSIBILITIES					
Children?	Yes	No	Contact with children	Yes	No
	X		Frequency of contact No reported contact		
Name	D.O.B	Address	Main Carer	Nursery /School	SW Status
Keira McGeown	3 years	3 Dun street, Paisley	Leanne Reilly		No contact
Kyle McGeown	30.6.06	As above	Leanne Reilly		No contact
Alicia McGeown	30.10.12	Fostercare – overnights Monday to Saturday with parents at 3b Edward Ave.	Sharon Moran, Foster Carer Linda Kerr & David McGeown - overnights		Sect 25 Voluntary placement with foster carer.
Chloe Kerr Melissa Kerr Paula Kerr	16yrs 14yrs 8yrs	Reside with Linda's mum in Renfrew.	Cina Lavery - Maternal Gran		Janine Thomson, Social Worker.
Who is the main carer?		Relationship to Adult / Child	Any Care Responsibilities to Children / Child Under 16		
Leanne Reilly (Keira & Kyle) David's children		Mother			
Cina Lavery (Chloe, Melissa & Paula) Linda's children		Maternal Gran			
Who is in the household (over the age of 16 either resident or on a regular basis)		Relationship to Adult/Child	Do they hold any care responsibilities to Children/Child Under 16 (e.g. school run , baby sitting e.t.c.)		
1.					

2.		
3.		
Children seen?		Yes No
Comments (Clarify if this information has been verified)		
Where were the children seen		
Any issues arising from this		
Partner Pregnancy		
Is partner pregnant	<u>yes</u>	No
Partner Linda Kerr due baby daughter on 30/10/12		
Is partner a drug user	<u>Yes</u>	No
Is partner a dependant alcohol user		
Is partner attending ante natal		
If Yes, stage of pregnancy / Expected date of delivery EDD 31/10/12		
Who has this been verified with (GP, e.t.c.) SNIPS and SW		
Is client currently on Methadone or prescribing in relation to alcohol dependency yes		
Is further support required? (if yes identify)		
Client Pregnancy		
Is client Drug/Alcohol Users:	Yes	No
Are they attending ante-natal care	Yes	No
Are maternity services aware of drug/alcohol use:	Yes	No
Have they had regular contact with support services (establish contact with SNIPS / New Expectations / SW Referrals to determine level of contact/careplan and summarise, discuss any prescribing issues in relation to stability during pregnancy. Potential of neo-natal withdrawal).		

Has a Pre-Birth initial or full discussion been arranged?
Date for Same

If no – initiate with senior a SW pre-birth process to inform support needs

**Section 7: INFORMATION ON CHILDREN, PREGNANCY & OTHER CARE
RESPONSIBILITIES (continued)**

Other care Responsibility?	Yes	No	N/A
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Name	DOB	Address	Main Carer

Relatives / Other Agencies Arranging Childcare:	Yes	No	N/A
---	-----	----	-----

Is childcare arrangements made on a regular basis by extended family.			
---	--	--	--

Who provides this, benefits of support	
--	--

How often
(This will establish planned respite for children/networks and areas of potential resilience)

Help Required with Children or Arranging Childcare:	Yes	No	N/A
---	-----	----	-----

What assistance could be provided and by whom	
---	--

Has client agreed to action suggested	Yes	No
---------------------------------------	-----	----

If yes specify action

Social Work Contact	Yes x	No
Contact with other allocated worker/s and summarise priority areas for parent and child joint careplanning If no state why Janine Thomson, Social worker Renfrew is involved with David and Linda to oversee the child care arrangements.		
Health Visitor Contact	Yes	No
Clarify what child(ren) involved with Health Visitor? Frequency of nursery placements (a.m. /p.m. daily e.t.c.) Summarise priority areas for parent and child joint careplanning. If no state why		
School nurse contact –	Yes	No
Specific school concerns? Summarise priority areas for parent and child joint careplanning Homelink involvement Attendance		
Children's Health Issues:	Yes	No
Any current applications to be applied/medications to be dispensed by parent.	Yes	No
Regular Hospital or clinic appointments for child	Yes	No
Any issues in relation to above		

Client's Perceived Effects of their Own or others Alcohol / Drug Use on Children
Updated 17.10.13 David and Linda accept that there drug use has impacted on their lifestyles, which has resulted in Children and Families being involved but they feel resentful of the continued involvement.
Ability to manage income and prioritise everyday bills/household expenditure
Updated 17.10.13 No financial issues reported.

Ability to emotionally respond to children given the potential physical and mental health impact of alcohol/drug use			
Updated 17.10.13 Contacts with Alicia have been assessed since birth and appear to be positive and this had progressed to overnights stays at home.			
Ability to provide activities for children e.g. visits to park, mother and toddler groups			
Older children assuming parental role for younger children			
What Arrangements are Made for Children when Drug / Alcohol Use Is Being Pursued / Consumed?			
Current routines/frequency for alcohol/drug consumption (who with/where/what time)			
Updated 17.10.13 There have been ongoing concerns relating to amphetamine use that David relates to drinking alcohol. He says when he drinks he uses amphetamine to stay sober. His use has fluctuated over the course of the Order.			
Discuss areas of potential risk in relation to above and any impact on children. Identify areas of action			
Risk from other adults in household			
What arrangements are made for Safe Storage of Alcohol / Drugs and associated paraphernalia (both illegal and prescribed) Where are all medications kept (verify at first HV) Discuss potential risks from both and summarise Identify any action to be taken.			
Updated 17.10.13: Safe issued on 13.12.12 to store methadone.			
Is an appropriate storage box required. If no identify action e.g. purchase of box. Timescales Who will purchase	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
Please identify any factors related to children's issues arising from assessment and action taken			

When clients stability of alcohol/drug use is obtained how would this change clients lifestyle/parenting

Section 8: ASSESSMENT OUTCOME / INITIAL PLAN OF CARE

Identified Need (Should be in order of priority of user)	Proposed Interventions (Demonstrate how intervention will take account of gender, ethnicity and disability)	Timescale Include person responsible
1/ States he needs a DTTO	Continue with DTTO assessment Encourage to attend all appointments.	<u>Assessor/keyworker is</u> Until Court date
2/ Would like a methadone script and treatment for heroin use. Would like methadone titrated to gain stability	Engage with team – show motivation and commitment. Commence methadone treatment if order given	harm reductions at each appointed until Court date , then commence treatment
3/ Wants Counselling	1:1 counselling Harm reductions advice – Evidence reducing via presentation and drug testing. Encourage/empower to maintain any positive changes made Keep drug diary – address this under medical supervision	1: 1 Counselling offered

Section 8: ASSESSMENT OUTCOME / INITIAL PLAN OF CARE (cont'd)

Summary of Assessment

Mr McGeown's view of what changes he must undertake in his life are congruent with the expectations and outcomes expected within a DTTO and he appears willing to cooperate and use the support that DTTO staff will give him, to allow him to desist from illicit drug use and the associated offending.

Mr McGeown's current levels of opiate and benzodiazepine use are minimal, and this shows a growing appreciation of his general health being developed by him. Mr McGeown has experienced recent health problems that required brain surgery and Mr McGeown stated he still has lasting effects of his condition. Mr McGeown has a history of involvement with local drug treatment Services and this has resulted in him being prescribed methadone, but he has struggled to show any sustained periods of abstinence from illicit drug use throughout.

Mr McGeown's history of offending extends over many years and has seen him receive both custodial and community based disposals as a result. Mr McGeown has been in treatment and continued to use illicit drugs and been involved in further offending, although in recent years his level of offending has dropped considerably. Mr McGeown's assessment was able to highlight that his drug use was linked to his pattern of offending, possession of illicit drugs and associated crime being apparent. Where he to be placed on a DTTO then this pattern of behaviour will need to stop and Mr McGeown knows he will need to develop alternative behaviours that are more pro – social.

if Mr McGeown applies himself to the structure and expectations of a DTTO, over time he will be better placed to understand the reasons and influences that lead to his use of drugs and explore alternatives. This would also involve taking a more mature view of life, which could only help Mr McGeown in other areas of his life as well. Mr McGeown is estranged from his two children at this time, but hopes he may establish contact with them once his drug use and life is more stable.

Update June 2012 (Helen Soper)

David's ex girlfriend Linda Kerr is pregnant and due to give birth on 31/10/12. Neil Lennon, Children and Family Team will keep us advised of any meetings regarding the unborn child.

Updated 17.10.13

David was placed on a three year DTTO on 8th November 2010. He made positive lifestyle changes throughout this time but amphetamine use remains a feature albeit minimal.

David and Linda re-established their relationship during her pregnancy in 2012. She gave birth to baby Alicia McGeown on 30.10.12. They were living at his Flat in Ferguson street, Renfrew but Linda has now gained a tenancy and they spend most of their time there whilst overnight contacts with Alicia have been increasing in recent months.

Linda's three daughters from a previous relationship reside with her mother in Renfrew and she is starting to have overnight contact with Melissa 14yrs and Paula 8yrs on a Saturday night. The girls and Linda have been keen for this to go ahead and it has now been agreed to commence.

David does not have contact with his two son's, from a previous relationship, who reside with their mother.

David has continued to vent anger about Social Works involvement with his family; in spite of his background and continued amphetamine use he still feels this is not necessary.

Throughout the Order David has made positive lifestyle changes by eradicating Heroin, last noted positive result June 2012 and he attributes this to missing his Methadone Treatment. He has had an occasional positive result for Benzodiazepine last August 2012 and advised he was administered this substance in custody, when he was charged with possession of a weapon. This matter was dismissed at Court, no case to answer. (confirmed with Lawyer Paul Lynch)

Overall David has done well in relation to compliance on the Order, with some concerns latterly. He had agreed to increased contact throughout the time when the FACT Assessment was ongoing in relation to his daughter. This was mainly as he was still positive for amphetamines and highlighted he was otherwise stable.

David's home life is fairly stable at present and both him and Linda thriving on having Alicia at home. They are progressing further with parenting responsibilities for Linda's two daughters and this indicates the family situation has greatly improved.

DTTO staff will continue to see David on a fortnightly basis after his Order ends on 7th November 2013 until his prescription transfers to Renfrewshire Drug Service.

Unmet Need	N/A	Reasons
Will require information and referral on if DTTO not given		If DTTO not given requires referral on to other services and Throughcare if custodial prison sentence given
Client's Perception of the Above		
David remains unhappy about Children and Families involvement.		
No further action / Referral to other agency (please give details why)		
Service Users Signature: D.M.G		Date
Assessors Signature: P. [Signature]		Date 5.11.13

PERSONAL DATA SHEET

PIMS No/CHI No:		WARD:	
NAME:	CHI: 0812753232		
ADDRESS:	McGeown David 1H Dunlop Crescent, RENFREW,		
POST CODE:	Renfrewshire PA4 8PQ		
DOB & GENDER:	D/2122756/1 Male		

PATIENT CONTACT DETAILS			
TELEPHONE:		MOBILE:	

PERSONAL DETAILS					
NEED FOR INTERPRETER:	YES	NO	PREFERRED LANGUAGE OR METHOD OF COMMUNICATION		
NATIONALITY:					
PREFERRED NAME:			MAIDEN NAME:		
OCCUPATION:			NATIONAL INSURANCE No:		
SOURCE OF INCOME:			RELIGION:		
MARITAL STATUS					
(PLEASE CIRCLE BELOW AS APPROPRIATE, IF OTHER PLEASE STATE)					
SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	OTHER

MEDICAL ALERTS E.G. ALLERGIES	
---	--

Mental Health {Care & Treatment}{Scotland} Act
2003

**No Advanced Statements or Named Person forms
lodged as of date stated below:**

Date:12|12|13.....

CLINICAL NOTES

DATE

27/4/05

Not seen
 Contrabands with pharmacist.
 banned.
 Has turned 4/7 mettracurone
 Restart at new pharmacy &
 at 30mg daily.

Thursday

4/5/05

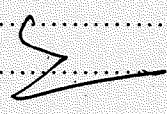
↑ 40mg - has been using one
 bag / day.

2/6/5-

DNA - casbody.

8/7/05

In custody no further info



9/8/05

check price for wabs ago.
 just got wabs. 1 has girlfriends
 2 children 5 + 4 - not custody
~~1/2/05~~

Mand 1st episode of h.
 on 30mg
 very small amounts of heroin
 up on when near 3
 no other at all

Possibly of further sense 12/8

Psych hx - nervous, shat 1. Shift
 paranoid, anxious while out
 sleep, relax, end himself
 less well, more reactive
 gifts now used.

Name David
McGinnis
Ward

CLINICAL NOTES

DATE

2/3/07

13-14 - Hash

16 - Jellies, speed

18 - Heron, smoking

never injected

Current use: 2-3 bags daily

Hash

1W line - cocaine, Heros, hash

now heroin only

SA - stays with friend
not much family support.

MH - suspected meningitis
backbone in pain

PH - 6/12 out after 6yr sentence

- Assault

now has much better anger
control

Working after prison - mobile phone
wants to get back to work

Drug: Not young man who has
never injected

Start Wellbutrin 300mg x7 210mg

2/3/08 Using 1/2 - 1 bag daily

↑ 40mg x7

280mg 2nd day

6/4/08 ↑ 50mg x7

300mg 2nd day

13/4/08 ↑ 60 x7 Does suffer for asthma 420mg 2nd day
so alerted to opiate bronchodilator effect

2nd day

Name

Ward

CLINICAL NOTES

DATE

28/9
26/9

See 4/12 hopefully abster

veg late - Duke to new
for spt

4/10

in heroin, refm, amphetamines

he chis he has cut me down.

overall seems improving

Wants to be off + detox 1 amphetamine.

overly positive -

+ needs some clear samples



Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

Date Dictated: 4 October 2005
Date Typed: 5 October 2005
Our ref: CM/KB

PRIVATE AND CONFIDENTIAL

Dr Khan
Renfrew Health Centre
113 Renfrew Road
PAISLEY PA4 8LH

Dear Dr Khan

David McGeown (d.o.b. 08.12.75) 11 Rowan Avenue, Renfrew PA4 9AU

I saw David most recently at Renfrewshire Drug Service on 04.10.2005. David appears to be doing reasonably well in terms of his attendance and being organised. He admits to using some amphetamines and says that he took Heroin on one occasion since he was last seen. He is very keen to get off Methadone both for his dislike of the treatment itself but also because he is going to start legal action to try and get custody of his children. Myself and Darlene Mars from CACTUS have explained that particularly if he wants parental access it is more appropriate that he follow our advice and go for a reasonable period of abstinence before trying detox. I am not sure if he is going to follow that advice but is insisting that at the moment his Methadone is reduced.

He also tells me that he has to take Opiate based painkillers for migraines. I have suggested to him that if the migraines are severe and frequent he perhaps should discuss further management with yourself. I will let you know how things progress.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

Date Dictated: 9 August 2005
Date Typed: 11 August 2005
Our ref: CM/KB

PRIVATE AND CONFIDENTIAL

Dr Khan
Renfrew Health Centre
113 Renfrew Road
PAISLEY PA4 8LH

Dear Dr Khan

David McGeown (d.o.b. 08.12.75) 11 Rowan Avenue, Renfrew PA4 9AU

I saw David most recently at Renfrewshire Drug Service on 09.08.2005. As you know David had been in treatment for a brief period earlier this year when he saw Dr Jay. Methadone treatment only lasted a matter of weeks as he was taken back into custody. In prison his Methadone was continued and he was released on 30mgs a couple of weeks ago. He claims that he has managed to attain a reasonable amount of stability since his release from prison although he has a further court case in a few days when he may get another sentence. He is using small amounts of Heroin most days and occasional Valium. He is reluctant to have his Methadone dose increased. I simply said to him that it is vitally important that he aims to total abstinence if he does not want to be on a high dose of Methadone for a long period of time. I am not sure if he is going to manage that. I will let you know how things progress.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

Renfrewshire Drug Service
10 St. James Street
Paisley
PA3 2HT
Telephone 0141 889 1223
Fax 0141-848-9776

Date Dictated: 23 March 2005
Date Typed: 05 April 2005
Our ref: JJ/DC

PRIVATE AND CONFIDENTIAL

Dr Anderson
Renfrew Health Centre
113 Renfrew Road
PAISLEY PA4 8LH

Dear Dr Anderson

David McGeown (d.o.b. 08.12.75) 11 Rowan Avenue, Renfrew PA4 9AU

I saw David at the Renfrewshire Drug Service clinic on 23.03.2005 after he had been referred by the CACTUS Project.

He started to use drugs aged thirteen. By sixteen he had progressed to jellies and speed and by eighteen was smoking Heroin. He has never injected. His current use is two to three bags daily, having previously been taking six or seven bags a day.

MEDICAL HISTORY

Nil of note.

SOCIAL HISTORY

He stays with friends and does not have much family support. He is only six month's out prison after a six-year sentence. He worked after he left prison, but was unable to sustain employment because of his drug use. On examination he is a fit looking young man with none of the stigmata of the injecting drug user. I have started him on Methadone mixture 1mg/1ml 30 mls. to be taken under daily supervision at Moss Pharmacy, 118 Paisley Road, Renfrew. I shall be seeing him weekly until he is stable and I shall of course keep you informed.

Yours sincerely

Dr. Jane Jay
Locum Specialist Medical Officer

Dr. Charles McMahon
Consultant Psychiatrist

Referrals for patients to go on EMIS RDS

Name	Daniel McGeown.
Date of Birth	8/12/75.
CHI	
GP	Kelburn
Address	76 ^a , Dundonald Rd.
Phone Number	07856955459
Referral Date	9/12/19.
Referral Source	Self

To have a referral added to EMIS please fill out this document and send it to:-

Yvonne.McFarlane@ggc.scot.nhs.uk and Heather.Herbison2@ggc.scot.nhs.uk

Furthermore could the following be copied into the email:-

Jacqueline.Leiper@ggc.scot.nhs.uk, ailsa.boyle@renfrewshire.gcsx.gov.uk and
addictions.sw@renfrewshire.gcsx.gov.uk

Name: DAVID MCGEOWN
CHI: 0812753232

Opioid Replacement Treatment Consent Form

METHADONE

1. Purpose of treatment

Reasons for ORT maintenance rather than a detox.
Potential risks if not on ORT.
Choice of Methadone or Buprenorphine. Need for optimal doses.
Reduction of harm, lifestyle stabilisation, abstinence.
Likely time frame and potential for relapse on cessation.

2. Requirements of Treatment

Need to attend pharmacy daily initially.
Supervision of consumption.
Requirement to attend clinical review, provide samples.
Share information with other care providers.

3. Risks Associated with Methadone ORT

- a) Ongoing dependence.
 - (i) Loss of tolerance on cessation and risks of overdose and relapse
 - (ii) Risks of missed doses
- b) Respiratory Depression.
 - (i) Enhanced risk with use of other drugs and/or alcohol.
 - (ii) Intercurrent illness.
 - (iii) Asthma/COPD compliance with therapy, and to seek medical advice if exacerbation
- c) Possible cardiac rhythm issues and QTc.
- d) Impairment of cognitive and motor functioning.
- e) Potential risks and benefits in pregnancy. Report if planning or are pregnant.
- f) Potential interactions with other medications and the need to make doctors and pharmacy aware.

4. Potential Risks to Others

Particularly children and others with low opiate tolerance.
Safe custody, storage and disposal.

5. Fitness to Drive

I have discussed the above topics with DAVID MCGEOWN on 24/1/20
Note particular risks or concerns raised were.....

I confirm that he/she understands the purpose and benefits and risks of methadone treatment and wishes to proceed.

Signed..... Name Date.....

I confirm that the purpose, risks and benefits of methadone treatment have been explained to me by Dr / IP NAE and I wish to proceed with treatment.

Signed [Signature] Name David McGeown Date 24-1-20



Renfrewshire
Health & Social Care
Partnership

Mental Health Services

Renfrewshire Drug Service
Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ

Date: 08/01/2020
Our Ref: 0812753232
Enquiries: 0141 618 2585
Tel: 0141 618 2585
Email:

Strictly Private & Confidential
David McGeowan
Flat 67a 67/69 Dundonald Road
PA3 4NB

Dear David

You self referred to Renfrewshire Drug Service on 9th December 2019. If you wish to proceed with referral can you please contact Denise McDaid on 0141 618 2585 before Friday 17th January 2020

Your sincerely,

Denise McDaid
Addiction Recovery Worker
Intake Team

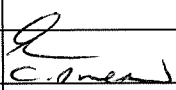
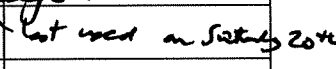
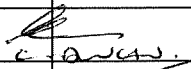
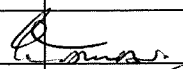
CHRONOLOGICAL ACCOUNT OF CARE

PIMS No/CHI No:	LABEL	WARD:	
NAME:	David M'Glowen		
ADDRESS:			
POST CODE:			
DOB & GENDER:			

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
17/12/13	Transferring from DTTO. DNA to - day - 12 - appoint.	
14/1/14	Transfer from DTTO	
	No heroin for > 1yr	
	No valium	
	Speed once a week	
	Alcohol once weekly - at pub. 'too much'	
	Smokes 10-20 cig.	
	Cannibal at night	
	lives with partner.	
	14m old daughter (returned) - 2 other children live	
	with mother	
	girlfriend has 3 children also	
	current ongoing charges - police assault	
	possession of weapon	

CHRONOLOGICAL ACCOUNT OF CARE

PIMS No/CHI No:	CHI: 0812753232	Address:	
NAME:	McGeown David		
ADDRESS:	1H Dunlop Crescent, RENFREW, Renfrewshire PA4 8PQ		
POST CODE:	D/2122756/1 Male		
DOB & GENDER:			

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
30.6.14	RDS - o/c. DNA today's appt. for folio appt.	 C. McGeown
22.9.14	RDS - o/c Been using heroin again for past 3/52 - injecting every 2nd day or so. About x1 by (£10) every 2 days. Injected injection sites at @ arm. Occ. uses speed - last used this weekend. No valium. No cocaine. Occ. cannabis. No alcohol. Sul involved again - children now in ex-paternal care & his mother. Pain has been increasing this month from 3/52 Not mixing folio in water today.	 C. McGeown
1.12.14	RDS - o/c DNA today's appt. - for folio appt.	 C. McGeown
26.1.15	RDS - o/c DNA today's appt. for folio appt.	 C. McGeown

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
23/2/15	sgp no drug use in life Christmas. depr 2, work to get for himself. split for partner. refed back to SGH, staying / slumming was on daily basis & headaches. craving for heroin - now on 65, put up to 75 ml runs back into pain & R. ? more recent info.	
14/5/15	NDS OPC . Mood 9/10 today. OH. °B2. No added. Mentally - mood, thought perceptual disorder. Physical presentation - normative - Bright, engaging - PN status. Deployed lawyer to regard to permanent request for Aleisha (2yrs). Ex partner (mother) relationship difficult. Frustrated with contact time No needle marks 1x. Methadone 75 mg (wants reduction). Agreed: Stable drug behaviour (admission) : Think to pursue to methadone next time. CT NDS every month	Burgill SND

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
21/1/16	NDS - APC - °H °V - cocaine (step-miller). - want break down - Mentally good.	
		Simery (SAD)
12/3/16	NDS - °H °BZS - Amphetamines; last week; now and again. - Cannabis. alcohol. - missed dose at chemist. - discussed UDS discrepancy. to formalise - direct supervisor - buccal swabs ↓ Meth to 65. Mentally - stable H + optimism for future	
4/8/16	NDS - APC - °V °H °alcohol, M. - H+O; well. - good! - expander 27 weeks preg - coping with situation - mentally well. - self-efficacy.	Simery (SAD) Meth. (65ml) ↓ 60ml Simery (SAD) (3 months) (27/10/16)
	N/A	

CHRONOLOGICAL ACCOUNT OF CARE

PIMS No/CHI No:	LABEL	WARD:
NAME:	DAVID McGEOWLS	
ADDRESS:		
POST CODE:		
DOB & GENDER:		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
24/11/16	NOS - OAC - ex-patner had baby last week - ; contacts stopped with daughter. - not wanting to collapse.	Math = 55 O'Neil (JAO). (3/12)
16/3/17	NOS - OAC - ; SW issues continue. - ; ongoing resentment.	O'Neil (3/12)
7/7/17	Mental Home. Nursing & SW. Wrong patient long H/O attendance friction - Jan - homeless + lives in (in). (rent not paid). Wants off methadone - never been released prescriptions. Weaned himself off DHP. - but took some to get to sleep.	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
	Plan to meth 100ml. consider MTA	MS
8/7/17	Meth 40ml. MTA - Bi Tues & Fri. Colloid cyst - removed 2006. - pain. not working as pain/dec still some balance probs Meth 35ml. daughter. Meth 35ml. daughter. Meth 35ml. daughter.	MS
10/11/17	Doing OK. Smoking Cannabis. Walks w/ dogs. Due to work Queenzie 7-7. not sure how many days. Meth 30ml.	MS
6/4/18	Now living Cordoned. 5yr old G Alcia in Foster Care - ongoing court case for access to her. Pt. not happy with social work. again in March UPS for amphetamine. - re-tested. Recently arrested for assaulting ex-partner (Alcia's m). further court cases for assault - fog. ? No domestic violence Crime further work Glasgow. - convicted of assault 29/3/18. - fined. also CPO. - work at weekend. Now in a job warehouse. Smoking cannabis. 0 amphet. Meth. - wants 25ml. from next samp. Was low in mood but picking up	MS

PIMS No/CHI No:	LABEL	WARD:	
NAME:			
ADDRESS:			
POST CODE:			
DOB & GENDER:			

[illegible]