SMD Prescription Record Justin Scott Site Seen: SE HUB
CHI:0906701473

Page One

Start Date	Duration	Preparations	Dose	Dispensing	Chemist	Next Due Date	Additional Note	Print Sign & Designation
22/12/2014	14	Methadone	130	D/S	Lloyds Ferniehill	04/01/2015		
22/12/2014	14	Dzp	30mg	Daily		04/01/2015		

Substance Misuse Care plan record: *People Involved in the Care Plan*

NameClient	Agency/ role	Phone number/ fax	address	Will we contact	What about
Justin Scott	**09/06/70**	**CHI: 1473**	53/1 Newtoft Street Edinburgh EH 17 8RB **TEL:**	y	Relevant issues.
	Keyworker **Rhoda Paul**	0131 661 5294	South East Recovery Hub		
	GP	Dr Shek	Ferniehill Surgery		
		0131 (t) 664 2166 **0131 (f)**		y	Relevant changes in px Or care.
	Pharmacy	Lloyds	Ferniehill Road		
	Other	**0131 664 3295**			
		Rosie Lunn	Occupational Therapist SMD		

Signed RPaul 19.11.14

SUBSTANCE MISUSE Care Plan Record:

Client name	Key worker name	Care plan meeting date
Justin Scott	Rhoda Paul	

Identified problem	Goal/Aim	Action/Intervention	Who needs to do it?	When will we again?
*Possibility of unsafe consumption and storage of methadone/alternative substitute Px could lead to danger of life to both prescribed and non prescribed members of household.	*To consume and store methadone/ other substitute prescriptions safely and correctly, while being aware of removing potential dangers to self and others in household.	*Advise and educate on controlled drug status of methadone. *Advise and educate on the dangers of using illicit substances while prescribed methadone including risk of death by overdose. *Advise and educate on the dangers of using alcohol while prescribed methadone including the risk of death. *Advise and educate on safe storage of methadone in a lockable unit. *Advise and educate on the potential overdose risk of both children and adults if they mistakenly use or taste methadone. *Discuss Action Plan should another person accidentally consume methadone.	RP/all RP/all RP/all	

Signed R Paul

Date 19-11-14

OCAIRS Data Summary Form 2

Client: JUSTIN SCOTT Assessor: ROSEMARY LUNN

Age: 44 Date Assessment Completed: 17-2-15 Signature: RLunn

Summary of Clients Scores

Roles	Habits	Personal Causation	Values	Interests	Skills	Short-Term Goals	Long-Term Goals	Interpretation of Past Experiences	Physical Environment	Social Environment	Readiness for Change
F	F	F	F	F	F	F	F	F	F	F	F
A	A	(A)	(A)	A	A	(A)	(A)	(A)	(A)	A	A
I	I	I	I	I	I	I	I	I	I	(I)	(I)
(R)	(R)	R	R	(R)	(R)	R	R	R	R	R	R

RATINGS KEY	
F	Facilitates: Facilitates Participation in Occupation
A	Allows: Allows Participation in Occupation
I	Inhibits: Inhibits Participation in Occupation
R	Restricts: Restricts Participation in Occupation

NEED FOR OCCUPATIONAL THERAPY	
4	Shows positive occupational participation, no need for OT.
3	Need for minimal intervention/consultative OT services.
2	Need for OT intervention indicated to restore/improve participation
1	Need for extensive OT intervention indicated to improve participation. Referral for follow-up services also recommended.

ANALYSIS /PLAN

Needs extensive intervention in areas as follow: ① Roles
② Habits
③ Interests
④ Skills
Intervention to restore/improve participation in: ⑥ Social environment
⑦ Readiness to change.

minimal intervention in:
① Personal Causation
② Values
③ Short + long term goal setting
④ Interpretation of past experiences
⑤ Physical environment.

2nd time 3rd Time 4th Time
16.12.14. 10/2/15. 17.2.15.

Appendix A

OCAIRS Mental Health Interview (Form 1) Questions

Roles

- What do you do? What are your major responsibilities? (Parent? Spouse? Worker? Student? Homemaker?)
- Do you belong to any groups?
- (For each role mentioned) How important is ___ to you? Do you enjoy ___?
- How well are you able to___ (for each role mentioned)?
- What else do you do? What other roles do you fill?

Habits

- Describe a typical weekday (before you began treatment/ this program/were hospitalized).
- Describe a typical weekend day (before you began treatment/this program/were hospitalized).
- Does your daily schedule let you do the things you need and want to do?
- Has your daily routine changed (over the last 6 months/ since your accident/since your divorce etc—pick some pivotal event if possible)? How?
- Are you satisfied with your current daily routine?

Personal Causation

- What things in your life do you feel you do well, or are proud of?
- What are some things that have been difficult for you? How did you handle it?
- What is the biggest challenge you are currently facing?
- How successful do you think you will be over the next six months?

Values

- What do you value most in your life? (What is most important to you?)
- What are other things or ideals that you value (are important to you)?
- How important are these to you?
- What about your life reflects these values? Are you able to live life in ways that fit with the values you think you should have or try to live up to?
- Is there anything about your life that you feel goes against your values?

Interests

- Is your major occupational role such as, worker, student, volunteer, caretaker something you enjoy? What about it interests or satisfies you?
- What do you like to do with your time outside of_____ _____(work or major occupational role)?
- Do you have any other interests or hobbies?
- (For interests mentioned) How often do you ___? Are you satisfied with the amount of time you are able to spend ___?

Skills: Motor Skills, Process Skills, and Communication & Interaction Skills

- Are you able to do the things you want or need to do? (If no) What limits your ability to do things?
- Are you able to concentrate, problem-solve, and make decisions to get things done?
- Do you have the physical ability to accomplish what you need and want to do?
- Are you able to over come these limitations and barriers?
- Do you prefer to work alone or with others? How well do you work with others?

Goals

- Do you ever set goals for yourself/make plans for the future? Have you followed through on any of them?
- What goals do you have for the next week? The next month?
- What are you doing to accomplish that?
- Do you have any long-term goals? (1 year, 5-10 years)
- How will you accomplish those?

Interpretation of Past Experiences

- Overall, do you feel you have had the typical ups and downs in your life or do you feel your life has been exceptionally better or worse than typical?

- Give an example of the best period of your life.
- Give an example of the worst period in your life.
- How was your life affected by these ups and downs?
- Have you been able to choose the important things in your life?

Physical Environment

- Where do you live? (Location, house, apartment?) Is it easy to get around and get things done?
- In the area where you live, are there things to do/places to go that interest you?
- Is there someplace you go to on a regular basis (e.g., work, school, church, the park district, the doctor's office)? Is it easy to get to from your home?
- Are there any physical barriers at ___(from above) or at home that prevent you from getting things done?
- In terms of activities you would like to participate in, places you would like to go, what if anything prevents you from doing so (Money, transportation, safety concerns, physical barriers)?
- Are there resources available to help you overcome barriers to getting things done?

Social Environment

- Do you spend a lot of time alone? Who do you spend most of your time with?
- Who are the most important people in your life right now?
- Does what they expect from you match what you like or would like to do?
- Would you describe your (work, school, community) setting as supportive?
- Do the people or situations in your life place limits on you?
- If you need help/support, can you count on family/friends/ community?

Readiness for Change

- Tell me about a time when you experienced a big change in your life (moving, going away to school, death of a parent/spouse/child). Was it difficult to adjust?
- How do you handle it when your daily routine changes? (If needed, use an example from response given in Habits Section.)
- When someone gives you feedback (asks you to change your behavior) how does it make you feel? How do you react?

OCAIRS Mental Health Interview (Form 2) Questions, Rating Scales and Notes Form

ROLES

What do you do? Your major responsibilities?
(Parent? Spouse? Worker? Student? Homemaker?)
Belong to any groups?
For each role: Importance? Enjoyment? How well done?

F	☐ Occupational roles reflect a highly productive lifestyle ☐ High level of satisfaction with current roles ☐ Fulfils a wide range of role responsibilities
A	☐ Occupational roles reflect a somewhat productive lifestyle ☐ Some satisfaction with current roles ☐ Minor difficulty in fulfilling a wide range of role responsibilities
I	☑ Occupational roles fail to constitute a productive lifestyle ☑ Very little satisfaction with current roles ☐ Major difficulty in fulfilling a wide range of role responsibilities
(R)	☐ No occupational roles ☑ Alienated from roles ☑ Cannot fulfill a wide range of role responsibilities

FINAL NOTES

'NOTHING'
- Parent Son of 22 - Sees him, not often at moment feels he is giving/up. zoning (CLARIFY THIS) - not seen much but seen over xmas - picked up lately.
- Homeowner - hard- mother sister help with house. Laundry etc.
- VERY IMP BEING FATHER - goes to football son has cerebral palsy.
- HOW WELL DOES ROLES" PRETTY CRAP" NO MOTIVATION TO DO ANYTHING.
- Doesn't do anything for family would like to but such an effort eg visiting uncle in Dunfermline

HABITS

Describe typical weekday (before treatmnt/prgm/hospitalization).
Describe a typical weekend day (before tx/prgram/hospitaliz).
Does your daily schedule let you do things you need/want to do?
Has your daily routine changed (over 6 months/ since your accident/divorce, etc - pick pivotal event if possible)? How?
Are you satisfied with your current daily routine?

F	☐ Highly organized daily schedule ☐ Good balance between work, rest, self-care and leisure ☐ Satisfied with daily routine
A	☐ Some organization of daily schedule ☐ Some balance between work, self-care and leisure ☐ Somewhat satisfied with daily routine
I	☑ Very little organization of daily schedule ☑ Very little balance between work, self-care and leisure ☐ Very little satisfaction with daily routine
(R)	☐ No organized daily schedule ☐ No balance between work, self-care and leisure ☑ Dissatisfied with daily routine

TYPICAL DAY - UP @ 9/9.30 - MEDICATION COFFEE BREAKFAST 11.30/12.
MUST GO TO CHEMIST BUT IF MISSES IT @ 12-2 GOES WHEN FEELS LIKE IT 3 A WEEK.
- DOES NOTHING - WATCHES TV/COMPUTER/EMAIL
- WEEKEND ONLY DIFFERENT IF SPORT IS ON T.V.
- NURSE COOK IN WORLD - MINCE + TATTIES IS HARD WORK/NOT USED TO IT/ HASSLE.
- CURRENTLY NOT SATISFIED "KILLING ME" WOULD LIKE TO CHANGE.
DOESNT DO MUCH DIFF FROM PRISON.
TIRED AFTER TWO APPOINTMENTS DOESNT FUNCTION TILL AFTERNOON.

PERSONAL CAUSATION

What things in your life do you feel you do well, or are proud of?
What are things that have been difficult? How did you handle it?
What is the biggest challenge you are currently facing?
How successful do you think you will be over the next six months?

(F)	☑ Strong confidence in abilities ☐ Anticipates success in next six months ☑ Identifies a number of things (3 or more) done well/proud of
(A)	☑ Some confidence in abilities ☑ Anticipates somewhat successful outcomes within next six months ☐ Some difficulty in identifying something done well/proud of
I	☐ Very little confidence in abilities ☐ Significant concerns about failures within next six months ☐ Major difficulty in identifying something done well/proud of
R	☐ No confidence in abilities ☐ Anticipates failure in next six months ☐ Does not identify anything done well/proud of

- PROUD OF SON
- HAD MORTGAGE BEFORE 40 (PROUD HAS OWN HOME)
- WORKED @ SOME POINT ON RIGS.
- COMING OF ILEGAL DRUGS WAS HARD. - Hard but managed because wanted to and was "sick of drugs"
- BIGGEST CHALLENGE - KEEPING SANE KEEPING OUT OF JAIL. AVOIDING SITUATIONS - people from past
- NO IDEA ABOUT SUCCESS OVER NEXT 6 MONTHS.
- DOLE IS FIXED - CHAIN ROUND NECK 4 2 YEARS. (KEEP OWN HOME V IMP).
- confident will stay off drugs / away from trouble

VALUES

What do you value most in your life? (most important to you?)
What are other things/ideals that you value (are important you?)
How important are these to you?
What about your life reflects these values? Are you able to live life in ways that fit with values you think you should have /try to live up to?
Is there anything about your life that goes against your values?

F	☑ Identifies distinct and specific values ☑ Strong conviction about expressed values ☐ Expresses complete congruence between own values and current life situation
A	☐ Identifies somewhat ambiguous values ☐ Some conviction about expressed values ☑ Expresses some congruity between own values and current life situation
I	☐ Loosely identifies very ambiguous values ☐ Very little conviction about expressed values ☐ Expresses very little congruity between own values and current life situation
R	☐ Does not identify any values ☐ No conviction/alienation about expressed values ☐ Expresses no congruity between own values and current life situation

FINAL NOTES

- FAMILY VERY IMPORTANT.
SON IS DOING ALRIGHT
FREEDOM E AS NOT IN JAIL
STAYING OUT OF TROUBLE
- NOT LIVING LIFE AS WOULD LIKE TO
- IF MONEY NOT FIXED + TAKE HOUSE "WOULD KILL ME" (NOW FIXED).

NEEDS TO MAKE SOME CHANGES TO BE IN COMPLETE CONGRUENCE C VALUES.

INTERESTS

Is your major occupational role such as, worker, student, volunteer, caretaker something you enjoy? What about it interests/satisfies you?
What do you like to do with time outside_____ (work/major occup role)?
Do you have any other interests or hobbies?
(For interests) How often do you ___? Satisfied w/ amount time able to spend __?

F	☐ Participates in many interests regularly outside of work ☐ High level of interest in primary occupation ☐ High level of satisfaction with level of participation in an interest(s)
A	☐ Participates in few, but clearly expressed, interests regularly outside of work ☐ Some interest in primary occupation ☐ Some satisfaction with level of participation in an interest(s)
I	☑ Few & vaguely defined interest outside work, no regular participation ☐ Very little interest in primary occupation ☐ Very little satisfaction with level of participation in an interest(s)
R	☐ Does not participate in any identified interests outside of work ☑ No interest in primary occupation ☑ Dissatisfaction with level of participation

"DOESNT HAVE ANY"
- FOOTBALL/HIBS. (GOING TO SEE THEM PLAY RANGERS (FRIEND)
- SON IS HARD WORK NEEDS TO GET JOB.
- Driving (cant drive / dont need one)
- hard to say what interest are.
- casino. (not been for couple of years)

SKILLS: Motor, Process, & Communication/Interactions Skills

Are you able to do the things you want or need to do? (If no) What limits your ability to do things?
Are you able to concentrate, problem-solve, and make decisions to get things done?
Do you have phys ability to accomplish what you need/want to do?
Are you able to over come these limitations and barriers?
Do you prefer to work alone/with others? How well do you work w/ others?

F	☐ No limitations in performance due to good skills ☐ Effectively compensates for any limitations in skills (if any)
A	Participation is allowed but there are some limitations in performance of: ☑ Motor Skills ☐ Process Skills ☑ Communication/ Interaction Skills
I	Participation is inhibited due to significant limitations in: ☐ Motor Skills ☐ Process Skills ☐ Communication/ Interaction Skills
R	Participation is restricted due to severe limitations in: ☐ Motor Skills ☑ Process Skills ☐ Communication/ Interaction Skills

MOT skills fine - run 20 yards unfit.
Memory terrible (eg forgets simple things - meetings)
- could read it (unsentat) aware
Forgets anything - to shut fridge. & overcome
- oven being on - hob off - hot boiling water / burnt pandy. 6 hours ago.
- conscious that might forget
- enjoys own company but would like to have a social life again.
- mentally tired - after being out

GOALS

Do you ever set goals for yourself/make plans for the future? Have you followed through on any of them?
What goals do you have for the next week? The next month?
What are you doing to accomplish that?
Do you have any long-term goals? (1 year, 5-10 years)
How will you accomplish those?

SHORT-TERM GOALS

F	☐ Identifies achievable yet substantial short-term goal(s) ☐ Coherently discusses realistic plan(s) for meeting goals ☐ Actively participating in the execution of the plan(s)
(A)	☑ Identifies goal(s) that may be difficult to achieve or, if readily achievable, are insubstantial ☐ Discusses somewhat unrealistic plan(s) for meeting goal(s) ☑ Somewhat participating in the execution of the plan(s)
I	☐ Identifies vague or conflicting goals that will be very difficult to achieve ☐ Discusses a plan that is not realistic ☑ Very little participation in the execution of the plan(s)
R	☐ Does not identify any short-term goal(s) or has unachievable goal ☐ Does not discuss plan, abandons his/her plans easily ☐ No participation in the execution of the plan(s), doing nothing to achieve goal(s)

FINAL NOTES

Does set himself STGoals but doesn't achieve these often
eg - go to bank on Thursday doesn't go because can't be bothered

Lacks motivation to achieve short term goals if they don't mean enough or doesn't need to do something.

LONG-TERM GOALS

F	☐ Identifies achievable yet substantial long-term goal(s) ☐ Coherently discusses realistic plan(s) for meeting goals (i.e. Short-term goals correspond to long-term goals) ☐ Actively participating in the execution of the plan(s)
(A)	☑ Identifies long-term goal(s) that may be difficult to achieve or, if readily achievable, are insubstantial ☑ Discusses somewhat unrealistic plan(s) for meeting goal(s), i.e. short-term goals somewhat related to long-term goals ☑ Somewhat participating in the execution of the plan(s)
I	☐ Identifies vague or conflicting long-term goals that will be very difficult to achieve ☐ Discusses a plan that is not realistic. Short-term goals unrelated to long-term goals ☐ Very little participation in the execution of the plan(s)
R	☐ Does not identify any long-term goal(s) or has unachievable goal ☐ Does not discuss plan, abandons his/her plans easily ☐ No participation in the execution of the plan(s), doing nothing to achieve goal(s)

- LTG to stay mentally well. Does not know how this will be achieved
- ~~short term~~ Goals to attend appointments correlate with staying mentally well as stated wouldn't be if didn't seek support with SMD.
- would like to meet people

INTERPRETATION OF PAST EXPERIENCES

Overall, do you feel you have had the typical ups and downs or do you feel your life has been exceptionally better or worse than typical?
Give an example of the best period of your life?
Give an example of the worst period in your life?
How was your life affected by these ups and downs?
Have you been able to choose the important things in your life?

F	☑ Expresses very positive feelings about past experiences ☐ Characterizes past as time of great performance and accomplishment
(A)	☐ Expresses somewhat positive feelings about past experiences ☑ Presents best and worst period(s) with equal emphasis
I	☐ Expresses mostly negative feelings about past experiences ☐ Places more emphasis on worst period(s) than best period(s) of life
R	☐ Expresses only negative feelings about past experiences ☐ Discusses only worst period(s), unable to identify best period(s)

- mostly good.
- not dwelling on pnsion spells as proud of achievements sons / house / trying to buy shop
- states current period of life is worst in while life.
- has no phone - would love to have one but has no money.
- Best time 10 yrs ago - wife, 2 kids bought house, got it together.
- Been all over world - holidays

PHYSICAL ENVIRONMENT

Where do you live? (Location, house, apt?) Easy to get around/get things done?
In the area you live, are there things to do/places to go that interest you?
Is there someplace you go on regular basis (e.g. work, school, church, the park district, the Dr)? Easy to get to from home? Are there any physical barriers at ___(from above) or at home that prevent you from getting things done?
In terms of activities to participate in/places you would like to go, what if anything prevents you from doing so? (Money/transpt/safety phys barriers)
Are there resources available to help overcome barriers to getting things done?

F	☐ Demands/Constraints in the physical environment provide strong support for successful role performance ☐ Ample resources/opportunities (money, transportation, facilities etc.) to support participation in desired activities
(A)	☑ Demands/Constraints in the physical environment provide some support and allow role performance ☑ Sufficient resources/opportunities (money, transportation, facilities etc.) which provide some support and allow participation in desired activities
I	☐ Demands/Constraints in the physical environment provide very little support and inhibit successful role performance ☐ Limited resources/opportunities (money, transportation, facilities etc) provide very little support and inhibit participation in desired activities
R	☐ Demands/Constraints in the physical environment provide no support and restrict successful role performance ☐ Inadequate resources/opportunities (money, transportation, facilities etc) provide no support and restrict participation in desired activities

FINAL NOTES

There are adequate bus links however Justin views these as not so as hates having to get but so often gets taxi to appointments.
- Money sorted but doesn't spend it.
Doesn't know what he would like to do so difficult to answer/ ask questions on whether has any physical barriers.
- More his dislike of public transport and severe lack of motivation which is impacting on his outlook towards opportunities.

SOCIAL ENVIRONMENT

Do you spend a lot of time alone? Who do you spend most of your time with?
Who are the most important people in your life right now?
Does what they expect from you match what you would like to do?
Would you describe your (work, school, community) setting as supportive?
Do the people or situations in your life place limits on you?
If you need help/support, can you count on family/friends/community?

F	☑ Other persons (family/friends/co-workers) provide strong support which facilitates participation ☐ Has ample opportunities for social participation
A	☐ Other persons (family/friends/co-workers) provide some support which allows some participation ☐ Has some opportunities for social participation
(I)	☐ Other persons (family/friends/co-workers) provide very little support which inhibits participation ☑ Has very few opportunities for social participation
R	☐ Social support (family/friends/co-workers) is missing from the social environment which restricts participation ☐ Does not have opportunities for social participation

- Spends most time alone
- Family/some friends do visit
- Family/mother most important to him.
- Family all supportive.
- Relies heavily on mother - acts as diary etc.
- Would like to have a social life again - would like to meet more people - chance for social interaction.

READINESS FOR CHANGE

Tell me about a time when you experienced a big change in your life (moving, going away to school, death of a parent/spouse/child). Was it difficult to adjust?
How do you handle it when your daily routine changes? (If needed, use an example from response given in Habits Section.)
When someone gives you feedback (asks you to change your behavior) how does it make you feel? How do you react?

F	☐ Adjusts well to feedback/changes in personal/environmental circumstances ☐ Highly motivated to make positive changes; clearly identifies areas client wants to work on
A	☑ Some difficulty in adjusting to feedback/changes in personal/ environmental circumstances ☐ Some motivation to make positive changes; has some difficulty in identifying areas client wants to work on
(I)	☐ Significant difficulty in adjusting to feedback/changes in personal/ environmental circumstances ☑ Very little motivation to make positive changes; has significant difficulty in identifying areas client wants to work on
R	☐ Rejects feedback/changes in personal/ environmental circumstances ☐ Makes inadequate changes or modifications; does not identify areas client wants to work on

- Dealt with change number of times in + out of jail.
- Not dealt well since last time out of prison.
- Years ago had to grow up when came out of jail as wife had son to look after.
- Would change behaviour if would benefit him and he believed it would even if he didn't really think so. Will take advice.
- Hates it when busses are late - STRESSES OUT TO MAX.

SMALL ISSUE. BIG STRESS.

- Wants to change current situation as lowest point in life but has difficulty identifying achievables which he would like to do.
- Lacks motivation/energy to make changes achieve goals.

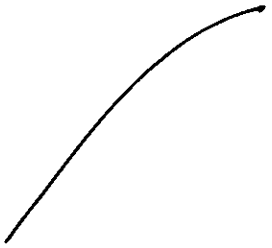
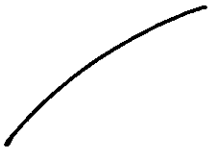
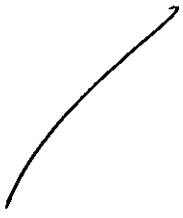
Name: JUSTIN SCOTT ID No: ..... Date of Birth: __/__/__

Occupational Therapist: ROSIE LUNN Signed: [signature] Date: 21/4/15.

ACTIVITY CHECKLIST

Place a tick next to the activities if you have spent time on them in the PAST, spend time on them NOW, or would like to spend *more* time on them in the FUTURE

		Past	Now	Future	Comments
Home-based	Collecting				
	Listening to music		✓		
	Playing cards		✓		POKER ONLAPTOP.
	Puzzles/crosswords				-
	Reading - books/newspapers/magazines		✓		PAPERS / EVENING NEWS ONLINE.
	Surfing the internet		✓		
	Watching television/DVDs		✓		FILMS.
	Writing letters/emails/texts		✓		COMMUNITY ability network. alright at computers.
	Other:				
Social	Board games/table games		✓		CASINO WON £300
	Bowling/darts/pool/snooker	✓		✓	lots in past.
	Eating out	✓	✓		went out recently in ∠ 2 years.
	Going out to bars/clubs/pubs/bingo	✓		✓	- no woman.
	Seeing friends and family		✓		Money.
	Other:				
Creative	Art - painting/drawing/colouring/collage				NO interest.
	Cooking - baking/cake-icing/sugarcraft				
	Craft - jewellery-making/mosaics/glass-painting				
	Creative writing – poems/calligraphy				
	Drama - play-reading/poetry-reading				
	Flowercraft - arranging/drying/pressing				
	Papercraft - card-making/printing/decoupage				
	Sewing/knitting/needlework				
	Music – singing/playing an instrument				
	Woodwork/metalwork/construction				
	Other:				
Technological	Desk-top publishing				
	Digital photography/animation				
	Emailing		✓		
	Keeping a blog				
	Social networking - online discussion		✓		
	Video gaming				HATE VIDEO GAMES.
	Word-processing				
	Other:				
Physical	Athletics - track/field				
	Bowls - boules				
	Cycling - stunt bikes/scrambling				
	Dancing - ballet/ballroom/disco/latin/tap				
	Golf/Cricket	✓			HAS SONG BALL.
	Jogging - long-distance running				
	Keep fit - aerobics/gymnastics/zumba				
	Martial arts - boxing				
	Racquet sports - tennis/squash/badminton				
	Skate-boarding/parcours				
	Team sports - football/volleyball/rugby/netball				
	Swimming/kayaking/water-skiing		✓		Been invited.
	Weights - gym	✓			FIT 4 RECOVERY GROUP
	Winter sports - skiing/skating/ice hockey				
	Other:				

Outdoor	Allotment/gardening	✓			
	Camping				
	Climbing/potholing				
	Conservation/farming				
	Fishing				
	Going to the countryside/beach				
	Horse-riding / camel / Donley	✓		✓	–
	Nature-watching - birds/wildlife				
	Walking/hiking/rambling				
	Other:				
Faith	Belonging to a faith community				
	Going to places of worship				
	Prayer/meditation				
	Reading/studying religious texts				
	Rituals/pilgrimage				
	Sacred song/chanting				
	Other:				
Self-care	Clothes/fashion		✓	✓	
	Diet/nutrition				
	Hair-care/nail-care/skin-care				
	Self-help				
	Rest/relaxation				
	Yoga/tai chi				? good for bath -
	Other:				
Domestic	Car maintenance				
	Cleaning/washing/ironing				
	Cooking				
	DIY/decorating/restoration/mending		✓		Not a fan.
	Gardening - indoor plants				
	Shopping				
	Other:				
Caring	Looking after babies				
	- children		✓		- stay i grandad. and fy jail
	- family		✓		
	- friends				
	- neighbours				
	- older people				
	- pets				
	Charity work/fundraising				✕
	Other:				
Vocational	Study - long-distance learning				
	- short courses				Absailing course for forth rail bridge.
	- talks/lectures				
	- university/college	✓			Hair dressing (
	Volunteering				computer IT skills (Jail).
	Work - part-time				
	- full-time				
	Other:				
Community	Art galleries/museums				
	Belonging to an interest group				
	Campaigning - political/social activism				
	Car boot sales/jumble sales				
	Concerts/theatre				
	Day trips/travelling				
	Driving/motorbiking				
	Going to the park				
	Spectating (watching sports)				
	Other:				

NHS
Lothian

Private & Confidential
Dr Shek
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

RP/PAW
Date Dictated: 16th January 2014
Date Typed: 17th January 2014

Dear Dr Shek

RE: Justin Scott (09.06.70) 53/1 Newtoft Street, Edinburgh, EH17 8RB
CHI: 090 670 1473

I saw Justin today for the first time at the South East Recovery Hub. I have taken over the role of his key worker. I am aware that there was a referral made to Dr Hynd in October last year and he is currently awaiting an appointment to see her for some psychological therapies so he can look at his history of violent trauma and how he can move forward from this.

Justin describes his drug use as relatively stable. He is presently prescribed 130mls of Methadone and 30mg of Diazepam. We are planning for him to go for his annual supervision in February of this year. He tells me that although he is stable on his opiates he is using 30mg illicitly of Diazepam each day on top of his prescribed 30mgs. I spent time with him today discussing the negative side effects of high dose, long term Benzodiazepine use. He acknowledges this but he thinks his memory is "rubbish anyway and won't get any better" but I did spend some time trying to encourage him to look at reducing this amount. He also tells me that his future plan is to come off Methadone through hard work and motivation and that this is his long term plan so I have asked him to start thinking about reducing his Methadone and said that this is something that we will revisit each month. He has stopped using his Fluoxetine anti-depressant tablets weeks ago and is no longer wanting his prescription from us for this medication. Although he does say his mood is very up and down he doesn't think Fluoxetine is helping. He tells me he has had various anti-depressant prescriptions in the past but not a lot have helped.

He says that his main support in the community is his 21 year old son, who he has regular contact with. Justin tells me he has been in a relationship for the last six months with a woman who he stays with at the weekends. He also spent a lot of time discussing his difficulty in the transition from the prison life where everything gets done for you, to the responsibility of living an independent life once released and he is finding it quite difficult to deal with this.

NHS
Lothian

Our plan is to meet every month to look at how we can help support him best in his recovery and also to link him in when there is space for some psychological therapies which he feels that he will benefit from. I will keep you up-to-date of his progress and care.

Yours sincerely

Rhoda Paul
Community Mental Health Charge Nurse (Addictions)
South East Recovery Hub

cc Dr Sheilagh Hynd, Clinical Psychologist, SMD (by email)

Substance Misuse Directorate
South East Recovery Hub, Craigmillar Castle Road,
Edinburgh, EH16 4BX
Tel No: 0131 661 5294

NHS
Lothian

24-02-2014

To whom it may concern,

Justin Scott DOB 09.06.70 53/1 Newtoft Street Edinburgh EH17 8RB

The above gentleman has been a patient within the Substance Misuse Directorate for several years. He is currently Prescribed **Methadone Mixture 1mg/1ml 130mls daily** and **Diazepam 30mg daily**

We have referred Justin to our Clinical Psychologist, Dr Sheilagh Hynd for psychological therapy as Justin is having a lot of emotional distress trying to cope with a history of violent trauma. This is having an impact on his mood, which is low. Justin has been prescribed various antidepressant therapies in the past and we feel psychological therapy may help him move forward in conjunction with prescribed medications.

Justin is also having trouble with the transition from prison life to independent living. We are encouraging him to engage with services which can support him to deal with practicalities of independent life.

Justin is presenting as a very anxious, stressed man who is motivated to look at how he can improve his life but is requiring a lot of guidance and support to deal with the basics of life at present.

I believe that his concern regarding the disruption to his benefit money is currently contributing to his poor mental health.

Yours sincerely

Rhoda Paul
Senior Community Mental Health Nurse
The Community Drug Problem Service

Community Drug Problem Service
South East Recovery Hub
Tel No: 0131 537 8345

To whom it may concern

COPY

Justin Scott DOB 090670
53/1 Newtoft Street
Edinburgh

This letter is to confirm that the above gentleman is a patient within the Substance Misuse Directorate
NHS Lothian

He is currently prescribed Methadone mixture 1mg/1ml 130mls daily and 30mgs diazepam daily.
He has been given a prescription for the next 9 days as he is holidaying abroad.
He has been dispensed a total of 1170mls Methadone and 54 x5mg diazepam tablets for his holiday.

If you need to clarify any of the above please contact me at
The south East Recovery Hub
2 Craigmillar Castle Road
Edinburgh
EH16 4BX

Tel: 0131 661 5294

Yours Sincerely

Rhoda Paul
Senior CPN Addictions

[redacted]

CLINICAL PSYCHOLOGY REFERRAL
SUBSTANCE MISUSE DIRECTORATE

For Office Use	
Date Received	
Case File Prepared	

Patient Name:	CHI nos.	Date of Birth:	Tel No's.
Justin Scott	1473	09·06·70	07516511030

Address:	Name & Address of GP
53/1 Newtoft Street Edinburgh EH17 8RB	DR SHEK Ferniehill Surgery 8 Ferniehill Rd.
Name of Referrer: Rhoda Paul	**Team or Organisation:** ~~NW~~ substance misuse directorate SE

Reasons for Referral:- Joint meeting 31·10·13 with George Redmond (previous keyworker) Sheilagh Hynd + myself with Justin.
Past history of violence ++. Sheilagh agreed appropriate referral.

Medications:
MM :- 130mg
dzp :- 30mg - uses dzp on top-up to 30mg extra daily

Other professionals involved? CPN - Rhoda Paul

Other relevant info? – e.g. . child protection concerns N/A

Has the referral been discussed and agreed with the psychologist?

Signature of Psychologist ----------

Date: .....

Photocopy taken for Mental Health Notes (please tick box) ✓

* Justin has been waiting for an appt with psychology since this meeting in Oct '13. It appears formal referral was not followed up - my apologies for this. Please can you be aware he has been waiting a long time. Yours Rhoda

NHS
Lothian

26th May 2014

To Whom it may concern.

Re:Justin Scott ,
CHI: 0906701473.
53/1 Newtoft Street
Edinburgh,
EH17 8RB.

I can confirm that the above gentleman is a patient of mine in the SE Recovery Hub and he resides at the above address.

He informed me that he had difficulties receiving mail over the festive season and into January and did indeed fail to attend appointments with myself at the recovery Hub that had been sent in the post. This was resolved with telephoning to organise appointments. The issue with the post appears to be resolved. Justin also appears to be experiencing problems with his memory. He was assessed by our clinical Psychologist Dr Sheilagh Hynd who felt his memory was too compromised to undertake complex trauma work.

Yours sincerely

Rhoda Paul
Senior CMHCN
South East Recovery Hub

Substance Misuse Directorate
South East Recovery Hub, Craigmillar Castle Road,
Edinburgh, EH16 4BX
Tel No: 0131 661 5294

NHS
Lothian

Private & Confidential
Dr Shek
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

COPY

DS/PAW
Date Dictated: 25th August 2014
Date Typed: 26th August 2014

Dear Dr Shek

RE: Justin Scott (09.06.70) 53/1 Newtoft Street, Edinburgh, EH17 8RB
CHI: 090 670 1473

I reviewed Mr Scott at the South East Recovery Hub on the 25th of August 2014. He tells me he has been in prison for many years from the age of 16 up until two years ago when he finished his last sentence. He served long spells in prison for a variety of charges. He now describes feeling very apathetic and isolated. He describes avoidance and struggled to tell me of any interests or enjoyments he has. To his credit he has moved away from criminality but this means he is becoming increasingly isolated and left without an adequate social milieu.

He denies any heroin use but he continues to use Diazepam. He is a non drinker.

Previous medical history
He tells me he has gastritis and lower back pain. He thinks he has also been diagnosed with a low testosterone level.

Drug history
He takes Gabapentin 6 x 300mg daily and Nexium. He receives Methadone 130mg from us as well as Diazepam 6 x 5mg tablets.

Family history
He has a 21 year old son with whom he has limited contact. He has another step-son of a similar age. He feels the loss of his mother and sister, having recently moved to Dunfermline as they previously were a good source of support for him.

Social history
He was born in Edinburgh and grew up here. His father sold a house when he was only a child and effectively he was raised by his mother. He does not hold his father in high regard and his father would only infrequently attend throughout his life. His mum supported Justin and his sister by working three jobs whilst they lived down in Leith. He remembers doing okay at school really until the age of 14. At this point he started fighting and trying to make a name for himself. He then received his first prison sentence when he was 16 and it was whilst in prison he developed the drug problem. He remains very close to his mother and sister. He has no qualifications

other than a barbering course he did when he was 16 in a Young Offenders' Institute. Although he was in a relationship for 15 years he was in and out of prison throughout this and currently lives alone.

Mental state examination
This showed him to be clean and well kempt. He is actually quite an engaging character and his speech was normal. As regards his mood he described feeling "alright the now". He appeared euthymic, there was no psychotic symptomology or suicidality.

Mr Scott would qualify for a diagnosis of an Anxiety Disorder.

I feel we really need to take a type of social approach to help Mr Scott. We need to consider alternatives and to this end I will copy this letter to my OT colleague here at the Hub who has kindly agreed to review Mr Scott again. I will see Mr Scott again myself in two months to see how he is progressing.

Yours sincerely

Dr Duncan Stewart
Consultant Psychiatrist in Addiction
Substance Misuse Directorate NHS Lothian

cc Rosie Lunn, Occupational Therapist, SE Recovery Hub (by email)

Substance Misuse Directorate
South East Recovery Hub, Craigmillar Castle Road,
Edinburgh, EH16 4BX
Tel No: 0131 661 5294

NHS
Lothian

Private & Confidential
Dr Shek
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

RP/PAW
Date: 28th October 2014

Dear Dr Shek

RE: Justin Scott (09.06.70) 53/1 Newtoft Street, Edinburgh, EH17 8RB
CHI: 090 670 1473

Justin continues to be seen within the Substance Misuse Directorate at the South East Recovery Hub. His current prescription is **Methadone 130ml daily and Diazepam 30mg daily.** This is dispensed at Lloyds Pharmacy in Ferniehill. He has been seen on a couple of occasions over the summer by our Consultant Psychiatrist, Dr Duncan Stewart and he was reviewed by him yesterday. He also has the support of Rosemary Lunn who is our Occupational Therapist and she is seeing Justin on a regular basis. She is helping him deal with activity and structure in his life. He is also being supported to look at his benefits as he has had a lot of financial worries over the recent months. He continues to use additional Diazepam which he is buying on top of his prescription but he has not used heroin for over six months. He tells us that he has pain from a hiatus hernia and he has been referred for treatment. He enjoys going to appointments because he says this gets him out of the house. His mother continues to be supportive. He is in a relationship just now and his girlfriend is offering support. Ultimately Justin states that he would like to be drug free in the future and he did discuss potential referral to LEAP in the future. Dr Stewart is going to continue to see him in the next three months and I will continue to support him along with our Occupational Therapist. I will keep you up to date of his progress in care.

Yours sincerely

Rhoda Paul
Community Mental Health Charge Nurse (Addictions)
South East Recovery Hub

Substance Misuse Directorate
South East Recovery Hub, Craigmillar Castle Road,
Edinburgh, EH16 4BX
Tel No: 0131 661 5294

NHS
Lothian

To whom it may concern, Monday 8th December 2014

RE: Justin Scott DOB- 9/6/70. 53/1 Newtoft Street, Edinburgh, EH17 8RB

Justin has been a patient in the South East Recovery Hub since 2010 where he has been receiving a substitute prescription for Methadone 130ml and Diazepam 20mg. He has been working with Rosie Lunn, Occupational Therapist since August 2014. He is also having 3 monthly reviews with our Consultant Psychiatrist Dr Duncan Stewart.

With regards to activities of daily living Justin does appear to struggle in several areas mainly due to the fact he is institutionalised by spending many years in prison. Justin lacks the motivation and has not learnt the skills to cook. Lack of motivation can also be attributed to his low mood which is being reviewed regularly by ourselves. His mood does appear flat and is struggling to get out the house most days. He is attending meeting with professionals but is finding it difficult to engage with personal relationships and these are suffering.

Justin's concentration is very poor we would contribute this to long term high dose Benzodiazepine use. He is using illicitly on top if his prescription. His medication is supervised in the chemist and his mother supports him in dealing with his finances. He tends to rely heavily on professionals for financial guidance as he is unable to sort these matters independently. His stress levels are high and his ongoing financial concerns are contributing to the anxiety he is experiencing. This is having a detrimental effect on his mental health. Justin has a high level of support due to his mental health problems he currently has a CPN, Occupational Therapist and Consultant Psychiatrist supporting him.

He does appear to be able to take care of his personal care and appears clean and well kempt in consultations. He can not independently cope with mail he needs this to be done for him. He has had problems receiving benefits and financial support from the government due to not attending for medical appointments. This has resulted in him having all benefits stopped and is in danger of loosing his current tenancy. This would have a very damaging effect on all areas of his life and health if this were to happen.

With regards to going to unfamiliar places we believe Justin would require guidance to get there in the first instance and we hope that with support and guidance he would be able to do this independently thereafter.

Yours Sincerely

Rhoda Paul and Rosie Lunn

Community Mental Health Charge Nurse and Occupational Therapist
South East Recovery Hub, Craigmillar

COPY

NHS Lothian, Substance Misuse Directorate
And the Castle Project

Fit For Recovery Group Referral Form

Name: JUSTIN SCOTT.

Address: 53/1 Newtoft Street
Edinburgh,
EH17 8RB.

Tel. No: 07516511030

Date of Birth: 09/06/70

CHI No: 0906761473

Date of Referral: 21/4/15

Referring Practitioner: ROSIE LUNN

GP: Dr Sheh

Address: Fernielhill Surgery
EH17 7AB.

Reason for Referral:
Hoping to build a more meaningful routine and participate in enjoyable activities. Enjoys swimming - would like to start swimming again.

Child Care Issues:
Has 1 grown up child.

Mobility:
ABLE - HAS BACK PROBLEMS - WOULD BE CAUTIOUS USING WEIGHTS IF AT ALL.

Psychiatric/Medical Problems:
ANXIETY DISORDER.

Current Presenting Problem (incl details of substance misuse):
On methadone prescription 130mls daily and 30mg diazepam daily. Heavily reliant on services. Wishes to be off prescription medication. describes as not being able to function until late morning / afternoon.

Any other service that the client is involved in:
Rhoda Paul - CMHN. - Financial Inclusion CAN.
Dr. Duncan Stewart - Consultant Psychiatrist. -

Additional Information:

COPY

NHS
Lothian

Private & Confidential
Dr Afzal
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

RP/SEN
Date: 11.05.2015

Dear Dr Afzal,

RE: Justin Scott, 53/1 Newtoft Street, Edinburgh, EH17 8RB
CHI: 090 670 1473

I continue to see Justin in the South East Recovery Hub, his prescription continues at methadone 130mls daily and diazepam 30mgs daily.

Justin's care is going very well compared to this time last year now that his financial situation has been sorted with the help of C.A.N. in Craigmillar. He no longer has money concerns. He is in a new relationship with a girl who is not a drug user, who he has known for 20 years. He is enjoying going out and about with her and describes stability on his prescription and denies any illicit drugs apart from cannabis which he smokes.

His mother and sister continue to be very supportive of him and recently he was spending time in Spain with his mother who has an apartment out there. Justin states he is the happiest he's been in a long time and its really good to see him feeling much more positive, his mood appears bright, he appears animated, good eye contact, appears relaxed and positive in his outlook.

He is requesting to continue with 4 weekly appointments as he states that although he's feeling very stable in his prescription he also gains a lot from his consultations which he finds supportive and this helps him deal with any stresses he has.

I'll keep you up to date of his progress and care.

Yours sincerely

Rhoda Paul
Community Mental Health Charge Nurse (Addictions)
South East Recovery Hub

Copy

NHS
Lothian

Private & Confidential
Dr Shek
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

DS/PAW
Date: 2nd November 2015

Dear Dr Shek

RE: Justin Scott (09.06.70) 53/1 Newtoft Street, Edinburgh, EH17 8RB
CHI: 090 670 1473

I reviewed Mr Scott along with his key worker Rhoda Paul at the South East Recovery Hub on the 2nd of November 2015. He has engaged well with OT and tells me he is planning to start attending the Anxiety Management Groups. He continues to live quite a restricted existence and he finds himself comfortable sitting at home alone. He feels anxious when leaving the house. Although he describes his mood as somewhat fluctuant, it is not pervasively or persistently depressed.

He has done very well from the illicit drug point of view. He denies any illicit misuse other than regularly smoking cannabis.

He is intending to spend Christmas with his mother in Spain and he is looking forward to this.

Mental State Examination
This was unremarkable. He appeared euthymic and there are no psychotic symptoms.

I feel he is doing well. We have agreed to start reducing his methadone by 10mg from 130mg every month from the start of the New Year. I have encouraged him to continue to attend OT. He would like to and intends to start going to the gym. Rhoda has kindly offered to offer more support and I will arrange to review him again in the New Year.

Yours sincerely

D. Stewart

Dr Duncan Stewart
Consultant Psychiatrist
Substance Misuse Directorate NHS Lothian

Substance Misuse Directorate
South East Recovery Hub, Craigmillar Castle Road,
Edinburgh, EH16 4BX
Tel No: 0131 661 5294

NHS
Lothian

Date: Tuesday 16 February 2016

To whom it may concern,

RE: Justin Scott DOB- 09/06/70. 53/1 Newtoft Street, Edinburgh, EH17 8RB

Justin has been a patient in the South East Recovery Hub since 2010 where he has been receiving a substitute prescription for Methadone 110ml and Diazepam 30mg. His medication is supervised in the chemist. He has been working with myself Rosie Lunn, Occupational Therapist since August 2014. He is also having 3 monthly reviews with our Consultant Psychiatrist Dr Duncan Stewart.

With regards to activities of daily living Justin does appear to struggle in several areas mainly due to the fact he is institutionalised by spending several years in prison. Justin lacks the motivation and has not learnt the skills to cook. Lack of motivation can be attributed to Justin's fluctuant mood and restricted existence. He feels anxious when leaving the house which has a direct impact on his success in engaging with new activities.

Justin requires a lot of support due to his mental health problems. He is currently supported by a CPN, Occupational Therapist and Consultant Psychiatrist. He heavily relies on his mother and sister to provide support with his finances, mail and organisation. Justin's concentration is very poor and we would contribute this to long term high dose benzodiazepine use. He also tends to rely heavily on professionals for financial guidance.

Justin's mental health is greatly affected by stress which he finds hard to deal with. Justin has moved away from illicit drug use however still finds dealing with stressful situations hard which is not helped by his anxiety levels. Justin suffered money issues in 2014 and risked loosing his own property which had a negative effect on his mental health. Since then he has made some progress in his recovery due to not being under as much stress and plans to start engaging in anxiety management hear at the South East Recovery Hub.

Any changes to his financial situation would place a great deal of stress on Justin which would have a detrimental effect on all areas of Justin's life in particular his mental health and recovery.

Yours sincerely

Rosie Lunn
Occupational Therapist
South East Recovery Hub
0131 661 5294

NHS
Lothian

8th March 2016

Department for Work and Pension

Re: Justin Scott 53/1 Newtoft Street Edinburgh EH17 8RB

To whom it may concern,

My name is Rhoda Paul and I have been working with Mr Scott for 2 years. I am a Community Mental Health Charge Nurse in the Substance Misuse Directorate of NHS Lothian. My role is to support Mr Scott with his recovery from Drug Addiction, provide his substitute prescription foe opiate dependency as well as to support him with his mental health issues. I believe I am aware of Mr Scott's abilities due to my knowledge and professional understanding of him and his condition.

I am writing to offer my opinions on the result of Mr Scott's recent medical exam and outcome. I am concerned at the lack of understanding, points raised on the checklist used by the examiner and therefore would like to inform you of my concerns.

I will go through the questions and resulting points for you and give you my opinion as a professional working in mental Health:

Learning to do tasks, point's assessor allocated **(0)**
Mr Scott suffers from memory impairment. He struggles to remember appointments without constant reminders from family and professionals. He behaves in an institutionalised way due to spending long periods of his adult life in prison. He hasn't developed the maturational tasks that adults do to enable them to have the skills and coping mechanism to deal with stress and everyday life.

Being aware of danger (0)
Mr Scott's concentration is effected and this combined with his poor memory hinders his life. He is anxious to mix with strangers and due to his traumatic experiences of violence in his past can be paranoid and suspicious of people.

Starting a task and finishing it to the end (0)
Justin requires support and guidance to deal with tasks, his memory problems impacts on his ability to learn new skills.

Coping with change (0)
Mr Scott finds it extremely difficult to cope with change (including small change) He becomes very anxious, agitated, frustrated and at times angry. I believe this is partly due to the years of institutionalisation in prison, as well as his poor coping mechanisms and memory problems.

Dealing with other people (0)
I believe Mr Scott struggles dealing with other people he doesn't know. He tends to self isolate in his tenancy and only venture out when accompanied by family to appointments. He can be paranoid and suspicious and suffers from complex trauma from past history of extreme violence.

NHS
Lothian

Behaviour with other people (0)
I don't believe Mr Scott can deal with people at work in an acceptable or consistent way. Due to the reasons I have already highlighted above.

I am concerned that your assessment is not an accurate reflection of Mr Scott. As your assessment has huge implications for Mr Scott I ask you to consider my opinions and take these into account when reflecting on the validity of your assessment.

Please contact me should you need any further information regarding this letter.

Yours Sincerely,

Rhoda Paul
Community Mental Health Charge Nurse
Substance Misuse Directorate
South East Recovery Hub
2 Craigmillar Castle Road
Edinburgh
EH14 4BX
0131 661 5294

Staff: Keep one copy of this form for your records and send a copy to the Pharmacy with the prescription.

Supervised Consumption of Methadone

Lothian Health has introduced Supervised Consumption of Methadone in order to reduce the number of deaths from Methadone leakage and to ensure that Methadone can continue to be prescribed to those that need it.

You are required to have a period of supervised consumption. Before this starts, we offer everyone a '***Drug Amnesty***' - that is, an opportunity to tell us that you have not been taking the full amount of opiate drugs that you have told us that you are using. The last thing we want to do is to put your life at risk by making you take more Methadone than you are accustomed to.

35mls can kill someone not used to taking it

Therefore, if the dose you are prescribed is more than you have actually been taking, we want you to tell us now, so that we can change the prescription to the correct dose. This will not prejudice your treatment programme: no one else will be informed and your Methadone will not be stopped, although it may be altered.

In addition, to make sure that no one else gets your Methadone, you will be required to show PHOTOGRAPHIC IDENTIFICATION every time you have your Methadone consumption supervised.

We recommend that you leave the photograph at the Pharmacy for the duration of your supervision. The photograph remains your property and will be returned to you once supervision finishes.

We want you to sign this statement to say that:

1. I understand the dangers involved in taking more than my usual amount of Methadone.
2. The dosage stated, 130 mg, is the normal amount that I take, to which I am tolerant, and which I am prepared to take under supervision at the Pharmacy.
3. I understand that I must show ~~photographic identification~~ every time I have Supervised Consumption.
4. I will attend the Pharmacy within the times agreed between the Pharmacist and myself.

Signed: [redacted] *(Client)* Date: 18/2/14

Name: *(printed)* JUSTIN SCOTT

I confirm that I have discussed this fully with the client.

Signed: [signature] *(~~Doctor/Nurse~~/Pharmacist – delete as appropriate)*

Name: *(Printed)* GAIL LAWSON

☐ Photograph attached *(Please tick)* Date: 18/2/14

REMEMBER:
Taken under medical supervision, Methadone can reduce harm, BUT bought on the street it can kill.
It is dangerous to take other street drugs, such as Valium, Heroin, other Opiates or alcohol along with Methadone

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

NAME: Justin Scott

DATE & TIME	PAGE No.
18·2·14 1030.	Drug use - Describes stability on mm 130. Denies any illicit opiates. Discussed amnesty form *see notes*. Amnesty given to Pharmacist.
	Period of 3/52 annual supervision to start monday 17th Feb.
	Still using 30mg diazepam (illicit) on top of 30mg dzp Rx. Discussed again the negative side effects of long term, high dose benzodiazepine use - Justin aware. Advised to reduce illicit use.
	Social
	Problems financially. His benefits were stopped for non attendance at reviews.
	No money coming in. Not paid mortgage for 4 months Give information on CAN(661 6677).
	Physical
	Very tired. Is using 4 benzos and smoking cannabis nightly. Advised to see GP and get bloods checked.
	Psychological
	Feels mood is flat.
	Stopped anti depressants as didn't feel benefit.
	Holiday booked for 7 days 6th March to stay with mother at her house in Spain - Asked to bring me holiday confirmation.
	Awaiting appt with Dr Shellagh Hynd.
	R Paul CMHCN.

LHB 365

DATE & TIME	
24.2.14	Justin contact Hub. Requesting letter of support for benefits (See correspondance) Encourage to contact CAN for Benefit, housing + debt advice. RPaul cmttcN
5.3.14	Holiday script given - see attached. Letter of carriage given - see copy in correspondance. Going to stay with his mother in Spain tomorrow for a week. Seems happy to be going on holiday. Will contact the Hub on his return. RPaul cmttcN.
1145am	Spoke with Pharmacist - existing Px put on hold from today to restart 14-3-14. RPaul cmttcN

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

CHI: Scott, Justin
53/1 Newtoft Street
EDINBURGH
NAN EH17 8RB
MHI: 117910
Male 09/06/1970

DATE & TIME	PAGE No.
25/8/14	- Been in prison from yr 16 up until ~ 2 years ago. Long spells in prison. Left with apathy, avoidance & isolation. Little interest in sex. Few interests or enjoyments. Mother telling him to clean, cook. Ns heroin uses diazepam on a daily basis. Non drinker.
	PMHx - Gastritis. Indigestion. Lower back pain. Low testosterone.
	DHx - Gabapentin 6 x 300mg daily. - Nexium. methadone 130mg diazepam 6 x 5mg.
	FHx - Son (21). mother dep son Mother & sister moved to Dunfermline.

LHB 365

DATE & TIME

SHS - Born in Edinburgh
Born a twin & twin.
Father sold house from under mother
father would infrequently attend.
OK at school until v 14 - Then yrd 14
started fighting boys to make a name for
himself. Mother worked x3 jobs, lived in
Leith.
Developed a dog problem at 16 when
first imprisoned.
Grew up with an older sister.
Still very close to mother & sister.

Did a battery course at 16.
In a relationship for 15 years

MSE - Clean, well kept. Engaging.
Speech (N).
Mood "alright to see" - euthymic
Not psychotic
Not suicidal
orientated

Impr - Anxiety disorder.

Plan - see in 2/12.
Need to consider alternatives.
Refer OT

Dr J Smith

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME 9.6.70 (1473)

Justin Scott.

DATE	
4.8.14	Seen in K/W Absence.
10[50]	Feels low and anxious. Feels lost. Feels +++ hurdles to try to cope.
	Apologised for lack of contact from service. Justin accepting of this.
	Not keen to pursue psychology - felt she was v unprofessional - missed appts and didn't remember him.
	Keen to be reviewed by Dr Duncan Stewart re ↓ mood and anxiety.
	Benefits - struggling to cope cost of mortgage and general living - D/W OT re bus pass.
	Appears very institutionalised. Feels stuck. Not leaving house
	Working with C.A.N. - offered to provide letter in support if required, will get back to us if needs this.
	Describes feeling hopeless and not getting any joy out of life.
	Current Rx: mm 130mls & Dzp 30mgs. Lloyds, Fernielill
	✱ Has a day in lieu of mm ✱ No extra opiates.
	✱ Extra dzp - doubles Rx every day. For years +++.
	Cannabis 2gms/night.
	Given 14 day Rx for 4/8/14 and 18/8/14.
	Would like to recommence mm ✱ once feels more in control of life. Ongoing problems with memory acknowledges link from this to drug use.
	Plan - letter in support ✓
	letter to GP ✓
	d/w OT ✓
	Arrange appt to see Dr Stewart - 28/8 @ 2pm
	L Bradford NTM

LHB 365

DATE

27/10/14 - Outpatient review

Has attended OT & plans to return.
Using additional diazepam up to 6x 5mg daily but no heroin for ~ 6 months.
Pain from a hiatus hernia - been re-referred.
Enjoys appointments, gets him out the house.
Has been getting his benefits reviewed.
Mother supportive, girlfriend also supportive.
Discussed potential referral to LEAP
Ultimately, keen to move towards this.
Ultimately plans to be drug free.

MSE - Unkempt, good EC. Not intoxicated.
Speech (N).
Feels "good today" - euthymic.
Nil psychotic.
Nil suicidal, mainly future plans appropriately.

Plan - see in 3/12.
OT f/u & keyworker f/u.

Dr D Skinner.

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

NAME: Justin Scott.

DATE & TIME	PAGE No.
22.4.14.	Lots of stressors
	1) Benefits - C.A.N. supporting him.
	Benefits suspended - no £ for month.
	Receiving support now.
	Mood low - sleeping 6hrs - feels low in mood.
	Thinking its related to current stressors as felt
	much better within himself after his holiday to
	Spain.
	Discussed anti depressant therapy with myself.
	Feels he would benefit from this at present.
	Will discuss with Dr Miles.
	Also unhappy with recent meeting with Dr Hynd.
	Doesn't want to work with her. Discussed
	Simpson House counselling
	RPaul cmttcN
26.5.14.	Justin requesting letter to support tribunal (see
	correspondence)
	Memory problems continue.
	Appears very stressed at present due to benefit
	cuts. money still not sorted out.
	Receiving support from Jonny Smith at C.A.N.
	Letter in Rx drawer in reception.
	RPaul cmttcN.
27.5.14	Edinburgh leisure card.
	Tribunal in June.
	Fill in form and take to car

LHB 365

DATE & TIME	
14.7.14	Cancelled appointment as unwell. New appointment to be sent. LBradford NTW
23.9.14 14.45	Justin attended his initial appointment with myself for Occupational Therapy Input. Explained what OccTherapy is about and how it can help him. Discussed his current activity levels. He states his current "Occupation is minus 0" and if he doesn't start to do something he ~~is~~ feels "his head will explode." He also commented on how his social circle which was a "crime social circle" has gone now he is not involved in drug taking and crime. He would like to stay that way but build a social circle for the good of his mental health. Justin had his bus pass forms which he had just collected so is planning on filling them in and bring them to the hub to get stamped. He also has concerns about his sick line and the "hastle" he gets from the job centre as they don't believe he's not able to work. Justin expressed that he would like a job however is aware he is not able at the current time to get one. Stated to Justin this could be his long term goal. He needs to work on the steps in between first before this can be achieved. Plan // - Get bus pass signed/stamped - Carryout interest checklist - Carry out OCAIRS Assessment. - Work on planning + organisation (mother's day) - Next app. Tue 28th Oct @ 2pm @ S.E Hub. Rosemary Dunn - Occupational Therapist - RDunn.

Substance Misuse Directorate
Occupational Therapy Initial Assessment

Name: CHI Number: Casenotes reviewed: Date of initial interview:	Justin Scott. 0906701473 23.9.14.
Admissions to Ritson	/
Medication	Methadone 180mls daily 30mg diazepam daily
Withdrawal symptoms	
Substance use goal	No illegal. - wishes to be off script.
Pattern of use	
Substance Use history (including periods of abstinence)	Drugs. Found drugs in prison memory poor due to long term benzodiazepine use high dose.
Medical problems	
Psychiatric problems	Anxiety Disorder.
Child Protection	Has gran upson - 22 years old.
Social Circumstances (and relevant family history)	- live alone. - Mum/sister. - sees sometimes - live dunfermline.
Other agencies involved	Rhoda Paul. - avg month. Dr Stewart.
Work	/
RISK (including illicit drugs, forensic, self-harm)	Spent many years in prision. - wishes to maintain

Signed: RK Lunn Designation: Occupational Therapist

Print Name: ROSEMARY LUNN.

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

NAME: Justin Scott

DATE & TIME	PAGE No.
6·10·14	Sent out Rx to chemist and appt for Justin to see
16[10]	me on Tues 28th Oct @ 10am.
	Next appt - toxicology screen and GP letter to do !!
	RSW2 CMHTCN
27·10·14	Spoke to Justin on telephone.
28·10·14	Justin attended his appointment today with myself.
16·00.	Filled out bus pass forms and discussed what his plans were in OT. Wishes to set goals and agreed to carry out OCAIRS at next app. Next app on 13th Nov.
	Plan - send bus pass form off
	- Give council tax form to Duncan Stewart to sign.
	- complete OCAIRS @ next app.
	RSW2 Occupational Therapist
5·11·14	Drug use - stable. Trying to reduce illicit dzp Was taking double of what he gets but now reducing illicit valium by 5mg.
	Future - Reduce mm - LEAP - discussing this with Dr Stewart.
	Would like to move to Spain with his mother eventually.
	Relationship :- Going fine
	Benefits :- Continues to get support from C.A.N.
	RSW2 CMHTCN.

LHB 365

DATE & TIME	
	Do GP letter next time [redacted]
2.3.15	Spoke with Pharmacist - Rx on hold for duration of holiday. (See correspondence for flight details) 9 day holiday Rx ready for collection. Letter of carriage done ✓ Read author.
21.4.15 2pm	Justin attended planned appointment. Justin presented as well kempt and brighter in mood than in previous appointments. Justin has a new girlfriend, this appears to be having a positive effect on Justins mood and activity levels. Justin reports to have been out numerous times recently - to the casino / boxing event with a friend. He has also been ~~invited~~ invited swimming with his new girlfriend and her daughter. Justin is concened about the cost for this so a referral for CAP card (community access card) May be required/ usefull in near future. Justin has also agreed to give the 'Fit for Recovery Group' a go after highlighting he enjoys, and is a good swimmer. Justin has also been going for walks with his new girlfriend. Justin identified that he is a negative thinker and I highlighted this is a behaviour he should start to challange as he has been doing some positive things in life and should identify this positive progress.
	Plan 1- Referral to Fit for Recovery Group (aims to attend 11/5/15)
	2- Continue with interest checklist / activity planning sheets
	3- Next appointment TUE 19TH MAY 2015 @ 2PM
	Rosemary Dunn Occupational Therapist

O.P CLINICAL NOTES

(Psychiatry)

CHI: 09 06 70 1473

NAME: JUSTIN SCOTT

DATE & TIME	PAGE No.
6.5.15	Looking and feeling well. Relaxed, calm, good eye contact. States he is feeling the "best hes felt in a long time". Holiday to mothers apartment in Spain was a success. In a new Relationship with Debbie, from S/W Edinburgh Ex drug user who has been off drugs (incl. Px) for 4 years. She has 9 year old daughter and shares her care with.
19.5.15 3pm	Justin attended planned appointment. Presented as extremely animated + agitated ? under the influence of substances. Justin denied any drug use. Finished interest checklist - Not many interests to go from. Discussed setting some achievable goals as Justin stated all the goal in his head are totally unrealistic. Highlighted Justin is missing some productivity in his life - wishes to set goals in relation to this. Justin will try to attend Fit for Recovery Group - has written it in diary for next few mondays. Plan - Next app Tue 2nd June @ 1pm - Set realistic goals - ? painting room in house - Encorage Fit 4 Recovery Group. - Phone transitions for info for future. Rosemary Mun Occupational Therapy RMun

LHB 365

DATE & TIME	
1.6.15 4.30	Telephone call to Justin to rearrange tommorows appointment due to me needing to work Thursday instead of Tuesday this week. Justin sounded like he may have been unde the influence of substances. Justin called me a "nut job" numerous times over the phone and was speaking very loudly. Justin also stammered at points during the conversation. I called Justin up on his language and he denied he called me a 'nut job' - saying that he was calling himself a 'nut job'. This was not Justin usual presentation with myself hense the conclusion that Justin was unde the influene of substances. Justin is aware of his appointment with Rhoda on the 15th June. Plan - Send Justin a for the appointment letter. - Discuss Justins language + behavior ove the phone @ next appointment Rosie Dunn Occupatoral Therapy (OT)
15.6.15 1400	Spoke with Justin about language + behaviour on telephone with O.T. He denies illicit drug use - using cannabis and extra diazepam at times. Mood flatter now. Feels it may be due to euphoria of benefits being sorted out disapating Requesting 4 wks between appts as he benefits from time and support. Rhona Gwatkin

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

NAME: JUSTIN SCOTT

DATE & TIME	PAGE No.
23.6.15 3.40pm	Jushn phoned to cancell todays appointment, Stated he didnt feel well, reports of being sick at night. Stated he would like to attend the fit for Recovery (F4RC) Group on Monday. Plan/ Ajms to attend F4RC on Monday Rearange another appointment if he attends or phone if he doesnt Rose Dunn OT
9.7.15 9.45am	Jushn failed to attend the F4RC on monday. Sent Follow up appointment for Tue 21st July @ 1pm - SE HUB Plan// Review engagement with OT. - Not following through ~~with~~ plans. - F4RC. ? Review if happy with activity levels - - do follow up Occ Hears Assessment Rosemary Mc Occ Therapy
14.7.15	Book in to be reviewed by Dr Stewart as his mood is low. Antidepressants ? sertraline Benros - extras ↓ to 1x weekly. Discussed benro group @ Turning Point. R Parr
21.7.15 1.50pm	Jushn attended todays appointment. Discussed whether happy with current activity levels or wishes to change. Jushn not happy with activity levels wishes to change but has to process doing something

LHB 365

DATE & TIME	
21.7.15 conf	new which take a long time. Highlighted that I need to see 'more doing less talking' in regards to his activity levels. Justin agreed to set some goals in relation to this. GOALS LONG TERM GOAL ① Justin will have attended the fit for recovery group (F4RG), at least once, by the end of september Justin has failed to attend the F4RG on previous occasions. Decided to grade activity. GOAL Justin will meet myself at the Royal Commonwealth Pool @ 2pm on The 18th Aug. Set goal with hope will act as stepping stone to attending F4RG. Plan// Next app 18th Aug @2pm. ROSE LUNN OT
18.8.15 2.35pm	Justin failed to meet me at the Commonwealth Pool at 2PM. PLAN - Send out new appointment for Thursday 3rd September @ 3pm @ SE Hub. - Review enaggement in occupational therapy. Rosemary Lunn Occupational Therapy
1.9.15	Toxi screen obtained. Stomach problems continue - seeing GP. Mood low at times. Requesting to see Dr Stewart for review - ? antidepressant therapy. Sleep is a problem for Justin - R Frank Cronin.

O.P CLINICAL NOTES

(Psychiatry)

CHI: 09 06 70 1473

NAME: JUSTIN SCOTT.

DATE & TIME	PAGE No.
10.9.15 2.50pm	Justin attended todays planned appointment. Appologised for missing last appointment - community visit at commonwealth pool. States forgot about this. Justin still wishes to meet goal to attend F4RG by end september. Carried out some in depth planning on how / what it will take to get Justin to attend. Discussed morning habbit (not able to do anything till 12) and how this is impaching on his ability to do ~~/go where~~ BY what he wants. Justin stated that he has realised, during this appointment, how much this habbit has been his normal morning routine and how hard it may be to change. Planned his morning routine for what he needs to do to get to the commonwealth pool for 12pm. Plan/o Arrange FU appointment when Justin attends F4RG on Mon 14th September ② If DNA F4RG - Phone Justin: ROSEMARY LUNN OCCUPATIONAL THERAPY
1.10.15 10am	Telephone call to Justin to arrange further appointment. Arranged for 13/10/15 @ 1pm. Justin stated has Rhoda Paul CPN on 12/10/15 @ 2pm. ROSEMARY LUNN. OT

LHB 365

DATE & TIME	
13.10.15 2.15 pm	Justin attended todays planned appointment. Justin states that his ex partner, mother of his son is in hospital after falling 40ft out of a window. His expartner has broken both legs and smashed her face but is in a stable condition. Discussed current occupational goals. Justin ~~eg~~ is in agreement that his morning routine is a big barrier to being able to participate in further activities. Discussed Justins anxiety when his plans change - states has no other ways to deal with his anxiety apart from diazepam which he believes "bypasses his brain" and doesn't work. Justin was open to some anxiety management and may attend the anxiety management group. Justin wishes to have a further appointment with Rhoda Paul, CPN and Dr Duncan Stewart in order to further discuss the possibility of Rehab and what it involves. Justin states he doesn't know what Rehab would involve but would like to learn so he has something to work towards. Provided Justin with weekly planning sheet to fill in for next appointment (27/10/15). Plan - Discuss at team meeting - renew weekly planning sheet - ? Anxiety management group/individual. Rosie Lunn Occupational Therapy (OT)

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

NAME: JUSTIN SCOTT

DATE & TIME	PAGE No.
27.10.15 4pm.	Justin attended todays planned appointment. Agreed to let Catherine McIntosh (OT from IHTT) sit in on appointment. Justin ~~has~~ stated he and his mother have been deep cleaning his house today as getting his bedroom painted. Discussed anxiety management group. Justin open to giving anxiety management a go however attending at 11am will be a challange due to his morning habbits/routines. Justin has joint appointment with Rhoda CPN and Dr Duncan Stewart next Monday. Plan Review goals once Justin knows what Rehab entails. ROSIE LOWN OT
2/11/15	Consultant review with Rhoda (CPN). Engaged with OT. Planning to attend anxiety management group. Living quite a restricted existence, comfortable sitting in his house. Anxious at leaving house. Mood fluctuant but not pervasively or persistently depressed. No illicit drugs other than cannabis. Smokes ~ 1 gram every day. Planning on going to Spain over Christmas to stay with mother.

LHB 365

DATE & TIME	
	MSE - Well. Euthymic. Nil psychotic Insm - dog well. plan - 4 mth. log every month from the New Yr. Encourage engagement with OT. CAN & offer 9 support. I'll arrange & see in New Yr. DRJT DR J STEWART.
11.11.15 12.00.	Telephone call from Jushn. Appointmen rearranged for 17/11/15 @ 2pm. ROSIE LUNN OT
17.11.15 3.10pm	Jushn attended todays appointment as planned. Discussed outcome from joint appointment with Duncan Stewart and Rhoda Paul. Jushn happy with result and happy to continue engaging with OT. Assisted Jushn with application for White Nannn allowance. Jushn stated he is in the process of getting a Divorce, his will written and getting house insurance. Discussed goals he would like to achieve. Jushn is conscious that he is in the house a lot and wishes not to be. Discussed anxiety and what provides this. Jushn example was describing Anger rather than anxiety:- Gets very angry when watching football and opposition score or if his bus is late. Jushn stated he is a very angry man and has done ange management in Jail before. ? Whether would be good to engage in this once again now he is not in Jail. Jushn stated he will think about whether what situations provoke anxiety /ardor anger. Jushn states does wish to attend anxiety management

O.P CLINICAL NOTES

(Psychiatry)

CHI: 09 06 70 14 73

NAME: JUSTIN SCOTT

DATE & TIME	PAGE No.
17.11.15 cont'd	group - but getting there will be a problem. Highlighted to be aware of his morning routine and what he needs to change inorder to attend the group @ 11 am. Plan - Follow up appointment with myself - 3rd Dec @ 1pm - Continue with goal setting - execution of goals. ROSIE LUNN OT
1.12.15	Holiday Px needed Sat 19th Dec } dates of Tues 29th Dec } travel
	Currently mon - wed - Fri
	18th - 3 day Dec
	9 days - handwritten Px for 18th
	restart Px Wed 30th Dec
	Plan - Put Px on hold at chemist from mon 21st and restart Wed 30th Dec. ✓
①	Phone chemist: Methadone + dxp ** ✓ done RP
②	Letter of carriage to do :- ✓ done RP
③	Refer Justin to anxiety management group ✓
④	Reduce mm down by 10mls in New Year to 120 mls mm. Aim to reduce by 10mls mm monthly til @ 100mls then review. RBarr Cutten
	Anxiety management 11-1230 6th Jan 2015 - drop in.

LHB 365

DATE & TIME	
3.12.15 2.15pm	Justin attended todays appointment as planned. Began review of Occupational Circumstances Assessment and Interest and Rating scale (OCAIRS). - Gave letter from Rhoda. - Appointment from Rhoda - can not attend - travels back from holiday that day (29/12/15). Email sent to Rhoda to inform of this. ✓ - Next appointment for OT. THUR 7th JAN 2016. @ 1pm. ROSEMARY LYNN OT
7.12.15	Telephoned to inform me that GP has Px co-codymol for chest pain. ? unusual. Letter of carriage Rhan2 + holiday Rx in locked filing cabinet in reception 2 rec. Paul
7.1.16 12.20pm	Telephone call from Justin. CNA todays appointment as feeling unwell after visiting friend in hospital. States he has done well Breaking his morning routine whilst on holiday. Stated he Has continued to have breakfast at an earlier time than normal. Plan/ Follow up appointment - Tue 19th JAN @2pm@ S.E HUB Email sent to Rhoda/ Paul re Paul re Paul re Next appointment with Rhoda + Justin. ROSEMARY LYNN OT
11/1/16	Seen with Rhoda - Enjoyed holiday in Spain at his wishes. Due to start reduction in methadone by 10 mg every month. Scheduled to attend anxiety management group. Still smoking cannabis but denies any other drug misuse.

O.P CLINICAL NOTES

(Psychiatry)

CHI: 09 06 70 14 73

NAME: JUSTIN SCOTT

DATE & TIME	PAGE No.
	At I/V - nil pathological.
	plan - ongoing CBT support. I'll review again if required but will not routinely schedule in appointment. Dr S Stewart.
19.1.16 2.35pm	Justin attended today's planned appointment. Discussed attending anxiety management group. Agreed to attend on 3rd Feb due to planning works for new heating system in house on 27th Jan. Wrote goal in goal setting sheet. Dealing with life situations better than previously - currently getting divorce sorted and his GSA and new central heating. Highlighted this is progress as would not have managed this 1.5 yr ago. Plan/ meet Justin at Anxiety Management group on 3rd Feb and arrange Further appointment. ROSEMARY LYNN. OT
7.3.16	Upset am frustrated by medical opinion - after DWP decision that he is fit for work. Requesting letter from me re further information on assessment regarding mental health.
8.3.16	Done ✓ See correspondence

LHB 365

DATE & TIME	
17.3.16 3.40.	Jushin attended todays planned appointment. ESA issue ongoing. Involving with Johnny from CAN on appealing the discision. OT Jushin wishes to continue OT input however is aware he is not in the ~~right~~ right head space to make any goals at the moment until ESA issue is resloved. Agreeable to meeting in community settings for next few appointments. Plan/ Next appointment - Meet at The Royal Commonwealth Pool @ 1pm Tue 19th Apl7. ROSIE LYNN OT
17.3.16 3.45	Jushin stated he is on a cocodamol prescription from his GP for back pain. ROSIE LYNN OT
31/3/16	Received telephone call. His ESA has been stopped. Is upset by this. Sounds disappointed but making future plans. [illegible] Stewart OT
11.4.16	Consultation with Jushin. Still getting P.I.P. to end 2018 ESA stopped. Johnny from C.A.N. is supporting Jushin with Appeal - June/July ** I have written letter of concern at findings. The mandatory Reconsideration Notice upheld decision decision To stop ESA. Jushin Stressed out Drug use - Been 'alright' used extra mm+ dzp with stress & above. Try to reduce down.

O.P CLINICAL NOTES

(Psychiatry)

CHI: 09 06 70 14 73

NAME: JUSTIN SCOTT.

DATE & TIME	PAGE No.
11.4.16	Managing this himself. Using up to 125ml/s mm maximum. Doesnt want px increased. We will review this. Given details of next appt with Rosie Lunn next week. Given new appt for 5 weeks time. RP
19.4.16 10.40am	Telephone call to Justin to remind of todays community visit. Justin states will still meet me at commonwealth Pool at 1pm inside main doors on right side. ROSIE LUNN. OT
19.4.16 2.25pm	Justin attended community visit. Discussed ongoing appeal about Employment Support Allowance (ESA). Continues to feel disgruntled about discision about ESA. Johnny at Community Ability Network (CAN) is hopefull about going to tribunal and ending with a positive outcome. Next appointment plans to meet at commie pool again and Justin wishes to go for a swim. To arrange another appointment - find out when has appointment with Khoda and arrange appointment for 1pm. Date TBC. ROSIE LUNN OT
21.4.16 1.50pm	Telephone call to Justin to arrange date for appointment. Thursday 5th May @ 1pm @ The Commonwealth Pool. Justin stated he'd written this in his diary. ROSIE LUNN. OT.

LHB 365

DATE & TIME	
16.5.16	Main focus benefit situation Being supported by Jonny from CAN Court of appeal 3/6/16. Drug use - was trying to ↓ mm but too stressed at present. Smoking weed... strong smell. Going swimming on thursdays with O.T. RBaird
19.5.16 2.50pm	Justin attended ~~2nd~~ 3rd community visit as planned. ~~1st~~ 2nd community was at the Royal Commonwealth Pool on 5/5/16. During which Justin went for a swim. Justin went for swim during todays visit to Gracemount leisure Centre. Justin reports needs sick note from his GP in order to recieve basic benefits during ESA - Employment Support Allowance appeal. Next appointment: Community visit to Commonwealth Pool - Justin plans to go swimming again. Thursday 2nd June 1pm. GOAL → If Justin has recieved community Access Programme card to attend pool/gym on own before 2nd June. Phone call made to check if processed card for Justin - no record of one but have backlog of referrals to get through, plan to send in another incase did not send referral away. ROSIE LUNN. OT.
6.6.16 10.50am	Justin DNA community visit on 2/6/16 at Royal Commonwealth Pool. Telephone call to Justin (6/6/16) to ~~re~~arrange new appointment. Justin stated he won court appeal for ESA. Justin very happy about this and thankfull for support from staff at S-t Hub. Appologised for missing community visit - was not in diary. Arrange new appointment for Tue 14th June at 2pm

O.P CLINICAL NOTES

(Psychiatry)

CHI: 09 06 70 1473

NAME: JUSTIN SCOTT

DATE & TIME	PAGE No.
6.6.16 cont'd.	at S.E Hub. Jushin stated had put this in his diary. Suggested Jushin have a think about some goals he would like to work on now that money stressess have been sorted. ——— Plan - create plan / goals at next appointment which can be carried forward with Jushin after I leave current post and transfer Jushin to another OT. ROSIE LUKN OT
14.6.16 3.30pm	Jushin attended todays appointment as planned. ——— Completed application for community access programme (CAP) gym card. see correspondence for confirmation. ——— Discussed plan when I leave post. Jushin happy to be discharged from OT rather than engage with another OT. Happy to continue to work with just Rhoda and await CAP card and attend swimming when wants to. ——— ESA - Awaiting final verdict. Hopes will have no other issues with this till JUNE 2018 when has been awarded ESA until. Awaits his ESA payments which has not recieved during appeal. ——— Divorce nearly finalised. ——— Jushin agreed to be discharged from OT and can be referred back if necessary. ———

LHB 365

DATE & TIME	
14.6.16 contd	Discharge from Occupational Therapy. DISCHARGED FROM OT ~~XXX~~ OT ROSIE LUNN
28.6.16 1400	Tribunal - Difficult. Jonny went with him. Won appeal - doesn't need to go for another medical for 2 years - down graded = Work Related Activity Group (WRAG) which involves 6 monthly telephone calls from Job centre (Brian Carty) Drug Use:- "Cool man" Sticking to Rx. Smoking weed daily. Denies all other illicit drug use Relationship:- Seeing old girlfriend again. Very happy in this relationship. Sounds healthy. Still in contact with C.A.N. - Jonny supporting Jushn.
*	Find out how long Jushn can go abroad to Spain for. Would like to go for 3 months. Prescription to Spanish Chemist.
Team	Fortoventura canary islands - chemist.
4/7/16	Legislation around controlled drugs *.
**	Chris Millar - pharmacist:- ask about staying
Meeting.	away - our policy.
	Possibility that he can go for 1 month and take 2 weeks supply with a view to reducing down over in the sun.
	Email Chris Millar **
	RPaul CMHTCN
26.7.16	Reduce to 100mls. Mix ammended.
	Phoned Chris Miller lead SMO pharmacist he advised Home Office guidance. 3mths EU stay without licence. Airline carrier guidance = 100ml ++ need to be in pharmacy labels, copy Rx and letter of carriage
	RPaul CMHTCN.

O.P CLINICAL NOTES

(Psychiatry)

CHI:

NAME: Justin Scott.

DATE & TIME	PAGE No.
30.8.16	No longer wishing reduction. Illy ammended - emailed Dr Miles as I cannot print prescription. Requested he tries. Justin wishing to remain on 110mls mm. Feeling stressed and angry. Prescription reduced to 100mls yesterday. I phoned pharmacist and cancelled existing (mm) scripts from now. Discussed triggers and looked at coping mechanisms for him. RPaul CMTTCN
1/9/16	(P) Diazepam Rx cancelled at chemist from 31/8 in error - next diazepam Rx from 12/9. Rx done to cover this period - to collect - apologies ~~++~~ to Justin re this but I eventually had to hang up due to circular conversation. Dlubs DMILES GPwSI.
27.9.16	See TRAK for future Nursing notes RPaul CMTTCN

LHB 365

Alere™ Toxicology

Certificate of Analysis

Oral Fluid

Customer: GMMC

Donor ID	:	JU SCD	Sample Number	:	09783809
DOB	:	09/08/1970			
Gender	:	Unknown			
Collector	:	R PAUL	Date of Receipt	:	20/01/2014
Collection Date & Time	:	16/01/2014 14:30	Report Date	:	23/01/2014

Test	Date of Test	Result	
		Screen	Confirmation
6-MAM	23/01/2014	Negative	
Benzodiazepines	23/01/2014	POSITIVE	
Cocaine	23/01/2014	Negative	
Methadone	23/01/2014	POSITIVE	
Opiates	23/01/2014	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

Comments

Chain of custody required/collector signature present, but seal not present

✓ Px only.

Analytical testing performed in accordance with the Alere Toxicology Technical Specifications - Oral Fluid Analysis. Full details can be accessed through http://www.aleretoxicology.co.uk/documents/technical-specifications/

Alere Toxicology Plc
92 Park Drive, Abingdon, Oxfordshire, OX14 4RY, UK | Tel: +44 (0)1235 861 483 | Email: toxeu.labservices@alere.com | www.aleretoxicology.co.uk

Alere™ Toxicology

Certificate of Analysis

Oral Fluid

Customer: GMMC

Donor ID	:	JU SC	Sample Number	:	09899582
DOB	:	09/06/1970			
Gender	:	Male			
Collector	:	R PAUL	Date of Receipt	:	24/04/2014
Collection Date & Time	:	22/04/2014 13:30	Report Date	:	24/04/2014

Test	Date of Test	Result	
		Screen	Confirmation
6-MAM	24/04/2014	POSITIVE	
Benzodiazepines	24/04/2014	POSITIVE	
Methadone	24/04/2014	POSITIVE	
Opiates	24/04/2014	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

Analytical testing performed in accordance with the Alere Toxicology Technical Specifications - Oral Fluid Analysis. Full details can be accessed through http://www.aleretoxicology.co.uk/documents/technical-specifications/

Alere Toxicology Plc
92 Park Drive, Abingdon, Oxfordshire, OX14 4RY, UK | Tel: +44 (0)1235 861 483 | Email: toxeu.labservices@alere.com | www.aleretoxicology.co.uk

Alere™ Toxicology

Certificate of Analysis

Oral Fluid

Customer: GMMC

Donor ID	:	JS COTT	Sample Number	:	09864677
DOB	:	09/06/1970			
Gender	:	Male			
Collector	:	L BRAOFORD	Date of Receipt	:	05/08/2014
Collection Date & Time	:	04/08/2014 10:40	Report Date	:	05/08/2014

Test	Date of Test	Result	
		Screen	Confirmation
Amphetamines	05/08/2014	Negative	
Benzodiazepines	05/08/2014	POSITIVE	✓
Buprenorphine	05/08/2014	Negative	
Cocaine	05/08/2014	Negative	
Methadone	05/08/2014	POSITIVE	
Opiates	05/08/2014	Negative	✓

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

✓ Good

Analytical testing performed in accordance with the Alere Toxicology Technical Specifications - Oral Fluid Analysis. Full details can be accessed through http://www.aleretoxicology.co.uk/documents/technical-specifications/

Alere Toxicology Plc
92 Park Drive, Abingdon, Oxfordshire, OX14 4RY, UK | Tel: +44 (0)1235 861 483 | Email: toxeu.labservices@alere.com | www.aleretoxicology.co.uk

Alere™ Toxicology

Certificate of Analysis

Oral Fluid

Customer: GMMC

Donor ID	:	JU SCO	**Sample Number**	:	08877449
DOB	:	09/06/1970			
Gender	:	Male			
Collector	:	R PAUL	**Date of Receipt**	:	07/11/2014
Collection Date & Time	:	05/11/2014 14:00	**Report Date**	:	07/11/2014

Test	Date of Test	Method	Result	
			Screen	Confirmation
6-MAM	07/11/2014	HEIA	Negative	
Benzodiazepines	07/11/2014	ELISA	POSITIVE	
Methadone	07/11/2014	HEIA	POSITIVE	
Opiates	07/11/2014	HEIA	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

Analytical testing performed in accordance with the Alere Toxicology Technical Specifications - Oral Fluid Analysis. Full details can be accessed through http://www.aleretoxicology.co.uk/documents/technical-specifications/

Alere Toxicology Plc
92 Park Drive, Abingdon, Oxfordshire, OX14 4RY, UK | Tel: +44 (0)1235 861 483 | Email: toxeu.labservices@alere.com | www.aleretoxicology.co.uk

Substance Misuse Care plan record: *People Involved in the Care Plan*

Client name	DoB	Phone number	address	Care plan start date	CHI
JUSTIN SCOTT.	09.06.70.	07516311030 ~~07772696530~~	53/1 NEWTOFT STREET. EDIN.	25.6.10.	0906701473.

Name	Agency/ role	Phone number/ fax	address	Will we contact	What about	initial
Rabert MacGruer	Key warker	0131 537 8345	CDPS, The Spittal Street Centre, 22-24 Spittal Street, Edinburgh EH3 9DU			
DR. ~~DARLAND~~ SHEK.	GP	0131 664 2166	FERNIEHILL SURGERY 8 FERNIEHILL ROAD.	YES	ANY CHANGE TO CARE OR TREATMENT.	RS.
LLOYDS	Pharmacy	0131 664 3295	FERNIEHILL ROAD.	YES	ANY CHANGE TO PO. STATUS.	RS
	Social Worker					
	Other					

Signed (client) Date

Signed (keywarker) Date

Page Number

SUBSTANCE MISUSE Care Plan Record: *Plans*

Client name	Key worker name	Care plan meeting date	CHI
	Robert MacGruer		

Current situation/ needs	Aim (how do you want it to be by the time we review)	Objective (what needs to happen)	Who needs to do it?	When will we discuss again?	Initial (keyworker and client)	Complete/ replaced (date)
Opiate dependency	Not to use opiates other than prescribed substitute opiate prescription, Methadone	For you to ensure you monitor whether you are experiencing opiate withdrawals and/or over sedation between appointments and report to key-worker at next appointment.	Client	At 2 to 4 weekly appointments		
Illicit drug use and/or Alcohol use.	For you to accurately and honestly report via use of a drug diary and/or verbally any illicit drug use/alcohol use (from previous appointment to present) to your key worker at each appointment.	For you and your key-worker to discuss the reasons behind your illicit drug use/alcohol use e.g. physical and mental dependency, environment, social, personal, financial etc.	Client	At 2 to 4 weekly appointments		
Harm Minimisation	To reduce harm to yourself if remaining to use Heroin on top of substitute opiate prescription and/or using other illicit drugs i.e. speed or non prescribed drugs.	To administer orally instead of smoking Heroin and/or other illicit and/or non-prescribed drugs.	Client			

NHS

SUPERVISED CONSUMPTION OF METHADONE

Supervised consumption of methadone helps confirm that you are taking the prescribed dose and helps check that the dose is correct (i.e. neither too high nor too low). It also helps ensure that the prescribed dose is not being shared, swapped or sold.

***** EVEN A SMALL DOSE OF METHADONE CAN KILL SOMEONE NOT USED TO TAKING IT *****

In Lothian you are required to have a period of supervised methadone consumption every year. Before this starts you are offered a 'Drug Amnesty' – that is a chance to explain if you have not been taking the full amount of methadone prescribed for you. If the dose you are prescribed is more than you have actually been taking the prescription can be changed to the correct safe dose. Discussing this now will not affect your treatment programme and your methadone will not be stopped although the dose may be changed.

The Pharmacy you will attend for supervised methadone consumption is: Lloyds, Fernhill Road

If two or more supervised methadone doses in a row are missed the pharmacist will notify the prescriber and the prescription may be stopped. The pharmacist will also notify the prescriber if they have concerns about:

- the safety of a child in your care
- any unacceptable behaviour at the pharm acy
- you appearing to be intoxicated with alcohol or drugs which may result in your methadone dose being withheld

You may be required to show photographic or other ID every time you have your Methadone consumption supervised. (If using photo ID it is recommended that you leave it at the Pharmacy during supervision period).

REMEMBER -

- If you are taking methadone it is dangerous to also take ALCOHOL or street drugs such as DIAZEPAM (valium), HEROIN or other OPIATES (e.g. DIHYDROCODEINE).
- Taking alcohol and other drugs on top of your prescription may impair your ability to function and look after children safely. It also increases your risk of overdose.
- You may overdose and die if you take a higher dose of methadone than you are used to.

BY SIGNING THIS FORM YOU AGREE TO THE FOLLOWING STATEMENTS -

- I understand the dangers of taking more than my usual amount of methadone.
- The dosage stated, 100 mg, is the normal amount that I take, my body is used to this dose [tolerant] and I am prepared to take this under supervision at the Pharmacy.
- I will attend the Pharmacy within the times agreed between myself and the Pharmacist.

Patient's signature _____ Date 14/10/10

Address and phone number for duration of supervision		Prescriber contact details (stamp or sticker)	CDPS SPITTAL STREET CENTRE 22-24 SPITTAL STREET EDINBURGH EH3 9DU

I have discussed the above points with this patient: _____

(Signed – Doctor / Nurse / Pharmacist)

NB: One copy for patient's records and one for Pharmacist with prescription.

NHS

SUPERVISED CONSUMPTION OF METHADONE

Supervised consumption of methadone helps confirm that you are taking the prescribed dose and helps check that the dose is correct (i.e. neither too high nor too low). It also helps ensure that the prescribed dose is not being shared, swapped or sold.

***** EVEN A SMALL DOSE OF METHADONE CAN KILL SOMEONE NOT USED TO TAKING IT *****

In Lothian you are required to have a period of supervised methadone consumption every year. Before this starts you are offered a 'Drug Amnesty' – that is a chance to explain if you have not been taking the full amount of methadone prescribed for you. If the dose you are prescribed is more than you have actually been taking the prescription can be changed to the correct safe dose. Discussing this now will not affect your treatment programme and your methadone will not be stopped although the dose may be changed.

The Pharmacy you will attend for supervised methadone consumption is: LLOYDS, FERNIEHILL ROAD

If two or more supervised methadone doses in a row are missed the pharmacist will notify the prescriber and the prescription may be stopped. The pharmacist will also notify the prescriber if they have concerns about:

- **the safety of a child in your care**
- **any unacceptable behaviour at the pharmacy**
- **you appearing to be intoxicated with alcohol or drugs which may result in your methadone dose being withheld**

You may be required to show photographic or other ID every time you have your Methadone consumption supervised. (If using photo ID it is recommended that you leave it at the Pharmacy during supervision period).

REMEMBER -

- **If you are taking methadone it is dangerous to also take ALCOHOL or street drugs such as DIAZEPAM (valium), HEROIN or other OPIATES (e.g. DIHYDROCODEINE).**
- **Taking alcohol and other drugs on top of your prescription may impair your ability to function and look after children safely. It also increases your risk of overdose.**
- **You may overdose and die if you take a higher dose of methadone than you are used to.**

BY SIGNING THIS FORM YOU AGREE TO THE FOLLOWING STATEMENTS -

- **I understand the dangers of taking more than my usual amount of methadone.**
- **The dosage stated, 40 mg, is the normal amount that I take, my body is used to this dose [tolerant] and I am prepared to take this under supervision at the Pharmacy.**
- **I will attend the Pharmacy within the times agreed between myself and the Pharmacist.**

Patient's signature _____ **Date** 7/5/10

Address and phone number for duration of supervision	53/1 NEWTOFT STREET. EDINBURGH. 07972 636530	**Prescriber contact details (stamp or sticker)**	CDPS SPITTAL STREET CENTRE 22-24 SPITTAL STREET EDINBURGH EH3 9DU

I have discussed the above points with this patient: _____

(Signed – Doctor / Nurse / Pharmacist)

NB: One copy for patient's records and one for Pharmacist with prescription.

SHARING INFORMATION & GIVING CONSENT

SERVICE USERS GUIDE & CONSENT FORM

NHS Lothian Substance Misuse Directorate

In Lothian, there are now a large number of services that may be involved in your care. When you attend any of these services, we ask you for information so that you can receive proper care and treatment. This information will be recorded for future use. Until now, if more than one person was involved in your treatment and care, it is very likely that you would have been asked for the same information many times.

We would like to change this, by being able to share basic information about you with other people who help to provide services and ask them for relevant information about you.

In most cases, we will ask your permission to let us share information about you. You may decide that you do not wish us to share information – this is your right. However, we are also trying to make it easier for people working for different agencies to be able to provide simple solutions to your problems in a more straightforward way.

There are a few situations where we may have to share information about you, even without your permission:

- If children in your care may be at risk
- If there is a significant risk of harm to you or others
- If ordered to by a court

Questions you might ask:

Why do you need to share information about me?

- To allow you to be properly assessed and a care plan made.
- To protect you and those around you
- To review, account for and learn how to improve integrated health and social services
- To monitor the provision of services

Who will you give this information to?

- Anyone who may be directly involved in your care who has a genuine need for it and who is going to use it in your best interests e.g. GP, district nurse, social care worker, occupational therapist.
- Anyone involved in protecting children for whom you have responsibility
- Anyone else with whom you have agreed that we may share information.

Will everyone know everything about me?

- We will only share information about you with other people involved in your care.
- Information will not be shared if it is not relevant to this care.
- The law forbids us to share some types of very sensitive information.

Am I allowed to find out what information is held about me?

- Yes, you are. The Data Protection Act 1998 allows you to ask for a copy of all the personal information we have about you.

It is helpful if we know in advance if you agree to us contacting the following agencies to request information about you or share relevant information with them:

- General Practitioner
- Local drugs agency - _____
- Community Pharmacist
- Health Visitor
- Maternity Services
- Social Work Drug Team
- Social Work Department
- Drug Treatment and Testing Order
- Community Mental Health Team
- Probation Officer or Criminal Justice Social Worker
- Housing/Homelessness agency - _____
- Others (add details)_____

Please cross out any of the above if you do not want information shared with them. Please add any other instructions here about people you do or do not want us to share information with, or any particular information you do not want us to share.

Other instructions: _____

_____

_____

Once you have done this, you and the person who has discussed this with you should both sign this form. You will be given a copy and a copy will be kept in your records.

- I understand why information needs to be held about me.
- I consent to the information from this assessment being shared to help meet my needs, subject to my wishes noted above.
- I understand that in special circumstance, information may have to be shared even without my consent.
- I understand that I have rights to see records held about me.
- I give my permission for information to be shared with the above if it is necessary.

Signed _____ Print name JUSTIN SCOTT

Discussed with _____ Print name ROBERT MACGREGOR

Date 7.5.16.

Note: if you want us to provide a report for a lawyer, you must give the lawyer your permission to ask for information, and sign a mandate form for him/her to send to us.

EDCP Single Shared Assessment

Personal Details

Date first appointment offered: 7.5.10	**Date assessment commenced:** 7.5.10
Name: SUSAN SCOTT	**Key worker:** ROBERT MACGREGOR
Alias/ previous names:	**Agency:**
DOB: 9.6.70 **Age:** 39	**Ethnic Group:** White Scottish ✓ Other British ___ Irish ___ Other White ___
CHI: 0906761473	**Asian, Asian Scottish or Asian British** Indian ___ Pakistani ___ Chinese ___ Bangladeshi ___ Other Asian ___
Institution Code: S339C	**Black, Black Scottish or Black British** African ___ Caribbean ___ Other Black ___
Address: 53/1 NEWTOFT STREET.	**Mixed Background** Any (specify)
City/Town EDINBURGH	**Any disabilities?**
Postcode: EH17 8RB	**GP:** FERNIEHILL SURGERY 8 FERNIEHILL RD. Tel: 664 2166
Client Contact numbers: 07772636530 07546729121 (NEW) **Okay to leave message?** ✓	
Next of Kin/ Emergency Contact: [redacted]	**Relationship:** WIFE
Address: AS ABOVE	**Tel:** [redacted] Okay to leave message? ✓
Are they aware of your substance misuse/alcohol issues?	(Yes) No
Date Contact first made (this episode only) – include letter/phone referrals	27.4.10

Referral Source

Self ☐	Voluntary Service ☐	Housing ☑	
Health	Social Work	Criminal Justice	
GP ☐	Criminal Justice ☐	DTTO ☐	
Primary Care ☐	Child and Family ☐	Arrest Referral ☐	
Mental Health ☐	Other ☐	Drug Court ☐	
Other ☐		Prison ☑	
		Other ☐	
Other (specify) ☐			

Obligatory Field for SMR 25a

Co-occurring Health Issues (tick all that apply) *

Drug Related Physical Health ☑ Mental Health ☐ Alcohol ☐
Other (specify) _____

Referrers Reason for Referral:
G.P. WON'T PRESCRIBE.
Clients reason for referral:
LONG TERM PLAN TO BE DRUG FREE.

Other Supports	Name	Contact Details	Type of support	Ok to contact?
Support worker				
Criminal justice SW				
CPN				
Midwife				
HV				
Social Worker (adult)	RICHARD HOLDEN	CAPTAINS 529 ROAD 5327		✓
Social Worker (C & F)				
Solicitor				
Mutual Aid/Self Help				
Other				

* = Obligatory Field for SMR 25a

Substance Use

All current prescribed medications

Name	Reason for medication	Daily Dosage (mg)	Dispensing Arrangements	How long on this dose?
DOSE				
METHADONE HYDROCHLORIDE	OPIATE DEPENDENCY	140	DAILY SUP.	FROM PRISON DISCHARGE

Which pharmacy do you use/would you like to use? LLOYDS, FERNEHILL ROAD.

Have you had a substitute prescription before (methadone/DHC/diazepam/buprenorphine)?

(Yes) No

Details: 1994 – 1999
2003 – 2006.

Note: Confirmed with GP? Yes No

Date of last supervised consumption of methadone N/A

Do you take your medications as prescribed? (Yes) No

Comments

Obligatory Field for SMR 25a

Substance Use

Please tell us about the different substances you have tried/currently use.

Codes: 1 = swallow 2 = snort/sniff 3 = smoke 4 = IV 5 = IM

Substance	Ever Used	Age First Used	Age Stopped	No days used last month	Used in last 7 days	Amount on typical day	Used today	Amounts (Quantity /spend)	Route
Heroin	(Y)/N	27	38	—	—		Y/(N)		3
Methadone	Y/(N)						Y/N		
DHC	(Y)/N	EARLY 20'S	LATE 20S	—	—		Y/(N)		
Other opiates	Y/N						Y/N		
Diazepam	(Y)/N	EARLY 20S	MID 30S	—	—		Y/(N)		
Temazepam	(Y)/N	EARLY 20S	LATE 20'S	—	—		Y/(N)		
Other Benzo's	Y/N						Y/N		
Alcohol	(Y)/N	14	CURRENT	—	—		Y/(N)		
Cocaine	(Y)/N	LATE 20S	35	—	—		Y/(N)		
Crack Cocaine	(Y)/N	〃	〃	—	—		Y/(N)		
Amphetamine	(Y)/N	EARLY 20'S	EARLY 20'S	—	—		Y/(N)		
LSD	(Y)/N	EARLY 20S	24	—	—		Y/(N)		
MDMA	(Y)/N	EARLY 20S	EARLY 30'S	—	—		Y/(N)		
Cannabis	(Y)/N	17	CURRENT	2	1		Y/(N)		
Tobacco	(Y)/N	14	CURRENT	DAILY	DAILY	10-12	(Y)/N		
Solvents	Y/(N)						Y/N		
OTC medications	Y/(N)						Y/N		
Other									

Pattern of Drug Use/How long have you been using at this level?

HEROIN SMOKING — UNTIL PRISON 2007.

Where do you store your medications and/or drugs & paraphernalia?

ON PERSON (POCKET).

How are you funding your drug use at the moment?
Employment ☐ Benefits ☐ Crime ☐ Sex Work ☐ Debt ☐ Other ☑ Did Not Wish To Answer
Comments N/A. ON Rx METHADONE
What is your average weekly spend on drugs? —
Any Other Further Information/Comments

Drug Use History	
How old were you when you first started using drugs?	EARLY 20'S
What drug/s?	ECSTASY. LSD
What was it like? Did you like it immediately or did you have to get used to it?	LIKED IT IMMEDIATELY.
What were you hoping the drug(s) would do? Are you using for the same reason now?	TO ACHIEVE HIGH NOT USING.
How old were you when your drug use became problematic? What drug/s?	LATE 20'S OPIATES & BENZOS 28
How old were you when you first sought help?	25-26
Have you had any previous contact with drug treatment services?	(No) (Yes) If yes, what year did you last have contact: __/__/ 1999

*Obligatory Field for SMR 25a

Describe any treatment services for drug or alcohol problems attended in the past. (e.g. Phoenix House, LEAP)	
Have you ever had any periods of abstinence?	Yes No
If yes, give details	1995 - 1998 2004 - 2005.
Have you ever overdosed?	Yes No
If yes, give details (frequency, dates, substances involved, intention, where, who they were with and treatment)	
Have you ever had an accident or been admitted to hospital in the last six months as a result of using drugs? (include overdose)	No.
If yes, give details	

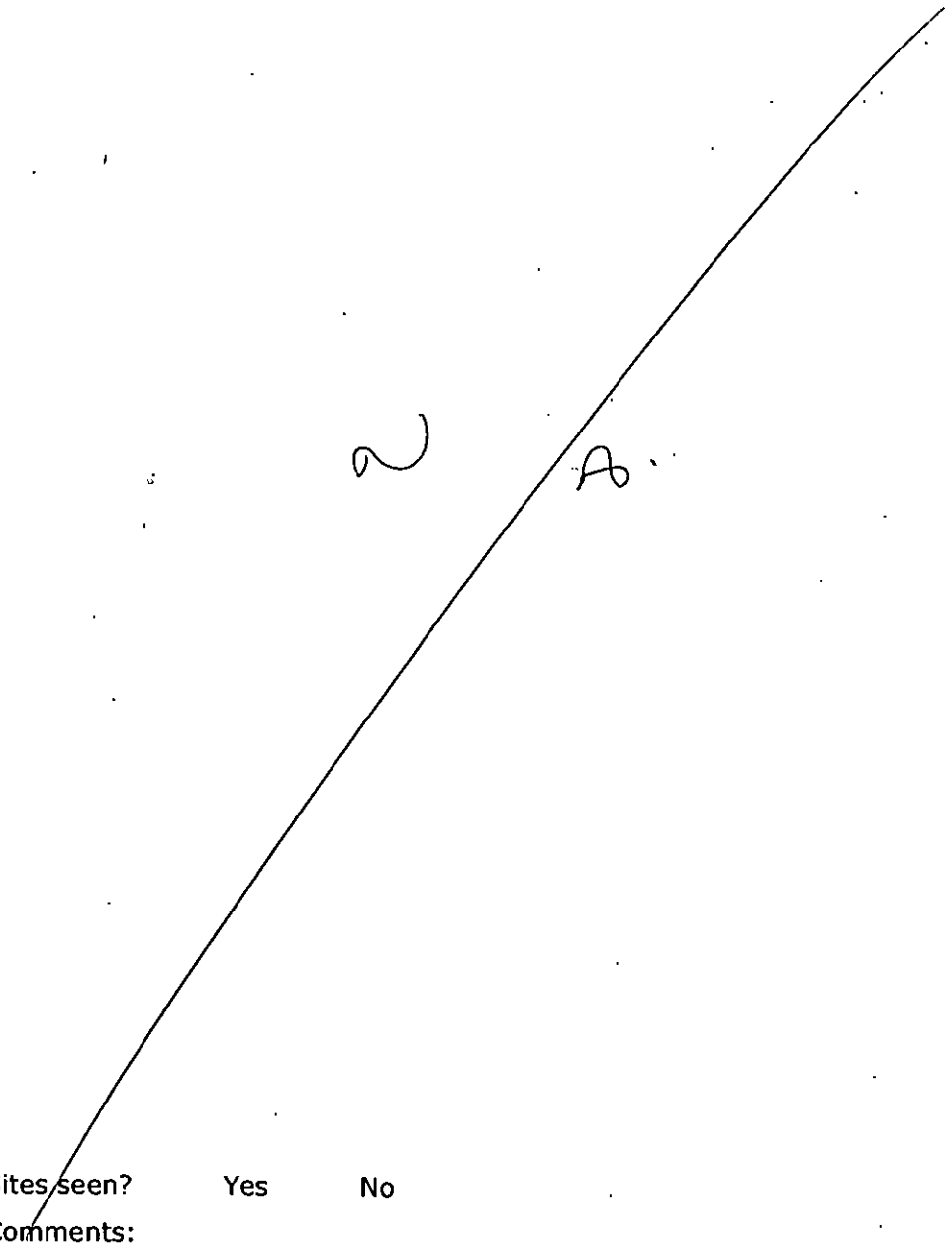
Injecting Drug Use

Have you ever injected?	Yes No If no proceed to BBV section p7
How old were you when you first injected?	
How did you begin injecting? (Friends, partner, self?)	
When did you last inject?	N/A.
Have you injected in the last month?	Yes No
If yes: How many days in the month?	
On a typical day, how many times do you inject?	
Do you have any problems injecting?	

Refer to the Harm Reduction Team and/or Wound Care Clinic if appropriate & give Safer Injecting Advice

Obligatory Field for SMR 25a

Where have you been injecting? *Insert pictures here for sites used*



Sites seen? Yes No

Comments:

Where do you get your works? Where are they kept? How do you dispose of them?

Give safe disposal advice

Obligatory Field for SMR 25a

Sharing Details				
Thinking back have you:	**Ever**	**Past 3 Months**	**Past 30 days**	**Comments**
Injected in a situation where other people where injecting themselves?	Yes/No	Yes/No	Yes/No	
Always used new equipment first?	Yes/No	Yes/No	Yes/No	
Used a needle or syringe that someone else has used?	Yes/No	Yes/No	Yes/No	
Lent someone else a needle or syringe which you have used?	Yes/No	Yes/No	Yes/No	
Used the same spoon, filter or water as someone else?	Yes/No	Yes/No	Yes/No	

Blood Borne Viruses

Have you ever been tested for BBV? No Yes, details below

Blood Tests	Date	Results	Confirmed	Comments/ At risk since last test?	Testing recommended?
HIV	2000	+ve / -ve	Yes/No		
HBV	2000	+ve / -ve	Yes/No		
HCV	2000	+ve / -ve	Yes/No		
HAV	2000	+ve / -ve	Yes/No		

Have you ever received vaccination for Hepatitis A and/or B Yes No

Completed course for Hep B? Yes No

Comments:

Inform about BBV nurse clinics

Link to Appendix 1 CHRISTO

Obligatory Field for SMR 25a

Alcohol Use	
Do you drink alcohol?	Yes No (if no go to Health section p10)
Has alcohol ever been a problem for you? If yes, give details:	Yes No
Have you used alcohol in the last month?	Yes No
How often do drink alcohol?	Every Day 5-6 days/week 3-4 days/week 1-2 days/week about 1 day/month 2-3 days/month
Link to Appendix 2 AUDIT	
Typical daily amount *No. of units =* *Strength (ABV) x Volume (ml)* *1000* *E.g. Pint of Stella* *5.2 x 568 = 2.95 units* *1000*	Units *The Government's guidelines say that a man should not regularly drink more than 3-4 **alcohol units** a day and a woman should not regularly exceed 2-3 units a day.*
Is this a typical weekly pattern? If yes, give details	Yes No
Do you experience withdrawal symptoms? If yes, give details	Yes No
Why do you drink?	

Obligatory Field for SMR 25a

Type of drinking	
Harmful drinking? (a pattern of drinking that causes damage to physical or mental health)	No Yes (details)
Hazardous drinking? (regular consumption of over 5 units/day for men and 3 units/day for women)	No Yes (details)
Binge drinking? (i.e. drink an excessive amount on any one occasion, leading to drunkenness or loss of control or twice the daily recommended limits) Units during binges Length of bouts Period between bouts Location of drinking Who do you drink with?	No Yes (details)
Alcohol **dependent?** (Defined as a cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that previously had greater value. A central characteristic is the desire (often strong, sometimes perceived as overpowering) to drink alcohol.)	No Yes (details)
Alco meter Readings	Date:__/__/__ Reading:_____mg Date:__/__/__ Reading:_____mg
Currently in treatment for alcohol problems? If yes, give details	Yes No
Previous treatment for alcohol problem? If yes, give details	Yes No

Obligatory Field for SMR-25a

Health

Physical Health	
"How is your general health?" *(client's perception)*	OK.
Medical Conditions/diagnosis If yes, give details	Yes (No)
Previous hospital treatment? If yes, give details	Yes No
Any allergies? If yes, give details	Yes (No)
Family History of medical conditions?	NO.
Diet *Dietary intake* *Height/weight/BMI* *(NHS Staff to complete MUST tool Appendix 3)*	OK.
Do you feel you are sleeping properly? If No, give details *(Links to Appendix 4 PHQ9)*	(Yes) No POOR - UNLESS TAKEN VALIUM.
Do you have any dental problems? If yes, give details	Yes (No) Note: refer to Harm Reduction Team dental clinic if appropriate.
Physical complications of drug misuse? If yes, give details	Yes (No) Note: refer to Harm Reduction Team wound care clinic if appropriate.
Any further information/unmet needs?	

Sexual Health	
Could you or your partner be pregnant? Do you plan to become pregnant?	Yes (No)
Safer sex and contraception discussed?	(Yes) No
Comments:	
If female, advise service user of increased fertility once stable on a methadone prescription	
Date of last Smear N/A	Date of last Menstrual period N/A
How many sexual partners have you had in the last 3 months?	—
Have you had unprotected sex at any time in the last 3 months?	—
Sexual Health Risks identified and discussed Comments:	(Yes)/No

Mental Health & Psychological Well Being	
How is your mental health and wellbeing?	Mood Low.
Any psychiatric diagnosis? If yes, give details	Yes (No)
Previous hospital treatment? If yes, give details	Yes (No)
Family History of mental health conditions?	No -
Have you ever attempted to commit suicide? (when, why, method) If yes, give details	Yes (No)
Have you ever tried to harm yourself deliberately? (e.g. by cutting, burning, hitting, swallowing) If yes, give details	Yes (No)

Obligatory Field for SMR 25a

Details of any stressful events during childhood
MOTHER BEATEN FREQUENTLY.
Details of any recent stressful events/bereavements
NO
Any further information

Link to Appendix 4 PHQ-9

Social Circumstances

Relationships
Are you in a relationship at the moment? (Yes) No
How long have you been together? 15 YEARS.
Partners Name:
Can you identify any relationship difficulties? NO
Is there any history of violence in the relationship? Yes (No)
Comments:

Obligatory Field for SMR 25a

Does your partner use drugs/alcohol Yes No DRUGS-NO, ALCOHOL-YES If problematic are they receiving help? NO.	
Can you give us the details on any previous significant relationships?	
What family do you have?	Parents: MUM, DAD. Siblings: SISTER
What is your relationship with them like?	Parents: MUM DAD-NO. Siblings: SISTER
Do they have any problems with substance misuse?	NO.
What friends do you have?	Drug-using? YES Non drug-using? YES.
Who do you see as part of your support network?	PARTNER.

Accommodation
Where do you currently live?
Owned/rented
Supported accommodation (drug related)
Residential rehabilitation
In prison
Homeless – temporary/unstable accommodation/hostel
Homeless- roofless
Other (specify)

* Obligatory Field for SMR 25a

Are you named on this property?

(Yes) No N/A

Does anyone else stay in this property? No (Yes)

If yes, give details

(Spouse/partner)

Parents

Alone

Other (specify)

Are there any other drug users living at this property?

(No) Yes Did Not Wish To Answer

If yes, give details

Is your accommodation suitable for you? (Yes) No

If no, specify reason

1. Homeless and requires accommodation

2. Risk to yourself or your household

3. Security of the accommodation threatened by unpaid rent arrears or mortgage payments

4. Is not the right size for household

5. Home is not adequately equipped and furnished

6. Other (specify)

Comments:

Is there a history of homelessness? Yes (No)

If yes, give details, e.g. type of accommodation; reason for leaving; approximate dates of stay; and including previous addresses as appropriate

Have you ever slept rough? Yes (No)

If Yes give details including: age first slept rough?

How many times have you slept rough in the last six months?

Obligatory Field for SMR 25a

Education & Employment

Never Employed ☐ Unemployed ☑ Supported into Employment ☐ Long-term sick/Disabled ☐ Employed ☐ In full-time Education/Training ☐
Other_____

Current and/or Previous Occupation(s):

Veteran? Yes No

Do you receive benefits? Yes (No)

What benefits do you receive?

How much and when?

Is this sufficient? Unmet need identified? Client's perception of benefits? Advice needed?

Comments:

Are you in any debt? E.g. HP, arrears, drug debt YES. (FINANCIAL SITUATION)

Qualifications/Training – include vocational

Schooling/Education

Did you ever have any time in care (LAAC and/or extended family)? No Yes
Details:

No.

What are your hobbies & interests? How do you fill your time?

Obligatory Field for SMR 25a

Driving
Do you drive or have a driving license? Yes No
Note: *If yes, please advise client of the risk of driving under the influence of drugs (including prescribed medication) and of their obligation to inform the DVLA of their drug use and/or prescription. Their insurance will not be valid if they are caught driving while using substances if they have not advised the DVLA.*
Refer to Appendix 5 **Substance Misuse Directorate DVLA Information Sheet**

Criminal Justice
Have you ever had any involvement with the criminal justice system/police? No (Yes)
Do you have any Cases Pending? Yes (No)
If yes, give details (incl. court dates, are these related to drug use?)
Are you subject to statutory supervision (i.e. DTTO)? (Yes) No If yes, what type? DTTO Community Service (Other) NON PAROLE LICENCE
Have you ever been in prison? (Yes) No
Details of previous convictions and periods of custodial sentences 3 SENTENCES PREVIOUS.
Have you been in prison in the last 12 months? (Yes) No If yes, how long since your release? 7 S LO Which prison were you released from? EDINBURGH
Did you receive any treatment for a drug or alcohol problem whilst in prison? YES

Obligatory Field for SMR 25a

Childcare, Welfare & Protection

Childcare, Welfare & Protection						
Are you/your partner pregnant? Yes (No)				EDD:		
Are you a parent or have any regular contact with children? No (Yes) (if no go to p21)						
Children's details						
To Be Included: -all biological children living with service user/living elsewhere -all stepchildren/partner's children/any other children with whom there is regular contact						
Childs Name	MICHAEL	JUSTIN				
DOB/age	17	18				
Address	MERCHISTON BOARDING SCHOOL					
Clients Relationship	FATHER					
Parents Details						
Parental rights held by?	MUM & DAD					
Main Carer (incl. accommodated)	MUM & DAD.					
Nursery/ School attended						
Key Worker						
GP						
Health Visitor						
Details of S/W involvement e.g. CPR/ Supervision Order	NO					
Dates of next reviews						
Access/ Contact						

Childcare Information	
Do you have any child(ren) with special needs? If yes, give details	(No) Yes CHILDREN OVER 16
Are there any adults living in your house who ever take responsibility for the above children? If yes, give details	No Yes
Do you have non-drug/alcohol using friends/adults in the family who can provide care and support? If yes, give details	No Yes
Are there any other relatives or support agencies in touch with your family who can help support the above children? If yes, give details	No Yes
Do you need any help looking after children or arranging childcare? If yes, give details	No Yes
Do you have someone who can look after your children in an emergency? If yes, give details	No Yes
Do your children know about your alcohol/drug use? Comments:	No Yes
Have your children ever witnessed you or others taking drugs or intoxicated? If yes, give details	No Yes
Where are your children whilst you are obtaining your alcohol/prescription/ illegal drugs? Comments	
Have you ever taken your children with you when going to buy drugs? Comments	

Have you ever taken your children with you when you are looking for money to fund drugs/alcohol? Comments	
Do you sell drugs from your home or let your home be used by other drug users? If yes, where are the children at this time?	No Yes
Where in your house do you store illegal drugs/prescription drugs/ alcohol/ drug paraphernalia? Is this secure?	
Do your children know where any of the above are kept? If yes, give details	No Yes
How do you prevent your children from obtaining these things?	
Are you aware of the risks of children ingesting methadone/ illegal drugs/ alcohol? If yes, do you know what to do if this happens?	No Yes
Do you think that your drug/alcohol use affects your ability as a parent? Comments:	No Yes

Any other details

Additional Information

?Risk Assessment – *need tool?*

Actions Following Assessment	
Client	
Service including Assessors Observations	
Child Protection Concerns highlighted during assessment If yes, please give details and document outcome below:	Yes/No
Drug Diary Given?	Yes/No
Consent to share information leaflet discussed & signed (copy in notes & client)	Yes/No
CDPS Only – Client Guidelines discussed & signed (copy in notes & copy to client)	Yes/No
TOP completed – Appendix 6	Yes/No
Initial Care Plan Agreed & completed (copy in notes & copy to client) (Appendix 7 – CDPS Care Plan Template)	Yes/No

Additional SMR Info
Has client been referred to another drug treatment or rehabilitation service? Yes No
If yes, please provide date of referral and name of service referred to ___/___/___
Is client being actively treated/cared for by this agency? Yes No *If no, please provide reason (tick all that apply):* *Received required support* ☐ *Unplanned discharge* ☐ *Disciplinary discharge* ☐ *date of discharge* ___/___/___ *In prison* ☐ *Deceased* ☐ *Currently on service waiting list* ☐ *Other (specify)* ___
Has client been referred to a moving on/reintegration service? Yes No *If yes, please provide details (tick all that apply)* Employability or similar ☐ Education/training ☐ Housing ☐ Social Work ☐ Other (specify) ___

Obligatory Field for SMR 25a

Appendix 1

CHRISTO Inventory for Substance-misuse Services

Assessor_____ Date__/__/__

Client_____ DOB __/__/__ M/F

Intake Assessment or Follow Up Assessment _____

Drugs of choice (e.g. alcohol, opiates, etc.) _____

Residence (e.g., hostel, prison, residential treatment, home, hospital, NFA)_____

Service Provision:	Name	Date in	Date out	Reason left
	_____	__/__/__	__/__/__	_____

Tips on interpreting items.

- All injectors score at least 1 on sexual / injecting risk. Some alcohol users when disinhibited have been known to have unsafe sex with casual partners.
- Child care is an occupation (you decide if full or part time).
- Irregular petty crime (e.g., shoplifting) scores 1 on 'criminal involvement' unless it occurs on a regular basis (e.g., 2+ times a week), in which case it scores 2. Any instance of a more serious crime (e.g., violence) scores 2 regardless.
- All methadone or benzodiazepine prescribed (scripted) clients score at least 1 on drug use, score 2 if using other drugs on top. Only drug free clients score 0.
- Alcohol users who regularly binge still score 2 on drug use even if they do not drink daily.
- Prescribed medication drugs like SSRIs or neuroleptics need not be classified as drug use. Prescribed abusable drugs like methadone, benzodiazepines or dexedrine are classified as drug use.
- Clinic attendance classifies as ongoing support. All clients should score 1 or less, unless they were assessed at intake for the month before coming to your clinic.
- Working relationships for clients with a lot of external professional involvement or issues (e.g., lawyers or child care & Social Services, reports that need writing) are unusually time consuming. They score 2 even if the client is not stressful to see.

This form is for evaluation / clinical audit purposes only and is a rough indicator of professional ***impression*** *of recent drug / alcohol related problems* ***in the past month.*** *Specific situations / behaviours are listed only as guiding examples and* ***may not reflect*** *the exact situations / behaviours of the client. (Please ring a number under each heading)*

Social functioning

0... e.g., client has a stable place to live **and** supportive friends or relatives who are drug / alcohol free.
1... e.g., client's living situation may not be stable, **or** they may associate with drug users / heavy drinkers. (Tick one)
2... e.g., living situation not stable, **and** they either claim to have no friends or their friends are drug users / heavy drinkers.

General health

0... e.g., client has reported no significant health problems.
1... moderate health problems e.g., teeth/sleep problems, occasional stomach pain, collapsed vein, asymptomatic hep B / C / HIV.
2... major problems e.g., extreme weight loss, jaundice, abscesses/infections, coughing up blood, fever, overdoses, blackouts, seizures, significant memory loss, neurological damage, HIV symptoms.

Sexual / injecting risk behaviour

0... e.g., client claims not to inject, or have unsafe sex (except in monogamous relationship with longstanding partner, spouse).
1... e.g., may admit to occasional "unsafe" sexual encounters, or suspected to be injecting but denies sharing injecting equipment.
2... e.g., client may admit to regular "unsafe" sexual encounters, or has recently been injecting and sharing injecting equipment.

Psychological
0... e.g., client appears well adjusted and relatively satisfied with the way their life is going.
1... e.g., client may have low self-esteem, general anxiety, poor sleep, may be unhappy or dissatisfied with their lot.
2... client has a neurotic disorder e.g., panic attacks, phobias, OCD, bulimia, recently attempted or seriously considered suicide, self-harm, overdose or may be clinically depressed. Or client may have psychotic disorders, paranoia (e.g., everybody is plotting against them), deluded beliefs or hallucinations (e.g. hearing voices).

Occupation
0... client is in full time occupation e.g., homemaker, parent, employed, or student.
1... e.g., client has some part time parenting, occupation or voluntary work:
2... e.g., client is largely unoccupied with any socially acceptable pastime.

Criminal involvement
0... e.g., no criminal involvement (apart from possible possession of illicit drugs for personal use).
1... e.g., client suspected of **irregular** criminal involvement, perhaps petty fraud, petty theft, drunk driving, small scale dealing.
2... e.g., suspected of **regular** criminal involvement, **or** breaking and entering, car theft, robbery, violence, assault.

Drug/alcohol use
0... e.g., no recent drug / alcohol use.
1... e.g., client suspected of periodic drug / alcohol use, or else may be socially using drugs that are not considered a problem, or may be on prescribed drugs but not supplementing from other sources.
2... e.g., client suspected of bingeing or regular drug / alcohol use.

Ongoing support
0... e.g., regular attendance of AA / NA, drug free drop in centre, day centre, counselling, or treatment aftercare.
1... e.g., patchy attendance i.e., less than once a week contact with at least one of the above.
2... e.g., client not known to be using any type of structured support.

Compliance
0... e.g., attends all appointments and meetings on time, follows suggestions, or complies with treatment requirements.
1... e.g., not very reliable, or may have been reported as having an "attitude" problem or other difficulty with staff.
2... e.g., chaotic, may have left treatment against staff advice or been ejected for non-compliance e.g. drug use, attitude problem.

Working Relationship
0... relatively easy going e.g., interviews easily, not time consuming or stressful to work with.
1... moderately challenging e.g., a bit demanding or time consuming, but not excessively so.
2... quite challenging e.g., very demanding, hard work, time consuming, emotionally draining or stressful to see.

CISS Total Score =

(http://users.breathe.com/drgeorgechristo/#h, last accessed 09.02.10)

Appendix 2 **Alcohol Use Disorders Identification Test (AUDIT)**

Questions	Scoring Scheme 0	1	2	3	4	Enter Score below
How often do you have a drink* containing alcohol?	Never	Monthly or Less	2-4 times a month	2-3 times a week	4 or more times a week	
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
How often do you have six or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found it difficult to get the thought of alcohol out of your mind?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often during last year have you found you were not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes but not in the last year		Yes during the last year	
Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?	No		Yes but not in the last year		Yes during the last year	
					Score	

People who score:
8-15 or more should be given simple advice for hazardous drinking.
16-19 should receive brief counselling and monitoring
20 and over warrant further investigation for a diagnosis of alcohol dependence

World Health Organization (2001)

(http://www.clintemplate.org/media/siteresources/WHO-AUDIT-units-as-graphic.pdf & http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf last accessed 09.02.10)

Appendix 3 **Malnutrition Universal Screening Tool (MUST)**

http://www.bapen.org.uk/pdfs/must/must_full.pdf

(I can't find a non PDF copy that will let me copy and paste it in)

Appendix 4 **Patient Health Questionnaire PHQ-9 for Depression**

http://www.depression-primarycare.org/images/pdf/phq_9_eng.pdf

(I can't find a non PDF copy that will let me copy and paste it in)

Appendix 5 **Substance Misuse Directorate DVLA Information Sheet**

CLIENT INFORMATION SHEET
ALCOHOL, DRUG USE AND DRIVING

It is YOUR duty to let the DVLA (Swansea) know that you are addicted to or dependant on, illicit drugs or alcohol.

If you do not let the DVLA know the facts and you are unfortunate enough to be involved in a road traffic accident, your insurance is likely to be invalid and police charges could result.

If you are on a supervised ORAL methadone replacement programme your licence MAY be unaffected, subject to a medical review each year, but YOU are the one who has to find out about this from the DVLA.

GROUP 1 LICENCE – CAR, MOTORBIKE etc.
As a general guideline, if you use cannabis you can be ***barred from driving for 6 months.***

If you regularly use or are dependent on amphetamines, heroin, morphine, methadone, cocaine LSD, ecstasy (or other so-called "designer" drugs) you can be ***barred from driving for 12 months.***

GROUP 2 LICENCE – HEAVY GOODS, PUBLIC SERVICE VEHICLES
If you regularly use or are dependent on **ANY** of the drugs mentioned above, you can be ***barred from driving for 3 years*** during which time no evidence of dependency or continuing use must occur.

In every case, whether you hold Group 1 or Group 2 licence, a medical examination will be required – including ***negative*** urine screen for drugs of abuse.

NOTE:

- If you have suffered a seizure or seizures as a result of your drug or alcohol misuse, a **period of 12 months off the road will be required** with a Group 1 licence.
- If you have suffered seizure or seizures as a result of your drug or alcohol misuse and hold a Group 2 licence **you are barred from driving by law.**
- **The service has a responsibility** to report any patient who continues to use a vehicle while intoxicated with drugs or alcohol., or while at risk of seizure, to the police and/or DVLA.

If you have been barred from driving because of the above and then been re-licensed and then start using drugs again, **YOU MUST STOP DRIVING AND NOTIFY DVLA,** Medical Branch, Drivers Medical Unit, DVLA, Longview Road, Morrison, Swansea, SA99 1TU Tel. 08760 600 0301

Appendix 6 **Treatment Outcomes Profile (TOP)**

http://www.nta.nhs.uk/publications/documents/top_form_v1.4dec09.pdf

(I can't find a non PDF copy that will let me copy and paste it in)

EDCP Single Shared Assessment

CDPS Care Plan Template

Appendix 7

Client name	Key worker name	Care plan meeting date	CHI

Current situation/ needs	Aim (how do you want it to be by the time we review)	Objective (what needs to happen)	Who needs to do it?	When will we discuss again?	Initial (keyworker and client)	Complete/ replaced (date)

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance Transport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital ROYAL EDINBURGH Date 13. 1.93

Please arrange for this patient to attend the C D P S clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname SCOTT
First Names Justin
Address 47 Pilton Cres
APPOINTMENT TO BE SENT TO c/o SCOTT
Postal Code Contact telephone number 110 Boswall Parkway

Maiden Surname
Single/Married/Widowed/Other
Date of Birth 9. 6.70
Patient's Occupation

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital REH
Year of Attendance 1992 Hospital No

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required.....days

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR J K MACDONALD
4 Hermitage Pl
LEITH 554 1036

Please use rubber stamp

70677

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Doctor

The above gentleman was previously referred to your service in August by my former colleague, Dr Horsburgh. He informs that he has been in jail and was discharged from jail on the 7 December 1992 and was previously staying with his girlfriend but she has thrown him out due to his drug abuse, and is not prepared to take him back.until he gets his life sorted out'.

He admits to taking at least 10 Temazepam gels per day and averaging perhaps 15 Valium 10 mgs tabs also per day.

He previously attended and was seen by a Mr Jim McKenzie, Community Psychiatric Nurse, and I should welcome your opinion, advice and support.

I have not prescribed any medication.

(Jim saw him)

Yours sincerely

DR J K MACDONALD

PLEASE ENSURE APPOINTMENT IS SENT TO - c/o SCOTT 110 BOSWALL PARKWAY. THANKS.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Dd 8291709 2M 7/91 Ed(291644)

Dr Hope
Springwell House
Ardmillan Terrace
EDINBURGH
EH11 2JL

JMcK/SW
24 November 1994

Dear Dr Hope

Re: Justin Scott, c/o 51/8 Caledonian Crescent, Edinburgh, d.o.b. 9.6.70

Thank you very much for your continuing help with the management of Mr Scott's drug problem.

During our last meeting, I noticed a considerable improvement in his life appearance and demeanour from 2 weeks earlier and feel sure that a regular script is largely responsible for this. He is managing well on dihydrocodeine 30mgs x 20 tablets daily but claims to be supplementing his diazepam script to maintain a daily dose of 100mgs. He is aware of our and your unwillingness to consider prescribing this dose and accepts that he is responsible for reducing his daily consumption of benzodiazepines to the 50mgs diazepam we are prepared to provide.

I have sought to impress upon him that continued prescribing is conditional upon his formulation of a clear and mutually acceptable plan and invited him to consider his objectives. I intend to discuss this further at our next meeting and in the meantime, would like to thank you again for your help.

Yours sincerely

James McKenzie
Community Psychiatric Nurse
Community Drug Problem Service

Community Drug Problem Service
Royal Edinburgh Hospital, 40 Colinton Road, Edinburgh, EH10 5BT
Tel: 0131 537 6000 Ext. 46904 Fax: 0131 537 6930

UNIT NO. 117910

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance-Transport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☑ Urgent ☐

CHI No. | | | | | | | | | | |

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital REH Date 21.5.99

Please arrange for this patient to attend the CDPS clinic of Dr/Mr

Patient's Surname Scott Maiden Surname

First Names Justin Single/Married/Widowed/Other

Address 4/1 Gilmours Entry Date of Birth 09.06.70 (28)

EDINBURGH Patient's Occupation

Postal Code EH8 9XL Contact telephone number 0411 532 522 (mobile)

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendence Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO R/R Remote

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR. I. BURNS-BROWN
DR. D. MCKIE[illegible]OY
DR. L. ILIF
ST [illegible] MEDICAL CENTRE
145 PLEASANCE, EDINBURGH [illegible]
TEL: 0131 668 4547 FAX: [illegible]

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Would you please see this 29 year old man again. His previous Key Worker was Jim Stevens and he was last seen in 1995.

He apparently got himself straightened out and went to work off shore using his Fathers connections but got sacked because of recurrent drug abuse.

He came to see a Locum here last week and said he was using heroin (1-2gms per day) for 1 year as well as Dihydrocodeine and Diazepam.

He has just came out of Prison and requested a referral to CDPS.

He was started on a prescription of 50mgs Diazepam and Dihydrocodeine 300mgs daily to be collected twice weekly.

When I saw him 4 days later I took a urine sample and changed the prescription to Dihydrocodeine MR 60mgs 5 daily as well as Diazepam. I would be grateful for your assessment.

Yours sincerely

SL

Diagnosis/provisional diagnosis:

T8/6 1pm

Present drug treatment and potential special hazards:

normal life

X-ray (women of childbearing age). Date of first day of L.M.P. 27 MAY 1999

Relevant X-rays available from: No. (if known)

Dr L Iliffe Signature

355-2105

Printed for The Stationery Office J22192 11/98 (25364)

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance Tranaport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital REH Date 22.7.99 CHI No.

Please arrange for this patient to attend the CDPS clinic of Dr/Mr

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname Scott Maiden Surname UNT No. 117910

First Names Justin Single/Married/Widowed/Other

Address 5/8 St Leonards Lane Date of Birth 09.06.70 (29)

EDINBURGH Patient's Occupation

Postal Code EH8 9SD Contact telephone number mobile 0411 532 522 RUR Remote

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital

Year of Attendence Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Please use rubber stamp

I would be greteful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Would you please see this 29 year old man again. His previous Key worker was Jim Stevens and he was last seen in 1995.

He apparently got himself straightened out and went to work off shore using his Fathers connections but got sacked because of recurrent drug abuse.

He came to see a Locum here recently and said he was using Heroin (1-2gms per day) for 1 year as well as Dihydrocodeine and Diazepam.

He has just come out of Prison and requested a referral to CDPS.

He was started on a prescription of 50mgs Diazepam andDihydrocodeine 300mgs daily to be collected twice weekly.

When I saw him 4 days later I took a urine sample and changed the prescription to Dihydrocodeine MR 60mgs 5 daily as well as the Diazepam. I would be grateful for your assessment.

Yours sincerely

Lwiliffe

T7/9
3·5

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P. 27 JUL 1999

Relevant X-rays available from: No. (if known)

Signature

Dr L Iliffe

355-2105

Printed for The Stationery Office J22192 11/98 (25364)

Dr
Ferniehill Surgery
8 Ferniehill Road
Edinburgh

RM/DM
Date Dictated: 28th June 2010
Date Typed: 28th June 2010

Dear Dr

Re: Justin Scott, 53/1 Newtoft Street, Edinburgh - CH1: 0906701473

Current prescription:- **methadone mixture 1mg/1ml 40mls daily supervised** @ Lloyds Pharmacy, Ferniehill Road

Justin has now been assessed by the CDPS for his opiate dependence.

I have seen Justin twice and he has DNA'd on one occasion also.

Justin has stated he is still using illicit drugs on top of his methadone prescription, namely heroin almost everyday – approx £10 - £20 smoked. He is also taking illicit diazepam approx 6 - 7 x 10mg each day.

This is something we will discuss and review at future appointments.

My next appointment with Justin is on 14th July.

If you require any further information please do not hesitate to contact me at the CDPS.

Yours sincerely

Robert MacGruer
Community Mental Health Nurse
CDPS

Community Drug Problem Service
Spittal Street Centre, 22-24 Spittal Street, Edinburgh, EH3 9DU
Tel No: 0131 537 8345 Fax No: 0131 537 8350

Dr Shek
Ferniehill Surgery
8 Ferniehill Road
Edinburgh

RM/DM
Date Dictated: 22nd December 2010
Date Typed: 23rd December 2010

Dear Dr Shek

Re: Justin Scott, 53/1 Newtoft Street, Edinburgh - CH1: 0906701473

Current prescription:- **methadone mixture 1mg/ml 100mls daily supervised** @ Lloyds Pharmacy, Ferniehill Road

Since my last correspondence on 28th June I have seen Justin on a further five occasions. He has failed to attend on a further six occasions.

Justin's methadone prescription has increased from an initial 40ml daily supervised to the current dose.

This was due to Justin's ongoing use of heroin resulting in an increased opiate tolerance.

Justin's toxicology results from July, August, September and October indicate positive for:-

heroin (always);
benzodiazepine (always);
cannabis (twice);
methadone (always) – prescribed.

This illicit drug use was always declared by Justin at his appointments.

Justin's illicit valium use fluctuates from 30mg up to 60mg on a daily basis.

Justin's heroin use has tapered down as his methadone prescription has increased.

Community Drug Problem Service
Spittal Street Centre, 22-24 Spittal Street, Edinburgh, EH3 9DU
Tel No: 0131 537 8345 Fax No: 0131 537 8350

Heroin smoked was one gram, at my last appointment (5th October) with Justin this was approx 0.6g. Justin's valium consumption was back to 60mg/daily.

At it's lowest his heroin use was 0.4g/daily in September.

Justin's main issue appears to be lack of motivation and rather than get up and go to the chemist in the morning he will smoke some heroin and go for his prescription in the afternoon. This is something we need to explore at his appointments.

Justin has stated he would like to switch to dihydrocodeine at some point as he found it easier to reduce previously, however this is something we can revisit when more appropriate to do so.

Justin has also been advised by letter that he is at risk of being discharged from the service due to his lack of attendance.

I am next due to see Justin on 13th January 2011.

If you require any further information please do not hesitate to contact me at the CDPS.

Yours sincerely

Robert MacGruer
Community Mental Health Nurse
CDPS

NHS
Lothian

Dr Shek
8 Ferniehill Road
Edinburgh

RM/DM
Date Dictated: 7th December 2011
Date Typed: 7th December 2011

Dear Dr Shek,

Re: Justin Scott, 53/1 Newtoft Street, Edinburgh - CHI: 0906701473

Current prescription:- **methadone mixture 1mg/ml 140mls daily and diazepam 30mg daily dispensed** from Lloyds Pharmacy, Ferniehill Road.

Justin is still treated by CDPS for his opiate and benzodiazepine dependence.

Since my last correspondence in July I have seen Justin on a further three occasions, 24th August, 4th October and more recently 9th November.

Justin had informed me that he remains stable on his current prescription.

However, he had recently returned positive toxicology results from 24th August and 9th November, positive for morphine specific and opiates.

The first result Justin declared as he had informed me he had lost a friend to throat cancer and had other ongoing financial stresses that caused him to lapse back to using heroin (smoked). The latter was not declared and I need to investigate this result with Justin.

His toxicology results have confirmed illicit drug use and his prescribed medication.

Justin spoke about starting a reduction plan to reduce his methadone down to 100mls daily, however we need to re-visit this at our next appointment.

I am next due to see Justin on 12th December.

Community Drug Problem Service
Spittal Street Centre, 22-24 Spittal Street, Edinburgh, EH3 9DU
Tel No: 0131 537 8345 Fax No: 0131 537 8350

NHS
Lothian

At his appointments I will:-

- continue to take regular drug screens for toxicology;
- encourage further abstinence and if uses I will explore reasons why with him;
- continue to offer support and guidance.

If you require any further information please do not hesitate to contact me at the CDPS.

Yours sincerely

Robert MacGruer
Community Mental Health Nurse
CDPS

NHS
Lothian

Private & Confidential
Dr Shek
Ferniehill Surgery
8 Ferniehill Road
Edinburgh
EH17 7AB

DS/PAW
Date Dictated: 25th August 2014
Date Typed: 26th August 2014

Dear Dr Shek

RE: Justin Scott (09.06.70) 53/1 Newtoft Street, Edinburgh, EH17 8RB
CHI: 090 670 1473

I reviewed Mr Scott at the South East Recovery Hub on the 25th of August 2014. He tells me he has been in prison for many years from the age of 16 up until two years ago when he finished his last sentence. He served long spells in prison for a variety of charges. He now describes feeling very apathetic and isolated. He describes avoidance and struggled to tell me of any interests or enjoyments he has. To his credit he has moved away from criminality but this means he is becoming increasingly isolated and left without an adequate social milieu.

He denies any heroin use but he continues to use Diazepam. He is a non drinker.

Previous medical history
He tells me he has gastritis and lower back pain. He thinks he has also been diagnosed with a low testosterone level.

Drug history
He takes Gabapentin 6 x 300mg daily and Nexium. He receives Methadone 130mg from us as well as Diazepam 6 x 5mg tablets.

Family history
He has a 21 year old son with whom he has limited contact. He has another step-son of a similar age. He feels the loss of his mother and sister, having recently moved to Dunfermline as they previously were a good source of support for him.

Social history
He was born in Edinburgh and grew up here. His father sold a house when he was only a child and effectively he was raised by his mother. He does not hold his father in high regard and his father would only infrequently attend throughout his life. His mum supported Justin and his sister by working three jobs whilst they lived down in Leith. He remembers doing okay at school really until the age of 14. At this point he started fighting and trying to make a name for himself. He then received his first prison sentence when he was 16 and it was whilst in prison he developed the drug problem. He remains very close to his mother and sister. He has no qualifications

other than a barbering course he did when he was 16 in a Young Offenders' Institute. Although he was in a relationship for 15 years he was in and out of prison throughout this and currently lives alone.

Mental state examination

This showed him to be clean and well kempt. He is actually quite an engaging character and his speech was normal. As regards his mood he described feeling "alright the now". He appeared euthymic, there was no psychotic symptomology or suicidality.

Mr Scott would qualify for a diagnosis of an Anxiety Disorder.

I feel we really need to take a type of social approach to help Mr Scott. We need to consider alternatives and to this end I will copy this letter to my OT colleague here at the Hub who has kindly agreed to review Mr Scott again. I will see Mr Scott again myself in two months to see how he is progressing.

Yours sincerely

Dr Duncan Stewart
Consultant Psychiatrist in Addiction
Substance Misuse Directorate NHS Lothian

cc Rosie Lunn, Occupational Therapist, SE Recovery Hub (by email)

Substance Misuse Directorate
South East Recovery Hub, Craigmillar Castle Road,
Edinburgh, EH16 4BX
Tel No: 0131 661 5294

[redacted]

O.P. CLINICAL NOTES

UNIT No. [redacted] 2

NAME JUSTIN SCOTT

DATE	SHEET No.
19.8.92	DNA 2nd appt yesterday. Sentenced to 9 months imprisonment 1 week ago – discharge. JM
13.1.93	Reopened
26.1.93	DNA
28.1.93	DNA – relative phoned to say Justin not at address given, is now NFA therefore has not received appts. Dr McDonald GP informed. JM
18.3.93	No contact – discharge JM
26.4.93	GP's phoned for a further appt – same arranged but DNA. JM
11.5.93	After failing to attend 3 appts following re-referral – discharge. JM
	~~Not~~ at home when I called.

O.P. CLINICAL NOTES

UNIT No. 2

NAME JUSTIN SCOTT

DATE	SHEET No.					
	PRESCRIBED DRUGS (dose)	INJECTING	STREET DRUGS	RISKING CHARGES	EMPLOYMENT	URINE TAKEN
16.4.93	Telephone call from Links MC (Dr Paterson) for an appointment for Mr Scott. One was given for Mon 26 April at 2.15pm at Craig-royston, to see Jim McKenzie. KHogg					
31.10.94	Re-referred by Marilyn Cass, probation officer, following release from jail - has been on remand on attempted murder charge (case dismissed)					
8.11.94	Attended for assessment. Reports regular (daily) use of dihydro-Codeine x 20 tabs (10 + 10) and diazepam/temazepam in various proportion and doses. No GP - no script. Wants off drugs. I asked him to consider admission to Links Project for stabilisation/detox - he agreed. Given further appt in 1/52 (if not in Links) and asked to attend in withdrawal state. JH					
15.11.94	DNA JH					
17.11.94	Allocated to GP - Dr Hope Springwell House. GP contacted re seeking confirmation of recent contact with Justin - he decided to commence ~~&~~ dihydrocodeine x 20 tabs, diazepam 50mgs.					
22.11.94	Attended Spittal St looks very much better. Reports he's stable on DF's (20 tabs/day) but not on diazepam - says GP prescribing 40mgs daily. Still taking c. 100mgs daily. Wants me to request GP reduce dispensing arrangement from daily to weekly - same denied. I have urged him to attempt reduction of diazepam consumption pending discussion with GP. Urine ✓ JH					

ATE	PRESCRIBED DRUGS (dose)	INJECTING	STREET DRUGS	RISKING CHARGES	EMPLOYMENT	URINE TAKEN
2.12.94	Not at home when I called					
12.12.94	DNA					
19.12.94	Cancelled appt with me at Spital St - overslept (12.30pm)					
Jan 95	Non. attendance w/ GP - further appt offered.					
3.2.95	DNA GP informed					
16.2.95	Discharged.					

Name JUSTIN SCOTT Unit number 117910 Keyworker JIM

Date of Birth 9/6/79 Soundex .....

Date referred 31/10/94 Date first seen 8/11/94 Date last seen 22/11/94

Data discharged 16/2/95 Attendance More often than not / Less often than not

---

INITIAL MANAGEMENT DECISION

Drugs recommended	Daily dosages (mgs.)
BUPRENORPHINE	600
DIAZEPAM	50

TREATMENT RECEIVED THROUGHOUT EPISODE (Regardless of supplementary street use)

(Tick box(es))

Maintenance script	[ ]	"Methadone" Clinic	[ ]
Reducing script	[ ]	In-Patient Admission	[ ]
Some combination of maintenance and reduction	[✓]	Counselling only	[ ]
		Time in Residential Rehab.	[ ]
		No drug treatment offered	[ ]

OUTCOME Total Regular Drug Consumption (Regardless of source of drugs)

Drug name	Client's report of dosages when first seen (mgs)	Client's report of dosages when last seen (mgs)
BUPRENORPHINE	600	600
DIAZEPAM	100	50

(Tick boxes)

	Injecting (in previous six months)		Committing Crime (in previous six months)	
	When first seen	When last seen	When first seen	When last seen
At least daily	[ ]	[ ]	[ ]	[ ]
At least weekly	[ ]	[ ]	[ ]	[ ]
Less than weekly	[✓]	[ ]	[✓]	[ ] ?
Not at all	[ ]	[✓]	[ ]	[ ]

Client's view of lifestyle compared to when first seen: More stable / No change / Less stable / Don't know

---

TYPE OF DISCHARGE

(Tick one box)

1. Negotiated (abstinent)	[ ]	2. Negotiated (still using)	[ ]
3. Contract broken and terminated	[ ]	4. Prison	[ ]
5. Dead	[ ]	6. Lost contact (other reason eg. client stopped attending)	[ ]
7. No drug treatment offered	[ ]		
8. Referred elsewhere	[ ]		

If so, where ? .....

.....

.....

Still on script ? Yes / No / Don't know Letter to GP ? Yes / No

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER 0906701473 (117910)

NAME JUSTIN SCOTT.

DATE	SHEET No. 1
7.5.10.	JUSTIN ATTENDED HIS APPT. TODAY.
	CURRENT Rx. 40mls METHADONE SUPERVISED DAILY @ LLOYDS, FERNIEHILL ROAD.
	ASSESSMENT STARTED, TO COMPLETE. SHARING INFO / GIVING CONSENT, CLIENT GUIDELINES & SUPERVISED CONSUMPTION OF METHADONE SHEETS ALL COMPLETED & SIGNED.
	JUSTIN LOOKED WELL ON HIS RELEASE FROM PRISON TODAY. INTERVIEW, JUSTIN REMAINED APPROPRIATE & POLITE THROUGHOUT. MAINTAINING GOOD EYE CONTACT DURING DISCUSSIONS. JUSTIN HAS BEEN STABLE ON 40mls METHADONE IN PRISON BUT HE WOULD LIKE TO CHANGE TO SUBOXONE. THIS WAS DISCUSSED & IT CAN BE REVIEWED. METHADONE SUPERVISION WILL BE AT LEAST 3 MONTHS & WILL ALSO REQUIRE CLEAN TOX RESULTS. JUSTIN ACCEPTING OF THIS. Rx GIVEN AT APPT. FOR 40mls METHADONE (8.5.10 - 21.5.10) & LLOYDS CONTACTED TO CONFIRM SUPERVISION OF CLIENT. ORAL SWAB TAKEN FOR TOX. TESTS. & NEW APPT. GIVEN FOR 20.5.10 @ 13.00. JUSTIN ASKED IF HIS WIFE (DONNA) CAN ATTEND NEXT APPT. THIS WAS AGREED. [signature] (RNMH).
20.5.10.	DNA - NO CONTACT. [signature] (RN.M.H)
20.5.10.	JUSTIN PHONED, HE HAD GOT HIS DAYS MIXED UP - THOUGHT HE WAS DUE TO SEE KEY-WORKER TOMORROW 21.5.10. HE APOLOGISED FOR MISSING APPT. TOLD HIS NEXT Rx IS AT CDPS & HE WILL HAVE TO COLLECT BY TOMORROW. NEW APPT. SENT OUT FOR 25.6.10 @ 11.00. [signature] (RNMH)
21.5.10.	RETURN T/C TO RICHARD HOLDEN, JUSTIN'S S/W. CONFIRMATION OF CURRENT Rx & APPT. ATTENDANCE. [signature] (RN MH)
9.6.10.	T/C TO BOTH JUSTIN'S MOBILE PHONES - NO REPLY & OTHER RANG OUT. - TO CONFIRM NO CHANGE TO CURRENT Rx. AS HE WANTS TO GO AWAY FOR 3 DAYS. - ASSESSMENT NOT COMPLETE. [signature] (R.M.N.H.)

DATE	
24.6.10.	T/C FROM RICHARD HARDEN S/W. ASKING IF JUSTIN HAD BEEN IN CONTACT WITH CDPS - INFORMED KEY-WORKER DUE TO SEE JUSTIN TOMORROW. RICHARD STATED HE HADN'T SEEN JUSTIN & WONDERED IF HE HAD BEEN IN TOUCH. (RNMH)
24.6.10.	T/C TO PHARMACY RE. JUSTIN'S ATTENDANCE. HE ATTENDS PHARMACY REGULARLY - NO ISSUES OR CONCERNS. (R.N.M.H).
25.6.10.	SEEN FOR REVIEW AT SSC.
	✗ ASSESSMENT COMPLETED - JUSTIN CO-OPERATIVE BUT STATED HE HAS BEEN FEELING DOWN SINCE NOT BEING ABLE TO GO TO LOCH NESS (ROCK NESS). ILLICIT DRUG USE REMAINS AS FREQUENT, DECLARED OVER THE PAST WEEK: HEROIN 7/7 (£10-20), DIAZEPAM 6-7 x 10mg DAILY. JUSTIN STATED HE IS NOT GETTING ANY BENEFITS AS HE NEEDS A 'SICK LINE' & BECAUSE HE CURRENTLY HAS NO G.P. HE ASKED IF HE COULD GET A SICK LINE FROM CDPS. JUSTIN TOLD THAT HE HAS A RIGHT TO A G.P. & IF BENEFITS AGENCY REQUIRED TO CONTACT CDPS THEY WOULD HAVE TO DO IT IN WRITING. ORAL SWAB TAKEN FOR TOX. TESTS.
*	PLAN - CONTINUE ON CURRENT PRO. 40ml DAILY (S) AT EITHER LINDSAY & GILMOUR @ MORNDUN PARK ROAD OR BOOTS, CAMERON TOLL SHOPPING CENTRE - TO CONFIRM. CONTINUE TO REVIEW & SUPPORT. GIVEN NEW PRO & NEW APPT. FOR 14.7.10. G.P. LETTER. (R.N.M.H)
2.7.10.	T/C FROM JUSTIN - STATING HE WAS LOST HIS PRO. WHICH IS DUE TO COMMENCE FROM 3.7.10 - 17.7.10. JUSTIN TOLD TO COME TO CDPS BY 16.00 TODAY FOR REPLACEMENT PRO. (RNMH)
2.7.10.	T/C TO CASCADE PRO FOR 40ml METHADONE DAILY (S) (15.20) NEW PRO REQUIRED. - TO PICK-UP AT CDPS TODAY. (RNMH) NEW PHARMACY TO CONFIRM. - STILL * LLOYDS FERNIEHILL
14.7.10.	T/C FROM JUSTIN TO CANCEL HIS APPT. THIS AFTERNOON AS HE IS UNWELL. NEW APPT. SENT OUT FOR 23.7.10. NEXT RO POSTED OUT TO LLOYDS, FERNIEHILL RD. AS ITS DUE TO COMMENCE ON 20.7.10. (RNMH)
23.7.10.	SEEN AT CDPS FOR REVIEW.
	JUSTIN IS STILL USING ILLICIT DRUGS & FINDS HIS CURRENT:

NAME: JUSTIN SCOTT D.O.B: 09.06.70 CHI NO: 0906701473

PROGRESS NOTES

DATE & PROFESSION	
23.7.10 (CONT)	METHADONE Pro DOES NOT HOLD HIM AT ANY LEVEL OF STABILITY. JUSTIN IS USING ≈ £30-£40 HEROIN (SMOKED) DAILY, HE IS ALSO TAKING ILLICIT DIAZEPAM ≈ 30mg DAILY & A SMALL AMOUNT OF CANNABIS AT NIGHT- 1 JOINT. WE DISCUSSED THE OPTION OF ↑ METHADONE TO HELP ACHIEVE SOME STABILITY DUE TO ↑ IN OPIATE TOLERANCE. WE ALSO NSCUSSED JUSTIN'S DIAZEPAM USE & HOW CDPS WOULD NOT ~~[illegible]~~ USUALLY PRESCRIBE DIAZEPAM AS MAINTENANCE BUT ON A ↓ Rx. KEY-WORKER STATED TO JUSTIN HE WOULD NSCUSS THIS AT CTM ON MONDAY. JUSTIN ALSO MENTIONED THAT IN THE FUTURE WOULD IT BE POSSIBLE TO SWITCH Pro TO DHC AS HE MANAGED BETTER ON THIS & ONLY SWITCHED TO METHADONE WHEN HE WENT TO PRISON - CAN BE REVIEWED AT A FUTURE DATE. ORAL SWAB TAKEN FOR TOX. TESTS & NEW APPT. GIVEN FOR 5.8.10. Rx (RNHH)
PLAN -	CONTINUE ON CURRENT Pro, METHADONE 1mg/1ml, 40ml DAILY (S) @ LLOYDS, FERNIEHILL. CONTINUE TO OFFER SUPPORT, CONTINUE TO OBTAIN ORAL SWABS FOR TOX., REVIEW AT NEXT APPT. Rx (RNHH)
26.7.10.	NO CTM TODAY - NO DOCTORS. Rx (RNHH)
29.7.10 (11.00)	AFTER DISCUSSION WITH DR MILES RE. JUSTIN'S ↑ HEROIN USE & ↑ OPIATE TOLERANCE IT WAS DECIDED TO PUT JUSTIN'S Pro UP BY 10ml FROM 40ml → 50ml DAILY (S) @ LLOYDS FERNIEHILL ROAD. THIS WILL COMMENCE FROM 30.7.10 - 26.8.10 (INC). T/C TO LLOYDS TO INFORM OF CHANGE IN Pro STATUS & TO CANCEL CURRENT Pro FROM TOMORROW.
29.7.10	T/C TO JUSTIN - Pro TO PICK-UP @ CDPS. Rx (RNHH).
29.7.10.	JUSTIN ASKING ABOUT A 'SICK LINE' FROM CDPS - HE STATED HE HAS HAD THEM BEFORE FROM CDPS - ADVISED TO CONTACT HIS GP - JUSTIN STATED HE DOESN'T GET ON WITH HIS GP & THE BENEFITS DEPT STATED HE COULD GET A SICK LINE FROM CDPS WORKER. KEY-WORKER TOLD JUSTIN HE WOULD LOOK INTO IT BUT DIDN'T PROMISE ANYTHING. Rx (RNHH).

NAME: D.O.B: CHI NO:

PROGRESS NOTES

DATE & PROFESSION	
5.8.10.	SEEN TODAY AT SSC FOR REVIEW.
	↑ OF 10ml FROM LAST WEEK NOT ENOUGH. JUSTIN
	STILL USING HEROIN SOMETIMES AS MUCH AS ONE GRAM
	DAILY - SMOKED & VALIUM 50 - 60mg DAILY.
	JUSTIN STILL ASKED ABOUT SICK LINE & AGAIN TOLD TO GO
	TO HIS G.P. ABOUT THIS. JUSTIN WAS INFORMED THAT
	KEY-WORKER WOULD DISCUSS A FURTHER ↑ IN METHADONE
	P/D. ORAL SWAB TAKEN FOR TOX. TESTING. JUSTIN
	ASKED ABOUT BEING UNSUPERVISED FOR P/D & WAS
	TOLD WE REQUIRE TO REACH STABILITY FIRST, THEN
	SUPPLY CLEAN TOX. RESULTS.
PLAN—	DISCUSS ↑ M/N P/D WITH DR MILES & CONTACT JUSTIN.
	Rx (RNMH)
5.8.10.	AFTER DISCUSSION WITH DR MILES, JUSTIN'S
	METHADONE P/D WAS ↑ BY 10ml FROM 50 → 60ml
	EFFECTIVE FROM 6.8.10 - 19.8.10. - GP LETTER, CONTACT JUSTIN
	& CONTACT PHARMACY. Rx (RNMH). ✓
12.8.10.	T/C TO CANCEL HIS APPT. - UNWELL. Rx (RNMH).
12.8.10.	NEW APPT. SENT OUT FOR 24.8.10. Rx (RNMH).
24.8.10.	SEEN TODAY FOR REVIEW AT SSC.
	JUSTIN IS DOING SLIGHTLY BETTER ON HIS
	60ml OF METHADONE. HOWEVER HE IS USING ½ £40
	HEROIN DAILY (SMOKED) & 30mg ILLICIT DIAZEPAM.
	KEY-WORKER STATED HE WOULD DISCUSS WITH DR BRUCE
	RE. AN ↑ IN METHADONE - 10ml ↑ & REVIEW. JUSTIN
	ALSO ASKED ABOUT HELP WITH HIS VALIUM PROBLEM.
	IT WAS RE-ITERATED ~~THE~~ TO JUSTIN THE IMPORTANCE
	OF STABILITY FIRST ON METHADONE BEFORE ANY
	DISCUSSION RE. DIAZEPAM & EVEN THEN IT WOULD BE
	ON A REDUCING SCRIPT, IF AT ALL. ORAL SWAB OBTAINED
	FOR TOX. TESTS. # PLAN - CONTINUE ON CURRENT

Edinburgh Drug Care Partnership

Clients Name: JUSTIN SCOTT. DOB/CHI: 09.06.70 / 0906701473.

Date & Time	Page Number:
26.8.10.	Rx. M/M 1mg/1ml, 60ml DAILY (S), DISCUSS ↑ IN M/M WITH DR BRUCE.
	CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS FOR TOD. REVIEW AT NEXT
	APPT. ON 7.9.10. Rx. (RNMH).
27.8.10	T/C TO ~~SOS~~ LLOYDS PHARMACY TO INFORM OF ↑ OF 20ml M/M FROM
	60ml → 80ml DAILY (S) COMMENCING TODAY. HOWEVER JUSTIN HAD JUST
	BEEN FOR TODAYS Rx. ∴ WILL START 80ml FROM SATURDAY AT CHEMIST.
	- T/C TO JUSTIN TO INFORM OF ABOVE & ∵ HE HAS HAD TODAY'S
	60ml HE WOULD NEED A SEPERATE Rx FOR 20ml FOR TODAY. HE KNOWS
	THIS EXTRA 20ml WON'T BE PRESCRIBED TODAY. HE WILL CALL TO COLLECT
	Rx THIS AFTERNOON. G.P. LETTER. Rx. (RNMH).
7.9.10.	SEEN FOR REVIEW AT SSC.
	JUSTIN STATED HE FEELS MORE STABLE ON 80ml M/M BUT NOT QUITE
	THERE. HE IS STILL USING ILLICIT HEROIN ≈ 0.1g SMOKED/DAY &
	DIAZEPAM 60mg - SPLIT OVER THE DAY. SUGGESTED TO JUSTIN THAT HE MIGHT
	COULD TRY TAKING HIS M/M IN THE AFTERNOON RATHER THAN MORNING AS
	THIS MAY HOLD HIM A LITTLE MORE STEADIER, AS IT IS THE MORNINGS
	HE IS HAVING MOST DIFFICULTY WITH - THIS IS WHEN HE USES ILLICIT
	HEROIN. JUSTIN STATED HE WOULD GIVE IT A GO BUT TO LET K/W
	KNOW BY FRIDAY IF THIS HAD HELPED AS AN ↑ MAY STILL BE REQ'D IN HIS
	Rx. JUSTIN ASKED IF WE COULD HELP WITH HIS DIAZEPAM, HOWEVER,
	K/W STATED THAT WE NEED TO ACHIEVE STABILITY ON M/M & ↓ HEROIN
	INTAKE BEFORE THIS COULD BE DISCUSSED ANY FURTHER. ORAL SWAB OBTAINED
	FOR TOD. TESTS.
PLAN -	CONTINUE ON CURRENT Rx - M/M, 1mg/1ml, 80ml DAILY (S) @ LLOYDS PHARM.
	CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT.
	ON 29.9.10. POSSIBLY REQ. ↑ M/M Rx. (RNMH).
29.9.10.	T/C FROM JUSTIN TO CANCEL HIS APPT. THIS AFTERNOON. HE HAS HURT
	HIS BACK. RE-ARRANGED FOR 5.10.10. Rx (RNMH).
5.10.10.	SEEN FOR REVIEW AT SSC.
	JUSTIN IS STILL USING ILLICIT HEROIN & THIS IS ≈ 0.6 - 0.7g DAILY
	(SMOKED) HE IS ALSO USING ≈ 60mg ILLICIT VALIUM. JUSTIN COUNSELLED
	RE. POTENTIAL DANGERS OF POLYSUBSTANCE MISUSE. HE FEELS ANOTHER
	10-20ml OF PRESCRIBED METHADONE MAY HELP. THIS TO BE DISCUSSED WITH
	DR BRUCE. ALSO THE POSSIBILITY OF ATTENDING THE MTC. FOR STABILISATION.

P.T.O.

Edinburgh Drug Care Partnership

Clients Name: _____ DOB/CHI: _____

Date & Time	Page Number:
5.10.10 cont.	PLAN – CONTINUE ON CURRENT Rx. M/M, 1mg/1ml, 80ml DAILY (S)
	@ LLOYDS FERNIEHILL RD. – REVIEW WITH DR BRUCE. CONTINUE TO
	OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT IAPPT. @
	21.10.10. RG (RNMH).
8.10.10.	DISCUSSION WITH DR BRUCE RE. ↑ IN JUSTIN'S CURRENT Rx.
	THIS HAS BEEN APPROVED TO GO FROM 80ml → 100ml (↑ 20ml). RG (RNMH).
14.10.10.	T/C TO LLOYDS, FERNIEHILL ROAD, RE. CHANGE OF Rx.
	↑ 20ml → 100ml DAILY (S). & TO CANCEL CURRENT Rx. RG (RNMH)
18/10/10	Pharmacy called 4.40 15/10/10 to inform us that
8.50 Nursiy	Justin refused to have his whole amount of Methedone.
	They were concerned as he had been increased.
	Pharmacist stated he had not taken 38 – 40mls
	on 15/10/10. Jennifer CONNIGAN CNHN.
18.10.10.	T/C TO PHARMACY, NO INDICATION TO SHOW JUSTIN HAD NOT TAKEN
	HIS CORRECT DOSE (100ml) ON SAT. PHARMACIST WILL CALL IF ANY
	FURTHER CONCERNS. RG. (RNMH).
21.10.10.	DNA – NO CONTACT. RG. (RNMH).
21.10.10.	NEW APPT. SENT OUT FOR 11.11.10. RG. (RNMH).
21.10.10. 15.30	T/C FROM JUSTIN – HE HAD AN EMERGENCY APPT. WITH G.P. @ 14.30
	AS HE HAS BEEN VOMITTING UP BLOOD & ∴ COULD NOT ATTEND HIS
	CDPS APPT. (CONFIRMED WITH GP SURGERY 15.40) RG. (RNMH).
11.11.10.	DNA – NO CONTACT. RG. (RNMH). PtO HELD @ CDPS. RG. (RNMH)
15.11.10.	RETROSPECTIVE ENTRY:- FOR 12.11.10. – ORAL SWABS OBTAINED FOR TOD. TESTING.
	BY St/N. . RG. (RNMH).
3.12.10.	SEE 3RD PARTY. RG. (RNMH)
22.12.10. 12.50 13.20	T/C BACK TO JUSTIN – NO CONNECTION. RG (RNMH).
22.12.10.	T/C FROM JUSTIN TO CANCEL HIS APPT. STILL HAVING PROBLEMS
	WITH HIS STOMACH & VOMITING. DUE TO SEE HIS G.P. AGAIN & HAS BEEN
	REFERRED FOR AN ENDOSCOPY. T/C TO G.P. PRACTICE (14.20) LAST G.P.
	APPT. 21.10.10 (DNA 29.10.10). ENDOSCOPY APPT. (LEITH) – 10.11.10 – DNA.
PLAN – ✓	DISCUSS WITH C/N RG. (RNMH). – ONE FINAL APPT. RG.

Edinburgh Drug Care Partnership

Clients Name: JUSTIN SCOTT. DOB/CHI: 09.06.70. / 0906701473.

Date & Time	Page Number:
29/12/10 AS CDPS Nursing	Justin phoned Sonia to request Sarene to go and collect his prescription (See 3rd party). Discussed with Dr Bonnie Can have prescription for 1 day as a one off for his friend to collect from Spittal Street. Script Cancelled for today at Lloyds Fernehill. 1 day Script will be taken to Coop Stenhouse Cross. Justin then changed his mind and decided that he was well enough to attend his own Pharmacy! Prescription re-instated at Lloyds Fernehill for today. 1 day Script for Collection destroyed. C/W A Stewart
13.1.11.	SEEN FOR REVIEW AT SSC.
	JUSTIN STILL USING HEROIN, THIS IS BETWEEN 0.5-1.0g DAILY SMOKED.
	WITH ILLICIT VALIUM CONSUMPTION ≈ 60mg DAILY ALSO. JUSTIN HAS STATED
	HE HAS NOT BEEN OUT MUCH DUE TO HIS ONGOING STOMACH PROBLEMS &
	IS CURRENTLY WAITING FOR AN ENDOSCOPY APPT. K/W & JUSTIN SPOKE
	ABOUT TRYING TO ACHIEVE SOME ~~ABST~~ RS ABSTINENCE FROM HEROIN USE
	& TO PROVIDE A COUPLE OF 'CLEAN' TOX. RESULTS & WE COULD
	CONSIDER DAILY P/U of M/M AS A POSSIBLE OPTION. ORAL SWAB
	OBTAINED FOR TOX. TESTING.
PLAN -	CONTINUE ON CURRENT RX, M/M, 1mg/ml, 100ml DAILY (5) @ LLOYDS FERNEHILL.
	CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT
	APPT. 7.2.11. RS (RNMH).
7.2.11	SEEN FOR REVIEW AT SSC.
	JUSTIN STILL USING ILLICIT DRUGS, HOWEVER HE STATED THIS HAS
	REDUCED SIGNIFICANTLY. HE DECLARED HEROIN USE AS 0.5g DAILY - SMOKED
	& DIAZEPAM 60mg (SPLIT 2 x 30mg). HEROIN USE DOWN BY ≈ 0.5g DAILY.
	CANNABIS USE ≈ 2 JOINTS EVERY COUPLE OF DAYS. JUSTIN IS KEEN TO
	ADDRESS HIS ILLICIT DRUG USE & WE DISCUSSED INVOLVEMENT IN OTHER
	NON-STAT AGENCIES. JUSTIN KEEN TO BE REFERRED TO THE CASTLE PROJECT

P.T.O.

Edinburgh Drug Care Partnership

Clients Name: _____ DOB/CHI: _____

Date & Time	Page Number:
7.2.11. Cont.	& K/W will look into this. Justin mentioned he is still
	waiting for his endoscopy appt. Although his stomach problems
	have settled down. Justin has claimed to have vomitted up
	part or all of his methadone 2 or 3 times, he is going to try &
	have some water before & after his Rx. Require to work
	towards obtaining clean toxicologies. Oral swab obtained for tox tests.
Plan -	Continue on current Rx. As of 13.11, continue to offer support.
	Review at next appt. on, 22.2.11. Rg (RNMH).
8.2.11.	T/C to the Castle Project to refer Justin. Rg (RNMH).
22.2.11.	Seen for Review @ SSC with St/N Somerville.
	Justin doing relatively well, he continues to reduce down
	his heroin use, which he stated as ≃£10 bag smoked every
	2-3 days. However to address the shortfall in Justin's
	opiate tolerance deficit he has supplemented this by using
	illicit methadone ≃35-40ml. We discussed his positive steps
	towards cutting out his heroin consumption & he also appreciated
	that he will need to work on his illicit methadone & try to
	reduce this. Justin also appreciated his opiate dependance
	needs to be addressed & stabilised prior to (if any) diazepam
	dependance issues are addressed. Illicit drug use declared
	over the past 7 days. Heroin 4/7 (£10 smoked). Methadone 3/7 (35-40ml)
	Valium 60-80mg/daily, & Cannabis 3-4 joints/other day. Oral swab
	obtained for tox tests. K/W discussed Justin & his referral
	to Castle Project - he stated they had called him today & he
	will call them back.
Plan -	Continue on current Rx. As of 13.11.11, continue to offer support & obtain
	oral swabs. Review at next appt. on 9.3.11. Rg (RNMH).
4.3.11.	Seen for random tox. test. Illicit drug use declared
	in past 7 days; Heroin 1/7 (0.5g smoked), Valium 7/7 (40-80mg),
	Methadone 7/7 (30-60ml) oral swab obtained for tox. testing. Rg (RNMH)
8.3.11.	Discussed at CTM with Dr Bruce.
	Due to ongoing illicit opiate use - M/M Rx to ↑ by 20ml from
	100ml → 120ml daily (S). Justin to engage with Castle
	Project. (Rx can ↑ to a max 150ml M/M, 1mg/ml) - if required.

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

NAME: JUSTIN SCOTT

DATE & TIME	PAGE No.
8.3.11.cont.	ONCE JUSTIN IS STABLE ON HIS OPIATE Rx, WE CAN LOOK TO ADDRESS HIS BENZODIAZEPINE DEPENDENCE. R. (RNMH).
9.3.11. 09.35	T/C TO LLOYDS TO STOP JUSTIN'S CURRENT Rx FROM TOMORROW (10.3.11). HE WILL COMMENCE A NEW Rx FOR M/M 120ml DAILY (S) FROM 10.3.11. G.P. LETTER — R. (RNMH).
9.3.11.	SEEN FOR REVIEW AT SSC. JUSTIN STATED HE HAS MANAGED TO AVOID HEROIN BUT CONTINUES TO TAKE ILLICIT METHADONE & DIAZEPAM. WE DISCUSSED THE IMPORTANCE OF ENGAGING WITH OTHER SUPPORT SERVICES & JUSTIN NEEDS TO CONTACT THE CASTLE PROJECT AS AN OPTION FOR EXTRA SUPPORT. JUSTIN INFORMED OF .4 OF 20ml IN HIS Rx - DUE TO START TOMORROW M/M 120ml - & GIVEN NEW Rx. WE ALSO DISCUSSED THE NEED TO ADDRESS & STABILISE THE OPIATE DEPENDANCE BEFORE TACKLING THE BENZODIAZEPINE DEPENDENCE. JUSTIN ACCEPTING OF THE SAME. ILLICIT DRUG USE DECLARED IN PAST 7 DAYS AS; M/M ~50ml 7/7, DIAZEPAM 40-80mg 7/7. ORAL SWAB OBTAINED FOR TOX. TESTING. JUSTIN WAS DELIGHTED HIS LAST TOX. RESULT WAS CLEAR OF HEROIN & WANTS TO USE THIS AS FURTHER MOTIVATION IN ADDRESSING HIS ILLICIT DRUG USE.
PLAN —	CONTINUE ON Rx AS OF 10.3.11. M/M, 1mg/ml, 120ml DAILY (S) @ LLOYDS. FERNIEHILL RD. CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT. 24.3.11. R. (RNMH).
24.3.11.	T/C FROM JUSTIN'S PARTNER - JUSTIN CANNOT ATTEND TODAY'S APPOINTMENT AS HE IS UNWELL. NEW APPT. SENT OUT FOR
12.4.11	Attended for 2pm appointment - unhappy that keyworker is off sick, was expecting to have MM ↑ today to 140ml and to come q Supervision as per agreement w/c Robert as giving (A) free toxicologies.

LHB 365

DATE & TIME	
2.4.11	Apologies made to Justin re staff sickness also advised no MM today and no change to supervision at this time.
	current – NO mls MM. (8) hourly remains
	illicit – 60mg Diazepam 30mg BD.
	+ 60 mls MTh
	– Justin takes (8) mth in am. then 4–5 hours later will feel a bit tired + take a mouthful (30mls) MTh to pep himself up. – then around 9pm he will take another 30mls to help him sleep.
	– Justin will take 30mg diazepam am ~~and~~ to help him function normally through the day and another 30mg diaz nocte ↑C 30mls MTh to help him sleep. – taken in no am ~~feeling~~ feeling unwell.
	– Wim further exploring Justin taking MTh as he is (a) a little bit bored and (b) knows he might start to feel withdrawals (using MTh as prevention).
	Also reports that Phil from Castle Project has offered Justin – if required telephone contact because his drug use is now under control. P/C to Phil @ Castle Project to confirm this – Justin told Phil that he is now stable therefore telephone contact felt apt.
	PLAN.
	• Robert to contact on return to work.
	• In Rob's absence ↑ MTh another 20/30mls as per discussed ↑C Dr Bruce at S.M. 8-3-11.
	Ofra

Edinburgh Drug Care Partnership

Clients Name: JUSTIN SCOTT DOB/CHI: 0906701473

Date & Time	Page Number:
19/4/11 DUTY	14[20] – was increased Rx generated. Attempted, unsuccessfully, to contact Justin to ask him to attend CDPS to pick up. Message left with Richard at Lloyds, Fernhill to request message is relayed. Amnesty to be signed when Justin attends. NLado CMHN LOUDAN
21/4/11 AS CDPS Nursing	Phone Call from Justin asking about his prescription. Advised Prescription was there for him to collect for increase. Said to them Sunday we where trying to punish him by making him come and collect his new prescription. C/N AM A STUART
17.5.11.	T/C FROM JUSTIN TO RE-SCHEDULE APPT. FOR 24.5.11. R (RNMH).
24.5.11.	SEEN FOR REVIEW AT SSC.
	JUSTIN STILL USING ILLICIT METHADONE ON TOP OF CURRENT PRO. UP TO 30ml
	SOME DAYS. HOWEVER THIS APPEARS TO HAVE COME FROM JUSTIN VOMITTING
	UP SOME OF HIS METHADONE PRO DUE TO HIS ONGOING STOMACH PROBLEMS.
	HE INFORMED K/W THAT HE HAS HAD AN ENDOSCOPY & IS ON MEDICATION
	FOR STOMACH ULCERS (T.B.C.). JUSTIN WORRIES IN CASE HE WILL
	VOMIT HIS METHADONE EVERY DAY. JUSTIN PRO RECENTLY ↑ TO 140ml,
	JUSTIN HAS PROVIDED 'CLEAN' TOXICOLOGY RESULTS & IS KEEN TO
	PROGRESS ONTO DAILY PICK UP FROM SUPERVISION. WE DISCUSSED OPTIONS
	– POSSIBLY DUE TO RECENT ↑ IN PRO SUPERVISION MAY HAVE TO CONTINUE OR
	COULD SPLIT DOSE 1/2 (S) & 1/2 TAKEN AWAY TO HELP ADDRESS THE PROBLEM
	JUSTIN CURRENTLY HAS WITH HIS STOMACH. – DISCUSS WITH DR BRUCE.
	JUSTIN STILL USING ILLICIT DIAZEPAM – 30mg/DAILY & OCCASSIONAL
	CANNABIS. ORAL SWABS OBTAINED FOR TOX. TESTING. JUSTIN DISCUSSED
	HIS VALIUM ISSUES & AGAIN K/W STATED ONCE OPIATE DEPENDENCE IS
	STABLE, WE CAN LOOK AT HIS BENZODIAZEPINE DEPENDENCE.
PLAN –	CONTINUE ON CURRENT PRO. M/M 1mg/ml, 140ml DAILY (S) @ LLOYDS, FERNHILL &.
	CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT
	APPT. 16.6.11. – DISCUSS ISSUES WITH DR BRUCE. R (RNMH)
30.5.11.	DISCUSSED WITH DR BRUCE, JUSTIN'S DESIRE TO MOVE ONTO

S.T.O.

Edinburgh Drug Care Partnership

Clients Name: ______________________ DOB/CHI: ______________________

Date & Time	Page Number:
30.5.11 Cont.	DAILY P/U OF Rx FROM DAILY SUPERVISED, DESPITE JUSTIN'S REQUEST (APRIL) ↑ OF 20ml TO 140ml M/M Rx. – OUTCOME CHANGE TO DAILY DISPENSED AT NEXT Rx. [signature] (RMNH)
16.6.11.	SEEN FOR REVIEW AT SSC. JUSTIN DECLARED ~~NO~~ ILLICIT DRUG USE AS DIAZEPAM 60MG & ~~OTHER THAN~~ OCCASIONAL CANNABIS USE. JUSTIN HAS MANAGED BETTER SINCE COMING OFF SUPERVISED CONSUMPTION OF HIS M/M Rx. ON 10.6.10. JUSTIN MANAGES HIS Rx BY SPLITTING IT OVER THE DAY – ~~80~~ 60ml FIRST THING IN THE MORNING, THEN A FURTHER 60ml THEN 20ml. THIS WORKS FOR JUSTIN AS HE IS STILL EXPERIENCING BOUTS OF VOMITING & REQUIRES FURTHER TESTS. – ORAL SWAB OBTAINED FOR TOX. TESTING. JUSTIN STILL USING DZP & SPLITTING THIS 30mg + 30mg MORNING & EVENING. WE DISCUSSED THE POSSIBILITY OF COMMENCING A DZP Rx. & THIS WILL REQUIRE TO HAVE DR BRUCE'S INPUT.
PLAN –	CONTINUE ON CURRENT Rx M/M, 1mg/ml, 140ml DAILY DISPENSED AT LLOYDS, FERNIEHILL RD, CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT. 4.7.11. – DISCUSS AT CTM. [signature] (RMNH).
4.7.11.	T/C FROM JUSTIN TO CANCEL HIS APPT. TODAY AS HE IS UNWELL. NEXT APPT. ON 11.7.11 WITH DR BRUCE. [signature] (RMNH).
11/7/11.	CDPS Review re BZ Rx ≥ 20 years of use Some problems during prison Clear BZ Dependence Syndrome Plan 30mg for 3/12 ↓ 4x5mg every 1/2 assess detox plan [signature]
26.7.11.	SEEN FOR REVIEW AT SSC. JUSTIN DOING WELL, STABLE ON METHADONE WHICH HE SPLITS OVER THE DAY; MORNING, AFTERNOON & A SMALL AMOUNT PRIOR TO GOING TO HIS BED. HIS DZP USE REMAINS THE SAME WHICH IS –

P.T.O.

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

NAME: JUSTIN SCOTT.

DATE & TIME	PAGE No.
CONT. 26.7.11	DZP Po – 30mg DAILY + ILLICIT DZP 30mg DAILY, TOTAL 60mg DAILY.
	WE DISCUSSED JUSTIN'S ILLICIT DZP & HOW HE NEEDS TO ATTEMPT TO
	↓ THIS TO HELP HIM BECOME MORE STABLE ON HIS PRESCRIBED DZP.
	JUSTIN STATED HE WILL TRY IN THE NEAR FUTURE TO ↓ THIS ILLICIT
	DZP USE. HE HAS ONGOING INVESTIGATIONS RE. HIS ABDOMINAL PROBLEMS.
	BEING TREATED FOR STOMACH ULCERS & ONGOING BLOOD TESTS & SCANS
	OF ABDOMEN - LIVER & KIDNEYS. ILLICIT DRUG USE DECLARED AS DZP
	30mg DAILY. & CANNABIS 4/7 (1-2 JOINTS) - ORAL SWABS OBTAINED FOR
	TOX. TESTING. WE ALSO DISCUSSED JUSTIN GOING TO 3x WEEK PICK-UP
	& K/W STATED TO JUSTIN THAT DEPENDING ON LATEST TOX. RESULT
	THIS WILL BE REVIEWED EITHER WAY.
PLAN -	CONTINUE ON CURRENT Po, M/H, lmg/ml, 140ml DAILY & DZP 30mg DAILY
	DISPENSED @ LLOYDS, FERNEHILL RD. CONTINUE TO OFFER SUPPORT & OBTAIN
	ORAL SWABS. REVIEW AT NEXT APPT, 18.8.11. (RNMH).
18.8.11.	T/C TO JUSTIN, HE WANTED TO KNOW WHEN HIS NEXT APPT. WAS.
	K/W INFORMED JUSTIN IT WAS TODAY AT 13.00. JUSTIN STATED
	HE HAD NOT RECEIVED APPT LETTER. RE-SCHEDULED FOR 24.8.11. @ 15.00
	(RNMH).
24.8.11.	SEEN FOR REVIEW AT SSC.
	JUSTIN STATED HE HAD BEEN DOING OK UNTIL RECENTLY ≈ 2 WEEKS.
	HE IS HAVING FINANCIAL DIFFICULTIES, HIS MORTGAGE NEEDS PAYING & JUSTIN HAS
	BEEN IN TOUCH WITH HIS BANK & DEBT COMPANIES. HE HAS WITH THE HELP OF HIS
	MUM MANAGED TO PAY SOME MONEY & REMOVE HIS EX. WIFE'S BELONGINGS FROM THE
	HOUSE. JUSTIN IS WAITING THE BENEFITS PEOPLE TO CONTACT HIM RE. MEDICAL
	ASSESSMENT. IN THE LAST WEEK HE HAS LOST A FRIEND TO THROAT CANCER &
	ANOTHER FRIENDS MOTHER HAS ALSO DIED. THE LATTER FRIEND WAS ONE WHO
	JUSTIN USED TO SMOKE HEROIN WITH. HE HAD DISTANCED HIMSELF FROM
	PHYSICALLY SEEING THIS FRIEND BUT CONTINUED THEIR RELATIONSHIP VIA

DATE & TIME	
(Cont) 24.8.11.	THE PHONE - UNTIL SUNDAY. JUSTIN SMOKED HEROIN WITH THIS FRIEND ON SUNDAY & MONDAY - DUE TO ALL THE RECENT STRESSORS IN HIS LIFE. JUSTIN DISAPPOINTED HE HAD LAPSED & K/W DISCUSSED POTENTIAL IMPLICATIONS OF, ~~Rg~~ ↑ RISK OF O/D, ↓ IN Rx, BACK ON SUPERVISED DISPENSING. WE DECIDED THAT JUSTIN WOULD GET THINGS BACK ON TRACK & NOT TO UNDO THE GOOD WORK HE HAD MANAGED SO FAR. JUSTIN INFORMED K/W HIS RECENT USE OPIATE TOX. RESULTS WERE FROM TAKING CO-CODAMOL TABS. 30/500 FOR TOOTHACHE & HE WAS NOT AWARE THESE CONTAINED OPIATES. ORAL SWAB OBTAINED FOR TOX. TESTING. JUSTIN STILL INVOLVED IN INVESTIGATIVE PROCEDURES RE. HIS PHYSICAL HEALTH. K/W EXPLAINED DUE TO GEOGRAPHICAL CHANGES, JUSTIN COULD HAVE A NEW K/W. JUSTIN VERY RESISTANT TO CHANGE, FEELING THIS WOULD BE A BACKWARD STEP FOR HIM.
PLAN -	CONTINUE ON CURRENT Rx AS OF 26.7.11. CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT. 4.10.11 Rg (RNMH).
4.10.11	SEEN FOR REVIEW AT SSC.
	JUSTIN REMAINS STABLE ON CURRENT Rx & DECLARED ONLY ILLICIT DRUG USE AS CANNABIS 3/7. ORAL SWAB OBTAINED FOR TOX. TESTING. JUSTIN ASKED IF HIS TOX. RESULT IS CLEAN CAN HE PROGRESS TO 3X WEEK P/U OF Rx. K/W INFORMED JUSTIN HE WOULD HAVE TO DISCUSS THIS WITH DR BRUCE & WE MAY REQUIRE 2 CLEAN TOX. RESULTS - JUSTIN ACCEPTING OF SAME. HIS PHYSICAL HEALTH APPEARS BETTER CURRENTLY & HE STATED THAT THINGS ARE QUITE GOOD AT THE MOMENT. K/W INFORMED JUSTIN HIS CARE WOULD BE TAKEN OVER BY DR MILES DUE TO GEOGRAPHICAL RE-STRUCTURING OF THE SERVICE - AGAIN JUSTIN ACCEPTING OF SAME.
PLAN -	CONTINUE ON CURRENT Rx AS OF 26.7.11. CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT, 1.11.11. - DISCUSS Rx STATUS - PENDING TOX. RESULT. Rg (RNMH)
10.10.11	DISCUSSED JUSTIN'S Rx STATUS, WITH DR BRUCE, OUTCOME - REQUIRE ANOTHER 'CLEAN' TOX RESULT & ↓ IN M/M Rx TO Rg. BEFORE MOVING TO 3X WEEK P/U OF Rx. Rg (RNMH)
1.11.11.	DNA - PHONED TO SAY RUNNING LATE. Rg (RNMH) SEEN BRIEFLY FOR 15-20 MINS. NEW APPT. 9.11.11 Rg (RNMH)

O.P. CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

NAME: JUSTIN SCOTT

DATE & TIME	PAGE No.
9.11.11.	SEEN FOR REVIEW AT SSC.
	JUSTIN REMAINS STABLE ON CURRENT COPS Rx * WISHES TO ↓ HIS
	M/M Rx AS SOON AS POSSIBLE. HE WOULD LIKE TO DROP 10ml/28 DAYS
	FROM 110ml → 100ml THEN REVIEW. (THIS ↓ CAN STILL BE REVIEWED AT ANY
	TIME) HE WOULD ALSO LIKE TO GO FROM DAILY TO 3x WEEK P/U OF Rx.
	ILLICIT DRUG USE DECLARED AS CANNABIS. ORAL SWAB OBTAINED FOR
	TOX. TESTING. JUSTIN APPEARS TO BE VERY MOTIVATED TO START
	HIS M/M Rx ↓ * THIS WILL BE DISCUSSED WITH DR BRUCE ON TUESDAY.
	JUSTIN HAS AN APPT. WITH THE HOSPITAL FOR HIS GASTRIC ASSESSMENT
	ON 7TH DEC.
PLAN-	CONTINUE ON CURRENT Rx AS OF 26.7.11. CONTINUE TO OFFER SUPPORT *
	OBTAIN ORAL SWABS. REVIEW AT NEXT APPT. 12.12.11 - DISCUSS ↓ PLAN *
	Rx P/U TIMES. [illegible] (RNMH).
15.11.11.	DISCUSSED JUSTIN'S ↓ PLAN Rx * DESIRE TO MOVE TO 3x WEEK
	PICK-UP. MOST RECENT TOX. RESULT - +VE MORPH. SPEC.
	- OUTCOME - DISCUSS FURTHER WITH JUSTIN RE. DESIRE TO
	ATTEMPT ↓ * ILLICIT USE (ONE OFF?). [illegible] (RNMH).
12.12.11.	SEEN FOR REVIEW AT SSC.
	JUSTIN STILL DISMAYED BY HIS LAST TOX. RESULT AS HE ASSURED K/W
	HE DID NOT USE HEROIN, HOWEVER HE MAY HAVE HAD SOME MST TABLETS?
	JUSTIN HAD SMOKED A FEW LINES OF HEROIN 2/7 * ORAL SWAB OBTAINED
	FOR TOX. TESTING. WE DISCUSSED THE ISSUE OF PROVIDING ONGOING
	OPPOSE +VE RESULTS, POSSIBLY BACK ON SUPERVISED DISPENSED M/M Rx -
	JUSTIN ACCEPTING OF THIS. HE IS STILL KEEN TO GO WITH HIS
	ORIGINAL ↓ IN THE NEW YEAR * WE WILL REVIEW ONCE TWO 'CLEAN'
	TOX. RESULTS. JUSTIN HAS ONGOING HOSPITAL APPTS. FOR HIS GASTRIC
	PROBLEMS, HE IS ALSO REALISING HE WILL HAVE TO MOVE AS HE
	CAN NO LONGER AFFORD TO PAY FOR HIS HOUSE IN THE LONG TERM.

P.T.O

LHB 365

DATE & TIME	
12.12.11 (CONT)	JUSTIN IS ALSO GOING TO SPEAK TO HIS G.P. RE- DEPRESSION?
PLAN -	CONTINUE ON CURRENT RX AS of 26.7.11. CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT. 25.1.12 RJ (RJMH)
25.1.12.	SEEN FOR REVIEW AT SSC.
	JUSTIN STABLE ON RX & DECLARED ILLICIT DRUG USE AS A FEW LINES OF COCAINE AT A PARTY HE WAS AT ON SATURDAY. ORAL SWAB OBTAINED FOR TOX. TESTING.
	JUSTIN REMAINS FOCUSSED ON HIS M/M ↓ & IF WE ACHIEVE 2 CLEAN TOX. RESULTS WE WILL LOOK AT THIS AGAIN.
	PHYSICALLY JUSTIN APPEARS TO BE BENEFITTING FROM HIS TREATMENT FOR HIS GASTRIC PROBLEMS (ULCERS & REFLUX). JUSTIN CONTINUES TO PLAY POKER TWICE A WEEK & HAS BEEN QUITE SUCCESSFUL IN WINNING GAMES. HE MAY HAVE TO REST OUT HIS HOUSE AS HE CONTINUES TO FIND DIFFICULTY IN MEETING THE MORTGAGE PAYMENTS. JUSTIN HAS FINISHED ON HIS LICENCE (PRISON) THIS EXPIRED LAST WEEK.
PLAN -	CONTINUE ON CURRENT RX AS of 26.7.11, CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT. 29.2.12. RJ (RJMH).
29.2.12.	DNA - NO CONTACT. RJ (RJMH).
28.3.12.	SEEN FOR REVIEW AT SSC.
	JUSTIN - STABLE ON CURRENT RX, ILLICIT USE DECLARED AS CANNABIS ONLY & ORAL SWAB OBTAINED FOR TOX. TESTING. JUSTIN ASKING ABOUT COMING OFF SUB. DISPENSING. K/W AGAIN EXPLAINED 2 CLEAN TOX. RESULTS ARE REQ. JUSTIN HAS ALSO RECEIVED HELP & SUPPORT FROM HIS MOTHER, RE.- HIS MORTGAGE & FINANCIAL SITUATION. HE WAS MORE UP & FOCUSSED AT THIS APPT. & EMPHASIZED HIS DESIRE TO BE DRUG FREE THIS YEAR.
PLAN -	CONTINUE ON CURRENT RX, AS of 26.7.11, CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT. 26.4.12. RJ (RJMH)
5.4.12.	DISCUSSED WITH DR BRUCE, JUSTIN'S 2 CLEAN TOX. RESULTS & HIM GOING TO 3X WEEK PICK UP - AGREED - CONDITIONAL TO M/M RX ↓ BY 10ml. - AS PREVIOUSLY AGREED TRIED TO CALL JUSTIN X 2 & LEFT MESSAGE TO CONTACT K/W. RJ (RJMH)

O.P. CLINICAL NOTES

(Medical)

NUMBER 0906701473

NAME JUSTIN SCOTT.

DATE	SHEET No.
09.30 11.4.12.	T/C TO JUSTIN TO INFORM OF NEW Rx - M/M 130ml DAILY, PICK UP 3x WEEK MON/WED/FRI, TO COMMENCE FROM FRIDAY 13.4.12. T/C TO LLOYDS TO INFORM OF Rx STATUS CHANGE & TO CANCEL CURRENT Rx FROM 13.4.12. Rx (RNMH).
14.10 26.4.12.	T/C JUSTIN'S CAR BROKEN DOWN - RE-SCHEDULED FOR 3.5.12. Rx (RNMH).
3.5.12.	SEEN FOR REVIEW AT SSC.
	JUSTIN STABLE ON CURRENT Rx & DECLARED HIS ILLICIT DRUG USE AS CANNABIS ≈ 3 JOINTS/DAY (MOSTLY AT NIGHT) - ORAL SWAB OBTAINED FOR TOX. TESTING. JUSTIN WOULD LIKE TO CONTINUE HIS ↓ TO REACH 100ml DAILY, BUT WE WILL REVIEW THIS AT NEXT APPT. HE CONTINUES TO GET SUPPORT FROM HIS MUM & IS LOOKING TO CONSOLIDATE HIS DEBT ≈ £2000. ONGOING HEALTH INVESTIGATIONS - MOST RECENT, JUSTIN MAY HAVE ↓ TESTOSTERONE LEVELS, FURTHER TESTING REQ'D.
PLAN-	CONTINUE ON CURRENT Rx. M/M, 1mg/ml, 130ml DAILY & DZP ~~5mg~~ By 5mgx6 TABS DAILY @ LLOYD'S FERNIEHILL RD. CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT. 7.6.12. Rx (RNMH).
13.00 7.6.12.	T/C, CANNOT ATTEND - NO MONEY. NEW APPT. SENT OUT. Rx (RNMH).
12.7.12.	SEEN FOR REVIEW AT SSC.
	JUSTIN REMAINS STABLE ON Rx & DECLARED ILLICIT DRUG USE AS OCCASIONAL CANABIS. ORAL SWABS OBTAINED FOR TOX. TESTING. JUSTIN'S HAD DENISTRY WORK CARRIED OUT RECENTLY & HAS POSSIBLE GUM SURGERY IN THE FUTURE. HIS ONGOING GASTRIC PROBLEMS REQUIRE REVIEW AT THE HOSPITAL. JUSTIN STILL ORGANIZING HIS FINANCES & HAS HAD HELP & SUPPORT FROM HIS MUM. NO IMMEDIATE PLANS TO ↓ Rx CURRENTLY DUE TO ONGOING HEALTH & FINANCE STRESSORS.
PLAN-	CONTINUE ON CURRENT Rx, M/M, 1mg/ml, 130ml DAILY & *DZP 5mgx6 DAILY. 3x WEEK PU, (MON/WED/FRI) @ LLOYDS, FERNIEHILL RD. CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. REVIEW AT NEXT APPT 16.8.12. Rx (RNMH).

LHB 361

DATE	
16.8.12.	T/C FROM JUSTIN HE IS ON HIS WAY, HOWEVER BY 15.30 NO ATTENDANCE. NEW APPT, 3.9.12. [illegible] (RMHN)(R.MACGRUER).
3.9.12.	SEEN FOR REVIEW AT SSC.
	JUSTIN REMAINS STABLE ON HIS Rx & DECLARED HIS ILLICIT DRUG USE AS: ↓ THC FROM ± 10 JOINTS/DAY TO 2 JOINTS/NIGHT. IN THE LAST 4-5 WEEKS JUSTIN HAS BEEN TAKING 50-60mg OF EXTRA DZP ON TOP OF HIS Rx DZP. THIS COINCIDES WITH PROBLEMS JUSTIN HAS BEEN HAVING - ONGOING FINANCIAL PROBLEMS, BENEFITS REVIEW/LESS MONEY & HIS ABILITY TO REACH MORTGAGE PAYMENTS. HE ALSO HAS PHYSICAL HEALTH PROBLEMS WITH HIS STOMACH - STILL BEING INVESTIGATED BY THE HOSPITAL. HIS TESTOSTERONE LEVEL ON THE 3RD TEST WAS WITHIN NORMAL RANGE AS THE TWO PREVIOUS WERE VERY LOW - NO FURTHER F/U ACCORDING TO JUSTIN. MENTALLY, JUSTIN REPORTS LOWER MOOD, LITTLE MOTIVATION, NOT GOING OUT OF THE HOUSE MUCH & STAYING IN HIS BED MORE. K/W NOTICED A MARKED CHANGE IN JUSTIN'S PRESENTATION & LOWERED MOOD. NORMALLY JUSTIN WOULD TAKE THINGS ON - BUT HE GAVE THE IMPRESSION OF BEING A 'BROKEN MAN'. K/W DISCUSSED WITH JUSTIN A MENTAL HEALTH REVIEW WITH CONSULTANT AT A JOINT APPT. MAY WELL HELP ASSESS JUSTIN'S MOOD & MENTAL STATE FURTHER, ORAL SWAB ✓.
PLAN -	CONTINUE ON CURRENT Rx AS OF 12.7.12, CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. DISCUSS MH REVIEW ON CONSULTANTS RETURN FROM A/L. CONTACT JUSTIN ACCORDINGLY. [illegible] (RMHN)(R.MACGRUER)
25.10.12.	APPT. CUT SHORT DUE TO FIRE ALARM - RE-SCHEDULE F/U APPT. [illegible] (RMHN)(R.MACGRUER)
* 19.11.12. *	RETROSPECTIVE ENTRY FROM 8.11.12.
	SEEN FOR REVIEW AT SSC.
	JUSTIN REMAINS STABLE ON HIS CURRENT Rx, ALTHOUGH DECLARED USING AN EXTRA 30-40mg OF ILLICIT DZP MOST DAYS. ALSO THC AT NIGHT. PRESENTED WITH ONGOING LOW MOOD, NOT GOING OUT AS MUCH AS BEFORE, ↑ IRRITABILITY & TEARFUL (NEW) - REQUIRE A MENTAL HEALTH REVIEW WITH DOCTOR. BENEFITS STILL REQUIRE REVIEW & SORTED, MORTGAGE INTEREST STILL BEING PAID. JUSTIN HAS SUPPORT FROM HIS SISTER & MOTHER.
	ORAL SWAB OBTAINED FOR TOX. TESTING. SUGGESTED TO JUSTIN TO CONTACT

RTD

O.P. CLINICAL NOTES

(Medical)

NUMBER 0906701473

NAME JUSTIN SCOTT.

DATE	SHEET No.
(CONT) 19.11.12.	THE RECOVERY HUB (CASTLE PROJECT) FOR EXTRA SUPPORT IF HE REQUIRED THIS.
PLAN -	CONTINUE ON CURRENT RX AS OF 12.7.12. CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS. DISCUSS POSSIBLE MH ASSESSMENT AT CTN WITH DR BRUCE & CONTACT JUSTIN RE. OUTCOME. RJ (RNMH)(R.MACGRUER).
16.00 20.11.12.	T/C TO JUSTIN TO INFORM OF NEW APPT FOR ASSESSMENT ON 22.11.12. @ SSC. RJ (RNMH)(R.MACGRUER)
22.11.12	DNA - NO CONTACT FOR JUNE APPT. WITH DR BRUCE. RJ (RNMH) (R.MACGRUER).
21/12/12	Telephoned DNA. F/U. Keyworker.
31.1.13.	SEEN FOR REVIEW @ SSC. JUSTIN STILL LOW IN MOOD, PHYSICAL HEALTH - DIAGNOSED WITH HERNIA - (HIATUS) & SCAN & XRAY ON LOWER BACK - F/U AT HOSPITAL FOR BOTH. STILL NOT GOING OUT VERY MUCH, ↑ IRRITABILITY & AGGRESSIVENESS REPORTED & MEMORY PROBLEMS. ALSO TIREDNESS Δ STABLE ON M/M Rx & DZP. HOWEVER, JUSTIN HAS STILL BEEN TAKING 30mg - 40mg MOST DAYS TO CALM HIMSELF DOWN. K/W STATED TO JUSTIN THAT LONG TERM BENZODIAZEPINE USE & MISUSE CAN CONTRIBUTE TO IMPAIRED MEMORY FUNCTION & COGNITIVE ABILITY. IT MAY ALSO CONTRIBUTE POTENTIALLY TO IRRITABILITY & FEELINGS OF AGGRESSION, JUSTIN IS ALSO INVOLVED IN AN ONGOING DISPUTE RE. HIS BENEFITS & IS STRUGGLING FINANCIALLY AT TIMES AS HE ALSO PAYS TOWARDS HIS MORTGAGE. ORAL SWAB OBTAINED FOR TOX. TESTING.
PLAN -	CONTINUE ON CURRENT Rx AS OF 12.7.12. CONTINUE TO OFFER SUPPORT & OBTAIN ORAL SWABS FOR TOX. TESTING. ARRANGE APPT. TO BE SEEN WITH DR BRUCE FOR MENTAL HEALTH ASSESSMENT/MOOD REVIEW. RJ (RNMH)(R.MACGRUER)
25.3.13	~~SEEN FOR REVIEW @ SSC.~~ In Group RJ 25.3.13 ~~JUSTIN STABLE ON Rx & DECLARED ILLICIT DRUG USE AS DAILY~~

LHB 361

P. 20.

DATE	
26/2/13	CDPS & Rens. K/Mother (Robert) + Dr. Bruce SDS & DZ 30g > 10 years/20s MM 120. Illicit use 30/40g daily. Issues: Physical Health. Mood. Mood assessment – Eng occ., Not suicidal. Conc ↓ Memory ↓ Appt Lit ↓ Impression: Moderate Depression. Plan: Add Mirtazapine 30 note option ↑ 45g note ↓ some response.
25.3.13.	SEEN FOR REVIEW @ SSC. JUSTIN STABLE ON Rx & DECLARED HIS ILLICIT DRUG USE AS DAILY THC. ORAL SWAB OBTAINED FOR TOX. TESTING. JUSTIN INFORMED K/W THAT HIS 30mg MIRTAZEPINE WERE TO STRONG & HE FELT 'HUNGOVER' IN THE MORNING & WAS SLEEPING TOO LONG (≈ 10 HRS OR MORE). DISCUSSED POSSIBLE OPTION OF ↓ DOSE TO 15mg OR DIFFERENT MEDICATION – K/W TO DISCUSS WITH CONSULTANT & CONTACT JUSTIN. ARRANGE F/U APPT. FOR AFTER K/W A/L IN MAY. Rx (RMMH)(R. MACGRUER).
4.4.13	DISCUSSED JUSTIN'S MIRTAZEPINE Rx. WITH DR BRUCE & ↑ SEDATION IN MORNING. OUTCOME COMMENCE ON ↓ DOSE OF 15mg MIRTAZEPINE DAILY. ARRANGE NEW Rx & REVIEW. Rx (RMMH)(R. MACGRUER)
23.5.13.	SEEN FOR REVIEW @ SSC. JUSTIN NOT TAKING HIS MIRTAZEPINE Rx. – STOPPED AFTER 3-4 DAYS. TOO MUCH FEELING OF OVER-SEDATION. THE FOLLOWING MORNING. DISCUSS WITH DR BRUCE ALTERNATIVE MEDS. NO ILLICIT DRUG USE DECLARED EXCEPT THC. ORAL SWAB OBTAINED FOR TOX. TESTING. JUSTIN STILL FEELING LOW & OCCASIONAL BOUTS OF ANGER & FRUSTRATION. ARRANGE TO CALL JUSTIN NEXT WEEK. HE WAS A MEDICAL ON 28.5.13 (BENEFITS @ YORK PLACE). Rx (RMMH)(R. MACGRUER)

O.P CLINICAL NOTES

(Psychiatry)

CHI: 0906701473

CHI: Scott, Justin
53/1 Newtoft Street
EDINBURGH
NAME: EH17 8RB
MHI: 117910
Male 09/06/1970

DATE & TIME	PAGE No.
28.5.13.	DISCUSSED WITH DR BRUCE, JUSTIN'S ONGOING SIDE EFFECTS TO HIS ↓
	MIRTAZAPINE Rx. OUTCOME: CHANGE TO SSRI * TRIAL FLUOXETINE 20mg
	DAILY * F/U * REVIEW. CONTACT JUSTIN. Rx (RMHH)(R.MACGRUER).
24.6.13. P.M.	TELEPHONE MESSAGE FROM JUSTIN, HE KNOWS. ITS SHORT NOTICE BUT WAS ASKING
	IF HE COULD HAVE HIS Rx FOR ONE WEEK'S HOLIDAY FROM THIS SATURDAY
	29th TO SAT. 6th JULY (REQUIRE SUNDAY 7th DOSE) ~~2 DAYS UNTOWL~~ Rx. HOWEVER,
	DISPENSING ON FRIDAY 28th WILL COVER SAT 29th + SUN 30th JULY. ∴ ONLY
	REQUIRE Rx FOR 7 DAYS TO COVER FROM MONDAY 1st JULY - SUNDAY 7th INC.
	DISCUSS WITH DR BRUCE, HOLIDAY IS SHORT NOTICE AS IT IS A CANCELLATION
	THROUGH THE SALVATION ARMY - JUSTIN'S PARTNER JULIE GRAHAM.
	JUSTIN TO PROVIDE HOLIDAY TRAVEL INFO BY WED. THIS WEEK.
	HOLIDAY - CARAVAN, HAGGERSTON CASTLE. Rx (RMHH)(R.MACGRUER).
26.6.13.	DISCUSSED ABOVE WITH DR BRUCE, OUTCOME: AGREED TO PROVIDE
	Rx FOR 1 WEEK'S HOLIDAY - REQUIRE TRAVEL PROOF - DOCUMENTATION
	Rx (RMHH)(R.MACGRUER).
27.6.13	Rx'S ARRANGED TO COVER JUSTIN'S WEEKS HOLIDAY.
	PHARMACY INFORMED JUSTIN TO COLLECT. Rx (RMHH)(R.MACGRUER)
5.8.13.	SEEN FOR REVIEW @ SSC.
	JUSTIN REMAINS STABLE ON CURRENT Rx. ILLICIT USE DECLARED AS
	OCCASIONAL THC. ORAL SWAB OBTAINED FOR TOX TESTING.
	HE PRESENTED BRIGHTER IN MOOD * WAS UNSURE HOW MUCH OF
	THIS WAS DOWN TO HIS FLUOXETINE OR THAT THINGS IN HIS LIFE
	WERE PICKING UP * THIS WAS HELPING TO ELEVATE HIS MOOD TOO.
	ASKED IF CDPS WOULD PROVIDE Rx FOR HIM GOING TO AMSTERDAM
	WITH HIS SON (21) FROM 27.8 - 31.8.13. TRAVEL DOCUMENTS PROVIDED.
	JUSTIN CONTINUES TO HAVE REGULAR CONTACT WITH HIS BANK RE.
	HIS MORTGAGE PAYMENTS * THE BANK ARE HAPPY WITH THE
	CURRENT ARRANGEMENT. DISCUSS HOLIDAY Rx. WITH DR BRUCE

LHB 365

DATE & TIME	
(CONT) 5.8.13.	* CONTACT JUSTIN ACCORDINGLY. [signature] (RMN) (R. MACGRUGER)
7.8.13	DISCUSSED HOLIDAY Rx WITH DR BRUCE, OUTCOME: APPROVED. [signature] (RMN) (R MACGRUGER)
21.8.13.	T/C TO LLOYDS TO ADVISE OF HOLIDAY Rx. + TO CANCEL CURRENT Rx FOR M/M + DZP FROM 28.8.13 - 1.9.13 INC. [signature] (RMN) (R. MACGRUGER)
21.8.13.	JUSTIN AWARE OF Rx + L.O.C. TO COLLECT FROM SSC. [signature] (RMN) (R. MACGRUGER)
23.9.13 SMO	Jason seen today in absence of keyworker. In review appearing quite distracted ie always looking in mirror, also restless. Happy for me to see if GP will take over prescribing. Also looking for referral to psychology. Continues to voice complaints of physical & mental health issues.
	Plan GP. Letter ✓
	Psychology ✓
	[signature] George Redmond CPN
	JUSTIN
31-10-13	W/in George; [illegible] → Clinical Psych S Heyd
	MAIN PROBLEM: Prison most of life, 43 yrs old now (approx 15 yrs) · wants now to make an effort (esp. for child).
Feels	STUCK! : Where am I going? // was off [illegible] — did scal [illegible] // shoplifting → shop robberies, got [illegible] [illegible] drugs [illegible] carecraft
o	Violent robberies // also Hibs [illegible] — also violent
	CHILDHOOD — did [illegible] to mum — mum [illegible] 3 jobs // Great relat with mum & sis // [illegible]
	Rel with son 21 — Great — turned out good [illegible]
	Mum [illegible] him to GP → so depressed · — What am I going do? Probs: Transition, [illegible] — Core Prog [illegible]
	[signature] Dr S Heyd

O.P CLINICAL NOTES

(Psychiatry)

CHI:

NAME: Justin Scott

DATE & TIME	PAGE No.
5/12/13	Appt given for review on 12/12/13 @ SE HUB. Refer to castle project for support & check if GP will take over Rx. RPaul CMHTCN.
12.12.13	Final appt letter given. If DNA discharge to GP. GP happy to take over Rx. RPaul. Appt given for 31/12/13 at 10am.
17.12.13	Spoke with Justin today. RPaul. States he hasn't received any letters from us re. appts. - Checked address and correct. Given appt for 31.12.13. States that he wants to continue being supported by CPS rather than GP as ~~she~~ he is not coping at present. Still awaiting date to see Dr Hynd clinical psychologist
16.1.14	Toxicology screen. ✓ Supervision ✓ Letter to GP to do:- Check out Psychology referral - Still to hear. Email Dr Hynd. Drug use - stability on min Rx. Uses dzp illicitly = 30mg total = 60mg daily. DIC negative side effects of long term bzp use. Acknowledges this but thinks "memory rubbish & wont get better anyway"

TE & TIME

Stopped using fluoxetine weeks ago.
No longer wanting this medication.
Mood - very up and down. Doesnt think Fluoxetine helps. Has had various anti depressants Rx in past but not a lot helped.
Has 21 year old son - also called Justin.
He has cerebral palsy.
Not working at present.
Regular contact.
Discussed prison life - "everything gets done for you". Responsibility of "life" is difficult.
On benefits - DR signed Justin off sick.
Partner (non drug user) stays with her at weekends. Been in this relationship 3-6 months.
Future plans:- come off methadone through hard work and motivated. motivation.
This is his long term plan. Asked him to think about
Review again 28 days.
Plan control

3/3/14 T/C [redacted]

Gran Canaria
Susp going on holiday 6/3/14 for 7 days. Will need Rx released 5/3 to 14/3 inclusive (pick up as normal on 14/3).

Plan
Rx for 9 days (Meth 130 + Dz 30) for 5/3/14 - dispense all
Will bring in travel details 4/3 ≃ 2pm.
Needs ~~boat~~ letter of carriage
Cancel corresponding days on existing Rx. RKO

DEPARTMENT OF CLINICAL CHEMISTRY, ROYAL INFIRMARY OF EDINBURGH

PATIENT'S IDENTIFICATION (PID). Use this space for pre-printed medical records label. If this is not available, the following information is required:

Unique PID number .....

Sex (delete one): Male ~~Female~~

Surname (block capitals) SCOTT

Initials J

Date of birth (if PID number not available) 9·6·70

FOR LAB USE ONLY

DA 8003

DA 8003

REPORTING DETAILS
Consultant or General Practitioner

GREENWOOD

Report to be returned to:-
Doctor's name

J. MCKENZIE

Ho[redacted] and ward or department, or General Practice address

DETAILS OF SPECIMEN

Blood: Venous or arterial (delete as appropriate)

Date of collection .....

Time of collection (Use 24-hour clock) .....

Urine or Faeces
Date of starting collection 5·8·92

Length of collection .....
Minutes or hours or days (delete as appropriate)

Volume (mL) .....

Other specimens (e.g. CSF; specify)

CLINICAL DETAILS
Diagnosis

? POLYDRUG USE

Risk status: The laboratory handbook describes those specimens that require to be designated as high-risk. Details are needed if a patient is in a high-risk category. Also, place high-risk sticker in the Details of Specimen section.

Fo[redacted]estimations, give de[redacted]g. date and time of last dose; nature of other drug therapy).

TEST REQUESTS: Request tests selectively. Most of the preprinted test groups (details in laboratory handbook), listed below, are for use with **non-urgent** blood specimens; circle group(s) requested neatly. Enter other requests legibly at the bottom of this form.
Emergency and urgent work: Follow laboratory handbook instructions and contact the department (Day-time extension, 3137; out-of-hours, contact Duty MLSO).

"Electrolytes" (ELU) — "Cardiac enzymes" (ENZ)

Acid-base measurements — "Liver function tests" (LFT)

Glucose

PRELIM
DRUG
SCREEN

Date of request 5·8·92

NHS Patient ~~or Private~~ (delete one)

LHB 785

PRELIMINARY DRUG SCREENING (see Drugs of Abuse Information Sheet)

Amphetamines	(threshold level 300 µg/L):	~~positive~~/negative
Benzodiazepines	(" " 300 µg/L):	positive/~~negative~~
Cannabinoids	(" " 100 µg/L):	positive/~~negative~~
Cocaine metabolite	(" " 300 µg/L):	~~positive~~/negative
Methadone	(" " 300 µg/L):	~~positive~~/negative
Opiates	(" " 300 µg/L):	positive/~~negative~~
Buprenorphine	(" " 1 µg/L):	positive/negative

Date of report 11/8/92 Signature: [signature]

FORM A

Community Drugs Problems Service

INITIAL QUESTIONNAIRE

CONFIDENTIAL

Name: JUSTIN SCOTT D.o.b.: 9./6./70 Age 22

1. Soundex.....

2. Date referred 17./7./92

3. Date of assessment 5./8./92

4. Keyworker.....Jim McIc

WHY REFERRED

5. Referral: "route"
1.Spont. sought [ ] 2.Partner ultmtm [ ]
3.Other family ultimetum [ ]
4.Referrer's sugg. [ ] 5.Court req. [ ]
6.GP's insistence [✓]

HISTORY OF DRUG USE
(give chronological pattern including mode of abstinence)

FRIENDS TOOK 'GLUE' - ONLY TOOK IT ONCE

FIRST USED DRUGS IN JAIL

GLENOCHIL, PULMONT.

SNORTED TEMGESICS - NEVER INJECTED

BENZOS SINCE PRISON

	Drug	Age first used it	Age first inj. it
First drug used (incl. cann + solv)	GLUE	14	—
First drug used (excl. cann + solv)			
Other drug used since then	TEMGESIC	18	—
	VALIUM	18	—
	DF118	18	—
	ECSTASY	20	—

CURRENT DRUG USE

HAD 8 x 30 mg

~~HAD TAKEN UP TO~~

WHAT'S THE LEAST YOU CAN TAKE?

160
90
250 mg

	Drug	Dose	Prescrbd/ Street/ Both
Current regular use (over past month)	TEMAZEPAM	X15 20mg	S
OR	DIAZEPAM	X15 10mg	S

6. Intravenous Use: 0. Never [✓] 1. Occ. [ ]
(Ever) 2. Often [ ] 3. Always [ ]

7. I.V. use: 0. Never [✓] 1. Less than 5 times [ ]
in last 2. 5 - 30 times [ ]
month 3. More than 30 times [ ]
4. Physically unable to inject [ ]

8. Shared Works: 0. Never [✓] 1. Occ. [ ]
(Ever) 2. Often [ ] 3. Always [ ]

9. Shared in: 0. Never [✓] 1. Less then 5 times [ ]
last 2. 5 - 30 times [ ]
month 3. More than 30 times [ ]

FORENSIC

CONVICTIONS X: 10 THEFT, SHOPLIFTING
FOUR YEARS FOR ASSAULT AND ROBBERY

REGULAR ROBBERY TO RAISE MONEY

SUCCESSFUL THIEF - RAISED £500 IN ONE JOB

10. Previous convictions: 0. No [ ] 1. Yes [✓]

11. If Yes, how many ? 0. N/A [ ] 1. Just 1 [ ]
2. 2 - 5 [ ] 3. 5 - 10 [ ]
4. > 10 [✓]

12. Drug related ?: 0. N/A [ ] 1. No [ ]
2. Possession [ ] 3. Stealing [✓]
4. Dealing [ ] 5. Violence [ ]
6. Fraud [ ]

13. Current charges ? : 0. No [ ] 1. Yes [ ]

14. Committed offences to finance drug use in
last month ? : 0. No [ ] 1. Daily [ ]
2. Weekly [✓] 3. Less often [ ]

15. Previous prison ?: 0. N/A [ ] 1. No [ ] 2. Yes [✓]

16. Used illicit drugs: 0. N/A [ ] 1. No [ ] 2. Yes [✓]
in prison ?

17. Injected in prison: 0. N/A [ ] 1. No [✓] 2. Yes [ ]

18. Shared in prison ?: 0. N/A [ ] 1. No [✓] 2. Yes [ ]

CURRENT SOCIAL CIRCUMSTANCES

BABY DUE IN NOVEMBER
- BEEN WITH SHARON FOR A YEAR

PREGNANCY UNINTENTIONAL BUT BOTH HAPPY.

19. Marital: 1. Single [✓] 2. Married [ ]
3. Separated [ ] 4. Divorced [ ]
5. Widowed [ ] 6. Common law [ ]

20. No. of kids (natural) ...0.....

21. Living with them ?: 0. N/A [✓] 1. No [ ]
2. Some [ ] 3. All [ ]

22. No. of kids (other) ...0.....

23. Living with them ? : 0. N/A [✓] 1. No [ ]
2. Some [ ] 3. All [ ]

24. Accommodation : 0. Homeless [✓] 1. Rented [ ]
2. Family [ ] 3. Owner [ ]
4. Supp Acc [ ] 5. Hospital/Prison [ ]

25. Living with : 1. Parent(s) [ ] 2. Friends [ ]
3. Partner [✓] 4. Alone [ ]

26. Satisf. with accom ?: 0. No [✓] 1. Yes [ ]

27. Finance: in debt ? : 0. No [✓] 1. <£100 [ ]
2. <£500 [ ] 3. >£500 [ ]

CURRENT RELATIONSHIPS

28. Duration of current relationship ..... 1 YEAR

29. Partner is OU ?: 0. N/A [ ] 1. No [ ] 2. Yes [✓]

30. Partner is IVDU ?: 0. N/A [ ] 1. No [✓] 2. Yes [ ]

31. Current sexual relationship ? : 0. N/A [ ] 1. No [ ] 2. Yes [✓]

32. No. of sexual partners in last month 1

33. Main contraception: 0. N/A [ ] 1. Nothing [✓]
(ever) 2. Pill [ ] 3. Condom [ ]
4. Cap [ ] 5. Coil [ ]
6. Spermicide [ ] 7. Several [ ]
8. Injections [ ]

DOESN'T USE CONDOMS

34. Condom use: 0. Never [✓] 1. Occ. [ ]
(ever) 2. Often [ ] 3. Always [ ] 4. N/A [ ]

35. Condom use: 0. Never [✓] 1. Occ. [ ]
(last 6 mths) 2. Often [ ] 3. Always [ ] 4. N/A [ ]

FAMILY HISTORY

36. Has client ever lost a parent? 0. No [ ] 1. Yes [✓]

37. If Yes,... 1. M single par [ ] 2. F single par [ ]
3. M died [ ] 4. F died [ ]
5. Parents separated [ ]
6. Parents divorced [✓]
7. Client placed in care or adopted [ ]

MOTHER IN EDINBURGH
NATURAL FATHER IN ABERDEEN

38. Age of client when first of above happened 6...

STEP FATHER USED TO BEAT HIM UP WHEN DRUNK

39. Mother's occupation..... OFFICE WORKER

40. Father's occupation..... OFF-SHORE WORK

HAPPY CHILDHOOD IN EDINBURGH

41. Parents are/ were OUs ? : 0. Don't know [ ] 1. Neither [✓]
2. M only [ ] 3. F only [ ]
4. Both [ ]

42. No. of siblings (incl. client) ..... 2.....

43. Sibling position ..... 2.....

44. How many are/were drug users (incl. client)..... 1.....

EDUCATION & WORK HISTORY

45. School qualifications: 0. No [✓] 1. Yes [ ]

LEITH ACADEMY —
EXPELLED FOR ABUSING TEACHER

46. Work: 0. No [✓] 1. Yes [ ] 2. Unoff. [ ]
(now)

WORKED AS A PLUMBER FOR 6/12

47. Work : 0. Never [✓] 1. Occ. [ ] 2. Regular [ ]
(last 3 years)

UNABLE TO GET WORK SINCE JAIL

HEALTH

46. Weight..10st.....

49. Physical: 0.Poor [ ] 1.Fair [ ] 2.Good [✓]
health

50. "Emotional: 0.Poor [ ] 1.Fair [✓] 2.Good [ ]
health"

51. Use of alcohol in past week (units)..0.....

52. Attended Dr. (other then for druge) in last month.
0.No [✓] 1.GP [ ] 2.Nosp. [ ] 3. Both [ ]

53. Past psychiatric history : 0. No [✓] 1. Yes [ ]

54. Past history of Hep B. : 0. No [✓] 1. Yes [ ]

55. HIV tested ? : 0. No [✓] 1. Yes [ ]

56. Result : 0. N/A [✓] 1. Unknown [ ] 2. Neg [ ]
3. Pos [ ]

57. When was last -ve / first +ve ? (year).....

58. Where?: 0.N/A [ ] 1.GP [ ] 2.GUM [ ] 3.City [ ]
4.Prison [ ] 5.Maternity Hosp [ ] 6.Other[ ]

PARTNER TESTED DURING PREGNANCY

59. Partner tested ?: 0. N/A [ ] 1. No [ ] 2. Yes [✓]

60. Result : 0. N/A [ ] 1. Unknown [ ] 2. Neg [✓]
3. Pos [ ]

61. When was last -ve / first +ve ? (year)..1992.....

OTHER AGENCIES

62. Relationship with GP....0. No GP [ ] 1. Poor [ ]
2. Fair [ ] 3. Good [ ]

63. Other Agencies Currently Involved:
1. City [ ] 2.SWD [ ] 3. V.D.A [ ] 4.S.A.T [ ]
5. Other Vol.A [ ] 6.CAST [ ] 7.Prob/Comm Ser.[ ]
6. Other [ ]

MOTIVATION

WANT TO STOP BECAUSE
- HAVING A BABY
- AVOID CRIME
- AVOID PRISON

64. Referrer's view : 0. No mention [ ] 1. Poor [ ]
of motivation 2. Fair [ ] 3. Good [ ]

65. Keyworker's rating : 1. Poor [ ] 2. Fair [ ]
of motivation 3. Good [ ]

URINALYSIS

Amphetamines	1. Positive [ ]	0. Negative [ ]
Benzodiezepines	1. Positive [ ]	0. Negative [ ]
Cannabinoids	1. Positive [ ]	0. Negative [ ]
Cocaine metabolite	1. Positive [ ]	0. Negative [ ]
Methedone	1. Positive [ ]	0. Negative [ ]
Opiates	1. Positive [ ]	0. Negative [ ]
Buprenorphine	1. Positive [ ]	0. Negative [ ]

DEPARTMENT OF CLINICAL CHEMISTRY, ROYAL INFIRMARY OF EDINBURGH

PATIENT'S IDENTIFICATION (PID). Use this space for pre-printed medical records label. If this is not available, the following information is required:

Unique PID number [redacted]

Sex (delete one): Male Female

Surname (block capitals) SCOTT

Initials J

Date of birth (if PID number not available) 9.6.70

FOR LAB USE ONLY

[redacted]

[redacted]

REPORTING DETAILS
Consultant or General Practitioner
GREENWOOD

Report to be returned to:-
Doctor's name
J. MCKENZIE

[redacted]

Hospital and ward or department, or General Practice address
RIE
CAPS

DETAILS OF SPECIMEN

Blood: Venous or arterial (delete as appropriate)

Date of collection

Time of collection (Use 24-hour clock)

Urine or Faeces
Date of starting collection 8-11-94

Length of collection
Minutes or hours or days (delete as appropriate)

Volume (mL)

Other specimens (e.g. CSF; specify)

CLINICAL DETAILS
Diagnosis

DRUG USE
– ESP. DIHYDROCODEINE
DIAZEPAM

Risk status: The laboratory handbook describes those specimens that require to be designated as high-risk. Details are needed if a patient is in a high-risk category. Also, place high-risk sticker in the Details of Specimen section.

[redacted]

For drug elimination, give details (e.g. date and time of last dose; nature of other drug therapy).

TEST REQUESTS: Request tests selectively. Most of the preprinted test groups (details in laboratory handbook), listed below, are for use with non-urgent blood specimens; circle group(s) requested neatly. Enter other requests legibly at the bottom of this form.
Emergency and urgent work: Follow laboratory handbook instructions and contact the department (Day-time extension, 3137; out-of-hours, contact Duty MLSO).

"Electrolytes" (ELU) "Cardiac enzymes" (ENZ)

Acid-base measurements "Liver function tests" (LFT)

Glucose

PRELIM
DRUG
SCREEN

Date of request	NHS Patient ~~or Private~~ (delete one)
8-11-94	

LHB 785

PRELIMINARY DRUG SCREENING (see Drugs of Abuse Information Sheet)

Amphetamines	(threshold level	300 µg/L):	positive/[redacted]
Benzodiazepines	("	" 200 µg/L):	positive/[redacted]
Cannabinoids	("	" 100 µg/L):	positive/[redacted]
Cocaine metabolite	("	" 300 µg/L):	positive/[redacted]
Methadone	("	" 300 µg/L):	positive/[redacted]
Opiates	("	" 300 µg/L):	positive/[redacted]

15/11/94 Signature: [redacted]

DEPARTMENT OF CLINICAL CHEMISTRY, ROYAL INFIRMARY OF EDINBURGH

PATIENT'S IDENTIFICATION (PID). Use this space for pre-printed medical records label. If this is not available, the following information is required:

Unique PID number [redacted]

Sex (delete one): Male ~~Female~~

Surname (block capitals) SCOTT

Initials J

Date of birth (if PID number not available) 9.6.70

FOR LAB USE ONLY

[redacted]

[redacted]

REPORTING DETAILS
Consultant or General Practitioner
GREENWOOD

Report to be returned to:-
Doctor's name
J. MCKENZIE

[redacted]

Hospital and ward or department, or General Practice address
RIH
CDPS

DETAILS OF SPECIMEN

Blood: Venous or arterial (delete as appropriate)

Date of collection .....

Time of collection (Use 24-hour clock) .....

Urine or Faeces
Date of starting collection 8.11.94

Length of collection .....
Minutes or hours or days (delete as appropriate)

Volume (mL) .....

Other specimens (e.g. CSF; specify)

CLINICAL DETAILS
Diagnosis

DRUG USE
— ESP. DIHYDROCODEINE
DIAZEPAM

Risk status: The laboratory handbook describes those specimens that require to be designated as high-risk. Details are needed if a patient is in a high-risk category. Also, place high-risk sticker in the Details of Specimen section.

[redacted]

~~For drug estimation, give~~ details (e.g. date and time of last dose; nature of other drug therapy).

TEST REQUESTS: Request tests selectively. Most of the preprinted test groups (details in laboratory handbook), listed below, are for use with non-urgent blood specimens: circle group(s) requested neatly. Enter other requests legibly at the bottom of this form.
Emergency and urgent work: Follow laboratory handbook instructions and contact the department (Day-time extension, 3137; out-of-hours, contact Duty MLSO).

"Electrolytes" (ELU) — "Cardiac enzymes" (ENZ)

Acid-base measurements — "Liver function tests" (LFT)

Glucose

PRELIM
DRUG
SCREEN

Date of request 8.11.94

NHS Patient ~~or Private~~ (delete one)

LHB 785

PRELIMINARY DRUG SCREENING (see Drugs of Abuse Information Sheet)

Amphetamines	(threshold level 300 µg/L):	positive/[redacted]
Benzodiazepines	(" " 200 µg/L):	positive/[redacted]
Cannabinoids	(" " 100 µg/L):	positive/[redacted]
Cocaine metabolite	(" " 300 µg/L):	positive/negative: TO follow
Methadone	(" " 300 µg/L):	positive/[redacted]
Opiates	(" " 300 µg/L):	positive/[redacted]

10/11/94 [redacted]

DEPARTMENT OF CLINICAL BIOCHEMISTRY, ROYAL INFIRMARY OF EDINBURGH

PATIENT IDENTIFICATION (PID). Use this space for pre-printed medical records label. If this is not available, the following information is required:

Unique PID Number .....
Provision of this number is essential for generation of cumulative reports

Surname (block capitals) SCOTT

Initials Justin ..... Sex (ring one) (Male) / Female

Date of birth (if PID number not available) 9.6.70

FOR LAB USE ONLY

[redacted]

[redacted]

REPORTING DETAILS (Use stamp if available)

Consultant/General Practitioner GREENWOOD

Report to be returned to:
Doctor's name J. MCKENZIE
(if different from above)

Hospital/GP address REH

Ward/Department CDPS

Patient category (ring if not NHS) Private

DETAILS OF SPECIMEN

Blood (ring one) Venous / arterial

Specify other specimens (eg CSF, fluid) .....

Date of collection .....

Time of collection (use 24-hour clock) .....

Urine
Date of starting collection 22.11.94

Length of collection ..... Minutes/hours/days (ring one)

Volume (mL) .....

TEST REQUESTS : Request tests selectively, by ringing. Test groups below are for use with non-urgent blood specimens.

Renal/electrolyte group

Liver group

Glucose

Acid-base status & pO_2

Others: PRELIM
DRUG
SCREEN

CLINICAL DETAILS
Diagnosis

? POLY DRUG USE

Please include the following information if appropriate:
Risk status: The laboratory handbook describes those specimens that require to be designated as high-risk. Details are needed if a patient is in a high-risk category. Also place high-risk sticker in the Details of Specimen section.
For drug estimations, give details (eg date and time of last dose; other drug therapy)

EMERGENCY SERVICE : Contact the Department (day-time ext 3137; out-of-hours contact Duty MLSO on pager 2221)

Enter EMERGENCY TEST REQUESTS below:

LHB 785

PRELIMINARY DRUG SCREENING (see Drugs of Abuse Information Sheet)

Amphetamines	(threshold level 300 µg/L):	[redacted]/negative
Benzodiazepines	(" " 200 µg/L):	positive/[redacted]
Cannabinoids	(" " 100 µg/L):	positive/[redacted]
Cocaine metabolite	(" " 300 µg/L):	[redacted]/negative
Methadone	(" " 300 µg/L):	positive/[redacted]
Opiates	(" " 300 µg/L):	positive/[redacted]

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08665121

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 11-May-2010

Reason for Test	:	Random	Date of Receipt	:	11-May-2010
Donor ID	:	JUS[redacted]	Sample Date	:	07-May-2010
Date of Birth	:	09/06/1970	Sample Time	:	14:55
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Negative	
Cocaine Metabolites Screen	Negative	
Methadone Screen	Positive	Pc. —
Opiates Screen	Negative	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08693774

Report Date: 28-June-2010

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Reason for Test	: Random	Date of Receipt	: 28-June-2010
Donor ID	: JUSC	Sample Date	: 25-June-2010
Date of Birth	: 09/06/1970	Sample Time	: 11:40
Sex	: Male	Collector	: R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DECLARED.
Cocaine Metabolites Screen	Negative	
Methadone Screen	Positive	Pta
Opiates Screen	Positive	
Morphine-specific Screen	Positive	DECLARED.

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08732349

Report Date: 27-July-2010

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Reason for Test	:	Random	Date of Receipt	:	27-July-2010
Donor ID	:	JUSC	Sample Date	:	23-July-2010
Date of Birth	:	09/06/1970	Sample Time	:	14:45
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DECLINED 7/7
Methadone Screen	Positive	Pos.
Opiates Screen	Positive	
Morphine-specific Screen	Positive	DECLINED 7/7
Cannabinoids Screen	Positive	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08721678

Customer: STSS

CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 09-August-2010

Reason for Test	:	Random	Date of Receipt	:	09-August-2010
Donor ID	:	JUSC	Sample Date	:	05-August-2010
Date of Birth	:	09/06/1970	Sample Time	:	14:10
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DECLARED
Methadone Screen	Positive	No.
Opiates Screen	Positive	
Morphine-specific Screen	Positive	DECLARED
Cannabinoids Screen	Positive	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08771450

Customer: STSS

CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 26-August-2010

Reason for Test	:	Random	Date of Receipt	:	26-August-2010
Donor ID	:	JUSC	Sample Date	:	24-August-2010
Date of Birth	:	09/06/1970	Sample Time	:	14:25
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DECLINED
Methadone Screen	Positive	Pos
Opiates Screen	Positive	DECLINED
Morphine-specific Screen	Positive	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax. +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08771432

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 09-September-2010

Reason for Test	:	Random	Date of Receipt	:	09-September-2010
Donor ID	:	JUSC	Sample Date	:	07-September-2010
Date of Birth	:	09/06/1970	Sample Time	:	15:30
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DECLARED
Methadone Screen	Positive	Rx.
Opiates Screen	Positive	?.
Morphine-specific Screen	Positive	DECLARED
Cannabinoids Screen	Positive	DECLARED

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08771610

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 07-October-2010

Reason for Test	:	Random	Date of Receipt	:	07-October-2010
Donor ID	:	JUSC	Sample Date	:	05-October-2010
Date of Birth	:	09/06/1970	Sample Time	:	15:25
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DECLARED
Methadone Screen	Positive	Rx.
Opiates Screen	Positive	?
Morphine-specific Screen	Positive	DECLARED.

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Retriever

Concateno™
global drug testing services

Main Menu
Logout

Sample Details

STSS : Standard

Back

Sample Data

Help

Reason For Test	Random	**Barcode Number**	08857386
Sample Date	12/11/2010	**Donor ID**	SCOT09061970
Sample Time	14:10	**Collector**	PAUL
Date of Receipt	18/11/2010	**Date of Birth**	09/06/1970
Date of Approval	18/11/2010	**Sex**	Male

Screening Tests			
Analyte	**Screen**	**Interpretation**	**Confirmation**
Benzodiazepines Screen	Positive		
Methadone Screen	Positive		
Opiates Screen	Positive		
Morphine-specific Screen	Positive		

Declared Drugs

	Date	Time	Declared Drugs
Fri	12/11/2010	AM	
		PM	
Thu	11/11/2010	AM	
		PM	
Wed	10/11/2010	AM	
		PM	
Tue	09/11/2010	AM	
		PM	
Mon	08/11/2010	AM	
		PM	
Sun	07/11/2010	AM	
		PM	
Sat	06/11/2010	AM	
		PM	
Fri	05/11/2010	AM	
		PM	

Back

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08847933

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 18-January-2011

Reason for Test	:	Random	Date of Receipt	:	17-January-2011
Donor ID	:	JUSC	Sample Date	:	13-January-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:19
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DECLINED 7/7
Methadone Screen	Positive	No
Opiates Screen	Positive	
Morphine-specific Screen	Positive	DECLINED 7/7

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08847475

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 10-February-2011

Reason for Test	:	Random	Date of Receipt	:	10-February-2011
Donor ID	:	JUSC	Sample Date	:	07-February-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:31
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Dec
Methadone Screen	Positive	Dec
Opiates Screen	Positive	
Morphine-specific Screen	Positive	Dec
Cannabinoids Screen	Positive	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

This Certificate of Analysis is provided in accordance with our standard terms and conditions.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08843341.

Report Date: 24/02/2011.

Customer: STSS

CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Reason for Test	: Random	Date of Receipt	: 24-February-2011
Donor ID	: JU SC	Sample Date	: 22-February-2011
Date of Birth	: 09/06/1970	Sample Time	: 15:40
Sex	: Male	Collector	: R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DEC. 7/7 60.8ng/s
Methadone Screen	Positive	Pos.
Opiates Screen	Positive	DEC. 4/7 ~E5
Morphine-specific Screen	Positive	
Cannabinoids Screen	Positive	DEC. 4/7 3-4 ng/s

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08843363.

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 08/03/2011.

Reason for Test	:	Random	Date of Receipt	:	08-March-2011
Donor ID	:	JUSC	Sample Date	:	04-March-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:17
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Dec.
Methadone Screen	Positive	Pos. + Dec illicit?
Opiates Screen	Negative	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08717595.

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 11/03/2011.

Reason for Test	:	Random	Date of Receipt	:	11-March-2011
Donor ID	:	JUSC	Sample Date	:	09-March-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:35
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DEC. +/?
Cocaine Metabolites Screen	Negative	
Methadone Screen	Positive	Ro. + ILLICIT DEC. ?
Opiates Screen	Negative	

RS

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08843261.

Report Date: 14/04/2011.

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Justin

Reason for Test	:	Random	Date of Receipt	:	14-April-2011
Donor ID	:	J S	Sample Date	:	12-April-2011
Date of Birth	:	09/06/1970	Sample Time	:	14:00
Sex	:	Male	Collector	:	R MCGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	Screen	Confirmation
Benzodiazepines Screen	Positive	DEC
Methadone Screen	Positive	Pos.
Opiates Screen	Negative	
Cannabinoids Screen	Positive	DEC.

RS

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08955781.

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 26/05/2011.

Reason for Test	:	Random	Date of Receipt	:	26-May-2011
Donor ID	:	JUSC	Sample Date	:	24-May-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:40
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	DEC.
Methadone Screen	Positive	Pos.
Opiates Screen	Positive	?, *
Morphine-specific Screen	Negative	
Cannabinoids Screen	Positive	DEC.

Comments : * Co-Codamol - Toothache.

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08955453.

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 20/06/2011.

Reason for Test	:	Random	Date of Receipt	:	20-June-2011
Donor ID	:	JUSC	Sample Date	:	16-June-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:29
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Dec.
Methadone Screen	Positive	Po
Opiates Screen	Positive	? *
Morphine-specific Screen	Negative	
Cannabinoids Screen	Positive	Dec.

Comments :

* - Co-codamol - Tramadol.

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08966049.

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 29/07/2011.

Reason for Test	:	Random	Date of Receipt	:	29-July-2011
Donor ID	:	JUSC	Sample Date	:	26-July-2011
Date of Birth	:	09/06/1970	Sample Time	:	13:44
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Pos.
Methadone Screen	Positive	Pos.
Opiates Screen	Positive	
Morphine-specific Screen	Negative	
Cannabinoids Screen	Positive	DEC.

Comments :

Co-Codamol - Toothache.

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08959462.

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 30/08/2011.

Reason for Test	:	Random	Date of Receipt	:	30-August-2011
Donor ID	:	JUSC	Sample Date	:	24-August-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:45
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Px.
Methadone Screen	Positive	Px.
Opiates Screen	Positive	
Morphine-specific Screen	Positive	

Dec. 2/7

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 08999391

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 06-October-2011

Reason for Test	:	Random	Date of Receipt	:	06-October-2011
Donor ID	:	JUSC	Sample Date	:	04-October-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:45
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Pos.
Methadone Screen	Positive	Pos.
Opiates Screen	Negative	
Cannabinoids Screen	Positive	DEC.

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 95083156

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 12-November-2011

Reason for Test	:	Random	Date of Receipt	:	11-November-2011
Donor ID	:	JUSC	Sample Date	:	09-November-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:32
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Pos
Methadone Screen	Positive	Pos.
Opiates Screen	Positive	
Morphine-specific Screen	Positive	NOT DEC.

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 95120934

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 16-December-2011

Reason for Test	:	Random	Date of Receipt	:	16-December-2011
Donor ID	:	JUSC	Sample Date	:	12-December-2011
Date of Birth	:	09/06/1970	Sample Time	:	15:45
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Pos.
Methadone Screen	Positive	Pos.
Opiates Screen	Positive	~~Pos~~
Morphine-specific Screen	Positive	

RS. MSL

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 95086290

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 30-January-2012

Reason for Test	:	Random	Date of Receipt	:	30-January-2012
Donor ID	:	JUSC	Sample Date	:	25-January-2012
Date of Birth	:	09/06/1970	Sample Time	:	15:50
Sex	:	Male	Collector	:	R MACGRUER

DRUG GRDUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Pos
Cocaine Metabolites Screen	Positive	- Dec 47
Methadone Screen	Positive	Pos.
Opiates Screen	Negative	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 95167759

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 02-April-2012

Reason for Test	: Random	Date of Receipt	: 02-April-2012
Donor ID	: JUSC	Sample Date	: 28-March-2012
Date of Birth	: 09/06/1970	Sample Time	: 15:55
Sex	: Male	Collector	: R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	R
Cocaine Metabolites Screen	Negative	
Methadone Screen	Positive	R.
Opiates Screen	Negative	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 95209390

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 08-May-2012

Reason for Test	:	Random	Date of Receipt	:	08-May-2012
Donor ID	:	JUSC	Sample Date	:	03-May-2012
Date of Birth	:	09/06/1970	Sample Time	:	15:41
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Pos
Methadone Screen	Positive	Pos.
Opiates Screen	Negative	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
global drug testing services

Oral Fluid - Final

Barcode: 95224427

Customer: STSS
CDPS - South Team
Spittal Street Centre
22-24 Spittal Street
Edinburgh
EH3 9DU

Report Date: 16-July-2012

Reason for Test	:	Random	Date of Receipt	:	16-July-2012
Donor ID	:	JUSC	Sample Date	:	12-July-2012
Date of Birth	:	09/06/1970	Sample Time	:	15:50
Sex	:	Male	Collector	:	R MACGRUER

DRUG GROUP / ANALYTE	RESULT	
Screening Tests	**Screen**	**Confirmation**
Benzodiazepines Screen	Positive	Po.
Cocaine Metabolites Screen	Negative	
Methadone Screen	Positive	Po.
Opiates Screen	Negative	

Comments :

Clinical consideration and professional judgement should be applied to any test result where screen only positive results are used. A confirmatory test, by GC-MS, or LC-MS, is recommended to confirm preliminary positive screen results.

Concateno
92 Milton Park, Abingdon, Oxfordshire. OX14 4RY, UK.
Tel: +44 (0) 1235 443292| Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com

Certificate of Analysis

Concateno
Global drug testing services

Oral Fluid

Customer: STSS

Donor ID	:	JUSC		**Sample Number**	:	9524D670
DOB	:	09/06/1970				
Collector	:	R MACGRUER		**Date of Receipt**	:	05/09/2012
Collection Date & Time	:	03/09/2012	16:15	**Report Date**	:	05/09/2012

Test	Date of Test	Result	
		Screen	Confirmation
Benzodiazepines	05/09/2012	POSITIVE	
Methadone	05/09/2012	POSITIVE	
Opiates	05/09/2012	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

This Certificate of Analysis is provided in accordance with our standard conditions of supply

Certificate of Analysis

Concateno
Global drug testing services

Oral Fluid

Customer: STSS

Donor ID	:	JUSC		Sample Number	:	95281706
DOB	:	09/06/1970				
Collector	:	R MACGRUER		Date of Receipt	:	12/11/2012
Collection Date & Time	:	08/11/2012	15:55	Report Date	:	13/11/2012

Test	Date of Test	Result	
		Screen	Confirmation
Benzodiazepines	12/11/2012	POSITIVE	Pos. DEC. EXTRA 30-40 MOST DAYS.
Methadone	12/11/2012	POSITIVE	Pos.
Opiates	12/11/2012	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

This Certificate of Analysis is provided in accordance with our standard conditions of supply

Certificate of Analysis

Concateno™
Global drug testing services

Oral Fluid

Customer: STSS

Donor ID	:	JUSC	Sample Number	:	95297811
DOB	:	09/06/1970			
Gender	:	Male			
Collector	:	R MAGGRUER	Date of Receipt	:	04/02/2013
Collection Date & Time	:	31/01/2013 14:50	Report Date	:	04/02/2013

Test	Date of Test	Result	
		Screen	Confirmation
Benzodiazepines	04/02/2013	POSITIVE	Pos.
Methadone	04/02/2013	POSITIVE	Pos.
Opiates	04/02/2013	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

This Certificate of Analysis is provided in accordance with our standard conditions of supply

Concateno
92 Milton Park, Abingdon, Oxfordshire, OX14 4RY, UK
Tel: +44 (0) 1235 861 483 | Fax: +44 (0) 1235 835 607 | Email:lab services@concateno.com | www.concateno.com

Certificate of Analysis

Concateno™
Global drug testing services

Oral Fluid

Customer: **STSS**

Donor IO	:	JUSC	Sample Number	:	09437346
DOB	:	09/06/1970			
Gender	:	Male			
Collector	:	R MACGRUER	Date of Receipt	:	28/03/2013
Collection Date & Time	:	25/03/2013 16:05	Report Date	:	28/03/2013

Test	Date of Test	Result	
		Screen	Confirmation
6-MAM	28/03/2013	Negative	
Benzodiazepines	28/03/2013	POSITIVE	Pos.
Methadone	28/03/2013	POSITIVE	Pos.
Opiates	28/03/2013	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

This Certificate of Analysis is provided in accordance with our standard conditions of supply

Concateno
92 Milton Park, Abingdon, Oxfordshire, OX14 4RY, UK
Tel: +44 (0) 1235 861 483 | Fax: +44 (0) 1235 835 607 | Email:lab services@concateno.com | www.concateno.com

Certificate of Analysis

Concateno™
Global drug testing services

Oral Fluid

Customer: STSS

Donor ID	:	JUSC	Sample Number	:	09645380
DOB	:	09/06/1970			
Gender	:	Male			
Collector	:	R MACGRUER	Date of Receipt	:	28/05/2013
Collection Date & Time	:	23/05/2013 18:00	Report Date	:	28/05/2013

Test	Date of Test	Result	
		Screen	Confirmation
6-MAM	28/05/2013	Negative	
Benzodiazepines	28/05/2013	POSITIVE	Pos
Methadone	28/05/2013	POSITIVE	Pos.
Opiates	28/05/2013	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

This Certificate of Analysis is provided in accordance with our standard conditions of supply

Concateno
92 Milton Park, Abingdon, Oxfordshire, OX14 4RY, UK
Tel: +44 (0) 1235 861 483 | Fax: +44 (0) 1235 835 607 | Email:lab services@conceteno.com | www.concateno.com

Certificate of Analysis

Concateno™
Global drug testing services

Oral Fluid

Customer: STSS

Donor ID	:	JUSC	Sample Number	:	09702967
DOB	:	09/06/1970			
Gender	:	Male			
Collector	:	R MACGRUER	Date of Receipt	:	07/08/2013
Collection Date & Time	:	05/08/2013 16:20	Report Date	:	07/08/2013

Test	Date of Test	Result	
		Screen	Confirmation
6-MAM	07/08/2013	Negative	
Methadone	07/08/2013	POSITIVE	
Opiates	07/08/2013	Negative	

It is important to note that positive screen results are presumptive positives and a further confirmatory test, e.g. gas chromatography - mass spectrometry (GC-MS) is recommended to confirm the presence of all positive screened substances.

This Certificate of Analysis is provided in accordance with our standard conditions of supply

Concateno
92 Milton Park, Abingdon, Oxfordshire, OX14 4RY, UK
Tel: +44 (0) 1235 861 483 | Fax: +44 (0) 1235 835 607 | Email:labservices@concateno.com | www.concateno.com