



**Tackling Drug and Alcohol Related Deaths  
On-Line Seminar - 24th Oct – 1 p.m. – 3.30 p.m.**

[carron.mcdiarmid@nhs.scot](mailto:carron.mcdiarmid@nhs.scot)

HADP Chair



Website: [www.highland-adp.org.uk](http://www.highland-adp.org.uk)  
Substance Awareness Toolkit: [www.h-sat.co.uk](http://www.h-sat.co.uk)  
<https://www.facebook.com/HighlandADP>  
<https://twitter.com/HighlandADP>



# Agenda

Section	Time	Slot	Presenter / Task	Role
Open & Welcome	5	1.00 – 1.05	Carron McDiarmid	HADP Chair
A Scottish Perspective	15	1.05 – 1.20	Dr Tara Shivaji	Public Health Scotland
Drugs and Alcohol Deaths in Highland	15	1.20 – 1.35	Dr Tim Allison	NHS Highland
Drug Related Deaths in Younger People in Highland	15	1.35 – 1.50	Dr Stephanie Govenden	NHS Highland
Q&A for Presenters	5	1.50 – 1.55	Shona to pose Questions	Liz & Shona
Comfort Break	5	1.55 – 2.00		
Local Activity	10	2.00 – 2.10	Debbie Stewart	HADP
Medication Assisted Treatment (MAT) Standards	20	2.10 – 2.30	Teresa Green/Bev Fraser	Drug and Alcohol Recovery Service
Q&A for Presenters	5	2.30 – 2.35	Liz to pose Questions	Liz & Shona
Discussion Session – Breakout	40	2.35 – 3.15	Breakout Rooms	10 Breakout Rooms with Facilitator and Scribe - Max 15 people per group
Feedback from Groups	10	3.15 – 3.25	Carron to Chair	HADP Chair
Next Steps / Closing Remarks	5	3.25 – 3.30	Carron to Chair	HADP Chair
Finish @ 3.30pm				

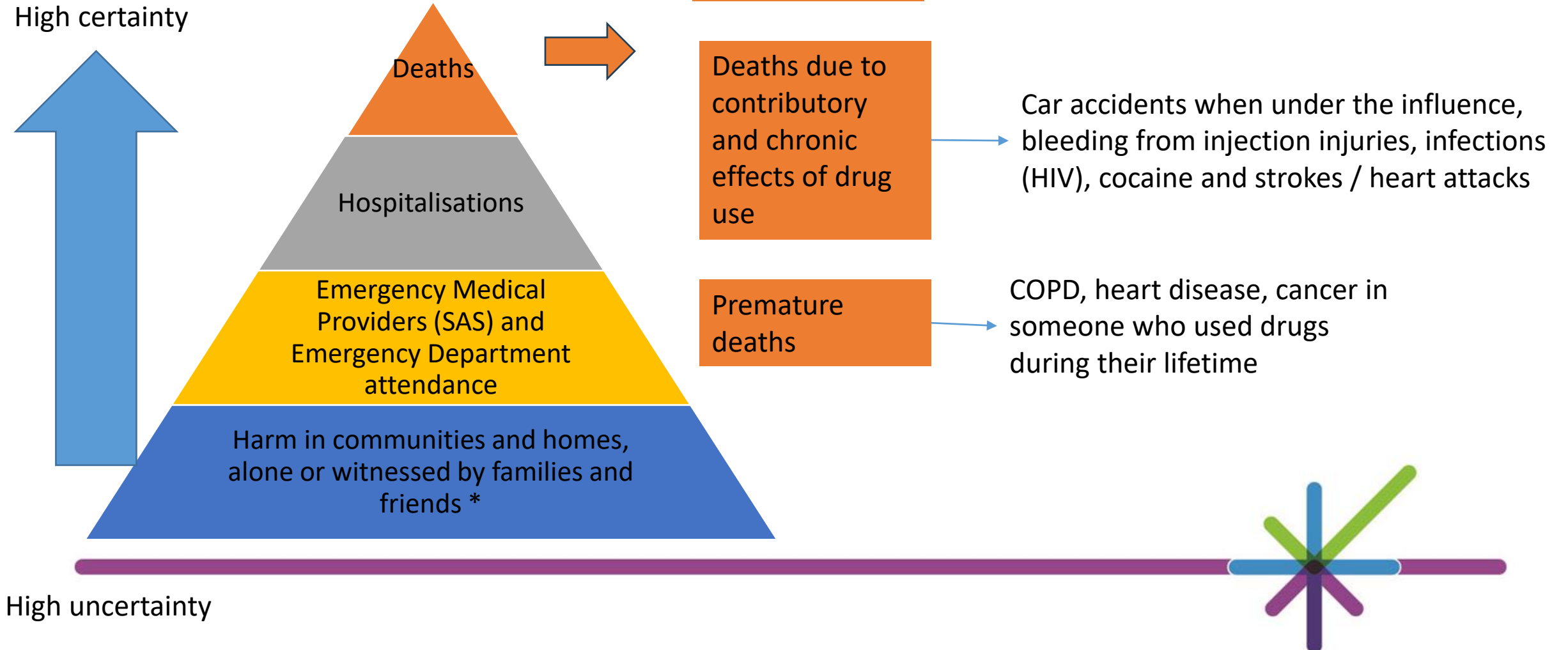
# Tara Shivaji's Presentation

# **The Scottish drugs death crisis, shaping a public health response**

Dr Tara Shivaji

Consultant in Public Health Medicine

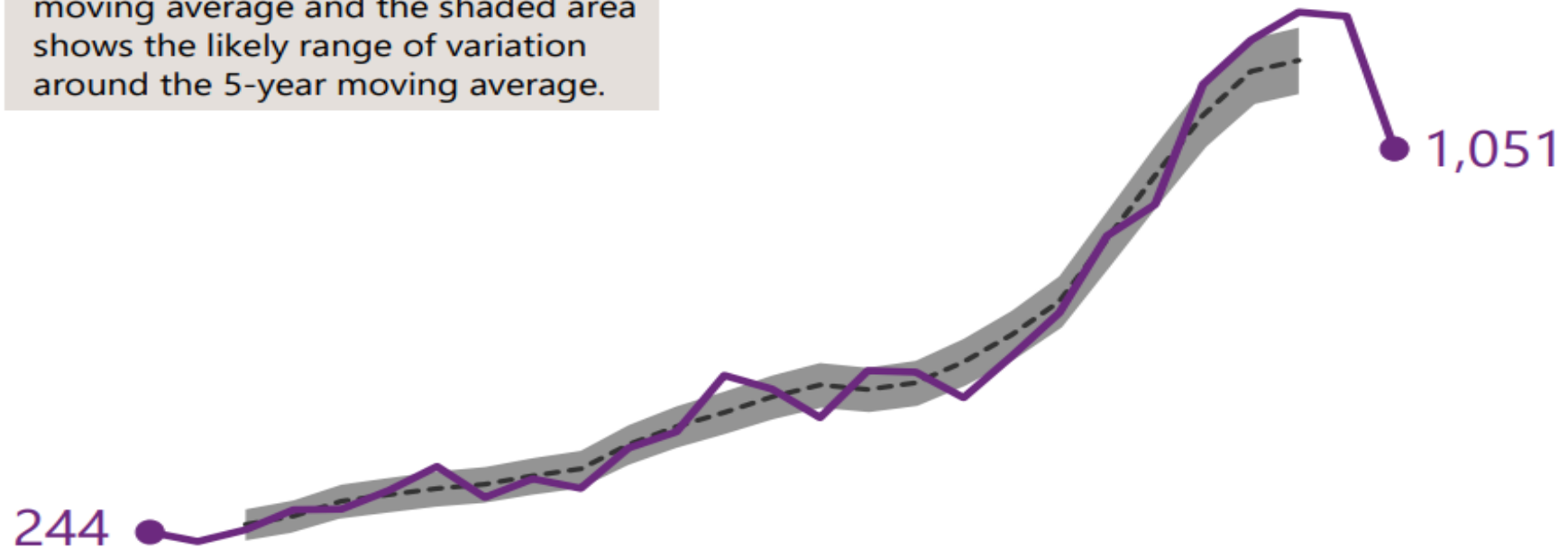
# Drug harms, deaths and drug related deaths



# Drug related deaths, Scotland 1996-2022

(Source National Records of Scotland)

The dashed line shows the 5-year moving average and the shaded area shows the likely range of variation around the 5-year moving average.



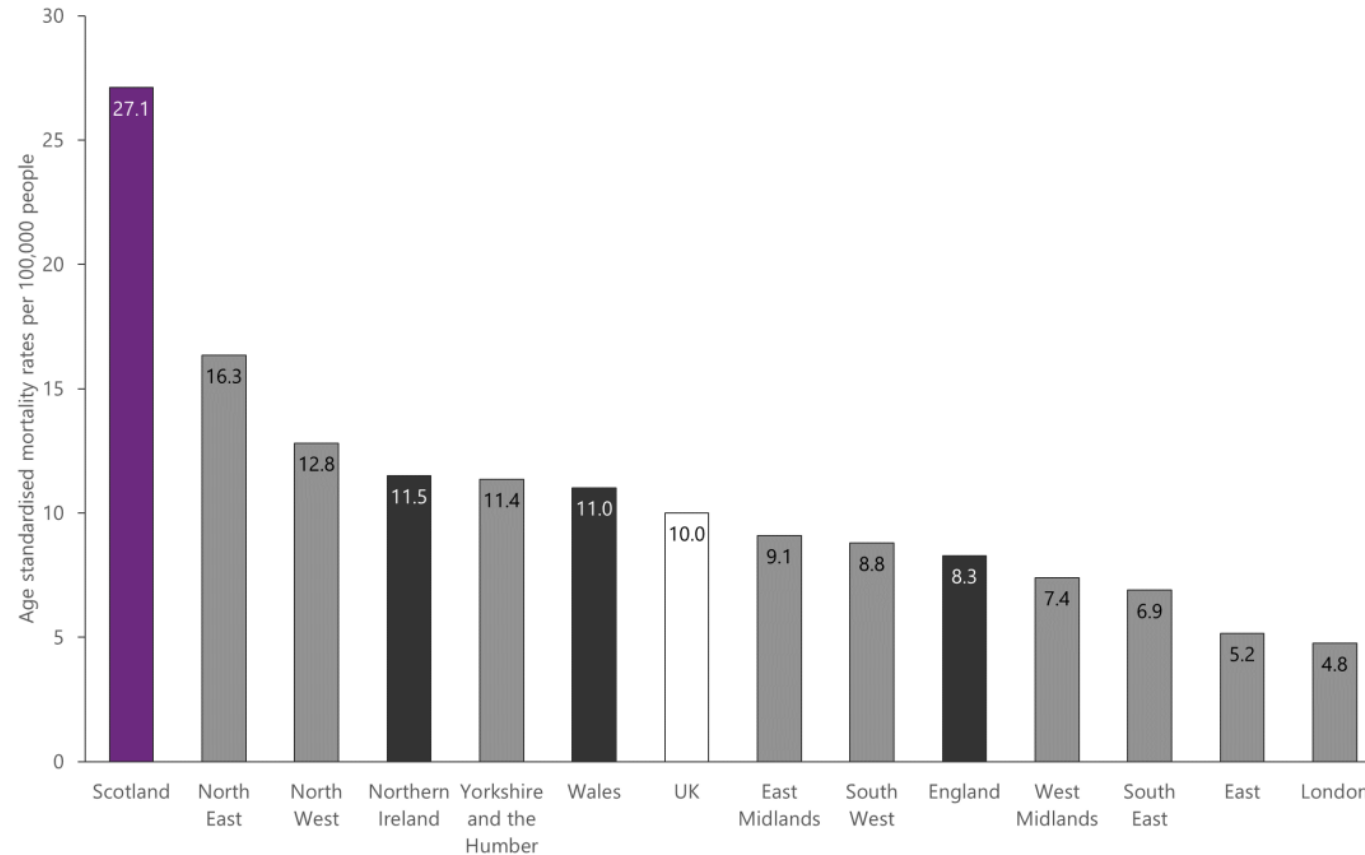
1996

2022



# Drug related deaths, comparing Scotland with England and Wales and Northern Ireland, 2021

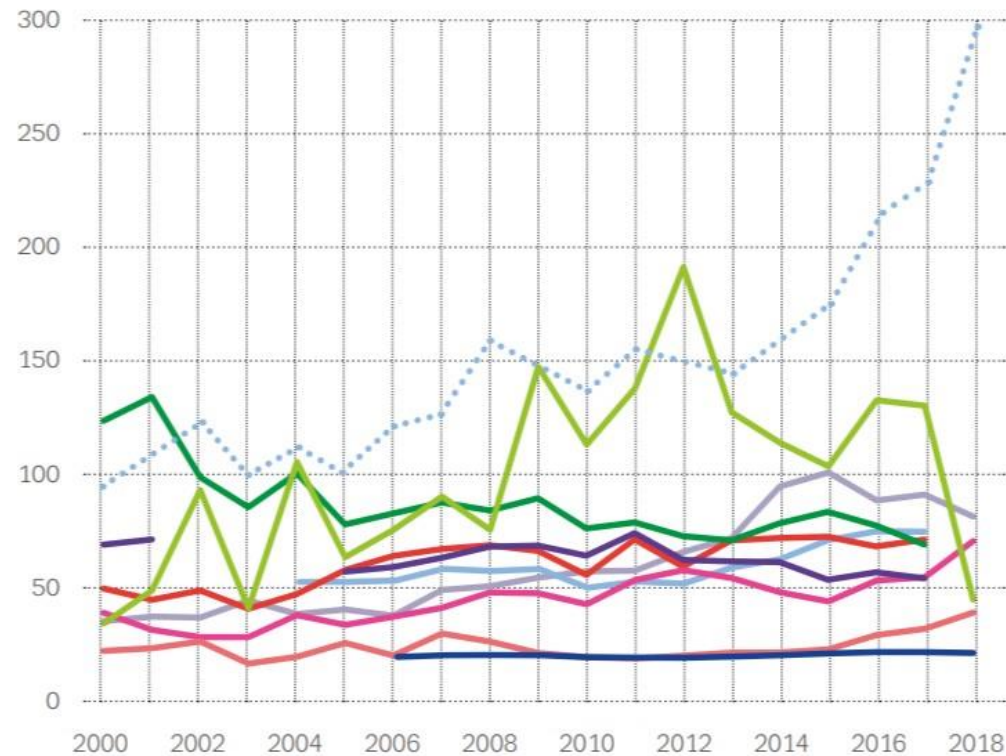
(Source: Office for National Statistics)



# Comparing drug-related mortality in Scotland with other EU countries

(source: European Drugs Report 2020)

Cases per million population

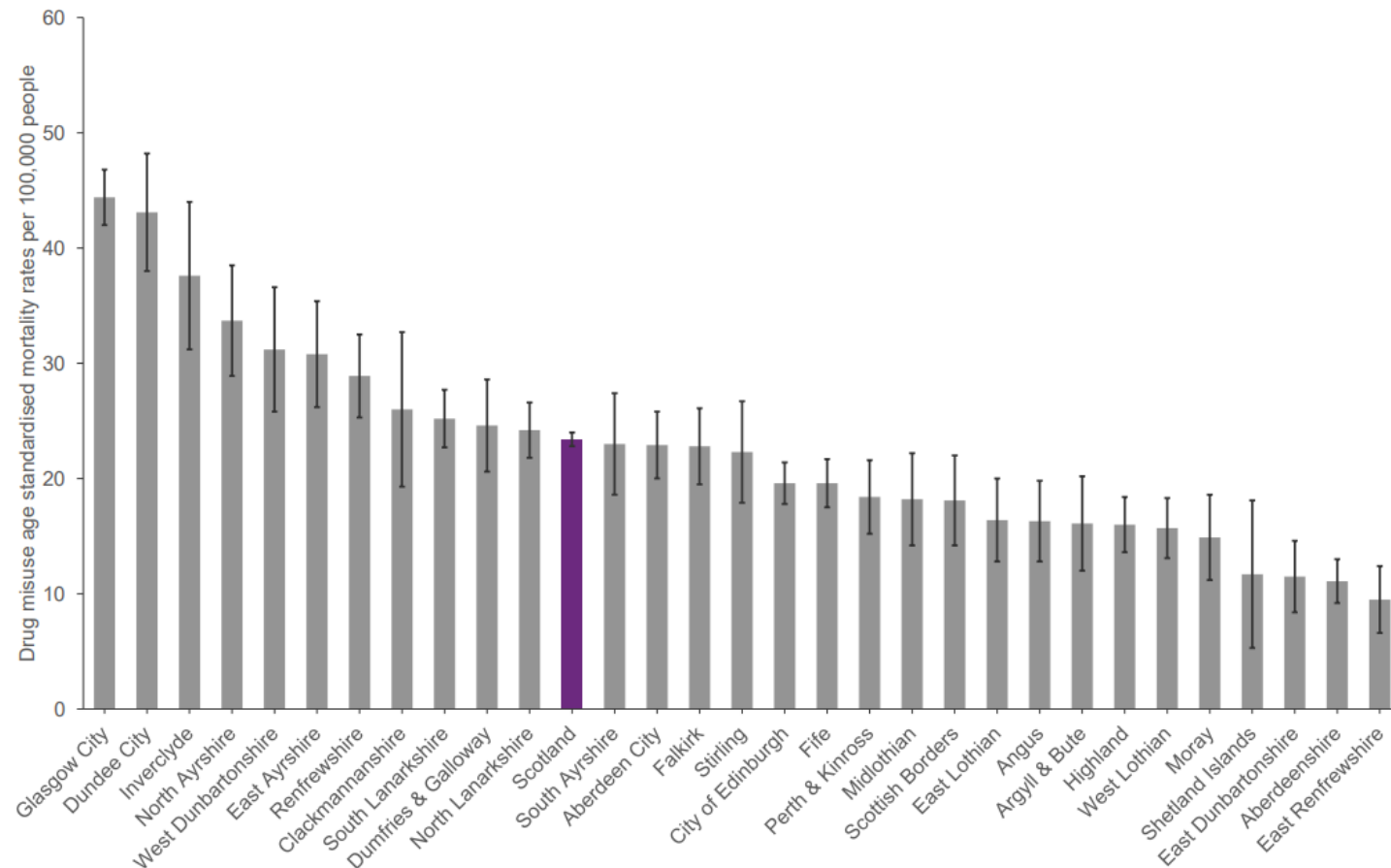


Scotland (UK) Sweden United Kingdom Ireland  
Finland Norway Denmark Estonia Slovenia  
EU + 2





# Drug related deaths for selected council areas, age standardised death rate 2018-2022 (Source: National Records of Scotland)



# Compared to other UK nations, higher risk of developing problematic opioid use in Scotland (

[Point annual report - GOV.UK \(www.gov.uk\)](#)

Source UK Government [United Kingdom drug situation 2019: Focal](#)

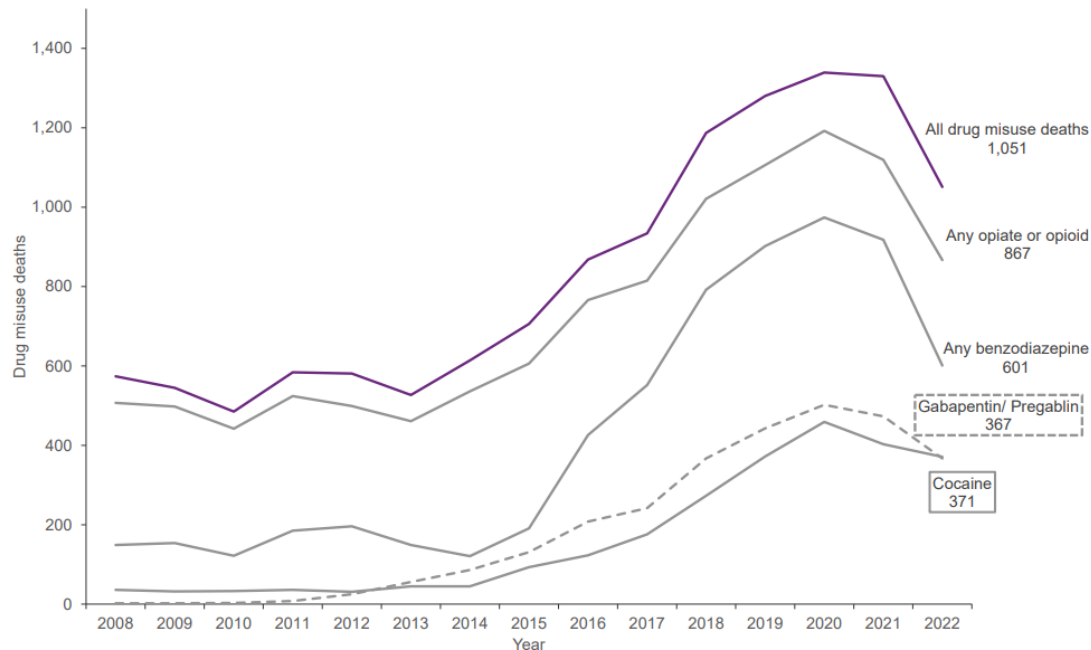
Country	Year	Estimate (95% CI)	Rate per 1,000
England	2016 to 2017	261,294 (259,018 – 271,403)	7.4 (7.3 – 7.6)
Wales	2017 to 2018	18,980 (16,870 – 22,460)	9.7 (8.6 – 11.5)
Scotland*	2015 to 2016	57,300 (55,800 – 58,900)	16.2 (15.8 – 16.7)



# Factors contributing to the increased risk of death

## Polysubstance use

Drug deaths in Scotland by drugs implicated (Source: NRS)



- In 2022 79% of deaths involved more than one substance
- Use of depressants such as etizolam and gabapentin increase the risk of overdose even in situations where opioid levels are low
- Emergence of synthetic opioids in Scotland heightens risk
- Prescribing for pain



# Factors contributing to the increased risk of death

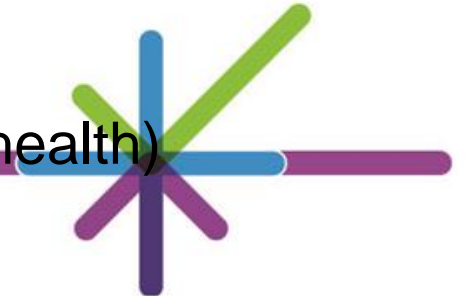
## Access to and effectiveness of treatment

### Access

- Reductions in numbers accessing treatment services
- Pathways to access care for at high risk points – prison release, hospital discharge
- Gender specific access challenges
- Dual diagnosis of substance use and mental health disorders
- Rural accessibility

### Quality

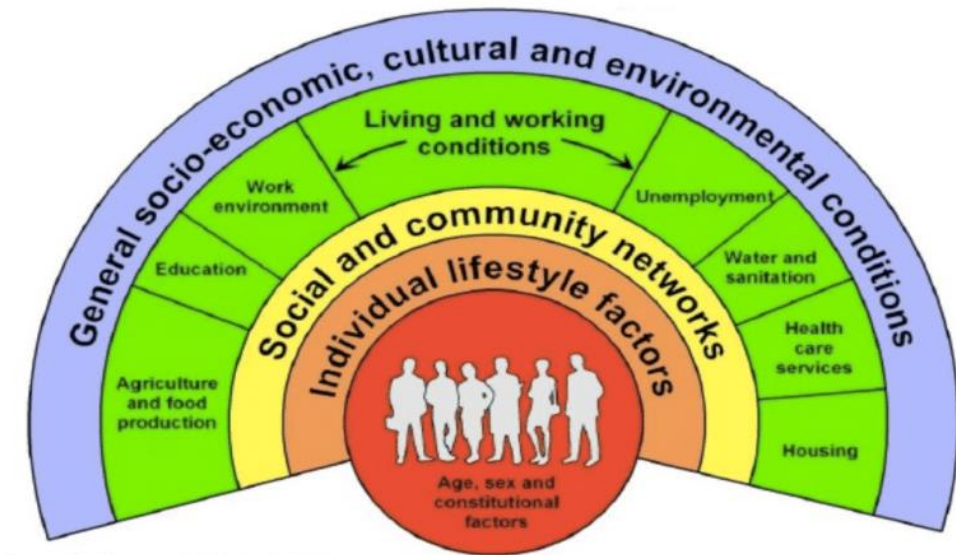
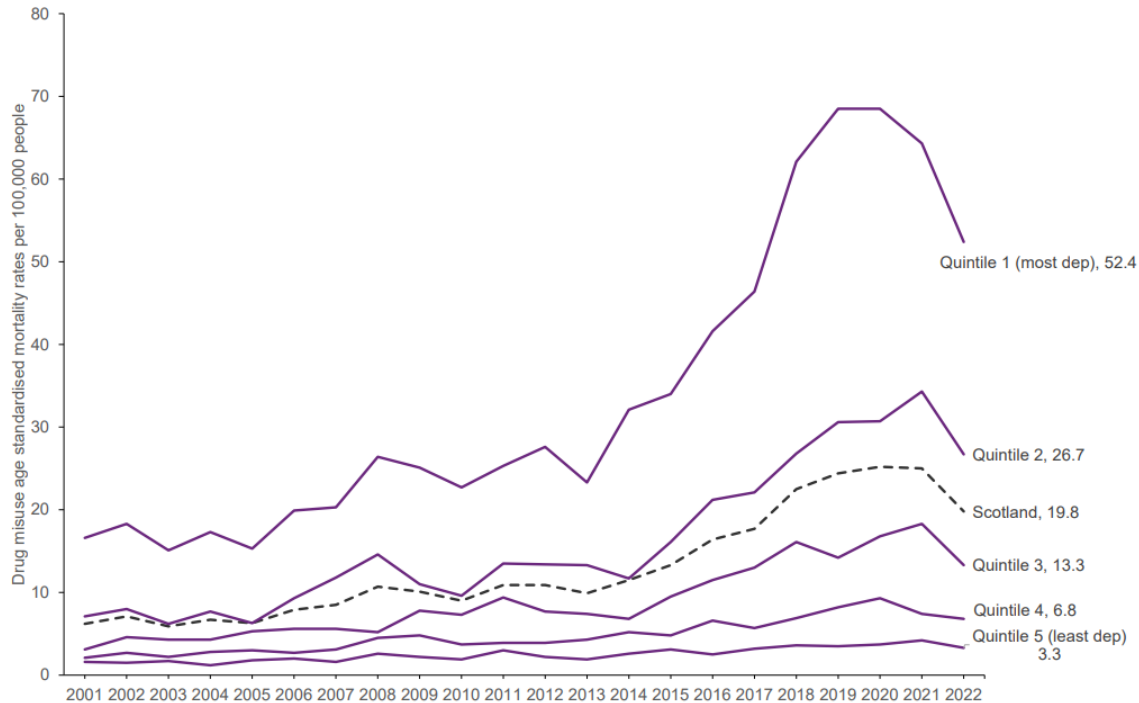
- Evidence based treatment options for benzodiazepine and polysubstance use?
- Quality of psychological therapies?
- Primary care, management of co-morbidities (CV and respiratory health)



# Factors contributing to the increased risk of death

## Deprivation

Drug related deaths, Scotland 2001-2022, distribution by deprivation quintile of area of residence (Source NRS)



Source: Dahlgren and Whitehead, 1991



# Implications for public health action to reduce the drugs death emergency

Complex and multifactorial

## **Access to quality care for those at risk of harm**

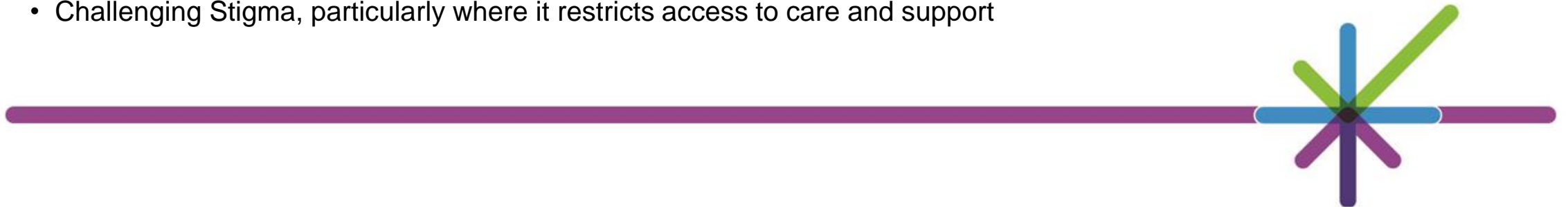
- Identify and treat people at the earliest stage, gender and age sensitive approaches
- Combine OST and psychological treatments
- Harm reduction – synthetic substances

## **Reduce avoidable risks**

- Prescribing practices - gabapentin, prescribing for pain
- Hospital discharge, prison release
- reduction in services during times of austerity

## **Build resilience amongst those experiencing the effects of deprivation**

- Housing, welfare support
- Recovery focus – purpose and occupation
- Challenging Stigma, particularly where it restricts access to care and support



# Tim Allison's Presentation



## Tackling Drug and Alcohol Deaths in Highland

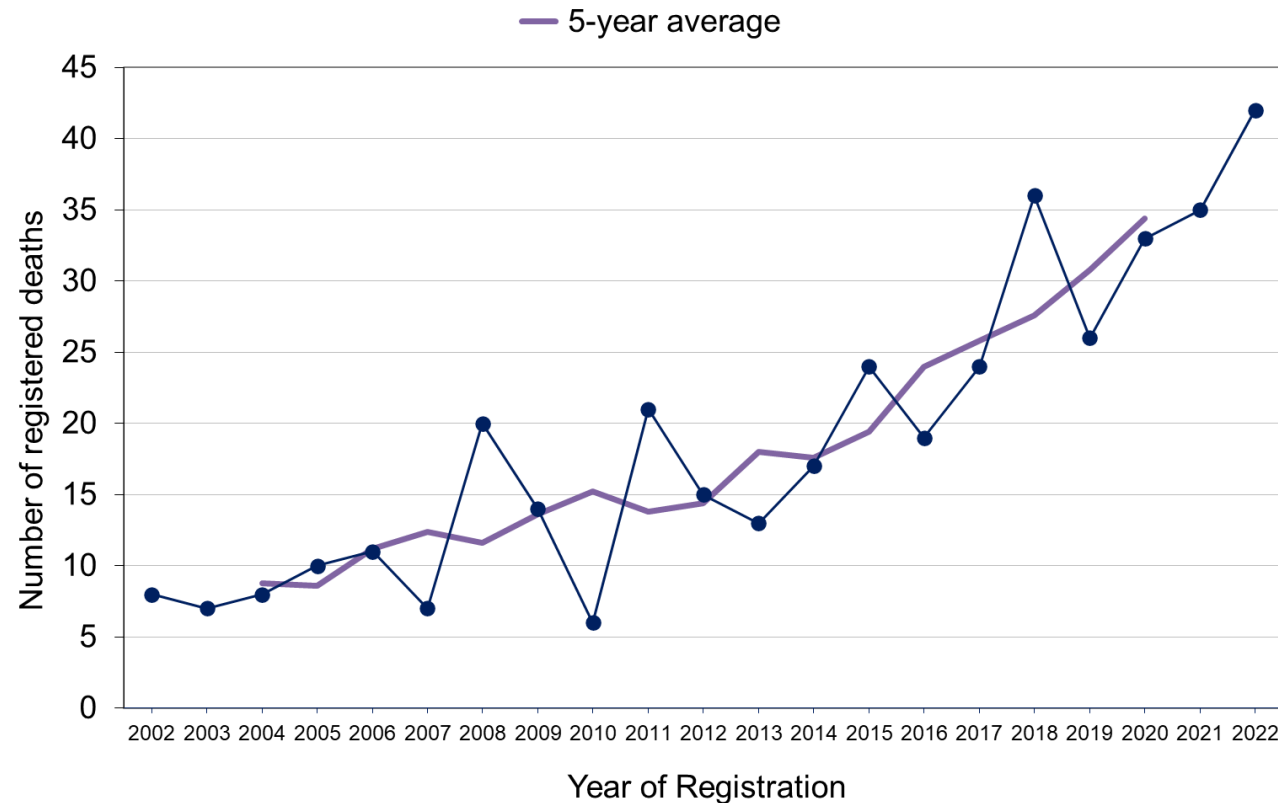
# Setting the Scene for Highland

Tim Allison, Director of Public Health, NHS Highland



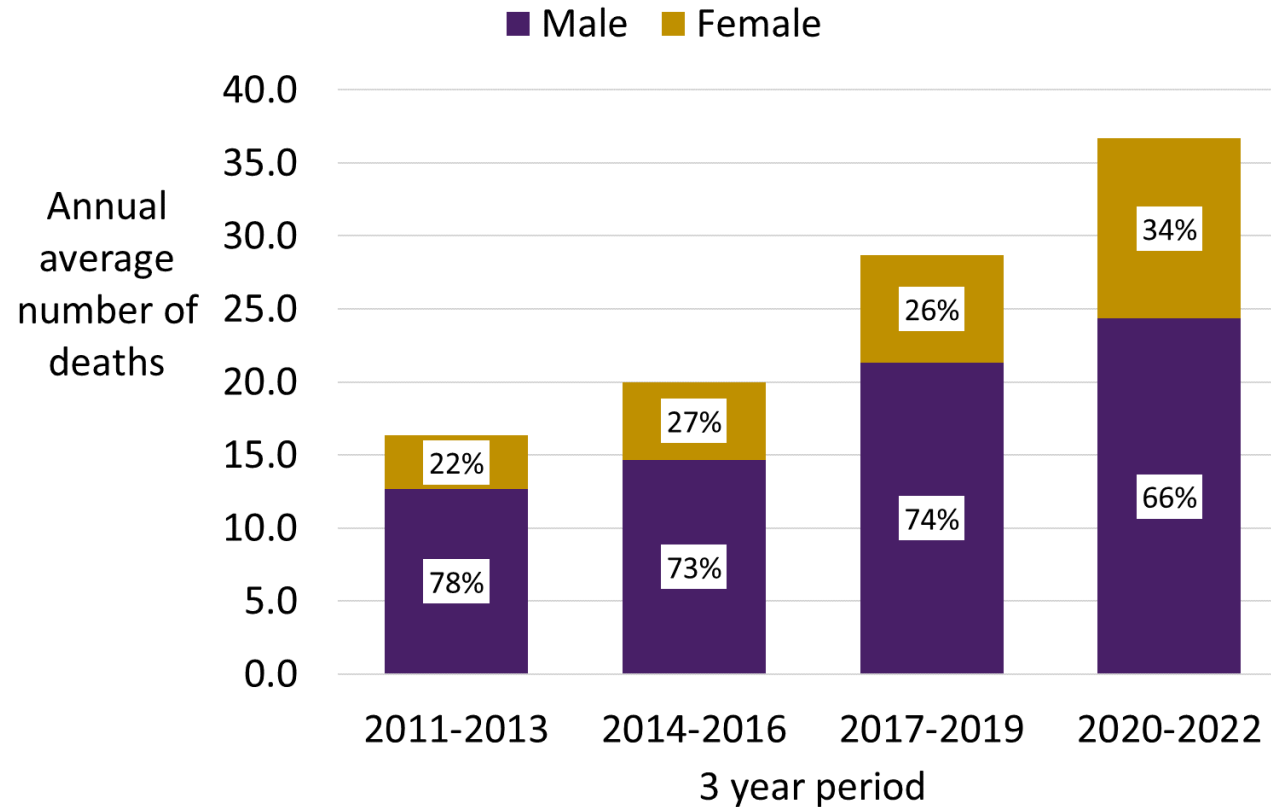
# Drug-related deaths in Highland continue to rise

- 42 drug-related deaths were registered in Highland in 2022
- Highest figure ever recorded with an increase of 7 deaths on 2021 figure
- Poly drug use continues to be a contributing factor
- An annual average 34 deaths for the 5-year period 2018-2022, which is more than twice the average number of deaths for the 2008-2012 period (15)



Source [Drug-related deaths 2022, National Records of Scotland \(nrsotland.gov.uk\)](https://nrsotland.gov.uk/drug-related-deaths-2022)

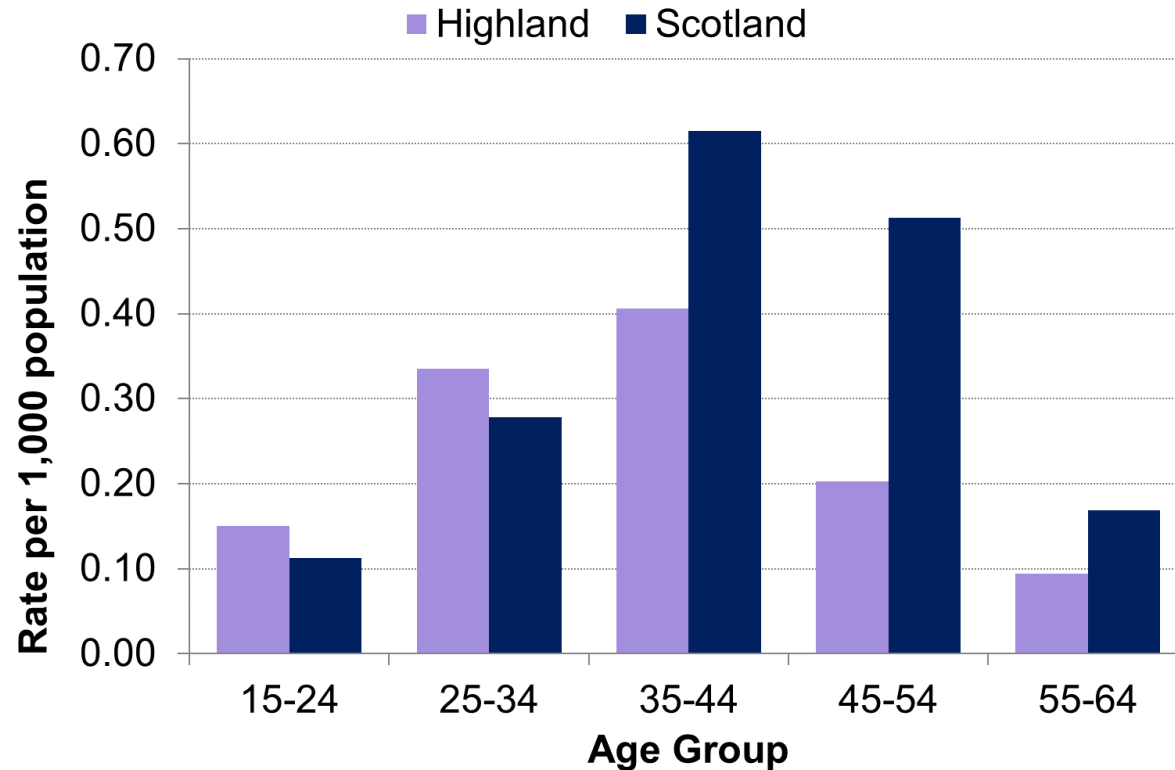
# Drug-related deaths: Gender Profile in Highland



- Female deaths account for an increasing proportion of deaths over time in Highland increasing from 22% in 2011-2013 to 34% in 2020-2022.
- Females made up 34% in Highland for 3 year period 2020-2022 compared with 30% nationally.

# Drug-related deaths: Age Profile, 2018-2022

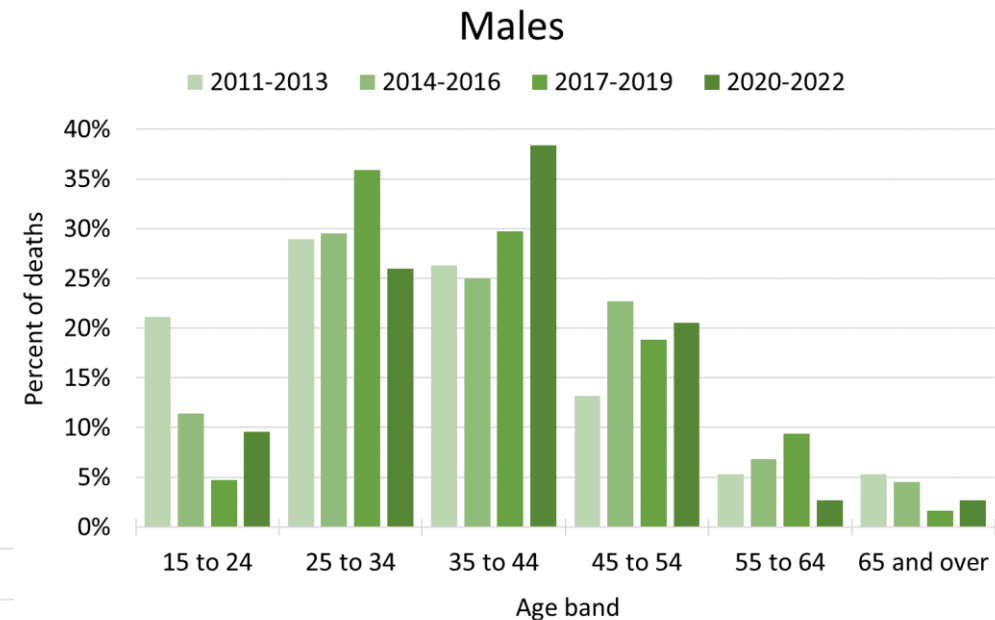
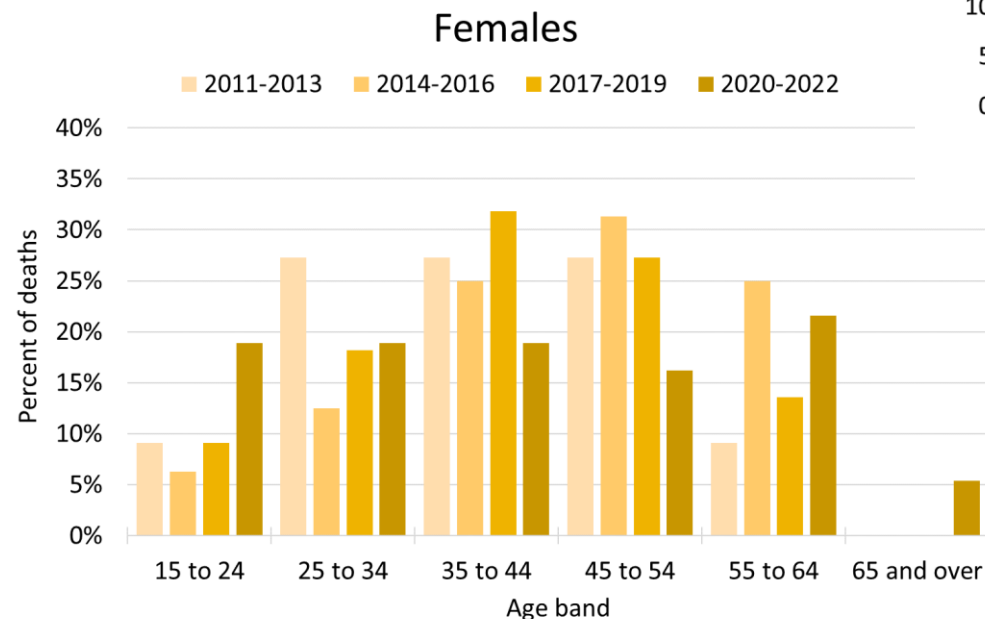
- Comparing age-specific rates shows death rates are higher for people ages 35 to 54 in Scotland than in Highland for 5 year period 2018-2022



# Drug-related deaths: Age and Gender Changes

Comparing the percentage of deaths by gender and age band across 3-year time periods shows:

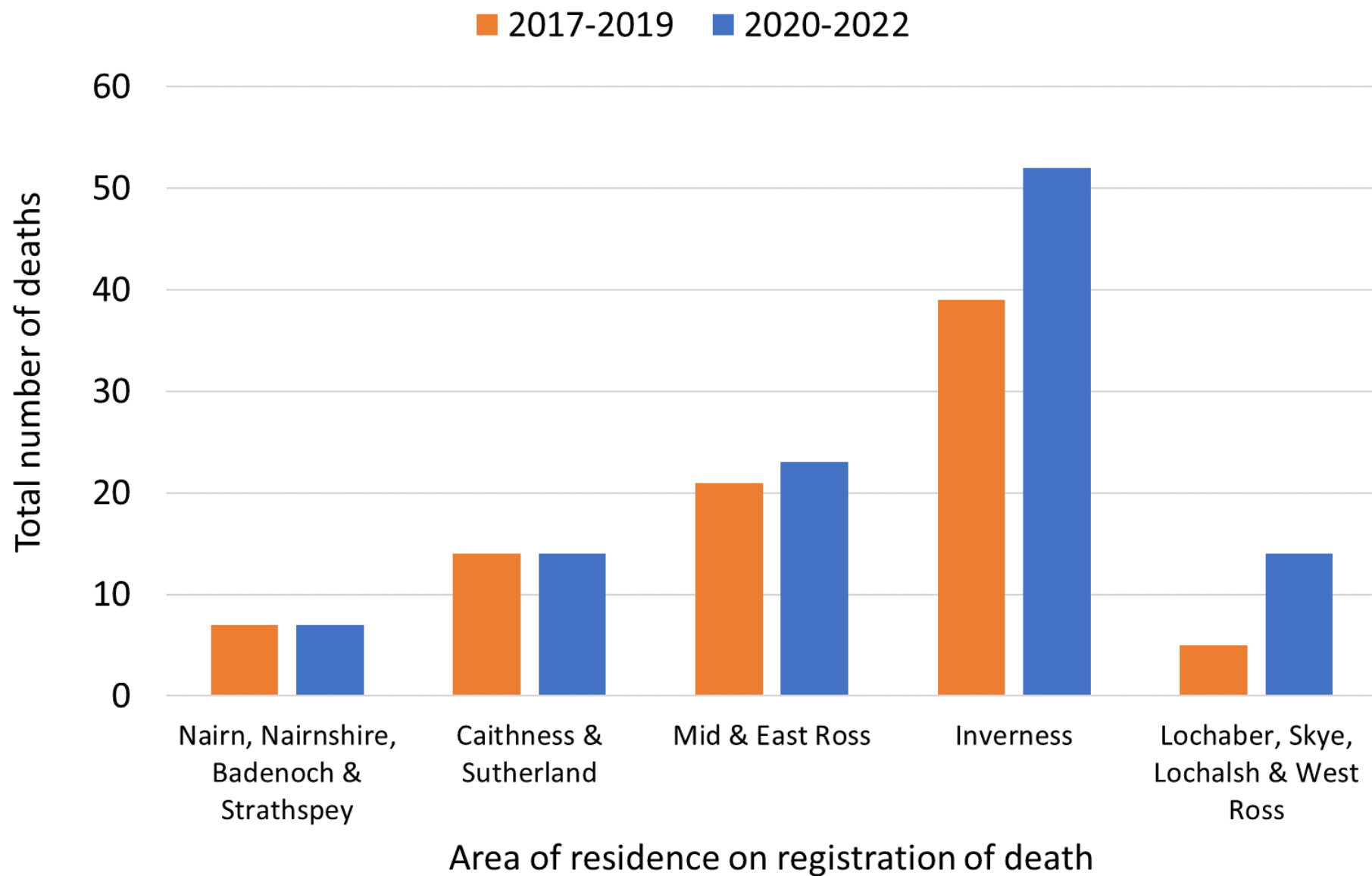
- Notable increases in the percent of female deaths:-
  - ages 15 to 24 years, and
  - ages 55 years and over



- An increase in the percent of male deaths ages 35 to 44 years against a decrease in male deaths ages 25 to 34 years

# Drug-related deaths: Where deaths occur

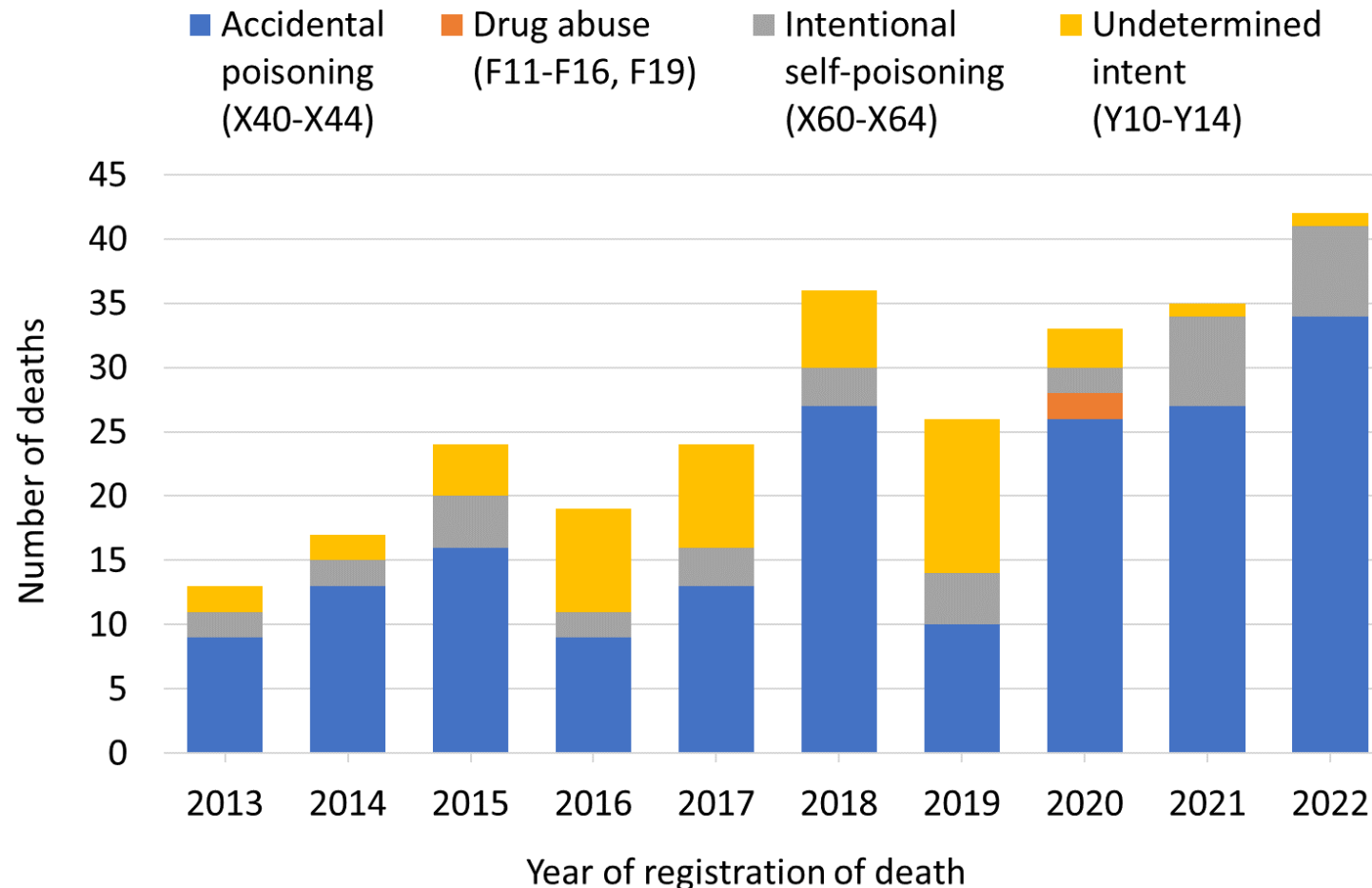
Consecutive 3-year time periods: 2017-2019 & 2020-2022



# Drug-related deaths in Highland

## Changes in underlying cause of death, 2013 to 2022

- In 2021 and 2022, a higher number of deaths were attributed to *Intentional self-poisoning* in Highland than in previous years within this 10 year period.

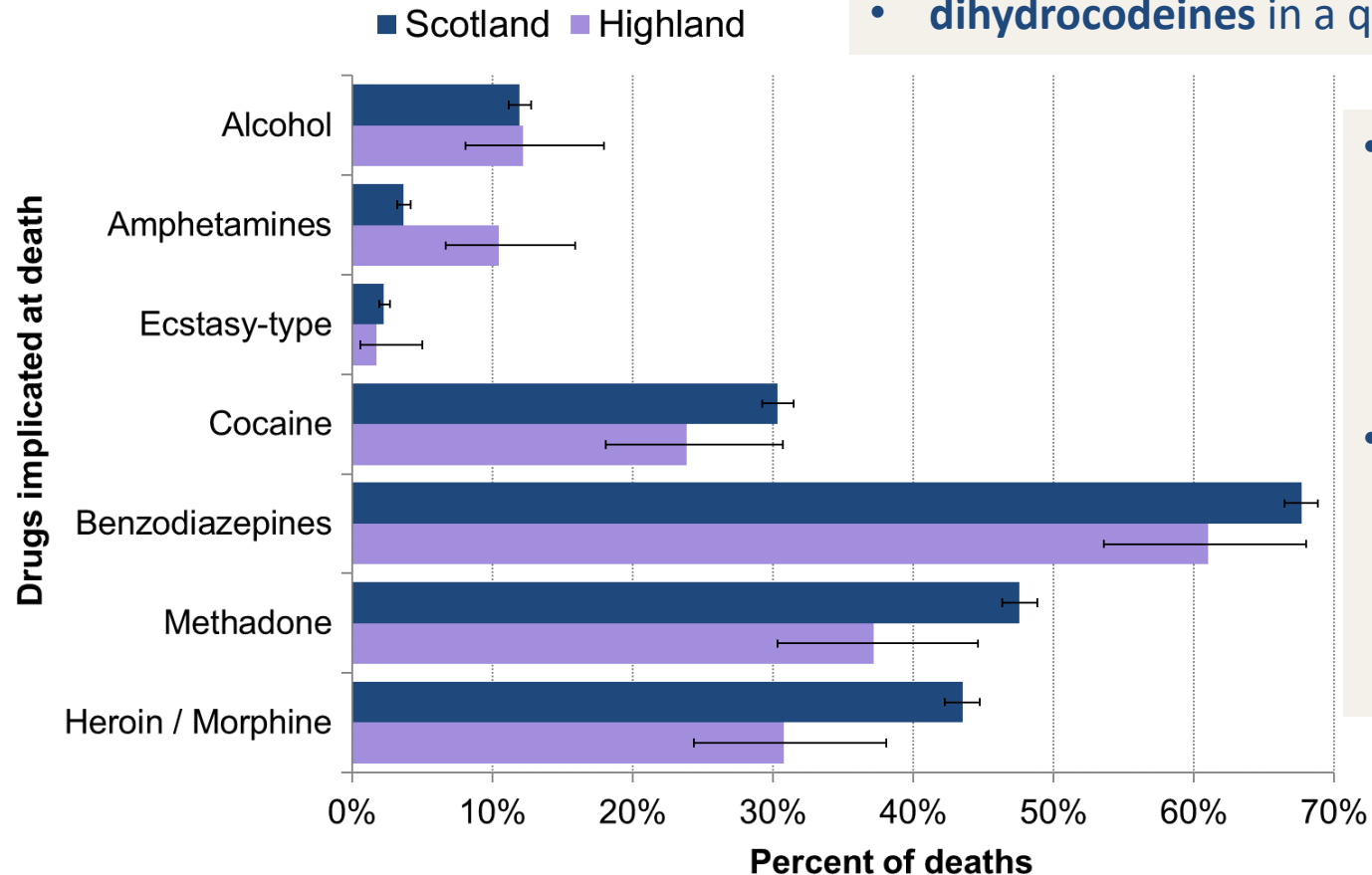


# Most drug misuse deaths are of people who took more than one drug

Drug related deaths by selected drugs implicated in 5-year period 2018-2022 (with 95% confidence intervals)

Percent of drugs implicated in deaths:-

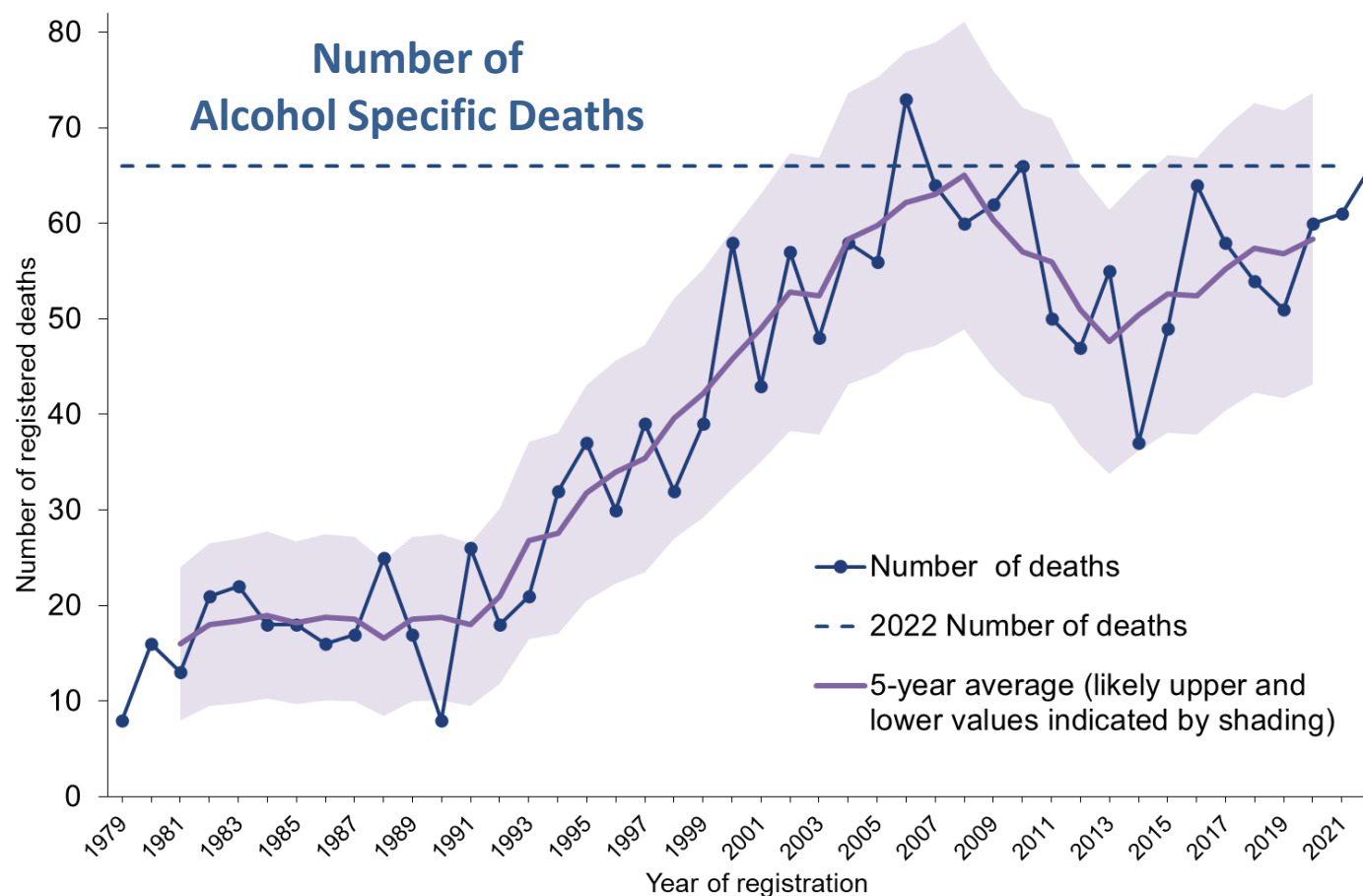
- **benzodiazepines** in **61%** of deaths
- **methadone** in over a third of deaths (**37%**)
- **heroin or morphine** in **31%** of deaths
- **dihydrocodeines** in a quarter of deaths (**24%**)



- **cocaine** in a higher percent of deaths nationally (30%) than in Highland (**24%**)
- **amphetamines** in a higher percent of deaths in Highland (**11%**) than Scotland (4%).

# Alcohol-Specific Deaths in Highland 2022

- There were 66 alcohol-specific deaths registered in Highland in 2022.
- This number of deaths for 2022 was equalled in 2010 and exceeded only in 2006 when the highest ever recorded number of deaths was 73.

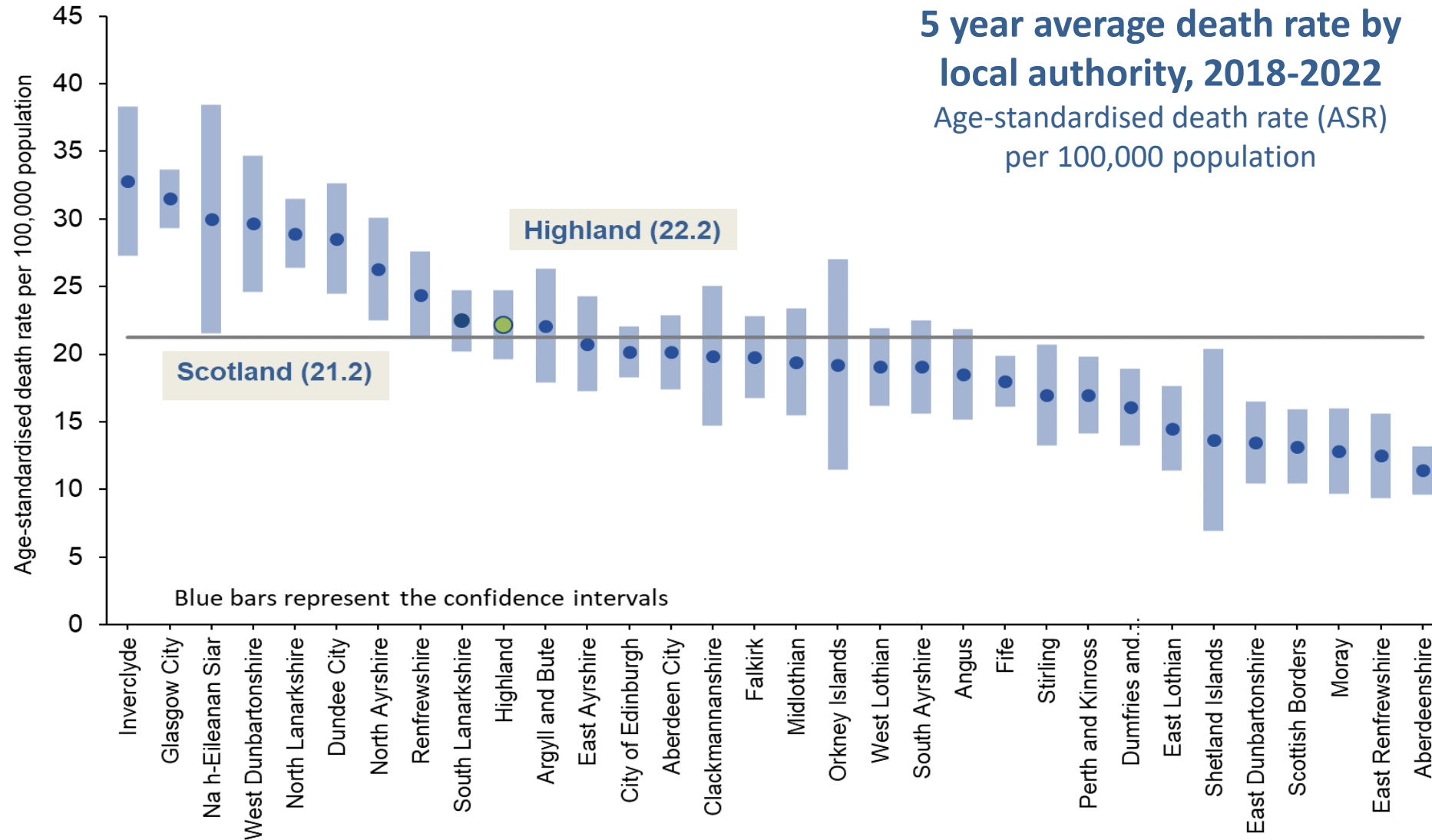


Source [Alcohol-specific deaths 2022 National Records of Scotland \(nrsotland.gov.uk\)](https://nrsotland.gov.uk)

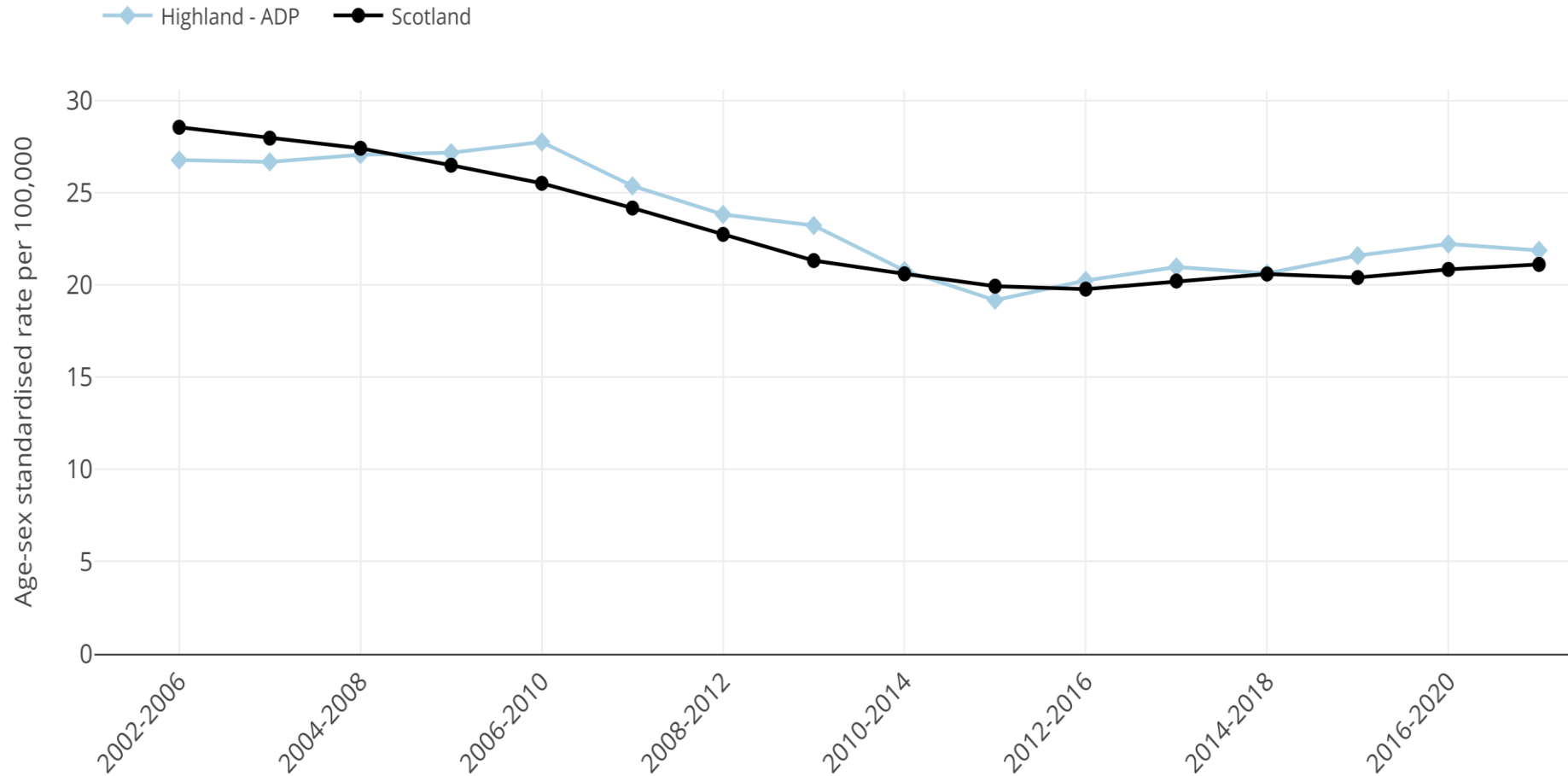


# Alcohol-Specific Deaths 2018-2022

## Comparison of age standardised rates by Local Authority



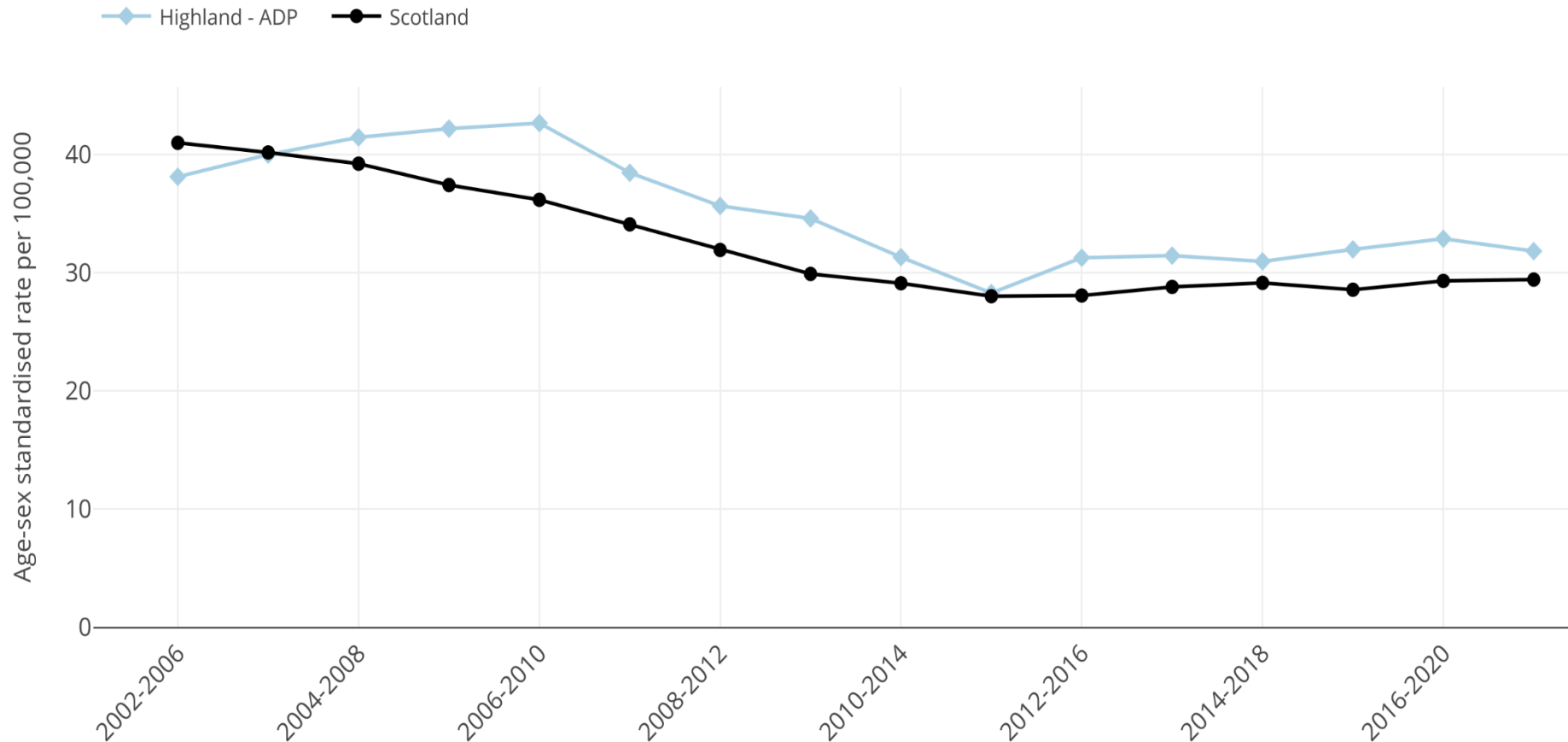
# Alcohol-specific deaths: Age-sex standardised rate (ASR) per 100,000 population; 5 year averages from 2002-06 to 2017-2021



Highland ASR= 21.9 deaths per 100,000 popln.; 5 year average number of deaths = 56.4 for 2017-2021  
Alcohol specific deaths: 5-year rolling average number and directly age-sex standardised rate per 100,000 popln.

# Alcohol-specific deaths: Males

Age-sex standardised rate (ASR) per 100,000 population; 2002-06 to 2017-2021

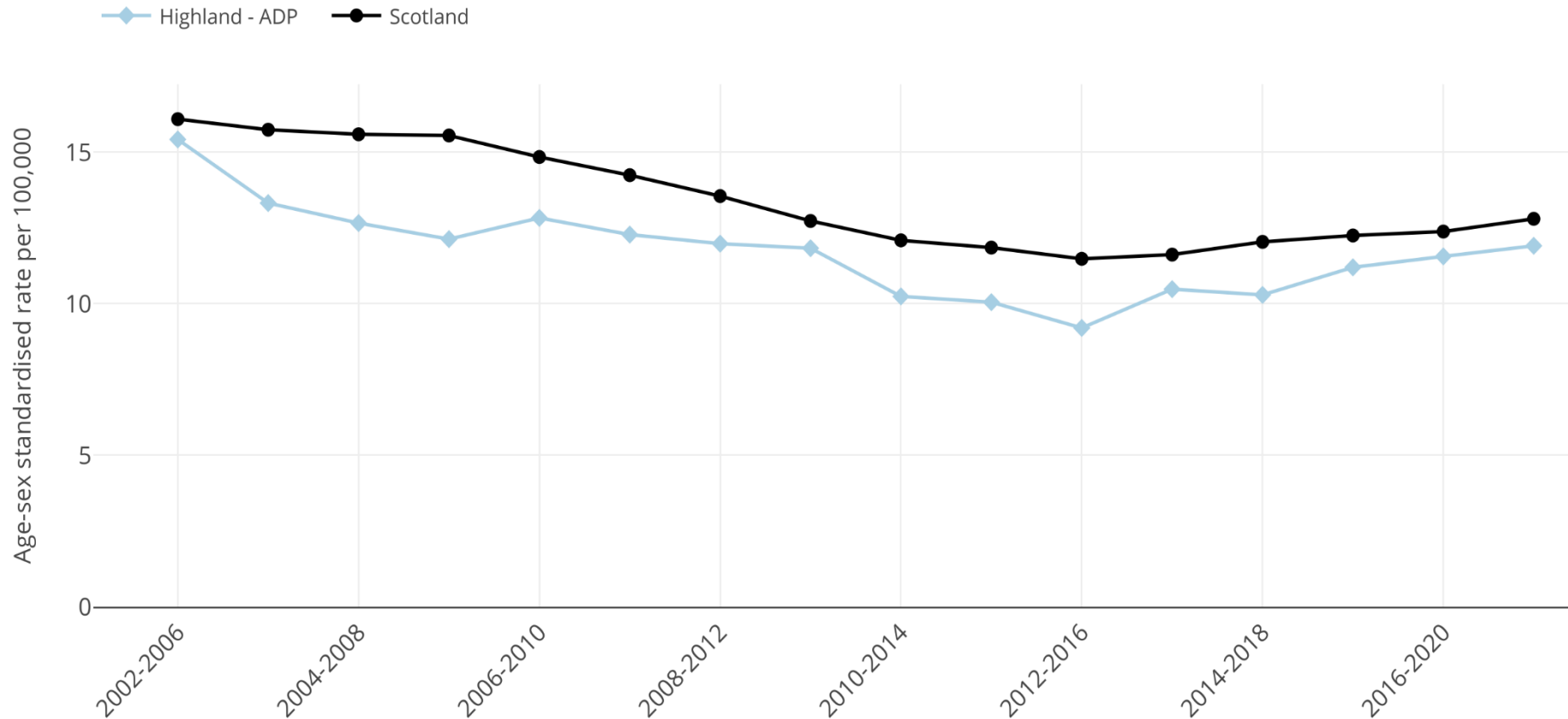


Highland ASR= 31.8 deaths per 100,000 popln.; 5 year average number of deaths = 40.4 for 2017-2021

Alcohol specific deaths: 5-year rolling average number and directly age-sex standardised rate per 100,000 popln.

# Alcohol-specific deaths: Females

Age-sex standardised rate (ASR) per 100,000 population; 2002-06 to 2017-2021



Highland ASR= 11.9 deaths per 100,000 popln.; 5 year average number of deaths = 16 for 2017-2021

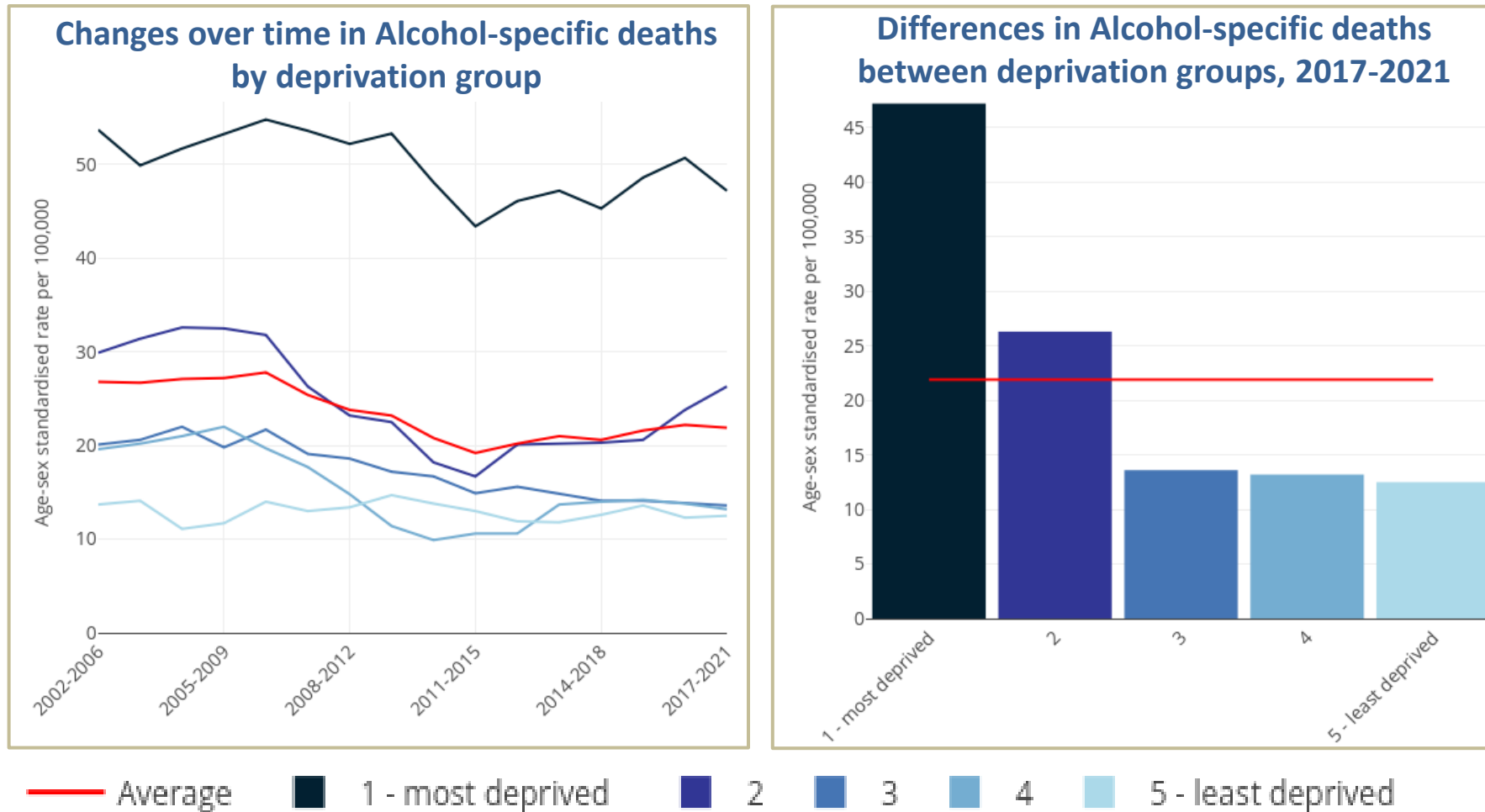
Alcohol specific deaths: 5-year rolling average number and directly age-sex standardised rate per 100,000 popln.

Source ScotPHO Profiles (2023). Available at:

[https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

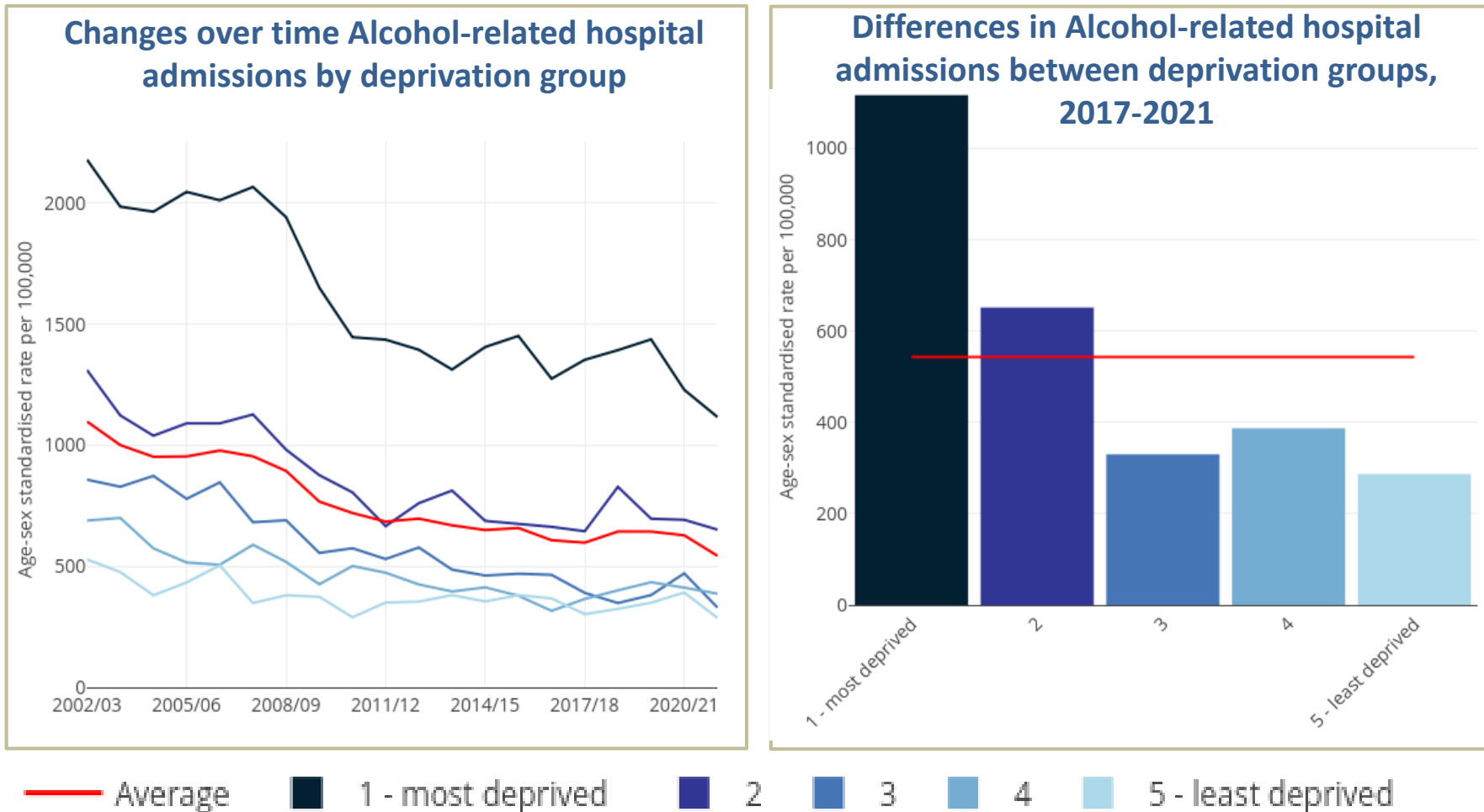
# Alcohol-specific deaths by deprivation groups, 2017-2021

In Highland, the most deprived areas have 94% more alcohol-specific deaths than the overall average. Alcohol-specific deaths in Highland would be 44% lower if the levels of the least deprived area were experienced across the whole population.



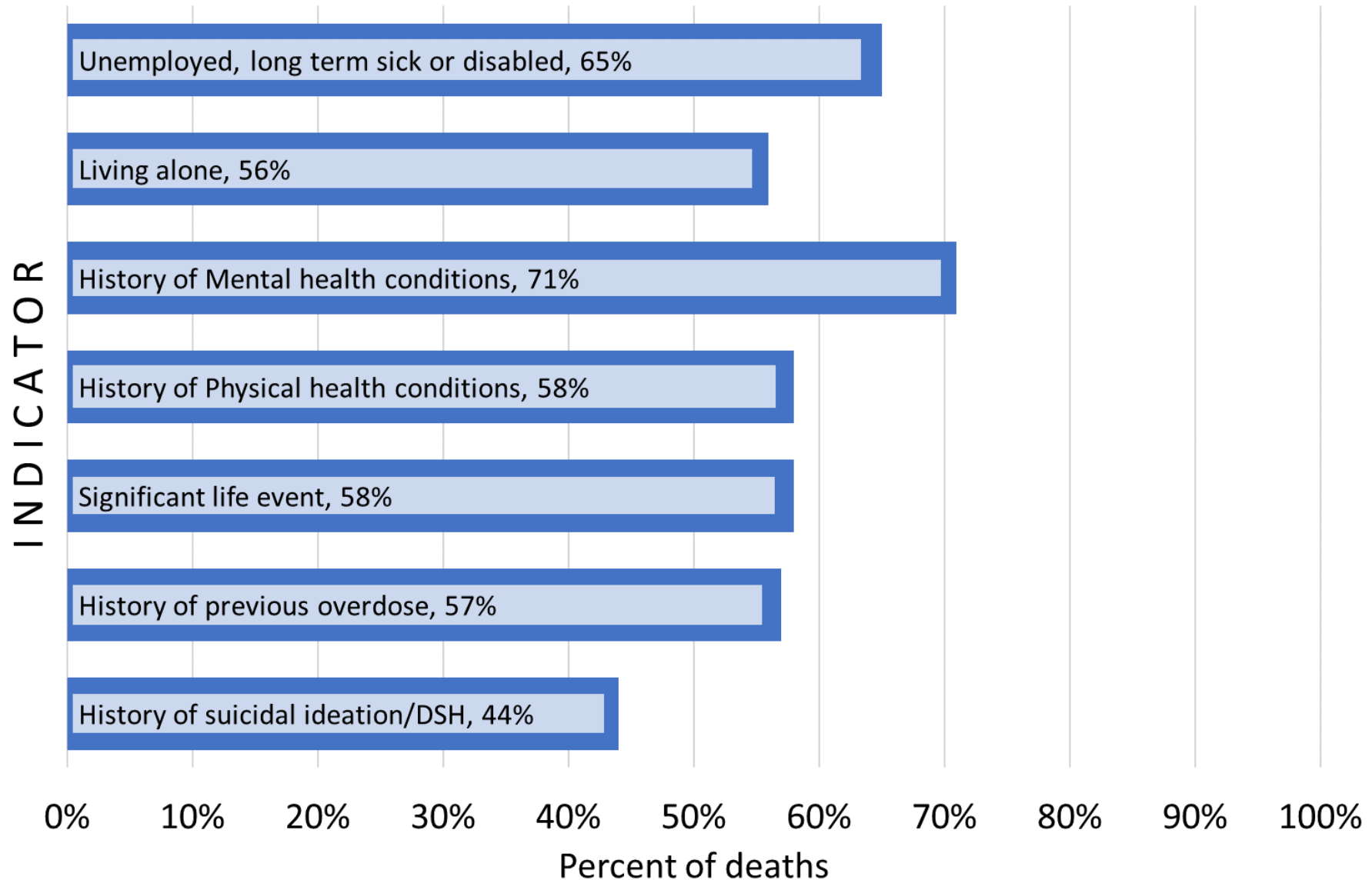
# Alcohol-related hospital admissions by deprivation groups, 2017-2021

In Highland, the most deprived areas have 87% more alcohol-related hospital admissions than the overall average. Alcohol-related hospital admissions in Highland would be 48% lower if the levels of the least deprived area were experienced across the whole population.



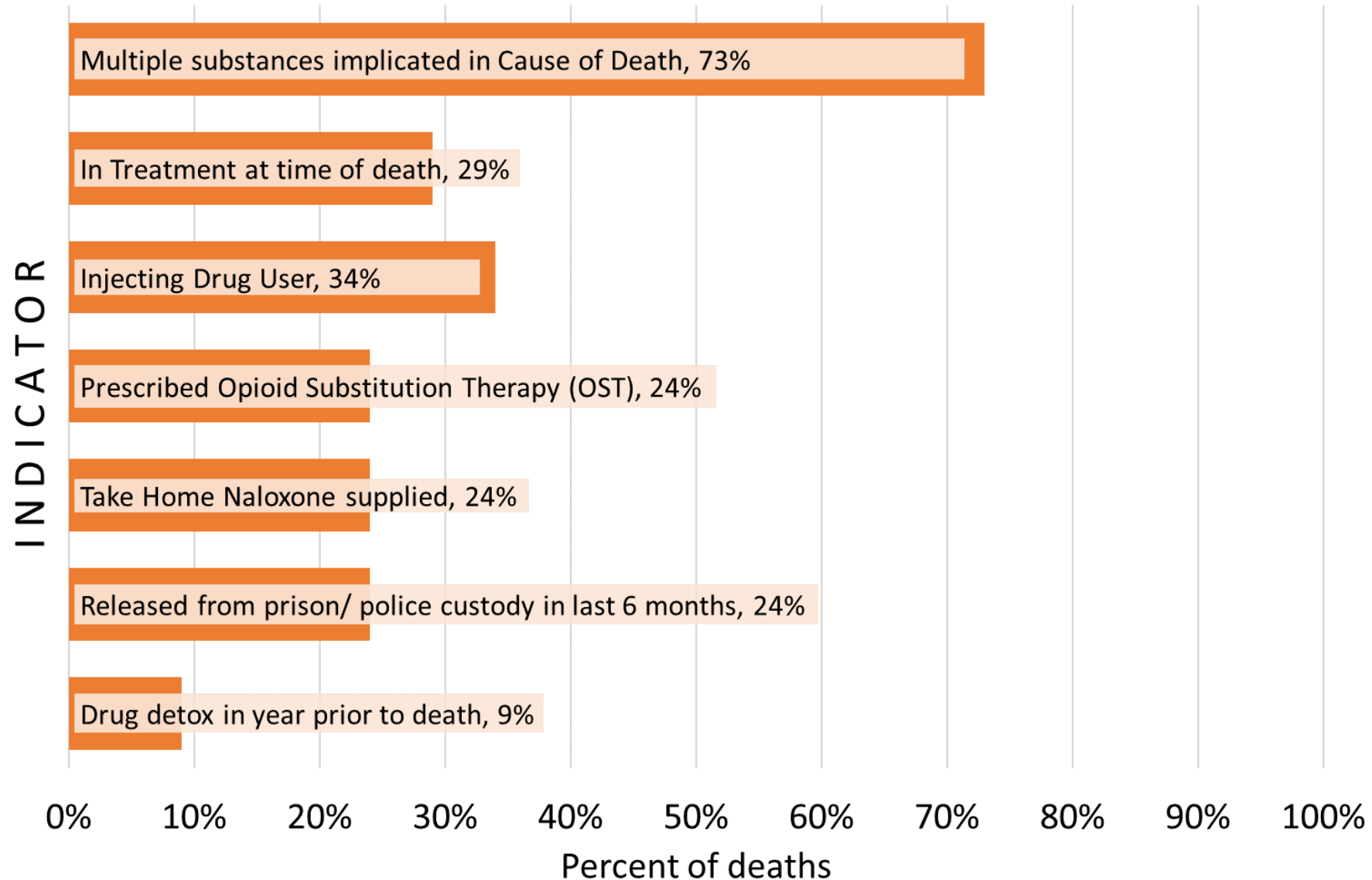
# Drug-related deaths: Risk and Protective Factors

## 3 year period 2019-2021 (94 deaths)



# Drug-related deaths: Risk and Protective Factors

## 3 year period 2019-2021 (94 deaths)







## Tackling Drug and Alcohol Deaths in Highland

Thank you – there will be time for  
questions later.

Setting the Scene for Highland

Tim Allison, Director of Public Health, NHS Highland

# Stephanie Govenden's Presentation

An abstract, colorful background featuring stylized, overlapping shapes in shades of blue, red, yellow, and purple. The shapes suggest the presence of people, possibly in a group hug or a supportive embrace, rendered in a bold, graphic style with thick black outlines.

# **DRUG RELATED DEATHS IN YOUNGER PEOPLE IN HIGHLAND**

Dr Stephanie Govenden



# PLAN

## **DRD REPORT - KEY POINTS**

NHS Highland research report (2012-2019)

## **RECENT DRD CHILD DEATH REVIEW LEARNING**

## DRUG RELATED DEATHS IN YOUNGER PEOPLE IN HIGHLAND



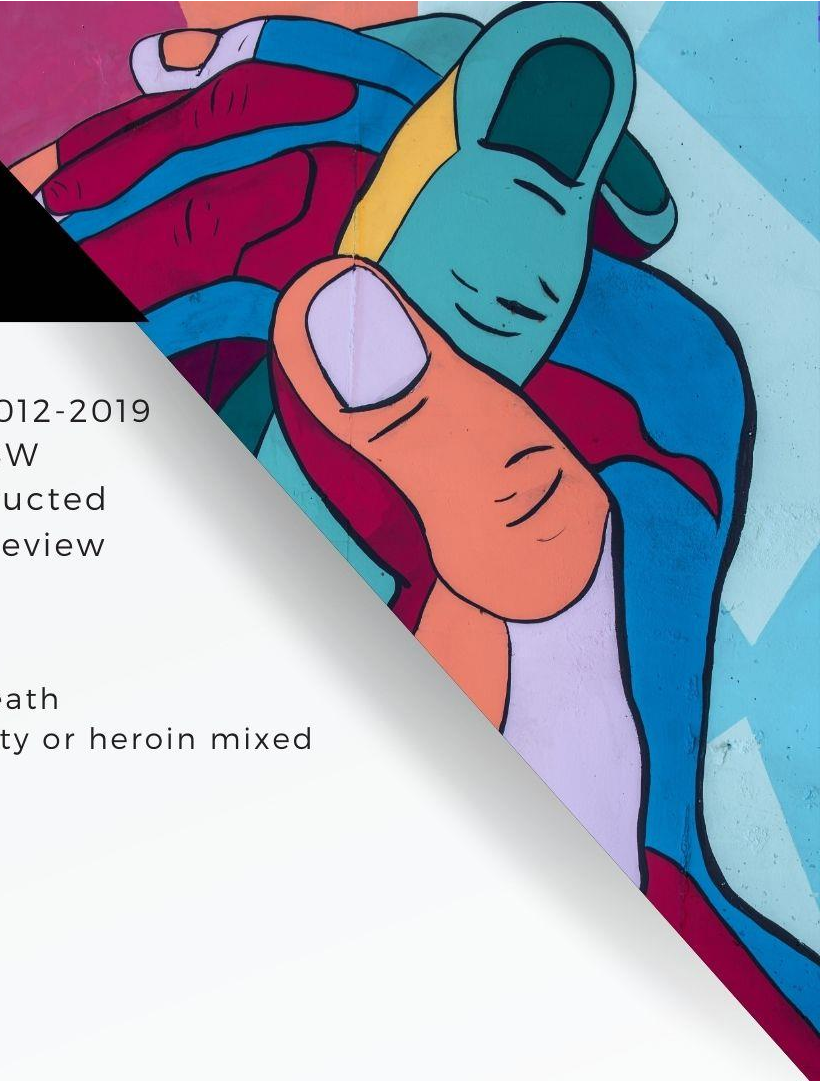
- 21 people, 16-25 died between 2012-2019
- Records review - police, health, SW
- **Lifestory** for each person constructed
- Qualitative analysis & thematic review



- 21 deaths reviewed
- 22 years old was median age at death
- 18 deaths due to multi-drug toxicity or heroin mixed with other substances



Dr Stephanie Govenden  
Frances Matthewson  
Dr Aileen O'Gorman  
on behalf of NHS Highland





## KEY FINDINGS

### Non-fatal overdose

**13/21 (62%)**  
experienced at  
least 1 non-fatal  
overdose before  
death.

**Main substances  
used:**  
heroin,  
methadone,  
benzodiazepine  
s

### Deprivation

More than a third of the  
young people lived in the  
10% most deprived areas of  
Highland at the time of  
death.

A half lived in the 20% most  
deprived areas of Highland  
at the time of death.

Two thirds lived in the 30%  
most deprived areas of  
Highland at the time of  
death.

### Trauma experience

The commonest  
childhood adversity was  
'parental separation' for  
just over half of the  
young people.

40% of young people  
had grown up in  
households where one  
or more of their parents  
used substances and a  
similar number grew up  
in households where at  
least one parent had a  
mental illness.

### Long history of concern

- Three quarters of the  
young people in our  
study had experienced  
some form of  
childhood abuse,  
particularly verbal  
and/ or physical abuse  
as well as neglect and  
other types of harm.
- Nearly a quarter of  
young people had  
'behavioural issues'  
during their school  
years.
- Nearly one third had  
poor attendance at  
school.



## TREATMENT SERVICES

- YOUNG PEOPLE VIEWED THEIR DRUG USE AND MENTAL HEALTH AS A CONNECTED ISSUE - BUT SERVICES OFTEN SAW THESE AS SEPARATE.
- 90% of people reported mental health issues including anxiety, depression and deliberate self harm most commonly.
- A minority (under a quarter) of the young people in this review were seen and treated in alcohol and drug recovery services.  
Over half were advised to 'self-refer' or 'opt-in' but did not.



# RECOMMENDATIONS

Underpinned by principles of shared working across agencies and the provision of an open door policy for young people with complex needs.

## 1 Strategy and Policy

Chief Officers will oversee the development of a strategy and policy document to support young people with experience of complex trauma and substance use. The views of families and people with lived experience should be sought in the production of this work. This policy must be supported by a 'Young People - pathway of care' which will enable collaborative delivery of care by multiple agencies in response to individual need.

## Trauma Informed 2 Approaches

In line with the Scottish Psychological Trauma Training Plan, services and workers across all disciplines should understand and implement trauma informed services, and trauma informed care in practice. Highland must have a workforce that is equipped to respond to the needs of everyone affected by psychological trauma. Services must adopt an assertive outreach practice in order to meaningfully engage and support younger people, instead of discharging those who do not attend appointments. Mental health and drug treatment and recovery services must be fully integrated in line with national recommendations.

## 3 Clinical and Care Governance

All relevant agencies must be represented at the Drug-related Deaths Review Group and partner representatives should submit sufficient information in a timely way in advance of meetings to allow effective reviews to take place. NHS Highland and the Highland Alcohol and Drugs Partnership (HADP) must set out clear clinical and care governance pathways to evidence that lessons have been learned from drug death reviews. This must be led by the Chief Social Work Officer and an Associate Medical Director or Deputy Director of Nursing, with advice from HADP to ensure all recommendations are implemented and progress reported to the Infants, Children's and Young People's clinical governance group and/ or NHS Highland Quality and Patient Safety Committee for acute and community services.

## 4 Nurture

There must be a focus on families affected by substance use and the provision of evidenced based interventions to support those families in their own right. For children and young people, the presence of mentors, support for development of skills and interests, opportunities for engagement within schools and communities all promote positive norms and physical and psychological safety. Chief officers and community planning partnerships must oversee the provision of specific young people supports that foster a positive and safe youth culture in Highland





# CDR

## Learning from child death reviews

- 2 reviews where drugs have been a factor in the death of young people
- 1 classified as a drug-related death
- Very good representation from agencies at point of review
- Access to drugs appears critical - either through regular use or availability through contact with family/ friends
- Either the young person or their close contacts see drug use as regular/ acceptable but the young person may be very naive to i.e. opioids
- Different family members have taken different views. Some find the idea of a 'preventable death' as too challenging, other accept this.



**THANK YOU**

**ANY  
QUESTIONS?**

[stephanie.govenden1@nhs.scot](mailto:stephanie.govenden1@nhs.scot)

# Debbie Stewart's Presentation



## Local Activity Tackling Drug and Alcohol Related Deaths

[deborah.stewart2@nhs.scot](mailto:deborah.stewart2@nhs.scot)  
HADP Coordinator



Website: [www.highland-adp.org.uk](http://www.highland-adp.org.uk)  
Substance Awareness Toolkit: [www.h-sat.co.uk](http://www.h-sat.co.uk)  
<https://www.facebook.com/HighlandADP>  
<https://twitter.com/HighlandADP>

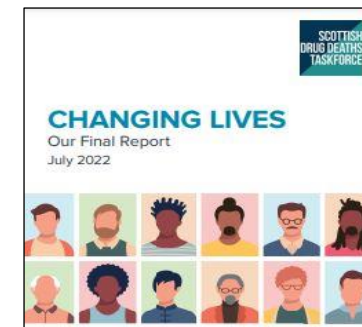
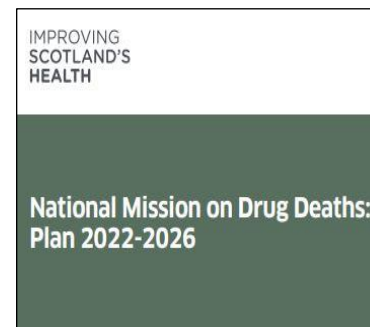
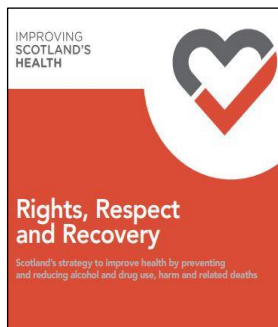


# HADP Role

- Implement a joint alcohol and drugs strategy informed by local needs
- Reduce harm via activity ranging from prevention through to recovery
- Support delivery of services that involve people with lived experience
- Commission services and direct funding towards agreed priorities
- Regularly report on performance and measure progress
- Respond to changing national and local priorities



*People with drug and alcohol problems can experience high rates of mental health problems, long-term conditions, trauma as children or adults, poverty and stigma that can increase the risk of harm and premature death*



## Local Activity – Some Examples



- Alcohol Brief Interventions (ABI's)
- Naloxone/Nyxoid
- Public Awareness
- Drug Death Reviews
- Multi-Agency Prevention Group
- Drug Trend Surveillance
- Public Health Policing
- Residential Rehabilitation
- Housing First Pathway

*"There's a wonder drug called naloxone....it's mainly for heroin....if you've got this syringe, as long as you can catch them and there's still some breath in them....You inject it in and within five seconds they'll spring up. It completely dissolves the drug in the system and....at the same time it stimulates the respiratory system and the heart" (Father)*





## Local Activity – Some Examples

- Third Sector - Local Improvement Fund
- Mutual Aid
- Children, Young People and Families
- Drug Treatment & Testing Order 2
- Recovery Workers Training Project
- MAT Standards
- Workforce Development
- Highland Overdose Prevention & Engagement (HOPE) App





A source of information for people with drug and/or alcohol problems, and their families or friends, that helps prevent overdose and encourages engagement.

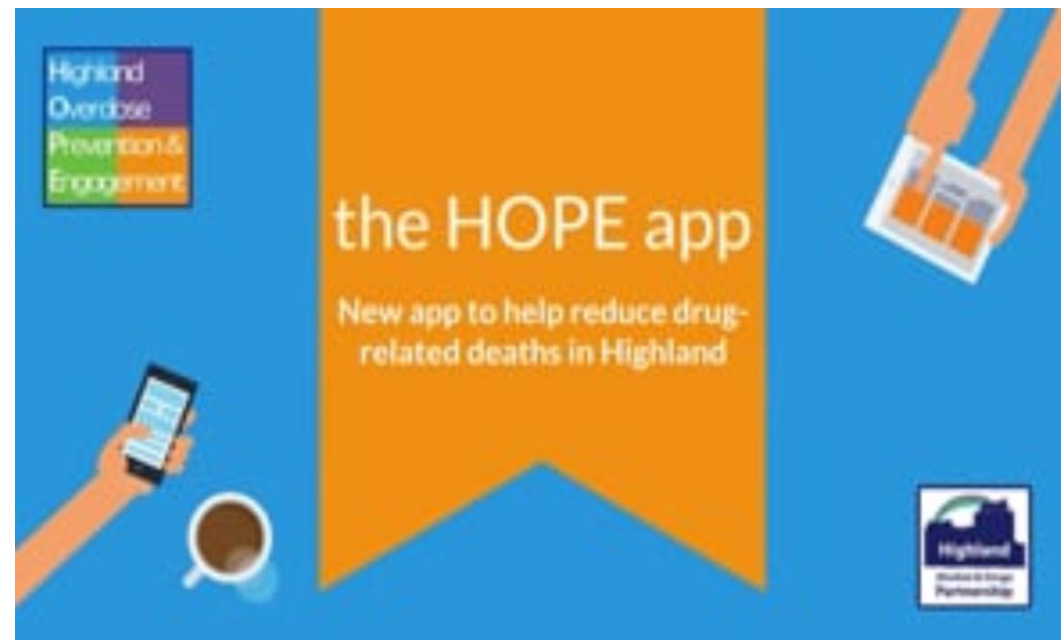


Available for both Android and iPhone

1315 people have downloaded the app since the launch in April 2021.

Posters and business cards available to order for free from Health Information Resources Services (HIRS):

[healthyhighlanders.co.uk/HPAC](https://healthyhighlanders.co.uk/HPAC)





# Workforce Development





## Alcohol Brief Intervention Training

Alcohol Brief Interventions (ABIs) are short, structured conversations about someone's alcohol use. ABIs are proven to help reduce alcohol consumption among people who drink at hazardous or harmful levels but are not physically dependent on alcohol.

ABIs involve giving simple, brief advice about someone's level of risk and the changes they could make to reduce it.

The course is for anyone who might benefit from being able to discuss alcohol with service users, to help them make an informed choice about their alcohol use. Priority areas are Primary Care, Ante-natal, and A&E. In addition, delivery is encouraged in wider settings, such as Housing, Criminal Justice, Fire Service and Voluntary groups.

### Next Training Dates: (all online via MS Teams)



16th November 2023, 10-12

5th December 2023, 2-4

14th February 2024, 2-4



1st of March 2024, 2-4

### How to Book:

Courses are booked through NHS Highland using Turas Learn. If you are from outside the NHS, you will need to register for free on Turas Learn. You will find all the necessary instructions on the following link or scan the QR code

<https://www.nhshighland.scot.nhs.uk/staff-and-partners/health-improvement/>

For any enquires please email [nhsh.healthimprovementtraining@nhs.scot](mailto:nhsh.healthimprovementtraining@nhs.scot)



## HADASS Community Naloxone and Overdose Awareness and Prevention Training

- Training Contents:
- Drug Misuse Deaths in Scotland and Highland
- Common Circumstances
- Risk Factors for Overdose
- High Risk Times
- Recognising an Overdose
- Myths
- What is Naloxone and how to use it
- How to deal with a suspected overdose
- Following completion of the training, participants will receive a completion certificate and will be issued with a supply of Naloxone.


- Contact HADASS on 01463 717594 [nhsh.hadass.churchst@nhs.scot](mailto:nhsh.hadass.churchst@nhs.scot) to arrange
- Face to Face or MS Teams

### Overdose Prevention, Intervention and Naloxone

This training is only available for people in "Scotland".

[Details](#)

You will need to Login or Create an Account before registering for this event.



Do you know how to respond to an overdose? This short e-learning course will allow you how to administer Naloxone. Naloxone temporarily reverses an opioid overdose. You will learn facts about drug-related deaths in Scotland, how to identify an overdose and how to respond to an overdose. You will also learn how Naloxone works and how you can use it to potentially save a life.


Individual Price	Free
Local Authority Area	Scotland Wide

### HIV: Preventable and Treatable

This training is only available for people in "Scotland".

[Details](#)

You will need to Login or Create an Account before registering for this event.



Do you know about the current HIV outbreak in Scotland? Would you like to expand your understanding of HIV and how it is prevented? This e-learning course will increase your knowledge of HIV prevention and treatment. You will also learn about the current HIV outbreak among people who inject drugs.


Individual Price	Free
Local Authority Area	Scotland Wide

### Cocaine and other Psychostimulants

This training is only available for people in "Scotland".

[Details](#)

You will need to Login or Create an Account before registering for this event.



Did you know that cocaine and psychostimulant use is increasing in Scotland? These substances are widely available and easy to access. Sadly, deaths where cocaine has been implicated are on the rise. By completing this course, you will learn vital harm reduction information.


Individual Price	Free
Local Authority Area	Scotland Wide

### What's happening on the streets with benzos?

This training is only available for people in "Scotland".

[Details](#)

You will need to Login or Create an Account before registering for this event.



Did you know benzodiazepines (benzos) were implicated in over 70% of Scotland's drug-related deaths? Benzos are widely used in Scotland, and this has a significant impact on people and their communities. Scottish Drugs Forum has put together this thought-provoking course that covers the effects of benzos and harm reduction techniques.


Individual Price	Free
Local Authority Area	Scotland Wide

### Drug Awareness - An introductory course

This training is only available for people in "Scotland".

[Details](#)

You will need to Login or Create an Account before registering for this event.



Are you new to working in health, social care, or addiction support services? Are you an existing staff member looking to brush up on basic drug awareness? This course lays the foundation for all our other e-learning courses and is a great place to start! After you complete this course, you will recognise different patterns of drug use and be able to name commonly used drugs in Scotland. You will also learn vital harm reduction techniques that you can immediately put into action.


Individual Price	Free
Local Authority Area	Scotland Wide



Training: Alcohol Affects Us All (enhanced Alcohol Awareness) - November

09 November 2023


[Read More](#)



Managing Alcohol & Drugs in the Workplace - November

16 November 2023


[Read More](#)



CDG on Improving Scotland's Health

05 December 2023

[Read More](#)



Training: Alcohol Awareness - December

07 December 2023

[Read More](#)



Training: Alcohol and Older Adults - December

12 December 2023

[Read More](#)

## It's Everybody's Business – We Can All Contribute - Achieve More Together

### Families with Lived Experience

*Part of the process of coming to terms with it is that the person who's lost somebody blames themselves...at first I used to say if only I'd done this, I should have done that (Mum).*

*I moved out again and then it happened shortly after that and then I blamed myself that I wasn't there....that I'd caused it (Sister).*

*I think when it's a drug death they don't matter....You don't matter, it's endemic throughout the whole process when they die (Mum).*

*I always say I had a son and I always add that he died of a drug overdose. And some folk, well they don't say anything but there is stigma out there ..... you don't get the same support I think you would get if he had died in an accident or he had died of something else (Mum).*

*You certainly get stigma because it was drugs, because they will say oh it was self-inflicted (Mum)*

*[He] was a wonderful son, brother, uncle, grandson, a very special human being, I hated that stigmatised thing of it (Mum).*

*Families have been bereaved....they have actually lost that person a long time ago when the (problem) kicked in and so they have been grieving for a very long time (Mum).*

Templeton L, Valentine C, Ford A, McKell J, Velleman R, Walter T, Hay G, Bauld L & Hollywood J (2017) Bereavement following a fatal overdose: The experiences of adults in England and Scotland. *Drugs: Education, Prevention, and Policy*, 24 (1), pp. 58-66. <https://doi.org/10.3109/09687637.2015.1127328>

## Drug and alcohol-related deaths are preventable



# Bev Fraser & Teresa Green's Presentation

# **MEDICATION ASSISTED TREATMENT (MAT)**

**STANDARDS: ACCESS,  
CHOICE, SUPPORT**

# WHERE HAVE THEY COME FROM AND WHY?

Scotland has the highest number of drug related deaths

Drugs deaths taskforce prioritised introduction of standards for Medication Assisted Treatment (MAT)

Framework to ensure MAT is safe, accessible, person centred

Evidence that individuals with opioid dependence is safeguarded whilst in substitution treatment

Elevated mortality risk during first 4 weeks of starting treatment and the first 4 weeks after leaving treatment

The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system

# What are the MAT Standards – MAT 1-5 to be achieved by mid-April 2023

MAT 1 – Help on the day you ask - All people accessing services have the option to start MAT from the same day of presentation

MAT 2 – Choice - All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.

MAT 3 – Reaching out - All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT

MAT 4 – Harm reduction for everyone - or example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone

MAT 5 – Staying in treatment - People are to be given support to stay in treatment for as long as they like and especially at times when things are difficult for them

# What are the MAT Standards – MAT 6-10 to be achieved by April 2024

**MAT 6** – Improving mental wellbeing -The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks

**MAT 7** – Involving GP's and Primary Care - People who choose to will be able to receive medication or support through primary care providers

**MAT 8** – Meeting everyday needs - **All people have access to independent advocacy and support for housing, welfare and income needs**

**MAT 9** – Treating mental health - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery

**MAT 10** – Respecting Trauma - All people receive trauma informed care



# NHS HIGHLAND'S PROGRESS TO DATE



Harm reduction offered in all areas



Employment to (some) new posts



same day prescribing and choice of OST usually within 2 days (in most areas)



Set up of new teams and ways of working



Improved transitions between custodial and community health settings



Steering groups in place to progress every MAT standard



Increased psychological therapy provision with new roles in the service



# WHAT WE STILL NEED TO DO



support primary care colleagues to deliver MAT to individuals in recovery



increase the number of prescribers across NHS Highland



Increase access to Psychological Interventions to address underlying trauma



Application of standards to everyone presenting to DARS



Develop robust pathways to ensure there is **no wrong** door for individuals with diagnosed mental health disorder & / or high risk behaviours



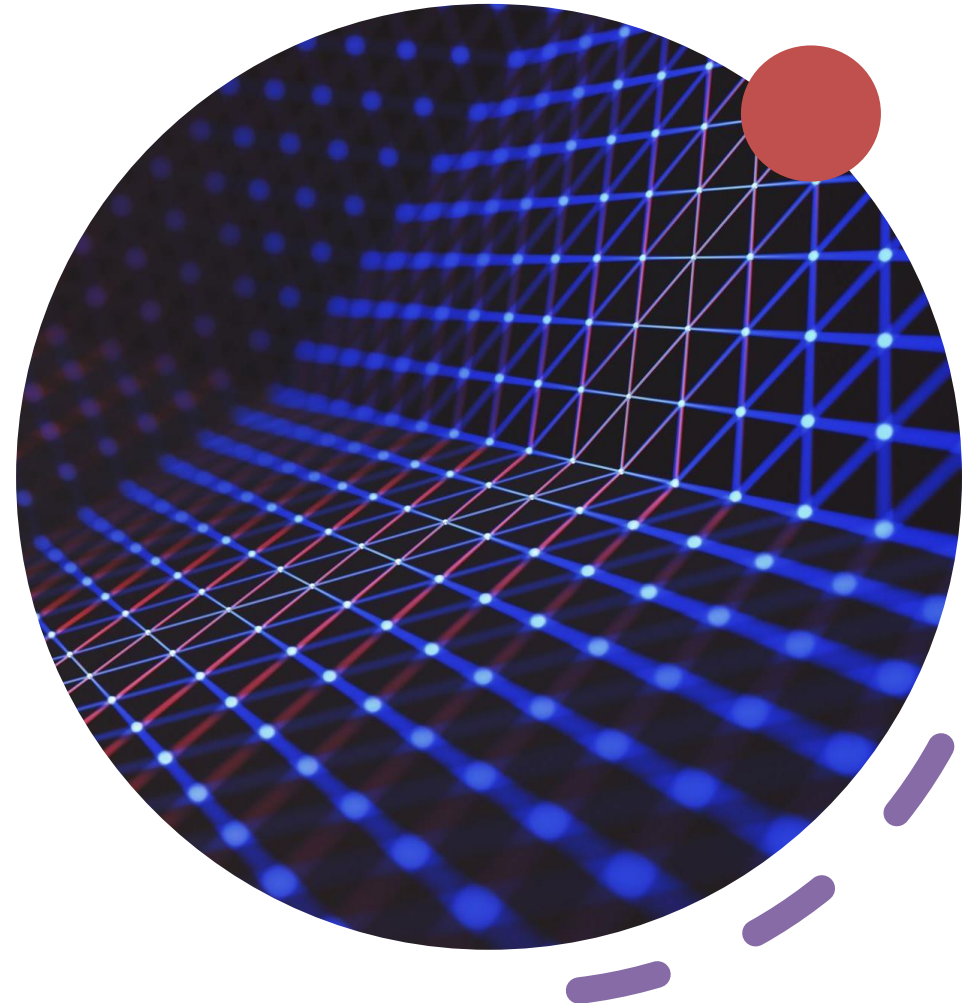
Roll out outreach across Highland



Improve processes for routine gathering of experiential feedback



Recruit into outstanding posts



# Successes

Embedded Quality Improvement Methodology across the service resulting in:

Specific focus on Custody and HMP Inverness given the number of people who die will have had contact within 6 months of death.. Development of the MATPACT, which has gained national interest and inclusion into National Toolkit

Caithness DARS have designed a 'trigger checklist' which helps identify those at high risk of drug related harm to be referred and offered outreach

Caithness DARS and Police Custody Inverness receive national recognition and award / commendation at Mental Health Nursing Forum Awards (Community Mental Health Nursing & Leading in Quality Assurance and Improvement categories)

Reduction in waiting lists across the service and exceeding the national standard of 90% of all referrals progressing to treatment within 3 weeks

# Some of the team

**Burnett Road Police Custody**



**Caithness Drug and Alcohol Team**

