

IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT) IN NORTH AYRSHIRE DRUG AND ALCOHOL RECOVERY SERVICE (NADARS)

ANNUAL SUMMARY REPORT

Reporting period: 1st April 2021 - 31st March 2022

Quality issue

The numbers of drug related deaths in Scotland continue to increase. In 2020, there were 1,339 drug related deaths, which is the largest number ever recorded and an increase on the previous year. Ayrshire and Arran have the second highest death rate per 100,000 population. Evidence suggests quick access to treatment is crucial and being in treatment can be a protective factor for majority of individuals. The Scottish Drug Deaths Taskforce (SDDTF) has prioritised the introduction of the MAT standards to help reduce the number of drug related deaths. There is evidence that rapid access to MAT meets the needs of highly vulnerable groups and reduces mortality.

Aim

To have no barriers to accessing treatment and care that supports an individual's recovery. This project focussed specifically on improving access to appropriate Medication Assisted Treatment (MAT) in order to prevent deaths, reduce harms and promote recovery opportunities.

Tests of change

Cycle 1: Implement and Test the MAT clinic pathway on a Monday and a Thursday in one locality (Three Towns).

Cycle 2: Secure funding to recruit staff to support the implementation of the full model.

Cycle 3: Refine project charter to facilitate full model in progress and now upscaling towards full model

Cycle 4: Expand service to 5 days per week across all of North Ayrshire.

Effects of change

- Improvement in the waiting time from point of referral to commencement of appropriate Opiate Substitution Therapy medication - average time from assessment to prescribed medication reduced from 21 days to 1 day (from pilot period to current date).
- Improvement in satisfaction and experience of clients.
- All individuals received a mental health assessment and support as required.

- All individuals were offered Blood Borne Virus (BBV) testing, Harm Reduction interventions, physical health assessment and referred on for further support where required.
- All individuals had the opportunity to access Recovery Development Worker's with lived experience to provide person centred recovery support.
- All individuals had the opportunity of family involvement.
- All individuals were offered housing, advocacy support and were referred for social care support where appropriate.
- There were no unplanned discharges within the reporting period.
- 41 (43%) of referrals were female, 55 (57%) were male.

Age group	Female	Male
0-24 years	9	0
25 – 34 years	14	13
35 – 44 years	13	24
45 – 54 years	3	13
Over 55 years	2	5

- 79% of individuals commenced Medication Assisted Treatment on the same day or next day from assessment.
- 96 clients chose this pathway of support. Following assessment 80 agreed to commence. Reasons for not commencing the pathway were client changed their mind, client went to prison, not ready to commence MAT but continued to receive support from the wider service.

Harm reduction

- 10% of clients were identified as at higher risk at point of assessment (and received additional support) ***as defined by the MIST/MAT reporting criteria***.
- 100% of clients were offered Naloxone, 78% of clients were supplied with Naloxone. The remaining 22% declined or already had a kit.
- 100% of clients were offered Mental Health Support and harm reduction interventions including BBV testing, IEP and Sexual Health.
- 19 individuals commenced on Espranor following assessment and 61 individuals were commenced on methadone. Individuals were given a short-term methadone prescription to stabilise before being transferred to Espranor.

Client Experience

- 100% of clients rated their initial assessment either “excellent” or “very good”.
- 100% of clients rated the communication from NADARS either “excellent” or “very good”.
- 100% of clients who were able to commence their medication at their initial appointment stated that there were no delays in getting their prescription.

- 100% of clients felt that they were given sufficient information to make an informed choice on their treatment options.
- 100% of clients felt that the NADARS worker explained all the care and treatment options in a way that they understood.
- 100% of clients rated the overall service “excellent” or “very good”.

Case studies

Case Study 1

A 38-year-old female was referred to NADARS in October and assessed via the MAT pathway. The client wished to be commenced on OST to allow her to gain stability from illicit heroin use. The client was commenced on Espranor.

Since being commenced on OST, the client has had two significant lapses, however, with support from her key worker, has been able to identify triggers and worked on functional alternatives to drug use, to enable stability and reduce the risk of further lapses in the future.

The client has now been abstinent from all illicit substances since December 2021. She has been able to recognise the marked improvement in her mental health since becoming abstinent and is using this as motivation to continue.

The client is now attending many different community recovery groups and is linked in with the Recovery Development Workers for extra support. In the long term, the client is hopeful that by maintaining stability, this will allow her to have more contact with her child.

Case study 2

Service information

Client referred into NADARS 27/05/2021. Assessed on 31/05/2021 and ORT prescription was commenced on 01/06/2021. Client was seen at least weekly and had regular telephone support in between face-to-face appointments. Client was offered interventions from NADARS Health Addiction Nurses for specialist input and BBV testing. Client was transferred from MAT Clinic into regular locality for allocation of new keyworker.

Client Feedback

“It was really fast getting put onto a prescription at first, which was so much better than having to wait for weeks. I got lots of support with my workers and appointments. It made things easier to reduce my heroin use.

“I did well for first few weeks but started injecting again and taking other drugs around 2 months into treatment. I was linked in with the peers and this helped by going to meetings and having regular keyworker support.

“I have now been stable on my prescription for a long time and I feel in control of my recovery. My worker is supportive and my dispensing has been reduced and this helps me with my mobility. I am in a new relationship now and my partner is supportive of my recovery. I no longer attend the group meetings but I

have rebuilt my relationships with my family and I want to continue to remain stable and look at reductions to my prescribed medication in the next few weeks.”

Case study 3

23-year-old female referred by NADARS social care addictions worker on 28/09/21 and appointment accepted via NADARS MAT (Medication Assisted Treatment) clinic on 30/09/21, for rapid access to OST (Opiate Substitution Therapy).

Client reported history of alcohol and illicit substance use including heroin, benzodiazepines, cocaine and pregabalin. Previously admitted to ward 5, Woodland View for inpatient detox in April 2021; however, had taken early self-discharge. Not previously engaged with OST.

Client's goal to regain abstinence from all substances and alcohol. Wishing to achieve this via OST, preference for espranor, and engaging with support. Client was assessed by the staff nurse and consultant psychiatrist as planned on 30/09/21. Reported to have been snorting heroin sporadically over the last year and in recent months had increased to once or twice week. However, over the last few weeks this had increased further to around 2 bags daily and change of route to smoking. Also reported use of illicitly diverted prescription grade espranor, being used nasally. Further reported significant but unspecified amounts of street tablet use, as well as crack cocaine use.

Current supports in place via criminal justice, SHINE, Housing First and Money Matters. Significant offending behaviour and complex mental health issues. Client was commenced on a 5-day methadone prescription (30ml daily supervised) with plan for transition to espranor medication. Client then opted to remain on methadone prescription rather than transferring to espranor. Client engaged with MAT clinic appointments for a 6-week period prior to her care being transferred to a key worker within the wider team.

Client is now abstinent from illicit substances and engaging with supports.

Staff experience of MAT standards

Feedback was received from a small staff group, who were more specifically involved in the MAT Test of Change.

- 100% of staff rated their current knowledge and understanding of the MAT standards as "excellent" or "very good".
- 100% of staff felt supported to gain the knowledge, skills and confidence to implement the standards.

Positive feedback was received from clients on the new MAT model:

- MAT is a vast improvement with regards to waiting times to be seen and receive prescribed medication.
- I have only received positive feedback from prescriber and client on this new MAT model.

A question was asked to find out what was required in order for the MAT standards to be rolled out as a sustainable and consistent model:

- Staff felt that there needed to be staff buy in to complete systems and follow processes.
- Systems require to be fit for purpose for data recording.

- Good communication across the teams.
- Set guidance so all staff are aware of the process and increased monitoring support for all clients.

Staff were asked to state any further comments/suggested improvements they would like to make on the delivery of the MAT standards so far. Feedback received from other clients across North Ayrshire is that they would be prepared to travel to Caley Court if they could receive same day MAT intervention, however other clients would prefer to be seen in their own locality areas.

Next steps

There is currently an implementation plan in place to ensure full MAT delivery is extended across North Ayrshire by the end of the summer.