

IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT) – PILOT REPORT

NORTH AYRSHIRE DRUG AND ALCOHOL RECOVERY SERVICE (NADARS)

Pilot Period: April – September 2021

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 has 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).

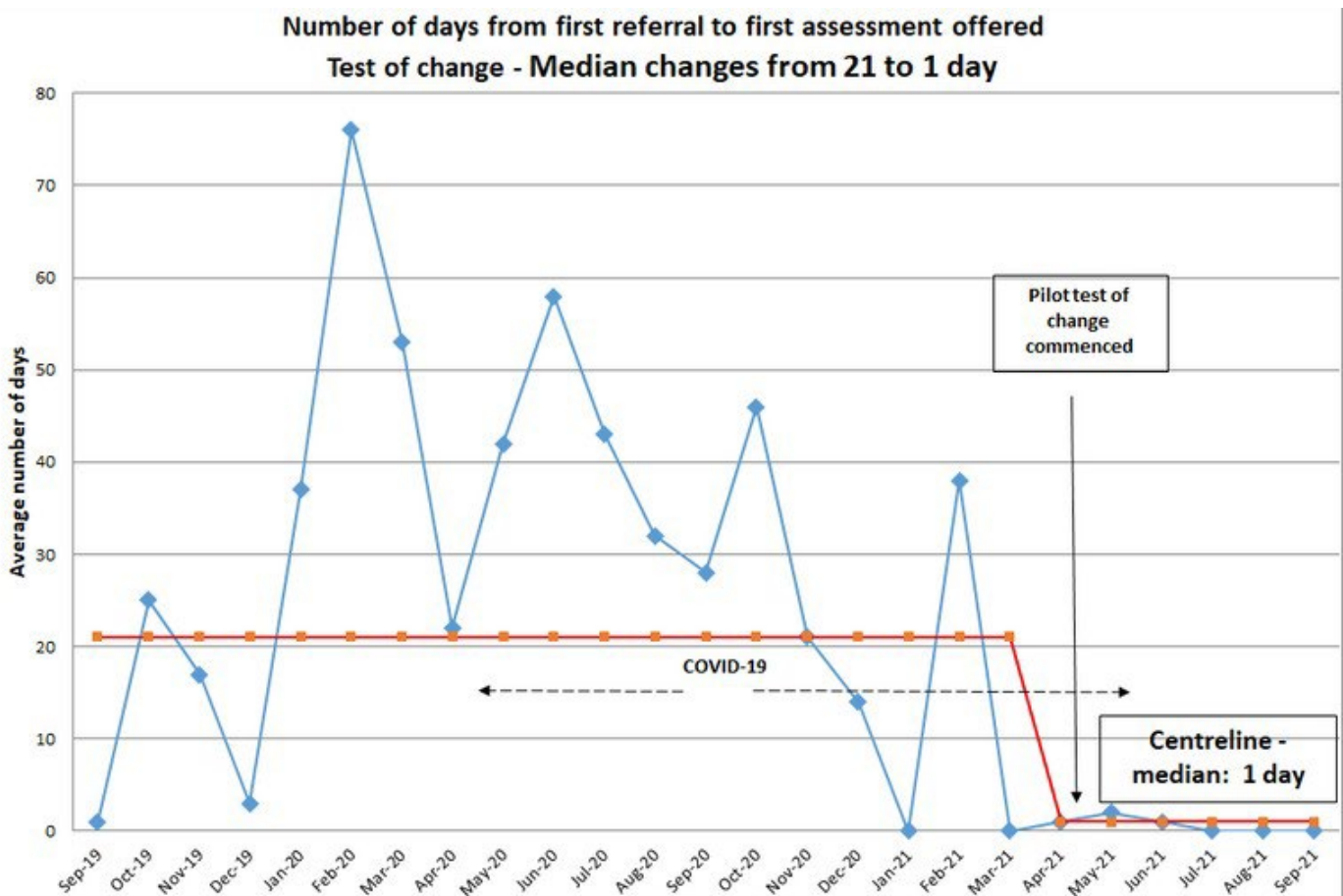
Cycle 2: Secure funding to recruit staff to support the implementation of the full model.

Cycle 3: Refine project charter to facilitate full model
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.
- Improvement in satisfaction and experience of clients. All individuals received a mental health assessment and support as required.
- All individuals were offered 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 pilot.

Measurement of Improvement



Referrals by Gender and Age Group

	Male	Female
Under 25	0	6
26-35	2	5
36-45	6	6
46 and over	6	1

32 clients chose this pathway of support. 28 agreed to commence. 2 individuals declined this intervention at an early point in the process. 1 moved from the area and 1 was not ready to start MAT, however, continued to receive support from the wider service.

Commenced MAT same day/Next Day (where clinically appropriate and safe)

100% of clients commenced MAT on same day or next day from assessment.

Individuals Identified as at risk

66% of clients were identified as at risk at point of assessment (and received additional support) 1 individual was referred via the new Near Fatal overdose pathway.

Naloxone and Overdose Awareness

100% of clients were offered naloxone and 97% of clients were supplied with naloxone or already had their own kit. 1 client declined.

Mental Health Interventions offered at point of MAT delivery

100% of clients received mental health support (and also received harm reduction interventions including BBV testing, IEP, and Sexual Health).

Opioid Substitution Medications Prescribed Following Assessment

11 Clients were prescribed Espranor, 23 were prescribed Methadone. 6 of these individuals were given a short-term methadone prescription to stabilise before being transferred to Espranor.

Client Experience

- 100% of clients commenced MAT on the same day or next day
- 100% of clients stated that the worker explained all the care and treatment options in a way they could understand.
- 100% of clients rated the waiting time for initial assessment “excellent” or “very good”
- 100% of clients rated the new service “excellent” or “very good”
- 100% of clients were given sufficient information to make an informed choice on treatment options.

Client Feedback

- Coming in and getting prescribed the same day helps a lot better rather than waiting a while.
- Everything worked out great. Seen day after referral and prescribed methadone. Managed to get "clean" within 6 weeks. Physical health much better. More contact with kids. Better relationship with mum and dad.
- This service is better because you get seen straight away. This is good because when people are positive, they attend but people's circumstances change quickly so might not attend if they have to wait to be seen. Getting help is good at the time when you want it. I am now on a prescription and not using drugs.
- Appreciated getting picked up and taken to my appointment as I live in Ardrossan and suffer from depression where I may not leave the house even for help. The quick response is excellent as I really needed help
- At reception everyone was friendly enough. The waiting time was a god send compared to previous. Before I waited weeks to get my prescription which was not helpful. I was supported by my family to attend and surprised at the speed of prescription. Overwhelmed about it being so quick. I don't need to spend money on heroin now. Worker was brand new and decent.

Case Studies

Case study 1

A 39-year-old male self-referred into NADARS and was accepting of an appointment via NADARS MAT (Medication Assisted Treatment) clinic for rapid access to OST (Opiate Substitution Therapy).

Service user reported long standing history of illicit tramadol misuse after being prescribed tramadol by his GP 13 years ago. Service user had, in the past, been taking up to 50 or 60 x 50mg illicit tramadol daily and had achieved 16 months abstinence from same following Subutex prescription from an addictions team in another area. Service user relapsed approximately 9 months ago, ceasing prescription, and moved to North Ayrshire.

Service user's goal was to achieve abstinence from tramadol via OST and return to full time employment.

Service user was assessed by a Staff Nurse and Consultant Psychiatrist as planned on the same day of referral in August 2021. Reported illicit tramadol use of 20x50mg daily with sporadic illicit methadone use (15ml) when not able to source tramadol. Due to levels of tramadol use it was agreed that service user would engage with frequent appointments for support and to make reductions to his tramadol use, prior to being commenced on Espranor medication.

Following brief intervention for preparatory work, the service user was safely commenced on Espranor medication. The service user engaged with MAT clinic appointments for a 6-week period prior to his care being transferred to a key worker within the wider team. The service user is now abstinent from illicit substances and has returned to full time employment.

Case study 2

An 18-year-old female presented to the service supported by a parent, with a view to accessing the Medication Assisted Treatment (MAT) clinic for Opiate Substitution Therapy (OST).

The service user had been diagnosed with anxiety and depression due to previous trauma which was exacerbated with the onset of using illicit substances. The service user also stated she has PTSD.

The service user reported to be using 3 to 4 bags of heroin daily supplemented with Dihydrocodeine 2 x 30mg and Co-Codamol 4 x 30/500mg daily and smoking cannabis about once a week. After further assessment from the prescribing doctor, patient decided that she wanted to continue with ORT, choosing Methadone to initially stabilise illicit drug use then transferring onto Espranor the following week. Service user was prescribed 20mls Methadone on day of presentation.

The service user also described previous incidents of self-harming behaviour, with visible scarring to their body, regular suicidal ideation was also reported. Previous involvement with CAMHS involvement in adolescence was highlighted.

Specific Mental Health support was provided, and the service user was referred to a Recovery Development Worker for community support and recovery network information and they attended peer group meetings in the community. They were also signposted to Turning Point Scotland – Prevention Education and Recovery Service (P.E.A.R) for extra support. The service user was also referred for Occupational Therapy for further assessment and safety and stabilisation support coupled with any other identified interventions. All Harm Reduction interventions were offered.

The service user continues to be supported by NADARS keyworker, an Occupational Therapist and Housing 1st and is now looking to attend the local Recovery College.