

Medication Assisted Treatment (MAT) Standards Learning System

Session 6

System Response to Drug Trends: Insights and Reflections

23 January 2024
11:00am - 12.30pm

Supporting better quality health and social care for everyone in Scotland.

Agenda

Time	Agenda Item	Lead(s)
11:05-11:10	Welcome	Ruth Robin , Portfolio Lead, Transformation and Improvement in Drugs, Alcohol and Housing (TIDAH), Healthcare Improvement Scotland
11:10-11:30	Police Scotland: Substance Harm Prevention	Donna Mackay , Inspector, Substance Harm Prevention, Elise Wilson Lead, Non-Fatal Overdose pathway in D Division, Police Scotland
11:30-11:50	Non-Clinical Interventions For Stimulant Addiction	Peter Cochrane , Senior Recovery Development Worker, Recovery Scotland
11:50-12:05	Refreshment break	
12:05 - 12:20	Benzodiazepine harm reduction development work	Elinor Dickie , Organisational Lead, Drugs Team Place & Wellbeing Directorate, Public Health Scotland
12:20-12:25	Speaker questions	All
12:25-12:30	Closing remarks	Chair

Welcome

Ruth Robin

Portfolio Lead

Substance Harm Prevention

Donna Mackay

Inspector, Substance Harm Prevention

Elise Wilson

Lead, Non-Fatal Overdose pathway in D Division

Police Scotland



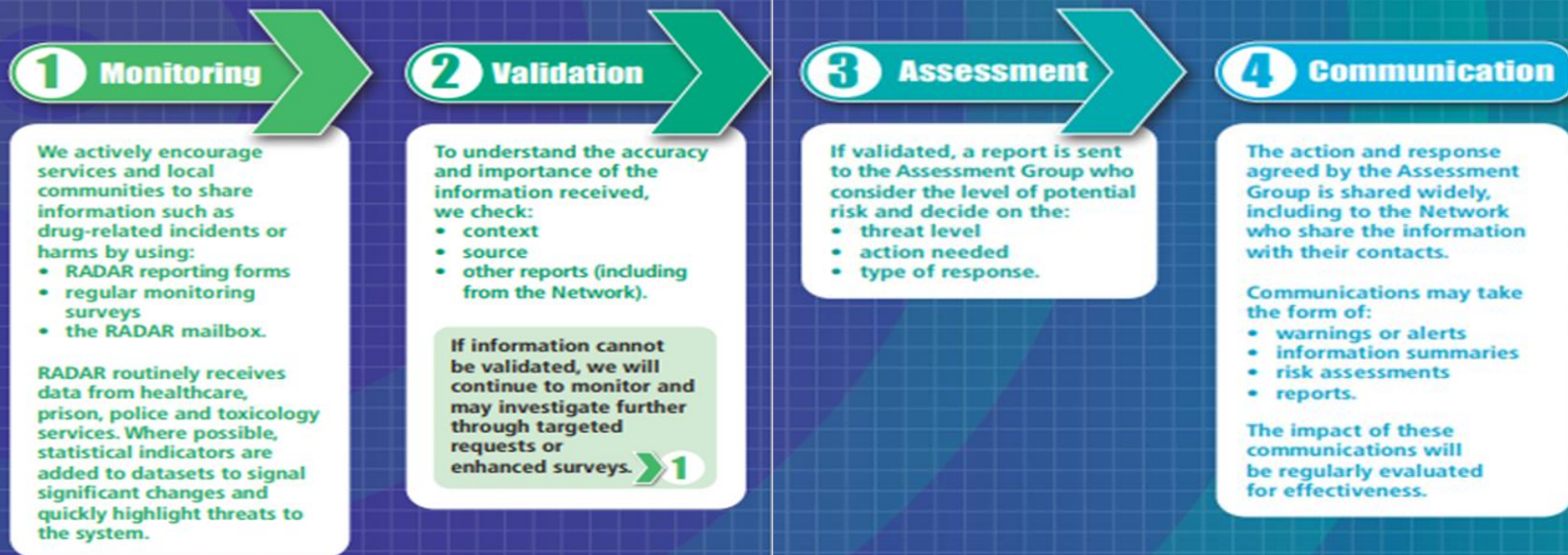
Drug Trends and Deaths

National Records For Scotland 2022 report

- 1,051 drugs misuse deaths registered in Scotland in 2022. 279 less than previous year
- 3.7 times as many deaths in 2022 than 2000. Scotland continues to have the highest UK death rate and is 2.7 times as high as UK.
- 82% involved opiates or opioids
- 57% involved benzodiazepines, 35% involved gabapentin/or pregabalin, 35% involved cocaine
- 79% of all drug misuse deaths, more than one drug was found to be present in the body, including alcohol.

Public Health Scotland - RADAR

How does it work?





New benzodiazepines – bromazolam

The benzodiazepine market in Scotland is changing. Bromazolam is now the most commonly detected drug in street benzodiazepines (benzos). It's a new psychoactive substance first detected in Scotland in 2021.

Bromazolam produces strong sedative and sleep-inducing effects and as a result there is a substantial risk of overdose.

Detections of other novel benzos, such as flubromazepam and gidazepam, have also increased.

Alert for: people taking benzos from a non-prescribed source.

Cascade to: drug and alcohol services, emergency services, healthcare and high-risk settings including prisons.

Bromazolam mis-sold as diazepam.

Photo credit: WEDINOS, W032610



Bromazolam is sold as a 'street benzo'. It is most commonly detected in:

- blue or white circular pills
- white, green or teal bars, stamped with "XANAX"
- off-white, tan or brown powder (in prisons).

It is also found in fake medicines – illegally produced drugs designed to look like real medicines (with counterfeit packaging). It has been seized in community and custodial settings and implicated in overdoses and deaths in different areas of the country.

Adverse effects

- agitation
- confusion
- drowsiness
- loss of coordination
- memory loss and blackouts
- reduced consciousness

Benzodiazepine harm reduction

- Test before use. Use the drug testing service www.wedinos.org
- Dose low. Take a test dose (small part of pill or paper) and leave as long as possible between doses.
- Avoid mixing with other drugs, particularly other depressants such as alcohol, opioids and gabapentinoids. This significantly increases the risk of overdose.
- Use in company. Stay with people who can respond in an emergency.

Overdose signs

- unconsciousness (won't wake with a shout or a shake)
- unable to speak or respond
- shallow (or slowed) breathing
- snoring or rasping breaths
- blue lips
- pale skin
- nausea and vomiting
- seizures

In an emergency

Always get help quickly – stay calm, call 999 and ask for an ambulance. Give as much information as you can and be honest about what was taken.

Alert number: 2023/13
Version number: V1.0
Release date: 3 July 2023

Contact

To make a report or find out more visit
www.publichealthscotland.scot/RADAR
 or email phs.drugsradar@phs.scot

ALERT SYNTHETIC OPIOIDS

DRUGS IN SCOTLAND ARE CHANGING



Synthetic opioids including nitazenes are now mixed in some of the drugs supplied in Scotland – this is causing people to have extremely bad experiences including sudden and near fatal overdoses and has caused deaths.

PROTECT YOURSELF AND YOUR FRIENDS

These drugs can cause a **very sudden overdose** which can be life-threatening.

Try to avoid using alone. Use in other people's company and try to take turns so that there is always someone there who is able to help if someone overdoses.

Make sure you and your friends have naloxone and know how to use it – **pick up an extra naloxone kit** from a drug service, pharmacy, homelessness service or from the national naloxone click & deliver service - sfad.org.uk.

If someone is unresponsive, you should **get an ambulance as soon as possible. Administer naloxone** and phone 999. The person may need more than usual if synthetic opioids like nitazenes are involved. Use the standard dose and repeat as necessary but **you may need to administer more doses than usual.**

Stay with the person – the emergency services' priority is to help the person who has overdosed.

www.stopthedeaths.com

www.scottishdrugservices.com

EXTREME RISK - SYNTHETIC OPIOIDS

Nitazenes

- Nitazenes are known as 2 – benzyl benzimidazole opioids.
- Nitazenes' include metonitazene, N-pyrrolidino-etonitazene (NPE), etonitazene, etonitazepyne, isotonitazene and protonitazene. They may be sold as or found in other drugs
- Counterfeit tablets such as Oxycodone



Naloxone

- First aid intervention and is a temporary antidote to opioid / opiate overdose
- The National Roll out of Naloxone to all front line police officers, up to rank of Inspector in local and national policing divisions.
- Over 12,400 Officers completed training
- 422 Administrations of Naloxone (as of 19th January 2024)
- Submission of a referral through iVPD system and process

Non-Fatal Overdose Pathway

Concept

- Escalating Drug Deaths in Scotland/ Dundee
- Dundee Drug Commission Report
- Cluster of NFOD and Drug Deaths
- Short Life Working Group
 - No consistent approach to NFOD
 - Reliant on one person
 - NHS centred
- 6-week test of change driving a Multi-professional Approach
 - Dundee Drug and Alcohol Recovery Service
 - Police Scotland
 - NHST Public Health
 - Criminal Justice Social Work
 - NHST Specialist Harm Reduction
 - 3rd sector services including Positive Steps, Hillcrest Futures, WAWY and Womens Aid

Non-Fatal Overdose Pathway Process

- Daily Teams Meeting to discuss NFOD events
 - Highlight any agency in contact with individual
 - Identify and agree a shared plan of care
 - Mitigate escalation of risk
- Data discussed provided by Scottish Ambulance Service and Police Scotland
- Person centred approach focusing on both social and medical provisions
 - Polypharmacy & OST reviews
 - Referral to pain clinics
 - Out reach support (i.e. assistance in attending appointments / delivery of immediate Harm reduction and naloxone)
 - Housing support
- Services remain in contact and working together

Non-Fatal Overdose Pathway

Further Developments

- Process developed to encompass Perth & Kinross and Angus delivering a consistent approach.
- Tayside co-ordinator recruited to assist in the development of the overall process including improved communication networks (i.e. Emergency Departments / GP services).
- Non-Fatal Overdose (NFOD) Pathway Group set up to review process developments in hand with MAT Standards 3 reporting/ compliance.
- Review of Information Sharing Process to reflect developments relating to NFOD Pathway Group and MAT Standards 3 are included.

Non-Clinical Interventions For Stimulant Addiction

Peter J. Cochrane

Senior Recovery Development Worker

Recovery Scotland



Recovery Scotland



Forth Valley
Recovery Community



North Lanarkshire
Recovery Community



Recovery Scotland

Formerly "Addiction Support and Counselling (ASC)"

Supporting communities affected by addiction and mental health problems

What We Do



- **Forth Valley Recovery Community**
- **North Lanarkshire Recovery Community**
- **Assertive Recovery Outreach**
- **Digital Outreach via Digital Lifelines**
- **Part of the Near Fatal Overdose Response Team in Forth-Valley**
- **Naloxone Training Program within the Forth Valley**
- **Recovery in Housing**
- **Recovery in the Justice Services.**
- **Recovery in Forth Valley Psychology Substance Use Team**
- **Go Forth College Courses in Falkirk and Stirling - in partnership with the Forth Valley College**
- **Adult Literacy classes in Clackmannanshire – in partnership with Pre-employment Clackmannanshire**

Non-Clinical Interventions For Stimulant Addiction

The Self-Medication Hypothesis Approach and Treating Substance Use Disorder

- The self-medication hypothesis is a theory in psychology and psychiatry that suggests individuals may engage in substance abuse or addictive behaviours as a way to self-medicate or alleviate underlying psychological or emotional issues.

Khantzian EJ. 1985

- Many individuals who develop substance use disorders (SUD) are also diagnosed with mental disorders, and vice versa. Multiple national population surveys have found that about half of those who experience a mental illness during their lives will also experience a substance use disorder and vice versa.

Ross S, Peselow E. 2012

- Argues that drug(s) of choice are not randomly chosen, but rather the result of an interaction between the psychopharmacologic action of the drug and the dominant painful feelings with which they struggle.

Trauma and Substance Use

- Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use including abuse and dependence. Substance use is also highly comorbid with Posttraumatic Stress Disorder (PTSD).
- Early traumatic experience may increase risk of substance use because of attempts to self-medicate or to dampen mood symptoms associated with a dysregulated biological stress response.

Khoury L, Tang YL, Bradley B, Cubells JF, Ressler KJ. 2010.

- Traumatic experiences, especially during childhood, can have lasting effects on an individual's mental health and may contribute to the development of substance abuse and dependency. Trauma can lead to difficulties in emotional regulation, and some individuals may turn to substances or addictive behaviours as a way to cope with or numb the emotional pain associated with trauma.

The Community Reinforcement Approach

- Developed by Doctor Robert J. Meyers and Doctor Jane Ellen Smith as a therapeutic intervention for substance use disorders.
- Is based on the premise that environmental contingencies play a powerful role in encouraging substance use.
- Uses social, recreational, familial and vocational reinforcers to assist in the recovery process.
- The goal is to make a substance free lifestyle more rewarding than the use of substances.
- The Community Reinforcement Approach (CRA) combined with joint contingency management forms a highly effective program for addressing stimulant use and supporting individuals undergoing Medication-Assisted Treatment (MAT).
- Despite the proven effectiveness of CRA, it has only recently become more widely used in the treatment of substance use in recent years.

The Community Reinforcement Approach in Forth Valley and North Lanarkshire



Recovery Cafes seven days a week across Forth Valley including:

- Four Recovery cafés in the Falkirk locality.
- Three Recovery café in the Stirling locality.
- Two Recovery cafés in the Clackmannanshire area.
- Two Outreach Drop-In Hubs

Recovery Cafes seven days a week across North Lanarkshire including cafes in the following locations:

- Airdrie, Coatbridge, Motherwell, Wishaw, Glenboig, Cumbernauld and Kilsyth.

Additional Community Reinforcement Approach based activities



- Individual support.
- Recovery in the Wild.
- Recovery Ramblers.
- Free gym memberships to community members.
- Open gym and Yoga sessions.
- CAB's advisor support at various cafes.
- Litter picking and Canal Cleaning environmental activities.
- National Recovery Olympics

Our
Recovery
Cafes



Forth Valley
Recovery Community



The UCLA 4 Point Program Approach to Stimulant Addiction

- The 4-point program was originally designed for treating Obsessive-Compulsive Disorder (OCD) at the University of California, Los Angeles (UCLA).
- It is a comprehensive approach that incorporates evidence-based strategies to help individuals manage and overcome their symptoms. This program is often referred to as the UCLA 4-Day Intensive Treatment for OCD.
- ‘Obsessive–compulsive disorder (OCD) and substance use disorder share several aspects of phenomenology and may be underpinned by a common mechanism with compulsivity at the core’.
Cuzen NL, Fineberg NA, Lochner C and Stein, DJ. 2013
- ‘Compulsivity in obsessive–compulsive disorder (OCD) is related to the feelings of limited voluntary control and being compelled to perform repetitious, self-defeating behaviours’.
Denys, 2011, Robbins et al., 2011

Adapting the 4 Point Program

- **Psychoeducation:**
- **Exposure and Response Prevention (ERP):**
- **Cognitive Restructuring:**
- **Relapse Prevention:**

Implementing the 'Brain Lock' method

- 'Brain Lock' originates from the book written by Doctor. Jeffrey M. Schwartz and Beverly Beyette. The book outlines a four-step program based on cognitive-behavioural therapy (CBT) principles to help individuals overcome Obsessive-Compulsive behaviours.
- When the program is applied to individuals presenting with stimulant dependency, it is effective in providing relief for symptoms of that presentation, and for many other compulsive, self-harming thought patterns and behaviours.

The 4 Principles of Brain Lock

- **Relabel**
- **Reattribute**
- **Refocus**
- **Revalue**

This now concludes the presentation,
Thank you for listening.

I would be interested to hear your thoughts on
any of points raised

Refreshment break



Benzodiazepine harm reduction development work

Elinor Dickie

Organisational Lead, Drugs Team

Place & Wellbeing Directorate

Public Health Scotland

MAT programme: benzodiazepine harm reduction development work

Elinor Dickie

Organisational Lead, Drugs Team

Harm reduction

- Historical pattern of use (opioids & benzos)
- Drug Death Taskforce MAT Subgroup Benzo Working Group with practitioners & participation from people with lived experience
- Continues to be threat to health
- NRS 2022 DRDs – 57% had a benzodiazepine implicated (diazepam, etizolam)



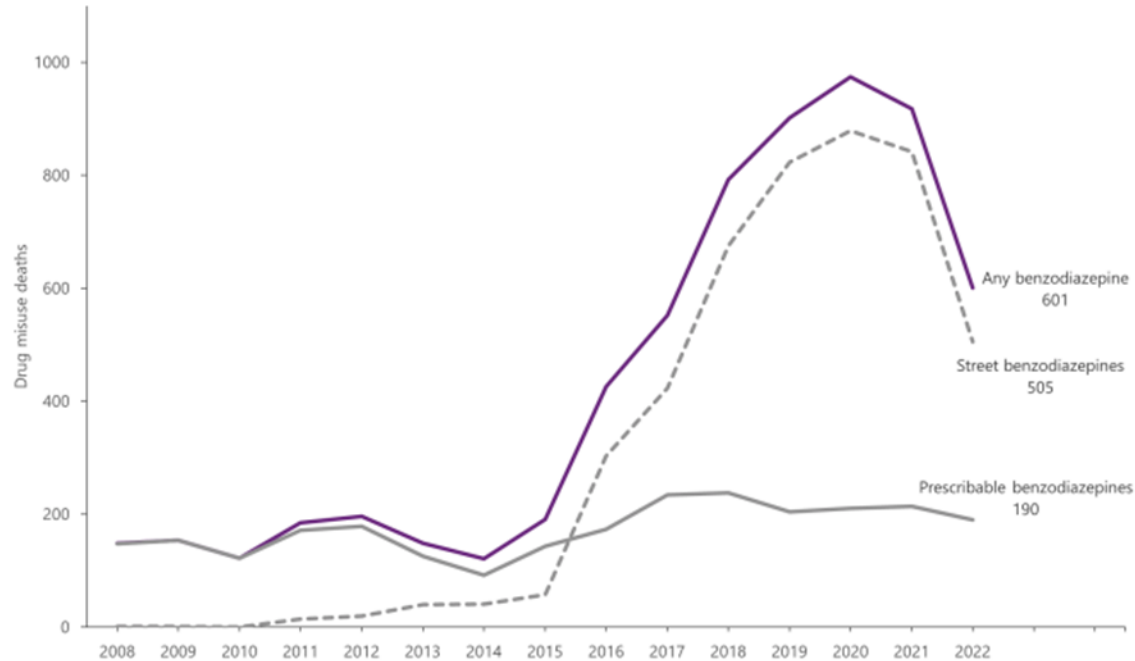
MAT standards informed response for benzodiazepine harm reduction

Call to action

The unprecedented harm associated with street benzodiazepines in Scotland is a public health emergency that demands a different approach. The false notion that postponing change in prescribing practice is the safest position and the current status quo, is unacceptable. The current rate of high levels of benzodiazepine related harm seen in Scotland qualify in the **Orange Guidelines** as 'exceptional circumstances'. We all have a

Available on PHS MAT Standards Resources page

National Records of Scotland (2023) Drug related deaths in 2022: Benzodiazepines implicated



Harm reduction need

- Historical pattern of use (opioids & benzos)
- Continues to be threat to health
- NRS 2022 DRDs – 57% had a benzodiazepine implicated (diazepam, etizolam)
- Adulterants and threat from synthetics (bromazolam, nitazenes)
- Clinical need and demand for support and safe supply
- Patient pathway: psychological support and prescribing



MAT standards informed response for benzodiazepine harm reduction

Call to action

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Available on PHS MAT Standards Resources page

Call to action

MAT Standards informed response for benzodiazepine harm reduction

Call to action

- Be prepared to talk about benzo harm reduction
- Empathic listening – seek to understand
- Needs-based assessment
- Zone of accepted risk– collaborative risk assessment
- Offer benzodiazepine harm reduction
- Shared goals – review progress

MAT Programme – building the will to act, and building the evidence

Access to psychological therapies

- i) MAT standard 6

Safe supply

Prescribing advice is required:

- i) within current BNF and licensing parameters (for example with long detox)
- ii) supported by good practice case studies

Short Life Working Group

Aim & Purpose

MAT Programme leadership group to strengthen practice for benzodiazepine harm reduction, and support consistency of approach

Two-phases

- i) i) Tools and implementation support
- ii) ii) Building the evidence base

Challenges

- Scale of harms and threat from synthetics
- Limited evidence/consensus
- Clinical governance and leadership to support practice
- Implementation gap – need to promote safe supply as harm reduction measure
- Access to psychological support critical to address reasons for use



Speaker questions and reflections

Please add to the chat any questions you would like
to ask the speakers



Share your thoughts!



thank you

- Materials from the session will be posted in due course
- Visit ihub.scot/mat for recent programme outputs and our MAT standards resource library
- Details to follow for future dates and other planned activities