Healthcare Improvement Scotland

Medication Assisted Treatment (MAT) Standards Learning System

Webinar 11
Polydrug Use and Alcohol

26 March 2025
11:00 - 12.30am

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

NHS SCOTLAND

Welcome

Ruth Robin

Portfolio Lead

Healthcare Improvement Scotland

Healthcare Improvement Scotland

Agenda

Time	Agenda Item	Speaker(s)
11:00-11:10	Welcome	**Ruth Robin** Portfolio Lead, Healthcare Improvement Scotland
11:10-11:30	Scene setting: Polysubstance Use and Alcohol	**Morris Fraser** Head of Drugs and Alcohol Policy Delivery, Scottish Government
11:30-11:50	Alcohol Harms and Polysubstance Use – The View from the Hospital and the Clinic	**Dr Iain Smith** Consultant Addiction Psychiatrist, NHS Forth Valley, SHAAP
11:50-11:55	Comfort Break	
11:55-12:15	Managed Alcohol Programme	**Peter Mclachlan** Service Lead, Managed Alcohol Programme, Simon Community Scotland
12:15-12:20	Looking Back	**Ellie Daglish** Project Officer, Healthcare Improvement Scotland
12:20-12:30	Closing remarks	**Ruth Robin** Portfolio Lead, Healthcare Improvement Scotland

MAT Standards National Learning Sessions

April 2023 – March 2025

Healthcare Improvement Scotland

Scene setting: Polysubstance Use and Alcohol

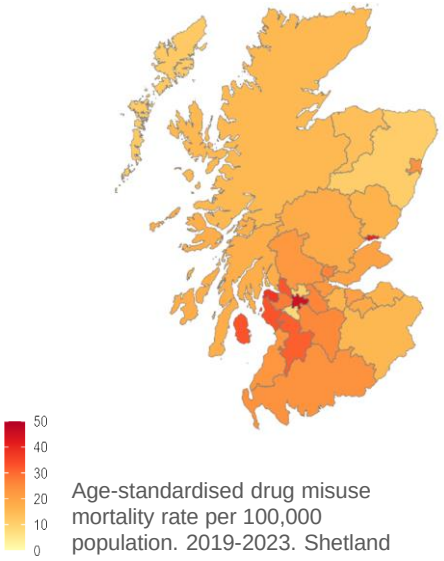
Morris Fraser

Head of Drugs and Alcohol Policy Delivery, Scottish Government

The Scottish Government
Riaghaltas na h-Alba

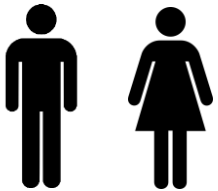
Drug trends: overview and risks

People in the **most deprived areas 15.3 times as likely to die** from drug misuse as those in the least deprived areas.



Age-standardised drug misuse mortality rate per 100,000 population. 2019-2023. Shetland and Orkney not shown.

2023 drug misuse deaths	**1,172**
Change relative to 2022	↑ **12%**
2023 death rate, per 100,000	**22.4**

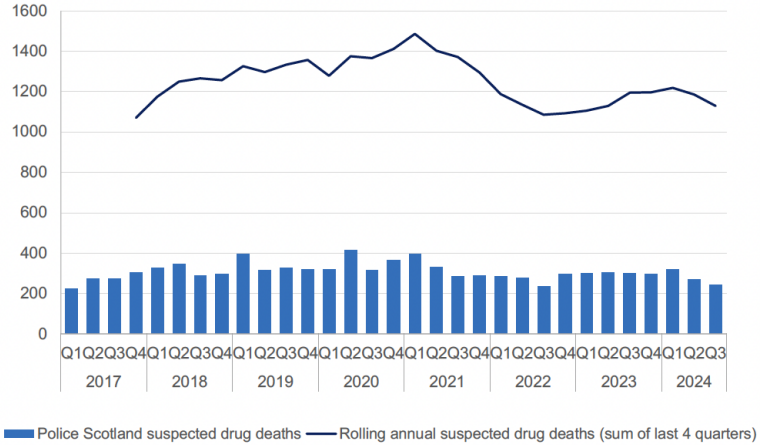


69% Males
2022: 66%

31% Females
2022: 34%

Average age
45 years
2022: 45 years

Suspected Drug Deaths in 2024: Some indications of a decrease in 2024 but rolling average broadly stable.



There were 833 suspected drug deaths recorded during the first nine months of 2024. This was 7% (67) fewer than during the same period of 2023.

Note: This is management information based on Police Scotland operational data and is not subject to the same level of validation and quality assurance as the NRS accredited official statistics.

Source: National Records of Scotland Police Scotland and Public Health Scotland

National Drug-Related Deaths Database: valuable context

Drug use history

69% had used drugs for 11+ years

45% known to have injected drugs

37% prescribed OST

47% had previously had a Near Fatal Overdose

23% experienced alcohol-related problems

In the six months prior to death ….

44% in contact with drug treatment services

31% discharged from a general acute hospital

46% had a psychiatric condition

18% in police custody & **11%** in prison

20% Respiratory illness

At time of death….

66% died in their own home

63% lived alone

51% another person present at scene

39% had been supplied with naloxone

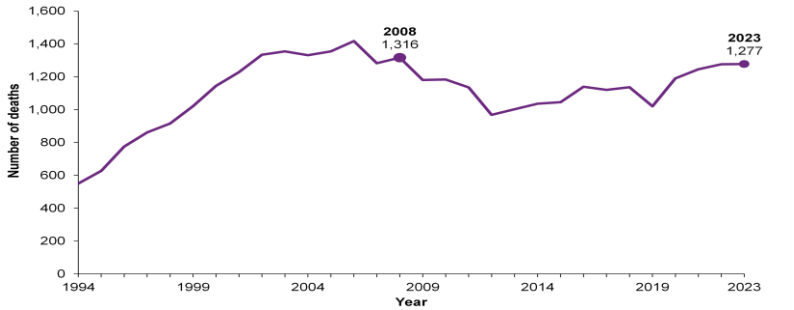
602 Children lost a parent

Based on 1335 records of deaths in 2020, published October 2024

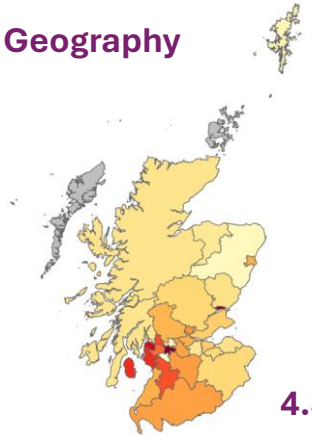
Source: Public Health Scotland

Alcohol Deaths and harms in Scotland

Alcohol Specific Deaths Scotland are now higher than drug deaths



Geography



Characteristics

67%
Males
Average age **60**

33%
Females
Average age **58.7**

4.3 times higher in most deprived areas

- The prevalence of hazardous or harmful drinking:
  - 14% among those aged 16-24 to
  - 29% among those aged 55-64,
  - 15% among adults aged 75 and over.
- Levels of hazardous or harmful drinking were significantly higher among men.

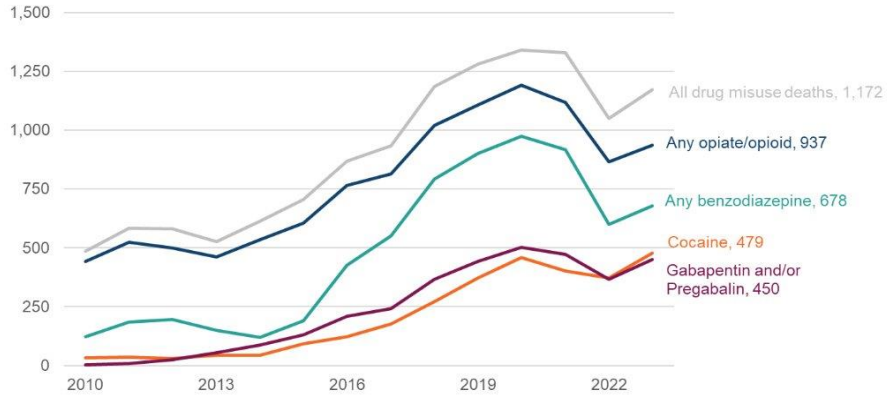
- The number of general acute hospital admissions per 100,000 population has fallen since 2007/08, from 855 per 100,000 population to 548 per 100,000 population in 2023/24.

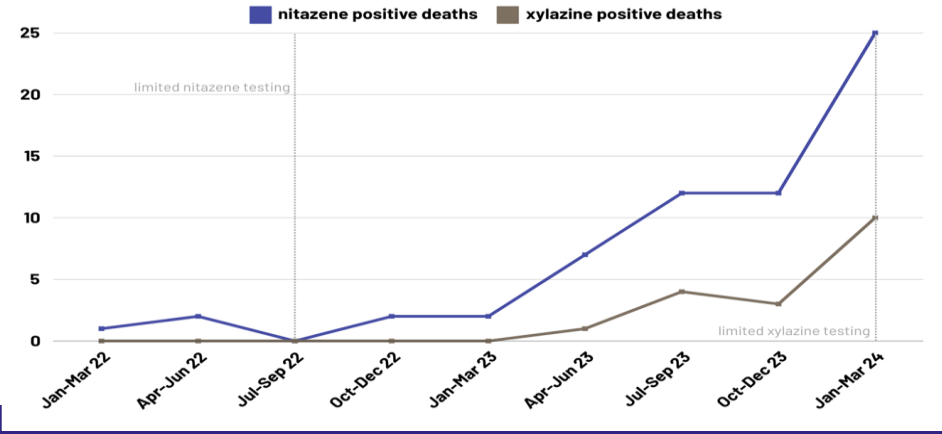
NRS Aclohol-specific deaths 2022, Alcohol-specific deaths 2023, Report (nrscotland.gov.uk)

Changes in drug trends

Increasing Polydrug use

- **81%** of deaths had more than one drug implicated.
- **Cocaine** harms have increased in recent years with specific increase in injecting cocaine which carries greater risk.
- **New Drug Prevalence Estimate, PHS, University of Bristol, March 2024:** In 2019/20 The estimated number of people with opioid dependence in Scotland was **47,100** . This represents an estimated prevalence of **1.32%.**
- **Nitazenes and xylazine positive deaths :** Numbers remain small but detections are increasing in Scotland, often in samples sold as heroin and bromazolam.
- Increase in co-dependency of **alcohol and drugs** (11% if treatment pop) but profile of drug and alcohol population still distinct.



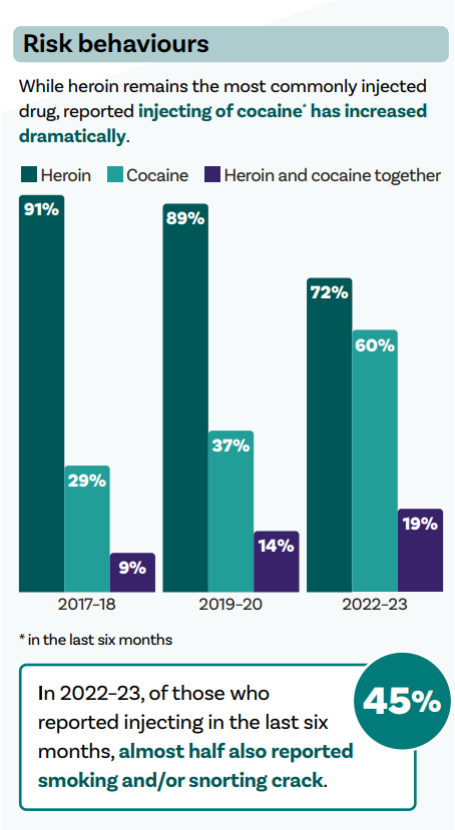


Other recent data and evidence from Scotland

- **Needle Exchange Surveillance Initiative (NESI): August 2024:** Cocaine injecting has increased dramatically over time

- **Mortality among individuals prescribed OAT, Lancet, July 2023:** OAT remains protective but is insufficient on its own to slow the increase in DRD risk for people who are opioid dependent in Scotland.

- **New Drug Prevalence Estimate, PHS, University of Bristol, March 2024:** In 2019/20 The estimated number of people with opioid dependence in Scotland was **47,100** . This represents an estimated prevalence of **1.32%.**



Source: NESI Public Health Scotland

Policy Framework

National Mission to Future Alcohol and Drugs Strategy

- Charter of Rights for People Affected by Substance Use
- UK-wide Clinical Guidelines for Alcohol Treatment
- Health and Social Care Standards
- Treatment and Recovery Service Specification
- Treatment and Recovery Standards
- Independent Scrutiny

Thank You

Morris.Fraser@gov.scot

Questions

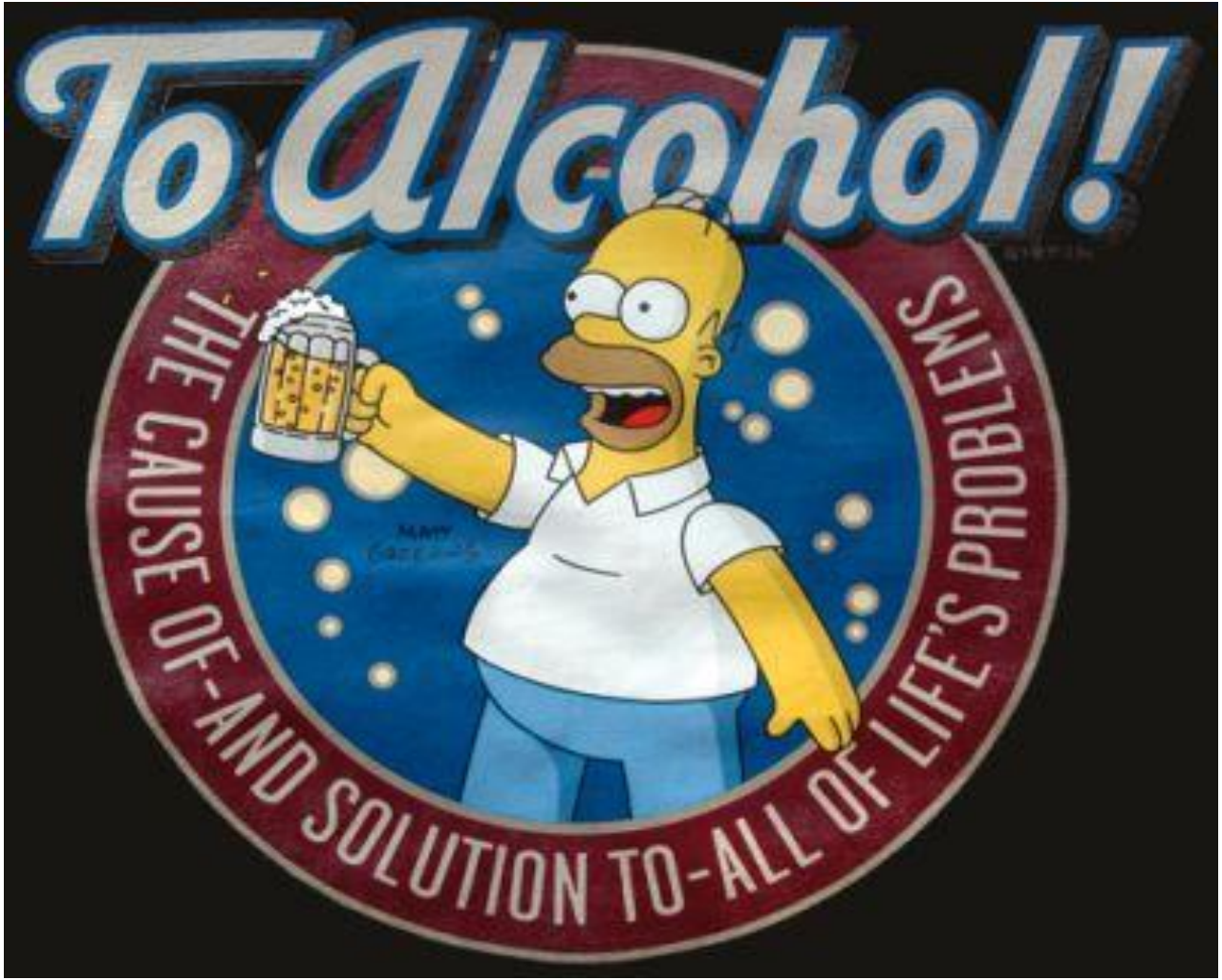
Any questions?

Alcohol Harms and Polysubstance Use – The View from the Hospital and the Clinic

Dr Iain Smith

Consultant Addiction Psychiatrist, NHS Forth Valley, SHAAP

SHAAP
Scottish Health Action on Alcohol Problems


To Alcohol!
THE CAUSE OF-AND SOLUTION TO-ALL OF LIFE'S PROBLEMS

Alcohol consumption in Scotland

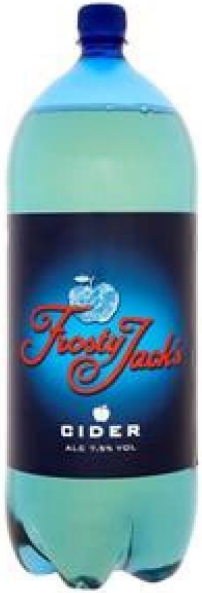
- Prevalence of hazardous or harmful alcohol consumption has decreased in Scotland.
- In 2003, 34% of adults drank to hazardous or harmful levels compared to 20% in 2023.
- Hazardous or harmful drinking varies by age and gender.
- Men, and those aged 65-74 report the highest levels of alcohol consumption.
- Those living in the most deprived areas in Scotland are more likely to receive a score of 8 or more on the AUDIT screen.[1]

1.Scottish Government (2024). Scottish Health Survey 2023.

SHAAP
Scottish Health Action on Alcohol Problems

MUP-Before and After-1

30/4/2018 : £4.00



1/5/2018: £11.20

MUP-Before and After-2

29/9/2024 : £13.13

30/09/2024: £17.07

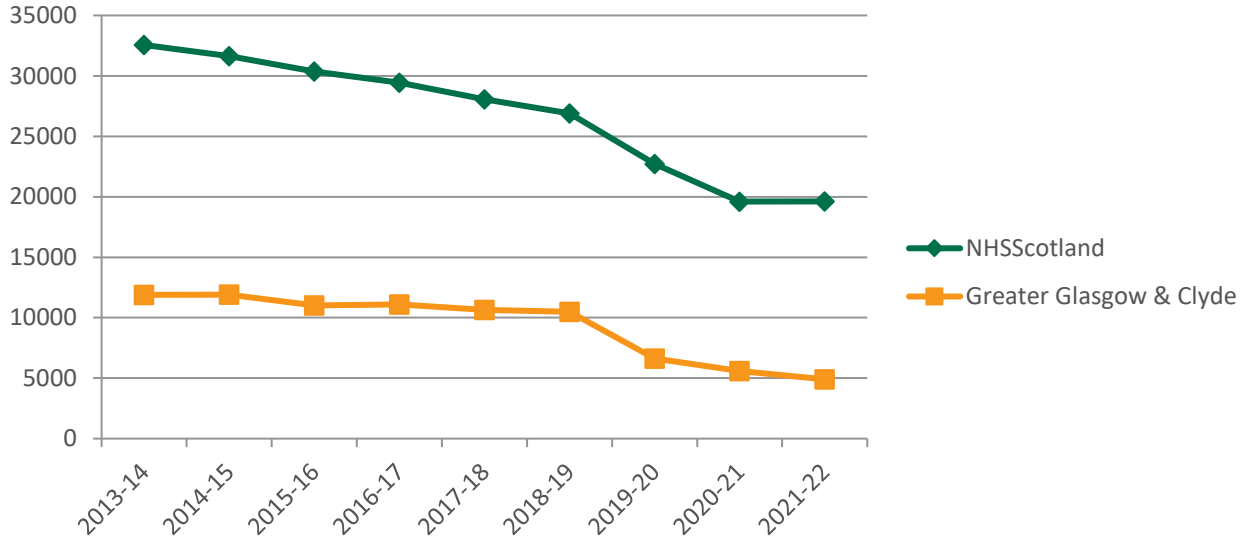
Alcohol harm in Scotland

- In 2022/23 there were 31,206 alcohol-related hospital admissions (stays) in Scotland. 92% of admissions were to general acute hospitals and the remaining 8% were to psychiatric hospitals.[1]
- 86,780 ambulance callouts were identified as alcohol-related in 2019, an average of more than 230 call-outs per day. [2]
- There were 1,277 alcohol-specific deaths registered in Scotland in 2023, an increase of one death from 2022. This is the highest number of alcohol specific deaths registered in a year since 2008.[3]

1. Public Health Scotland (2024) Alcohol related hospital statistics.
2. University of Stirling (2021) Alcohol burden on ambulance service in Scotland three times higher than previous estimates.
3. National Records for Scotland (2024) Alcohol-specific deaths 2023.

SHAAP
Scottish Health Action on Alcohol Problems

Alcohol Treatment in Scotland Completed Waits 2013-22



Answer to Parliamentary Question on 22nd June.
Data compiled by Public Health Scotland from ADP Waiting Times Returns

The Herald

Digital Edition

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Alcohol: Problem drinkers getting help down 40 per cent

27th July

ALCOHOL DEATHS | MUP | HEALTH | POLITICS | SCOTLAND

By Helen McArdle
Health Correspondent
@HMcardleHT

Share

7 Comments

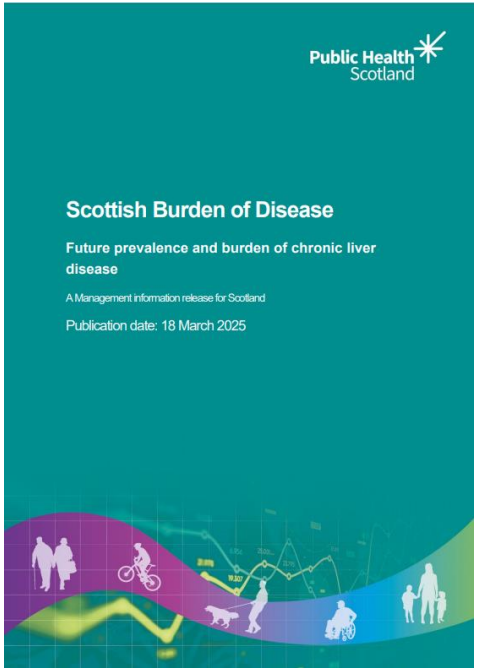
It comes amid a consultation on whether to raise the minimum unit price for alcohol in Scotland *(Image: PA)*

Campaigners have called for a dedicated service to aid the recovery of people frequently admitted to hospital due to alcohol dependency.

Doctors behind the group, Scottish **Health** Action on Alcohol Problems (Shaap), made the call as separate figures revealed a sharp drop in problem drinkers accessing alcohol treatment services.

Burden of chronic liver disease in Scotland

- Public Health Scotland (PHS) published estimates of the future prevalence of chronic liver disease up to 2044.
- From 2019 to 2044, the number of people with chronic liver disease in Scotland is estimated to increase by 54%. This equates to an additional 23,100 people living with chronic liver disease in 2044, compared to 2019.
- Recent trends illustrate that the rate of hospital stays for chronic liver disease increased by 12% from 2013/14 to 2022/23. In this same period, the rate of mortality from chronic liver disease decreased by 12%.[1]



1. Public Health Scotland (2025) Scottish Burden of Disease: Future prevalence and burden of chronic liver disease.

SHAAP
Scottish Health Action on Alcohol Problems

• Close to 100 alcohol admissions daily to acute hospitals in Scotland.

• Over past 25 years there has been a shift from psychiatric to acute hospitals for mental and behavioural alcohol in patient work

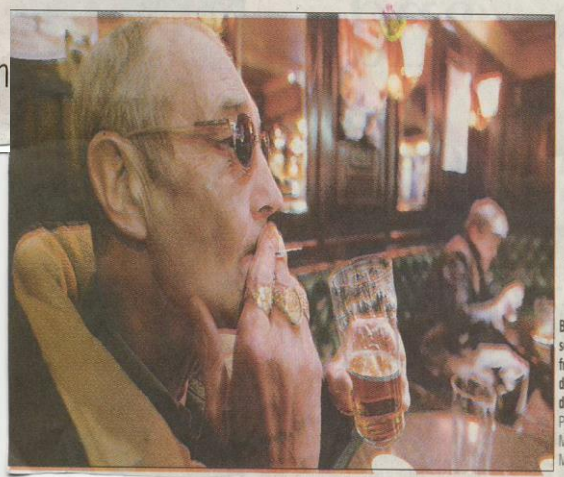
• Prognosis for people admitted to acute hospitals for alcohol withdrawal is poor.

• There is a Scotland wide decline in entry to structured alcohol treatment.

• Prevention action in Scotland has narrowed health inequalities and the longstanding gap between Scotland the rest of the UK.

You'll be lucky to reach 60 here. But it's not the Third World, it's east Glasgow

Shettleston's diet of chips, fags and booze means that life expectancy is actually falling in one of the most deprived parts of the UK



Bolly Dunn has seen many of his friends die from drink-related diseases. Photograph by Murdo MacLeod.

ADDICTION
SSA SOCIETY FOR THE STUDY OF ADDICTION
GLOBAL STATISTICS ON ADDICTION
doi:10.1111/add.14234

Global statistics on alcohol, tobacco and illicit drug use: 2017 status report

Amy Peacock[1,2], Janni Leung[1,3,14,18,19], Sarah Larney[1,4], Samantha Colledge[1], Matthew Hickman[5], Jürgen Rehm[6,7,8,9,10,11], Gary A. Giovino[12], Robert West[13], Wayne Hall[14,15], Paul Griffiths[16], Robert Ali[17], Linda Gowing[17], John Marsden[15], Alize J. Ferrari[3,18,19], Jason Grebely[20], Michael Farrell[1] & Louisa Degenhardt[1,21,22,23]

National Drug and Alcohol Research Centre, University of New South Wales, Sydney, New South Wales, Australia,[1] School of Medicine (Psychology), University of Tasmania, Hobart, Tasmania, Australia,[2] School of Public Health, Faculty of Medicine, University of Queensland, Queensland, Australia,[3] Alpert Medical School, Brown University, Providence, RI, USA,[4] Population Health Sciences, Bristol Medical School, University of Bristol, Bristol, UK,[5] Institute for Mental Health Policy Research, Centre for Addiction and Mental Health, Toronto, Ontario, Canada,[6] Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health, Toronto, Ontario, Canada,[7] Institute of Medical Science (IMS), University of Toronto, Toronto, Ontario, Canada,[8] Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada,[9] Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada,[10] Institute for Clinical Psychology and Psychotherapy, Dresden, Germany,[11] Department of Community Health and Health Behavior, University at Buffalo, New York, NY, USA,[12] Department of Behavioural Science and Health, University College London, London, UK,[13] Centre for Youth Substance Abuse Research, The University of Queensland, St Lucia, Queensland, Australia,[14] Addictions Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK,[15] European Monitoring Centre on Drugs and Drug Addiction, Lisbon, Portugal,[16] University of Adelaide, Adelaide, South Australia, Australia,[17] Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA, USA,[18] Queensland Centre for Mental Health Research, Wacol, Queensland, Australia,[19] Kirby Institute, University of New South Wales, Sydney, New South Wales, Australia,[20] School of Population and Global Health, University of Melbourne, Melbourne, Victoria, Australia,[21] Murdoch Children's Research Institute, Melbourne, Victoria, Australia[22] and Department of Global Health, School of Public Health, University of Washington, WA, USA[23]

ABSTRACT

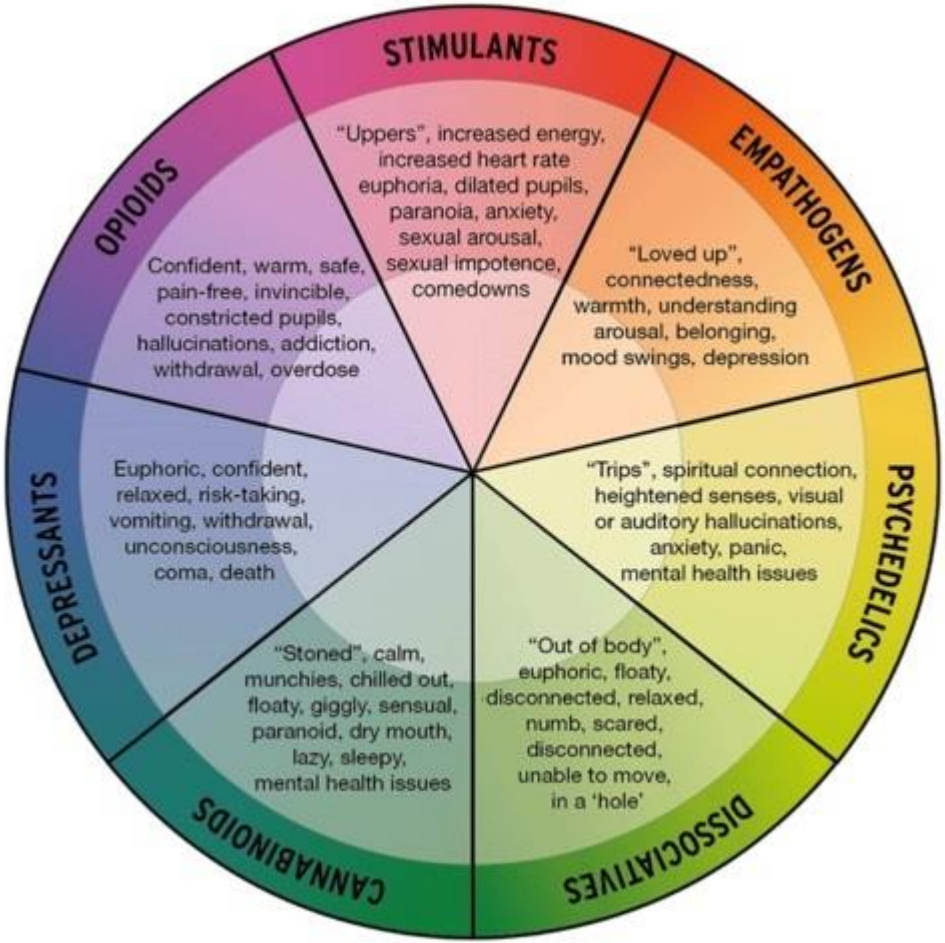
Aims This review provides an up-to-date curated source of information on alcohol, tobacco and illicit drug use and their associated mortality and burden of disease. Limitations in the data are also discussed, including how these can be addressed in the future. **Methods** Online data sources were identified through expert review. Data were obtained mainly from the World Health Organization, United Nations Office on Drugs and Crime and Institute for Health Metrics and Evaluation. **Results** In 2015, the estimated prevalence among the adult population was 18.4% for heavy episodic alcohol use (in the past 30 days); 15.2% for daily tobacco smoking; and 3.8, 0.77, 0.37 and 0.35% for past-year cannabis, amphetamine, opioid and cocaine use, respectively. European regions had the highest prevalence of heavy episodic alcohol use and daily tobacco use. The age-standardized prevalence of alcohol dependence was 843.2 per 100 000 people; for cannabis, opioids, amphetamines and cocaine dependence it was 259.3, 220.4, 86.0 and 52.5 per 100 000 people, respectively. High-income North America region had among the highest rates of cannabis, opioid and cocaine dependence. Attributable disability-adjusted life-years (DALYs) were highest for tobacco smoking (170.9 million DALYs), followed by alcohol (85.0 million) and illicit drugs (27.8 million). Substance-attributable mortality rates were highest for tobacco smoking (110.7 deaths per 100 000 people), followed by alcohol and illicit drugs (33.0 and 6.9 deaths per 100 000 people, respectively). Attributable age-standardized mortality rates and DALYs for alcohol and illicit drugs were highest in eastern Europe; attributable age-standardized tobacco mortality rates and DALYs were highest in Oceania. **Conclusions** In 2015 alcohol use and tobacco smoking use between them cost the human population more than a quarter of a billion disability-adjusted life years, with illicit drugs costing further tens of millions. Europeans suffered proportionately more, but in absolute terms the mortality rate was greatest in low- and middle-income countries with large populations and where the quality of data was more limited. Better standardized and rigorous methods for data collection, collation and reporting are needed to assess more accurately the geographical and temporal trends in substance use and its disease burden.

Keywords Alcohol, amphetamine, cannabis, cocaine, epidemiology, mortality, opioid, prevalence, substance dependence, tobacco.

Correspondence to: Louisa Degenhardt, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.
E-mail: l.degenhardt@unsw.edu.au
Submitted 2 February 2018; initial review completed 12 March 2018; final version accepted 4 April 2018

	Mortality (% of all deaths worldwide)	DALYs (% of total years of life lost)
Tobacco	8.8	4.1
Alcohol	3.2	4.0
Illicit drugs	0.4	0.8

What are the main types of Drugs?



Main illicit drugs used in national online survey

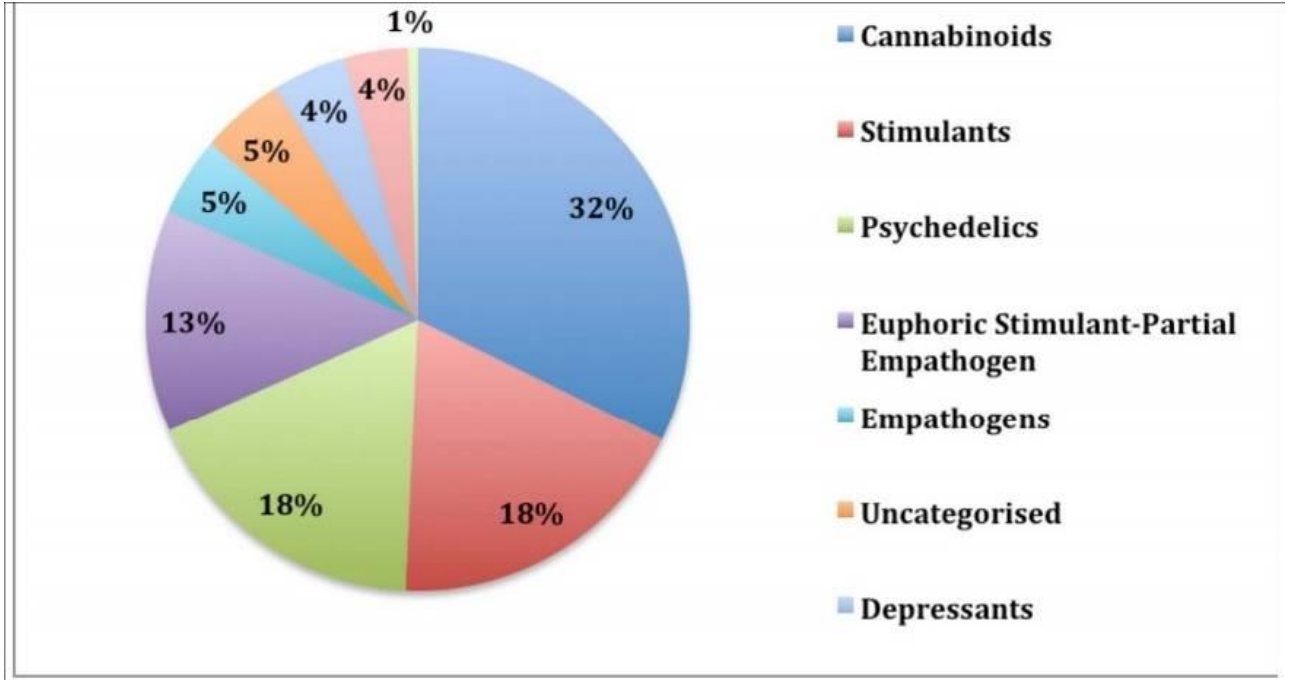
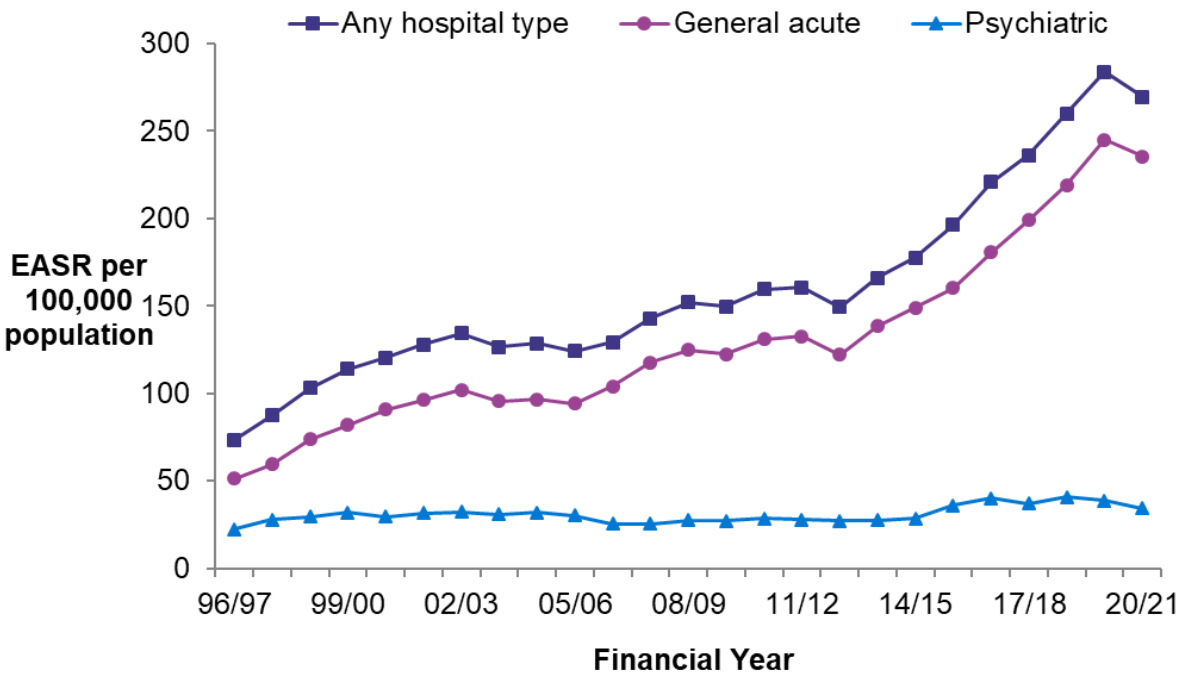


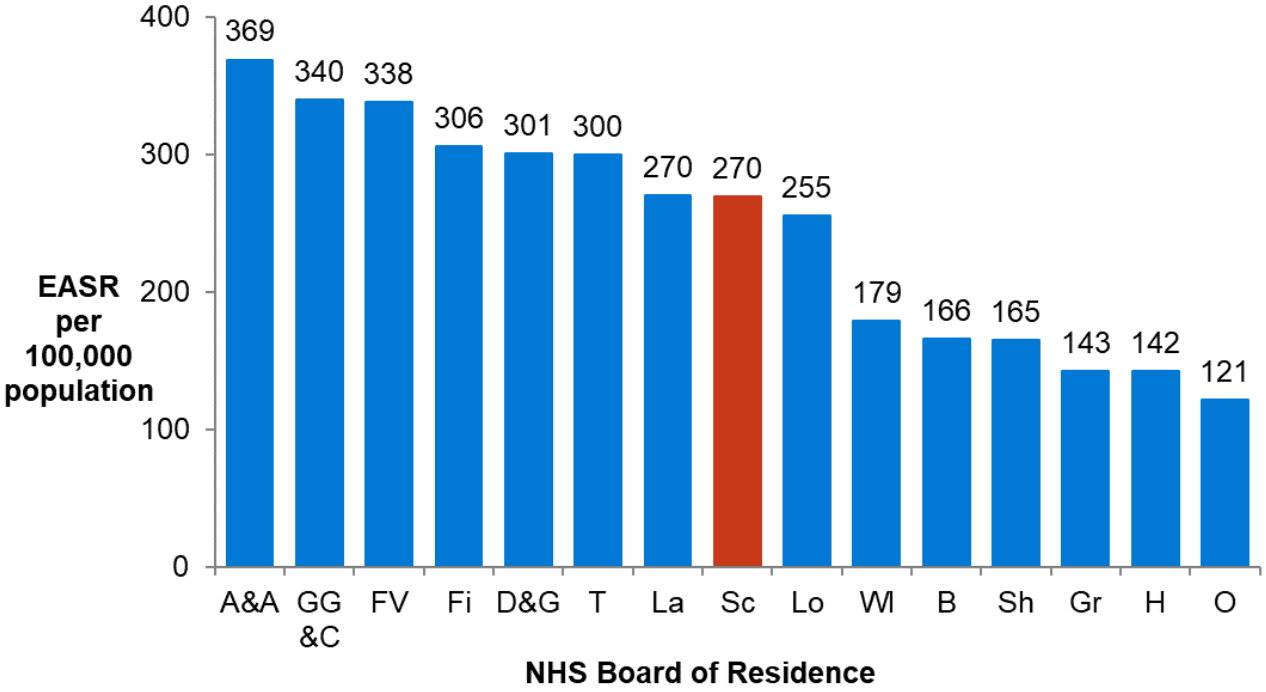
Figure 1. Effects classification of 341 unique chemical/commercial/brand name NPSs named as ever taken by 468 participants.

Drug-Related Hospital Statistics Scotland 2020/21
Publication date: 23 November 2021

Drug-related stay rates by hospital type (Scotland; 1996/97 to 2020/21)

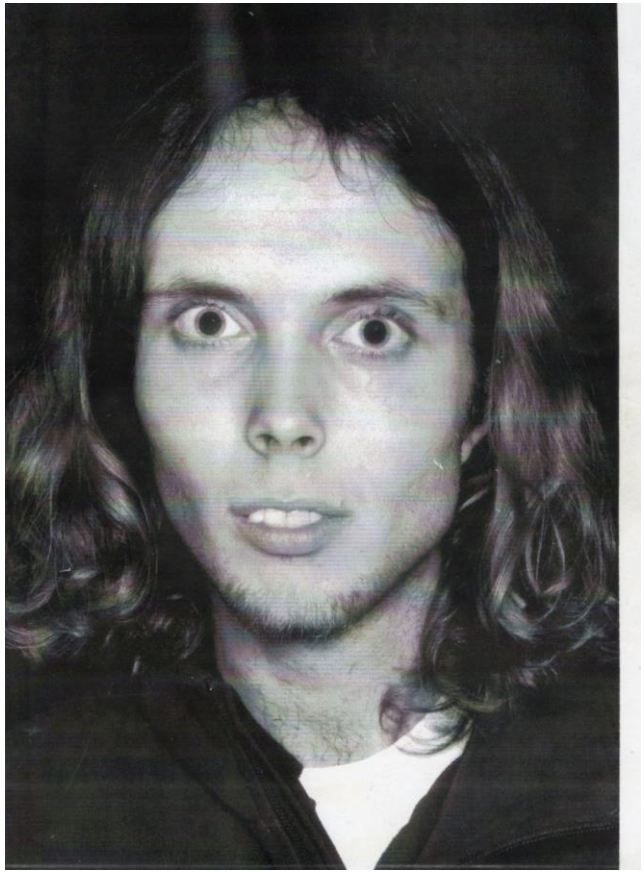


Drug-related general acute/psychiatric combined stay rates, by NHS Board of Residence (Scotland; 2020/21)



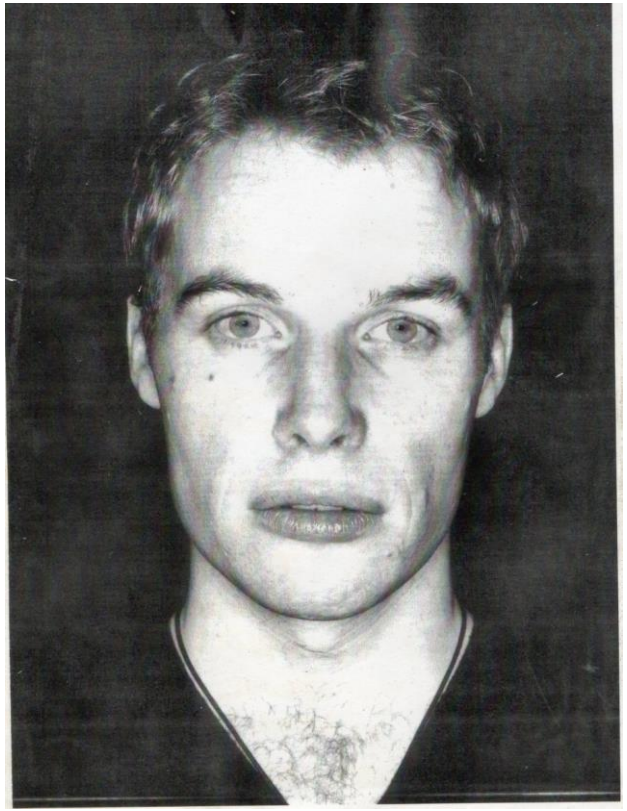
EASR=European Age-sex Standardised Rates

Stimulant Intoxication



- Dilated pupils, wide-open eyelids, jerky eyes
- Flushed/hot-looking skin
- Clenched jaw, teeth-grinding, lip smacking
- BP/Temp/pulse increased
- Can present with elevated mood picture, anxiety, paranoia, psychosis

Depressant Intoxication (especially opiates)



- ‘Pin like’ pupils, sagging/droopy eyelids
- Paler complexion, relaxed facial muscles
- Nodding head (gouching)
- BP/pulse can decrease
- Can present with depressed mood picture, amnesia or paradoxical effects

MWC Good Practice Guide - Conclusions

1. If individuals whose psychosis is provoked by drug use meet the grounds for compulsory treatment, we consider that the 2003 Act should be used to protect them and/or others from harm.

2. During and beyond a period of compulsory treatment, individuals should be offered help to address mental health and substance misuse.

3. Compulsory measures must be revoked when the grounds are no longer met, but individuals should still be offered continued help to address their problems.

VERUM OFT panel

Antidepressants and Antipsychotics	Duloxetine
	Mirtazapine
	Olanzapine
	Quetiapine
	Sertraline
Prescription Opioids	Buprenorphine
	EDDP
	Fentanyl
	Methadone
	Norbuprenorphine
	Norfentanyl
	Oxycodone
	Tramadol
Prescription Sedatives	Chlordiazepoxide
	Clonazepam
	Diazepam
	Lorazepam
	Nitrazepam
	Nordiazepam
	Oxazepam
	Temazepam
	Zolpidem
	Zopiclone

Stimulants	AEME
	Amphetamine
	Benzoylecgonine
	Cocaine
	Ethylphenidate
	MDMA
	Mephedrone
	Methamphetamine
	Methylphenidate

Cannabinoids	5F-ADB
	AMB-FUBINACA
	THC
Gabapentinoids	Gabapentin
	Pregabalin
Illicit Opioids	AH-7921
	U-47700
Illicit Sedatives	Alprazolam
	Diclazepam
	Etizolam
	Ketamine
	Phenazepam
Opiates	6-Monoacetylmorphine
	Acetylcodeine
	Codeine
	Dihydrocodeine
	Morphine
	Thebaine

Abbott

What's this?

Barcode

FINAL CERTIFICATE OF ANALYSIS

Contract:		**Sample Reference:**	*Barcode*
Donor DOB:		**Sample Type:**	Oral Fluid
Donor Gender:		**Date Collected:**	07 Sep 2020
Collector Name:		**Date Received:**	08 Sep 2020
Donor Identifier:		**Date Reported:**	14 Sep 2020

LABORATORY TESTS

DRUG TEST	RESULT
Antipsychotics/Antidepressants	Negative
Cannabinoids	Negative
Gabapentinoids	**POSITIVE**
Pregabalin	**POSITIVE**
Illicit Opioids	Negative
Illicit Sedatives	**POSITIVE**
Etizolam	**POSITIVE**
Opiates	**POSITIVE**
6-Monoacetylmorphine	**POSITIVE**
Acetylcodeine	**POSITIVE**
Morphine	**POSITIVE**
Prescription Only Opioids	**POSITIVE**
Methadone	**POSITIVE**
Prescription Only Sedatives	Negative
Stimulants	**POSITIVE**
Cocaine	**POSITIVE**

These tests are not included in our UKAS ISO 17025 Schedule of Accreditation.

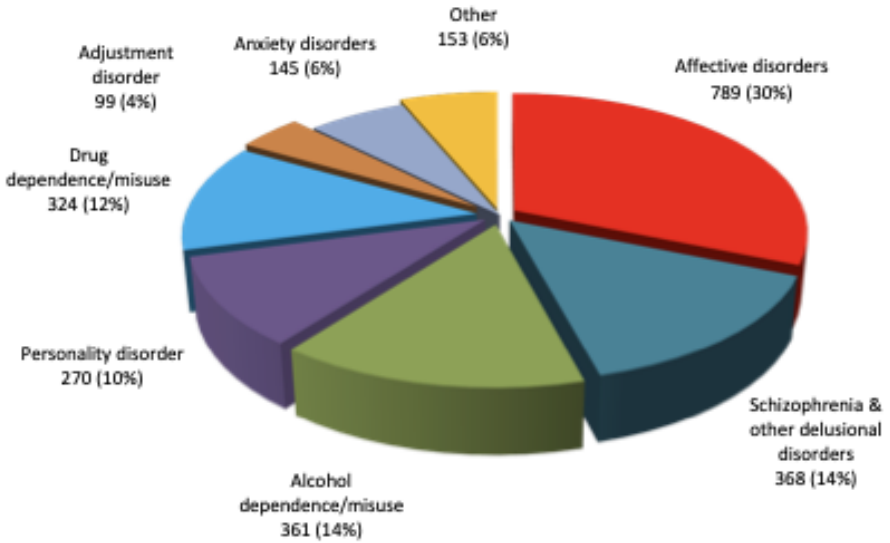
Laboratory results certified by:

Name - Authorising Scientist

Making Street Valium in Glasgow

NCISSMI –Suicides in the MI in Scotland and Alcohol and Drug Comorbidity

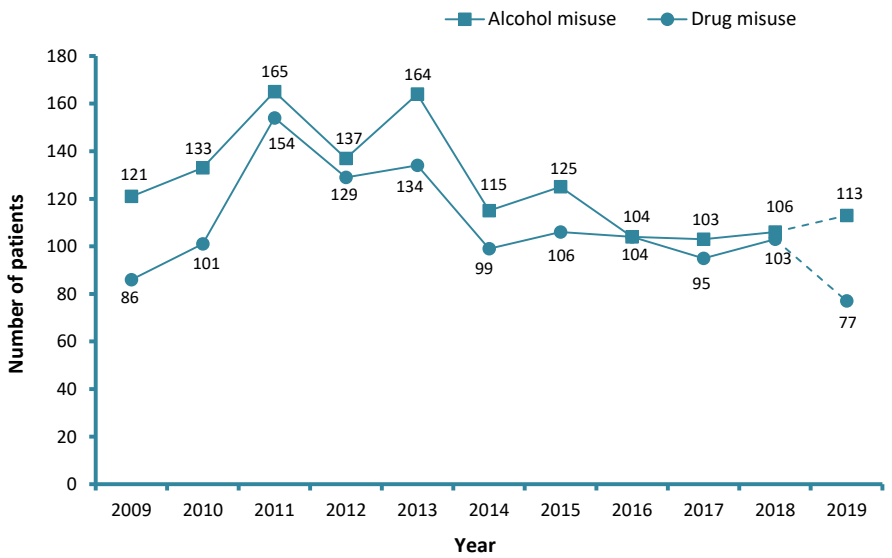
Figure 5: Patient suicide in Scotland: primary mental health diagnoses



*"other" diagnoses include: eating disorders, learning disability, conduct disorder, autism, somatisation disorder, ADHD, organic disorder, drug induced psychosis, dementia and other specified.

NCISSMI –Suicides in the MI in Scotland with Alcohol and Drug Comorbidity-2

Figure 6: Patient suicide in Scotland: number with a history of alcohol or drug misuse



Does Psychiatric Disorder Contribute to DRD Risk-Some interesting data

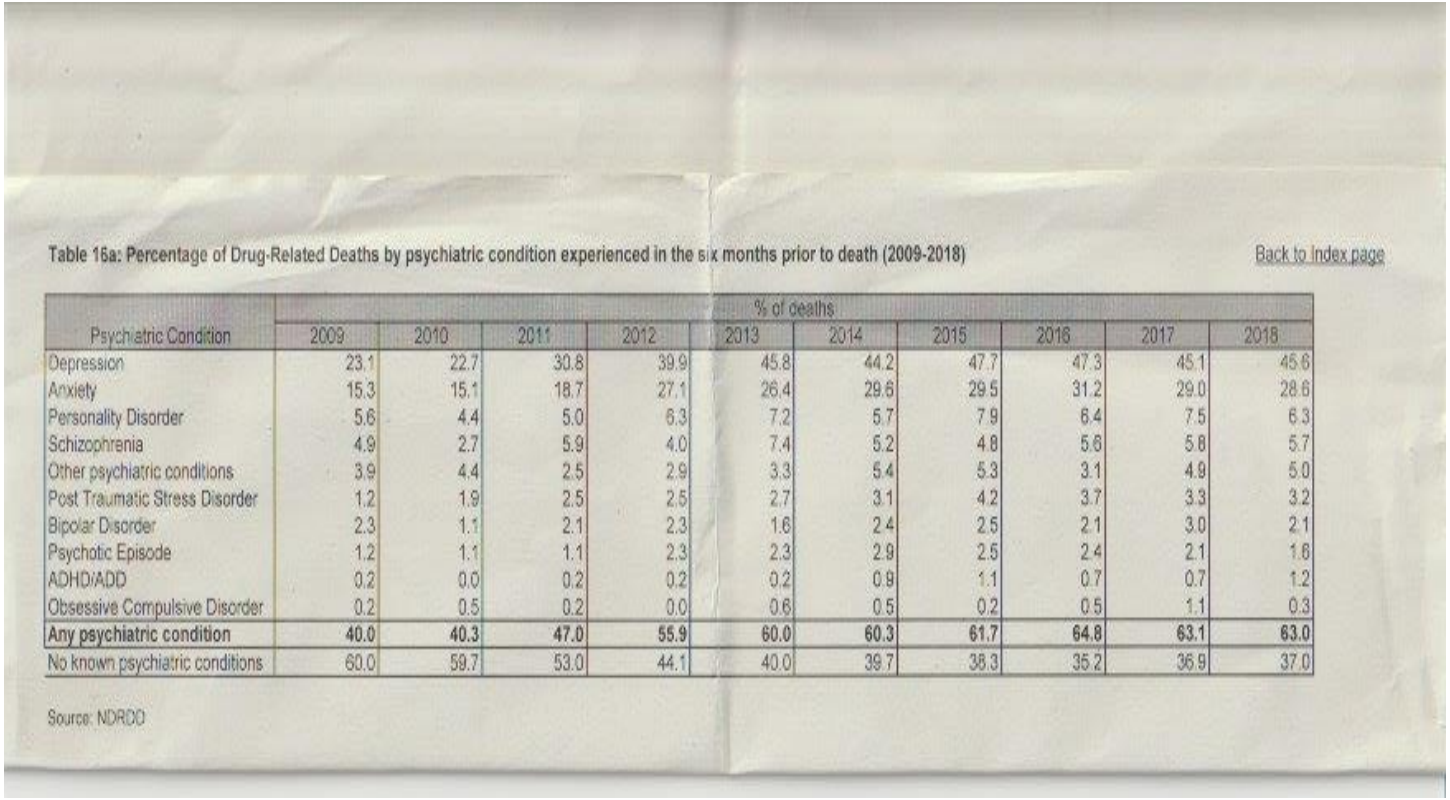


Table 16a: Percentage of Drug-Related Deaths by psychiatric condition experienced in the six months prior to death (2009-2018)

Back to Index page

Psychiatric Condition	% of deaths									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Depression	23.1	22.7	30.8	39.9	45.8	44.2	47.7	47.3	45.1	45.6
Anxiety	15.3	15.1	18.7	27.1	26.4	29.6	29.5	31.2	29.0	28.6
Personality Disorder	5.6	4.4	5.0	6.3	7.2	5.7	7.9	6.4	7.5	6.3
Schizophrenia	4.9	2.7	5.9	4.0	7.4	5.2	4.8	5.6	5.8	5.7
Other psychiatric conditions	3.9	4.4	2.5	2.9	3.3	5.4	5.3	3.1	4.9	5.0
Post Traumatic Stress Disorder	1.2	1.9	2.5	2.5	2.7	3.1	4.2	3.7	3.3	3.2
Bipolar Disorder	2.3	1.1	2.1	2.3	1.6	2.4	2.5	2.1	3.0	2.1
Psychotic Episode	1.2	1.1	1.1	2.3	2.3	2.9	2.5	2.4	2.1	1.6
ADHD/ADD	0.2	0.0	0.2	0.2	0.2	0.9	1.1	0.7	0.7	1.2
Obsessive Compulsive Disorder	0.2	0.5	0.2	0.0	0.6	0.5	0.2	0.5	1.1	0.3
Any psychiatric condition	**40.0**	**40.3**	**47.0**	**55.9**	**60.0**	**60.3**	**61.7**	**64.8**	**63.1**	**63.0**
No known psychiatric conditions	60.0	59.7	53.0	44.1	40.0	39.7	38.3	35.2	36.9	37.0

Source: NDRDD

Some Final Thoughts

- Polydrug use in the MAT population worrying and the issue of how best to deal with some of the codependencies particularly with benzodiazepines and gabapentinoids requires further research

- Rise in use of cocaine in the MAT population also a concern given the cardiovascular isks with cocaine.

- Link between IV cocaine use and the recent HIV outbreak in Glasgow is a concern and if people attending the new DCR in Glasgow are going there to inject cocaine this suggests a shifting profile.

- Alcohol Use Disorders still need clinical investment and the balance between alcohol and drug use components of generic addiction services requires careful consideration

Thank You

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Questions

Any questions?

Refreshment break

Previous Webinar Themes – Launch with break slide + qs

Whole System Collaboration

Community Pharmacy Experience

Homelessness and Housing

Access, Choice, and Support

Polydrug Use and Alcohol

Data Sharing

Connections and Collaboration

Supporting Recovery

Lived and Living Experience

Emerging Drug Trends

Recovery and People-led Care

Healthcare Improvement Scotland

Managed Alcohol Programme Scotland

Peter Mclachlan

Service Lead, Managed Alcohol Programme, Simon Community Scotland

Simon Community Scotland

Managed Alcohol Programme Scotland

Simon Community Scotland

Combatting the causes and effects of homelessness

Aim:

- To deliver Scotland's first Managed Alcohol Programme (MAP) - a new creative, trauma-informed Housing Support service in Glasgow to match the unmet needs of chronically alcohol dependent men experiencing rough sleeping and homelessness.

- Utilise a harm reduction and 'social model' approach that aims to provide a high quality service, promoting healthier and happier living, reducing the risks of harm and premature death.

Simon Community Scotland









Welcome
To
MAP

Basic Access Criteria:

- History of chronic harmful drinking and/or street drinking
- High levels of alcohol consumption
- Chronic homelessness/rough sleeping
- Frequent public intoxication
- Multiple attempts at treatment
- Frequent use of criminal justice and/or health services (A&E)
- Demonstrates motivation to engage with the programme
- Must not have a diagnosis of ARBD or impaired cognitive functioning

About the service delivery:

- 24/7 residential support - housing support and healthcare support staff are trauma informed.
- Holistic and person-centred treatment plan created.
- Tailored managed daily alcohol administration - reducing harmful consumption.
- Building renovated specially - psychologically informed, calming environment.
- 10 bedrooms with en-suite bathrooms, TVs, Google nests.
- Communal lounge/dining area, kitchen, large garden area,summerhouse.
- Men supported with engaging with activities of daily living, social activities, and health and wellbeing services.

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ZONE1

MAP Referrals- 74 referrals in total

2021-15 referrals

2022-22 referrals

2023-24 referrals

2024-13 referrals

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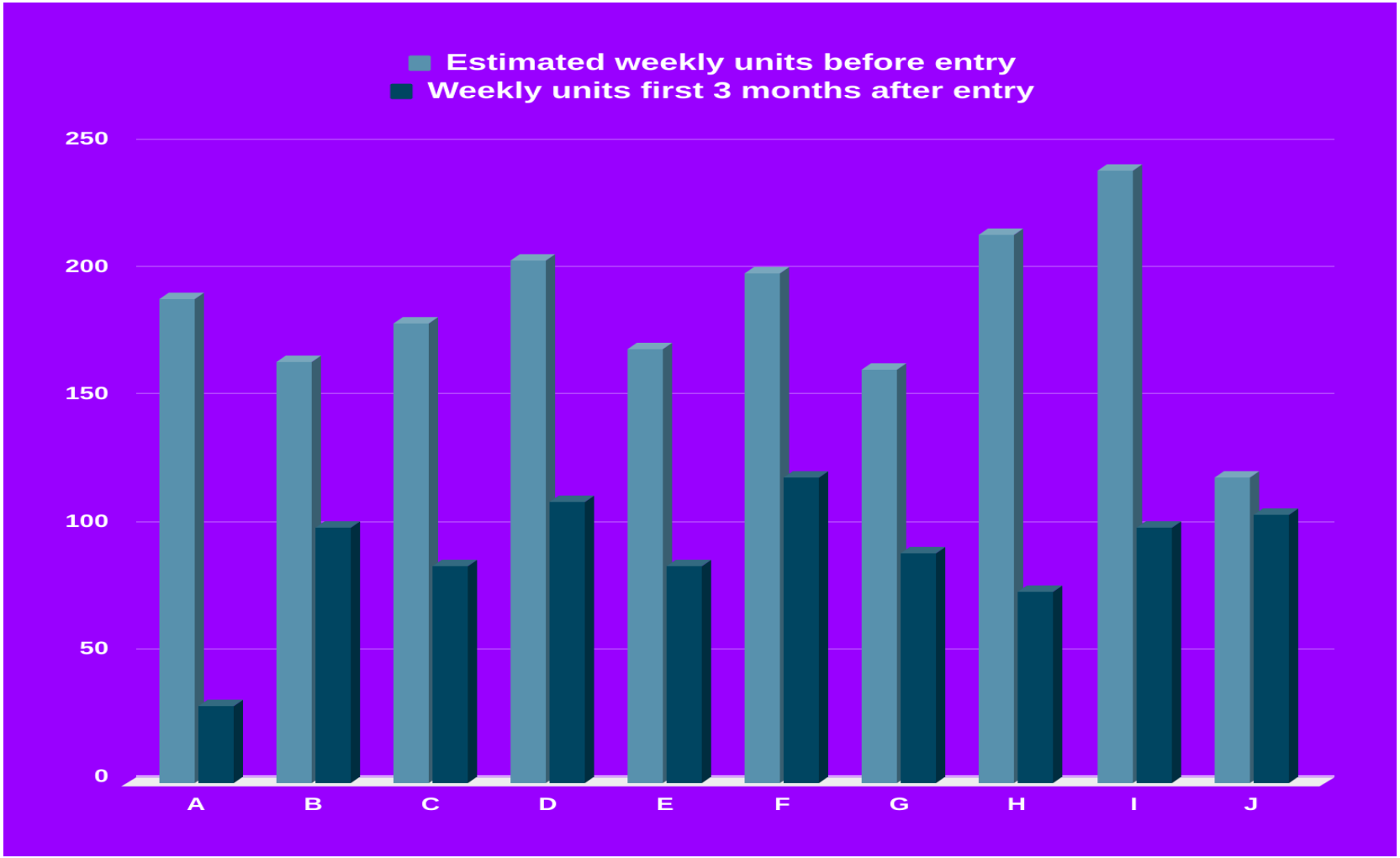

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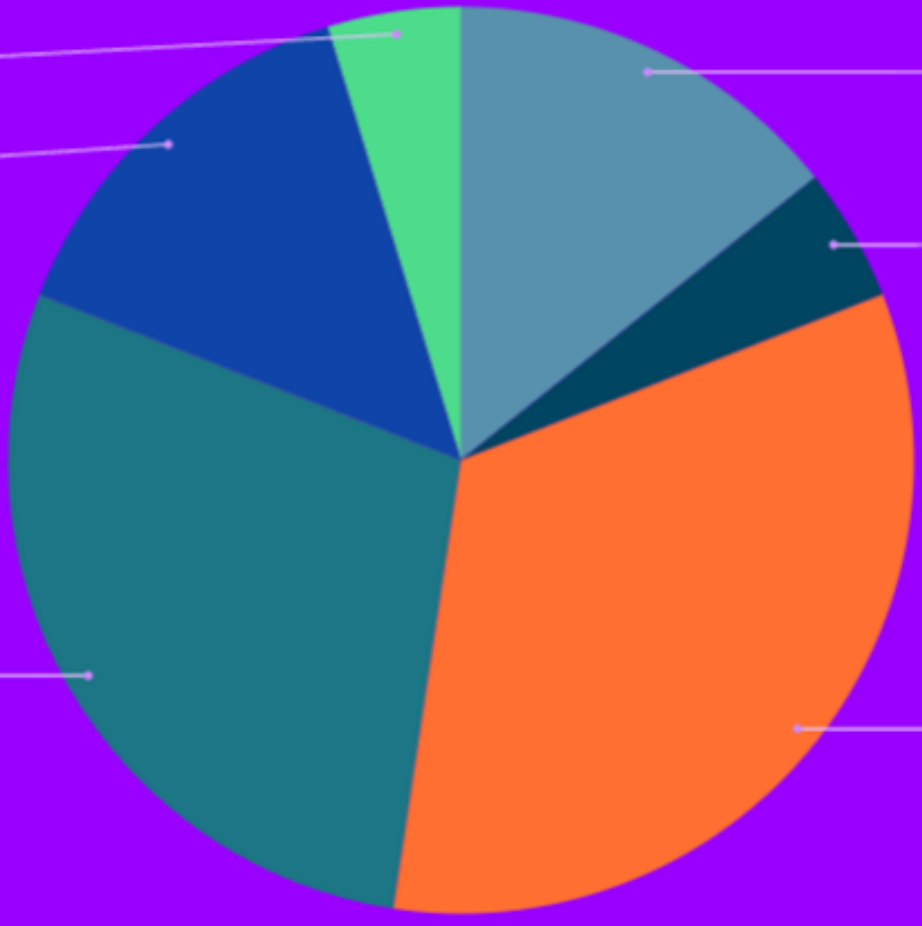
Types of alcohol consumed with MAP



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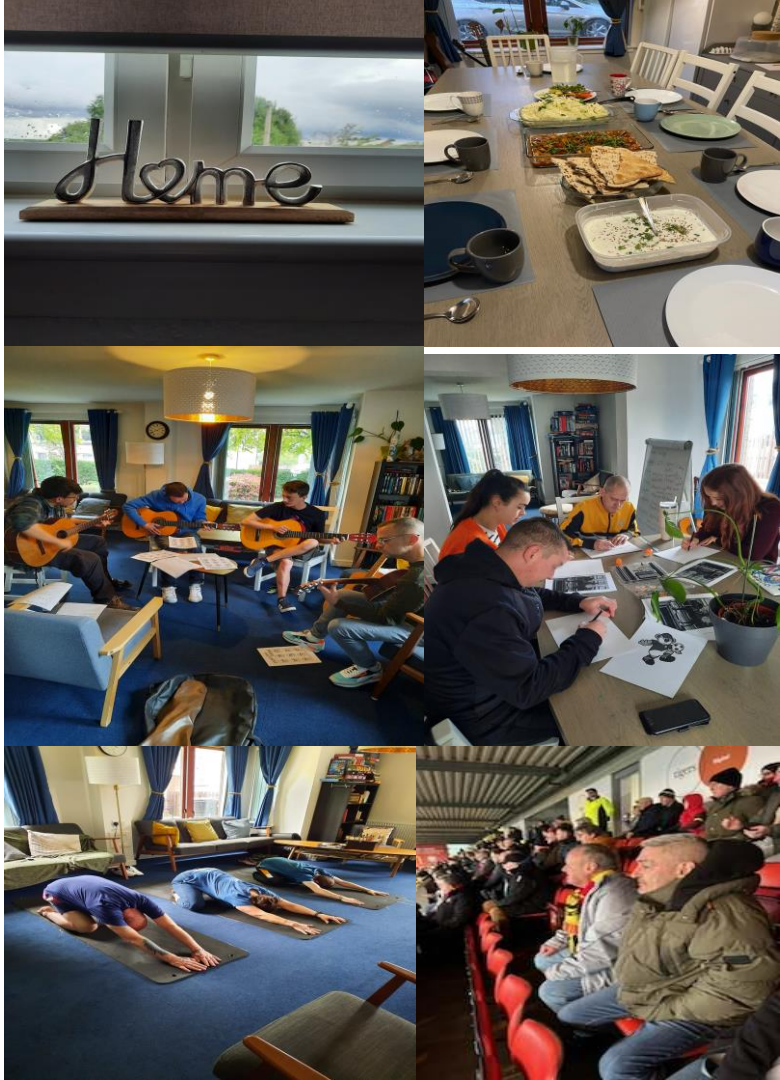
A&E Presentations:

- One year prior to MAP, the men attended A&E an average of 14.2 times.
- In the first 6 months of MAP, this has reduced to an average of 3.3 times.
- One man had fifteen A&E admissions in the immediate six months prior to entering MAP. In contrast, he had just three admissions in his first three months at the MAP

Activities:

- Days out to Edinburgh,Largs,Greenock
- Science Centre, Kelvingrove Museum
- Celtic Park, Partick Thistle
- Concerts
- Bowling,Pool,Basketball
- Bee Keeping
- Cinema/Theatre
- Library
- Photography
- Swimming/Sauna/Yoga
- Art Classes
- Guitar Lessons
- Cooking Sessions



Case Studies-G

- Age 55
- Moved into MAP in Oct 23
- Pre MAP drinking 1 bottle of vodka per day
- Involvement with criminal justice/A&E presentations
- Reconnected with his wife and children after 2 years
- Current alcohol intake- 4 cans of lager per day
- Attended the dentist for the first time in 20 years
- Improved Diet, Confidence, Self-esteem
- No criminal justice involvement/A&E presentations

" Before MAP my life was a mess, I had no contact with my family and I was getting into trouble with the police"

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Case Study Continued-G

Estimated Alcohol Consumption Pre-MAP: 40 units of alcohol per day.

Current Alcohol Consumption: 9 units of alcohol per day.

“ I now spend time with my wife and children. I feel better about myself”

(MAP resident)

Stakeholders

Tollcross Medical Centre

Oral Health Team

Local Dentist and Optician

OT, Home Care, Physio

NE Health Improvement team

GEAPP, Mental Health Services

Tollcross Advice Centre

NE Growers Group

With You

Care Inspectorate

Celtic Foundation

Volunteers

NEADRS

Recovery Cafes

Police Scotland

Stirling University

Strathclyde University

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Journey so Far……

- Estimated weekly units of alcohol pre-MAP:164 units.
- Average weekly units 3 month after admission at MAP: 53 units.

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Our Learning……

- The importance of partnership working, overall health improvement and having a trauma informed approach.
- The importance of showing trust, flexibility, compassion, reducing inequalities and breaking down stigmas in our daily practice.
- Using a harm-reduction approach to support individuals unable to meet or sustain abstinence
- The importance of routine and structure and how this has a beneficial effect on those managing their alcohol that reduces boredom and isolation.
- Supporting individuals to find meaningful and purposeful activities including daily living skills to promote overall health and well being
- The importance of seeking guidance and utilising skillful external agenc
- Feedback from residents, stakeholders and staff is crucial.

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Feedback so far…

" Couldn't have managed alcohol as well as I have in here"
(MAP resident)

" Staff have helped me to open up"
(MAP resident)

"People`s support for their wellbeing is excellent where performance is sector leading with high outcomes for people"
(Care Inspectorate)

Thank you!
Any Questions ?

Simon Community Scotland

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Thank You

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Looking back

Ellie Daglish

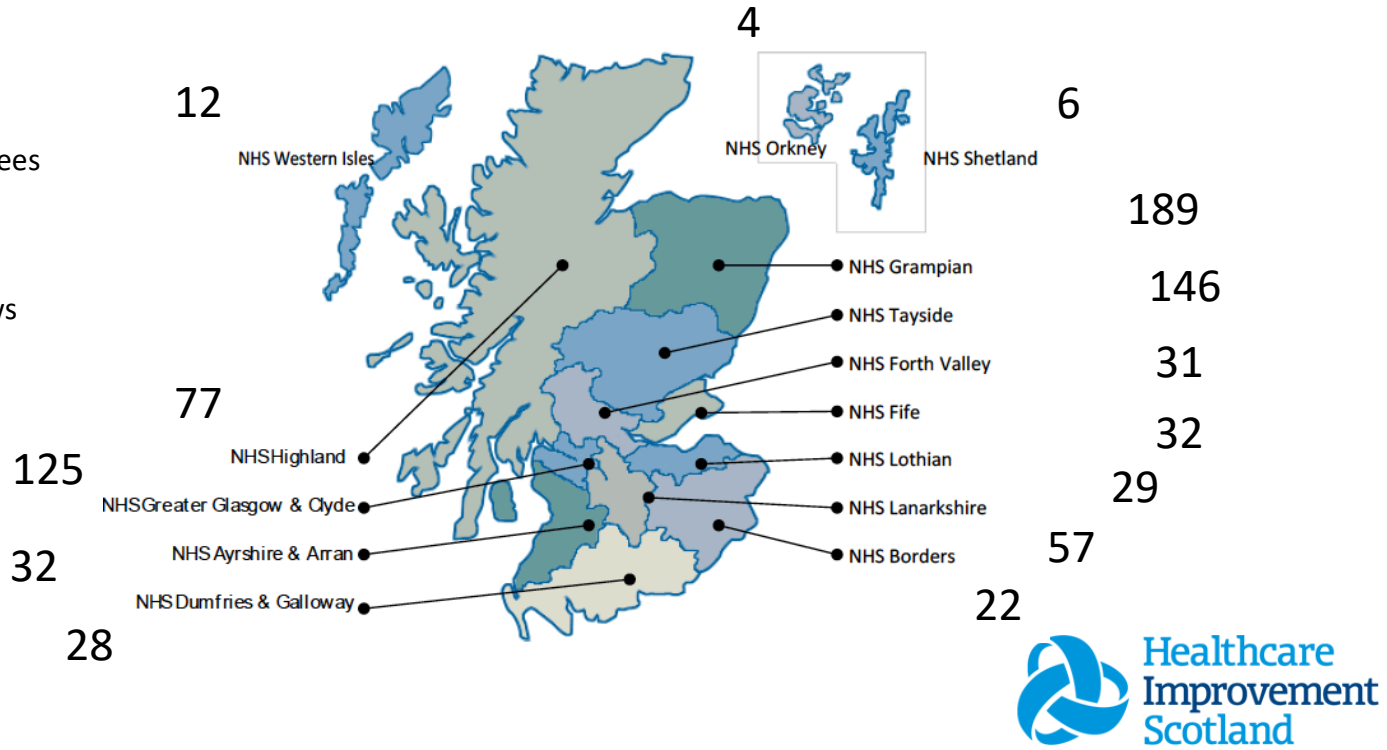
Project Officer

Healthcare Improvement Scotland

Attendance to MAT Webinar Series

1114 attendees

886 online views



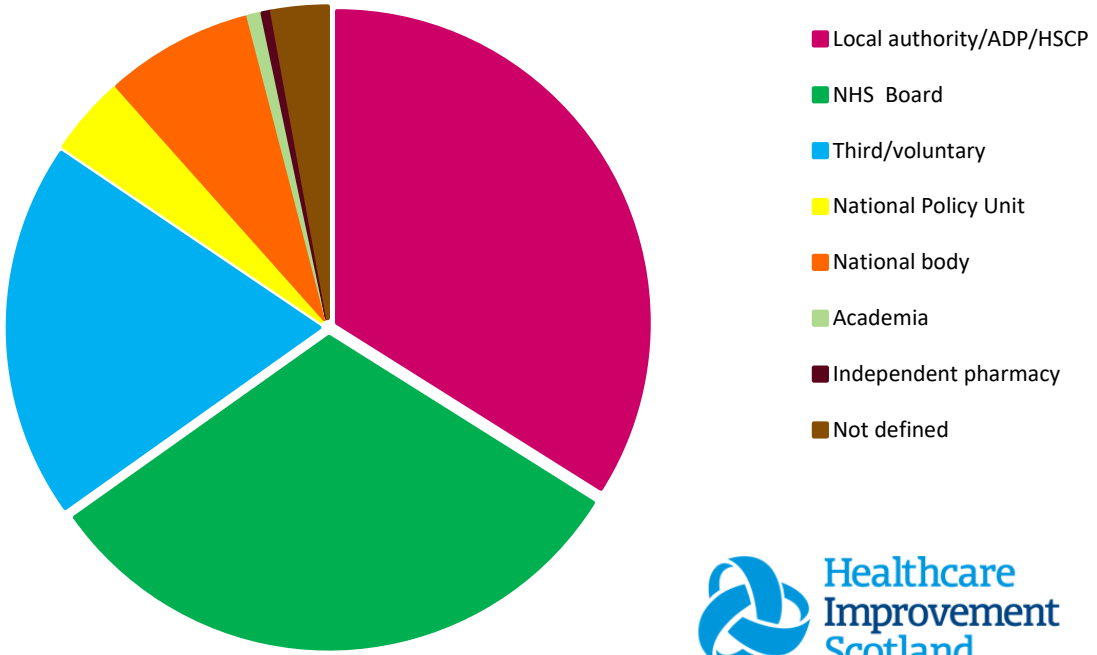
Healthcare Improvement Scotland

324 attendees work nationally, or didn't list their location of work

Attendance across organisations and poll results

82% of attendees agreed or strongly agreed that MAT Webinars have increased their knowledge of MAT Standards

95% of attendees said they'd be likely or very likely to attend a future MAT Standards event



Healthcare Improvement Scotland

What will you take away from today's session? You Previously Answered:

Importance of balancing alcohol treatment and drug treatment

Recovery must be Accessible

Networking

Learning at a National Scale

Shared Learning

Increased Confidence

Alternatives to medication

Great Speakers

Local examples of Good Practice

Value of Recovery Community

Opportunity to Connect with Experts

Understanding Data Protection

Opportunity to Share Opinions

Recovery isn't Linear

Effective Collaboration

Hearing directly from those with LLE

Importance of Trauma Informed practice

Healthcare Improvement Scotland

Share your thoughts!

Public Health Scotland Webinars

Public Health Scotland is arranging a series of online events to support the implementation of the MAT standards and the Sexual Health and Bloodborne Virus (SHBBV) Action Plan in Scottish prisons.

The target audience for these events are frontline practitioners in prisons (NHS and SPS operational staff), NHS Board BBV Coordinators, ADP coordinators, third sector partners and people with lived and living experience of substance use and BBVs

Over the course of 2025, it is proposed to offer 4 online events each for 2.5 hrs.

The first event will take place on 28th March 2025 10:00- 12:30.

Topic: BBV prevention, testing modalities and pathways in prison settings

The proposed topics for subsequent events are below. The dates will be communicated in due course.

- How the Management of Offender at Risk Due to Any Substance (MORS) policy can support implementation of the MAT standards in prisons
- How engagement with the NHS and operational workforce and residents can improve implementation of the MAT standards and SHBBV prevention care and treatment in prisons
- Priorities and good practice for continuity of care between prison, police custody and the community

The purpose of each session is to share good practice for learning and improvement and to provide recommendations for further implementation.

The planning group are seeking speakers from across Scotland to share examples of challenges, innovations, processes and successes in implementing the MAT Standards and SHBBV Action Plan in prison.

If you are interested in attending or participating as a speaker in any of the proposed events, please get in touch with us through the PHS MIST inbox

PHS.mist@phs.scot

Public Health Scotland

WEDG Employability Toolkits

Drug and Alcohol Workforce Learning Directory

- Resource published by government, if your organisation would benefit from a presentation by Scottish Government, get in touch drugsandalcoholworkforce@gov.scot

The Scottish Government
Riaghaltas na h-Alba

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