

**Organisation:**

NHS Highland Drug and Alcohol Recovery Service / NHS Police Custody Healthcare

**Key Rights Applied:**

Right to life

Right to the highest attainable standard of physical and mental health

**Background & Context:**

Previously, on admission to custody individuals who confirmed using illicit drugs during the Vulnerability Assessment were not offered a referral to health. Healthcare referrals were generated by police staff if any immediate interventions were required, reactionary healthcare with no focus on interventional harm reduction. This referral system resulted in inequity of care as a health care problem was identified but not actioned. Burnett Road Custody Suite, based in Inverness, is the primary custody centre within NHS Highland. The team identified a missed early opportunity for health intervention and referrals into core services resulting in drug related deaths and drug related harm.

The aim was to increase referrals to health, reduce drug related deaths for those who have been in custody within 6 months, increase referrals to outreach team, increase distribution of take-home naloxone kits and increase number of blood borne virus tests. This aligned with the organisational strategic vision and the MAT standards. The impact and outcome of this work would improve user experience allowing for a person centred focus and would ultimately reduce the number of drug related deaths.

**Use of the Charter Toolkit:**

Although the MATPACT was developed prior to the Charter toolkit being published, it followed the steps of the FAIR model by identifying the issue (Facts), understanding the problem (Analysis), developing a theory of change (Identification) and monitoring put in place to measure the impact (Review).

**Results to date:**

- New approach to identifying those at risk of drug related harm whilst they were in police custody and allowed for strategic interventions, specifically around MAT 3 (pro-actively identifying people at risk) and MAT 4 (harm reduction).
- A process for suspected drug driving offences has been implemented to have an automatic MATPACT referral.
- 934 MATPACTS carried out for 684 for people 'not in service' and 250 for people 'in service' so this has identified 73.2% of people who were not 'in service' requiring support which was the aim of the project in finding 'Scotland's forgotten generation'. Overall, there has been a reduction from 53% to 12% of missed opportunities of referral to custody healthcare.
- Out of 934 Naloxone kits offered, 260 people accepted Take home Naloxone.
- Out of 934 Bloodborne Virus (BBV) tests offered, uptake has been for 35 people with positive cases identified.
- Increased referrals to outreach and core Drug and Alcohol Recovery Services.

**Lessons Learned:**

- Increased access to services and improved staff wellbeing.
- Cultural shift helping to reduce stigma.
- People have fed back that this project's care is the “first time anyone has bothered asking me about my substance use.”
- MATPACT is reaching people who may not be engaging with other services.
- Police perspectives have changed as data results have helped reframe drug-related harm to police; facilitating discussions about the underlying reasons why people use drugs, and showing drug related harms are not just about health.
- Police Healthcare Liaison Inspectors play a key role in connecting the services.
- MATPACT team is signposting to further community support available whether this is with recovery, mental and/or physical health needs or psychosocial support.
- Small tests of change continue to be carried out with a view to ensuring MATPACT remains relevant to the ever-changing needs of clients, ensuring a person-centred approach and meeting government standards.

**Recommendations for Others:**

- When completing a project use the method for improvement and factor in the Charter principles through it.
- Work cross-sector and in partnership.