

HEROIN ASSISTED TREATMENT: EXPLORING A BUSINESS CASE FOR DUNDEE DUNDEE ADP RESPONSE TO THE BUSINESS CASE REPORT, FEBRUARY 2024

BACKGROUND

The Dundee ADP is committed to delivering effective, accessible and trauma-informed services that focus on prevention, protection, harm reduction and resilience, informed by evidence and lived experience. This includes a commitment to reducing the significant harm linked to drug use by developing a robust Recovery System of Care (ROSC) that offers individuals a range of treatment options.

A key element of the ROSC is the implementation of the ten Medication Assisted Treatment (MAT) Standards. As part of the implementation of the MAT standards, it is possible to consider the option of Heroin Assisted Treatment (HAT) for those who may benefit from it. The Dundee ADP was keen to gather evidence (including the views of those with lived experience and others) to help inform considerations about the development of HAT in Dundee.

Funding was provided by the Scottish Government to the Dundee ADP to commission a feasibility study to support the ADP to make an informed decision about any potential future implementation of HAT.

The full report is accessible from: [Dundee Hat PDF V2 \(dundeeadp.co.uk\)](https://dundeeadp.co.uk)

REPORT CONCLUSIONS AND RECOMMENDATIONS

Overall, the report concluded that there is a sufficient evidence base to indicate that HAT is an effective method of working with a small number of people who inject street heroin and who experience significant harms as a result. The evidence shows that there can be benefits for individuals, including improved physical and mental health, improved social wellbeing and a reduction in offending and contact with the Community Justice process.

However, overall, the evidence is unclear as to whether benefits accrue from the provision of diamorphine as an alternative to street heroin per se or are more strongly associated with the engagement of people in a highly resourced intensive holistic support service that operates 365 days per year.

The report highlighted that HAT programmes require considerable planning, significant initial capital investment and, furthermore, ongoing long term revenue funding.

The report recommended that, given the evidence, currently HAT should not be considered as a key priority for Dundee. Instead, the focus should be on robust implementation of the Medication Assisted Treatment (MAT) standards and on responding to issues emerging due to benzodiazepines and other non-opioid drugs, in particular cocaine and other stimulants.

ADP RESPONSE

The ADP has considered the report in detail, including meeting with the authors of the report. Following on from this process, the ADP has accepted the report's findings, conclusion and recommendation. The ADP has reached the view that the current breadth of issues and risks experienced by individuals in Dundee will be most effectively responded to by focusing on the implementation of the MAT standards and extending these standards to cover all substances including harmful alcohol use. This means that, for the time being, the ADP does not plan to progress the development of HAT in Dundee.

NEXT STEPS

The ADP is continuing to strengthen the highly effective non-fatal overdose response pathway and has commissioned the assertive outreach project to support individuals into treatment. Progress with the implementation of MAT standards means individuals in Dundee are now receiving same-day prescribing, they can access a range of treatment options and are supported by independent advocates to maintain engagement for as long as required.

The ADP will continue to ensure the availability of residential rehabilitation options and work with Primary Care to develop a shared-care approach will continue.

There will be an increased focus on strengthening the response and available support to people affected by benzodiazepines, cocaine and stimulants use, and the ADP will continue working with mental health services to improve a joint response supporting those affected by substance use and mental health. Providing training, development and support to all the dedicated frontline staff will also remain a key focus.

Tackling stigma, working with local communities and focusing on the voices of those with lived experience will continue to guide all work of the ADP.