Agenda Item 3.5

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**3rd September 2025**
Title:	**Highland Drug & Alcohol Recovery Service (DARS) Summary Report**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, NHS Highland**
Report Authors:	**Teresa Green, Service Manager DARS, Prison & Custody Healthcare, SARCS, NHS Highland, Bev Fraser, Strategic Lead, DARS, Frances Matthewson, Research & Intelligence Specialist, HADP**

Report Recommendation:

The Committee is asked to take moderate assurance in relation to DARS compliance with national alcohol / drug related policy

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

Medication Assisted Treatment (MAT) standards: access, choice, support (2021)
National Mission on Drug Deaths: Plan 2022-2026 (2022)
Rights, Respect and Recovery (2018)

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

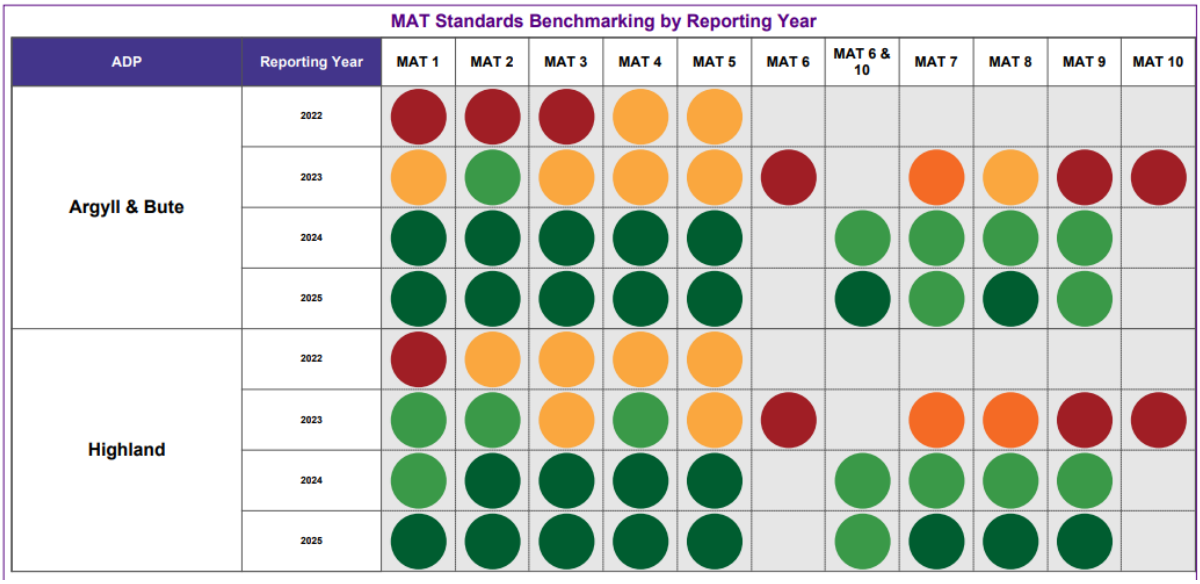
2 Report summary

2.1 Situation

NHS Highland Drug and Alcohol Recovery Services (DARS) continue to focus on delivering Medication Assisted Treatment Standards (MAT). Alcohol continues to be the prominent reason for referral into the DARS specialist service which can occasionally lead to competing priorities; balancing the requirements of MAT alongside individuals also at elevated risk of harm due to alcohol dependency. It has been a challenging year with progress and Referral to Treatment (RTT) compliance variable due to several internal and external factors impacting on performance. To manage demand, the service continues to evolve and develop new ways of working to enable a timely response to those most at risk.

2.2 Background

Since 2011 there has been a national focus in reducing the harms caused by substance use. DARS performance is monitored against the target of 90% of people waiting no longer than three weeks to access treatment as well as Medication Assisted Treatment Standards (MAT) (2021) which requires same day assessment and treatment for opioid dependence. National benchmarking confirms a journey of improvement for DARS over the past three years. Working in partnership with Highland Alcohol & Drug Partnership and public health, DARS has a key role in the delivery or MAT. A summary of NHS Highland's progress since 2022 is provided below.

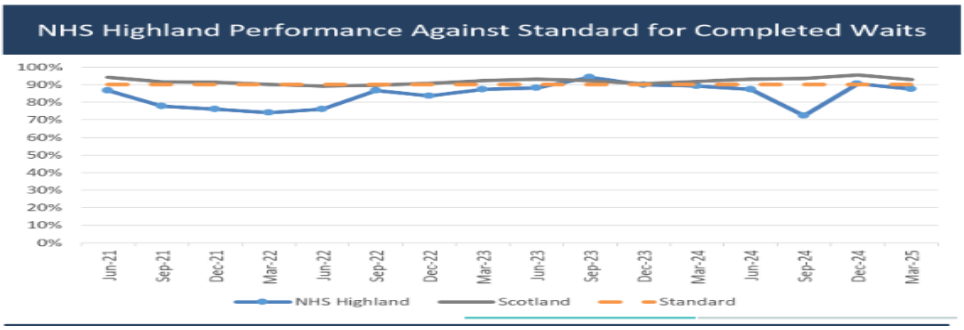


Reference: [National benchmarking report on the implementation of the medication assisted treatment (MAT) standards: Scotland 2024/25]

2.3 Assessment

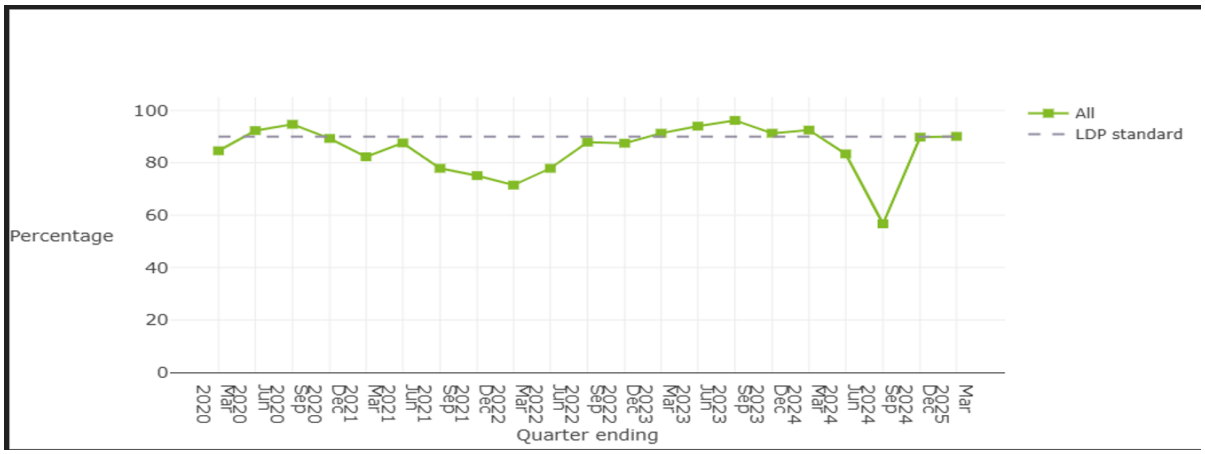
During the previous year and into early 2025, DARS implemented waiting lists across multiple regions due to a reduction in staff capacity and a surge in service demand. This development significantly impacted NHS Highland's ability to meet its referral-to-treatment targets. To mitigate this issue, focused improvement initiatives have been undertaken. As a result, waiting lists have now been eliminated in our largest population centres. In addition, these areas are providing support to more rural communities by accommodating patients at appointment locations within Inverness. This collaborative approach is contributing to a reduction in overall waiting times across the region. Efforts remain ongoing to ensure equitable access and timely care for all residents of NHS Highland.

Waits Performance for NHS Highland (Qtrs. ending Jun 21 – Mar 25)



Waits performance for Highland

Percentage of completed waits in community-based services in Highland with a wait of three weeks or less



Alcohol Related Harm

Highland has a slightly not significantly higher alcohol specific death rate (21.9 per 100,000) compared to the national average (21.5 per 100,000) and continues to be the prominent reason for referral to DARS. The national three-week Referral to Treatment (RTT) target is aimed at ensuring that individuals have timely access to recovery-based treatment services.

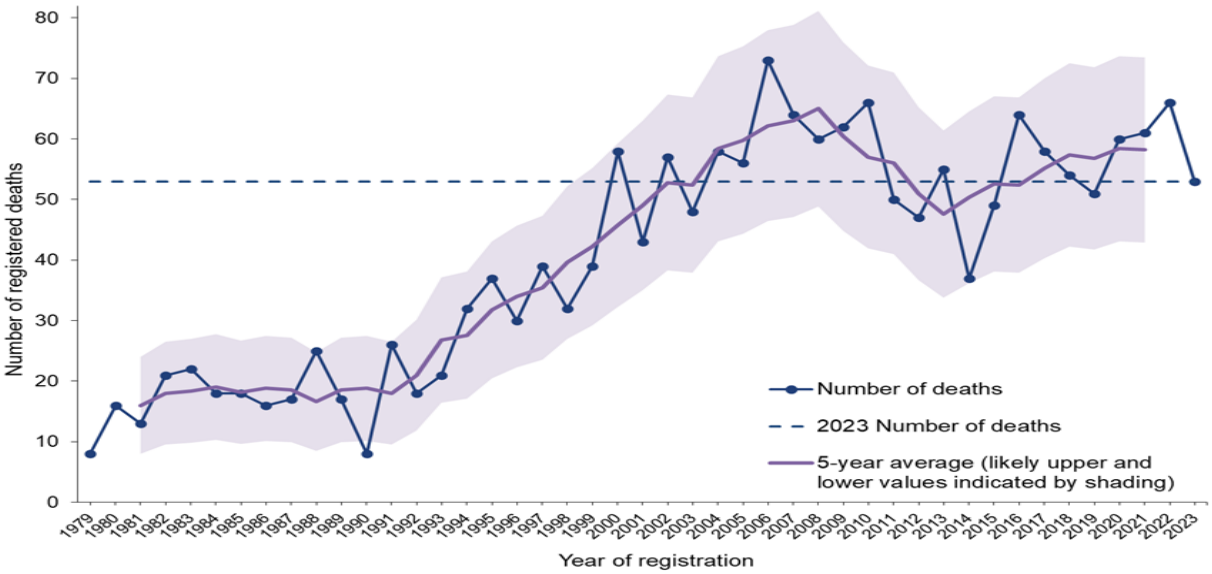
Drug Related Deaths

National Records for Scotland (NRS) confirms that nationally 1,172 people died due to drug-related death in 2023 which is an increase of 121 (12%) compared with 2022.

- Every life lost to drugs is a tragedy, for the person, for those who loved them, for our communities and for our services who are striving to eliminate drug related deaths.
- 26 drug-related deaths were registered in Highland in 2023: -
  - This is a reduction on the highest figure ever recorded with a decrease of 16 deaths on 2022 figure of 42 deaths;
  - 77% of Highland deaths were classified as accidental poisoning; and five deaths were classified as intentional self-poisoning.

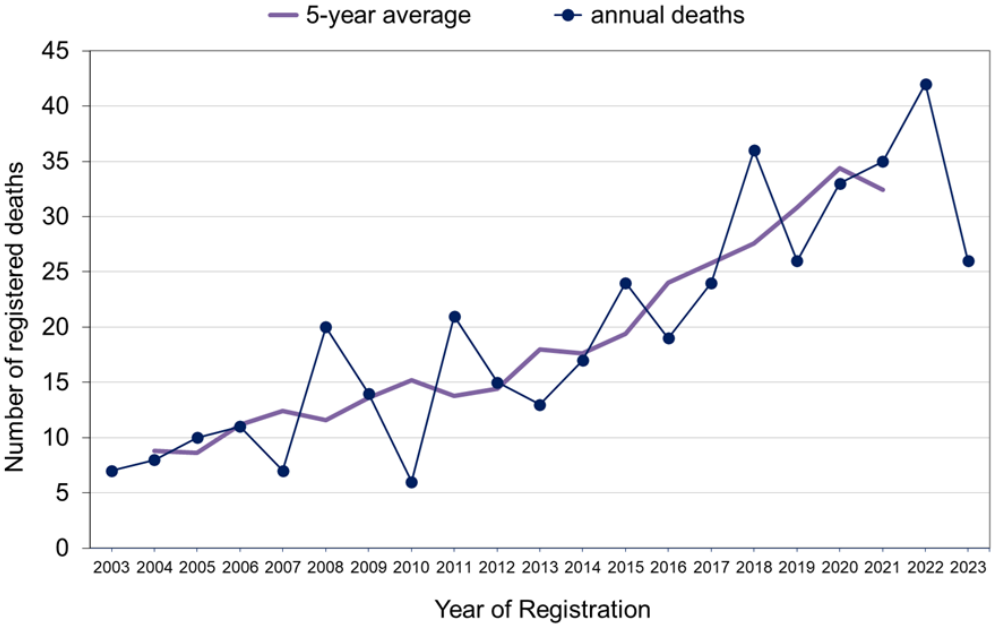
The charts below show separately the Highland alcohol-specific deaths and drug-related deaths up to 2023. 2024 figures are anticipated in September 2025.

Number of Alcohol-specific deaths for Highland Council area, annual number, and 5-year annual moving averages; 1979 to 2023



Source: National Records Scotland

Number of drug-related deaths for Highland Council area, annual number, and 5-year annual moving averages; 2003 to 2023



Source: National Records Scotland

The number of drug-related deaths in Highland can be compared with those nationally by expressing the average number of deaths as a rate per 1,000 population. The Highland rate is below the national average of 0.24 per 1,000 population and is sixth lowest of the thirty-one council areas reported in Scotland.

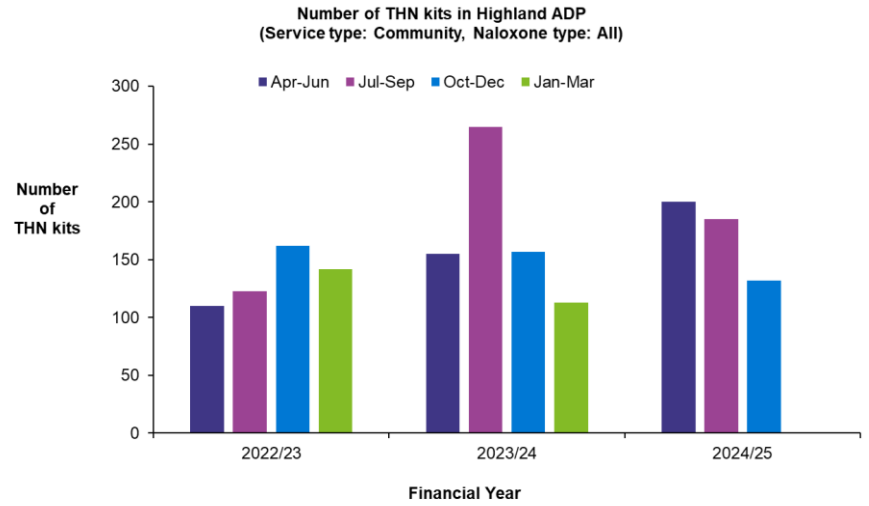
	Average annual deaths 2009-2013	Average annual deaths 2019-2023	Rate per 1,000 population 2009-2013	Rate per 1,000 population 2019-2023
Highland	14	32	0.06	0.15
Scotland	554	1234	0.10	0.24

Source: National Records of Scotland

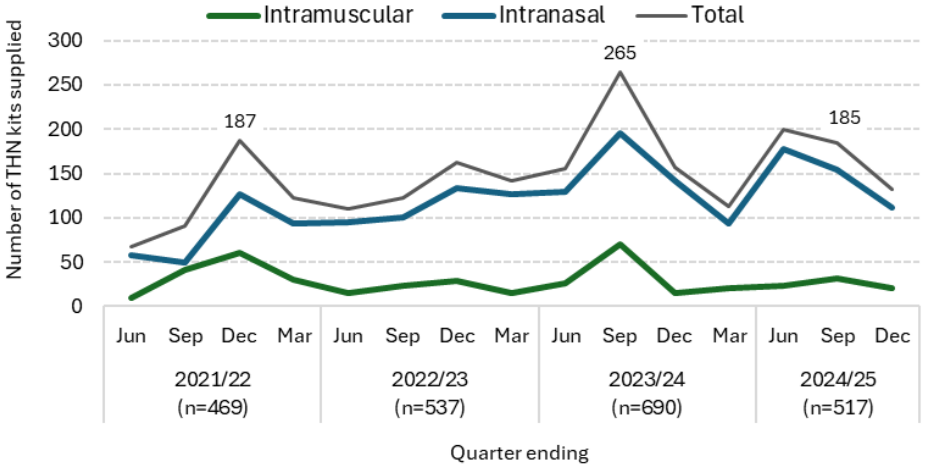
Every premature death due to substance use is considered preventable. Across NHS Highland, work continues to support those most at risk of harm. Examples of NHS Highland initiatives to reduce drug related harm include:

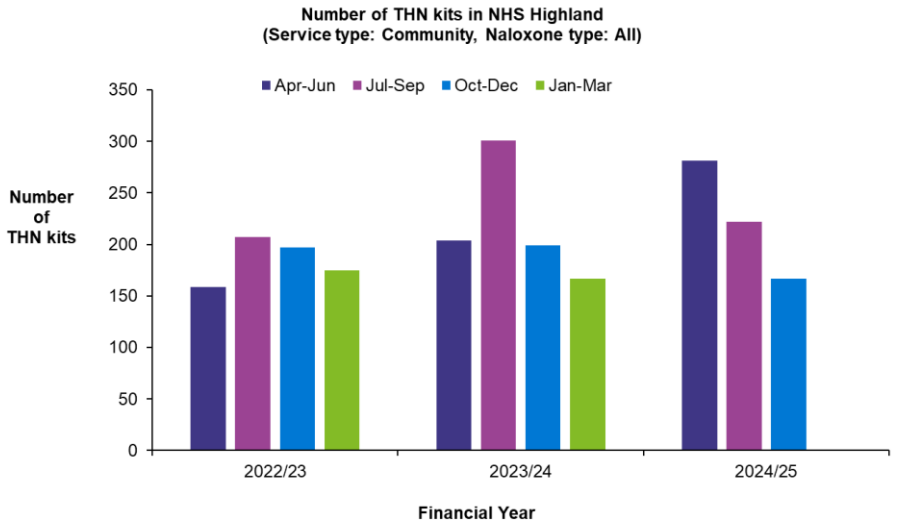
Take Home Naloxone Kits

Naloxone distribution across the Highland region is slightly down on the same period for 2023-24 following a significant increase on the previous year. In the first nine months of 2024-25, 517 take home naloxone kits were administered by community services. Additionally, HMP Inverness administered 19 kits. The current budget allocated towards naloxone falls short of actual costs. At the end of 2023-24 DARS had an overspend of 17k specifically attributed to naloxone. Naloxone distribution is expected to increase based on current trends.



Quarterly Community Provision of Naloxone Kits by Type of Kit, Highland ADP area





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Tackling Health Inequalities

Inclusion Health Led by the Homeless Team, Specialist GP and Strategic Lead this project brings primary care directly to individuals experiencing homelessness and other barriers to healthcare. Delivering care in non-traditional settings, it provides improved access and engagement for people previously excluded from mainstream health services. The service is currently part of a randomised controlled trial with the University of Edinburgh to examine whether offering people with severe and multiple disadvantages (homelessness, previous overdose, and criminal justice encounters) an intervention weekly for 9 months, reduces the risk of overdose, and improves health and community integration.

Assertive Outreach

Assertive outreach teams continue to respond to non-fatal overdose (NFOD) in Inverness Ross-shire and Caithness. There is a single point of referral for all NFODs, and outreach practitioners liaise with local DARS staff to ensure follow up where no local team exists.

Table 1: Number of High-Risk Events and Near Fatal Overdoses in 2024 by Outcomes, Highland

Outcomes of Screening and Initial Assessment	All High-Risk Events		Near Fatal Overdose	
	Number	Percentage	Number	Percentage
No further action	193	36%	92	35%
Onward referral	115	21%	98	37%
Contact effort unsuccessful	106	20%	42	16%
Assertive outreach: Support re Treatment	84	16%	26	10%
Assertive outreach: No action	39	7%	8	3%
Total Number of Events	**537**	**100%**	**266**	**100%**

Source: Highland Assertive Outreach Teams

Implementing MAT Standards

The MAT Implementation Group continues to meet regularly and there are short life working groups in place. The MAT Oversight Group has reviewed its terms of reference and meets bi-monthly chaired by the Head of Service for Mental Health & Learning Disabilities.

MAT 9
CMHT and DARS leads have worked closely together to develop interface protocol for individuals presenting with substance use and mental health issues. The aim of this work is to improve joint working and ensure that individuals do not fall between service criterions. A launch and implementation workshop has resulted in an increase off joint working between services. A multidisciplinary workshop was held to explore practengagement from all participating teams. As a result, teams are now reporting that joint assessments are being carried out effectively when required. Consequently, the need for monthly implementation group meetings has been r

MAT Delivery in Custodial Settings
24% of all drug related deaths have been in prison / police custody in the six months prior to their deaths. The MAT pilot at custody toolkit (MATPACT) was created to proactively identify those at risk and offer health interventions from Burnett Road Custody Suite. MATPACT received national recognition, receiving an award in Mental Health Nursing Forum, Scotland Awards and is also now included in the national Justice Toolkit. It has been rolled out to HMP Inverness.

Trigger Checklist
Within a remote and rural context, Caithness DARS continue to monitor the impact of the 'Trigger Checklist.' This harm reduction initiative works on a low threshold, opt-out approach to preventative care. The trigger checklist also received national recognition at the Mental Health Nursing Forum, Scotland Awards. Caithness made a successful bid to Q community funding with their proposal '*How can we assertively outreach those most at risk of drug-related death within 48 hours of an A&E visit?' They* received 40k and are currently testing the effectiveness of their approach within the Emergency Department of Caithness General Hospital. There have been no drug-related deaths in the locality since using the Trigger checklist in this way. To date 27 Trigger Checklists TC have been received from the ED. Of those, all were visited by recovery workers within 48 hours. Of the 27, 19 (79%) were supported within 48 hours, 2 were outreached within 7 days, 3 were referred to other services and 3 were not outreached. Theory refinement is ongoing.

Next steps involve initiating a quality improvement project that will implement the **Trigger Checklist** and **MATPACT** within the local Accident & Emergency (A&E) setting. The objective is to systematically identify, and address missed opportunities for delivering harm reduction interventions to individuals at risk who are not currently engaged with core services.

Parity of Service Provision via a New Digital Service
The introduction of a North Highland wide joint commissioned service 'Anywhere Highland' from With You, will enable DARS to tentatively move towards dependent substance use only with the vision that a North Highland commissioned service will be available for non-dependant use.

Residential Rehabilitation
The Highland Residential Rehabilitation Pathway is in the process of review. Staffing challenges and competing service pressures delayed progress, but a work stream has been re-established led by HADP. Three patient pathways have been completed, each highlighting key bottlenecks and areas for improvement in the referral process to rehabilitation services.

2.8 Proposed level of Assurance

Substantial		Moderate	x

Limited		None	

Comment on the level of assurance

Although National Benchmarking Scores for MAT are reassuring, delivery remains challenging. There are creative plans in place to meet need but balancing resource, skillset and capacity across the service continues to require ongoing planning. The primary areas affecting performance and plans to address are summarised below:

- MAT 1 relates to same day prescribing where clinically appropriate. Areas in Highland (Lochaber and Sutherland continue without prescribers with plans to increase Non-Medical Prescribers unsuccessful. Other areas i.e. Ross shire have limited access to prescribers. DARS is awaiting eHealth support to progress an electronic prescribing platform which will enable opportunity to develop new ways of working to improve MAT 1 waiting times.
- MAT 7 outcomes relate to MAT being shared with primary care. Due to competing pressures, there continues to be limited appetite to progress this work. The DARS specialist GP and pharmacist continue to work with interested colleagues to increase MAT prescribing in primary care.
- MAT 6 & 10 is in relation to the availability of psychological interventions within trauma informed settings. Existing staff capacity, access to training and supervision, coupled with inadequate clinical space / trauma informed rooms are continuing to prevent full implementation. A steering group led by DARS specific psychology continues.

3 Impact Analysis

3.1 Quality/ Patient Care

Quality and patient experience is integral to the successful delivery of MAT. In 2024 HADP commissioned Scottish Drugs Forum to gather lived and living experience. The findings of this report were overall positive. Going forward multi-mode feedback methods are being introduced within DARS to routinely gather patient, family, carer, and staff feedback that will be utilised for service improvement.

3.2 Workforce

Having access to a DARS specific skilled workforce in all localities continues to be challenge. Areas of most concern continue to be Ross-shire and Lochaber due to vacancies and absence. Wester Ross Skye and Lochalsh and Lochaber continue to have no local access to DARS specific leadership. Attempts to recruit are ongoing.

3.3 Financial

DARS year-end forecast for 2024-25 was a £363 underspend due to vacancies.

3.4 Risk Assessment/Management

Each MAT outcome is RAG rated and monitored via MAT Implementation and oversight groups. Progress continues to be reported to MIST quarterly.

3.5 Data Protection

The report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

MAT and wider service delivery focuses on addressing health inequalities for a marginalised and stigmatised patient group. It is assumed an impact assessment is not required.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement, and consultation

DARS service delivery planning is regularly discussed in following forums:

HADP structures

DARS Senior Management Team

MAT Implementation Group

MAT Oversight Group

MIST / MATSIN Meetings

3.9 Route to the Meeting

Annual Service Update following request from HHSCC

4 Recommendation

Assurance to HHSCC in relation to DARS compliance with national alcohol / drug related policy