Turning Point Scotland and Simon Community Scotland - Overdose Response Team
Interim Evaluation Summary - May 2022

The aims of the TPS Overdose Response Teams (ORT), funded by the Drug Deaths Task force are to:

- Reduce and prevent drug related deaths caused by fatal overdose;
- Provide rapid response to near-fatal overdose which provides harm reduction interventions and advice;
- Give a short, focused period of support maintaining contact through assertive outreach, and improve access and engagement to healthcare and support services.
- Target people in localities and communities recognising that most drug related deaths occur when people are at home, alone.
- Improve information and understanding of the extent of non-fatal drug overdose, identify barriers to engagement with services, and inform system change that works for people not services.

Activity so far shows:

The Teams have been working in Glasgow for 18 months, Greater Glasgow for 4 months and Lanarkshire for 6 months.

- Glasgow – 709 referrals (target 1,000 in 1 year)
  Sources A&E, voluntary sector, falling referrals, HSCP Crisis Outreach Service statutory team now delivering most of the overdose response in Glasgow
- Greater Glasgow – 99 referrals in 4 months
  Sources mainly Community Safety Partnership, Community Addiction Teams, SAS, rising referrals
- Lanarkshire – 81 referrals in 6 months
  Sources mainly Addiction liaison in hospitals, Navigators in hospital, CARes, rising
- Teams activity also includes awareness raising in communities in all areas
- Response times – 0.6 days Lanarkshire to 2.3 Glasgow / GGlasgow
- Clear benefits of the Lanarkshire hospital referral model to reach people quickly, and the Renfrewshire Community Safety Partnership for communication/referrals.

Is the service making a difference for individual outcomes?

Based on monitoring data, interviews with individuals using the service, and stakeholders survey:

- The services saving lives, and increasing NFO awareness raising within communities
- Reaching individuals through outreach approach and out of hours discharges from hospital/prisons and in communities
- Helping to connect individuals to services for the first time
- Welfare checks, repeated visits and assertive outreach to help individuals to engage
- Reconnecting to care managers, health services, pharmacies including prompts
- Reconnecting to friends and families, and linking family to support
- Helping to link to multiple services e.g rehab, homeless services, more suitable accommodation
- Expertis of the staff valuable for partners as well as individuals using the service

"The big thing for me is that they came out to me, listened to me and they are helping me to fight the fear that I am not alone. They came to me. You know a lot of people are scared to go out so they came to me... There should be more of this for people. I think they need to get out on the streets and help people."

Who is the service not reaching?

- Proportionally less younger people, homeless people not in supported accommodation/B&Bs
- Partners emphasised the importance of assertive outreach in reaching the hard to reach people
- Cultural barriers / stigma and the system meaning individuals have to 'go to' services.

Is the service making an impact on service change and information sharing?

- TPS responsiveness including quick referral system, assertive outreach, and out of hours not available elsewhere in the system
- Rural areas – lack of provision with even more need for outreach
- Professional wariness from statutory services of third sector including some duplication (Glasgow)
- Holistic approach vs medical model – tension between the social care model and medical model which may not sufficiently consider the social aspects in addition to health.
- Limitations of the existing system in capacity to support – Individuals talked about lack of contact from Care Managers or others that should be providing support and the ORT Harm Reduction Practitioners were often engaging longer than intended to fill these gaps.
- Only one formal data sharing agreement – Renfrewshire Community Safety Partnership provides a good practice example of a formal agreement in place and strong communication/joint working with TPS.
- Many others are working well with TPS and value the service but are using individual consent and other workarounds to share information on individuals. This relies on good individual working relationship rather than a systemised formal approach to information sharing to save lives.
- Challenges of information sharing / data protection is a source of massive frustration across all partners in all areas.

"Addiction services need to be 7-days a week and more assertive. They should not be asking people to come to them at a set time in a certain place, services need to be more flexible and suit the patients more".

"We know there are people out there who are having overdoses and we are not finding out about them because the sharing of information is not happening."

Interim Recommendations

- **Better referral pathways** should be developed directly with hospitals and the Scottish Ambulance Service – drawing on effective working relationships developed with the Lanarkshire hospitals, and the Greater Glasgow Ambulance teams.
- **TPS and the partners should work together to continue building awareness** of the service amongst existing services including hospitals and across communities.
- **The resistance to formal information sharing should be broken** by adopting the example of the Renfrewshire Community Safety Partnership model agreement. Other examples elsewhere in Scotland will be sought for the final evaluation.
- **Ongoing work is required with statutory services to break down the barriers of professional wariness** and mistrust so that as many individuals as possible suffering from overdoses can be reached.
- **Develop a virtual networking group of all the ADPs** in the area may help share practice of overdose response service, and increase understanding of the benefits and lessons learned from this test of change.

Indigo House Group, May 2022