Self Evaluation Report
Community Addiction Teams
(Glasgow City)

August 2013
Acknowledgements

We wish to thank all the service users, family members and recovery activists who took the time to participate in the review process.

We also acknowledge and appreciate the direct participation and contribution of a range of staff and managers across the Addiction Service, Glasgow City Council Social Work, NHS Greater Glasgow & Clyde and the Voluntary Sector.

A special acknowledgement is attributed to the range of staff who contributed to the project team and to colleagues in the Alcohol & Drug Partnership (ADP) and the Social Work Practice Audit Team for their contribution and support.
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Summary, Evaluation and Recommendations

Community Addiction Teams (CATs) in Glasgow have had a positive impact on service users/patients. CATs have successfully engaged and retained significant numbers of individuals in treatment. The numbers of individuals accessing care and treatment has increased substantially over the life of the CATs, with key outcomes in relation to the following:

- Increased access to multi disciplinary assessment, care and treatment provision across the whole of Glasgow
- Direct access at the point of need through a pathway of screening, assessment, care planning and review
- Access to services within the Scottish Government’s Waiting Times Framework
- Access to Opiate Substitute Therapy (OST) and related support package
- Minimised drug-related deaths
- Improvement in physical health and reduced infection rates of Blood Borne Viruses (BBV)
- Increased support to adults with addiction issues and parenting responsibilities and improved outcomes for children affected by parental substance misuse (CAPSM)
- Support including diversionary work for vulnerable young people with drug and/or alcohol difficulties
- Increased access to community rehabilitation services
- Access to residential rehabilitation service provision
- Increased referral to employability services

Feedback from Service Users, Carers, Staff and Stakeholders was variable. There was recognition that positive outcomes are being achieved (identified above) but also highlighted weaknesses in the delivery of CATs, some of which is reflected in the Social Care Intervention in the Substitute Prescribing Programme Audit. This feedback includes the following:

- CATs are managing significant volume, demand and casework and there is consequential lack of person centred practice on a consistent basis across the City
- Competing demands have an impact on outcomes
- Perception (amongst Service Users and Carers) that CATs are providing a substitute prescribing service but limited choice thereafter
- Identifiable weaknesses in assessment, care planning, and review and a consequential lack of demonstrable progress for individuals seeking recovery, underpinned by concerns about competing demands, volume and casework
- Variation in responses and approaches to key aspects of service delivery across the city

CATs were established a decade ago as part of the city’s partnership response to the scale of drug and alcohol misuse and its impact on individuals, families and communities. The partnership between Glasgow City Council (GCC) Social Work Services and NHS Greater Glasgow and Clyde (NHSGG&C), with its focus on harm reduction and social renewal (now Recovery) has resulted in positive outcomes for
individuals. Integrated CATs have achieved much against this challenging and demanding background and context.

However, this self-evaluation identifies a need for change and development to ensure that CATs meet the city’s revised expectations set out in the Glasgow City ADP Strategy and in particular the shift to a recovery-orientated model of service. This resonates with earlier consultations with Service Users/Carers and Communities (ADP Strategy Consultation March 2011) and the NHSGG&C Clinical Services Review ‘Case for Change’ (November 2012). The outcomes of the self evaluation were also endorsed by the CAT workforce as part of the review process. The need for change and development being embraced by key professionals at all levels.

CATs remain critical in meeting the needs of the city’s most vulnerable individuals and their children. Re-designing CATs is essential to ensure that we meet the needs of individuals who have drug and/or alcohol issues, alongside parenting responsibilities. This ensures that children affected by parental substance misuse (CAPSM) are protected. The scale of the challenge is significant in Glasgow. It is anticipated that the impact of Welfare Reform will bring additional demands for Addiction Services.

In scoring the self-evaluation (below), we have had to strike a balance between measuring ourselves on how well the service has delivered, against the current specification. Similarly, how well placed we are to deliver on the new requirements of the ADP Strategy and the Recovery Agenda.

<table>
<thead>
<tr>
<th>Areas for Evaluation</th>
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<td>Key outcomes</td>
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<tr>
<td>Delivery of key processes</td>
<td>Adequate</td>
</tr>
<tr>
<td>Policy/service development/planning and performance</td>
<td>Good</td>
</tr>
<tr>
<td>Management and support of employees</td>
<td>Good</td>
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</table>

The recommendations which follow will enable Glasgow City CATs to develop, consult upon and implement a new service model which protects individuals from harm and promotes recovery in line with local and national policy.
Recommendations

1. Outcomes

- Addiction Services should develop a new Service Model for CATs, which promotes recovery in line with local and national strategy
- Addiction Services should define outcomes expected for adults in different stages of recovery
- Addiction Services should define outcomes expected for CAPSM, including those children with substance misuse difficulties in their own right
- Addiction Services should define outcomes expected for vulnerable adults, including offenders
- Addiction Services should determine and clarify the range of service provision, being clearer around areas of delivery that should sit within other tiers of addiction delivery, i.e. Tier 1 & Tier 4
- Addiction Services should identify expectations and goals of individual Service Users and ensure consistency of worker to enable therapeutic relationships to be established
- Addiction Services should develop a revised CAT specification in line with the case for change & development and the recommendations arising from the Review

2. Key Processes

- Addiction Services should complete the development of a needs led assessment process with recovery focus, incorporated within key data collection and reporting systems
- Addiction Services should shift the balance from care planning to recovery planning, underpinned by frameworks which are outcome focused and developed with the Service User/Patient, and involve carers where appropriate
- Recovery Plans should detail the interventions and support being provided including OST, psycho-social interventions and should be specific, measurable with clear focused outcomes
- Addiction Services should ensure reviews are held routinely and are supported by a review tool detailing all interventions and services provided with expected outcomes
- Addiction Services should ensure that all Service Users have an up to date risk assessment and risk management plan held within their CAT file
- Addiction Services should ensure that staff have a standard and consistent understanding of risk, knowledge of the risk assessment tools they should use and have up to date training in using them
- Use of the risk assessment approach should be incorporated into formal support and supervision arrangements and local performance management arrangements
3. **Policy/Service Development/Planning and Performance**

- The Joint Partnership Board should approve and resource the change and development plan which will deliver the redesign of CATs
- The ADP should support, monitor and report on the performance and outcomes being achieved through the CATs
- The existing Addiction Performance Team and function should be reviewed, to ensure it facilitates and supports the new performance framework and the outcomes to be delivered by CATs, reflecting national and local strategy

4. **Management and Support of Employees**

Glasgow’s Integrated Addiction Services should:

- Develop a Workforce Plan, incorporating existing processes in respect of GCC Personal Development Plans (PDPs), NHSGG&C Electronic Knowledge & Skills Framework (eKSF) and Support and Supervision processes to ensure all staff are adequately equipped and supported to deliver recovery orientated treatments and Interventions

- Ensure the current Workforce Profile is fit for purpose to implement CAT Review outcomes, inclusive of a social care work plan

- Review the Addiction Nursing Workforce and consider the establishment of an Advanced Practitioner role with a focus on improving clinical practice

- Review and configure it’s Social Care Workforce, maximising current skills, experience and knowledge base to ensure all staff are adequately equipped to deliver recovery orientated services and Interventions across the spectrum of service user groups. For example, adults with complex needs, parental addiction, vulnerable adults, offenders and adults working towards recovery

- Develop a GCC Team Leader Professional Forum (similar to Nursing), ensuring a focus on assessment, recovery planning and review standards across CATs, with particular consideration given to GCC protocols and procedures in relation to key groups mentioned above. Aiming to enhance the skills, knowledge and experience across key management professionals within Addiction Services

- Apply Resource Allocation Model (RAM) to future Workforce developments
Chapter 1  Introduction

1. Introduction and Purpose

1.1 This report provides the outcome of GCC and NHSGG&C ‘Self-Evaluation of CATs’. In conducting this self-evaluation exercise we are striving for continuous improvement towards better outcomes for people with substance misuse problems who are using our services. It illustrates the process involved in reaching conclusions summarised in the earlier part of the report.

2. CAT Review - Scope and Process

2.1 A steering group chaired by the Head of Addiction Service (North East & Citywide Lead) was established to carry forward the work with an agreed timeframe of March - September 2012.

2.2 The scope of the CAT Review was as follows:
   - To undertake engagement events with Addiction Staff to seek their views on the current arrangements and proposals for future changes within the CATs
   - To consider the current and potential future service imperatives, including the implications of the ADP Strategy, in relation to prevention and recovery, and develop a service specification that will detail the functionality of the CATs and the relationship with the wider addiction service framework (e.g. Specialist and Secondary Services)
   - In developing these arrangements, ensuring best fit within the current policy framework and how they interface effectively with the existing range of services with Children’s Services, Mental Health Services and Adult Support and Protection (ASP) arrangements
   - Present and recommend options for the future delivery of integrated CATs, which includes a staffing profile, organisational structure, costs and funding taking cognisance of the current financial envelope for services and future funding constraints
   - Undertake an Equality Impact Assessment (EqIA) of the recommended option

2.3 A Project Team jointly chaired by the Heads of Addiction North West and South was commissioned to undertake the Review comprising Officers from Addiction Services and with the support of personnel from Social Work and the NHSGG&C. The Project Team worked in tandem with a range of staff from within the parent organisations and with colleagues from the ADP to undertake the Review.

2.4 The Review utilised a range of methods to harness evidence and support the self-evaluation. These included:
   - Analysis of Audits (e.g. Social Care Intervention in the Substitute Prescribing Programme Audit)
   - Thematic groups: Child Protection, Mental Health, OST, Alcohol, ASP, Criminal Justice and Recovery
   - Structured engagement events
   - Focus groups
Service User, Carer and Voluntary Sector structured engagement events (facilitated by ADP)
Desktop exercise to review feedback from Team Leaders and staff on key processes
Engagement with GPs (Shared Care)
Collation of supporting documentation which includes performance reports and case studies

3. **SWIA Performance Improvement Model**

SWIA’s Guide to Supported Self Evaluation structures the Performance Improvement Model into themes or practice areas. There are 10 areas for evaluation:
- What key outcomes we have achieved for people who use our services
- What impact have we had on people who use our services and other stakeholders
- Impact on employees
- Impact on the community
- How good is our delivery of key processes
- Policy and service development, planning and performance management
- Management and support of employees
- Resources and capacity building
- How good is our leadership
- What is our capacity for improvement

The NHSGG&C and GCC have used SWIA’s six point scale in evaluating CATs. The report provides an evaluation on four areas.

**The Evaluation Scale**

<table>
<thead>
<tr>
<th>Level</th>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 6</td>
<td>Excellent</td>
<td>Excellent or outstanding</td>
</tr>
<tr>
<td>Level 5</td>
<td>Very Good</td>
<td>Major Strengths</td>
</tr>
<tr>
<td>Level 4</td>
<td>Good</td>
<td>Important strengths with some areas for improvement</td>
</tr>
<tr>
<td>Level 3</td>
<td>Adequate</td>
<td>Strengths just outweigh weaknesses</td>
</tr>
<tr>
<td>Level 2</td>
<td>Weak</td>
<td>Important weaknesses</td>
</tr>
<tr>
<td>Level 1</td>
<td>Unsatisfactory</td>
<td>Major Weaknesses</td>
</tr>
</tbody>
</table>

4. **Demographic and Social Context**

4.1 For the 2008/09 period across Scotland, the Information Services Division (ISD) of NHS Scotland estimates that there were 41,922 general acute inpatient and day case discharges with an alcohol-related diagnosis in any position. This is a
decrease of -2.6% from the previous period (43,045). At 8,288, Glasgow City residents accounted for a fifth (19.8%) of Scotland's total, the highest share for a local authority. There was no major difference from the previous year, a very slight increase of +0.7% from 8,234. Over nine in 10 (7,681, 92.7%) of the City's discharges were emergency admissions. This is the same as the Scottish rate of 92.1%.

According to the General Register of Scotland GROS, it is estimated that there were 1,282 alcohol-related deaths in Scotland in 2009 (that is, deaths which were regarded as being mostly directly due to alcohol consumption and for which figures could be obtained from the statistics of registered deaths). This represents a decrease of just under a tenth (-9.1%) from the previous year (1,411). At 197, Glasgow City accounted for just under a sixth (15.4%) of Scotland's 2009 alcohol related deaths, the highest share for a local authority. However, the City had a decrease of about a quarter (-25.9%) from the previous year (266), which is well-above the Scottish rate. The five-year moving annual average for the 2005/09 period for Scotland and Glasgow City were 1,430 and 275. Both represent a decrease from the 2004/08 five year period, although Glasgow’s decrease of -7.5% was greater than Scotland’s decrease of -2.7%.

For 2008/09, the ISD estimates that there were 5,867 general acute inpatient and day case discharges with a diagnosis of drug misuse in any position. This represents an increase of +7.1% from 2007/08 (5,477). At 1,156, Glasgow City residents accounted for the highest share of Scotland’s total—a fifth (19.7%). However, there was a decrease of -6.6% from the previous year (1,238), contrary to the Scottish trend. Over nine in 10 (1,080, 93.4%) of the City’s discharges were emergency admissions. This was in line with the Scottish rate of 92.3%.

The GROS estimates that there were 545 drug-related deaths in Scotland in 2009. This represents a -5.1% decrease from 2008 (574). Drug related deaths included:

- Those where the underlying cause of death fell into a set of subcategories of ‘mental and behavioural disorders due to psychoactive substance use’ (for example, opioids, cannabinoids, sedatives or hypnotics, and cocaine) and/or
- Those coded in a particular category and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death (categories included: accidental poisoning; intentional self-poisoning by drugs, medicaments, and biological substances; assault by drugs, medicaments, and biological substances; and event of undetermined intent, poisoning). Glasgow City accounted for a quarter (135, 24.8%) of Scotland’s 2009 drug-related deaths, the highest share for a local authority. However, the City had an increase of +11.6% from the previous year (121), which bucks the Scottish trend. The five year moving annual average for the 2005/09 period for Scotland and Glasgow City were 466 and 107. Both represent an increase from the 2004/08 five-period, although Glasgow’s increase of +5.9% Glasgow was slightly less than Scotland’s increase of +8.9%.
5. Development of Addiction Services

5.1 Prior to the establishment of Glasgow Addiction Services (GAS) in year 2002/2003, services in the city were fragmented and less cohesive with variable entry points for individuals who required access to addiction treatment and care.

5.2 In 2002/03 GCC and NHS Greater Glasgow formed the Addiction Partnership (GAS) with the primary objective of ensuring the establishment of a joined-up system of care and treatment for people with drug and/or issues. Key to the Partnership was integrated CATs.

5.3 Central to this approach was the expectation that the service would engage and retain individuals who were hard to reach, who were disenfranchised and who had struggled to engage in the challenging and complex area of service delivery previously prevalent within Glasgow.

5.4 The Partnership was charged with ensuring that services were delivered in an equitable manner across the city, targeting those areas that are most directly affected by drug and/or alcohol misuse.

5.5 The new system was designed to establish improved access points, single shared assessment, care planning and care management throughout their treatment, and to offer appropriate rehabilitation opportunities linked to longer term training, employment and social re-integration.

5.6 The new Partnership was also responsible for the co-ordination of the delivery of all directly provided NHS Greater Glasgow and GCC Addiction Services including:

- Specialist in patient services
- Partial hospitalisation services
- Out-patient services
- Methadone prescribing services
- Community Addiction Teams
- Purchased services
- Needle Exchange Service (NEX) (NB GAS has hosted some NHS Board wide services including NEX and establishing and monitoring of community pharmacy substance misuse services)

5.7 All of the above was supported and monitored and managed by a multi-disciplinary management team providing professional advice, strategic and logistical support, and working collaboratively with operational staff in area settings.

5.8 Over subsequent years GAS developed a positive profile for the range of services in the city, for significantly improved access to assessment, care and treatment, and for the development of a successful partnership approach to service delivery notably within its frontline service. The Glasgow Model has been perceived as the template for effective service delivery within the substance misuse field and a role model for integrated services across the UK and abroad hosting fact finding visits from Australia, Sweden, Russia and Canada.
5.9 The Addiction Partnership was reviewed in November 2010 following the dissolution of CHCPs in Glasgow City. The review of 2010 maintained the integrated approach delivered within CATs, but implemented different managerial arrangements and triggered a wider review of the Addiction Partnership.

6. Community Addiction Teams – Background, Specification and Achievements

6.1 CATs were established in 2002/03 as part of a major review of Alcohol and Drug Services in Glasgow. CATs were the critical component of Glasgow Addiction Service and its primary objective of delivering integrated care for those individuals affected by drug and alcohol misuse.

6.2 CATs originally operated in each of the 9 localities within Glasgow City and provided direct access to a range of assessment, care and treatment options for individuals with alcohol and drug difficulties. At April 2012 over 10,000 individuals were being supported through the teams compared with 7,846 in 2004/05.

6.3 Since November 2010 CATs have been operationally accountable through the Heads of Addiction to the CHP Sector Director and the Area Head of Service (Social Work). The Head of Addiction (NE) has lead responsibility for Glasgow City and the Board wide area.

6.4 CATs work to the following core objectives in terms of service delivery:

- To provide equitable access to care and treatment services
- To ensure those individuals in the greatest need are prioritised in terms of access to co-ordinated services
- To improve the efficiency and effectiveness of addiction related intervention by effective multidisciplinary working which minimises duplication and uses shared resources to best effect
- To ensure that Service Users and the wider community can benefit from the full range of care and treatment options from the most rational point of access possible
- To ensure that individual needs are assessed by a competent, multi-skilled and multi-disciplinary team with full access to a wide range of intensive specialist services
- To ensure that Service Users have a robust recovery plan ensuring that the service and Service Users have a clear focus on outcomes
- To ensure that there is a joint approach to the planning and development of new services, which meet local unmet need
- To shift the balance of care to be more community-focused

6.5 CATs provide a range of treatment and care options for individuals with drug and/or alcohol issues. CATs have been established on the basis that services are targeted towards those individuals who are in most need. Individuals who present with one or more of the following needs are prioritised:

- Individuals who present with chaotic substance use, with associated risk to life and health. This includes individuals who are involved in alcohol and poly-drug use
- Individuals with physical and psychiatric co-morbidity
- Individuals at high risk of self-harm and suicide directly or indirectly related to their drug and/or alcohol use
- Women who are at risk of violence, including drug and/or alcohol related violence, and require specific support and assistance as one aspect of a co-ordinated approach
- Individuals whose drug and/or alcohol use may compromise their parenting capacity
- Individuals in the Criminal Justice system who require addiction treatment and care and who are referred through the following routes Arrest Referral, Throughcare Addiction Service (TAS), Persistent Offenders Project (POP)
- Individuals leaving penal establishments, not subject to statutory requirements, however are at risk of drug and/or alcohol related harm;
- Individuals whose drug and/or alcohol use has a significant impact on their social functioning and in particular those individuals who are vulnerable and at risk in the community
- Individuals who are at risk or who may be at risk of drug-related BBV and other infections
- Individuals at risk of long-term social and economic exclusion as a result of a loss of employment due to drug and/or alcohol use
- Individuals at risk of acute deprivation arising from their drug and/or alcohol use. This includes individuals at risk of homelessness, destitution and social exclusion and/or breakdown
- Young people whose behaviour in relation to drug and/or alcohol use places them at significant risk and CAPSM
- Vulnerable adults who are incapacitated due to their drug and/or alcohol use and who require care and protection
- Pregnant drug and/or alcohol users
- Individuals who display mild to moderate mental health co morbidity
- Individuals at acute risk from interaction of methadone, illicit drugs, other prescribed medications and alcohol
- Service users at high risk of relapse

6.6 There is continuing recognition that some individuals and groups are disadvantaged in accessing services, therefore CATs have developed service provision in ways which recognise this in relation to the specific needs of women with drug and/or alcohol issues.

The issues associated with Gender Based Violence (GBV) often mean women affected are particularly susceptible to sexual exploitation and violence. Both GGC and NHSGG&C are committed to addressing the Gender Based Violence (GBV) agenda. The ADP Delivery Plan identifies the Single Outcome Agreement (SOA) to reduce the level of violent crime, including gender based and domestic violence. In February 2010, the new GBV Development Worker role was established in CATs. Their remit encompasses the broad spectrum of abuse, such as domestic abuse, rape and sexual abuse, historical child sexual abuse, commercial sexual exploitation and those experiencing harmful traditional practices e.g. forced marriage. The GBV posts are a valuable resource that supports and manages risk, address complexity and promote recovery for a group of women who are often regarded as highly vulnerable. We can offer a worker gender choice, when required.
Similarly, CATs provide a range of Criminal Justice related services, such as Arrest Referral, Persistent Offenders Project, Throughcare Addiction Services and 218 (which deal specifically with women with addiction issues involved in the Criminal Justice system).

GAS also commission a number of residential and community rehabilitation services to provide additional support to the work undertaken in CATs. Some of these services have a specific focus, such as Ar Caladh (young people) and Aberlour (women and children). The Glasgow Drug Crisis Centre (GDCC) is a 24-hour crisis centre with a residential element. GAS currently commission six community rehabilitation services, which play a key role in the Recovery Agenda and six Community Alcohol Support Services (CASS). CASS support individuals with alcohol issues to divert, alleviate and prevent homelessness.

Teams are also required to understand the racial, cultural, social and physical barriers faced by individuals from the Black and Minority Ethnic (BME) community. In particular they are aware of the impact of organisational and institutional racism on service delivery and provide services which are culturally sensitive, offer choice of key worker and within the service design deliver culturally specific services. The findings of recent research stated that we need to do more to reach BME communities and staff need more support to be culturally competent.

Given the cross-cutting nature of addiction, CATs routinely work with complex cases, which require input from other care groups. Therefore, interface arrangements need to be strengthened to ensure joint accountability for Service Users.

6.7 CATs are organised on a multi-disciplinary basis in each area of the city, led by a Head of Addiction. The multi-disciplinary team includes the following:

- Community Addiction Manager (GCC and NHS)
- Medical Officers (NHS)
- Psychologists (NHS)
- Nurse Team Leaders (NHS)
- Team Leaders (GCC)
- Senior Addiction Workers (GCC)
- Nursing Staff (Bands 3-6) (NHS)
- Social Care Staff (GCC)
- Admin Staff (GCC and NHS)

6.8 CATs provide the following:

- Range of assessments including Impact of Parental Substance Misuse (IPSU) and Mental Health Assessments
- OST
- Range of alcohol treatments and interventions, including home detoxification
- Care Management
- Therapeutic supports, such as relapse prevention and psycho-social interventions
- Harm reduction information and advice
- Access to community and rehabilitation services
- Psychological therapies

6.9 CATs have been at the forefront of innovation in the city, willing to work flexibly in meeting the needs of individuals, families and communities affected by substance misuse. Good practice examples include:

- Recovery developments across the city focused on supporting individuals in recovery including: recovery groups, conversation cafes and alliances with mutual-aid organisations
- Robust interface with Children’s Services supporting CAPSM
- Community Engagement via Addiction Forum in localities
- Partnership working with Strathclyde Fire and Rescue to mitigate risk to vulnerable individuals in their own homes
- Partnership working with employability providers and regeneration agencies maximising recovery opportunities for individuals in treatment
- Partnership working with NHS Health Improvement Teams e.g. Festive Overdose Campaign, Smoking Cessation and Alcohol Brief Intervention (ABI)
- Work with BME Communities including production of DVD for families and staff training
- Promotion of harm reduction strategies including NEX, naloxone training and suicide prevention work
- Advice and support to young people across a range of settings, including work with staff and young people in residential care
Chapter 2 Key Outcomes

CATs have been measured against Local Improvement Targets (LITS) since their introduction in 2003. The local improvement targets consist of the following:

- Waiting times
- Caseload
- Methadone programme – numbers supported
- Access to rehabilitation
- Access to employability
- Assigned care management

CATs have consistently met and exceeded targets within the current performance framework.

Engagement and Retention

CATs were designed to improve access points for Service Users and have delivered significant outcomes in relation to access. Services are offered at a range of points across Glasgow City and are offered where individual need is identified. Services are provided on a direct access basis, enabling individuals to present without an appointment and with the opportunity for immediate assessment, consultation and service provision. CATs receive a high-level of self-referrals. A range of materials have been developed to improve public knowledge, understanding and availability of CATs to maximise service access. This includes a range of public information, adverts in local media, and the GAS website.

CATs have successfully increased the numbers of individuals accessing care and treatment. Caseload analysis indicates that there has been a significant growth in the number of individuals accessing treatment and care since the introduction of CATs.

Caseload Analysis

Analysis of the service caseload identifies the following:

- ‘New Contacts’ (individuals not registered on Carefirst at time of presentation) increased sharply over a three year period 2004/5 – 2006/7
- The number of new contacts decreased in 2008/9 coinciding with the maximum caseload since the implementation of the CATS in 2004
- The number of new referrals increased between 2009 and 2011, before finally decreasing last financial year

Reasons for this include a data quality and case closure exercise in 2009/10, which removed service users from the caseload e.g. individuals not in contact, deceased etc, appropriate exits to other services and supports, reduction in length of time in treatment. More in depth analysis is required to accurately explain changes in demand and caseload as well as the impact service has on the prevalence and unmet need within the city.
The evidence base indicates that outcomes for substance misusing individuals are significantly increased if they are in treatment and the high volume of clients being supported in frontline services is an indication of improved outcomes particularly in relation to physical health and crucially in relation to the reduction in drug-related deaths.

In relation to drug related deaths the biggest single protective factor is engagement in treatment and the trends in relation to drug related deaths over the life span of CATs reflect the commitment to improved access engagement and retention in treatment and remains one of the primary aims of the service.

Opiate Substitution Therapy (OST)

Substitute prescribing is a key component of CAT service delivery. A recent study by Dr. Saket Priyadarshi (Lead Clinician) into the outcomes achieved through OST, demonstrated a mortality rate in North East Glasgow which compares favourably with national and international treatment outcomes. In addition, wider health outcomes (BBV) are being achieved with very low HIV rates, reducing hepatitis C rates in new drug users, increased numbers tested for Hepatitis C treatments delivered through CATs and joint working with Hepatitis C Managed Care Network (MCN).

Appendix 1 to this report provides data in relation to the following:
• Drug Death mortality rates. This shows Glasgow City has a drug death mortality rate (8.0/1000 PDUS) lower than the Scottish average (8.9/1000 PDUS) and below Aberdeen, Dundee and Edinburgh despite having higher prevalence;
• Table 1 shows that mortality rates in East Glasgow on MMT has improved and that the mortality rate compares favourably to national/international literature;
• HIV – shows reduction in prevalence - thought mainly to be the result of OST and NSP. We know that Glasgow has equally lower rates;
• Hepatitis C – shows reduction in prevalence with relatively high rate reflecting older drug users who have had Hep C for a number of years and remain alive. Prevalence amongst recent injectors (less than 3 years) has reduced as has incidents amongst under 25’s. Of particular note is that new cases are falling very significantly for the past 3-4 years – attributed to OSP/NSP by public health doctors;
• Hepatitis C Testing – See significant activity in CATs, routine practice, and benefits to individuals at risk and to the public purse.

Alcohol Treatment

The specialist alcohol teams within CATs were developed with new investment from the Scottish Government to enhance community delivery of alcohol treatment and care. Prior to the new monies, alcohol treatment was mostly delivered via secondary service in-patient and day-patient units. The new teams provide high quality, easily accessible community based treatment and support for harmful and dependent drinkers.

In 2011/12 there were 4347 generic alcohol referrals to the CATs table1 with just under a quarter (966) of these individuals going on to be assessed for specialist community alcohol treatment. table2 The alcohol care and treatment teams assess those individuals who are harmful or dependent drinkers with physical and psychological co-morbidity while generic CAT referrals include all alcohol use for example those drinking hazardously or who are currently abstinent who may be signposted on to other services.

<table>
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<th>NW CAT</th>
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<td>1609</td>
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Table 1 Number of CAT Generic Alcohol Referrals 2011/12
Source: National Waiting Times Database

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<td>342</td>
<td>264</td>
<td>966</td>
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Table 2 Number of Alcohol Treatment and Care Assessments Recorded 2011/12
Source: PIMS Alcohol Tool
The recovery orientated, person centred alcohol treatment and care includes evidence based psychological and pharmacological interventions to promote abstinence and prevent relapse. This includes home supported detoxification, parenteral vitamin replacement (Pabrinex) and protective medications Acamprosate, supervised Disulfiram and the newly licensed Naltrexone.

Initially the alcohol treatment and care teams faced the challenges associated with developing a new service including recruitment, training, developing practice guidelines and effectively reporting performance. The established teams are now well placed to focus on optimising delivery of interventions to all appropriate individuals.

Waiting Times

CATs have consistently demonstrated strong performance in relation to waiting times which are a key Health Improvement, Efficiency, Access to Services and Treatment target (HEAT). Despite the high numbers and the growth in caseloads community addiction teams have regularly met and exceeded national waiting time targets.
Children and Young People

CATs have played a vital role in the city’s corporate responsibility to support our most vulnerable children affected by parental substance misuse (CAPSM). It is widely recognised that engaging parents in meaningful addiction treatment and care is a significant protective factor for these children. CAT staff have traditionally worked closely with Social Work Children’s Services staff and in some areas are co-located. This joint working approach is carried out routinely and firmly embedded in practice.

GAS were innovative in their approach in how to move the service away from an adult focused Addiction Service to one that was mindful of the needs of CAPSM. The ‘Guidance for Addiction Staff working with Children Affected by Parental Substance Use’ was developed a number of years ago. This provides guidance and direction to CAT staff in best practice when working with individuals with parenting responsibilities, where parenting capacity was compromised by drug and/or alcohol use.

GAS developed an ‘Impact of Parental Substance Use’ (IPSU) assessment tool to ensure that CAT staff were ‘looking behind’ the adult presenting to the CAT. Children are routinely identified and linked to Adults on the Carefirst System. Where a child under 16 is identified this triggers the need for an IPSU to be completed within 30 days. This assessment identifies risk and protective factors for the child and provides a level of analysis into the impact parental addiction may have on the individual child. This information is shared routinely with Children’s Services and further sharing with GPs and Health Visitors is currently being developed.

CATs have continued to take forward recommendations from Inspections and have been commended in previous Inspections for their contribution in the protection of children. ‘Guidance for Case Conference Chairs’ was also developed and implemented. All CAT Staff have undertaken specific Child Protection and Addiction Training.

CAT staff are an integral part of NHS Special Needs in Pregnancy Clinics (SNIPs) and work to the ‘Inter-Agency Procedural Guidance for Vulnerable Women during Pregnancy’. Additionally, two services to specifically support families affected by addiction have been developed, these being Cordia Home Based Support Service and a Pregnancy & Early Years Support Service. GAS also commission Aberlour Childcare Trust to provide a residential rehabilitation service specifically for women and children.

An Addiction Child Protection Forum is currently operational to develop practice in relation to parental addiction across the CATs.
CATs have a specific staffing resource focused on supporting young adults (14-21) who have substance misuse problems. Youth Addiction Teams work in partnership with a range of professionals and contribute to outcomes for the city’s most vulnerable young people, particularly those who are looked after and accommodated.

This includes structured group work within children’s units with focus on raising awareness (particularly new psychoactive substances) and or reducing harm and promotion of consequential thinking. Groups are facilitated by addictions youth staff.

Individual work is also undertaken with young people and short case studies are provided below.

**21yr old male**, poly drug user including heroin, legal highs and alcohol use, looked after and accommodated long term in Perthshire since early childhood, family placement broke down at age 19, became homeless, returned to Glasgow and was instantly supported by CAT Youth Team to access Ar Caladh (residential unit specifically for young people) as a priority given risks due to homelessness, dependent drug use, and vulnerability in a big city unfamiliar to him.

Currently in supported accommodation following stabilisation on methadone maintenance, motivational work on-going to encourage positive lifestyle and social inclusion, relapse prevention.
**15 year old female** looked after & accommodated, affected by parental drug misuse, concerns re alcohol & cannabis use, vulnerability to exploitation due to absconding from children’s unit and negative relationships, pre-disposition to substance misuse due to family history, looked after status and not in education and offending behaviours. Intervention by CAT harm reduction, education/awareness raising, anxiety management as alternative to cannabis use, emotional support/counselling to improve self worth and motivate to explore behaviour change to minimise risks to personal safety. Initial focus is to establish positive working relationship with this young woman who does not engage well with supports.

**19 year old female**, mother to 20 month old daughter. Problematic cannabis use impacting on care of child due to financial implications and emotional availability to her child, and was in abusive relationship and was homeless previously. Structured Cognitive Behavioural Therapy (CBT) programme to cease cannabis use undertaken and currently abstinent, now has care of her daughter in own tenancy, no longer in abusive relationship and support given to maintain this in times of stress. Confidence building work, monitoring, liaison with Social Work Children’s Services and input to help her identify the impact of her substance use on the care and relationship with her child and wider family. Goal setting and future planning currently focus of work.

**Recovery**

CATs have made progress towards improving performance in terms of promoting recovery for individuals who are sufficiently stabilised. Performance data indicates significant numbers of referrals to employability services, to residential rehabilitation and to community-based programmes, which provide a structured focus for individuals in recovery. Moreover, evidence has begun to evolve to show that local developments have begun to emerge whereby communities, service users, people in recovery are becoming involved in determining the way forward around promoting recovery. Community capacity building has re-emerged as a key area of work within CATs and should be considered amongst future developments.
Significant numbers of individuals have made progress as a result of the work of CATs. At this stage we are not able to fully demonstrate the individual outcomes being achieved within our rehabilitation services, which is part of the proposed new performance framework, however, where care and treatment provision is underpinned by a wider package of support, recovery is likely to be much more achievable.

A recent survey of service user experience (August 2012) highlighted the following in relation to CATs

- 70% (^ = 96) rated the CAT role in referrals to rehabilitation services as either excellent or good
- 65% (^ =89) advised that their care plan had been reviewed and that Care Managers attended reviews
- 68% (^ = 93) rated input of Care Manager as either excellent or good
- 76% (^ = 103) advised that there was contact with Care Manager out-with the review process
- 73% (^ = 99) expressed satisfaction with the service provided by CAT

Chapter 3 Delivery of Key Processes

CATs have been established on a direct access model and waiting times are a strong indicator of effective processes in terms of speedy access to treatment and care. All teams operate on a direct access basis and Service Users can present without an appointment and be seen by CAT Duty Workers. Duty systems facilitate immediate assessment, information and advice and direct interventions as appropriate, and signposting to other agencies.

Whilst there is strong evidence that there are no waits, consultation with Service Users, family members, recovery activists and stakeholders indicates some areas of concern in relation to the experience of accessing treatment services. Perceptions of service users should be balanced with potentially unrealistic expectations of those who want to engage in treatment immediately. Robust assessment and care planning and necessary risk assessment requires to be completed. GP liaison and consultation with other professionals within other Social Work and Health care groups is crucial.

In addition, CATs manage a high volume of prescriptions, up to 1800 per week (on average) across the city working to explicit standards which govern controlled drugs. CAT processes are subject to routine audit by external pharmacy and administration support staff. Effective processes and routine audit ensure patient safety and appropriate governance is in place.

Service demand is managed in CATs through the establishment of new patient clinics and arrangements which deploy appropriate staff skills in relation to presenting issues, e.g. co-morbidity, vulnerable families and challenging behaviour.

Key findings from the audit were as follows:
Strengths:
- Majority of service users had a completed baseline assessment
- Positive outcomes were identified in relation to 14 separate audit areas, including physical health improvement for example. GPs have reported that they have noted a significant improvement in the health of individuals in receipt of OST as a result of intervention carried out within CATs
- Two thirds of CAT practitioners felt that the input of the service was meeting the needs of the service user

Weaknesses:
- Comprehensive assessments were not routinely being completed. Many had been started but hadn’t been formally signed off with an agreed review process put in place
- In almost two thirds of cases the Impact of Parental Addiction assessment was not completed (a retrospective exercise was required to identify parents working with the CAT prior to the IPSU being implemented). Many parents had engaged in other formal risk assessment processes therefore difficult to establish the gap representing those parents who had not undergone any level of assessment of the impact their addiction had on their parenting capacity
- Formal care plans existed for only 35.4% of service users
- Reviews were identified for 29.8% of service users.
- Poor recording tools and application by staff was identified as part of the explanation of the weaknesses described above

These findings were reinforced through feedback from the ADP Facilitated Engagement Event (June 2012), which identified an over-reliance on substitute prescribing, inconsistency of practice, a lack of person-centeredness and a limited focus on recovery. This was counterbalanced by perceived strengths in relation to improvements in physical health, speedy access to treatment and care and effective crisis intervention.

The audit made a number of recommendations in relation to practice standards, interventions, outcomes for Service Users, and in relation to data quality. The audit also made general recommendations in relation to the continuing demand and numbers on substitute prescribing and the needs of staff in relation to training and support. An action plan was developed following the audit findings and the current review of CATs will be the vehicle for addressing the broader issues affecting them, which are helpfully, referenced in this audit not least the sheer scale of the numbers who are on the substitute prescribing programme and those who are seeking entry to it.

The above audit also made key reference to the multiple recording systems which have presented challenges for all personnel within CATs, since the teams were established. The strategic decision to fully invest in Carefirst 6 for the Addictions Service will, subject to effective implementation, be the means by which we will reduce the recording burden on frontline staff within CATs. The impact of multiple recording needs and systems has been significant in relation to community addiction services and has impacted on time available for therapeutic engagement.

Similarly, feedback from consultation events indicates some areas of concern in relation to consistency of response across the CATs, flexibility of appointments and the quality
of reception/waiting room provision. Robust supervision will assist in identifying inconsistencies in practice and highlight training needs for staff. As part of the self-evaluation, a short quantitative audit was carried out looking at supervision notes of Health and Social Care staff across the CATs. All Health staff work to the Proctor Model. However, Social Work staff used a range of models. This audit highlighted an area of good practice in one sector, where there was evidence of a robust supervision model in place for all staff. It is recommended that this is rolled out across all CATs, with the aim of addressing the inconsistencies that were originally highlighted.

Consistent with the findings of the Social Care Intervention in the Substitute Prescribing Programme Audit, consultation with Service Users and Carers identified a significant weakness in relation to meaningful involvement of Service Users and Carers in assessment and care planning and in relation to a recovery plan.

Wider concerns in relation to key processes were identified through engagement with all stakeholders. These include the following comments:

- ‘CATs were trying to do too much and not doing particularly well’;
- Lack of city-wide consistency in terms of staff response
- Inconsistency in quality of paperwork
- CATs perceived as primarily about maintenance (on substitute prescribing)
- CATs seem crisis orientated – ‘if you are doing well on your own – you are left to your own devices’
- Lack of risk assessment and issues with regards to ensuring identified risk is shared with voluntary sector
- Varying accountability standards between CATs and their referral agencies
- Perception of high staff absence levels and the impact this has for GPs for instance in terms of Shared Care Clinic delivery. At times GPs are required to manage their own clinic without input from CAT Social Care Workers. This was also compounded by a lack of clarity in terms of case management responsibility during periods of absence. Service Users attending GP Clinics do not receive the same priority of follow up as those individuals being solely managed via the CAT. Increased priority is given where children are a feature or where there are wider Adult Support and Protection concerns. There is an expectation that those individuals, receiving OST via GP Shared Care, have needs that are less complex and resource intensive than those attending CAT

The review identified evidence of strong equality focus in relation to CAT practice. This was demonstrated by case studies (7) which highlighted that addiction staff will routinely view drug and/or alcohol use within the context of the wider social model of health. Case studies demonstrate commitment to addressing inequality and highlight the levels of case complexity and examples of person-centred practice.
CATs were introduced in 2003 following a pilot in the North East area of Glasgow. CATs were central to the transformational change programme developed by GCC Social Work and NHS Greater Glasgow, in response to the scale of the substance misuse problem in Glasgow City.

CATs were the forerunner for the development of integrated services in Glasgow City and the subsequent establishment of Community Health and Care Partnerships (CHCPs).

At the outset CATs were the template for integrated services and polices and procedures were developed to reflect the key aspirations of the statutory organisations in addressing the alcohol and drug challenge. Central to this was the commitment to offer service users an integrated package of care and treatment which addressed health and social care needs and provided the opportunity for service users to achieve a meaningful lifestyle.

CATs were developed across the whole of Glasgow City following the pilot in the North East. All were established operating to a common specification. Policies and procedures were subsequently developed, with a strong focus on single shared assessment, care management, and on seeking to maximise opportunities for individual users with drug and/or alcohol issues.

In the early years, significant work was undertaken to support and develop CATs as challenges arose in relation to integrated working. The challenges at this time were in relation to establishing single systems, developing joint approaches, and in dealing with issues in relation to professional identity etc. CATs were heavily supported in their development through the support of key central strategic posts including the role of the Community Services Manager and the HR Manager.

Following the introduction of CHCPs, CATs were then included in the Community Health Partnership (CHP) Organisational Development Plan which reflected the structural arrangements in the city.

CATs have not been reviewed since their inception in 2003. This was significantly delayed due to the lengthy dissolution of CHCPs in the city and as a consequence strategic and operational planning largely reflects the earlier development of CATs and the drive to integrated arrangements.

CATs remain the only integrated service delivery within Glasgow City following the dissolution of CHCPs in 2010.

Strategic Plans in relation to drugs and alcohol have recently been updated following the launch of Glasgow City ADP Strategy in 2011/12. The launch of this Plan reflects the revised priorities for the city with a clearer focus on prevention and education, children affected, and crucially on recovery. CATs are therefore required to re-establish service plans, operational policies/procedures in line with the revised strategy and in order to deliver the outcomes which are now required. The new city strategy is reflected in the over-arching service plan for adult services and CATs require to align operational policies and procedures in relation to the outcomes now being sought.
Consultation with Staff, Service Users/Family Members, Recovery Activists, and wider stakeholders all reflect the need for change in relation to service delivery and in relation to the outcomes now expected particularly in relation to recovery. Recent consultation events indicate that there is a lack of understanding amongst some managers/staff of the policy context and this requires to be addressed moving forward.

Service Plans have been influenced by Service Users/Family Members/other stakeholders and this has influenced the new city strategy. There continues to be examples of user involvement at strategic level including representation of service users on the city’s ADP strategic forum.

CATs work closely with Service Users, Carers, Recovery Activists, Voluntary Sector Organisations and a range of partners in each of the three localities in Glasgow City. This drives strategy at community level with a focus on health improvement, recovery, peer support, harm reduction and employability. CATs have worked as strategic partners and have provided support and funding, where appropriate. This alliance has included engagement around the CAT Review. This Partnership approach will continue to develop and influence service delivery and recovery generally.

Service Users in Glasgow City have direct access to CATs, which provide a broad range of services. CATs are also the entry point for access to some hospital services, rehabilitation services and other specialist services all managed within the Addictions Partnership.

All services are routinely monitored and produce performance data. Performance information is routinely circulated through the organisation and is reported to the parent organisations, local elected members and to Scottish Government.

Addiction Services has a governance structure with a strong focus on equality and continuous improvement. The governance structure includes focussed activity on the following:

- Patient centeredness – includes learning from complaints
- Patient safety includes processing and learning from clinical incidents
- Clinical effectiveness – includes audit
- Research
- Training

The service, including CATs has been strongly focused on the equality agenda. The service employs an Equalities Manager who has established a clear work plan, a range of champions across the service, and a systematic programme of equality impact assessment and equality impact is routinely considered in terms of service development. An Equalities Impact Assessment (EqIA) of current provision has been undertaken as part of the self-evaluation process and findings from this will inform the future specification.
Chapter 5  Management and Support of Employees

Staff working in CATs are recruited, supported and developed in the context of the policies of GGC and NHSGG&C. Staff are given supplementary support in joining CATs to familiarise and equip them for their job role within the team. Originally Addiction Services employed a dedicated HR Manager and a Community Services Manager who both had substantive roles in relation to workforce development within the CATs. In particular the HR Manager had a clear remit to establish a range of initiatives to equip and develop staff working in CAT settings, including identification and support for their development needs. This post was deleted from the structure in 2008 and was not replaced. This has had an impact in relation to the development needs of personnel in CATs.

There was significant growth in the numbers of staff working in CATs between 2003 and 2008. This has now levelled out and in recent years entry to the service has largely been additional nursing capacity following investment in relation to alcohol treatment. At the same time there has been a loss of social care personnel in relation to voluntary severance and vacancies have not been filled for a period of time pending the outcome of the CAT review. Turnover in CATs has been relatively low over the period of time.

Monitoring of staff morale/satisfaction has now largely been through the parent organisations in terms of staff surveys etc.

Traditionally there has been a very strong commitment to employee and team working within CATs. Much of this work was in relation to establishing integrated working and in clarifying roles and responsibilities and building effective team working.

Nursing staff within CATs receive professional support through the Lead Nurse, supported by the Practice Development Nurse. This provides the nursing workforce with professional governance and a professional work plan.

CATs will require a significant level of support to meet the challenges of its new specification and the outcomes now expected. The demise of the GAS Partnership coupled with the deletion of the strategic posts will require consideration in terms of how staff from each organisation will be fully supported to undertake their revised roles. The majority of staff development is now happening through each parent organisation and is focussed on singular professions. For example GCC Managers have benefited from the GCC Management Development Programme.

Both GGC and NHSGG&C have increased focus on staff through Electronic Knowledge and Skills Framework (eKSF) and Personal Development Plans (PDPs) and there are clear expectations that all staff, irrespective of parent organisation, will have a clear PDP linked to their competencies and fundamentally linked to the outcomes they are expected to deliver in relation to service users. Changes in CATs, particularly roles and responsibilities, will therefore need to be reflected in updated individual PDPs and a systematic approach will be necessary here.

Recent work has been carried out to analyse and review the skill-mix required for the nursing component of CATs and similar work is now required in relation to the social care element.

Significant work has been done in earlier years with staff in CATs to equip them for their primary tasks. Given that the teams in the future will be required to deliver different
outcomes following a potential service reconfiguration, it will be a requirement to put a structured employee/team development programme in place to manage the change. This will be a significant undertaking to enable approximately 300 staff to meet the challenge. The change programme should be developed in the context of the Scottish Government’s policy on the development of Scotland’s alcohol and drug workforce.
Appendix 1

Drug-related deaths (annual average for 2007-11) per 1,000 problem drug users (in 2009/10)
NB: the "error bars" indicate the likely ranges of values - see the text

0 5 10 15 20

- 30 -
Table 1 All cause mortality rates for individuals on Methadone Maintenance Treatment (MMT) 2004-2009 in comparison to other cohort studies.

<table>
<thead>
<tr>
<th>Study</th>
<th>Country and year</th>
<th>Cohort size</th>
<th>Years</th>
<th>Deaths</th>
<th>Crude Mortality Rates</th>
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<tbody>
<tr>
<td>MMT and Mortality in East Glasgow</td>
<td>Scotland – East Glasgow 2004-2009</td>
<td>1296</td>
<td>5 (6480 PY)</td>
<td>73</td>
<td>1.1% per year</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.3 deaths/1000 PY</td>
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<tr>
<td>Frischer et al (1997)</td>
<td>Scotland-Glasgow 1982-1994</td>
<td>459</td>
<td>2.547 PY</td>
<td>53</td>
<td>1.8% per annum*</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.8/1,000 PY*</td>
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<tr>
<td>McCowan et al (2009)</td>
<td>Scotland-Tayside 1993-2004</td>
<td>2378</td>
<td>12,037 PY</td>
<td>181</td>
<td>15.0/1,000 PY**</td>
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<td>Brugal et al (2005)</td>
<td>Spain- Barcelona 1992-1999</td>
<td>5,049</td>
<td>23,048 PY</td>
<td>1,005</td>
<td>43.6/1,000 PY**</td>
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<td>Bagagli et al (2001)</td>
<td>Italy- Rome 1980-1995</td>
<td>11, 432</td>
<td>80,878 PY</td>
<td>1,734</td>
<td>32.6/1,000 PY**</td>
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<tr>
<td>Davoli et al (2007)</td>
<td>Italy 1998-2001</td>
<td>10, 258</td>
<td>13,122 PY</td>
<td>100</td>
<td>7.6/1,000 PY**</td>
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<td>Fugelstad et al (2007)</td>
<td>Sweden 1988-2000</td>
<td>848</td>
<td>5, 524 PY</td>
<td>185</td>
<td>33.5/1,000 PY**</td>
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</tbody>
</table>

HIV Prevalence in Injecting Drug users in Scotland:

In Scotland, the prevalence of HIV among IDUs is monitored through the surveillance of people undergoing voluntary confidential HIV testing. An HIV prevalence of 0.55% (13/2,381) among IDUs undergoing testing in Scotland was found during 2008. This compares with a prevalence of 1.4% to 3.2% in the early to mid-1990s and 0.3% to 0.9% during the period 1998 to 2007.

Shooting Up 2009

HIV Prevalence among those having voluntary confidential HIV tests was Scotland 0.4% in 2010.

Shooting Up 2011

4. Hepatitis C- prevalence for hep c in Glasgow injecting drug users was recorded at 89% in 1990 (Hutchison et al Epidemiol. Infect. (2002), 128, 473±477) and is now 68% in 2010 for GG&C (NESI published 2012). Moreover, the incidence (new cases) of hepatitis C is reducing significantly between 2008/9 and 2010 (NESI 2012) and this
reduction has been shown to continue in new unpublished data (out next year) and has been linked directly to OST and NSP coverage.

Glasgow- Turner et al (2011, Addiction) compared Glasgow to London, Wales, Birmingham, Bristol and Leeds and showed a very positive impact of OST and NSP reducing Hep C incidence and that this was most strongly felt in Glasgow.

Hepatitis C testing and referrals in CATs:

Since 2009, the GG&C Viral Hepatitis MCN and addiction services have collaborated as part of the Scottish Government’s Hepatitis C Action Plan. This resulted in CATs routinely offering hepatitis c testing and referral for treatment to all individuals identified as having risk factors (mostly injecting drug users). During an evaluation period of 12 months from September 2008 to August 2009, Greater Glasgow CATs conducted over 2,700 dry blood spot tests for hepatitis c- by far the majority in Glasgow city CATs. This has resulted in more individuals being informed about their hepatitis c status and more individuals with hepatitis c having been referred for and receiving treatment. This has resulted in practice benefits- staff increasingly aware of blood borne virus risks, public health benefits through more individuals successfully receiving treatment, cost savings resulting from reducing numbers who progress to end stage disease and has significantly contributed to GG&C meeting the testing and treatment targets of the Action Plan. Testing, referral and support are now routine practice within the CATs.