

Evaluation of the scale, scope and processes of Overdose Response Teams and their impact on Drug-Related Deaths in Scotland

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BE THE DIFFERENCE

Project overview

Background

- Overdose response teams (ORTs) initiated in response to continuing high levels of drug overdose and related deaths in Scotland
- US evidence indicates that ORTs can help reduce opioid-related deaths, but this may be dependent on ORT composition and processes.
- ORTs primarily offer assertive outreach services for individuals who have had a near-fatal overdose. May also provide other types of support, i.e. naloxone distribution, overdose awareness, referral to other services
- However, lack of information on how many ORTs there are in Scotland, how they work, and whether they have led to reductions in drug-related deaths

Aim

- To evaluate the scale, scope and processes of ORTs and their impact on DRDs in Scotland.
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Research questions

- 1) How many ORTs are there in Scotland, how are they defined and what are their characteristics?
 - 2) How are ORTs configured and by which organisations (i.e., what is the 'service landscape')?
 - 3) What processes do ORTs follow and how do these services vary across Scotland?
 - 4) Have ORTs led to changes in DRDs in Scotland?
 - 5) Do different types of ORTs lead to differential changes in DRDs in Scotland?
 - 6) If shown to be effective, have ORTs also been cost-effective in reducing DRDs in Scotland?
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Methodology



Stage 1

Initial PPI
Set up Community of Practice; international steering group
Scoping literature review of ORTs



Stage 2

Quantitative work package
- Evaluation of ORTs outcomes
Qualitative work package
- In-depth interviews with ORTs to explore processes and local context



Stage 3

Synthesis, good practice guidelines and dissemination

Community of practice

Meets 4 times over the course of the study

Inclusive, flexible, collaborative participation

Members can be:

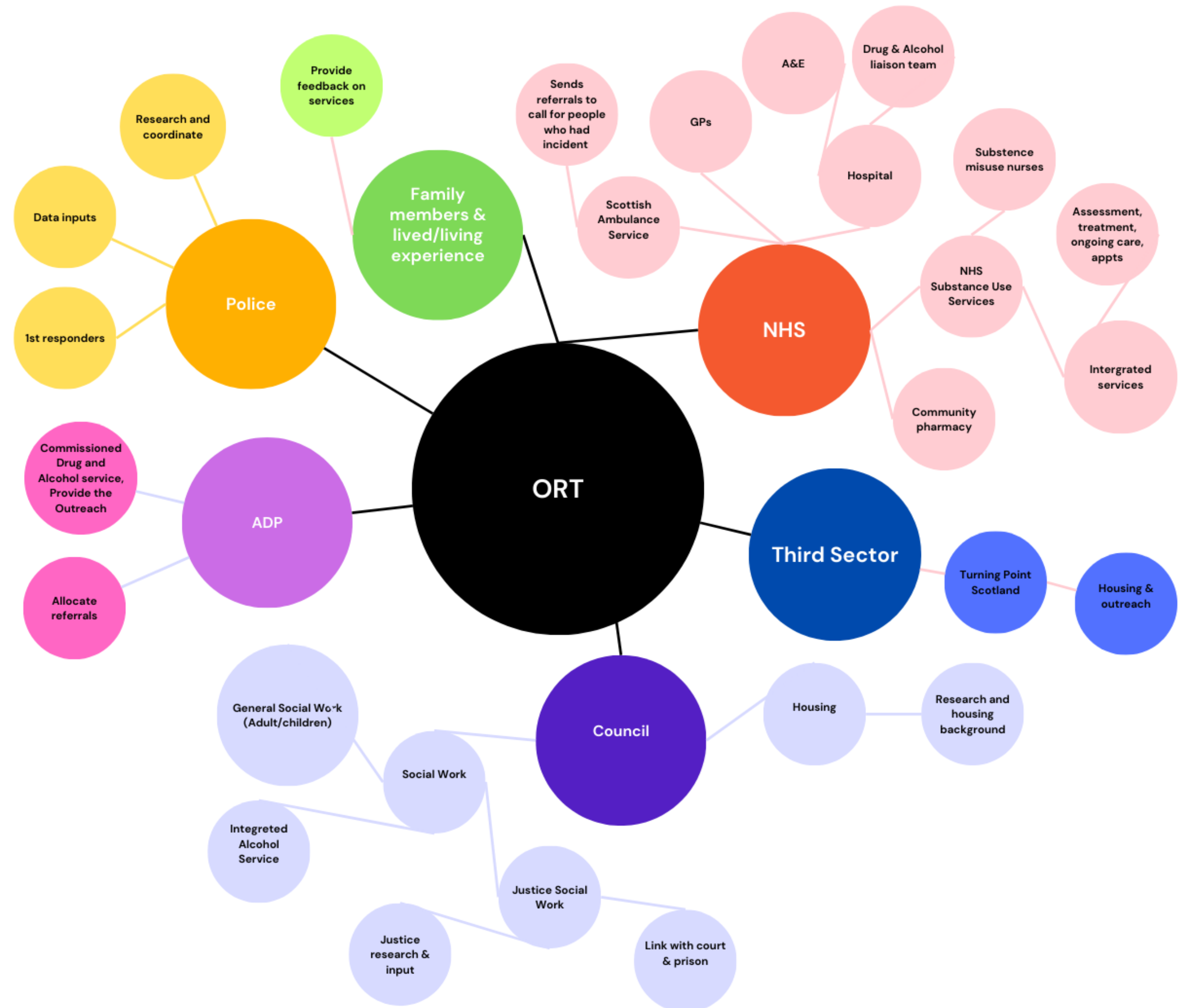
- i) involved in service delivery
- ii) have lived/living experience of OR

Purpose:

- Link up teams from different areas throughout Scotland
- Share experiences and practice through collaborative discussion
- Review and discuss emerging study findings
- Contribute to 'good practice recommendations'



CoP initial exercise: mapping the service landscape



Quantitative work package - Evaluation of ORT outcomes

Dr Francesco Manca, University of Glasgow

Quantitative work package

Aim:

- 1) Measuring the association of Overdose Response Teams establishment with variations in Drug Related Deaths;
- 2) Identification which of the specific ORT features is the most effective driver (e.g., number of staff, way of doing outreach, etc.)

Methods:

- 1) Building an Interrupted Time Series identifying variation in the number of Drug related deaths in correspondence of ORT – Crisis Response Outreach (2021/22)
 - 2) Identifying whether specific characteristics of each ORT (obtained through an ONGOING data collection) when put in the same model can be identified with greater associations with such variations
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To date:

- 1) ITS of overall Scotland, with no difference per region (but missing some covariates).
Technique: Poisson panel data, FE. –presenting preliminary results-
- 2) On going survey (10/32 responses) to identify the characteristics to put in the model allowing for variations –presenting descriptive results-

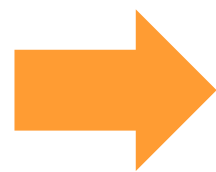
Background:

Complementary policies happening in Scotland overlapping with ORTs introduction. Issues in disentangling the effect. *Confounders*

ORT –Crisis Response Outreach (2022) as a component of the National Mission (2022-26)

Other parts of the National Mission potentially influencing DRD:

Complementary Policies	Influencing DRD?
MAT (Medication Assisted Treatment) standards	yes, but more focused on treatment
Increased naloxone administration by: Pharmacies (increase), Ambulance (increase) Police (new program)	yes – but naloxone is distributed also by ORT
Increase Surveillance of Drug Related Harm	yes, but not directly



To date, waiting for extra data, we are doing an evaluation of the overall effect of the national mission

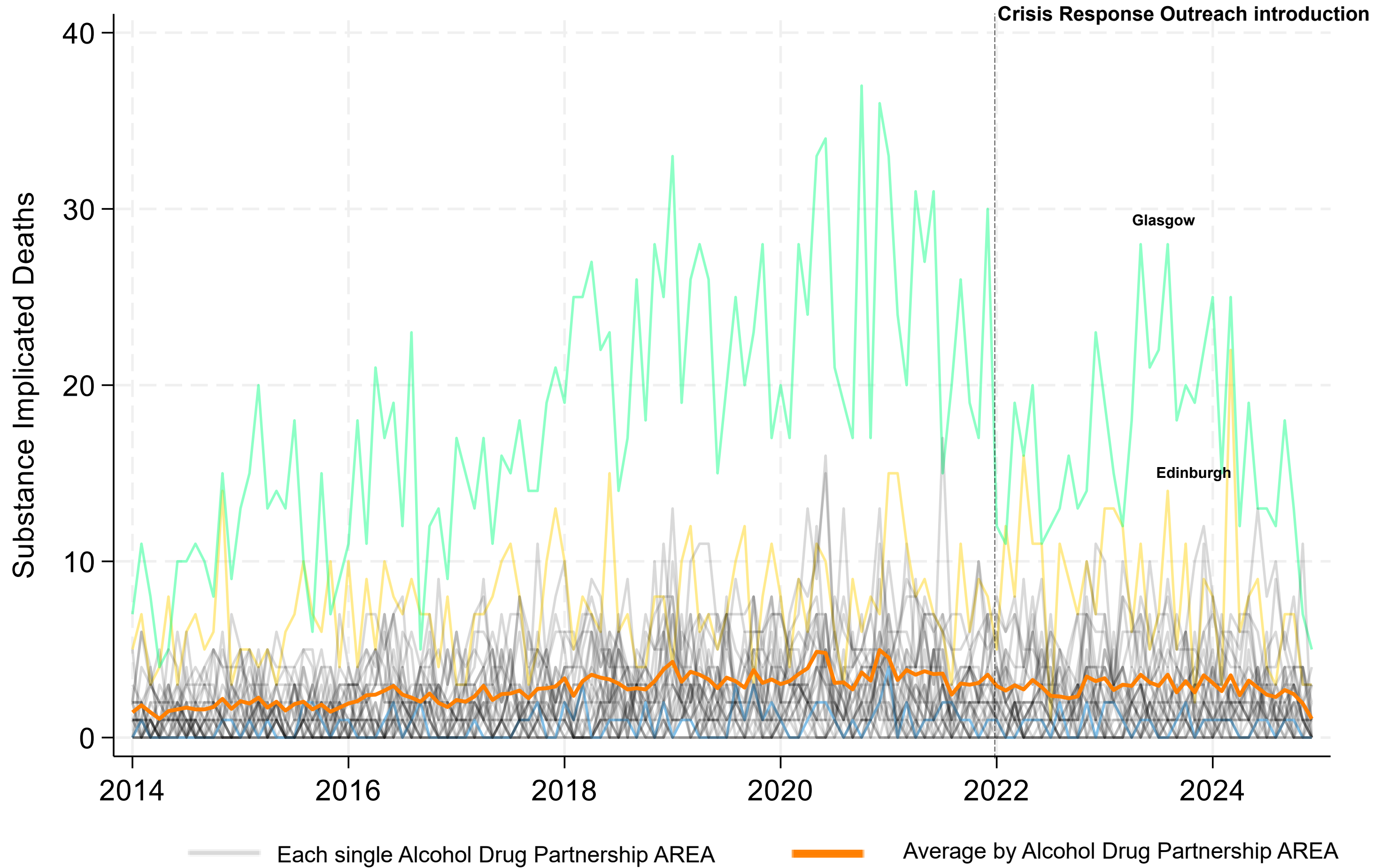
Variables: Drug related deaths as a function of:

- ORT
- number of police arrest for Drug supply
- covid lockdown
- population differences (rural councils with small populations)
- To consider the rising of deaths linked to synthetic opioids:
correction of number of deaths where synthetic opioids were present, underlying temporal trend

Preliminary results:

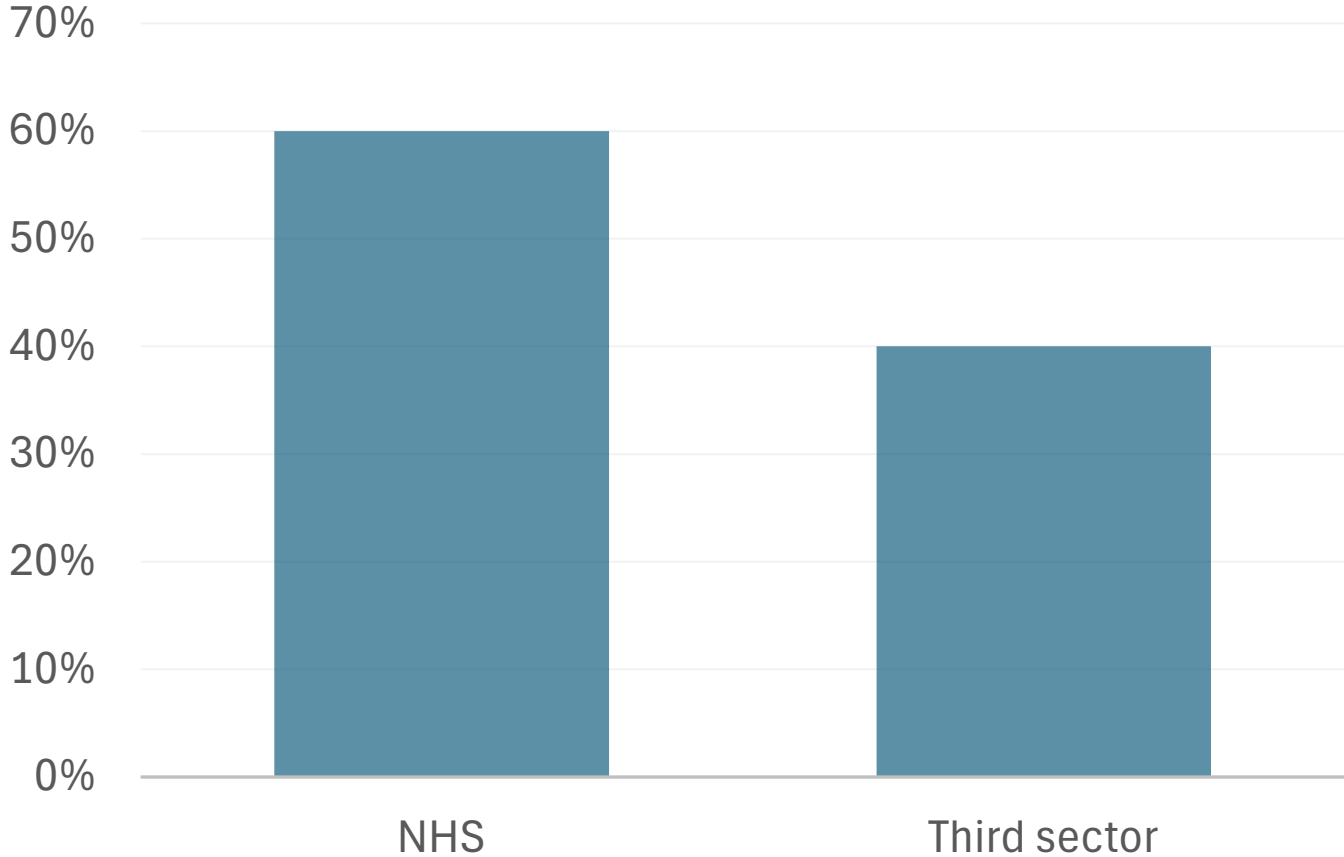
- heterogenous effect across areas,
- raise in deaths due to synthetic opioids,
- challenges in interpreting data at aggregated level:
at this stage we prefer to not disclose preliminary results on effect sizes

A similar service in Massachusetts, USA identified a 6% reduction in DRD after ORT implementation

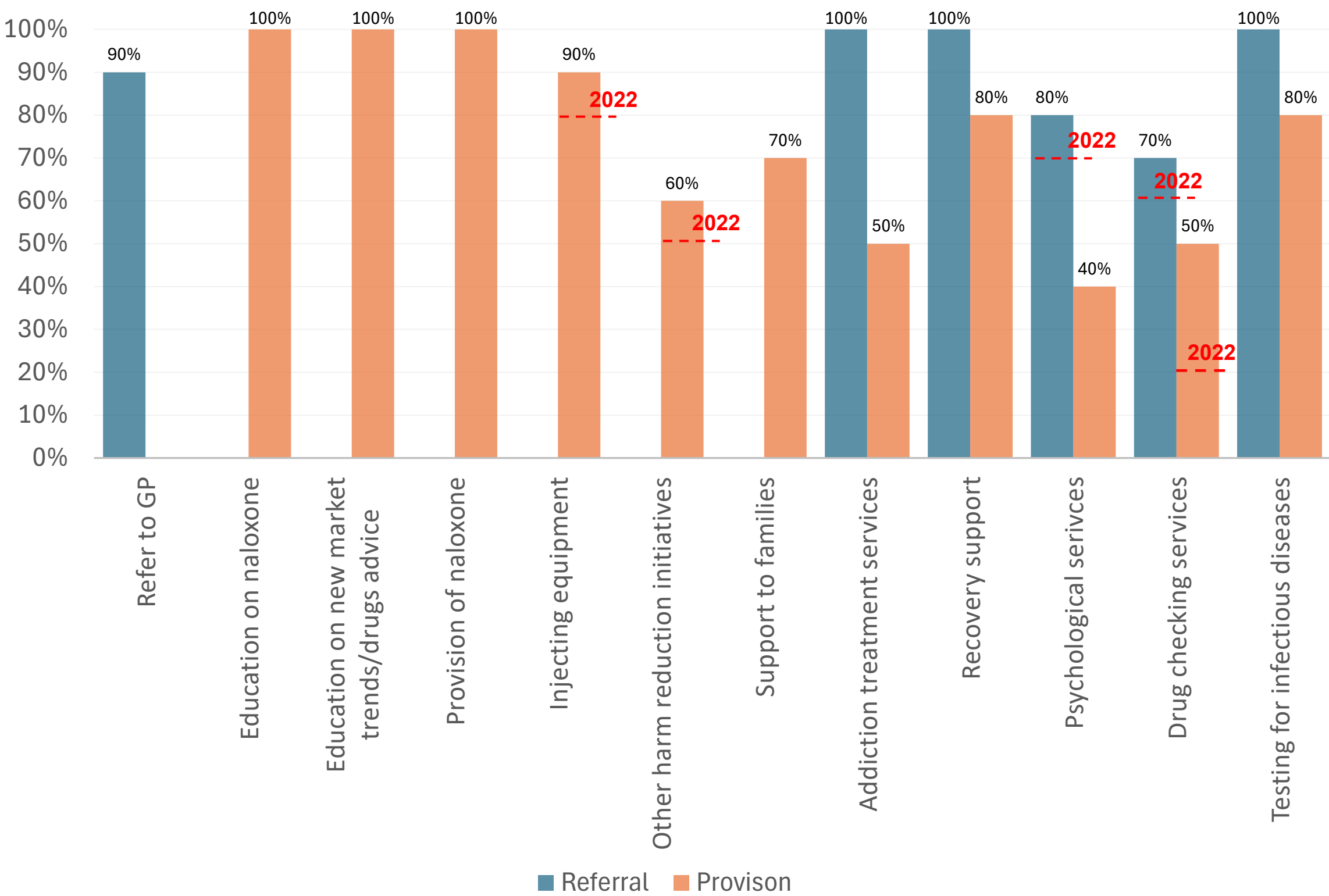


Preliminary result of the survey (1) : 10/32 ADPs

Nature of the ORT



ORT's Services – 2026



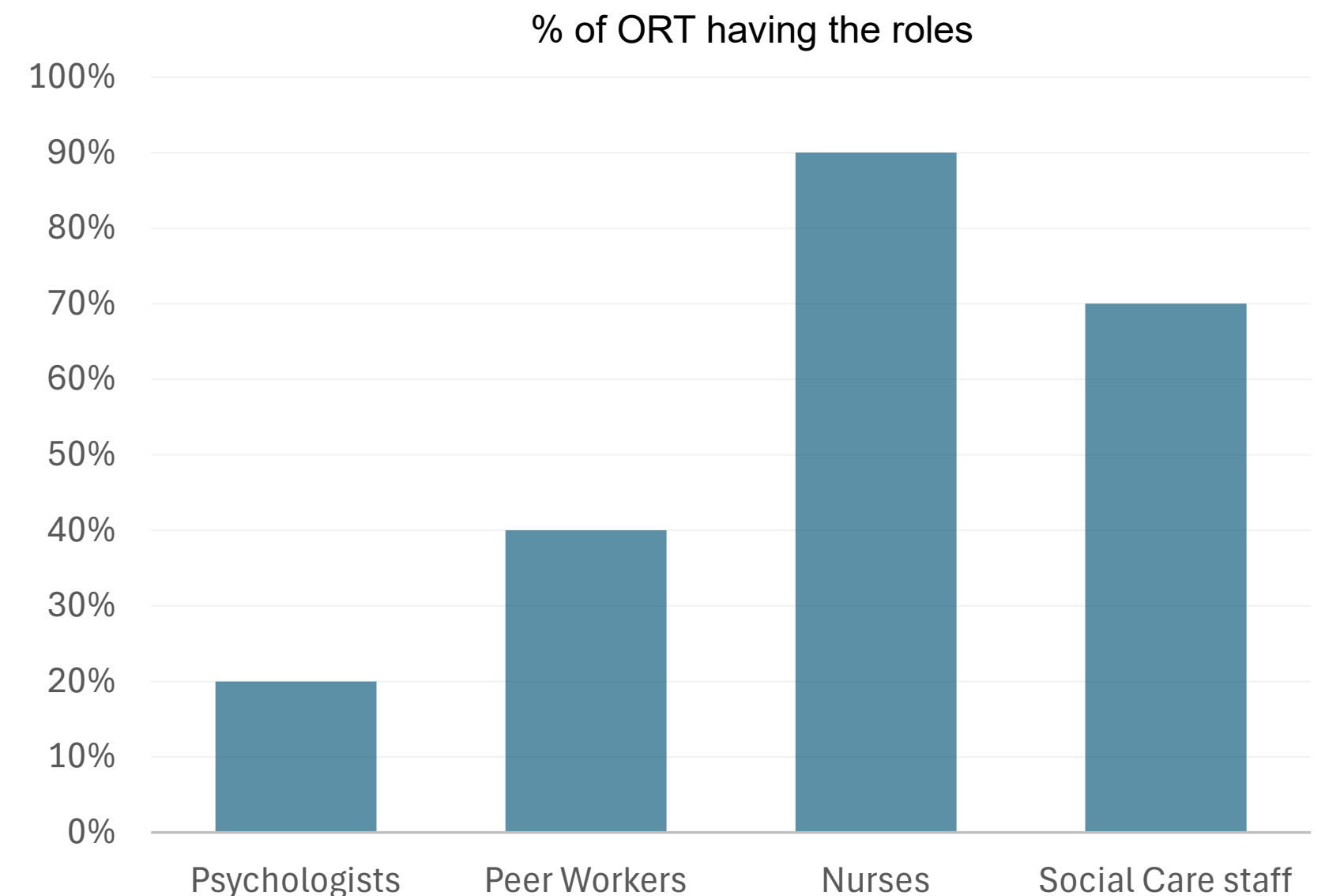
Preliminary result of the survey (2) : 10/32 ADPs

Number of hours of service per week:

- On average: 48.5h per week
- ORTs working over the weekend: 40% at reduced hours (only Saturday or half day)
- Different hours availability based on the nature:
 - NHS ORT: 43h on average
 - Third Sector ORT: 57h per week on average
- Only one ORT said that they can operate out of official hours to accommodate clients' needs

ORT's Staff

Variability of the ORT size:
min 4; max 50 employees



Qualitative work package - In-depth interviews with ORTs to explore processes and local context

Drs Allison Ford & Karen Maxwell, University of Stirling

Qualitative work package

Research Question: *What processes do ORTs follow and how do these services vary across Scotland?*

One-to-one in-depth interviews explore:

- How ORTS are delivered
- Processes and local context
- Barriers and facilitators to delivery



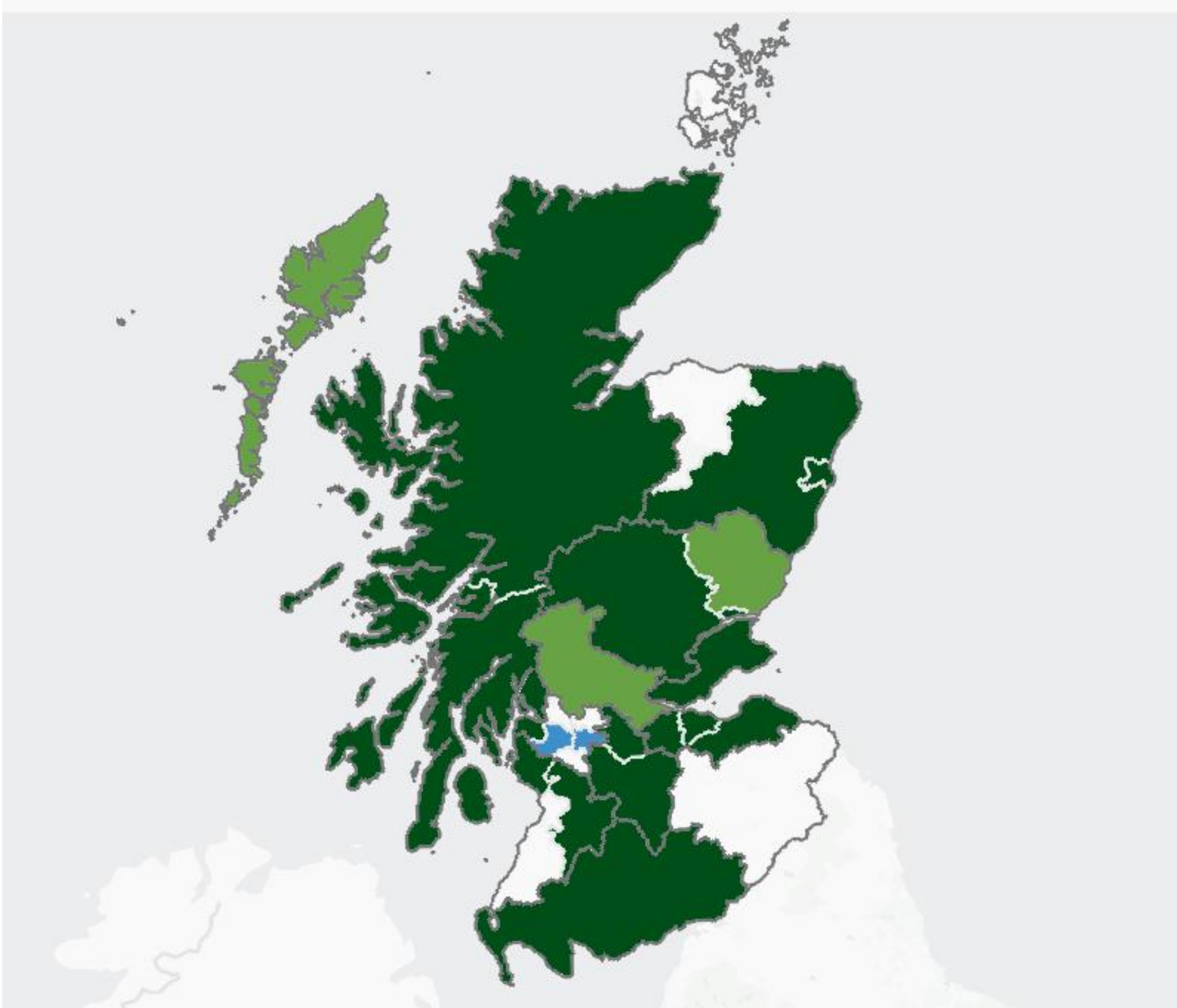
Sample

- Mix of frontline workers and service managers/coordinators
- So far, 39 interviews conducted across 24 service areas
- Reaching saturation

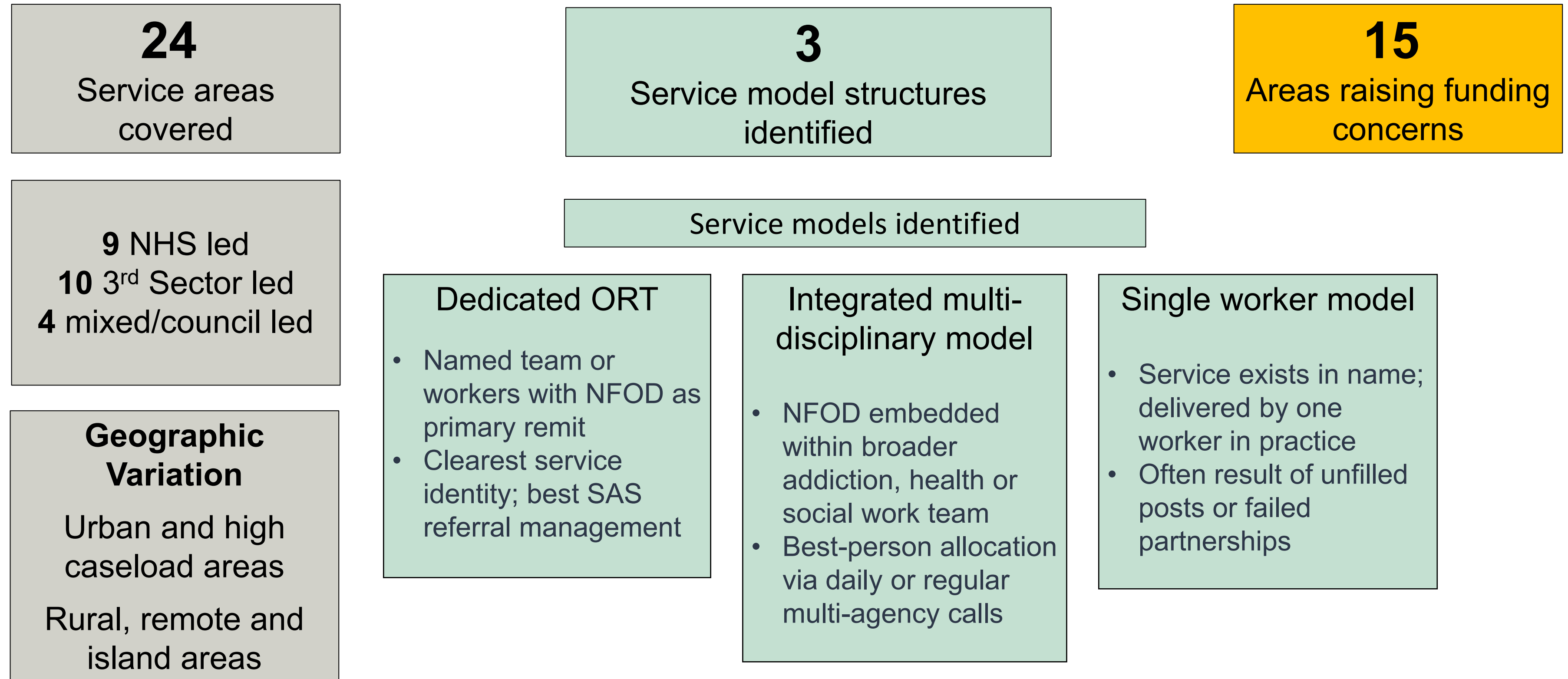
Interviews conducted Sept 25 - April 26

Thematic analysis May - July 2026

Map of ADP areas covered by interviews



Preliminary finding 1: Service landscape



Preliminary finding 2: Referral pathways

Primary referral pathway: Scottish

Ambulance Service Non-Fatal

Overdose (NFO) pathway

- Many other referral sources: *e.g. A&E, housing, police, justice, homelessness services, other drug & alcohol services, friends/family*
- Broadens remit from NFO to people at risk
- Proactive relationship building
- Some report challenges with engagement from services

“A&E... people present there every day for drug and alcohol concerns, not necessarily an overdose, but sometimes. And they maybe leave without treatment, they abscond, they get treatment and go before it’s finished... unless there’s a distress there and they’re being referred to the DBI, they’re not necessarily being referred to our service, so that’s a bit of a hurdle that I’m crossing just now.

(Int. 9 Service manager)

“we’ve got a pathway in place where if people go to hospital with an overdose, the substance misuse team will refer to us... I can’t speak highly enough of them... And the ward staff are brilliant, they’ll let our guys go up and go in, and they’ll give us a space in the ward to sit down and chat with people... get that initial conversation done.

(Int. 21 Service manager)

Preliminary finding 3: Importance of partnership working and data sharing

GOOD PARTNERSHIP WORKING:

- Regular meetings
- Keeping people in the loop, good communication
- Multi-disciplinary colleagues appreciated & valued

My main role is partnership working... We work daily with the police, social work, NHS, and housing in regards to anyone who has got concerns about their drug and alcohol use. [...] We have got all the partners at the huddle in the morning. We are really lucky to have two housing managers as part of the Assertive Outreach. [...] We will ping them an email lots throughout the day and copy them in to the teams

(Int. 31, Assertive Outreach Team Manager)

Preliminary finding 3: Importance of partnership working and data sharing

GOOD PARTNERSHIP WORKING:

- Enthusiastic individuals, working to remove barriers
- Shared common goals

“We have got [name] who is the [service] coordinator. He plays a massive role and he coordinates it all and he has got a tremendous great working relationship with every partner. He really developed the service really well”

“Everyone knows their role, what they are feeding into and the reasons why. Partnership working [is what works] without a doubt and everyone believes in the service.”

Preliminary finding 3: Importance of partnership working and data sharing

CHALLENGES:

- Getting systems working together
- Data sharing across partners

“It’s not smooth, but I think we all anticipated that it would be difficult [...] one of the main barriers is information sharing. [...] Different systems. It seems logical and it seems simple, but actually when you start to try and make some headway on it, you keep coming up against different barriers.”

(Int. 16, service manager)

“There seems to be a disconnect between NHS staff sharing information. I have an underutilised outreach team. We could be following up with these people ”

(Int. 28, 3rd sector manager)

Preliminary finding 4: Changing drug landscapes

CHALLENGES:

- Growth in cocaine/crack cocaine use
- Implications for service response

“I’m getting my staff team trained in cocaine and crack and ketamine and all the new emerging stuff... it’s going to be an epidemic, but services aren’t changing and recognising that. The statutory services are just continuing, but the reality is, the opiates are right down the scale now, right down the scale, and we need to try and adapt services to fit the needs of this new cohort of people.”

(Int. 28, service manager)

“... when its cocaine, people are in so much distress... but it’s not like you can prescribe them something to help with that.... We do sometimes feel like we’re a bit stuck as workers with what we can offer... there’s a lot of psychological stuff but if someone’s in that sort of crisis there’s only so many times you can say ‘let’s try and talk about something’... you do feel like you’re helpless a little bit for them.”

(Int. 38, team leader (also frontline))

Next steps

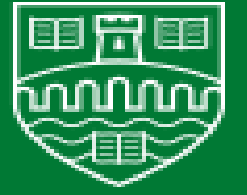
Study timeline: Dec 2024 – Nov 2026

This year:

- 2 further community of practice events: May & Autumn 2026
 - Qualitative work: Full thematic analysis and write up
 - Quantitative work and statistical analysis - *Are ORTs an effective intervention?*
 - Synthesis of qual and quant - *How can the qualitative findings on processes and local context aid interpretation and add depth and meaning to the quantitative findings?*
 - Academic publications on findings
 - Preparation of good practice guidelines
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Thank you!

**Questions? Please get in
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