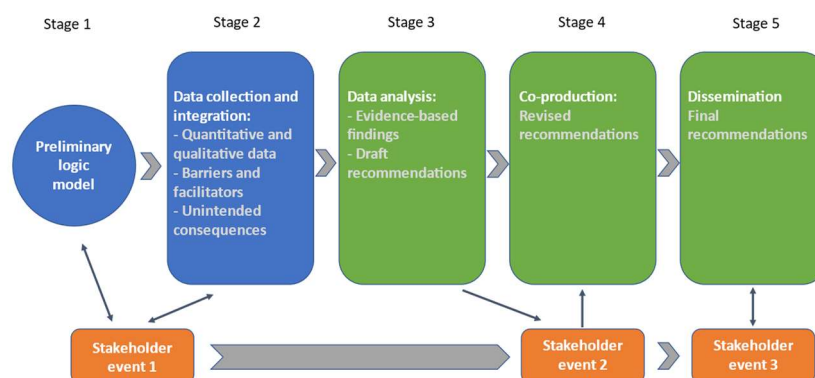


Background

The following recommendations were developed by the research team through a five-stage research process (Figure 1) informed by data collected through interviews with: Heroin-Assisted Treatment (HAT) clinic patients and staff; and staff from external services which interacted with the clinic (e.g. Social Work, Housing, Criminal Justice). Findings were used to develop the recommendations concerning specific barriers and facilitators to engagement in the service, and comparison between participant expectations of the service prior to opening with their real-life experiences. Draft recommendations were subsequently presented and discussed in stakeholder events with HAT clinic staff (both front line and strategic); a professional stakeholder group; and people with lived and living experience of heroin use. Feedback from these sessions was used to further refine the recommendations into a final draft, categorised within individual, service and environmental level contexts and factors.

Figure 1: research process stages for the development of implementation recommendations



In presenting the recommendations, we have focused on issues that are most amenable to change and most relevant to others developing similar services whilst remaining true to the original aims and objectives of the research. Each set of recommendations is presented alongside a brief overview of evidence underpinning them generated from our data.

Audience

These recommendations are for policymakers and service commissioners who are considering setting up a HAT service. They are also aimed at current HAT service providers to support patients to engage with HAT more effectively and staff to maximise its potential benefits. Recommendations will help understanding of key individual, service and environmental level issues that need to be considered in implementation. The recommendations will also inform those setting up a service by promoting consistency and quality on key implementation issues, derived from real-world evidence.

Implementation recommendations should be used alongside Public Health England guidance¹ on commissioning and providing injectable opioid treatment for people with opioid dependence who have not responded to oral treatment, and Scottish Government Medication Assisted Treatment standards² to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.

¹ [Injectable opioid treatment: commissioning and providing services - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

² [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](http://www.gov.scot)

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