



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024
REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS – 2023/24 QUARTER 4
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC23-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on the performance of Drug and Alcohol Services.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the data presented in this report, including the improvements in key indicators relating to access to drug treatment services during 2023/24 (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity being progressed across drug and alcohol services (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland; contributing to overall high levels of deprivation within the city. Approximately 24,000 (25.5%) people in Dundee are recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%. Health and wellbeing is known to vary by deprivation; lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have, or will have, poorer health and can experience a range of other risks to their wellbeing or safety.
- 4.2 Dundee has the second lowest life expectancy in Scotland; 76.7 years compared with 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity, including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and by suicide. Drug and alcohol use disproportionately affects the most vulnerable and socio-economically deprived people in Dundee's communities and is associated with other health and social problems, including poor mental health, crime, domestic abuse and child neglect and abuse. Drug and alcohol use is recognised both at a national and local level as a major public health and health equity issue.
- 4.3 In Dundee City, drug and alcohol services are provided by a range of organisations, including the Dundee Drug and Alcohol Recovery Service (DDARS), offering a mixed-model approach delivered by a multidisciplinary team in collaboration with social work, community justice and third sector services. The aim of this service model is to offer the right care, in the right place, at the right time for every person. It consists of both drop-in and appointment-based services alongside an assertive outreach component and additional services for children, families and

intensive input for expectant mothers. All elements of the service seek to provide same day access to treatment (Medication Assisted Treatment (MAT) Standard 1) and assertive outreach to those at the most risk of harm (MAT Standard 3).

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

- 5.1 Since November 2022, PAC has regularly received a suite of indicators focused on performance in drug and alcohol service, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilised many indicators already developed by the ADP for assurance and scrutiny purposes (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers).
- 5.2 The aim of this dataset is to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a summary of data, alongside accompanying analytical narrative. In all data reports with public accessibility, content and disaggregation is assessed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 5.3 Data for indicators 1 to 14 presents rolling averages for each quarter. This includes the reporting quarter plus the previous 3 quarters, to give an annual pattern based on the reporting quarter. For example, Q4 23/24 also includes data for Q1 23/24, Q2 23/24 and Q3 23/24. Reporting in this way allows for longitudinal comparison between the reporting quarter and previous years data.

6.0 WHAT THE DATA IS TELLING US






- 6.1 The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service and Police Scotland remained the same between Q4 2022/23 (192) and Q4 2023/24 (192).
- 6.2 The proportion of people who started treatment within 21 days of referral has remained high and only slightly decreased from 96% at Q4 2022/23 to 94% at Q4 23/24. The waiting times standard continues to be met.
- 6.3 The number of referrals for alcohol treatment decreased from 638 at Q4 22/23 to 583 at Q4 23/24 and there was also a decrease in the number of individuals starting alcohol treatment from 638 at Q4 2023/24 to 535 at Q4 2023/24. Statutory services are working to improve waiting times and they have experienced above average numbers of people disengaging prior to treatment.
- 6.4 The number of referrals for drug treatment services increased from 537 at Q4 22/23 to 589 at Q4 23/24. The number of individuals starting drug treatment services increased by 23% during the same period (from 399 at Q4 2022/23 to 491 at Q4 2023/24).
- 6.5 The number of Alcohol Brief Interventions (ABIs) increased by 42% between Q4 22/23 (996 ABIs) and Q4 23/24 (1415). ABI delivery was significantly impacted by the pandemic due to the reduction in face-to-face contact. That position is now beginning to improve; an ABI Co-ordinator has been appointed and is implementing a new training and improvement plan to increase delivery.
- 6.6 The number of unplanned discharges where the service user disengaged increased by 38% between Q4 22/23 and Q4 23/24 (from 255 to 353).
- 6.7 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland published their statistical report on drug-related deaths in Scotland in 2023 (report available in full at: [Drug-related Deaths in Scotland in 2023 | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)). In 2023 there were 1,272 deaths due to drug misuse in Scotland; this is 221 more deaths than in 2022. In 2023 in Dundee, there were a total of 46 deaths; this is an increase of 8 deaths from 2022 (although remains at the second lowest annual level since 2018). After adjusting for age, Dundee City had the second highest rate of drug misuse deaths in Scotland, behind Glasgow which has the highest rate (please note this is calculated over the five-year period 2019-2023).

7.0 **SERVICE IMPROVEMENT AND PRIORITIES**

7.1 The implementation of the national Medication Assisted Treatment (MAT) Standards has been a key aspect of the work of all ADPs across Scotland during 2023/24. The national 2024 benchmarking report on MAT implementation was published on 9 July 2024 (see [MAT Benchmarking 2024](#) for full report). The 2024 report demonstrated considerable progress made in Dundee:

Table 1: **MAT Standards Benchmarking by Reporting Year - Dundee**

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022	Red	Provisional Amber	Provisional Amber	Provisional Amber	Provisional Amber	N/A	N/A	N/A	N/A	N/A	N/A
2023	Provisional Amber	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Amber	N/A	Provisional Amber	Provisional Amber	Amber	Provisional Amber
2024	Green	Green	Green	Green	Green	N/A	Provisional Green	Provisional Green	Provisional Green	Provisional Green	N/A

	Red	2022	MAT 6 to MAT 10 were not assessed
	Provisional Amber	2023	MAT 6 and MAT 10 were assessed separately
	Amber	2024	MAT 6 and MAT 10 were assessed jointly
	Provisional Green		
	Green		

Except for two ADP areas (Dumfries & Galloway and Greater Glasgow) these are the highest scores achieved at this at this stage. It is now the case that individuals in Dundee have fast access to treatment, a choice of medication prescribed to them and wraparound supports and are supported to remain in treatment for as long as required. Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment. Individuals can opt out to be supported by the new shared-care arrangements with Primary Care and everyone can access the support of independent advocators at any stage of their recovery journey. Harm reduction support and equipment is available at any stage for those accessing MAT.

7.2 There has been a significant increase of individuals from Dundee accessing residential rehab. During 2023-24 18 people from Dundee accessed residential rehab establishments. This has included more women accessing residential rehabilitation than ever before, and almost all people embarking on residential support completing their full treatment. All these individuals are supported through the dedicated pathway to enter the residential treatment, during their stay and on their return to the community.

7.3 The Drug Service Redesign Project continues to test ways of working to provide holistic shared care with general practice for those on Opioid Substitution Therapy (OST). Following a low uptake for this option, during 2023-24 there was an increase of individuals opting for this option. Key workers managed by the Third sector, as well as DDARS staff, continue to support participating GPs and other Primary Care staff to provide the care. Community pharmacy and the Dundee Independent Advocacy Service (DIAS) are also key partners supporting this project. During 2023/24 there were 18 people referred for keyworker support under the Shared Care arrangements (of whom 3 did not engage)

7.4 A short life group was established in response to reports of increased ketamine related harm in local areas. Through the group, there has been awareness raising amongst Primary Care colleagues across Tayside regarding possible clinical presentations that might indicate ketamine use and prompt enquiry. Opportunities for additional training of relevant staff are being explored with Scottish Drugs Forum, and the group is exploring options for school-based education around ketamine with a view to improving the consistency and impact of the messages. The group is also considering options for local work to explore young people's awareness of ketamine related risks and develop harm reduction messaging.

7.5 Long-term funding has been allocated by the ADP to Positive Steps to support and develop the assertive outreach project. Staff from Positive Steps work jointly with DDARS to support

individuals in crisis to access treatment services. The Near Fatal Overdose Rapid Response and Assertive Outreach services ensured that 75% of those people experiencing a high-risk event during 2023-24 were contacted within 24 hours.

7.6 A Non-Opioid Pathway to services and support is being developed and implemented, led by Third Sector organisations and funded by the ADP. Although there have been some delays to the planned review of the alcohol pathway, a dedicated member of staff is now in place and is progressing this as part of the wider programme of work on the non-opioids pathway.

8.0 RISK ASSESSMENT

Risk 1 Description	Risk of IJB not being sufficiently sighted on performance related to alcohol or drug services in Dundee.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 X Impact 3 = Risk Score 9 (High)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Develop a dataset which will provide a suitable level of detail. - Agree on the frequency of reporting. - Liaise with the information and pharmacy colleagues in the ADP to ensure timeous reporting. - Liaise with operational managers to inform analysis and contribute improvement information.
Residual Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Planned Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

9.0 POLICY IMPLICATIONS

9.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

10.0 CONSULTATIONS

10.1 The Chief Officer, Heads of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

None.

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Chief Finance Officer

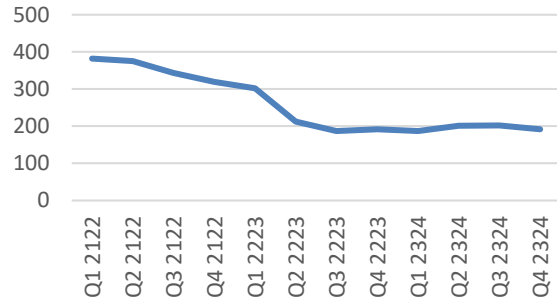
DATE: 20 August 2024

Lynsey Webster
Lead Officer: Quality, Data and Intelligence

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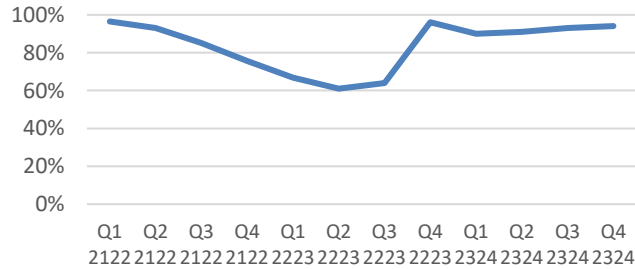
Appendix 1 Drug and Alcohol Services Indicators – Q4 2023/24

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
1. The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service (and Police)	382	375	343	319	302	212	187	192	187	201	202	192



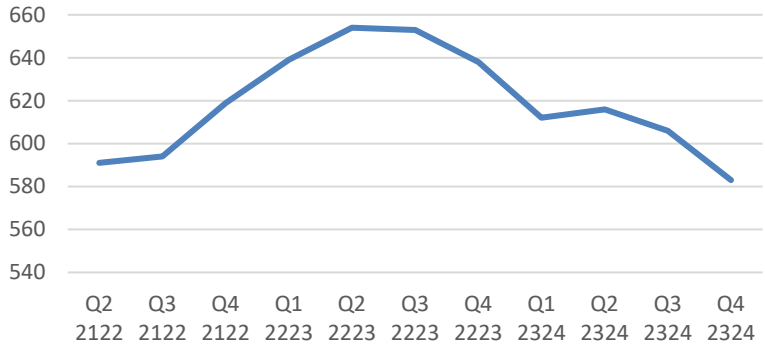
Comments / Analysis
No notable change in the last year.

2. Percentage of people referred to services who begin treatment within 21 days of referral	96.5%	93.1%	85.1%	75.7%	66.8%	61%	64%	96%	90%	91%	93%	94%
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Comments / Analysis
No notable change in the last year.

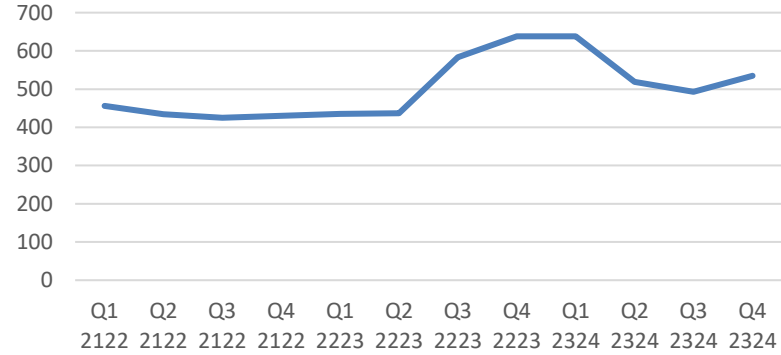
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
3. Number of referrals to alcohol treatment	626	591	594	619	639	654	653	638	612	616	606	583



Comments / Analysis

There continues to be a high number of new alcohol referrals.

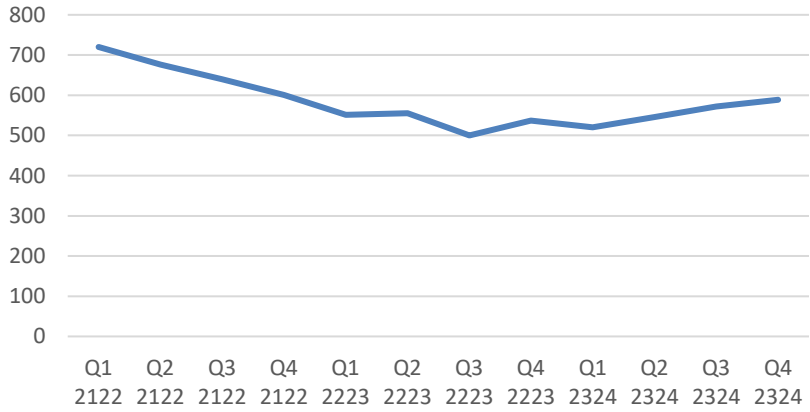
4. Number of individuals starting alcohol treatment per quarter	456	434	425	430	435	437	583	638	638	519	493	535
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Comments / Analysis

This is starting to decline following large numbers of treatment starts at the end of 22/23.

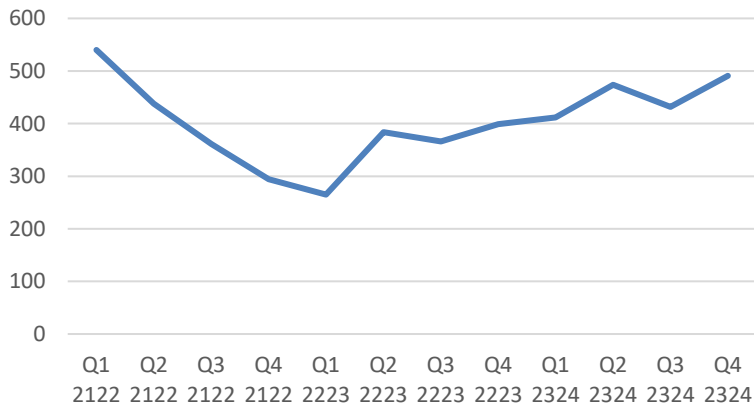
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
5. Number of referrals to drug treatment	720	676	640	601	551	555	500	537	520	546	572	589



Comments / Analysis

There continues to be a steady number of new referrals.

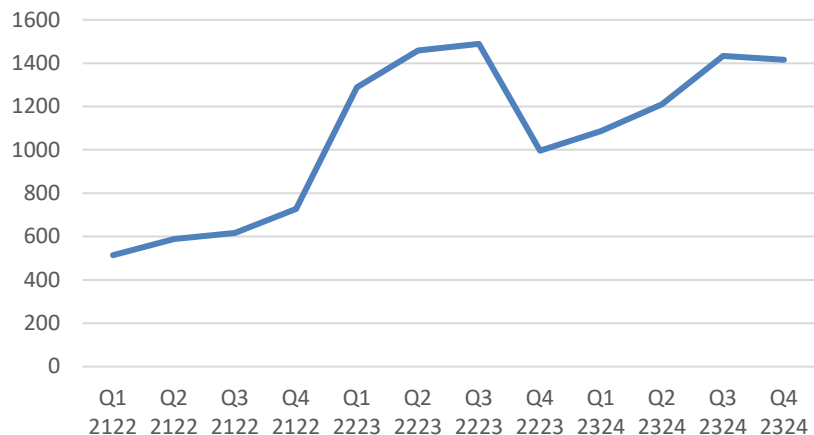
6. Number of individuals starting drug treatment per quarter	540	438	361	294	265	384	366	399	412	474	432	491
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Comments / Analysis

The number of treatment starts in relation to referrals remains high at 75% similar to the same time last year. However, the drop from 86% last quarter may be indicative of drug type and treatment options.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
7. Number of alcohol brief interventions (ABI's) provided in Dundee	514	589	617	727	1289	1459	1489	996	1087	1210	1434	1415



Comments / Analysis

ABI delivery was significantly impacted by the pandemic due to the reduction in face-to-face contact. That position is now beginning to improve as restrictions have eased. An ABI coordinator has been appointed and is implementing a new training and improvement plan to increase delivery.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	293	220	151	91	128	210	272	255	295	193	169	353

Comments / Analysis

Increase compared with Q4 2022/23, particular increase between Q3 and Q4.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use					466 (3.8)	456 (3.8)	438 (3.6)	422 (3.5)	462 (3.8)	488 (4.0)	472 (3.9)	487 (4.0)
Comments / Analysis Stable trend.												
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use					356 (2.9)	287 (2.4)	260 (2.1)	256 (2.1)	260 (2.1)	288 (2.4)	282 (2.3)	274 (2.3)
Comments / Analysis Stable trend.												
11. Naloxone Spend in Dundee				£67,417	£64,098	£70,622	£80,675	£77,134	£82,549.4	£68,926.6	£55,817.9	£43,239.8
Comments / Analysis An overpayment was identified which was refunded to Dundee Health and Social Care Partnership in February 2024.												
12. Naloxone – Resupply Used				195	353	388	398	410	323	293	268	255
Comments / Analysis All repeats have been consistently reported as it is accepted some may not disclose 'used' as the reason for repeat supply.												

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q3
13. Total number of Naloxone Kits Issued				1569	1944	1715	1602	1630	1528	1548	1456	1222

Comments / Analysis

Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions).

Naloxone spend does fluctuate across the year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and a lot of services ordered stock of these kits for the first time, hence an increase in charges that quarter. There is a time lag for when we then see these kits appearing in supply figures.

First supplies are starting to decrease as saturation point is reached. This means replacement kits will start to increase and first supplies decrease. Kits last for 2 years so it is likely a dip in supply will be observed for a short period before starting to issue replacement kits.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	23/24 Q2 (Not rolling)	23/24 Q3 (Not Rolling)	23/24 Q3 (Not Rolling)
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS and Dundee Drug Treatment Service (DDT))				£616,692	£589,455	£531,573	£492,637	£426,306	Data for Q1 23/24 not	£204,204.64	£196,178.98	£238,702.33

Comments / Analysis

Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit).

Please note that this data describes prescription costs for methadone and oral formulations of buprenorphine. DDARS now holds stock of Buvidal (long acting subcutaneous buprenorphine). The cost of this stock is not included in prescription data. The number of people choosing Buvidal as OST has increased.

Note rolling data will recommence Q1 2024/25.