



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022
REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC33-2022

1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of a proposed suite of indicators summarising performance in Drug and Alcohol Services that will form the basis of future six-monthly performance reports to the Performance and Audit Committee.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the data presented in this report.
- 2.2 Approves the proposed suite of indicators outlined in section 5 and appendix 1 to this report.
- 2.3 Notes the intention to further develop the proposed suite of indicators into a full 6-monthly performance report for submission to PAC on an ongoing basis, in-line with arrangements already in place for Discharge Management (as outlined in section 5.4 of this report).
- 2.4 Notes that work is progressing to develop a proposed suite of indicators for delegated mental health services for presentation to PAC at their meeting in February 2023 (as outlined in section 5.5 of this report).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Deprivation is high in Dundee. Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. 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. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity including substance use and mental illness. Life expectancy of a female who lives in one of the least deprived areas in Dundee is almost eighteen years more than a male who lives in one of the most deprived areas.
- 4.3 A significant proportion of the difference in life expectancy between Scotland and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Substance use disproportionately affects the most vulnerable and socio-economically deprived 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. Substance use is recognised both at a national and local level as a major public health and health equity issue.

- 4.4 Dundee has the 4th highest prevalence of drug use in Scotland. There are an estimated 2,300 problem drugs users in Dundee, with two thirds of them being male. Prevalence of drug use is highest in the Coldside and Lochee localities.
- 4.5 Those living in more affluent areas consume more alcohol than those living in the more deprived areas, however the highest rate of alcohol related presentations to A+E are from the most deprived areas.

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

- 5.1 The PAC currently receives a quarterly report to support scrutiny of the National Health and Wellbeing and Measuring Performance Under Integration Indicators. Through regular discussion of these indicators the PAC requested a wider suite of indicators which are also relevant to local priorities and areas for improvement.
- 5.2 This is the first draft dataset from the additional suite to be submitted to the PAC and it is intended to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a brief summary of data; however, subsequent reports will contain a greater explanation and further links to priorities and improvement activities.
- 5.3 Appendix 1 details the proposed suite of indicators for alcohol and drug services, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilises many indicators already developed by the ADP for assurance and scrutiny purposes. 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.
- 5.4 Following feedback and approval from the PAC further work will take place to develop these indicators into a standalone performance report which will be submitted every 6 months. This report will follow a similar style and content to the existing Discharge Management report which the PAC has received for several years and will include data, a description of improvement activity and a measurement of the impact of this.
- 5.5 In addition to the suite of indicators for drug and alcohol services officers are also in the process of developing a suite for mental health services which will be available Q4 2022/23.

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 reduced by 21% between Q1 21/22 (71 incidents) and Q1 22/23 (91 incidents).
- 6.2 The proportion of people who started treatment within 21 days of referral has reduced from 96.5% at Q1 21/22 to 66.8% at Q1 22/23. Waiting times performance has been severely impacted by two main factors: staffing capacity to assess new clients whilst safely maintaining the clients already receiving a service; and, a very significant increase in alcohol referrals which has continued to increase since Q1 of 2021/22. As a result, the service is operating a waiting list. At its peak this waiting list was over 300 people and has been reduced to 84 at the time of writing.
- 6.3 The number of individuals starting alcohol treatment reduced considerably between Q1 21/22 and Q2 21/22, however has started to rise again (although numbers were still 5% lower in Q1 22/23 than Q1 21/22). Statutory services are experiencing long waiting times as well as above average numbers of people disengaging prior to treatment.
- 6.4 Both the number of referrals to drug treatment services and the number of individuals starting drug treatment services have decreased since Q1 21/22.
- 6.5 The number of alcohol brief interventions increased by 50% between Q1 21/22 and Q1 22/23. Alcohol Brief Intervention (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.

6.6 The number of unplanned discharges where the service user disengaged has decreased by over 50% between Q1 21/22 and Q1 22/23. Of the people discharged in quarter 1 there were 44 individuals who disengaged from services and would be classed as an unplanned discharge. Of these, 61% were alcohol patients and 39% drug or co-dependent. Of the 44, 20% disengaged before assessment could be completed. In total 47% (21) of patients were within DDARS and 53% (23) in third sector providers.

6.7 Naloxone spend has reduced since Q1 21/22. 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 in that quarter. There is a time lag between payment being made for stock ordered and these kits appearing in supply figures.

First supplies are beginning to decrease as services are starting to get towards saturation. Public Health Scotland estimate the reach of Naloxone supplies in Tayside has increased from 80.5% in 20/21 to 93.9% in 21/22 (one of the highest in Scotland). This means partners will start to see replacement kits increasing and first supplies decreasing. Kits last for 2 years so it is likely a dip in supplies will be observed for a short while before we have to start replacing kits.

6.8 The total spend on prescriptions generated by the Dundee Drug and Alcohol Recovery Service (DDARS) and Dundee Drug Treatment Service (DDT) has decreased by 17% since Q1 21/22 and this is because the number of people receiving long-acting buprenorphine injections (bupival) has increased.

7.0 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
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.

8.0 POLICY IMPLICATIONS

8.1 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.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 3 November 2022

Lynsey Webster
Senior Officer, Strategy and Performance

Appendix 1 Drug and Alcohol Services Performance- DHSCP

PAC33-2022

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1		Comments/Analysis												
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	382	375	343	319	302	<table border="1"> <caption>Overdose Incidents Data</caption> <thead> <tr> <th>Quarter</th> <th>Incidents</th> </tr> </thead> <tbody> <tr> <td>Q1 21/22</td> <td>382</td> </tr> <tr> <td>Q2 21/22</td> <td>375</td> </tr> <tr> <td>Q3 21/22</td> <td>343</td> </tr> <tr> <td>Q4 21/22</td> <td>319</td> </tr> <tr> <td>Q1 22/23</td> <td>302</td> </tr> </tbody> </table>	Quarter	Incidents	Q1 21/22	382	Q2 21/22	375	Q3 21/22	343	Q4 21/22	319	Q1 22/23	302	There have been 71 NFOD incidents reported in quarter 1 2022/23, this compares to 91 in the same quarter last year.
Quarter	Incidents																		
Q1 21/22	382																		
Q2 21/22	375																		
Q3 21/22	343																		
Q4 21/22	319																		
Q1 22/23	302																		
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%	<table border="1"> <caption>Treatment Within 21 Days Data</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Q1 21/22</td> <td>96.5%</td> </tr> <tr> <td>Q2 21/22</td> <td>93.1%</td> </tr> <tr> <td>Q3 21/22</td> <td>85.1%</td> </tr> <tr> <td>Q4 21/22</td> <td>75.7%</td> </tr> <tr> <td>Q1 22/23</td> <td>66.8%</td> </tr> </tbody> </table>	Quarter	Percentage	Q1 21/22	96.5%	Q2 21/22	93.1%	Q3 21/22	85.1%	Q4 21/22	75.7%	Q1 22/23	66.8%	Waiting times performance has been severely impacted by two main factors. Staffing capacity to assess new clients whilst safely maintaining the clients already receiving services and a very significant increase in alcohol referrals which has continued to increase since Q1 of 2021/22. As a result, the service is operating a waiting list. At its peak this waiting list was over 300 people and has been reduced to 100 at the time of writing.
Quarter	Percentage																		
Q1 21/22	96.5%																		
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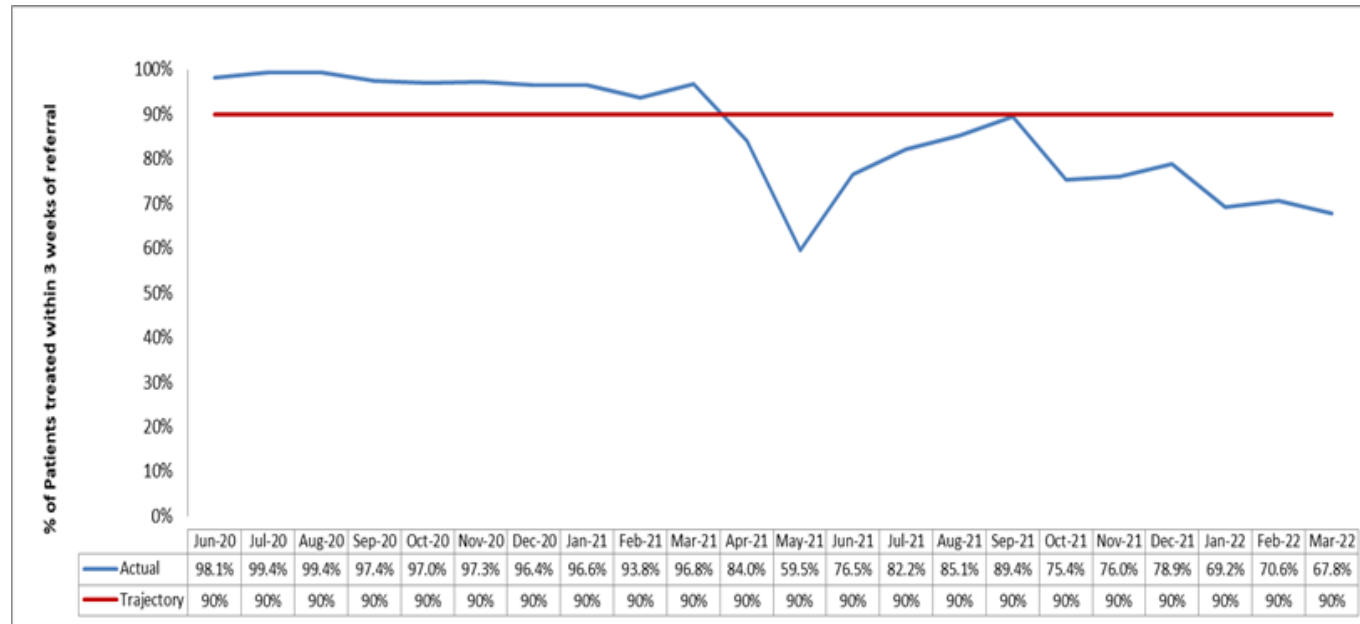
Drug and Alcohol Clients treated within 3 weeks from Referral to Treatment

Measure definition:

The Scottish Government set a standard that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery.

What the data tells us:

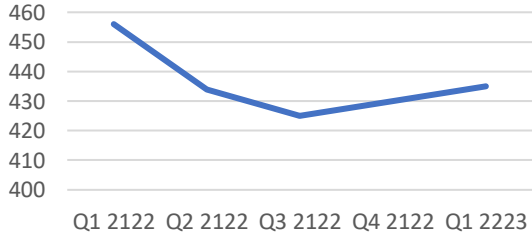
Performance declined in May 2021 to 59.5% but improved month on month reaching 89.4% in September 2021 just below the 90% target. Performance has remained between 75.4%, and the current position has further declined to 67.8% in March 2022.

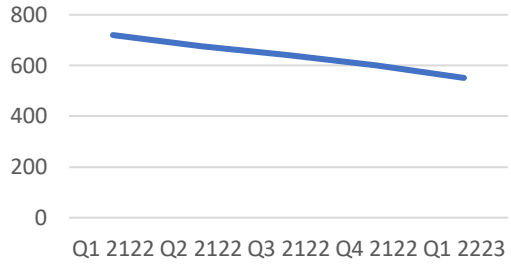
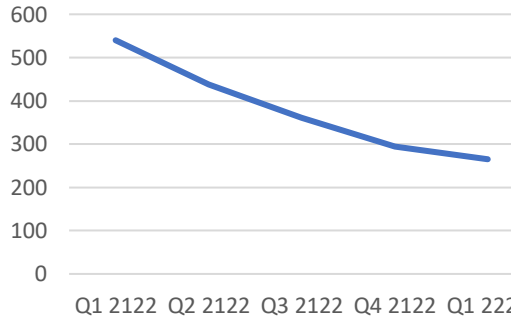


Narrative:

Performance in the drug and alcohol waiting times has declined considerably. This is being driven by waiting lists for alcohol treatment within all three areas of Tayside. Performance for Drug treatment waits (117/138=84.7%) is below target but remains better than for alcohol (121/208=58.1%). There were significant increases in referrals for alcohol treatment due to the pandemic leading to waiting lists; clinical priority is being given to drugs due to the greater acute risk to life. The waiting list has reduced from over 300 people to just over 100. Therefore part of the reason for the decline quarter Q1 2022/23 is completing the long waits for people who have been carried forward from previous reporting periods; it is expected that this will continue for at least the next two quarters while services continue to address this. Improvement plans are in place

Source: NHS Tayside Performance Report Reporting Period to end June 2022

3. Number of referrals to alcohol treatment	626	591	594	619	639		As noted above, over the past two years there has been a significant increase in alcohol referrals likely due to the impact of COVID. It equates to around a 42% increase between 2019/20 and 2021/22. The numbers for Q1 (179) represent 29% of the 2021/22 total which would indicate services may continue to see these increases into this year.
4. Number of individuals starting alcohol treatment per quarter	456	434	425	430	435		The significant increase in referrals has not directly translated into increased treatment starts. This is due to a combination of long waiting times in statutory services and also above average numbers of people disengaging prior to treatment. Further work is required to understand why this is the case.

<p>5. Number of referrals to drug treatment</p>	<p>720</p>	<p>676</p>	<p>640</p>	<p>601</p>	<p>551</p>	 <table border="1" data-bbox="1025 209 1534 475"> <thead> <tr> <th>Quarter</th> <th>Number of Referrals</th> </tr> </thead> <tbody> <tr> <td>Q1 2022</td> <td>720</td> </tr> <tr> <td>Q2 2022</td> <td>676</td> </tr> <tr> <td>Q3 2022</td> <td>640</td> </tr> <tr> <td>Q4 2022</td> <td>601</td> </tr> <tr> <td>Q1 2023</td> <td>551</td> </tr> </tbody> </table>	Quarter	Number of Referrals	Q1 2022	720	Q2 2022	676	Q3 2022	640	Q4 2022	601	Q1 2023	551	<p>The proportion of drug referrals has overall declined for the past 3 years and the Q1 figure for this year is exactly 24.9% of the 2021/22 implying activity remains on a similar trajectory.</p>
Quarter	Number of Referrals																		
Q1 2022	720																		
Q2 2022	676																		
Q3 2022	640																		
Q4 2022	601																		
Q1 2023	551																		
<p>6. Number of individuals starting drug treatment per quarter</p>	<p>540</p>	<p>438</p>	<p>361</p>	<p>294</p>	<p>265</p>	 <table border="1" data-bbox="1025 539 1534 858"> <thead> <tr> <th>Quarter</th> <th>Number of Individuals Starting Treatment</th> </tr> </thead> <tbody> <tr> <td>Q1 2022</td> <td>540</td> </tr> <tr> <td>Q2 2022</td> <td>438</td> </tr> <tr> <td>Q3 2022</td> <td>361</td> </tr> <tr> <td>Q4 2022</td> <td>294</td> </tr> <tr> <td>Q1 2023</td> <td>265</td> </tr> </tbody> </table>	Quarter	Number of Individuals Starting Treatment	Q1 2022	540	Q2 2022	438	Q3 2022	361	Q4 2022	294	Q1 2023	265	<p>The number of treatments starts to referrals within the quarter remains at a steady rate. There is not the same ratio of treatment starts to referrals as alcohol because a significant proportion of the drug referrals (25%) represent transfers from other providers and so do not begin new treatment journeys but are continued care. A further 7% of those referred have started treatment since the quarter ended from these referrals.</p>
Quarter	Number of Individuals Starting Treatment																		
Q1 2022	540																		
Q2 2022	438																		
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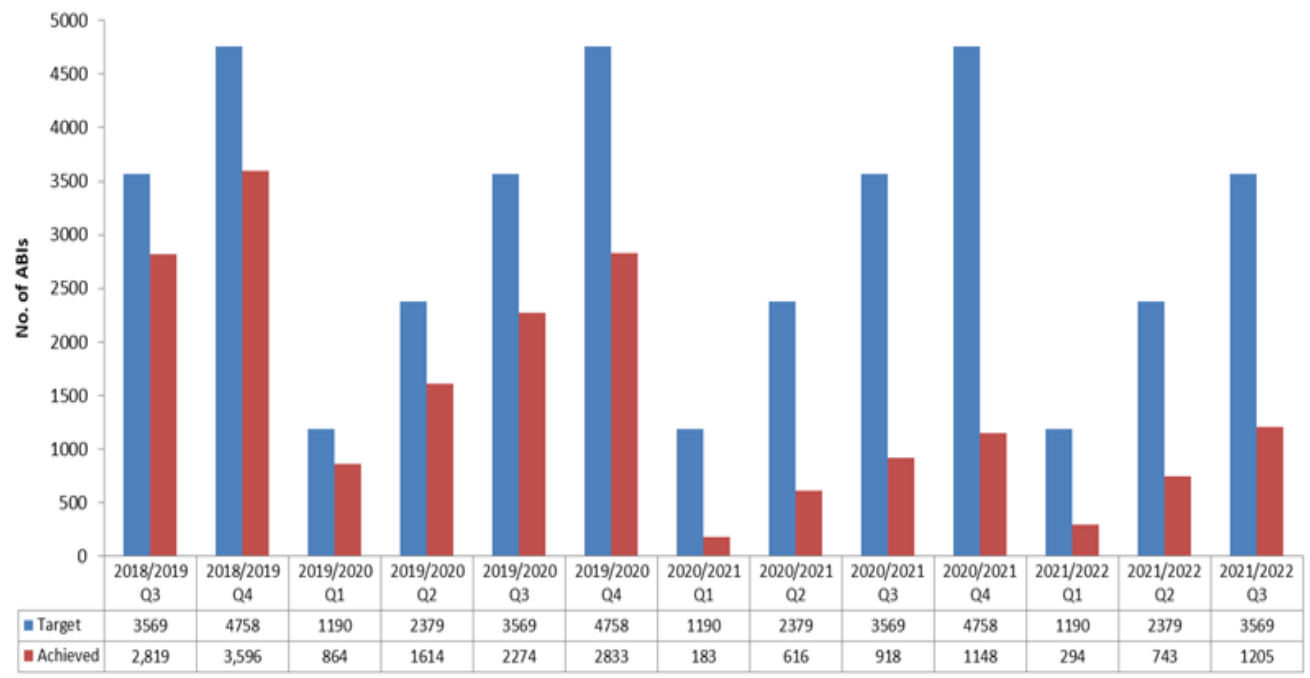
7. Number of alcohol brief interventions (ABI's) provided in Dundee	128.5	147.3	154.3	181.8	192.8	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Number of ABI's</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>128.5</td> </tr> <tr> <td>Q2 2122</td> <td>147.3</td> </tr> <tr> <td>Q3 2122</td> <td>154.3</td> </tr> <tr> <td>Q4 2122</td> <td>181.8</td> </tr> <tr> <td>Q1 2223</td> <td>192.8</td> </tr> </tbody> </table>	Quarter	Number of ABI's	Q1 2122	128.5	Q2 2122	147.3	Q3 2122	154.3	Q4 2122	181.8	Q1 2223	192.8	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.
Quarter	Number of ABI's																		
Q1 2122	128.5																		
Q2 2122	147.3																		
Q3 2122	154.3																		
Q4 2122	181.8																		
Q1 2223	192.8																		

Measure definition:

The number of Alcohol Brief Interventions (ABIs) undertaken across NHS Tayside in a variety of settings, the priority settings being Primary Care, A&E and Antenatal, along with wider settings such as Pharmacy and Social Work. Performance is measured against the annual delivery standard set by the Scottish Government. At least 80% of the ABIs delivered should be in the 'priority settings' noted above.

What the data tells us:

NHS Tayside continues to fall short of their target numbers worsening from 2018/19. In the first 9 months of 2021/22 NHS Tayside has only delivered 1,639 ABIs compared to a target of 4,758 (34% of the target).



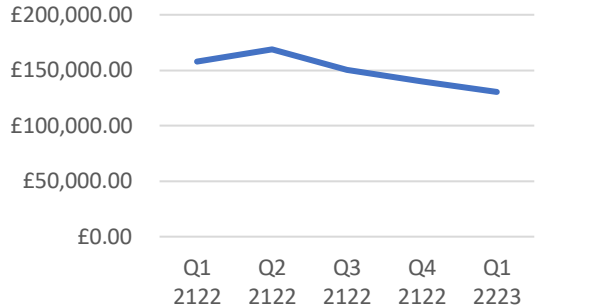
Narrative:

Delivery of ABIs has improved slightly on performance in 2020 however, remains significantly below the standard. An improvement plan is being developed and will initially focus on delivery of further training in primary care, maternity, and other settings, with the offer of both digital and face to face training options. NHS Tayside has not had an ABI trainer for several years. The ABI coordinator has now undertaken a train the trainer's course and will be training further trainers over the coming months. A Train the Trainers course will be offered later in the year to increase trainer capacity across Tayside. It is expected that additional awareness and confidence in delivery of ABI will be achieved through increased access to training will improve ABI delivery across all our settings.

8. Number of unplanned discharges (service user disengaged) recorded in DAISY	293	220	151	91	128	 <table border="1" data-bbox="1025 209 1559 518"> <caption>Unplanned Discharges by Quarter</caption> <thead> <tr> <th>Quarter</th> <th>Number of Discharges</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>293</td> </tr> <tr> <td>Q2 2122</td> <td>220</td> </tr> <tr> <td>Q3 2122</td> <td>151</td> </tr> <tr> <td>Q4 2122</td> <td>91</td> </tr> <tr> <td>Q1 2223</td> <td>128</td> </tr> </tbody> </table>	Quarter	Number of Discharges	Q1 2122	293	Q2 2122	220	Q3 2122	151	Q4 2122	91	Q1 2223	128	<p>Of the people discharged in quarter 1 there were 44 individuals who disengaged from services and would be classed as an unplanned discharge. Of these 61% were alcohol patients and 39% drug or co-dependent. Of the 44, 20% disengaged before assessment could be completed. In total 47% (21) of patients were within DDARS and 53%(23) in third sector providers.</p>
Quarter	Number of Discharges																		
Q1 2122	293																		
Q2 2122	220																		
Q3 2122	151																		
Q4 2122	91																		
Q1 2223	128																		
9. Number (rate) of emergency admissions where reason for admission was due to drug use							<p>Information request to BSU required if agreed to report.</p>												
10. Number (rate) of emergency admission bed days where reason for admission was due to alcohol use							<p>Information request to BSU required if agreed to report.</p>												

11. Naloxone Spend in Dundee	£16,354.33	£14,089.92	£10,561.96	£26,411.00	£13,035.00	 <table border="1" data-bbox="1025 209 1637 544"> <thead> <tr> <th>Quarter</th> <th>Spend (£)</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>16,354.33</td> </tr> <tr> <td>Q2 2122</td> <td>14,089.92</td> </tr> <tr> <td>Q3 2122</td> <td>10,561.96</td> </tr> <tr> <td>Q4 2122</td> <td>26,411.00</td> </tr> <tr> <td>Q1 2223</td> <td>13,035.00</td> </tr> </tbody> </table>	Quarter	Spend (£)	Q1 2122	16,354.33	Q2 2122	14,089.92	Q3 2122	10,561.96	Q4 2122	26,411.00	Q1 2223	13,035.00	
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Q4 2122	26,411.00																		
Q1 2223	13,035.00																		
12. Naloxone – Resupply Used	NA	74	65	56	56	 <table border="1" data-bbox="1025 587 1637 927"> <thead> <tr> <th>Quarter</th> <th>Resupply Used</th> </tr> </thead> <tbody> <tr> <td>Q2 2122</td> <td>74</td> </tr> <tr> <td>Q3 2122</td> <td>65</td> </tr> <tr> <td>Q4 2122</td> <td>56</td> </tr> <tr> <td>Q1 2223</td> <td>56</td> </tr> </tbody> </table>	Quarter	Resupply Used	Q2 2122	74	Q3 2122	65	Q4 2122	56	Q1 2223	56	Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions)		
Quarter	Resupply Used																		
Q2 2122	74																		
Q3 2122	65																		
Q4 2122	56																		
Q1 2223	56																		
13. Total number of Naloxone Kits Issued	NA	557	485	527	375	 <table border="1" data-bbox="1025 962 1637 1294"> <thead> <tr> <th>Quarter</th> <th>Total number of Naloxone Kits Issued</th> </tr> </thead> <tbody> <tr> <td>Q2 2122</td> <td>557</td> </tr> <tr> <td>Q3 2122</td> <td>485</td> </tr> <tr> <td>Q4 2122</td> <td>527</td> </tr> <tr> <td>Q1 2223</td> <td>375</td> </tr> </tbody> </table>	Quarter	Total number of Naloxone Kits Issued	Q2 2122	557	Q3 2122	485	Q4 2122	527	Q1 2223	375	<p>Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions)</p> <p>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</p>		
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							<p>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.</p> <p>First supplies are starting to decrease as saturation point is reached. Public Health Scotland estimate the reach of naloxone supplies in Tayside has increased from 80.5% in 20/21 to 93.9% in 21/22 (one of the highest in Scotland). 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.</p>
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<p>14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS(and Dundee Drug Treatment Service (DDT)</p>	<p>£157,687.41</p>	<p>£168,811.77</p>	<p>£150,373.35</p>	<p>£139,819.07</p>	<p>£130,450.50</p>	 <table border="1" data-bbox="1025 209 1637 518"> <thead> <tr> <th>Quarter</th> <th>Spend (£)</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>155,000</td> </tr> <tr> <td>Q2 2122</td> <td>170,000</td> </tr> <tr> <td>Q3 2122</td> <td>150,000</td> </tr> <tr> <td>Q4 2122</td> <td>140,000</td> </tr> <tr> <td>Q1 2223</td> <td>130,000</td> </tr> </tbody> </table>	Quarter	Spend (£)	Q1 2122	155,000	Q2 2122	170,000	Q3 2122	150,000	Q4 2122	140,000	Q1 2223	130,000	<p>Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit).</p> <p>Oral buprenorphine costs have decreased as services have increased the number of people receiving long-acting buprenorphine injections (buvidal).</p>
Quarter	Spend (£)																		
Q1 2122	155,000																		
Q2 2122	170,000																		
Q3 2122	150,000																		
Q4 2122	140,000																		
Q1 2223	130,000																		

MAT Standards

It is intended that the Medication Assisted Treatment standards measurements will be incorporated into this report in the longer term. However, at this stage in MAT standards development only initial baseline data has been gathered and this has highlighted a number of areas to be developed for future collection. The ADP are actively supporting the MIST team within Scottish Government in the development and design of these indicators and the template will be update once these have been fully agreed.

In order to provide the baseline data below a sample of data for financial quarter 3 Oct-Dec 2021 was extracted from both DAISY and the controlled drugs database.

Indicator	Baseline	Comments/Analysis
<p>MAT 1: All people accessing services have the option to start MAT from the same day of presentation.</p> <p>Measure: Time taken to first prescription from referral received - % same day</p>	25%	The national definitions group for MAT standards met on 01/09/2022 and a draft definition for more accurately measuring MAT 1 has been drafted this is out for consultation.
<p>MAT 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.</p> <p>Measure: Number of people prescribed specific opioid substitution therapy medications</p>	<p>Methadone - 73%</p> <p>Oral Buprenorphine – 21%</p> <p>Injectible Buprenorphine – 6%</p>	

<p>MAT 3: All people at high risk of drug-related harm are proactively identified and offered support to commence, recommence or continue MAT.</p> <p>Measure: People identified with a high-risk event by gender and age group, between October and December 2021</p>	<p>No data</p>	<p>New definitions and guidance for the measurement of MAT 3 were circulated for ADPs on 12/09/2022. A full assessment of this data will be undertaken with Public Health analysts and any adaptations to the current data collection methods will be made where possible.</p>
<p>MAT 4: All people are offered evidence-based harm reduction at the point of MAT delivery.</p> <p>Measure: TBC</p>	<p>No data</p>	<p>Whilst awaiting further guidance from MIST on definitions and potential audit tools, the MAT 4 implementation group will trial locally to initially gather what information is available for this indicator across Tayside in addition to using existing data for the Take Home Naloxone programme and laboratory data for BBV testing.</p>
<p>MAT 5: All people will receive support to remain in treatment for as long as requested.</p> <p>Measure A: Current MAT Caseload, as at end of each reporting period</p> <p>Measure B: Discharges within reporting period; repeat table for each period</p>	<p>Caseload: 1,209</p> <p>Discharges: 112</p>	