

**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023

**REPORT ON:** DRUG AND ALCOHOL SERVICES INDICATORS – 2022/23 QUARTER 4

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC29-2023

## **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 2022/23 (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity, including within Dundee Drug and Alcohol Recovery Service, Primary Care and Partnership Mental Health Services focused on implementation of Medication Assisted Treatment Standards and wider priorities agreed via the Alcohol and Drug Partnership Strategic Framework and Delivery Plan (section 7).

## **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 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 suicide. Drug and alcohol 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. 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 operating in three regional clusters across the city. 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 In November 2022, PAC received the first suite of indicators focused on performance in drug and alcohol service (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers). This followed a request from PAC for the development of a wider suite of indicators related to drugs and alcohol that would better demonstrate progress against local priorities and areas for improvement. Appendix 1 details the 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.
- 5.2 This is the second dataset from the suite prepared for the PAC, which aims to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a brief summary of data, alongside accompanying analytical narrative. ON this occasion the report also contains, for the first time, explanation of ongoing improvement activities.
- 5.3 Data for indicators 1 – 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 22/23 includes data for Q4 22/23 plus Q3 22/23, Q2 22/23, and Q1 22/23. 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 reduced by 40% between Q4 21/22 (319 incidents) and Q4 22/23 (192 incidents).
- 6.2 The proportion of people who started treatment within 21 days of referral has increased from 66.8% at Q1 22/23 to 96% at Q4 22/23.
- 6.3 The number of referrals for alcohol treatment increased by 3% during 22/23 compared with 21/22 and the number of individuals starting alcohol treatment increased by 48% during the same period. 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 decreased during 22/23 by 11%, however the number of individuals starting drug treatment services has increased by 36% during the same period.
- 6.5 The number of Alcohol Brief Interventions (ABIs) increased by 37% between Q4 21/22 and Q4 22/23. 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 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 has increased by over 180% between Q4 21/22 (91 people) and Q4 22/23 (255 people). Of the discharges recorded, 80.2% (72) are for alcohol patients, 14.3% (13) are for drug patients and less than 10 (grouped to avoid identification) are co-dependent patients. Most are from 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 many 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 have 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 replacement kits begin to be issued in larger numbers.

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

6.9 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland recently published their statistical report on drug-related deaths in Scotland in 2022 (report available in full at: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2022>). In 2022 there were 1,051 deaths due to drug misuse in Scotland; this is 2709 fewer deaths than in 2021 and the lowest number of drug misuse deaths since 2017. In 2022. There was a total of 38 deaths in 2022; this is a reduction from 52 deaths in 2021. After adjusting for age, Dundee City had the second highest rate of drug misuse deaths in Scotland (please note this is calculated over the five-year period 2018-2022).

**7.0 SERVICE IMPROVEMENT AND PRIORITIES**

7.1 In June 2021, Public Health Scotland published the second national MAT Implementation Benchmarking report, providing a RAGB (red, amber, green, blue) score for all 10 Mat standards, with a specific focus on scoring the implementation of MAT Standards 1 – 5. (available at: [PHS MAT Report June 2023](#)). Score awarded for Dundee were:

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5
June 2023 report	Amber	Provisional green	Provisional green	Provisional green	Provisional green
March 2022 report	Red	Amber	Amber	Amber	Amber

Previous scores, from March 2022, are provided for reference. However, caution should be applied in terms of making a direct comparison as the MAT Implementation Support Team has significantly evolved the self-assessment methodology, including the scoring criteria, between March 2022 and June 2023. For example, in March 2022 there was no consideration of experiential data and scores of provisional green and amber were not available.

The assessment of MAT standards 6–10 was mainly based on documented process evidence and whether this had been converted into actions that benefit the individuals accessing MAT. Nationally only a few ADP areas (including Dundee) were able to provide experiential evidence for these standards. Dundee’s scores for MATs 6-10:

	MAT 6	MAT 7	MAT 8	MAT 9	MAT 10
June 2023 report	Provisional Amber	Amber	Amber	Provisional Amber	Amber

Dundee has scored higher than many ADPs for MAT Standards 7, 8 and 10. Overall, no ADP area is yet to score ‘Provisional Green’ or ‘Full Green’ for MATs 6-10, and some are still scoring ‘Red’.

- 7.2 DDARs drop-in clinics now take place five times a week from different locations and have replaced the previous waiting list system. Prior to setting up the direct access clinics, Dundee experienced a waiting list of over 300 patients. Currently Dundee is meeting the national Waiting-Time Standard with no one waiting longer than 21 days, and many individuals receive same-day treatment (MAT Standard 1).

More specifically, the drop-in system means that the majority of individuals are now seen on the same day that they request help, with people receiving the prescription suitable for them within an average of 2 days. The 2 days wait reflects a combination of person-led reasons, and procedural practice in the transfer of the prescription for dispensing from community pharmacies. Work is underway to support community pharmacies with the dispensing.

During the reporting period (2022/23) over a quarter of those attending the direct access clinics proceeded to receive MAT. More than half of the individuals attending the direct access clinics did so for help with the impact of alcohol use for whom MAT is not a relevant response, however a direct access service was still provided to these individuals.

A Prison Liberation Pathway has been developed in recognition that people liberated from prison are at a higher risk of overdose within the first 72 hours. DDARS has developed a pathway with Perth Prison to maximise continuity of treatment between prison and community.

Over the next few months DDARS will review the Direct Access Clinics in order to strengthen their operation and availability. This will include extending the input from the third sector (including key workers input) and securing the independent advocacy input to the clinics for the longer-term. Additional venues will be identified as alternative options for clinics (and further reduce the focus on service delivery from Constitution House).

- 7.3 Alongside MAT Standard 1, efforts are also continuing to progress implementation of MAT Standards 2 – 5. These standards have been the focus for all Partnerships across Scotland up to the end of 22/23. Specific priority areas are:

#### **Gendered Approach**

The gendered approach to the implementation of all the MAT standards continues and is to be strengthened in the coming year. Partners plan to test various options, including the delivery of MAT from the new Women's Hub and identifying specific ways to support women to access the shared care option.

#### **MAT 2 - Choice**

Over the coming months a key focus will be extending and improving access to experiential data to ensure fuller feedback is available from the individuals receiving MAT and their families. This is a requirement to progress the implementation of the MAT standards, however the approach being used is recognised as being relevant to a wide range of services for vulnerable and at-risk people. The Protecting People Committees will be considering how learning from this approach can be embedded in other areas in the future. and extending the experiential data evidence.

The process of capturing experiential data includes training individuals with lived experience to conduct peer-based interviews. Consequently, at the current time, there is limited access to experiential data. However, Dundee submitted experiential information / feedback for all MAT standards with the exception MAT 10 (which is about people receiving trauma informed care) to Public Health Scotland as part of the recent MAT benchmarking exercise.

Most service users reported they attended the direct access clinics seeking help for opiate use and most had historical connection with services, of between 5 to 30 years. Individuals reported that, as part of the current direct access clinics, more treatment options have become available to them without the need to wait for appointments. Individuals also noted they received useful information and equipment to reduce risk of harm. Advocacy and key-working provided through the third sector organisations was praised, with individuals noting this help as invaluable to their recovery, and especially supporting them sort out other problems in their lives such as housing or benefit applications. Individuals highlighted gaps in the provision of counselling, mental health support and psychological care.

### **MAT 3 – Assertive Outreach and Anticipatory Care**

Partners are working together to review arrangements for the delivery of MAT 3 with the long-term aim of expanding the scope of the current near-fatal overdose response and creating closer links with similar review processes (for individuals experiencing other vulnerabilities, including adult support and protection/ violence against women/ and risk of suicide). This standard is also being reviewed nationally, however in the meantime partners are working together to map all of the relevant processes, stakeholders involved, information being shared and follow-up options available. Partners also intend to improve the multi-agency documentation and the information shared for the NFOD rapid response process and to deliver training for staff chairing the daily meetings.

- 7.4** At the same time as continued work on MAT Standards 1 - 5, during 23/24 the focus will also shift to the implementation of MAT Standards 6-10. This will include requirements to develop and provide a range of documentation, improve psychological support and joint working with mental health services, and further enhance the focus on trauma-informed work. As with MAT Standards 1-5, there will also be a requirement to demonstrate successful implementation by providing robust experiential data. Some key aspects of planned activity are highlighted below:

### **MAT 6 – Psychological Support**

Plans are being developed to ensure the DDARS Psychology service can work alongside others (e.g. DVVA) to support the collection of experiential data, specifically for MAT6. The current questionnaire will be adapted to support this.

### **MAT 7 – Primary Care**

There will be a focus on testing options to support individuals to transfer their care from DDARS to Primary Care. Work will also continue to develop the role of Advanced Nurse Practitioners to encourage and support a wider adoption of the shared care model across GP practices.

### **MAT 9 – Mental Health**

With the introduction of the MAT Standards the Working Better Together project had adjusted to focus on supporting MAT 9 implementation. As part of the renewed approach, there is now a focus on services and systems, required staffing support, and lived experiences. Plans are in place to run 2 workshops, one focusing on benchmarking (where are we in relation to MAT9, including auditing number of Mental Health / Drug and Alcohol referrals, joint cases); and one focusing on mapping patients' journeys, including referral pathways, joint case work, discharge and through care processes. The information gathered will support decision making around required changes to meet MAT9.

## **8.0 RISK ASSESSMENT**

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

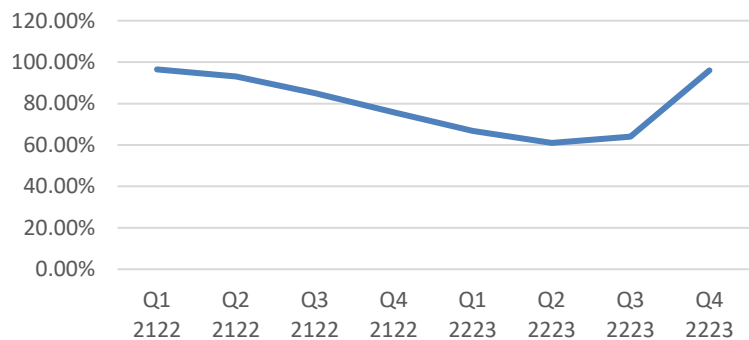
Dave Berry  
Chief Finance Officer

DATE: 23 August 2023

Lynsey Webster  
Senior Officer, Strategy and Performance

## Appendix 1 Drug and Alcohol Services Indicators – Q4 2022/23

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	Comments/Analysis																		
1. The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service (and Police)	382	375	343	319	302	212	187	192	There have been 56 non-fatal overdose incidents reported in Q4, this compares to 51 in the same quarter last year. There has been a small upturn but the overall year total is 192 which is still an almost 40% (39.8%) reduction on the previous year.																		
<table border="1"> <caption>Line Graph Data: Suspected non-fatal overdose incidents</caption> <thead> <tr> <th>Quarter</th> <th>Number of Incidents</th> </tr> </thead> <tbody> <tr><td>Q1 2122</td><td>382</td></tr> <tr><td>Q2 2122</td><td>375</td></tr> <tr><td>Q3 2122</td><td>343</td></tr> <tr><td>Q4 2122</td><td>319</td></tr> <tr><td>Q1 2223</td><td>302</td></tr> <tr><td>Q2 2223</td><td>212</td></tr> <tr><td>Q3 2223</td><td>187</td></tr> <tr><td>Q4 2223</td><td>192</td></tr> </tbody> </table>										Quarter	Number of Incidents	Q1 2122	382	Q2 2122	375	Q3 2122	343	Q4 2122	319	Q1 2223	302	Q2 2223	212	Q3 2223	187	Q4 2223	192
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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%	The implementation of direct access to support the MAT standard implementation has meant that Dundee once again is meeting the Waiting times standard in Q4.																		



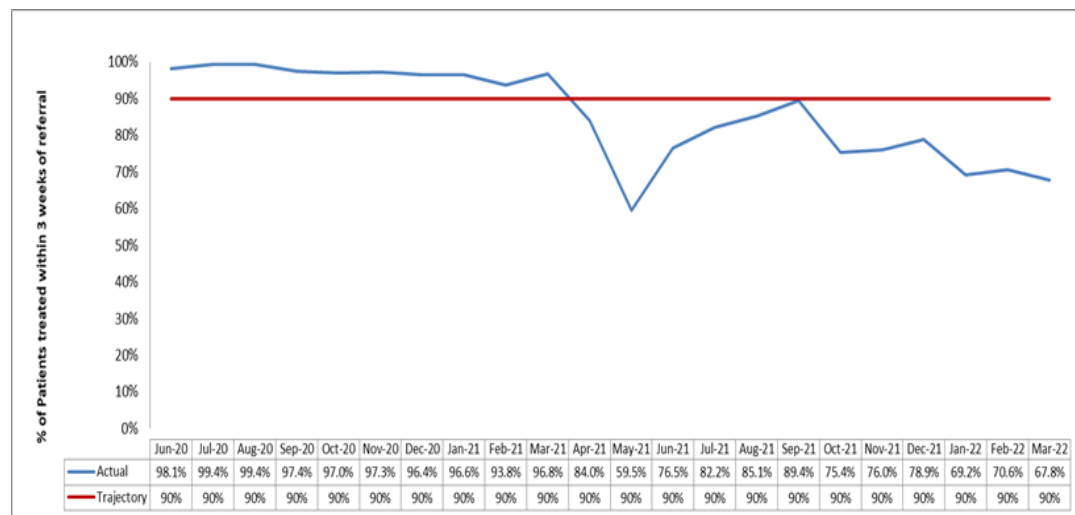
### Drug and Alcohol Clients treated within 3 weeks from Referral to Treatment

#### 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:

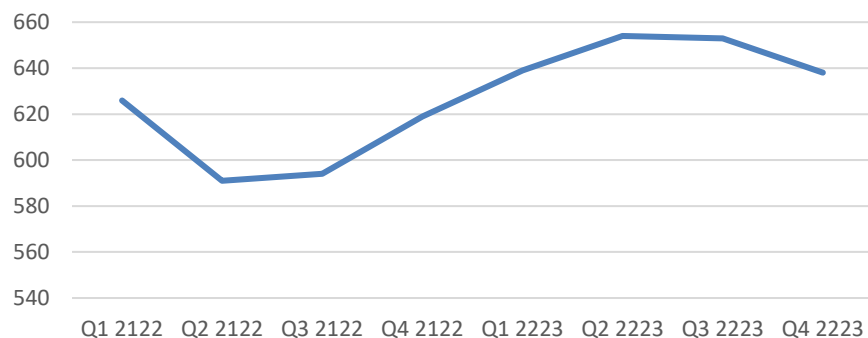
Performance declined in May 2021 to 59.5% but improved month on month reaching 89.4% in September 2021 just below the 90% target. The current position has further declined to 67.8% in March 2022.



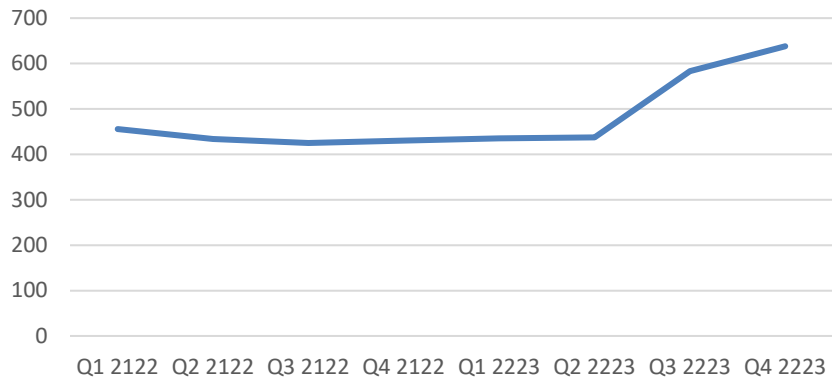


**Narrative:** Performance in the drug and alcohol waiting times has declined considerably. This is being driven by waiting lists for alcohol treatment within all three areas of Tayside. Performance for Drug treatment waits (117/138=84.7%) is below target but remains better than for alcohol (121/208=58.1%). 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.

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	Comments/Analysis
3. Number of referrals to alcohol treatment	626	591	594	619	639	654	653	638	The higher rate of incoming referrals from alcohol has continued across all services and the Q4 figure brings the annual total to 638 which is a small increase on last year.

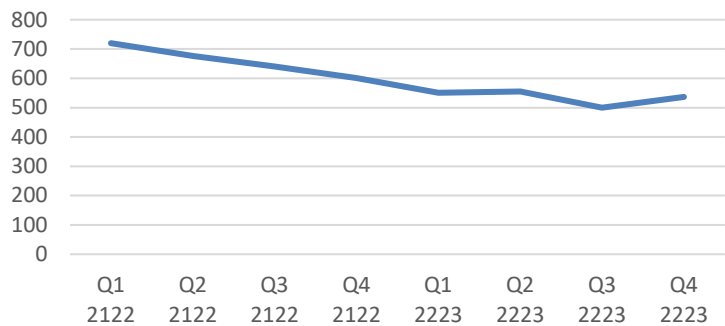


Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
4. Number of individuals starting alcohol treatment per quarter	456	434	425	430	435	437	583	638	As has been the case with the referrals the corresponding numbers of alcohol treatment starts has also increased. With the Q4 figure bringing the annual total to 471 starts.

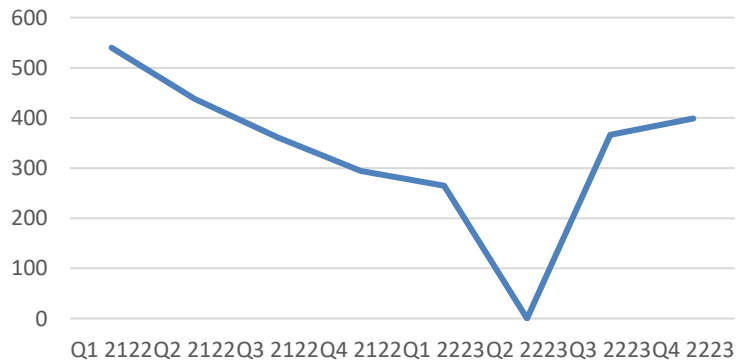


Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
5. Number of referrals to drug treatment	720	676	640	601	551	555	500	537	Although Q4 shows a slight increase in drug referrals on the previous quarter the total for the year is 537 which is a reduction of 10.6% on the previous year and continues the downward trend in referrals seen for the past 4 years.

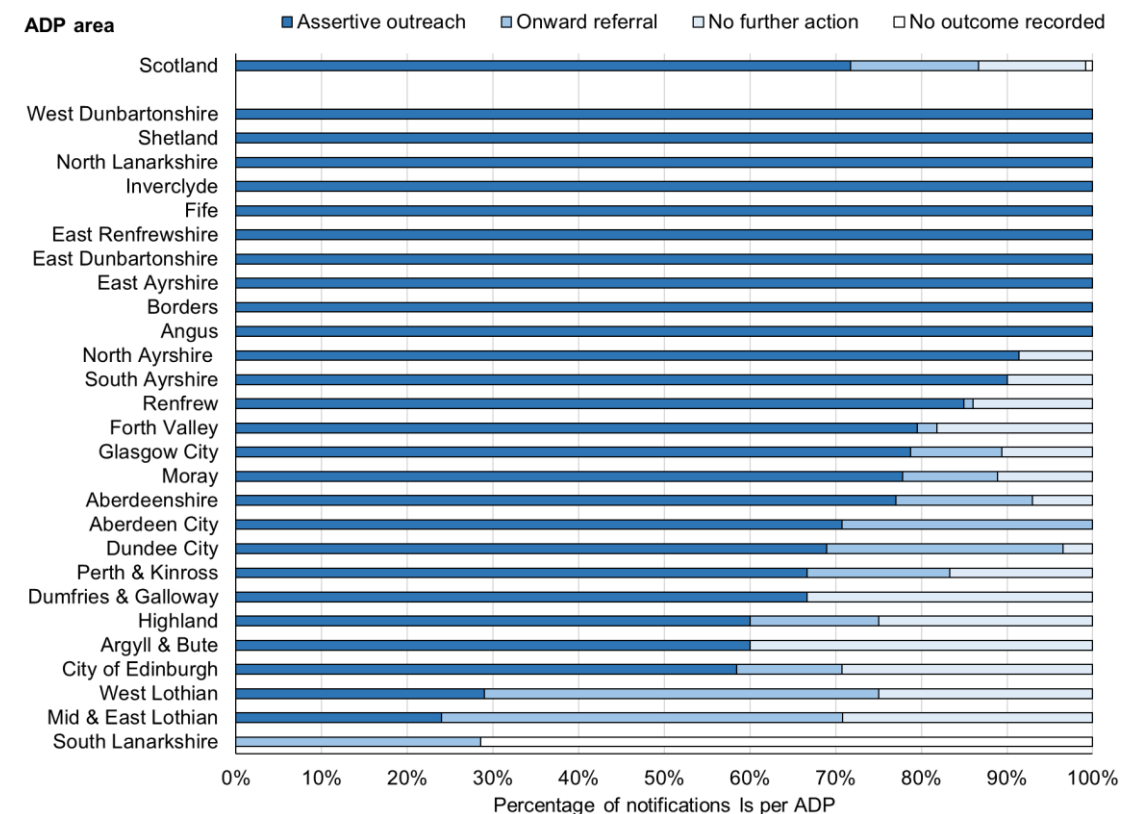
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Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
6. Number of individuals starting drug treatment per quarter	540	438	361	294	265	384	366	399	The number of treatment starts in relation to referrals remains high and the move to direct access has significantly reduce the time into treatment. There were 399 treatment starts in the year which is an increase on last year but significantly below 2020/21.

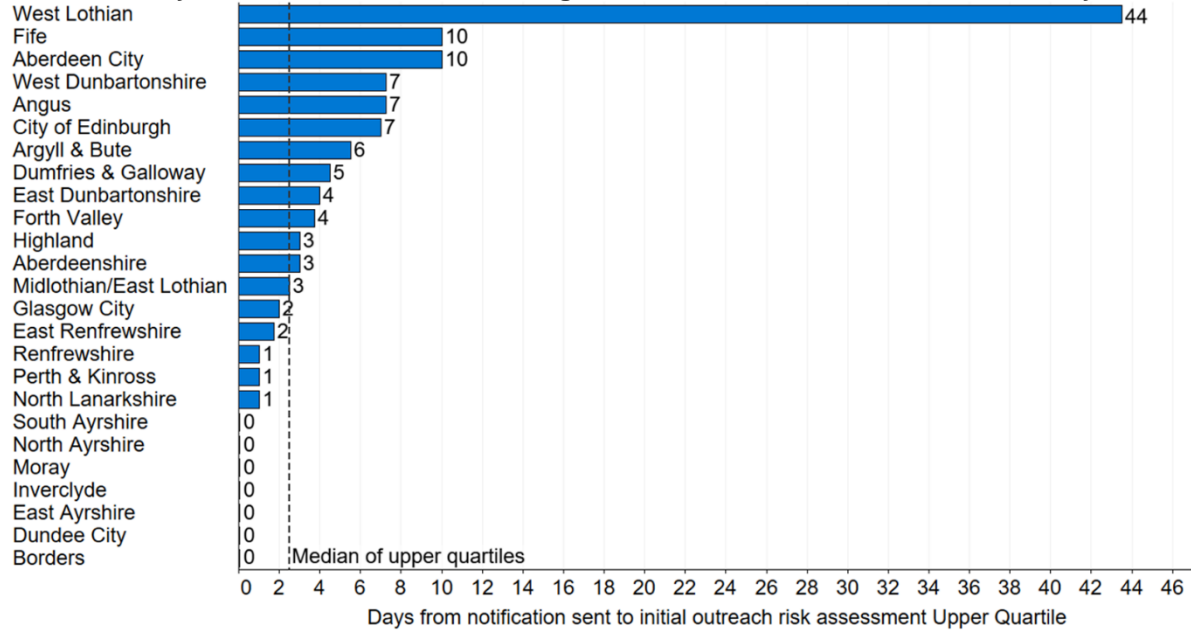


### % of high-risk notifications by screening outcome by ADP area, 2023

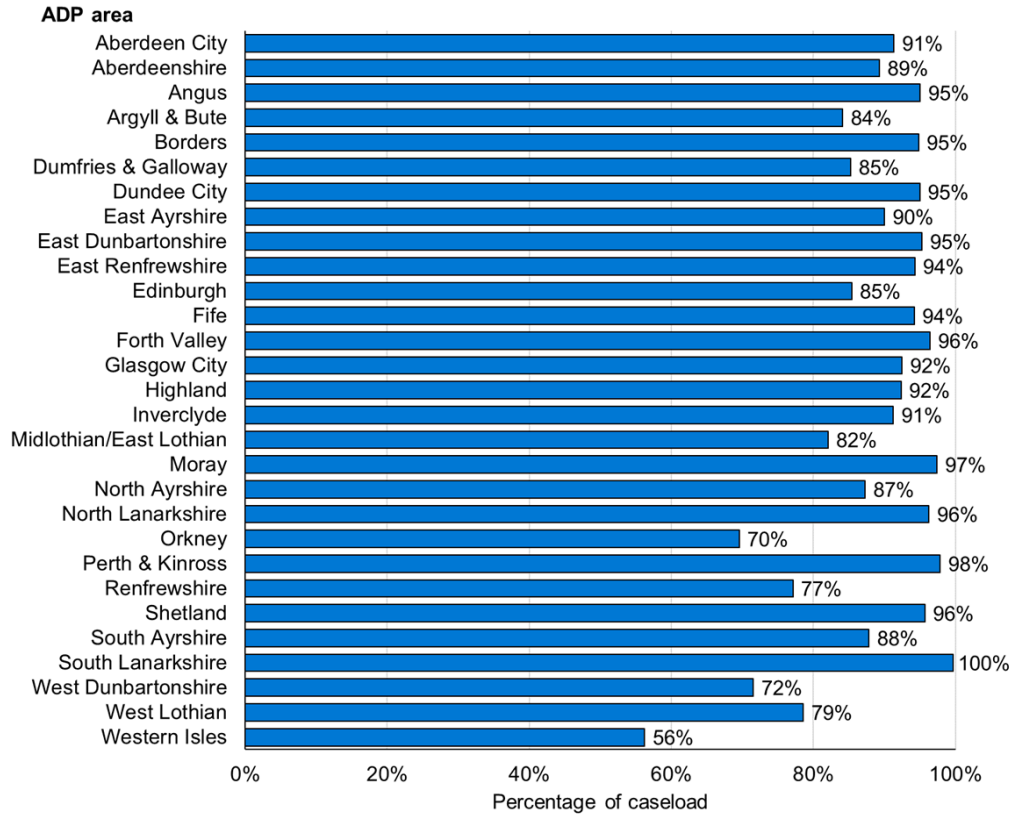


Across Scotland, all 1,236 high-risk events notified were screened and allocated to either assertive outreach, onward referral, no further action or no outcome recorded categories during the reporting period between November 2022 and February 2023. Ten ADP areas allocated 100% of high-risk events to assertive outreach. In 13 ADP areas 60% of people identified at high risk were offered assertive outreach. In three areas less than 60% of those at high risk were offered outreach. Two ADP areas allocated a higher proportion of screening to onward referral compared to other ADP areas (46%, n = 46 and 47%, n = 45). 11 ADP areas allocated none of the screening to no further action, with three ADPs allocating around 30% (numbers are individual to each ADP) of screening to no further action.

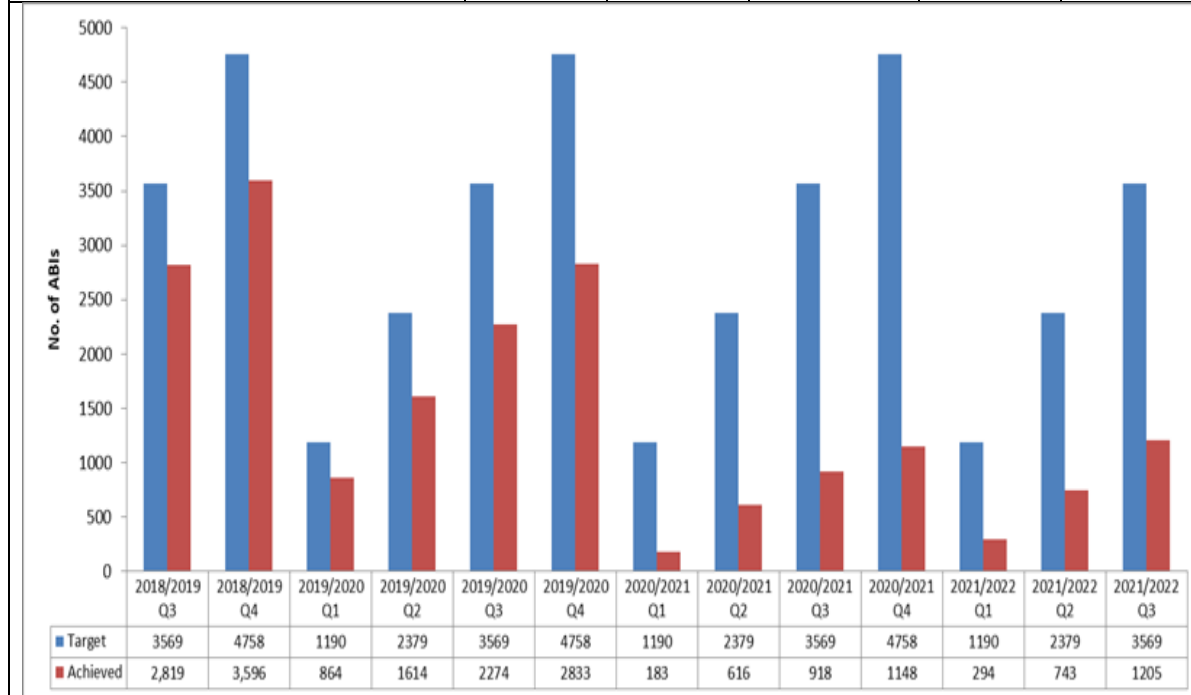
**Number of days between notification of a high-risk event and outreach assessment by the multi-agency team for 75% of people by ADP area, 2023**



**% of caseload retained in treatment for 6 months or more by ADP area, 2023**



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	Comments/Analysis
7. Number of alcohol brief interventions (ABI's) provided in Dundee	514	589	617	727	1289	1459	1489	996	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.



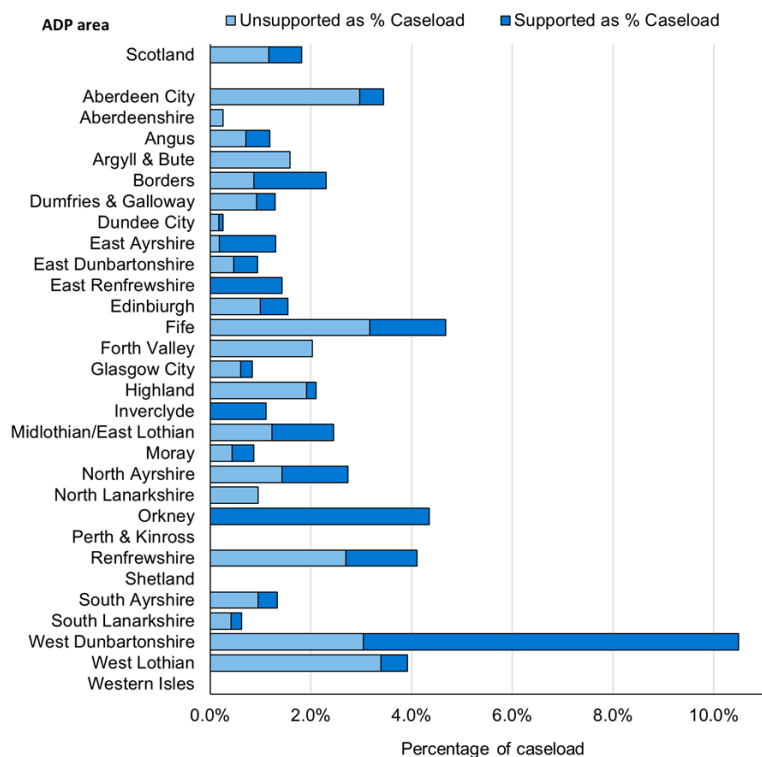
**Measure definition:**  
The number of Alcohol Brief Interventions (ABIs) undertaken across NHS Tayside in a variety of settings, the priority settings being Primary Care, A&E and Antenatal, along with wider settings such as Pharmacy and Social Work. Performance is measured against the annual delivery 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:**  
The ABI improvement plan is beginning to have an impact as training is rolling out. The year-end total is at 996 which is an improvement on last year but still remains below

<p><b>Narrative:</b>          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.</p>									<p>the pre-pandemic levels. The improvement plan is currently underway and training is being cascaded across services.</p>
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	Comments/Analysis
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	293	220	151	91	128	210	272	255	The number of unplanned discharges remains significantly lower than in previous years. However, there are some key points to note. Of the discharges recorded, 80.2% (72) are for alcohol patients, 14.3% (13) are for drug patients and 5.5% (5) are co-dependent patients. Of the total 2 are alcohol patients from the DDARS service the remaining 89 are from third sector providers.



### Discharges as a % of caseload by type and ADP area, 2023



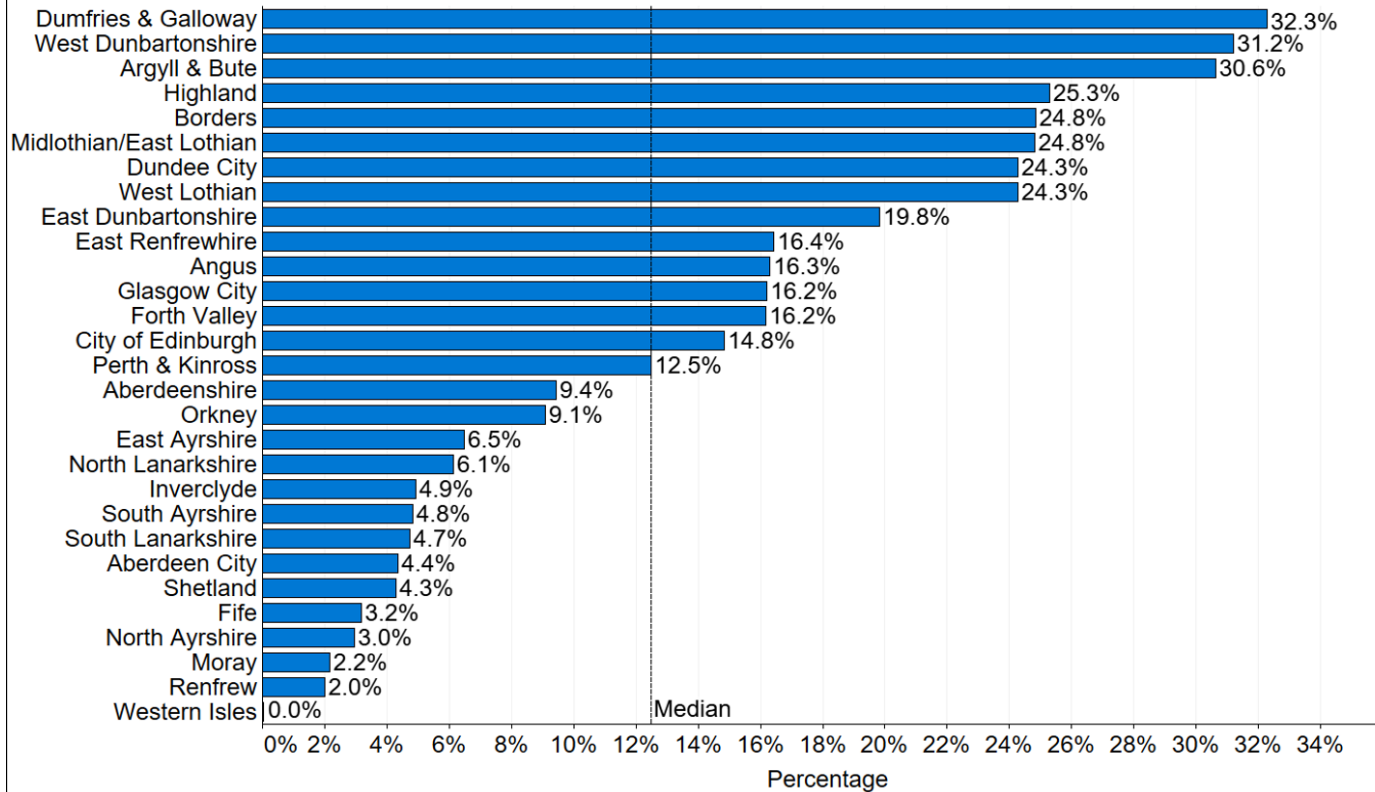
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Comments/Analysis
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use				379 (3.13)	356 (2.94)	287 (2.37)	260 (2.15)	256 (2.11)	Downward trend.

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	Comments/Analysis
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use				497 (4.1)	466 (3.85)	456 (3.76)	438 (3.61)	422 (3.48)	Downward trend.
11. Naloxone Spend in Dundee				£67,417	£64,098	£70,622	£80,675	£77,134	In addition, we received £29,770 from Scottish government to supply police across Tayside with naloxone. Rolling annual data only available from Q4 21/22. Prior to this quarter data is available. Not included in this paper to avoid confusion although available on request.
12. Naloxone – Resupply Used				195	353	388	398	410	Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions).  The total number of resupply of naloxone kits Q1-Q4 22/23 was 410. This is an increase of 215 kits from the previous Q1-Q4 21/22 (please note data missing for Q1 21/22 due to change in recording).  PHS shows that the reach of the naloxone programme nationally is 67.5%. In Tayside in 22/23 our reach is

									<p>estimated to be 96.1% (21/22 reach was 93.9%)</p> <p>Rolling annual data only available from Q4 21/22. Prior to this quarter data is available. Not included in this paper to avoid confusion although available on request.</p>
13. Total number of Naloxone Kits Issued (actual quarters – not annual rolling)				1,569	1,944	1,715	1,602	1,320	<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 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. This means replacement kits will start to increase and first supplies decrease. Kits last for 2 years so it is likely a dip in</p>

									<p>supply will be observed for a short period before starting to issue replacement kits.</p> <p>Rolling annual data only available from Q4 21/22. Prior to this quarter data is available. Not included in this paper to avoid confusion although available on request.</p>
<b>Indicator</b>	<b>Rolling 21/22 Q1</b>	<b>Rolling 21/22 Q2</b>	<b>Rolling 21/22 Q3</b>	<b>Rolling 21/22 Q4</b>	<b>Rolling 22/23 Q1</b>	<b>Rolling 22/23 Q2</b>	<b>Rolling 22/23 Q3</b>	<b>Rolling 22/23 Q4</b>	<b>Comments/Analysis</b>
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	<p>Prescription data for prescriptions generated by DDARS and DDT, 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 Buprenorphine (long acting subcutaneous buprenorphine). The cost of this stock is not included in prescription data. The number of people choosing Buprenorphine as OST has increased.</p> <p>*March 22/23 data was not available at time of collating the report</p>

% of caseload prescribed long-acting injectable buprenorphine by ADP area 2023



28 of the 29 ADP areas reported individuals currently on their MAT opioid substitution therapy caseload with a prescription for long-acting injectable buprenorphine. The percentage of the current caseload per ADP currently prescribed long-acting injectable buprenorphine varies from 0% to 32.3%, with a median of 12.5% across Scotland. Opioid substitution therapy prescribing by gender shows a very similar picture. For males prescribed opioid substitution therapy, methadone accounted for 69% (n = 10,292) and females 72% (n = 5,264). For males prescribed opioid substitution therapy, oral buprenorphine accounted for 18% (n = 2,658) and females 16% (n = 1,138). For both males and females prescribed opioid substitution therapy, long-acting injectable buprenorphine accounted for 13% (n = 1,920 for males and n = 916 for females).

## **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.