



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 04 FEBRUARY 2026
REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 2
REPORT BY: CHIEF OFFICER
REPORT NO: PAC2-2026

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 2025/26. (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Deprivation is high in Dundee, with one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. Just under 28,000 (28.2%) people in Dundee are recorded as economically inactive, this is nearly 5% higher than the Scotland percentage of 23.3%. Health and wellbeing are 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. In 2024, people in the most deprived areas of Scotland were 12 times more likely to have a drug related death compared to people in the least deprived areas.
- 4.2 Dundee has the second lowest life expectancy in Scotland; life expectancy is 76.9 years, compared to 78.8 years across 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 is also 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 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 to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 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.
- 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, Q2 25/26 also includes data for Q3 24/25, Q4 24/25 and Q1 25/26. 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 near-fatal overdose incidents reported by the Scottish Ambulance Service and Police Scotland has shown an upward trend, increasing from 192 in Q4 2023/24 to 270 in Q2 2025/26. In response the Tayside Overdose Prevention Group has established a working group to refresh communication, harm reduction strategies and training supporting the response to near-fatal overdose.
- 6.2 The proportion of people who started treatment within 21 days of referral has remained high, consistently ranging between 89% and 94%. The waiting times standard has been met in the past four quarters.
- 6.3 The number of referrals for alcohol treatment has gradually increased since Q2 24/25, rising from 453 at Q2 24/25 to 580 at Q2 25/26. The number of individuals starting alcohol treatment has remained steady.
- 6.4 The number of referrals for drug treatment services declined from Q2 2024/25, reaching a high of 606, before steadily decreasing to 486 in Q2 25/26. The number of individuals starting drug treatment has also fallen, with 351 starting drug treatment in Q2 25/26.
- 6.5 The number of Alcohol Brief Interventions (ABIs) decreased by 41% between Q1 24/25 (1500 ABIs) and Q2 25/26 (885). The number of ABI peaked in Q1 2024/25 and has declined since.
- 6.6 The number of unplanned discharges where the service user disengaged decreased by 16% between Q4 23/24 and Q2 25/26 (from 353 to 297). Due to limitations in system reporting it is not possible at this time to determine if this was due to relapse, due to the person receiving an alternative positive intervention or due to the person completing detox and leaving the service prior to a fully planned discharge. Future IT developments are being considered that might allow improved reporting.
- 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 2024 (report available in full at: [Drug-related deaths in Scotland, 2024 - National Records of Scotland \(NRS\)](#)) In 2024 there were 1,017 deaths due to drug misuse in Scotland; a decrease of 13% (155 deaths) compared with 2023. In 2024 in Dundee, there were a total of 42 deaths; this is a decrease of

4 deaths in 2023. After adjusting for age, Dundee City, Glasgow City and Inverclyde had the highest rate of drug misuse deaths in Scotland in the period 2020-2024.

7.0 SERVICE IMPROVEMENT AND PRIORITIES

7.1 The implementation of the national Medication Assisted Treatment (MAT) Standards continues to be a key aspect of the work of all ADPs across Scotland during 2025. The annual national benchmarking report on MAT implementation was published on 17th June 2025 providing an assessment on progress with local implementation of all 10 standards, demonstrating the considerable progress made in Dundee since 2022. The next report will be in a similar timeframe in 2026, and the Partnership anticipate continued progress on all 10 standards

During 2025 Dundee continued to offer fast access to treatment (essentially no waits were recorded) and a range of treatment options. Those who have experienced a non-fatal overdose were quickly identified and supported to access treatment, and increasing numbers have chosen to be supported by the shared-care arrangements with Primary Care. The Primary Care Project won a Scottish Healthcare award for the management of substance use issues (the wider DDARS team were also a finalist in this category). Partners continue to prioritise Independent Advocacy and harm reduction support to all those accessing MAT.

7.2 The ADP has undertaken a review of the Alcohol Pathway for Dundee, including an overall review of the harm as well as the detox and rehabilitation processes. A revised multi-agency pathway is now being developed. This work is being taken forward by a multi-agency group.

7.3 A Cocaine brief intervention training has been developed and has been rolled out in a few pilot areas to begin with. This strategy along with the Public Health Needs assessment for Cocaine and local data is helping to inform what is needed to provide the best evidence-based support for people using Cocaine. A new report detailing the best practice in treating people with Cocaine use problems is being incorporated into future plans to address this issue.

7.4 The Residential Rehab Pathway in Dundee is undergoing an independent review commissioned by the ADP. This will report soon, with recommendations of how the Partnership can continue to develop both the use of residential rehabilitation providers as well as supporting individuals to have similar support in their own community in Dundee.

7.5 Dundee Recovery Network continues to develop, with more involvement from those with lived experience contributing to Local Community Planning Partnerships, to the work within local communities and to the projects funded through the ADP 'Decentralised fund'. Dundee Recovery Network is moving towards being constituted, and Recovery Month received funding from the ADP which led to a range of more ambitious events being run to celebrate people's recovery.

7.6 Independent Advocacy (IA) continues to be available to all individuals accessing specialist substance use services, including the Shared Care scheme with Primary Care. Individuals with living experience report that this support has been key to help them remain in services and have access to all the support they need. Staff from all services have had access to REACH advocacy training in relation to a human rights-based approach to providing care and support to those using our services.

7.7 The Multi-Agency Consultation Hub (MACH) continues to facilitate joint decision-making and supporting individuals affected by substance use and mental health (SUMH). The MACH was discussed at a national mental health transformation conference facilitated by Health Improvement Scotland and many areas were keen to hear how Dundee has developed the model and solved issues like information governance.

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 Finance 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 OFFICER

DATE: 05 JANUARY 2026

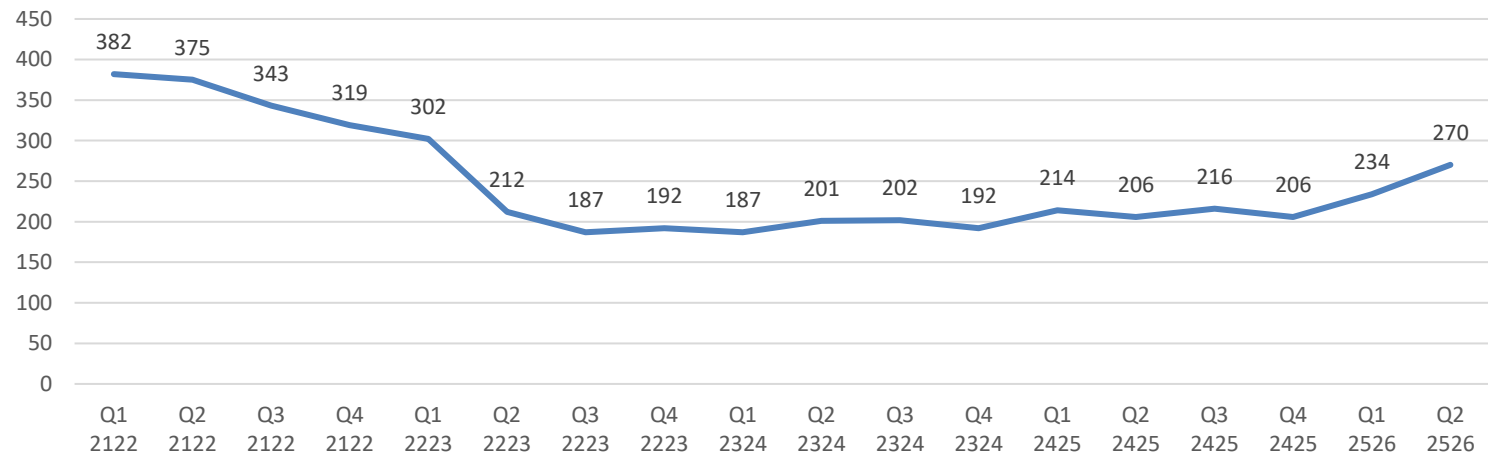
Russell Wood
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Appendix 1 Drug and Alcohol Services Indicators – Q2 2025/26

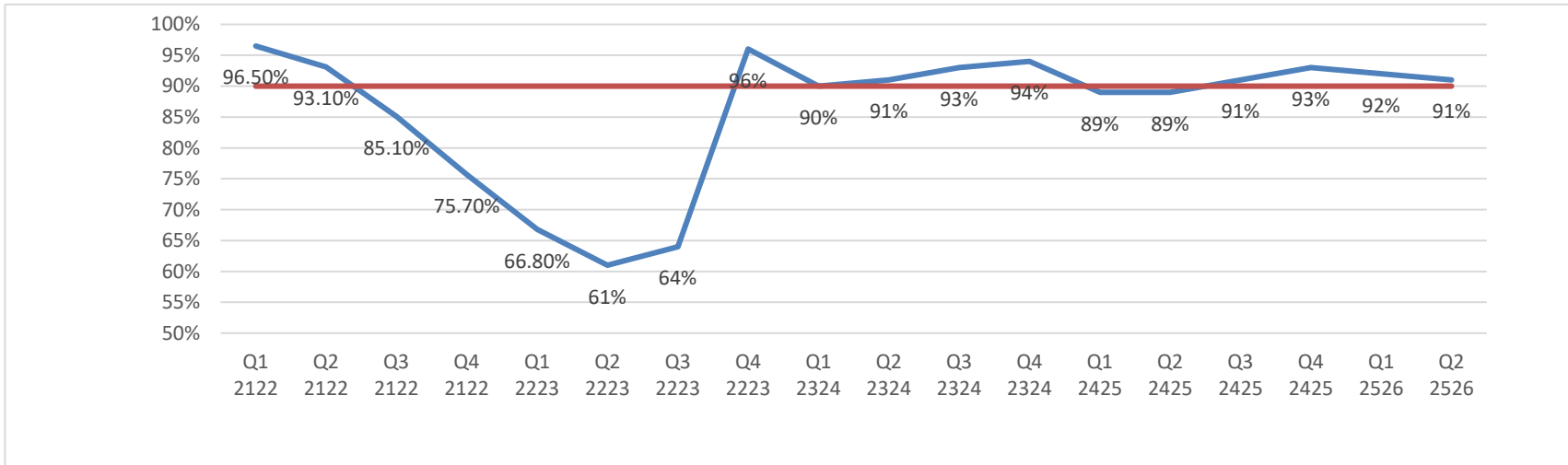
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	187	201	202	192	214	206	216	206	234	270		



The number of suspected near-fatal overdose incidents show a steady upward trend since Q4 24/25.

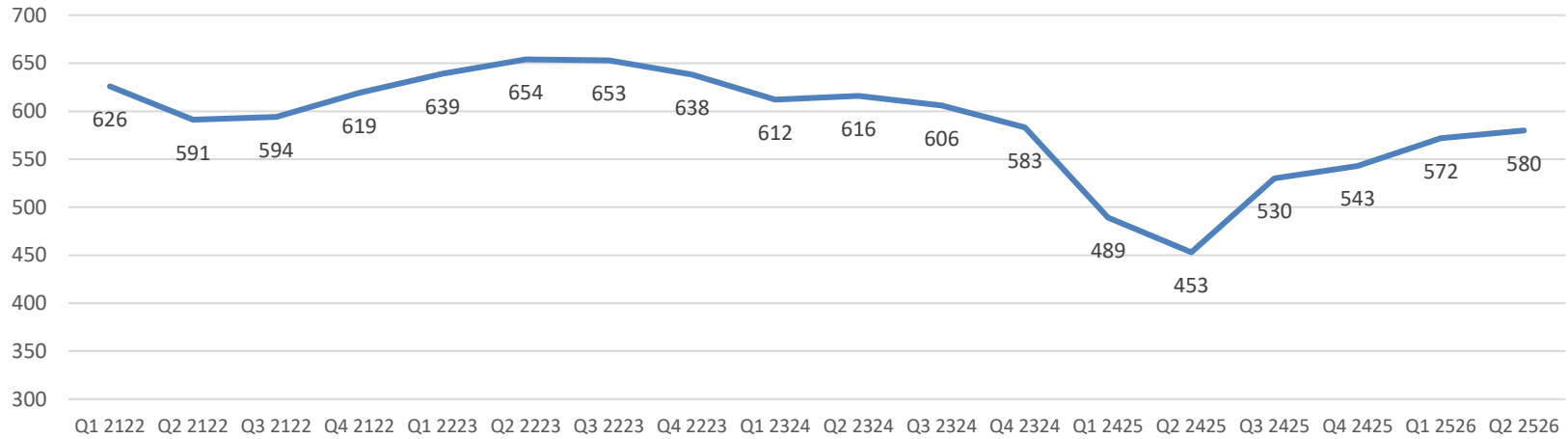
There has been a noted increase in cocaine and complex NFODS especially over summer months. This was noted nationally and partners in RADAR, the ADP and the Tayside Overdose Prevention group were aware early as the spike started and responded. A short life working group was established and focused on refreshing communication and harm reduction strategies and training.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
2. Percentage of people referred to services who began treatment within 21 days of referral	90%	91%	93%	94%	89%	89%	91%	93%	92%	91%		



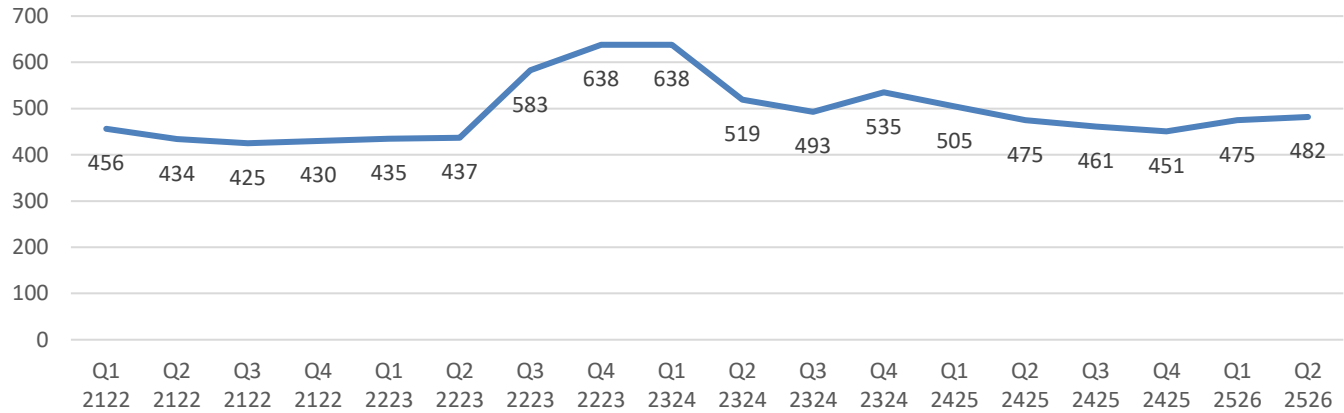
The 90% waiting standard is being met, represented by the red line on the chart.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
3. Number of referrals to alcohol treatment	612	616	606	583	489	453	530	543	572	580		



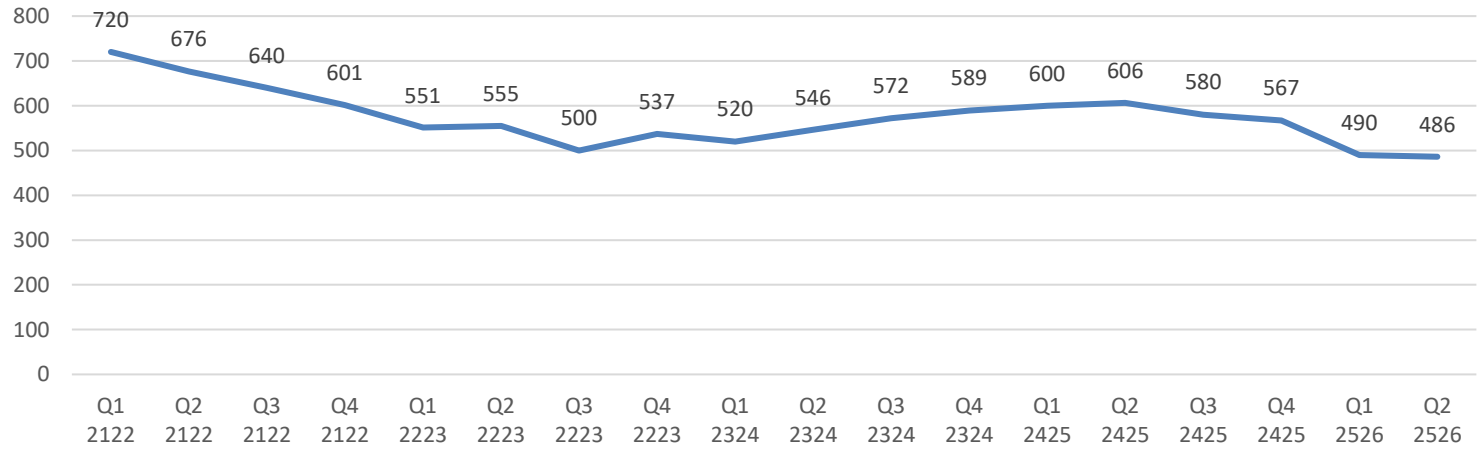
Referrals to alcohol treatment showed a declining trend up to Q2 24/25, followed by a gradual increasing trend from Q3 24/25 onwards.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
4. Number of individuals starting alcohol treatment	638	519	493	535	505	475	461	451	475	482		



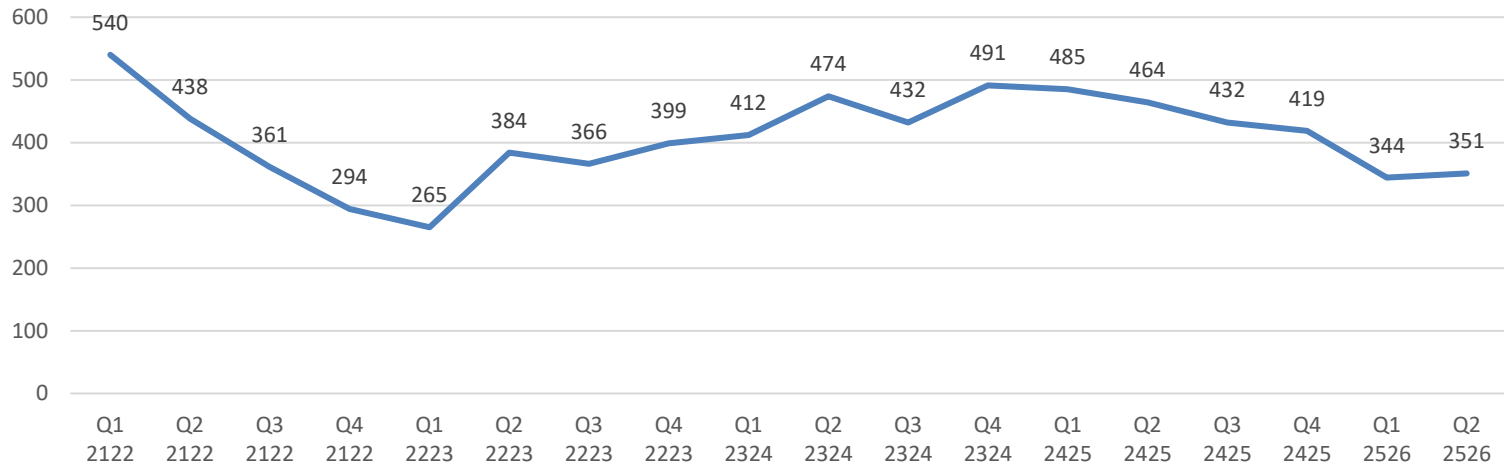
Numbers of individuals starting alcohol treatment has remained steady since Q2 24/25.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
5. Number of referrals to drug treatment	520	546	572	589	600	606	580	567	490	486		



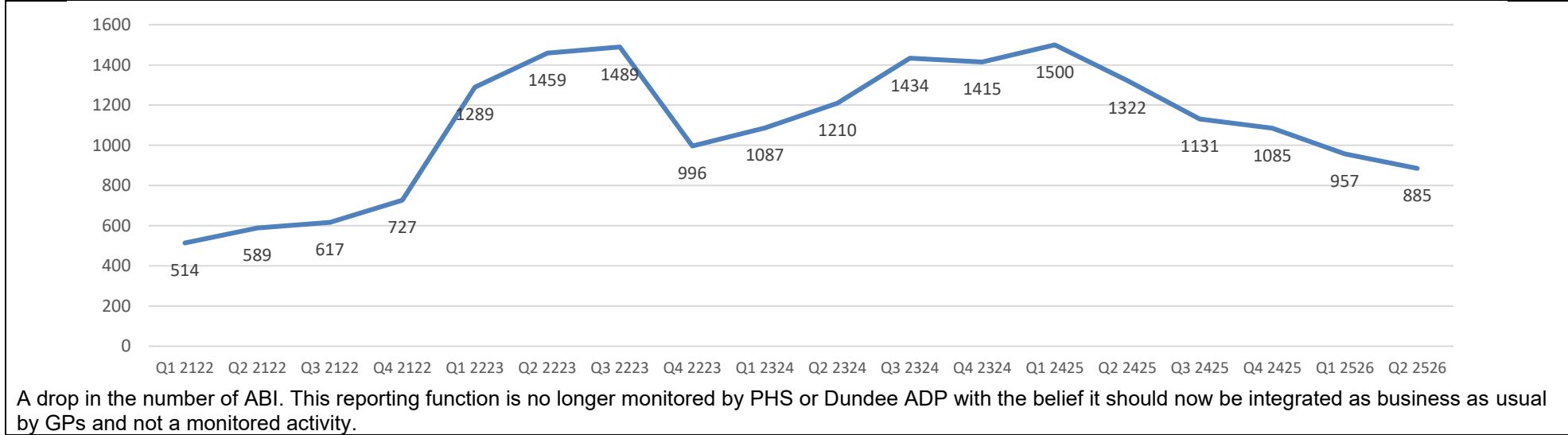
There has been a dip in number of referrals to drug treatment in the past two quarters.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
6. Number of individuals starting drug treatment	412	474	432	491	485	464	432	419	344	351		

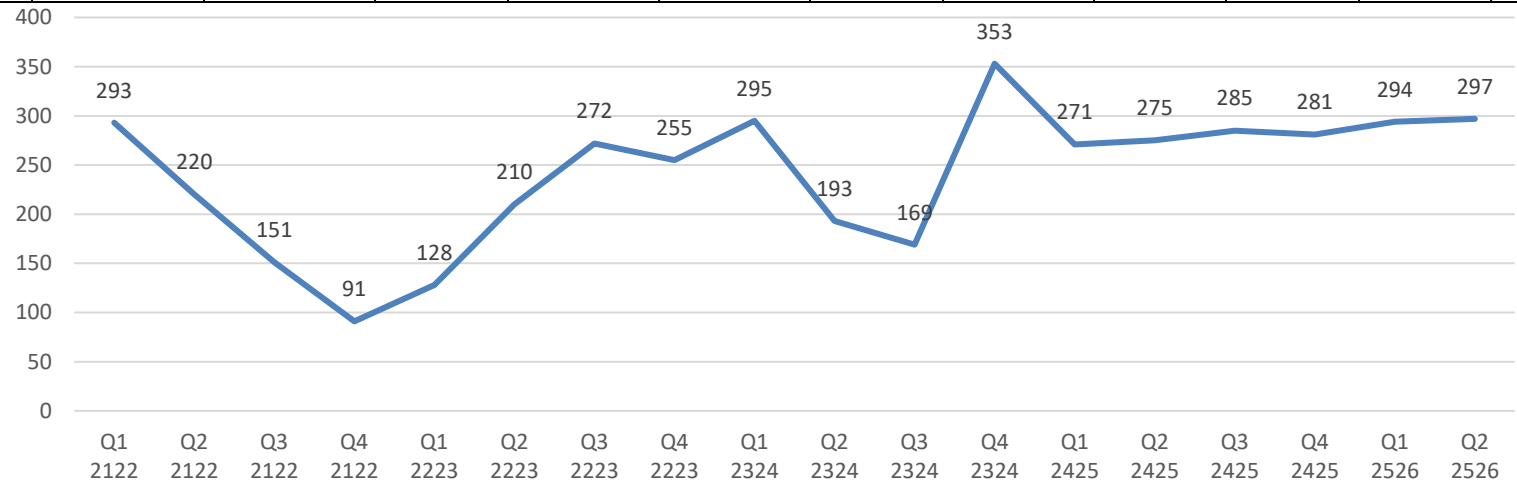


A decreasing trend in the number of individuals starting drug treatment since Q4 24/25.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
7. Number of alcohol brief interventions (ABI's) provided in Dundee	1087	1210	1434	1415	1500	1322	1131	1085	957	885		



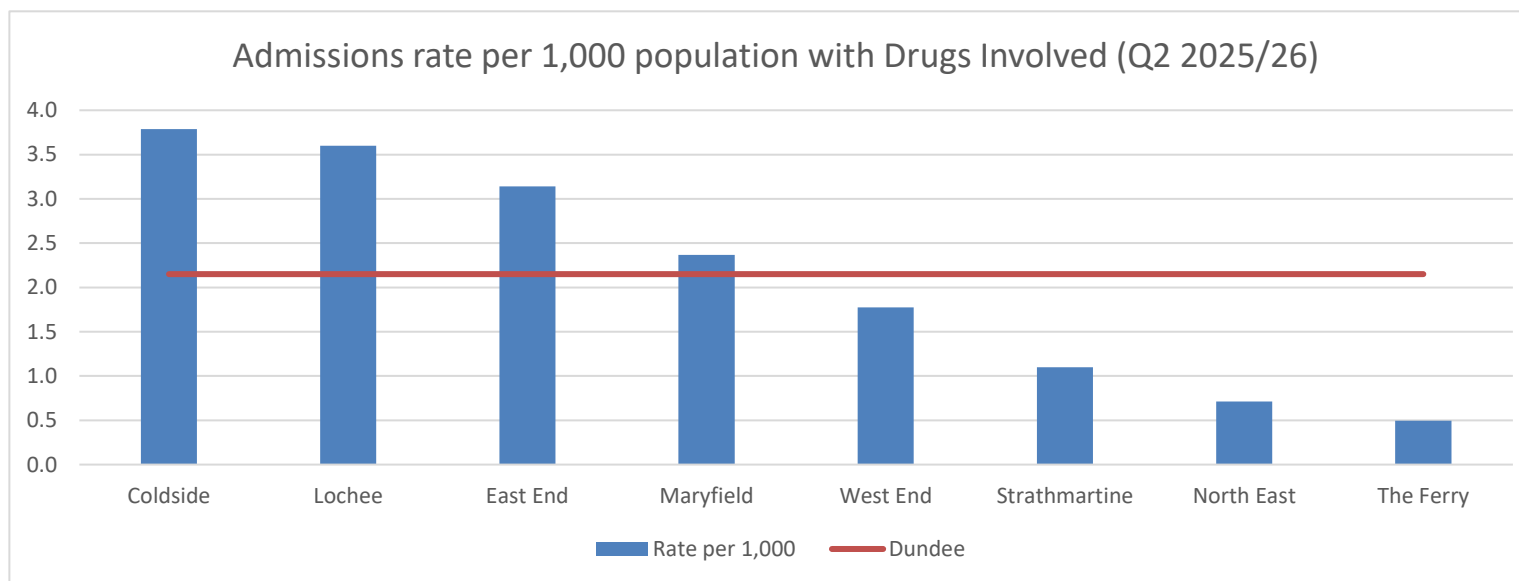
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
8. Number of unplanned discharges (service user disengaged) recorded in DAISY (alcohol, drug and co – dependencies)	295	193	169	353	271	275	285	281	294	297		



The number of unplanned discharges where the service user disengaged has increased. Due to limitations in system reporting it is not possible to determine if this was due to relapse, due to the person receiving an alternative positive intervention or due to the person completing detox and leaving the service prior to a fully planned discharge. Developments may be possible in MORSE following implementation period.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use	260 (2.0)	288 (2.4)	282 (2.3)	274 (2.2)	279 (2.3)	287 (2.4)	277 (2.3)	299 (2.4)	284 (2.3)	263 (2.2)		

The rate of emergency admissions where the reason for admission was due to drug use has remained fairly stable.

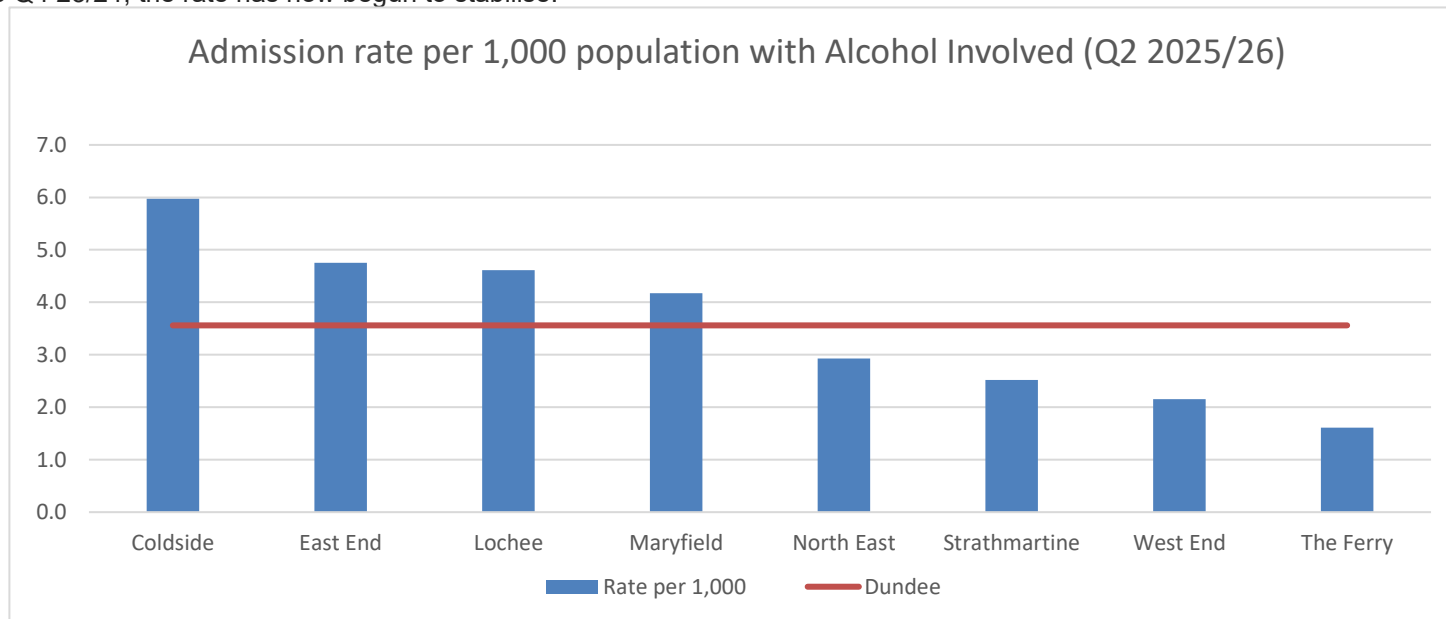


Source : Business Unit, NHS Tayside

For the period Q2 2025/26 (Oct 24 to Sept 25) Coldside had the highest rate per 1,000 population and The Ferry had the lowest. Please note that the numbers are relatively small, which may lead to fluctuations between quarters.

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use	462 (3.8)	488 (4.0)	472 (3.9)	487 (4.0)	461 (3.8)	445 (3.6)	446 (3.7)	424 (3.5)	432 (3.5)	435 (3.6)		

Gradual decline since Q4 23/24, the rate has now begun to stabilise.



Source : Business Unit, NHS Tayside

For Alcohol admissions, rate per 1,000 population, Coldside had the highest rate and The Ferry the lowest

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
11. Naloxone Spend in Dundee	£82,549.4	£68,926.6	£55,817.9	£43,239.8	£35,342.7	£42,885.8	£47,242.6	£52,656.40	62,223.00	66,662.10		
An overpayment was identified which was refunded to DHSCP in Feb 2024												
12. Naloxone – Resupply Used	323	293	268	255	243	238	258	266	287	292		
All repeats have been consistently reported as it is accepted some may not disclose 'used' as the reason for repeat supply												
13. Total number of Naloxone Kits Issued	1528	1548	1456	1222	1303	1274	1394	1459	1543	1590		

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.

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Indicator	Rolling 23/24 Q1	23/24 Q2 (Not rolling)	23/24 Q3 (Not Rolling)	23/24 Q4 (Not Rolling)	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS) and Dundee Drug Treatment Service (DDT)	Data for Q1 23/24 not available	£204,204.64	£196,178.98	£238,702.33	£825,912.32	£853,721.35	£897,310.04	£869,670.96				

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.

Please note that work is underway to review this indicator. Data extraction depends on multiple systems, which makes timely reporting challenging.