



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025**  
**REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 4**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC30-2025**

**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 2024/25 (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. 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 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.
- 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 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 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 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, Q4 24/25 also includes data for Q1 24/25, Q2 24/25 and Q3 24/25. 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 the Scottish Ambulance Service and Police Scotland has shown a slight increase, rising from 192 in Q4 2023/24 to 206 in Q4 2024/25.
- 6.2 The proportion of people who started treatment within 21 days of referral has remained high, from Q1 2023/24 onwards, consistently ranging between 89% and 94%. Although there was a slight dip in Q1 and Q2 2024/25, the waiting times standard has been met in the past two quarters.
- 6.3 The number of referrals for alcohol treatment has gradually declined over time, reaching a low of 453 in Q2 2024/25. This was followed by a modest increase rising to 543 in Q4 2024/25. Across Dundee the services are meeting the Scottish Government Waiting Times Standard (90% referral to treatment in 21 days)
- 6.4 The number of referrals for drug treatment services declined from Q1 2022/23, reaching a low of 500, before steadily increasing and peaking at 606 in Q2 2024/25. This was followed by a slight decline for Q3 and Q4 2024/25.
- 6.5 The number of Alcohol Brief Interventions (ABIs) decreased by 23% between Q4 23/24 (1415 ABIs) and Q4 24/25 (1085). The number of ABI peaked in Q1 2024/25 and have declined since. This is not required for National reporting, but we are collecting the data locally. It is not being used for development purposes but reflects the current level of delivery. There is a training program that supports this.
- 6.6 The number of unplanned discharges where the service user disengaged decreased by 20% between Q4 23/24 and Q4 24/25 (from 353 to 281).
- 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; this is 155 fewer deaths than in 2023. In 2024 in Dundee, there were a total of 42 deaths; this is a decrease of 4 deaths from 2023. 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 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 2024/25. 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:

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	Amber	Amber	Amber	Amber	N/A	N/A	Provisional Amber	Provisional Amber	Amber	Provisional Amber
2024	Provisional Green	N/A	Provisional Green	Provisional Green	Provisional Green	Provisional Green	N/A				
2025	Green	Green	Green	Green	Green	N/A	Green	Green	Green	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	2025	MAT 6 & 10 were assessed jointly but no RAGB score provided.
	Green		

During 2024-25 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 are quickly identified and supported to access treatment, and increasing numbers have opted out to be supported by the shared-care arrangements with Primary Care. We continue to prioritise Independent Advocacy and harm reduction support to all those accessing MAT.

A large proportion of frontline staff (89% on a Tayside basis) have completed appropriate psychologically and trauma informed training. Individuals with co-occurring drug and mental health difficulties can access mental health support in an integrated way.

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.

7.3 Following an initial process to develop a response to the impact of non-opioid use, a pathway for non-opioids brief-intervention and referrals was developed and is being tested. Specific workforce development sessions were delivered to help staff respond to non-opioids use. This work will continue as a key focus in the coming months. More specifically, the Cocaine treatment pathway for those using powdered cocaine is starting to take shape. A Cocaine brief intervention training has been developed and is being 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.

7.4 The Non-Fatal Overdose (NFOD) response has continued to develop and improve, with successful implementation of the A&E pathway. Work is also underway to improve harm reduction in acute hospital settings, primarily focussed on the provision of naloxone.

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. Longer-term funding is still to be secured for this support to be mainstreamed.
- 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). Adult with co-occurring SUMH requiring additional support, specialist care, treatment for their mental health and wellbeing, self-harm and/or substance use have a whole system, safe, person-centred and evidence-based care plan. In addition to MACH the MAT 9 work hosted by Health Improvement Scotland has begun to explore the pathways for Mental Health Crisis Support, Home treatment and Inpatient Care for people with Drug and Alcohol problems and mental health issues. The attendance and buy in from all partners in this work should be noted. The Mental Health Models of Care work is another piece of work being taking forward from a multiagency point of view that draws together the needs of people who experience problems with Mental Health and Drug and/or Alcohol under a strategic plan.

## 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.

Christine Jones  
Chief Finance Officer

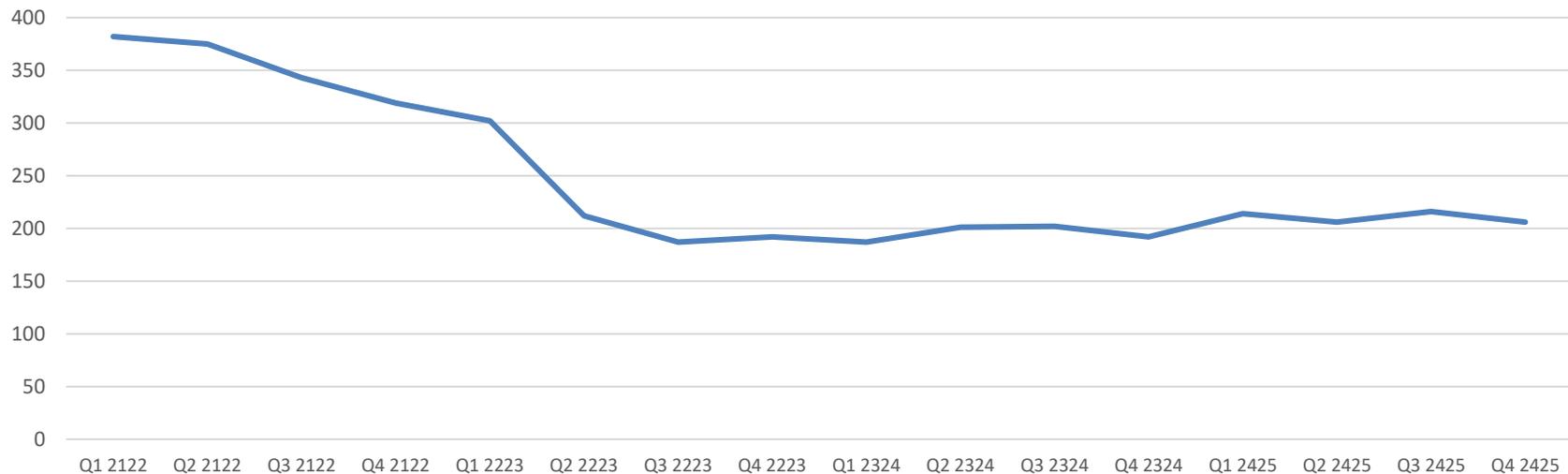
DATE: 10 August 2025

Shahida Naeem  
Senior Officer: Quality, Data and Intelligence

Lynsey Webster  
Lead Officer: Quality, Data and Intelligence

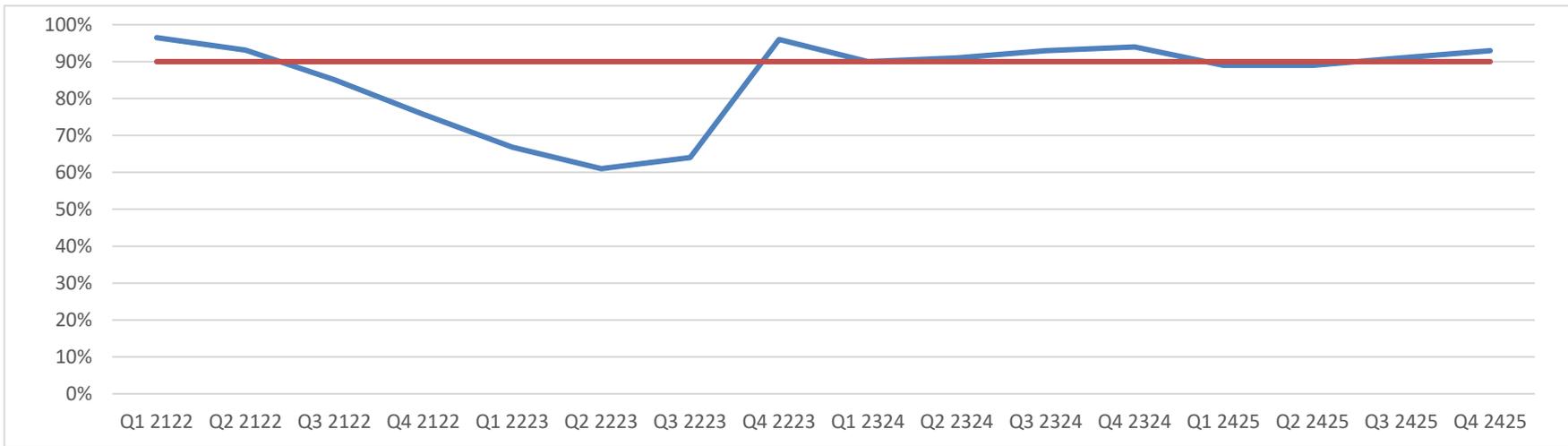
## Appendix 1 Drug and Alcohol Services Indicators – Q4 2024/25

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	302	212	187	192	187	201	202	192	214	206	216	206



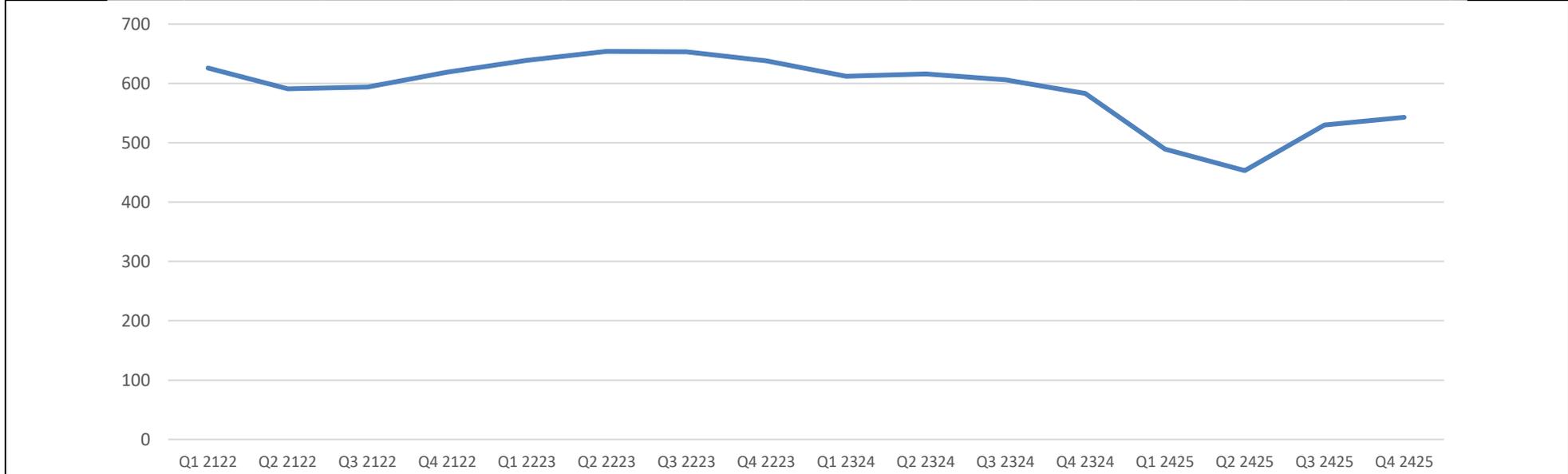
Over the last year a new referral route of direct notification from Ninewells has been incorporated into the existing NFOD pathway. This brought 43 referrals that would not have been notified via our previous procedures. As such comparing like to like for Q4 would indicate a decrease in NFODS reported via SAS.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
2. Percentage of people referred to services who began treatment within 21 days of referral	67%	61%	64%	96%	90%	91%	93%	94%	89%	89%	91%	93%



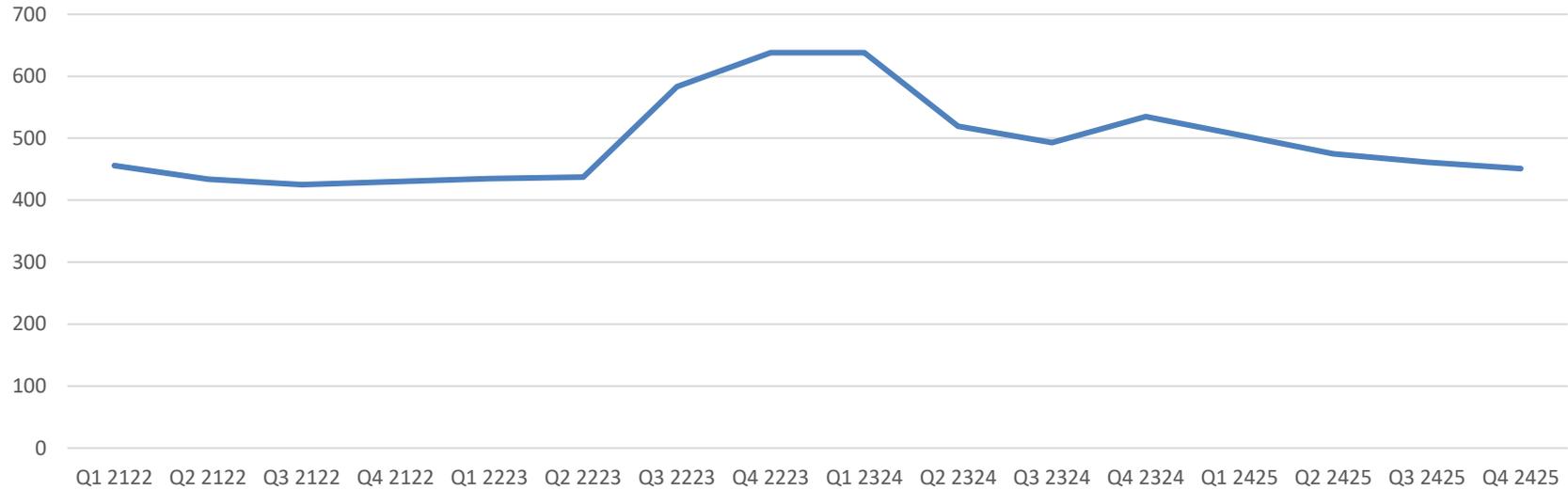
The 90% waiting standard is being met, represented by the red line on the chart.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
3. Number of referrals to alcohol treatment	639	654	653	638	612	616	606	583	489	453	530	543



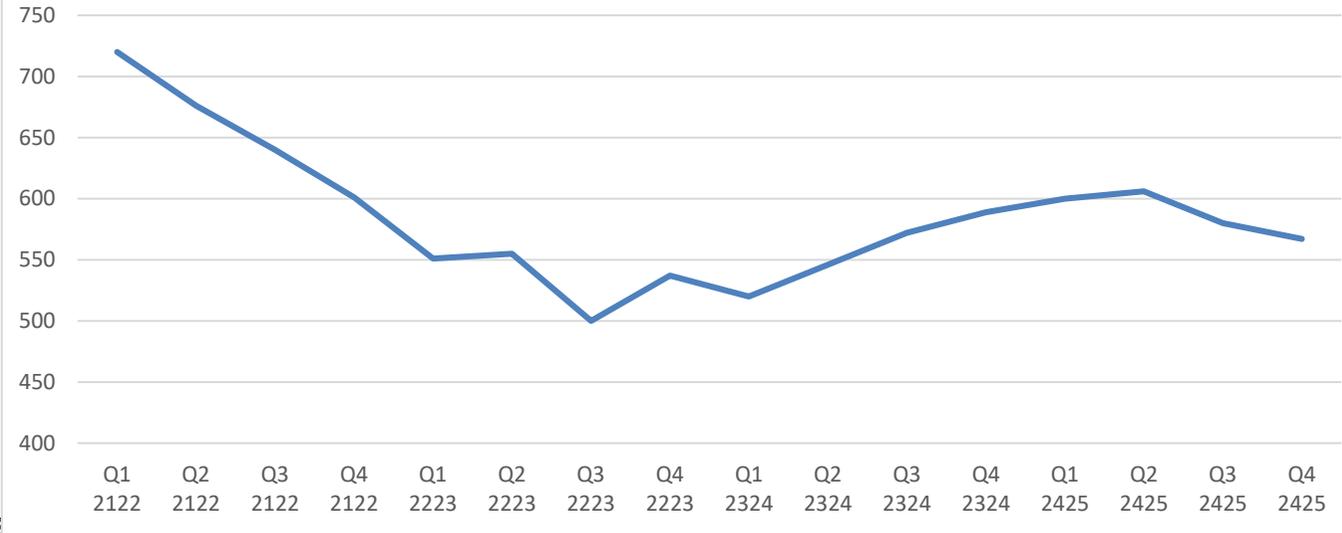
There continues to be a steady number of new referrals.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
4. Number of individuals starting alcohol treatment per quarter	435	437	583	638	638	519	493	535	505	475	461	451



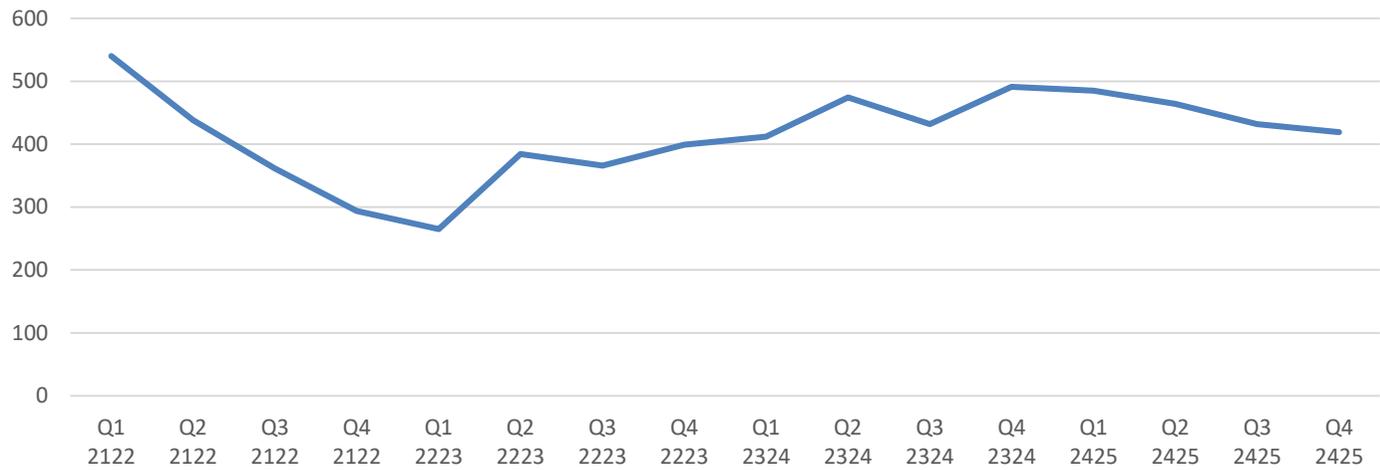
This is remaining low relative to the large numbers of treatment starts at the end of 22/23

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/25 Q4
5. Number of referrals to drug treatment	551	555	500	537	520	546	572	589	600	606	580	567



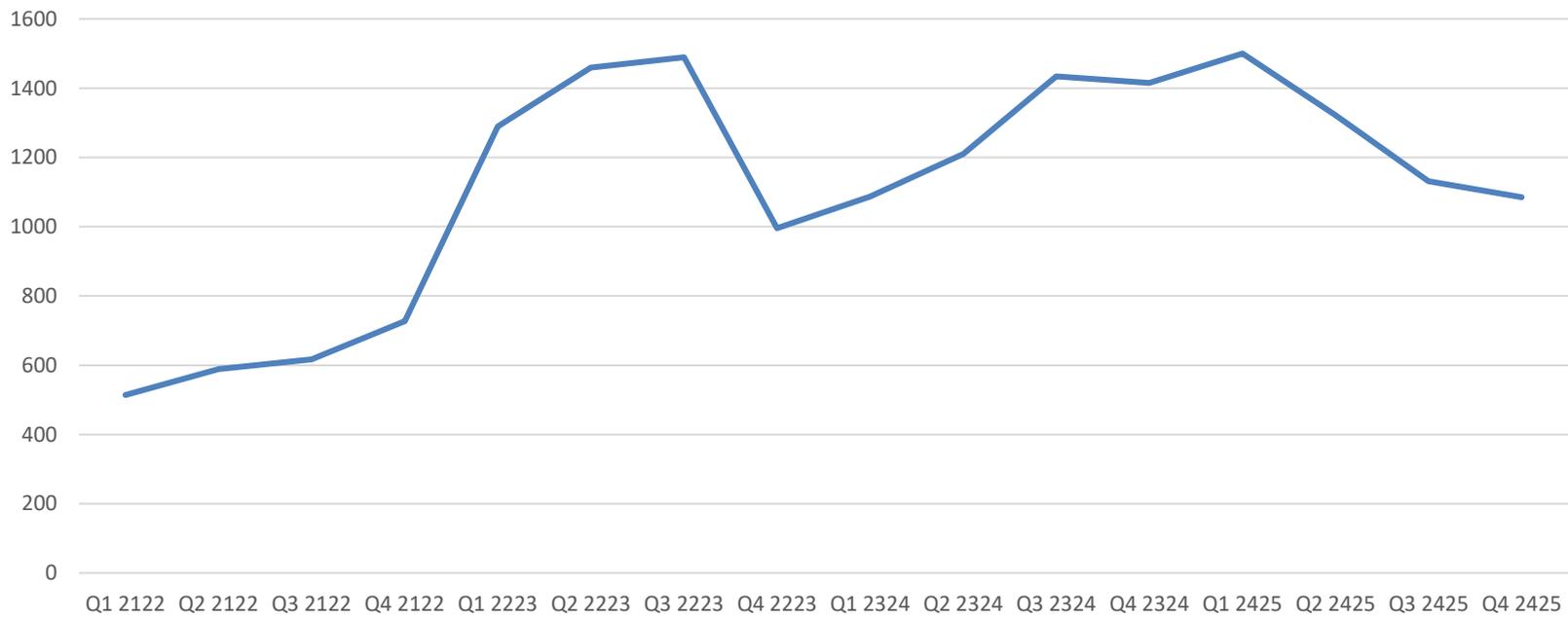
There continues to be a steady number of new referrals

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
6. Number of individuals starting drug treatment per quarter	265	384	366	399	412	474	432	491	485	464	432	419



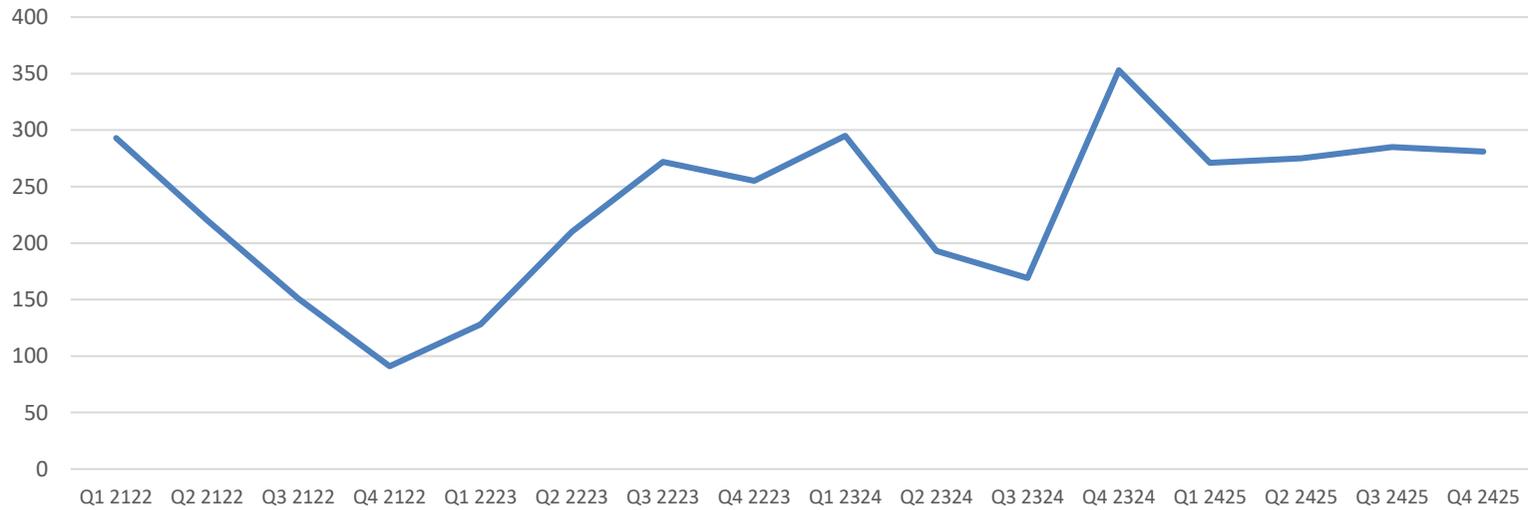
A decrease in treatment starts may reflect the changing profile in drug use in the city. 50% of people are self reporting cocaine as the main drug used and this is reflected in urine drug testing

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
7. Number of alcohol brief interventions (ABI's) provided in Dundee	1289	1459	1489	996	1087	1210	1434	1415	1500	1322	1131	1085



Some GPs now considering this business as usual and not recording as not lucrative timewise to do so. PHS no longer recording this indicator.

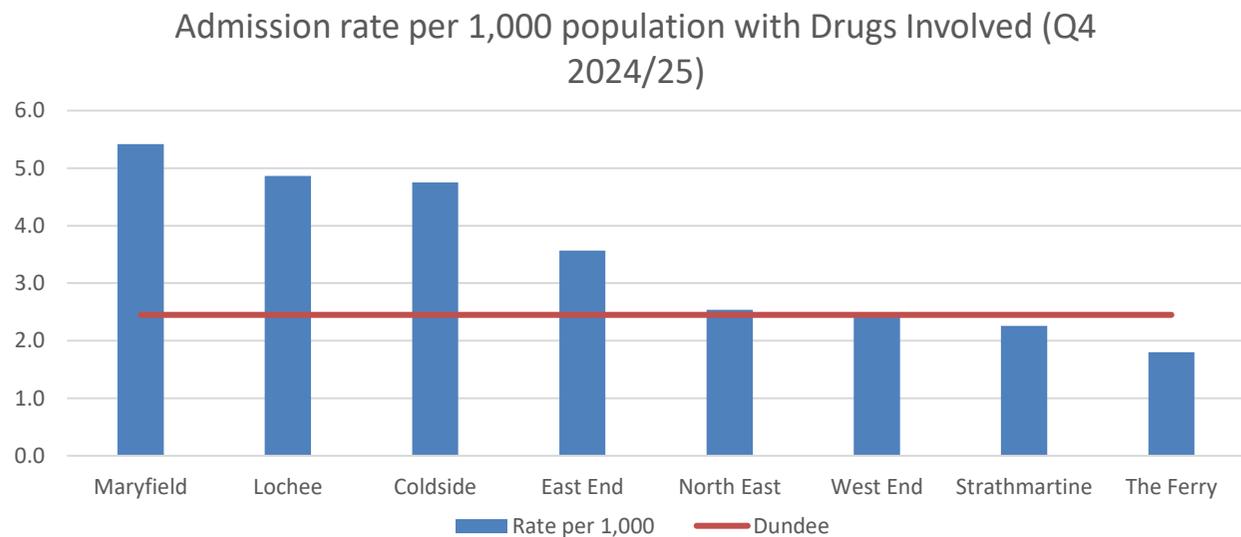
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/24 Q3	Rolling 24/3 Q4
8. Number of unplanned discharges (service user disengaged) recorded in DAISY	128	210	272	255	295	193	169	353	271	275	285	281



There are several caveats to this indicator. All 3 Tayside areas have chosen to no longer report on this indicator. It is often the default option used for data cleaning and patient re-entered on the system so the indicator can be influenced by system coding changes and updates such as the recent DAISy review. Changes to recording practice are also likely to be influenced by MAT 5 and MAT 7 where discharges, shared care and patient choice are not fully mirrored by DAISy recording options

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use	356 (3.2)	287 (2.9)	260 (2.4)	238 (2.1)	260 (2.0)	288 (2.4)	282 (2.3)	274 (2.2)	279 (2.3)	287 (2.4)	277 (2.3)	299 (2.4)

Decline since Q1 22/23. Rate per 1,000 has now stabilised



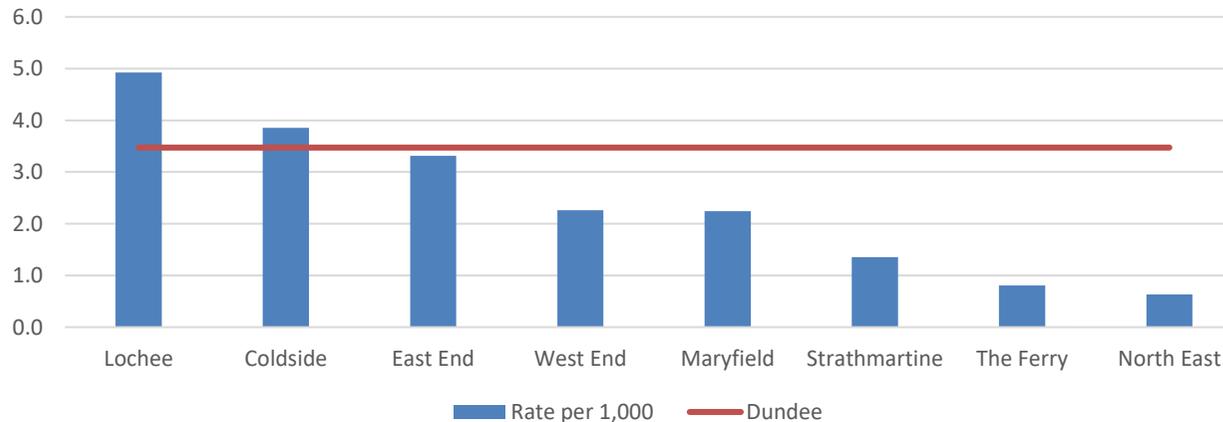
Source : Business Unit, NHS Tayside

For the period Q4 2024/25 (April 24 to March 25) Maryfield had the highest rate per 1.000 population and The Ferry had the lowest.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use	466 (3.8)	456 (3.7)	438 (3.6)	422 (3.5)	462 (3.8)	488 (4.0)	472 (3.9)	487 (4.0)	461 (3.8)	445 (3.6)	446 (3.7)	424 (3.5)

Gradual decline since Q4 23/24. Rate per 1,000 fluctuating between 3.5 to 4.0

Admissions rate per 1,000 population with Alcohol Involved (Q4 2024/25)



Source : Business Unit, NHS Tayside

For Alcohol admissions, rate per 1,000 population, Lochee had the highest rate and North East the lowest. Lochee and Coldside were the only 2 LCPP that had a higher rate than Dundee.

Indicator	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	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
11. Naloxone Spend in Dundee	£64,098	£70,622	£80,675	£77,134	£82,549.4	£68,926.6	£55,817.9	£43,239.8	£35,342.7	£42,885.8	£47,242.6	£52,656.40
An overpayment was identified which was refunded to DHSCP in Feb 2024												
12. Naloxone – Resupply Used	353	388	398	410	323	293	268	255	243	238	258	266
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	1944	1715	1602	1630	1528	1548	1456	1222	1303	1274	1394	1459
<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 supply will be observed for a short period before starting to issue replacement kits.</p>												

Indicator	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 Q4 (Not Rolling)	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS) and Dundee Drug Treatment Service (DDT)	£589,455	£531,573	£492,637	£426,306	Data for Q1 23/24 not available	£204,204.64	£196,178.98	£238,702.33	£825,912.32	£853,721.35	£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.

Note rolling data will recommence Q1 2024/25

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