**Edinburgh Alcohol and Drug Partnership**

**Annual Report 2022-23**

This report describes key developments and performance of the Edinburgh Alcohol and Drug Partnership (EADP).

Alcohol and Drug Partnerships (ADP) were established at local authority level to develop responses to alcohol and drug related problems. Membership of Edinburgh ADP (EADP) includes lead officers from Police Scotland, NHS Lothian, the Third Sector, Scottish Prison Service, and the City of Edinburgh Council.

ADPs are required to submit a strategy and delivery plan to the Scottish Government. In 2020/21, the ADP developed a strategic plan in response to the new national strategy, “Rights, Respect and Recovery”. <https://www.edinburghadp.co.uk/wp-content/uploads/2022/06/EADP-Strategic-Plan-2021-2024-1.pdf>

In line with that strategy, this document is structured into five outcome areas:

1. Prevention and Early Intervention
2. Developing Recovery Orientated System of Care
3. Getting it right for Children, Young People and Families
4. A Public Health Approach to Justice
5. Developing an Alcohol Framework

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# **Executive Summary**

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| **Key Achievements in 2022-23** |
| A central clinic was established offering same day prescribing.  2,987 people were engaged in drug treatment.  3rd sector partners provided psychosocial support and counselling for 3097 people with drug and alcohol issues.  15% of clients using opioid replacement treatment received Buvidal – an increase of 13% from 2021/22.  70 families, comprising 84 parents, 110 children and young people were engaged in intensive, whole family support.  Residential rehabilitation places at LEAP were increased from 20 to 28 places, supporting 112 treatment episodes per year across Lothian.  Inpatient detoxification places at the Ritson Clinic were increased from 8 to 12 beds.  2,172 Take Home Naloxone Kits were supplied.  Peer Researchers conducted 58 guided interviews with people using the Access Place and community services – lots of valuable learning to build on and create further improvements.  The successful grants programme addressing social isolation was extended for a further two years creating more opportunities for people to build social networks and relationships.  **Edinburgh Recovery Activities (ERA) p**rovided a wide range of recovery activities including arts group, walking and fishing groups and barge trips on Union canal and the opportunity to progress through volunteering to paid work.  Feasibility research into safer drug consumption facilities and drug checking services commissioned.  Progress was made on all MAT standards and plans are in place to meet Scottish Government targets.  3,504 young people received information, advice and signposting through drop-in services and 1056 children and young people engaged in drug and alcohol awareness programmes.  132 young people engaged in specialist early intervention and treatment. |

**Developments and Progress for each Outcome Area**

### **1. Early Intervention and Prevention**

### **Early Intervention Commissioning Plan** - Young People’s Substance Use Services (YPSUS) encompassing a number of different providers deliver early intervention for young people affected by substance use.

### **1.2** **Education and prevention** - **The Junction** has developed a comprehensive package of drug awareness programmes for young people from Primary 7 to senior phase, which meets with government and EADP outcomes for prevention and early intervention. The drug education and awareness events are all age and stage appropriate and cover all aspects of drugs and their use ensuring the programmes keep up to date with current drug trends. In total **108** sessions were delivered to **756** young people with **1,712** contacts.

### **1.3** **Staff Training** - Five members of the youth work team at **Muirhouse Youth Development Group** (MYDG) attended training on substance use to support their work with young people, many of whom had been talking about drugs, alcohol and their use. The **Junction and LAYC** are working in partnership to provide training sessions as part of their learning and development programme which supports their mission to strengthen the quality of youth and children’s work across Edinburgh and the Lothians. Training runs from September to June each year and is designed in consultation with member groups. The first session was attended by **11** participants from various youth work backgrounds and evaluation by LAYC highlighted that staff felt more empowered to have conversations about difficult topics with young people.

**1.4** **Young Peoples Substance Use Services** (YPSUS) provide an early intervention and treatment service to young people affected by substance use and meet monthly to share good practice, information on trends and other support services and evidence. YPSUS comprises:

**1.4 (a) The Junction** aims to identify and deal with the complex needs of young people, not just their substance use needs. Specialist assessments are carried out which lead to a planned care package for those engaging with one-to-one support The individual support offered aims to meet all the needs of young people and provides a holistic approach. 1**3** young people received one to one support with **132** sessions attended.

The Junction also operate open access provision where young people can access support on any topic or issue. **47** open access inputs took place, with 64ad-hoc engagements with young people relating to substance use, **38** of these engagements were for young people’s own substance use, and **26** engagements related to parental substance use. These sessions focused on harm reduction and the impact substance use may be having on their lives helping young people to build their coping skills.

**1.4 (b) Circle** provides a support service in Northwest Edinburgh to young people affected by their own substance use, their parents or siblings use or a combination of both. The service provided direct ongoing support to **21** young people. It evaluates very well across a range of outcomes including, reduction/stopping substance use, improved mental and physical health, improved engagement with education, increased confidence and improved family and social relationships.

**1.4 (c) CREW 2000** provides shop front access at their premises, contact at outreach events and online. Key achievements this year include:

* Provision of advice, information and signposting to **3,504** young people between the ages of 12 and 25.
* Brief interventions delivered to **282** young people concerned about their own use or that of family or friends.
* **71** frontline staff attended drugs and young people’s support education sessions from a variety of agencies.
* **37** people accessed Take Home Naloxone training and kits from Crew Drop-in, **24 (65%) being aged 16-25 years.**
* **88%** of young people reported that they knew more about the effects of drugs including alcohol and **61%** reported or demonstrated making positive changes in their behaviours.

**1.4 (d) Adolescent Substance Use Service** (**ASUS) - t**his is a specialist nurse post (0.6 WTE) which sits within the Addiction Treatment and Recovery Care department of the Royal Edinburgh and Associated Hospitals and is co-located and works collaboratively with the City of Edinburgh Council’s Young People’s Service. It provides Tier 3 and 4 treatment response to young people aged 18 and under with multiple and complex needs and experiencing problems with their drug and/or alcohol use. The service helped young people make improvements across all areas of an agreed subset of Shanarri indicators. The service responds to non-fatal overdoses among young people who have attended A and E or been attended to by the Scottish Ambulance Service and offers an appointment to provide treatment and support. The service received 70 referrals and worked with 98young people.

EADP has provided additional funding to expand the post to full time for the period of the National Drugs Mission recognising the unique specialist service offered by ASUS.

**1.5** YPSUS services are supported by a combination of different funding sources including EADP, other Council sources and charitable trusts and funds. Service funding gaps have been supported in the short term from EADP underspend but this is not sustainable longer term. EADP has confirmed funds to extend the ASUS service, which is a key resource, but a coherent service delivery plan and funding package is needed to support all young people’s services.

## **2. Developing Recovery Orientated Systems of Care**

**2.1** The **Medication Assisted Treatment** (MAT) Standards are nationally set standards to improve the speed, capacity, and quality of treatment for drug users. They are a central element of the national mission to reduce drug related deaths and are key to local and national drug strategies.

Substantial investment has been committed by the Scottish Government to ensure that they are achieved. in April 2023 performance was jointly evaluated with the National Implementation Team with different status being conferred for each target. (Red, Amber, Provisional Amber, provisional Green or Green). The summary is included in Appendix One.

In general there have been some improvements and EDAP is broadly in line with national performance but we remain amber for several targets and it’s those standards that we will focus on in 2023-24.

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#### **2.2** **MAT Standard 1: All people accessing services have the option to start MAT from the same day of presentation.**

**RAG status: Provisional Amber**

The ADP and partners have an agreed plan for a central clinic offering same day treatment. Elements of this have been put in place – the procedures, location and partial staffing - but full implementation was delayed due to recruitment challenges. There has been significant improvement at Edinburgh Access Place, and we achieved an amber status.

The standard requires 75% of patients to start treatment within 1 day.

*Table 1: Number of days taken to get each 25% of people into treatment (days from first contact to treatment start).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First 25% | First 50% | First 75% | 100%  (longest delay) |
| Edinburgh 2023 | 0 days | 3 days | 12 days | 68 days |
| Edinburgh 2022 | 0 days | 10 days | 14 days | 142 days |

**2.3** **MAT Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.**

**RAG status: Provisional Green**

The key development to support delivery of this standard was the roll out of Buvidal (a new medication formulation with significant advantages). Despite recruitment challenges, Edinburgh achieved provisional green status due to the steady, welcome rise in numbers of people treated with Buvidal rising from 2% of ORT patients in 2020/21 to 6% in 2021/22 to 15% in 2022/23.

#### **2.4 MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT**

**RAG status: Amber**

Edinburgh has an established network of teams who reach out to people who are identified as being in crisis and at high risk of drug related death and harms. Data submitted for MAT reporting indicates a high level of reach with people referred as being in crisis and requiring assertive outreach were typically reached within two days by Police, Voluntary Sector or Treatment services. However, this was below the targets set by the Scottish Government resulting in the Amber grade.

*Table Two: Number of days between first being brought to attention of services and first contact, all community services, March 2023 (n=64)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First 25% | First 50% | First 75% | 100%  (longest delay) |
| Edinburgh 2023 | 1 days | 2 days | 6 days | 68 days |

#### **2.5 MAT Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery.**

**RAG status: Amber**

Most interventions are available in most settings, andit is anticipated that the current work plus planned actions which include rolling out training to the whole workforce will deliver the standard over the course of 2023-24

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**2.6 MAT 5. All people will receive support to remain in treatment for as long as requested.**

**RAG status: Provisional green**

This standard requires that an additional 276 people are treated by a system of care which is already experiencing difficulties with capacity. Within previous resource constraints (funding, premises, available workforce) and models, meeting the existing pressures and new expectations was not possible. 2022/ 2023 saw the roll out of the previously agreed plan of recruitment and process improvements with three key aims:

* Reducing caseloads in hub services
* Developing low intensity care in community settings
* Maximising use of primary care

Although some progress has been made with these, risks and challenges remain most particularly with the recruitment of skilled clinical staff.

**2.7** There was no national expectation that standards 6- 10 would be met during 2023-24. However, these standards will be expected to be delivered in 2023-24 and achieved in criminal justice as well as community settings (DTTO, Court, HMP Edinburgh and Police Custody).

**2.8 MAT Standard 6: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.**

**Rag status: Amber**

NHS Clinical Psychology have led the work of developing psychological therapies in the system of care, delivering training and mentoring to staff in all sectors. 3rd sector and NHS services provide psychosocial interventions and support people to develop their social networks to enhance their recovery. A small grants programme was funded to provide access to meaningful activity and social engagement for people who are socially isolated. All services take a trauma informed approach and staff are trained accordingly.

**2.9 MAT Standard 7: All people have the option of MAT shared with Primary Care.**

**Rag Status; Provisional Amber**

This is especially well developed in the Lothians. Additional QI capacity will be established to work on maximising capacity in primary care and improving joint working between primary and secondary care.

**2.10 MAT 8. All people have access to advocacy and support for housing, welfare and income needs.**

**Rag Status: Amber**

The contract for advocacy was re-tendered and contracted to Advocard and development sessions were held with Hub services to promote access to advocacy.

**2.11 MAT 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.**

**Rag Status: Amber**

An initial plan for improvement and integration between MH and substance use services was agreed and implementation will follow in coming year.

**2.12 MAT 10. All people receive trauma informed care**

**Rag Status: Amber**

Clinical Psychology have developed a plan for the rollout of trauma informed practice, Within the Edinburgh Access Practice and in all hubs there are dedicated Clinical Psychology roles which deliver reflective practice sessions and assisting staff with client formulations.

### **2.13** **Take Home Naloxone distribution**

Naloxone is an opioid antagonist which can temporarily reverse the effect of an opioid overdose; this provides more time for emergency services to arrive and further treatment to be given. The ADP strategic aim to reach the maximum number of people who may witness an overdose. Naloxone continues to be distributed within key settings: injecting equipment provision outlets, drug services, homeless services, GP surgeries and pharmacies.

Due to a change in the Lord Advocate’s guidance, we can now train non-drug treatment agencies to supply naloxone. New services now delivering naloxone in 2022-23 in Edinburgh included:

* Harmony Social Care
* Four Square
* Edinburgh & Midlothian Offender Recovery Service (EMORS)
* HMP Edinburgh Peer Programme
* Edinburgh Access Practice

**2.14** Funding was also provided by the Scottish Government to ensure all of Lothian Police Force were carrying Nyxoid (naloxone nasal spray) and it has been successfully used by them on several occasions as reported in the media. NHS Lothian’s Harm Reduction Team has worked in partnership with Public Health to improve the recording of Naloxone supplies and to ensure there is no room for error within the recording database.

### **2.15** **Assessing the Feasibility of an Edinburgh Drug Consumption Room and of an Edinburgh Drug Checking Service:**

Drug Consumption rooms are supervised, legally sanctioned (or tolerated) facilities where individuals can consume their own drugs, supervised by trained people who can intervene to prevent overdose. They also usually offer pathways to other interventions to reduce harm. They are legally complex as they entail allowing drug use on premises (in apparent contravention of the Misuse of Drugs Act). Glasgow H&SCP and the Scottish Government are testing the legal options; alongside partners in the Crown Office, Procurator Fiscal Service and Police Scotland, Glasgow are working to develop a service specification which would enable the Lord Advocate to provide assurance that prosecution would not be considered to be in the public interest.

The City of Edinburgh Council (20 June 2022) debated the prevention of Drug Deaths and agreed that it “*Calls on the Council to work with partners in health and criminal justice to provide a report. into the feasibility of supporting an official Overdose Prevention Centre trial in the City.”* It subsequently requested similar research regarding Drug Checking Facilities. Both of these were supported by the ADP.

Edinburgh will not be able to proceed with a Drug Consumption Room (DCR) until Glasgow’s more advanced process is completed and the legal issues are clearer. The ADP commissioned study (led by the University of Stirling) will be invaluable to establish whether any model of DCR and/ or Drug checking service would be consistent with local need and to describe options for implementation of these interventions. It will also identify the costs entailed and possible sources of funding through SG, ADP and other routes.

### **2.16 Expansion of Residential Rehabilitation capacity:**

Expanding access to residential rehabilitation is a key strategic priority for the ADP and the Scottish Government. For Edinburgh residents, most of the rehab provision is delivered by the LEAP programme and its associated pathway through the Ritson detox unit. Family and peer support, out of hours care and accommodation, aftercare support and accommodation, employability and meaningful activity projects and social work support are part of the support offered. Pre COVID, LEAP had capacity to treat 20 people at a time, equating to 80 to 90 people per year (approximately 60% of whom are typically Edinburgh residents).

Following the announcement of additional Scottish Government and ADP funding being available for Residential Rehab, LEAP and its partners developed a bid with the aims of:

* Increased capacity in Ritson Clinic from 8 beds to 12 beds
* Increased capacity at LEAP by from 20 places to 28 places
* Supporting 112+ residential treatment episodes per year in Lothian
* Supporting 600+ places over the five years of the fund
* Increased access for vulnerable groups
* Removal of barriers to treatment
* Improved quality of aftercare provision
* Allowing groundwork for a more ambitious East of Scotland regional approach

This proposal was supported and funding allocated by the Lothians ADPs and the Scottish Government.

In 2022-23, three new major workstreams in this area of work commenced:

* **Securing out of hours accommodation and support for additional residents.** This was established through Cyrenians for this year.
* **Developing a general improvement plan for residential rehab** based on national expectations for access and choice - this work is being supported by Heatlhcare Improvement Scotland (HIS)
* **Improving the process of assessment and admission to rehab.** As noted in appendix 2, 2022-23 saw a fall in numbers of people from Edinburgh accessing rehab, despite the available capacity expanding. This arose from delays in the assessment process which have been partially resolved but remain vulnerable. Developing a more robust and sustainable process for this is an important project for 2023-24 which is being undertaken by REAS, the ADP and the Health and Social Care partnership supported by HIS.

**2.17 Community development - Reducing Isolation**

The EADP/ IJB Community Development Innovation Fund was launched in 2019. It provides a programme of individual grants to meet the following outcome:

*To reduce isolation for high risk drug and alcohol users by providing access to meaningful activity and social engagement, especially for those in medication assisted recovery and those who are not seeking abstinence.*

The aim was to encourage a wide range of small projects, each embedded in a particular community and responding to its needs. In 2022-23, a second round of grant giving was completed, with an annual budget of £240k per annum for 2 years. The grants were to 10 small but valuable projects across the city.

### **2.18** **Visible recovery: Recovery community activity and peer support**

Contact with people who have open lived experience of substance use and recovery can have a powerful impact on those seeking help, change and hope. The Edinburgh system of care tries to ensure that this is available wherever it is needed.

Mutual Aid activity (organised and informal support of one person in recovery to another) remains the largest source of support for those in recovery from addiction in Edinburgh. Professional services continue to engage people with this unique source of experience, strength, and hope where possible. They also promote engagement with the local recovery community (see Edinburgh Recovery Activities, below)

There are individuals in active recovery working as volunteers or paid staff in each of the Hub teams as well as in rehab, the Access Place and Harm Reduction teams. They are having a significant impact on the work of those services both through their direct impact on those in need and through the unique perspective they bring to staff groups.

There is a commitment from the EADP to ensure that there are effective support mechanisms and pathway for those with lived experience to safely develop their confidence and skills and to progress in their careers in our services. Edinburgh offers a number of developmental opportunities for peer workers, including peer research work, involvement of peers in naloxone distribution and assertive outreach and gaining employment through the Addiction Workers Training Project, CGL and Turning Point Scotland.

A large proportion of the outreach workers who intervene with the most vulnerable people in crisis have open lived experience, including the workers attached to the police-led initiative “Operation Threshold” (see above). Peers also provide the largest distribution outlet for take home naloxone through a CGL-run peer outreach project.

**2.19** **Edinburgh Recovery Activities (ERA).** The service provides a wide range of activities online and in person and the development of a huge community of mutual support. The activity it supports includes:

* **Groups**: The weekly Community Cafe event sees not only many individuals and new faces, but lots of other organisations bringing community members along. The fishing group continues to be incredibly busy and well attended, with visits to other areas outside of Edinburgh already planned. Likewise, the Arts group has a substantial plan for further Museum visits and tours, Gallery visits and theatre productions. ERA is currently working with a specialist puppeteer group who are planning to put on a show during the festival. The creative writing group, now with 2 books published, have begun work on ERAZine which will allow others to see the exceptional quality of the work produced within the group. These will be distributed at our events, taken to other organisations and sent out to anyone interested via post. The Adventure Walking group, now with access to a minibus, plan to take walkers further afield. In conjunction with CIRCLE, ERA coordinated a host of family events to cover the summer months for parents in recovery and their children.
* **The Building**: although ERA operates a wide programme of activities without a base, the aim of the project has always been to develop a recovery community centre. The barrier has been finding one – the team has viewed nearly 30 properties across the city and sought (but been denied) permission to change the use of one property.
* **Opportunities for volunteering and internships**: Linking in with other parts of Cyrenians and supplementing the already busy schedule, ERA has recently overhauled their volunteer policy and designed a program specifically for those in recovery. A new Trainee Peer Worker was recruited at the beginning of May and is now in post.
* **Cross-organisational Work**: ERA continues to have a great relationship with LEAP with current inductees often coming along to Karaoke Nights and other events. They have also begun contact with staff at The Ritson Clinic, Outreach Teams and In-reach times at hospitals (Milestone). Partnership working with Cyrenians and Thrive Edinburgh has enabled a beautiful garden to be created at the Access Place.

### **2.20 Putting lived experience at the heart of decision making:**

Several national and local initiatives are focussed on ensuring that the design and delivery of services is informed by the lived and living experience of those who rely on them.

Gathering experiential information from users of services and their carers is a key component of implementing the MAT standards and wider service development. The key mechanism for this has been the use of Peer Researchers - people with lived experience who have been identified by local partners and trained by the Scottish Recovery Consortium (SRC) to carry out interviews. This has been very successful and Edinburgh gained one of the highest grades nationally for the level of consultation with 58 interviews conducted in 2022-23. This exercise gave a rich insight into the quality of service being delivered in Edinburgh and helped inform an action for future improvement.

The main focus of the research was MAT standards 1-5. A specific survey has been designed to evidence progress towards MAT 6-10 which will be conducted in 2023/24. This first exercise in gathering experiential information has set a baseline to help measure progress towards the MAT standards. An additional outcome from this work was a report on MAT standards progress at the Access Practice resulting in an action plan to improve service delivery.

**Involving the voice of Lived and Living Experience**

EADP has been working towards a formal co-production model to ensure the voice of lived and living experience is included in EADP governance and service design, delivery and monitoring. In order to progress, this EVOC (Edinburgh Voluntary Organisation Council) have been commissioned to employ a development worker to consult with people with lived and living experience and stakeholders and make recommendations on how best to ensure inclusion and build towards a lived and living experience panel in line with Scottish Government directives. The member of staff has been recruited and is working towards a report which will be shared with all partners and presented to EADP Executive.

Whilst this formal developmental work is ongoing, EADP have continued to incorporate consultation in key decision-making including areas such as the evaluations of the counselling and psychological therapies contract and allocation of the small grants programme.

**3. Getting it right for Children, Young People, and Families.**

**3.1** EADP is working with partners including the Children’s Partnership to develop a whole family approach and to ‘Keep The Promise’ in line with Scottish Government’s *‘Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice (2021)’* guidance for drug and alcohol services. A number of services support this intention.

### **3.2 Children Affected by Parental Substance Use (CAPSU) -** EADP jointly funds Circle and Sunflower Garden with Children, Education and Justice to provide structured interventions for children and families where substance use is an issue.

**3.2 (a)** **CIRCLE** provides whole family support to families utilising different approaches including the Parents under Pressure (PuP) programme. The service worked with **70 families** between April 2022 and September 2022, including **84 parents and 110 children**. Outcomes based on Shanarri indicators are very good and the service is highly valued by the families. Referrals come primarily from schools, social work and 3rd sector services. EADP has provided additional funds through the Whole Family Approach, part of National Drugs mission funding, for a Father’s Worker to provide specific support to fathers who are often overlooked in family support models. The service continues to innovate encompassing whole family approaches and has been successful in securing funds for additional posts including: a post to promote family inclusive practice; a Peer Support Development post; a post to support women who have had their children removed who are especially vulnerable.

**3.2 (b)** **Sunflower Garden** provided support to **76** children as part of this contract, most referrals came from Children and Families Social Work. A group work programme was piloted to help prepare children for individual therapeutic work and 14 children were supported. This was in recognition that individual work is a significant step for children and successful engagement requires careful preparation. It also helps to engage children earlier and reduces waiting times to begin support. The pilot was very successful and EADP have funded for a further year and will review alongside the CAPSU service for inclusion alongside the overall services specification.

**3.2 (c)** The CAPSU service is in the process of review to update the service specification in light of new guidance, learning from the work that has been done and the services developed as a result and to ensure it encompasses a whole family approach. The new service will begin in July 2024.

### **3.3 Support for Family members** - VOCAL have had a long-standing commission to support families affected by substance use and have provided direct support to **246 carers,** of which **77** were new, and an additional **67** were supported with advice and information. VOCAL now employs a senior worker, funded by EADP to increase capacity, promote family inclusive practice within adult treatment Hubs and undertake consultation with peoples lived and living experience to evidence outcomes and progress with Medication Assisted Treatment (MAT) standards.

## **4. A Public Health Approach to Justice**

**4.1** HMP Edinburgh, CEC Criminal Justice Social Work and Police Scotland are all key partners in the EADP.

### **4.2** **Drug Treatment and Testing Orders** (DTTOs) are community sentences imposed by criminal courts following a conviction in cases where drug treatment is seen as the primary means of reducing offending behaviour. The specific objectives of DTTOs are to:

* reduce or eliminate an offender’s dependency or propensity to misuse drugs
* achieve positive changes in the scale and frequency of drug related offending

Historically in Edinburgh all elements of the order have been provided by a single multidisciplinary team; nursing and medical staff employed by NHS Lothian and a co-located team of non-clinical staff employed by CEC Criminal Justice Social work. All of this has been funded and managed by Justice Services through Section 27 Justice funding.

Over the course of the last year, lack of capacity for clinical care in the dedicated team has resulted in periods of suspension to new assessments /orders between June 2022 and February 2023, resulting in the total number of people on DTTOs reducing significantly. There were several underlying challenges to delivery, but the proximal one is the extreme difficulty attracting and recruiting clinicians. Currently, CEC Justice, the H&SCP and EADP have agreed to use Community Payback orders along with drug treatment. With the support of Healthcare Improvement Scotland a long term sustainable model is being developed.

### **4.3** In addition to traditional enforcement activity, **Police Scotland** aim to develop and deliver referral and signposting pathways ensuring that officers recognise and take advantage of all opportunities for positive engagement and support into treatment and recovery services to mitigate the risks experienced by drug users**. Operation Threshold** (assertive outreach delivered by Police Scotland) is an excellent example of this approach.

The Threshold programme identifies, engages, and supports drug users at high risk of harm through an assertive outreach approach which involves a health-led intelligence cell in NHS Lothian Analytical Services reviewing incidents and information systems to identify those who have suffered instances of non-fatal overdose and other drug related adverse incidents.

Once identified, the individual’s circumstances are triaged, and their health needs reviewed. Subsequently, the engagement team trace the individual and provide the necessary support, signposting, or onward referral as appropriate.

The approach is dependent on not only effective collaboration between Police Scotland, NHS Lothian and Edinburgh Alcohol and Drugs Partnership, but also support from a range of third sector providers.

This cohesive and coordinated approach enables a holistic picture of threat, risk, and harm to be established and appropriate interventions, treatment, and support to be delivered at point of need, enabling a whole systems approach which 'lowers the bar' to access to treatment and support services, builds resilience and supports those with multiple and complex needs in a holistic manner.

### **4.4** The **Edinburgh and Midlothian Recovery Service** (EMORS) is a voluntary sector service run through CEC to provide support to people using drug and alcohol at all stages of the Criminal Justice system. They aim to:

* Reduce drug related harm through offering harm reduction advice and naloxone training in HMP Edinburgh.
* Promote recovery throughout the criminal justice system, through groupwork in HMP Edinburgh as well as working with partners in the community to be specialists in substance use.
* Proactively engage individuals throughout their criminal justice journey, providing seamless support and continuity of care

This year EMORS has:

* Participated in a Naloxone Awareness week within HMP Edinburgh where over 300 prisoners were trained in Naloxone, and facilitated sessions alongside SDF and NHS
* Offered naloxone to liberations not on opiate replacement therapy.
* Continued to provide arrest referral support via St Leonard’s police station on a Wednesday, Thursday, and Sunday afternoon.
* Co-facilitated a group with Crossroads staff on a weekly basis and provided dedicated substance use support to those who access this service.
* Provided 55 liberation packs for prison releases; included were backpack, phone, hat, gloves, torch, diary, notebook, useful numbers, wipes, deodorant and a water bottle/flask.
* 284 individuals received throughcare support,
* 261 attended substance misuse support in HMP Edinburgh
* 237 people attended various SMART groups.
* Extra funding was obtained over the year for EMORS to provide assertive outreach worker at arrest/referral and 2 lived experience trainees employed within the service.

### **4.5** **The Police Custody Healthcare and Forensic Examination Team** are hosted by NHS Lothian and cover the South East of Scotland. They provide a nurse led healthcare service which includes full consultation, prescribing and harm reduction interventions. They make a significant effort to systematically meet the needs of the population that come into custody who often are not in treatment and are experiencing a significant amount of distress and crisis. This is a high-risk population; noting that 20% of people who have succumbed to a DRD in recent reports have had custody contact in the 6 months leading up to their death.

The team works with CGL to provide ongoing care following custody through the arrest referral service. They can provide clinical care during custody and the importance of using this opportunity to initiate long term care is agreed locally and nationally; there are plans to integrate the team’s interventions with the mainstream work on community Medication Assisted Treatment (the central prescribing clinics) and other developments in the Justice pathways (court and prison services).

### **4.6** Ongoing developments in this area include the embedding of a **court liaison service.** This service is successfully identifying people, who are passing through court and who would benefit from interventions to address their drug or alcohol use, and making referrals.

### **4.7** A dedicated recovery space for mutual aid and professional support at HMP Edinburgh - **The Cove -** is being developed.

**5. Developing an Alcohol Framework**

5.1 The EADP alcohol strategy and action plan were developed in 2017 in response to the Scottish Government’s current alcohol strategy (Changing Scotland’s Relationship with Alcohol: A Framework for Action, 2009) and aligns with the updated SG Alcohol [Framework (2018](https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/pages/6/)).

5.2 The focus of national and local alcohol strategy is reducing alcohol-related harm by reducing alcohol consumption through actions directed at the whole population, alongside actions targeted at high-risk groups and individuals. It understands the drivers of alcohol related harm to be:

(1) how cheap alcohol is (affordability);

(2) how easy it is to purchase or consume alcohol (availability);

(3) the social norms (in own home, and outside the home) surrounding its consumption (acceptability).

5.3 The focus is not principally the system of treatment and recovery support which has been developed alongside drugs treatment through more recent SG publications.

5.4 Since the publication of the strategy, there have been a number of changes in the strategic picture, including learning from the implementation of the national policy, and a number of intervening events (public health restructuring, loss of ADP capacity, COVID).

5.5 It was agreed at the EADP Executive in April 2023 that the strategy itself would be refreshed for April 2024, and that NHSL Public Health and EADP officers should review the current action plan with the aim of identifying feasible interim actions for the remainder of 2023-24 based on the existing plan and available resources.

**6. Finance**

6.1 The tables below show a breakdown of the income and expenditure of EADP for the financial year 2022/23.

6.2 The final position shows an under-spend of £2.8m that has been carried forward within the IJB Reserves. The £2.8m is required to cover additional non-recurring expenditure plans approved by the EADP and by the Edinburgh IJB. The programme of non-recurring spend is expected to last until 2024/25 and it has been reported in the quarterly returns to the Scottish Government throughout the financial year.

|  |  |
| --- | --- |
| **Table A: Total Income from all sources** |  |
| Funding Source | £ |
| Scottish Government funding via NHS Board baseline allocation to Integration Authority | 3,091,927 |
| 2021/22 Programme for Government Funding and National Mission Funding | 1,848,564 |
| Additional funding from Integration Authority | 472,000 |
| Funding from Local Authority | 1,717,185 |
| Total funding from other sources not detailed above – CORRA |  |
| Carry forwards | 3,874,126 |
| **Total** | **11,003,802** |
| **(B) Total Expenditure from all sources** |  |
|  | £ |
| Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions) | 81,510 |
| Community based treatment and recovery services for adults | 5,719,213 |
| Inpatient detox services | 82,314 |
| Residential rehabilitation (including placements, pathways and referrals) | 689,167 |
| Recovery community initiatives | 234,865 |
| Advocacy services | 40,000 |
| Services for families affected by alcohol and drug use (whole family Approach Framework) | 323,127 |
| Alcohol and drug services specifically for children and young people | 198,134 |
| Drug and Alcohol treatment and support in Primary Care | 155,219 |
| Outreach | 406,854 |
| Other | 259,302 |
| **Total** | **8,189,704** |

Table Two: Total Spend 22/23 split by type of spend

A pie chart with numbers and text

Description automatically generated

# **Appendix One**

# **Summary of Key National targets for ADPs, 2022-23 Edinburgh performance and risks to future Delivery**

This table summarises the key Scottish Government targets for Adult Treatment and Recovery services (the only area for which formal targets are set), progress towards them in 2022-23 and the areas of remaining risk and challenge. While progress been made, challenges remain to achieve the pace of change and expansion required to meet the targets.

|  |  |  |  |
| --- | --- | --- | --- |
| **Target (MAT =** [**Medication assisted Treatment Standards)**](https://www.publichealthscotland.scot/media/20309/summary-national-benchmarking-report-on-implementation-of-the-medication-assisted-treatment-mat-standards-scotland-2022-23.pdf) | **Edinburgh Grade, 2022-23** | **Key progress in year / limitations** | **Remaining risks and barriers to achievement:** |
| **MAT 1**  All people accessing services have the option to start MAT from the same day of presentation. | Provisional Amber  (target 22/23= green, full implementation) | New clinic started to offer same day access, though:   1. not until near end of year 2. not offering open access yet. 3. Still only partially staffed.   Same day treatment continues to be offered at the Access Place in most cases | Requires expanded **workforce** and **integrated pathways** in same day clinic and other services to maintain throughput. (H&SCP) |
| **MAT 2**  All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose. | Provisional green  (target 22/23= green, full implementation) | 15% of patients in specialist care are treated with Buvidal (national average = 13%)  Specialist nurses to administer Buvidal are not yet employed; Buvidal not offered to patients in primary care other than Access Place | **Workforce**: Further delay employing dedicated Buvidal nurses (H&SCP) will continue to restrict access. |
| **MAT 3**  All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT. | Amber (target 22/23= green, full implementation) | Investment in people and systems established. | Further practice and **systems improvement** needed |
| **MAT 4**  All people are offered evidence-based harm reduction at the point of MAT delivery. | Amber (target 22/23= green, full implementation) | Training programme rolled out. Procedures and equipment put in place. | No major systemic barriers remain, practice development in H&SCP services (hubs and EAP) and improved evidence gathering are needed |
| **MAT 5**  All people will receive support to remain in treatment for as long as requested. | Provisional Green (target 22/23 = green, full implementation) | A plan for capacity expansion agreed in 2020 with 3 aims:   * Reducing caseloads in hub services (new funding for staff) * Developing Low intensity care in community settings (new systems) * Maximising use of primary care   Quality Improvement (QI) projects initiated but not developed (project manager not employed)  Workforce: Funding in place for 2 years, but recruitment slow and only partially successful (H&SCP) | Requires capacity expansion: **workforce** and **systems**  Key risks include:  Lack of focussed QI work on improving pathways  Continued delays and barriers with **recruitment** |
| **MAT 6**  The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks  . | Amber (target 22/23 = Amber) | Clinical Psychology capacity and training structure all put in place | Reliant on staff being released which is in turn contingent on staffing capacity (vol sec and H&SCP **workforce**) |
| **MAT 7**  All people have the option of MAT shared with Primary Care. | Provisional Amber (target 22/23 = Amber) | This is especially well developed in the Lothians.  Additional QI capacity put in place to work on maximising capacity and primary care and improving joint working between primary and secondary care |  |
| **MAT 8**  All people have access to advocacy and support for housing, welfare and income needs. | Amber (target 22/23 = Amber) |  | To be evaluated as national expectations emerge. |
| **MAT 9**  All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. | Amber (target 22/23 = Amber) | Initial plan for improvement and integration between MH and substance use services agreed | To be evaluated as national expectations emerge. |
| **MAT 10**  All people receive trauma informed care. | Amber (target 22/23 = Amber) | Clinical Psychology capacity and training structure all put in place | Reliant on staff being released which is in turn contingent on staffing capacity (vol sec and H&SCP **workforce**) |
| **Other Targets** |  |  |  |
| Treatment target expansion: increased numbers in Opiate Replacement Treatment | Additional 9% (247) patients in OST from 2021 baseline | No significant progress – numbers in treatment unchanged despite investment   |  |  |  | | --- | --- | --- | | Patients in ORT | 21/22 | 22/23 | | specialist care | 1348 | 1351 | | primary care | 1990 | 1994 | | Total | 3338 | 3345 |   For reasons, see MAT 5 above. | See MAT 5 above |
| Waiting times (A11), all patients | 80% (target = 90%) | Requires capacity expansion in all services (see MAT 5 above) | See MAT 5 above |

**Appendix Two: EADP Performance Framework**

This appendix provides performance information in line with the agreed ADP performance framework. Note that for 3 of the indicators, systems are still be developed to provide reporting (e.g. time waiting for detox); in all three cases these are important metrics which Officers are keen to include in future reports (hence their inclusion) but there have been delays through information governance and in setting up data gathering.

|  |  |
| --- | --- |
| **Measure** | **Current/ trend data** |
| **Outcome Area 1: Prevention and early intervention** | |
| **Number of YP supported through commissioned services** | The Young Peoples Substance Use Service (YPSUS) provide 1:1 Support for YP primarily for their own substance use issues through Adolescent Substance Use Nurse (ASUS), Circle and The Junction (specialist support workers) and Crew (low threshold access).  **Crew Drop-in report 2022-2023**  **Key Achievements**   * **5,502** people connected with Crew Drop-in Services this year:   + **3,512** people via Crew’s Cockburn St or Digital Drop-ins, with around 2,228 or 63% being aged 12-25 years.[1]   + **1,915** people (**1,462** or 76% being aged 12-25 years) engaged with Crew Drop-in Service’s 40 ‘outreach’ events in the Drop-in and in the local community, additional to regular Drop-in sessions.   + **71** frontline staffattended training workshops.   + **4** young people given ongoing 1:1 support from Drop-in Project Worker, using an Empowerment model of engagement and where appropriate offering a space as a Youth Advisor to Crew. A total of **28** sessions were held. * **282** brief interventions held at the Cockburn St and Digital Drop-in, **186 or 66% with young people**. * Around **3,504** (1,447 outreach + 2,057 drop-in)young people received information, advice or signposting from Crew Drop-in. * **20** parents, carers or support workers contacted the Drop-in for support or information for young people in their care: 17 referenced drugs including alcohol, 3 sexual health and 5 mental health. * **71** frontline staff attended drugs and young people’s support education sessions, from 6 different agencies including Moredun Young Peoples Unit and Royal Hospital for Children and Young People. * **29** pop-up sexual health rapid testing sessions held in partnership with NHS ROAM team and SX/Waverley Care saw 42 people accessing, including 25 young people. * **37** people accessed Take Home Naloxone training and kits from Crew Drop-in, **24 (65%) being aged 16-25 years**. * **16** new peer volunteers were recruited and given induction training on drugs trends, sexual health issues and C:card, peer support and nightlife harm reduction training; **11 or 69% are aged 18-25 years.** * Peer volunteers including Directors as Elected by Volunteers and our emerging power of Youth Advisors together contributed an astounding **1,122.5hrs hours of support to Crew**, working to share harm reduction information to peers within local communities (hours contributed towards Drop-in, outreach events, forums and training). * Crew Drop-in offered services on **306 days, out of a possible 309 days.** * We successfully **recruited a Digital Youth Worker** to continue building on our digital Drop-in foundations.   **Key Outcomes[2]**   * **88%** said they know more effects of drugs including alcohol. * **92%** said they had the information to make safer, more informed choices around drugs including alcohol. * **80%** said they felt increased confidence to support their friends. * **61%** of 12-25 year olds reported or demonstrated making positive changes in their practice.   **The Junction Report**  This financial year 13 young people received one to one support with 132 sessions attended. The majority of young people (10/13, 77%) attended to address their own issues with substance use. The substances used were mainly:    The Junction also engaged 64 young people in 1-1 support through their drop-in service and 7 young women in a group work setting. Outomes monitoring using an agreed subset of Shanarri indicators indicated improvement in all areas.  Training to Youth Workers was delivered jointly with LAYC and attended by 11 youth workers on ‘*Young People and Alcohol Use’*  and 5 members of staff in Muirhouse Youth Development Group on young people and substance use.  Both sessions evaluated very well and particpants recorded feeling more knowledgable and confident in working with young people on issues related to substance use. A range of training is offered through LAYC annually.  **Circle Young Peoples Service**  Circle provided direct support to 21 young people affected by substance use and received 21 referrals during the past year. Key outcomes included Reduction/stopping substance use, improved mental and physical health, improved engagement with education, increased confidence, improved family and social relationships and better engagement in their community. The service also provides support and advice to school staff and parents and carers.  **ASUS**  The Adolescent Substance Use Service nurse is a specialist nurse post linked to the Substance Misuse Directorate and CAMHS. It provides a Tier 3 and 4 treatment response to young people under 18 with multiple and complex needs and experiencing problems with their drug and/or alcohol use. The service is 0.6 wte. with a total caseload of **98** over the year receiving **70** referrals.  Education and Prevention  **The Junction** has developed a comprehensive package of drug awareness programmes for young people from Primary 7 to Senior phase, which meets with government and EADP outcomes for prevention and early intervention. The drug education and awareness events are all stage and age appropriate and cover all aspects of drugs and their use ensuring the programmes keep up to date with current drug trends. In total **108** sessions were delivered to **756** young people with **1,712** contacts.  **Fast Forward Going Forward project** delivered tailored sessions on substance use, including tobacco, to **25** different organisations, mostly schools, and delivered **90** sessions to **300** individual young people with over **1360** contacts. |
| **Outcome Area 2: developing a Recovery orientated system of care** | |
| **Total number of people in drugs treatment** | 2987 This has remained approximately unchanged since 2017-18. |
| **% of those prescribed ORT who are in primary care** | The level of primary care prescribing in the Lothians is uniquely high nationally.   |  |  |  |  | | --- | --- | --- | --- | | **Service** | **2020/21** | **2021/22** | **2022/23** | | **Specialist Services** | 1,325 42% | 1,348 43% | 1,297 43% | |  | | **GP** | 2,023 65% | 1,990 64% | 1,859 62% |  | |  | | **Total** | 3,132 100% | 3,119 100% | 2,987 100% |  | |  | |
| **% of those entering drugs treatment who do so within 24 hours of presentation (MAT 1)** | Based on data for the 64 patients beginning Opiate Replacement Therapy in community services in Jan - March 2023, Number of days taken to get each 25% of people into treatment (days from first contact to treatment start) are described below   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | First 25% | First 50% | First 75% | 100% (longest delay) | | Edinburgh (2023) | 0 days | 3 days | 12 days | 68 days | | Edinburgh 2022 | 0 days | 14 days | 19 days | 142 days |   MAT Standard 1 requires 75% of patients to start treatment within 1 day. |
| **Number and % of people in ORT who are prescribed Buvidal** | This has shown a steady, welcome rise in the proportion of people treated with Buvidal from 2% of ORT patients in secondary care in 2020/21 to 6% in 2021/22 and 15% in 2022/23. |
| **Numbers entering residential rehab** | See above – this fell at times in 2022-23 despite expanding capacity being available owing to blockages in the assessment and admission process. These have been mitigated through additional recruitment in the H&SCP and are being addressed for the longer term through an improvement process led by HIS.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Number of funded admissions to Residential rehabilitation 2021-23 present (Edinburgh only)** | | | | | | | | | | | |  | **2021-22** | | | |  | **2022-23** | | | | | |  | **Q1** | **Q2** | **Q3** | **Q4** | **Total** | **Q1** | **Q2** | **Q3** | **Q4** | **Total** | | **Total placements** | 15 | 17 | 9 | 16 | **57** | 11 | 8 | 10 | 18 | **47** | | **of which LEAP** | 11 | 15 | 9 | 12 | **47** | 8 | 8 | 10 | 14 | **40** | | **of which non-LEAP** | 4 | 2 | 0 | 4 | **10** | 3 | 0 | 0 | 4 | **7** | |
| **Numbers of high-risk individuals identified, % reached, % achieving successful outcome (MAT 3)** | MAT reporting indicates a high level of reach, people referred to as being in crisis and needing assertive outreach were typically reached within two days (by police, vol. sector or treatment services):   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Number of days between first being brought to attention of services and first contact, all community services, March 2023 (n=64) | | | | | | Median | min | quartile 1: | quartile 3 | max | | 2 | 1 | 1 | 6 | 14 |   However, MAT standard 3 requires 75% of people to be reached within 3 days and this has not yet been consistently achieved. |
| **% of those entering community alcohol detox within 3 weeks of being assessed as suitable.** | Unable to report as yet. Systems to routinely measure this are being developed. All hubs report that local systems to meet this standard are in place. |
| **Naloxone kits distributed** | **Approximately 200 kits per month are distributed in Edinburgh of which c85% are injectable and the remainder intranasal.**  **Total THN kits distributed, Edinburgh only.**  **2020 - 2021: 1647**  **2021 - 2022: 2468**  **2022 - 2023: 2172**  **The fall in kits distributed this year comes despite additional routes of distribution having been established. An increasing proportion of people offered kits report already having one and the rate of new kits being given out is consequently decreasing.** |
| **Alcohol Specific deaths** | **Alcohol specific deaths are a narrow subset of the total harm caused by alcohol. as can be seen, they have risen over time in Edinburgh and Scotland.** |

|  |  |
| --- | --- |
| Drug Related Deaths | The National Registry of Scotland figures on DRD in 2022 were published in June 22. They reported 113 drug-related deaths in Edinburgh in 2022 an increase from the 109 in 2021 and the highest ever number in a single year in Edinburgh. |
| Number of PWL/LE engaged in consultation or panels | In 2022-23 58 peer interviews have been carried out to gather the lived experience of those using services (personal or that of a loved one) as part of the MAT standards reporting. 6 people with lived experience have been involved in interviewing and 58 in responding.  Other exercises in Q4 included a lived experience panel for the assessment of Community grants (6 participants)  Systems for regular consultation and for a lived and living experience panel are being developed.  6 Peers have now been appointed at LEAP to assist with support and peer development who will be involved in on going consultations. |
| Outcome Area 3; Getting it Right for Children, Young People and Families | |
| Number of families and children supported through commissioned CAPSU services | * Circle Harbour Project CAPSU (Children affected by Parental Substance Use) service supported 70 families comprising 84 parents, 110 children and young people and 2 unborn children, providing intensive, whole family support city-wide to parents, children and young people affected by parental substance use and extended family members as part of a whole family approach. * Sunflower Garden (SFG, Crossreach) engaged 76 children in one-to-one sessions mainly from 3rd sector but showing an increase in referrals from duty social work, which is hopefully an indicator of children being referred earlier in the social work system. * With EADP support SFG delivered a group work programme to prepare children for engagement in 1-1 work. 22 children were engaged in group support in 48 sessions, this service has reduced waiting times and helped prepare children for one to one work where required. * VOCAL have provided direct support to 246 carers, 77 of whom were new referrals to the service. An additional 67 were supported with advice and information. |
| Outcome area 4: A public health approach to Justice: | |
| Number of patients treated under DTTO | Owing to staffing challenges, DTTO has closed to new orders at times during the year. A review of the service provision is being urgently undertaken. |
| Number of individuals supported by EMORS | Total number supported by EMORS in Edinburgh at end of Quarter 4 (22/23) – 334 (97 community/arrest referral, 95 throughcare, 9 young people, 133 prison treatment)   |  |  |  |  | | --- | --- | --- | --- | |  | **Q4 (20/21)** | **Q4**  **(21/22)** | **Q4**  **(22/23)** | | **Total** | 272 | 309 | 334 | |