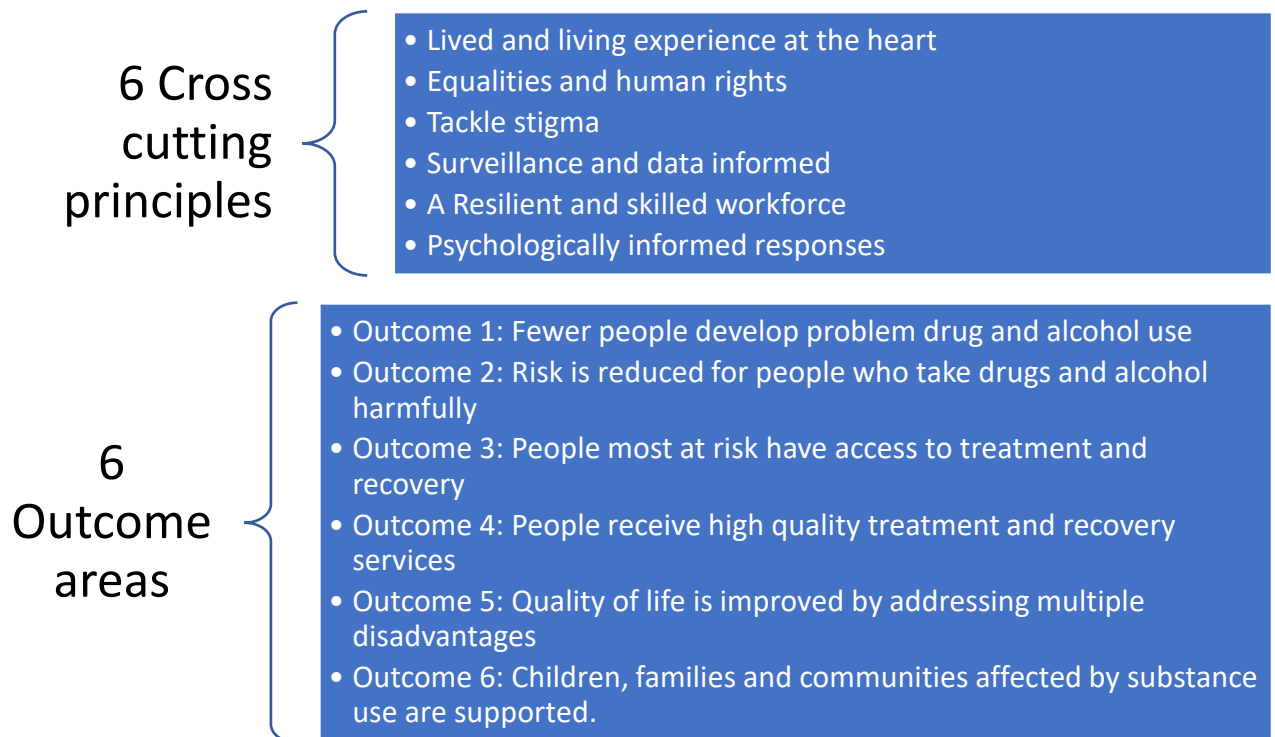


# Edinburgh Alcohol and Drugs Partnership

## Draft Strategy 2024-27

Below is the EADP strategy 2023-27 (Draft 1). Based on the work so far, this draft has been developed for further discussion. It is organised around 6 cross cutting principles and 6 key outcome areas. For each of these 12 sections, we need to identify our main OUTCOMES and then the priority ACTIONS



There are a number of ways that people can be involved in the co-production of the strategy during February and March. Please see [here](#) for how to contribute.

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Cross cutting principles

	<b>Outcomes</b>	<b>Priority actions for 2024-27</b>
<p>Lived and living experience at the heart</p>	<p>All decisions of the ADP and partners are informed and driven by the lived experience of those most affected by them.</p>	<ul style="list-style-type: none"> <li>• Continuing to consult and listen to the voices of lived experience as part of core business, strategically and operationally</li> <li>• Continue to engage with the lived and living experience of families and others affected by loved ones' substance use</li> <li>• Continue to engage with the lived and living experience of children and young people</li> </ul> <p>Delivering and evaluating a diverse programme of activities which</p> <ul style="list-style-type: none"> <li>• Identify, engage and bring together people with lived and/ or living experience of drug and alcohol use (their own or a loved one's)</li> <li>• Provide safe, supported spaces and methods for them to express their experiences.</li> <li>• Conveying these findings to decision-makers and have them understood and acted on.</li> </ul> <p>This programme will include:</p> <ul style="list-style-type: none"> <li>• Commissioning a Lived-and-living experience panel or reference group (A representative community panel, supported by an employed facilitator with a core steering group and links to the wider recovery community).</li> <li>• Supporting the development of a Living Experience panel (A regular community panel, facilitated by a national organisation (Scottish Drugs Forum), aiming to engage those still in active drug and alcohol use and to capture their experience and needs.</li> <li>• Commissioning Participatory Action Research (A programme collecting and analysing people's stories which will generate new insights to directly influence and changes health and social care for people in Edinburgh).</li> <li>• Sustaining a rolling programme of structured experiential information gathering (A rolling programme of interviews of service-users and carers by people with lived experience working in services. They provide part of the evaluation data for the MAT standards but will be expanded to capture wider experiences of services.</li> <li>• Supporting continued delivery of Collective Advocacy (The facilitated bringing together of people who have a common interest. It aims to provide a supportive environment in which a group can explore this interest, identify goals and seek possible solutions).</li> </ul>

	Outcomes	Priority actions for 2024-27
	The value of lived experience in the workforce is maximised and acknowledged	<p>People with Lived Experience are supported as practitioners in treatment and recovery services:</p> <ul style="list-style-type: none"> <li>Continuing to require services to offer a range of satisfying opportunities for people with lived experience to develop skills, experience, formal qualifications and professional roles. Organisations providing these services are required to have a well developed understanding of the values, boundaries and needs of those working in services while also being in recovery; it is expected that they will offer highly skilled support to those workers.</li> <li>EADP and partners will review guidance on involving those with lived experience in delivery of services, and consider whether there could be greater involvement, formal or informal, of those with living experience (i.e. user networks) and those in medication assisted recovery.</li> </ul>
	the offer of contact with people with open lived experience is a core part of treatment in all settings	<ul style="list-style-type: none"> <li>Continuing to expect all services to promote opportunities to connect with others in or seeking recovery by <ul style="list-style-type: none"> <li>Offering active linkage to mutual aid</li> <li>Offering access to workers or volunteers who are in open recovery</li> <li>Offering active linkage to the recovery community</li> <li>Including group work as a treatment option for users of all services</li> </ul> </li> </ul> <p>This is a quality requirement for substance use services and the ADP will monitor its delivery in the system of care.</p> <ul style="list-style-type: none"> <li>Review the provision of SMART meetings in local treatment services.</li> </ul>
Equalities and human rights	Ensure that potential impact of ADP actions on particular groups are fully understood and considered	<ul style="list-style-type: none"> <li>Complete and publish an Integrated Impact Assessment of this strategy</li> <li>Continue to require Integrated Impact Assessment for all new developments in services and planning</li> <li>Complete a Children's rights and wellbeing impact assessment of this strategy and of relevant future developments</li> <li>Refresh the available supporting evidence base for effective interventions with those with protected characteristics.</li> <li>Gather improved differentiated data on the impact of services in meeting the needs of groups with protected characteristics.</li> <li>Ensure that ADP planning and service delivery is aligned with that of the Equally Safe Partnership</li> </ul>
	Adopt a rights-based approach to the work of the ADP	<ul style="list-style-type: none"> <li>Continue to engage with the National Collaborative and respond to developments in rights based approaches</li> </ul>
Tackle stigma	There is reduced stigma associated with substance use	<ul style="list-style-type: none"> <li>Develop a local strategic response to <a href="#">stigma-strategy-for-ddtf-final-290720.pdf (knowthescore.info)</a> and the subsequent <a href="#">national stigma action plan</a></li> <li>Continue to engage with national work on development of the anti stigma strategy</li> <li>Explore formally becoming an <a href="#">Inclusive Recovery City</a></li> <li>Explore the formal adoption of <a href="#">the Stigma Charter</a> in the Community Planning Partnership and individual agencies in the city</li> <li>Resume the targeted provision of training in anti stigma practice in key professional groups</li> </ul>
Surveillance and data informed	All services are informed, equipped and skilled to deal with emerging issues and incidents, and to identify outstanding needs.	<p>Improving our insight:</p> <ul style="list-style-type: none"> <li>Continue to support the work of Lothian Analytic service, to share information and intelligence with partners</li> <li>Continue to implement DAISy (the Drug and Alcohol Information System; a national outcomes recording system) and use seek to it to improve our understanding of the system of care</li> <li>Continue to undertake needs assessment, quality improvement and quality assurance exercises examining the treatment system and share the findings transparently.</li> <li>Review and refresh the system wide performance information framework</li> </ul> <p><b>Identifying emergent high risk incidents</b></p> <ul style="list-style-type: none"> <li>Ensure that, as far as possible, labs are able to test for novel drugs which may be being supplied in the area (e.g. Fentanyl and Nitazines)</li> <li>Maximise the reporting of concerns – workers in A&amp;E, ambulance crews, pharmacies delivering injecting equipment, housing services, peers and many other groups have potentially vital information which needs to be shared (to <a href="mailto:drugs.surveillance@nhslothian.scot.nhs.uk">drugs.surveillance@nhslothian.scot.nhs.uk</a>).</li> <li>Integrate more closely with national systems (RADAR) and ensuring that information is shared in both directions</li> </ul>

	Outcomes	Priority actions for 2024-27
		<ul style="list-style-type: none"> <li>Constantly maintain the networks of people to whom alerts regarding new risks and concerns are disseminated and the contingency plans for managing emerging incidents.</li> <li>Consolidate and manage learning/actions arising from DRD reviews</li> <li>Consider the potential for Drug Checking Services and Safer Drug Consumption Facilities to provide new pathways for information to and from people who use drugs.</li> </ul> <p><b>Responding to diversifying drug harm trends:</b></p> <ul style="list-style-type: none"> <li>Hold a conference bringing together local and national expertise on Stimulant use and interventions to minimise harms arising from it</li> <li>Develop an action plan for all partners to improve our responses to stimulant use for those in and out of services (including in the context of polydrug use)</li> <li>Continue to engage with national developments in treatment and practice</li> </ul>
	All services are able to report on their contribution to meeting the ADP's objectives	<ul style="list-style-type: none"> <li>All services are to report on their effectiveness in meeting the ADP's objectives.</li> <li>Develop a system wide understanding of the impact of the system of care and treatment.</li> <li>Ensure all services provide regular quality management information and comply with the relevant governance structures.</li> <li>Develop a programme of quality improvement with all services thorough consultation with lived and living experience, service staff and other stakeholders.</li> </ul>
	We have a clear understanding of the impact of Adults' substance use on children and young people	<p>Gather and share regular data on</p> <ul style="list-style-type: none"> <li>the number of Children affected by the drug and alcohol use of adults in treatment</li> <li>the number of child welfare concerns raised where adult drug and/ or alcohol use is a factor.</li> </ul>
	We have an improved understanding of Foetal Alcohol Spectrum Disorders (FASD) in Edinburgh	<ul style="list-style-type: none"> <li>Sustain the screening for alcohol consumption in maternity services and pathways to intervention and support.</li> <li>FASD to be considered in health needs assessment of alcohol related harms</li> </ul>
Resilient and skilled workforce	Staff are supported, nurtured, trained and resourced to deliver good quality care	<ul style="list-style-type: none"> <li>Contribute to SG mapping of roles and skills within drug and alcohol treatment services and wider systems of support.</li> <li>Require well-being plans for staff in treatment and other services.</li> <li>Support a learning and development plan for all staff.</li> <li>Promote recruitment and retention through learning, development and professional support and supervision.</li> </ul>
Psychologically informed	<p>People seeking help receive trauma-informed care</p> <p>Staff have the appropriate levels of training and supervision they need to engage people with trauma difficulties and to deliver psychological therapies</p>	<ul style="list-style-type: none"> <li>Continue to fund and support the work of clinical psychology</li> <li>Complete implementation of MAT 6&amp;10 plan</li> </ul>

Outcome area 1: Fewer people develop problem drug and alcohol use

Outcome Areas	Outcomes	Priority actions 2024-27
Young people receive evidence-based effective holistic interventions to prevent problem drug and alcohol use.	<ul style="list-style-type: none"> <li>Young people have consistent, high quality, up to date, accessible information and advice to inform their choices on substance use.</li> </ul>	<ul style="list-style-type: none"> <li>Review the existing guidance for schools in light of new strategic direction nationally.</li> <li>Review existing education and prevention strategy with partners across the sectors; Education, police, youth work, Thrive, Healthy Respect etc.</li> <li>Develop a prevention and early intervention plan</li> <li>Educational provision for young people ensures that information is up to date and relevant.</li> <li>Local guidance on educational approaches is shared and is in line with emerging policy from Scottish Government.</li> </ul>
Local environments are supportive of people's health and wellbeing and reduce the risk of alcohol-related harm and disorder	<ul style="list-style-type: none"> <li>The underlying determinants of drug and alcohol use are addressed</li> </ul>	<ul style="list-style-type: none"> <li>Continue to contribute to the city wide efforts to tackling the underlying causes and structural determinants of health which drive health inequalities and drug and alcohol related harms</li> </ul>
	<ul style="list-style-type: none"> <li>Affordability of alcohol is reduced</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for national action on the price of alcohol</li> </ul>
	<ul style="list-style-type: none"> <li>Availability of alcohol is reduced</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for national action on the availability of alcohol (addressing over provision of alcohol outlets)</li> <li>Continue to make a clear case for action on overprovision of alcohol in Edinburgh</li> </ul>
	<ul style="list-style-type: none"> <li>Acceptability of alcohol is reduced</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for national action on the marketing of alcohol</li> <li>Take local action to address acceptability by reducing alcohol advertising in public spaces</li> </ul>
	<ul style="list-style-type: none"> <li>The harm arising from the local alcohol market is minimised</li> </ul>	<ul style="list-style-type: none"> <li>Promote responsible alcohol retailing through on and off-sales (including on home deliveries) and take effective enforcement action where needed.</li> <li>Reduce alcohol related violence and disorder including within the night-time economy and ensure appropriate care for those affected</li> </ul>
People have access to early support for emerging drug and alcohol use	<ul style="list-style-type: none"> <li>substance use harms for young people are reduced and they are supported them to avoid problematic substance use.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct an event with partners based on findings of consultation on the provision of specialist D&amp;A support for young people</li> <li>Complete the review of Young Peoples Services and produce commissioning plan by September 2024.</li> </ul>
	<ul style="list-style-type: none"> <li>Alcohol Brief interventions are targeted effectively</li> </ul>	<ul style="list-style-type: none"> <li>Use the findings of the national review of Alcohol Brief Interventions to inform a new approach to ensure non-specialists are equipped with the skills to discuss alcohol use and harm as part of a Making Every Opportunity Count approach</li> </ul>



Outcome 2: Risk is reduced for people who are using drugs and alcohol

Outcome Areas	Outcomes	Priority actions 2024-27
Take home naloxone (THN)	<ul style="list-style-type: none"> <li>Naloxone is available in all settings where illicit opiates are used</li> </ul>	<ul style="list-style-type: none"> <li>Sustain high levels of distribution to professionals and members of the public</li> <li>Increase the proportion of intranasal THN distributed</li> <li>Implementing WAND and MAT 4</li> </ul>
Provision of Injecting harm reduction:	<ul style="list-style-type: none"> <li>All those using drugs have access to the equipment, information and facilities that they need to be as safe as possible.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to implement MAT 4 and ensure that all those in treatment have consistent access to equipment and advice alongside their treatment</li> <li>Roll out the WAND initiative which achieves high engagement and incorporates a thorough assessment of injecting risks</li> <li>Ensure that availability of staff training and the equipment and advice on offer keeps track of current drug use trends, in particular that services offer interventions to reduce harms associated with stimulant and Benzodiazepine use.</li> </ul>
Blood Borne Viruses: testing and treatment access;	<ul style="list-style-type: none"> <li>Those with blood borne viruses are identified and offered treatment</li> </ul>	<ul style="list-style-type: none"> <li>Viral Hepatitis MCN will publish quarterly testing rates for all MAT services showing % tested for BBV in previous 12 Months</li> <li>MCN will share good practice from MAT services to help improve testing rates across all services</li> <li>MCN will ask MAT services to audit test acceptance after offer with aim of improving uptake and reducing unacceptable variation across services</li> <li>Addiction teams to have all clinical staff trained, competent and actively offering BBV testing routinely in consultations with clients</li> <li>Outreach Hepatitis C treatment clinics offered in settings where addiction clinics are running on a rolling basis and according to need</li> </ul>
Innovative approaches to reducing drug related harm Edinburgh:	<ul style="list-style-type: none"> <li>The potential for implementing <a href="#">Safer Drugs Consumption Facilities and Drug Checking Services</a> is further explored</li> <li>Further innovations based on emerging risks and emerging practice are supported</li> </ul>	<ul style="list-style-type: none"> <li>Engage with the work of <a href="#">The Scottish Drug Checking Project</a> and develop a specific, local costed proposal for a local Dcrus for consideration by local and national partners.</li> <li>Identify potential sources of funding for SDCF</li> </ul>
Supporting people to reduce drug and alcohol related harm when they are in controlled environments:	<ul style="list-style-type: none"> <li>A pragmatic, harm reduction approach is taken in controlled environments</li> </ul>	<p>Define a pragmatic, harm reduction based approach in such settings as temporary accommodation and healthcare settings such as residential care, or hospital wards which:</p> <ul style="list-style-type: none"> <li>considers the impact of people's dependency and their current goals</li> <li>the role of effective treatment optimisation</li> <li>the creation of a culture which prioritises risk assessment and safety over punitive approaches</li> <li>acknowledges and the value of openness and education</li> <li>considers legality and risks</li> </ul> <p>Support partners and providers in these settings to adopt the most flexible approach to aggregate harm that is consistent with legal requirements and the resources available</p> <p>Consider the possible need for managed alcohol programmes (for people who drink dependently) and for high tolerance Harm reduction approaches or SDCF (for those who use drugs) where they may reduce harm in these settings</p>



Alcohol Harm reduction:	<ul style="list-style-type: none"> <li>Support and Treatment for alcohol dependency is as responsive and well resourced as possible and meets a range of treatment goals (including measures to reduce harm without requiring abstinence)</li> </ul>	<ul style="list-style-type: none"> <li>Remain engaged with national developments on alcohol treatment expectations and resources</li> <li>Ensure there the treatment system is able to fully respond to goals other than abstinence within the forthcoming <a href="#">UK clinical guidelines for alcohol treatment</a></li> <li>Consider the possible need for managed alcohol programmes and increased residential stabilisation capacity for those who are drink dependently</li> </ul>
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Outcome 3: People at most risk have access to treatment and recovery

Outcome Areas	Outcomes	Priority actions 2024-27
Assertive outreach/ anticipatory care planning (ACP)	<ul style="list-style-type: none"> <li>All people at high risk of drug- or alcohol-related harm are identified and proactively offered needed support through the network of systems and assertive outreach</li> </ul>	<ul style="list-style-type: none"> <li>Sustain the network of systems, meetings and teams which identify, reach and help those at high risk</li> <li>Continue working to systematise and standardise approaches to decision making and risk management in treatment and other services (including development of contingency plans with those in treatment and the practice for risk assessment and engagement with people via ACP).</li> <li>Ensure integration with other systems (vulnerable adults, Adult Support and Protection, Mental health,) and between elements of our own ACP system are strengthened.</li> <li>Develop evidence to understand assertive outreach activity, impact and compliance with MAT standard 3</li> <li>Expand the range of referral sources, particularly,               <ul style="list-style-type: none"> <li>Ensuring that those who disengage from primary care MAT are identified and reached.</li> <li>Improve links to criminal justice systems</li> <li>Improve pathways for supporting people residing in temporary accommodation</li> </ul> </li> </ul>
Responding to people with high risk drug and alcohol use who are admitted to hospital	<ul style="list-style-type: none"> <li>All people at high risk of harm from drug and alcohol use who are admitted to hospital are identified and provided with high quality support which enables them to have their medical and substance use needs met during and after admission</li> </ul>	<ul style="list-style-type: none"> <li>Continue to support delivery of alcohol and drug liaison interventions in hospital which               <ul style="list-style-type: none"> <li>Encourage high standards of trauma informed, compassionate treatment of substance use in general hospital settings</li> <li>Have strong links to community services, including assertive outreach and are able to develop holistic care and treatment plans to meet multiple and complex needs</li> </ul> </li> <li>Continue to support and develop dedicated care co-ordination for those who are in hospital, have multiple and complex needs (including problem substance use) and who are homeless or at risk of homelessness.</li> <li>Continue to support provision of Intermediate Care for those who are in hospital, have multiple and complex needs (including problem substance use and physical healthcare needs) and who are homeless or at risk of homelessness.</li> </ul>
Effective Pathways between Justice and community services are established	<ul style="list-style-type: none"> <li>At all points in the criminal justice system, opportunities to engage people in treatment and harm reduction are maximised including:               <ul style="list-style-type: none"> <li>Police and police custody</li> <li>People passing through the Court system</li> <li>Imprisonment and release:</li> <li>Community justice interventions</li> </ul> </li> <li>At the conclusion of Justice interventions</li> </ul>	<ul style="list-style-type: none"> <li>Map provision of treatment opportunities in all criminal justice settings and to develop investment and improvement plans for them.</li> <li>Work with national partners to understand how MAT standards and other ambitions for treatment intervention can be delivered across all criminal Justice settings</li> </ul> <p>Police and Police Custody</p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>Immediate Treatment initiation is offered for those who are at high risk and are in contact with the police (on the spot in police custody), with continuation by community or prison treatment services</li> <li>all those that the police identify who are at Immediate risk are offered urgent referral for assertive outreach and engagement with treatment and support.</li> <li>Diversion from charging - arrest referral is offered for those who would benefit from alternatives to charging</li> </ul> <p>Actions:</p>

		<ul style="list-style-type: none"> <li>• Develop a process for ORT treatment initiation in police custody (via FME service) with a well supported, seamless pathway to continued community treatment</li> <li>• Continue to support the work of Operation Threshold and the Involvement of police and FAST teams in MVAGs and the Community Inclusion Health Huddles</li> <li>• Develop MAT standards interventions in police custody</li> <li>• Continue to support EMORS in the delivery of arrest referral</li> </ul> <p>Courts and Sentencing:</p> <ul style="list-style-type: none"> <li>• Support the work of EMORS, and NHS Lothian's Court referral team to</li> <li>• Explore with national and local partners how access to residential rehab as part of or alongside community orders could be improved what resources might be developed to deliver it.</li> </ul> <p>Imprisonment and release:</p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>• All prison residents (including those on remand) should have access to responsive, high quality, recovery focussed treatment options while in HMP Edinburgh</li> <li>• All people returning to Edinburgh following prison should be offered throughcare and continuous/ immediate access to all treatment options.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Continue to support SPS, NHS Lothian Prison Healthcare, Counselling and PT services, EMORS and other partners in delivery of MAT standards; findings of the Health Needs Assessment and other quality standards in HMP Edinburgh.</li> <li>• Continue to support and monitor clinical and non-clinical throughcare arrangements for those returning from prison (including remand) to Edinburgh through EMORS, Throughcare health services and community teams.</li> <li>• Review with national and local partners how the prison to rehab pathway operates for Edinburgh citizens, how it could be improved what resources might be developed to deliver it.</li> </ul> <p>Community Justice Interventions:</p> <p>outcomes</p> <ul style="list-style-type: none"> <li>• a full range of high quality treatment are available as part of community- based alternatives to custodial sentences or alongside ongoing supervision</li> <li>• treatment interventions are well integrated with Justice services interventions and (where appropriate) the actions of the Court</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>• Support Justice in their review of DTTO provision, ensuring that all those under community sentences are able to receive high quality, clinical and psychosocial care based on need and that it is well integrated with Justice interventions</li> <li>• Explore with national and local partners how access to residential rehab as part of or alongside community orders could be improved and what resources might be developed to deliver it.</li> </ul> <p>At the conclusion of Justice interventions</p> <p>Outcome:</p> <ul style="list-style-type: none"> <li>• At the conclusion of Justice and Court interventions, people are helped to remain engaged with needed treatment and support.</li> </ul>
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Residential crisis and stabilisation services	<ul style="list-style-type: none"> <li>• Residential crisis and stabilisation services are available as needed. “They have a harm-reduction focus and offer a place of safety in which drug and alcohol use can be stabilised” (<a href="#">Final Report   Drug Deaths Taskforce</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Commission ongoing provision of Intermediate care (available for those who, have multiple and complex needs (including problem substance use and physical healthcare needs) and who are homeless or at risk of homelessness.</li> <li>• Seek to identify funding to extend the availability of residential crisis and stabilisation services to wider groups</li> </ul>

Outcome 4: People receive high quality treatment and recovery services

Outcome Areas	Aims	
People are supported to make informed decisions about treatment options	<ul style="list-style-type: none"> <li>• All ORT treatment options are available in all settings, including the active offer of long acting injectable buprenorphine (LAIB)</li> </ul>	<ul style="list-style-type: none"> <li>• Expand capacity for (LAIB) prescribing and administration in secondary care to enable more people to have access</li> <li>• Develop prescribing models in primary care through a pilot and update contracts to reflect the new model.</li> <li>• Develop and fund administration models in community pharmacy and in general practice through pilots; secure suitable funding; and update contracts to reflect the new model</li> <li>• Resolve challenges to funding medication within existing budgets. Systematically offer assessment for conversion Buprenorphine for all existing patients in primary and secondary care when systems are in place to enable it</li> <li>•</li> </ul>
	<ul style="list-style-type: none"> <li>• All patients have the option to receive MAT treatment in Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>• availability of Opiate Replacement treatment in primary care is maximised</li> <li>• the quality of care available to those who are treated in primary care is maximised</li> <li>• there are strong pathways between primary and secondary care which ensure that all people are offered the right level of care at the right time</li> <li>• Develop (funded) models for prescribing of Buprenorphine in primary care and for administration of Buprenorphine in community pharmacy and in GP surgeries</li> <li>• Systematically offer transfer to Buprenorphine for all those in primary care who would benefit</li> <li>• Continue to support the Primary care facilitation team maximise the quality and breadth of primary care for</li> <li>• Alongside local national partners seek models of care which provide MAT compatible treatment for those treated in primary care</li> <li>• Explore opportunities to incorporate access to structured psychosocial care, access to others with lived experience and psychological therapies to those treated in primary care</li> </ul>
Residential rehab is available for all who would benefit	<ul style="list-style-type: none"> <li>• Residential rehabilitation is integrated in the local treatment system and available to the maximum number of people who would benefit</li> <li>• Local rehab via LEAP is offered to the maximum number of people who would benefit from it. Out of area rehab is available</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to support the expansion of LEAP and the partners in the pathway</li> <li>• Continue to provide some social work support to assess and prepare people for rehab and to minimise barriers to admission.</li> <li>• Sustain the offer of out of area rehab for those for whom LEAP is not a suitable treatment option</li> </ul>

	where LEAP is not a suitable treatment option.	
People are supported to remain in treatment for as long as requested	<ul style="list-style-type: none"> <li>• ORT is offered on an open-ended, needs-based basis which emphasises safety and retention in supportive treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring and controlling caseloads in community ORT services</li> <li>• Developing Low intensity care in community settings</li> <li>• Maximising the use of Primary Care</li> <li>• Continuing to prioritise continuity of care and increasing support when people's needs increase.</li> </ul>
People have the option to start medication assisted treatment from the same day of presentation	<ul style="list-style-type: none"> <li>• Assessment and initiation of Opiate Replacement Treatment is available every weekday and accessible to all those who need it</li> </ul>	<ul style="list-style-type: none"> <li>• Sustain EdMAC and continue to evaluate these arrangements to ensure that they remain fit for purpose and an efficient and accessible route to treatment</li> <li>• Continue to offer ORT treatment initiation daily at Spittal street and at EAP</li> <li>• Sustain daily drop in services in all localities to provide flexible access to all forms of support</li> <li>• Promote awareness of the routes to urgent treatment among those in need and those working with them.</li> </ul>
There is parity of treatment access for those using non-opiate drugs	treatment and support options are available meet the needs of people who are using all drugs (including stimulants, hallucinogens, benzodiazepines etc.	<ul style="list-style-type: none"> <li>• All hubs and Counselling &amp; psychological therapies services to deliver evidence-based response to users of stimulants from the first time that they seek help</li> <li>• continue to engage with national development of practice in responding to Benzodiazepine related harm (<a href="http://sdf.org.uk">sdf.org.uk</a>)</li> <li>• Develop distinct pathways of support and package of evidence based interventions for those using benzodiazepines and stimulants both in isolation and as part of poly-substance use</li> </ul>
There is parity of treatment access for those using alcohol	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to support the work of national bodies in developing measurable targets for alcohol treatment</li> <li>• Ensure that all those seeking support for alcohol use via drop in are offered timely access to clinical assessment of their medical needs</li> <li>• On the basis of forthcoming <a href="#">national treatment guidelines</a>, undertake a review of the current alcohol treatment services in Edinburgh and how they link to other services within the system AND to develop a clear, streamlined pathway for alcohol detoxification in community and in-patient settings, including a concrete action plan for quality improvement by all services.</li> <li>• Monitor delays in accessing medical detoxification, highlight resulting harms and seek funding to address the unmet need for alcohol treatment</li> </ul>
People have access to high standard, evidence based, compassionate and quality assured treatment options.	<ul style="list-style-type: none"> <li>• All services evidence and improve the quality and impact of their work</li> <li>• all services provide regular, transparent quality management information and are accountable to the relevant governance structures</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a programme of quality improvement with all services thorough consultation with lived and living experience, service staff and other stakeholders.</li> <li>• Develop a performance management framework for statutory services with regular reporting</li> <li>• Ensure that all commissioned organisations delivering care are registered with the CI, BACP or equivalent</li> </ul>
	<ul style="list-style-type: none"> <li>• All services provide trauma informed care</li> <li>• All services are psychologically informed and provide access to psychological therapies</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• ensure that contact with open lived experience of recovery continues to be offered to those seeking professional help in all services</li> </ul>
Mental health care needs are met alongside substance use treatment	<ul style="list-style-type: none"> <li>• all those who need support with both mental illness and substance use receive timely, co-ordinated compassionate care</li> </ul>	<ul style="list-style-type: none"> <li>• Work with partners in MH services to meet the requirements of <a href="#">"Ending the exclusion"</a> and MAT 9</li> </ul>
Physical health care needs are met alongside substance use treatment	<ul style="list-style-type: none"> <li>• All patients of all substance use services are offered screening, diagnosis and treatment for key co-morbidities and these are co-</li> </ul>	<ul style="list-style-type: none"> <li>• Sustain high levels of ORT delivery in primary care and promote the integration of general medical care and substance use treatment</li> <li>• Encourage the offer of smoking cessation interventions alongside all drug and alcohol treatment</li> <li>• Encourage the delivery of fibroscanning alongside alcohol interventions</li> </ul>

	<p>ordinated with their substance use treatments.</p> <ul style="list-style-type: none"> <li>Those affected by ARBD receive ongoing support</li> </ul>	<p>Work with partners to implement the recommendations of the mental welfare commission report “Care and treatment of people with ARBD”. (2021, <a href="http://mwscot.org.uk">mwscot.org.uk</a>)</p> <p>Develop a harm reduction approach responding particularly to the needs of homeless dependant drinkers including exploring the development of a managed alcohol programme.</p>
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Outcome 5: Quality of life is improved by addressing multiple disadvantages.

Outcome Areas	Outcomes	Priority actions 2024-27
Recovery Community Activity:	<ul style="list-style-type: none"> <li>There is a thriving, visible recovery community in Edinburgh and it is accessible to all who seek its help</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide financial and practical support to Edinburgh Recovery Activities and other recovery community initiatives.</li> <li>Support the ERA community in reviewing whether they want to evolve into recovery community development centre.</li> <li>Continue to make promoting and actively linking to mutual aid and recovery community activities a requirement of all professional services funded by the ADP.</li> <li>Review the role of the voluntary sector teams in the hubs in supporting recovery community groups</li> </ul>
Reducing social isolation especially for those in medication assisted recovery and those who are not seeking abstinence.	<ul style="list-style-type: none"> <li>People have access to social and leisure activities without a condition of abstinence</li> </ul>	<ul style="list-style-type: none"> <li>Continue to support projects through EADP Community Development Innovation Fund (small grants, focussed on reducing isolation for those who are not in active recovery)</li> <li>Seek opportunities to influence other organisations and funders to ensure that barriers to social and leisure opportunities are removed for those with lived and living experience of drug and alcohol use</li> </ul>
Employability and meaningful activity	<ul style="list-style-type: none"> <li>People at all stages of substance use and recovery have access to meaningful daily activity and opportunities for development of personal and employability skills</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that specialist, dedicated employability services are available for people in or in recovery from substance use; that they understand the needs of this group and are closely integrated with other services in the system of support; that this provision is integrated with that offered to overlapping groups (e.g. people who experience homelessness or who have contact with the justice system)</li> </ul>
Housing and homelessness	<ul style="list-style-type: none"> <li>Housing status is not a barrier to accessing treatment, support and recovery</li> <li>Decisions about housing fully consider the needs of those who use alcohol and drugs</li> <li>Suitable accommodation is available to meet the varied needs of those who use alcohol and drugs</li> </ul>	<ul style="list-style-type: none"> <li>Identify ways in which the EADP can mitigate the impact of the Edinburgh Housing Emergency and contribute to the Housing/Homelessness Rapid Rehousing Transition Plan</li> <li>Identify and promote models of high tolerance, harm reduction focussed temporary accommodation for drug and alcohol users and promote their being offered to all those who would benefit from them</li> <li>Identify practice improvements which would improve the quality of life and the safety of those who use drug and alcohol and are homeless, roofless or living in temporary accommodation.</li> <li>Continue to provide intermediate care for those who are homeless or at risk of homelessness and who have complex needs including physical healthcare</li> <li>Ensure that substance use services offer flexible and responsive interventions which meet the those who need them where they are (literally and metaphorically)</li> </ul>
Advocacy is available to empower individuals	<ul style="list-style-type: none"> <li>All those who would benefit have access to advocacy and support for housing, welfare and income.</li> <li>Develop opportunities for collective advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Continue to commission individual advocacy services and to ensure that they are integrated into the system of care</li> <li>Continue to require all services to systematically promote advocacy to users of all services</li> </ul>



Outcome 6: Children, families and communities affected by substance use are supported

Outcome Areas	Outcomes	Key actions 2024-27
Family members are empowered to support their loved one's recovery	<ul style="list-style-type: none"> <li>• People are aware of their right to have a family member or nominated person to support them in treatment.</li> <li>• Family members or nominated persons are welcomed at visits and treated with dignity and respect.</li> <li>• Family members are involved in choices about care plans and encouraged to support their loved one in treatment.</li> </ul>	<p>EADP will work with local people with lived and living experience of their loved ones' problem substance use; Scottish Families Affected by Alcohol and Drugs (SFAD) and partners in the Hubs, VOCAL and Circle to integrate family inclusive practice. The development programme will engage with one sector of the city to :</p> <ul style="list-style-type: none"> <li>• Define family inclusive practice</li> <li>• Include lived and living experience in re-design of the system</li> <li>• Identify opportunities to include families and support whole family recovery</li> <li>• Identify practical strategies to work with families and overcome barriers to family engagement.</li> <li>• Evaluation of the initiative will identify how to expand this to all sectors of the city.</li> </ul>
Family members are supported to achieve their own recovery	<ul style="list-style-type: none"> <li>• Families are aware of their right to support in their own right and have access to family support and recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness of the rights of families to support in their own right – systematic screening and offering of VOCAL in all treatment services</li> <li>• Increased availability of family support services.</li> <li>• Improved understanding of, and access to, family recovery.</li> <li>• Increase access to and awareness of family support services.</li> </ul>
	<ul style="list-style-type: none"> <li>• Support services to adopt a whole family approach so all members of the family get the support they need to stay together where possible and thrive</li> </ul>	<p>A new specification and contract for Children Affected by Parental Substance Use (CAPSU) services will be in place by December 2024. The new specification builds on the existing contract to develop a whole family approach and encompasses learning from that which has led to developments such as:</p> <ul style="list-style-type: none"> <li>• Specific support for fathers</li> <li>• Peer Support</li> <li>• Groupwork with children.</li> </ul> <p>This work will continue alongside the CAPSU contract. Monitor and evaluate additional funds through Whole Family Approach monies from SG to promote whole family approaches. These are</p> <ul style="list-style-type: none"> <li>• Family Group Decision Making</li> <li>• VOCAL - Senior family support</li> </ul> <p>Pre-Pare Early Years worker Additional work:</p> <ul style="list-style-type: none"> <li>• Early intervention: early access for children and families to access the support and interventions they require.</li> <li>• Develop a programme of work to integrate whole family approaches across the treatment and recovery system.</li> <li>• Address the learning and development needs of alcohol and drug treatment and partners in social work, housing etc.</li> <li>• Improve data gathering with partners in Social Work</li> <li>• Work with partners, children and families to include the voice of lived and living experience in design, development and delivery of services.</li> </ul>

<p>Communities are resilient and supportive</p>	<ul style="list-style-type: none"> <li>• Build the capacity of recovery communities to increase the availability of support for recovery.</li> <li>• Help communities to understand substance use and the impact it can have on people within communities and work to reduce stigma, promote understanding and acceptance and build resilience.</li> </ul> <p>Community Development Innovation Fund (CDIF): Support organisations to develop innovative approaches to reduce social isolation for marginalised people.</p>	<ul style="list-style-type: none"> <li>• Engage with recovery communities to better understand their lived and living experience and support the development of recovery communities.</li> <li>• Engage with Community Councils and other locality groups to foster dialogue on the issues they are experiencing around substance use and seek to support local initiatives.</li> </ul> <p>Current fund continues until 2025. Evaluate the initiative and make recommendations on continuation or extension.</p>
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