**Edinburgh Alcohol and Drug Partnership Annual Report 2023-24**

This report describes key developments in the ADP in 2023-24. The appendix describes the ADP’s Performance for 2023-24.

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| **Key Achievements of the Edinburgh Alcohol and Drugs Partnership in 2023-24** |
| Implemented a programme dedicated to ensuring that the voice of lived and living experience is central to all of its future activity.Increased lived experience in service delivery and coproduction including the draft Alcohol and Drugs StrategyMAT Standards graded, by the specialist monitoring team at Scottish Government, as “green” for 1 through to 5 and provisionally green for 6, 7, 8, and 10. For MAT 9, Mental Health were graded as Amber EdMAC, a service which starts people on Opioid Replacement Treatment on the same day that they present, is now functioning fully. All those seeking ORT can (if appropriate) start a prescription on any weekday at either EdMAC or at the Edinburgh Access Place.Assertive outreach to people in crisis improved greatly and most people were contacted within 2 daysThe proportion of Opiate Replacement Treatment patients receiving Long Acting Injectable Buprenorphine (LAIB) increased again - 14% of people on ORT are now prescribed LAIBHealth needs assessment of alcohol harm for the city which will support future service development was completed |

# Background

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

2. EADP is required to submit a strategy and delivery plan to the Scottish Government. In 2020/21, the ADP developed a 3 year strategic plan (2021-24) 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>

3, In line with that strategy, this document is structured into four 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

These areas have been used as the framework for this annual report.

**Developments and Progress in 2023-24**

**Prevention and Early Intervention**

4. The EADP strategy includes a range of prevention and early intervention strategies which are vital to reduce the long term impact of substance use. The approach includes

* Providing education, information, and advice for young people
* Offering early access to support and treatment where required (young substance use services)
* addressing the supply of harmful drugs

# **Providing Education, Information and Advice for Young People**

5. The Junction delivers a long established and 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 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.

6. The Fast Forward Going Forward service delivers early intervention/prevention sessions focusing on risk-taking behaviours to young people with the aim of supporting them to make informed choices about their own health and wellbeing. Young people are provided with accurate information about risk-taking behaviours and encouraged to reflect on their own health and wellbeing, alongside the health and wellbeing of others. The service has excellent links with schools, youth clubs and other settings where young people meet and offers the programme to any service which identifies a need for young people to engage with it.

# **Early access to support and treatment where required (young people’s substance use services)**

7. The EADP approach to early intervention focusses on provision of a range of services for young people affected by substance use. This work is co-ordinated by Young People’s Substance Use Services (YPSUS), a partnership between different services supported by a practice group which shares information on trends approaches and practice developments and which co-ordinates support options.

8. YPSUS provides an integrated care pathway for young people, aged 12-19 affected by substance use. The support is holistic, rights-based and adapted to support individual young people. The pathway includes:

* Low Threshold access provided by Crew and The Junction
* Individual support and treatment - interventions for young people provided by The Junction and Circle
* Adolescent Substance Use Service - NHS treatment for young people

The network also has a role in providing training and support to staff working in other young people’s services.

## **Low Threshold Access**

9. Crew offers a city-centre, low threshold drop-in service for young people offering to harm reduction, drug and alcohol advice and information and sexual health services. It is complemented by a digital service offered which helps preserve anonymity and reduce stigma and is valued by young people. Crew refers and supports access to the other YPSUS services, its own counselling services, and any other services they may require.

10. In 2023-24 it provided advice, information, and signposting to 3,504 young people between the ages of 12 and 25 and brief interventions to 282 young people concerned about their own use or that of family or friends. 88% of young people feedback that they knew more about the effects of drugs including alcohol and 61% reported or demonstrated making positive changes in their lives.

11. The Junction Offers drop-in access for any young people in the North East of the city and direct access to a specialist substance use worker as required. In 2023-24 the substance use worker provided 45 sessions and offered direct engagement with 13 young people over 34 sessions.

## **Individual Support and treatment**

12. Tiers 3 and 4 support and treatment services are provided by NHS Lothian’s Adolescent Substance Use Service, The Junction and Circle. Tier 3 services deal with complex and often multiple needs of the child or young person and not just with particular substance problems. They also support the re-integration of the child into their family, school, community, or place of work.

Tier 4 services provide specialist forms of intervention for young people using substances with complex care needs. Interventions include increasing prosocial activity, goal setting, relapse prevention skills (e.g. managing cravings, dealing with high-risk situations), anger management, anxiety management, managing low mood, emotion regulation, identity development, self-esteem building and other abilities essential for positive adolescent development as well as skills specific to managing substance use difficulties. Psychological treatments utilising Motivational Interviewing, Cognitive Behavioural Therapy and Adolescent Community Reinforcement Approach are also provided. For a small number there may be a need for intensive interventions which may include short-term prescribing, detoxification, and places away from home.

13. The Junction provides a service up to Tier 3 and aims to help young people identify and deal with their complex needs, not just their substance use. Specialist assessments are carried out which lead to a planned care package for those engaging with one-to-one support. Support is not time limited and young people will initially be offered 10 appointments. The worker will also attend relevant child planning meetings, children’s hearings and provide reports with permission from the person. The individual support offered aims to meet all the needs of young people and provides a holistic approach. In 2023-24, 20 young people received one to one drug and alcohol support from The Junction with 134 sessions attended.

14. Circle provides a Tier 3 support service in North West 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 42 young people and received 21 referrals in the past year. 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.

15. ASUS is a full-time specialist nurse 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 had a total caseload of 74 over the year receiving 52 referrals. The service responds to non-fatal overdoses among young people under the age of 18 who have attended the Emergency Department or Scottish Ambulance Service and offers an appointment to provide treatment and support.

## **Staff Training for those working with young people**

16. The Junction provides training in partnership with Lothian Association of Youth Clubs (LAYC) 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. The training runs from September to June each year and is designed in consultation with member groups. The first session was attended by 12 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.

## **Early Intervention Commissioning Plan – review of funding and commissioning of YPSUS**

17. Young Peoples Substance Use 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.

**Developing Recovery Orientated Systems of Care**

18. The [Medication Assisted Treatment (MAT) Standards](https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/05/medication-assisted-treatment-mat-standards-scotland-access-choice-support/documents/medication-assisted-treatment-mat-standards-scotland-access-choice-support/medication-assisted-treatment-mat-standards-scotland-access-choice-support/govscot%3Adocument/medication-assisted-treatment-mat-standards-scotland-access-choice-support.pdf) are a key part of the Scottish Government’s [National Mission on Drug Deaths](https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/08/national-drugs-mission-plan-2022-2026/documents/national-mission-drug-deaths-plan-2022-2026/national-mission-drug-deaths-plan-2022-2026/govscot%3Adocument/national-mission-drug-deaths-plan-2022-2026.pdf) which aims to reduce drug related deaths and improving lives. In Edinburgh implementation of the MAT Standards has benefitted from significant financial investment, strategic planning aligned with operational delivery and strong partnership working.

19. The MAT Implementation Support Team (MIST), a part of Public Health Scotland (PHS), support ADPs to implement MAT and undertake an annual benchmarking exercise to evaluate progress in each area ([PHS)](https://links.uk.defend.egress.com/Warning?crId=66993566b24279c69c00bfe8&Domain=edinburgh.gov.uk&Lang=en&Base64Url=eNqlj0EOwjAMBF-0BEoPiN-4jSGBxIliF4nf01TlzIGTrfVoVg5mVa_O1WVKcQ5MyYLOxRKJP_Rlv5DFIupkm5QwscwhU3tGuaNxLc1QBDHXxJnFNg7lBguMzH43gFSjGntYY7JOIpNBbe2j5n83dN_fLfi-iOE4nIdx9b-irvzpgseS3j0e3QeNg2ul&@OriginalLink=publichealthscotland.scot). This is based on:

* Numerical data
* Process measures (mainly Service Standard Operating Procedures).
* Experiential feedback from interviews with service users, their families and service staff

20. Progress is expressed in Red, Amber, Green (RAG”) status, where “green” indicates “fully implemented; “provisional Green” and “Amber” indicate “partially implemented” (see page 16 of [this report](https://publichealthscotland.scot/media/27786/v11_national-benchmark-report-on-mat-standards-2023-24.pdf)). The table below summarises Edinburgh’s progress in 2023-24. It shows significant improvement and degrees of improvement in line with national and local expectations.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MAT 1 | MAT 2 | MAT 3 | MAT 4 | MAT 5 | MAT 6 | MAT 7 | MAT 8 | MAT 9 | MAT 10  |
| Green | Green | Green | Green | Green | Provisional Green | Provisional Green | Provisional Green | Amber  | Provisional Green |

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

Edinburgh MAT Access Clinic (EdMAC)was established to offer people opioid substitution therapy on the same day that they present has made steady and significant improvements on meeting this Standard over the last year. It now operates alongside the Edinburgh Access Pace who offer a similar model for people who are not registered with a local GP. In the last quarter to 31st March 2024, of the 11 patients who presented, 75% started on prescribed OST within a day.

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

 With the renewed emphasis on choice, clients have embraced the newer option of Long-Acting Injectable Buprenorphine (LAIB) for OST. Each injection lasts a month, freeing people from the need to make daily visits to their community pharmacy. In 2020/21 only 2% of OST patients were prescribed LAIB, this has now increased to 14% in 2023/24.

There is an ongoing study of LAIB administration at Community Pharmacies, however, take up by clients has been low. In 2023/24 the Primary Care Facilitation Team (PCFT) developed a pilot of three GP practices administering LAIB will be implemented in 2024-25.

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

Edinburgh’s Services provide a network of assertive outreach. It has become increasingly efficient and responsive to people who have attended hospital emergency departments or been seen by the Scottish Ambulance Service following a non-fatal overdose or who have been identified as being at high risk for other reasons. In the last quarter of 2023/24 services attempted to contact 75% of people within a day of notification.

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

Service users can now access assessment of injecting risk, harm reduction advice, injecting equipment provision, wound care, take home naloxone and blood borne virus testing at locality recovery hubs and central clinics. However, not all staff that could offer these interventions have completed the full range of training available. In 2024/25 we will work with partners to maximise staff training and delivery.

**25. MAT Standard 5. All people will receive support to remain in treatment for as long as requested - Green**

This standard requires that an additional 276 people are treated by a system of care which is already experiencing difficulties with capacity. 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 risks and challenges remain most particularly with the recruitment of skilled clinical staff.

There was no national expectation that standards 6- 10 would be fully met during 2023-24. However, these standards will be expected to be delivered in 2024-25 and achieved in criminal justice (DTTO, Court, HMP Edinburgh and Police Custody) as well as community settings

**26. 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** and **MAT Standard 10 All people receive trauma informed care** - **Provisional Green**

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. Clinical Psychology developed a plan for the rollout of trauma informed practice. Within the Edinburgh Access Practice and in all hubs, there are dedicated Clinical Psychology posts which support practitioners to work in a trauma informed and responsive way. All services take a trauma informed approach and staff are trained accordingly. 3rd sector and NHS services provide psychosocial interventions and support people to develop their social networks to enhance their recovery

**27. MAT Standard 7: All people have the option of MAT shared with Primary - Green**

This is especially well developed in Edinburgh. Additional quality improvement capacity has also been established to work on maximising capacity in primary care and improving joint working between primary and secondary care.

**28. MAT Standard 8: All people have access to advocacy and support for housing, welfare, and income needs - Amber**

The contract for advocacy was re-tendered and awarded to Advocard. Development sessions were held with Hub services to promote access to advocacy. THE EADP

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

An initial plan for improvement and integration between mental health and substance use services was agreed and implementation planning has commenced.

# **30**. **Alcohol treatment and Alcohol Health Needs assessment**

A key emerging theme of the coproduction work on the EADP strategy has been the relative lack of national resources and strategic attention on treatment of alcohol problems compared to drug use, particularly opiate use. For example, it is not possible to provide comparable data on alcohol treatment to that detailed above in relation to Medication Assisted Treatment for drugs, although some of the developments can be expected to have benefited both patient groups ( for example the work on trauma informed care and psychological therapies, or access to advocacy).

31. In 2023-24 Public Health NHS Lothian led a health needs assessment of alcohol related harm. One of the findings was that the expected use of medications for detoxification and relapse prevention was lower than anticipated. This accorded with the Public Health Scotland data in 2023-24 which identified a national decline in people entering treatment over the last ten years despite elevated levels of alcohol specific deaths.

The EADP has engaged with the ongoing development of the new UK Alcohol Treatment Guidance due to be published in 2024-25 following consultation. The guidance is likely to include advice about harm reduction for people with severe alcohol problems and Scottish government strategic planning in relation to alcohol treatment.

# 32. **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 is to get it to the maximum number of people who may witness an overdose across a wide range of settings. This includes injecting equipment provision outlets, drug services, homeless services, GP surgeries and pharmacies. Numbers of kits distributed fell slightly this year (which may be a reporting issue or reflect the high levels of distribution already achieved). There has been an increase in the number of intranasal kits distributed (which are more acceptable for many people than the traditional injected kits).

# 33. **Edinburgh Medication Assisted Treatment Access Clinic (EdMAC)** was developed as part of the EADP MAT Standards plan. It provides a daily drop in assessment for Medication Assisted Treatment and initiation where appropriate, meaning that people from all over the city are able to begin treatment (if clinically appropriate) 5 days of the week. Throughout 2023-24 it was fully operational and nearly fully staffed. It is run by a partnership of staff from EH&SCP, Change Grow Live and Turning Point Scotland.

34. Between February 2023 (when the clinic began to deliver the full 5 day a week drop in) and mid-May 2024, there were 204 referrals/ presentations by 195 unique individuals. All were offered assessment to start treatment on the day they presented, and the majority did. People are successfully transferring to mainstream services following initial treatment at EdMAC.

35. By Jan-April 2024 there were an average of 15-20 unique presentations per month. Almost all of these were for people who were not recently in treatment, indicating that it is successfully attracting new people in need. Most people who disengage from secondary care are successfully brought back into treatment – EdMAC is offering new routes to treatment as anticipated. EdMAC now receives 47% of the presentations of people seeking ORT (with the majority of the remainder using the Edinburgh Access Place which offers a similar access to people who are not registered with a local GP). The presentations were from all areas of the city. Gender and age of those being treated are in line with the information on the known population in need

* 64% male
* 36% female
* 76% aged between 35 and 54

36. An independent evaluation of the service has been commissioned. Early qualitative data drawn from 7 interviews undertaken as part of the MAT standards evaluation indicate that users of the service are highly appreciative of the rapid access and comprehensive service being provided.

# **37. Assessing the Feasibility of an Edinburgh Drug Consumption Room and of an Edinburgh Drug Checking Service -** At its 20th June 2022 meeting, the City of Edinburgh Council debated the prevention of Drug Deaths and called 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.The Committee subsequently requested similar research regarding Drug Checking Facilities. Both of these were supported by the ADP which commissioned feasibility studies - [Safer Drugs Consumption Facilities and Drug Checking Services](https://www.edinburgh.gov.uk/mental-health-addiction/edinburgh-safer-drug-consumption-facilities-edinburgh-drug-checking-services-feasibility-studies) which assessed the local need and indicated that both have the potential to reduce harm in Edinburgh. Subsequent actions were:

38. **Drug Checking services:** there is ongoing national work on developing these in other Scottish cities through [The Scottish Drug Checking Project](https://www.crew.scot/the-scottish-drug-checking-project/) and the anticipated cost of these services is relatively low. EADP officers have joined the national development group and will return to the EADP with a specific, proposal for an Edinburgh Drug checking Service in 2024.

39. **Supervised Drug Consumption Facilities -** TheEADP recognises that SDCF provision has the potential to save lives, produce wider community benefits and potentially help people access other services. It is keen, though, that it should come at no detriment to existing services that reduce drug and alcohol-related harms. It is seeking confidence that additional financial support will be forthcoming to support this service development. Any development would require approval from the Lord Advocate. EADP is currently working with Public Health, NHS Lothian to develop an implementation plan in line with the SDCF recommendations with an emphasis on identifying sustainable resource for the project

# 40. **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 rehabilitation 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).

41. Following the announcement of additional Scottish Government and ADP funding being available for Residential Rehab, LEAP and its partners developed a 5 year plan which has been jointly funded by the Lothians ADPs and the Scottish Government.

42. In 2023-24, three major workstreams focused on residential rehabilitation commenced:

* Securing out of hours accommodation and support for additional residents this has now been established via Cyrenians and the new arrangement has been very positively received: there are now 23 beds available for people while they are going through the LEAP programme. This is not clearly sustainable but has been effective for 2023-24
* Developing a general improvement plan for Edinburgh residential rehab (based on national expectations for access and choice) - this work is being supported by Healthcare Improvement Scotland (HIS).
* Pathway development: The process for assessment and preparation for rehab in Edinburgh remains a restricting factor to admission for Edinburgh patients (as does the available treatment capacity). HIS, LEAP, City of Edinburgh Council and the EADP team have continued to work on improving the process.

 43. **Objectives and this year’s progress**

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| **Objective**  | **Progress made by March 2024 2023-24** |
| **Capacity Building:** Increase NHS Lothian’s rehabilitation capacity by at least 40% (20 places to 28 places) and detoxification capacity at the Ritson Clinic by at least 50% (8 beds to 12 beds) | LEAP: 28 treatment places were available from 04/07/24Ritson: capacity has to 12 Bed, Ritson occupancy - average of 65% i.e. 8 to 9 patientsAdditional residential capacity secured via Cyrenians  |
| **Improving access and pathways into rehab**Develop pathways into LEAP and Ritson, including ensuring more equitable access, availability of places, reduced barriers/exclusions and addressing vulnerable individuals/those with greatest need). | LEAP and Ritson referrals remain significantly in excess of the capacity available.Peer bridging workers have been employed and are improving the pathway into LEAP, removing barriers, and providing more support to potential patients  |
| **Improving aftercare and pathways out of rehab**Develop and improve pathways out of LEAP and Ritson, including the development of aftercare services and links to recovery community resources. | LEAP Aftercare now supporting patients from ‘out of area’ treatment centres. Consistent number of increased aftercare patients = 60LEAP currently manages 7 Aftercare groups weekly including the LEAP Solutions group established to support patients who relapse, meeting weeklyThe men’s house is a post treatment supported accommodation unit for homeless Edinburgh men. Corra funding for Women’s House was successful with plans underway by CyreniansPartnership with Access to Industry ensures education and prevocational training to all patients |
| **Effective monitoring and evaluation**Build and improve the evidence-base for LEAP and Ritson and act as a model for other regional residential services | LEAP has further developed its Framework of Evidence gathering and is considered as a model of best national practice in demonstrating its impact.  |

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

## 44. **Community development - Reducing Isolation**

The EADP/ IJB Community Development Innovation Fund was launched in 2019. It provides a programme of individual grants 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 and grants were awarded to 10 valuable projects across the city which have continued to deliver in 2023-24.

45. **Mutual Aid activity** which 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 encourage people to engage with this unique source of experience, strength, and hope where possible

46. The EADP developed guidance on employing people role of people with lived experience of substance use and recovery as part of the workforce back in 2013. 2013. There is now a substantial body of people with lived experience working in the system of care. Some openly share with others the experience, strength, and hope that their recovery has given them. Others do not routinely share, but their practice is shaped and inspired by it. This presence has grown substantially over the last decade and is of incalculable value in influencing change in frontline practice. Most of the workers in LEAP, in Edinburgh Recovery Activities (ERA) and workers delivering assertive outreach have lived experience and there is a requirement that all settings actively offer users of services the opportunity to meet workers and volunteers with lived experience as part of their support.

47. Key elements of the local systems which support people with lived experience to enter the workforce are that all organisations are required to include careful consideration of roles that might require or benefit from lived experience and the enablers of that. Several organisations have specific roles in supporting people to develop professional experience in the early stages of the career path, including EnCompass, who provide training and personal development opportunities and the community 3rd sector services who provide well supported volunteering and developmental positions.

48. The ADP are also supporting peer interventions for the most vulnerable people in crisis by funding the inspirational police-led initiative “Operation Threshold” which pro-actively seeks out those who have had a recent non-fatal overdose and offers them peer support and engagement with services. Peers also provide the largest distribution outlet for take home naloxone through a CGL-run peer outreach project.

## 49 **Edinburgh Recovery Activities (ERA)**

In 2023/24, the most substantial single funded project supporting the organised recovery community was Edinburgh Recovery Activities (ERA). The service provides a vast range of activities online and in person and the development of a huge community of mutual support which is described below.

50. **People in Recovery are more connected -** ERA continues to grow, engaging returning community members and new community members alike and this has been aided by a larger staff team thanks to the inclusion of a new Trainee Peer Support Worker. Between October 2023 and March 2024, ERA received 1,944 visitors with 152 new community members attending. 220 volunteer hours have greatly added to ERA capacity.

51. **Increasing the number of People Engaged with Recovery Activities directly from and alongside treatment** ERA has a valuable and productive relationship with LEAP which includes s current participants visiting the café and evening events, as well as the team visiting the out of hours accommodation in the West of the City. LEAP attendees and graduates participate in ERA activities and groups. One of ERA’s Community Development workers recently spent time at the Ritson Detox Unit, taking part in weekly groups for patients utilising space at the Cyrenians Community Garden on the Royal Edinburgh Campus. This proved to be incredibly positive with Ritson staff who are keen to develop a specific programme of activities.

52. **More groups and activities happening -** In addition to the regular weekly groups continue a number of new groups reflecting the interests of the community have developed. These include the Book Group, Creative Writing Group and our Days Out on more trips to the Galleries, Museums, and the Scottish Parliament Botanic Gardens. The Bi-weekly fishing group continues to be incredibly popular and the addition of an ERA singing group has provided a new avenue of creativity for the community. Plans are currently underway for a community led Drama group along with the first ERA Rave. Groups have also visited the.

53. ERA has worked closely with partner organisations such as Circle putting on Family events over Halloween, trips to country parks and Christmas events. The ERA Hogmanay event was attended by nearly 100 individuals in recovery, offering a safe social place to bring in the New Year.

54**. Broader Representation of People at different points of recovery –** ERA continues to welcome a fantastic mix of experience around recovery, with many groups being attended by those who are beginning their journey, spending time with those who have substantial time in recovery. There is a no referral policy where possible and this ‘Open Door’ often helps those who might feel nervous or put off by overly professional settings and introductions. The introduction of the new Activities Committee will assist in devising new groups suitable for all stages of recovery as well as evaluating the current offerings and in turn, keeping the project current and fresh.

55**. Enhanced Social Media Output and Engagement -** The ERA team has worked diligently on the project’s social media output, with more focus on recording experiences as well as speedy responses to queries. Over the last 6 month period, our reach has increased by nearly 20% to 1,451 followers with almost 15,500 visits to social media pages in that time.

**Getting it right for children, young people, and families**

56. People using substances problematically often have a range of complex needs which need to be addressed to help them stay safe and progress in their recovery. Parents have additional responsibilities and stresses in creating a safe, healthy, and nurturing environment for their families while trying to deal with their own health concerns. Parents often feel a heightened sense of stigma and shame and concern about having their children removed from their care which presents barriers for them to engage with services. EADP works with partners through the Whole Family Approach Collaborative 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.

57. Edinburgh’s local response is to provide services which seek to provide whole family support alongside effective treatment for substance use to promote whole family recovery. A range of services designed to support and complement each other and work alongside adult treatment services has been developed to better support adults and families.

## 58. **Children Affected by Parental Substance Use (CAPSU) -** A specialist service is jointly commissioned by the EADP and CEC Children, Education and Justice to provide structured interventions for families which include children and where parental substance use is an issue. It is delivered by [Circle](https://www.edinburghadp.co.uk/services/circle/) and [Sunflower Garden](https://www.edinburghadp.co.uk/services/sunflower-garden/) and has been operating since 2016.

59. Circle received 79 new referrals in 2023-24 and 55 progressed into the service. Overall, they supported 97 families comprising 117 parents and 155 children. Circle offer practical and emotional support to whole families ot achieve

* Improved health, wellbeing, and quality of life for parents who use/ are in recovery from drug and alcohol use
* Improved health and wellbeing of children affected by parental substance use
* Improved parenting skills and parental capacity including boundary setting; emotion regulation; dealing with challenging behaviour and establishing routines

60. Circle measure outcomes which are linked to the SHANARRI indicators. The figures below relate to families supported over the period, where both the outcome was relevant, and a baseline and at least one other set of outcomes was recorded.

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| --- |
| **Change in problem score over period of engagement**  |
| Negative  | 12% |
| No Change | 31% |
| Positive Change | 57% |

61. Sunflower Garden offers a specific therapeutic service for CAPSU. In 2023-4 Sunflower Garden supported a total of 132 children and young people, 88 of whom were new to support this year. 78 children had 1:1 therapeutic support (48 new this year) 17 engaged in groupwork, 58 received counselling or Art Therapy. 21 children had more than one intervention. The outcomes achieved were:

• 81% of children were safer

• 92% were healthier

• 89% were more included

### 62. **Developments in Services for Families which include Children Affected by Parental Substance Use -** The services have continually developed over the period they have been funded in respect of new guidance and expectations, their own observation of service delivery and co-production with children and families. These developments are detailed below.

63. Children, young people, and families often have complex needs which require longer term engagement to help improve safety, health, and wellbeing. This is confirmed by new guidance from Scottish Government and research. Support for families is able to continue longer term where required.

64. There is an established need to provide a specific service for fathers and to recognise their part in family care and dynamics. This is now funded as part of this contract through National Drugs Mission monies until 2026.

65. Peer support is a developing option across all services and has helped to extend the care and support through peer options beyond direct engagement and out with hours of the service. Additional funding has been granted through CORRA to support this work.

66. Activity based programmes in school holiday times have been highly successful in introducing families to low cost or free activities they can engage in together. This has also helped involve extended families expanding the support options available. Joint work with Edinburgh Recovery Activities (ERA) has introduced a family perspective to the recovery community and extended the support options available to families.

67. Identification of a gap in support for parents who have had children removed and are particularly vulnerable has attracted funding for a joint initiative with Family Group Decision Making (FGDM).

68. The services have become trauma informed and have support and consultancy from Psychology for staff teams.

69. A groupwork programme has been developed by Sunflower Garden which helps prepare children for individual work and some children have expressed a preference for this option. Funding has been given by EADP from National Drugs Mission monies to fund this work.

70. There has emerged a wider need for children to get support in their own right when parents are not currently supported by the contract, referrals from schools have increased and exposed a greater level of need requiring further investigation.

71. The ADP led on co-production of a new CAPSU specification in 2023-24, preparing to re-tender the service in 2024-25. The process included a review of the current service and extensive a programme of engagement with key stakeholders and services and children, young people, and families with lived and living experience

## 72. **Family Group Decision Making (FGDM)** aims to bring a child's extended family together to plan and make decisions for their care and welfare. Edinburgh Council’s [FGDM](https://www.edinburgh.gov.uk/support-families/family-meetings) service is working with parents and families and adult drug and alcohol treatment services to develop an equal priority on the needs of adults and children within FGDM meetings, enabling seamless collaboration among multiple organisations to support a family's plans to aid prevention, rather than crisis-driven approaches which we currently experience. The aim is to develop a network of support around the families of relatives and close friends to provide the additional support families need to stay together and thrive and is designed to complement existing work with families offered by the CAPSU contract.

## 73. **Support for Adults affected by a loved one’s Substance use** - EADP is committed to responding to the needs of adults affected by the substance use of those who are close to them (families and friends). Key aims include for professional services to work alongside them in the care of their loved ones (where appropriate and possible) and ensuring that they are provided with care and support in their own right, to address the unique pressures that they can face.

74. [**VOCAL**](https://www.edinburghadp.co.uk/services/vocal-family-support-addictions/) are commissioned to support families affected by substance use. In 2023-24, they 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.

## 75. **Support for Pregnant substance users and their families -** [**PrePare**](https://www.edinburghadp.co.uk/services/prepare/) is an early intervention, integrated, multi-disciplinary team who work with pregnant women and their partners who have significant issues with their substance use. They aim to reduce parental substance use and related harm to mother and child by providing health care, social care, and support throughout the pregnancy and where necessary up to 2 years post birth. EADP funds an Early Years Worker who provides holistic family support as well as targeted support using the PuP framework. It integrates substance use treatment with support around the pregnancy and takes a whole family approach including father’s and kinship carers.

**A Public Health Approach to Justice**

*HMP Edinburgh, City of Edinburgh Council Justice Services and Police Scotland are all key partners in the ADP.*

## 76. **HMP Edinburgh**: In 2019/20, EADP initiated and participated in an NHS Lothian (NHSL)-led Review of Resources & The Addiction Pathway for Drug & Alcohol Treatment in HMP Edinburgh, which reported in November 2019. This report made several recommendations for consideration by NHS Lothian and Edinburgh Alcohol & Drug Partnership. It also highlighted other areas where improvements could be made that might have a beneficial effect on the prison environment, prisoners, and staff in relation to coping with and addressing substance use and mental health issues. The recommendations covered the following areas:

* Remand Prisoners
* Safe discharge for all prisoners
* Equitable access for all prisoners to addiction treatment and care services
* Workforce development
* Communication
* Resources

77, Following these recommendations, the ADP and IJB agreed funding for a team to work with remand prisoners and to improve continuity of care at release for Edinburgh prisoners. Implementation of the planned expanded service was delayed by COVID restrictions and latterly by extreme difficulties recruiting clinical staff which have meant that implementation of the NHS component was only possible near the end of 2023-24 However, despite the challenges, treatment services at HMP Edinburgh have been noted as an example of national best practice in the implementation of MAT standards in a prison setting [(p.61)](https://publichealthscotland.scot/media/27786/v11_national-benchmark-report-on-mat-standards-2023-24.pdf)

## 78. **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

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

80. Over the course of most of 2022-23 and all of 2023-24 the service has been suspended to new assessments/orders. There are several underlying challenges to delivery and currently CEC Justice Services with partners are undertaking a review of future provision.

## 81. **The Edinburgh and Midlothian Recovery Support Service (EMORS)** is a 3rd sector (CGL) service commissioned through CEC, who provide support to drug and alcohol users at all stages of the Justice system. Key features of the service are:

* Providing continuity of care from arrest and custody to prison and back into the community with continuity of caseworker where possible.
* Trauma informed service adapting to the needs of service users and reducing any barriers regarding access.
* Working collaboratively in close partnership with other statutory and voluntary service providers, to follow one shared multi-agency plan.
* Adopting a harm reduction and recovery-orientated approach for those with problematic substance misuse
* Working with individuals to build recovery capital
* Providing intensive support for those with a greater need

82. **Arrest referral**: EMORSS have continued to provide arrest referral support via St Leonards Police Station and receive referrals from police staff and nurses based in the custody suite and West Lothian Assertive Outreach Service (WLAO) who see individuals in Livingston custody suite.

Activity Summary

|  |  |  |
| --- | --- | --- |
| **Source of referral for outreach** | **Outreach referrals**  | **People transferred from Outreach to EMORSS for ongoing support** |
| EMORS Assessments | 138 | 10 |
| Police | 12 | 8 |
| Nurses | 17 | 4 |
| WLAO | 23 | 7 |
| **Total** | **190** | **27** |

83. Prisoners from Edinburgh and Midlothian who initially access substance misuse support whilst in prison move seamlessly to help prepare for their release and receive throughcare support, remaining with the same worker where possible. In the last year EMORSS actively supported 231 individuals from Edinburgh and Midlothian who had been seen in prison and then supported following their release from prison.

84. EMROSS have continued to support r throughcare service users who require further substance misuse support on release. This has been done by liaising with community partners allowing an eventual handover to community support and access to clinical treatment and removing the need for the service user having to go through a full assessment process again. This pathway also allows those service users who were receiving support from a community hub to receive support from the EMORSS prison team if they are arrested and remanded to HMP Edinburgh.

## 85. **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 intervention. 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 drug related death in recent reports have had custody contact in the 6 months leading up to their death.

86. EMORSS works with **Change Grow Live** (CGL) to provide ongoing care following custody through the arrest referral service. The team 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 (EdMAC) and other developments in the Justice pathways (court and prison services).

87. **Embedding of 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. The further development of a recovery space for mutual aid and professional support at HMP Edinburgh (“The Cove”) for which the ADP has funded additional support

**The voices of people with lived and living experience**

88. **Putting lived experience at the heart of decision EADP decision-making:** Along with many other bodies and organisations in the area of drug and alcohol use, the ADP has a longstanding commitment to making peoples lived and living experience of drug and alcohol use the central guide to its decision making. In common with most of those other bodies, the ADP cannot claim to have fully achieved that goal but has made some good progress.

89 In February 2024, the EADP Executive agreed a programme with the ambition that: ***families and people with lived or living experience are at the heart of the development and delivery of services.*** This programme includes six workstreams:

**Lived-and-Living experience panel** (working title): A representative community panel, supported by an employed facilitator with a core steering group and links to the wider recovery community. A feasibility study, including development of a local model was undertaken in 2023-24 by EVOC. This work included very substantial engagement with lived and living experience (at least 80 individuals) which itself provided a huge amount of insight. A contract for facilitation of the agreed model is being commissioned by the EADP in 2024-25.

**Edinburgh Living experience panel**: A regular community panel, facilitated by a national organisation ([Scottish Drugs Forum](https://links.uk.defend.egress.com/Warning?crId=667e5303383fcf792f0c01ca&Domain=edinburgh.gov.uk&Lang=en&Base64Url=eNplyEsOgCAMBcATle69DbHPSpBCSv0cX_fuJrNHjLkwT9lSd01n5bt75aNcEMom9KmYEp4BL7AV_BuCaVY0WPAL20IesQ%3D%3D&@OriginalLink=sdf.org.uk)) aiming to engage those still in active drug and alcohol use and to capture their experience and needs. This is now running jointly with the Salvation Army and other partners

**MAT experiential data gathering process**: this is a rolling programme of interviews undertaken by people with lived experience who work in services with people who use the service. They are part of the evaluation evidence for the MAT standards and helped inform the co-production work on the EADP strategy. These were expanded in 2023-24, with 47 interviews with people who have themselves used treatment services and a further 5 interviews with the loved ones of people who have. A further 9 interviews took place to inform the DTTO review process. The interviews were extremely high quality and the findings have been shared with managers and decision makers.

**Ellipsis:**  A narrative change programme collecting and analysing people’s stories which will generate new insights to directly influence and change health and social care for people in Edinburgh. This was commissioned in 2023-24 and is currently developing its processes.

**Independent Collective Advocacy**: This provides a supportive environment in which a group can explore this interest, identify goals, and seek possible solutions. This has been commissioned from the Patients’ Council

**General consultation and co-production** This year this included:

* Feasibility study into [Safer Drug Consumption Facility and Drug Checking Services](https://links.uk.defend.egress.com/Warning?crId=667e5303383fcf792f0c01ca&Domain=edinburgh.gov.uk&Lang=en&Base64Url=eNo9ytEOgyAMQNEvKmRL5sP-BmmBRi2GFsn-XpcY325yTzHb9ev9GMMRssy95eJyPVxfPNYhaw2oT_nXZ5re_pGgIVEDbD1DrKJ9242rQAqRVzYmhSB4_0JxYcmg1A6O10oUlOc__IFax4ufSSI2tg%3D%3D&@OriginalLink=www.edinburgh.gov.uk)  with 39 people with lived and living experience and 9 family members were interviewed
* Co-production of the draft EADP strategy – people with living experience participating in all aspects of codesigning and commissioning activities include L/LE representation).

90**. Co-production of the EADP strategy 2024-27 - Between** October 2023 and April 2024, the EADP co-produced a draft strategy for 2024-27. The process consisted of:

91. **Online Co-Production Survey:** EADP officers undertook a survey which was open to anyone to contribute to. The survey was conducted online and promoted by being circulated by email and being raised in several meetings. It was open for 6 weeks (20th of Feb – 2nd of April) and repeatedly re-circulated/ promoted during that time. Six people responded over the course of the survey. 3 respondents reported own lived experience of using drugs and alcohol, one of previous problematic substance use by a family member.

92 **Themed co-production meetings:** These were a series of meetings with groups either coming to events that the ADP officers organised or ADP officers attending existing meetings.

|  |  |
| --- | --- |
| Theme | No of participants |
| Whole family approach collaborative | 7 |
| Adult treatment and recovery collaborative | 10 |
| supportive communities  | 4 |
| support for people who are homeless and in temp/ supportive accommodation | 4 |
| Whole family approaches | 2 |
| support for families affected by substance use | 2 |
| CAPSU | 21 |
| Practitioners in young people’s substance use services | 4 |

In total 54 participants, mostly professionals from such fields as treatment, FASD policy, supported housing, children and families social work, care of children affected by parental substance use attended.

93**. Incorporating findings from Lived and living experience engagement activities:** Although an offer to attend lived and living experience/ collective advocacy groups was extended, only one group took this up - Parental Advocacy and Rights - mutual aid group for 7 women with lived and living experience of substance use, recovery, and motherhood. 1 individual interview was also conducted. Material from three additional sources of lived experience information was incorporated into the draft strategy

* Feasibility studies for Safer Drug Consumption Facilities and Drug Checking services (see below) interviewed 39 people with lived and living experience and 9 family members.
* The development process for the lived and living experience panel involved focus groups with around 80 participants from a mix of open advertised meetings and existing groups. This generated a range of insights that were incorporated into the draft strategy
* MAT standards experiential engagement involved peer research with people attending all the main treatment Hubs - 47 surveys were completed. 5 families contributed to a survey focussed on their experiences of treatment access. A very wide range of professionals were also interviewed as part of this process.

94. **EADP Stakeholder conferences 6 October 2023 and 21 March 2024:** The successful stakeholder events comprised of presentations and series of discussions in small mixed groups.

**Finances**

95. The EADP opening reserve balance on 1 April 2023 was £2.79m. There was an in-year allocation of £9.68m which was made up from two funding sources, £5.07m baseline funding from NHS Lothian and City of Edinburgh Council and £4.61m additional funding from Scottish Government.

96. Overall, the total funding for the ADP in 2023/24 was £12.47m. During the year, the total spend was £10.89m, of which £8.27m was committed as recurring expenditure and £2.62m was non-recurring expenditure.

97. The ADP reserve balance on 31st March 2024 was £1.58m.

98. The table below describes the spending of EADP’s 2023-24 funding allocations by category of activity.

|  |  |  |
| --- | --- | --- |
| **Activity category**  | **£** | **%** |
| Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions | 57,000 | 0.5% |
| Community based treatment and recovery services for adults | 7,613,291 | 69.9% |
| Inpatient detox services | 82,314 | 0.8% |
| Residential rehabilitation (including placements, pathways, and referrals)  | 849,309 | 7.8% |
| Recovery community initiatives | 227,158 | 2.1% |
| Advocacy services | 41,320 | 0.4% |
| Services for families affected by alcohol and drug use (whole family Approach Framework)  | 529,263 | 4.9% |
| Alcohol and drug services specifically for children and young people | 208,134 | 1.9% |
| Drug and Alcohol treatment and support in Primary Care | 307,219 | 2.8% |
| Outreach | 536,664 | 4.9% |
| Other | 435,260 | 4.0% |
| **Total**  | **10,886,932** |  |

**Proportion of EADP’s 2023-24 funding allocated to each sector: City of Edinburgh Council Third sector and NHS**

**Governance**

99.The EADP Executive reviewed the governance structure and refreshed the terms of reference for key groups within the governance framework.

**Strategy Development**

100 All of the co-production activity generated great insights reflecting EADP’s current approach and services and thinking about future priorities and developments. There were also comments and suggestions on the tone, language, and emphasis of the draft document.

101. The priorities in the draft strategy have been informed by this extensive co-production process moreover there is now established a robust approach to coproduction which will continue as we further develop the strategy, performance framework and implementation of agreed actions.

**Performance Framework**

102. Our review of governance included a refreshment of the performance framework. Appendix One sets out our performance against key indicators.

103. The key performance framework will be refreshed in line with the emerging strategy.

Appendix 1: EADP Performance Summary April 2023 – March 2024

*Data to quarter 4 2023-24 unless otherwise stated*

**Prevention and early intervention**

KPI: Number of YP supported through commissioned services

**Low threshold access**

**Crew**

* 4,659 people engaged in Drop-in Services.
* 3,455 visitors to our 307 Cockburn St/Digital Drop-in sessions 2,246 aged between 12 and 25 years old.
* 1,195 people engaged in community-based outreach events.
* 9 referrals made to YP 1-2-1 Support Service with 3 engaging in sessions.

**The Junction**

* 45 sessions
* Direct engagement with 13 young people related to substance use over 34 sessions

**Education and Prevention**

**The Junction**

* 41 sessions delivered to 627 young people with 1,065 contacts

**Fast Forward Going Forward project**

* 102 sessions delivered to 662 young people with1,884 contacts.
* engaged with 103 practitioners on drug and alcohol use and provided free lesson plans, toolkits, and resources.
* Worked with 29 partner agencies

Developing a Recovery orientated system of care

**KPI: Total number of people in drugs treatment**

|  |  |  |
| --- | --- | --- |
| FY 2021/22 | FY 2022/23 | FY 2023/24 |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| 2,638 | 2,697 | 2,581 | 2,648 | 2,730 | 2,672 | 2,559 | 2,687 | 2,671 | 2,664 | 2,604 | 2,563 |

This metric has shown a slight fall in recent years, against a [national target](https://www.gov.scot/publications/substance-use-treatment-target-letter-minister-drugs-policy/) of increased numbers (treatment target: increase total number of people on ORT by 9% by 2025). It is unclear how this compares with national trends. A number of steps which might have been expected to increase numbers in treatment (improving access and retention) have not had this effect.

**KPI: % of those prescribed ORT who are in primary care**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FY 2021/22** | **FY 2022/23** | **FY 2023/24** |
|  | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| **Patients** | **1,574** | **1,618** | **1,511** | **1,570** | **1,657** | **1,604** | **1,484** | **1,659** | **1,641** | **1,609** | **1,570** | **1,531** |
| **% of whole** | **60%** | **60%** | **59%** | **59%** | **61%** | **60%** | **58%** | **62%** | **61%** | **60%** | **60%** | **60%** |

**KPI: % of those entering drugs treatment who do so within 24 hours of presentation**

Q4 2023-34 is the first period for which this can be reported. 90% of patients (n=126) seeking ORT were assessed for medication within 24 hours of presentation in that quarter and 95% within 3 days. his is in line with MAT expectation and reflects a level of consistent availability of treatment that has not been available before, and which patient feedback indicates is extremely valued’

**KPI: Number and % of Edinburgh OST patients receiving a buvidal prescription**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2021-22** | **2022-23** | **2023-24** |
|  | **All Patients** |
| Number  | 176 | 299 | 412 |
| % OST | 6% | 10% | 14% |
|  | **Secondary Care Only** |
| Number | 160 | 241 | 304 |
| % OST | 12% | 18% | 22% |
|  | **Primary Care Only** |
| Number  | 21 | 65 | 122 |
| % OST | 1% | 3% | 7% |

**KPI: Number of people entering residential rehab**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2021-22** | **2022-23** | **2023-24** |
| **Total no of placements** | 57 | 47 | 74 |
| **LEAP** | *47* | *44* | *67* |
| **Other**  | *10* | *3* | *7* |

These show a rise in 2023-24 enabled by the expanded provision at LEAP and the securing of accommodation

**KPI: Numbers of high risk individuals identified, % reached, % achieving successful outcome**

Q4 2023-34 is the first period for which this can be reported.

Contact was attempted for 75% of people identified as being at high risk within 2.25 days of services being notified (n=72 patients) – this means that approximately 1 new person every working day was identified as being at high risk and reached out to.

**KPI: % 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

**KPI: Number of Naloxone kits distributed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2020 - 2021 | 2021-22 | 2022-23 | 2023-24 |
| No of kits  | 1,647 | 2,468 | 2,172 | 1,503*Intranasal- 544**Intramusular- 959* |

The naloxone programme continues to distribute at high levels. Provision of THN through these routes has reached a proportion of those who need it and this seems to be reducing the number of new kits being distributed in a sample of injecting drug users in Lothian in 2019-20, 70% had been prescribed take-home naloxone in the past year (c.f. 67% in all of Scotland) and 39% were carrying it (c.f. 21% in all of Scotland). [Needle Exchange Surveillance Initiative (NESI) - Needle Exchange Surveillance Initiative (NESI) - Publications - Public Health Scotland](https://links.uk.defend.egress.com/Warning?crId=65af770dd04082a44e94253a&Domain=edinburgh.gov.uk&Lang=en&Base64Url=eNqVykEKgDAMBdETxe69TW0_JhDSYtLi8a3gBdwNzOOI7ntKfRwqhZE12EsLzVa3N76TQ5p5MqAqCHfhbCfIxzUhunQBiUnIghNkcPmHH3ODNXU%3D) Provision has expanded since then.

In 2023-24 at least 282 kits were distributed to replace kits used in OD (i.e. at least this many kits were used to reverse an overdose). Approximately 1/3 of kits are now intranasal which is more acceptable to a number of potential users

**KPI: Suspected Drug related deaths**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| Total  | 146 | 154 | 144 | 170 | 188 | 157 |

Note that these figures, though encouragingly suggesting a reduction in DRD, are not identical to final, formal DRD reporting

**KPI: Drug Related Deaths**

The National Records of Scotland DRD figures in 2022 were published in August 2023. They reported 113 drug-related deaths in Edinburgh - an increase from 109 in 2021 and 92 in 2020 and the highest ever number in a single year in Edinburgh.

**KPI Number of PWL/LE engaged in consultation or panels**

* Feasibility studies for SDCF and DCS interviewed 39 people with lived and living experience and 9 family members. [Safer Drug Consumption Facility and Drug Checking Service Reports](https://www.edinburgh.gov.uk/downloads/download/15662/edinburgh-safer-drug-consumption-facilities-and-drug-checking-services-feasibility-studies)
* The development process for the lived and living experience panel involved focus groups with around 80 participants from a mix of open advertised meetings and existing groups.
* MAT standards experiential engagement involved peer research with people attending all the main treatment Hubs with 47 surveys completed. 5 family members contributed to a survey focussed on their experiences of treatment access.

**Getting it Right for Children, Young People and Families**

**KPI: Number of families and children supported through commissioned CAPSU services**

**Specialist support services**

**Circle**

* 42 young people received one to one support with 271 sessions attended.
* 70% attended to address their own issues with substance use, others sought help with parental substance use

**Junction**

* 64 young people in 1-1 support through their drop-in service

**ASUS Tier 3 and 4 Specialist Nurse treatment**

* Total caseload of 72
* 43 new referrals.

**A public health approach to Justice**

**KPI: Number of patients treated under DTTO**

|  |  |  |
| --- | --- | --- |
| FY 2021/22 | FY 2022/23 | FY 2023/24 |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| 98 | 90 | 100 | 106 | 102 | 87 | 56 | 42 | 46 | 42 | 32 | 25 |

**KPI: Number of individuals supported by EMORS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 | Q1 22/23 | Q2 22/23 | Q3 22/23 | Q4 22/23 | Q1 23/24 | Q2 23/24 | Q3 23/24 | Q4 23/24 |
| 272 | 241 | 283 | 309 | 334 | 339 | 277 |  | 492 | 373 | 311 | 363 |