Edinburgh Alcohol and Drugs Partnership Strategy 2025-2028

Contents

Foreword from the Chair

Too many people in Edinburgh become ill and are admitted to hospital or die because of alcohol and drug use, which can also be linked with other health and social problems such as trauma, depression, domestic abuse, debt, unemployment, homelessness and offending.

We are committed to working with our communities, building on our strengths, reforming and integrating our public services, and putting people in control of their lives and the places where they live. Reducing the impact of alcohol and drug use is the responsibility of us all. Only through communities and services working in partnership together will we address the challenges we face. We need to do things differently and that is the ambition of this strategy.

Our Strategy has been shaped through extensive consultation and engagement with the public and the widest possible range of partners, stakeholders, voluntary and community sector organisations, and people with lived experience.

By mobilising this strategy, we will:

- Ensure that fewer people develop problem drug use and alcohol use
- Reduce risk for people who take harmful drugs and consume harmful amounts of alcohol
- Enable those people at most risk to have access to treatment and recovery
- Ensure that people receive high quality treatment and recovery services
- Improve the quality of life for people who are facing multiple disadvantages
- Support children, families and communities affected by substance use

The EADP strategic plan sets out our priorities for the next three years (2025-2028) which are underpinned by the principles of inclusiveness and embedding the experiences and valuable insights of people with lived or living experience. The aim is to ensure that lived experience influences strategic decisions and operational practice and that everyone accessing our services feels valued, respected and supported.

We need to ensure that the system we work within, including the organisations we work with and the practice we deliver, is trauma informed to reduce barriers, increase resilience, improve experiences, and ultimately improve recovery outcomes for those who have experienced the most harm and have the greatest need. [1]

[1] https://www.traumatransformation.scot/implementation/

One Vision: **The Edinburgh Alcohol and Drugs Partnership, by focusing on people, places and pathways, will reduce the harm caused by alcohol and drug use.**

6 principles

- Lived and living experience at the heart
- Equalities and human rights
- Tackling stigma
- Surveillance and data informed
- Resilient and skilled workforce
- Psychologically informed

6 priorities	24 Aims
Reduce the number of people who develop problem drug and alcohol use	Deliver evidence-based effective holistic interventions to young people which prevent problem drug and alcohol use.
	Encourage local environments which are supportive of people's health and wellbeing and reduce the risk of alcohol-related harm and disorder
	Offer access to early support for emerging drug and alcohol use
	Contribute to addressing underlying determinants of drug and alcohol use (social and individual)
Reduce the risk of harm for people who use alcohol and drugs	Ensure that people using alcohol and drugs have easy access to the equipment, information, facilities and relationships that they need to keep them safe
	Ensure that people who use drink and use drugs and have the most serious co-morbid health conditions are identified and offered treatment for both
	Maximise the number of people benefiting from crisis support and residential stabilisation.
	Encourage all public services prioritise reducing harm, understanding needs and minimise stigma in their approach to drug and alcohol users
Offer people at the most risk access to treatment and recovery	Identify people at high risk of harm and actively engage (or re-engage) them in support and treatment
	Use contact with the criminal justice system as an opportunity to give treatment and support
	Actively offer support and treatment for as long as people benefit from it
	Make treatment available when, where and how people need it
Ensure that people with alcohol and drug problems receive high quality treatment and recovery services	Ensure that lived and living experience is central to developing and delivering services
	Meet mental and physical health and wellbeing needs alongside drug and alcohol treatment
	Provide psychologically informed services and access to psychological therapies
	Maximise the number of people benefiting from recovery and rehabilitation in both community and residential settings
Improve people's quality of life by addressing multiple disadvantages	Support a thriving, visible recovery community which is accessible to all who need its experience, strength and hope
	Provide rights based care and offer advocacy and support with housing, employability, welfare and income.
	Offer suitable accommodation to meet the varied needs of those who use alcohol and drugs
	Offer people at all stages of substance use and recovery things to do, people to do them with and opportunities to develop and grow
Support Children, families and communities affected by substance use	Ensure that services empower family members to support their loved one's recovery
	Support family members to achieve their own recovery
	Support parents to access and engage in treatment to address their substance use and provide holistic support for families affected by parental substance use.
	Ensure services are engaged with recovery communities and the wider community

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Setting the Scene

Drugs and alcohol impact on the health and wellbeing of our residents and the safety of our communities. It is everyone's responsibility to make sure we minimise the harms they cause.

We continue to experience long-standing problems with alcohol and the financial cost of alcohol to Edinburgh is significant. Alcohol places a significant burden on public services, causes health problems such as cancer, liver cirrhosis and heart disease, affects the well-being of families, and is a major contributor to abuse, violent crime and public disorder. We know that the issues caused by alcohol are not simply about people becoming dependent and that too many people may be unaware that they are drinking to harmful levels.

Drug and alcohol use has a disproportionate impact on the health and life expectancy of those already affected by multiple forms of deprivation. The demands that unsafe drug and alcohol consumption are placing on our NHS services are a real cause for concern.
Parental problem drug and alcohol use can and does cause serious harm to children at every age from conception to adulthood. Adults, with children, who are having problems with their substance use have additional complex needs requiring support and intervention.

Drug and alcohol use are often intertwined with a range of other mental health and social problems, including: depression and anxiety; domestic abuse; loss; trauma; housing needs; unemployment; debt; offending; and severe mental disorders such as schizophrenia.
EADP recognises that living through traumatic events, at any stage of life, can lead to an increased risk of poorer health, social, education and justice outcomes. While alcohol or drug use and experiencing trauma can increase the risk of poor life outcomes, we believe this is not inevitable, people can and do recover. We recognise the importance of resilience and adaptation responses, and the strength of protective factors at an individual, family and community level such as positive and problem-solving skills, relationships and social networks. There is a clear relationship between alcohol and drug use and involvement with the justice system. We will work with our partners to create opportunities to divert people affected by alcohol or drug use away from the justice system and into community based supports. Where people become involved in justice settings we will work to ensure they are fully supported at all stages of the community justice pathway, including police custody and prison settings, and when returning to the local community.

We will know we are making a difference if:

- There is a reduction in levels of drug and alcohol related harm
- There is a reduction in drug and alcohol related offending
- There is an increase in the number of people in recovery

Developing the Strategy: Talking to people and what they said

This strategy was developed collaboratively with people with lived experience and other partners.

An initial Stakeholder conference in October 2023, attended by 67 people, began our deliberative dialogue to create the new draft strategy. **This was followed by:**

- Focus groups with Parental Advocacy and Rights and other organisations providing to children, young people and families affected by substance use.
- Feasibility studies for Safer Drug Consumption Facilities and Drug Testing included interviews with 39 people with lived experience and 9 family members.
- Experiential interviews with 47 people with lived and living experience and 5 Family/ nominated persons
- On line survey
- Focus groups with 116 people
- A large stakeholder event in March 2024 to reflect on what was learned and refine our priorities.

All coproduction activity generated great insights reflecting on our current approach and services and considering and debating future priorities and developments. Comments and suggestions on the tone, language and emphasis of the draft document were hugely helpful in refining future drafts.

The priorities in the strategy have been informed by this extensive co-production process, moreover, we have now established a robust approach to coproduction which will continue as we implement the agreed actions and our performance framework.

What is the EADP?

Local alcohol and drug partnerships (ADP) are responsible in Scotland for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. The Scottish Government's Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs outlines the shared ambition across Local Government and Scottish Government that local areas (ADP) have the following in place:

- A strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs.
- Transparent financial arrangements.
- Clear arrangements for quality assurance and quality improvement.

- Effective governance and oversight of delivery.

Edinburgh Alcohol and Drug Partnership (EADP) Executive is comprised of senior officers of statutory authorities and representatives of third sector agencies and lived experience. They oversee development and delivery of the strategic plan and ensure that investment of resources is consistent with local governance arrangements to meet other relevant local outcomes.

Membership of EADP should include representation from the following

- The local community and particularly those most affected by alcohol and drugs (see below for details of arrangements for lived and living experience representation)
- The Local Authority (City of Edinburgh Council) including those departments addressing:
    - Housing
    - Alcohol Licensing
    - Violence against Women and Girls
- The Edinburgh Voluntary sector
- Police Scotland
- NHS Board (NHS Lothian, including the department of Public Health)
- Integration Authority (Edinburgh Integration Joint Board, including the Chief Financial Officer)
- Scottish Prison Service (representative from HMP Edinburgh)

The ADP Executive has a direct reporting link to the Edinburgh Integration Board, the Edinburgh Chief Officers for Public Protection group and the Scottish Government on progress achieved from all investment and activity.

The EADP Executive co-ordinates and across all areas of the strategy and contributes funding to a wide range of services which address various areas of complex need including vulnerable and at risk people, parents and their families, family members and young people. These funded services are commissioned through partners in the Local Authority and NHS on the ADP's behalf (see "Delivery" below).

Local and national strategic context:

The **National Mission on Drug Deaths: Plan 2022-2026** sets out the Scottish Government's current strategy for reducing drug deaths and harm and expands on the priorities in the **Rights, Respect and Recovery** strategy (2018).

The aim of the National Mission is to reduce drug deaths and improve the lives of those impacted by drugs by:

- Preventing people from developing problem drug use
- Reducing harms from the consumption of drugs
- Getting more people into high quality treatment and recovery service
- Addressing the needs of people with multiple and complex needs; and
- Supporting families and communities affected by problem drug use

The Scottish **Medication Assisted Treatment (MAT) Standards** were published in May 2021 with the aim to improve access, choice and care and to ensure that MAT is safe and effective. MAT is a key component of the national mission to reduce drug-related harms and deaths. Responsibility for the implementation of MAT sits with Alcohol and Drug Partnerships.

The current Scottish Government framework for alcohol harm is the Alcohol Framework 2018: Preventing Harm. The document sets out the national prevention aims on alcohol, activities that will reduce consumption and minimise alcohol-related harm arising in the first place, with keys aims of reducing health inequalities and protecting children and young people.

The framework's overarching commitment is to put the voices of children and young people at the heart of developing preventative measures on alcohol. The framework actions are grouped under three themes:

- Reducing Consumption – affordability, sales, availability and licensing.
- Positive attitudes, Positive Choices: education, awareness raising and behaviour change; marketing and advertising.
- Supporting families and communities: Addressing Fetal Alcohol Spectrum Disorder, promoting positive alternatives and safer communities and preventing alcohol-related violence and crime.

The framework endorses and aligns with the World Health Organisation's best buys to reducing the harmful use of alcohol by tackling affordability, availability and attractiveness. [2] The framework should be considered alongside the Public Health Priorities for Scotland, where public health priority 4 is a 'Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.'[3]

For every person who has a difficulty with drugs or alcohol, the findings of Ask the Family demonstrate that on average 11 other people are affected by harms associated with a loved one's substance use. The Scottish Government published **Families Affected by Drug and Alcohol Use in Scotland**: **A Framework for Holistic Whole Family Approaches and Family Inclusive Practice (2021).** Section 11 of the comprehensive framework detailed

[2] https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf
[3] https://www.gov.scot/publications/scotlands-public-health-priorities/

responsibilities for local partners, recognising that ADPs are pivotal key strategic catalysts for change, and it is the role of organisations within the ADP to work together in partnership to establish a common purpose and commitment to contribute to and create the conditions for change and improvement in expanding access to whole family approaches.

Delivery of Scotland's National Mission to reduce drug deaths and improve lives is dependent on having in place a skilled, resilient workforce. It is therefore vital that our drugs and alcohol services are able to attract, retain, and support staff. The Scottish Government has recognised that the drugs and alcohol workforce currently face significant challenges, particularly in relation to recruitment, retention, and service design. **The Workforce Action Plan 2023-26** sets out the key actions that the Scottish Government will deliver to address this challenge through a multipronged approach, where simultaneous progress will be made against the five pillar framework of 'Plan', 'Attract', 'Train', 'Employ', and 'Nurture' as outlined in the 'National Workforce Strategy for Health and Social Care in Scotland' '

During the term of this Strategy there will be many more plans and programmes of work that emerge. Some of these will be in response to local issues and priorities, some in response to national bodies such as the Mental Welfare Commission or Care Inspectorate and others will be in response to national priorities and expectations.

Alcohol and drug use and harms in Edinburgh

Drug and alcohol use are among the most important drivers of illness and premature death in the people of Edinburgh: In 2019 (the most recent for which data is available)[4].

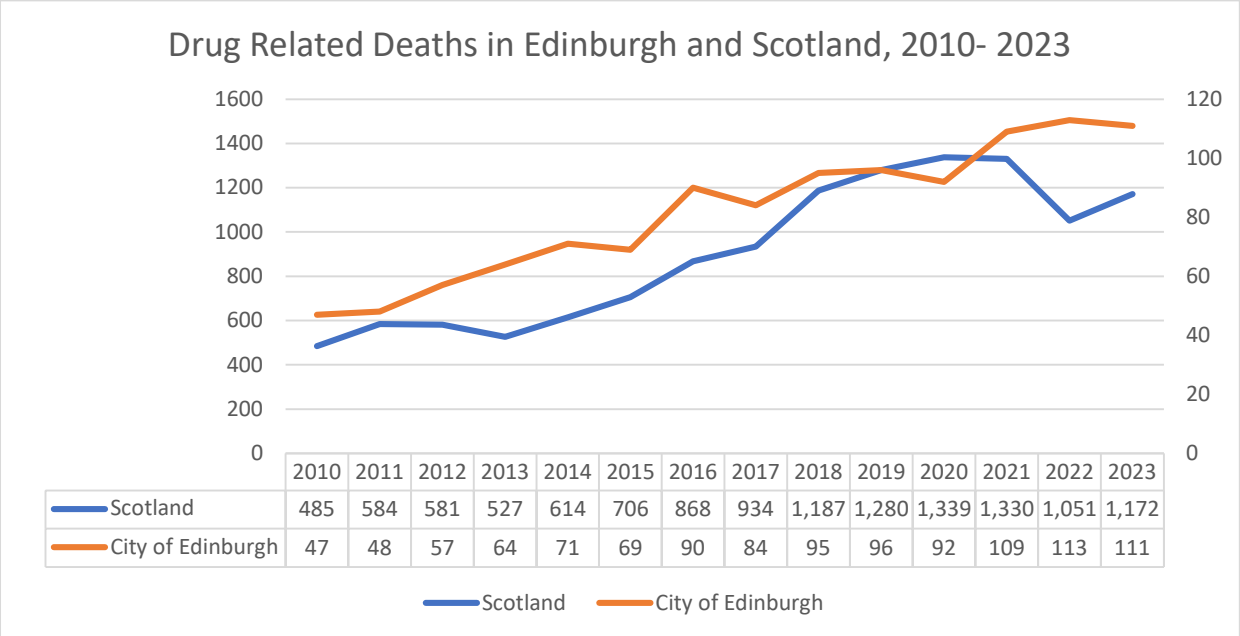
- Drug use was the second greatest cause of health loss in men in Edinburgh and the 12th in women.

[4] Scottish Burden of Disease

- Drug use was the 6th greatest cause of ill health in men in Edinburgh, 18th in women
- Drug use was the second greatest cause of early death in Edinburgh for men and the 8th greatest for women
- Alcohol use was the 5th greatest cause of ill health in men in Edinburgh, 21st in women
- Alcohol use was the twenty-second greatest cause of early death in Edinburgh in men and the 22nd greatest for women[5].

Scotland has one of the highest drug death rates in the world and this is recognised as one of the key contributors to Scotland's falling life expectancy[6] The majority of people at risk of drug related harm are disproportionately affected by the wider determinants of health inequalities such as poverty, homelessness and unemployment as well as societal discrimination associated with drug use. Most are vulnerable, have complex and multiple needs and face structural and social barriers which can further impact on their ability to access health and social support.

On average there were 104 drug related deaths per year in Edinburgh between 2019 and 2023. The most recent national report on Drug Related Deaths in Scotland, 2023 was published in August 2024, and shows a continuing increase in DRD in Scotland and in Edinburgh over the past two decades.



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Scotland	485	584	581	527	614	706	868	934	1,187	1,280	1,339	1,330	1,051	1,172
City of Edinburgh	47	48	57	64	71	69	90	84	95	96	92	109	113	111

NHS Lothian produce a drug related deaths report annually which provides detailed drug related death data and trends which is available to access online (*link TBC*).

[5] Scottish Burden of Disease
[6] https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/documents/

Edinburgh has the highest rate of harmful and hazardous drinking in Scotland: according to 2019-23 Scottish health surveys, 28% of all residents drink at harmful and hazardous levels[7] (21% of women, the highest rate in Scotland and 36% of men, the 5th highest rate in Scotland).

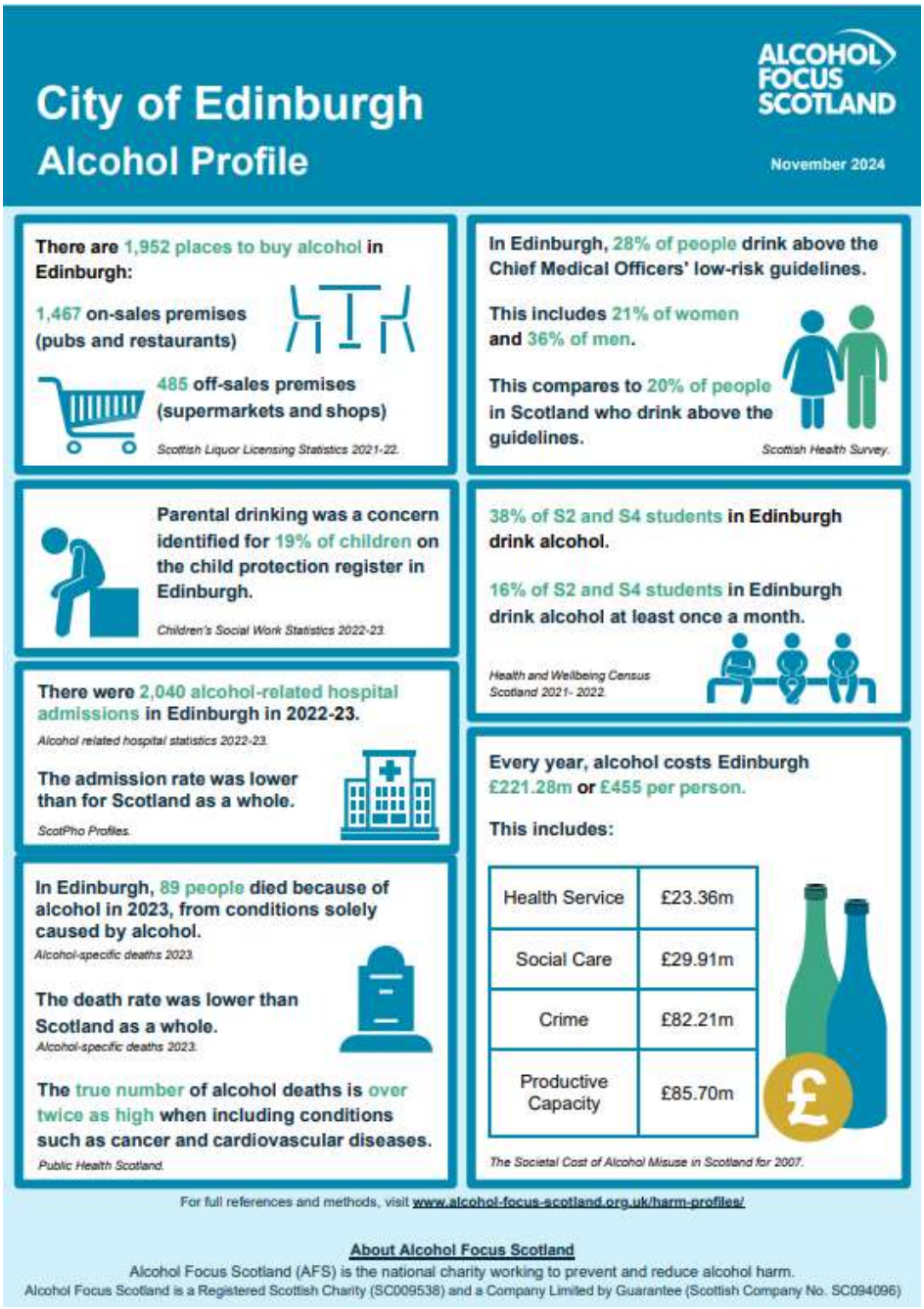
Edinburgh has one of the highest per capita alcohol consumption rates in Scotland:

- 10 mean units per woman per week (highest rate in Scotland, Scottish average 8.4)
- 13.8 mean units per person per week for all residents (4th highest rate in Scotland, Scottish average 11.9)
- 17.6 mean units per man per week (8th highest rate in Scotland, Scottish average 15.5)

[7] Scottish Health Survey

An Alcohol Harm Needs Assessment for Lothian was completed in 2023 which details alcohol harm and alcohol related death rates and trends. Key findings included:

- On average there were 91 alcohol specific deaths per year in Edinburgh between 2019 and 2023
- Male deaths continue to account for around two thirds of alcohol specific Deaths.
- In City of Edinburgh the most deprived areas have a 98% higher death rate than the City of Edinburgh as a whole (i.e. nearly double the rate per person)
- Mortality rates for the age groups 45-64 years and 65-74 years are the highest.



As Alcohol Focus Scotland highlights (right) while deaths are the most extreme form of alcohol harm, these are likely to be accompanied by increases in other harms

Our vision, principles and priorities

Our vision:

The Edinburgh Alcohol and Drugs Partnership, by focusing on people, places and pathways, will reduce the harm caused by alcohol and drug use.

To achieve this, our priorities are (in line with the Scottish Government's National mission to Reduce Drug and alcohol deaths:

1) Fewer people develop problem drug use and alcohol use
2) Risk is reduced for people who take harmful drugs and consume harmful amounts of alcohol
3) People at most risk have access to treatment and recovery
4) People receive high quality treatment and recovery services
5) Quality of life is improved by addressing multiple disadvantages
6) Children, families and communities affected by substance use are supported

The Principles which we will apply to our work and our services will be to:

1) Lived and living experience at the heart
2) Equalities and human rights
3) Tackling stigma
4) Surveillance and data informed
5) Resilient and skilled workforce
6) Psychologically informed

Action plan for enacting the six principles:

The aims for Edinburgh ADP in the next three years are:

Lived and living experience at the heart

- Aim 1: All decisions are informed and driven by the lived experience of those most affected by them.
- Aim: 2: lived experience in the workforce is valued

Equalities and human rights

- Aim 1: the impact of ADP actions on particular groups are fully understood and considered
- Aim 2: ADP adopts a rights-based approach

Tackling stigma

- Aim 1: There is reduced stigma associated with substance use

Surveillance and data informed

- Aim 1: maximum insight into drug and alcohol related needs and into the performance of services
- Aim 2: Local Early Warning System
- Aim 3: understanding the impact of Adults' substance use on children and young people
- Aim 4: improved understanding Foetal Alcohol Spectrum Disorders

Resilient and skilled workforce

- Aim 1: Staff are supported, nurtured, trained and resourced to deliver good quality care

Psychologically informed

- Aim 1: Staff have the appropriate levels of training and supervision they need to engage people with trauma difficulties and to deliver psychological therapies

Currently planned actions to implement each Principle are detailed below.

Principle 1: Lived and living experience at the heart

Aim 1: All decisions of the ADP and partners are informed and driven by the lived experience of those most affected by them.

Actions:

1) Continue to consult and listen to the voices of lived experience as part of core business, strategically and operationally.
2) Continue to engage with the lived and living experience of families and others affected by loved ones' substance use.
3) Continue to engage with the lived and living experience of children and young people.

4) Work with Whole family wellbeing team and a lived experience panel subgroup to develop a co-production approach by families and others affected by loved ones' substance use.
5) Deliver and evaluate a diverse programme of engagement activities which:
    a. Identify, engage and bring together people with lived and/ or living experience of drug and alcohol use (their own or a loved one's)
    b. Provide safe, supported spaces and methods for them to express their experiences.
    c. Conveying these findings to decision-makers and have them understood and acted on.

This programme will include:

a) Commissioning a Lived-and-living experience panel or reference group and supporting the development of a Living Experience panel
b) Members of the Lived and Living Experience Panels will inform how they wish to be included within the governance structures of EADP and at which levels. Officers will work with people to facilitate their involvement and organise meeting papers and agendas to incorporate people's experience
c) Quality Assurance – EADP will continue to commission and support peer researchers (people who have lived/living experience) to undertake interviews with people using drugs and alcohol and gain insight into people's experience of service delivery to inform and drive a robust quality improvement cycle.

Aim 2: Value lived experience in the workforce

Actions:

1) Continue 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.

2) 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. current drug user networks) and inclusion those in medication assisted recovery.

Principle 2: Equalities and human rights

Aim 1: the impact of ADP actions on particular groups are fully understood and considered

Actions:

1) Complete and publish an Integrated Impact Assessment of this strategy.
2) Continue to require Integrated Impact Assessment for all new developments in services and planning.
3) Complete a Children's rights and wellbeing impact assessment of this strategy and of relevant future developments.
4) Refresh the available supporting evidence base for effective interventions with those with protected characteristics.
5) Gather improved differentiated data on the impact of services in meeting the needs of groups with protected characteristics.
6) Ensure that ADP planning and service delivery is aligned with that of the Equally Safe Partnership.

Aim 2: ADP adopts a rights-based approach to its work

Actions:

1) Continue to engage with the National Collaborative and respond to developments in rights based approaches.
2) The ADP will adhere to the PANEL principles in its work (Participation**,** Accountability, Non-discrimination and equality; Empowerment; Legality).
3) Continue to provide independent advocacy for those who use or are in recovery from drugs and alcohol and their families.
4) support the development of Young people's advocacy and rights- based support, particularly for young people who are at risk of drug and alcohol related harm.
5) Support the provision of advocacy for parents involved in the child protection system.

Principle 3: Tackle stigma

Aim 1: There is reduced stigma associated with substance use in Edinburgh

Actions:

1) Develop a local strategic response to stigma-strategy-for-ddtf-final-290720.pdf (knowthescore.info) and the subsequent national stigma action plan.
2) Continue to engage with national work on development of the anti stigma strategy
3) Explore formally becoming an Inclusive Recovery City.
4) Explore the formal adoption of the Stigma Charter in the Community Planning Partnership and individual agencies in the city.
5) Resume the targeted provision of training in anti stigma practice in key professional groups.
6) Develop a comms strategy in relation to non-specialist services of alcohol and drug issues (tier one in the workforce development strategy) AND into communities as a whole.
7) Identify key groups who need to be reached to impact the strategic goals.

8) Ensure that all forms (Assessment, referral etc) are based on relevant and non-stigmatising questions and don't require a) unneeded and repeated disclosure and b) force people to emphasise their distress to reach eligibility thresholds. Make sure that all forms used are co-produced with people with lived experience of being assessed.
9) Increase the visibility of support services - materials in libraries etc to encourage early self presentation.

Principle 4: Surveillance and data informed

Aim 1: the EADP and all partners have maximum insight into drug and alcohol related needs and into the performance of services

Actions:

a) Continue to support the work of Lothian Analytic service, to share information and intelligence with partners
b) Continue to implement DAISy (the Drug and Alcohol Information System; a national outcome recording system) and use seek to it to improve our understanding of the system of care
c) Continue to undertake needs assessment, quality improvement and quality assurance exercises examining the treatment system and share the findings transparently.
d) Review and refresh the system wide performance information framework:
e) Ensure all services provide regular quality management information and comply with the relevant governance structures.
f) Develop a programme of quality improvement with all treatment services thorough consultation with lived and living experience, service staff and other stakeholders.
g) Review and refresh the system wide ADP performance information framework
h) Encourage all service with waiting lists to share them transparently for patients and their workers (e.g. waits for Ritson, LEAP, housing etc)
i) Use available data to make constantly updated training on emerging drug trends part of core provision, including "recreational" and YP drugs

Aim 2: the EADP and all partners identify and respond to emergent high risk incident through the Local Early Warning System

Actions:

1) 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).
2) Maximise the reporting of concerns – people across many public services and the community have potentially vital information which needs to be shared (to drugs.surveillance@nhslothian.scot.nhs.uk).
3) Integrate more closely with national systems (RADAR) and ensuring that information is shared in both directions.

4) Constantly maintain the networks of people to whom alerts regarding new risks and concerns are disseminated and the contingency plans for managing emerging incidents.
5) Consolidate and manage learning/actions arising from DRD reviews.
6) 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.

Aim 3: We have a clear understanding of the impact of Adults' substance use on children and young people

Actions:

1) Gather and share regular data on:
    a) The number of Children affected by the drug and alcohol use of adults in treatment
    b) The number of child welfare concerns raised where adult drug and/ or alcohol use is a factor.
    c) The number of drug related deaths where parental drug use was a factor or where children were most directly affected and the lessons that can be learned to prevent future deaths

Aim 4: We have an improved understanding Foetal Alcohol Spectrum Disorders (FASD) in Edinburgh

Action:

1) Raise primary care staff awareness of FASD, including importance of recording.
2) Sustain screening for alcohol consumption in maternity services and pathways to intervention and support
3) Use information on FASD to inform actions in the Women's Health Plan and Children's Services Plans, including raising staff awareness and ensuring FASD is considered within neurodevelopmental pathways.

Principle 5: Resilient and skilled workforce

Aim 1: Staff are supported, nurtured, trained and resourced to deliver good quality care

Actions

1) Contribute to SG mapping of roles and skills within drug and alcohol treatment services and wider systems of support.
2) Define core skills, understandings and approaches to drugs and alcohol required in non-treatment service roles (including Housing officers; Children and families staff ; Staff working with LAAC; Youth workers ;Temp and supported accommodation workers) and share with partners.

3) Promote a programme of interagency learning and development between substance use services and key partners including MH, Housing and housing support, Police, Justice, Prison.
4) Require well-being plans for all staff in treatment and other services.
5) Support a learning and development plan for all staff in treatment services.
6) Promote recruitment and retention through learning, development and professional support and supervision.

Principle 6: Psychologically informed

Aim 1: Staff have the appropriate levels of training and supervision they need to engage people with trauma difficulties and to deliver psychological therapies

Actions:

1) Continue to fund and support the work of clinical psychology.
2) Complete implementation of MAT 6&10 plan.
3) Include FA&CAPSU, Prepare and similar services related services alongside core treatment services in the development of psychological therapies.
4) Ensure that Support for Adult carers includes access to psychological interventions.
5) Encourage the development of Psychologically informed children's services.

Plans For Achieving the Six Priorities

Priority 1: Reduce the number of people who develop problem drug and alcohol use

Aim 1: Deliver evidence-based effective holistic interventions to young people which prevent problem drug and alcohol use.

Actions:

1) Review the existing guidance for schools in light of new strategic direction nationally.
2) Review existing education and prevention strategy with partners across the sectors; Education, police, youth work, Thrive, Healthy Respect etc.
3) Ensure that educational provision for young people is up to date and relevant.
4) Share local guidance on educational approaches which is in line with emerging policy from Scottish Government.
5) Identify Young people at particular risk of developing problematic D&A and prioritise preventative and early intervention resources on them. Target groups would include – people with neurodiversity (including FASD), LAAC, CAPSU, people who use CAMHS and young carers, those who are excluded from school; those who are in contact with youth Justice.

Aim 2: Encourage local environments which are supportive of people's health and wellbeing and reduce the risk of alcohol-related harm and disorder

Actions

1) Advocate for national action to increase the minimum price of alcohol.
2) Advocate for national action on the availability of alcohol (addressing over provision of alcohol outlets).
3) Continue to make a clear case for action on the overprovision of alcohol in Edinburgh.
4) Advocate for national action on the marketing of alcohol.
5) Take local action to address acceptability by reducing alcohol advertising in public spaces.
6) Promote responsible alcohol retailing through on and off-sales (including on home deliveries) and take effective enforcement action where needed.
7) Reduce alcohol related violence and disorder including within the night-time economy and ensure appropriate care for those affected.

Aim 3: Offer access to early support for emerging drug and alcohol use

Actions

1) Review provision of D&A support for young people
2) 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

Aim 4: Contribute to addressing underlying determinants of drug and alcohol use (social and individual)

Actions

1) Continue to contribute to the city-wide efforts to tackle the underlying causes of drug and alcohol related harms. These include deprivation and other structural determinants of health.

How will we know if we are progressing towards Priority 1?

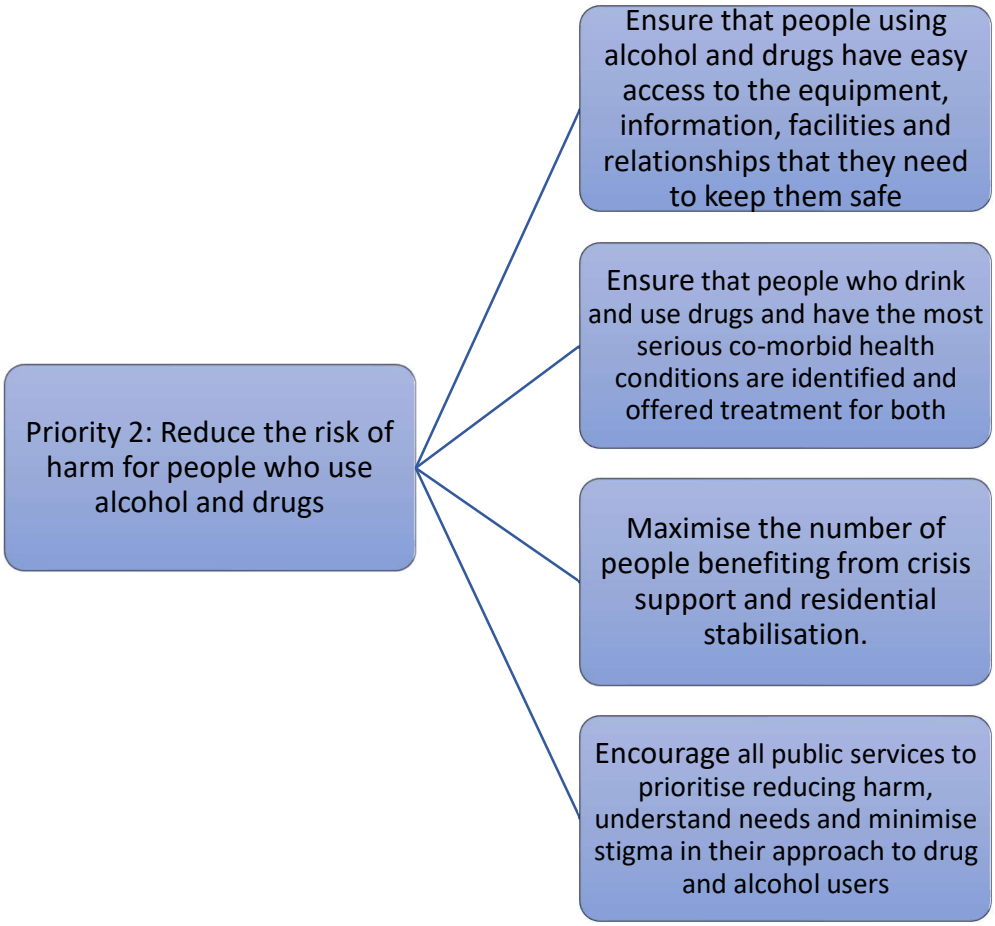
Measuring our actions:

- Reducing the number of alcohol on and off sales outlets in Edinburgh

Measuring our impact

- Reduction in the number of problem drug users
- Reduction in the number of people drinking at hazardous and harmful levels
- Reduction in the number of 15 year olds drinking and taking drugs

Priority 2: Reduce the risk of harm for people who use alcohol and drugs



Aim 1: Ensure that people using alcohol and drugs have easy access to the equipment, information, facilities and relationships that they need to keep them safe

Actions:

1) Provide support and treatment for alcohol dependency which is accessible and meets a range of treatment goals (including measures to reduce harm without requiring abstinence)
2) Make Naloxone available in all settings where illicit opiates are used
3) Offer consistent access to harm reduction equipment and advice alongside drugs treatment, through specialist services and via community pharmacy
4) Make the WAND initiative and Accuvien Equipment more widely available
5) Pilot provision of a dedicated drop in service for people who use crack and cocaine as part of dependant polysubstance use
6) Offer drug testing equipment and promote the use of postal drug checking.
7) Explore provision of Safer Inhalation equipment for users of crack cocaine
8) Apply for a Home Office licence for an Edinburgh Drug Checking Service

9) Develop a model for an Edinburgh Safer Drugs Consumption Facility and seek funding and legal permission to implement it.

Aim 2: Ensure that people who drink and use drugs and have the most serious co-morbid health conditions are identified and offered treatment for both

Actions:

1) In order that that those with blood borne viruses are identified and offered BBV treatment we will
   - Make the WAND initiative more widely available
   - Ensure that all treatment teams have all clinical staff trained, competent and actively offering BBV testing routinely in consultations with clients
   - Ensure that Hepatitis C treatment is offered in the same settings as substance use clinics
2) In order that that those with alcohol dependency and Alcoholic Related Liver Disease are identified and offered treatment we will: Review and improve pathways between hepatology and alcohol-treatment and primary care, taking account of ARLD Quality Standards
3) In order that that those affected by ARBD receive ongoing support we will work with partners to implement the recommendations of the mental welfare commission report "Care and treatment of people with ARBD". (2021, (mwcscot.org.uk)

Aim 3: Maximise the number of people benefiting from crisis support and residential stabilisation.

Actions:

1) Commission ongoing provision of Intermediate care 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.
2) Seek to identify funding to extend the availability of residential crisis and stabilisation services to wider groups

Aim 4: Encourage all public services prioritise reducing harm, understand needs and minimise stigma in their approach to drug and alcohol users

Actions:

1) Define a pragmatic, harm reduction based approach in such settings as temporary accommodation and healthcare settings such as residential care, or hospital wards which:
   a) considers the impact of people's dependency and their current goals.
   b) the role of effective treatment optimisation.
   c) the creation of a culture which prioritises risk assessment and safety over punitive approaches.

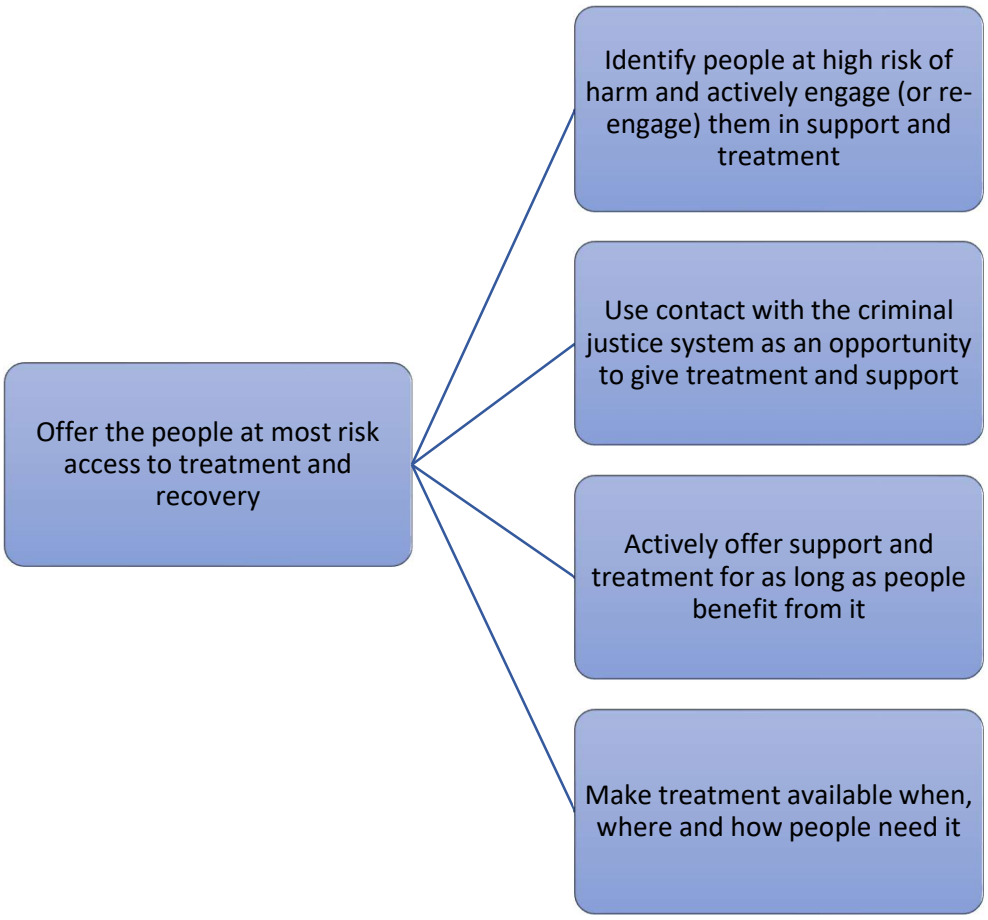
d) acknowledges and the value of openness and education.
e) considers legality and risks.

2) 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
3) Consider the possible need for managed alcohol programmes (for people who drink dependently) and for high tolerance Harm reduction approaches in accommodation settings.

See also (Principle 2, Aim 1: There is reduced stigma associated with substance use in Edinburgh)

How will we know if we are progressing towards Priority 2?
Measuring our actions: • Numbers of naloxone kits distributed • Number and range of drug tests completed • Number of people tested for BBV in Edinburgh • % of people in treatment tested for BBV • Number of WAND interventions delivered • Compliance with MAT 4 requirements • Prevalence of BBV among people who inject drugs • Number of people admitted to Intermediate Care and outcomes for them • Number of people treated by both Alcohol treatment services and Hepatology
Measuring people's experience of services: • Input from the Lived and Living experience panels • Systematic gathering of people's experience of services
Measuring our impact: • Minimisation of drug related deaths • Minimisation of alcohol specific deaths • Reduction in BBV prevalence and transmission in Edinburgh

Priority 3: Offer the people at most risk access to treatment and recovery



Aim 1: Identify people at high risk of harm and actively engage (or re-engage) them in support and treatment

Actions:

1) Sustain the network of systems, meetings and teams which identify, reach and help those at the highest risk. These assertive outreach teams make contact (usually within 24 hours of notification) with people who have recently stopped treatment, experienced a non-fatal overdose or who are otherwise at very high risk.
2) Improve pathways for supporting people residing in temporary accommodation who use drugs and alcohol to access treatment and support.
3) Continue to support hospital alcohol and drug liaison which encourage high standards of treatment of substance use in general hospital settings and have strong links to community services.
4) Continue to promote 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.

Aim 2 Use contact with the criminal justice system as an opportunity to give treatment and support

Actions:

1) Map current provision of treatment opportunities in all criminal justice settings.
2) Work with national partners to understand how MAT standards can be delivered in justice settings.
3) Take opportunities to engage people in treatment and harm reduction at all points in the criminal justice system, including; Police and police custody; Court system; Imprisonment and release; during and after Community justice interventions.
4) Develop implement and monitor standards for co-ordinated treatment and justice interventions for those who require clinical treatment of substance use disorders and who are subject to Community Justice interventions.

Aim 3: Actively offer support and treatment for as long as people benefit from it

Actions:

1) Offer opiate replacement treatment on an open-ended, needs-based basis which emphasises safety and retention in supportive treatment.
2) Require all treatment services (including primary care) to offer disengagement plans (i.e. plan for what will be done if people drop out of treatment) for people who will be at risk if their treatment stops. These may include urgent referral for assertive outreach to offer further support and safety.

Aim 4: Make treatment available when, where and how people need it

Actions:

1) Offer same-day assessment and initiation of Opiate Replacement Treatment every weekday for all who need it – currently this is offered via EdMAC and EAP and continue to evaluate these arrangements to ensure that they remain fit for purpose and an efficient and accessible route to treatment.
2) Offer access to all medication options in all settings. This will include offering Long acting buprenorphine via primary and secondary care.
3) Sustain drop-in services in all localities to provide flexible access to all forms of support
4) Promote awareness of the routes to urgent treatment among those in need and those working with them.
5) Continue to engage with national development of practice in responding to Benzodiazepine related harm (sdf.org.uk).
6) Implement the EADP Crack and Cocaine action plan, including piloting a distinct drop specifically for people who use crack and cocaine.

7) Maintain diverse ways of accessing help and treatment, including a distinct, direct pathway for those seek counselling support, direct access to a residential rehab pathway as well as local recovery hubs.
8) Work with key partners to develop clear model of case-management for those needing multiple services such that each person (or at least each person at high risk and complexity of needs) has a shared assessment of risks, needs and goals, safety and support/ recovery plan. minimal repetition in appointments, good communication between partners in the team around the person. This case management should be based on shared unconditional positive regard, trust, honesty and client choice and rights, rather than professional/ service hierarchies. All people receiving support lead development of their support/ recovery plan.
9) Work with partners to encourage joint working through calls, case conferences and other meetings rather than referral forms.
10) Make sure that all transitions are well supported and that services with established relationships support people as they move into a new service until they are comfortable.

How will we know if we are progressing towards Priority 3?

Measuring our actions:

Assertive outreach and reaching out to those at highest risk

- Number of high-risk individuals identified for assertive outreach activity
- % contacted in 24h and 72h
- % Engagement of Non-Fatal-Overedose and other assertive outreach referrals into treatment and follow-up
- Meeting MAT 3 compliance
- Number of people contacted through hospital liaison services

Treatment access:

- % of people initiated onto ORT on the day that they request it.
- Waiting times for treatment (should be under 3 weeks for all treatments)

Treatment reach and retention

- MAT 5 compliance
- Duration of treatment and reasons for leaving treatment
- Number of completed alcohol detoxification (in the community and admissions for inpatient alcohol detox)
- Number of people started on relapse prevention medication

Treatment choice

- Number of people on long acting injectable Buprenorphine
- % of people with access to Opiate replacement treatment in primary care

Use of Justice as an opportunity to engage people with treatment and harm reduction

- Referral, joint appointments and co-ordinated plans between CJSW and treatment services
- Numbers of people completing community Justice orders with a treatment component (DTTO, CPO with treatment requirements)
- Numbers engaging with EMORS (Edinburgh and Midlothian Offender recovery Service)

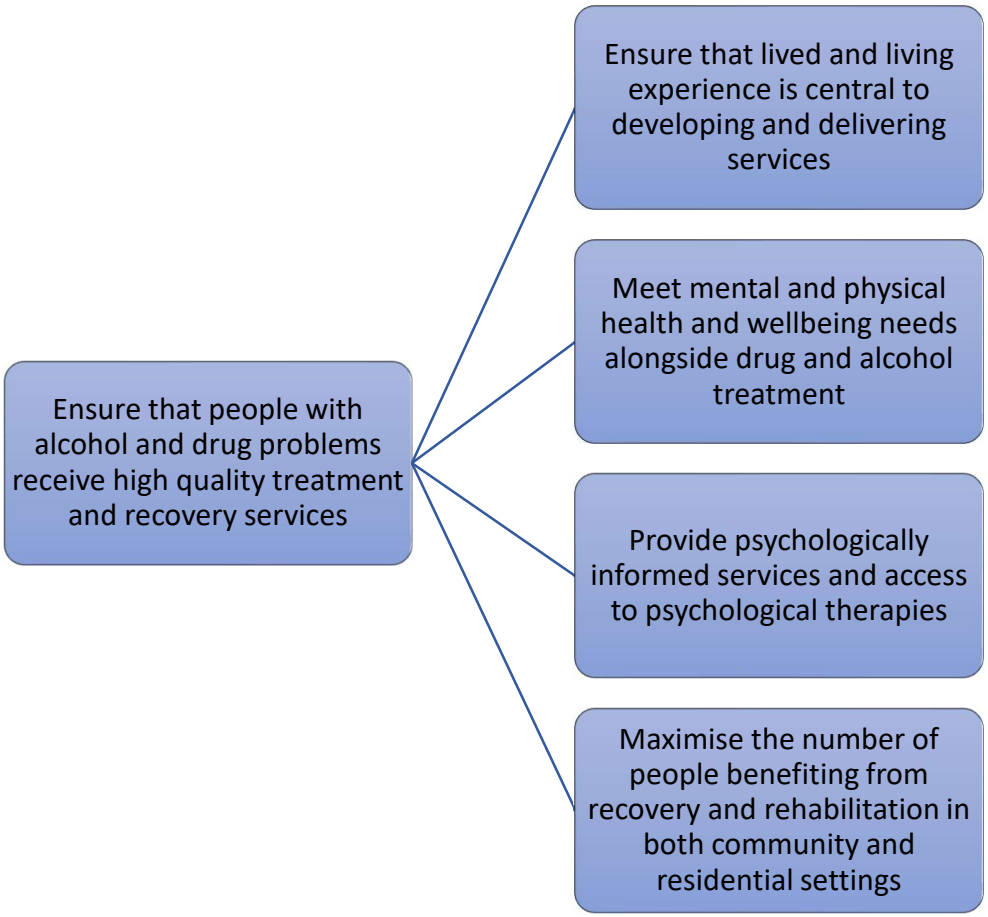
Measuring people's experience of services:

- Input from the Lived and Living experience panels
- Systematic gathering of people's experience of services

Measuring our impact

- Increasing numbers of people in protective treatment
- Reduced drug and alcohol related re-offending
- Decreasing use of emergency care by people with drug and alcohol related conditions

Priority 4: Ensure that people with alcohol and drug problems receive high quality treatment and recovery services



Aim 1: Ensure that lived and living experience is central to developing and delivering services

Actions

1) Continue to make promoting and actively linking to mutual aid and recovery community activities a requirement of all professional services funded by the ADP.

See also: Principle 1: Lived and living experience at the heart

Aim 2: Meet mental and physical health and wellbeing needs alongside drug and alcohol treatment

Actions:

1) Offer people in treatment screening, diagnosis, health promotion and treatment interventions for key co-morbidities co-ordinated with their substance use treatment.
2) Sustain high levels of ORT delivery in primary care and promote the integration of general medical care and substance use treatment.
3) Encourage the offer of smoking cessation interventions alongside all drug and alcohol treatment.

4) Encourage the offer of fibroscanning alongside alcohol treatment interventions.
5) Work with partners in Mental Health services to meet the requirements of *"Ending the exclusion"* and MAT 9.

Aim 3: Provide psychologically informed services and access to psychological therapies

Actions

1) Ensure that the system that provides treatment is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks in line with Substance misuse services: delivery of psychological interventions and MAT 10.
2) Ensure that contact with open lived experience of recovery continues to be offered to those seeking professional help in all services.

Aim 4: Maximise the number of people benefiting from recovery and rehabilitation in both community and residential settings

Actions

1) Ensure that Residential rehabilitation is integrated in the local treatment system and available to the maximum number of people who would benefit: Offer Local rehab via LEAP to the maximum number of people who would benefit from it and out of area rehab where LEAP is not a suitable treatment option.
2) Review arrangements for LEAP provision and its pathway in 2025-26 alongside funding partners

How will we know if we are progressing towards Priority 4?

Measuring our actions:

- Number of people in contact with mutual aid and the recovery community during and at the end of treatment.
- Number of health promotion interventions delivered to people in treatment.
- Number of staff trained and supported to deliver MAT 10 compatible care.
- Increasing numbers of people entering and graduating from residential rehab.

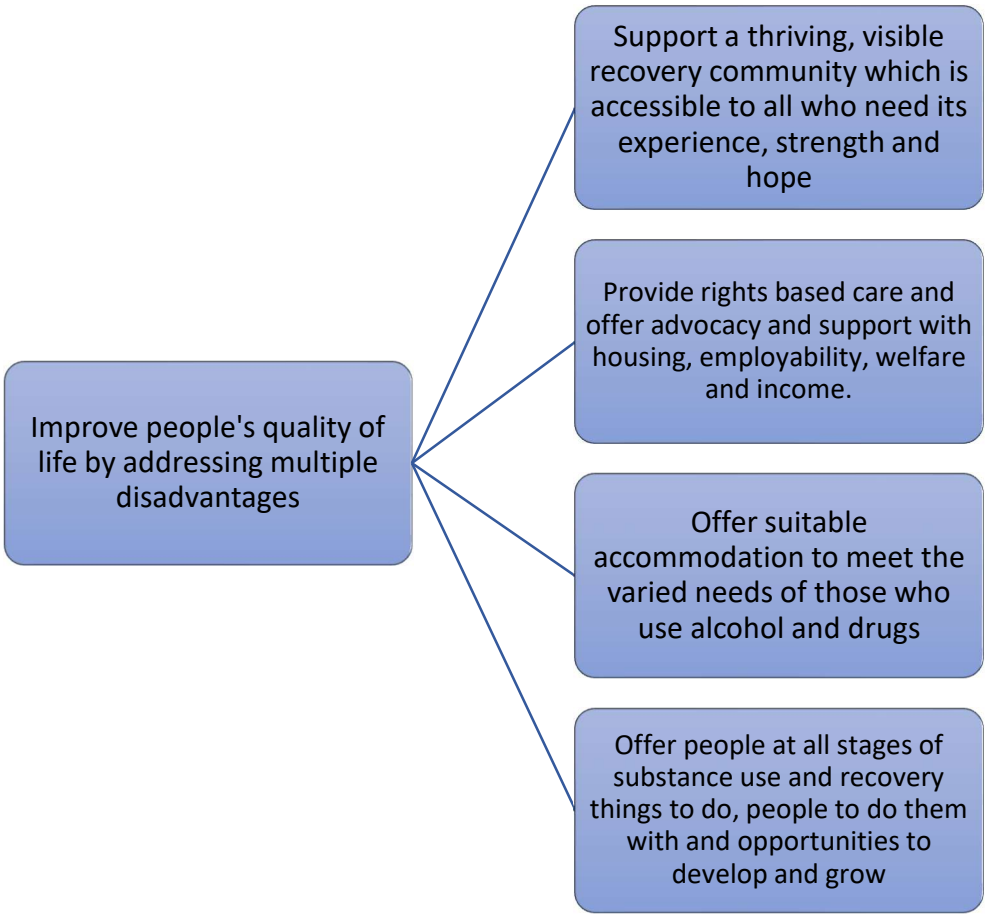
Measuring people's experience of services:

- Input from the Lived and Living experience panels.
- Systematic gathering of people's experience of services.

Measuring our impact

- People in treatment achieve control, reduction or cessation of drug and alcohol use.
- Improved physical health and wellbeing of people in treatment.
- Improved mental health and wellbeing of people in treatment.

Priority 5: Improve people's quality of life by addressing multiple disadvantages



Aim 1: Support a thriving, visible recovery community which is accessible to all who need its experience, strength and hope

Actions:

1) Continue to provide financial and practical support to Edinburgh Recovery Activities and other recovery community initiatives.
2) Support the ERA community to set up its new recovery community centre.
3) Continue to make promoting and actively linking to mutual aid and recovery community activities a requirement of all professional services funded by the EADP.
4) Review the role of the voluntary sector teams in the hubs in supporting recovery community groups.

Aim 2: Provide rights-based care and offer advocacy and support with housing, employability, welfare and income.

Actions:

1) Ensure that all those who would benefit have access to advocacy by continuing to commission individual advocacy services; and continue to require all services to systematically promote advocacy.
2) Ensure that all services offer pathways to employability, income maximisation and benefits advice.
3) 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).

Aim 3: Offer suitable accommodation to meet the varied needs of those who use alcohol and drugs.

Actions:

1) Ensure that housing status is not a barrier to accessing treatment, support and recovery.
2) Ensure that decisions about housing allocations fully consider the needs of those who use alcohol and drugs.
3) Work with housing to develop a range of suitable accommodation is available to meet the varied needs of those who use alcohol and drugs (including high threshold, harm-reduction focussed premises and wholly alcohol and drug free settings).
4) Consider the possible need for Managed Alcohol Programmes (for people who drink dependently) in an accommodation setting.

Aim 4: Offer people at all stages of substance use and recovery things to do, people to do them with and opportunities to develop and grow

1) Ensure that support in drug and alcohol services includes signposting to a range of activities options, that people are offered active linkage to daily activity and encouraged to activity schedule.
2) 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.

See also Aims 2 and 4 above

How will we know if we are progressing towards Priority 5?

Measuring our actions:

- Number of people engaging with ERA and using the Recovery community centre.
- Numbers of people engaging with advocacy services.
- Numbers of people engaged with specialist employability services.

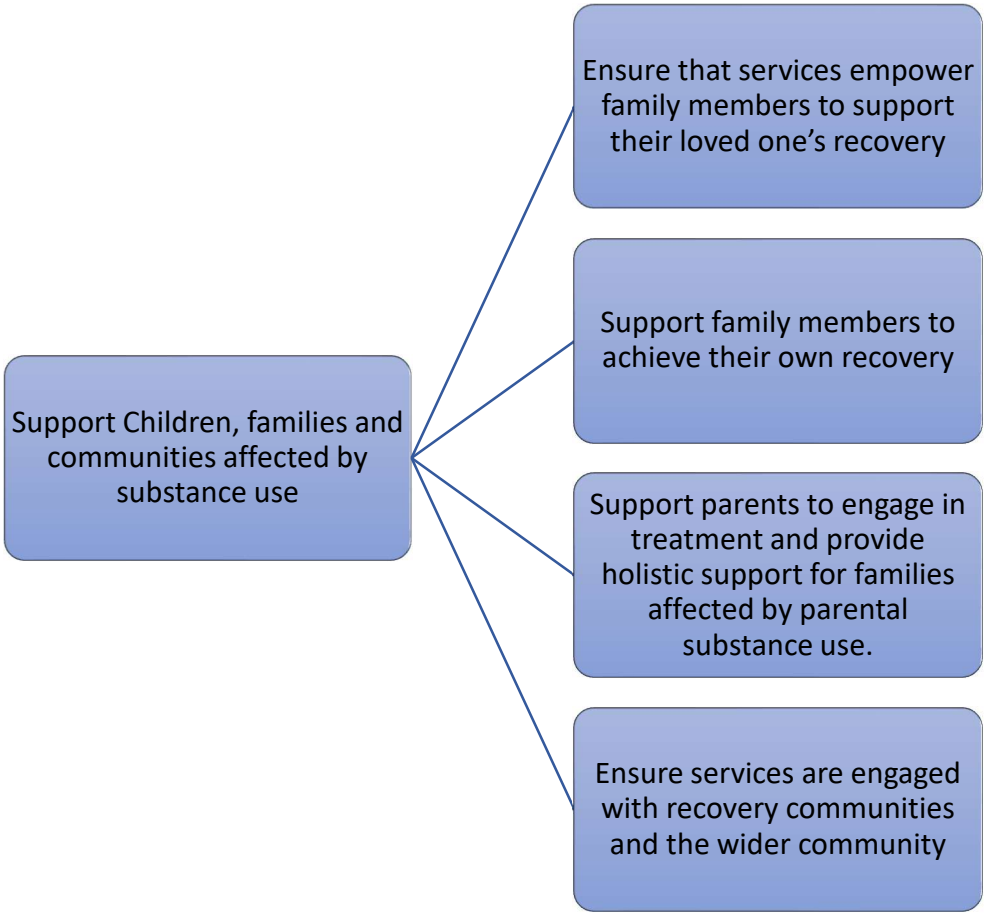
Measuring people's experience of services:

- Input from the Lived and Living experience panels.
- Systematic gathering of people's experience of services.

Measuring our impact

- Number of people engaging with recovery community activities.
- People in treatment are engaged in meaningful and purposeful activity.
- Number of people achieve employment activity including training/ volunteering.
- Number of people maintain social networks and reduce isolation (measured in services).
- Number of People in treatment in appropriate settled accommodation.

Priority 6: Support Children, families and communities affected by substance use



Aim 1: Ensure that services empower family members to support their loved one's recovery

Actions:

1) Work with local people with lived and living experience of their loved ones' problem substance use and partners to integrate family inclusive practice in treatment services in accordance with **"A Framework for Holistic Whole Family Approaches and Family Inclusive Practice"** (2021).
2) Ensure that people are aware of their right to chose to have a family member or nominated person to support them in treatment. They can choose whether to have or not have any individual involved throughout their journey.
3) Ensure that family members or nominated persons are welcomed at treatment appointments and treated with dignity and respect.
4) Ensure that the lived and living experience process (see principle 1, above) produces relatable expressions of family experience which can be used to raise awareness and empathy.
5) Ensure core professional training incorporates developing insight into the exhaustion and trauma that families experience and respecting the experience of loved ones.

Aim 2: Support family members to achieve their own recovery

Actions:

1) Raise awareness of the rights of families to support in their own right, especially among treatment providers.
2) Sustain specialist Family Support Services and support family recovery community activity.
3) Improve the breadth of support available to adult carers and awareness of the current offers: service offer should include:
    a) More formal education on drugs and alcohol
    b) Rights and treatment access
    c) Counselling
    d) Mutually supportive groups.

Aim 3: Support Parents to engage in treatment and provide holistic support for families affected by parental substance use.

Actions

1) Ensure that children affected by parental substance use, their parents and their families are identified as early as possible and get the support they require to ensure their wellbeing is safeguarded, supported and promoted. By:

    a) Adult services having the necessary training and support to identify where children are present and be able to assess potential risk and support needs.
    b) Adult services knowing where families can access support and assist them to do so.
    c) Services supporting the parent will inform children's reviews and child protection processes and provide reports where required.
    d) Ensuring that where children are thought to be at risk, adult treatment services take appropriate action alongside partners to safeguard children.

2) Ensure that families will get the dedicated support they need to stay together where possible and to promote and ensure the health and wellbeing of the children. By:
    a) Offering women who are pregnant and affected by substance use the treatment and support they need to give their child the best start in life.
    b) Offering children affected by their parents' substance use support in their own right.
    c) Supporting parents to parent and to improve their parenting skills.
    d) Providing support to families affected by parental substance for as long as required and at critical times including evenings and weekends.
    e) Providing informal support, peer support and groupwork options are available for parents who use drugs and alcohol.
    f) Recognising fathers as parents and provide them with dedicated support.

g) Support the implementation of Family group decision making for families affected by parental substance use.

Aim 4: Ensure services are engaged with recovery communities and the wider community

Actions

1) 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.

How will we know if we are progressing towards Priority 6?

Measuring our actions:

- % staff in treatment services who have been trained in understanding the needs of children affected by substance use and in Family Inclusive Practice
- % staff in children's services who have been trained in understanding the needs of children affected by substance use
- % of those in treatment who have been offered
- % of treatment plans which include involvement of Family members
- Numbers of people engaging with services for Families, Adults and children affected by parental substance use
- Number of adult carers engaged with specialist support

Measuring people's experience of services:

- Input from the Lived and Living experience panels
- Systematic gathering of people's experience of services
- Case studies of those using services

Measuring our impact

- People supported with alcohol and drug use have improved relationships with family members, partners and friends (measured by Drug and alcohol services)
- Parents who use alcohol and drugs have increased capacity to be a caring and effective parents (measured by specialist family support services)
- Family members who are supported through services experience improved health and wellbeing (measured by Family Support services)

Delivery – Resources and Reporting

The spending plan below describes the proposed use of the ADPs funding allocation from the Scottish Government. It cannot fully capture the financial or other costs spent across the partnership in pursuit of addressing alcohol and drugs harm. The 2025-26 allocation is £9.66m pa, comprised of a number of streams. In 2025-26 this is allocated across priority areas of work as follows:

Priority Areas of delivery:	**£ Total**
Community based treatment and recovery services for adults	6,839,796
Drug and Alcohol treatment and support in Primary Care	131,219
Residential rehabilitation (including placements, pathways and referrals)	980,439
Inpatient detox services	82,314
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	0
Other	312,494
Alcohol and drug services specifically for children and young people	128,134
Outreach	435,983
Services for families affected by alcohol and drug use (whole family Approach Framework)	484,202
Recovery Community Initiatives	214,449
Advocacy services	41,320
Total	9,650,350

The spending is allocated to partners in NHS Lothian (Edinburgh Health and Social Care Partnership and Royal Edinburgh and Associated services), City of Edinburgh Council and to voluntary sector organisations commissioned through City of Edinburgh Council.

	Total allocation (EADP revenue 2025-26)
NHS Lothian	£6,049,435
City of Edinburgh Council	£780,798
Third Sector (commissioned through CEC)	£2,820,117
Total	£ 9,650,350

The ADP produces an annual report describing progress in each area of the strategy delivery, which is shared with the IJB, Scottish Government and the Chief Officers' Group for Public Protection and published. This will be structured around the six Principles and Six Priorities of the strategy.