

Edinburgh Alcohol and Drug Partnership

Annual Report 2024- 25

Summary:

This report describes key developments in the ADP in 2024-25. Its appendix is the ADP's Performance Report for 2024 – 2025

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Background

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

EADP is required to submit a strategy and delivery plan to the Scottish Government. In 2020/21, the ADP developed a strategic plan ([2021-24](#)) in response to the national strategy, "Rights, Respect and Recovery".

That strategy is structured into four outcome areas:

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

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

Developments and Progress in 2024-25

Outcome area 1. Prevention and Early Intervention

EADP strategy includes prevention and early intervention strategies which are vital to reduce the long-term impact of substance use. The specific 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

The Junction continued to deliver a comprehensive drug awareness programme for young people from Primary 7 to senior phase in North East Edinburgh, 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 drug and alcohol use and associated risks, programmes are up to date with current drug trends.

Circle Young Persons work provides targeted educational inputs for young people focussing on a range of issues related to substance use where a need has been identified.

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. They 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. Sessions focus on a wide range of potential risk-taking behaviours and content is age appropriate. 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)

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 of different services supported by a practice group which shares information on trends, approaches and practice developments and co-ordinates support options.

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 (formal individual “Tier 3” interventions for young people provided by The Junction and Circle)
- Adolescent Substance Use Service (NHS treatment for young people “Tier 4”).

The network also has a role in providing training and support to less specialised workers.

Low Threshold Access for Young People

Crew offers a city-centre, low threshold drop-in service for young people offering harm reduction, drug and alcohol advice and information and sexual health services. It is complemented by a digital service which helps preserve anonymity and reduce stigma and is greatly 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.

In 2024-25 it provided advice, information and signposting to 3,466 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. Outcomes include 88% of young people saying they knew more about the effects of drugs including alcohol and 61% reporting or demonstrating making positive changes in their practice. They also provided 39 take home naloxone kits and training were provided to young people under 26 years.

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 2024-25 the substance use worker provided. 223 brief interventions relating to substance use were delivered relating to alcohol, parental substance use, own substance use and smoking/vaping.

Individual Support and treatment for Young People

Tier 3 and 4 support and treatment services are provided by NHS Lothian’s Adolescent Substance Use Service, The Junction and Circle.

Tier 3 services provide psychosocial and psycho-educational inputs and aim to identify and help children and young people deal with their complex, multiple needs and not just with problems related to substance use. They also support the re-integration of the child into their family, school, community or place of work. Psychosocial interventions help young people recognise risks associated with their drug use, these include brief interventions, harm reduction, motivational interviewing, Cognitive Behavioural Therapy (CBT) methods, relapse prevention, and psycho-educational inputs. Staff are trauma informed and trauma skilled.

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.

The services are delivered by the following:

ASUS: The Adolescent Substance Use Service nurse is a full-time specialist nurse service linked to the Substance Misuse Directorate and Child and Adolescent Mental Health Service. 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 A and E or Scottish Ambulance Service and offers an appointment to provide treatment and support.

The Junction: 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 2024-25, 25 young people received one to one drug and alcohol support from The Junction with 185 sessions attended. The Junction also operates open access provision where young people can get support on any topic or issue.

Circle: 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.

Staff Training for those working with young people

The Junction provided training options through a partnership with Lothian Association of Youth Clubs (LAYC) as part of their learning and development programme to strengthen the quality of youth and children's work across Edinburgh and the Lothians. Training is designed in consultation with member groups and the session was attended by 8 participants from various youth work backgrounds. An evaluation by LAYC highlighted that staff felt more empowered to have conversations about difficult topics with young people. Other sessions included YMCA girls group, Mosaic group for young people run by Multicultural Family Base, resident young people and staff at Portland Street, Dean and Cauvin Trust.

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

Young Peoples Substance Use Services (YPSUS) are supported by a combination of different funding sources including EADP, other Council sources and charitable trusts and funds. Tier 3 services were supported in the short term from EADP underspend but this funding is no longer available from March 2025.

EADP has been working with partners to update work carried out 7 years ago which led to the establishment of YPSUS and outlines the existing strategic approach. Consultation has been undertaken with partners and a wide range of organisations including Police, Education, Young Peoples Service, Throughcare and Aftercare, Education and youth services and the existing YPSUS services. Further work will inform the strategic direction of services with a focus on upskilling youth workers and other staff who have working relationships with young people and defining where specialist intervention is required.

Recognizing that there is currently a gap in Tier 3 services for young people EADP have been supporting The Junction and Crew to submit a funding bid to Corra to continue the young people's worker post in The Junction.

Outcome area 2 Developing Recovery Orientated Systems of Care

Medication Assisted Treatment (MAT) standards

The [Medication Assisted Treatment \(MAT\) Standards](#) are a key part of the Scottish Government's [National Mission on Drug Deaths](#) which aims to reduce Drug Related Deaths and to improve lives. In Edinburgh, implementation of the MAT Standards has benefitted from significant financial investment, a great deal of operational and strategic focus, and strong partnership working.

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](#)). 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, collected by Peer Researchers from VOCAL and EADP Officers respectively.

Progress is expressed in “RAG” (Red, Amber, Green) status, where “green” indicates “fully implemented; “provisional Green” and “Amber” indicate “partially implemented” - see page 16 of [published 2023-24 report](#) for definitions) The table below summarises Edinburgh's progress in 2024-25. 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	Green	Green	Green	Amber	Green

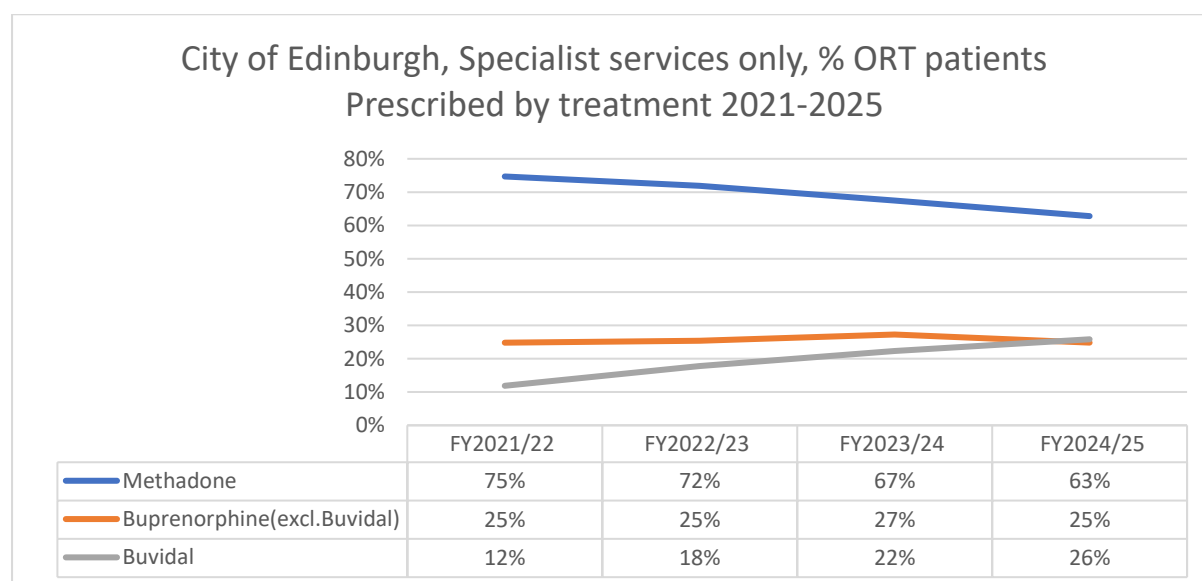
MAT Standard 1: All people accessing services have the option to start MAT from the same day of presentation. (2024-25 RAG status: Green)

Edinburgh MAT Access Clinic (EdMAC), the service which is focussed on offering people opioid substitution therapy on the same day that people present, has made steady and significant improvements on this Standard over the last year. It prescribed to 199 patients in 2024-25 (its first full year of operation). It now operates alongside Edinburgh Access Place who offer a similar model for people who are not registered with a local GP. People also start prescriptions at some hubs and with the Drug Liaison Team and Harm Reduction team.

For the period 2024/2025, performance measurement is based on the 69 people who started Opiate Replacement Treatment in Dec- Feb. The standard set is that at least 75% of those presenting were assessed on the day that they presented and across all teams who offered MAT this was achieved (97% of patients were assessed on the day of presentation). For a range of reasons (mainly not service-related) people may not start prescriptions on the same day, but services achieved this higher standard with at least 75% of people starting ORT on the day they presented.

MAT Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose. (2024-25 RAG status: Green)

With increasing choice of medication being offered (in specialist services), an increasing proportion of patients are prescribed Buvidal (Long-Acting Injectable Buprenorphine). Each injection lasts up to a month, reducing the need for patients to make more frequent visits to community pharmacy. This increase has been enabled by employment of some additional nurses with roles focussed on Buvidal administration.



Edinburgh is also the site of two small scale but innovative pilot projects exploring administration of Buvidal in community pharmacy and general practice; these would potentially expand provision substantially and each made progress in 2025-26.

MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT (2023-25 RAG status: Green)

Edinburgh's Services provide a network of assertive outreach for those who are identified as being at urgent high risk. It has become increasingly effective 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 Dec 2024 – Feb 2025 (which was the period reported for MAT standards), the network offered outreach for 62 individuals identified as being at very high risk. Of these, 48 (77%) were responded to within 1 day (in line with the MAT 3 target of 75%).

Quality improvement work around MAT 3 is one of the chosen areas on which the EADP will focus in 2024-25. This work will use the [FAIR model](#) in line with the recommendation of the [National Collaborative](#).

MAT Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery. (2024-25 RAG status: 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 through all fixed treatment sites. However, not all staff that could offer these interventions have had the full range of training available or been able to complete the competencies to deliver them at every meeting.

In 2024-25 all patients in secondary care were able to access Blood Borne Virus testing, Injecting Equipment Provision, aloxone, wound care, Hepatitis treatment and Sexual Health interventions alongside their ORT.

MAT 5. All people will receive support to remain in treatment for as long as requested. (2024 – 25 RAG status: Green)

2024/ 2025 saw the continued roll out of the previously agreed plan of recruitment and process improvements with three key aims:

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

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

In 2025-26 the number of people clinically treated under the Drug Treatment and Testing Order team fell to zero (there is no longer a dedicated clinical capacity attached to the order) and the total number of people treated in primary care also declined. There was a net reduction in the total number of people receiving ORT in the city (see appendix 1, "Total number of people in drugs treatment"). However, in all settings open ended care is offered and (as per MAT 3) there is a strong emphasis on ensuring that people are supported to remain in protective treatment.

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 10. All people receive trauma informed care (2024-2 RAG status: Green)

NHS Lothian Clinical Psychology developed and lead on the implementation of the plan for delivering trauma informed practice in all settings. There are dedicated Clinical Psychology posts in all hubs and the Spittal Street services which support practitioners to work in a trauma informed and responsive way.

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. The third sector and NHS services provide psychosocial interventions and support people to develop their social networks to enhance their recovery. All services take a trauma informed approach and staff are trained accordingly. The progress to date is:

- 58% of staff completed appropriate [Tier 1 training](#) in the last 2 years:
- 100 % of staff delivering Tier 1 interventions have access to appropriate reflective practice/coaching/supervision to support Tier 1 working.
- 40% of staff delivering Tier 1 interventions have attended appropriate reflective practice/coaching/supervision (governed by psychology) to support Tier 1 working

A Clinical psychologist also supported counselling and Psychological therapies throughout 2024-25. Joint working in these settings (though not formally captured as part of the MAT evaluation) has led to substantial progress in the delivery of formal psychological therapies and of trauma informed care.

MAT Standard 7: All people have the option of MAT shared with Primary Care. (2024-25 RAG Status; Provisional Green)

This is especially well developed in the Lothians which has a uniquely high level of treatment in primary care.

Number and % of unique patients prescribed ORT, 2021-25, City of Edinburgh				
As patients may fall under more than one type of service in a financial year, percentages may not sum to 100%				
Service	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Specialist Services	1,348 43%	1,351 44%	1,361 46%	1,301 47%
GP	1,974 64%	1,981 64%	1,857 63%	1,681 61%
Total	3,107 100%	3,097 100%	2,966 100%	2,776 100%

Developments in primary care treatment in 2024-25 included the addition of anticipatory care planning to the standard care offered in GP practice.

MAT 8. All people have access to advocacy and support for housing, welfare and income needs. (2024-25 RAG Status: Green)

Independent individual Advocacy offered at all settings where MAT is delivered and systematically offering it to all patients in specialist services is part of standard procedures.

Advocard's [Problematic Substance Use Advocacy](#) service was recommissioned in 2024-25 and development sessions were held with Hub services to promote access to advocacy. Referral data indicate an increase in referrals with 201 referrals for drugs and 35 referrals for alcohol. MAT 8 is another area in which focussed improvement work (using the [FAIR model](#)) was agreed as a priority for 2025-26.

MAT 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. (2024-25 RAG Status: Amber)

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

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. It is not possible to provide comparable data on alcohol treatment to that detailed above in relation to Medication Assisted Treatment for drugs, though some of the developments can be expected to have benefited both patient groups (the work on trauma informed care and psychological therapies, or access to advocacy for instance).

In 2023-24 NHS Lothian Public Health led a health needs assessment of alcohol related harm, among the findings of which was lower than expected use of medications for detoxification and relapse prevention. This document was presented to the EADP treatment and recovery Collaborative and disseminated to a wide range of professionals.

The ADP are still awaiting the delayed UK Alcohol Treatment Guidance and Scottish government strategic planning in relation to alcohol Treatment.

Take Home Naloxone distribution

The total number of Naloxone kits distributed 24/25 was 4,105, more than double the number in 2023-24

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. Naloxone continues to be distributed within key settings: injecting equipment provision outlets, drug services, homeless services, and GP surgeries. In 2024-25 a programme of distribution through community pharmacies was rolled out and was the main driver of a substantial and welcome increase in total distribution: from 1,503 Naloxone kits distributed in 23/24 to 4,105 in 24/25.

Edinburgh Medication Assisted Treatment Access Clinic (EdMAC)

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. It has now been fully operational and nearly fully staffed for 2 years. It is run by a partnership of staff from Edinburgh Health and Social Care Partnership, Change Grow Live and Turning point Scotland.

In 2024-25 199 people began treatment through EdMAC, with approximately 15-20 unique presentations per month. The number of people treated in the service has risen each quarter since its opening (from 22 in quarter 1 of 2023-24 to 63 in quarter 1 of 2024-25 and 86 in quarter 4 of 2024-25). The majority of those treated included 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 – as hoped EdMAC is offering new routes into treatment. In December 2024- Feb 2025, EdMAC initiated approximately half of all ORT in the city and consistently offered treatment start on the day of presentation.

A full independent evaluation of the service is currently underway by an independent organisation (Figure 8 consulting), but the available data indicate that users of the service are highly appreciative of the rapid access and comprehensive service being provided: previous years' interviews (which are undertaken annually by peer researchers as part of the MAT standards Evaluation) highlighted frustrations around waiting times for ORT. However, interviews conducted in 2024-25 have given very positive feedback for the service. Similarly, staff have fed back that they would like to see the service replicated in other community areas.

Development of the NHS Lothian Drug Harm Early Warning System (LEWS):

In 2024-25, NHS Lothian and its partner ADPs formalised the local system for identifying and responding to indicators of rapidly increasing harm to local drug users. These are most likely to occur through changes in the local drug supply (new substances being supplied either intentionally or as contaminants) or from changing patterns of use.

The LEWS is based on a national model and integrates with national structures ([RADAR local guide](#)). The system itself operates across Edinburgh, Mid, East and West Lothian (which have overlapping drug markets and shared services).

The process includes:

- generating alerts from frontline services and individuals
- gathering routine data that may indicate increasing harms
- evaluating indicators of risk and
- developing responses to them (increased harm reduction activity, provision of new advice specific to emerging trends etc.) – these include a dissemination list of key routes for sharing alerts.

Responding to rising harms from Cocaine and Crack use in Edinburgh

On 23rd May 2024, Change Grow Live and EADP brought together over 120 individuals from Scottish Government, NHS, councils and non-profit sectors for a conference to discuss crack cocaine and cocaine use across Scotland. The Conference held at The City Chambers, set out to address the rise in cocaine use seen across the city and throughout Scotland in recent years.

Some of the harms identified include:

- In 2013-14, cocaine was implicated in 6% of Scottish Drug Related Deaths (DRD). In 2023-24 it was implicated in 35%. This coincides with the rise in DRD over this period suggesting that it is a significant (though not exclusive) driver of this increase.
- Cocaine was implicated in 56% of Edinburgh DRD in 2023/24 (almost all in combination with other drugs). It is the largest single drug implicated in DRD.
- Cocaine is present in 48% of oral fluid tests in Lothian, the results of drug testing within the treatment system, indicating that a very significant proportion of those already in treatment (principally opiate replacement treatment) are using cocaine.

The aims of the conference were:

- Explore the scale of cocaine related harm in Edinburgh, Scotland and the UK
- raise local awareness of the harms and the challenges
- explore potential responses based on research and on practice from elsewhere in the country

The conference covered topics including current trends, harms and responses to crack cocaine and cocaine use in the region. Attendees heard academic and practical learning including data collected from the Safe Inhalation Pipe Provision pilot carried out by the London School of Hygiene & Tropical Medicine.

Keynote speakers included Christina McKelvie MSP for Drug and Alcohol Policy, Prof. Andy McAuley of the Glasgow Caledonian University's School of Health and Life Sciences, Prof. Magdalena Harris of London School of Hygiene & Tropical Medicine, Prof. Jim McVeigh of Manchester Metropolitan University (Substance Use and Associated Behaviours) and Emma Crawshaw CEO Crew 2000. Alongside the speakers, the conference heard from staff members from Change Grow Live and EADP who shared their insights into supporting those affected by drug use.

Based on this and subsequent discussion, EADP and its partners adopted an [action plan](#) to respond to cocaine and crack related harm including:

- Identifying, attracting and engaging Cocaine and crack users.
- Outreach, in-reach and responding to crisis.
- Recognition and measurement of engagement and multiple treatment outcomes.
- Holistic and wrap around care.
- Insight and understanding in key systems and decision makers.
- A skilled work force.
- Engagement with lived experience as an intervention.
- Make a specific psychosocial offer to users of crack and cocaine alongside MAT 6 &10 provision in the hubs, EdMAC Edinburgh Access Point.
- Physical health screening to reduce harm and as a motivational hook.
- Harm reduction.
- Access to residential detox and rehab intervention.
- Access to mental health care for users.

[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 agreed that it *“Calls on the Council to work with partners in health and criminal justice to provide a report into the feasibility of supporting an official Overdose Prevention Centre trial in the City.”* It subsequently requested similar research regarding Drug Checking Facilities. Both of these were supported by EADP which commissioned feasibility studies of both of these interventions ([Safer Drugs Consumption Facilities and Drug Checking Services](#)) which assessed the local need and indicated that both have the potential to reduce harm in Edinburgh.

In 2024-25 EADP and partners undertook projects to explore delivery of each of these interventions:

Re Drug Checking Services (DCS): there is ongoing work on developing these in other Scottish cities through [The Scottish Drug Checking Project](#) and the anticipated cost of these services is relatively low. In 2024/25 a costed Edinburgh DCS proposal was developed based on: the work in other cities; officer's' understanding of the Home Office license requirements; consultation with people with lived and living experience; and the local feasibility study. The service would be based at the Spittal Street Centre and run in conjunction with the existing harm reduction services there. The lead organisation would be NHS Lothian Royal Edinburgh and Associated Services and it would be expected to operate as part of the Injecting Equipment Provision service there. Potential funding was secured from the Scottish Government for this work and work in 2025-26 will be focussed on development of a detailed application to the Home Office for a License to set the service up.

Re Supervised Drug Consumption facility (SDCF):

As agreed with the Policy and Sustainability Committee (P&S) and the EADP Executive, in 2024-25 EADP and EHSCP officers:

- Commenced discussion with the Scottish Government to ascertain likely funding availability for an SDCF.
- Established governance groups to take forward the work and held preliminary discussion of the legal and logistical issues involved.
- Allocated resource for project management support and developed a project plan
- Visited the developing SDCF facility in Glasgow
- Developed a short list of potentially feasible locations for embedded delivery of an SDCF and began discussions with the managers of each about the potential for an SDCF at each location
- Begun developing a profile of the area around each of the locations, focussing on the highly localised harms which an SDCF at that site might be particularly effective at addressing.

The expected product of this work is a costed outline proposal for an Edinburgh SDCF which will form the basis for future discussions and potentially for applications for funding and legal sanction to implement.

[Expansion of Residential Rehabilitation capacity:](#)

Expanding access to residential rehabilitation is a key strategic priority for the ADP and the Scottish Government. In 2024-25, the total number of people entering Residential rehab continued to increase:

	2021-22	2022-23	2023-24	2024-25
Total placements	57	47	74	80

For Edinburgh residents, most of the rehab provision is delivered by the LEAP programme and its associated pathway through the Ritson detox unit. Family and peer support, out of hours care and accommodation, aftercare support and

accommodation, employability and meaningful activity projects and social work support are part of the support offered. Pre COVID, LEAP had capacity to treat 20 people at a time, equating to 80 to 90 people per year (approximately 60% of whom are typically Edinburgh residents).

Following announcement of additional Scottish Government and ADP funding 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.

Its objectives and this year's progress are described below.

Objective	Progress at the end of 2024-25
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)	<ul style="list-style-type: none"> • LEAP now has capacity for 28 resident patients (full planned capacity) • Ritson capacity has increased in line with the proposal (12 Beds) and Ritson bed occupancy rate has steadily increased to over 80% as of April 2025 • Additional residential accommodation capacity was 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.	<ul style="list-style-type: none"> • LEAP and Ritson referrals remain significantly in excess of the capacity available but as noted the expanded capacity has increased the total number of people able to benefit from rehab • 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.	<ul style="list-style-type: none"> • Consistent number of increased aftercare patients = 60 • LEAP Solutions group to support patients who relapse, active weekly • LEAP Aftercare now supporting patients from 'out of area' treatment centres. • LEAP currently manages 7 Aftercare groups weekly • The 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 Cyrenians • Partnership with Access to Industry ensures education and prevocational training is available to all patients
Effective monitoring and evaluation: Build and improve the evidence-base	<ul style="list-style-type: none"> • LEAP has further developed its Framework of evidence gathering and been an model of best national practice in demonstrating its impact.

and act as a model for other regional residential services	
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In 2024-25, three major workstreams emerged:

- 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 in total while they are going through the LEAP programme.
- 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.

Community development - Reducing Isolation

The EADP/ IJB Community Development Innovation Fund was launched in 2019. It provided a programme of individual grants to meet the following outcome: *To reduce isolation for high-risk drug and alcohol users by providing access to meaningful activity and social engagement, especially for those in medication assisted recovery and those who are not seeking abstinence.* The aim was to encourage a wide range of small projects, each embedded in a particular community and responding to its needs. In 2022-23, a second round of grant giving was completed, with an annual budget of £240k per annum for 2 years and grants were awarded to 10 small but valuable projects across the city which continued to provide support in 2024-25.

In 2024-25, the final year of the grants programme, the programme as a whole engaged at least 400 people in activities and each project showed evidence of being shaped by those who needed and used it. The projects offered a very diverse array of activities and provided lifechanging opportunities to engage in meaningful ways. Though, as predicted, only some of the projects were able to directly demonstrate changes in those who engage with the activities, all were able to give evidence of impact and engagement commensurate with the relatively small individual investments.

Visible recovery: Recovery community activity and peer support.

Lived experience in the workforce and the recovery-oriented system of care

There continues to be growing evidence around the benefits of peer involvement and of people with lived experience being part of the workforce.

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

EADP first developed guidance on the role of people with lived experience of substance use and recovery in the workforce in 2013. There is now a very substantial body of people with lived experience working in the system of care. Some of them openly share with others the experience, strength and hope that their recovery has given them. Others do not routinely disclose it, 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, Edinburgh Recovery Activities (see below) and assertive outreach workers, for instance, 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. These initiatives receive are very positively received by people using the service.

Key elements of the local systems which support people with lived experience to enter the workforce are that all organisations are required to include very 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 voluntary sector services who provide well supported volunteering and developmental positions.

EADP also supported 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. They have produced several case studies which clearly evidence positive outcomes and for some people their support has been lifechanging. Peers also provide the largest distribution outlet for take home naloxone through a CGL-run peer outreach project.

Community Education were commissioned to compile a report, which was completed in March 2025, where interviews were conducted highlighting the importance of peer involvement in people’s recovery. It also highlighted the need for social interaction and connection in activities in order to support recovery.

[Edinburgh Recovery Activities \(ERA\): Building Sustainable Recovery Through Connection, Collaboration, and Lived Experience](#)

ERA is the main service funded by the EADP to support the development of the Edinburgh recovery community. This operates in a crucial phase of the recovery journey in which people who have achieved early abstinence (including through medication or residential rehab) are supported to engage with new, pro-social networks, develop skills and identities consistent with long-term recovery and thereby sustain abstinence and avoid relapse. Its key feature is that it facilitates interaction between people in recovery in a safe, drug and alcohol-free setting. It is closely linked to the mutual aid community (e.g. Alcoholics Anonymous, Narcotics Anonymous, SMART) and to LEAP aftercare as well as community treatment services. It offers open ended support in line with best practice for working with

chronic relapsing substance-use conditions. A summary of the service's report on its community's activities in 2024-25 is:

At the heart of ERA's success is their ability to foster authentic relationships. Individuals are frequently introduced through trusted partners and quickly become part of a supportive, engaged community. These connections are more than symbolic—they're transformative.

"I've never had the reason to come in here... but I'm so happy being here with others." – William, ERA participant

In 2024/25 ERA have worked on developing their recovery community Centre at Annadale Street, at the top of Leith Walk. A building has been secured, and plans are underway for how the space is used the Centre will be open in 2026.

Aim 1: People in Recovery more connected.

In 2024/25, across the range of activities that ERA organise, there were 3,895 attendances including 190 new people engaging with the activities.

- The diverse and increasingly distinctive range of activities continues to evolve, guided by the community.
- The ERA café, which consistently attracts 30–80 attendees weekly, serves as a low-barrier access point for recovery support, peer relationships, and professional services.

Aim 2: Increasing the number of People Engaged with Recovery Activities directly from and alongside treatment. As part of the aim of engaging with people in treatment/ early recovery, ERA have further developed their relationship with LEAP (and its associated accommodation) and are now routinely attracting c20 current LEAP patients to café and evening events. Similar links are being developed with the Ritson

Aim 3: Broader Representation of People at different points of recovery.

A key aim of ERA is for those who are beginning their recovery journey to have opportunities to be with those who have substantial time in recovery. They continue to operate a "no referral" and 'Open Door' policy. In 2024-25 the community developed a new Activities Committee who will assist in devising new groups suitable for all stages of recovery.

5. People report feeling better connected AND People feel more confident about interacting with people. The community café continues to be the key entry point for those new to ERA, offering a relaxed environment, being greeted by staff and volunteers and getting to know others. This offer has been adapted to include pre-meeting with those who do not feel initially able to attend. An increasing proportion of those who initially attend through the café subsequently engage and engage with other elements of the programme.

6. Enhanced Social Media Output and Engagement.

The ERA team has expanded the project's social media output. There is a notable difference in responses to posts with posters compared to video or photographs evidencing their work. Over the 6-month period, the project's Reach has grown 14.3k, an increase of 19.4% with 1451 followers (an increase of 80 individuals) and 15.4k visits to their page in that time.

Outcome area 3. Getting it right for Children, young people, and families.

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.

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.

Services for families which include CAPSU (Children Affected by Parental Substance Use)

A specialist service has been jointly commissioned by EADP and CEC Children, Education and Justice Services (CEJS) and delivered by [Circle](#) and [Sunflower Garden](#) since 2016.

Circle Harbour provides intensive, whole family support city-wide to parents, children and young people affected by parental substance use. Key interventions comprise parenting work, establishing routines and boundaries for children, mediation, support to access other services, debt advice, support to attend appointments, emotional support and liaison with other agencies including advocacy at LAAC reviews, Children's Hearings, Child Protection Case Conferences and Core Group meetings.

Sunflower Garden supports children and young people who are affected by drug and/or alcohol use in their families. They offer Art Therapy and Therapeutic Support on a 1:1 and groupwork basis for children and young people aged 5-18 and access to counselling where required. They provide a flexible, compassionate service that works systemically to support children and young people to cope with the often complex and far-reaching difficulties in their families associated with substance use.

Circle received 79 new referrals in 2024-25 and 55 progressed into the service. Overall, they supported 97 families (117 parents and 155 children). They offer practical and emotional support to whole families to 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; establishing routines etc.

Circle measures 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.

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

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

Developments in services for Children Affected by Parental Substance Use.

The CAPSU service was planned to be re-tendered in 2024-25 with an intention to have a new contract in place from 1 April 2025. Changes to the contract and funding arrangements resulted in the existing service coming to an end on 31 March 2025. An extension was granted to June 2025 to allow for planning to continue a service funded by EADP alone and allow CEJS to develop their plans for services for children and families affected by substance use. EADP have included a CAPSU service within the budget for 2025-26 to develop a revised specification with reduced funding to begin in July 2026.

National Drugs Mission Funding

This funding from Scottish Government has supported EADP to expand services for families and funded the following initiatives.

Family Group Decision Making

Family Group Decision Making (FGDM) aims to bring a child's extended family together to plan and make decisions for their care and welfare. The City of Edinburgh Council (CEC) [FGDM](#) 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 organizations 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.

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.

[VOCAL](#) have had a long-standing commission to support families affected by substance use. In 2024-25, 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.

Support for Pregnant substance users and their families.

[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 Parenting Under Pressure (PUP) framework. It integrates substance use treatment with support around the pregnancy and takes a whole family approach including father's and kinship carers.

Outcome area 4: A Public Health Approach to Justice

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

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. This review made several recommendations for consideration by NHS Lothian and EADP. It also highlights 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 cover 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

Following these recommendations, the ADP and EIJB agreed additional funding for a worker to support remand prisoners and to improve continuity of care at release for Edinburgh prisoners. Implementation of the expanded service was delayed by COVID restrictions and latterly by extreme difficulties recruiting clinical staff which has meant that implementation of the NHS component was only possible near the end of 2024-25.

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](#)).

Drug Treatment and Testing Orders (DTTOs) and other community Justice interventions for people who use drugs and alcohol:

DTTOs are community sentences imposed by criminal courts following a conviction in cases where drug treatment is seen as the primary means of reducing offending behaviour. The specific objectives of DTTOs are to:

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

Historically in Edinburgh all elements of the order were provided by a single multidisciplinary team; nursing and medical staff employed by NHS Lothian and a co-

located team of non-clinical staff employed by CEC Justice Services. All of this was funded and managed by Justice Services through Section 27 Justice funding.

Over the course of most of 2022-23 and all of 2024-25 the service was suspended to new assessments/orders, resulting in the total number of people on DTTOs reducing significantly. Some joint working has been initiated between treatment services and Justice services to deliver integrated interventions for people subject to Justice orders and in need of drug and alcohol treatment interventions.

[The Edinburgh and Midlothian Recovery Support Service \(EMORSS\)](#)

EMORSS, a voluntary sector (CGL) service commissioned through CEC, continues to provide support to drug and alcohol users at all stages of the criminal justice system. The service includes provision of holistic support which:

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

In 2024-25, EMORSS has worked throughout the criminal justice system, including

- Arrest referral: EMORSS have continued to provide arrest referral support at St Leonards police station and receive referrals from Police staff and nurses based in the custody suite. In 2024-25, EMORSS received 216 referrals for people following arrests.
- All individuals who are seen at St Leonards police station and are remanded in HMP Edinburgh are identified following their court appearance and are offered support in the prison.
- Prisoners from Edinburgh 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.
- EMORSS have continued to support throughcare service users who require further substance misuse support on release from prison. 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.

Police Custody

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; 20% of people who succumbed to a DRD in recent reports have had custody contact in the 6 months leading up to their death.

The team works with EMORSS 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; pathways are in place to integrate the team's interventions with EdMAC and other treatment providers in the Justice pathways (court and prison services).

Other developments in "A Public Health Approach to Justice"

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

Governance and strategic planning:

Putting lived experience at the heart of EADP decision-making:

Along with many other bodies and organisations in the area of drug and alcohol use, EADP 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 EADP cannot claim to have fully achieved that goal; but it has made significant progress.

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:

- 1) Lived-and-Living experience panel (working title): this will be 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 Edinburgh Voluntary Organisations' Council. In 2024-25 procurement of the proposed model was begun and a contract for facilitating this work is expected to be awarded in June 2025.
- 2) Edinburgh Living experience panel: A regular community panel, facilitated by a national organisation ([Scottish Drugs Forum](#)), aiming to engage those still in active drug and alcohol use and to capture their experience and needs. The Panel has now been in operation for over a year, and its views and concerns have been conveyed to a range of decision makers. These views are expressed to a steering group (with membership including managers and planners from housing, treatment and support services) and by invitations to meet the panel - several senior managers have attended meetings. The group has also been consulted on issues such as drug testing and services for Crack Cocaine users. Interagency working has been essential with other providers such as CGL and TPS supporting the process.
- 3) 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 co-production work on the EADP strategy. In 2024-25, 28 interviews were undertaken with people who have themselves used treatment services and a further 11 interviews with the loved ones of people who have. The findings of these interviews inform improvement plans for individual services.
- 4) Ellipsis: This narrative change programme generated new insights to directly influence and change health and social care for people in is now complete. A report was compiled in March 2025 and will be presented to EADP Collaborative and Executive Meetings in June 2025. The report highlights clear models of good practice; around sober drinking spaces and peer involvement; The views captured emphasis the value of informal and social support which people feel assisted them in their recovery.

- 5) Independent Collective advocacy: The Patients' Council attended several meetings of the Executive to advocate for people affected by substance use.
- 6) Other ADP processes: More general consultation and co-production exercises this year included:
 - co-production of EADP strategy (participants in all aspects of which had lived experience of their own or other's use) see :“Strategy development and financial planning in 2024-25” below
 - all procurement activities included L/LE representation as part of the evaluation of potential providers.
 - In late 2024, a focus group was carried out within the Prison regarding accessing BBV testing. Six residents attended the group which was facilitated by the Lothian Viral hepatitis MCN Coordinator and a staff member from Change, Grow, Live (CGL). The focus group took place three weeks after a “High Intensity Test and Treatment” (HITT) drive within the prison. Overall, residents in the focus group spoke positively about the HITT and more generally about the offer of BBV testing in prison.
 - Work on drug checking services development included feedback from clients attending services during February 2025. A total of 56 clients gave feedback.
 - Development of responses to crack use included engagement with 13 potential users in conversation café's run by the Simon, 62 community surveys and interviews with people who use cocaine and crack cocaine.
 - A one-off piece of peer-led research (modelled on the MAT standards work and using the same researchers with lived experience) looking at potential changes in the DTTO (9 participants, reported May 2024)

The EADP Executive oversees this programme of work and receives regular reports on progress.

Strategy development and financial planning in 2024-25:

The [EADP strategy for 2025-28](#) was co-developed over the course of 2023-25. The strategy aligns with that of the Scottish Government and local need and has been developed through an extensive process of co-production.

An initial stakeholder conference in October 2023, attended by 67 people, began the 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
- An online survey
- Focus groups with 116 people

- A large stakeholder event in March 2024 to reflect on what was learned and refine our priorities.

The strategy is based on 6 Principles:

1. Surveillance and Data Informed
2. Resilient and Skilled Workforce
3. Psychologically Informed
4. Lived and Living Experience at the heart
5. Equalities and human rights
6. Tackling Stigma

And 6 priorities, which are:

1. Reduce the number of people who develop problems with drug and alcohol misuse
2. Reduce the risk of harm for people who use alcohol and drugs
3. Offer people at the most risk access to treatment and recovery
4. Ensure that people with alcohol and drug problems receive high quality treatment and recovery services
5. Improve people's quality of life by addressing multiple disadvantages
6. Support children, families and communities affected by substance misuse

The strategy was agreed by the EADP Executive following its meeting in December 2024.

The EADP budget plan for 2025 onwards was developed in parallel with the strategy. The financial context is:

- The withdrawal of £460k revenue provided by the EIJB (c4% of the ADPs total budget). This will affect the EADP's available budget from 2025-56.
- The fact that accrued underspend will no longer be available to the EADP, it will revert to the Scottish Government from 2025/26 the EADP needs to deliver year-by-year within the allocated budget

The effect of these is that the EADP spending in 2024-25 will be £10.8m but the available budget in 2025-26 will be £9.6m. A budget plan for 2025-26 was developed which accommodates this reduction while prioritising front line, statutorily required provision.

Financial report

The table below describes the spending of EADP's 2024-25 Scottish Government 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	

Appendix 1: EADP performance framework, April 2024 – March 2025

Measure	Current/ trend data (to q4 2024-25 unless otherwise stated)	ADP strategic commitment
Outcome Area 1: Prevention and early intervention		
Number of YP supported through commissioned services	<p>KEY STATS</p> <p>Crew 2000:</p> <ul style="list-style-type: none"> • 223 brief interventions with young people (out of 345 total brief interventions) • 2,705 YP accessing evidence-based and peer reviewed harm reduction info: • 1,941 via Drop-in • 747 via community-based outreach (24 events with 1,265 total engagements) • 17 individual YP via Peer Education Volunteer training • 39 Take Home Naloxone kits and training issued to young people under 26 years <p>The Junction:</p> <ul style="list-style-type: none"> • 25 young people were referred for one to one support with 185 sessions attended. • 80% of young people referred in 2024 2025 were 18 years or younger at referral • 75% of young people faced 4 or more ACEs • 203 brief interventions relating to substance use at open access provision. • 7 drug and alcohol awareness sessions were delivered to 85 S3 pupils at Holyrood High School. <p>Circle Young Peoples Worker: To be added</p> <p>ASUS: To be added</p> <p>Fast Forward:</p>	1.3 Secondary prevention interventions (intervention with YP who are using substances, potentially problematically)

	<ul style="list-style-type: none">delivered 123 sessions, to 1,534 individual children and young people, with some attending more than 1 session, equating to 2,841 attendees23 x Alcohol17 x Alcohol & Drugs47 x Drugs36 x Tobacco & Vaping83 sessions at 17 Primary School20 sessions at 10 High Schools13 sessions at 6 Youth organisations					
Outcome area 2: developing a Recovery orientated system of care						
Total number of people in drugs treatment		2021-22	2022-23	2023-24	2024-25	2.1.1 Increase total numbers in protective treatment
	Total patients receiving ORT	3,107	3,097	2,966	2,776	
	<p>This metric has shown an 11% fall in 4 years, against a national target 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.</p> <p>Reductions are through the loss of the DTTO service (who formerly treated 100-200 patients at any given time) and in primary care (see below) - specialist community treatment services are treating very similar numbers of patients to 4 years ago. An action plan is being developed to address this focussing on making maximum use of primary care and alternative models of care as well as maximising the clinical workforce in specialist services and maintaining attractive services which maximise retention.</p>					

% of those prescribed ORT who are in primary care	<p>The level of primary care prescribing in the Lothians is uniquely high nationally. At 61% Edinburgh’s provision remains exceptionally high but has fallen slightly in recent years. Drivers of this include the challenge of providing Long acting Buprenorphine (Buvidal) in primary care, meaning that people on Buvidal cannot transfer to the care of their GP.</p> <table><tr><th colspan="5">Number and % of unique patients prescribed ORT, 2021-25, City of Edinburgh</th></tr><tr><td colspan="5">As patients may fall under more than one type of service in a financial year, percentages may not sum to 100%</td></tr><tr><th>Service</th><th>FY 2021/22</th><th>FY 2022/23</th><th>FY 2023/24</th><th>FY 2024/25</th></tr><tr><td>Specialist Services</td><td>1,348 43%</td><td>1,351 44%</td><td>1,361 46%</td><td>1,301 47%</td></tr><tr><td>GP</td><td>1,974 64%</td><td>1,981 64%</td><td>1,857 63%</td><td>1,681 61%</td></tr><tr><td>Total</td><td>3,107 100%</td><td>3,097 100%</td><td>2,966 100%</td><td>2,776 100%</td></tr></table>	Number and % of unique patients prescribed ORT, 2021-25, City of Edinburgh					As patients may fall under more than one type of service in a financial year, percentages may not sum to 100%					Service	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Specialist Services	1,348 43%	1,351 44%	1,361 46%	1,301 47%	GP	1,974 64%	1,981 64%	1,857 63%	1,681 61%	Total	3,107 100%	3,097 100%	2,966 100%	2,776 100%	2.1.6 Continue to promote primary care ORT and encourage preventative primary care for co-morbidities
Number and % of unique patients prescribed ORT, 2021-25, City of Edinburgh																																
As patients may fall under more than one type of service in a financial year, percentages may not sum to 100%																																
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Total	3,107 100%	3,097 100%	2,966 100%	2,776 100%																												
% of those entering drugs treatment who do so within 24 hours of presentation	In q4 of 2024-25 (the period which was measured for MAT reporting), 97 individuals began medication assisted treatment. Of these, (97%) were assessed on the day that the presented (in line with the MAT 1 target of 75% doing so).	2.1.2 Ensure rapid access, same day, or near same day, initiation for existing and new patients in Hubs, EAP and LTMP																														
Number and % of people in ORT who are prescribed buvidal	<p>An increasing number of patients (and a higher % of all OST patients) are now treated with Long Acting Injectable Buprenorphine (Buvidal).</p> <table><tr><th colspan="5">Number and % of Edinburgh OST patients receiving a buvidal prescription by FY (2021/22 - 2024/25)</th></tr><tr><th></th><th>FY 2021-22</th><th>FY 2022-23</th><th>FY2023-24</th><th>FY2024-25</th></tr><tr><td colspan="5">All patients:</td></tr><tr><td>Number</td><td>176</td><td>299</td><td>412</td><td>450</td></tr><tr><td>% OST</td><td>6%</td><td>10%</td><td>14%</td><td>16%</td></tr><tr><td colspan="5">Secondary care only:</td></tr></table>	Number and % of Edinburgh OST patients receiving a buvidal prescription by FY (2021/22 - 2024/25)						FY 2021-22	FY 2022-23	FY2023-24	FY2024-25	All patients:					Number	176	299	412	450	% OST	6%	10%	14%	16%	Secondary care only:					2.1.3 Increase access to Buvidal
Number and % of Edinburgh OST patients receiving a buvidal prescription by FY (2021/22 - 2024/25)																																
	FY 2021-22	FY 2022-23	FY2023-24	FY2024-25																												
All patients:																																
Number	176	299	412	450																												
% OST	6%	10%	14%	16%																												
Secondary care only:																																

	<table><tr><td>number</td><td>160</td><td>241</td><td>304</td><td>336</td></tr><tr><td>% OST</td><td>12%</td><td>18%</td><td>22%</td><td>26%</td></tr><tr><td colspan="5">Primary care only</td></tr><tr><td>number</td><td>21</td><td>65</td><td>122</td><td>132</td></tr><tr><td>% OST</td><td>1%</td><td>3%</td><td>7%</td><td>8%</td></tr></table>	number	160	241	304	336	% OST	12%	18%	22%	26%	Primary care only					number	21	65	122	132	% OST	1%	3%	7%	8%																																																																																																																
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Numbers entering residential rehab	<p>Number of funded admissions to Residential rehabilitation 2021-present (Edinburgh only)</p> <p>These show a continued rise in 2024-25</p> <table><tr><td></td><td colspan="4">2021-22</td><td colspan="4">2022-23</td><td colspan="4">2023-24</td><td colspan="4">2024-25</td></tr><tr><td>Total placements</td><td colspan="4">57</td><td colspan="4">47</td><td colspan="4">74</td><td colspan="4">80</td></tr><tr><td>of which LEAP</td><td colspan="4">47</td><td colspan="4">16</td><td colspan="4">67</td><td colspan="4">69</td></tr><tr><td>of which non-LEAP</td><td colspan="4">10</td><td colspan="4">3</td><td colspan="4">7</td><td colspan="4">11</td></tr><tr><td>By quarter:</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>Total placements</td><td>15</td><td>17</td><td>9</td><td>16</td><td>11</td><td>8</td><td>10</td><td>18</td><td>21</td><td>19</td><td>14</td><td>20</td><td>21</td><td>17</td><td>21</td><td>21</td></tr><tr><td>of which LEAP</td><td>11</td><td>15</td><td>9</td><td>12</td><td>8</td><td>8</td><td></td><td></td><td>21</td><td>16</td><td>12</td><td>18</td><td>20</td><td>15</td><td>17</td><td>17</td></tr><tr><td>of which non-LEAP</td><td>4</td><td>2</td><td>0</td><td>4</td><td>3</td><td>0</td><td></td><td></td><td>0</td><td>3</td><td>2</td><td>2</td><td>1</td><td>2</td><td>4</td><td>4</td></tr></table>		2021-22				2022-23				2023-24				2024-25				Total placements	57				47				74				80				of which LEAP	47				16				67				69				of which non-LEAP	10				3				7				11				By quarter:	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	Total placements	15	17	9	16	11	8	10	18	21	19	14	20	21	17	21	21	of which LEAP	11	15	9	12	8	8			21	16	12	18	20	15	17	17	of which non-LEAP	4	2	0	4	3	0			0	3	2	2	1	2	4	4	2.2.6 Improve access to Residential Rehabilitation and investigate options for people with a disability or chronic health condition
	2021-22				2022-23				2023-24				2024-25																																																																																																																													
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of which non-LEAP	4	2	0	4	3	0			0	3	2	2	1	2	4	4																																																																																																																										
Numbers of high risk individuals identified, % reached, % achieving successful outcome	In q4 of 2024-25 (the period which was measured for MAT reporting), outreach was offered for 62 individuals identified as being at very high risk. Of these, 48 (77%) were responded to within 1 day (in line with the MAT 3 target of 75%).	2.2.4 Further develop Anticipatory Care and Assertive Outreach in line with best practice																																																																																																																																								
% of those entering community alcohol detox	Unable to report as yet. Systems to routinely measure this are being developed	2.1.1 Increase total numbers in protective treatment																																																																																																																																								

within 3 weeks of being assessed as suitable.								
Naloxone kits distributed	<p>In 2024-25 there was a sharp increase in the number of kits distributed, driven largely by community pharmacy provision.</p> <p>2020 - 2021: 1,647</p> <p>2021 - 2022: 2,468</p> <p>2022 - 2023: 2,172</p> <p>2022- 2024: 1,503.</p> <p>2024-25: 4,105</p>							2.4.1 Maintain current routes of naloxone distribution and funding
Suspected Drug related deaths	2018 total: 146	2019 total: 154	2020 total: 144	2021 total: 170	2022 total: 188	2023 total: 157	2024 Total 95	Passim
	Note that these figures, though encouragingly suggesting a reduction in DRD, are identical to final, formal DRD reporting and are not confirmed.							
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 in 2022 an increase from the 109 in 2021 and 92 in 2020 and the highest ever number in a single year in Edinburgh.							

	<div><div>Drug Related Deaths in Edinburgh and Scotland, 2010- 2023</div><div><table><thead><tr><th></th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th><th>2020</th><th>2021</th><th>2022</th><th>2023</th></tr></thead><tbody><tr><td>Scotland</td><td>485</td><td>584</td><td>581</td><td>527</td><td>614</td><td>706</td><td>868</td><td>934</td><td>1,187</td><td>1,280</td><td>1,339</td><td>1,330</td><td>1,051</td><td>1,172</td></tr><tr><td>City of Edinburgh</td><td>47</td><td>48</td><td>57</td><td>64</td><td>71</td><td>69</td><td>90</td><td>84</td><td>95</td><td>96</td><td>92</td><td>109</td><td>113</td><td>111</td></tr></tbody></table></div><div><div>Scotland</div><div>City of Edinburgh</div></div></div>		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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023																																	
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City of Edinburgh	47	48	57	64	71	69	90	84	95	96	92	109	113	111																																	
Number of PWL/LE engaged in consultation or panels	This is proving hard to measure without intrusive measurements but is remains substantially higher than in previous years - see “Putting lived experience at the heart of EADP decision-making” and “Strategy development and financial planning in 2024-25”	2.3.6 Ensure the involvement of lived experience in the co-production and delivery of services and quality improvement processes																																													
Outcome Area 3; Getting it Right for Children, Young People and Families																																															
Number of families and children supported through commissioned CAPSU services	Circle: Sunflower Garden: FGDM: PrePare:																																														

	VOCAL:												
Outcome area 4: A public health approach to Justice:													
Number of patients treated under DTTO	DTTO has closed to new orders meaning that the numbers receiving treatment from the clinical team reduced and ended by the end of the year. New indicators for the contribution of Justice services to the strategic aims of the ADP will developed as part of the performance framework accompanying the EADP strategy for 2025-28												4.1.1 Continue DTTO support and ensure that its work is well integrated to the wider system of care.
	Presc Location				FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25		
	DTTO Edinburgh Specialist Prescribing				159		117		58		20		
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	4.1.6 Continue to contribute to the funding and the work of EMORSS
	272	241	283	309	334	339	277		492	373	311	363	

