Edinburgh Alcohol and Drug Partnership Annual Report 2025-26

EDINBURGH
Alcohol & Drug Partnership



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Contents

Introduction: Strategic Context and Alcohol and Drug Related Deaths 4
KPI: Drug Related Deaths (DRD) in Scotland and Edinburgh, 2024 4
KPI: Alcohol Specific deaths (ASD) in Scotland and Edinburgh, 2024 5
Priority 1: Reduce the number of people who develop problem drug and alcohol use 7
Deliver evidence-based effective holistic interventions to young people which prevent problem drug and alcohol use. 7
Individual Support and treatment for Young People 7
Providing Education, Information and Advice for Young People 9
Staff Training for those working with young people 9
The role of Police Scotland Edinburgh City Division in reducing drug and alcohol related harm 9
Priority 2: Reduce the risk of harm for people who use alcohol and drugs 12
NHS Lothian Drug Harm Early Warning System (LEWS): 12
KPI: **Suspected** Drug related deaths 13
Take home Naloxone distribution 13
KPI: Naloxone kits distributed: 13
Milestone House Intermediate Care Unit: 14
KPI: Number of people provided with intermediate care 14
Development of an Edinburgh Drug Checking Service 14
Development of Edinburgh Safer Drug Consumption Facility 15
Priority 3: Offer the people at most risk access to treatment and recovery 16
Edinburgh Medication Assisted Treatment Access Clinic (EdMAC) 16
KPI: People accessing services have the option to start Medication assisted treatment from the same day of presentation. 17
Assertive Outreach and reaching people in crisis 17

The role of Edinburgh Justice services 17
Priority 4: Ensure that people with alcohol and drug problems receive high quality treatment and recovery services 19
Key Activities 19
MAT standards 19
KPI: delivery of Medication Assisted Treatment standards 1-10 20
KPI: Number and % of people on Opiate replacement Treatment who are prescribed Buvidal 21
Opiate Replacement Treatment reach 22
KPI Total number of people in drugs (opiate replacement) treatment – 22
This is a positive indicator of people being engaged with protective treatment and support. 22
Substance use treatment in primary care 23
KPI % of drugs treatment taking place in primary care 23
Alcohol treatment pathway: 24
Expansion of Residential Rehabilitation capacity: 24
KPI: Number of funded admissions to Residential rehabilitation 25
Lived experience in the workforce and the recovery-oriented system of care 25
Priority 5: Improve people's quality of life by addressing multiple disadvantages 25
EnCompass 26
Edinburgh Recovery Activities (ERA): Building Sustainable Recovery Through Connection, Collaboration, and Lived Experience 27
KPI: Attendance and engagement with the ERA programme: 27
KPI: Engagement with ERA's online community 28
Priority 6: Support Children, families and communities affected by substance use 29
Services for families affected by parental substance use 29
Family Group Decision Making 30
Support for Adults affected by a loved one's Substance use 30
Support for Pregnant substance users and their families. 31
Family Inclusive Practice 32
Governance and strategic planning: 32
Putting Lived and Living experience at the heart of EADP decision-making 32
Developments in the governance of the EADP 33
Financial report 34

Introduction: Strategic Context and Alcohol and Drug Related Deaths

Alcohol and Drug Partnerships (ADPs) were established at local authority level to enable more effective responses to local 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.

Each ADP is required to submit a strategy and delivery plan to the Scottish Government which aligns to the national strategy, 'Rights, Respect and Recovery'. In June 2025, the EIJB approved the EADP's Strategic Plan 2025-2028.

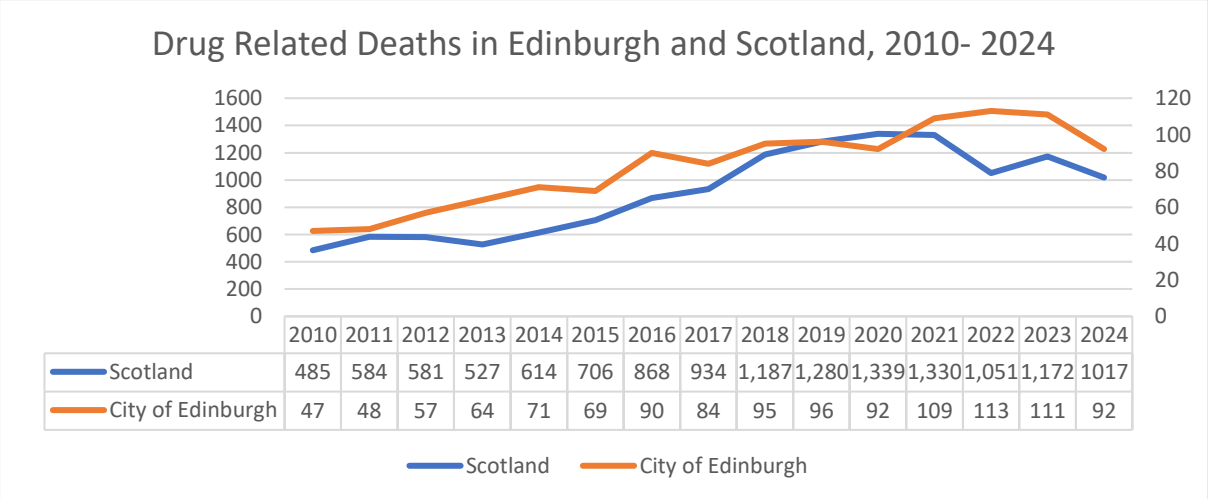
The ultimate aim of the strategy is to "reduce the harm caused by alcohol and drug use" and key measures of this harm are the number of deaths related to drugs and alcohol – Scotland has some of the highest rates of both of these in Europe and they addressing them is a nationally important priority.

It should be noted that these are influenced by all aspects of local strategy and performance but also by myriad other factors.

The primary key performance indicators (KPIs) and the trends over time are outlined below.

KPI: Drug Related Deaths (DRD) in Scotland and Edinburgh, 2024

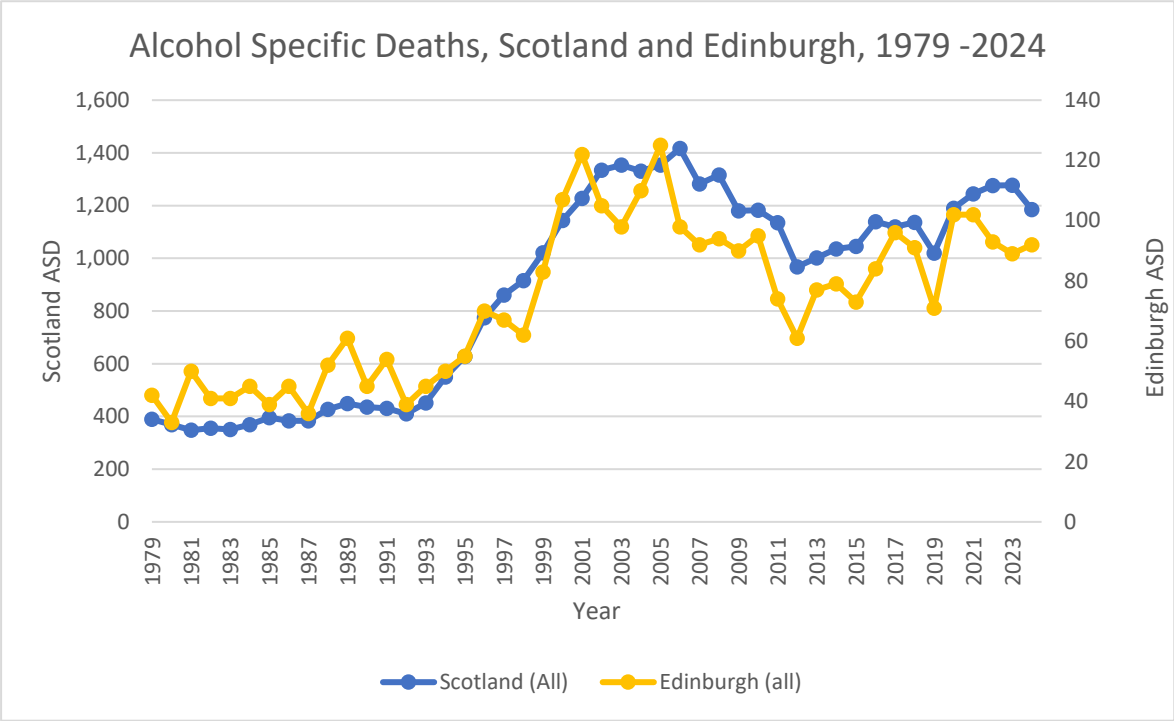
The National Records of Scotland DRD figures in 2024 were published in September 2025. They reported 92 death drug-related deaths in Edinburgh in 2024, a reduction from 111 in 2023 and the lowest figure since 2020.



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Scotland	485	584	581	527	614	706	868	934	1,187	1,280	1,339	1,330	1,051	1,172	1017
City of Edinburgh	47	48	57	64	71	69	90	84	95	96	92	109	113	111	92

KPI: Alcohol Specific deaths (ASD) in Scotland and Edinburgh, 2024

In 2024 (the most recent year reported), there were 92 alcohol specific deaths. this remains similar to the number in the last 5 years, but, as illustrated below, is high by long term historical levels in Scotland and to international comparators.



These figures are based on the NRS alcohol-specific deaths definition. This is deaths from causes known to be exclusively caused by alcohol consumption. [Alcohol-specific deaths 2024 - National Records of Scotland (NRS)]

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 support people's wellbeing and reduce the risk of 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 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, understand needs and minimise stigma in their approach to drug and alcohol users
Offer the people at 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 services empower family members to support their loved one's recovery
	Support family members to achieve their own recovery
	Support parents to engage in treatment and provide holistic support for families affected by parental substance use.
	Ensure services are engaged with recovery communities and the wider community

Developments and Progress in 2025-26

This report is structured around the above plan, with sections on each of the six priority areas and on some of the 6 Principles.

Key performance indicators – important measures of activity or outcomes – are recorded next to the area of activity to which they are most relevant and are highlighted by being in blue boxes.

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

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 support people's wellbeing and reduce the risk of 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)

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

The new Scottish Government Standards for Young People Accessing Treatment or Support for Alcohol or Drugs aim to give every young person access to reliable, high-quality treatment and support as soon as they begin to face challenges—not just when things reach a crisis point. The term 'young people' is used to describe people aged 25 and under, encompassing children, teenagers, and young adults.

EADP funds a variety of services which provide early interventions with young people to provide help and support before major problems arise.

While there are no specific performance targets set for this priority, activity levels are monitored and included below. As part of the work to further develop the delivery plan for the EADP Strategy, consideration will be given to appropriate performance measures.

Individual Support and treatment 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 reduces stigma and is greatly valued by young people. Crew refers and supports access to the other Young Peoples Substance Use Services (YPSUS), its own counselling services and any other services young people may require.

Crew and the other YPSUS services use self-completion evaluation with young people to evidence outcomes in relation to their safety and health. EADP provides 34% of the overall funding for this service and Crew raise additional funds through other CEC contracts, funding streams and their own income. Crew provides a number of other services in the city including take home naloxone (60 kits were delivered to under 26s in the past year), training information, support and resources for organisation and staff.

Crew	2022-23	2023-24	2024-25	2025-26
No. of young people engaging in digital and in-person drop-in services	3,504	3,455	2,724	4,008
No. of brief interventions delivered	188	222	223	193
% of young people who have increased understanding of the risks of drug and alcohol use	88	73	83	89
%. of young people who understand how to keep themselves safe	92	93	94	94
% of young people who have made positive changes to their lives	61	86	87	82

Crew have a consistently high level of engagement with young people and evidence clear impact on their health and safety.

Specialist Nurse led Service: The Adolescent Substance Use Service (ASUS) is an NHS Lothian service which specialises in providing age-appropriate substance use treatment and support, working exclusively with young people aged eighteen and under living in Edinburgh who are experiencing difficulties related to their own substance use. ASUS provides a targeted substance use service for young people and offers a holistic approach, putting the young person at the centre of their treatment to understand and address the factors driving their substance use and build their personal resilience.

ASUS provides Tier 3 and Tier 4 interventions for young people:

The aim of Tier 3 services is to deal with the complex and often multiple needs of the child or young person and not just with the particular substance problems. Tier 3 services also work towards reintegrating and including the child in their family, community, school or place of work.

Tier 4 services provide specialist forms of intervention for young drug users with complex care needs. It is recognised that, for a very small number of people, there is a need for intensive interventions, which could include short-term substitute prescribing, detoxification and places away from home.

The service is delivered through 1:1 appointments at a time and frequency suited to the young person. ASUS received 60 referrals in the past year from a variety of sources including self-referral, CAMHS and the Young Peoples Service. Outcomes were measured through an agreed subset of SHANNARI indicators highlighting that the young people who engaged felt safer, more confident and made more good decisions. On average young people reported a 7-point improvement across the chosen domains of SHANARRI indicators.

Providing Education, Information and Advice for Young People

The Junction offers a Tier 3 service providing psychosocial and psycho-educational interventions for young people affected by substance use in the North East of Edinburgh. They measure the impact with young people through a subset of SHANARRI indicators agreed with the EHSCP and CEJS when YPSUS was set up. The Junction have been able to maintain a high level of engagement with young people and evidenced that they are safer and have developed skills and strategies to reduce risk.

The Junction	2022-23	2023-24	2024-25	2025-26
Young people engaged in 1-1 support	13	20	20	19
No. of 1-1 support sessions with young people	132	134	185	140
% of young people who felt more secure, nurtured, listened to and enabled to develop their full potential	64	66	76	86
% of young people who had reduced their risk-taking behaviours and had good strategies in place to minimise risk	85	80	88	86
% of young people who had reduced or stopped their use of drugs and/or alcohol and knew how to put harm reduction into practice.	85	75	94	93

The Junction also offered 31 open access sessions for young people along delivering a total of 104 brief interventions related to substance use. The service also continues to offer an education and prevention service in local schools in P7 and secondary years.

Staff Training for those working with young people

The Junction also work in partnership with Lothian Association of Youth Clubs (LAYC) to provide training on drug and alcohol use. With the intention to equip youth workers to help young people deal with issues and support onward referral to specialist help. 4 training sessions were offered.

EADP alongside CREW delivered a session to Deputy Head Teachers across Edinburgh on trends in young peoples drug use, with a focus on ketamine, and information on services and where to contact for information on drugs.

The role of Police Scotland Edinburgh City Division in reducing drug and alcohol related harm

Police Scotland's aim is to reduce the harm caused by drug use, disrupt drug production and supply and tackle associated criminality and antisocial behaviour to safeguard individuals and communities.

To achieve this aim, an evidence-based whole systems approach has been adopted with partners to deliver an integrated prevention, harm reduction and enforcement model underpinned by effective intelligence support and stakeholder engagement and collaboration. Public health and trauma-informed principles are applied to deliver effective interventions, taking cognisance of learning from those with lived and living experience and ensuring people are treated with dignity and respect.

To achieve this, Police Scotland has a Drugs Strategy which was refreshed for 2026 and the strategic aims are:

1. Understand the problem
2. Reduce harm
3. Disrupt and dismantle illicit drugs markets
4. Reduce community impact
5. Protect people from exploitation
6. Promote and communicate evidence-based good practice and positive life choices

Edinburgh City Division includes several teams and initiatives who help achieve this strategic vision:

- **SOC (Serious and Organised Crime) Team** - principal aim of the team is to improve the safety and wellbeing of individuals and communities through active targeting of SOC groups.
- **SideStep** - Police Scotland and the City of Edinburgh Council support Action for Children (AfC) to deliver this Serious and Organised Crime Early Intervention Service for Edinburgh. This service is aimed at supporting children and young people aged 11-18 years who may be at risk of, or coerced into, involvement with serious offending and criminal activity alongside drug harm/exploitation/criminality.
- **SLOs (School Link Officers**) - Edinburgh School link officers work within local High schools to offer support and advice to pupils, as well as delivering key inputs to encourage them to avoid criminality and risk-taking behaviour. In 2025-26 inputs on drugs, violence and Child Criminal Exploitation were prioities
- **The VOW** team– Police Scotland initiative in partnership with Aid & Abet (who provide a number of workers with lived experience of drug and alcohol use and recovery to work alongside PS officers. The team offers support to people aged 16-25 who have been involved within the criminal justice system.
- **TYLA (Turn Your Life Around)** – this was a series of educational workshops delivered by the VOW on justice related topics. The most requested topic has been prevention of drug use. The feedback has been excellent, and further workshops are currently being developed to build on this success.

- **MPOC (Missing Person Co-Ordinator)** - who engages with partners on a to improve the lives of young people who are involved in Drug use and are reported missing.

In December 2025 HMICS (His Majesty's Inspectorate of Constabulary Scotland) published their Thematic inspection of police response to drug harm reduction | HM Inspectorate of Constabulary in Scotland. Edinburgh came out with some significant positive praise in relation to partnership working and were cited as a bench mark for other divisions. The report also highlighted the use of lived experience, the broad range of holistic initiatives and our structures for reviews and work such as PAG/LEWS. There were 7 recommendations published by HMICS, all of which had either already been completed by Edinburgh City Division or were in train. HMICS commented the drugs strategy is "trauma-informed and shaped by people with lived experience. It aims to ensure dignity and respect in its interventions".

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

This priority encompasses work to reduce drug and alcohol harms even where people are choosing to continue using drugs and alcohol. A well established example is provision of sterile injecting equipment (needle exchange), an intervention which acknowledges that injecting drug use will occur, but which reduces some of the potential damage that it causes (such as blood borne virus transmission).

Strategic aims in this priority include responding to changes in drug supply which increase danger for users (via the local early warning system), preventing overdoses from becoming fatal (through distribution of naloxone), responding to those who have complex medical needs alongside their substance use (through, for instance, Intermediate Care) and developing further innovative harm reduction measures (drug Checking services and Safer Drug Consumption Facility)

Aims:

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

Key activities:

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 pan Lothian (which have overlapping drug markets and shared services).

The process includes:

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

In 2025-26, the system identified a number of issues, including;

- Problem Assessment Group (PAG)s held and relevant harm reduction actions taken in response to multiple Non-Fatal Overdoses (NFOs) within homeless accommodation (April 25) and increased NFOs in the wider city centre (July 25);
- additional alerts developed and issued to local partners in relation to ongoing heroin / nitazene harms (Oct 25);
- the re-emergence of Temazepam Jellies (Nov 25); and
- further heightened national and local harms due to unreliable drug supply (March 26) as well as information shared with national colleagues re local increases in vascular admissions (Feb 26).

KPI: Suspected Drug related deaths

2018	2019	2020	2021	2022	2023:	2024	2025
146	**154**	**144**	**170**	**188**	**157**	95	114

Note that these figures are not identical to final, formal DRD reporting (see above), are not confirmed and were gathered according to a new methodology from 2025-26. They are gathered by Police Scotland based on initial investigations rather than coroners' reports. These are used for planning within the LEWS and included here as an indication of possible trends in drug related mortality.

However, the reduction in suspected deaths in 2024 was reflected in the final confirmed DRD figures, suggesting that, sadly, the increase in 2025 may also be.
Source: RADAR

Take home Naloxone distribution

Naloxone is an opioid antagonist which can temporarily reverse the effect of an opioid overdose; this provides more time for emergency services to arrive and further treatment to be given. The ADP strategic aim is to get it to the maximum number of people who may witness an overdose, principally drug users themselves but also relatives and friends, professionals and other members of the public. Naloxone continues to be distributed within key settings: injecting equipment provision outlets, drug services, homeless services, and GP surgeries.

The total number of Naloxone kits distributed in Edinburgh in 25/26 was 3,724, which was more than double the number in 2023-24 (1,503 kits), though slightly down from 2024-25 (4,105).

KPI: Naloxone kits distributed:

In 2024-25 there was a sharp increase in the number of kits distributed, driven largely by community pharmacy provision. This has reduced in 2025-26 but remains at historically high levels

2020 - 21	2021 - 22	2022 - 23	2023- 24	2024-25	2025-26
1,647	2,468	2,172	1,503	4,105	3,724

Milestone House Intermediate Care Unit:

Milestone House Intermediate Care Unit (MICU) provides 24/7 care in a ten-bedded, registered residential care setting for people who have complex needs and who are homeless. These needs include physical health conditions, poor mental health, readiness for treatment of addiction, treatment of blood borne viruses, treatment of complex drug use associated infections and the need for a trauma informed approach.

Intermediate care is defined as "a short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or inappropriate admission to hospital or residential care. The care is person-centred, focused on rehabilitation and delivered by a combination of professional groups." (King's Fund, 2002).

The components of the service and its associated pathway include:

- 24/7 care and support (provided by the unit itself)
- Ongoing clinical assessment and treatment (provided by Edinburgh Access Practice and other community and hospital health teams)
- Ongoing psychosocial care and links with therapeutic support and engagement with recovery resources
- Support to access suitable housing at the point of discharge (via CEC housing officers).
- Assessment and care management input to build a better future. (led by the Cyrenians' Hospital Navigators Service)

In 2025/26, the contract for long-term delivery was successfully tendered. The contract as won by Simon Community Scotland. They bring a depth of experience in working with people who are homeless and have complex needs. The contract (subject to future funding) is for 8 years, which will provide stability and allow the service to develop and mature. Future plans include the development of a more explicit harm reduction model and an increased emphasis on trauma-informed care.

KPI: Number of people provided with intermediate care

2022 - 23	2023- 24	2024-25
58	49	51

Under the new contract, the target will be 60 individuals staying at least one night at MICU.

Development of an Edinburgh Drug Checking Service

Drug Checking Services are a harm reduction intervention available in a number of countries. They enable people to bring a small sample of a drug that they intend to take and have it chemically analysed. They then receive information about the content (and, where possible) potency of the submitted drugs so that they can make more informed decisions about their use. The analysis will highlight the specific risks of the substance and the service can offer advice on how to minimise the dangers it poses. They also provide drug services and others with an indication of the substances in circulation (see "Local Early Warning System, above")

There is ongoing work on developing these in other Scottish cities through The Scottish Drug Checking Project and in 2024/25 a costed Edinburgh DCS proposal was developed. The service would be based at the Spittal Street Centre and run in conjunction with the existing harm reduction services there (such as injecting equipment provision). Potential funding was secured from the Scottish Government for this work and work in 2025-26 focussed on development of a detailed application to the Home Office for License to set the service up. What are the next steps?

Development of Edinburgh Safer Drug Consumption Facility

SDCF are legally sanctioned (or tolerated) facilities where individuals can consume their own drugs, supervised by trained people who can intervene to prevent overdose. They also usually offer (or provide pathways to) other interventions to reduce harm.

Development of SDCFs is explicitly supported by Scottish Government strategy and was recommended by the Drugs Deaths Task Force. Evidence of their impact is well established internationally and indicates that, where such facilities are easily accessible in areas of concentrated public injecting, rates of Drug Related Deaths fall.

SDCFs are available in countries across the world. Within the British Isles, the first two facilities opened in 2024-25, Merchant's Quay Medically supervised injecting facility opened in Dublin December 2024 and The Thistle in Glasgow opened in January 2025. Both are demonstrating some impact on local harms.

A project to develop an Edinburgh SDCF was initiated by a motion in full Council in 2022. An initial Feasibility Study was published in November 2023 and discussed at the Policy & Sustainability committee in March 2024. It was agreed that the next step was to develop a more detailed plan for a local SDCF. This work was completed in 2025-26. In September 2025 the EIJB considered proposals of an outline SDCF model and, two potential areas for its location, and granted permission to begin a consultation. The proposal and the work that informed it is detailed in Responding to the Edinburgh Safer Drug Consumption Facility Feasibility Study.

A SDCF would need agreement from:

- EIJB and NHSL to commission and deliver it
- The Scottish Government to fund it
- The Lord Advocate/ Procurator Fiscal (who would need to give legal support as they did for Glasgow's sdcf)
- Potentially the Council through the planning process (and to support the application to the Scottish Government)

Engagement with the local community on any proposal is a required element of a request to the Lord Advocate for legal permission to proceed (see the final line of their statement on the Glasgow facility) and would strengthen the case to the Scottish government for funding. A detailed consultation plan was developed and agreed, to commence 1 April 2026, and closing on 1 July 2026. Details are in this paper (item 6.3).

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

Edinburgh has a well-established system of treatment and recovery for drug and alcohol users. given the benefits of treatment, attracting people to services, ensuring that there is easy, effective access and retaining people in services are all key aims within this priority area. Activities include reaching out to people at risk and ensuring that people who disengage from treatment are re-engaged (via assertive outreach), proving rapid access to treatment (via EdMAC).

Within national and local strategy, encouraging engagement with needed drug and alcohol interventions.is a key function of justice interventions.

Aims:

Offer the people at 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

Key Activities:

Edinburgh Medication Assisted Treatment Access Clinic (EdMAC)

EdMAC was launched in December 2023 as part of Edinburgh's plan to meet the MAT (Medication Assisted Treatment) Standards. (see below). Before EdMAC's inception, Edinburgh's MAT pathway featured significant backlog, delayed assessments, fragmented referrals between hospital, custody, GP, and hub services, and high loss to follow-up. These resulted in long delays accessing treatment which in turn deterred people from entering protective services, leaving them at much greater risk of drug related death and other harms.

EdMAC was intended to streamline this using newly available funding. It offers a drop-in assessment clinic 5 days a week, with prescribing treatment (subject to suitability) starting on the day, a radical change in service.

In 2025-26 an independent evaluation of EdMAC was secured from Figure 8 (a respected and active research and evaluation consultancy in the drug and alcohol field). Further details are outlined in the **MAIN REPORT** and **EXECUTIVE SUMMARY**

The findings are, in general, extremely positive with both the qualitative and quantitative evidence indicating that the clinic has had a transformative effect on the experience of seeking drugs treatment in Edinburgh. Interviews indicated an

extremely high patient satisfaction and data indicate that the clinic meets the aim of providing assessment and, where not unsafe, treatment start with no delays.

KPI: People accessing services have the option to start medication assisted treatment from the same day of presentation.
99.4% of patients coming to EdMAC were offered MAT assessment on the same day as presentation

83% of people who were actually prescribed medication started on the same day they first came or following day (others having been assessed as unsuitable). In a striking mark of effectiveness, over 80% of those who started treatment with the clinic remained in treatment 6 months later.

Assertive Outreach and reaching people in crisis

Edinburgh's services provide a network of assertive outreach for those who are identified as being at urgent high risk. The aim is that people who have had a non-fatal overdose, hospital admission, not had their prescribed treatment for a time etc will be contacted as soon as possible, in person or on the phone (within 3 days), and offered the support and treatment that they need to make them safer.

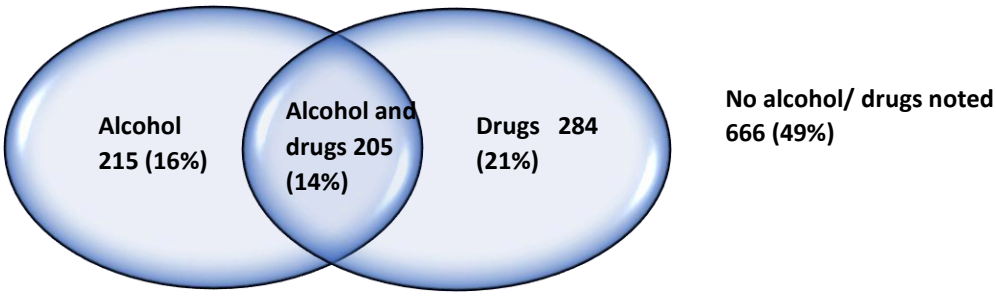
In line with MAT standard 3 (see below) it has become increasingly effective and responsive to people who have attended hospital emergency departments; or been seen by the Scottish Ambulance Service following a non-fatal overdose; or who have been identified as being at high risk for other reasons.

The role of Edinburgh Justice services

Justice services are one of the main sources of interventions with people who use drugs and alcohol. All of those coming into contact with Justice services receive screening to identify their needs, including for alcohol and drug interventions.

A snapshot analysis of people with a statutory involvement with Justice services in Spring 2026 showed that in 51% the individual concerned was reported as having problematic drug and/or alcohol use.

Prevalence of drug/alcohol within snapshot of statutory cases recorded on LS/CMI, 2026



The Justice Pathways Service for men and Willow for women deliver specific interventions to support their users to address drug/alcohol dependency including SMART recovery groups, 1:1 tailored support, and linking into NHS clinical interventions and/or local community recovery hubs. Willow for women has also partnered with NHS Lothian and an NHS nurse is assigned to the women's service

providing support for immediate health needs including drug/alcohol dependency and facilitating access to relevant community healthcare.

Some people who have been convicted of a crime(s), may as a condition of their receiving a community sentence (as opposed to custody), be required to engage with a programme or specific intervention aimed at addressing their identified drug/alcohol dependency. For example, a Community Payback Order (CPO) may include a requirement to engage with drug and alcohol services. This provides a clear focus linked to the individual's specific risk and need, offering an additional incentive to address the issues identified given that it is an expectation of the Court.

*CPOs opened during 2025-26**

CPOs	**Number**	**% of total**
CPO with drug/alcohol treatment requirement	89	10%
CPO with conduct requirement (drug/alcohol use noted in case file)	162	17%
CPOs (other)	685	73%
Total	**936**	**100%**

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

This priority encompasses providing core services which are of high quality and which meet the rights of those who need them. The key national requirements which measure this aim are

- the Medication Assisted Treatment (MAT) standards – ten standards for the quality, capacity and responsiveness of treatment for drug-users;
- the requirement to expand access to residential rehabilitation
- increasing the total number of people in protective drugs treatment.

Aims

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

Key Activities

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. This year, There were 31 individual interviews carried out by researchers (who themselves had experience of substance dependence and recovery) from NHS Lothian, CGL and TPS.

Progress is expressed in "RAGB" (Red, Amber, Green) status, where "Blue" and "green" indicate "fully implemented; "provisional Green" and "Amber" indicate "partially implemented" - see page 24 of published 2024-25 report for definitions)

KPI: delivery of Medication Assisted Treatment standards 1-10

These are each measured annually and in 2025-26, 8 of the 10 standards were considered "fully implemented" and 2 "partially implemented in Edinburgh.

- Standard 1: All people accessing services have the option to start MAT from the same day of presentation. **Fully implemented**
- Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose. **Fully implemented**
- Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT **Fully implemented**
- Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery. **Partially implemented**
- Standard 5. All people will receive support to remain in treatment for as long as requested. **Fully implemented**
- Standard 6: The system that provides MAT is psychologically informed; routinely delivers evidence-based low intensity psychosocial interventions; and supports individuals to grow social networks **Fully implemented**
- MAT Standard 7: All people have the option of MAT shared with Primary Care. **Fully implemented**
- MAT 8. All people have access to advocacy and support for housing, welfare and income needs. **Fully implemented**
- MAT 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. **Partially implemented**
- MAT 10. All people receive trauma informed care **Fully implemented**

Commentary on each standard:

MAT Standard 1: All people accessing services have the option to start MAT from the same day of presentation. *(*2025-26 RAGB status: Blue) – see EdMAC report above

MAT Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose. (2025-26 RAGB status: Blue) With increasing choice of medication being offered (in specialist services), an increasing proportion of patients are prescribed Buvidal (Long-Acting Injectable Buprenorphine, or LAIB). Each injection lasts up to a month, reducing the need for patients to make more frequent visits to community pharmacy. The proportion of patients in Edinburgh receiving LAIB rose again in 2025-26 and is now 19% of all patients (including primary care) and 28% of those in specialist treatment.

KPI: Number and % of people on Opiate replacement Treatment who are prescribed Buvidal

An increasing number and % of patients are now treated with Long-Acting Injectable Buprenorphine (Buvidal). – this is a positive indicator of choice of treatment

Number	176	299	412	450	506
% OST	6%	10%	14%	16%	19%

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: Blue) See above ("Assertive Outreach and reaching people in crisis")

MAT Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery. (2025-26 RAGB status: Provisional 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 appointment.

MAT 5. All people will receive support to remain in treatment for as long as requested. (2025-26 RAG status: Blue): In 2025-26 the number of people clinically treated under the DTTO team fell to zero 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. 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 routinely delivers evidence-based low intensity psychosocial interventions and supports individuals to grow social networks (2025-26 RAG status: Green): NHS Clinical Psychology have led the work of developing psychological therapies in the system of care, delivering training and mentoring to staff in all sectors. 3rd 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.

MAT Standard 7: All people have the option of MAT shared with Primary Care. (2025-26 RAGB status; Green) (see "Substance use treatment in primary care", below).

MAT 8. All people have access to advocacy and support for housing, welfare and income needs. (2025-26 RAGB status: Green). Independent individual Advocacy is actively offered at all settings where MAT is delivered. Advocard's Problematic Substance Use Advocacy The provision of dedicated substance use advocacy activity has continued in 2025-26 and been extended by the addition of 6 volunteer advocacy workers to the team (recruited and trained through 2 courses over the year).

There were 203 referrals for specialist D&A advocacy in 2025-26 and the total number of hours delivered increased by 15% over the course of the year. The issue of not

being aware of advocacy no longer emerges as a theme in service user interviews as a concern and 75% of referrals for Advocard were from substance use services themselves, suggesting a wide acceptance of the value of advocacy and the effectiveness of routine offering of advocacy at assessment and review.

MAT 9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. (2025-26 RAGB status: Green): A plan for improvement and integration between mental health and substance use services is being developed and implemented.

MAT 10. All people receive trauma informed care (2025-26 RAG status: Green) NHS Lothian Clinical Psychology developed and lead on the implementation of the plan for trauma informed practice in all settings. There are dedicated Clinical Psychology posts in all hubs and the Spittal Street services.

Opiate Replacement Treatment reach

KPI Total number of people in drugs (opiate replacement) treatment –

This is a positive indicator of people being engaged with protective treatment and support.

	2021-22	2022-23	2023-24	2024-25	2025-26
ORT patients	3,107	3,097	2,966	2,780	2,727

This metric has shown an 12% fall in 5 years, against a national target of increased numbers (treatment target: increase total number of people on ORT by 9% by 2025).

A number of steps which have improved service quality, and which might have been expected to increase numbers in treatment have been evidenced in this time - including same day access, improved choice of medication and higher levels of retention in treatment has been achieved.

Reductions in numbers of people in treatment have come through the loss of the Drug Treatment and Testing service (who formerly treated 100-200 patients at any given time under court orders and with a clinical team which has been disbanded) and in primary care - specialist community treatment services are treating very similar numbers of patients to 5 years ago.

This fall in patients on ORT is in line with national trends and may in part a result of falling use of opioids (for which clinical treatment is available) relative to other substances (especially cocaine). The national target is not expected to be part of the performance framework for the new national drug and alcohol strategy.

Substance use treatment in primary care

MAT standard 7 is that "All people have the option of [treatment] shared with Primary Care". The aim is that, where possible, substance use care should be delivered alongside other healthcare interventions which patients need and that it should be delivered in the less stigmatised setting of GP practices.

KPI % of drugs treatment taking place in primary care

(a positive indicator representing well-integrated healthcare) At 59% Edinburgh's provision remains exceptionally high but has fallen slightly in recent years

	2021-22	2022-23	2023-24	2024-25	2025-26
Number	1974	1981	1857	1681	1605
%	64%	64%	63%	60%	59%

NHS Lothian has the highest proportion of patients who use drugs managed in primary care of all Scottish Health Boards. In each locality (excluding people using central services or the Access Practice) primary care provide more than half of the prescribing drugs treatment:

Practices offering and patients receiving drugs treatment in primary care (snapshot 30.6.2026)			
Locality	Number of practices with NES patients	NES patients (and % of locality treatment)	Drug treatment patients in local hub
North East Edinburgh	17 (out of 18)	537 (63%)	314
North West Edinburgh	15 (out of 18)	482 (74%)	170
South East Edinburgh	13(out of 17)	274 (55%)	228
South West Edinburgh	10 (out of 15)	333 (57%)	256
All localities:	55 (out of 68)	1626 (63%)	968

The Primary Care Facilitation Team (PCFT) has a remit to support these practices. The aim is to:

(i) promote best practice and evidence-based care for patients affected by problem drug use, alcohol and blood borne viruses; and

(ii) to sustain and improve the capability and capacity of primary care teams to work effectively with these patients, often in the face of competing pressures. This is achieved through practice visits to review data collected about the work and to provide training and updates of developments in the field, regular training courses on both drugs and alcohol, and publications. Best practice is promoted including the provision of Take Home Naloxone and BBV testing.

There was significant payment uplift for GP practices in the contract for this work from April 2025. New requirements in the contract include important permission to collect and analyse new data on patient multi-morbidities; and a requirement to develop disengagement plans and recovery care planning.

The average age of the population on OST is increasing, and it has become even more important to ensure that these people are getting their physical health needs met. The majority of people dying a Drug Related Death are middle aged or older and have significant other morbidities. Having their OST provided in Primary Care

makes it easier to get these problems addressed. Continuity of care and knowledge of the wider family can also be beneficial. It can however be harder to get people to engage with recovery support services and the PCFT is currently working with Edinburgh ADP and third sector colleagues to look at ways to improve this.

A major area of focus for the PCFT in recent years has been a feasibility study of Buvidal delivery in primary care funded by Edinburgh ADP: 65 patients were prescribed LAIB through Edinburgh Access practice and a further 26 through other GP practices (see “MAT 2”, above) in 2025-26.

Alcohol treatment pathway:

Although much of the focus of national and local developmental work has been opiate users and responding to drug related deaths, problem alcohol use remains a more prevalent social and health issue. The Edinburgh alcohol treatment system includes the local recovery hubs, Edinburgh Council on Alcohol (ELCA), residential treatment and the full range of recovery interventions.

For a proportion of those seeking help, medicated detoxification is needed as part of a treatment programme and this is delivered in a number of settings: general practice, recovery hubs, the Ritson ward and as part of the LEAP residential rehabilitation process (see below)

Planned Medicated Detoxification, calendar year 2025		
Location	Number	% of total
Community alcohol and drug services (recovery hubs)	58	23%
GP	23	9%
Ritson (in patient	153	61%
LEAP	18	7%
total	252	

Expansion of Residential Rehabilitation capacity:

Residential rehab in Edinburgh is primarily offered through LEAP (Lothian and Edinburgh Abstinence Programme, which is delivered by NHS Lothian in partnership with Cyrenains, City of Edinburgh Council housing services and EHSCP). A smaller number are also supported to go to other units in Scotland and the rest of the UK.

The number of beds available for both rehabilitation and detox in Lothian has been successfully increased with additional funding and focus. Over recent years, an increase in access for Edinburgh residents has been achieved and Edinburgh continues to offer RR at approximately similar relative levels to other areas of Scotland (Edinburgh has c10% of alcohol and drug related harm and provides c 10% of rehab placements Interim monitoring report on statutory funded residential rehabilitation placements, p11-12)

However, there was a fall in placements for people from Edinburgh in 2025-26, driven by reduced numbers admitted to LEAP - a smaller proportion of LEAP beds are currently used by Edinburgh than its “share” and there is potential capacity for more people from Edinburgh to be admitted. This has been caused by issues in the pathway to rehab which is currently being revised and reviewed.

KPI: Number of funded admissions to Residential rehabilitation

2021-26 (Edinburgh only) – this is a positive indicator of people having access to recovery

	2021-22	2022-23	2023-24	2024-25	2025-26
Total placements	**57**	**47**	**74**	**80**	**71**
of which LEAP	47	16	67	69	60
of which non-LEAP	10	3	7	11	11

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, ERA 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.

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

Connection and purpose are central to recovery and the non-clinical services which engage people in daily activity and link them to community are essential parts of the overall system of care.

The primary ADP investments in this area are Encompass – a service run which offers meaningful activity and support with employability to people in early recovery; and Edinburgh Recovery Activities – a service run by Cyrenains which provides a community of mutual support for those is active recovery.

Aims:

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

EnCompass

Encompass is run by Access to Industry and offers support to people with complex health and social care needs who have barriers to employment. Most of these people are in recovery from alcohol and substance use; people in conflict with the law and with lived experience of justice; and people impacted by housing and homeless and poor mental health as a direct result of their alcohol, substance use and justice experience. In 2025-26

- 179 new people engaged in the project (27 Female, 140 Male, Prefer Not to Say, 2) and a total of 345 people were supported.
- 1483 1:1 face to face service sessions were provided.
- 1442 contacts were made between client and caseworker or on behalf of the client.

Encompass provides 1:1 case management support which offers space and time for people to build meaningful engagement, build routine and structure to their week, progress into small group work and skilled / accredited group programmes that build the foundations for employment and further education / training. In time, people progress into their positive destinations. The model is not time limited and enables people to progress through their menu of opportunities and activities at a time and pace suited to the individual. In 2025-26, outcomes for the users of the service were

- 78 qualifications were achieved.
- 84 people progressed into Vocational training.
- 1 person progressed into a paid work placement.
- 16 progressed into volunteering roles.
- 36 people progressed into Further education
- 26 people progressed into jobs

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. Its full annual report can be seen here: ERA annual report 2025-26. It is delivered by Cyrenians and 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. AA, NA, 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.

The projects works towards 5 key aims:

Aim 1: People in Recovery more connected: Between May 2025 and May 2026, ERA ran a total of 211 events, combining regular groups and one-off events. There were 3,004 in person in-person interactions with recovery community members.

KPI: Attendance and engagement with the ERA programme:

	2024-25	2025-26
Attendances at ERA events	3,895	3,004

This is an indicator of positive engagement with the recovery community. It fell slightly in 2025-26

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). In 2025-26, ERA welcomed 378 new individuals into the project. These new participants engage with ERA through a variety of routes, including partner organisations, social media, referrals, and the open-door Community Café

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’ approach

Aim 4. People report feeling better connected AND People feel more confident about interacting with people: ERA gathers feedback from the members of its community and is clearly enormously valued by them. comments include:

> “ERA has been an absolute lifesaver for me. It introduced me to wonderful people, some of whom I now consider close friends. It has supported me throughout my recovery and given me opportunities to take part in amazing activities and experience a better side of life. I would absolutely recommend it to anyone.”

> “I never felt like I quite fitted in anywhere, something that followed me for most of my life. When I first met ERA, I could immediately feel how welcoming and easy-going it was. The focus wasn’t on how bad things had been, but on where life could go next. Connecting with others has been the main thing that changed my life, and ERA gave me the chance to do that.”
>
> “ERA has helped change my life. I don’t know where I would be without the support. I’ve met new friends, discovered new activities, and really enjoyed volunteering and helping the project grow.”

Aim 5: Enhanced Social Media Output and Engagement. The ERA team has expanded the project’s social media output which now reaches over 1800 individuals in the recovery community.

KPI: Engagement with ERA’s online community

	2024-25	2025-26
Followers in social media	1451	**1,837**

This increased by 26% in 2025/26

The main service development over the course of the year has been work on the recovery community centre which will provide the future home of the community. Working alongside a professional designer, community members and project staff have shaped every aspect of the interior design, from floor to ceiling. In keeping with ERA’s ethos of community ownership, the design process has been collaborative throughout, ensuring the building reflects the creativity, identity, and experiences of the recovery community itself.

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

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 concerns that, if they engage with services, their children could be removed from their care. This can present barriers for families and make it less likely that they will engage with services. EADP works with partners through the Whole Family Approach Collaborative to develop whole family support 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 deliver whole family support alongside effective treatment for substance use to promote whole family recovery. EADP funds a range of services designed to support and complement each other and works in partnership with adult treatment services to better support adults and families.

Aims:

Support Children, families and communities affected by substance use	ensure services empower family members to support their loved one's recovery
	Support family members to achieve their own recovery
	Support parents to engage in treatment and provide holistic support for families affected by parental substance use.
	Ensure services are engaged with recovery communities and the wider community

Services for families affected by parental substance use

A specialist service which had been jointly commissioned by EADP and CEC Children, Education and Justice Services (CEJS) and delivered by Circle and Sunflower Garden ended in its current form in June 2025. New arrangements are in place for supportive work with children to continue through Children, Education and Justice Services (CEJS) Flexible Framework Agreement for Accredited Pathways and Certified Counsellors and Therapists .

The Whole Family Approach Service for Families Affected by Parental Substance is in the process of re-tendering with a new contract in place by 1st July 2026.

In this year Circle Harbour continued to provide intensive, whole family support city-wide to parents, children and young people affected by parental substance use. It

provides key interventions comprise parenting work, establishing routines and boundaries for children, support to engage with drug treatment and recovery, mediation, support to access other services, debt advice, support to attend appointments, emotional support, liaison with other agencies and 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. This service is now provided through CEJS framework, however, the groupwork component funded by the ADP continued until the end of the contract in June 2026.

Family Group Decision Making

Offering Family Group Decision Making (FGDM) to adults affected by drugs and alcohol in Edinburgh is providing a safe and supported way to include families in decision making, alongside their loved one, and the professionals involved in their care. It recognises the rights of families to be included in their loved one's care whilst providing opportunity to consider the needs of the wider family network, in keeping with a whole family approach.

Implementation of FGDM within drug and alcohol services was independently evaluated by Impact which highlighted that there can be a number of barriers to adopting the approach including professional scepticism, lack of understanding of the model, complex family dynamics, including loss of relationships, shame and embarrassment, and concern about risk. FGDM has worked hard to build confidence in the model, engaging with treatment hubs to increase referrals.

In the last 12 months 14 families have used the model to consider the needs of an adult only. These families have used Family Group Decision Making to consider a range of needs that include harm reduction, safety planning, pre and post residential care and community detox. Family members have also accessed carer assessment and support following recognition of their caring responsibilities.

In financial year 2025-26 Family Group Decision Making, across the whole service, received 138 referrals that recognised drugs or alcohol as an issue at point of referral. Around 50% of the referrals received from children's services consider drugs or alcohol to be an issue at point of referral.

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 are for professional services to work alongside families 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 they can face.

VOCAL provide support families affected by substance use. They have increased engagement with the Hubs, promoting family support and increasing referrals. VOCAL 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. Engagement with families is generally high, there were less families engaging this year, however, the complexity of issues which families are facing has increased. Data from the wider VOCAL service highlighted that the service as a whole was providing support to 866 families where drug and alcohol use was an issue.

VOCAL	2023-24	2024-25	2025-26
Families supported	244	246	215
New families	110	107	87
SMART Group meetings	25	25	23

VOCAL undertake lived and living experience assessment to evidence progress on the MAT standards and have identified that, while families' engagement in their loved one's care and treatment is inconsistent, treatment services are beginning to see the value of this and are promoting family involvement.

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. They work with both parents in a restorative manner, to support early childhood development and increase positive early parenting experiences by focusing on strengths, building resilience and keeping the child at the centre of our support. EADP funds an Early Years Worker who provides holistic family support as well as targeted support using the PuP framework. It integrates substance use treatment with support around the pregnancy and takes a whole family approach including father's and kinship carers. In the past year PrePare had 49 referrals and 20 were allocated, they continued to work with 21 families from the previous year, therefore, offering parenting support to 41 mothers and babies. Child protection outcomes were:

- 8 cases were managed using GIRFEC guidelines, whilst managing risk proportionally
- 31 Pre-Birth Child Protection Planning Meetings were held, with all children being placed on the Child Protection Register pre-birth
- 2 await Social Work assessment to consider whether or not Child Protection procedures will be required.

This indicates the high level of need of the families engaged. Despite this, with the support of PrePare, the following table illustrates that a significant proportion returned to parents' care post birth.

Comparison to previous reported years:			
	2022 - 2024	**2024 - 2025**	**2025 - 2026**
Home	34%	48.7%	41.5%
Kinship	14.3%	12.8%	12.2%
Foster care	42.9%	23.1%	34.1%

The utilisation of the Mother and Baby Recovery Homes is a relatively new resource available to women. During this year, this has allowed 9.75% of babies initially accommodated at birth to be reunified with their mothers in this highly supported and monitored environment. Of these 9.75% babies, half remained with their mothers in this residential setting, and half successfully transitioned back to the community with supports.

Family Inclusive Practice

Family Inclusive Practice (FIP) is at the heart of SG strategy to improve services, ensure all members of the family get the support they are entitled to and are able to support their loved ones in treatment. Consultation with families highlighted that they were not routinely offered the opportunity to be involved and people using drugs were not always informed that they could have additional support from family members at appointments and in treatment. National research by Scottish Families Affected by Alcohol and Drugs (SFAD) reported that family members waited on average 14 years before getting access to support for themselves. Families go through a similar recovery process as people using substances but often lack the support or resource to progress.

Families are mentioned consistently throughout the MAT standards and ADPs are expected to make family inclusive practice a priority in adult services. EADP have identified this area of work as one of 3 priority areas to work on over the next year and will be able to call on support from a nationally funded worker at SFAD to help drive improvements in services locally.

Governance and strategic planning:

Putting Lived and Living 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 ADP 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.***

Workstreams in this plan in 2025-26 included:

1) 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 and to convey concerns to a range of decision makers.

2) 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. (see MAT standards report, above)

3) Commissioning of a lived AND living experience panel: In 2025-26, EADP worked on commissioning an independent facilitator to develop such a panel, which will aim to:

   - Identify and engage with people with lived or living experience (i.e. past or current problem substance use, their own or a loved one's)
   - Provide a safe, supported space for them to express their experiences
   - convey these findings to decision-makers

   The contract will start in Summer 2026.

4) Other ADP processes: More general consultation and co-production exercises this year included

   - Evaluation of tender submissions for the CAPSU contract and the L/LE Panel facilitation contract (see above)
   - One formal event and a number of informal discussions regarding the SDCF development. The formal event brought together professionals and 17 people who currently are or were engaged in high-risk public drug use.

Developments in the governance of the EADP

During 2025-26 there was discussion of the future governance of the EADP, in particular arrangements for the chairing and support of the partnership and it work. This discussion was in the context of

1. The publication of the new ADP strategy (2025-27).
2. The publication of the new Scottish Government drug and alcohol strategy and associated guidance on ADP governance (the updated Partnership Delivery Framework).
4. Christine Laverty's (CO HSCP and EADP chair) expressed view that the chair of the ADP being the CO of the HSCP (who are key delivery partners) is inappropriate and a conflict of interest, given the scrutiny/ accountability function of the ADP
5. Restructuring of the HSCP Strategy Division (of which the EADP support team are currently part).

The outcome of the discussion was a decision to separate accountability for some governance functions of the ADP (securing an independent chair and supported by at least one lead officer) from the strategic functions of the H&SCP and having them delivered alongside the other Edinburgh Public Protection Partnerships. It is expected that this will be implemented in 2026/27

Financial report

In 2025-26 the EADP spent £9.615 million which is allocated to the ADPs activity by the Scottish Government as part of the EIJB budget. The distribution of that funding is described below

Note that in many cases below, the EADP investment does not represent the full cost of the service, only the portion that comes from the EADP allocation; other organisations contribute directly to service budgets and contract and/ or provide resources in kind towards them

Service/ organisation	2025-26 spending (£000s)
Access to Industry (EnCompass)	£82
Adult carers (VOCAL)	£47
Advocard	£30
ARBD (NHS Lothian team and CARDS)	£112
CAPSU (Circle/ Sunflower garden)	£325
Community Clinical Psychology	£318
Counselling and PT services	£515
Drugs costs	£360
EADP Staffing Team	£184
EdMAC	£105
EMORSS	£46
ERA	£209
Family Group Decision-Making	£68
Harm Reduction Team/ Drug liaison nursing	£153
LEAP	£751
Locality services (NHS sector)	£1,357
Locality services (voluntary sector - TPS and CGL)	£1,452
Milestone house and pathway	£335
Misc	£20
Naloxone	£62
NHS Misc	£2,375
NHSL public health	£53
Prepare	£277
Primary care support (PCFT)	£131
Ritson	£82
SMART	£11
Specialist outreach (VOW and A&E)	£63
Young people's services	£89
Total	**£9,615**

The table below indicates the distribution of spending between areas of work (using categories defined by the Scottish Government

	2025-26 spend (£000s)	% total EADP allocation
Advocacy services	£30	0%
Alcohol & drug services specifically for children and young people	£128	1%
Community based treatment and recovery services for adults	£7,223	75%
Drug and Alcohol treatment and support in Primary Care	£131	1%
Inpatient detox services	£82	1%
Other	£265	3%
Outreach	£261	3%
Recovery community initiatives	£209	2%
Residential rehabilitation (including placements, pathways and referrals)	£751	8%
Services for families affected by alcohol and drug use (whole family Approach Framework)	£534	6%
	£9,615	