

Introduction

This report provides an update on key developments and activities during 2024-25 and does not include the full extent of work carried out by the Alcohol & Drugs Partnership.

Alcohol & Drugs Partnership Role

The Alcohol and Drugs Partnership (ADP) is a partnership of agencies and services responsible for reducing the harms and deaths associated with alcohol and drug use. This is carried out in a variety of ways including:

- early intervention and preventative measures such as alcohol brief interventions
- implementation, improving and sustaining medication assisted treatment standards
- ensuring good quality drug and alcohol treatment and support services are available for individuals and families
- promoting harm reduction strategies
- promoting recovery communities
- involving people with lived and living experience
- research and data collection to better understand the extent and nature of drug and alcohol use in Borders
- monitoring and evaluation

The Scottish Government funds the work of the ADP. Funding streams are aligned to national areas of priority. Additional funding and 'in kind' support is made available to the ADP for service delivery from Borders Health and Social Care Partnership, NHS Borders and Scottish Borders Council

Membership

The ADP is chaired by the Director of Public Health, NHS Borders. The ADP is made up of representatives from the following organisations:

- NHS Borders (Public Health, Mental Health, NHS Borders Addiction Service)
- Scottish Borders Council (Elected Member, Social Work, Safer Communities Team)

- Police Scotland
- Drug & Alcohol Third Sector organisations
- Lived Experience

The ADP is currently chaired by the Director of Public Health for NHS Borders.

ADP Support Team

The ADP Board is assisted in their work by the ADP Support Team. In 2024-25, the ADP Support Team included 1.0 WTE Head of Health Improvement/Strategic Lead ADP, 1.0 WTE Coordinator, and 0.8 WTE Project Officer.

National Strategies & Policies:

The work of the ADP is informed by the following national strategies, policies and ministerial priorities:

Rights, Respect and Recovery: Alcohol & Drug Treatment Strategy & Alcohol

Framework 2018: Rights, Respect and Recovery is Scotland's national strategy for alcohol and drugs. The five priorities which underpin both Rights, Respect and Recovery and the Alcohol Framework as follows:

- A recovery orientated approach which reduces harms and prevents deaths
- A whole family approach
- A public health approach to justice
- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol



National Drugs Mission Plan 2022-26: Rights, Respect and Recovery is supplemented by the new National Mission created in January 2021 to reduce drug-related deaths and harms. The five key priorities for ADPs are:

- Fast and appropriate access to treatment;
- Access to residential rehabilitation;
- Increased capacity of front-line organisations;
- A more joined up approach providing proactive support following a near-fatal overdose
- Overcoming the barriers to introducing overdose prevention facilities (national action)

Medication Assisted Treatment (MAT) Standards

Medication Assisted Treatment (MAT) is a key part of Scotland's National Mission to reduce drug deaths. Research shows that being in treatment helps protect people from dying due to drug use.

MAT is providing medication (like methadone or buprenorphine) along with mental health and social support to help people recover. There are 10 national standards to make sure this treatment is safe, easy to access, and the same across Scotland.

These standards focus on treating people with respect, offering quick and person-centred care, and linking them to other services like GPs and mental health support.

A new report (published on 17 June 2025) shows how well each of Scotland's 29 Alcohol and Drugs Partnerships (ADPs) is doing in meeting these standards.

In the Borders, most of the standards were rated green or provisional green, meaning good progress is being made. However, MAT Standard 7 was not fully met. This standard says that everyone should be able to get MAT through their GP or local pharmacy. While work is ongoing to support Primary Care, there is currently no GP prescribing in place.

Whilst the focus until now has been mainly around opioids, the MAT Standards is evolving to support people using multiple drugs including alcohol. This approach will align with upcoming policies like the [Charter of Rights](#) for people affected by substance use.

ADP	Reporting Year	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
Borders	2022	Green	Green	Green	Green	Green						
	2023	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Provisional Green	Provisional Amber		Provisional Amber	Amber	Provisional Amber	Provisional Amber
	2024	Green	Green	Green	Green	Green		Provisional Green	Provisional Amber	Provisional Green	Provisional Green	
	2025	Green	Green	Green	Green	Green		Provisional Green	Provisional Amber	Green	Provisional Green	

RAGB colour legend

- Provisional Amber
- Amber
- Provisional Green
- Green

2022 – MAT 6 to MAT 10 were not assessed
2023 – MAT 6 and MAT 10 were assessed separately
2024 – MAT 6 and MAT 10 were assessed jointly
2025 – MAT 6 and MAT 10 were assessed jointly

Drug & Alcohol Services

There are three ADP commissioned drug and alcohol services in the Scottish Borders: Borders Addiction Service; WithYou and Chimes. These services provide a range of harm reduction, treatment, psychological interventions, as well as wider support including employment, housing and support for family members.

For more information on local services [click here](#).

Adult drug and alcohol services in the Borders consistently met the Local Delivery Plan Standard of 90% of people starting treatment within three weeks. The table below provides a breakdown over the four reporting years.

Waiting Times			
Year	Total Assessed for Treatment	Started Treatment within 3 weeks	Percentage
2020-21	496	492	99%
2021-22	564	562	99.6%
2022-23	532	532	100%
2023-24	512	509	99%
2024-25	480	475	98%

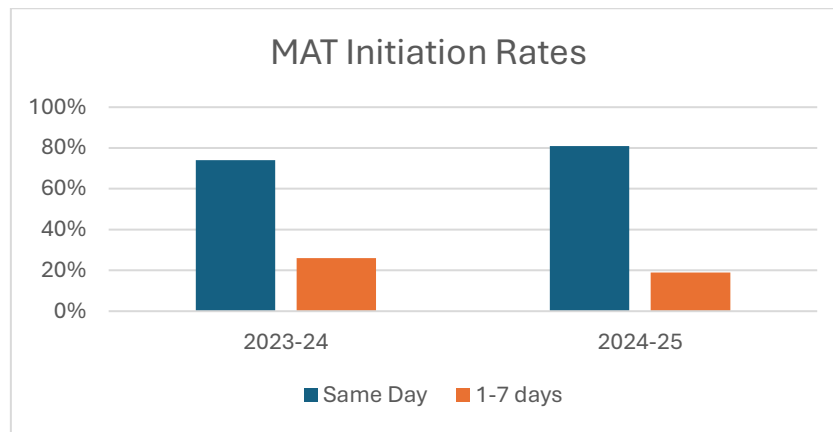
Source: Public Health Scotland

As part of the Medication-Assisted Treatment (MAT) Standards, Standard 1 aims to ensure that *all individuals presenting to services have the option to begin MAT on the same day they seek help*. This means instead of waiting days, weeks or months to start a medication like buprenorphine or methadone, a person with opioid dependence can have the choice to begin the medication on the day they ask for help where safe to do so.

In 2024–25, progress toward this goal was evident:

- 81% of individuals started MAT on the same day as their assessment — an improvement from 74% in 2023–24.
- 19% began treatment within 7 days, down from 26% the previous year.

This reflects ongoing efforts to reduce barriers to treatment and improve timely access to care.



MAT Improvement Plan

The MAT improvement plan was shaped by feedback from people using services, those in recovery, and staff. Key improvements delivered this year include:

Compassionate Communication: Service provider letters were reviewed to ensure they are supportive, include details about Borders Independent Advocacy Service, highlight family involvement in appointments, and promote Recovery Communities.

Feedback: Ongoing feedback from people who use our services which continues to inform improvements.

Improved Service Visibility: Better promotion through the ADP website, A Local Information System for Scotland (ALISS), social media, and team meetings.

Improved Partnership Working: Enhanced collaboration through networking events and joint training sessions.

Cross-Service Collaboration: A dedicated workshop was held to explore better ways of working between mental health and substance use services.

A short-term action group was established to focus on staff wellbeing (MAT Standard 10). Key achievements to date include:

- Delivery of trauma walkthrough events
- Completion of a staff wellbeing audit
- Hosting of two staff wellbeing events
- Facilitation of a staff wellbeing workshop
- Review and sharing of supervision tools
- Development of a presentation resource outlining available support

Outstanding actions are being taken forward by the relevant ADP subgroups.

Residential Rehabilitation

Increased access to residential rehabilitation is a priority of the National Mission. In 2024-25, 11 places were approved, and 8 people began their treatment.

An action plan has been developed to improve the pathway for helping people access residential rehab. This plan has been shared with Healthcare Improvement Scotland.

Clear information about the referral process and what patients can expect is available on the ADP website.

Near Fatal Overdose Pathway

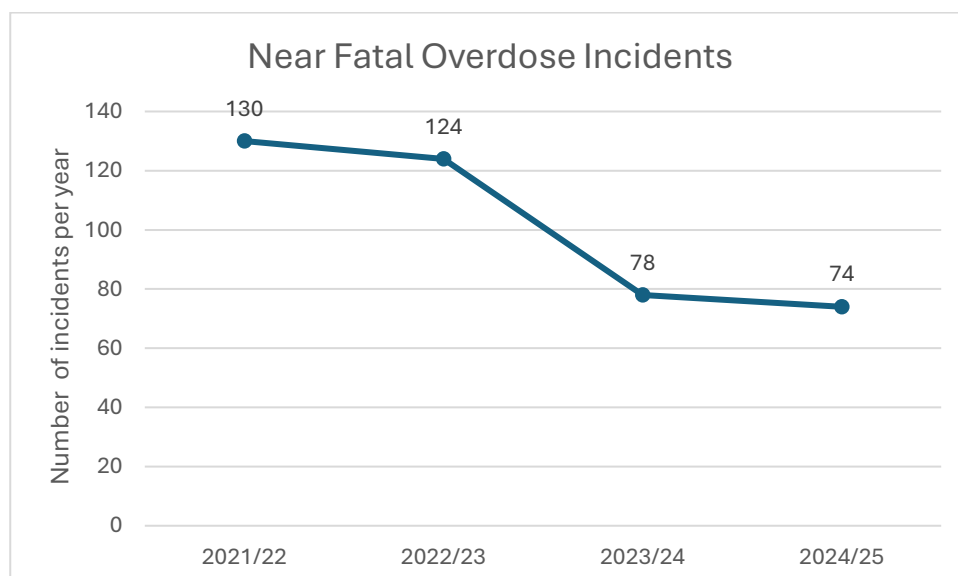
A local Near-Fatal Overdose (NFO) pathway has been in place since May 2021. Referrals come from the Scottish Ambulance Service, Police Scotland, and the Emergency Department at Borders General Hospital.

To respond quickly, multi-agency meetings are held twice a week to review new referrals and follow up on previous actions. Any referrals received between meetings are picked up by the Borders Addiction Service.

- If the person is already receiving support, their key worker contacts them.
- If they are not in service, the ETeam (assertive engagement team) reaches out. If phone contact doesn't work, they try home visits. With consent, they may also use social media (like WhatsApp) or ask family or friends to pass on a message.

Impact and Outcomes

There has been a clear and steady drop in the number of near-fatal overdoses per year.



In 2024/25, there were 74 referrals in total to the NFO pathway, slightly down from 78 the year before. Importantly, 100% of people were contacted within 48 hours of their overdose.

Feedback from both people referred and staff has been very positive, highlighting the value of the pathway.

Take Home Naloxone (THN)

The Take-Home Naloxone (THN) program provides life saving naloxone kits to people at risk of opioid overdose, as well as their families and friends. Naloxone is a medicine that can temporarily reverse the effects of an opioid overdose while waiting for an ambulance.

The programme also includes training on how to:

- Recognise the signs of an overdose
- Give naloxone safely
- Respond in an emergency



In 2024–25, a total of 82 first-time kits were given out (an increase from 60 in previous year), and 64 kits were re-supplied (compared with 116 in previous year).

Of those 64 re-supplies, 28 kits (44%) were used to treat an overdose, potentially saving 28 lives.

Borders in Recovery

Borders in Recovery is a recovery community open to anyone over 16 years old who is in recovery from substance use or mental ill health and is led by people with lived experience.

The group offer activities five days a week with recovery cafés across the Borders, breakfast club, and SMART group meetings. For more information on the recovery community click [here](#).

Borders in Recovery cafés have proven to be a vital community resource, offering a safe, welcoming space that reduces isolation, builds confidence, and supports long-term recovery. Feedback from attendees highlights the cafes' strong impact on mental wellbeing, social connection, and personal growth, with many crediting the service as life-changing and essential to their recovery journey.

Lived and Living Experience

Borders Engagement Group

The Borders Engagement Group is an independent group of people with living experience who met fortnightly throughout 2024–25 at Langlee Community Centre in Galashiels. These meetings offer a safe and supportive space for individuals to share information about local drug trend and specific harms as well as share their experiences, both positive and negative, related to alcohol and drug services. People who attend the group are offered access to training on areas like take home naloxone.

Feedback from the group is regularly shared with the ADP Support Team, service providers, and wider partners to help improve services and address concerns through a management group.

Key themes raised in 2024–25 included:

- **Support with Buvidal:** Some individuals felt less supported after moving to monthly Buvidal injections. In response, Borders Addiction Service (BAS) attended a meeting to reassure people that extra support is available between appointments. Information leaflets were shared, and staff continue to encourage people to speak up if they need more help.
- **Stigma:** Attendees reported experiencing stigma when accessing wider services. This feedback was shared directly with the services involved. In response, awareness events and a workshop on the Charter of Rights were held to challenge stigma and promote understanding of human rights in recovery.
- **Housing:** A range of personal housing experiences were shared. Named contacts from each housing provider now attend the local management group to hear concerns and help find solutions.
- **Positive Experiences:** People shared examples of excellent care, implementation of MAT Standards and support provided by ETeam and Social Work Services following a near-fatal overdose.

For more information click [here](#).

Lived Experience Forum

The Borders Lived Experience Forum meets quarterly at the Focus Centre and provides a platform for people with lived experience of alcohol and drug services to share their views and help shape local support. A representative from the forum also attends ADP meetings to ensure these voices are heard at a strategic level.

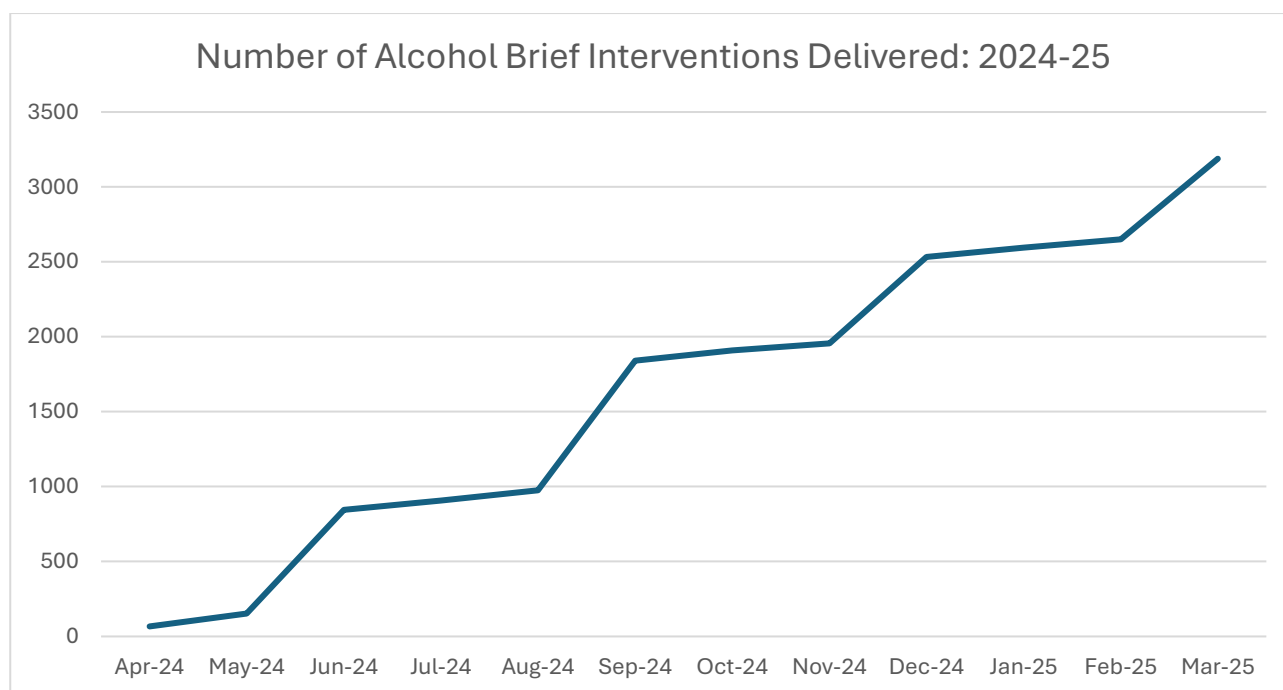
In 2024–25, forum members made valuable contributions, including:

- Continued representation and input to the ADP Board to help inform policy and strategy.
- Actively participating in a networking event alongside drug and alcohol service providers and domestic abuse advocacy services.
- Contributing to the Experiential Evidence Programme supporting the implementation of MAT Standards.

Additionally, the ADP funded a Scottish Drugs Forum National Traineeship in 2024–25 hosted by Borders in Recovery. The trainee has since secured employment with Justice Services at Scottish Borders Council, demonstrating the positive impact of lived experience pathways into meaningful work.

Reducing alcohol related harm through early identification

3188 people who were drinking above the low risk guidelines had a brief intervention with a trained professional.



Whole Family Approach

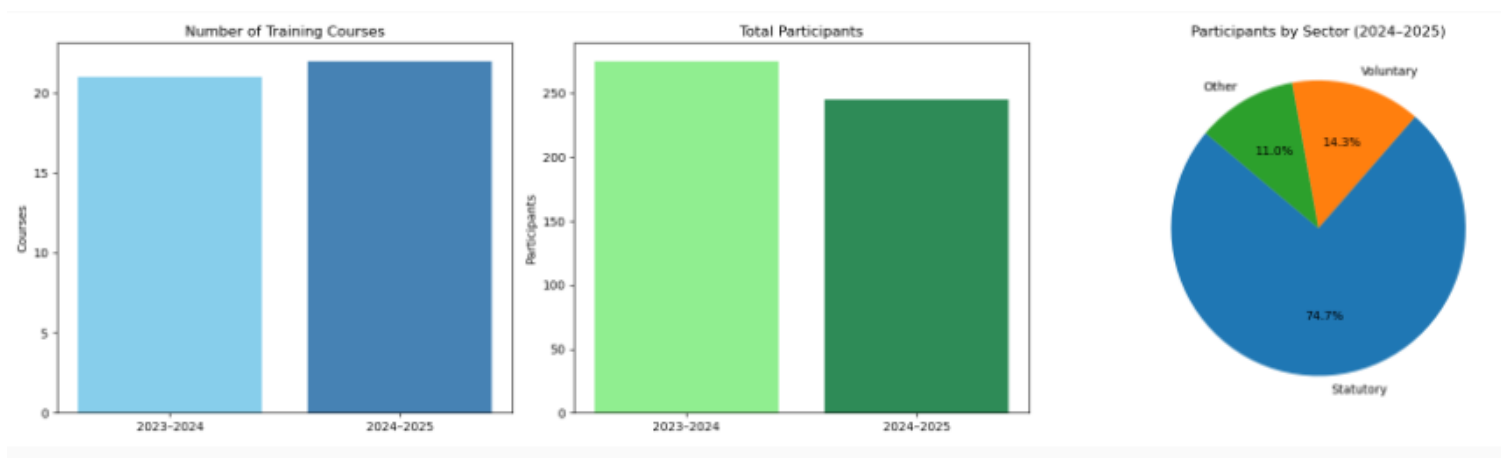
102 referrals were received by the dedicated Children and Families support service for Action for Children Chimes Service. WithYou provided support for 65 adults impacted by a loved ones substance use.

Workforce Development

The ADP Support Team organises an annual Workforce Development Training Programme for staff and volunteers who support children, young people, and adults affected by drug and alcohol use—either their own or someone else's.

The programme includes live online training sessions and self-directed e-learning courses from external providers, which participants can complete at their own pace.

In 2024–2025, the ADP Support Team coordinated 22 training courses, an increase from 21 the previous year. All sessions were delivered online.



A total of 245 people took part in the training, representing 212 individual participants. This is a slight decrease from 275 participants the previous year. Of those who attended:

- 183 were from statutory agencies
- 35 were from voluntary sector organisations
- 27 were from other types of organisations

Training providers collected feedback from participants and submitted summary reports to the ADP Support Team. Overall, the feedback was positive, with participants reporting that the training was useful and relevant to their work.

Want to know more?

If you'd like more information about anything mentioned in this report, such as training opportunities, the ADP strategy, local services that can support you or a family member, or where to access naloxone or injecting equipment - please visit our website: nhsborders.scot.nhs.uk/badp