

**Dumfries and Galloway
Alcohol and Drug Partnership**

Information Pack

November 2025

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Executive Summary

This document is a collection of the best information available from a wide range of sources, brought together to help inform Dumfries and Galloway Alcohol and Drug Partnership strategy for local alcohol and drug services. This includes statistics and experiential feedback relating to drugs and alcohol.

The information contained in this document was collated during the autumn period of 2025 and is a snapshot in time which references the most recently published information. This pack covers the following:

- geography and the influence of rurality
- population and how it is changing
- alcohol use in Dumfries and Galloway
- drug use in Dumfries and Galloway
- impacts on the wider community
- existing support and treatment

The key themes that this document highlights include:

- Although the overall size of the population in Dumfries and Galloway is unlikely to change substantially over the next 25 years, the population will have many more older people. This shift in the balance between the generations will impact on the demand for health and social care services, the local economy, and the available workforce.
- The rural environment of Dumfries and Galloway has positive and negative effects on the people who live here. Some of the challenges people face are more keenly felt by those in rural areas including the impacts of fuel poverty and digital exclusion.
- The population of Dumfries and Galloway is becoming more diverse with more people from different backgrounds, a greater recognition of LGBT and transgender issues, and increased awareness of all forms of disability.
- In Dumfries and Galloway, 1 in 4 people aged 16 or over regularly drink over the recommended weekly alcohol limit.
- The rate of alcohol specific deaths in Dumfries and Galloway has remained consistently lower than Scotland over the past 25 years. In 2024, there were 25 alcohol specific deaths in Dumfries and Galloway.
- An estimated 1,300 people aged 15 to 64 years old have opioid dependence in Dumfries and Galloway.
- In recent years, the rate of drug related deaths in Dumfries and Galloway is now the same as the rate for Scotland. In 2024, there were 24 drug related deaths.
- Alcohol and drug support is provided by a range of services across Dumfries and Galloway. The intensity of the support provided varies from person to person, with some people needing more intensive support than others.

Introduction

This document is a collection of the best information available from a wide range of sources, brought together to help inform Dumfries and Galloway Alcohol and Drug Partnership's (ADP) strategy for local alcohol and drug services. This includes statistics and experiential feedback relating to drugs and alcohol.

What is the Alcohol and Drug Partnership (ADP)?

The ADP is a partnership made up of representatives from a range of partners across the region including health, social work, housing, Police Scotland, and the third sector.

The ADP's purpose is to provide strategic direction to reduce the level of drug and alcohol harm amongst children and young people, adults, families and communities in Dumfries and Galloway. The ADP develops and implements strategies to address drug and alcohol harm in the region.

The work of the ADP is facilitated by the ADP Support Team.

This document reflects the context in which the ADP needs to operate. It includes information about different groups of people, some of the areas of challenge for the Partnership, and information about some of the services currently being provided. It is intended that people will be able to use this information as a reference for planning and making decisions. This document seeks to answer questions such as:

- How many people would this affect?
- Is this becoming more or less of an issue?
- Do we know enough about this?

This document does not offer suggestions or fixes to address challenges. Neither does it discuss or consider organisational or financial arrangements.

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- geography and the influence of rurality
- population and how it is changing
- alcohol use in Dumfries and Galloway
- drug use in Dumfries and Galloway
- impact on the wider community
- existing support and treatment

1. Describing Dumfries and Galloway

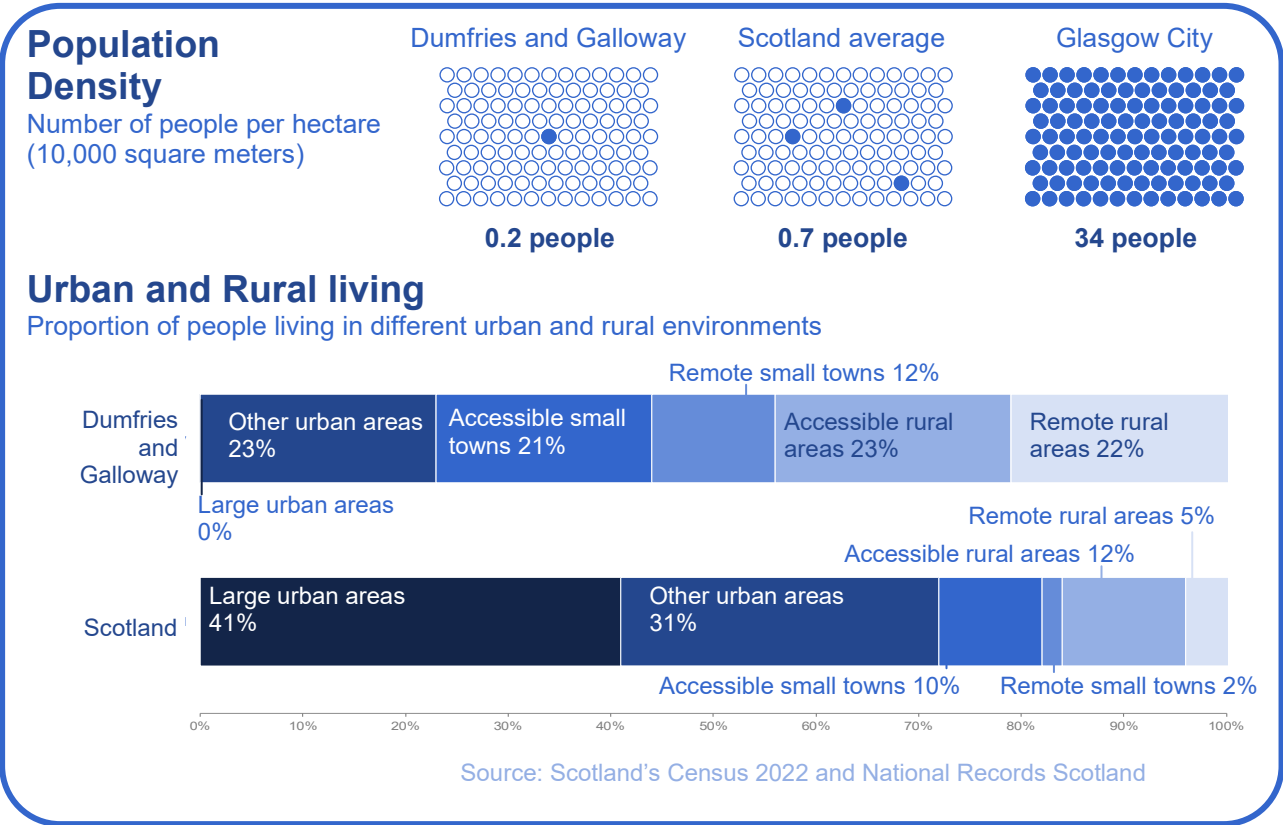
1.1 Geography

Dumfries and Galloway is a mostly rural area in south west Scotland. It covers 6,426 square kilometres and is home to just over 145,860 people according to the National Records of Scotland (NRS) estimates (2024). It is one of the most rural areas of Scotland where issues such as transport, access to services and rural deprivation can have a big impact.

The 2022 Census reports that there are just under 71,000 households across the area. The main towns are:

- Dumfries and Locharbriggs (including Heathhall) (39,700 people)
- Stranraer (9,800 people)
- Annan (8,700 people)
- Lockerbie (4,400 people)
- Dalbeattie (4,100 people)
- Castle Douglas (4,000 people)
- Newton Stewart (4,000 people)

Nearly half of all people in Dumfries and Galloway (45%) live in areas classified as rural by NRS which is defined as living in settlements with fewer than 3,000 people. This is more than double the average for Scotland (17%). The town of Dumfries is the only urban area. The population of Stranraer dropped below 10,000 at the 2022 Census. According to NRS definitions, this means that Stranraer is now classified as a remote small town. In terms of accessibility, a third (33%) of the Dumfries and Galloway population live in areas classified as remote, which is defined as living further than 30 minutes drive away from a large town. Compared to the rest of mainland Scotland, this is the third highest proportion of people living in remote rural locations after Argyll and Bute and the Highlands.



1.2 Living in a rural place

There are many positive aspects about living in a rural area. Benefits can include easy access to open spaces, less pollution and a strong sense of community.

However, living in a rural area can also bring challenges. People can be at a greater risk of experiencing loneliness and isolation. The Scottish strategy for tackling social isolation and loneliness, 'A Connected Scotland' published in 2018, highlights that:

- 21% feel that they don't have a strong sense of belonging to their local community (Scottish Household Survey, 2017).
- Social isolation and substance use are interconnected as they can both be a cause or consequence of each other. Building relationships and community engagement are vital for recovery.
- In the second half of 2016, 33% of calls to the National LGBT Helpline were from people experiencing loneliness and social isolation.
- Young parents are particularly vulnerable to social isolation and loneliness.

People who experience health and social inequalities can find geographical and social isolation more challenging.

The Fuel Poverty (Targets, Definition and Strategy) (Scotland) Act 2019 describes a household to be in fuel poverty if more than 10% of the household income (after housing costs) is needed to heat the home and pay for fuel. The Scottish House Condition Survey (2017 - 2019) showed that across Dumfries and Galloway the proportion of households experiencing fuel poverty was 29%. This is higher than the average for Scotland at 24%.

Just under 30,000 households in Dumfries and Galloway are using energy off the gas grid. Typically Liquid Petroleum Gas (LPG) is more expensive than natural gas homes on the grid receive. The areas of Dumfries and Galloway that are estimated to have the highest levels of fuel poverty are Wigtown West, Mid Galloway and, Mid and Upper Nithsdale. This is due to being large rural areas with a high proportion of households that have poor energy efficiency that use expensive fuel types.

Households in rural areas are also more likely to spend a greater proportion of their income on petrol and transport costs. A Scottish Government report in 2021 found that travel was the greatest source of additional costs for people living in remote and rural areas. These additional costs were estimated to add over £200 in a month to living costs in rural areas.

Using technology is one way people can overcome the challenges of living in a rural area. In 2020, 79% of people living in Dumfries and Galloway were internet users. However, this means that 21% of people are non internet users, the second highest proportion in the UK.

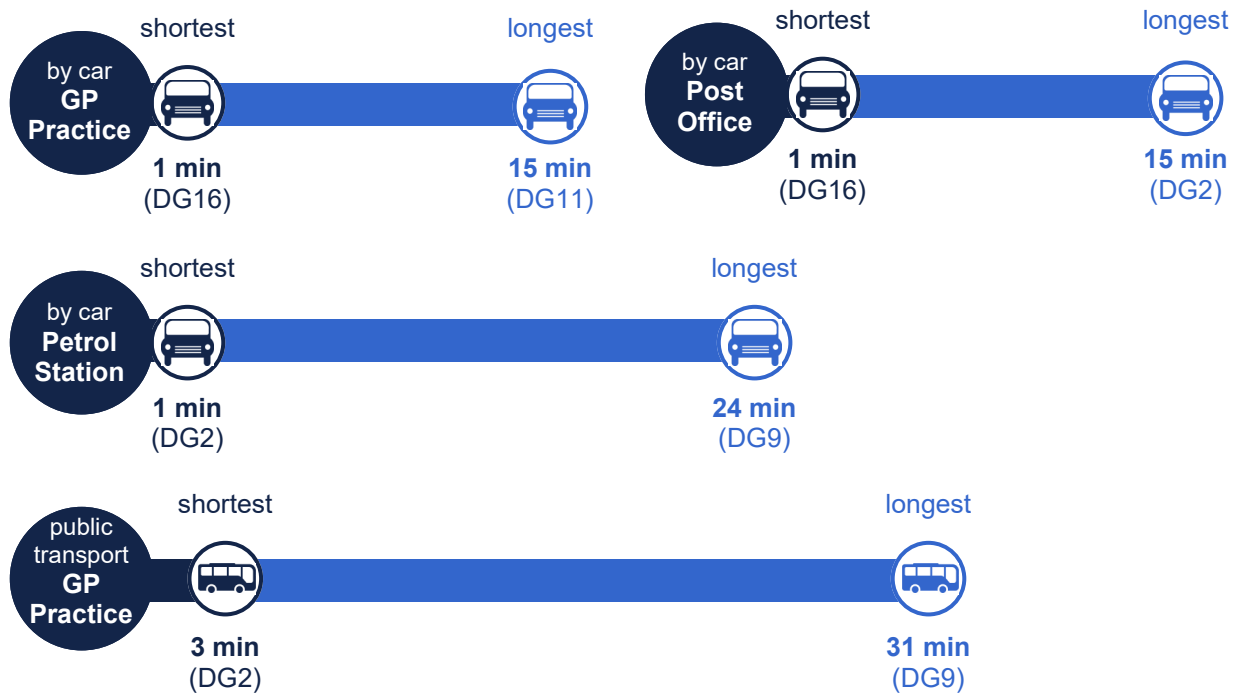
Digital exclusion is where people experience a lack of access to either the internet or internet connected devices, motivation, or do not have the necessary skills to use digital technology. Third Sector Dumfries and Galloway (TSDG) surveyed local people known to third sector organisations in 2020, to test if national research reflected people's experiences here. 898 people responded to the survey.

Across the general population, motivation was identified as the main barrier. 2 out of every 5 people would rather not do financial transactions online, instead preferring face to face or telephone communication. 1 in 5 people preferred to do things face to face. Only 1% of people are willing to learn to use services and facilities. Only 6% of people answering the survey have no internet, instead their concern was quality of access and devices.

Although continually improving, mobile phone coverage in Dumfries and Galloway continues to be patchy in certain areas. In Ofcom's 2021 Connected Nations Report Dumfries and Galloway was the third poorest region in Scotland for connectivity. Since the publication of this report, the Shared Rural Network programme has resulted in 95% of the UK now being within range of a 4G mobile signal.

Travel Times

Shortest and longest average travel times by postcode area in Dumfries and Galloway

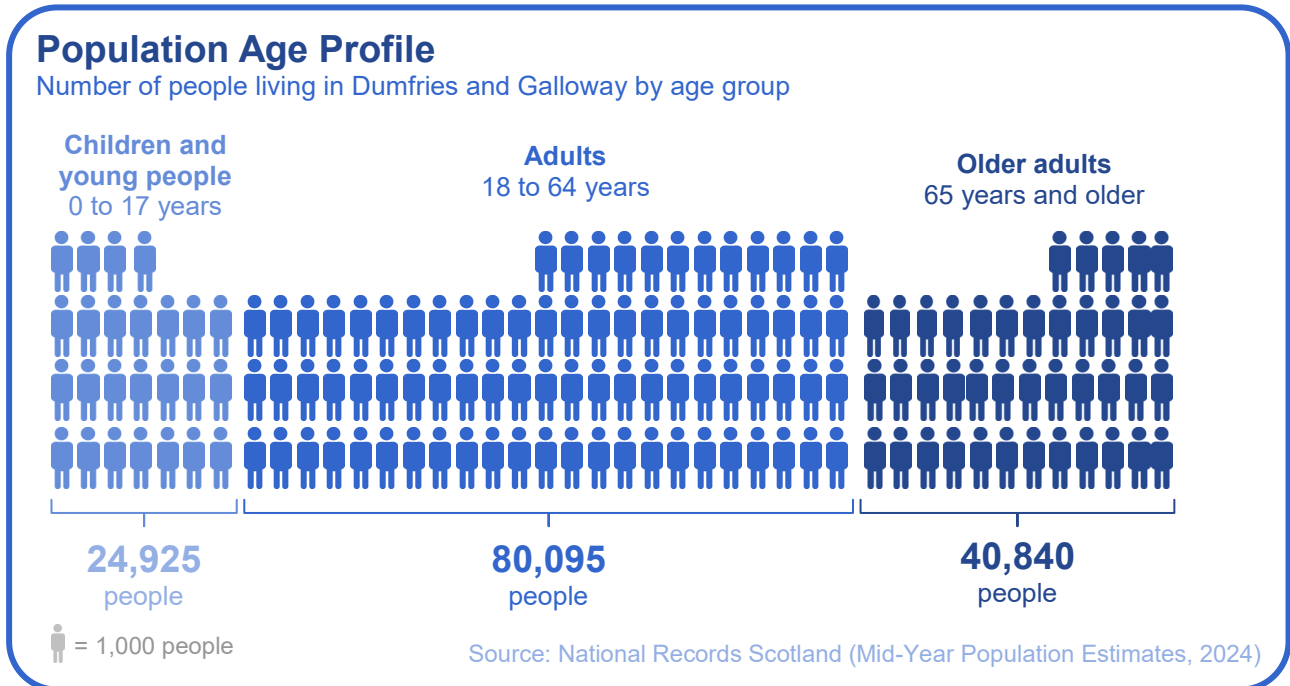


Source: Scottish Government, Access to Key Services

2. The people of Dumfries and Galloway

2.1 Population changes

In 2024, it was estimated that there were 145,860 people living in Dumfries and Galloway. This includes 24,925 children and young people aged under 18 (17%) and 120,935 adults aged 18 years and over (83%).



Dumfries and Galloway has a greater proportion of older adults and a median age of 52 years compared to Scotland where the median age is 43 years. The population is aging and it is expected that the proportion of older adults will grow over time with the number of younger people decreasing.

As the population of Dumfries and Galloway ages, the number of deaths each year is expected to rise from just below 2,000 in 2019 to almost 2,600 in 2041, a 33% increase.

There has also been a long term trend of decreasing number of births across Dumfries and Galloway since 1994. In 2024 there were 1,105 births across the region. Compared to 1994 when there were 1,748 births, this represents a 37% decrease.

There is evidence that, unless housing trends change, more people will be living alone in the future. This has implications for levels of social isolation. Research tells us that when people don't have a strong support network of friends, families and community, their health and wellbeing can suffer.

2.2 Equality and diversity

Age and pregnancy, alongside sex, sexuality, gender identity, marital status, race, religion and disability are the 9 protected characteristics identified in Scottish equality legislation. It is important that all protected characteristics are taken into account when planning services for the future.

Across all ages, there are marginally more women (52%, 75,289 people) than men (48%, 70,571 people) living in Dumfries and Galloway.

Data from the 2022 Census provides the first estimate of the number of people who are lesbian, gay, bisexual or transgender (LGBT+) living in Dumfries and Galloway. The 2022 Census reports that around 3% of the population over 16 are LGBT+:

- 1,469 people are lesbian or gay
- 1,193 people are bisexual
- 390 people are another sexual orientation
- 362 people are transgender or have a trans history

It is estimated that there are 60,000 people who are married or in a civil partnership living in Dumfries and Galloway. Approximately 11,000 people are widowed or the surviving member of a civil partnership.

Across Dumfries and Galloway, 76% of people in Scotland's Census 2022 identified as white Scottish. A further 19% identified as 'white, other British', whilst 1.3% of people identified as being from a black or minority ethnic background. The Census also highlighted that around 2,700 people living in Dumfries and Galloway report that English is not their main language.

Evidence from the 2022 Census suggests that the way people describe their religious identity is changing. The most recent data highlighted that 40% of people identified as Church of Scotland, Roman Catholic or other Christian religion while 52% did not identify with any religion. Of the other religions, people in Dumfries and Galloway were most likely to report that they identified as Muslim (0.4%), pagan (0.4%) or Buddhist (0.3%).

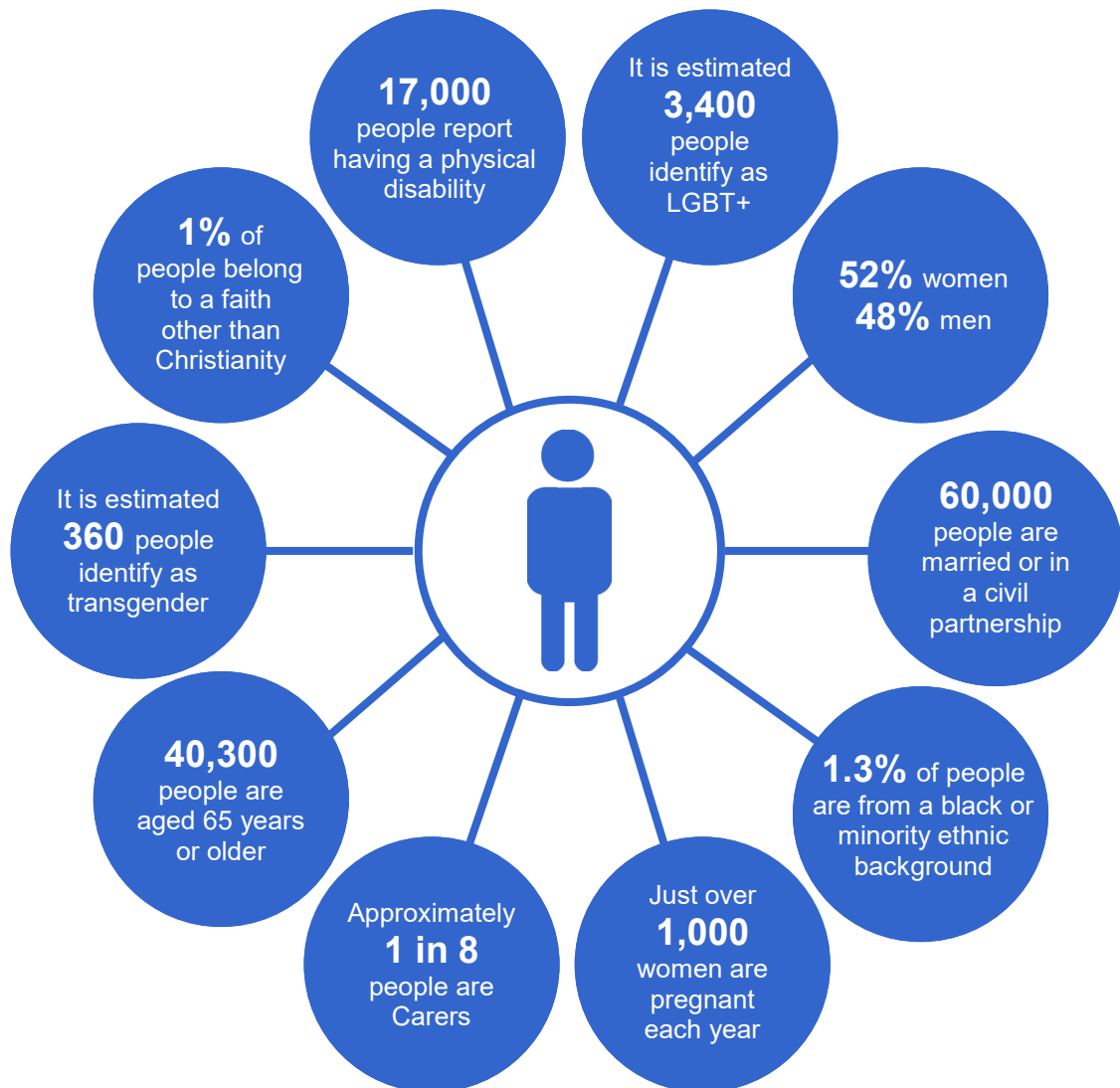
There are limited sources of information that help us understand how many people are living with a disability. Although many people do, not all people living with a disability need support from health and social services. According to the Scotland's Census 2022 (people may be in more than one group):

- Just under 17,000 people reported having a physical disability (this is a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- Just over 6,600 people identified as having a learning disability, learning difficulty or developmental disorder
- Just under 13,500 people reported being deaf or having partial hearing loss
- Just over 4,300 people reported being blind or having partial sight loss

Age and pregnancy, alongside sex, sexuality, gender identity, marital status, race, religion and disability are the 9 protected characteristics identified in Scottish equality legislation. It is important that all protected characteristics are taken into account when planning services for the future.

Equality and diversity

The 9 protected characteristics and people who provide unpaid care and support



Source:
National Records Scotland
Scotland's Census 2022

3. Alcohol use in Dumfries and Galloway

3.1 Alcohol use among adults

Alcohol consumption can be estimated through self survey reports which ask people questions on how often they drink alcohol and how much alcohol they consume. Self survey results should be interpreted with caution as they are known to underestimate how much people drink.

The Scottish Health Survey asks people questions on a range of health topics including their alcohol consumption. Findings from the Scottish Health Survey 2023 show that most people aged 16 or over in Dumfries and Galloway drink alcohol, with only 17% of people saying that they never drink alcohol at all.

Recommended alcohol limits

The UK Chief Medical Officers recommend that people should **not regularly drink more than 14 units per week** to minimise health risks from drinking alcohol. This is equivalent to about:

6 pints of average strength beer



OR

6 medium (175ml) glasses of wine



Regularly drinking above the recommended weekly alcohol limit is often referred to as harmful or hazardous drinking.

The Scottish Health Survey 4 year aggregated data for 2019-2023 indicates that 1 in 4 people (25%) aged 16 or over in Dumfries and Galloway regularly drink over the recommended weekly alcohol limit. This is similar to the average for Scotland (22%).

In Dumfries and Galloway, men were 3 times more likely than women to exceed the recommended alcohol limit (37% of men and 12% of women). On average, men consume more than twice the number of alcohol units each week compared to women (18 units on average for men and 8 units on average for women).

3.2 Alcohol use among children and young people

The Scottish Government's Health and Wellbeing Census includes questions on a wide range of topics related to children and young people's health and wellbeing including alcohol consumption. The survey is conducted among S2 and S4 pupils (typically ages 13 to 16 years) in schools across Scotland. Some of the key findings from the most recent survey during the 2021/22 academic year include:

- 1 in 10 pupils from S2 and S4 in Dumfries and Galloway (11%) reported drinking alcohol once a week or more frequently.
- National results highlight that drinking alcohol at least once a week was more common for S4 pupils than S2 pupils. It is almost certain that this pattern will apply for Dumfries and Galloway.
- 28% of S2 and S4 pupils in Dumfries and Galloway reported drinking alcohol at least once a month. This is higher than the average for Scotland (20%).

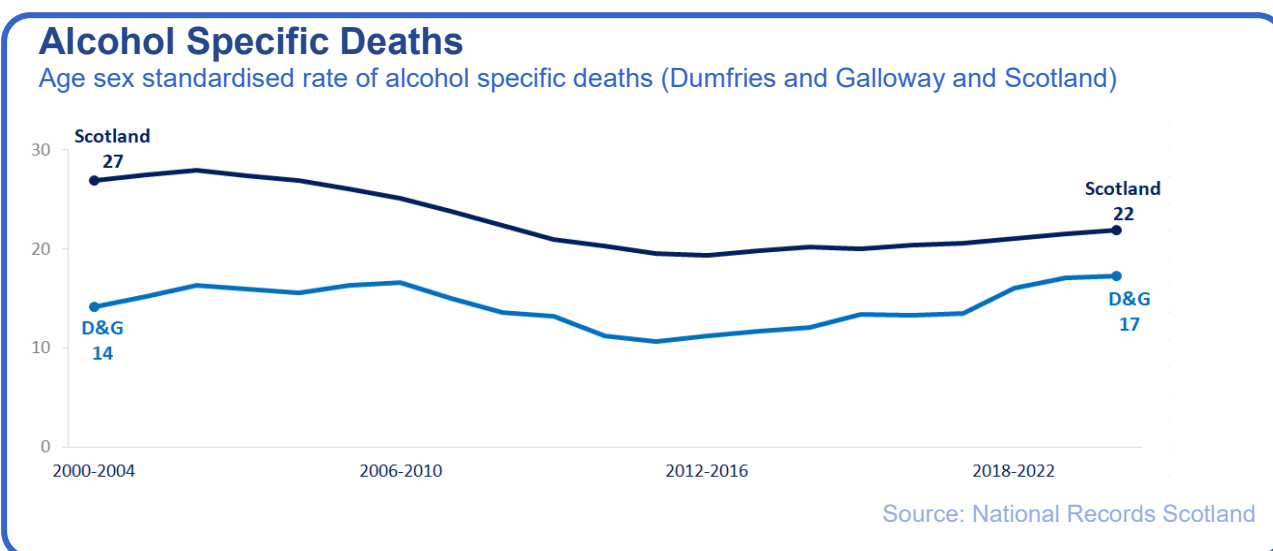
3.3 Alcohol related health harms

Excessive consumption of alcohol can result in a range of health problems. Some can occur after drinking alcohol excessively over a relatively short period of time, such as alcohol poisoning. Others develop more gradually and only become evident after long term alcohol consumption, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as dependency. This section covers some of the potential impacts which alcohol use can have on a person's physical and mental health.

3.3.1 Alcohol specific deaths

NRS publish statistics on the number of alcohol specific deaths registered in each year. These are deaths where the underlying cause of death is a condition that is wholly caused by alcohol and would not exist without alcohol consumption. (This is different to alcohol related deaths that are sometimes reported by bodies such as the World Health Organisation.)

In 2024, there were 25 alcohol specific deaths in Dumfries and Galloway. This was lower than in 2023 when there were 32 deaths. The chart below shows that the rate of alcohol specific deaths in Dumfries and Galloway has remained consistently lower than Scotland over the past 25 years.



A local report from 2024 provides analysis on alcohol specific deaths across Dumfries and Galloway. Some of the key findings from the most recent report include:

- There is roughly an even split between the number of men and women dying from an alcohol specific death.
- People living in the areas identified nationally as among the most deprived areas had the highest rate of alcohol specific deaths. The rate was 3 times higher for people in the most deprived areas compared with the least deprived areas.
- The average age of people dying from an alcohol specific death has decreased marginally since 2013. In 2021-2023, the average age for a person dying from an alcohol specific death was 58 years old compared to 61 in 2013-2015.

3.3.2 Alcohol related hospital stays

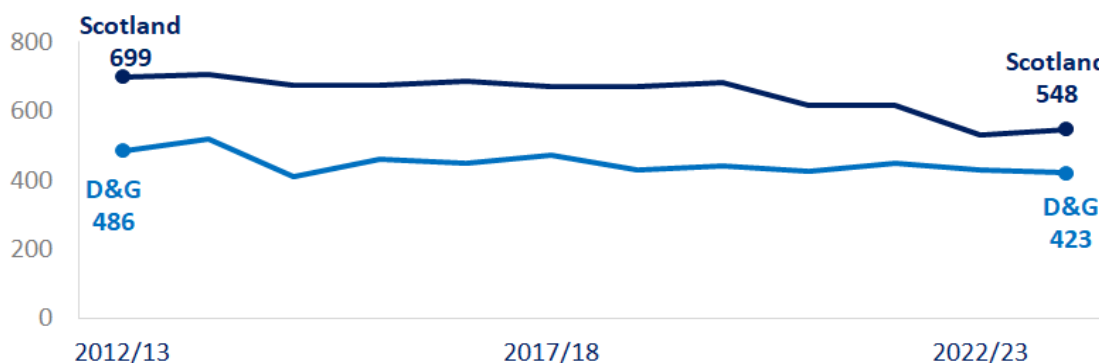
Public Health Scotland (PHS) publishes alcohol related hospital statistics on an annual basis. Alcohol related hospital stays might occur in either general acute hospitals such as Dumfries and Galloway Royal Infirmary (DGRI) and Galloway Community Hospital (GCH), or mental health hospitals such as Midpark. General acute hospital stays will typically involve medical, surgical or emergency departments whereas mental health hospital stays will typically focus on mental health and substance use.

In 2023/24, there were 627 alcohol related stays at general acute hospitals in Dumfries and Galloway. The graph below shows the rate of alcohol related hospital stays at general acute hospitals in Dumfries and Galloway has remained consistently lower than Scotland since 2012/13.

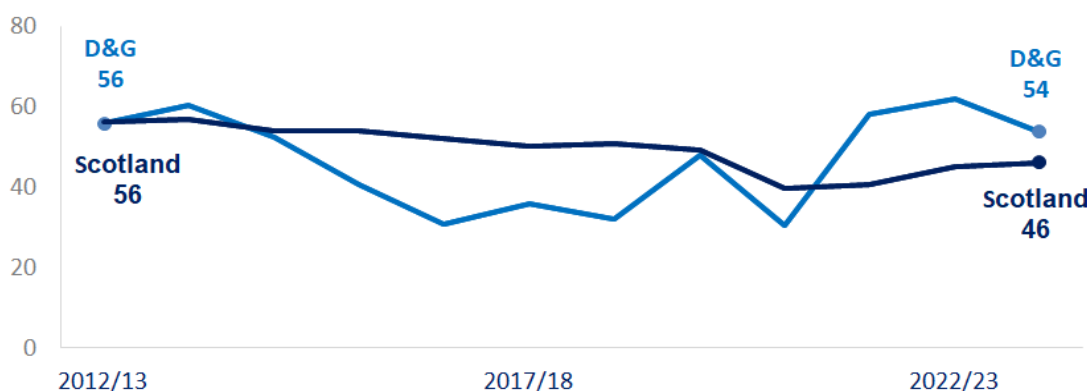
In 2023/24, there were 69 alcohol related stays at psychiatric hospitals. Since 2021/22, the rate of stays in Dumfries and Galloway has been higher than Scotland. In 2023/24, Dumfries and Galloway had the fourth highest rate in Scotland.

Alcohol Related Hospital Stays

Age sex standardised rate of alcohol related stays at general acute hospitals by year (Dumfries and Galloway and Scotland)



Age sex standardised rate of alcohol related stays at psychiatric hospitals by year (Dumfries and Galloway and Scotland)



Source: Public Health Scotland

3.3.3 Alcohol related visits to the emergency department

Information on the number of visits to the emergency department which involve alcohol is only available at a local level. In 2024, searches of emergency department records for alcohol related terms revealed that:

- 410 visits to the emergency departments involved alcohol
- Nearly 3 out of every 5 (59%) alcohol related visits to the emergency department were for men
- 42 visits (10%) were for children and young people under the age of 18

Looking at the figures over time shows the number of alcohol related visits has increased steadily by 17% from 351 in 2016 to 410 in 2024. There was a small decrease in 2020 which is almost certainly due to impacts of the pandemic and associated changes in behaviours.

4. Drug use in Dumfries and Galloway

4.1 Drug use among adults

In this document, we use the term 'drug use' to mean problem drug use that can be defined more broadly as the use of any drug which is causing medical, social, psychological, physical, financial or legal problems. Different sources of information use different but interrelated terms for drug use. For accuracy, where a source has used a specific term for drug use, we will use it in this document.

It is difficult to accurately estimate the number of people who use drugs in Dumfries and Galloway and Scotland as this group is relatively small, can be criminalised and partially hidden.

In 2025, PHS published a report on opioid dependence across Scotland. The report made a crude estimate of the prevalence of opioid dependence in Dumfries and Galloway. The report estimated that 1,300 people aged 15 to 64 have opioid dependence in Dumfries and Galloway. This equates to 1.5% of the population. This is similar to the proportion for Scotland as a whole (1.2%).

Data on illicit drug use among adults aged 16 and over were collected by the Scottish Health Survey. The results are not available at a health board level due to small numbers but it is very likely that Dumfries and Galloway will reflect the national situation. Some of the key findings from 2023 include:

- 14% of adults aged 16 and over in Scotland had used illicit drugs (excluding non illicit drugs and prescription painkillers) in the last 12 months, with a higher percentage of men (18%) reporting use, compared to women (11%).
- The most commonly reported illicit drug used was cannabis (9%), followed by cocaine (3%).

There have been some changes in drug trends found in both Scotland, as a whole, and Dumfries and Galloway including:

- an increase in poly drug use with many people using a mix of opioids, benzodiazepines, and stimulants. This makes overdoses more likely and emergency treatment more complicated.
- the emergence of Nitazenes (a dangerous synthetic opioid) and Xylazine (a powerful sedative)
- more people seeking help for cocaine and cannabis use.

4.2 Drug use among children and young people

A key source of information on drug use among children and young people is the Health and Wellbeing Census Scotland. 286 S4 pupils from Dumfries and Galloway completed the section on drug use.

In 2021/22, 14% of pupils reported having taken illegal drugs at least once, whilst 82% had never taken illegal drugs and 4% preferred not to say. This was similar to the average for Scotland (10%, 81% and 9% respectively).

Pupils who reported taking drugs in the month prior to the survey were asked which substances they had taken in the last month. The most commonly used illegal drug reported was cannabis (100%), followed by cocaine (67%) and ketamine (42%). As a percentage of all respondents across Dumfries and Galloway, this was equivalent to 4% of 15 year olds using cannabis, 3% using cocaine and 2% using ketamine.

4.3 Drug related health harms

Drug use can cause a wide range of health problems. Sometimes drug use can cause immediate health problems which require an emergency or urgent response, such as fatal or near fatal overdoses. In other circumstances, often as a result of prolonged and sustained drug use, problems can develop over a longer period of time, for example, lung disease, heart conditions or psychosis. This section looks at some of the impacts which drug use can have on a person's physical and mental health.

4.3.1 Drug related deaths

In Dumfries and Galloway, services use the term 'drug related deaths' to refer to any death where drug use is recorded as a cause of death on the death certificate. To be consistent with other UK official statistic providers, NRS use the term 'drug misuse deaths' and publish statistics yearly for each health board. A drug related death is defined as when:

- a person dies because of poisoning from a controlled drug such as heroin, methadone or cocaine or,
- the death is caused by a mental or behavioural disorder due to drug use.

In Dumfries and Galloway, drug related deaths have significantly increased. The rate has tripled over the past 20 years from 6 deaths per 100,000 people in 2000-2004 to 22 deaths per 100,000 people in 2020-2024. In recent years, the rate of drug related deaths in Dumfries and Galloway has risen so that it is now the same as the rate for Scotland.

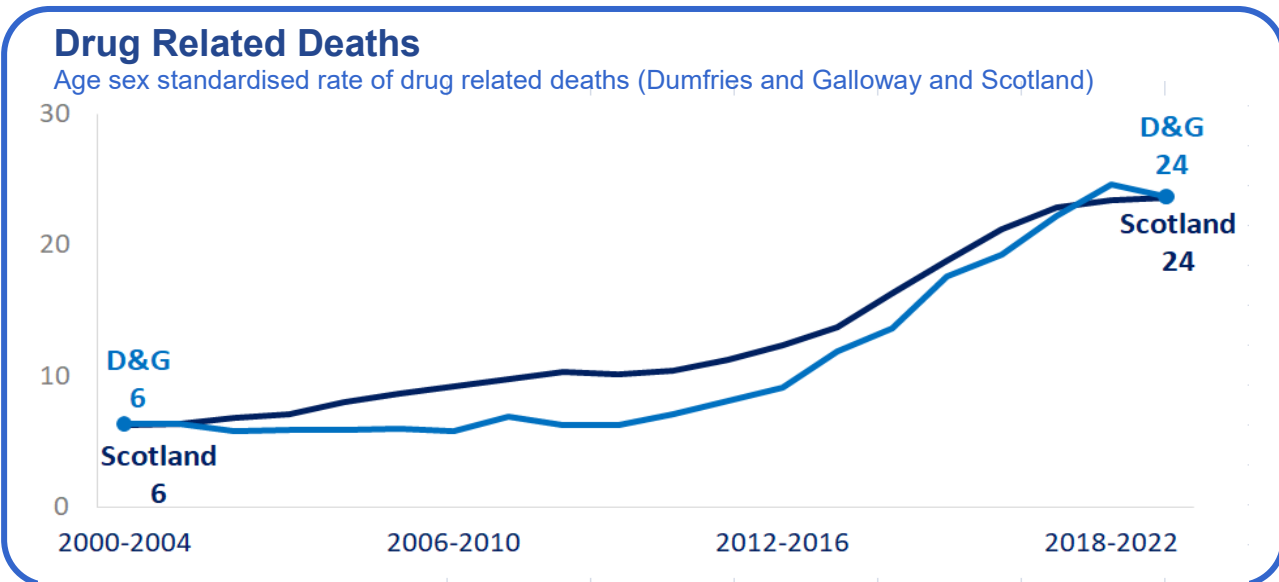
Whilst it is clear that the number of people who have died from a drug related death has increased considerably, from a statistical perspective, these numbers remain small and there often appears to be large differences year on year. For example, in 2023 there were 12 drug related deaths recorded, but in 2024 this doubled with 24 drug related deaths recorded. This makes it difficult to identify patterns and the impact of work to reduce drug related deaths.

A report is produced locally which provides analysis on drug related deaths across Dumfries and Galloway. The report shared in 2025 shows some consistency in the findings over the last 9 years, for instance:

- more men than women were reported to have died from a drug related death in Dumfries and Galloway each year between 2015 and 2023
- people in the most deprived areas of Dumfries and Galloway are considerably more likely to die from drug use compared to people in the least deprived areas
- in the last 5 years, all drug related deaths had more than one drug present in the toxicology report

The report also highlights some recent changes:

- The number of deaths in which cocaine is implicated in the cause of death has increased in Dumfries and Galloway. In 2018, cocaine was implicated in 5% of drug related deaths (1 death) compared with just over half of drug related deaths (54%, 13 deaths) in 2024.
- Since 2015, the average age of people dying from a drug related death has increased from 34 to 44 years old in 2024.



4.3.2 Drug related hospital stays

PHS publishes drug related hospital statistics on an annual basis. Drug related hospital stays might occur in either general acute hospitals such as DGRI or GCH, or mental health hospitals such as Midpark. General acute hospital stays will typically involve medical, surgical or emergency departments whereas mental health hospital stays will typically focus on mental health and substance use.

In 2023/24, there were 231 drug related stays at general acute hospitals in Dumfries and Galloway. Of these:

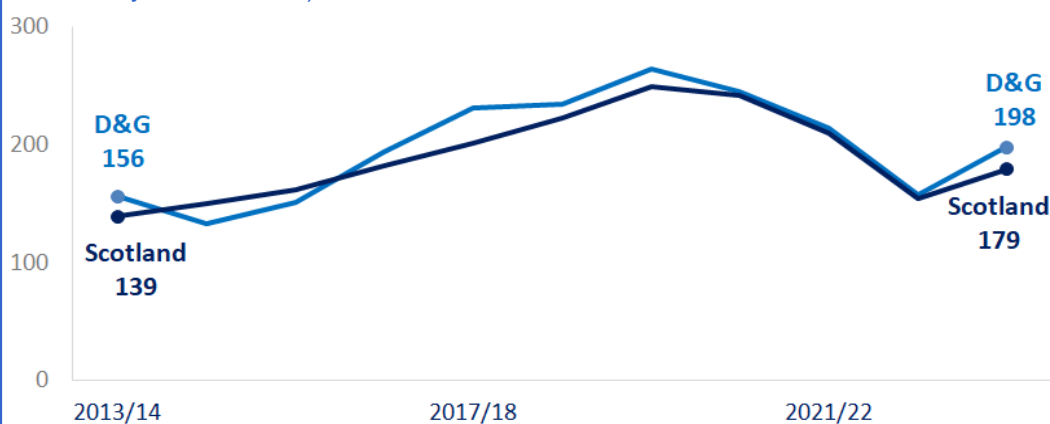
- 51% recorded opioids (117 stays)
- 31% recorded cannabinoids (72 stays)
- 16% recorded cocaine (36 stays)

The rate of drug related hospital stays has increased in Dumfries and Galloway. The first chart below shows that from 2016/17 to 2023/24, the rate of drug related hospital stays at general acute hospitals has remained higher in Dumfries and Galloway than Scotland.

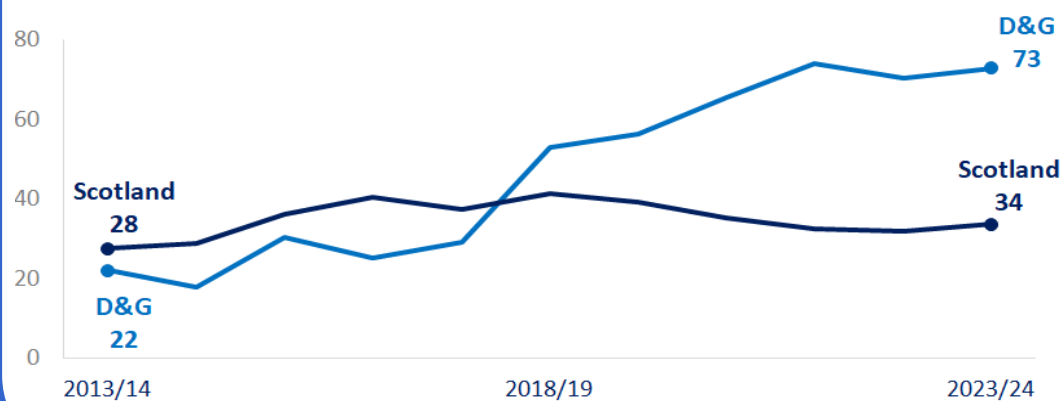
In 2023/24, there were 81 drug related stays at psychiatric hospitals. The rate of drug related stays almost doubled between 2017/18 and 2018/19 (from 29 stays per 100,000 people in 2017/18 to 53 stays per 100,000 people in 2018/19) and continued to increase. The second chart below shows that since 2018/19, the rate for Dumfries and Galloway has been higher than Scotland,

Drug Related Hospital Stays

Age sex standardised rate of drug related stays at general acute hospitals by year (Dumfries and Galloway and Scotland)



Age sex standardised rate of drug related stays at psychiatric hospitals by year (Dumfries and Galloway and Scotland)



Source: Public Health Scotland

4.3.3 Near fatal overdoses

Information on the number of near fatal overdoses is recorded on a national database, Redcap, set up in 2022. In 2024/25, there were 157 near fatal overdoses which required Assertive Outreach Support. Since the introduction of Redcap, the number of near fatal overdoses which required support has remained consistent each year.

4.4 The crossover between alcohol use and drug use

Mixing drugs and alcohol causes these substances to amplify one another and cause more intense reactions. This means people who combine drug use with alcohol consumption are at a greater risk of serious side effects such as the health harms discussed under the alcohol and drug use sections of this document.

Whilst alcohol consumption figures and drug use figures tend to be reported separately, a national report, 'Overview of Initial Assessments for Specialist Drug and Alcohol Treatment 2023/24', reports treatment figures around co-dependency, or the use of both alcohol and drugs. These figures are only available for Scotland. Some of the key findings from the report include:

- 2,058 people across Scotland (12% of those who started treatment) started treatment for co-dependency
- 8% of the people who started treatment were men and 22% were women
- spirits were the most frequently reported main alcohol type (30%)
- cocaine was the most frequently reported main drug (50%)

5. Impacts on the Wider System

Alcohol and drug use can have a number of harmful consequences for people who use substances, their family and friends as well as their local communities. This section describes some of these consequences on the person's social situation, their family and the wider environment.

5.1 Substance use and maternities

The health of a pregnant woman and her baby are closely linked and are influenced by many factors including alcohol and drug use during pregnancy.

A national report on pregnancy, childbirth and the early care of babies born in Scotland is published annually by PHS. The report includes sections on whether drug (excluding tobacco and over the counter medicines) or alcohol use was recorded during pregnancy.

Between 2019/20 and 2021/22, there were 34 pregnancies where the mother was recorded as using drugs during the pregnancy in Dumfries and Galloway. This is an average of 11 pregnancies each year. The proportion of pregnancies with recorded drug use in Dumfries and Galloway was similar to the average for Scotland (1% in Dumfries and Galloway and 2% in Scotland).

Pregnant women are asked about average weekly alcohol consumption during the first 12 weeks of pregnancy at their first antenatal booking appointment. In 2023/24, there were 271 pregnancies in Dumfries and Galloway where the mother was recorded as having drunk alcohol during the first 12 weeks of pregnancy. This equates to 1 in 4 pregnancies (25%). This is the same as the average for Scotland (25%).

High levels of alcohol consumption during pregnancy can be identified by considering the number of Alcohol Brief Interventions (ABIs) delivered in antenatal settings. Alcohol screenings are used by clinical and community practitioners, including midwives, to assess the level of alcohol consumption in a person. If high consumption is found, an ABI takes place which aims to motivate and support the person to reduce alcohol intake. In 2023/24, 99% of pregnant women in Dumfries and Galloway were screened to check for high alcohol consumption and 0 women required an Alcohol Brief Intervention.

5.2 Substance use and child protection

The Scottish Government publishes an annual report on children's social work statistics. The report includes information on the number of children placed on the child protection register and the type of concerns identified during the planning meetings of the children registered. A child might have multiple concerns which prompted their registration.

Between August 2023 and July 2024, 102 children were placed on the child protection register in Dumfries and Galloway. Registrations included:

- 31 children registered on the child protection register had both parental alcohol and drug use recorded as a concern
- 27 children registered on the child protection register had parental drug use recorded as a concern
- 7 children registered on the child protection register had parental alcohol use recorded as a concern

This means 65 children registered on the child protection register had a form of parental substance use recorded as a concern. This is 64% of those children registered which is lower than the average for Scotland (85%).

5.3 Substance use and crime

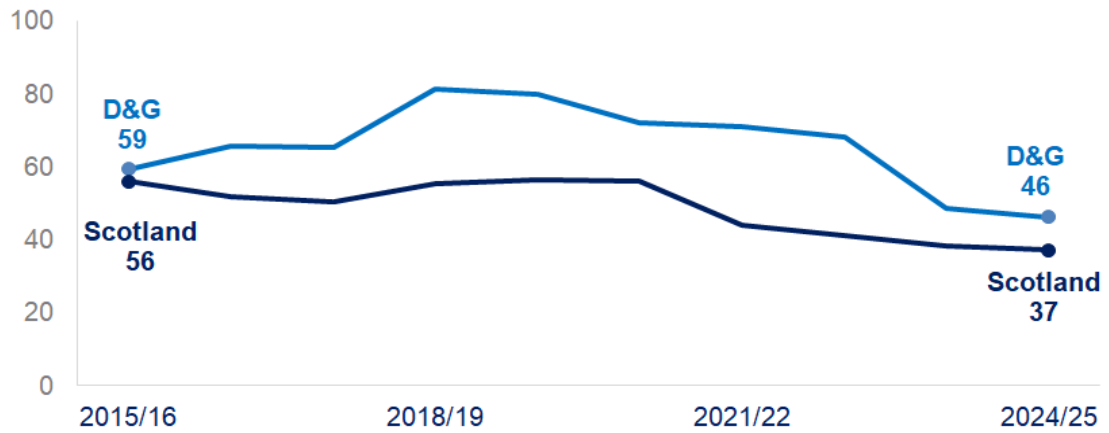
'Recorded Crime in Scotland' is an annual report published by the Scottish Government. The report contains information around the number of offences and crimes committed where drug or alcohol use was recorded.

Some of the key findings from 2024/25 include:

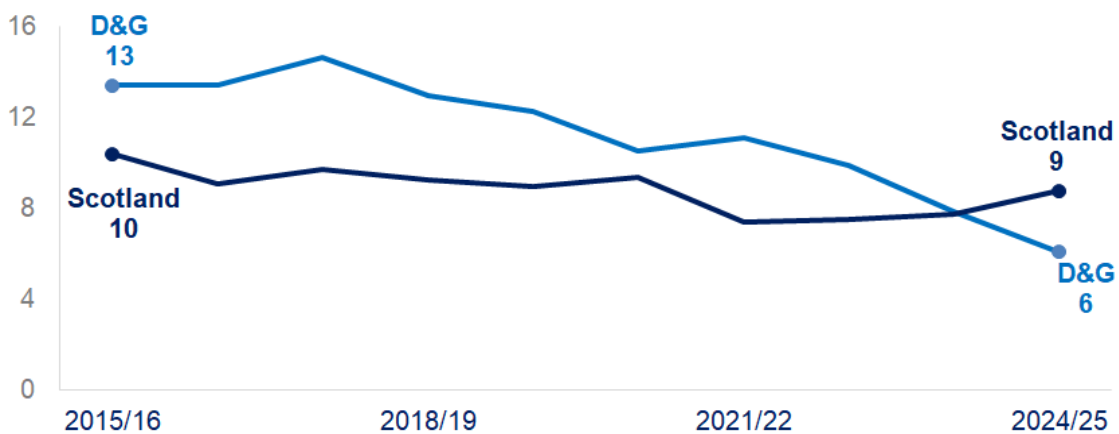
- There were 762 drug crimes recorded by police officers in Dumfries and Galloway. 88% of the drug crimes committed were for the 'possession of drugs' (674 crimes). A smaller proportion was for 'possession of drugs with intent to supply' (12%, 88 crimes).
- The rate at which crimes relating to the 'possession of drugs' are committed has been decreasing in Dumfries and Galloway since 2021/22. Despite the decreases, the first chart below shows Dumfries and Galloway has a higher crime rate for the possession of drugs than Scotland.
- The second chart below shows there is little difference in the rate of crimes relating to the supply of drugs in Dumfries and Galloway compared with Scotland.
- The third chart below shows the rate at which driving offences relating to drug or alcohol use are committed in Dumfries and Galloway has increased (from 3 offences per 10,000 people in 2015/16 to 29 offences per 10,000 people in 2024/25). Some of the increase is explained by the inclusion of drug driving offences within this category since 2022/23. Another reason is due to the increase in officers' ability to detect drug driving. Road policing officers are now issued with drug wipes which can presence of drugs at the roadside.
- The chart shows that since 2022/23, the rate of driving offences relating to drug or alcohol use has been higher in Dumfries and Galloway than Scotland.

Substance use and crime

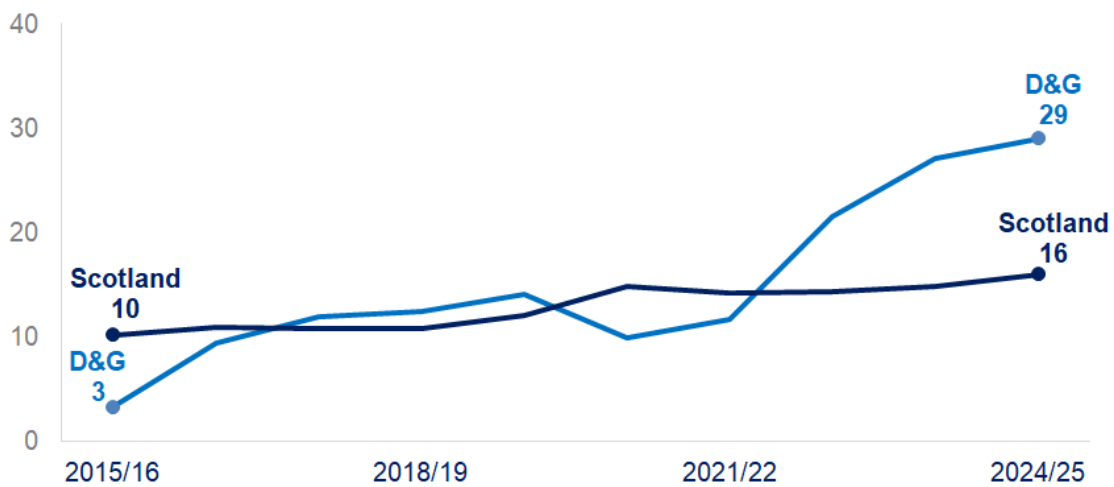
Rate of crimes relating to 'possession of drugs' by year (Dumfries and Galloway and Scotland)



Rate of crimes relating to 'possession of drugs with intent to supply' by year (Dumfries and Galloway and Scotland)



Rate of driving offences related to drugs or alcohol by year (Dumfries and Galloway and Scotland)



Source: Scottish Government

5.4 Substance use and fire safety

The Scottish Fire and Rescue Service publish an annual report called 'Fire and Rescue Incident Statistics'. The report includes information on the number of incidents where it was suspected that a person being impaired due to substance use was a contributory factor to a fire. This includes alcohol use, drug use and both alcohol and drug use.

In 2023/24, impairment from substance use was suspected to have been a contributory factor in 11 accidental dwelling fires (14% of accidental dwelling fires) across Dumfries and Galloway. This is the same as the proportion for Scotland (14%).

5.5 Substance use and local neighbourhoods

The Scottish Household Survey is carried out annually by the Scottish Government. The target population of this survey is people who live in private households. The survey reports on a wide variety of topics, including the perceptions of alcohol use and drug use in the local area. One of the questions from the survey is whether people perceive an issue to be very or fairly common in their neighbourhood. In 2023:

- 11% of people thought that drug use or drug dealing was fairly or very common in their neighbourhood. This is lower than the result for Scotland (16%).
- 6% of people in Dumfries and Galloway thought rowdy behaviour including drunkenness, hooliganism or loutish behaviour was fairly or very common in their neighbourhood. This is lower than the result for Scotland (11%).

5.6 Alcohol licensing and overprovision statement

The alcohol overprovision statement is one of the levers for change in the local communities. Dumfries and Galloway Licensing Board is responsible for developing the Licensing Policy Statement and assessing overprovision in the region. Licensing Boards must include a specific statement on whether there is an overprovision of licensed premises across the region or in any specific area. The overprovision statement is the responsibility of the local authority but has impacts on the wider system such as crime rates and health outcomes.

In June 2023, NHS Dumfries and Galloway produced an extensive report to support and inform the Dumfries and Galloway Licensing Board with developing the Licensing Policy Statement and assessing overprovision for 2023 to 2027. The Public Health report concluded there was:

- Overprovision due to higher rates of alcohol availability and alcohol related harm in the following areas: Annan West area of Annandale; Dumfries Central area of Nithsdale; Stranraer East and Rhins North areas of Wigtownshire
- Concern due to the higher rates of alcohol related harm in the following areas: Lochside and Lincluden, Summerville, Kingholm and Nunholm (Nithsdale); Stranraer East and Rhins North (Stranraer West, Stranraer South and Rhins South) (Wigtownshire)
- There was no overprovision or areas of concern highlighted in Stewartry.

Despite the evidence of overprovision presented in the report, none of the 4 locality licensing boards in Dumfries and Galloway concluded there was any overprovision of alcohol in the region.

6. Existing Support and Treatment

In Scotland, alcohol and drug treatment services are delivered through a tiered model of increasing intensity of intervention:

- **Tier 1** - interventions include the provision of general drug or alcohol related information and advice.
- **Tier 2** – this includes the provision of harm reduction interventions such as providing injecting equipment, ABIs and Naloxone kits. These will often be delivered in the same setting and by the same staff as tier 3 interventions.
- **Tier 3** – these are structured community based specialised alcohol and drug treatments including elements of psychological support.
- **Tier 4** - this includes highly specialised psychological interventions and residential rehabilitation.

The intensity of support required varies from person to person, with some people needing more intensive support than others. The pathway of support for substance use does not always follow a linear path from Tier 1 to Tier 4. Instead, people will often move between the levels and some people might receive support from more than one level at the same time.

6.1 Tier 1

General alcohol and drug information and advice is provided by a wide range of practitioners such as GPs, secondary school and college teachers, and social workers. This happens across a variety of settings including GP practices, social care, education and community justice.

The ADP supports Tier 1 activity by providing online and social media resources, and distributing up to date information to public sector, third sector and independent sector partners.

6.2 Tier 2

6.2.1 The Assertive Outreach Service

In 2020, an assertive outreach team was established following a recommendation from the ADP. This is delivered jointly by staff from the NHS Specialist Drug and Alcohol Service (NHS SDAS) and a third sector organisation, which is currently With You. The assertive outreach team proactively identifies and provides support to people at high risk of drug related harm and:

- have stopped engaging with mainstream drug support services, or
- have suffered a near fatal overdose, or
- have recently been released from prison.

Support provided by the assertive outreach team might include harm reduction advice and overdose awareness, and offering harm reduction measures such as take home Naloxone kits, or helping people return to structured treatment (Tier 3).

6.2.2 Alcohol screenings and Alcohol Brief Interventions (ABIs)

Alcohol screenings are used to assess the amount of alcohol a person consumes. If this is above recommended limits, an ABI takes place. This aims to motivate and support people to reduce their alcohol intake. ABIs are typically delivered in a range of settings including primary care, emergency departments, antenatal settings and substance use services.

NHS Dumfries and Galloway has a target agreed with Scottish Government to deliver 1,743 ABIs each year. Since 2015/16, this target has not been met locally. In 2024/25, only 33% of the target was achieved. Performance for the previous 5 years has remained around 30%.

Since 2020, ABI delivery figures across Scotland have not been available. In November 2024, the national team suspended data submissions for ABIs but advised that the figures should still be collated locally. The Scottish Government are reviewing the ABI programme and its place in future national alcohol policy.

6.2.3 Injecting Equipment Provision (IEP) outlets

The purpose of IEP is harm reduction. The intervention promotes safe injecting practice and reduces the risk of blood borne viruses such as hepatitis C and HIV. Injecting equipment is provided free of charge across Scotland from community pharmacies which have signed up to supply IEP. They are also available from NHS and third sector drug treatment services. In 2024/25, there were 13 IEP sites in Dumfries and Galloway. The number of sites distributing IEP has remained relatively consistent over the last 10 years.

In Dumfries and Galloway, the number of safe needles distributed by IEP providers started to decrease in 2018/19 and then dropped considerably in 2024/25 following the loss of the mobile outreach injecting equipment service provided by NHS SDAS. The service was initially paused following staff changes and has since been redesigned.

6.2.4 Naloxone provision

Naloxone can temporarily reduce the effects of an opioid (such as heroin or methadone) and prevent an overdose from becoming fatal. Take home Naloxone kits can be distributed to people at risk of an opioid overdose, as well as their family or friends. Kits are available from the following places:

- NHS SDAS
- With You
- Scottish Families Affected by Drugs and Alcohol
- At the point of discharge from inpatient settings

The distribution of take home Naloxone kits across Dumfries and Galloway has increased considerably over the last 5 years. The number of kits distributed has tripled from 239 in 2020/21 to 751 in 2024/25.

Some practitioners have also been equipped with Naloxone kits that can be administered if they encounter a person experiencing an overdose. These practitioners include community pharmacists, Scottish Ambulance Service staff, police officers and fire officers.

6.2.5 Recovery communities

Recovery communities and groups are a vital part of the recovery process for people who have experienced problems with alcohol or drugs. They offer support, organise activities, and provide social opportunities. This can include arts and crafts, gardening clubs, training and personal development opportunities. These communities aim to create a sense of belonging and purpose throughout the recovery journey.

There are a range of recovery communities and groups across the region including:

- Dumfries and Galloway Recovery Together
- Focus Wellness and Recovery Hub
- South West Recovery Hub
- Female Recovery Warriors

The ADP has established a Community of Practice group. The group brings together staff and volunteers who support people impacted by substance use through the use of peer support and lived experience.

6.3 Tier 3

6.3.1 Substance use treatment services

In Dumfries and Galloway, structured drug and alcohol treatment is provided by statutory and third sector organisations. There are 5 services:

- NHS Specialist Drug and Alcohol Service (NHS SDAS) offers support to people who have a dependency or complex problems related to alcohol or drug use (specifically involving opiates).
- Prison Healthcare Service, HMP Dumfries, is a statutory NHS service that includes support for people in prison who use substances.
- Alcohol and Drugs Support South West Scotland (ADS) is a third sector organisation which delivers the Talking Therapies service.
- With You is a third sector organisation which provides support to people who use alcohol or drugs (often involving a wide variety of drugs including cocaine and benzodiazepines).
- ISSU18 is a NHS service for children and young people under the age of 18 who use alcohol and drugs. (They also support children and young people affected by parental substance use, please see Section 6.5.)

The exact treatment provided by a Tier 3 service will vary depending on the service, the needs of the person and their treatment goals. Practitioners will discuss the available options and agree a treatment plan with the person in need of support.

6.3.2 The Medication Assisted Treatment Standards

In 2022, the Scottish Government introduced the Medication Assisted Treatment (MAT) Standards. These are evidence based national standards which define safe, accessible, person centred and high quality drug treatment across Scotland (more information is available [here](#)). The standards apply to the delivery of drug treatment. The MAT Standards set out 10 expectations of services and organisations involved in providing support to people who use drugs:

Standard 1 - All people accessing services have the option to start MAT from the same day of presentation

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

Standard 3 - All people at high risk of drug related harm are proactively identified and offered support to commence or continue MAT dose

Standard 4 - All people are offered evidence based harm reduction at the point of MAT delivery

Standard 5 - All people will receive support to remain in treatment for as long as requested

Standard 6 - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks

Standard 7 - All people have the option of MAT shared with primary care

Standard 8 - All people have access to independent advocacy and support for housing, welfare and income needs

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

Standard 10 - All people receive trauma informed care

There has been significant progress in implementing the MAT Standards in Dumfries and Galloway. At the last assessment in June 2025, services in Dumfries and Galloway were judged to have 'sustained full implementation' of Standards 2 to 5, and 'full implementation' of Standards 1 and 6 to 10. The MAT programme continues until March 2026 when sustained full implementation across all Standards is expected by the Scottish Government and Public Health Scotland.

Key messages from feedback from people who use services and from staff about the MAT Standards in 2024/25 included:

- ✓ People highlighted that it was easy to access substance use services.
- ✓ People feel supported and involved in the planning of their treatment.
- ✓ People said they were offered a choice of prescribed treatments.
- ✗ People accessing treatment, family members and staff would like to see more support for people who are struggling with alcohol use.
- ✗ Members of staff highlighted gaps in treatment for cocaine and benzodiazepine use with treatment options currently unavailable for this.
- ✓ People said the services offer a comprehensive range of harm reduction measures.
- ✓ People shared they have a treatment plan in place which is reviewed regularly to ensure their treatment is tailored to their own needs.
- ✗ People accessing treatment and staff would like to see shared care extended to include more GP practices.
- ✗ Whilst some people highlighted positive experiences with GPs, some people accessing treatment and family members said they had experienced stigma within GP settings.
- ✓ People felt their mental health needs are met by the service and highlighted that mental health support is now more readily accessible to people receiving opiate treatment.
- ✓ People accessing treatment and family members felt the service delivers trauma informed care. They mentioned the service providing flexible appointment dates and locations and the option for people to specify a preferred gender of worker.
- ✓ People found the service premises to be safe, comfortable and welcoming.

6.4 Tier 4

6.4.1 Residential rehabilitation

Residential rehabilitation is a well established intervention for the treatment of problematic substance use and is recognised as an important option for some people requiring treatment. Each ADP in Scotland receives a ring fenced funding for residential rehabilitation. Dumfries and Galloway has a clear referral pathway and assessment process for any residential rehabilitation placement requests. As part of this process, there is a panel which discusses applications and assesses whether they meet the eligibility criteria. The panel consists of representatives from the following services:

- NHS SDAS
- With You
- Justice Social Work
- Housing
- Alcohol and Drug Support SWS
- ADP Support Team

In 2024/25, there were 7 residential rehabilitation placements approved. This is fewer than in previous

years reflecting that there were fewer applications made.

6.5 Family support services

There are some services which offer support to family members who are impacted by their loved one's substance use. This might include emotional support, information or practical advice. The services include:

- Alcohol and Drug Support South West Scotland (ADS) provide a family support service called Being There.
- ISSU18 provides a service for children and young people under the age of 18 who are affected by parental substance use.
- Scottish Families Affected by Drugs and Alcohol is a national service which offers support to family members.

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