Dumfries and Galloway
Alcohol and Drug Partnership

Annual Performance Report 2025/26

August 2026

Contents

1.Executive Summary 4

2.Introduction 5

2.1 Purpose of report 5

2.2 What is an Alcohol and Drug Partnership? 5

3.Strategic planning 7

3.1 Learning from feedback and experiences 7

3.2 Dumfries and Galloway ADP Strategy 9

3.3 Commissioning and contract management 10

3.4 Audit and assurance 10

4.Dumfries and Galloway ADP Projects in 2024/25 12

4.1 Developing a Recovery Orientated System of Care 12

4.2 Prevention and Early Intervention 15

4.3 Getting it Right for Children and Young People and Families 17

5. Funding drug and alcohol services 19

5.1 Finance overview **19**

6. How we are getting on 20

6.1 Strategic Plan delivery summary 20

6.2 The coding we use 20

6.3 Recovery orientated systems of care 21

6.4 Prevention and early intervention 24

6.5 A public health approach to justice 25

6.6 Getting it right for children and young people 26

7. Risks and Challenges 27

8. Conclusion 27

Foreword from Chair

It is my privilege as Dumfries and Galloway Alcohol and Drugs Independent Chair to introduce our Annual Report for 2025 – 2026.

This year as every year we are reminded that behind every statistic is a person, a family and a community. In my role as Chair, I am acutely aware that this report is about more than services and strategies – it's about people. Every person who struggles with drug or alcohol use is someone's, son, daughter, mother, father, brother, sister or friend. In the past year, we have supported people and mourned those we tragically lost. Their memory drives us to do better.

Yet this year has also been a year of hope and momentum driven by the strength of our communities. One of the most significant achievements has been the emergence of grassroots Recovery Groups in various areas across the region. These groups led by people with lived experience are powerful examples of recovery in action. They offer connection. kindness, a sense of belonging and they demonstrate every day that recovery is not only possible but visible. I want to thank everyone involved for their courage, leadership and generosity. We are committed to ensuring recovery is loud to stop people dying in silence.

We have also made a concerted effort to listen more deeply to the voices so often unheard – our children and young people. This year we worked closely with Youth Workers and a professional film company to produce Behind Closed Doors. This powerful film is a reflective tool for services, created directly from the experiences of our children and young people affected by substance use. It challenges us all to see through their eyes, to listen without judgement and to improve how we support families. It is a remarkable piece of work, and I encourage every partner to engage with it.

In an attempt to reach out to people across our community to raise awareness about our drug and alcohol services, reduce stigma and give voice to recovery we invested in a series of podcasts called Breaking the Stigma. The podcasts have been shared regionwide and beyond they are also an effective learning tool for staff development, secondary education, further education and community organisations to learn how stigma can affect people to come forward an ask for help and how language can be destructive.

None of this would be possible without genuine partnership. I would like to extend my sincere thanks to our ADP team, NHS, Council, Police Scotland, Scottish Ambulance Service, TSDG, Third Sector partners, our peer and recover communities' and everyone who trusted us with their stories.

While we can be proud of what we have achieved together, we know there is much more to do. We remain steadfast in our ambition to deliver rights based, person centred, trauma informed support to reduce harm and ensure that everyone in Dumfries and Galloway get the right support at the right time.

Thank you all for your continued dedication.

Penny Halliday
Dumfries and Galloway Independent ADP Chair
August 2025

1. Executive Summary

The Annual Performance Report provides an overview of the work of Dumfries and Galloway Alcohol and Drug Partnership (ADP) during 2025/26 and assesses progress against the priorities set out in the ADP Strategy 2023-2026. It provides assurance on the Partnership's performance, highlights key achievements and challenges, and identifies priorities for 2026/27.

During 2025/26, the ADP continued to strengthen partnership working and improve support for people, families and communities affected by alcohol and drug use. Progress was made across all four strategic priorities through investment in prevention, recovery, harm reduction and workforce development.

Key achievements during the year include:

- Waiting times for alcohol and drug treatment remained consistently above national targets and the average for Scotland.
- Strong performance against the Medication Assisted Treatment (MAT) Standards was maintained.
- Investment in recovery through initiatives including the AXS Recovery Fund and continued development of residential rehabilitation pathways.
- Delivery of projects to amplify the voices of children, young people and people with lived and living experience.
- Continued development of harm reduction approaches including naloxone provision and workforce development.
- Further development of the Local Early Warning System (LEWS) and multi agency responses to drug clusters.
- Governance and assurance arrangements were strengthened through implementation of audit recommendations and the introduction of a strategic risk register.

Challenges remain including Alcohol Brief Intervention delivery, alcohol and drug related harms among children and young people aged 11 to 25 years old, workforce pressures, and the wider impact of poverty, housing insecurity and mental health on recovery outcomes.

During 2025/26, considerable work was undertaken to inform the development of the new ADP Strategic Plan. The findings from engagements and intelligence monitoring have helped identify future priorities including reducing alcohol and drug related harm, embedding lived and living experience, addressing inequalities and improving outcomes for children, young people and families.

The ADP remains committed to working collaboratively with partners, people with lived and living experience, families and communities to reduce alcohol and drug related harm and improve outcomes across Dumfries and Galloway.

2.Introduction

The ADP Annual Performance Report 2025/26 provides an overview of the Partnership's activity between April 2025 and March 2026 and assesses progress towards delivering its strategy using a range of performance indicators.

2.1 Purpose of report

The Dumfries and Galloway ADP Strategy 2023-2026 is supported by a Performance Management Framework (PMF) which sets out how the Partnership monitors, reviews and reports on its performance.

One of the reports outlined in the PMF is the Annual Performance Report. This report is developed on behalf of the ADP Board to support it to meet the following statutory performance reporting obligations:

- The Community Planning Partnership provides strategic oversight of the ADP, and this report will be submitted to the Community Planning Partnership to provide assurance.
- The report will also be submitted to the Integration Joint Board (IJB) as they hold the ADP's reserve funds and require assurance the Partnership is following a Best Value approach to strategic planning and commissioning.

The report also supports the ongoing development of local strategy and informs future commissioning, service improvement and partnership activity.

The report can also be shared with other local stakeholders with an interest in alcohol and drug services and outcomes.

2.2 What is an Alcohol and Drug Partnership?

The National Context

ADPs are responsible for coordinating local action to reduce alcohol and drug related harm and improve outcomes for people, families and communities.

During 2025/26, the ADP continued to be guided by the following Scottish Government frameworks:

- Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026–2035 (here)
- Alcohol and drugs: partnership delivery framework - 2026 (here)
- the Medication Assisted Treatment (MAT) Standards; and (here)
- Scotland's Charter of Rights for People Affected by Substance Use. (here)

Together, these national frameworks set expectations for partnership working, service delivery, harm reduction, treatment, recovery, prevention and continuous improvement.

Dumfries and Galloway Alcohol and Drug Partnership

Dumfries and Galloway ADP is a multi agency partnership responsible for planning, commissioning and overseeing alcohol and drug services across the region. Working alongside statutory and third sector partners, the ADP coordinates local activity to deliver national priorities and improve outcomes for people, families and communities affected by alcohol and drug use.

The ADP Board has an independent chair. Board membership includes representatives from health, social work, justice, housing, public protection, the third sector, Police Scotland, Scottish Prison Service and the Department for Work and Pensions (see Appendix 1 for full list of representatives).

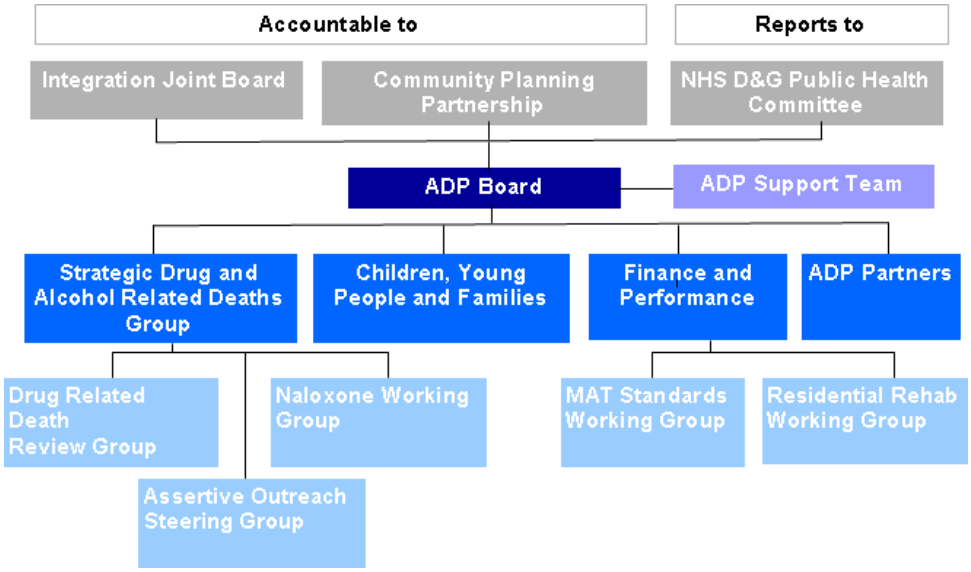
There were no vacant Board positions during 2025/26. Membership is reviewed regularly to ensure appropriate representation from partner organisations.

Delivery of ADP priorities is supported through four standing subgroups:

- Finance and Performance Group
- Strategic Alcohol and Drug Death Group
- Children, Young People and Families Group
- ADP Partners Group

In addition, several time limited working groups support specific improvement activities such as the MAT Standards, Naloxone provision and Residential Rehabilitation.
During 2025/26, work continued to strengthen the involvement of people with lived and living experience in ADP planning and decision making. Further developments are planned during 2026/27.

The ADP is accountable to the IJB for the use of resources and delivery of Best Value. The ADP also reports to the Community Planning Partnership and NHS Dumfries and Galloway Public Health Committee as part of local governance and assurance arrangements.



3.Strategic planning

3.1 Learning from feedback and experiences

3.1.1 The MAT Standards

Feedback from people accessing services, family members and staff is collected as part of the MAT Standards. Locally, the MAT Standards Experiential Working Group meets quarterly to review this feedback and identify opportunities to improve services and people's experiences of care. Here are some key things people have told us following the continued implementation of the MAT Standards:

- People highlighted that services were generally accessible with timely access to treatment and support.
- People consistently described positive, non judgemental relationships with staff and valued the support received from services.
- Peer support and recovery communities were valued for helping people feel connected and supported in their recovery.
- Communication and awareness was highlighted as an area for improvement, particularly in relation to advocacy services, recovery opportunities, available therapies and the Charter of Rights.
- People highlighted opportunities to expand recovery and peer support provision in some localities, particularly Stranraer and Annan.
- People accessing treatment, family members and staff highlighted the potential benefits of expanding Assertive Outreach support to include people affected by alcohol and cocaine us
- People identified rurality, transport difficulties and digital exclusion as barriers to accessing support and highlighted the importance of continuing to address these inequalities.

Next steps
The findings have informed the MAT Standards Improvement Plan for 2026/27. Priority actions include:

- strengthening peer support throughout the recovery journey;
- improving awareness of available support including advocacy, recovery options and the Charter of Rights;
- addressing barriers to access associated with rurality, transport and digital exclusion; and
- exploring the expansion of assertive outreach to support people with alcohol and cocaine use

Progress against these actions will be monitored through the MAT Standards Experiential Working Group with continued involvement from people with lived and living experience, family members and staff.

3.1.2 ADP Strategy engagement

To help develop the ADP Strategic Plan 2026–2029, we worked with people who have lived and living experience, family members, staff, and partner organisations to gather their views and experiences. The aim was to understand local priorities, identify areas for improvement and ensure the new strategy reflects the needs of communities across Dumfries and Galloway. Here are some of the key things people highlighted as priority areas during the engagement process:

- People want clearer communication about the ADP's role, decisions, progress and available support services.
- Lived experience and family voices should be embedded in decision making, service design and evaluation.
- Trauma informed, compassionate and non judgemental approaches should be consistently applied across all services.
- Recovery is supported by practical factors such as stable housing, transport, employment, meaningful activity and social connection.
- Harm reduction approaches should be expanded including wider access to naloxone, overdose awareness and outreach support.
- People highlighted the need for greater focus on alcohol related harm including expanded alcohol harm reduction activity and greater consideration of alcohol when developing outreach initiatives.
- Prevention activity should start earlier and focus on resilience and wellbeing.
- People highlighted that transport and rurality continue to create barriers to accessing treatment and recovery services.
- Stigma remains a major barrier to accessing support and sustaining recovery.

The engagement reinforced the importance of designing services around people's experiences and involving them meaningfully in decisions that affect them.

Next Steps

The findings have informed the new ADP Strategic Plan. Key areas of focus include:

- strengthening communication, engagement and public awareness;
- embedding lived and living experience and family involvement across planning, governance and service development;
- improving access to recovery support including peer support, employability, housing and aftercare;
- improving support for children, young people, women and families;
- improving transitions between services and settings; and
- continuing to strengthen partnership working to deliver more coordinated and accessible support.

3.1.3 Drug Related Death Review Group

A multi agency Drug Related Death (DRD) Review Group meets regularly and examines each suspected drug related death with input from key services who work with people who are using drugs. The objectives of the group are:

- To collect and examine evidence then make a local assessment of whether each death is believed to be drug related or due to another medical cause.
- To determine whether there are any learning points that might help improve care or possibly avoid deaths for others who are using drugs.

In 2025, the DRD Review Group looked at 41 suspected drug related deaths. The official confirmed Drug Related Death figures from National Record Scotland (NRS) have not been released yet. Here are some of the key learning points and actions identified from reviewing the deaths:

- The group noted an increase in the number of cases with self neglect present. In response, members from With You and SDAS were involved in the consultation process for the Public Protection self neglect toolkit and training.
- Concerns around the links between suicidal ideation and drug related deaths were taken to the Suicide Review Group.
- The group explored the number of cases where domestic abuse was present and have arranged for a presentation on the links between substance use and domestic abuse to be included at the Violence Against Women and Girls Conference in December 2026.

These learning points are discussed at the Strategic Alcohol and Drug Related Death Group and fed back into services to shape service delivery.

3.2 Dumfries and Galloway ADP Strategy



Dumfries and Galloway ADP follows a 3 year strategic cycle:

- gathering and analysing information including people's views (analyse)
- developing strategies, plans and frameworks (plan)
- implementing the strategy and commissioning services to deliver on goals of the strategy (do)
- reviewing performance and the effectiveness of strategy to inform future strategy (review)

The Dumfries and Galloway ADP Strategy 2023-2026 was approved in June 2023 (here). The Strategy was developed in line with the Partnership Delivery Framework and in partnership with people who have lived experience of alcohol or drug related harm. The ADP strategy is supported by a Delivery Plan and underpinned by a Performance Management Framework which supports the review stage of the strategy.

The Strategy has 4 key priority areas which provide direction to the partnership:

- Developing a recovery orientated system of care
- Prevention and targeted early intervention
- Getting it right for children, young people and families
- A public health approach to justice

Our strategic vision: "Dumfries and Galloway is an area where we live long, healthy and active lives regardless of where we come from; where individuals, families and communities have the right to health and a life free from the harms of alcohol and drugs and are treated with dignity and respect".

Work on the ADP Strategy for 2026–2029 began in 2025/26. During the year, we:

- gathered feedback from people with lived and living experience, family members, staff and partner organisations;
- developed and shared an alcohol and drug information pack to support informed participation in the engagement process;
- looked at local needs, national priorities and changes in policy; and
- started developing the ADP Strategic Plan.

Next Steps
In June 2026, the ADP Board agreed to carry out a review of local services and an assessment of local needs. The results will help ensure the forthcoming ADP Strategic Plan is based on the best available evidence and reflects local priorities.

3.3 Commissioning and contract management

New ADP service contracts began in August 2025. Alcohol and Drug Support South West Scotland (ADS) provide the family support service and the talking therapies service, and With You provide the region wide drug and alcohol service and the third sector part of the assertive outreach service.

To make sure services were meeting expected standards and in response to an ADP audit recommendation, the ADP strengthened its contract monitoring processes. Information gathered through these processes is helping to inform future commissioning decisions and development of the new Strategic Plan.

3.4 Audit and assurance

3.4.1 Internal audit

During 2025/26, an audit of the ADP was undertaken by NHS Dumfries and Galloway Audit Services. The audit provided moderate assurance and concluded that appropriate

arrangements were in place to support the delivery of the ADP's responsibilities. Here are some of the key strengths and opportunities for improvement identified by the Audit:

Strengths Identified	Areas for Improvement
Effective partnership working	Strategic risk management
Clear governance and committee arrangements	Performance monitoring and reporting of services
Commitment to continuous improvement	Information sharing arrangements
Alignment with national priorities	Governance documentation and accountability arrangements

In response to the audit recommendations, the ADP:

- developed a strategic risk register;
- strengthened contract monitoring arrangements;
- improved performance reporting processes;
- reviewed governance arrangements; and
- began work to strengthen information sharing.

3.4.2 Risk register

During 2025/26, the ADP developed its first strategic risk register following a recommendation from an ADP audit. Before this, some risks were recorded through the NHS InPhase Risk Register, but the ADP did not have its own risk register.

The register provides a clear way of identifying, assessing and reviewing risks that could affect delivery of ADP priorities. It has improved understanding and oversight of key risks and helped inform planning, commissioning and performance discussions.

Next Steps
The risk register will continue to be updated and reviewed regularly by the ADP Board during 2026/27. Information from the register will be used to support decision making, prioritisation and service improvement.

4.Dumfries and Galloway ADP Projects in 2024/25

There were 9 key projects which were progressed in 2025/26:

- Implementing and embedding the MAT Standards
- Supporting residential rehabilitation
- Developing a Wigtownshire Forum
- Supporting the AXS Fund
- Developing a lived and living experience programme
- Delivering a practitioner forum
- Supporting the Local Early Warning System
- Implementing a nitazene and xylazine pilot
- Developing a young people's project

4.1 Developing a Recovery Orientated System of Care

4.1.1 Implementing and embedding the MAT Standards

The MAT Standards are a national improvement programme designed to reduce drug related harm and improve access to treatment, the experience of care and recovery outcomes for people who use drugs. During 2025/26, the ADP continued to support implementation of all ten MAT Standards through partnership working, performance monitoring and quality improvement activity.

National benchmarking published in June 2026 showed that implementation remains strong across Dumfries and Galloway.

MAT Standard	2024/25	2025/26
MAT 1 - Same day access	Green	Green
MAT 2 - Treatment choice	Blue	Blue
MAT 3 - Assertive outreach	Blue	Blue
MAT 4 - Harm reduction	Blue	Blue
MAT 5 - Retention in treatment	Blue	Blue
MAT 7 - Primary care	Green	Green
MAT 8 - Independent advocacy	Green	Provisional Green
MAT 9 - Mental health	Green	Green
MAT 6 and 10 - Trauma informed care and psychological support	Green	Provisional Green

Here are the key messages and developments from 2025/26:

- The MAT Standard 9 pathway was expanded to include people receiving support for alcohol use.
- The Charter of Rights is being incorporated into the MAT Standards. Experiential interviews will include Charter related questions for staff and people using services.
- The ADP supported HMP Dumfries to prepare for future MAT Standards benchmarking by sharing knowledge of data collection and experiential processes.

⚠ MAT Standards 6 and 10 are now rated Provisional Green following changes to national benchmarking criteria. This change was not due to a reduction in service quality.

Ⓧ Standard 8 moved to Provisional Green due to challenges relating to advocacy provision and data collection. Independent advocacy is currently limited to individuals who meet the criteria set out in the *Mental Health (Care and Treatment) (Scotland) Act 2003*, reducing access for some people accessing substance use services.

The MAT Standards continue to support safe, effective and person centred treatment. Benchmarking findings identified areas for improvement including advocacy provision and reviewing the revised criteria for Standards 6 and 10. These areas will be prioritised during 2026/27.

4.1.2 Supporting Residential Rehabilitation

Residential rehabilitation remains a national and local priority as part of Scotland's National Mission. Dumfries and Galloway's Residential Rehabilitation Pathway aims to provide equitable access to residential rehabilitation through a transparent, person centred assessment process.

In 2025/26, the ADP:

- completed an evaluation to better understand people's experiences and identify opportunities for improvement;
- worked with Healthcare Improvement Scotland to strengthen the pathway;
- applied the Charter of Rights to support rights based, person centred practice; and
- developed proposals to strengthen pre and post rehabilitation support with implementation planned for 2026/27.

Evaluation findings showed that most people found the application process straightforward and valued the support provided by staff. Opportunities for improvement included providing clearer information about residential rehabilitation providers and strengthening support before and after placements.

The residential rehabilitation budget recorded an underspend during the year (see Finance Section). This is consistent with previous years and is thought to reflect lower demand and some people choosing not to proceed with placements.

In 2025/26:

- 4 people were approved for funding and started a residential rehabilitation placement
- 2 people accepted funding but the funding was returned without starting a placement
- 2 applications were not approved.

Next Steps
During 2026/27, the ADP will strengthen the pathway by implementing enhanced pre and post residential rehabilitation support, subject to approval, and improving information available to people about residential rehabilitation providers.

4.1.3 Developing the Wigtownshire Forum

In response to increasing concerns about drug related harm in Wigtownshire, a Wigtownshire Forum was established in October 2025. The group meets monthly with around 20 different organisations represented. It brings together local services, community organisations and people with lived experience to strengthen collaboration and identify opportunities to reduce harm and improve outcomes for people affected by alcohol and drug use.

The forum has strengthened partnership working by creating a regular space for services, community organisations and people with lived and living experience to share information, identify emerging issues and develop local responses to alcohol and drug related harm.

As the forum is in its early stages, evidence of impact is currently strongest in relation to partnership working and community engagement. Longer term outcomes will continue to be monitored during 2026/27.

4.1.4 AXS Recovery Fund

The AXS Recovery Fund provides small grants to help people affected by alcohol and drug use overcome practical barriers and access opportunities that support their recovery. The fund is overseen by ADS.

At a Glance: AXS Fund

- 14 applications were received and awarded funding in 2025/26
- 11 applications were from individuals and 3 applications were from groups
- An additional investment of £15,000 was made in 2025/26
- £10,000 of the funding is for the general fund and £5,000 for a new family fund
- Family fund to be launched in 2026/27.

In 2025/26, the ADP:

- Supported applications for recovery activities and practical items that helped people progress towards their goals.
- Approved additional investment of £15,000 to sustain the fund which had reached the end of its available funding.
- Approved expansion of the eligibility criteria to include family members and family support groups reflecting a commitment to the whole family approach with implementation planned for 2026/27.

Feedback from practitioners and recipients consistently highlight the positive impact of the fund on people's recovery journeys including improved wellbeing, confidence, reduced social isolation, participation in community activities and access to education and employment opportunities. Recovery groups also benefited from funding that supported training, recovery events and peer support activities.

Case Study
A £25 grant enabled a person to obtain a disclosure check required for employment. The person subsequently secured a job, cleared rent arrears, stopped drinking and reported significant improvements in mental health and self esteem.

3.1.2 Lived and Living Experience Development Programme

People with lived and living experience of substance use, and family members affected by alcohol and drug use have valuable insights that can help improve services and shape local priorities.

To strengthen opportunities for involvement, the ADP commissioned Recovery Coaching Scotland to deliver a programme of outreach and engagement, self coaching and Lived Experience Panel Training in partnership with the Scottish Recovery Consortium (SRC). The programme was designed to provide a pathway from engagement to active participation, supporting people with lived and living experience to develop the skills and confidence to become involved in service improvement and decision making.

At a Glance: Recovery Coaching Programme

- 46 people applied to the programme
- 22 enrolled in the Self Coaching programme
- 14 completed the programme
- Lived Experience Panel Training due to start in Autumn 2026.

The programme has started to strengthen opportunities for people with lived and living experience to develop skills, build confidence and participate in future service improvement activities. As delivery continued beyond the end of 2025/26, longer term outcomes will be reported in future Annual Performance Reports.

Next steps
During 2026/27, the ADP will establish a Lived Experience Panel to strengthen the involvement of people with lived and living experience in service improvement, strategic planning and decision making. In June 2026, the ADP Board agreed to discuss progressing commissioning arrangements for this work.

4.2 Prevention and Early Intervention

4.2.1 Practitioner forum: trauma and stigma

The Practitioner Forum held in August 2025 brought together staff from health, social care, justice, housing and third sector organisations. The event focused on trauma informed and stigma informed practice, responding to learning needs identified by practitioners.
The programme included presentations, discussions and opportunities to network, supporting staff learning and stronger partnership working across services.

At a Glance: The Practitioner Forum

- 60 delegates attended the event
- 60 evaluation forms completed
- Average satisfaction score of 4.9 out of 5 for the event
- Future training priorities identified

The forum achieved strong attendance from partner organisations and received very positive feedback from people who attended.

Feedback showed that people felt their understanding of trauma informed and stigma informed approaches had improved and identified ways they could apply this learning in their own roles. People also reported increased awareness of partner services, how people can be supported, and the range of support available locally.

Next Steps

Feedback from participants has helped identify future learning priorities for staff including harm reduction, motivational interviewing, mental health, rehabilitation pathways and involving people with lived experience in service improvement.

4.2.2 Supporting the Local Early Warning System

The Local Early Warning System (LEWS) provides a structured approach for identifying and responding to emerging drug related harms and changes in the local drug supply. During 2025/26, intelligence highlighted continued concerns about opioid related harms, unusually potent heroin, severe overdoses, polysubstance use and possible synthetic opioid contamination.

At a Glance: the Local Early Warning System in 2025/26

- 56 intelligence reports reviewed
- 29 reports relating to overdoses
- 6 reports relating to suspected drug related deaths
- 40 (71%) reports identifying heroin
- 8 reports referencing suspected fentanyl/synthetic opioids

Please note, figures represent intelligence reports and should not be interpreted as confirmed prevalence or toxicology findings

Where considerable concerns were identified, Problem Assessment Groups (PAGs) were established to bring partners together to assess risks, share intelligence and coordinate appropriate responses. This included a significant cluster of suspected drug related deaths in Wigtownshire and resulted in increased outreach and targeted harm reduction activity. This work reinforced the importance of timely intelligence, effective information sharing and coordinated responses to emerging drug related risks. Through close partnership working

and intelligence led decision making, LEWS has played a critical role in supporting local efforts to prevent harm and reduce drug related deaths across Dumfries and Galloway.

4.2.3 Nitazene and Xylazine testing strips

Nitazenes and xylazine have emerged as significant risks within the illicit drug supply and are associated with increased overdose risk. The ADP developed a pilot to explore whether self testing strips could support harm reduction and increase the risks of unexpected substances being present in drugs.

In 2025/26, the ADP implemented a pilot to distribute nitazene and xylazine testing strips and 509 nitazene and xylazine test strips were distributed. During the pilot, feedback from practitioners and partner agencies identified concerns regarding, for instance, the reliability of the strips, the potential for false reassurance and challenges in delivering consistent harm reduction messages. These findings informed a decision to pause the pilot in March 2026 pending further evaluation.

Although the pilot was paused, it provided valuable insight into the opportunities and challenges associated with drug testing initiatives. This will inform future consideration of testing strips and other harm reduction approaches in Dumfries and Galloway.

4.3 Getting it Right for Children and Young People and Families

4.3.1 Behind Closed Doors: Young People's Voices Project

Children and young people affected by alcohol or drug use within their family can experience challenges including stigma, social isolation and impacts on their wellbeing. The ADP recognises the importance of listening to young people’s experiences and ensuring their views help inform future services and support for families.

In 2025/26, the ADP agreed an investment of £12,075 to produce *Behind Closed Doors*, a film exploring the experiences of young people aged 12–18 affected by parental or family substance use. The purpose of the film is practitioner education and raising awareness across services.

Young people were supported to share their experiences in a safe and supportive environment with youth work staff providing guidance and support throughout the project. The film captures the experiences of young people and highlights the challenges they face including stigma, as well as the support they feel is needed from services and communities. During 2025/26, the film was successfully produced through partnership working between the ADP and Youth Work Service. The project provided an opportunity for young people’s experiences to be heard and created a resource to support professionals and partner organisations to better understand the impact of alcohol and drug use on children and families.

The project supports the ADP commitment to involving people with lived experience in shaping services and recognising the wider impact of alcohol and drug use on families.

Next Steps
The film premiered at the ADP Board in June 2026 and will be shared across partner organisations. Feedback will be gathered during 2026/27 to understand how the film supports learning and informs future practice.

Following completion of the project, Dumfries and Galloway Youth Services have been invited to work with the ADP to explore the development of a Young Persons Advisory Group. This would provide a way for young people with lived experience to influence future priorities, service development and partnership activity.

5. Funding drug and alcohol services

5.1 Finance overview

Drug and alcohol services are funded through either core budgets of statutory services or from the ringfenced ADP budget, sometimes a combination of both. This section focuses on the ADP budget.

In 2025/26, the ADP delivered a financial position with an under spend of £340k. The underspend has been committed for future years. The total budget available for the ADP in 25/26 was £3.5 million and the expenditure was £3.2 million, as summarised in the table below.

ADP Funding Arrangements 2025/26	
Funding Stream	**Budget £000s**
NHS Board Baseline Allocated	1,779
NHS Board Baseline (still held by ADP)	465
National Drug Mission	325
MAT Standards	269
Residential Rehab	148
Whole Family Approach	104
Lived and Living Experience	15
Taskforce Response Fund (Stabilisation)	58
AFC Inflation	85
Funding Carried Forward from 24/25	305
Total	**3,553**
ADP Expenditure 2025/26	
Service	**Actual Spend £000s**
Baseline Funding Allocated (historic)	1,248
Baseline Funding Allocated (2025/26)	531
MAT Standards	282
Residential Rehab	63
Whole Family Approach Framework	104
Police Substance Misuse Coordinator	30
Assertive Outreach	150
Family Support Service SLA	113
Talking Therapies Contract	201
Regionwide Drug & Alcohol Service	337
Lochside Hub – Admin	68
Buvidal Pharmacy	43
Recovery Coaching	10
Film production – Urbancroft	12
AXS - Recovery inc Families (ADS)	15
Podcast	6
Total	**3,213**

6. How we are getting on

6.1 Strategic Plan delivery summary

The ADP made good progress in delivering the priorities set out in the ADP Strategy 2023–2026. The table below provides a summary assessment of performance across the four strategic priorities.

Strategic Priority	Summary Assessment	Commentary
Recovery Oriented Systems of Care	Green	Good performance in treatment access, MAT Standards and recovery support. Partnership approaches including residential rehabilitation pathways and the AXS Recovery Fund continue to support person centred recovery.
Prevention and Early Intervention	Amber	Progress through harm reduction activity, workforce development and awareness raising initiatives. Alcohol Brief Intervention delivery remains challenging.
Getting it Right for Children, Young People and Families	Amber	Progress made through family focused approaches including work to raise awareness of the impact of parental substance use on children. Challenges remain around higher than average alcohol and drug related hospital admissions among children and young people aged 11 to 25 years old.
A Public Health Approach to Justice	Amber	Strong partnership working supports continuity of care for people involved in justice pathways, including throughcare and naloxone provision. Challenges remain in addressing alcohol and drug related harms linked to justice pathways.

The following sections provide further detail on performance against each strategic priority.

6.2 The coding we use

For each indicator there is a Red, Amber or Green (RAG) status:

Green: We are meeting or exceeding the target or number we compare against

Amber: We are within 3% of meeting the target or number we compare against

Red: We are more than 3% away from meeting the target or number we compare against

The target is the standard set nationally that we compare against. For some indicators there is no national standard, so we look to the Scotland average instead. For other indicators there is no target set nationally or locally. These indicators are for information.

Within the performance tables:

- **TBC** indicates that data has not yet been published.
- **–** indicates that data is not available for that year.

Data Sources:

- Public Heath Scotland (PHS) (formerly ISD Scotland) (here)
- NSS Discovery (here)
- SCOTPHO profiles (here)
- National Records of Scotland Statistical Publications (here)
- Local Information Systems

6.3 Recovery orientated systems of care

Access to services

- The proportion of people who wait less than 3 weeks to start drug or alcohol treatment in Dumfries and Galloway has consistently remained better than the national waiting times target and the Scotland average.
- Since 2022/23, the number of people with a residential rehabilitation placement has remained between 4 and 7. An evaluation into the residential rehabilitation pathway conducted in 2025/26 found that most people found the application process straightforward but there were some opportunities for improvement around information provision and strengthening pre and post rehab support. These development areas will be taken forward in 2026/27.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
ADP1 (B14)	Percentage of people who wait no longer than 3 weeks from referral to when they receive appropriate ***drug treatment*** that supports their recovery (Target: 90%)	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	**92%**	**93%**	**94%**	**96%**	**95%**
		Dumfries & Galloway	**96%**	**99%**	**100%**	**99%**	**99%**
ADP1 (B14)	Percentage of people who wait no longer than 3 weeks from referral to when they receive appropriate ***alcohol treatment*** that supports their recovery (Target: 90%)	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	**92%**	**90%**	**92%**	**93%**	**92%**
		Dumfries & Galloway	**96%**	**96%**	**97%**	**99%**	**98%**
ADP2	Number of referrals to alcohol and drug services	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	2,104	1,821	1,869	1,451	1,334
ADP18	Number of people who received funding for a residential rehabilitation placement	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	-	23	6	7	4

MAT Standards

- The intention of MAT Standard 1 is to ensure that all people accessing services have the option to start MAT from first day of presentation. In Dumfries and Galloway, access to treatment continues to be timely with 75% of people receiving a first MAT assessment within 3 days in 2025/26, exceeding the target for remote and rural areas of 5 days.
- The proportion of people prescribed long acting injectable buprenorphine, Buvidal©, is higher in Dumfries and Galloway than Scotland.
- In Dumfries and Galloway, people who require support from the Assertive Outreach team are contacted and supported quickly. The target states 75% of high risk people should have a first contact attempt within 3 days of referral. Since data collection began, Dumfries and Galloway has exceeded this target every year, with 98-100% of people receiving a contact attempt within 1 day of referral.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
MAT 1	Number of days from date of engagement with service requested to date of first MAT assessment for 75% of people (Rural Target: 5 days)	Time Period	Jan-Mar 22	Jan-Mar 23	Jan-Mar 24	Jan-Mar 25	Jan-Mar 26
		Dumfries & Galloway	-	-	**4 days**	**3 days**	**3 days**
MAT 2	Percentage of caseload prescribed long acting injectable buprenorphine	Time Period	March 22	March 23	March 24	March 25	March 26
		Scotland	6%	13%	18%	23%	25%
		Dumfries & Galloway		**35%**	**43%**	**45%**	**47%**
MAT 3	Percentage of High Risk Events with a first contact attempt within 72 hours (Target: 75%)	Time Period	Jan-Mar 22	Jan-Mar 23	Jan-Mar 24	Jan-Mar 25	Jan-Mar 26
		Dumfries & Galloway	-	-	**98%**	**100%**	**100%**
MAT 4.1	Immediate access to Blood Borne Virus (BBV) testing (Target: 75%)	Time Period	March 22	March 23	March 24	March 25	March 26
		Dumfries & Galloway	-	**100%**	**100%**	**100%**	**100%**
MAT 4.2	Immediate access to Injecting Equipment Provision (IEP) (Target: 75%)	Time Period	March 22	March 23	March 24	March 25	March 26
		Dumfries & Galloway	-	**5%**	**100%**	**100%**	**100%**
MAT 4.3	Immediate access to Naloxone and Overdose Awareness (Target: 75%)	Time Period	March 22	March 23	March 24	March 25	March 26
		Dumfries & Galloway	-	**100%**	**100%**	**100%**	**100%**
MAT 4.4	Immediate access to Wound Care (Target: 75%)	Time Period	March 22	March 23	March 24	March 25	March 26
		Dumfries & Galloway	-	**100%**	**100%**	**100%**	**100%**
MAT 5	Percentage of caseload retained in treatment for six months or more (Target: 75%)	Time Period	March 22	March 23	March 24	March 25	March 26
		Scotland	-	**90%**	**90%**	**91%**	**86%**
		Dumfries & Galloway	-	**86%**	**88%**	**85%**	**86%**

Substance use harm

- In the most recent data available, Dumfries and Galloway had a higher rate of drug related admissions to acute hospitals than Scotland.
- Admissions to psychiatric hospitals are higher in Dumfries and Galloway than Scotland for people with drug or alcohol related conditions. In Dumfries and Galloway, there is a dedicated fixed alcohol detoxification bed which is in continuous use so this will likely increase figures. Other areas in Scotland might not have a dedicated bed for alcohol detoxification. Available information suggests that, in many cases, substance use may not be the primary reason for admission, with people often admitted due to wider mental health concerns.
- Alcohol related admission rates to general acute hospitals and alcohol specific death rates are consistently better in Dumfries and Galloway than Scotland.
- In the most recent data available, there was no difference in the rate of drug related deaths in Dumfries and Galloway compared with Scotland.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
ADP4	Number of referrals to Assertive Outreach for people who suffered a near fatal overdose and needed assertive outreach support	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	-	158	170	156	169
ADP20	Number of alcohol related visits to the Emergency Department for people aged over 18 years old	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	340	406	393	389	319
ADP21	Rate of alcohol related ***acute hospital admissions*** per 100,000 population	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	615	532	548	494	TBC
		Dumfries & Galloway	**449**	**429**	**422**	**428**	TBC
New	Rate of alcohol related ***psychiatric hospital admissions*** per 100,000 population	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	41	45	46	43	TBC
		Dumfries & Galloway	**58**	**62**	**54**	**50**	TBC
ADP23	Rate of drug related ***acute hospital admissions*** per 100,000 population	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	209	154	179	158	TBC
		Dumfries & Galloway	**214**	**158**	**198**	**184**	TBC
New	Rate of drug related ***psychiatric hospital admissions*** per 100,000 population	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	33	32	33	34	TBC
		Dumfries & Galloway	**74**	**70**	**73**	**97**	TBC
ADP30	Rate of alcohol specific deaths per 100,000 population (5 year average ending...)	Time Period	2021	2022	2023	2024	2025
		Scotland	21	21	22	22	TBC
		Dumfries & Galloway	**13**	**16**	**17**	**17**	TBC
ADP32	Rate of drug related deaths per 100,000 population (5 year average ending...)	Time Period	2021	2022	2023	2024	2025/26
		Scotland	23	23	24	23	TBC
		Dumfries & Galloway	**22**	**25**	**24**	**22**	TBC

6.4 Prevention and early intervention

- The delivery of Alcohol Brief Interventions remains a considerable challenge for Dumfries and Galloway. The number of Alcohol Brief Interventions being delivered is considerably below target. In the last 5 years, national figures have not been available as there has been no national publication since 2020, around the time of the pandemic. In November 2024, the national team halted national 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 alcohol policy.
- The Alcohol Brief Intervention target states that 80% of Alcohol Brief Interventions should be delivered in the 3 priority settings of primary care, antenatal care and the accident and emergency department. In every year in the table, Dumfries and Galloway has been below this target.
- The number of Take Home Naloxone kits distributed increased considerably between 2021/22 and 2024/25. While there was a decrease in 2025/26, the number of kits distributed remains much higher than in earlier years, demonstrating continued strong provision of Naloxone across Dumfries and Galloway. Other services including the Scottish Ambulance Service and Police Scotland also carry Naloxone.
- The purpose of injecting equipment provision is to reduce injecting risk behaviours and help prevent the transmission of blood borne viruses, such as hepatitis C. The number of needles distributed has decreased year on year, with a considerable drop The large decrease in 2024/25 was due to loss of the mobile outreach injecting equipment service previously provided by NHS Specialist Drug and Alcohol Service (NHS SDAS). Following this, the IEP service within NHS SDAS was redesigned. IEP activity, including needle distribution, continues to be monitored quarterly through the Blood Borne Virus (BBV) network. followed by a further decrease in 2025/26. the NHS Specialist Drug and Alcohol Service (SDAS).

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
ADP11	Number of alcohol screenings (FAST screening) in all settings	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	6,686	5,692	6,031	6,701	5,516
ADP9	Number of Alcohol Brief Interventions (ABIs) delivered in all settings	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland (Target: 61,081)	-	-	-	-	-
		Dumfries & Galloway (Target: 1,743)	**605**	**504**	**541**	**579**	**549**
ADP10	Percentage of Alcohol Brief Interventions (ABIs) delivered in 3 priority settings (primary care, antenatal care, and accident and emergency) (Target: 80%)	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	-	-	-	-	
		Dumfries & Galloway	**5%**	**9%**	**16%**	**8%**	**6%**
ADP12	Number of Naloxone kits distributed to all recipients	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	299	359	707	751	656
New	Cumulative estimated Take Home Naloxone (THN) reach (ie the proportion of people aged 15-64 who use substances and have been supplied with a first supply of Naloxone)	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	65%	70%	76%	82%	TBC
		Dumfries & Galloway	**76%**	**81%**	**89%**	**98%**	TBC
ADP13	Number of syringes distributed by Injecting Equipment Providers	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	145,272	122,046	108,877	70,026	66,204

6.5 A public health approach to justice

- Whilst the rate at which crimes relating to the possession of drugs in Dumfries and Galloway has decreased since 2021/22, it remains consistently higher than the rate for Scotland as a whole. This indicator is based on where the crime occurred rather than where the person involved lives. This means the figures include offences detected on key transport routes, such as the M74 or ferry ports. As such, the person involved could live outside Dumfries and Galloway or even outside of Scotland.
- The rate of driving offences relating to drug or alcohol use is higher in Dumfries and Galloway than Scotland. This may partly reflect the rural nature of Dumfries and Galloway, where travel by car is often necessary due to the limited availability of public transport in some areas. This indicator is based on the location where the offence occurred rather than where the person involved lives.

Indicator			Year 1	Year 2	Year 3	Year 4	Year 5
New	Crude rate of crimes relating to the possession of drugs	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	44	41	38	37	36
		Dumfries & Galloway	**71**	**68**	**49**	**46**	**60**
New	Crude rate of crimes relating to the supply of drugs	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	7	8	8	9	9
		Dumfries & Galloway	**11**	**10**	**8**	**6**	**7**
New	Driving under the influence of drugs or alcohol offences (rate per 10,000)	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	14	14	15	16	17
		Dumfries & Galloway	**12**	**22**	**27**	**29**	**34**
New	Drunkenness and other disorderly conduct offences (rate per 10,000)	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	9	7	4	4	5
		Dumfries & Galloway	**3**	**5**	**4**	**2**	**5**
ADP6	Number of referrals to Assertive Outreach for people recently released from prison	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	-	-	-	77	54
New	Number of Take-Home Naloxone Kits distributed to people recently released from prison	Time Period	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	1,690	1,929	1,735	2,096	TBC
		Dumfries & Galloway	10	19	38	34	35

6.6 Getting it right for children and young people

- The number of referrals for children and young people who need support with their own substance use increased from 57 referrals in 2022/23 to 82 referrals in 2024/25. Work will be carried out to explore the reasons for the increase in referrals.
- Over the years, the rate of alcohol related and drug related hospital admissions among children and young people aged 11 to 25 years old has been decreasing in Dumfries and Galloway and Scotland. However, the rates remain higher in Dumfries and Galloway than Scotland. The ADP has approved further analysis to explore the factors that may be contributing to this pattern. This will be reviewed by the Children, Young People and Families subgroup with reports back to the ADP.
- There is little difference in the proportion of mothers identified as drinking 1 or more units at the 12 week booking appointment in Dumfries and Galloway compared with Scotland.

Indicator			Year 1	Year 1	Year 2	Year 3	Year 4	Year 5
ADP16	Number of referrals for children and young people (under 18 years) for own substance use	Time Period	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	36	-	57	64	82	TBC
ADP17	Number of referrals for children and young people (under 18 years) for parental substance use	Time Period	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	-	-	24	29	16	TBC
ADP22	Rate of alcohol related hospital admissions for children and young people aged 11 to 25 years (3 year average ending...)	Time Period	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	272	256	212	183	154	TBC
		Dumfries & Galloway	**315**	**261**	**239**	**203**	**187**	TBC
New	Rate of drug related hospital admissions for children and young people aged 11 to 25 years (3 year average ending...)	Time Period	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	177	170	140	115	104	TBC
		Dumfries & Galloway	**179**	**180**	**158**	**139**	**122**	TBC
New	Number of alcohol related visits to the Emergency Department for under 18s	Time Period	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	33	51	28	36	38	15
ADP28	Percentage of mothers identified as drinking 1 or more units at booking appointment (usually takes place in first 12 weeks of pregnancy)	Time Period	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
		Scotland	26%	26%	26%	25%	23%	TBC
		Dumfries & Galloway	**26%**	**29%**	**27%**	**25%**	**22%**	TBC
New	Percentage of pregnant mothers receiving an Alcohol Screening at booking appointment	Time Period	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	-	-	99%	99%	TBC	TBC
New	Percentage of pregnant mothers receiving an Alcohol Brief Intervention (ABI) at booking appointment	Time Period	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
		Dumfries & Galloway	-	-	0%	0%	TBC	TBC

7. Risks and Challenges

While the ADP has made good progress during 2025/26, several challenges remain:

- Drug related harms continue to have a significant impact on individuals, families and communities.
- Rates of alcohol and drug related hospital admissions among children and young people aged 11 to 25 years old remain higher than the Scotland average.
- Alcohol Brief Intervention delivery remains below target.
- Rurality, transport difficulties and digital exclusion continue to create barriers to accessing timely services and recovery support.
- Workforce capacity and increasing complexity of need continue to place pressure on services and their ability to meet demand.
- Continuing to strengthen meaningful involvement of people with lived experience in service planning and improvement remains a priority.
- Wider factors such as poverty, housing insecurity and mental health difficulties continue to affect recovery outcomes.
- It remains challenging to meet increasing demand and more complex needs with the resources currently available across services.

These issues have informed the ongoing development of the ADP Strategic Plan and will remain priorities for improvement during 2026/27.

Priorities for 2026/27

- Complete the needs assessment to inform future planning and strategy
- Finalise the new ADP Strategy
- Continue MAT Standards improvement activity
- Understand the reasons for higher rates of harm among children and young people aged 11 to 25 years old in the region and explore possible actions to reduce harm.
- Complete a scoping exercise for advocacy
- Establish lived experience advisory structures
- Strengthen recovery support
- Strengthen approaches to reducing alcohol related harm
- Implement residential rehabilitation improvements
- Continue governance and assurance improvements

8. Conclusion

During 2025/26, Dumfries and Galloway ADP continued to make progress towards the aims of its Strategy 2023–2026. Strong partnership working, continued delivery of treatment services, implementation of the MAT Standards and ongoing investment in prevention, recovery and harm reduction have supported improvements in how people, families and communities are supported.

While challenges remain, particularly in relation to inequalities and substance related harm, the Partnership has strengthened its governance and performance arrangements and established a strong foundation for development and delivery of the forthcoming Strategic Plan.

Appendix 1

Dumfries and Galloway ADP Board is made up of representatives from the following organisations:

- Chief Officer, Health and Social Care Partnership
- Department of Work and Pensions
- Dumfries and Galloway Council, (Elected Member)
- Dumfries and Galloway Council, Children and Families Social Work
- Dumfries and Galloway Council, Justice Social Work
- Dumfries and Galloway Council, Adult Social Work
- Dumfries and Galloway Council, Public Protection
- Dumfries and Galloway Council, Housing
- Dumfries and Galloway Community Justice Partnership
- NHS Dumfries and Galloway, Finance
- NHS Dumfries and Galloway, Mental Health Directorate
- NHS Dumfries and Galloway, Public Health
- NHS Dumfries and Galloway, (non-executive board member)
- Police Scotland
- Scottish Prison Service, (HMP Dumfries)
- Third Sector Representation
- Violence Against Women