

A horizontal row of grey silhouettes depicting a diverse group of people walking, including men, women, and a person in a wheelchair. The silhouettes are positioned behind the main title text.

# Scottish Borders Local Licensing Forum

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Alcohol Profile 2017/18/19

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## Acknowledgements

This report was prepared by Stasys Gimbutis, Alcohol & Drugs Partnership Support Team on behalf of the Scottish Borders Local Licensing Forum. Thank you to all staff involved in providing the data to develop this report.

## Executive Summary

The Alcohol Profile (Profile) aims to collectively present the most up to date data from national research as well as local data from Police Scotland, NHS Borders, and Scottish Borders Council.

The aim of the Profile is to support the Scottish Borders Licensing Board by providing evidence to support decision making and inform development of future Licensing Policy Statement.

The Licensing Policy Statement is published by the Licensing Board and describes the measures a Licensing Board will implement to promote the Licensing Objectives. The Licensing Objectives are the guiding principles by which the Licensing Board will make decisions and are:

- Preventing crime and disorder
- Securing public safety
- Preventing public nuisance
- Protecting children and young people from harm
- Protecting and improving public health

Many different sources of evidence can be used to inform licensing policy and practice and including experience and knowledge of licensing board members; views and experiences of people resident with the Board area as well as published alcohol data. Members may also wish to consider evidence from published research.

The data included in this report shows impact on intermediate zones for key indicators. It is clear from the table on page 11 that some areas are more negatively impacted than others.

## Introduction

This Scottish Borders Alcohol Profile (Profile) reports on the most recent data available for the financial year at August 2019. It is produced by the Local Licensing Forum as a resource detailing evidence of alcohol related harm relevant to the Licensing Objectives and to support Licensing Board members in the following areas:

- Development of 'Statement of Licensing Policy'
- Development of 'Statement of Overprovision'
- Support decisions in upholding the five Licensing Objectives

The Licensing system is in place to control availability of alcohol and regulate the way individual premises and off-licences operate.

### Key points

- Alcohol is a drug that causes a wide range of negative impacts.
- Licensing is a system of granting permits for the sale of alcohol.
- The system works to prevent and reduce alcohol problems by controlling the overall availability of alcohol through the number, type and opening hours of licensed premises, and by regulating the way individual on-trade premises and off-licences do business.
- Licensing boards decide all applications for licenses to sell and serve alcohol in their area.

Alcohol Focus Scotland, Licensing Resource Pack, 2017

### Data Sources

Various sources have been used to compile this Profile including Scottish Government, NHS Health Scotland, Alcohol Focus Scotland, NHS Borders, Police Scotland, Scottish Borders Council, and Scottish Fire and Rescue Service.

## A whole population approach

A range of health problems can be seen as a result of excessive consumption of alcohol. Acute intoxication (drunkenness) or poisoning can be seen after a single episode of excessive consumption, while other long-term health related problems can occur, such as damage to the liver and brain. Alcohol use is also associated with certain cancers. The more we drink, the more the health and social problems caused by alcohol increase. The impact is not just on the person who drinks; family, friends, colleagues and strangers can be harmed by someone else's alcohol use.

Alcohol sold in the UK in 2018 was 64% more affordable than it was in 1987. In recent years the increase in the affordability of alcohol has been driven by increases in disposable income and a slight fall in the real price of alcohol in the UK. In 2018, 9% more alcohol was sold per adult in Scotland than in England & Wales.<sup>1</sup>

It is for these reasons that alcohol policies are required that focus on the whole population, not just problematic drinkers.

If we all drink less, then harms will reduce

## Effective Alcohol Policy

International evidence shows that the most effective policies aimed at the whole population to reduce the harmful use of alcohol are:<sup>2</sup>

- Reduce affordability
- Reduce availability
- Reduce attractiveness

The interventions with the weakest evidence base for reducing alcohol harm include self-regulation of alcohol marketing, voluntary codes of retail practice, and information/education approaches.<sup>3</sup>

<sup>1</sup> Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) (2019)

<sup>2</sup> World Health Organisation, Global status report on alcohol and health, (2014)

## Implementation of minimum unit pricing

Minimum Unit Pricing (MUP) legislation that sets a minimum price at which a unit of alcohol can be sold, was introduced in Scotland on 1 May 2018. The minimum unit price is currently set at 50 pence per unit.

Latest figures<sup>4</sup> on the amount of alcohol sold per adult since MUP was introduced are encouraging and suggest a positive change of direction. In Scotland there was a reduction of 3% during January – December 2018 in average consumption in contrast to England and Wales where consumption increased by 2%.

## Licensing Boards role in reducing harm from alcohol

No single organisation or structure can solely be responsible for delivering a Whole Population Approach. Health and Social Care professionals have an important role in early identification and brief alcohol advice to clients to prevent problems developing. Licensing Boards are the gate keepers to the sale of alcohol. They are in place to regulate and minimise the harm not only from public disorder but to also protect public health (whole population).

Whilst regulation around on-sales was the focus of the Licensing (Scotland) Act 2005, off-sales through shops and supermarkets have become the dominant player with 73% of alcohol sales. A tool that can be used effectively for off-sales is overprovision where a Licensing Board can refuse new premises or extra capacity. By carefully controlling the overall availability of alcohol, an effective overprovision policy can help to prevent and reduce alcohol problems; enhance community life, improve health and well-being and boost local productivity and economic performance.<sup>5</sup>

Licensing Boards need to seek to **control availability of alcohol in their local communities**

<sup>3</sup> <http://www.alcohol-focus-scotland.org.uk/media/86446/whole-population-approach-briefing.pdf>

<sup>4</sup> Monitoring & Evaluating Scotland's Alcohol Strategy (MESAS), (2019)

<sup>5</sup> Alcohol Focus Scotland , Good Licensing Practice: Developing an effective overprovision policy, (2013)

## Licensing and economic objectives

Although the licensing system does not have responsibility for promoting business growth or tourism; in practice, licensing boards will try to manage competing priorities in their assessments and decision-making.

In considering the economic impact of refusing a new premises licence, it is important to test any assumptions about the economic value of an expansion in the licensed trade. It is often not a simple equation between a new premises licence and more local jobs, and nor is there evidence that a vibrant tourism industry depends on an ever-expanding alcohol supply.<sup>6</sup>

Moreover, the financial costs to a local economy from rates of alcohol-related harm can be considerable and should not be overlooked. It is estimated that alcohol-related problems cost Scotland £3.6 billion each year, including direct costs for dealing with alcohol-related crime and health damage as well as indirect costs such as employee absenteeism and reduced productivity. These are largely costs to the public purse, whereas profit from the sale of alcohol is received by private companies.<sup>7</sup> Estimated costs of alcohol related harm for Scottish Borders were last carried out for 2010/11 and available [here](#)<sup>8</sup>

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<sup>6</sup> Alcohol Focus Scotland, Licensing Resource Pack <http://www.alcohol-focus-scotland.org.uk/resources/> (2017)

<sup>7</sup> Alcohol Focus Scotland, Licensing Resource Pack <http://www.alcohol-focus-scotland.org.uk/resources/> (2017)

<sup>8</sup> <https://www.alcohol-focus-scotland.org.uk/media/61426/The-Cost-of-Alcohol-Borders.pdf>

## National Overview:

- 9% more alcohol sold in Scotland than in England & Wales in 2018<sup>9</sup>
- 73% of alcohol sold in Scotland through supermarkets and off-sales in 2018<sup>10</sup>
- In 2018, alcohol sold in the UK was 64% more affordable than it was in 1987<sup>11</sup>

## Preventing Crime & Disorder/Preventing Public Nuisance

- Alcohol is implicated in 31% of homicide accusations.<sup>12</sup>
- 46% of victims of violent crime thought the offender was under the influence of alcohol<sup>13</sup>
- 56% of young offenders reported being drunk at the time of their offence (compared to 38% adults).<sup>14</sup>

## Securing Public Safety

- Alcohol or drugs use was suspected to have been a contributory factor in 15% of accidental dwelling fires<sup>15</sup>

## Protecting & Improving Public Health

- Alcohol caused an average 21 deaths per week in Scotland in 2017<sup>16</sup>. In Scotland, death rates were twice as high in men and 55% higher in women when compared to England & Wales<sup>9</sup>.
- In Scotland, 1 in 4 adults (24%) drink at harmful or hazardous level (down from 34% in 2003)<sup>17</sup>.
- Across Scotland, alcohol-related hospital stays and deaths as well as crime rates are higher in areas with higher alcohol outlet availability. Scottish neighborhoods with the most alcohol outlets, compared to those with the fewest outlets have:
  - double the alcohol-related death rate;
  - almost double alcohol-related hospitalization;
  - four times higher crime rates<sup>18</sup>.

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<sup>9</sup> As per reference 4

<sup>10</sup> As per reference 4

<sup>11</sup> As per reference 4

<sup>12</sup> Scottish Government, Homicide in Scotland 2015/16, (2016)

<sup>13</sup> Scottish Government, Scottish Crime and Justice Survey 2017/18, (2019)

<sup>14</sup> Scottish Prison Service, Young People in Custody 2017, (2018)

<sup>15</sup> Scottish Fire & Rescue Statistics (2017/18)

<sup>16</sup> National Records Scotland, Alcohol Related Deaths, (2018)

<sup>17</sup> Scottish Government, Scottish Health Survey 2017, (2018)



## Protecting children and young people from harm

- Up to 51,000 children are estimated to live with a problematic drinker.<sup>19</sup>
- The proportion of children who reported drinking in the last week declined significantly between 2010 and 2013, and remained unchanged between 2013 and 2015, with the exception of a small decrease among 15 year old boys. Overall, 17% of 15 year olds reported drinking in the last week, of which 57% reported getting drunk.<sup>20</sup>

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<sup>18</sup> CRESH, Alcohol Outlet Availability and Harm in Scotland, (2018)

<sup>19</sup> Scottish Government, Final Business and Regulatory Impact Assessment for Minimum Price Per Unit of Alcohol (2012)

<sup>20</sup> Scottish Government, SALSUS 2015, (2016)

## Alcohol Harm in Scottish Borders

- In Scottish Borders, more than **1 in 4 men (29%)** and nearly **1 in 7 women (15%)** are drinking at hazardous/harmful levels.<sup>21</sup>
- **476 alcohol-related hospital stays** in Scottish Borders during 2017/18 financial year.<sup>22</sup>
- **12 alcohol-related deaths** in Scottish Borders in 2017.<sup>23</sup>
- **10 child protection cases** in Scottish Borders where parental alcohol or drug misuse was involved.<sup>24</sup>
- Scottish Borders has an alcohol outlet availability lower than Scotland as a whole, but has **pockets of high availability**<sup>25</sup>.
- The annual cost of alcohol related harm to Scottish Borders (health, social care, crime and productive capacity) was **£30.5m** – (£270 per person).<sup>26</sup>
- There are areas in the Scottish Borders that are more negatively affected by alcohol related harm than others (Galashiels West, Hawick Central and Langlee).

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<sup>21</sup> Scottish Health Survey 2017 Health Board Results, Scottish Government, (2018)

<sup>22</sup> Alcohol-related hospital stays 2017/18 financial year, ScotPho (2019)

<sup>23</sup> Alcohol-related deaths 2017, National Records of Scotland, (2018)

<sup>24</sup> Children's Social Work Statistics, ScotPHO Alcohol Profile 2017 July snapshot, (2018)

<sup>25</sup> CRESH Alcohol outlets Availability and Harm in Scottish Borders 2018

<sup>26</sup> Cost of Alcohol In Scottish Borders 2010/11, Alcohol Focus Scotland (2010/11)

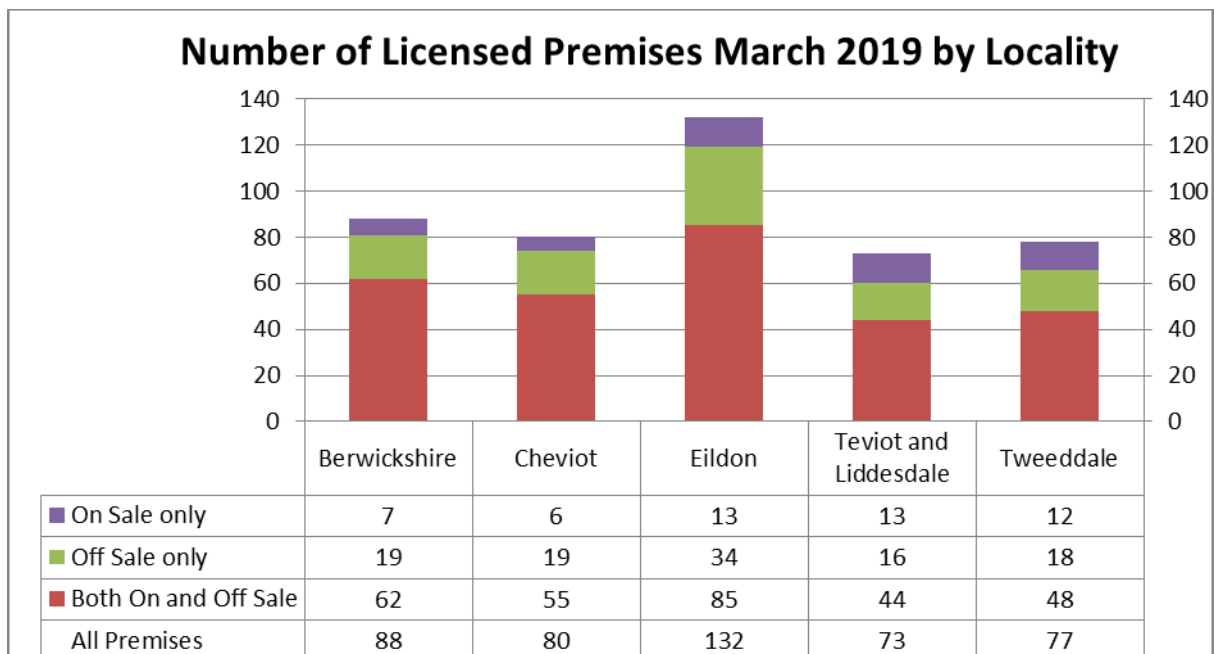
## Scottish Borders Overview

The table below compares key data by intermediate zone and shows areas most affected by alcohol related harm. Alcohol related mortality has previously been provided but no longer available at intermediate zone level.

Intermediate Zone	Alcohol-related Anti-Social Behaviour Incidents per 1,000 (2018/19)	Alcohol-related hospital stays rate per 100,000 (2017/18)
Berwickshire Central	1	1
Berwickshire East	2	2
Burnfoot	3	4
Cheviot East	2	2
Cheviot West	1	1
Chirside and Area	1	2
Coldstream and Area	2	2
Denholm and Hermitage	2	2
Duns	2	2
Earlston Stow and Clovernfords Area	2	2
Ettrick Yarrow and Lilliesleaf Area	3	2
Eyemouth	3	2
Galashiels North	4	3
Galashiels South	3	4
Galashiels West	4	4
Hawick Central	4	4
Hawick North	3	3
Hawick West End	3	2
Jedburgh	2	3
Kelso North	2	3
Kelso South	4	2
Langlee	4	4
Lauder and Area	2	2
Melrose and Tweedbank Area	2	2
Peebles North	3	3
Peebles South	2	2
Selkirk	3	3
St Boswells and Newtown Area	2	2
Tweeddale East Area	2	2
Tweeddale West Area	2	1
1	<b>Extreme Good</b> (more than 1 standard deviation below the Scottish Borders mean)	
2	<b>Good</b> (within 1 standard deviation below the Scottish Borders mean)	
3	<b>Not Good</b> (within 1 standard deviation above the Scottish Borders mean)	
4	<b>Extreme Not Good</b> (more than 1 standard deviation above the Scottish Borders mean)	

## Number of Licensed Premises 2019 (snapshot)

In March 2019 there were 450 licensed premises (slightly fewer than in 2017).

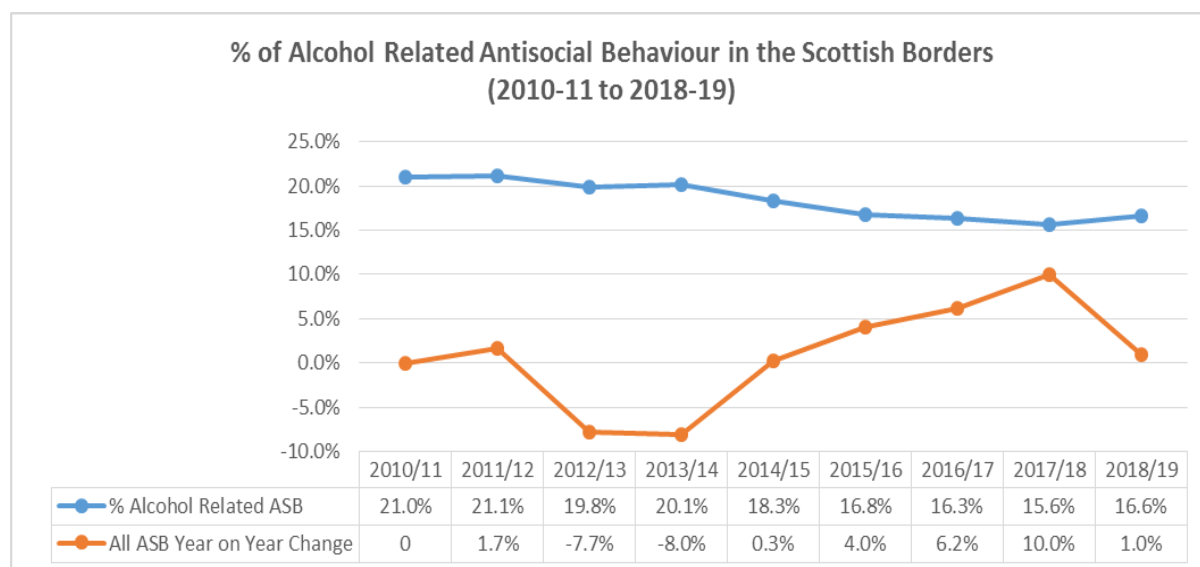


## Licensing Objectives: Preventing Crime & Disorder/Preventing Public Nuisance/Securing Public Safety

The antisocial behaviour (ASB) data used within this profile is sourced from Police Scotland, however, within the Safer Communities Team within the Scottish Borders the data is enhanced locally to provide a detailed breakdown of alcohol related incidents, that is currently not available from Police Scotland directly.

The figures quoted within this report will differ from official Police Scotland statistics but have been approved for use within this profile. *Any use of the data outside of this profile can only be done with express permission from Police Scotland.*

The volume of ASB incidents has fallen after a 4 year continuous rise to the level close to 2010/11. Since 2010/11 the proportion of alcohol related ASB incidents has been gradually falling and currently is lower by over a fifth when compared to 2010/11. In 2018/19, 16.6% of the total ASB incidents were alcohol related.



### Peak Times

51.4% of alcohol related incidents in 2018/19 occurred in the 21:00 to 02:59 time band, with the peak hours being 22:00 to 01:59.

There has been a reduction in the percentage of alcohol related incidents occurring in the 21:00 to 02:59 time bands in 2018/19 when compared to 55% recorded in 2016/17.

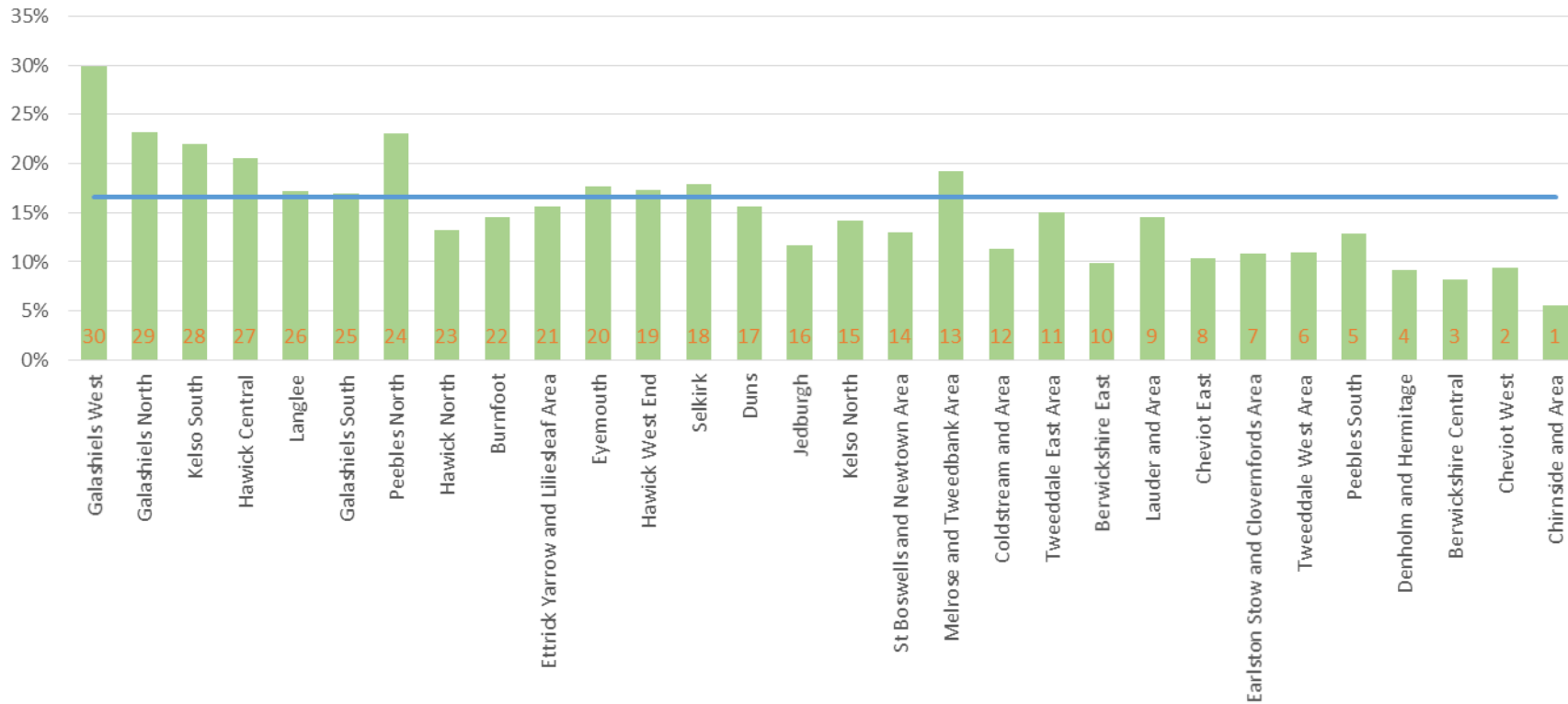
## **2018/19 Data Clarifications**

In 2018/19 there were two months where recording of alcohol related antisocial behaviour incidents may have not been as robust as other months. This means that there is likely to have been an underreporting of alcohol related antisocial behaviour incidents for 2018/19 as a whole.

The actual percentage of alcohol related antisocial behaviour incidents has shown an increase in 2018/19 to 16.6% compared with 15.6% for 2017/18, despite issues with data recording for two months. The increase in alcohol related antisocial behaviour incidents is likely to be as a result of increased proactive policing in 2018/19 by the Community Action Team (CAT) alongside response and community beat officers. An increased Police Scotland presence on the streets and at events in the Borders, where alcohol is available, has resulted in a number of alcohol seizures, particularly from young people.

The table below shows the percentage of alcohol related antisocial behaviour per intermediate zone. However, when the intermediate zones are compared based on per 1000 head of population the ranking shows that **Galashiels West, Galashiels North** and **Kelso South** are the areas with the highest rates of alcohol related ASB (and have been for at least last three financial years).

### % of ASB Incidents Per Intermediate Zone That Are Alcohol Related - 2018/19



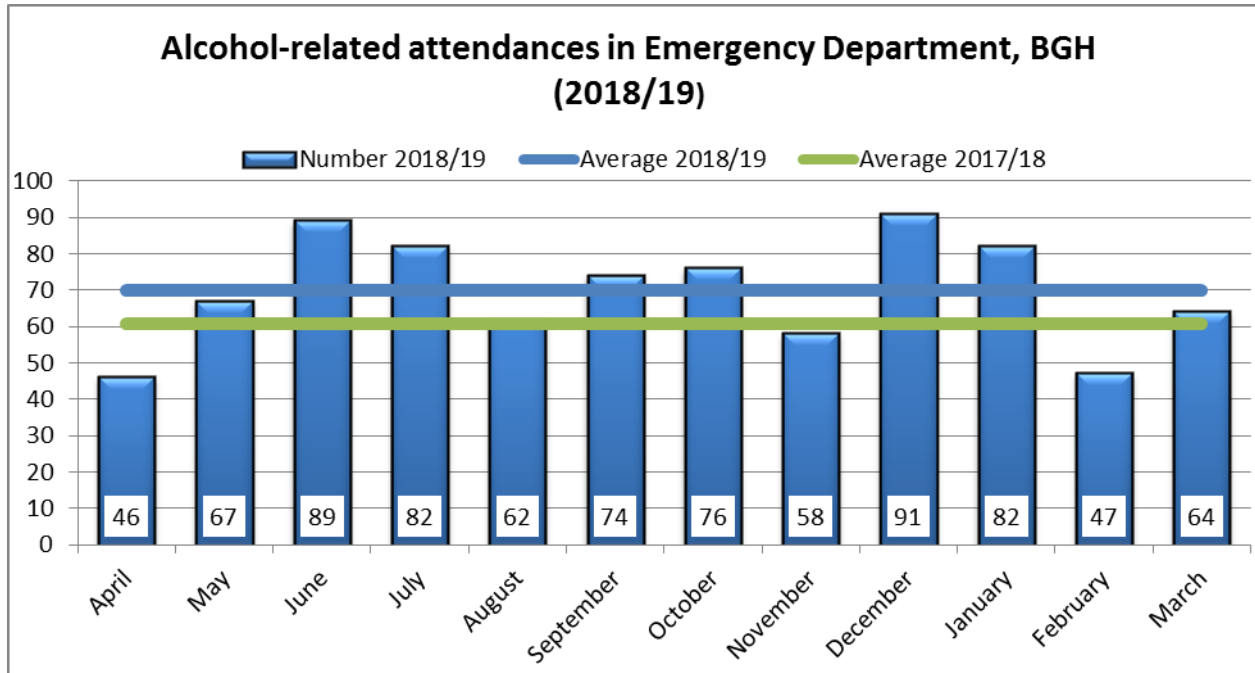
■ Intermediate Zone % of Alcohol Incidents  
— Scottish Borders Alcohol Related Incidents 16.6%

Ranking When Based on per 1000 Population Head (Highest 30 Lowest 1)

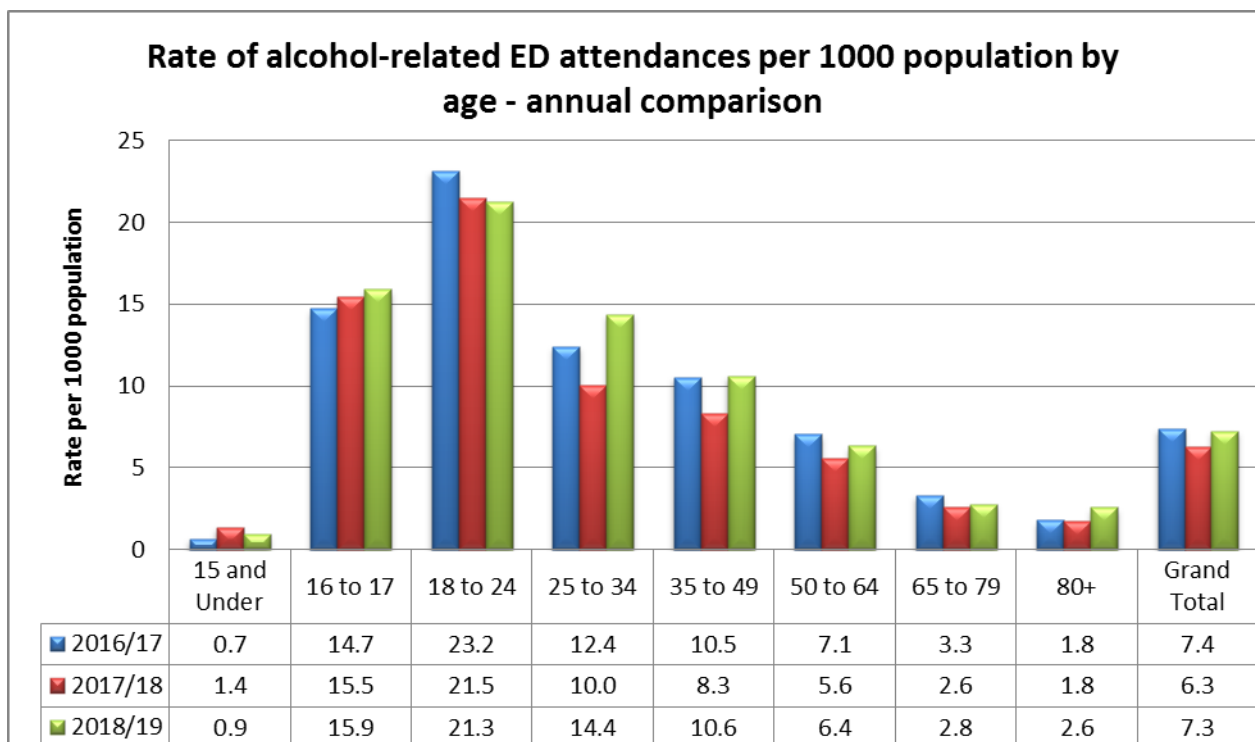
# Licensing Objective: Protecting & Improving Public Health

## Emergency Department, Borders General Hospital

There were 838 attendances to the Emergency Department in the Borders General Hospital that were alcohol related during 2018/19. Attendances were highest in December and June and lowest in April and February.



The age group with the highest attendance is 18 to 24 year olds.



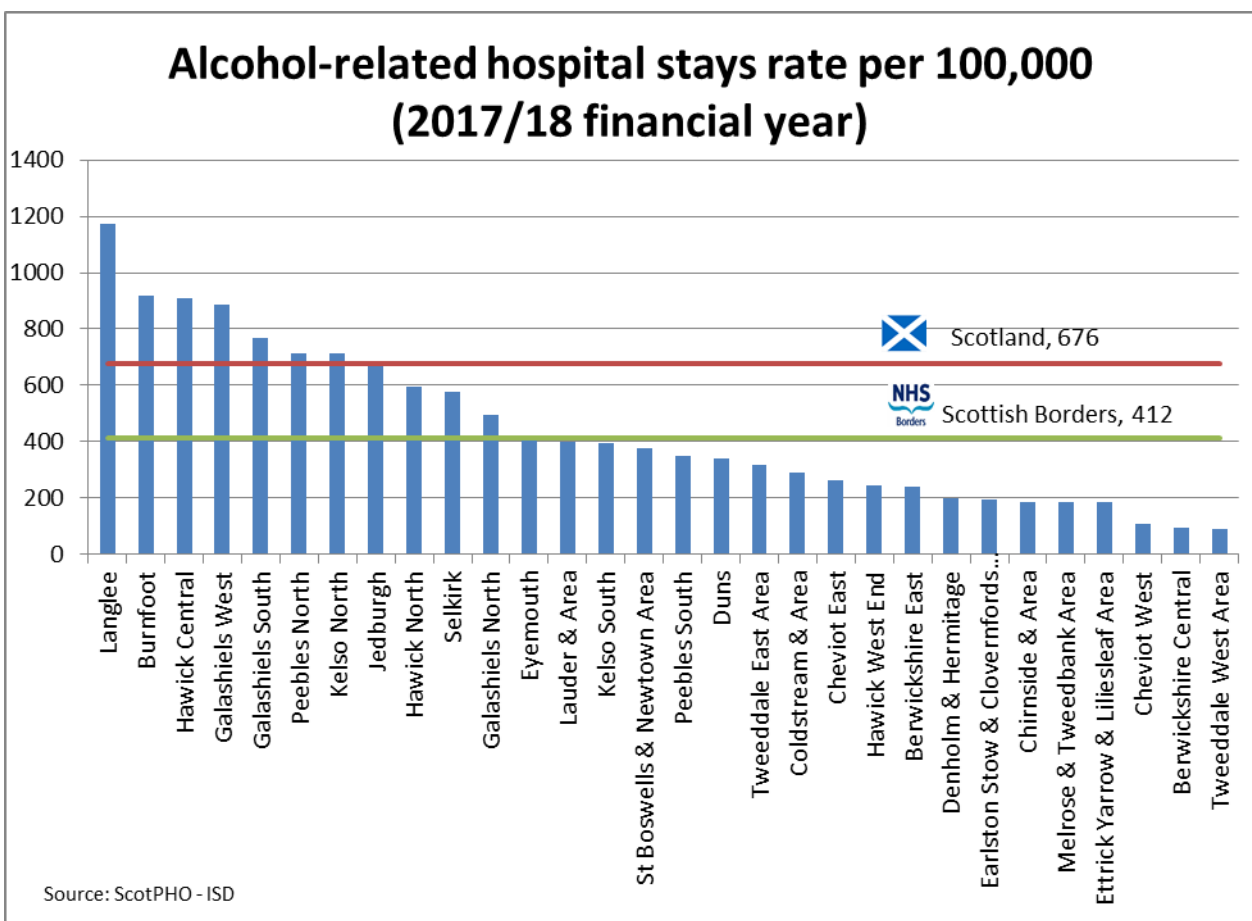
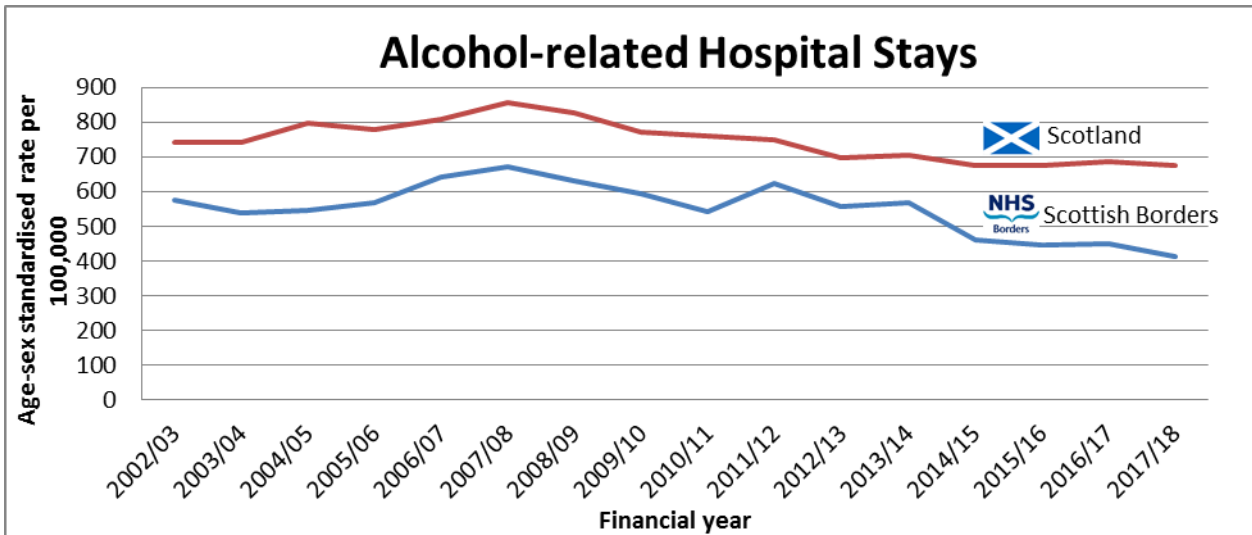


## Alcohol-related Hospital Stays

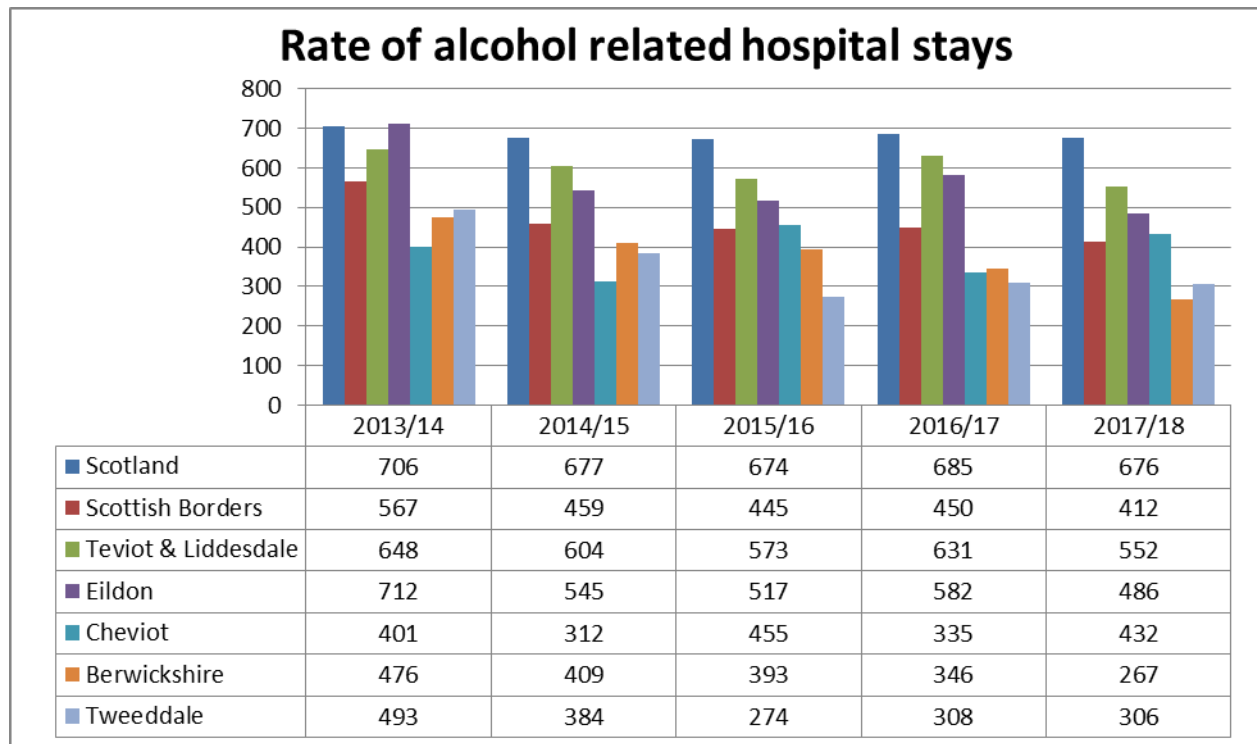
Nationally and locally the rate of alcohol related hospital stays is reducing. In 2017/18 the Scottish Borders rate of 411.9 per 100,000 people is the lowest rate recorded.

Borders rate has consistently been better than the Scottish average.

Langlee, Burnfoot, Hawick Central, Galashiels West, Galashiels South, Peebles North, Kelso North and Jedburgh rates are higher than the Scottish average.



Eildon and Teviot and Liddesdale have the highest rates of alcohol related hospital stays by locality over the past 4 years.

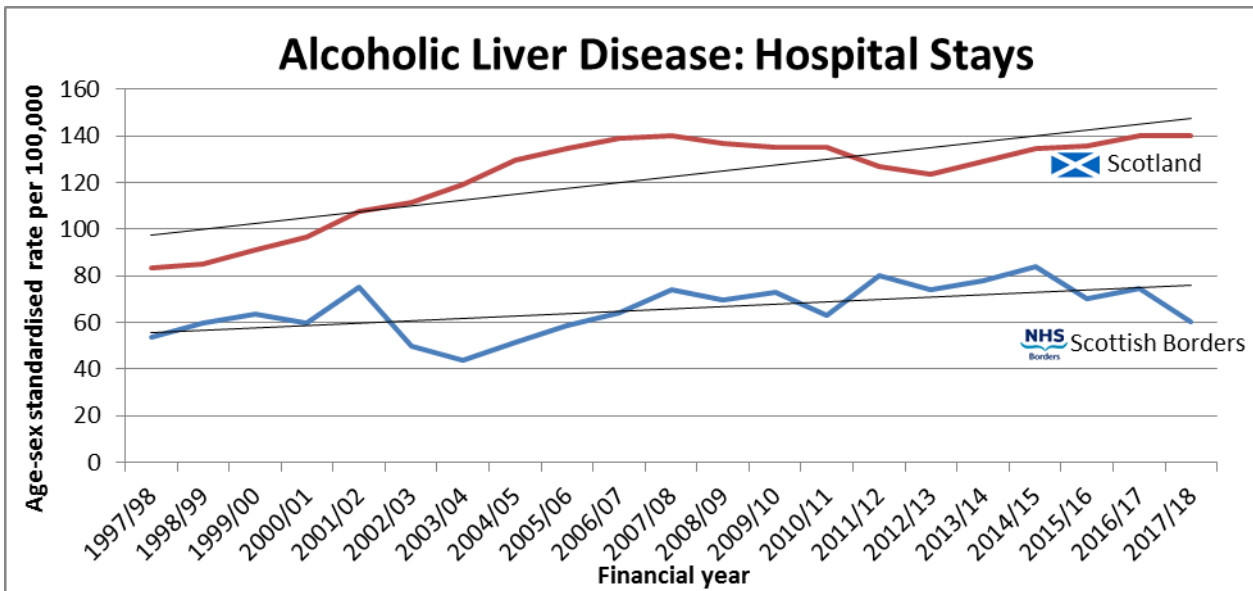


### Alcoholic Liver Disease

In Scotland there is an increasing rate of alcoholic liver disease hospital stays. Scotland's rate has increased by 68% from 83.2 in 1997/98 to 139.8 in 2017/18.

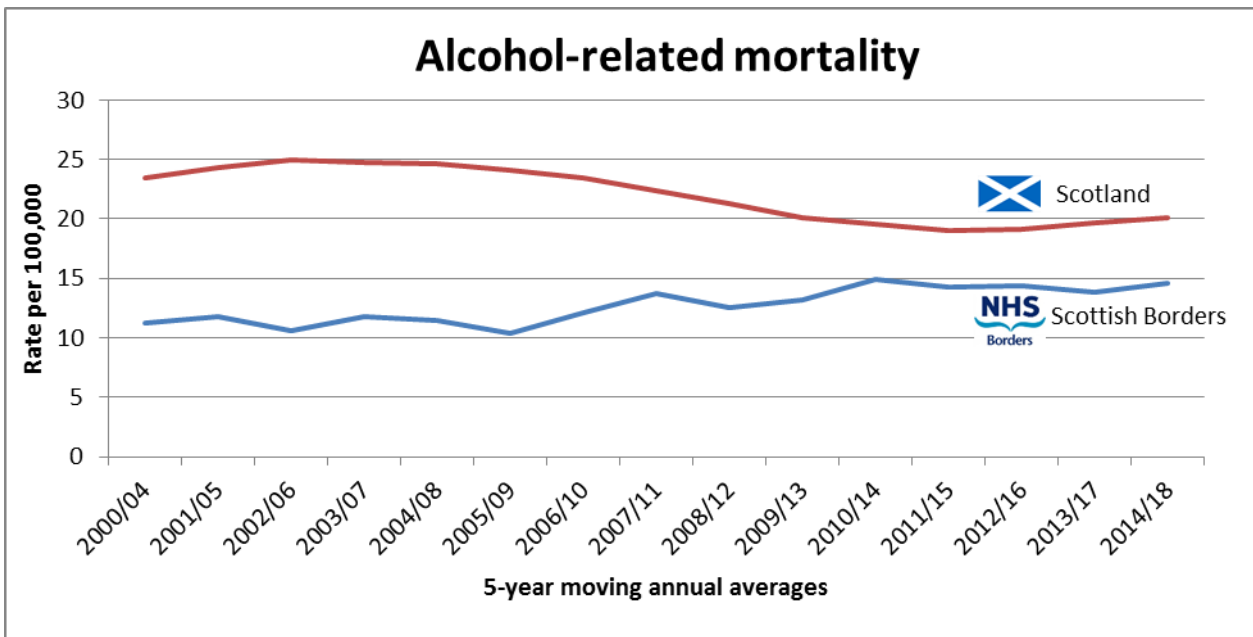
The trend in Borders also increased with a peak in the rate in 2014/15 at 83.8, however, has been gradually reducing to 60.2 in 2018/19.

In Borders there were 12 new acute inpatients in 2017/18 with alcoholic liver disease. This compares to an average of 17.5 new inpatients between 2007/08 and 2017/18. The rate of new inpatients for 2017/18 for Borders is 8.9 – considerably lower than the Scottish rate (20.5).



### Alcohol-related Deaths

Levels of alcohol-related mortality<sup>27</sup> in Borders remain fairly stable since 2007/11. The latest 5 year average rate<sup>28</sup> was 14.6 (2014/18). Historically Borders always had lower rate than Scotland (20 for 2014/18). This data is no longer available at Intermediate Zone level.



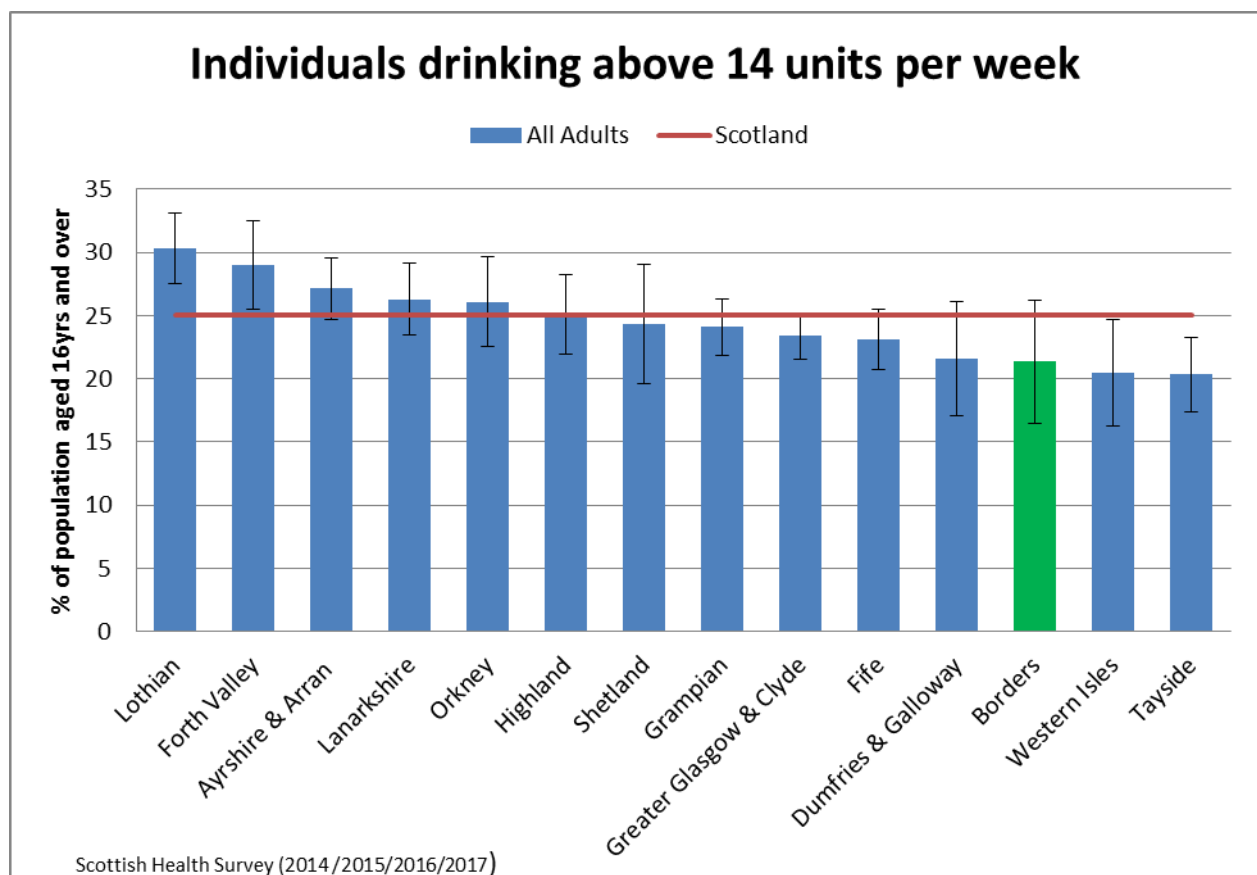
<sup>27</sup> Data source: National Records of Scotland. Deaths calculated based on a new definition. Data recalculated retrospectively therefore reports presented in the past may show different figures. Further information: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-deaths>

<sup>28</sup> Rate based on mid-2018 Scotland's population estimates.

## Individuals drinking out with Government Guidelines

According to Scottish Health Survey (2014/2015/2016/2017 combined), 21% of all adults (aged 16 and over) in Borders are drinking above low risk guidelines (14 units per week). Borders is not significantly different from the Scotland average of 25%.

In all health boards, a higher proportion of men than women drank out with the guidelines. The proportion of males drinking at harmful levels in Borders had a significant drop from 38% (2012/15) to 29% (2014/17). Scotland's male population drinking at harmful levels remained fairly stable (from 36% to 35%). There is no/minimal change in the proportion female population drinking at harmful level from 2012/15 (17% Scotland; 16% Borders) to 2014/17 (17% Scotland; 15% Borders).



## Licensing Objective: Protecting children and young people from harm

The most recent scientific evidence states that an alcohol free childhood is the healthiest option. Exposure to alcohol and witnessing adult drinking can influence our children's future drinking habits. Young people's bodies are more vulnerable to the effects of alcohol because they are still growing and developing. Research also shows that the earlier a young person starts drinking, the more likely they are to drink in ways that can be harmful later in life. Our children and young people have the right to grow up in an environment where communities are safe, thriving and are able to grow up safe from alcohol-related harm<sup>29</sup>.

The latest national and local data on young people's consumption (SALSUS) has not been updated since the previous Alcohol Profile. Young people are drinking less than ever before, although those who do drink are drinking more. The most common sources of alcohol among 15 year olds across Scotland were friends (39%), home (27%) and relatives (26%).<sup>30</sup> It is much less common for young people to buy alcohol directly from a shop (6%).

In the Scottish Borders although the proportion of young people (15yr olds) who are drinking on a regular basis has also reduced overtime to 13.9%, it is slightly higher than Scotland average (11.6%). However the rate of alcohol-related hospital stays for 11 – 25yr olds per 100,000 population is higher (370.2) in Scottish Borders compared to Scotland (271.4).

Whilst education has a role in reducing underage drinking, the research tells us that it only works in combination with other measures, such as increasing the price of alcohol, reducing the availability, and restricting the marketing of alcohol.

For more information on alcohol and young people [www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk)

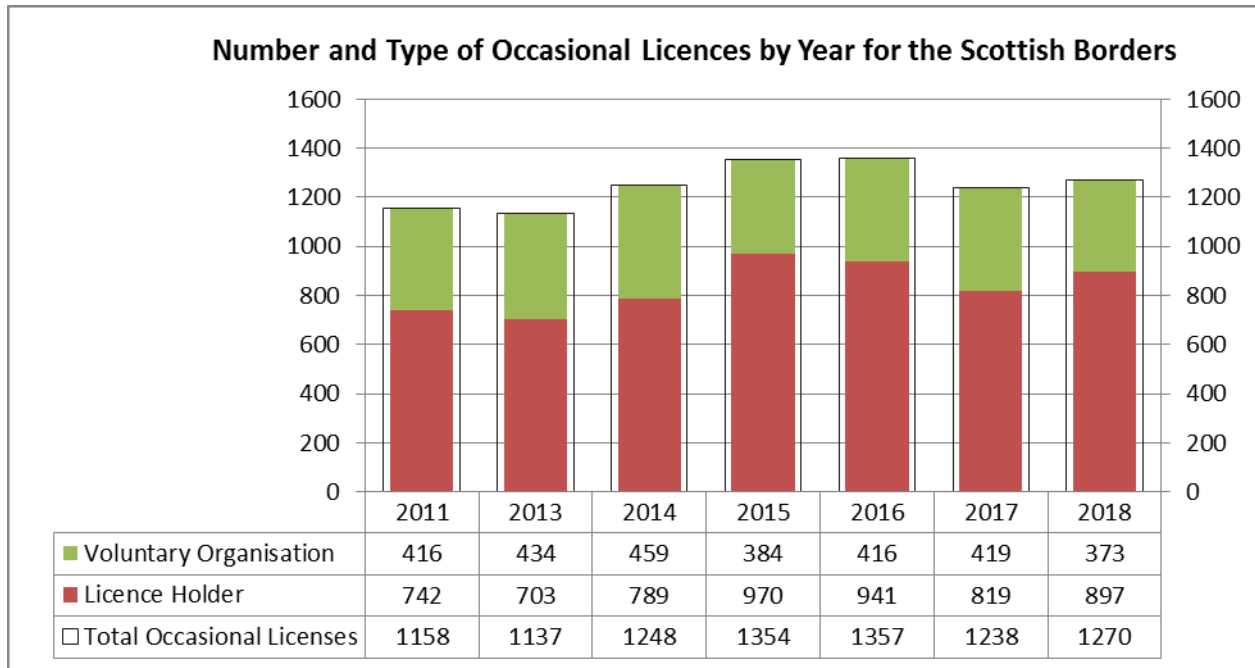
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<sup>29</sup> Alcohol & Young People, Alcohol Focus Scotland <https://www.alcohol-focus-scotland.org.uk/media/60109/Alcohol-and-young-people-factsheet.pdf>

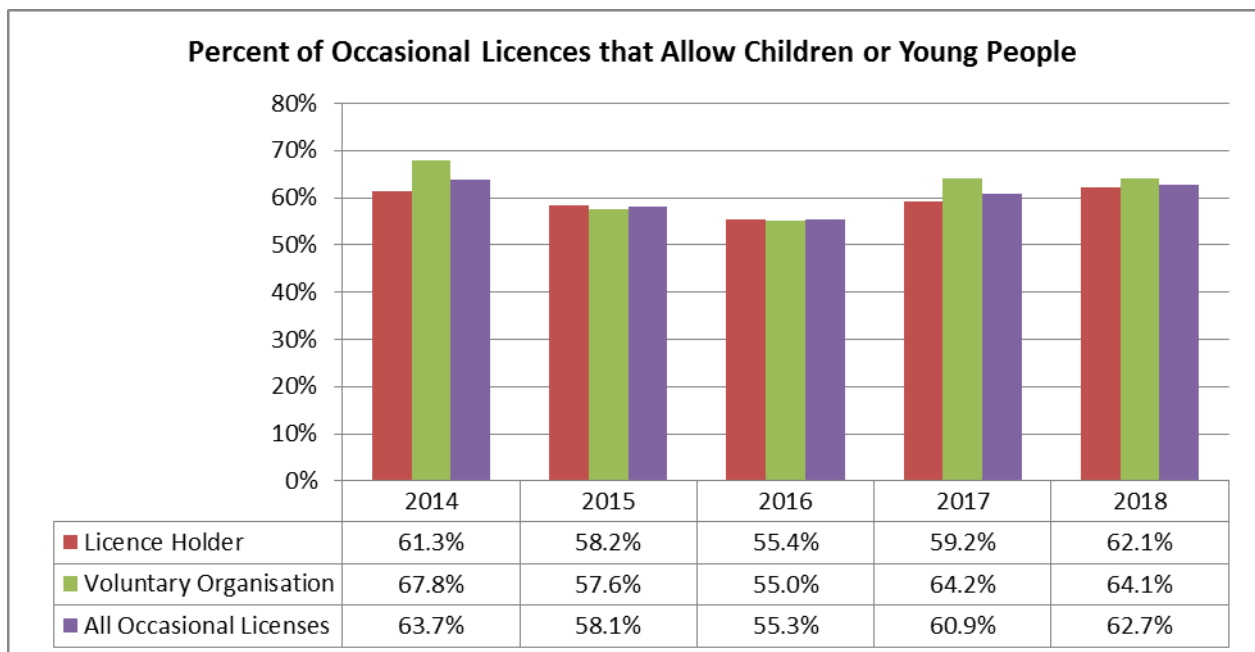
<sup>30</sup> Scottish Government, Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2015)

## Occasional Licences

The overall number of occasional licences granted in the Scottish Borders remained relatively stable (1270).



The proportion of occasional licences that allowed children or young people remained relatively stable.



## **Appendix 1 – Definitions**

### **Alcohol Related Police Antisocial Behaviour (ASB) Definition**

Antisocial behaviour is an act committed by a person or a course of conduct by any person, which causes or is likely to cause alarm or distress to at least one other person. The person harmed cannot live in the same household as the perpetrator and the conduct includes speech.

Examples of antisocial behaviour include:

- acts within the community like fighting, drunken behaviour, fire raising and noise,
- acts directed at individuals like assault, social network abuse and harassment,
- acts where there is an environmental impact like littering, fly tipping and damaging property and other
- acts in the community having a general negative impact such as racing cars, drug misuse and drinking in public i.e. underage drinking, drunk and incapable and using controlled drugs which all can cause alarm

The definition of an alcohol related Police ASB incident is ‘those incidents that are identified as having alcohol as a contributing factor to the incident’.

### **Intermediate Geographies.**

There are 29 intermediate geographies in the Scottish Borders with a population between 2,500 and 6,000 which represent communities as best as possible. Comparing the data over intermediate geographies helps to identify if there are particular issues in localities and also if any remedial action is possible.

### **Alcohol Guidelines**

New guidelines have been developed to keep health risks from drinking alcohol to a low level.

Weekly Guideline:

- For men and women you are safest not to drink regularly more than 14 units per week
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more (avoid binge drinking).

Single Drinking Occasion:

- Limit the total amount you drink on one occasion;

- Drink slowly, drink with food and alternate with water;
- Avoid risky places and activities, make sure you have people you know around and ensure you get home safely.

Pregnancy and drinking:

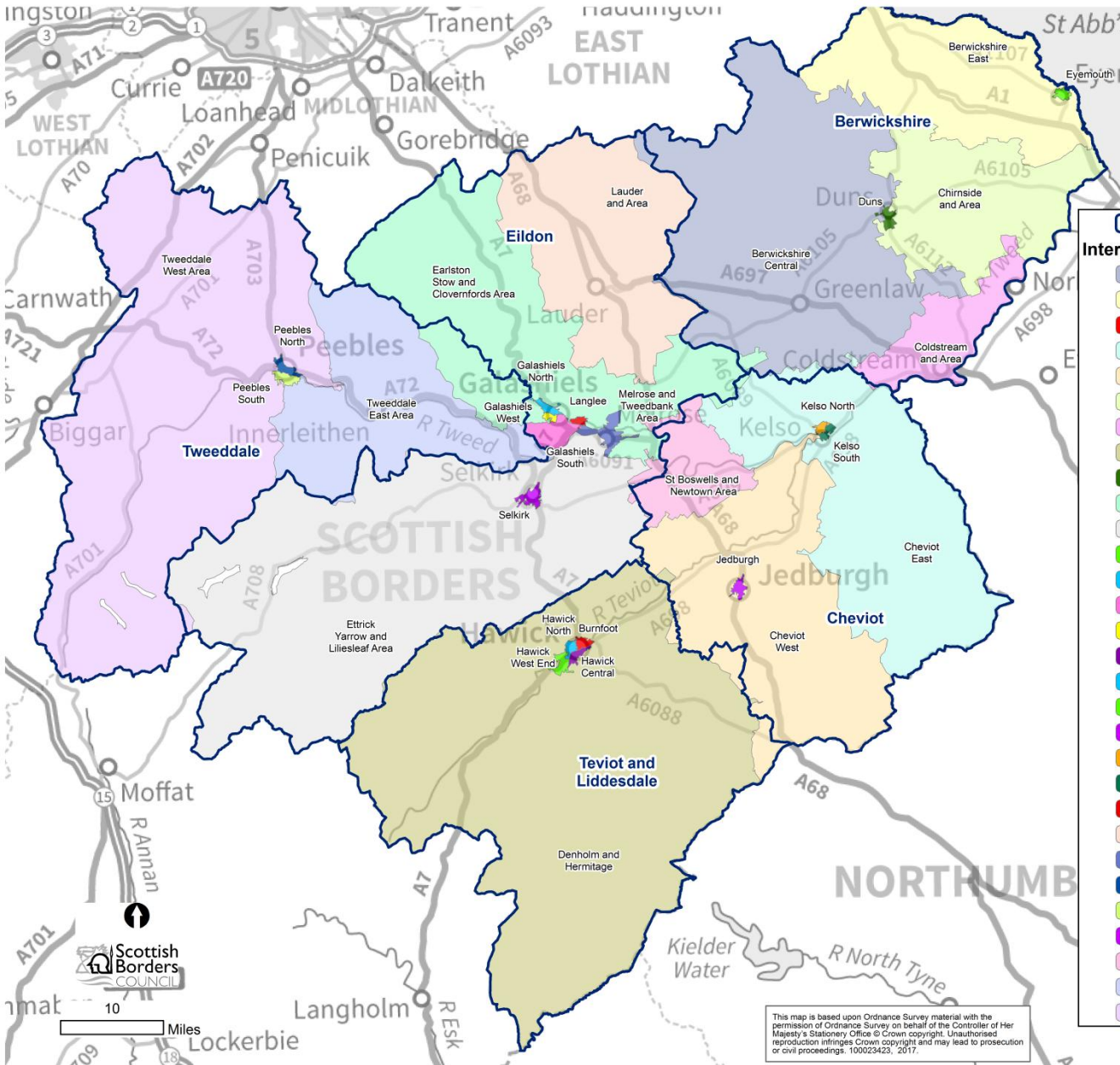
- If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

### **Alcohol related attendances, Emergency Department, Borders General Hospital**

Nationally available data on alcohol related hospital stays report only on patients admitted to the acute wards within the hospital. The data does not include patients who have attended Emergency Department (ED), Borders General Hospital (BGH) and are discharged directly from this department. Therefore ED data is collected by health professionals during the triage process where it is assessed if alcohol is a contributing factor to the patient's attendance to enhance the national data. This includes activity in ED for those who are discharged directly from the department and those who are subsequently admitted to acute wards.



# Scottish Borders Intermediate Zones 2011 Based



- | Intermediate Zone 2011 Based |                                    |
|------------------------------|------------------------------------|
|                              | Localities                         |
|                              | Berwickshire Central               |
|                              | Berwickshire East                  |
|                              | Burnfoot                           |
|                              | Cheviot East                       |
|                              | Cheviot West                       |
|                              | Chirside and Area                  |
|                              | Coldstream and Area                |
|                              | Denholm and Hermitage              |
|                              | Duns                               |
|                              | Earlston Stow and Clovenfords Area |
|                              | Ettrick Yarrow and Liliesleaf Area |
|                              | Eyemouth                           |
|                              | Galashiels North                   |
|                              | Galashiels South                   |
|                              | Galashiels West                    |
|                              | Hawick Central                     |
|                              | Hawick North                       |
|                              | Hawick West End                    |
|                              | Jedburgh                           |
|                              | Kelso North                        |
|                              | Kelso South                        |
|                              | Langlee                            |
|                              | Lauder and Area                    |
|                              | Melrose and Tweedbank Area         |
|                              | Peebles North                      |
|                              | Peebles South                      |
|                              | Selkirk                            |
|                              | St Boswells and Newtown Area       |
|                              | Tweeddale East Area                |
|                              | Tweeddale West Area                |

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