

Briefing: Scottish Budget 2025-26

November 2024

Summary

- In 2023, 1,277 people lost their lives to alcohol-specific causes, the highest number in 15 years and a 25% increase from before the pandemic.
- It has been three years since the Scottish Government rightly recognised alcohol harm as a public emergency, alongside drugs deaths.
- Over 30 organisations have called for urgent action to effectively address this public health emergency, including dedicated funding for alcohol treatment.
- Yet, unlike drugs deaths, there has been no emergency response.
- Audit Scotland has identified the need for increased focus and funding to tackle alcohol-related harm.
- The 2025-26 Scottish Budget should support an emergency response to alcohol harm by: introducing a new Public Health Supplement on alcohol retailers to fund early intervention and prevention measures; and increasing investment in alcohol services.
- A National Needs Assessment should be conducted to better understand the demand for, availability of, and utilisation of services.

Alcohol harm is a public health emergency

In 2023, **1,277 people lost their lives to alcohol-specific causes**, the **highest number in 15 years**.¹ Each is a life cut tragically short and leaves behind family members and friends suffering their loss.

The pandemic has added to existing problems, with a 25% increase in alcohol-specific deaths from 2019.² This significant increase in loss of life is likely caused by the pandemic's effects on changing drinking habits, particularly increases in high-risk and harmful drinking,³ combined with reduced access to services. If these changes in consumption persist into the long term, it is estimated that this will lead to around **7,500 more deaths and 70,000 more hospitalisations by 2040, costing £82.2million in hospital costs alone.**⁴

It has been three years since the Scottish Government rightly recognised alcohol harm as a public emergency,⁵ alongside drugs deaths.

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In **response to the drug deaths crisis**, the Scottish Government established a Drug Deaths Taskforce, appointed a dedicated Minister for Drug Policy, announced a National Mission supported by an additional £250m funding over 5 years, introduced new standards for Medically Assisted Treatment, published a plan, and commissioned an evaluation by Public Health Scotland. **There have been no equivalent developments specifically focusing on reducing alcohol harm.**⁷

In fact, the Auditor General has been clear that **the National Mission has led to a reduced focus on tackling alcohol harm** due to the focus on MAT standard compliance. For example, although 93% of ADPs had drug death review groups, only 7% had carried out alcohol death audits in 2022/23 (despite the fact that more people die from alcohol harm than from drug harm).⁸

Audit Scotland recommends that the Scottish Government must identify and agree actions to increase focus and funding for tackling alcohol-related harm, while continuing to tackle drug-related harm.

"The creation of the National Mission has in part been at the expense of focus on alcohol deaths and alcohol services."
Auditor General for Scotland,
Public Audit Committee,
November 2024

The 2025-26 Scottish Budget can support an emergency response to alcohol harm, enabling immediate action by **re-introducing a Public Health Supplement on alcohol retailers** to support early intervention and preventative measures, and **increasing investment in alcohol treatment services.**

Introduce a new Public Health Supplement on alcohol retailers

Alcohol use costs the Scottish economy up to £10 billion each year, including up to £700 million in health and social care costs.⁹ Retailers should pay towards mitigating these health and social costs caused by the products they sell – following the ‘polluter pays’ principle.

It is estimated that retailer revenue from alcohol has increased since the introduction of minimum unit pricing. Studies suggest that the additional revenue is over £30 million per year,¹⁰ and this is estimated to rise by another £16.5 million a year, following the increase of MUP in September this year.¹¹

Along with 23 other health organisations in the NCD Alliance Scotland, we are calling for the **urgent re-introduction of a Public Health Supplement on non-domestic rates of alcohol and tobacco retailers**. The first Public Health Supplement, which applied to large retailers selling both alcohol and tobacco between 2012 and 2015, raised over £95m. A new Public Health Supplement would apply to **retailers licensed to sell alcohol or tobacco**.

57% of people in Scotland support a levy on alcohol retailers to fund measures to prevent alcohol harm, including funding support services.¹²

The **Fraser of Allander Institute** estimates that, if set at the same level as the previous public health supplement (13p per pound of rateable value), **a levy on alcohol retailers alone would raise £57m a year**.¹³ This rises to around £70m per year if set at 16p/£1, with each 1p increase in level raising £4.4m. **The levy would principally affect large supermarket chains**, making up 86% of the revenues raised.

“The Scottish Government needs to develop more preventative approaches that offer people help before they reach crisis point.”

Auditor General for Scotland,
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Money would be redistributed to local authorities and could be **used to fund preventative interventions** that help people before they reach a crisis point. For example, funds could be **used to improve the early identification of alcohol-related liver disease**.

Over 70% of deaths from liver disease are attributable to alcohol.¹⁴ **Liver disease is a silent killer that is largely asymptomatic in its early stages**. Tragically, three-quarters of cirrhosis patients are diagnosed in A&E, when it is too late for effective treatment or intervention.¹⁵ One in four people diagnosed with alcohol-related liver disease in hospital die within 60 days.¹⁶ Fortunately, **alcohol-related liver disease is entirely preventable and can be reversed if detected earlier**.

As highlighted in the recent **BBC Panorama** documentary, **it is not just people who are dependent on alcohol who will develop liver disease**.¹⁷ Dr Gautam Mehta, a consultant hepatologist, explained that consuming 6 units of alcohol (2 large glasses of 12% ABV wine) in a single sitting at least once a week increases the risk of liver cirrhosis 2-3-fold, increasing to 4-fold at 9 units (a bottle of 12% ABV wine). Professor Debbie Shawcross highlighted that women presenting in their forties and fifties with alcohol-related liver disease are often not dependent drinkers and **may never have been drunk, but are drinking too much as a habit**.

Early detection could be achieved through **targeted fibrosis assessments in primary care and community settings**. This could include **non-invasive liver scans, such as FibroScan**, which are already approved by the National Institute for Clinical Excellence (NICE). Research indicates that FibroScan triggers a recognition about the need to change lifestyle behaviour, with 29% of patients reducing their alcohol consumption by 10%.¹⁸

Learning should be taken from pilots already undertaken, to invest in scanners and training for healthcare professionals to provide lifesaving early detection of liver disease. Professor Ewan Forrest, a consultant liver specialist at Glasgow Royal Infirmary says:

“Early detection of alcohol-related liver disease not only allows an opportunity to prevent hospital admissions and avoidable deaths, but it also provides motivation for people to address their alcohol problems.”

Our community-based project using a specialised liver scan in the North-East of Glasgow identifies people with significant liver disease before they develop symptoms. This approach could significantly reduce the burden of alcohol-related illness and deaths.”

Increase investment in alcohol treatment

Everyone should be able to access quality alcohol support services when and where they need them, no matter where they live in Scotland. Yet even before the COVID-19 crisis, alcohol services were already stretched, with a 2014 report suggesting **fewer than one of four people with alcohol dependence were accessing treatment.**¹⁹

Figures published last year showed that **the number of people entering treatment for alcohol dropped by 30% between 2014 and 2019, and by a further 13% between 2019 and 2021**, as services were hit by the pandemic.²⁰ Audit Scotland has highlighted that people currently face many barriers in getting support for alcohol problems, including limited access to services in rural areas, high eligibility criteria and long waiting times.²¹ It is also likely that need has increased since before the pandemic, with increased consumption amongst heavier drinkers.²²

More than 30 organisations have called for significant investment in recovery-oriented alcohol services, creating clear pathways into and through treatment, care and support to help address the public health emergency of alcohol harm.²³ This includes community-based and hospital-based specialist alcohol services; alcohol counselling, residential and community-based rehabilitation provision; and promotion of peer-led and mutual aid options.

Increased investment should be used to **make necessary improvements identified by Audit Scotland in their report on Alcohol and Drug Services**; these include making the system easier to navigate and access, improving data sharing, and supporting the ADP workforce to deliver their expanding workload.²⁴ Investment in alcohol services should also be informed by the Public Health Scotland report on Alcohol Brief Interventions (ABIs)²⁵ and Public Health Scotland's forthcoming report on their investigation into the decline in access to alcohol treatment.

The investment in alcohol services should include **dedicated funding for a National Needs Assessment to determine the availability of, and need for, specialist alcohol treatment services in Scotland.** This was last undertaken in 2014 by NHS Health Scotland,²⁶ and was used to assess the impact of the £120 million allocated through the 2009 Alcohol Framework.

A national analysis will **inform future planning by providing insight into services gaps, barriers to access and assessing prevalence against service utilisation.** While local ADPs are expected to conduct needs assessments, these can be inconsistent and lack a broader national perspective. A National Needs Assessment is therefore required to understand how local services align with broader demand and what impact government investment has had on reducing alcohol harm.

Without an updated national needs assessment, we cannot accurately evaluate whether existing resources are sufficient to meet the demand for treatment, or whether services have adapted to the changing landscape of alcohol-related harm in post-pandemic Scotland.

About Alcohol Focus Scotland

[Alcohol Focus Scotland \(AFS\)](#) is the national charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people's drinking, and communities free from alcohol-related crime and violence.

For more information, contact Amy Smith, Senior Policy Coordinator at amy.smith@alcohol-focus-scotland.org.uk.

"They need to do that evaluation...of how the system is working, how it has been funded, and where they are getting the best value for public investment in drug and alcohol services."

Auditor General for Scotland, Public Audit Committee, November 2024

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