



Summary

- Alcohol harm in Scotland is a public health emergency, with alcohol-specific deaths up 25% since 2019.
- New figures show a 40% decline in people accessing alcohol treatment in the last decade.
- Action to date is not proportionate to the scale of the problems we face.
- The 21% reduction in drug-related deaths in 2022 demonstrates what can be achieved in response to a public health crisis when dedicated focus and investment is given.
- This needs to be matched for alcohol with an action plan and investment in the full range of recovery-oriented alcohol services.
- It is not clear how the National Drugs Mission investment can be used to enhance options over and above residential rehabilitation for people with alcohol problems. Additional dedicated investment is required.

Public health emergency of alcohol harm

As is well-documented, the COVID-19 pandemic led to reduced population consumption but **increased consumption amongst people drinking at higher levels** in Scotland (and across the UK).¹ ² These changes in consumption have been a major factor in the **25% increase in alcohol-specific deaths in Scotland from 2019 to 2022**, reaching the **highest level in 14 years**.³ Anecdotally, services are reporting that people are presenting in poorer physical and mental health and with more complex needs. In response, the Scottish Government has rightly **recognised alcohol harm as a public health emergency**.^{4 5}

Unfortunately, there is no sign of this emergency abating any time soon. Even if drinking returned to prepandemic levels by 2023, it is estimated that Scotland will see an additional 663 deaths and 8,653 hospital admissions over 20 years. Should these changes in consumption persist into the long term, Scotland will see an estimated 7,536 additional deaths and 72,140 additional hospitalisations over 20 years.

In April this year, **over 30 organisations called on the Scottish Government to urgently take action** to prevent further deaths and reduce harm from alcohol.⁸ It is crucial that people who are experiencing alcohol problems and their families have quick, easy access to appropriate treatment and support. This must be coupled with effective prevention policies, such as Minimum Unit Pricing of alcohol, to reduce harm and protect future generations.

In response to the call for urgent action to prevent further deaths from alcohol in April, Drugs and Alcohol Policy Minister Elena Whitham said the Scottish Government was determined to do all it could to reduce alcohol-related harm and noted that the government's National Mission included investment in residential rehabilitation for patients treated for issues related to alcohol.⁹

10-year decline in access to alcohol treatment

Figures published by the Scottish Government in June show that despite the growing alcohol harm crisis, levels of access to alcohol treatment are at the lowest level for 10 years.¹⁰ The figures published by the Scottish Government in answer to a Parliamentary Question show a 40% decline in the number of people commencing specialist alcohol treatment across Scotland, from 2013/14 to 2021/22.¹¹

Even if the 2020/21 and 2021/22 data are discounted due to the anomalous effects of the **pandemic**, the data shows a **30% decline** at a Scotland level. The reduction is evident in all Health Board areas to a varying degree, with reductions in access to alcohol treatment of **between 18% and 58%**, discounting the pandemic years. ¹²

Understanding and addressing such a decline should be an immediate matter of priority for the Scottish Government at a time when we are seeing deaths from alcohol at a 14-year high.¹³

In England, the response to a 19% fall in numbers of people in alcohol treatment between 2013/14 and 2016/17 led **Public Health England to conduct a rapid inquiry** the following year. ¹⁴ It found that **service redesign, much of this relating to integrating drug and alcohol services, has disadvantaged people seeking support for alcohol problems**. ¹⁵ This included the loss of focus on the specific needs of alcohol users, prioritisation of limited resources on drug treatment, a lack of specific treatment pathways within integrated services, and a loss of alcohol treatment expertise among staff. ¹⁶

The Rights, Respect and Recovery Action Plan 2019-21 identified improving access to treatment and recovery services as a priority.¹⁷ Yet **action to date is not proportionate to the scale of the problems we face**, particularly in light of the pandemic. For example, the <u>Emergency Budget Review 2022-23 equality and fairness evidence summary</u>, stated: "Budget savings will mean the work that can be taken forward to develop alcohol treatment targets and reviewing how alcohol brief interventions are **delivered across Scotland will be delivered at a slower pace**". In light of the significant problems we are facing, a slower pace is not acceptable. The same urgency and focus must be applied to addressing alcohol harm as is being given to reducing deaths from drugs.

The Scottish Government has asked Public Health Scotland to investigate the fall in numbers of people accessing alcohol treatment in Scotland. We can anticipate that the findings in Scotland are likely to be very similar to those in England. This must be pursued at pace and generate clear actions to address the decline.

Action plan and investment needed for alcohol services

The 21% reduction in drug-related deaths in 2022¹⁸ demonstrates what can be achieved in response to a public health crisis when dedicated focus and investment is given. There was a significant investment of £250 million in the National Mission on Drugs which set out a comprehensive four-year plan to address rising drugs deaths.¹⁹ Investment extended to Scottish Government staffing, with a team of 45 full time equivalent civil servants in the drugs division (as of December 2022), as compared to just 9.5 for alcohol.²⁰

This level of resourcing needs to be matched for alcohol with an action plan and investment in the full range of recovery-oriented alcohol services, including harm reduction and abstinence-based options to meet individual needs, and clear pathways into and through treatment, care and support. 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.

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.²¹ Research of this kind was last carried out in Scotland nearly 10 years ago.

Audit Scotland has consistently reported slow progress in addressing the challenges of alcohol and drug harm since 2009, pointing to a lack of drive and leadership by the Scottish Government.²² They note **reductions in funding to Alcohol and Drug Partnerships (ADPs) over several years including a 20% reduction in core funding in 2016/17.** There does appear to be some correlation with this reduction and the beginning of the decline in access to treatment services. Audit Scotland further report that by April 2021 funding to ADPs returned to around the level it had been pre-2016 in cash terms, but with **no real terms increase in funding**.

The Scottish Government has indicated that the National Drugs Mission investment can also be used to support people with alcohol problems. For example, of the £250 million investment, £3 million is for investment in residential rehabilitation which can be accessed by people with drug and/or alcohol problems. The targeted investment in residential rehabilitation is having a positive effect, with placements for alcohol rehabilitation increasing between 2021/22 and 2022/23.²³

While this is welcome, **residential rehabilitation is just one treatment option and may not be suitable for everyone in need of help.** People accessing residential rehabilitation constitute a relatively small proportion of those seeking support, with residential rehabilitation making up 2% of the types of treatment accessed by those seeking support for an alcohol problem, and a further 4% for co-dependency.²⁴ Other treatment options such as structured psychosocial intervention show much greater access.²⁵

The additional investment over the last few years for new initiatives, including a drug deaths taskforce, would appear to be making little to no impact on improving access to alcohol treatment.²⁶ It is not clear to what extent the remainder of the overall National Mission investment could be used to enhance other options and access for people with alcohol problems.

Calls to action

The Scottish Government must:

- Urgently investigate why fewer people are accessing treatment, when deaths rates are at record levels
- **Commission research** to better understand the levels of unmet need and ways to better engage people in treatment and support at an early stage.
- Set out a **clear integrated plan on how additional investment can be used** most effectively and demonstrate how it is improving outcomes, as recommended by Audit Scotland.
- Introduce an <u>Alcohol Harm Prevention Levy</u> on retailers who sell alcohol as proposed by the <u>NCD</u> <u>Alliance Scotland</u> to help provide additional resources to support those affected.
- Complement investment and focus on treatment with **effective preventative policies**, such as minimum unit pricing and restrictions on alcohol marketing.

About Alcohol Focus Scotland

Alcohol Focus Scotland (AFS) is the independent 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. Our work involves gathering and sharing evidence of the harm caused by alcohol; promoting effective policies to prevent and reduce this harm; and developing learning opportunities and resources to support best practice.

References

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²⁵ Public Health Scotland (2023). National Drug and Alcohol Treatment Waiting Times: 1 January to 31 March 2023.

²⁶ Audit Scotland (2022). <u>Drug and Alcohol Services: An Update</u>