

Briefing - Emergency response required to prevent deaths from alcohol

September 2023

The Scottish Government has rightly recognised alcohol harm as a public emergency,^{1 2} alongside drugs deaths. Yet, unlike drugs deaths, there has been no emergency response.

Over 30 organisations are calling on the Scottish Government to urgently take action to prevent further deaths and reduce harm from alcohol. We need strong leadership and priority setting. 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 to reduce harm and protect future generations.

In Scotland, increasing numbers of people are dying because of alcohol. In 2022, 1,276 people lost their lives to alcohol-specific causes, the highest number since 2008.³ Each is a life cut tragically short and leaves behind family members and friends suffering their loss. While a fatal outcome is the most tragic manifestation of alcohol harm, the adverse impact on society is much wider, affecting not only those suffering alcohol problems, but also those around them.

The pandemic has added to existing problems, with alcohol-specific deaths increasing for three years in a row, up 25% from 2019.⁴ 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, combined with reduced access to services. Despite this there has been little political attention on the issue with no Ministerial statement and no government or opposition debate on the latest death figures. This is compromising people's right to health.

Recent modelling from England highlights how these worrying trends will continue to be felt into the future, even if drinking returns to pre-pandemic levels.^{5 6} In the worst case, England would see a 20% increase in deaths and an 8% increase in hospitalisations, at a cost to the NHS of £5.2bn over 20 years.⁷ While the same data is not yet available for Scotland, given our higher rates of consumption and harm, we are likely to see similar patterns here. Anecdotally, services are reporting that people are presenting in poorer physical and mental health and with more complex needs.

Alcohol harm is already greatest for the most disadvantaged in our society. People in our most deprived communities are over four times as likely to die and six times as likely to be admitted to hospital because of alcohol than people in the wealthiest.^{8 9} When harm from alcohol increases, as it has during the pandemic, it increases disproportionately in our poorest communities; yet when effective policy interventions are introduced, such as minimum unit pricing, these communities stand to benefit the most. These interventions must go hand in hand with action to address the wider determinants of health, such as poverty, employment, housing and education which are also fundamental to tackling long term problematic alcohol use.

While deaths are the most extreme form of alcohol harm, these are likely to be accompanied by increases in other harms such as alcohol-related diseases, accidents, violence, unemployment, family and relationship breakdown, domestic abuse, child neglect and fetal alcohol spectrum disorder.

None of this is inevitable. By taking action now we can save and improve thousands of lives. The Scottish Government has made welcome commitments to tackle the burden caused by alcohol¹⁰ and to improve access to treatment and support for recovery¹¹ but now more than ever these promises

must be fulfilled. Almost five years on from the launch of Scotland's Alcohol Framework in November 2018, it is time for renewed focus on both prevention and treatment.

The Rights, Respect and Recovery Action Plan 2019-21,¹² identified improving access to treatment and recovery services as a priority. Yet, as outlined in the next section, action to date is not proportionate to the scale of the problems we face, particularly in light of the pandemic. In fact, in the [Emergency Budget Review 2022-23 equality and fairness evidence summary](#), 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".

There has been some progress on prevention, notably with minimum unit price having delivered a 3% reduction in alcohol consumption¹³ and reduced alcohol deaths by an estimated 13.4%,¹⁴ demonstrating that population measures work. Further action is promised, with a review of the minimum unit price level over coming months and the recent consultation on restrictions on alcohol marketing. However, there has been limited progress to date on ensuring health information on alcohol product labels, the provision of high-quality substance use education programmes in schools that are independent of industry, and in ensuring the licensing system delivers for public health.

It is vital that action is taken to protect and promote our right to health and that the development of alcohol policy is protected from commercial vested interests as recommended by the World Health Organization and in line with Scottish Government's commitment in its Alcohol Framework.

Treatment and support

We have recently seen a significant investment of £250 million in drug treatment to address rising drugs deaths. The impact of such investment is clear, with drug-related deaths reducing by 21% in 2022.¹⁵

This needs to be matched with investment in recovery-oriented alcohol services, including the full range of 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.

Given the challenges around the public finances, an [Alcohol Harm Prevention Levy](#) on retailers who sell alcohol - as proposed by the [NCD Alliance Scotland](#) - could help provide additional resources to support those affected.

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.¹⁶ Recently published figures show 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.¹⁷ Not only did the pandemic negatively affect service provision, it has also increased need, with many heavier drinkers reporting drinking more. Calls to helplines and referrals to support services initially increased,^{18 19} along with relapse rates for people in recovery from alcohol dependence.^{20 21}

Added to this, there is a lack of up-to-date information about the needs of local communities and the range of alcohol services available locally that people can access when they or a family member needs support.²² An accurate knowledge of resources available is essential if we are to address issues in the planning and funding of alcohol-related services.

To save and improve lives, the Scottish Government must:

- Increase and sustain investment in alcohol related services, to ensure that person-centred, trauma-informed support is available to people when and where they need it, joined up with mental health services where necessary.
- Commission research to better understand the levels of unmet need and ways to better engage people in treatment and support at an early stage.
- Establish Alcohol Care Teams in acute hospitals to ensure people with underlying alcohol issues are identified and receive the support they need.
- Improve early diagnosis for liver disease through improved identification and testing of at-risk patients in primary care. This could include integration of liver assessment in health checks, improved access to fibrosis detection technology and rollout of Intelligent Liver Function Testing (iLFT) across NHS boards.
- Ensure a human rights-based approach to care and support so that people are empowered to access support relevant to their needs, can help shape policy and practice, and can hold services to account.
- Ensure services are family inclusive, recognising that family members can be assets to entering treatment and supporting recovery and they also need support in their own right.
- Support awareness campaigns for the public and professionals on preventing drinking during pregnancy and improve support for those affected or at risk.
- Address the on-going stigmatisation of people with alcohol problems and their families, ensuring they can seek help with confidence that they will receive support and services without prejudice, and knowing that they are accepted by their communities.

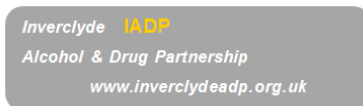
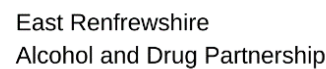
Effective prevention policies

There is strong international evidence that the most effective and cost-effective ways of preventing alcohol harms are increasing the price of alcohol, reducing its availability, and controlling how it is marketed; the World Health Organization's three 'best buy' policies.^{23 24}

Alongside investment and improvements in treatment and care, the Scottish Government must prioritise these prevention policies:

- Increase the minimum unit price (MUP) to at least 65p and introduce automatic uprating of the minimum unit price for alcohol to optimise the effectiveness of the policy in saving and improving lives.
- Work with the UK government to ensure the introduction of an alcohol duty structure that is proportionate to the harm caused by alcohol, scaled to ensure that stronger drinks cost more and is uprated automatically.
- Introduce an Alcohol Harm Prevention Levy on retailers who sell alcohol and who profit from MUP, with the funds used for local prevention, treatment, and care services.
- Restrict alcohol marketing, including advertising outdoors, in public spaces and sport and event sponsorships, as well as displays in shops.
- Develop a national availability strategy to support better local decision-making on where and when alcohol is sold.
- Ensure alcohol products are labelled with health information (including drinking guidelines and health warnings), ingredient and nutrition information.
- Provide independent, evidence-based educational resources for use in schools and community settings, free from industry influence.
- Provide sustained investment in youth services and activities for young people so that they can learn skills, develop relationships and have fun in alcohol-free environments.

Supported by



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- ¹ Scottish Government (2021). [Scottish Budget 2022 to 2023](#).
- ² Scottish Government (2021). [Scottish Budget 2022 to 2023: Chapter 4 Health & Social Care Portfolio](#).
- ³ National Records of Scotland (2023). [Alcohol-specific deaths 2022](#).
- ⁴ National Records of Scotland (2023). [Alcohol-specific deaths 2022](#).
- ⁵ Angus, C., Henney, M., & Pryce, R. (2022). [Modelling the impact of changes in alcohol consumption during the COVID-19 pandemic on future alcohol-related harm in England](#).
- ⁶ Boniface, S., Card-Gowers, J., Martin, A., Retat, L., Webber, L. (2022). [The COVID hangover: Addressing long-term health impacts of changes in alcohol consumption during the pandemic](#).
- ⁷ Angus, C., Henney, M., & Pryce, R. (2022). [Modelling the impact of changes in alcohol consumption during the COVID-19 pandemic on future alcohol-related harm in England](#).
- ⁸ National Records of Scotland (2023). [Alcohol-specific deaths 2022](#).
- ⁹ Public Health Scotland (2023). [Alcohol-related Hospital Statistics Scotland 2021/22](#).
- ¹⁰ Scottish Government (2018). [Alcohol Framework 2018: Preventing Harm. Next steps on changing our relationship with alcohol](#).
- ¹¹ Scottish Government (2018). [Rights, respect and recovery: alcohol and drug treatment strategy](#).
- ¹² Scottish Government (2019). [Rights Respect and Recovery Action Plan 2019 - 2021](#).
- ¹³ Giles, L. et al. (2022). [Evaluating the impact of Minimum Unit Pricing \(MUP\) on sales-based alcohol consumption in Scotland at three years post-implementation](#). Public Health Scotland.
- ¹⁴ Wyper G, Mackay D, Fraser C et al. Evaluating the impact of alcohol minimum unit pricing (MUP) on alcohol-attributable deaths and hospital admissions in Scotland. Edinburgh: Public Health Scotland; 2023. <https://www.publichealthscotland.scot/media/18509/evaluating-the-impact-of-alcohol-minimum-unit-pricing-mup-on-alcohol-attributable-deaths-and-hospital-admissions-in-scotland-english-march2023.pdf>
- ¹⁵ National Records of Scotland (2023). [Drug-related Deaths in Scotland in 2022](#).
- ¹⁶ Assessing the availability of and need for specialist alcohol treatment services in Scotland. Drug & Alcohol Findings: Research Analysis; Clark, I., & Simpson, L., 2014. <http://www.healthscotland.com/documents/24408.aspx>
- ¹⁷ [Written question and answer: S6W-19111 | Scottish Parliament Website](#)
- ¹⁸ Puttick, H. (23 July 2020). [Lockdown anxiety has more Scottish drinkers looking for help](#). *The Times*. Retrieved 08/10/2020.
- ¹⁹ E.g. calls to the We Are With You helpline rose by 200% during lockdown, with the proportion of alcohol-related calls rising from 32% to 50% during this time. We Are With You (7 May 2020). 60% of people are less likely to access health services during lockdown. [We Are With You](#).
- ²⁰ Grace, T. (5 October 2020). [Lockdown leads to harmful drinking levels amongst Dumbarton and Vale residents](#). *Dumbarton and Vale of Leven Reporter*. Retrieved 08/10/20.
- ²¹ Scottish Families Affected by Alcohol and Drugs (2020). [Lockdown and beyond: A COVID Insights report](#). Glasgow: SFAD.
- ²² Audit Scotland (2022). [Overarching drug and alcohol plan needed](#).
- ²³ World Health Organization (2018). [The SAFER initiative: A world free from alcohol related harm](#).
- ²⁴ World Health Organization (2017). [Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control noncommunicable diseases](#).