



RESPONSE TO HEALTH, SOCIAL CARE AND SPORT COMMITTEE CONSULTATION ON HEALTHCARE IN REMOTE AND RURAL AREAS

Alcohol Focus Scotland (AFS) is the national charity working to prevent and reduce alcohol harm. We aim to reduce the impact of alcohol in Scotland through the implementation of effective alcohol control policies and legislation. AFS welcomes the opportunity to respond to the Scottish Parliament's Health, Social Care and Sport Committee's consultation on Healthcare in Remote and Rural Areas.

Q6. Are there any immediate issues unique to remote and rural communities which the National Centre will need to focus on to improve primary and community care in these areas?

To support people in remote and rural communities, the National Centre should consider improving primary and community care related to alcohol use. This includes understanding the level and trajectory of alcohol-related problems in these areas and the specific treatment and support needs people face.

In 2022, 1,276 people died from causes solely attributable to alcohol.¹ Of these, 213 people - almost 17% of total deaths - were from places classified as remote small towns, accessible rural areas, and remote rural areas, according to the Scottish Government Urban Rural Classification.² From 2019, alcohol-specific deaths have increased by 25% in urban areas, and by 27% in remote and rural areas.³ Although the difference may seem small, it is cause for concern, as remote and rural areas face different challenges to urban areas.

Research on the relationship between alcohol and rural areas has shown that people living in Scotland's rural areas experience different cultural drinking contexts, including established traditions of drinking and a lack of alcohol-free spaces, as well as stigma from the community, media, and healthcare workers.⁴ In addition, they face greater barriers in accessing treatment and care services compared to people in more urban areas, such as the lack of specialist services and of transport.⁵

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 (FASD). Alcohol causes preventable harm and loss to Scotland, including financial loss.

A 2010 study identified that alcohol use contributes to reduced productivity and has a significant economic impact, costing Scotland an estimated £3.6 billion each year, including an estimated £500 million in health and social care costs.⁶ More recent calculations estimate that alcohol costs Scotland £5-10bn, with a cost of up to £700m in health and social care costs.⁷

These figures present estimates for previous studies, adjusted for inflation, but without accounting for changes in drinking patterns or levels of harm.⁸ This means that they are likely to be significant underestimates. We have been calling on the Scottish Government to commission an updated economic assessment on the true societal cost of alcohol harms in Scotland. An updated assessment is long overdue and would help identify where investment should be directed and could be particularly beneficial for remote and rural communities.

The burden to our National Health Service from alcohol use was significant even before the pandemic. In 2015, alcohol consumption accounted for 8% of the burden of disease in Scotland.⁹ This includes years in poor health, hospitalisations, and deaths due to alcohol. In 2019, one in six ambulance callouts were alcohol related.¹⁰

The cost of alcohol and the burden on our health services are expected to worsen due to the impact of the pandemic. This is due to polarised changes in drinking behaviour; those who increased their alcohol consumption tended to drink more before the pandemic, and those who decreased consumption tended to drink less.¹¹ Anecdotally, services are reporting that people are presenting in poorer physical and mental health and with more complex needs. Recent modelling highlights how these worrying trends will continue to be felt into the future, even if drinking returns to pre-pandemic levels.¹² In the worst case, Scotland will see 7,536 additional deaths and 72,140 additional hospitalisations, at a cost to the NHS of £82.2 million over 20 years.¹³

The continued increase in alcohol deaths comes at a time when figures reveal a 40% drop in alcohol treatment in Scotland over the last decade.¹⁴ While these figures are not available across an urban/rural split, we know from previous research that people in remote and rural areas struggle to access substance use support.¹⁵ People with substance use problems experience stigma, but this is worse for people living in small communities who may have less privacy. This means that they are less likely to access the available substance use support services as well as local recovery communities.¹⁶ Everyone should be able to access quality alcohol support services when and where they need them, no matter where they live in Scotland. Specific consideration of the nature of different areas must be considered when developing services.

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.¹⁷ 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.¹⁸ Not only did the pandemic negatively affect service provision, it has also increased need, with many heavier drinkers reporting drinking more than pre-pandemic. At the beginning of the pandemic, calls to helplines and referrals to support services initially increased,^{19 20} along with relapse rates for people in recovery from alcohol dependence.^{21 22}

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.²³ An accurate knowledge of resources available is essential if we are to address issues in the planning and funding of alcohol-related services.

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.^{24 25} 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.

Q7. Are there any issues which the National Centre will be unable to address, which may require further policy action from the Government?

Alcohol use touches the lives of everyone in Scotland, no matter where we live or whether we ourselves drink. In response to the continued increase in alcohol-specific deaths, the Scottish Government has rightly recognised alcohol harm as a public health emergency^{26 27} 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.

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 alcohol²⁸ and to improve access to treatment and support for recovery²⁹ 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.

There has been some progress on prevention, notably with minimum unit price having delivered a 3% reduction in alcohol consumption³⁰ and reduced alcohol deaths by an estimated 13.4%,³¹ demonstrating that population measures work. Further action is promised, with the current consultation on renewing and uprating minimum unit price as well as 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 and communities.

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.^{32 33}

These prevention policies must be accompanied by accessible and evidence-based treatment and recovery support for those already experiencing alcohol problems. AFS recognises the challenges of making additional investment available at a time when public finances are under pressure. That's why we support the NCD Alliance Scotland's call for an Alcohol Harm Prevention Levy³⁴ on off-trade alcohol retailers who are likely to have benefitted from increased revenue experienced following the implementation of MUP and the increased shift to home drinking from the pandemic.³⁵ It would apply to retailers licensed to sell alcohol, via a

supplement on non-domestic business rates, drawing on the tried and tested model of the public health supplement which raised nearly £96m between 2012 and 2015. The funds raised could be used to support local action on preventing alcohol harms and improving treatment and recovery support.

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