

Pre-budget scrutiny, Health, Social Care and Sport Committee, August 2024**Key points**

- The number of people who died an alcohol-specific death in 2022 was 1,276, the highest number since 2018;
- Alcohol harms are estimated to cost health and social care in Scotland over £0.5 billion, and cost society and the economy between £5 and £10 billion;
- The number of people accessing alcohol treatment is falling;
- Funding for Alcohol and Drug Partnerships (ADPs), which are accountable to Integration Joint Boards (IJBs), is opaque, complicated and their focus is largely on drugs;
- The end of National Mission funding risks further reducing the provision of alcohol treatment services;
- There has been a lack of pace to develop national targets or standards for alcohol treatment;
- The Alcohol Brief Intervention (ABI) programme is an example of a programme that would reduce pressure on health services but it has not yet been renewed;
- Population measures such as restricting marketing would reduce consumption and harms, and therefore reduce pressure on alcohol services and wider health and care services;
- The Scottish Government should take the lead in taking forward coordinated measures to better support alcohol treatment services and to ultimately reduce demand for alcohol services, thus relieving pressure on health and care services.

Alcohol harm and costs in Scotland

Alcohol harm is one of Scotland's most pervasive public health issues, as evidenced by the latest alcohol death figures from the National Records for Scotland (NRS). The figures show an increase from 1,245 alcohol-specific deaths in 2021 to 1,276 in 2022, with death rates 4.3 times higher among those living in the most deprived areas of Scotland, compared to the least, and death rates now at their highest level since 2018.¹ While Minimum Unit Pricing has gone some way to mitigate the harms caused by changed patterns in alcohol consumption since the start of the pandemic, the scale of the deaths is one small, but devastating, part of the picture when considering the enormity of the health, social and economic harms that are experienced by people living with alcohol problems. Indeed, a Social Market Foundation found "the societal costs of alcohol go far beyond the £1.2 billion estimated economic cost – including the £ value put on lost life, they are comparable to alcohol's contribution to GDP – amounting to between £5-10 billion".²

The report also updated past research to reflect inflation (but not other changes such as consumption patterns), and found that alcohol costs to health and social care in Scotland amount to between £0.5 and £0.7 billion.³

Bearing in mind these human and financial costs resulting from hazardous and harmful consumption of alcohol, the way IJBs operate - and their financial performance - is vital. However, the lack of transparency around funding for Alcohol and Drug Partnerships (ADPs) - which are accountable to IJBs - and the need for IJBs to make savings, means that services for people with alcohol problems are under greater pressure than ever, with huge unmet need, and cuts being made.

There are two main ways in which IJBs should facilitate the reduction of alcohol harms in Scotland - please see below.

1 Invest in (and do not cut) specialist alcohol services

The number of people accessing alcohol treatment services provided via ADPs has fallen by 40% in the ten years to 2021/22⁴. Given it is estimated that around one in four people with

alcohol dependence were in contact with alcohol treatment services in 2012⁵, and the number of people accessing services has since fallen, this paints a worrying picture of service provision.

When describing the lack of transparency of funding for Alcohol and Drugs Partnerships (which are accountable to IJBs) in its briefing in 2022, Audit Scotland said: "it is still difficult to track spending and how it is being distributed and monitored."⁶ Despite the Scottish Government describing the current situation as "twin public health emergencies of drugs deaths and the harms from alcohol"⁷, funding to ADPs via IJBs is still not clear and it is not possible to understand how much is allocated to specialist alcohol services. Furthermore, where this funding intersects with NHS budgets where more specialist treatment may take place is also opaque. In recent years there has been shorter term funding attached to actions to deliver the National Mission, in addition to ADP allocations, which is aiming to reduce deaths caused by drugs. One area of investment has been infrastructure to facilitate Medical Assisted Treatment (MAT) standards for people who use drugs, which has focused attention and capacity. Given that in most recent years ADPs have experienced real terms budget cuts, when National Mission funding ends, unless funding from elsewhere becomes available it seems likely that already squeezed alcohol services will be squeezed further to allow the more greatly scrutinised drug services to continue.

A costly savings decision: closure of Milestone House for people with Alcohol Related Brain Damage (August 2024)

- This 12 week residential programme for people with Alcohol Related Brain Damage (ARBD) is run by Penumbra at Milestone House, with in-reach staff from NHS Lothian and City of Edinburgh Social Services.
- It was initially set up on a pilot basis with short term funding but in 2017, after negotiations, it was funded by IJBs.
- Not only does the service greatly improve cognition and other measures of personal recovery for patients, it reduced hospital in-patient bed days by 2000 per year, thus saving the NHS money.
- A decision has now been taken to close the service in order to contribute to the savings that NHS Lothian and Edinburgh IJB need to make.
- While there is recognition that the Milestone House service relieves pressures and costs on the NHS, it doesn't result in acute beds being closed, therefore it is simply being regarded as a cost.
- This decision fails to recognise the immediate and future costs it will pose to the NHS in relation to increased use of acute beds, increased waiting times, delayed discharges, and to the IJB in terms of future out-of-area placements.

Milestone House evaluation⁸

The above is one example that demonstrates the financial decisions being made by IJBs, and the NHS, while they may help make savings initially, are likely to be hugely costly in the medium to long term, as well as damaging the health and wellbeing of a vulnerable group of people and their families.

To assist with allowing greater focus on the provision of services for people who have an alcohol problem, SHAAP supports the Audit Scotland view that funding of services should be much more transparent, and also that responsibility for specialist alcohol services should be clarified so that budget holders can be held to account. SHAAP also believes the Scottish Government should move with much greater urgency to develop meaningful outcomes-based standards and targets for alcohol treatment so that IJBs can be held to account for their delivery, driving investment decisions in the same way as has happened for drugs services.

2 Focus on prevention

The second way in which IJBs can shift focus away from hospital admissions in relation to alcohol harms is to expand their role in relation to prevention, but this requires national leadership from the Scottish Government.

The PHS submission⁹ to the Committee makes a very well-argued case for a shift to spending on prevention, with ways in which to make this a reality. There is no doubt that as well as ensuring health and social care services including those commissioned by ADPs meet demand, policies can be pursued nationally and locally to prevent problems occurring in the first place, and to prevent problems getting worse and becoming more burdensome for the individual and for services.

For instance, the Alcohol Brief Intervention (ABIs) programme was carried out nationally, with targets and incentives, to identify and intervene with people who consume alcohol at hazardous or harmful levels. This can not only assist with reducing consumption and therefore risk of poor health, but also prevents people from progressively consuming more alcohol over time and the health risks associated with this. The Scottish Government's Alcohol Framework 2018¹⁰ set out its ambition to review this programme and consider increasing the settings in which they are delivered, beginning in 2018, but this work has not yet been completed and the number of ABIs recorded has fallen over time¹¹.

Further up the pipeline, policies such as restricting the marketing of alcoholic products and reducing the exposure of people to alcohol in everyday environments would reduce consumption at a population level and therefore reduce the number of people becoming hazardous or harmful drinkers. Again, the Scottish Government has not yet taken marketing restrictions forward after its initial consultation ended in early 2023.

If these areas of work, and others outlined in the 2018 Alcohol Framework were to be taken forward by the Scottish Government, it would lessen future demand for alcohol treatment services and reduce that area of financial pressure that IJBs find themselves under.

Conclusion

It is clear that while the Scottish Government has taken forward its Minimum Unit Pricing for alcohol policy, which has been effective in saving lives, we now need a broader, coordinated approach to both improve the provision of services so that they can meet demand, and to improve Scotland's relationship with alcohol so that demand for those services decreases over time. The end result would not just be fewer people's lives being damaged by alcohol but also less financial pressure on IJBs as a result of alcohol harms.

References

¹ <https://www.nrscotland.gov.uk/files//statistics/alcohol-deaths/2022/alcohol-specific-deaths-22-report.pdf>

² [Getting in the spirit? Alcohol and the Scottish economy \(shaap.org.uk\)](http://www.shaap.org.uk)

³ [Getting in the spirit? Alcohol and the Scottish economy \(shaap.org.uk\)](http://www.shaap.org.uk)

⁴ [Written question and answer: S6W-19111 | Scottish Parliament Website](http://www.parliament.scot/parliamentary-business/written-question-and-answer/S6W-19111)

⁵ <https://www.shaap.org.uk/images/24408-AssessingTheAvailabilityOfAndNeedForSpecialistAlcoholTreatment.pdf>

⁶ [Drug and alcohol services: An update \(audit.scot\)](http://www.audit.scot)

⁷ [Scottish Budget 2022-23 \(www.gov.scot\)](http://www.gov.scot)

⁸ [Meeting the Needs: Description and Evaluation of an Alcohol Related Brain Damage \(ARBD\) Residential Rehabilitation Service: Alcoholism Treatment Quarterly: Vol 0, No 0 - Get Access \(tandfonline.com\)](http://www.tandfonline.com)

⁹ [PHS pre budget scrutiny 2025 26 submission \(parliament.scot\)](http://www.parliament.scot)

¹⁰ [Alcohol Framework 2018: Preventing Harm - next steps on changing our relationship with alcohol \(www.gov.scot\)](http://www.gov.scot)

¹¹ [Alcohol brief interventions - 2019/20 - Alcohol brief interventions - Publications - Public Health Scotland](#)