

Ministerial statement on drugs and alcohol, Thursday 12 September 2024

Scottish Health Action on Alcohol Problems (SHAAP) is a partnership of the Medical Royal Colleges and the Faculty of Public Health in Scotland and is based at the Royal College of Physicians of Edinburgh (RCPE).

Using the best available evidence, SHAAP provides the authoritative clinical voice on how policy makers and clinicians can reduce alcohol-related harms in Scotland.

Key points

- 1,277 people died as a direct result of alcohol in 2023, an increase of one death since 2022 and the highest number since 2008;
- The Scottish Government must now take a concerted, coordinated plan of action and decouple alcohol treatment from drugs treatment;
- It should take forward the WHO “best buys” for reducing alcohol harm at a population level;
- And upscale alcohol treatment services, providing the infrastructure to allow this.

Scotland’s alcohol crisis

Alcohol harms are one of Scotland’s most pressing health and social issues. Earlier this week it was revealed that in 2023 there were 1,277 deaths from alcohol in Scotland, an increase of one death compared to 2022 and now standing at the highest level since 2008¹. Furthermore, in 2022/23, there were 31,206 alcohol-related hospital stays². This means that every day in Scotland, more than 3 people lose their lives and almost 100 more are hospitalised because of alcohol. All of these devastating harms are avoidable.

While these figures convey the scale of harm caused by alcohol in Scotland, they do not tell the whole story as they only include those deaths and hospital admissions which are solely the result of alcohol. Taking account of the many other conditions where alcohol plays a role, such as a range of cancers and stroke, these figures would be much higher. The statistics also mask the damage and pain caused in the lives of people who are living with an alcohol problem, as well as that in the lives of their loved ones and in wider communities.

Scotland’s alcohol crisis is also a major source of inequality in our society. Alcohol widens our existing health inequalities, as those living in the most deprived communities are worst affected: there are 4.5 times as many deaths from alcohol-specific causes in the most deprived communities as in the least deprived despite consuming less alcohol on average³, people in the most deprived areas were seven times more likely to be admitted to general acute hospitals for an alcohol-related condition than those in the least deprived areas⁴.

Alcohol harms also put immense strain on our economy and overstretched NHS, costing Scotland an estimated £5 - £10 billion every year⁵.

The Scottish Government has recognised alcohol harms as a ‘public health emergency’ but to date has not put in place a proportionate or effective response.

¹ [Alcohol-specific deaths 2023, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023-report)

² [Alcohol related hospital statistics - Scotland financial year 2022/23 - Alcohol related hospital statistics - Publications - Public Health Scotland](https://www.nrscotland.gov.uk/publications/alcohol-related-hospital-statistics-scotland-financial-year-2022-23)

³ [Alcohol-specific deaths 2023, Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023-report)

⁴ [Alcohol related hospital statistics - Scotland financial year 2022/23 - Alcohol related hospital statistics - Publications - Public Health Scotland](https://www.nrscotland.gov.uk/publications/alcohol-related-hospital-statistics-scotland-financial-year-2022-23)

⁵ Social Market Foundation [Getting in the Spirit 2023](https://www.smf.co.uk/publications/getting-in-the-spirit-2023)

Dr Seonaid Anderson, Consultant Addictions Psychiatrist:

“In specialist addictions services, the number of referrals for people seeking support for an alcohol problem far outweighs the number of people with drug issues. However, it seems that the political focus remains on reducing drug-related deaths without the same attention being given to people with alcohol problems. In the last few years, people with alcohol problems have tended to present later and their needs are increasingly complex as a result. There has been a significant reduction in the support available for these people and it is essential that investment in specialist services is prioritised to meet this unmet need for individuals and their loved ones. At a population level, the success of such measures as MUP should be built upon so that people no longer reach the point of requiring specialist services.”

It is time for a renewed focus on tackling alcohol harms, decoupled from plans to reduce drug deaths, and for the Scottish Government to set out a new approach to prevent alcohol harm and ramp up treatment services to reverse the trend of increasing numbers of people dying because of alcohol. Adding alcohol to the National Drugs Mission is an inadequate response.

This briefing sets out priority areas that should be taken forward in a coherent plan to reduce the number of people who suffer the wide and varied harms caused by alcohol.

Population-wide preventative measures

As part of an overall approach to reducing the harms caused by alcohol, it is essential that the Scottish Government now acts on the World Health Organization recommendation to implement a series of cost-effective *and* effective population-wide preventative measures to protect the health of people in Scotland today, and that of future generations⁶.

WHO “best buy”: Pricing

By making alcohol less affordable, less is consumed and fewer people suffer ill health or die as a result⁷. Now that the Scottish Parliament has shown support for MUP, it is essential that it does not lose its impact and that the level of MUP – due to increase to 65p per unit on 30 September – keeps pace with inflation. **This requires a legislative mechanism via primary legislation to automatically uprate the level each year.**

It is also likely that MUP has led to increased profits for retailers as while the volume of sales fell when it was first introduced, the value will have increased. On this basis, it seems fair that a “polluter pays” principle is taken forward and a **social responsibility levy** introduced so that some of the money made from MUP by supermarkets is used at a local level to fund additional treatment services for people with alcohol problems.

WHO “best buy”: Restrict marketing

We are constantly bombarded by nudges to drink in our daily lives through marketing and advertising on public transport, billboards, in our outdoor and public spaces, when we attend events and sports games, through TV and radio, and when we go online. We are even encouraged to notice and purchase alcohol through strategic placement in our supermarkets.

⁶ [Reducing harm due to alcohol: success stories from 3 countries \(who.int\)](#)

⁷ [Minimum unit pricing \(MUP\) for alcohol: Evaluation findings at a glance \(publichealthscotland.scot\)](#)

It is well established that exposure to alcohol marketing influences how much and how often we consume alcohol with the earlier in age that children are exposed to marketing resulting in earlier age consumption, and in a harmful way⁸.

The Scottish Government has committed to taking forward proposals to restrict marketing of alcohol, and MSPs of nearly all parties⁹ have supported the **SHAAP Calling Time campaign to specifically bring an end to the sponsorship of sports by the alcohol industry**. This would be a welcome building block for taking action to restrict all forms of marketing so that we can de-normalise alcohol as an everyday product, in recognition of the harm it causes.

WHO “best buy”: Restrict availability

One of the key ways in which the ready availability of alcohol in our daily lives could be addressed is to follow in the footsteps of other countries, such as the Republic of Ireland¹⁰, to **structurally separate alcohol within retail environments**. As a public health measure this would also go some way to de-normalising alcohol as a common part of trips to the supermarket or local shop, discourage impulse buying and would protect children and young people as well as vulnerable groups such as people in recovery from an alcohol problem from being exposed to alcohol products and marketing.

Alcohol labelling

There is currently a voluntary approach to labelling of alcohol products with regards to health warnings and key information. This has been found to be ineffective.¹¹ And there is low understanding of the health risks associated with alcohol consumption.¹² If a UK-wide approach to alcohol labelling is not taken forward, the Scottish Parliament should use its powers to **change labelling of alcoholic products so that consumers are provided with adequate information before purchase and/or consumption**. Ireland has already taken steps to address this issue and is set to introduce basic calorie and unit information as well as health risks of alcohol consumption to pregnant women and its association with a range of cancers¹³.

Alcohol treatment services

Alongside the maintenance and introduction of population-wide measures to prevent future alcohol harms, it is vital that effective alcohol treatment, support and recovery services are in place for people seeking help for an alcohol problem.

Despite the number of people dying because of alcohol increasing for the last four years, and despite the Scottish Government's recognition that alcohol harms are a public health emergency, there has been a decline in the number of people being referred to structured alcohol services by around 40% over the past decade¹⁴. Not only that but a number of specialist alcohol services have been downgraded, amalgamated with drugs services or are under threat such as the Alcohol Related Brain Damage centre, Milestone House, in Edinburgh and the Primary Care Alcohol Nurse Outreach Service serving the most deprived communities in Glasgow.

While there is currently an investigation into why fewer people are being referred to alcohol services, a straightforward measure that the Scottish Government should take now is to separate the planning and provision of alcohol and drugs services. The treatment approaches for alcohol problems are

⁸ [The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal - PubMed \(nih.gov\)](#)

⁹ [Political Reactions \(shaap.org.uk\)](#)

¹⁰ [Public Health \(Alcohol\) Act 2018 \(Number 249 of 2023\) Guidance for Industry Section 12 \(www.gov.ie\)](#)

¹¹ [A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective - The Lancet](#)

¹² [New national alcohol guidelines in the UK: public awareness, understanding and behavioural intentions - PMC \(nih.gov\)](#)

¹³ [Public Health \(Alcohol\) Act 2018 \(Number 249 of 2023\) Guidance for Industry Section 12 \(www.gov.ie\)](#)

¹⁴ [Written question and answer: S6W-19111 | Scottish Parliament Website](#)

generally different to those for drug problems, in particular opiates, so need different design and staff development. The performance management of combined services has long been focused on opiates and the introduction of Medication Assisted Treatment Standards has increased this focus and there is a risk that alcohol services will continue to take second place.

Professor Ewan Forrest, Consultant Hepatologist at Glasgow Royal Infirmary:

“Whilst the benefits of public health measures such as minimum unit price for alcohol are welcomed, there are still large numbers of people in hospital with alcohol-related illness. Liver disease in particular is often only recognised when the damage is very severe. As a result the outcomes are very poor and alcohol-related liver disease accounts for the majority of alcohol specific deaths. We need to identify people at risk early and then ensure that they have access to effective alcohol treatment services. This requires resource and commitment. Such action will not only help individuals but will also benefit the NHS.”

Instead, SHAAP would like to see alcohol treatment services being decoupled from drug services and for next steps to be:

- **Reinvigorate work to develop Alcohol Treatment Targets to focus resources and improve access to services**
- **Building on the draft UK-wide Alcohol Treatment Guidelines¹⁵, develop a National Service Specification for Alcohol Treatment Services in Scotland**
- **Support Alcohol and Drug Partnerships to carry out local needs assessments to establish the scale and nature of unmet need and then commission services to address this**
- **Support the development of Alcohol Care Teams in all of Scotland’s major hospitals so that people are screened for alcohol problems and if necessary then supported by an Alcohol Nurse and proactively referred into community services**
- **Address the ways in which alcohol services work with mental health services so that people are not refused care**
- **Embed alcohol knowledge and skills to speak about alcohol within training for all healthcare staff**

In conclusion, it has never been more urgent for the Scottish Government to set out a comprehensive, coherent plan of action to prevent people suffering from the many and varied harms caused by alcohol, and upscale provision of specialist alcohol services for people who need support and treatment now.

For additional information on any of the points raised in this briefing please email SHAAP.Director@rcpe.ac.uk

¹⁵ [UK clinical guidelines for alcohol treatment - GOV.UK \(www.gov.uk\)](http://www.gov.uk)