

Briefing - Emergency response required to prevent deaths from alcohol

September 2024

It has been nearly three years since the Scottish Government 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 2023, 1,277 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 a 25% increase in alcohol-specific deaths 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, until now. This is compromising people's right to health.

Unfortunately, there is no sign of this emergency abating any time soon. Recent indications from the Scottish Health Survey are that increased consumption amongst hazardous and harmful drinkers from the pandemic has persisted.⁵ It is estimated that if these changes in consumption persist into the long term, there would be an additional 7,536 deaths and 72,140 hospitalisations over 20 years, costing £82.2million by 2040 in hospital costs alone.⁶ 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 more likely to die and seven times more likely to be admitted to hospital because of alcohol than people in the wealthiest.^{7 8} 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 foetal 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 alcohol⁹ and

to improve access to treatment and support for recovery¹⁰ but now more than ever these promises must be fulfilled. Almost six 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 2019-21,¹¹ 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 consumption¹² and reduced alcohol deaths by an estimated 13.4%,¹³ demonstrating that population measures work. Following review, the increase of the minimum unit price to 65p per unit from 30 September 2024, is welcome. Further action is promised, with a second consultation on restrictions on alcohol marketing expected in 2024. 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 seen a significant investment of £250 million in drug treatment to address rising drugs deaths. 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.¹⁴ Figures published last year showed 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.¹⁵ 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,^{16 17} along with relapse rates for people in recovery from alcohol dependence.^{18 19}

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.²⁰ 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.

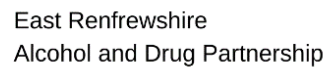
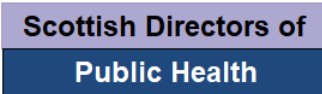
Effective prevention policies

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.^{21 22}

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

- Introduce automatic uprating of the minimum unit price (MUP) 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 (2024). [Alcohol-specific deaths 2023](#).
- ⁴ National Records of Scotland (2024). [Alcohol-specific deaths 2023](#).
- ⁵ ScotCen Social Research (2023). [The Scottish Health Survey 2022. Chapter 6 – Alcohol Tables](#). The Scottish Government; ScotCen Social Research (2020). [The Scottish Health Survey 2019. Chapter 6 – Alcohol Tables](#). The Scottish Government.
- ⁶ Angus, C. et al. (2023). [New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland: An adaptation of the Sheffield Tobacco and Alcohol Policy Model - Final Report](#). University of Sheffield.
- ⁷ National Records of Scotland (2024). [Alcohol-specific deaths 2023](#).
- ⁸ Public Health Scotland (2024). [Alcohol-related Hospital Statistics Scotland 2022/23](#).
- ⁹ Scottish Government (2018). [Alcohol Framework 2018: Preventing Harm. Next steps on changing our relationship with alcohol](#).
- ¹⁰ Scottish Government (2018). [Rights, respect and recovery: alcohol and drug treatment strategy](#).
- ¹¹ Scottish Government (2019), [Rights Respect and Recovery Action Plan 2019 - 2021](#).
- ¹² 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.
- ¹³ 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.publikealthscotland.scot/media/18509/evaluating-the-impact-of-alcohol-minimum-unit-pricing-mup-on-alcohol-attributable-deaths-and-hospital-admissions-in-scotland-english-march2023.pdf>
- ¹⁴ 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>
- ¹⁵ [Written question and answer: S6W-19111 | Scottish Parliament Website](#)
- ¹⁶ Puttick, H. (23 July 2020). [Lockdown anxiety has more Scottish drinkers looking for help](#). *The Times*. Retrieved 08/10/2020.
- ¹⁷ 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](#).
- ¹⁸ 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.
- ¹⁹ Scottish Families Affected by Alcohol and Drugs (2020). [Lockdown and beyond: A COVID Insights report](#). Glasgow: SFAD.
- ²⁰ Audit Scotland (2022). [Overarching drug and alcohol plan needed](#).
- ²¹ World Health Organization (2018). [The SAFER initiative: A world free from alcohol related harm](#).
- ²² World Health Organization (2017). [Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control noncommunicable diseases](#).