Alcohol (Minimum Pricing) (Scotland) Bill

Faculty of Liaison Psychiatry
Royal College of Psychiatrists in Scotland

I am pleased to have the opportunity to provide written evidence on this Bill on behalf of consultant colleagues in the speciality of liaison psychiatry across Scotland. I am happy to give oral evidence if so invited, as well as supplementary evidence regarding relevant patient numbers from the Royal Infirmary of Edinburgh service in which I work.

Most general hospitals in Scotland, and all the large city centre teaching hospitals, have departments of liaison psychiatry. This is the sub-speciality of psychiatry which sees patients in general hospital A&E units, medical and surgical wards, and out patient clinics, who have any combination of psychiatric and medical problems.

Necessarily this means taking referrals in relation to patients with medical and mental problems arising from hazardous or harmful drinking, or outright alcohol dependence.

Most hospital clinicians see a narrow spectrum of alcohol-related harm arising in their own specialities. (For example: liver specialists will see people with alcoholic liver disease, A&E specialists will see people injured in alcohol induced fights or other trauma; abdominal surgeons will see patients with pancreatitis due to alcohol, etc)

By its nature, liaison psychiatry is the hospital speciality with the widest ranging view about the impacts of alcohol misuse upon health (insofar as it impacts on hospital practice, as opposed to primary care)

We are therefore well placed to attest to the very wide-ranging damage done by alcohol in Scotland's current pattern of drinking, across all ages, both genders, all social groups, and all medical and surgical specialties.

In the context of minimum pricing proposals, we have particular concerns about two groups most at risk from the current ready availability of very cheap alcohol:

1. Younger patients (ie teenagers)

   Although alcohol-related medical problems are becoming more prevalent in the young, it remains the case that self-harm (including overdose) and injuries arising from behaviour when intoxicated are their main modes of presentation.

2. Those with (or at risk of) alcohol-related brain damage

   Hitherto regarded as a relatively rare problem in older male drinkers, this is becoming more prevalent and increasingly affects younger patients and
women. Such patients commonly have extended in-patient stays, long after their initial medical needs are met, and some require life-long residential care, places for which are scarce and expensive.

All measures intended to curb excess drinking deserve serious consideration, but we welcome minimal pricing proposals as particularly likely to reduce alcohol consumption in the young, and in those very heavy drinkers at risk of alcohol-related brain damage.

At the most recent annual meeting (Nov 8 2011) of the Faculty of Liaison Psychiatry of the Royal College of Psychiatrists in Scotland, the minimum pricing bill was discussed, and the provisions within it were endorsed unanimously and emphatically.

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