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 provide written evidence to the Health and Sport Committee on the Draft Budget 2018-19.

Summary

- Alcohol costs Scotland around £3.6 billion each year\(^1\), including £267m to the NHS, £209m to social care services, and £727m to the justice system.
- Increasing price, reducing availability and restricting marketing are amongst the most effective - and cost-effective - policy measures to reduce alcohol consumption and harm.
- Reducing alcohol consumption and harm will make a valuable contribution towards reducing health inequalities.
- Evidence on alcohol harm should be updated to inform and enable effective budget planning and policy-making.
- Funding for Alcohol and Drug Partnerships should be restored to 2015/16 levels.
- The budget and subsequent reporting mechanisms should enable the tracking of spend on alcohol harm from national to local (ADP) level.
- A national public information campaign should be funded to communicate the revised CMO low-risk drinking guidelines.
- Scottish Government should consider a range of financial mechanisms which could both encourage more responsible retailing of alcohol and provide funds to help offset the significant costs to the public sector of dealing with the consequences of alcohol harm.

The cost and impact of alcohol harm

Alcohol misuse continues to be a major health, economic and social challenge for Scotland, costing \textbf{Scotland around £3.6 billion each year.}\(^2\) In Scotland, 22 people die every week due to alcohol, and alcohol-related death rates are 54\% higher than in England and Wales.\(^3\) In addition, excessive alcohol consumption is a major risk factor for non-communicable diseases (NCDs), which are Scotland’s biggest killers.\(^4\) A detailed analysis of the burden of disease attributable to alcohol in Scotland will be available later this year. Alcohol harm costs an estimated £267 million to the health service each year.

Harm from alcohol not only affects the drinker, but also affects others around them and the wider community. Half of Scots report being harmed as a result of someone else’s drinking\(^5\) and as a result of parental drinking, children in Scotland...
have experienced physical abuse and violence, and a lack of care, support and protection. Such adverse childhood experiences (ACEs) have profound and long-lasting consequences, including for emotional and physical health in later life. The cost of alcohol harm to social care in Scotland is around £209 million.

There is also a strong link between alcohol and crime, particularly violent crime. Victims report that the offender was under the influence of alcohol in just over half (54%) of violent crimes in Scotland, and the proportion of violent crime that is alcohol-related is 14% higher in Scotland than in the rest of the UK. Alcohol-related crime is estimated to cost Scotland £727 million each year.

The draft budget and reducing alcohol harm

As recognised by the World Health Organization (WHO) and the Christie Commission, prevention of poor health represents a worthwhile investment across all government departments and should be given priority as a key contributor to a fairer and wealthier society. Evidence-based action to prevent and reduce alcohol-related harms is proven to deliver improved outcomes and can reduce costs to public services without significant public investment. The three ‘best buys’ identified by the WHO are increasing price, reducing availability and restricting marketing.

The Draft Budget 2018-19 should clearly specify funding to prevent and reduce alcohol harm and where this is to be directed at both national and at local level.

Health Improvement and Protection

The refresh of the Scottish Government’s alcohol strategy, Changing Scotland’s Relationship with Alcohol: A Framework for Action, is expected this summer. The priority for the strategy must be to reduce consumption, as “long term health improvement will only be achieved if the overall level of consumption in the population is significantly reduced”. International evidence clearly indicates that increasing price, reducing availability and restricting marketing are amongst the most effective and cost-effective policy measures to reduce alcohol consumption and harm in a population. It is crucial that the alcohol strategy refresh prioritises these three ‘best buys’.

Despite alcohol being a group one carcinogen alongside tobacco and asbestos, less than half of Scots associate drinking alcohol with cancer. To contribute towards the achievement of National Health and Wellbeing Outcome 1 - ‘People are able to look after and improve their own health and wellbeing and live in good health for longer’ – a public information campaign should be funded to communicate the health risks associated with drinking alcohol and the Chief Medical Officer’s low-risk drinking guidelines which were revised in 2016.

Harmful drinking can be both a consequence and a driver of social marginalisation and deprivation, and inequalities in alcohol-related harm are stark: people living in our most deprived communities are six times more likely to die and almost nine times more likely to be admitted to hospital due to alcohol use than those in our more affluent communities. Reducing alcohol consumption and harm will make a valuable contribution to achieving Outcome 5 of the National Health and Wellbeing Outcomes: ‘Health and social care services contribute to reducing health inequalities.’
It is crucial that up-to-date evidence is available to inform and enable effective budget planning and policy-making. Information on the economic cost of alcohol harm in Scotland has not been updated since the original study, undertaken in 2010 using 2007 data. Also required is an update on the number of children affected by parental drinking, as part of the Scottish Government’s priority to improve outcomes for children affected by parental substance misuse (CAPSM). The NHS Health Scotland assessment of the availability of and need for specialist alcohol treatment services in Scotland should also be revised so that we can better understand the level of unmet need for people with an alcohol problem.

Alcohol and Drug Partnership Funding
Alcohol and Drug Partnerships (ADPs) are currently operating under significant financial pressure. In 2016/17, direct funding to ADPs was cut by 22%19, with half of all health boards indicating they did not make up the shortfall.20 As well as adversely impacting on the availability of services for individuals and families who need them most, the indications so far are that cuts are likely to have disproportionately affected prevention and early intervention funding and activity. Funding for ADPs should be restored to 2015/16 levels in the 2018-19 Scottish budget to enable local services to meet Ministerial Priorities for service delivery, such as reducing alcohol-related deaths and hospital admissions.

With national funding for ADPs routed via health boards for onward delegation to Health and Social Care Partnerships from the 2017-18 budget21, it is increasingly difficult to track spend on addressing alcohol harm at local level. This has been highlighted recently by the Committee.22 The budget and subsequent reporting mechanisms should enable the tracking of spend on alcohol harm from national to local level.

Reducing the funds available for such support services is a false economy, which will only increase pressures on the health service and general practice in particular. It is hard to see how this decision is compatible with the Scottish Government’s stated priorities in relation to reducing alcohol harm. Funding to ADPs should be restored to 2015/16 levels in the next Scottish budget.

Polluter Pays Measures
Requiring those who profit from the sale of alcohol to contribute to the costs of alcohol-related harm would help offset the significant costs to the public sector, implementing the ‘polluter pays’ principle. The Public Health Supplement, for example, was a means of raising funds for preventative spending to address the health and social problems associated with alcohol and tobacco use. Implemented in 2012, this supplement levied a charge on all large retailers selling alcohol and tobacco, and was expected to raise £95m between 2012 and 2015.23 It is unfortunate that the revenues raised from this levy did not contribute to preventative spending on health, as originally intended, and that the supplement was not renewed on its expiry in 2015.

In addition the Scottish Government has acknowledged that the implementation of minimum unit pricing, whilst delivering considerable health and social benefits, may also result in increased profits for retailers and/or producers. For this reason, as part of the Alcohol (Scotland) Act 2010, Parliament approved provisions to enable a social responsibility levy to be applied to retailers.
Scottish Government should consider a range of financial mechanisms which could both encourage more responsible retailing of alcohol and provide funds to help offset the significant costs to the public sector of dealing with the consequences of alcohol harm.

8 York Health Economics Consortium, University of York (2010), op cit
11 York Health Economics Consortium, University of York (2010), op cit
15 Alcohol Health Alliance UK (2012), *Health First: An evidence-based alcohol strategy for the UK*, Stirling: University of Stirling. p.11
17 Alcohol Health Alliance (2016), *2015 UK Alcohol Behaviour & Attitudes Survey*, Bluegrass Research Ltd.
19 Audit Scotland (2016), *NHS in Scotland 2016*, Audit Scotland
21 Scottish Government (2016), *Scottish Budget: Draft Budget 2017-18*, Edinburgh: Scottish Government, p.31 A footnote to the Health Improvement and Protection budget line in the Draft Budget 2017-18 states “This budget line does not include £53.8 million that is being transferred to NHS Board baselines in 2017-18 for expenditure on Alcohol and Drug Partnerships”; Correspondence from Minister for Public Health and Sport to Neil Finlay, Convener of the Health and Sport Committee, 9th June 2017 [http://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/20170609_Letter_from_Minister_for_Public_health_ADP_funding.pdf](http://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/20170609_Letter_from_Minister_for_Public_health_ADP_funding.pdf)
Correspondence from Neil Finlay, Convener of the Health and Sport Committee to Shona Robison, Cabinet Secretary for Health and Sport, ‘Integration Authorities Budget 2017-18’, 20 June 2017
http://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/Convener_to_Cab_Sec_200617_Final_no_signature.pdf