Alcohol Focus Scotland 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 inquiry into healthcare in prisons.

**Summary of key points**

- Alcohol related crime is estimated to cost Scotland £727 million each year.
- 41% of prisoners report being drunk at the time of their offence, rising to 60% of young offenders.
- 73% of male prisoners have an Alcohol Use Disorder, with 36% possibly dependent.
- For those who have been imprisoned in Scotland, the risk of dying an alcohol-related death is three times higher for men and nine times higher for women.
- It is estimated the treatment gap for prisoners with alcohol problems is around 1:5, compared to 1:4 for people in the community.
- The number of alcohol brief interventions delivered in prison reduced from over 2,000 in 2014/15 to just over 1,000 in 2015/16.
- Tackling alcohol problems through the prison healthcare system has the potential to both reduce health inequalities and re-offending.
- It is also an opportunity to intervene and reach those who are ‘hard to reach’.

**Pressures on health and social care provision in prisons**

There is a strong link between alcohol and crime, particularly violent crime. Alcohol related crime is estimated to cost Scotland £727 million each year. Two in five (41% of) prisoners report being drunk at the time of their offence\(^1\), rising to 60% for young offenders\(^2\). Alcohol is implicated in 38% of those accused of homicide\(^3\) and 54% of victims of violent crime thought the offender was under the influence of alcohol\(^4\). Not all alcohol problems in prisoners are linked to their offence. Between 18-34% of those in police custody have alcohol problems (mostly at the dependency end of the spectrum)\(^5\), and nearly three quarters (73%) of male prisoners have an Alcohol Use Disorder with 36% possibly dependent.\(^6\) Clearly the prison and custody populations are those with a high prevalence of alcohol problems.

Alcohol problems are often present with other co-morbidities including drug misuse and mental health problems. For example, there are strong links between alcohol misuse and depression, which is itself associated with violent crime; evidence suggests that depressed individuals are three times more likely to violently offend than the general population.\(^7\)

**Alcohol misuse and harm is a current pressure on health and social care provision in prisons, and as such, it is essential that opportunities for intervention and treatment are optimised within the prison healthcare system.**

**Health inequalities in the prison healthcare system**

The prison and police custody populations are predominately young, male and from deprived backgrounds, and there is a high prevalence of social exclusion factors.\(^8\) For those
who have been imprisoned in Scotland, the risk of dying an alcohol-related death is three times higher for men and nine times higher for women.9

**Inequalities in alcohol-related harm also persist.** There is evidence of the ‘alcohol harm paradox’ in Scotland, an internationally recognised pattern whereby people in lower socio-economic groups experience greater levels of harm despite consuming less alcohol than those in higher groups.10 People in higher socio-economic groups are more likely than those in lower socio-economic groups to consume above the recommended limit of 14 units per week. However, when looking only at those drinking above the recommended 14 units a week, men in the lowest socio-economic group consume considerably more than those in the highest.

In other words, although a smaller proportion of men in the lowest socio-economic group drink above recommended levels, those who do drink above those levels consume considerably more alcohol than those in higher groups.11 As a consequence those in our most deprived communities are eight times more likely to die or be admitted to hospital due to alcohol use than those in our more affluent communities.12

Tackling alcohol problems through the prison healthcare system has the potential to both reduce health inequalities and re-offending, and to prevent the revolving door between prison and the community for too many individuals in Scotland. It is also an opportunity to intervene and reach those who are ‘hard to reach’, for example, because they are not registered with a GP or do not use mainstream health services.13

**Barriers to improving the health outcomes of prisoners**

Although prisoners who have received treatment for alcohol report finding this useful (94% in the Scottish Prison Service 2015 prisoner survey)14, challenges persist in the detection, recording and treatment of alcohol problems among prisoners. It is a concern that the proportion of prisoners assessed for alcohol use on their admission to prison sits at only 27% (an 11 percent decrease in the last five years). Few prisoners also report being given the chance to receive treatment for alcohol problems during their sentence, or receiving help or treatment during their sentence (25% and 14% respectively), again significant decreases from 39% and 24% in 2012. Even when help is offered for alcohol problems, many prisoners may be reluctant to take it: less than two fifths of prisoners agreed that they would accept help if offered.

We refer the Committee to the alcohol-specific recommendations within the National Prisoner Healthcare Network (NPHN) Guidance,15 particularly that “prisoners should have access to the same range of interventions (as non-prisoners in an NHS Board area) to facilitate recovery”. Successful implementation of these recommendations would go some way towards addressing the wider gap the NPHN identified for treatment of alcohol problems amongst people in prisons of 1:5, compared to people in the community of 1:4. The NHPN also recommended that: “Alcohol Brief Interventions (ABIs) should be available to prisoners from reception and throughout their stay in the prison setting”. Despite this, there has been a reduction in the number of Alcohol Brief Interventions carried out in prisons since the Guidance was issued: from over 2,000 in 2014/15 to just over 1,000 in 2015/16.16
Another challenge, also reflected in the NPHN Guidance, is to ensure that the necessary data is recorded and shared. For example, the Scottish Government should consider monitoring the success of ABI delivery in reducing the consumption of those who receive them. This highlights the significant role that prison through care plays in monitoring outcomes in this area.

**Main pressures for the future**

Although consumption rates have fallen since 2009, the most recent data suggest that the amount of alcohol sold has increased since 2012, and rates of alcohol-related hospitalisations and deaths continue to be higher than in the 1980s. If this marks the start of a longer-term trend, it would be expected that levels of alcohol harm would rise, across the whole population and within prisons. This may apply additional pressure on an already overburdened healthcare system in dealing with the needs of a population in which alcohol harm is already particularly prevalent.

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9 MacAskill et al. (2011) op cit.
11 ScotCen analysis of the 2015 Scottish Health Survey, as discussed at [https://t.co/jXWkseNx5B](https://t.co/jXWkseNx5B);
16 Byrne et al. (2016) op cit. p.35.
17 Unpublished data, Information Services Division (ISD), NHS Scotland.