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 preventative agenda.

AFS encourages the Committee to undertake a short inquiry into preventative spending to reduce alcohol harm. As well as investigating how preventative measures on alcohol harm could be used to their full potential, evidence could also be taken on how early intervention programmes can be expanded, the possibilities for supplementing public investment in preventative action, and what data and evidence is required to ensure our continued understanding of drinking behaviour and alcohol harm in Scotland.

Why alcohol?

Alcohol harm is preventable. It costs individuals, families and communities dear, is a drain on our hard-pressed public services and a brake on economic growth. Alcohol consumption, alongside tobacco use, physical inactivity and unhealthy diet, is a major risk factor for non-communicable diseases (NCDs), such as cardiovascular diseases, cancer, chronic liver disease, and diabetes. These preventable diseases cause 79% of deaths in the UK\(^2\), and are Scotland’s biggest killer.

Inequalities in alcohol-related harm persist, with people living in our most deprived areas eight times more likely to die or be admitted to hospital due to alcohol use than those in our least deprived communities\(^2\). This 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\(^3\).

Other public health priorities are associated with harmful alcohol use, such as violence and mental disorders. Victims report that the offender was under the influence of alcohol in just over half (54%) of violent crimes\(^5\) in Scotland, and in 2016, a third of emergency services workers were subjected to physical abuse while attending an incident as a result of alcohol misuse\(^5\). Alcohol is both a contributory cause and compounding factor in mental ill health, with evidence showing strong links between alcohol misuse, self-harming behaviour, thoughts of suicide and completed suicides.

In Scotland, alcohol harm costs an estimated £3.6 billion per year\(^6\), including £267 million to the NHS. With an ageing population and more complex and costly medical treatments, it seems inescapable that the NHS will become increasingly stretched. Alcohol harm poses a considerable threat to maintaining a high-quality, responsive and publicly-funded health service. With 22 Scots dying from alcohol every week, there is a clear need for continued action to reduce alcohol-related harm in Scotland and to address the associated health inequalities.
As recognised internationally by the 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 reduce health inequalities. Many of these actions, particularly those which address environmental factors which drive consumption, can reduce costs to public services without requiring significant public investment.

**Primary Prevention**

Expected by summer of this year, the refresh of the Scottish Government’s alcohol strategy, *Changing Scotland’s Relationship with Alcohol: A Framework for Action*, is a unique opportunity to ensure that prevention is given the appropriate focus for any future action taken to reduce alcohol harm in Scotland.

The priority for Scotland’s alcohol 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**. They are identified as the ‘three best buys’ of alcohol policy by the World Health Organization, and are intrinsically linked; for example, increased availability increases marketing opportunity and drives down price in a competitive business environment.

**It is crucial that the alcohol strategy refresh should continue to prioritise the ‘three best buys’.** Such measures will reduce consumption across the whole population whilst disproportionately benefiting people in deprived communities, where harm is concentrated.

**Secondary Prevention**

Preventative interventions must be supported by early intervention and access to appropriate support and treatment services for those who need it. NHS Scotland’s main programme for preventing the negative impacts of alcohol misuse is Alcohol Brief Interventions (ABIs). These cost-effective, early interventions are in keeping with the 2020 vision of making every contact count. The Local Delivery Plan (LDP) Standard to deliver over 60,000 ABIs each year has increased access to early identification and prevention for people drinking at hazardous and harmful levels. However, **consideration should be given as to how ABIs could be delivered in wider settings, and how outcomes can be monitored**.

Screening for alcohol problems should not be restricted to drinkers themselves. The many health and social problems attributable to alcohol also affect those around them, including children and families. Up to 51,000 children are estimated to live with a problematic drinker and around 30% of children live with at least one binge drinking parent. The impact on children can range from anxiety, social isolation and reduced attainment to neglect. **AFS believes that improving the identification of children affected by parental drinking would enable them to be supported earlier, reducing the impact on them. We would welcome further investigation of this issue by the Committee.**
It is concerning that only one in four people who are alcohol dependent are accessing specialist alcohol services. It is estimated that every £1 spent on treatment saves £5.10; this figure not only reflects the knock-on effect on public services, but also the fact that dealing with failure demand is many times greater than the costs of providing effective alcohol prevention, treatment and support services. An emphasis on high quality, accessible services which enable people to address the underlying issues driving their alcohol use are likely to increase their chances of sustaining recovery and reduce their need for acute care.

**Investment in Preventative Funding**

The 22% cut in direct Scottish Government funding to local Alcohol and Drugs Partnerships (ADPs) is a false economy and the shortfall is unlikely to be made up by health boards. It is probable that funding for ADPs will reduce further in 2017-18 following the passage of the Budget (Scotland) Bill for 2017-18. A footnote to the Health Improvement and Protection budget line 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”\(^{17}\). As a result there will be no ear-marked funding from Scottish Government for ADPs from 2017-18 onwards. 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 disproportionately affected prevention and early intervention funding and activity.

This raises questions as to the impact of cuts on preventative actions, how Integration Joint Boards and ADPs are trying to mitigate such impacts, and how investment in prevention is protected and evidenced at a local level. Alcohol Focus Scotland would welcome the Committee’s investigation of where authority, oversight and accountability lies in ensuring preventative action on reducing alcohol harm at local level. We would encourage examination of how the long-term nature of return on preventative spending can be recognised within an environment of short-term reporting periods.

Requiring those who sell alcohol to contribute to the costs of alcohol-related harm - based on the ‘polluter pays principle’ - would help offset the significant costs to the public sector in dealing with alcohol harm and provide much needed funds for prevention. 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\(^{18}\). 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. **AFS would welcome consideration by the Committee of how lessons can be learned on how to protect and promote investment in prevention in times of financial pressure, and to examine how levies on industry can be predicated for preventative interventions.**

**Data, Evidence and Evaluation**

Over the past 20 years, we have seen a significant shift to home drinking, with 74% of all alcohol now sold in off-sales and drunk at home and in other private settings\(^{19}\). There is therefore a need to investigate how we can improve our understanding of the scale and nature of alcohol’s harm to others, including the tracking of trends; this would enable us to design and implement appropriate preventative policy solutions.
As well as monitoring such shifts in drinking behaviour, continued monitoring of the levels of alcohol consumption (sales) and alcohol-related mortality is required to understand whether the increase in sales over the past two years marks the start of a longer-term trend. **Monitoring and evaluation should continue to be embedded in the refreshed alcohol strategy**, carried out as part of the Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS) work programme, in particular to assess the effectiveness of the actions and to expand the evidence base.

It would also be helpful for consideration to be given as to how to develop a whole system analysis of the full impact of alcohol to Scotland; both positive and negative. Currently public health considerations and economic considerations are treated somewhat separately and seen to be in tension with one another. We consider that they are closely linked and that health and wellbeing are key to sustainable economic growth. Modelling which considers impacts on employment and economic growth alongside health and wellbeing could provide a basis for more fully informed decision-making at both the local and the national level.

Any inquiry on alcohol would be well placed to consider what data and evidence is required to ensure Scotland can continue to design and implement preventative policy and practice interventions.

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9 Alcohol Health Alliance UK (2012), *Health First: An evidence-based alcohol strategy for the UK,* Stirling: University of Stirling. p.11


12 Babor, T. et al. (2010), op cit.

13 AFS is also part of the coalition supporting Putting the Baby IN the Bath Water, coordinated by Dr Jonathan Sher (Scotland Director, WAVE Trust). The coalition focuses exclusively on the primary prevention of harm and the first 1,001 days of life (from pre-birth to preschool). The enduring negative consequences of adverse childhood experiences can range from substance misuse, school failure and poor mental health to incarceration, dependence, violence, adult ill health and lower life expectancy. International evidence shows that primary prevention coupled with robust, effective support for mothers, fathers and/or carers during the first 1,001 days offer the best chance to break the cycle of inequality.
14 Scottish Government (2012), Final Business And Regulatory Impact Assessment For Minimum Price Per Unit Of Alcohol As Contained In Alcohol (Minimum Pricing) (Scotland) Bill. Edinburgh: Scottish Government