This contribution is intended to supplement the detailed response provided on behalf by NHS Lothian by Jim Sherval, whose conclusions we endorse wholeheartedly. It comes from the perspective of the liaison psychiatrists working in Edinburgh's general hospitals, the Royal Infirmary of Edinburgh (RIE) and the Western General Hospital (WGH). The Departments of Psychological Medicine in these hospitals take referrals from A&E, all medical, surgical and specialist wards, and all out-patient clinics, for people with any combination of medical and psychological problems.

As might be expected, alcohol-related problems are increasingly prominent amongst our referrals from all sources. 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. We have particular concerns about two groups:

Younger patients

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

Those with 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.

Some relevant figures:

- In 2008, among the 2177 RIE patients with overdose or other forms of self-harm, sufficiently severe to require admission, alcohol was the top overdose product, being consumed in 923 cases (44%). This is a significant increase on 2007.
- In 2008 there were approximately 350 patients aged under 20, and 600 aged 20-29 who were admitted after overdose or other self-harm.
- Alcohol-related psychiatric problems were diagnosed in 285 of 974 (29%) RIE in-patients referred to DPM, an increase of 9% on 2008.
- In 2009 616 patients were referred to RIE's alcohol liaison service, an increase of 4% on 2008 and of 26% on 2005.
- Alcohol related brain damage was diagnosed in 36 RIE in-patients in 2009, an increase of 38% on 2008.
Conclusion

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, or in those very heavy drinkers at risk of alcohol-related brain damage. We therefore strongly support the measures outlined in the bill.

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