Exploring the road to Alcohol Treatment in Scotland

10 weeks ago, Mr. John Mooney asked me: *"Are the principles of MAT Standard applicable to Alcohol treatment?"*

Let's rewind to where it all began. As part of my master's program in Public Health at the University of Aberdeen, I was required to undertake a student placement. I first met John when he visited our *Public Health in Action* course as a guest lecturer. After his session, I approached him to discuss potential opportunities that eventually led to my placement under his supervision in his role as Consultant Lead for Medication-Assisted Treatment (MAT) Standards at Public Health Scotland.

When I first spoke with my host at the start of this placement, he asked about my interest in developing a report on alcohol treatment. Not knowing fully well what was happening in Scotland, I eagerly agreed to take up this role, and I was shocked by my initial findings.

So, what did you notice?

I realised Scotland, like much of Europe, faces significant challenges with alcohol consumption. Europe holds the highest alcohol consumption rates in the world, with seven of the ten countries with the highest per-capita intake located within the region.[1] I was shocked that people in Scotland drink an average of 21.6 units per week, which is well above the recommended safe limit, with the highest levels of consumption found in the most deprived communities.[2]

Another intriguing fact is that alcohol has deep cultural roots in Scotland.[3] As Sir Alexander Fleming, the Scottish discoverer of penicillin, once quipped about the common cold: *"A good gulp of hot whisky at bedtime - it's not very scientific, but it helps."*[4] While humorous, his remark reflects how embedded alcohol consumption is in Scottish life.

How did MAT Standards come about?

Apparently, heavy consumption of alcohol is not the only problem that Scotland has. The country also faces disproportionately high rates of drug-related harm. In 2018, Scotland recorded 29.8 drug-related deaths per 100,000 people, which is the highest in Europe and potentially worldwide.[5] Within the UK, it also has the highest alcohol-specific death rate at 22.6 per 100,000[6]. In response to these public health challenges, the Scottish Government introduced the MAT Standards in 2022 to improve the quality, consistency, and rights-based delivery of treatment for people affected by opioid use[7].

What was your 10-week experience like?

Over my 10 weeks I took a deep dive into the ten MAT Standards principles[7] designed to make opioid treatment faster, fairer, and more person-centred and was asked: "*What if we applied these to alcohol services?"* To my surprise, many of them fit remarkably well.

Fast access matters. One MAT Standard says treatment should be available the same day[7] or at least within 72 hours. That makes just as much sense for alcohol as it does for opioids[7,8].Imagine someone finally decides to get help, but is told to wait weeks. That window of motivation can close quickly. Medications like naltrexone or acamprosate [9,10] could be started right away to support recovery.

Choice empowers people. This highlights the importance of offering options[7] as recovery isn't one-size-fits-all. Some might benefit from medication, others from counselling, and many from a mix of approaches[9,10]. Being able to make an informed choice can increase chances of people sticking with treatment.

Looking after high-risk individuals. A key principle is proactively identifying people at risk and offering assertive community support[7]. For alcohol, numerous studies have shown it to be highly effective in reducing emergency admissions requiring detox[11,12]. These people are also offered regular health checks and liver tests to prevent, detect and quickly treat likely harms that could have resulted from alcohol consumption[13,14,15]. They are also linked to rehabilitation homes which has been supported by a range of studies to promote continuous abstinence and prevent relapse[16,17].

Beyond medication: mental health and independent advocacy[7]. These approaches facilitate the development of new coping mechanisms, treatment for mental health disorders, and integrated peer-led support groups while reintegrating individuals back into their family[7]. That's why psychosocial support is just as important as prescribing. Most particularly, the use of alcohol brief interventions will connect individuals with services that prioritise emotional support and referrals when appropriate to psychiatric specialists[14,15]. Promoting advocacy means that people would be offered housing and welfare services[7], as alcohol-related harm is majorly seen in deprived communities[2], where housing and welfare services provide critical support.

My greatest lesson was the need to integrate alcohol treatment with primary care. When people can share their treatment plans with their GP and combine that with alcohol brief interventions, outcomes improve[18]. And underpinning everything is the principle of trauma-informed care. Alcohol use is often tied to trauma[7,19]. If they feel judged, unheard, or if treatment doesn't involve them in decision-making, they might not likely remain engaged. This means that approaching care with empathy and respect is not only humane, but also a strategy for retention and recovery.

Moving forward, one of the most rewarding moments of my placement came when I presented my findings to a wide range of stakeholders, including Alcohol and Drug Partnerships, representatives from the Scottish Government, policy leads, and third-sector organisations. Sharing the work I had done and hearing the discussions it sparked about gaps in specialist services, such as poor prescribing practices in alcohol use disorder treatment[20], was both validating and energising.

From your experience, what does it truly mean to break the cycle of alcohol-related harm?

This 10-week placement showed me that addressing alcohol-related harm in Scotland is not just about prescribing the right medication. It is about building a system of care that is timely, inclusive, compassionate, and centred on the person. It requires collaboration across health, social care, and community services to break the cycle of harm and relapse.

Finally, special thanks to John, Public Health Scotland, and the University of Aberdeen for this amazing opportunity. This report serves as an advocate for systemic change. It has shown that addressing the alcohol problem is complex and treatment works best when its holistic and empathetic.

You are probably thinking that 10 weeks is a long time for just 1 blog post, but the full detail is mapped out in the report…