

A Meeting of the Forum will be held via MS Teams on

Wednesday 3 September 2025 at 16.00hrs

AGENDA

- 1. Apologies for absence
- 2. Declarations of Interest Members should declare any interests they have in any business on the agenda, or any conflicts of interests arising, and decide if they should withdraw from dealing with any item of business
- 3. Election of Chair and Vice-Chair
- 4. Order of Business
- 5. Confirm Draft Minutes of Licensing Forum Meeting held on 4 June 2025 (herewith)
- 6. Minutes of Licensing Board For Information Only
 - a) 11 April 2025
 - b) 13 June 2025
 - c) 11 July 2025
- 7. Updates:
 - a) Chair Update
 - b) Police Update
 - c) Other Updates
- 8. Alcohol Focus Scotland
 - a) E-Focus May 2025 (herewith)
 - b) E-Focus June 2025 (herewith)
 - c) E-Focus July 2025 (herewith)
- 9. Workplan Updates and Current Workplan (herewith)
- 10. Licensing Policy Q&A LSO
- 11. Membership and Recruitment

NEXT MEETING - 3 December 2025

FORUM OBJECTIVES

- (a) To keep under review the operation of the 2005 Act in West Lothian and in particular, the exercise by the West Lothian Licensing Board of its functions under the Act.
- (b) To give such advice and to make such recommendations to the Board in relation to those matters as the Forum considers appropriate.

For further information contact Anastasia Dragona 01506 281601

anastasia.dragona@westlothian.gov.uk

MINUTE of MEETING of WEST LOTHIAN LOCAL LICENSING FORUM held within MS TEAMS VIRTUAL MEETING ROOM, on WEDNESDAY 4 JUNE 2025

Present and Apologies

First Name	Surname	Category	
Jim	Carlin	Local Resident	Apologies
Helen	Davis	WL Youth Action Project	Apologies
Mike	Duncan	WL CHCP	Present
Douglas	Frood	LSO	Present
Lisa	Moore	Education	Present
Laura	Dougall	NHS Public Health	Present
Mark	Vance	Social Work/Health	Present
Arun	Randev	Trade	Present
Nicola	Hughes	Housing	Present
Donna	Pearey	Police Scotland	Present

Anastasia Dragona Clerk Present

1. <u>DECLARATIONS OF INTEREST</u>

There were no declarations of interest made.

2. <u>ELECTION OF CHAIR AND VICE-CHAIR</u>

Arun Randev was elected as Chair.

3. LICENSING FORUM MINUTES

The Forum approved the minutes of its meetings held on 4 December 2024 and 26 March 2025.

4. MINUTES OF LICENSING BOARD

The Forum noted the Licensing Board minutes of 8 November 2024, 13 December 2024, 10 January 2025, 14 February 2025 and 25 March 2025.

5. UPDATES

<u>Chair Update</u> – The Chair expressed disappointment at the lack of quorum at the previous meeting and asked that members let the Forum know in advance if they would be unable to attend.

<u>Police Update</u> – Police Scotland had been busy with gala days. Alcohol theft continued to be prevalent and officers were striving to address anti-social behaviour and alcohol-related issues.

<u>LSO</u> – The Licensing Team was operating with reduced staff whilst the number of licensing applications had not decreased. The Licensing Board had resumed its meetings after a member's resignation as another elected member had been appointed to the Board.

Decision

To note the updates from the Chair, Police Scotland and the LSO.

6. ALCOHOL FOCUS SCOTLAND

The Forum noted the E-Focus Newsletters dated November 2024, December 2024, January 2025, February 2025, March 2025 and April 2025.

Decision

To note the newsletters.

7. LICENSING POLICY Q&A

The Licensing Policy review would begin at the end of 2026 or start of 2027; the timing of new policy would coincide with the new Licensing Board membership following the Local Elections in 2027. It was noted that any suggestions for updates to the policy in the meantime be communicated to the Licensing Team.

Decision

To note that any suggestions for updates to the Licensing Policy be communicated to the Licensing Team.

8. FORMULATION OF A WORKPLAN

Members were encouraged to continue suggesting items for the workplan. Themes that were outwith the Licensing Policy's remit could also be considered as part of the new workplan.

Decision

To continue suggesting items for the workplan.

9. <u>UPDATING LICENSING FORUM WEB PAGE</u>

It was noted that guests could be invited to the Forum.

Decision

Any suggested updates for the web page to be communicated to the Clerk.

10. MEMBERSHIP AND RECRUITMENT

It was noted that Community Councils had been approached to nominate Forum members. It was suggested that a reminder be made at the Joint Forum of Community Councils AGM on 5 June 2025.

Members were reminded that after three consecutive absences the Forum's constitution allowed the Forum to remove or replace them.

Decision

- 1. The Clerk to approach the Committee Officer attending the JFCC AGM for a reminder regarding Licensing Forum membership.
- 2. The Clerk to contact members with three consecutive absences to encourage them to attend or nominate a replacement.

11. WORKPLAN

A workplan had been circulated for information.

Decision

It was suggested that the workplan item be included toward the start of the agenda for future meetings, with updates to be provided at each meeting.

12. AOB

The NHS representative advised that the NHS Public Health department had undertaken a review of the way it responded to licensing applications. Review of the results was under way, with conclusions to be forwarded to the Scottish Government.

Decision

To note the update from NHS.

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>

Sent: 29 May 2025 12:31 **To:** Dragona, Anastasia

Subject: Alcohol Focus Scotland latest - May 2025



May 2025















Contents

- Time running out for Scottish Government to show leadership and tackle alcohol deaths
- AFS Response to the Programme for Government
- Faculty of Public Health publishes Call to Action ahead of Scottish
 Parliament election
- Profit Over People: Public Doesn't Trust Big Business with their Health and Want Tough Action on the Three Big Killers
- European Health Alliance on Alcohol launched to reduce the unsustainable toll of alcohol harms in Europe
- IAS Blog: 'Young people, alcohol and risk: a culture of caution'
- New report outlines impact of alcohol consumption around sporting events on domestic, sexual and gender-based violence
- Alcohol Awareness Week theme for 2025: alcohol and work
- Cancer Prevention Action Week

- Alcohol taxation and pricing policies implementation toolkit: a
 practical guide for selecting, implementing and evaluating policies
- Alcohol labelling: State of play
- AFS Response MUP in Wales
- Identifying innovative approaches to the temporal availability of alcohol in Great Britain—a policy analysis
- New analysis examines influence of WHO language on alcohol policy
- Study reveals gaps in early detection of hepatocellular carcinoma
- Parental alcohol problems increase likelihood of experiencing isolation in adulthood
- Cumulative associations between health behaviours, mental wellbeing, and health over 30 years
- Trends in motives for attempts to reduce alcohol consumption among risky adult drinkers in England: A representative population survey, 2017–2024
- Predictors of alcohol use disorder risk in young adults: Direct and indirect psychological paths through binge drinking
- Upcoming SHAAP Alcohol Occasional Seminars
- Webinar series: Reduction of alcohol consumption and cancer prevention: what can we learn from the new handbooks from the International Agency for Research on Cancer?
- 50th Anniversary Alcohol Epidemiology KBS Symposium
- Medical Council on Alcohol: Annual Symposium 2025
- Scottish Families seeks new board members

OUPDATE

Time running out for Scottish Government to show leadership and tackle alcohol deaths

Ahead of the publication of the 2025 Programme for Government a group of more than 70 organisations demanded that the Scottish Government use the year before the election to prioritise increasing early detection and treatment

of liver disease alongside other targeted measures, to address the highest number of unnecessary deaths from alcohol since 2008.

The First Minister has been clear that the Government is focused on eradicating child poverty, boosting the Scottish economy and improving public services. Taking steps to improve the health of the nation and prevent further deaths is essential to fulfil these ambitions.

Alcohol acts as a drag on the Scottish economy, costing an estimated £10 billion per year, including an annual £700million bill for our NHS, £1.2billion in lost productivity costs and a further £1billion through alcohol related crime.

However, these costs are not evenly spread through Scottish society. The heaviest burden of harm and costs fall on our most deprived communities, further entrenching economic and health inequalities – increasing the pressure on public services and harming the life chances of our most vulnerable children.

Four years on from declaring a public health emergency, deaths from alcohol have reached a 15-year high, while government commitments to tackle the crisis have been delayed or paused.

As the Government sets out its plans for the coming year, a collective of over 70 organisations including Alcohol and Drug Partnerships, charities, recovery groups and Medical Royal Colleges are asking the Scottish Government to expand tests to detect liver disease at an early stage in at-risk individuals in the community.

Existing projects have demonstrated that this is a highly effective and cost-effective way to allow people at risk be identified sooner and provided with care and support to address their liver problem and their alcohol use rather than waiting until they become ill by which time the disease is usually irreversible. When detected early, liver disease can be reversed, preventing the need for long term treatment and hospital care. Not only would this save lives but also reduce cost pressures on our NHS.

The collective also say further urgent action is required, including the need to:

- Establish nurse-led Alcohol Care Teams (ACTs) in hospitals to ensure
 patients with severe alcohol problems or dependence are identified and
 provided with safe, specialised support to address their alcohol problem and
 access community-based support after they leave hospital.
- Improve access to alcohol detoxification services by introducing a range of detox support options including within hospitals, residential rehabilitation services and in the community.
- Increase funding for recovery, treatment and support services, generated through re-introducing a levy on alcohol retailers.

As well as specific measures to help those already affected by alcohol, the group are advocating for a new comprehensive alcohol strategy to prevent deaths continuing to rise. This strategy must deliver clear leadership and include plans for population-level prevention as well as recovery treatment and care services.

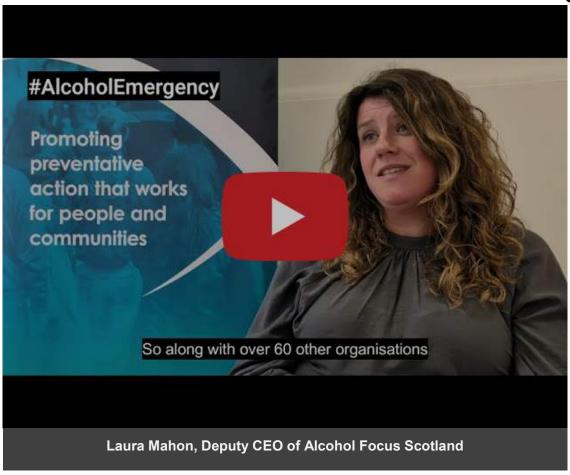
Laura Mahon, Acting Chief Executive of Alcohol Focus Scotland said,

"For too long we have seen deaths from alcohol continue to rise. We need concrete measures to prevent this. Time is running out for this Government to demonstrate genuine results, so together with partners, we've provided a roadmap for delivery. Now we need to see clear leadership and investment.

"Earlier detection of liver damage is essential because of its life-saving potential. A number of these initiatives are already happening at a local level and could be scaled up and enable people with serious or potentially life-threatening alcohol problems to be identified sooner and supported more effectively, reducing their risk of experiencing further harm.

"It is also crucial that we consider the bigger picture. People don't just become unwell overnight. We are continually being fed the message that alcohol has an essential role in our lives, normalising drinking and influencing our consumption habits. We need to challenge this with well evidenced and cost-effective prevention measures adopted as part of a robust strategy for now and into the future."







AFS Response to the Programme for Government

On the 6th May, First Minister John Swinney delivered his final Programme for Government before the next election. This followed our calls, backed by more than 70 organisations across Scotland, for urgent action to tackle alcohol deaths, including a comprehensive new alcohol strategy for Scotland.

While the Scottish Government's Programme for Government 2025-26 sets out plans for investment of a £2.5 million in person-centred alcohol and drug services it does not represent the coordinated and cohesive approach necessary to addressing the near record levels of alcohol deaths and harm in Scotland.

Laura Mahon, acting chief executive of Alcohol Focus Scotland said:

"Last week the First Minister acknowledged that measures taken by the government so far to address alcohol deaths have not been sufficient. It's disappointing that the Programme for Government hasn't included any firm commitments or shown that they are serious about tackling the highest deaths from alcohol in 15 years.

"We need urgent action, and a refreshed and robust alcohol strategy including strong preventative measures to reduce alcohol harm. Together with partners we've provided a roadmap for delivery and more than 70 co-signatories stand ready to put that plan into action if the government takes the reins."



Faculty of Public Health publishes Call to Action ahead of Scottish Parliament election

The Committee of the Faculty of Public Health in Scotland (CFPHS) has published a call to action for a healthier, fairer and more productive Scotland ahead of the May 2026 Scottish Parliamentary election.

Recognising public health as critical to bolstering economic productivity and ensuring the sustainability of Scotland's health and care services, this publication calls on all political parties in Scotland to support policies which give people the best chance at a long, fulfilling, and healthy life.

This is a critical time for Scotland's health, with stalling life expectancy and widening health inequalities leading to vulnerable populations in Scotland experiencing increasingly poor health outcomes.

The Call to Action makes several recommendations including;

- 1. Ensure health in all polices
- 2. Create a wellbeing economy
- 3. Promote the best possible start to life for all
- 4. Improve our places and communities
- 5. Safeguard our climate and environment
- 6. Tackle the commercial determinants of health
- 7. Shift resources toward prevention
- **7** Read the call to action

OUPDATE

Profit Over People: Public doesn't trust Big Business with their health and want tough action on the Three Big Killers

From tobacco to junk food to alcohol, new polling shows the public is deeply sceptical of big businesses and more supportive than ever of bold action on health from the Government.

ASH, the Alcohol Health Alliance and the Obesity Health Alliance worked with Public First to survey over 2,000 people and it's clear that voters of all political persuasions don't trust big business to care for their health. 81% of the public think companies prioritise profit over health, and only 26% say they would trust them to be honest about the harms of their products.

This deep mistrust is shaping how people think about government intervention on smoking, alcohol, and obesity. The argument for regulation of health harming business is more compelling than ever with 73% of saying the government has a

role to play in protecting the public against harmful business practices and 74% stating that when supporting businesses and improving public health are in conflict, government has to prioritise health.

The polling found strong support for evidence-based policies that restrict the actions of health harming businesses including the following:

- **Tobacco:** The public back further action to drive down smoking including limits on where tobacco can be sold (79%), higher taxes on tobacco, health warnings on cigarettes (both 71%), a levy on tobacco companies (68%) outdoor smoking bans (67%).
- Unhealthy food and drink: There is strong support for policies on clear and consistent food labelling (84%), warning labels on unhealthy food (79%), further marketing restrictions (69%) and a ban on baby foods high in sugar and salt (75%).
- **Alcohol:** Support is high for nutritional and warning labels on products (72% and 75%) respectively along with a levy on alcohol businesses (60%) and limits on where alcohol can be sold (72%). Minimum unit pricing received significantly more support than opposition (45% versus 29%).

The idea that regulations on business are 'nannying' and political poison simply doesn't hold up. According to the survey, the biggest concern is fairness, not freedom. When people do oppose health-related restrictions or taxes, it's rarely because they think government should not get involved. It's because they're worried about fairness, particularly whether poorer families will be hit disproportionately and whether the revenues raised from taxes will be well spent. Encouragingly, these are fixable problems that can be addressed with clear and effective communication from government.





European Health Alliance on Alcohol launched to reduce the unsustainable toll of alcohol harms in Europe

A new coalition of health organisations and experts has formed to advocate for the reduction of alcohol-related illnesses, injuries and deaths. Launched at the European Association for the Study of the Liver (EASL) Congress 2025 in Amsterdam, Kingdom of the Netherlands, the European Health Alliance on Alcohol unites European organisations of health professionals to amplify the medical community's voice in policy-making. The Alliance aims to reduce alcohol's impact on health, raise public awareness, and advocate for the implementation of proven, effective policies that save lives.

At the core of the Alliance's mission is a call to protect children and adolescents from the harms of alcohol. They constitute a uniquely vulnerable group, facing risks that start with in utero exposure and continue through neglect, violence associated with parental alcohol use, and early patterns of binge-drinking during childhood and adolescence.

The WHO European Region has the heaviest alcohol consumption of all regions in the world. Alcohol use causes a significant reduction in life expectancy in Europe, especially among men. Every hour, alcohol causes over 80 deaths, adding up to approximately 800,000 lives lost each year.

Alcohol is also a leading risk factor for disability, a major cause of more than 200 chronic diseases, and a factor in many injuries and mental health disorders. In addition to this unsustainable toll on human health, alcohol is a major factor in crime and other social harms.





IAS Blog: 'Young people, alcohol and risk: a culture of caution'

The question of whether and why youth drinking is on the decline is much discussed in recent years. A blog has been published by authors of a book on this issue on the IAS website which provides some answers.

Over the last two decades in countries such as Australia, Sweden and the UK, rates of ever having consumed alcohol, and rates of risky drinking, have more than halved for teenagers. This means that not drinking alcohol is now majority behaviour for young people in these countries.

As reasons for this decline, they highlight the importance of changes over time in:

- More negative attitudes towards alcohol
- Increases in health consciousness
- More risk averse attitudes
- Closer parent/child relationships
- Less face-to-face socialising with friends
- Increased surveillance via parents and social media, and
- Changing gender norms in general, and related to drinking

The authors did **not identify** a strong connection with **changes in alcohol policy**, or **substitution** from alcohol to other substances.

It is not only alcohol use that has seen a decline. Young people are **engaging less in other 'risk practices'** such as using illicit drugs and cigarettes, youth crime, risky sexual behaviours, and risky driving.

Whilst these might be encouraging findings, we still have relatively high levels of consumption amongst young people and children and young people who are experiencing significant harm from alcohol from both their own drinking and that of adults.

For example, 1 in 3 S2 students (12-14 year olds) drink alcohol, with 1 in 10 drinking regularly (at least once a month). 1 in 4 16-24 year olds exceed the low risk drinking guidelines (which is more than the average adult population at 1 in 5).

Read the blog

O UPDATE

New report outlines impact of alcohol consumption around sporting events on domestic, sexual and gender-based violence

Alcohol Acton Ireland has released its second and final report into the links between alcohol consumption and domestic, sexual and gender-based violence (DSGBV), this time looking at the particular aspect of alcohol consumption around big sporting events and the impact it has on DSGBV.

In its latest publication, 'Alcohol, sport and domestic, sexual and gender-based violence', AAI brings together national and international evidence that looks at alcohol consumption around sports events, live and/or televised, and the role alcohol plays in incidences of domestic violence. There is a significant body of research suggesting a complex relationship between sports, alcohol consumption and domestic violence.

AAI CEO Dr Sheila Gilheany said: "With domestic violence incidents reported to gardai **showing** a 10% year-on-year rise since 2021 to more than 65,000 cases last year, AAI believes that all drivers of DSGBV must be looked at in the effort to eradicate this toxic and pervasive issue in Irish society.

"Alcohol sponsorship of sport and advertising around sporting events is the keystone for a wide range of alcohol marketing activity in Ireland and abroad which aims to build links between alcohol, sports and elite athletes and which ultimately

drives consumption of alcohol. We know that increased alcohol consumption is associated with a rise in DSGBV, so this is an area that needs to be looked at closely by government.

"Sport is particularly attractive for commercial sponsors as it provides positive brand associations and a gateway to global audiences. It must be stated that major sporting events do not cause domestic violence, as perpetrators are responsible for their actions, but the levels of alcohol consumption linked to the highly charged emotional nature of such events seems to increase the prevalence of such incidents.

"Moreover, research also argues that social contexts where excessive drinking is encouraged, such as through the promotion of alcohol during sporting events, are often permissive of violent behaviour and sexism, which can increase the likelihood of alcohol-related domestic abuse."



© CAMPAIGN

Alcohol Awareness Week 2025: alcohol and work

This year's Alcohol Awareness Week takes place between 7th and 13th July

As part of the week, Alcohol Change UK will be opening a conversation about the relationship between alcohol and work to help us better understand it and sharing some helpful tips and advice on changes we can make to improve things for us all.

Around 10 million of us are regularly drinking alcohol in ways that can harm our health and wellbeing. From headaches, hangovers and sleepless nights to lower productivity and symptoms like anxiety and depression worsening over time, alcohol affects us in so many ways.

Alcohol Awareness Week resources from Alcohol Change UK will look at the benefits of creating healthier, safer and more respectful workplace cultures in all types of industries and sectors – from offices to factories, shift-work to front-line services – that are fully inclusive and work for us all, including those of us choosing to drink less or not at all - whether for health, religious, or personal reasons.

Find out more about Alcohol Awareness Week and get involved



©CAMPAIGN

Cancer Prevention Action Week 2025: Alcohol and Cancer

23rd-29th June

Cancer Prevention Action Week takes place in June and this year, the World Cancer Research Fund is highlighting the links between alcohol and cancer.

Research shows that most people don't know that drinking any amount of alcohol

increases the risk of 7 types of cancer.

Nearly 4% of cancer cases are down to alcohol – this is currently around 17,000 new cases every year.

In Scotland it's estimated that over 1000 cancer cases every year are caused by alcohol, yet worryingly only 1 in 2 Scots are aware of the link between alcohol and cancer.

This Cancer Prevention Action Week we want to spark a national debate: with friends, family – and within Government – about alcohol and cancer.

It's time to start talking about alcohol and cancer, so that everyone can make more informed choices about alcohol and their health.

The World Cancer Research Fund has launched **a petition** urging the UK Government to introduce a new alcohol strategy in England, which comes at the same time as Alcohol Focus Scotland and over 70 other organisations across Scotland **have urged the Scottish Government** to take urgent action to reduce alcohol deaths, and commit to a new alcohol strategy for Scotland.

You can find out more about alcohol and cancer on the AFS website.





CANCER PREVENTION ACTION WEEK 23–29 June 2025 wcrf.org/CPAW25



Alcohol taxation and pricing policies implementation toolkit: a practical guide for

selecting, implementing and evaluating policies

This toolkit supports government officials in selecting, implementing, and evaluating alcohol taxation and pricing policies. It offers practical considerations and resources to navigate the complexities of policy formulation, empowering officials from various sectors like health, finance, social welfare, children's services, trade and agriculture to initiate and lead cross-government discussions.

The toolkit is organized into five modules:

- 1) Situational analysis, policy selection, and prioritisation, which outlines key steps and questions for effective policy choices;
- 2) Building support, which outlines strategies for agenda setting and stakeholder analysis;
- 3) Implementation, which provides advice on legislative proposals and policy administration;
- 4) Monitoring and evaluation, which presents templates for surveillance mechanisms and performance indicators; and
- 5) Challenges and mitigation measures, which explores common barriers and offers strategies to overcome them.

Real-world examples from the Baltic countries and Scotland (United Kingdom) demonstrate lessons from tax and minimum pricing implementation while offering actionable insights, reinforcing the toolkit's role in strengthening effective alcohol policies.



POLICY

Alcohol Labelling: State of Play

The European Commission has published a briefing on the state of play on alcohol labelling legislation throughout the European Union.

The briefing includes details of Ireland's new legislation on cancer warning labels, which has recently been in the news following concerning signals and comments from the Irish Government suggesting a backtracking from this legislation following the Trump tariff announcements.

- The briefing explains that EU law exempts alcoholic drinks over 1.2% ABV from standard food labelling requirements like ingredients and nutritional information.
- Only Ireland mandates on-label energy disclosure and plans to introduce cancer warnings in 2026.
- In 2017, the EU encouraged industry self-regulation; by 2024, 70% of spirits included energy info on labels.
- New wine rules require ingredient and nutrition details via digital means.
- The briefing states that research supports clearer labelling but finds limited behavioural impact so far, while the WHO and health experts argue that mandatory, visible, and standardised warnings are vital for raising awareness and tackling harmful drinking.
- A long-planned EU cancer warning label remains absent from recent Commission proposals.

7 Read the briefing

OCONSULTATIONS

AFS Response – MUP in Wales

Alcohol Focus Scotland has submitted a response to the Welsh Parliament Health and Social Care Committee on Minimum Unit Pricing of Alcohol in

Wales.

AFS welcomed the opportunity to respond to the Welsh Parliament Health and Social Care Committee's short inquiry on minimum unit pricing of alcohol in Wales, with a focus on providing evidence from Scotland's experience of minimum unit pricing.

Read our response

Q RESEARCH

Identifying innovative approaches to the temporal availability of alcohol in Great Britain—a policy analysis

A new study examining alcohol licensing policies across Great Britain has revealed a surprising finding. Despite appearing to give local authorities control over when pubs, bars, and other venues can serve alcohol, the system actually leaves councils with very limited power to set area-wide rules on opening hours.

Researchers analysed licensing policies from all 366 local authorities in England, Wales, and Scotland to understand how they approach alcohol trading hours. The results paint a complex picture; while licensing appears to be a local decision-making system, the real power remains with national government through legislation and guidance documents. Local authorities have much less discretion than the system suggests. Some councils don't try to control trading hours at all, while others create complicated rules about when extended hours might be allowed. The most common approach is setting "core hours" - standard times when alcohol can typically be sold. Critical restrictions on local authority powers are often buried in brief statements within complex guidance documents, making them easy to overlook but legally binding.

This research highlights how policy systems that appear to give local areas control can be heavily constrained by national rules. For residents concerned about late-

night drinking in their neighbourhoods, this means local councils may have less ability to restrict opening hours than commonly assumed. The study also found that some English councils have tried innovative approaches to area-wide hour policies, but it's unclear whether these would survive legal challenges or actually succeed in limiting opening times.

The findings illustrate how power in multi-level government systems can be more centralised than it appears on the surface, with important constraints hidden in technical documentation rather than headline policies.

7 Read the analysis

Q RESEARCH

New analysis examines influence of WHO language on alcohol policy

A new analysis examines how 'diplomatic compromise language' in global health policy has influenced alcohol harm reduction efforts for nearly two decades.

The phrase "harmful use of alcohol" emerged in 2005 as a compromise after alcohol issues returned to the World Health Organization's agenda following a 20-year absence. This carefully negotiated terminology balanced competing perspectives - some focused narrowly on "alcohol abuse" while others advocated for addressing broader harms from all alcohol consumption.

The study, based on WHO documents from 2004-2010 and 2019-2022, found this terminology has been widely adopted in national alcohol policy documents, academic literature on alcohol harm, United Nations documents, and alcohol industry communications. While the "harmful use" framing has not prevented the WHO from recommending population-wide interventions, critics argue it may have limited more comprehensive approaches. The terminology has faced growing

criticism as new evidence emerges about harms from even low levels of alcohol consumption; questioning of previously claimed benefits from moderate drinking; alcohol industry appropriation of the term to focus only on "harmful" drinking.

The researchers note that language in WHO documents carries significant political power, particularly given the organisation's normative role in global health policy. The study suggests that over the next five years, it will be valuable to examine how this terminology has influenced policy outcomes and whether changes are needed to better address alcohol as a public health issue.

7 Read the analysis

Q RESEARCH

Study reveals gaps in early detection of hepatocellular carcinoma

This study revealed significant gaps in the early detection of hepatocellular carcinoma (HCC), the most common form of liver cancer, despite most patients having risk factors that should have triggered screening. The study followed 200 patients across different healthcare settings including university hospitals, private clinics, and general hospitals.

The researchers observed that only 31% of liver cancer cases were diagnosed through screening programs. Most patients had identifiable risk factors: 75% had current/past alcohol use, 51% had diabetes, 76% had hypertension, and 47% had dyslipidaemia. The majority of patients (83%) had visited their general practitioner within 12 months before diagnosis, while few had seen specialists. The researchers found that many patients showed elevated FIB-4 scores (a marker of liver fibrosis) before diagnosis, with 74.5% of screened patients and 63.9% of unscreened patients having scores ≥2.67, indicating advanced fibrosis.

The study highlights that primary care represents a critical missed opportunity for early detection. The researchers conclude that improving liver cancer outcomes

will require better fibrosis screening in general practice and dedicated time for primary care physicians to identify at-risk populations.



Q RESEARCH

Parental alcohol problems increase likelihood of experiencing isolation in adulthood

This study of over 23,000 Norwegian adults found that those who experienced parental alcohol problems during childhood were significantly more likely to struggle with social connections as adults. These individuals reported higher rates of feeling excluded, isolated, and lacking support compared to those who grew up without parental alcohol issues.

However, the research highlighted a crucial protective factor - the presence of supportive adults during childhood dramatically reduced these negative outcomes. Children who had at least one supportive adult figure while growing up with parental alcohol problems showed much better social outcomes as adults than those who lacked such support.

The findings were particularly significant for subjective measures of social connection, such as feelings of isolation and exclusion, where those who experienced both parental alcohol problems and a lack of adult support showed up to four times higher risk of poor outcomes. Researchers recommend that services working with families affected by alcohol problems should not only provide direct support to children but also work to strengthen parent-child relationships and connect children with other supportive adults in their extended family or community networks.

7 Read the study



Cumulative associations between health behaviours, mental well-being, and health over 30 years

A 34-year Finnish study has revealed how risky health behaviours accumulate over time to impact both mental wellbeing and physical health, with alcohol consumption emerging as particularly harmful across multiple measures. The study tracked individuals born in 1959 from age 27 up to age 61, focusing on three key risk behaviours: smoking, heavy alcohol consumption, and physical inactivity.

The research found that while all three risky behaviours had negative effects, the longer people maintained these habits, the worse their outcomes became. Most significantly, the study revealed that regular heavy alcohol consumption was uniquely associated with nearly all negative outcomes measured. Key findings about alcohol's impact include:

- Long-term heavy alcohol use was linked to increased depressive symptoms
- Regular drinkers reported lower overall psychological wellbeing
- Heavy alcohol consumption was associated with poorer self-rated health
- Those with persistent drinking habits showed significantly more metabolic risk factors

While smoking primarily affected mental wellbeing and physical inactivity mostly impacted physical health measures, alcohol consumption stood out for its broad negative associations across both mental and physical health domains. The researchers emphasise that intervening early is crucial, as these health behaviours begin forming in childhood and show relative stability through midlife. The negative effects of accumulated risky behaviours were evident by age 36 and persisted into early-late adulthood.

These findings highlight the importance of public health initiatives targeting alcohol consumption alongside other risky behaviours, particularly in young adults, to prevent the cumulative health burden that develops over decades.

Q RESEARCH

Trends in motives for attempts to reduce alcohol consumption among risky adult drinkers in England: A representative population survey, 2017–2024

Understanding the motives for reducing alcohol consumption, how they differ among various population groups, and how they have evolved over time is crucial for designing effective public health interventions.

This study estimated time trends in motives for attempts to reduce alcohol consumption among risky adult drinkers in England between 2017 and 2024 and explored differences by sociodemographics and alcohol consumption levels.

The study analysed data from nearly 12,000 adults who drink at risky levels and had tried to cut back on alcohol in the past year. They found that health concerns remained the strongest motivation for cutting back on drinking, cited by 76.8% of people in 2024 (up from 70.5% in 2017). The most common specific health motivations were improving fitness (37.9%); weight loss (36.1%); concerns about future health problems (31.5%). The study revealed significant changes in other motivating factors however, including:

- Cost concerns nearly doubled as a motivator (from 10.7% to 20.2%),
 reflecting the economic challenges of recent years including the COVID-19 pandemic and cost-of-living crisis.
- Social factors such as pressure from family and friends also nearly doubled (from 13.3% to 25.5%), possibly because more drinking shifted to home environments during lockdowns, making alcohol consumption more visible to family members.

 Health professional advice - remained the least common motivation, cited by only 7% of people in 2024, suggesting missed opportunities for healthcare interventions.

The research showed that motivations varied among different population groups where women, people from less advantaged backgrounds, and those with moderate alcohol consumption showed more pronounced increases in health-related motivations. Cost was a particularly significant factor for younger adults and those from less advantaged social groups. Advice from health professionals was more often cited by older adults and men. The researchers suggest that public health campaigns could be more effective by tailoring messages to different groups and incorporating information about calories, health risks, and potential cost savings from reduced drinking.

7 Read the study

Q RESEARCH

Predictors of alcohol use disorder risk in young adults: Direct and indirect psychological paths through binge drinking

A new study published in PLOS One, examined data from over 2,000 university students to understand the psychological factors that contribute to problematic drinking.

The researchers discovered a "dual-path model" that explains how different psychological factors influence alcohol problems:

1. Direct Path - This pathway involves primarily intra-individual (internal) psychological factors, including coping motives (drinking to manage negative emotions); negative alcohol-related beliefs; depression symptoms; loneliness. These factors directly contribute to alcohol dependence symptoms and related problems, even without binge drinking behaviour.

2. Indirect Path - This pathway involves primarily inter-individual (social) psychological factors, including social drinking motives; enhancement motives (drinking for pleasure); drinking identity (seeing oneself as a "drinker"); social norms around alcohol. These factors increase the risk of alcohol problems indirectly by promoting binge drinking behaviour.

This research has important implications for preventing alcohol problems among young adults. Rather than focusing solely on binge drinking prevention, the researchers recommend that comprehensive approaches should address both pathways, including programmes targeting social factors and drinking norms to reduce binge drinking, and interventions addressing coping skills, mental health, and negative beliefs about alcohol.

The study highlights that "drinking identity" plays a particularly important role in both pathways, suggesting it could be a key target for prevention efforts. By understanding these different pathways to alcohol problems, healthcare providers and university officials can develop more effective strategies to support students and reduce the risk of alcohol use disorders.



EVENT

Upcoming SHAAP Alcohol Occasionals

Our partners at Scottish Health Action on Alcohol Problems (SHAAP) have announced several upcoming events in their Alcohol Occasionals. All events take place between 12.45pm and 2pm unless otherwise stated.

Relapse prevention and alcohol related cirrhosis Monday 23 June

Alcohol specific deaths are an at all-time high in the UK and 80% of these deaths are due to alcohol related liver disease (ArLD). For patients admitted to hospital

with advanced ArLD, abstinence after discharge is the key determinant of outcome. However, few patients access relapse prevention support and relapse rates are high. There are likely to be some challenges which are unique to patients with advanced liver disease.

The objective of this study was to understand the barriers and facilitators of abstinence in this setting. We conducted an online survey of experts and stakeholders involved in the care of patients with ArLD. The survey was disseminated through social media posts and direct e-mail invitations. Free text answers were provided to open questions. Answers were analysed thematically on Nvivo.

3 Book your place

Scotland's first Managed Alcohol Programme - Dr Emma King, Dr Hannah Carver and Jessica Greenhalgh.

Monday 1 September

In this seminar, our speakers will present findings from a realist review, to understand what works, for whom and in what circumstances; quantitative data collection, to examine the impact of the MAP on residents' outcomes compared to locally matched controls; qualitative interviews, to understand the experiences of people living and working in the MAP and living in the local area. They will also reflect on the feasibility of conducting longitudinal, mixed methods research within and about MAPs.

3 Book your place

Alcohol and LGBTQIA+ Communities - Beth Meadows and Kat Petrilli Monday 6 October

Beth (she/her) is a Sociology of Public Health researcher, specialising in experiences of LGBTQIA+ communities. She previously worked on an ESRC funded Equalise Nightlife Project (at Liverpool John Moores University's Public Health Institute), a qualitative, feminist study exploring gendered experiences of

nightlife. She has also held a range of third sector roles in frontline support work, namely with the LGBTQIA+ communities. Beth is a member of the Substance Use research group at Glasgow Caledonian University's Research Centre for Health and in the final year of her PhD entitled 'Are you being served? Exploring Alcohol-free Nightlife Spaces for LGBTQIA+ Communities'. This qualitative study critically assesses and explores the creation, experience and sustainability of alcohol-free nightlife spaces for LGBTQIA+ communities in Scotland from an intersectional lens. Beth will present the findings of the project during the seminar.

Kat Petrilli (Institute of Alcohol Studies) will discuss findings from their research which explores alcohol marketing targeting LGBTQ+ communities. Kat is a senior researcher at the Institute of Alcohol Studies (IAS), an independent body bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. As well as their work with IAS, they are a Research Associate at the Policy Research Unit in Addictions at King's College London.

3 Book your place



Webinar series: Reduction of alcohol consumption and cancer prevention: what can we learn from the new handbooks from the International Agency for Research on Cancer?

Alcohol consumption remains a major public health concern, in part due to its well-established role in increasing cancer risk. The International Agency for Research on Cancer (IARC) classifies alcoholic beverages as Group 1 carcinogens, based on sufficient evidence that alcohol causes cancers of the oral cavity, pharynx, larynx, esophagus, liver, colorectum and female breast in humans.

The IARC Handbooks of Cancer Prevention provide comprehensive reviews and consensus evaluations of the evidence on interventions that reduce cancer

incidence or mortality. Developed by interdisciplinary working groups of international experts, the IARC Handbooks synthesize diverse evidence streams using rigorous and transparent methodology.

The most recent volumes, Volume 20A and the forthcoming Volume 20B, focus on reduction or cessation of alcoholic beverage consumption for cancer prevention. Together, these volumes support existing evidence that alcohol's harms are preventable through strong, evidence-based policies.

About the webinar series

To promote and disseminate the key findings from volumes 20A and 20B, WHO/Europe and the IARC are co-hosting a joint webinar series. The series aims to:

- present the IARC, and specifically the IARC Handbooks of Cancer Prevention
- present the main conclusions of Handbooks volumes 20A and the forthcoming 20B
- translate scientific evidence into actionable insights for policy-makers
- build engagement and momentum ahead of the official launch of Volume 20B.

The webinars will present the evidence on alcoholic beverage consumption and cancer risk, on alcohol reduction or cessation to reduce alcohol-related cancer risk, and the 3 major policy levers for reducing alcohol consumption at population level:

- affordability: alcohol taxes and minimum pricing
- availability: restrictions on where, when and to whom alcohol can be sold
- attractiveness: bans/restrictions on alcohol marketing and promotion.

The webinars will also revisit and discuss the existing evidence behind the 3 WHO-recommended "best buys" for reducing alcohol consumption and alcohol-attributable burden of disease, and explore their specific relevance for cancer prevention.

Format and content

Each session will include expert presentations, interactive discussions and audience Q&A. The webinars are 60 minutes in length and are held in English. Recordings will be available on the WHO/Europe website.

Webinar 2: Tax and price policies – the economic approach to reducing alcohol harm

18 June 2025, 15:00-16:00 CEST

Register

Webinar 3: Availability policies – regulating access to reduce consumption 3 September 2025, 10:00–11:00 CEST

Register

Webinar 4: Marketing bans – the role of advertising in alcohol consumption 24 September 2025, 15:00–16:00 CEST

Register

Target Audience

The webinar series is primarily aimed at policy-makers; public health professionals; prevention specialists; health-care providers; representatives of civil society organizations; youth advocates; researchers, including early career researchers; and academics.

The series is part of the WHO–European Union (EU) Evidence into Action Alcohol Project (EVID-ACTION) funded by the European Commission. EVID-ACTION's objective is to use scientific evidence to promote and facilitate the implementation of effective alcohol policies in the EU, Iceland, Norway and Ukraine.

Registration

All webinars are free to attend. Registration in advance is required and can be completed using the registration links.



50th Anniversary Alcohol Epidemiology KBS Symposium

9-13 June 2025

Glasgow

The Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society is returning to Scotland for the first time in decades as it celebrates it's 50th Anniversary.

The KBS conference is famed for its friendly and inclusive atmosphere, and emphasis on lively discussions of emerging, as yet unpublished, research. Attendees come from alcohol research, policy and advocacy backgrounds with a wide range of interests: public health, advocacy, epidemiology, social science, psychology, medicine, policy, health services or disease prevention.

This year's symposium is jointly hosted by the **Institute for Social Marketing and Health** at the University of Stirling, and the **University of Glasgow**, and will bring together leading alcohol researchers from across the globe.





Medical Council on Alcohol: Annual Symposium 2025

Wednesday 19th November 2025 Royal College of Physicians London

The annual MCA symposium is a key event for health professionals working to reduce alcohol-related health harms and will take place in-person with all the networking and communication advantages this offers.

The symposium aims its programme at clinicians and researchers across disciplines and specialties, highlighting both new research and policy and practical

Early bird tickets are now available.

3 View the symposium programme

Scottish Families seeks new board members

Are you passionate about supporting families?

Scottish Families are seeking new Board members, including those with HR, Digital, Finance or Business expertise

Scottish Families supports anyone who is concerned about someone else's alcohol or drug use. We were established in 2003 by families themselves, who came together to support each other and to campaign for recognition. Our five Outcomes are that Families are Supported, Included, Heard, Connected, and that Families Create Change.









From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>

Sent: 26 June 2025 13:45 **To:** Dragona, Anastasia

Subject: Alcohol Focus Scotland latest - June 2025



June 2025















Contents

- Only one in six Scots feel comfortable talking about alcohol
- MSPs Support World Cancer Prevention Action Week
- Scotland's alcohol consumption continues to exceed safe levels
- Population Health Framework published
- Revealed: UK alcohol industry documents show spread of misinformation throughout 2024
- AFS Welcomes Maree Todd as new Minister for Drug and Alcohol Policy
- Pride Month: New report on LGBT+ views on alcohol marketing
- Alcohol & Cancer Risks: A guide for health professionals
- Reuters: U.S. Set to Drop Daily Alcohol Limits from Dietary Guidelines
- IAS Blog: Motivation and "alcoholic" identity in alcohol-related cirrhosis
- Alcohol Awareness Week

- Balance North East: Alcohol Is Toxic Campaign
- Young people's consumption of no/low alcohol drinks in family settings
- Advances in identifying risk factors of metabolic dysfunctionassociated alcohol-related liver disease
- Associations of alcohol use and smoking with early-onset colorectal cancer - A systematic review and meta-analysis, Clinical Colorectal Cancer
- Motivation, self-efficacy, and identity—double-edged swords for relapse prevention in patients with alcohol related cirrhosis, Alcohol and Alcoholism
- Labelling the debate: a thematic analysis of alcohol industry submissions to the EU consultation on alcohol health warnings in Ireland
- Study examines impact of increased alcohol use on brain of ageing women
- Mid-life women alcohol free and low alcohol views and experiences
- Addressing the three big killers regionally and locally: how can we take a coherent approach to alcohol and unhealthy food and drink, learning from tobacco?
- Upcoming SHAAP Alcohol Occasional Seminars
- Webinar series: Reduction of alcohol consumption and cancer prevention: what can we learn from the new handbooks from the International Agency for Research on Cancer
- Medical Council on Alcohol Annual Symposium



Only one in six Scots feel comfortable talking about alcohol

A poll carried out by the World Cancer Research Fund (WCRF) as part of Cancer Prevention Action Week (23-29 June) shows just over 1 in 6 (17%) Scots are comfortable talking about their relationship with alcohol.

The survey also found that across the UK, one in four adults think there are no health risks attached to drinking alcohol. In Scotland, this dropped to one in six.

Only 1 in 14 UK adults mentioned cancer as a risk when asked about alcohol.

This low awareness is concerning given that alcohol is linked to at least seven types of cancer, including breast and bowel.

A simple and effective way to inform people is by adding mandatory health information, such as cancer warnings, on bottles and cans. But in the UK, there's no legal requirement to include this vital information. Voluntary guidelines exist, but they are limited in scope and there's no enforcement, and no penalties if companies don't comply.

Laura Mahon, Deputy Chief Executive of Alcohol Focus Scotland, said,

"Every day in Scotland three people are diagnosed with an alcohol-related cancer, yet the alcohol industry continues to keep the public in the dark about the health risks of their products by choosing not to provide us with the clear information we need to make informed choices.

"The Scottish Government must empower consumers in Scotland by introducing mandatory health warning labels on alcohol products. This should form part of a refreshed and robust alcohol strategy focused on strong preventative measures to reduce alcohol harm."

Rachael Gormley, CEO at the World Cancer Research Fund, said, "Alcohol is pervasive in our lives, from celebrations to after-work drinks and social gatherings. But do we truly understand the risks involved?

"Our findings show that most people are unaware that any amount of alcohol elevates the risk of seven types of cancer.

"It's essential that we engage in more discussions about alcohol and cancer, empowering individuals to make informed health choices."

Now, in the wake of the Covid-19 pandemic and with Scotland's parliamentary elections on the horizon, political parties must build on Scotland's leadership on alcohol and implement a revised national alcohol strategy for Scotland. One that builds on the success of MUP but also reflects the impact of the pandemic and places prevention at its core – recognising it as the most sustainable and cost-effective way to prevent alcohol harms including cancer.

Dr Panagiota Mitrou, Executive Director of Research and Policy at the World Cancer Research Fund, Dr Panagiota Mitrou, said, "While a coordinated approach across the UK would undeniably be most effective in tackling alcohol harm across the country, we urge the next Scottish government to make full use of their devolved powers to make progress in key areas such as mandatory health warning labels and marketing restrictions. We also urge the UK government to work with the devolved administrations to take bold and collective action to reduce consumption.

"Crucially, the policies set out in a revised Alcohol Strategy must be developed in conjunction with a new plan for cancer, given that the Scottish government's current Cancer Action Plan expires in 2026.

"Ultimately, both renewed Strategies must place prevention at their core."

Find out more about why tackling alcohol must be prioritised by all political parties in Scotland in this guest blog from Melissa Dando, Senior Policy and Public Affairs Officer at World Cancer Research Fund. **Read the blog.**

Discover more about Cancer Prevention Action Week





MSPs Support World Cancer Prevention Action Week

Alcohol Focus Scotland were delighted to be joined by MSPs to mark Cancer Prevention Action Week this week to raise awareness of the link between alcohol and cancer and spark vital conversations that can lead to change so that everyone can make more informed choices about their health.

You can write to your local MSP and ask them to support Jackie Baillie's motion - Cancer Prevention Action Week Highlights Links Between Alcohol and Cancer.



MSPs and Cabinet Secretary for Health and Social Care support Cancer Prevention Action Week



Scotland's alcohol consumption continues to exceed safe levels

New data published on 24 June 2025 by Public Health Scotland (PHS) reveals people in Scotland are drinking 50% above safe limits, with more deprived communities hit hardest.

Despite recent improvements, Scotland continues to face a significant alcohol problem, with adults who drink alcohol consuming an average of 21.6 units per week. This is more than 50% above the Chief Medical Officers' safe drinking guidelines of 14 for both men and women.

The Public Health Scotland Alcohol Consumption and Harms

dashboard provides evidence on alcohol related harms and inequalities across multiple themes including consumption, hospital admissions and mortality. The new release provides 2023-24 data and includes a new dataset for population

consumption based on alcohol sales between 2017-2024.

This latest update shows that while the volume of alcohol sold is decreasing, it remains higher than the amount sold per adult in England and Wales.

More concerning are the stark inequalities revealed in the data. People living in Scotland's most deprived areas are six times more likely to be hospitalised or die from causes wholly related to alcohol compared to those in the least deprived communities.

In response to the publication, Alison Douglas, chief executive of Alcohol Focus Scotland said, "Despite a reduction in how much alcohol we're drinking overall, it's deeply concerning that many people in Scotland continue to drink well above the low-risk guidelines, and more than those in England and Wales.

"While minimum unit pricing has helped lower consumption, alcohol-related deaths in 2023 hit a 15-year high underscoring the urgent need for bold action. As always, it's people in our poorest communities who suffer the most, being six times more likely to die than those in our most affluent communities.

"The Scottish Government must prioritise earlier detection and treatment of liver disease alongside improved access to treatment, to help those already experiencing alcohol harm.

"A refreshed, robust alcohol strategy is vital. It must put prevention front and centre to reduce consumption and minimise the devastating consequences. Together with partners, we've outlined a clear roadmap for change, and over 70 co-signatories are calling on the government to lead the way."





Population Health Framework published

Scotland's Population Health Framework (2025–2035) sets out a decade-long vision for improving life expectancy and health equity across the nation. Co-authored by the Scottish Government and COSLA, it emphasises prevention-focused, proportionate universalist interventions—targeting policies and services at whole populations while offering additional support where needed most.

The Framework outlines guiding principles like a life course approach and tackling the social determinants of health, delivered through stronger cross-sector collaboration.

It details priority areas—such as enabling healthy living environments, addressing systemic inequalities, and reinforcing partnerships across national/local government, public services, communities, and the third sector. With tangible actions at local and sector levels, the aim is a sustained, measurable reduction in health disparities and an uplift in overall population well-being over the coming ten years.

Commenting on the publication, Alison Douglas, chief executive of Alcohol Focus Scotland, said: "Alcohol Focus Scotland welcomes this long-awaited framework, which renews the focus on improving Scotland's health by preventing health harms and tackling inequalities, including those linked to alcohol.

"However, while it sets out important aims and recognises the scale of alcoholrelated harm, it lacks meaningful new commitments and fails to treat Scotland's alcohol emergency with the urgency it demands.

"It is particularly concerning and perplexing that, despite increasing international recognition from the World Health Organization (WHO) and others, of the need to address the commercial determinants of health, there is little mention of this in the Framework. As the experience from tobacco has shown, regulating how health-harming products are priced, sold and marketed by big business is essential to successfully reducing consumption and harm – and to reducing health inequalities.

"Ireland has significantly reduced alcohol consumption by implementing costeffective policies on marketing, pricing and labelling. Scotland urgently needs a new, comprehensive alcohol strategy with a commitment to similar measures if we are to reverse our near-record alcohol deaths and rising liver disease, which affect the poorest most."



Revealed: UK alcohol industry documents show spread of misinformation throughout 2024

An illuminating new report by the Institute for Alcohol Studies and SHAAP has revealed concerted efforts by the alcohol industry to mislead the public and policy makers in public communications throughout 2024.

Alcohol deaths are at an all-time high in the UK, yet current policy is unable to tackle this crisis. The alcohol industry's influence has been recognised as a key barrier to addressing alcohol harm. One strategy used by alcohol companies and trade groups to avoid further regulation is to present the sector as responsible and part of the solution to alcohol harm. However, as this report shows, the industry's claims do not always match its actions, or statements made in other forums.

This report analysed the public communications of six major alcohol industry and industry-funded organisations in 2024 to identify and assess the credibility of such claims.

The alcohol industry makes a range of claims to present itself as economically essential, socially responsible, and environmentally conscious. However, evidence consistently contradicts these assertions. While the industry highlights its economic contributions, research shows alcohol harm costs the UK far more than the sector generates, with many jobs being low-paid and insecure. Despite claiming to

support workers, the industry has resisted employment rights and threatened job cuts in response to policy changes. Claims that the sector is overtaxed are also misleading: despite changes to alcohol duty, Treasury revenue remained broadly stable in 2023–24, contradicting industry warnings of major losses. Meanwhile, assertions that alcohol harm is declining ignore record-high death rates, and "responsible drinking" campaigns and no/low-alcohol products have proven ineffective in reducing harm. Environmental and diversity pledges are similarly undermined by lobbying against sustainability policies and targeted marketing towards vulnerable groups.

There is a fundamental conflict between the alcohol industry's commercial interests and public health. Industry-funded organisations such as Drinkaware have promoted messaging aligned more with corporate priorities than with independent public health advice. The industry's involvement in schools and youth initiatives further risks compromising health education. To safeguard policymaking from commercial influence, the report recommends rejecting partnerships with alcohol producers, implementing the World Health Organization's "best buy" policies—raising prices, restricting advertising, and limiting availability—and strengthening governance to ensure transparent, evidence-led decisions that put communities and public health ahead of industry narratives.

7 Read the report



AFS Welcomes Maree Todd as new Minister for Drug and Alcohol Policy

Alcohol Focus Scotland welcomes the appointment of Maree Todd as the new Minister for Drug and Alcohol Policy, following the sad passing of Christina McKelvie MSP.

We stand ready to work closely with the new minister, alongside more than 70

other organisations, to implement our **roadmap for urgent action to tackle alcohol harm**.

We look forward to conversations with the new minister, including around the need for a comprehensive new alcohol strategy for Scotland.



Pride Month: New report on LGBT+ views on alcohol marketing

Alcohol Focus Scotland has published a **new report** exploring how alcohol marketing affects LGBT+ people in Scotland, and how the industry's presence in LGBT+ spaces and events, particularly Pride, is being perceived by the community itself.

Community, Not a Commodity is based on a series of workshops held in late 2024 with LGBT+ individuals, offering a safe space for participants to share their experiences and perspectives on alcohol marketing. The report captures participants' reflections on how alcohol is promoted in LGBT+ venues, events, and media - and how this intersects with their own experiences of identity, inclusion, and community.

Key findings include:

- Superficial inclusivity: Participants expressed concern that alcohol brands use rainbow branding and slogans as a marketing tactic.
- Commercialisation of queer history: Some brands were seen to exploit the legacy of events like the Stonewall Riots for promotional gain, which many found inappropriate and offensive.
- Social pressures and unrealistic portrayals: Alcohol advertising was seen to reinforce the idea that drinking is a necessary part of queer social life,

- contributing to pressure and exclusion especially for those in recovery or who choose not to drink.
- Alcohol in queer spaces: There was a strong sense that LGBT+ venues are too often centred around alcohol, with limited alcohol-free alternatives available.
- Pride and sponsorship: The presence of alcohol companies at Pride events
 was a particular point of discomfort, with some participants questioning
 whether these partnerships are aligned with the values Pride is meant to
 represent.

The report makes a series of recommendations aimed at both policy-makers and the LGBT+ community, including calls for increased regulation of alcohol marketing, more inclusive alcohol-free spaces, and a critical rethink of corporate sponsorship at Pride.







Alcohol & Cancer Risks: A guide for health professionals

As part of Cancer Prevention Action Week, Scottish Health Action on Alcohol problems (SHAAP) has published a guide on alcohol and cancer risks for health professionals.

This guide updates previous guidance from SHAAP to summarise for health professionals the links between alcohol consumption and cancers using the latest data so that health professionals can use opportunities in their work to intervene to reduce risks.

7 Find out more



Reuters: U.S. Set to Drop Daily Alcohol Limits from Dietary Guidelines

The U.S. government is expected to drop its long-standing recommendation that women limit themselves to one alcoholic drink per day and men to two, in the forthcoming update to national dietary guidelines. Instead, the new guidance is likely to refer more broadly to "moderate" drinking, according to *Reuters*.

This move comes despite overwhelming scientific evidence that alcohol is harmful to health, even at low levels of consumption. Alcohol is a Group 1 carcinogen, and its links to cancer, liver disease, cardiovascular harm and premature death are well-established. Public health experts have warned that weakening or removing specific guidance on drinking limits could obscure these risks and undermine efforts to reduce harm. Meanwhile, *Reuters* reports that major alcohol companies, including Diageo and AB InBev, have spent millions lobbying during the guideline review process.

The decision stands in stark contrast to the "Make America Healthy Again" campaign led by Secretary of State for Health Robert F. Kennedy Jr., which positions itself around reducing chronic disease and improving national health.



IAS Blog: Motivation and "alcoholic" identity in alcohol-related cirrhosis

This new IAS blog by Dr Christopher Oldroyd, from Cambridge University Hospitals NHS Foundation Trust, explores new research into the experiences of people living with alcohol-related cirrhosis, focusing on how their motivation to remain sober and the way they view their own relationship with alcohol can act as both a strength and an obstacle.

Many participants were confident in their ability to avoid relapse but rejected the label of "alcoholic" and felt disconnected from traditional relapse prevention services. The blog highlights the need to rethink how support is framed, suggesting that more inclusive, non-stigmatising approaches could better engage this group and support long-term recovery.

Liver damage is one of the most well-known and common health problems associated with drinking too much alcohol. The most severe type of alcohol-related liver damage is called alcohol-related cirrhosis. This is when the liver becomes scarred to a point when the scarring cannot be repaired. Patients with alcohol-related cirrhosis are at risk of liver failure, liver cancer and death. Fortunately, even for patients with cirrhosis, becoming abstinent from alcohol dramatically improves their chances of long-term survival. Despite this, about 50% of patients with cirrhosis are actively drinking alcohol¹. Nearly two thirds of patients who are admitted to hospital with alcohol-related cirrhosis will be drinking alcohol again within 3 months. As few as 1% of these patients access optimal relapse prevention support, combining talking therapies and medications.

7 Read the blog in full

© CAMPAIGN

Alcohol Awareness Week 2025: alcohol and work

Led annually by UK charity Alcohol Change UK, Alcohol Awareness Week runs from 7-13 July 2025 and this year's theme is 'alcohol and work'.

When it comes to alcohol, how does the work we do influence our drinking and our drinking impact our work? These are the questions we will be diving into during this year's Alcohol Awareness Week.

Alongside thousands of charities, community groups, local authorities, GP

surgeries and businesses rallying behind Alcohol Awareness Week (7-13 July 2025), AFS will be supporting ACUK on socials, as well as posting a variety of content to raise awareness about alcohol harm, including at work. These activities will encourage people living in Scotland to reflect on our own unique relationship between alcohol and work, to better understand how these aspects of our lives are linked and explore ways to improve our health, productivity and happiness.

Around 10 million of us are regularly drinking alcohol in ways that can harm our health and wellbeing. From headaches, hangovers and sleepless nights to lower productivity and symptoms like anxiety and depression worsening over time, alcohol affects us in so many ways.

At the same time, the world of work is constantly changing. Lots of us are working longer hours, feeling more stress and experiencing a blurring of lines between work and home, while alcohol-centric workplace cultures are still a reality for so many. Moving in and out of work, whether planned or unplanned, can also affect us and our drinking habits - from unemployment and retirement to parental leave and caring responsibilities. These transitions can sometimes leave us feeling unsettled, bored, isolated and lonely, causing us to drink more alcohol and face additional challenges with our physical and mental health, relationships, finances and more.

That's why, from offices and factories to shift-work and front-line services, this year's Alcohol Awareness Week seeks to unravel the complex relationship between alcohol work and celebrate the benefits that individuals, organisations and communities can unlock through fostering healthier, safer and more respectful workplace cultures across different industries, sectors and types of work.



Alcohol Awareness Week



Balance North East: Alcohol Is Toxic

On Monday, June 23, Balance launched the latest phase of their awardwinning, "Alcohol is Toxic" campaign for four weeks.

They'll be running this alongside Cancer Prevention Action Week (23-29 June) from the World Cancer Research Fund. This year the theme is "Alcohol and Cancer – let's talk". With WCRF we believe the public has a right to know and it is "time to talk" about alcohol and cancer.

Alcohol is a direct cause of seven types of cancer with 17000 cases every year in the UK including breast and bowel cancers, with risks starting at any level of regular drinking.

There is demand from the public for more information around alcohol risks and for health information on alcohol labels - this is a call in the Balance North East **Blueprint for Reducing Alcohol Harm**.

Download the Alcohol Is Toxic campaign resources and support the



Young people's consumption of no/low alcohol drinks in family settings

A new study by the Sheffield Addictions Research Group (SARG) will investigate how and why young people (ages 12–17 and 16–25) in Great Britain consume no- or low-alcohol (no/lo) drinks—often referred to as alcohol-free or low-alcohol options—specifically within family environments like meals and celebrations.

No/lo drinks are becoming more popular, and many see them as a way to reduce alcohol consumption. But it's not clear how they influence young people's future drinking habits—do they delay the start of alcohol use, or do they pave the way for it? The study will dig into these questions.

Methods

- Step 1: National survey Analysing large-scale data to see who's drinking these drinks, how often, and whether young people drinking no/lo drinks affects their later alcohol use
- Step 2: In-depth family interviews Speaking directly with young people and their families in British homes to understand the social context, motivations, and experiences behind no/lo drink consumption.

By combining numbers and real-life stories, the study aims to paint a full picture of how no/lo drinks fit into family life—and what that means for shaping healthier drinking habits (or not).





Advances in identifying risk factors of metabolic dysfunction-associated alcohol-related liver disease

This review examines the risk factors for metabolic dysfunction-associated alcohol-related liver disease (MetALD), a newly recognised condition that combines features of both alcohol-related liver damage and metabolic disorders like obesity and diabetes.

Unlike traditional alcoholic liver disease that typically requires heavy drinking, MetALD can develop with moderate alcohol consumption when combined with metabolic problems such as insulin resistance, high blood pressure, obesity, or abnormal cholesterol levels. The study identifies multiple risk factors including genetic variations that affect how the body processes alcohol, gender differences (with women being more susceptible), the type of alcoholic beverages consumed, drinking patterns, and coexisting health conditions like viral hepatitis or malnutrition.

The research emphasises that when metabolic dysfunction and alcohol consumption occur together, they create a synergistic effect that accelerates liver damage more than either factor alone. This understanding is important because MetALD affects approximately 33 million people worldwide and represents a significant but under-recognised health problem that requires integrated treatment approaches addressing both alcohol use and metabolic health.



Q RESEARCH

Associations of alcohol use and smoking with earlyonset colorectal cancer - A systematic review and meta-analysis, Clinical Colorectal Cancer

This research study examined whether drinking alcohol and smoking

cigarettes increases the risk of developing colorectal cancer (cancer of the colon or rectum) at a young age, specifically before age 55.

The researchers analysed data from multiple previous studies involving thousands of participants and found that both alcohol consumption and smoking significantly increase the risk of early-onset colorectal cancer. People who drank alcohol had a 39% higher risk, and the risk increased with the amount consumed; for every additional 10 grams of alcohol per day (roughly equivalent to one drink), the risk rose by about 2%. Similarly, people who smoked had a 39% higher risk of developing early-onset colorectal cancer compared to those who never smoked. Importantly, former smokers did not show increased risk, suggesting that quitting smoking may reduce this risk over time.

These findings are particularly concerning given that colorectal cancer rates have been rising among young adults in recent decades, and they highlight the importance of limiting alcohol consumption and avoiding smoking as preventive measures against this increasingly common form of cancer in younger people.

Read the study

Q RESEARCH

Motivation, self-efficacy, and identity—double-edged swords for relapse prevention in patients with alcohol related cirrhosis, Alcohol and Alcoholism

This study examined why patients with severe alcohol-related liver disease often struggle to engage with treatment programs designed to help them stay sober, despite knowing that continued drinking could be fatal.

Researchers interviewed 33 patients hospitalised with alcohol-related cirrhosis or hepatitis and found a paradoxical situation; while these patients understood the serious health risks and felt highly motivated to quit drinking, they often rejected professional help for staying sober.

The patients expressed strong confidence in their ability to quit through willpower alone and many refused to identify as "alcoholics", instead viewing themselves as different from "bad drinkers" who they felt actually needed treatment services. This combination of high self-confidence, belief in willpower, and rejection of the "alcoholic" identity created significant barriers to accessing proven relapse prevention treatments. The researchers suggest that treatment programs need to be redesigned to work around these psychological barriers, perhaps by integrating alcohol treatment directly into liver care rather than separate addiction services, and by focusing on practical coping strategies rather than requiring patients to accept an "alcoholic" identity. Understanding these attitudes is crucial since returning to alcohol use remains dangerously common among these patients despite the life-threatening consequences.



RESEARCH

Labelling the debate: a thematic analysis of alcohol industry submissions to the EU consultation on alcohol health warnings in Ireland

This study examined how the alcohol industry responded when Ireland proposed the requirement of health warning labels on alcoholic beverages. The researchers analysed 16 submissions that alcohol companies and trade associations made to European Union officials, opposing Ireland's plan to include warnings about cancer risks, liver disease, and pregnancy dangers on alcohol containers.

The industry used four main arguments against the labels: claiming there wasn't enough scientific evidence linking alcohol to these health problems, warning that the labels would hurt trade and increase costs for businesses, arguing that Ireland's approach would create problems for EU governance, and positioning themselves as responsible partners in public health who preferred voluntary measures instead. Despite this opposition, Ireland successfully implemented the world's first comprehensive alcohol health warning labels in 2023.

The researchers concluded that the alcohol industry uses similar tactics to oppose public health policies as the tobacco industry has historically used, and that understanding these strategies is important for other countries considering similar alcohol labelling requirements.

Read the study

Q RESEARCH

Study examines impact of increased alcohol use on brain of ageing women

This review examined how binge drinking affects the brains of ageing women, a growing public health concern as alcohol use among older women has increased significantly.

The study focuses on how alcohol interacts with two key hormone systems that change dramatically as women age: the stress response system (which releases cortisol) and the reproductive hormone system (which declines during menopause). Researchers found that older women are particularly vulnerable to alcohol's brain-damaging effects because they process alcohol less efficiently than men or younger women, leading to higher blood alcohol levels that persist longer. The combination of alcohol exposure with age-related hormonal changes appears to trigger brain inflammation and damage, particularly affecting white matter (the brain's connecting cables). Importantly, the researchers identify middle age as a critical "window of opportunity" when interventions could be most effective, since this is when many women experience increased stress from caring for both children and aging parents, potentially leading to increased alcohol use.

The review highlights major gaps in our understanding of how alcohol affects aging women's brains and calls for more research focused specifically on this understudied population to develop better prevention and treatment strategies.



EVENT

Mid-life women alcohol free and low alcohol views and experiences

Alcohol-free and low alcohol products have gained popularity in recent years - but opinions are divided about whether they help or hinder reductions in alcohol consumption.

Oxford Brookes University is taking a detailed look at what mid-life women think about 'NoLo' drinks:

- what do they like or dislike about them?
- why do some mid-life women drink them, and some not?
- what are the benefits and drawbacks for those wishing to reduce alcohol consumption?

7 Find out more

EVENT

Addressing the three big killers regionally and locally: how can we take a coherent approach to alcohol and unhealthy food and drink, learning from tobacco?

Each year, thousands of people in our communities are harmed by the three big killers - tobacco, alcohol and unhealthy food and drink.

Action on Smoking and Health (ASH), the Obesity Health Alliance (OHA) and the Alcohol Health Alliance (AHA) have worked with colleagues in Humber and North Yorkshire and Greater Manchester to develop a toolkit to support regional and local areas to take coherent action on harmful product industries, learning lessons from tobacco.

Join them to hear:

- The evidence for taking a coherent approach to the three big killers
- How the toolkit can help you develop your own approach regionally and locally
- What practical actions you can take
- Case studies from areas who have successfully implemented healthier advertising policies and planning and licensing responses that improve the commercial environment for residents





Upcoming SHAAP Alcohol Occasionals

Our partners at Scottish Health Action on Alcohol Problems (SHAAP) have announced several upcoming events in their Alcohol Occasionals. All events take place between 12.45pm and 2pm unless otherwise stated.

Scotland's first Managed Alcohol Programme - Dr Emma King, Dr Hannah Carver and Jessica Greenhalgh.

Monday 1 September

In this seminar, our speakers will present findings from a realist review, to understand what works, for whom and in what circumstances; quantitative data collection, to examine the impact of the MAP on residents' outcomes compared to

locally matched controls; qualitative interviews, to understand the experiences of people living and working in the MAP and living in the local area. They will also reflect on the feasibility of conducting longitudinal, mixed methods research within and about MAPs.

Book your place

Alcohol and LGBTQIA+ Communities - Beth Meadows and Kat Petrilli Monday 6 October

Beth (she/her) is a Sociology of Public Health researcher, specialising in experiences of LGBTQIA+ communities. She previously worked on an ESRC funded Equalise Nightlife Project (at Liverpool John Moores University's Public Health Institute), a qualitative, feminist study exploring gendered experiences of nightlife. She has also held a range of third sector roles in frontline support work, namely with the LGBTQIA+ communities. Beth is a member of the Substance Use research group at Glasgow Caledonian University's Research Centre for Health and in the final year of her PhD entitled 'Are you being served? Exploring Alcohol-free Nightlife Spaces for LGBTQIA+ Communities'. This qualitative study critically assesses and explores the creation, experience and sustainability of alcohol-free nightlife spaces for LGBTQIA+ communities in Scotland from an intersectional lens. Beth will present the findings of the project during the seminar.

Kat Petrilli (Institute of Alcohol Studies) will discuss findings from their research which explores alcohol marketing targeting LGBTQ+ communities. Kat is a senior researcher at the Institute of Alcohol Studies (IAS), an independent body bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. As well as their work with IAS, they are a Research Associate at the Policy Research Unit in Addictions at King's College London.

3 Book your place



Webinar series: Reduction of alcohol consumption and cancer prevention: what can we learn from the new handbooks from the International Agency for Research on Cancer?

Alcohol consumption remains a major public health concern, in part due to its well-established role in increasing cancer risk. The International Agency for Research on Cancer (IARC) classifies alcoholic beverages as Group 1 carcinogens, based on sufficient evidence that alcohol causes cancers of the oral cavity, pharynx, larynx, esophagus, liver, colorectum and female breast in humans.

The IARC Handbooks of Cancer Prevention provide comprehensive reviews and consensus evaluations of the evidence on interventions that reduce cancer incidence or mortality. Developed by interdisciplinary working groups of international experts, the IARC Handbooks synthesize diverse evidence streams using rigorous and transparent methodology.

The most recent volumes, Volume 20A and the forthcoming Volume 20B, focus on reduction or cessation of alcoholic beverage consumption for cancer prevention. Together, these volumes support existing evidence that alcohol's harms are preventable through strong, evidence-based policies.

About the webinar series

To promote and disseminate the key findings from volumes 20A and 20B, WHO/Europe and the IARC are co-hosting a joint webinar series. The series aims to:

- present the IARC, and specifically the IARC Handbooks of Cancer Prevention
- present the main conclusions of Handbooks volumes 20A and the forthcoming 20B
- translate scientific evidence into actionable insights for policy-makers

 build engagement and momentum ahead of the official launch of Volume 20B.

The webinars will present the evidence on alcoholic beverage consumption and cancer risk, on alcohol reduction or cessation to reduce alcohol-related cancer risk, and the 3 major policy levers for reducing alcohol consumption at population level:

- affordability: alcohol taxes and minimum pricing
- availability: restrictions on where, when and to whom alcohol can be sold
- attractiveness: bans/restrictions on alcohol marketing and promotion.

The webinars will also revisit and discuss the existing evidence behind the 3 WHO-recommended "best buys" for reducing alcohol consumption and alcohol-attributable burden of disease, and explore their specific relevance for cancer prevention.

Format and content

Each session will include expert presentations, interactive discussions and audience Q&A. The webinars are 60 minutes in length and are held in English. Recordings will be available on the WHO/Europe website.

Webinar 3: Availability policies – regulating access to reduce consumption 3 September 2025, 10:00–11:00 CEST

Register

Webinar 4: Marketing bans – the role of advertising in alcohol consumption 24 September 2025, 15:00–16:00 CEST

Register

Target Audience

The webinar series is primarily aimed at policy-makers; public health professionals; prevention specialists; health-care providers; representatives of civil society organizations; youth advocates; researchers, including early career researchers; and academics.

The series is part of the WHO-European Union (EU) Evidence into Action Alcohol

Project (EVID-ACTION) funded by the European Commission. EVID-ACTION's objective is to use scientific evidence to promote and facilitate the implementation of effective alcohol policies in the EU, Iceland, Norway and Ukraine.

Registration

All webinars are free to attend. Registration in advance is required and can be completed using the registration links.



Medical Council on Alcohol: Annual Symposium 2025

Wednesday 19th November 2025 Royal College of Physicians London

The annual MCA symposium is a key event for health professionals working to reduce alcohol-related health harms and will take place in-person with all the networking and communication advantages this offers.

The symposium aims its programme at clinicians and researchers across disciplines and specialties, highlighting both new research and policy and practical applications.

Early bird tickets are now available.





- 166 Buchanan Street, Glasgow G1 2LW
- 0141 572 6700
- enquiries@alcohol-focus-scotland.org.uk
- www.alcohol-focus-scotland.org.uk
- ©@alcoholfocus

Copyright © 2024 Alcohol Focus Scotland, All rights reserved. You can update your preferences or unsubscribe from this list.



From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>

Sent:31 July 2025 13:00To:Dragona, Anastasia

Subject: Alcohol Focus Scotland latest - July 2025



July 2025















Contents

- AFS Comment on so called 'pilots' of alcohol in football stadia
- Lancet Commission: Growing burden of liver cancer could be tackled by action on alcohol and obesity
- Empowering Consumers: The Right to Know About Alcohol and Cancer Risk
- Warning on counterfeit Vodka
- IAS Blog: Why are we still not telling the public the truth about alcohol and cancer?
- Shifting to Prevention: How integrated care systems can target cardiovascular disease
- One in four doctors say half their caseload is alcohol-related, RCP survey reveals

- The alarming role of alcohol in murder and manslaughter
- Alcohol, the brain and associated behaviours
- New survey reveals fifth of drivers have drunk alcohol after 10pm ahead of morning drive
- Faculty of Public Health publishes call to action ahead of Scottish
 Parliament election
- WHO launches bold push to raise health taxes and save millions of lives
- New study calls for rethink on alcohol policy communication
- Alcohol industry conflicts of interest: The pollution pathway from misinformation to alcohol harms
- The Lancet: Editorial. (2025). Alcohol and health: time for Europe to sober up
- Beyond the label: analyzing the presence and information behind the QR codes on alcohol containers in 13 European countries
- Alcohol brief intervention and 2-year healthcare costs: An observational study in adult primary care
- Alcohol control policies urgently required to address disability burden of stroke
- Concerning trends in youth solitary drinking
- Excluding patients who have died is problematic within research
- Alcohol Free Beers Better But Not Brilliant for Health
- Applying an intersectional lens to alcohol inequities: A conceptual framework
- Evaluating the effectiveness of the Drink Less smartphone app for reducing alcohol consumption compared with usual digital care
- Upcoming SHAAP Alcohol Occasional Seminars
- Webinar series: Reduction of alcohol consumption and cancer prevention: what can we learn from the new handbooks from the International Agency for Research on Cancer
- Medical Council on Alcohol Annual Symposium
- Job Vacancy: Scottish Families seeks new CEO
- Glasgow Council on Alcohol Vacancies



AFS Comment on so called 'pilots' of alcohol in football stadia

The ban on general alcohol sales in Scottish football stadia is back in the headlines, with several clubs participating in what is misleadingly being dubbed a 'pilot' scheme to sell alcohol more widely – attempting to pave the way for the repeal of current restrictions, which limit alcohol sales to corporate and hospitality areas.

However, AFS has revealed these are simply clubs exploiting existing legislation to expand hospitality zones. One club had planned to sell match tickets that included up to five pints of lager, available two hours before kick-off and/or at half time.

The framing of these events as so-called pilots appears to be part of a coordinated push by clubs – supported by the SPFL – to soften public and political opinion and build momentum for lifting the alcohol ban in football grounds altogether.

Yet these so-called 'pilots' fall far short of the independent, rigorous and properly evaluated trials recommended by **research** commissioned by the SPFL and SFA themselves. That same research, led by Dr Richard Purves, concluded that reintroducing general alcohol sales in Scottish stadia would likely have an 'overwhelmingly negative' impact.

The push comes despite alcohol deaths in Scotland having reached a 15 year high, and a spate of incidents of violence and disorder last season alone, the SFA Chairman Mike Mulraney **called for greater use of banning orders** to combat the problem. The Daily Record noted that "Our national game saw a meteoric rise in unwanted flashpoints last season."

These included Aberdeen defender James Mackenzie being hit in the face by a seat thrown by one of his own fans, missiles being thrown during three Old Firm encounters, widespread violence in Glasgow around the Old Firm League Cup Final, a street brawl following the Scottish Cup Final between Celtic and Aberdeen, and calls from the Chair of the Scottish Police Federation for increased stop and search powers after a disabled Rangers fan was attacked by a hammer by rival supporters.

Indeed, yet another **violent incident occurred** during one of these so called 'Pilot' matches between Partick Thistle and Queen of the South.

Laura Mahon, deputy chief executive of Alcohol Focus Scotland said, "This is not the lifting of Scotland's alcohol ban at football – it's standard match day hospitality using an existing legislation. Presenting it as a 'pilot' is misleading. True pilots must be independently evaluated, not quietly introduced without scrutiny.

"The feasibility study previously commissioned by the SFA and SPFL was clear, any meaningful pilot would need independent funding, robust data collection, and external oversight. None of that appears to be happening here.

"Five pints – almost the weekly low-risk alcohol limit – is an excessive offer and raises serious concerns about responsible practice. Scotland is in the grip of an alcohol crisis, with deaths at a 15-year high and alcohol consumption 50% above the Chief Medical Officers' low-risk guidelines. This is not the moment to start chipping away the protective measures we have in place. Even without alcohol in stadiums we still see violent disorder during or immediately after football matches in Scotland, as well as spikes in domestic violence. Increasing the availability of alcohol would only add fuel to those fires.

"Meanwhile, allowing alcohol sales inside grounds would further entrench the role of alcohol sponsors in football. It would turbocharge already extensive marketing exposure – from shirts and hoardings to social media campaigns, product endorsements and competition tie-ins. Sponsorship blurs the lines between sport and alcohol, tying alcohol brands to elite performance and health, when in reality alcohol is responsible for illness, injury and death on a massive scale.

"The Scottish Government must hold the line: no removal of protections without robust, independent evidence. Anything less puts public health second to profit."



Lancet Commission: Growing burden of liver cancer could be tackled by action on alcohol and obesity

A major new report, published in *The Lancet*, warns that the global burden of liver cancer is rapidly growing and will nearly double by 2050—rising from roughly 870,000 new cases in 2022 to around 1.52 million if no action is taken. Currently the sixth most common cancer worldwide, liver cancer already ranks third in cancer-related deaths, and projections suggest fatalities could rise from around 760,000 in 2022 to 1.37 million by mid-century.

The report highlights a shifting age and risk profile. While viral hepatitis B and C remain major causes, their relative share is gradually shrinking. Instead, lifestyle-linked risks—particularly obesity-related fatty liver disease and alcohol consumption—are gaining ground. Fatty liver disease now affects around a third of the globe and is expected to account for 11 % of liver cancer cases by 2050 (up from 8 % in 2022), while alcohol-related cases are projected to increase from 19 % to 21 % over the same period.

In response, the Commission calls for a package of public health actions. They urge expansion of hepatitis B vaccination programs and universal adult screening for liver disease. They also recommend tougher regulation of alcohol—for example, minimum pricing per unit, mandatory warning labels—and taxation on sugar to curb obesity. Alongside prevention, the report highlights investment in

early detection services and improved palliative care support for diagnosed patients.

Experts emphasize that most liver cancers are preventable. If governments implement these strategies, liver cancer rates could fall by 2–5 % annually, potentially preventing up to 17 million cases and saving as many as 15 million lives by 2050.

The recommendations of the Commission echo those of AFS' recent **call for urgent action** on alcohol harm, backed by more than 70 organisations, with particular regard to our calls for increased early detection of liver disease, whilst underlining the missed opportunity represented by the failure of the UK Government to include plans for MUP in their recent 10 year health plan.



Empowering Consumers: The Right to Know About Alcohol and Cancer Risk

Writing for Scottish Health Action on Alcohol Problems (SHAAP) in one of their most recent blogs, Alcohol Focus Scotland's Dr Catherine White explains the importance of alcohol health risk labelling and the consumers' right to know about the links between alcohol and cancer.

When you buy breakfast cereal, you will find detailed nutritional information and ingredient lists. But when you pick up a bottle of wine or beer, you are left in the dark about one of its most serious health risks: cancer.

In January 2025, the US Surgeon General made headlines by calling for cancer warning labels on alcohol products, declaring that "alcohol is a well established, preventable cause of cancer" (Maani, 2025). This has reignited conversations about the right to know about the health risks associated with products you

purchase.

The World Health Organization (WHO) classified alcohol as a Group 1 carcinogen back in 1988, putting it in the same category as tobacco and asbestos. Research shows alcohol causes at least seven types of cancer, contributing to over 741,000 cancer cases globally in 2020 alone (Devi, 2025). In the European Union, one in nineteen adults die from alcohol-related causes, with three out of every 10 of these deaths due to cancer (Global Health Observatory, 2023).

Read the full blog



Warning on counterfeit Vodka

Food Standards Scotland (FSS) has issued a public health warning after counterfeit vodka was seized this week which confirmed the presence of the chemical isopropyl, which can be harmful if consumed.

The counterfeit vodka recovered was sold in 35cl bottles (commonly known as half bottles) and fraudulently labelled as Glen's.

When opened, the counterfeit vodka may have a strange smell and taste differently to genuine vodka, and therefore should not be drunk.

Read more





IAS Blog: Why are we still not telling the public the truth about alcohol and cancer?

During the final week of June, Alcohol Focus Scotland joined partners and friends around the world in supporting Cancer Prevention Action Week – run by the World Cancer Research Fund. This year, the awareness week focussed on the link between alcohol and cancer, including launching a petition to the UK Government for a new alcohol strategy to tackle the alcohol related cancer burden.

In this blog for the Institute of Alcohol Studies, Melissa Dando, Senior Policy and Public Affairs Officer at the World Cancer Research Fund, asks why we still aren't telling the public the truth about alcohol and cancer.

A staggering 1 in 4 people in Britain think there are no health risks attached to drinking alcohol. **World Cancer Research Fund's polling** for **Cancer Prevention Action Week** (CPAW) also found that just 1 in 14 people were aware that alcohol is linked to cancer when asked unprompted.

These figures are hardly surprising when you consider that alcohol products aren't even required to list ingredients, let alone health warnings. Adding to this, vague and misleading messaging on alcohol's health harm distorts the truth about its risks.

The evidence is clear, but alcohol policy doesn't reflect it.





Shifting to Prevention: How integrated care systems can target cardiovascular disease

This King's Fund report explores how local health systems in England can shift from treating heart disease to preventing it.

It argues that despite national ambitions to reduce early deaths from cardiovascular disease, local partnerships lack the funding, leadership, and accountability to make prevention a real priority. While some areas are making progress through community outreach, better blood pressure checks, and early detection, efforts are often small-scale and reliant on short-term funding.

Importantly, the report notes that tackling key risk factors like smoking, poor diet, and alcohol use is essential to reducing heart disease. Alcohol is highlighted as a major modifiable risk, yet efforts to reduce alcohol harm are under-resourced and rarely integrated into broader prevention strategies.

The report calls for stronger national support and more joined-up action — not just better medical treatment, but bolder steps to reduce the root causes of poor heart health, including harmful alcohol consumption.

Read the report



One in four doctors say half their caseload is alcohol-related, RCP survey reveals

New survey findings from the Royal College of Physicians reveal the significant toll alcohol dependence continues to have on patient health and

recovery amid new calls for urgent government action on alcohol-related harms.

The second RCP member snapshot survey of 2025, conducted between 2-14 June, asked about doctors' experiences of seeing people with obesity, smoking or alcohol related problems and their impacts on patients and clinical treatment.

The findings from these questions reveal alcohol continues to affect and worsen health, with one in four (25%) physicians saying at least half of their average caseload was made up of patients whose conditions have been caused or exacerbated by alcohol dependence (474 respondents).

Of the 474 respondents, 60 (13%) said it was about half of their caseload, 46 (10%) said more than half and 13 (3%) said almost all. 246 (52%) said it was less than half of their average caseload, 103 (22%) said very few and only 5 (1.1%) respondents said none.

Almost half (48%) of responding physicians (471 respondents) reported seeing no change in the number of patients with alcohol dependence in the past 5 years. Over a third (36%) said they'd seen an increase and only 9% said the number had decreased.

When asked about the impacts on their patients, 46% said that recovery from medical treatment has been affected by alcohol, 41% that there were complications during treatment, 40% that treatment was not as effective and 28% that patients were unable to access certain treatments due to alcohol dependence and its effects (483 respondents).

The new findings were published to mark Alcohol Awareness Week, and came as MPs **debated Alcohol and Cancer** in a Westminster Hall Debate led by Cat Smith MP.





The alarming role of alcohol in murder and manslaughter

A recent study by researchers from Australia and the UK, featured in The Conversation, explored the stories behind 205 real cases of homicide and manslaughter in Australia. Nearly 43% of those convicted reported they'd been drinking just before the offence—some being heavily intoxicated ("drank shitloads," one admitted).

By listening directly to offenders, the study sheds new light beyond dry court notes, revealing the emotional, spontaneous, and impulsive nature of these crimes. Often, incidents occurred at night, in public spaces such as parks or pubs, and involved knives, challenging the myth that homicides are always premeditated.

Guiding Us Toward Prevention

The research highlighted that long-term alcohol misuse—not age, gender, or criminal history—is the strongest predictor of alcohol-related homicides. This signals a vital opportunity: investing in early intervention and sustained support for those struggling with alcohol is not only a health imperative but a public safety one. The findings also suggest bolstering night-time policing around hotspots, reassessing knife access in public venues, and delivering robust community programs could reduce similar tragedies in future

7 Read the Conversation article



Alcohol, the brain and associated behaviours

Our colleagues at Scottish Health Action on Alcohol Problems (SHAAP) have just published a new video on alcohol and the brain, featuring an engaging

Learn how alcohol affects the brain, alters dopamine reward pathways, and drives dependence, withdrawal, and relapse. Discover the impact of trauma, genetics, and stress on compulsive drinking, and why treatment, mutual aid (including AA), and psychosocial support offer hope for recovery.



© CAMPAIGN

New survey reveals fifth of drivers have drunk alcohol after 10pm ahead of morning drive

More than one in five UK motorists (21%) admit to having a drink after 10 pm—even when they planned to drive before 9 am the next morning, according to a new IAM RoadSmart survey of 1,072 drivers. Among those who consumed several alcoholic drinks the night before an early drive, 38% continued drinking past 9 pm, with 21% last having a drink after 10 pm.

With it taking approximately one hour for the liver to process each unit of alcohol, this potentially means a large number of people are driving whilst still over the limit from the previous day.

The survey also revealed social pressures contribute to the issue: 31% of respondents confirmed that a friend or relative drove after drinking, though 72% intervened with warnings—leaving a concerning 23% who did not act. Crucially, IAM RoadSmart found strong support—around 80% of drivers—for mandatory drink-drive rehabilitation courses for offenders, highlighting growing public desire to reduce repeat DUIs.

The potential consequences are stark. In the UK, 2022 saw an estimated 300 fatalities in collisions involving a driver over the alcohol limit—the highest since 2009—with July consistently the deadliest month for drink-driving incidents. Impaired reaction times, blurred vision, and poor coordination persist well into the next morning, making early-day driving risky even after a seemingly moderate evening of drinking.

In Scotland, police have responded with twice-yearly enforcement campaigns, including a two-week "blitz" each July targeting drink and drug driving. Officers urge drivers to arrange safe transport if they've been out the night before, and to test themselves with personal breathalysers before setting off. The combined message from charities and law enforcement is clear: a few hours of sleep doesn't counteract a night of alcohol, and prevention through planning and treatment is vital to keeping roads safe.







Faculty of Public Health publishes call to action ahead of Scottish Parliament election

The Committee of the Faculty of Public Health in Scotland (CFPHS) has published a call to action for a healthier, fairer and more productive Scotland ahead of the May 2026 Scottish Parliamentary election.

The CFPHS say that recognising public health as critical to bolstering economic productivity and ensuring the sustainability of Scotland's health and care services, with the publication calling on all political parties in Scotland to support policies which give people the best chance at a long, fulfilling, and healthy life.

They state that this is a critical time for Scotland's health, with stalling life expectancy and widening health inequalities leading to vulnerable populations in Scotland experiencing increasingly poor health outcomes.

The Call to Action makes several recommendations including;

- 1. Ensure health in all policies
- 2. Create a wellbeing economy
- 3. Promote the best possible start to life for all
- 4. Improve our places and communities
- 5. Safeguard our climate and environment

- 6. Tackle the commercial determinants of health
- 7. Shift resources toward prevention

It states that people in Scotland have the fundamental human right to the highest attainable standard of physical and mental health, and the Scottish Parliament has the power to reverse Scotland's declining health by shaping public health policies, advocating for health initiatives, and allocating resources to improve population health.

Included within the report are calls to tackle non-communicable diseases via tackling the commercial determinants of health. The report says:

"This requires a policy environment that recognises and attends to the impacts of commercial determinants of health; ensures application of good governance, regulates products and holds corporate interests accountable, ensures health-promoting public spaces and events, and prioritises the health and quality of life of people living and growing up in Scotland over the profits of health harming industries."

Read the call to action

POLICY

WHO launches bold push to raise health taxes and save millions of lives

The World Health Organization (WHO) has launched a major new initiative urging countries to raise real prices on tobacco, alcohol, and sugary drinks by at least 50% by 2035 through health taxes in a move designed to curb chronic diseases and generate critical public revenue.

The "3 by 35" Initiative comes at a time when health systems are under enormous strain from rising non-communicable diseases (NCDs), shrinking

The consumption of tobacco, alcohol, and sugary drinks are fuelling the NCD epidemic. NCDs, including heart disease, cancer, and diabetes, account for over 75% of all deaths worldwide. A recent report shows that a one-time 50% price increase on these products could prevent 50 million premature deaths over the next 50 years.

"Health taxes are one of the most efficient tools we have," said Dr Jeremy Farrar, Assistant Director-General, Health Promotion and Disease Prevention and Control, WHO. "They cut the consumption of harmful products and create revenue governments can reinvest in health care, education, and social protection. It's time to act."

The Initiative has an ambitious but achievable goal of raising US\$1 trillion over the next 10 years. Between 2012 and 2022, nearly 140 countries raised tobacco taxes, which resulted in an increase of real prices by over 50% on average, showing that large-scale change is possible.

The "3 by 35" Initiative introduces key action areas to help countries, pairing proven health policies with best practices on implementation. These include direct support for country-led reforms with the following goals in mind:

1. Cutting harmful consumption by reducing affordability;

Increase or introduce excise taxes on tobacco, alcohol, and sugary drinks to raise prices and reduce consumption, cutting future health costs and preventable deaths.

2. Raising revenue to fund health and development;

Mobilise domestic public resources to fund essential health and development programmes, including universal health coverage.

3. **Building broad political support** across ministries, civil society, and academia;

Strengthen multisectoral alliances by engaging ministries of finance and health, parliamentarians, civil society, and researchers to design and implement effective policies.

WHO is calling on countries, civil society, and development partners to support the "3 by 35" Initiative and commit to smarter, fairer taxation that protects health and accelerates progress toward the Sustainable Development Goals.



New university study calls for rethink on alcohol policy communication

This study analysed the language used by English policymakers in alcohol policies versus the language used by young adult drinkers when describing their alcohol consumption experiences. While both groups talked about similar topics like drinking, disease, and consequences, they framed these topics very differently.

Policymakers focused on long-term health problems like liver disease and viewed drinking behaviour as something that needed to be "tackled" or "clamped down on," working with organisations and educators rather than directly with drinkers themselves. In contrast, young adult drinkers focused on short-term effects like hangovers and described both positive emotions (feeling happy, relaxed, confident) and negative physical symptoms (feeling sick, dizzy) from drinking. Importantly, drinkers used the word "tipsy" to describe their drinking rather than the policy term "binge drinking," and they often talked about not caring about consequences as part of the appeal of drinking.

The researchers concluded that this language disconnect helps explain why alcohol policies often fail to resonate with young drinkers, and they recommend that policymakers work more directly with drinkers to develop more effective messaging that acknowledges both the harms and the reasons why people choose

Read the study



Alcohol industry conflicts of interest: The pollution pathway from misinformation to alcohol harms

A new study has exposed how the alcohol industry distorts public understanding of the health risks linked to drinking, using tactics similar to those once employed by the tobacco industry. Researchers found that industry-funded organisations – including so-called "responsible drinking" charities – routinely downplay alcohol's links to cancer, heart disease, liver damage, and other serious health conditions.

The study describes a "pollution pathway" by which the industry promotes alcohol as normal and socially beneficial, while quietly spreading misleading or incomplete health information. This includes providing "educational" materials to schools that fail to mention key risks and instead frame alcohol as something to be used responsibly – reinforcing industry-friendly narratives.

Researchers say these strategies shift blame onto individuals while ignoring the wider role of alcohol marketing, pricing, and availability. They warn that allowing the industry to influence health education or policy is a clear conflict of interest and puts public health at risk.

The authors are calling for urgent reforms: removing alcohol companies from any role in shaping policy or education, introducing stronger health warnings on packaging, and launching public awareness campaigns based on independent, evidence-based information. Without these changes, they say, preventable harm from alcohol will continue to be fuelled by corporate misinformation.

Read the study

POLICY

The Lancet: Editorial. (2025). Alcohol and health: time for Europe to sober up

This Lancet editorial calls for urgent action on alcohol warning labels across Europe, where alcohol causes 800,000 deaths annually, making it the world's heaviest drinking region. They highlight that, despite widespread alcohol-related harm including liver disease, cancer, and violent crime, public awareness of these health risks remains low, with only around 50% of people knowing alcohol causes cancer.

The European Health Alliance on Alcohol was recently launched to advocate for mandatory health warning labels on alcoholic beverages, similar to those on tobacco products. However, progress has been slow due to intense lobbying by the alcohol industry, which has met with European Commission committees 22 times compared to zero meetings with public health advocates. While Ireland was set to become the first EU country to require comprehensive health warnings on alcohol labels by May 2026, recent political statements suggest this timeline may be reconsidered due to trade concerns with the US.

The editorial argues that Europe must prioritise public health over industry interests, as alcohol is responsible for 1 in 4 deaths among young European adults.

7 Read the editorial



Beyond the label: analysing the presence and information behind the QR codes on alcohol containers in 13 European countries

This study examined QR codes on alcohol bottles and cans across 13 European countries to understand what information they actually provide to consumers.

The researchers found that about one-third of alcoholic beverages now contain QR codes, with wine having the most (37%), followed by spirits (30%) and beer (23%). However, most QR codes were placed on the back of containers and 61% had no text explaining what they were for, making it unclear to consumers what information they might find. When scanned, the codes most commonly led to brand marketing content (46% of cases), followed by nutritional information, health warnings, and ingredient lists (around 40% each). Concerningly, many websites could be accessed without age verification, and some mixed promotional content with health information.

The researchers concluded that while QR codes could be useful for providing product information, they often serve more as marketing tools than clear sources of health and safety information, suggesting that important details should still be printed directly on labels rather than hidden behind codes that consumers may not scan.



RESEARCH

Alcohol brief intervention and 2-year healthcare costs: An observational study in adult primary care

This study examined whether giving brief alcohol counselling to patients in

primary care settings leads to healthcare cost savings over time.

Researchers followed nearly 288,000 adults who screened positive for unhealthy drinking at clinics in Northern California, comparing healthcare costs between those who received brief alcohol counselling and those who didn't.

The key finding was that patients who received brief counselling had significantly lower healthcare costs in the 6 months immediately following their screening, saving an average of \$209 per person compared to those who didn't receive counselling. The cost savings were particularly notable for two high-risk groups: patients with alcohol use disorders and those with serious medical conditions (who typically have much higher healthcare costs). Emergency department visits also decreased more for those who received counselling.

While the cost differences became smaller over the following 18 months, the study suggests that brief alcohol interventions in primary care - which are low-cost and take only a few minutes - can lead to meaningful healthcare savings, especially for the most vulnerable patients.

Read the study

Q RESEARCH

Alcohol control policies urgently required to address disability burden of stroke

A global study tracking stroke cases from 1990 to 2021 found that "heavy" alcohol consumption (more than 3 drinks per day for men, 2 for women) significantly increases the risk of stroke.

While deaths from alcohol-related strokes have decreased by 40% worldwide over the past three decades due to better medical care and prevention efforts, the study revealed various patterns including that people who survive these strokes are living with more long-term disabilities, creating a "survival-disability paradox" where fewer people die but more live with lasting impairments.

The burden falls disproportionately on men, who have consistently higher rates, and shows stark global inequalities; wealthy countries have seen major improvements while some developing regions, particularly in Southeast Asia and Eastern Europe, have experienced worsening trends. The researchers emphasise that while stroke deaths from alcohol have declined, urgent action is needed to address the growing disability burden through better rehabilitation services and targeted alcohol control policies, especially in lower-income regions where the problem is getting worse.



RESEARCH

Concerning trends in youth solitary drinking

This study tracked drinking alone patterns among US young adults aged 19-30 over 46 years (1977-2022) and found some concerning trends. The research revealed that solitary drinking initially decreased from the late 1970s but has been steadily increasing since the mid-1990s to early 2000s, bringing rates back to levels seen in the late 1970s.

About 40% of young adults who drink alcohol reported drinking alone at least once in the past year. Most notably, young women showed much sharper increases in drinking alone compared to men, nearly closing what was once a significant gender gap in this behaviour. The researchers note that this trend is worrying because drinking alone is considered a risky pattern that's strongly linked to developing alcohol problems, with some using alcohol to cope with stress or depression, and other negative outcomes.

The findings suggest that public health officials need to pay closer attention to

8c

solitary drinking, especially among young women, as it may signal growing mental health challenges and increased risk for alcohol use disorders in this population.

7 Read the study_

Q RESEARCH

Excluding patients who have died is problematic within research

This Swedish study followed 14,608 people born in 1953 for over 40 years to understand how alcohol-related hospital visits change throughout people's lives. Importantly, the researchers discovered that when they included people who died during the study versus only looking at survivors, they found very different patterns.

The study identified five distinct patterns of alcohol-related hospitalisations when including all participants, but only four patterns when excluding those who died, missing the most severe pattern characterised by high peaks of hospital visits in middle and late adulthood. Mortality disproportionately affected individuals in the most severe alcohol-related disorder groups, with 65% and 81% of people in the highest-risk categories dying during the follow-up period. This means that studies focusing only on survivors may significantly underestimate the true burden of severe alcohol problems in the population.

The findings suggest that people with the most serious alcohol-related health issues are often missed in long-term health studies, which could lead to underestimating the public health impact of alcohol disorders and the need for targeted interventions for high-risk groups.

Read the study



Alcohol Free Beers Better But Not Brilliant for Health

This study examined the health effects of drinking different types of non-alcoholic beers daily for four weeks in healthy young men. Researchers found that consuming non-alcoholic mixed beer and wheat beer had negative metabolic effects, including increased blood sugar, insulin levels, and triglycerides. In contrast, non-alcoholic pilsener showed fewer adverse effects and, like water, actually helped lower cholesterol levels.

The study suggests that the unfavourable health impacts are likely due to the calorie and sugar content in these beverages rather than any beneficial compounds. While non-alcoholic beers are often marketed as healthier alternatives, this research indicates they may still pose metabolic risks, particularly the sweeter varieties, and that water remains the best choice from a health perspective.

Read the study_

Q RESEARCH

Applying an intersectional lens to alcohol inequities: A conceptual framework

Researchers have developed a new framework (the Intersectional Alcohol Inequities Framework (IAIF)) to better understand why some groups of people are more affected by alcohol-related problems than others.

The framework recognises that alcohol inequities don't happen in isolation - they result from complex interactions between multiple factors including individual characteristics (like race, gender, sexual orientation, gender identity and income), social relationships, community conditions, and broader societal forces like discrimination and historical injustices.

The framework is designed to help healthcare providers, researchers,

policymakers, and community organisations think more comprehensively about alcohol problems and develop more effective, tailored solutions. Rather than addressing single factors in isolation, it encourages a holistic approach that considers how power, history, digital environments, and social context all work together to create unfair differences in who experiences alcohol-related harm.

Read the study_

Q RESEARCH

Evaluating the effectiveness of the Drink Less smartphone app for reducing alcohol consumption compared with usual digital care

This large UK study tested whether a smartphone app called "Drink Less" could help people reduce their alcohol consumption compared to the standard NHS alcohol advice webpage.

The researchers followed over 5,600 people who were classed as increasing-and-higher-risk drinkers (Alcohol Use Disorders Identification Test score ≥ 8) for 6 months and found that those using the Drink Less app reduced their weekly alcohol intake by an additional 2 units (about one pint of beer) compared to those using the NHS webpage. The app was well-received by users who found it easy to use and helpful, particularly the features that let them track their drinking and set goals.

Drink Less costs £1.28 more per user compared to the National Health Service web page when considering all the past costs, but would save £0.04 per user when considering only the annual costs to run the app. Long-term modelling suggests that rolling out the app nationally could prevent thousands of alcohol-related deaths, save the NHS money, and reduce health inequalities. This makes Drink Less the first evidence-based alcohol reduction app proven to be effective in the UK, offering a scalable and cost-effective way to help people drink less without requiring face-to-face appointments with healthcare professionals.





Upcoming SHAAP Alcohol Occasionals

Our partners at Scottish Health Action on Alcohol Problems (SHAAP) have announced several upcoming events in their Alcohol Occasionals. All events take place between 12.45pm and 2pm unless otherwise stated.

Scotland's first Managed Alcohol Programme - Dr Emma King, Dr Hannah Carver and Jessica Greenhalgh.

Monday 1 September

In this seminar, our speakers will present findings from a realist review, to understand what works, for whom and in what circumstances; quantitative data collection, to examine the impact of the MAP on residents' outcomes compared to locally matched controls; qualitative interviews, to understand the experiences of people living and working in the MAP and living in the local area. They will also reflect on the feasibility of conducting longitudinal, mixed methods research within and about MAPs.

3 Book your place

Alcohol and LGBTQIA+ Communities - Beth Meadows and Kat Petrilli Monday 6 October

Beth (she/her) is a Sociology of Public Health researcher, specialising in experiences of LGBTQIA+ communities. She previously worked on an ESRC funded Equalise Nightlife Project (at Liverpool John Moores University's Public Health Institute), a qualitative, feminist study exploring gendered experiences of nightlife. She has also held a range of third sector roles in frontline support work,

namely with the LGBTQIA+ communities. Beth is a member of the Substance Use research group at Glasgow Caledonian University's Research Centre for Health and in the final year of her PhD entitled 'Are you being served? Exploring Alcohol-free Nightlife Spaces for LGBTQIA+ Communities'. This qualitative study critically assesses and explores the creation, experience and sustainability of alcohol-free nightlife spaces for LGBTQIA+ communities in Scotland from an intersectional lens. Beth will present the findings of the project during the seminar.

Kat Petrilli (Institute of Alcohol Studies) will discuss findings from their research which explores alcohol marketing targeting LGBTQ+ communities. Kat is a senior researcher at the Institute of Alcohol Studies (IAS), an independent body bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. As well as their work with IAS, they are a Research Associate at the Policy Research Unit in Addictions at King's College London.

3 Book your place



Webinar series: Reduction of alcohol consumption and cancer prevention: what can we learn from the new handbooks from the International Agency for Research on Cancer?

Alcohol consumption remains a major public health concern, in part due to its well-established role in increasing cancer risk. The International Agency for Research on Cancer (IARC) classifies alcoholic beverages as Group 1 carcinogens, based on sufficient evidence that alcohol causes cancers of the oral cavity, pharynx, larynx, esophagus, liver, colorectum and female breast in humans.

The IARC Handbooks of Cancer Prevention provide comprehensive reviews and consensus evaluations of the evidence on interventions that reduce cancer incidence or mortality. Developed by interdisciplinary working groups of

international experts, the IARC Handbooks synthesize diverse evidence streams using rigorous and transparent methodology.

The most recent volumes, Volume 20A and the forthcoming Volume 20B, focus on reduction or cessation of alcoholic beverage consumption for cancer prevention. Together, these volumes support existing evidence that alcohol's harms are preventable through strong, evidence-based policies.

About the webinar series

To promote and disseminate the key findings from volumes 20A and 20B, WHO/Europe and the IARC are co-hosting a joint webinar series. The series aims to:

- present the IARC, and specifically the IARC Handbooks of Cancer Prevention
- present the main conclusions of Handbooks volumes 20A and the forthcoming 20B
- translate scientific evidence into actionable insights for policy-makers
- build engagement and momentum ahead of the official launch of Volume 20B.

The webinars will present the evidence on alcoholic beverage consumption and cancer risk, on alcohol reduction or cessation to reduce alcohol-related cancer risk, and the 3 major policy levers for reducing alcohol consumption at population level:

- affordability: alcohol taxes and minimum pricing
- availability: restrictions on where, when and to whom alcohol can be sold
- attractiveness: bans/restrictions on alcohol marketing and promotion.

The webinars will also revisit and discuss the existing evidence behind the 3 WHO-recommended "best buys" for reducing alcohol consumption and alcohol-attributable burden of disease, and explore their specific relevance for cancer prevention.

Format and content

Each session will include expert presentations, interactive discussions and audience Q&A. The webinars are 60 minutes in length and are held in English. Recordings will be available on the WHO/Europe website.

Webinar 3: Availability policies – regulating access to reduce consumption 3 September 2025, 10:00–11:00 CEST

Register

Webinar 4: Marketing bans – the role of advertising in alcohol consumption 24 September 2025, 15:00–16:00 CEST

Register

Target Audience

The webinar series is primarily aimed at policy-makers; public health professionals; prevention specialists; health-care providers; representatives of civil society organizations; youth advocates; researchers, including early career researchers; and academics.

The series is part of the WHO–European Union (EU) Evidence into Action Alcohol Project (EVID-ACTION) funded by the European Commission. EVID-ACTION's objective is to use scientific evidence to promote and facilitate the implementation of effective alcohol policies in the EU, Iceland, Norway and Ukraine.

Registration

All webinars are free to attend. Registration in advance is required and can be completed using the registration links.



Medical Council on Alcohol: Annual Symposium 2025

Wednesday 19th November 2025 Royal College of Physicians London The annual MCA symposium is a key event for health professionals working to reduce alcohol-related health harms and will take place in-person with all the networking and communication advantages this offers.

The symposium aims its programme at clinicians and researchers across disciplines and specialties, highlighting both new research and policy and practical applications.

Early bird tickets are now available.

Wiles View the symposium programme



Job Vacancy: Scottish Families seeks new CEO

Scottish Families Affected by Alcohol and Drugs (SFAD) is seeking a new CEO. The news that current CEO Justina Murray is moving on to pastures new generated as much sadness within the sector as congratulations, given her valuable contribution to alcohol and drug policy, representing family voices over many years.

Scottish Families now seek new leadership to consolidate on their development to date; lead the passionate staff team and continue to support SFAD to grow and play its part locally, nationally and internationally.

The next CEO will be an inspiring strategic and collaborative leader with compelling communications skills who can influence a range of stakeholders. They will be driven by their sound values and embody compassion and respect. They will work closely with the Board to steer SFAD into the coming years, expertly navigating the political and financial challenges that will continue to exist for the 3rd sector.

If you are ready to step up to this exciting opportunity, Scottish Families would be

delighted to hear from you. Please read on to find out more about the role and the application and selection process.

7 Find out more and apply_





Glasgow Council on Alcohol Vacancies

Glasgow Council on Alcohol are currently recruiting for several vacancies across their organisation – with counselling positions, course director roles and an admin assistant position available.

Find out more and apply_





Copyright © 2024 Alcohol Focus Scotland, All rights reserved. You can **update your preferences** or **unsubscribe from this list**.





WEST LOTHIAN LOCAL LICENSING FORUM

WORKPLAN - September 2025

SUBJECT	PERSON RESPONSIBLE	TIMESCALE	PROGRESS TO DATE
Chair's Update	Chair	September 2025	Standing item
Police Scotland Update	Police Scotland	September 2025	Standing item
Other Updates	Members as required	September 2025	Standing Item
Licensing Policy Q&A	LSO	September 2025	Standing item
Formulation of a Workplan	All	September 2025	Ongoing
Membership & Recruitment	All	September 2025	Standing Item
Chair's Update	Chair	December 2025	Standing item
Police Scotland Update	Police Scotland	December 2025	Standing item

Other Updates	Members as required	December 2025	Standing Item
Licensing Policy Q&A	LSO	December 2025	Standing item
Formulation of a Workplan	All	December 2025	Ongoing
Membership & Recruitment	All	December 2025	Standing Item
Meeting dates 2025	All	December 2025	Annually in December