West Lothian Alcohol Licensing Forum

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

Wednesday 3 December 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. Order of Business

4. Confirm Draft Minutes of Licensing Forum Meeting held on 4 June 2025 (herewith)

5. Minutes of Licensing Board – For Information Only

   a) 8 August 2025
   b) 12 September 2025

6. Updates:

   a) Chair Update
   b) Police Update
   c) Other Updates

7. Workplan Updates and Current Workplan (herewith)

8. Alcohol Focus Scotland

   a) E-Focus May 2025 (herewith)
   b) E-Focus June 2025 (herewith)
   c) E-Focus July 2025 (herewith)
   d) E-Focus September 2025 (herewith)
   e) E-Focus October 2025 (herewith)

9. Joint West Lothian Licensing Board and Licensing Forum Meeting 2025

10. Licensing Policy Q&A – LSO

11. Membership and Recruitment

12. Timetable of Meetings 2026 for Approval (herewith)

NEXT MEETING – TBC

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

Anastasia	Dragona	Clerk	Present

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. ELECTION OF CHAIR

In the absence of the Chair, Douglas Frood was elected as temporary Chair.

3. LICENSING FORUM MINUTES

The Forum approved the minutes of its meetings held on 4 June 2025.

4. MINUTES OF LICENSING BOARD

The Forum noted the Licensing Board minutes of 11 April 2025, 14 June 2025 and 11 July 2025.

5. UPDATES

Chair Update – The council had received an email from trading standards inviting young persons to volunteer for test purchasing. It was also noted that an issue with photographs showing vaping had been raised at the Licensing Board on 13 June.

Decision

To note the update from the Chair.

At this point the meeting became inquorate and therefore it did not proceed further.

WEST LOTHIAN LOCAL LICENSING FORUM

WORKPLAN – December 2025

SUBJECT	PERSON RESPONSIBLE	TIMESCALE	PROGRESS TO DATE
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

Dragona, Anastasia

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

Newsletter from Alcohol Focus Scotland

View this email in your browser

May 2025

Contents

- Alcohol taxation and pricing policies implementation toolkit: a practical guide for selecting, implementing and evaluating policies
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- 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 well-being, 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

UPDATE

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.”

Read full story

Laura Mahon, Deputy CEO of Alcohol Focus Scotland

UPDATE

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."

UPDATE

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

Read the call to action

UPDATE

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.

Read more

UPDATE

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.

Read more

UPDATE

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

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.”

Read more

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**.

POLICY

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.

Read the toolkit

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.

Read the briefing

CONSULTATIONS

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

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.

Read the analysis

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.

Read the analysis

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.

Read the study

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.

Read the study

RESEARCH

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.

Read the study

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.

Read the study

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.

Read the study

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.

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.

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.

Book your place

EVENT

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.

EVENT

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.

Read more

EVENT

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.

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.

Find out more

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Dragona, Anastasia

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

Newsletter from Alcohol Focus Scotland

View this email in your browser

June 2025

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UPDATE

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

UPDATE

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

UPDATE

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."

Read more

UPDATE

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 alcohol-related 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 cost-effective 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.”

UPDATE

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.

Read the report

UPDATE

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.

UPDATE

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.

Dr Dave Whiteley, Research Centre for Health, Glasgow Caledonian University

Beth Meadows, PhD Researcher, Glasgow Caledonian University

UPDATE

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.

Find out more

UPDATE

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.

UPDATE

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 alcohol[1]. 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.

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.

Find out more

CAMPAIGN

Balance North East: Alcohol Is Toxic

On Monday, June 23, Balance launched the latest phase of their award-winning, “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

RESEARCH

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).

Read more

RESEARCH

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.

Read the study

RESEARCH

Associations of alcohol use and smoking with early-onset 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

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.

Read the study

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

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.

Read the study

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?

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

Read more here

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.

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.

Book your place

EVENT

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.

EVENT

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.

View the symposium programme

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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 31 July 2025 13:00
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - July 2025

Newsletter from Alcohol Focus Scotland

View this email in your browser

July 2025

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UPDATE

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.”

UPDATE

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.

UPDATE

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

UPDATE

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 Institute of Alcohol Studies

UPDATE

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.

Read the blog

UPDATE

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

UPDATE

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.

Read more

UPDATE

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

Read the Conversation article

UPDATE

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

presentation by Dr David McCartney, expert addiction doctor.

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.

Read more

FACULTY OF PUBLIC HEALTH

POLICY

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

development aid and growing public debt.

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.

POLICY

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

to drink.

Read the study

POLICY

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.

Read the editorial

RESEARCH

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.

Read the study

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

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.

Read the study

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

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

Read the study_

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

RESEARCH

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_

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

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.

Read the study_

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.

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.

Book your place

EVENT

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.

EVENT

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.

View the symposium programme

UPDATE

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.

Find out more and apply_

UPDATE

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_

ALCOHOL FOCUS SCOTLAND

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8c

Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 25 September 2025 14:01
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - September 2025

Newsletter from Alcohol Focus Scotland

View this email in your browser

September 2025

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No room for complacency despite alcohol death decrease

Earlier this week **National Records of Scotland** reported that the number of alcohol-specific deaths in Scotland fell by 7% in 2024.

There were 1,185 alcohol-specific deaths registered in 2024, 92 fewer than in 2023. This is the lowest annual figure since 2019.

Male deaths continued to account for about two thirds of the fatalities, but both male and female alcohol deaths decreased in the past year.

Alcohol Focus Scotland says whilst the news of the drop is welcome, there is no room for complacency as deaths still remain appallingly high and more than double the level of 30 years ago.

In response to the figures, **Alison Douglas, chief executive of Alcohol Focus Scotland said**, “Despite the welcome drop in deaths from alcohol reported today there is no room for complacency, they still remain appallingly high and more than double the level of 30 years ago. Yet action taken so far hasn’t matched the scale of this crisis. The Scottish Government must do better.

“Too often, these deaths are framed solely as the result of addiction. This narrow focus overlooks a much wider reality. Not everyone who dies because of alcohol is dependent or addicted, and many don’t see their drinking as a problem. Yet, prolonged heavy drinking can cause serious harm, such as liver disease, without any obvious warning.

“The Scottish Government must show leadership and commit the investment that is desperately needed. To save lives now, we need urgent action to identify alcohol-related liver problems earlier. Alcohol Focus Scotland, alongside more than 70 other organisations, is calling for liver scans to be expanded in community settings, giving people the chance to access life-saving treatment before the damage becomes irreversible.

“But treatment alone isn’t enough. The problems we face are aggravated by constant messages that alcohol is essential to our lives. We need to challenge this narrative, and adopt well-evidenced, cost-effective prevention measures, such as reducing the easy availability of alcohol and restricting alcohol marketing, as part of a robust, long-term strategy.

“Every one of the 1,185 was a person with a life, and friends and family left behind. I and everyone at Alcohol Focus Scotland send our heartfelt condolences to the loved ones of those who lost their lives too soon.”

Read the report

UPDATE

PHS Rapid Review of Evidence on Alcohol Marketing: Alcohol Marketing fuels drinking

New report from Public Health Scotland shows alcohol ad restrictions are effective in reducing harm

In a **new report**, Public Health Scotland have concluded that introducing restrictions on alcohol advertising and marketing is an effective and cost-effective way of reducing how much we drink, and in turn improving the health of people living in Scotland.

The review, commissioned by the Scottish Government, found that people are frequently exposed to alcohol marketing and advertising in their daily life, through sponsorship of their favourite sports teams, displays in shops and ads on billboards and bus stops. That exposure is associated with people drinking more.

The report states that “alcohol marketing and advertising is pervasive and persuasive, and frequent exposure to it drives alcohol consumption and related harms, including among children and young people.”

To have the greatest impact Public Health Scotland recommend restrictions be as wide-ranging as possible and well enforced.

Alison Douglas, chief executive of Alcohol Focus Scotland said, “Alcohol advertising drives drinking. The industry claim it doesn’t, but would they spend millions of pounds marketing their products unless it made a difference to their bottom line? It follows that reducing the sheer volume of alcohol marketing we are exposed to will decrease how much we drink – and protect future generations - as Public Health Scotland has concluded in its evidence review published today.

“Children and young people have the right to a childhood free from alcohol marketing. The Scottish Government has stated time and again that they remain committed to protecting children and young people from alcohol marketing, but they are way behind the curve when it comes to action when compared to other

European countries including Ireland. We have the evidence; it's time to act.

"Alcohol Focus Scotland urges the Scottish Government to use all its powers to reduce alcohol marketing, including by restricting the sponsorship of sports and events by alcohol companies, controlling adverts in outdoor and public spaces and by limiting how visible alcohol is in shops.

"At a time when Scotland's deaths from alcohol have reached a 15-year high, the Scottish Government must use all the policy tools at its disposal to remedy the current situation and protect the health of our young people now and into the future."

Dr. Judith Turbyne, chief executive of Children in Scotland, said, "As outlined in the United Nations Convention on the Rights of the Child (UNCRC), all children have a right to the best possible health. With the incorporation of the UNCRC into Scots law, the Scottish Government must do everything it can to protect children's health and wellbeing.

"Existing evidence - and children and young people themselves - have told us the harmful impact alcohol marketing can have on their lives. We are pleased to see further affirmation in this evidence review that wide-ranging restrictions on alcohol marketing would have a positive impact on the health of children, young people and families."

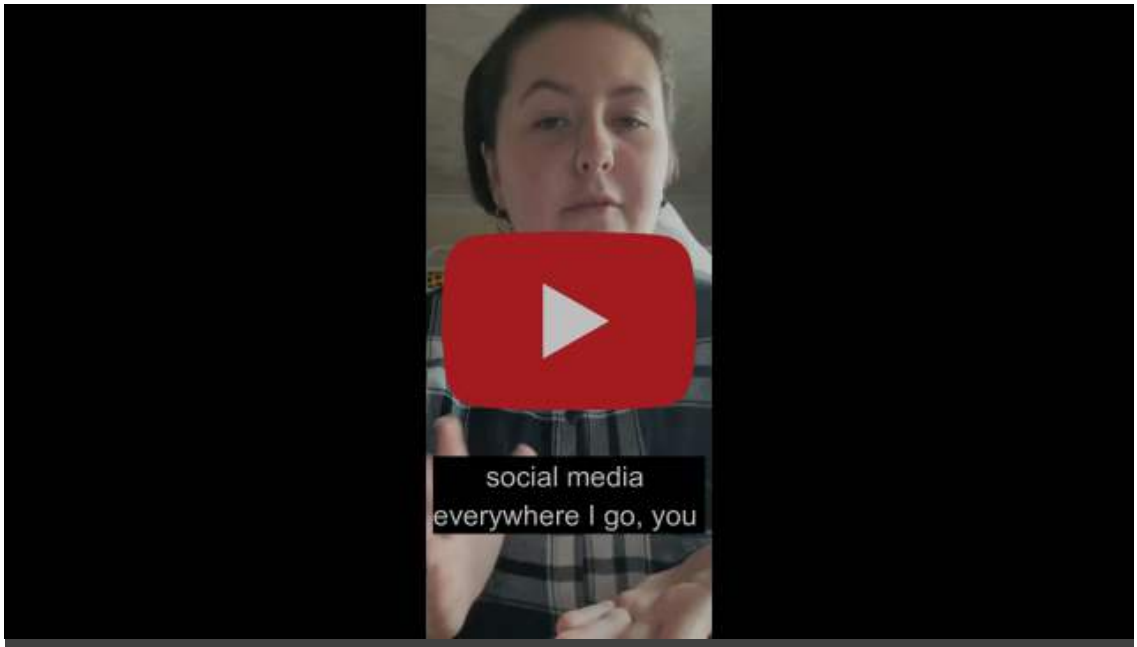
Ewan Carmichael, youth activist, said, "Young people continue to tell us that alcohol marketing is everywhere in their lives - often in ways they don't immediately recognise. From colourful packaging and 'fun' flavours, to links with low- and no-alcohol products and sport, these tactics normalise drinking and can appeal to under-18s.

"Despite voluntary codes, there is little meaningful accountability when companies break the rules. That's why change is needed - including health warnings on alcohol products, an end to adverts in spaces like bus stops and train stations, and independent regulation to protect young people from harm.

"The Scottish Government now has a real opportunity to act. If we are serious

about reducing alcohol harm, we must listen to communities - especially young people - and put their health and wellbeing before industry profit."

Read the report



Amy, 17, echoes some of the research findings from the Public Health Scotland Evidence Review on the pervasive and persuasive nature of alcohol marketing - especially for children and young people

UPDATE

AFS Blog: Ireland's Advertising Controls

In our latest blog, Dr Sheila Gilheany, CEO of Alcohol Action Ireland, reflects on Ireland's experience of implementing restrictions on alcohol marketing and advertising - along with a range of other public health measures including minimum unit pricing and labelling laws. Sheila describes the positive impact these measures have had in reducing alcohol consumption in Ireland, and reflects on learning for countries such as Scotland who may be exploring their own restrictions on alcohol marketing and advertising.

Ireland's Advertising Controls – Dr Sheila Gilheany, Alcohol Action Ireland

In recent years, Ireland has rightly drawn plaudits for its public health approach to alcohol. A groundbreaking piece of **legislation** was passed in 2018 which provided for 31 measures based on the World Health Organisation's 'best buys' of actions on price, availability and marketing. They included Minimum Unit Pricing, controls on the sale of alcohol such as special offers, structural separation of alcohol in shops, health information labelling and some modest restrictions on advertising. The legislation was designed to work as a package with the aim of reducing Ireland's per capita alcohol consumption by 20% and specifically to reduce the exposure of children to alcohol marketing.

Read the blog

Sheila Gilheany, CEO of Alcohol Action Ireland, talks about Ireland's experience of alcohol marketing restrictions and lessons for Scotland

UPDATE

AFS Vacancy: Policy Manager (Maternity Cover)

Maternity Cover, Fixed Term 1 year

We are seeking a skilled policy professional to join our passionate team to provide maternity cover. You will have a varied and challenging role, leading and developing AFS's programmes of work, working as part of the Senior Management Team to deliver our strategic priorities.

Current priorities include building support for comprehensive restrictions on alcohol marketing; and advocating for mandatory alcohol labelling. Your skills will be vital in ensuring we meet our goal of effecting policy change in Scotland, to reduce alcohol harm and improve lives.

We are looking for a candidate with:

- Proven experience in developing evidence-informed policy and influencing decision-makers.
- Effective project management skills with a focus on outcomes and impact.

- Excellent communication skills, including the ability to convey complex messages to varied audiences.
- Ability to build and maintain productive partnerships with a wide range of stakeholders.
- Knowledge of public health policy in Scotland and awareness of UK, European, and international contexts.

This post would be an ideal opportunity to widen your experience in policy management, and secondment proposals are actively welcomed.

Closing date for applications is noon on Monday 6th October.

Apply here

UPDATE

New Report: Youth Drinking in Ireland

Alcohol Action Ireland's "Youth Drinking in Ireland" examines recent trends in alcohol consumption among young people (aged 15-24), its harms, and how well current policies are working—or not. While youth drinking had dropped from its highs in the 2000s through the mid-2010s, that decline has reversed since about 2015.

The report argues that although some progress (like delaying first drink, or fewer young adolescents drinking) is real, much of the drinking that *does* happen among young people is risky: high levels of binge or hazardous use, youth alcohol-use disorders, alcohol-related harm (including hospitalisations, driving fatalities, mental health). The report also highlights policy gaps: delays and loopholes in advertising regulation, zero-alcohol product branding, affordability slipping (due to inflation vs static excise duties), and slow implementation of key provisions of the Public Health (Alcohol) Act 2018.

- Youth drinking among 15-24-year-olds has increased—from about **66% in 2018** to **75% in 2024**.
- Hazardous drinking is widespread: 64% of young drinkers engage in binge drinking; one in three has an Alcohol Use Disorder.
- The age of first drink has risen slightly (from ~15.6 years in 2002 to ~16.6 in 2019) but many young people start drinking well before legal age.
- Among teens (15-17), high proportions report lifetime alcohol use; many have drunk recently. In some rural regions surveyed (~Galway, Mayo, Roscommon) a quarter are drinking in pubs; a third have been drunk in past month.
- Alcohol-related harms among youth are increasing: hospitalisations, discharges for alcoholic liver disease, road safety incidents (young driver fatalities with alcohol component), and associations with mental health harms (self-harm, suicide risk) are all serious concerns.
- Policy implementation is lagging: certain rules from the 2018 Act haven't started, such as full controls on alcohol advertising, alcohol product labelling (delayed to 2028), industry exploiting loopholes (e.g. zero-alcohol branded products with same branding as alcoholic ones).

Read the report

UPDATE

FASD and Brain Connectivity

September is Fetal Alcohol Spectrum Disorder (FASD) Awareness Month

This research from the USA examined brain connectivity in young children (ages 6-8) with fetal alcohol spectrum disorder (FASD) compared to typically developing children. Using brain imaging during rest, researchers found that children with FASD showed disrupted connections within key brain networks responsible for attention, impulse control, and executive function (specifically the Default Mode Network and Frontal Parietal Network).

These connectivity disruptions were linked to poorer performance on attention tasks, including more missed responses, increased errors, and greater reaction time variability. Although this was a small sample, the findings suggest that alcohol exposure during pregnancy causes early alterations in brain network development that underlie the cognitive and behavioural difficulties characteristic of FASD.

Importantly, these disruptions are detectable even during the earliest school years, highlighting the need for early identification and intervention strategies.

Read the Study

Find out more about FASD

UPDATE

IAS Blog: The effects of alcohol on employment and social outcomes in the UK

In a new blog from IAS, Dr Desmond Campbell discusses recent research exploring how alcohol consumption affects employment, income, and social outcomes in the UK. The study finds that higher drinking levels are linked to greater deprivation, lower earnings, and increased unemployment, particularly among men. These findings highlight the wider social and economic harms caused by alcohol beyond its well-known health impacts.

The effects of alcohol on employment and social outcomes in the UK

We recently conducted research *into the effect of alcohol on employment and social outcomes in the UK.*

Associations between alcohol and health have been extensively studied (**Rehm, Baliunas et al. 2010**). Less well understood is the impact of alcohol on employment. Evidence is mixed and effect directions are unclear (**Thompson and**

Pirmohamed 2021, **Mangot-Sala, Smidt et al. 2022**). Drinking can influence employment outcomes. For instance, it affects people's ability to hold down a job. There is also evidence supporting effects in the opposite direction, i.e. personal circumstances influencing alcohol consumption. In addition, alcohol-employment associations may be driven by shared upstream factors. For instance, economic recession might cause both unemployment and changes in drinking habits. It is likely all these mechanisms operate together to varying degrees and over different time scales (**Hoffmann, Kröger et al. 2019**).

Read the blog

POLICY

Kings Fund Blog: A prevention revolution or another missed opportunity?

The UK government came into power promising a "prevention revolution" to improve public health through broader social changes—things like better housing, secure work, clean air, affordable nutritious food, safe streets, and reducing harmful exposures like tobacco, alcohol, drugs and unhealthy food.

But according to a new blog for the Kings Fund co-authored by Sarah Woolnough and Dr Jennifer Dixon, more than a year on, the promise is falling short. Key measures such as minimum unit pricing for alcohol, stronger food advertising restrictions, and raising alcohol taxes remain either delayed or absent. These gaps weaken the government's stated commitment to tackling avoidable illness and turn "prevention" into rhetoric rather than action.

A major hurdle the authors identify is the influence of well-resourced industry lobbying—especially from alcohol, food, and tobacco sectors—which has weakened or delayed important health-focused policies. The blog notes that past and current commitments on alcohol pricing and regulation (for example, minimum unit pricing, extension of smoking restrictions into outdoor areas of pubs) have

been either diluted or not delivered. The authors argue that political courage is needed to confront these vested interests. Without decisive action, public health continues to be eroded, inequality widens, and the costs—both human and economic—of preventable alcohol-related harm grow.

To turn words into meaningful change, the blog calls on the government to act boldly. That means implementing stronger alcohol taxes, enforcing regulation that nudges people away from unhealthy choices, and ensuring prevention gets equal status with treatment and healthcare in funding, policy design and accountability. Building political resolve, partnering with public health stakeholders, and holding industry influence to account, are painted as essential if the prevention revolution is not to remain another missed opportunity.

Read the blog

POLICY

Modelling the case for alcohol pricing policy in the USA

A new study has explored how raising the price of alcohol could help reduce harmful drinking in the USA. While alcohol has become much more affordable in recent decades, alcohol-related health problems have been on the rise. Using a detailed simulation model, researchers looked at how different price increases for beer, wine, and spirits might affect drinking habits across the population. They found that higher prices on drinks most favoured by heavier drinkers, such as beer and spirits, would lead to the biggest reductions in alcohol consumption among those at greatest risk of harm.

This research is significant because it provides the first national-level modelling of alcohol pricing policies in the USA. Previous studies have looked at individual states, but this study offers a broader picture that could help inform national

debates. However, the authors note that their model focused only on consumption and did not yet estimate the likely impact on health outcomes, such as hospital admissions or deaths, or the potential cost savings from reduced harm. They argue that future research should take these factors into account, as similar work in Scotland helped build the case for minimum unit pricing there.

While modelling studies like this can guide public health policy, they must be communicated effectively and backed by political will to lead to real change. The study highlights that alcohol pricing remains a politically sensitive issue in the USA, but with further development and strategic advocacy, this type of evidence could become a powerful tool for reducing alcohol harm nationwide.

Read the study

CONSULTATIONS

AFS Response to HSCC Inquiry into Food and Weight Management

AFS has submitted a response to the Health and Social Care Committee's Inquiry into Food and Weight Management. The Government is consulting on what it should learn around why current policies haven't been sufficiently impactful in reducing overweight and obesity and what changes could be made to improve outcomes.

In our response, we highlight that alcohol makes a significant but often overlooked contribution to calorie intake and weight gain. We argue that excluding alcohol from HFSS ("high in fat, sugar or salt") policy measures weakens efforts to tackle obesity and improve public health. Many alcoholic drinks are calorie-dense and high in sugar, yet they are exempt from nutrient profiling and the rules that apply to other unhealthy products, such as mandatory labelling and marketing restrictions.

We call for clear, consistent, and mandatory calorie and nutrition labelling on all alcoholic products, as current voluntary approaches are inadequate and leave the

public unaware of the true calorie content of drinks. We also urge stronger, comprehensive restrictions on alcohol marketing to prevent it from filling the space left by HFSS advertising bans, alongside fiscal measures such as taxation to encourage lower-strength, lower-calorie products. Overall, we stress that voluntary action by the alcohol industry has failed, and robust regulation is essential to protect public health.

Read our response

RESEARCH

Study finds no protective health benefits from moderate drinking

This large-scale study using data from over 112,000 UK Biobank participants and 10,900 NHANES participants (from the USA) examined moderate alcohol consumption and mortality risk across different stages of cardiovascular-kidney-metabolic (CKM) syndrome.

The key finding contradicts the commonly stated theory that moderate drinking offers health benefits, with the research finding zero protective effects from moderate alcohol consumption in any population group.

Instead, moderate drinking was associated with increased all-cause mortality risk, particularly amongst individuals with metabolic risk factors (CKM stages II and IV). The study also revealed that women are more sensitive to alcohol's harmful effects than men, with mortality risk increasing at lower consumption levels. Importantly, the dose-response analysis showed a continuous positive relationship between alcohol intake and death risk *(i.e., as one increased so too did the other)*, with no "safe" threshold identified.

Read the study

RESEARCH

Study suggests heaviest drinkers most at risk from alcohol marketing

This Japanese study examined how alcohol commercials affect self-control in people with alcohol use disorder (AUD). The researchers had a relatively small sample size of 20 people with AUD (16 males, 4 females) and 20 healthy controls (17 males, 3 females) watch alcohol adverts whilst performing a task that measured their ability to concentrate and resist distractions.

When looking at all participants with AUD together, there was no significant difference compared to healthy controls in how much the alcohol adverts interfered with their performance or increased their desire to drink. However, when the AUD group was split by severity, those with severe AUD showed significantly greater interference from alcohol adverts than healthy controls, suggesting that people with more severe alcohol problems may be particularly vulnerable to the influence of alcohol advertising.

This finding supports the idea that alcohol marketing regulations should consider protecting those most at risk, and that treatment approaches might need to be tailored based on the severity of someone's condition.

Read the study

RESEARCH

Breast Cancer Survivor Awareness of Alcohol Risk

This Irish study of 322 breast cancer survivors reveals significant concerns about alcohol consumption patterns within this population. The research found that 39% of participants reported binge drinking (consuming more than six units in one sitting at least once per month as evidenced within self-

reported data), whilst only 1.2% had received professional advice about reducing their alcohol intake despite substantial evidence supporting alcohol reduction in cancer care.

Importantly, 83% of both patients and healthcare professionals recognised that modifiable lifestyle factors are crucial in cancer prevention, and patients who engaged in binge drinking were significantly more likely to express willingness to use alcohol reduction services when offered (44% vs lower rates for those who didn't binge drink).

The study also found that 28% of survivors had made changes to their alcohol consumption since diagnosis, suggesting a teachable moment that could be better leveraged. Healthcare professionals showed strong support for alcohol reduction services, with 90% willing to refer patients, yet current service provision was deemed insufficient.

Read the study

RESEARCH

Alcohol, smoking and other lifestyle factors impact on infection risk

This large UK study of over 350,000 people found that lifestyle factors significantly affect both the risk of getting infections and dying from them. The research revealed that physical inactivity, smoking, and alcohol consumption all increase infection risks, with smoking showing the strongest association (regular smokers were 83% more likely to contract infections and over three times more likely to die from them compared to never-smokers).

The study reportedly found a J-shaped relationship with alcohol consumption, where both very low consumption (less than about half a unit per day) and high consumption (more than three units per day) were associated with increased

infection risks compared to moderate drinking. As with similar studies who have reported a J-curve however, the data relies on self-reported lifestyle information at a single time point, and doesn't account for residual confounding even though it has adjusted for multiple factors (it can't prove causation).

The researchers found that when multiple adverse lifestyle factors were present together, the risks were additively higher, suggesting that people with combined unhealthy behaviours represent a particularly vulnerable group who might benefit from targeted interventions and preventive measures like vaccinations.

Read the study

RESEARCH

How AA works: evidence in support of ‘keeping sober company’

This Canadian and American study examined how Alcoholics Anonymous (AA) helps people recover by changing their social networks – or as AAs would put it – ‘keeping sober company’. Researchers followed 142 adults with alcohol use disorder over six weeks, comparing those who increased AA attendance (at least one additional meeting per week) with matched controls who didn't increase attendance.

Using social network analysis, they found that people who attended more AA meetings significantly reduced their drinking days and heavy drinking days compared to controls. Crucially, those attending AA also had social networks with much lower alcohol consumption; this change in their social circles was a key mechanism explaining why AA worked.

The study suggests AA functions as a "social network transplantation," replacing drinking-focused relationships with recovery-oriented ones, which then supports sustained abstinence.

Read the study

RESEARCH

Study suggests limited potential of NoLos to reduce alcohol harm

A new study published in *BMJ Public Health* has explored who is most likely to drink alcohol-free and low-alcohol products (no/lo drinks) and what this might mean for public health.

The UK has promoted these drinks as a way to reduce alcohol-related harm, but their effectiveness depends on whether they replace regular alcoholic drinks rather than simply being consumed in addition to them. Researchers surveyed over 2,500 adults across Great Britain and found that people who drink alcohol to “fit in” socially — known as drinking to conform — were slightly more likely to consume no/lo drinks at least once a month.

While this suggests that no/lo products could help some individuals cut back, particularly in social settings where alcohol is expected, the study also found that those who drink to conform are generally not the heaviest drinkers. This limits the potential of no/lo products to significantly reduce overall alcohol harm at a population level. The researchers emphasise the need for further studies to understand whether no/lo drinks genuinely replace higher-strength alcoholic beverages and deliver meaningful public health benefits.

This study would seem to add further weight to criticisms of the UK Government’s 10-year health plan which favoured promotion of NoLo substitution ahead of proven prevention measures such as minimum unit pricing and alcohol marketing restrictions.

Read the study

RESEARCH

Diet quality and physical activity reduces liver disease risk even in heavier drinkers

Recent research published in the *Journal of Hepatology* reveals that diet quality and physical activity play a major role in reducing liver-related deaths among people who drink alcohol, including heavy or binge drinkers.

The study examined data from over 60,000 adults in the U.S. and found that those who maintained a healthy diet — rich in vegetables, fruits, grains, seafood, plant-based proteins, and healthy fats — plus higher levels of physical activity, had substantially lower risk of liver mortality across all drinking patterns. Even among heavy drinkers, healthy eating and exercise cut the risk of death related to alcohol-attributable liver disease by large margins.

The findings also show that women faced a higher baseline risk for alcohol-related liver death than men, but they appear to gain greater protective benefit from better diet and activity.

For public health messaging, the study suggests combining alcohol reduction with promotion of healthy eating and regular exercise could deliver more meaningful reductions in liver disease burden — especially in disadvantaged communities where high-risk drinking, inactivity, and poor diet often overlap.

The study reinforces the rationale of the ‘Alcohol Harm Paradox’ whereby those living in the most deprived areas experience worse health outcomes around alcohol despite drinking less than those in the least deprived areas – with other lifestyle and environmental factors contributing to generally worse health, thus sharpening the negative impacts of alcohol.

Read the Study

TRAINING

ACUK: Introduction to Nutrition and Liver Disease

This course explores the impact of alcohol on nutrition, focusing on how chronic alcohol intake affects nutrient absorption, metabolism, and liver function. Participants will learn about the nutritional challenges associated with liver fibrosis and cirrhosis and the risks of malnutrition and sarcopenia.

This course is ideal for nutritionists, healthcare professionals, and anyone working with individuals affected by alcohol consumption, liver disease, or malnutrition. It is also beneficial for those interested in understanding the relationship between alcohol and nutritional health.

Book your place

EVENT

Alcohol Death Reviews Webinar

Tuesday 28th October, 1pm -2pm

Following the new ADP requirement to update and implement alcohol death review processes, Alcohol Focus Scotland, with support from the Alcohol Deaths Researchers Network, is hosting a webinar. The webinar will bring together ADPs and public health representatives to learn from colleagues with experience of conducting reviews and consider the following:

- The purpose, benefits and value of Alcohol Death Reviews,
- Examples of how findings from reviews can be used and can lead to positive change,
- Processes and learning from those who have undertaken reviews,
- Gathering intelligence from areas who have yet to undertake a review, to understand key barriers and concerns.

The webinar is suitable for ADP leads and support teams, health improvement and public health practitioners with an interest in preventing and reducing alcohol-specific and alcohol-related deaths.

If you are interested in attending, please contact **Catherine White** for details.

EVENT

FASD Hub: "From Brain to Behaviour: How Executive Functions Shape Outcomes" with Andrew Keeping

Wednesday 1st October

Join the FASD Hub for an inspiring and insightful session with **Andrew Keeping**, whose two decades of fostering children with learning disabilities, emotional, behavioural, and communication differences have given him a unique perspective on neurodiversity. In 2018, Andrew co-founded *FASD Awareness*, a charity dedicated to preventing alcohol-exposed pregnancies and improving the lives of those living with FASD.

Blending his expertise in music and neurodiversity, Andrew has pioneered innovative therapeutic and educational approaches that empower individuals with FASD to reach new levels of cognitive functioning, social connection, and personal growth.

Book your place

EVENT

Upcoming SHAAP Alcohol Occasionals

Our partners at Scottish Health Action on Alcohol Problems' (SHAAP) final event in their current Alcohol Occasionals series takes place on 6 October. The event takes

place between 12.45pm and 2pm.

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.

Book your place

EVENT

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.

View the symposium programme

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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 30 October 2025 14:19
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - October 2025

Newsletter from Alcohol Focus Scotland

View this email in your browser

October 2025

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UPDATE

AFS Response to PHS review into alcohol treatment decline

Public Health Scotland (PHS) recently published their long-awaited report into a decline in referrals to specialist alcohol treatment services.

The report was commissioned by the Scottish Government in 2023 following an answer to a Parliamentary Question which revealed that the number of referrals to specialist alcohol treatment fell from a peak of 32,556 in 2013/14 to 19,617 in 2021/22. Further analysis carried out by Alcohol Focus Scotland confirmed a staggering 40% drop in access to specialist alcohol treatment between 2013/14 and 2021/22.

Even prior to the pandemic, access to alcohol treatment had dropped by 30%.

The decline in people accessing treatment has occurred against a backdrop of rising alcohol deaths in recent years, with Scotland recording a 15-year record high in 2023, before a modest 7% reduction was recorded in 2024.
Among the conclusions from PHS on the reasons for the decline were:

- **Alcohol services deprioritised:** Participants in the qualitative survey of stakeholders felt alcohol treatment was deprioritised following implementation of the Medication Assisted Treatment (MAT) Standards, which focused on drug services. This led to reduced alcohol-specific contracts, fewer counselling options and less recovery-focused support, despite rising concerns about alcohol-related harms.
- **Inadequate detoxification provision:** Many participants raised serious concerns about reduced alcohol detox services, including shortages of inpatient beds, long waiting times, and insufficient community-based detox. There were concerns that individuals with clinical risk factors were not receiving detox under clinical supervision due to lack of resources.
- **Referral pathway breakdown:** Health referrals decreased from around 5,000 per quarter to around 2,000 per quarter, whilst self-referrals remained relatively stable at 2,000-3,000 per quarter. Participants across all localities discussed unclear, fragmented and overly complex referral routes into treatment. They perceived an absence of consistent, visible and user-friendly routes into treatment which could have contributed to a decline in referrals.
- **Systemic challenges:** Funding uncertainty and short-term funding cycles impacted capacity to recruit and retain staff. High staff turnover, persistent recruitment challenges, limited training opportunities, and increasing reliance on volunteers undermined service quality and consistency. Outdated prevalence data (from 2014-15) hindered effective service planning in 2024

Laura Mahon, Deputy CEO of Alcohol Focus Scotland, said:

“This report confirms that the 40% decline in alcohol treatment over 10 years is

real but does not represent a decline in demand. It serves to add to a picture of a wholly inadequate systemic response to Scotland's alcohol emergency.

"The report echoes the long held and loudly voiced concerns of AFS and partners, recently validated by Audit Scotland, that alcohol treatment and policy has been deprioritised while Scotland has sought to tackle the drugs deaths crisis. Whilst this is of paramount importance, it cannot be at the expense of efforts to reduce and tackle alcohol harm – with these dual public health emergencies requiring equally urgent responses.

"The beginning of the decline in referrals to treatment coincided with a period during which funding to Alcohol and Drug Partnerships was cut by 20%, which no doubt contributed to many of the issues identified in the report. The Covid pandemic has subsequently made a bad situation worse.

"Evidently, issues abound in primary care and with referral pathways, with too many patients – among the most vulnerable in our society – expected to take on too much responsibility for their own healthcare, and left to navigate complex systems and pathways with little assistance or support.

"Earlier this year, AFS was joined by more than 70 other organisations, in calling for urgent action to tackle alcohol harm in Scotland. We provided the Scottish Government with a road map that included increasing funding for alcohol treatment and support, as well as improved access to detox services, the establishment of nurse led Alcohol Care Teams in acute hospitals and expanding successful pilots to help detect liver disease early and save lives.

"It's time for the Scottish Government to move without delay to enact this plan."

UPDATE

New AFS Report: Alcohol Deaths Reviews

This summary report provides a national-level overview of alcohol death reviews conducted across Scotland. By synthesising findings from six regional reviews, it examines the analysis undertaken, key findings identified, and where opportunities for intervention are being missed.

Across the reviews, three fundamental aims of the alcohol death reviews consistently emerge: understanding patient journeys and service engagement, identifying risk factors, and generating learning to improve systems. While the sample is limited, the patterns observed are clear and carry important implications for prevention, service delivery, and policy.

Key findings

Across all reviews, a consistent profile of alcohol-related deaths emerged: Who Is Dying and Why

- Most individuals were middle-aged, with men overrepresented, although women tended to die at younger ages.
- Alcoholic liver disease accounted for roughly two-thirds of deaths, reinforcing the prolonged and preventable trajectory of harm.
- Social isolation and deprivation were recurring features, with many individuals living alone and residing in the most deprived areas.
- Comorbidities were prevalent, with one review reporting an average of three chronic conditions per person. Mental health comorbidities in particular were nearly universal.

Read the report

UPDATE

AFS seeks new CEO

Alcohol Focus Scotland (AFS) is seeking a new chief executive. You will be the driving force behind our mission to reduce alcohol harm and improve lives across Scotland and beyond. This is a unique opportunity to lead a respected organisation with a strong track record in public health leadership and policy impact. We believe our work is critical in helping deliver a healthy, thriving, safe and inclusive Scotland.

We are looking for a successful leader to:

- Deliver our strategic objectives and outcomes.
- Ensure the financial sustainability of the organisation.
- Influence policy and practice through evidence-based advocacy.
- Foster strong partnerships across sectors.

Under the leadership of our current Chief Executive and senior team, AFS has made significant progress over the past decade. The Board is committed to building on this strong foundation and providing a supportive, enabling environment for the incoming CEO and our talented team. AFS is a place of

creativity, collaboration, and credibility—valued for its dynamic partnerships and trusted, evidence-based advice to government, policymakers, and the wider sector.

The closing date for applications is noon on Monday 3rd November 2025.

Find out more and apply

UPDATE

Alcohol Care Teams Consensus Statement

Scottish Health Action on Alcohol problems (SHAAP), the Royal College of Nursing (RCN) Scotland and Royal College of Psychiatrists (RCPsych) Scotland are calling for better support and treatment for people with alcohol problems in hospitals across Scotland.

This Consensus Statement emphasises the need for clear, well-integrated treatment pathways for people hospitalised with alcohol use disorders in Scotland. It draws on SHAAP-commissioned research and a 2024 workshop of healthcare professionals and third-sector stakeholders. Key gaps identified include inconsistent screening for alcohol risk, variation in the follow-up and community hand-over of care, fragmented services across acute and community settings, and fluctuating funding and leadership for alcohol services.

The document outlines what an effective “Alcohol Care Team” (ACT) should look like: a multidisciplinary, hospital-based service with senior clinical leadership, routine screening and identification of alcohol-related risk, integrated pathways to community services, assertive outreach for frequent attenders, and training and education for all relevant staff. Research cited shows that such teams reduce admissions, readmissions, length of stay and mortality. It emphasises that alcohol care must be made a priority, equivalent in rigour to drug treatment services, and that stigma reduction and cultural change within staff and services are essential.

Finally, the statement sets out five priority actions for policymakers and service-leaders in Scotland. These include: making ACTs a standard part of the national service specification; developing and implementing minimum standards for treatment in acute hospitals; embedding routine screening and formalised patient pathways; ensuring basic alcohol education in all health professional training; and ensuring every Integration Joint Board (IJB) together with its Alcohol & Drug Partnership (ADP) conducts a needs assessment and strategy oversight for alcohol treatment services. The overarching message is that meeting the scale of alcohol-related harm in Scotland will require systematic, well-resourced, and joined-up services — and that current variation and fragmentation risk a major lost opportunity for prevention and recovery.

Read the Consensus Statement

UPDATE

Killer Tactics 2 Report Published

This report from Action on Smoking and Health (ASH), the Obesity Health Alliance (OHA) and the Alcohol Health Alliance (AHA), a follow-up to 2024's Killer Tactics report, tells the story of how health harming industries have used their tactics to undermine important public health policies since the Labour Government have been in power.

Including the stories of:

- How the tobacco industry has tried to undermine the Tobacco and Vapes Bill
- How alcohol industry lobbying has weakened the new UK Government's ambition on alcohol

- The tactics used by the unhealthy food and drink industry to delay the junk food ad ban

Killer Tactics 2 sets out the strong case for keeping industry away from health policy making and ensuring transparency on conflicts of interest at all levels of government.

The report includes a newly expanded **'Killer Tactics' Bingo style game card** to help you spot the playbook tactics of industry.

UPDATE

WHO/IARC cancer prevention handbook demands action on alcohol

A new joint release from WHO/Europe and the International Agency for Research on Cancer (IARC) has delivered an unambiguous message to governments: strong alcohol policies save lives, save money and reduce cancer rates. The release follows the publication of *Volume 20 of the IARC Handbooks of Cancer Prevention*—the first to assess how reducing alcohol use prevents cancer. The evidence confirms that alcohol taxation, restricting availability, and comprehensive marketing bans are among the most effective measures to reduce drinking and, in turn, lower the cancer burden.

The WHO highlights the urgency of action, particularly in the European Union, which has the world's highest levels of alcohol consumption and where cancer is now the leading cause of death. In 2020 alone, alcohol caused over 111,000 new cancer cases in the EU and contributed to more than 93,000 cancer deaths across the wider European Region. The financial toll is staggering, with billions lost each year through preventable illness, premature death and lost productivity.

Experts stress that there is now "no further doubt" about alcohol's role in causing at

least seven types of cancer, or about which policies work best to reduce harm. Effective interventions—such as higher taxes, reduced outlet density, marketing bans and government control of alcohol sales—can deliver measurable results within five years, well within a typical political term. WHO/Europe urges governments to act decisively, combining population-wide policy action with better access to treatment for people with alcohol dependence to protect lives and strengthen public health across the region.

Download the IARC Handbook Volume 20A

Download the IARC Handbook Volume 20B

UPDATE

AFS on Abbeycare Podcast

Appearing on the Abbeycare Listen Up Podcast, Alcohol Focus Scotland's Marc Buchanan shares a simple, stackable approach to reducing alcohol harm in Scotland, highlighting how pricing, outlet density, and marketing limits work together, and why personal routines still matter.

AFS thanks Abbeycare for inviting us on to their podcast!

Small Changes, Big Impact - Listen Up, Episode 7

UPDATE

Global Study calls for action on hidden harm of men's alcohol use on women and children

A new global review led by La Trobe University highlights a significant yet often overlooked public health issue: the harm caused to women and children by men's heavy alcohol consumption. The analysis, drawing on 78 studies worldwide, shows that men's drinking can have far-reaching social, physical, and psychological impacts beyond the individual drinker.

Men not only drink more heavily than women, but their drinking patterns are linked to domestic violence, neglect, and emotional trauma, disproportionately affecting partners and children. In some regions, up to a third of women live with partners who drink hazardously, exposing millions of children to unsafe and unstable environments.

The study emphasizes that low- and middle-income countries with entrenched

gender disparities face the harshest consequences. Cultural norms that condone male dominance and heavy drinking intensify women's vulnerability, while conventional alcohol policies often fail to address these relational harms.

Lead author Professor Anne-Marie Laslett calls for a shift in policy and public health approaches: strategies must go beyond individual-focused interventions to address gendered harms, protect vulnerable family members, and tackle the social and cultural drivers of alcohol-related violence.

Read the review

UPDATE

Scottish Health Survey paints positive picture, but devil is in detail

The Scottish Health Survey 2024 was published on the 21st October 2025. The publication provides information on the health of people in Scotland, including on our alcohol consumption.

According to the survey, the prevalence of people drinking above the Chief Medical Officer's low risk drinking guidelines is now at its lowest since records began at 20%.

The survey demonstrates substantial progress on harmful/hazardous drinking, with a 41% relative reduction from 34% of people exceeding the CMO guidelines in 2003.

Alcohol specific deaths decreased by 7% between 2023 to 2024 to their lowest level since 2019, continuing an overall downward trend in mortality.

Whilst on the surface this paints a promising picture of alcohol harm reduction in Scotland, there remains no room for complacency, with the devil being in the detail.

- **1,185 people died an alcohol specific death in 2024 – more than from all other drugs combined, and likely a significant underestimate** when alcohol attributable deaths from other illnesses like cancer, heart disease and stroke are added
- **1 in 5 Scots continues to drink at levels which are potentially harmful to their health**

- **Alcohol remains THE top risk factor for ill-health, disability and death among those aged 15-49 in the UK**
- Major gender disparities in alcohol harm persist, with **men more than twice as likely to drink at harmful/hazardous levels as women**
- **Almost 1 in 10 people (8%) reported drinking every day**
- Major age disparities also persist, with **older people aged 55-64 drinking at higher risk levels than the rest of the population (28%)**
- **Socioeconomic health inequalities in alcohol harm, and the alcohol harm paradox, remains stubbornly present,** with those in the most deprived areas drinking less on average (15%) than those in the least deprived areas (26%) but still experiencing far higher rates of alcohol related illness and death

Whilst the headline reduction in alcohol use is welcome, self-reported data on alcohol consumption can sometimes be misleading, with **almost 80% of people in Scotland still unaware of the low risk drinking guidelines** (ASH UK 2021) Scotland remains in the grip of an alcohol health emergency. We need to see urgent action to tackle the unacceptable levels of alcohol harm that continue to affect our country, and which continues to fall disproportionately on the most vulnerable groups.

Earlier this year, alongside more than 70 organisations, AFS set out a roadmap for reducing alcohol deaths and other harm, including calls for expanding early detection of liver disease, Alcohol Care Teams in every acute hospital and increased investment in treatment and support.

The Scottish Government should move with speed to adopt this roadmap.

UPDATE

IAS Blog: Making the case for regulating alcohol marketing in Scotland

*This blog, by Dr Peter Rice, Chair of the Institute of Alcohol Studies, was **originally published by the Institute of Alcohol Studies**.*

A recent rapid review of evidence on alcohol marketing and advertising by Public Health Scotland has found that such marketing is pervasive and persuasive, and exposure to ads drives alcohol-related harm, including in children and young people.

The review was commissioned after a **consultation on restricting alcohol marketing** found what the then minister diplomatically called "a divergence of views" with two camps. Organisations involved with alcohol marketing, e.g., alcohol producers and sporting and arts organisations who received sponsorship, were content with the status quo. Organisations concerned with health and wellbeing argued for a comprehensive approach to protect children and those in recovery, and to reduce harms across the population. The 10 Year Health Plan for England includes a commitment to "tackle alcohol consumption by introducing new standards for alcohol labelling," so it looks like the linked issues of alcohol labelling and marketing are firmly on the UK alcohol policy agenda.

Read the Blog

UPDATE

New fund for residential rehab places

The Scottish Government has unveiled a £2 million funding boost to expand access to residential drug and alcohol rehabilitation services. This initiative, known as the Additional Placement Fund, is designed to support local alcohol and drug partnerships in areas experiencing high demand, ensuring that individuals seeking treatment are not limited by local funding constraints.

Drugs and Alcohol Minister Maree Todd emphasised the urgency of the situation, noting that Scotland recorded over 1,000 deaths each from alcohol and drug misuse in 2024. She stated, “We are losing people every day, and we need to be working hard and at pace to improve that situation.”

The Additional Placement Fund offers flexibility for local partnerships to secure or extend residential rehabilitation placements, even when their own resources have been exhausted.

This funding is part of a broader £38 million investment by the Scottish Government to enhance residential rehabilitation capacity across the country. Minister Todd highlighted that this expansion aims to significantly increase the number of available beds and integrate medically assisted treatment standards into rehabilitation services.

Read more

UPDATE

CMO Report: Health trends and variation in England

This report from the Chief Medical Officer provides a snapshot on health in England. It shows major trends over time and highlights the very substantial variation in good and poor health over geography, socioeconomic status, gender, age and ethnicity.

On alcohol specifically, key takeaways include:

- Premature mortality from liver disease has steadily risen, reflecting trends in alcohol consumption and obesity.
- The proportion of 15-year-olds who report drinking alcohol in the last week has decreased.
- In 2022, a greater proportion of males reported drinking at levels that increase risk of harm compared with females.
- In 2022, the proportion of adults who reported drinking at levels that increase risk of harm was similar across deprivation levels.
- Abstaining from alcohol is more common today than in the mid-1990s with larger changes in younger age groups.
- In 1996, high risk drinking was more prevalent among young adults, whereas in 2022, it was more common among older adults. It is likely this cohort effect will be sustained.
- Deaths rates from alcohol have increased, particularly among males.
- In 2023, the rate of deaths related to alcohol was greater in more deprived areas.
- Alcohol has become increasingly more affordable: since 2000, the average price per unit of alcohol has increased in the on-trade more than the off-trade; the volume of alcohol sold per adult increased in the off-trade and decreased in the on-trade sector.

Read the CMO Report

UPDATE

Alcohol, other drugs and suicide driving global increase in youth deaths

A major new Global Burden of Disease (GBD 2023) study has revealed encouraging declines in overall global mortality — but also a deeply concerning rise in deaths among young people, particularly those linked to alcohol and other drugs. The research, published by the Institute for Health Metrics and Evaluation (IHME), found that while death rates have fallen across all 204 countries studied, progress has been uneven, with marked setbacks for adolescents and young adults.

In high-income regions such as North America and parts of Europe, the report highlights alcohol, drugs, and suicide as major contributors to the reversal in youth mortality trends. Alcohol-related liver disease, poisoning, and drink-driving deaths were identified as key drivers of premature mortality among 15- to 39-year-olds — a pattern now described by experts as a “silent epidemic.” The findings suggest that global health gains made through tackling infectious disease are being offset by preventable harms linked to substance use and mental distress.

The authors warn that governments must act urgently to address this emerging crisis. They call for stronger alcohol control policies — including pricing, marketing restrictions, and availability measures — alongside improved mental health and addiction services. Without such action, the report cautions, progress in global health could stall, and an entire generation may face rising risks of preventable death. The GBD team concludes that reducing alcohol’s toll on young lives is central to sustaining future gains in global wellbeing.

Read the report

POLICY

AHA calls for re-introduction of alcohol duty escalator

Analysis from the Alcohol Health Alliance reveals that by increasing duty on non-draught alcoholic drinks in line with inflation and introducing a 2 % annual escalator, the government could raise around £3.4 billion over the next five years. This revenue could fund the salaries of over 37,000 NHS nurses, 37,000 police officers, 35,000 teachers or 30,000 firefighters — making a strong case for duty as both a public-health and fiscal tool.

The paper stresses that alcohol-related harm costs England about **£27.4 billion annually**, yet duty freezes and cuts in the past decade have effectively given generous tax-breaks to alcohol producers while public services face increasing strain and deaths from alcohol continue climbing.

A duty escalator was introduced in 2008 and linked to reductions in alcohol-specific deaths, hospital admissions and violence — but was scrapped in 2013. Reinstating it, AHA argue, would narrow the price gap between cheap supermarket alcohol and pub-offered drinks, helping both pubs *and* reducing harmful home drinking, while simultaneously funding essential services. They urge the Treasury to act in the upcoming Autumn Budget.

Read more

POLICY

IAS Autumn Budget submission calls for 2% alcohol duty escalator

In its submission to the Chancellor prior to the upcoming UK Government Budget, the Institute for Alcohol Studies (IAS) argues that alcohol duty remains one of the most cost-effective levers for reducing alcohol-related harm while raising public revenue.

The document highlights that past governments have allowed duty rates to fall in real terms, increasing alcohol affordability and thus consumption and harm. IAS welcomes last year's step of not cutting duty, but emphasises that much more must be done.

IAS presents key recommendations: (1) re-introduce a duty escalator (e.g., 2% above inflation) for non-draught alcohol, which modelling suggests could raise an additional approximately £3.4 billion between 2025-29; (2) ensure duty rates reflect the full social and economic cost of alcohol harm, thereby incentivising lower-strength products and reducing cheap high-strength off-trade sales; and (3) end the "cider exceptionalism" whereby cider is taxed lower than comparable strength beer, aligning duty rates across products of equal alcohol content.

The submission frames these fiscal measures not only as health interventions, but as economic priorities aligned with the government's growth and prevention agendas. Raising duty, says IAS, will deliver both public health and economic benefits: fewer alcohol-related hospitalisations, less burden on the NHS, higher productivity and more tax revenue. The message is clear — unless alcohol affordability is addressed through duty reform, the UK risks higher harm, greater inequality and missed opportunities for growth.

Read the Budget submission

POLICY

Alcohol licensing overhaul could undermine accountability

Plans to overhaul alcohol licensing in England and Wales will undermine already limited democratic accountability, making it more difficult to decline off-trade licences or restrict hours of sale or delivery, experts at the University of Stirling have warned.

They have expressed concern that the UK Government has **enthusiastically endorsed sweeping changes to the 2003 Licensing Act** proposed following the rapid publication of a **report by the Licensing Taskforce**, which was led predominantly by hospitality industry figures.

Recommendations include redefining the primary purpose of licensing as economic enablement rather than public protection, increasing the powers of unelected licensing officers, and reducing the oversight of elected local committees. A **call for evidence consultation** closes on November 6.

In a **new editorial published in the journal Addiction**, experts at the University of Stirling's Institute of Social Marketing and Health have argued the proposals represent a clear case of regulatory capture, where commercial interests dominate policymaking at the expense of public health, democratic accountability, and community input.

Dr James Nicholls, Senior Lecturer in Public Health, who led the paper, said: "The Taskforce Report aims to fundamentally reframe the purposes of alcohol licensing in England and Wales: moving from public protection to the promotion of private business interests. Conducted at speed, with minimal public scrutiny, systematically excluding health considerations, and dominated by commercial interests, it constitutes a clear case of regulatory capture. This should be resisted by anyone with an interest in fair and effective governance, as well as a concern for effectively preventing harm."

Read more

POLICY

Ireland's Public Health (Alcohol) Act

This qualitative study examined the implementation of Ireland's Public Health (Alcohol) Act through interviews with 15 stakeholders, revealing significant barriers to effective policy implementation despite the legislation being internationally lauded as world-leading.

The research found that whilst the Act aligns with WHO 'best buy' recommendations and includes evidence-based measures like minimum unit pricing, advertising restrictions, and health labelling, its implementation has been hampered by multiple factors across all levels of the policy system.

Key barriers included inadequate implementation planning, insufficient resources for enforcement officers, lack of high-level political leadership during implementation, persistent industry lobbying to delay measures, and gaps in the policy design that allow circumvention (particularly around digital marketing and low-alcohol products). All participant categories identified the absence of formal evaluation mechanisms as a critical shortcoming, with the dedicated research group established to monitor the Act's impact being discontinued.

The study emphasises that policy enactment does not guarantee implementation and highlights the "politics of implementation", where political battles continue well beyond policy passage, requiring sustained advocacy and adequate resourcing to counter industry opposition and ensure effective enforcement.

Read the study

CONSULTATIONS

UK Government Licensing Consultation

The UK Government is seeking submissions around it's plans to liberalise licensing laws in England and Wales. The plans have been heavily criticised by public health experts, including the Alcohol Health Alliance of which Alcohol Focus Scotland is a member.

Speaking about the proposals, Prof Sir Ian Gilmore, the chair of the Alcohol Health Alliance, said:

"Adding a new objective focused on economic growth is completely ludicrous and undermines the purpose of licensing".
"Licensing exists to protect people, not business profits. To push this through while alcohol deaths are at record highs raises serious questions about who this government is really working for."

Submit a Response

RESEARCH

Minimum Pricing Policies

This Canadian rapid review of 37 studies across multiple countries provides evidence that minimum unit pricing (MUP) for alcohol functions as an effective equity-promoting policy tool. The research demonstrates that MUP successfully reduces alcohol consumption and related harms primarily amongst those who drink most heavily and people from lower socioeconomic backgrounds (the groups who experience the greatest burden of alcohol-related harm).

Importantly, the policy produced substantial reductions in alcohol-related deaths (23% reduction in alcohol dependence-related deaths, 11.7% reduction in alcohol-related liver disease deaths) and hospitalisations, with the greatest benefits occurring in the most deprived areas. People who drink at low volumes were largely unaffected by price increases, contradicting concerns about unfair impacts on moderate drinkers. The review found minimal evidence supporting feared unintended consequences such as increased crime, substitution with other drugs, or significant displacement of essential spending, though isolated cases were reported amongst individuals with severe alcohol problems.

The evidence suggests MUP effectively targets high-risk, low-cost alcohol products whilst promoting health equity by delivering proportionately greater benefits to vulnerable populations.

Read the Review

RESEARCH

Media Portrayals of Alcohol Use in Pregnancy

This scoping review from Sydney analysed 18 studies examining how media portrays alcohol use in pregnancy and fetal alcohol spectrum disorder (FASD) across two decades, revealing concerning patterns that could undermine public health efforts.

The research identified five key themes: contradictory messaging between different media sources about alcohol harms; concerns about harm to children, mothers, and society; expectations of "good motherhood" tied to abstinence; significant stigma and stereotyping of both pregnant women who drink and individuals with FASD; and advocacy calls for better prevention and support services. The analysis found that media coverage often provides confusing and conflicting advice about alcohol consumption during pregnancy, with some sources stating no amount is safe whilst others suggest light drinking may be harmless or even beneficial.

Particularly problematically, the research revealed that media portrayals frequently stigmatise pregnant women who use alcohol and people living with FASD, often failing to acknowledge the complex social and structural factors that influence drinking behaviour.

The review concludes that more consistent, evidence-based messaging is needed that avoids blame and shame whilst providing clear guidance on alcohol harms.

Read the Review

RESEARCH

Support for Alcohol Control Policies Among US Alcohol Consumers

The US study surveyed over 1,000 adults who regularly consume alcohol to assess their support for various alcohol control policies. The findings revealed that around half of respondents supported policies requiring cancer warnings, calorie content, and standard drink information on alcohol containers, as well as restrictions on alcohol advertising when children are likely to be watching.

These policies had low levels of opposition. However, support was notably lower for measures such as increasing alcohol taxes, limiting late-night alcohol sales, and reducing the number of alcohol outlets. Support tended to be higher among women, Hispanic respondents, Democrats and independents, and those who drank less or had read alcohol health warnings recently. The study suggests that labelling and advertising policies may serve as effective starting points for building public support for more stringent alcohol control measures.

The study only included alcohol consumers, so findings may not reflect broader public opinion, and support for alcohol control policies may be even higher among non-drinkers.

Read the study

RESEARCH

Effect of exercise on mental health and alcohol consumption in individuals with alcohol use disorder: a systematic review and meta-analysis

This study looked at 15 high-quality clinical trials focused on people diagnosed with alcohol use disorder (AUD). Researchers assessed how adding exercise (such as aerobic workouts or yoga) into their treatment programmes affected mental health (depression, anxiety, stress) and drinking behaviour.

They found that exercise made **significant improvements** in mental health: symptoms of anxiety, depression and stress were all reduced in participants who took part in exercise programmes. For example, depression scores dropped by a substantial margin. However — when it came to actual alcohol consumption (how much people drank daily or weekly) the results did *not* show a statistically significant drop, although there was a hint of a downward trend.

In short: exercise is a useful tool to help people with AUD feel better mentally, but we don't yet have strong evidence that it on its own leads to major cuts in drinking. The authors suggest that tailoring exercise type (e.g., yoga vs aerobic), duration (shorter programmes sometimes worked better for anxiety/depression) and integrating it into broader treatment plans might make the difference.

Read the study

TRAINING

Licensing Standards Officer Training

1st to 3rd December 2025, 9am-5pm

We're running our next Licensing Standards Officer training course in December.

- **Specialised Curriculum:** a curriculum crafted to address the unique challenges faced by Licensing Standards Officers. Gain a thorough understanding of regulations, compliance, and best practices.
- **Interactive Learning:** an interactive training environment that ensures learning is informative, engaging, and memorable.
- **Real-world Applications:** practical insights and real-world applications that you can implement immediately, making you a more effective and impactful Licensing Standards Officer.
- Exam, 50 questions, after training session on the 3rd day. Pass mark = 75%+

Price: £550 per person

Get in touch for more information

- Email **training@alcohol-focus-scotland.org.uk**
- Call 0141 572 6700

TRAINING

"FASD: The Teenage Years" for Parents and Caregivers

The FASD Hub's "The Teenage Years" training is specifically designed for parents and caregivers. This course has been written to help you navigate the complex and often challenging teenage years for young people with Fetal Alcohol Spectrum Disorder (FASD) and it will be delivered in two sessions on Tuesday 11th & 18th November 10am-noon.

The teenage years can be a difficult time for any family, but when FASD is part of the equation, unique challenges can arise. This new course is here to provide you with the knowledge, strategies, and support you need to help your teenager thrive. From understanding the developmental and behavioural changes to managing social and academic pressures, the course covers it all.

What You Can Expect:

- **Practical Strategies:** Gain actionable tips and techniques to support your teenager.
- **Supportive Community:** Connect with other parents and caregivers facing similar challenges.
- **Comprehensive Resources:** Access a wealth of information to help you and your family navigate this critical stage.

There will also be an opportunity to ask FASD Advisors any questions you may have.

All attendees will receive a digital handbook after the session.

This is a fully-funded event for Parents and Carers living in Scotland.

If you are outwith Scotland, there is an option to purchase a ticket. Discount is provided to AUK members.

Book your place

EVENT

Alcohol Free Childhood Webinar

6 November 2025

2pm – 3pm, Online

Join the **Alcohol Free Childhood Campaign** Partners on **Thursday 6th November at 2pm** GMT for a webinar exploring the findings of **Public Health Scotland's recent evidence review on alcohol marketing and advertising**, and children and young people's views on how they experience alcohol marketing and what action they would like to see.

At this event we will hear from:

- Chris Patterson from Public Health Scotland on their recently published evidence review

- Alcohol Focus Scotland on the views of children and young people.
- Maree Todd MSP, Minister for Drugs & Alcohol Policy and Sport (video message).
- Participants will then be invited to ask questions and share their views on what they have heard.

Register now to secure your spot!

Once you register, you will receive a confirmation email from EventBrite. Once your registration is approved, you will receive an email from Zoom with your personal event joining link.

Please note that in order to facilitate an open discussion the organisers reserve the right to refuse entry to anyone whom they consider may have a conflict of interest. Commercial companies and their vested interests will be excluded from the event.

Book your place!

ALCOHOL FOCUS SCOTLAND

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WEST LOTHIAN ALCOHOL LICENSING FORUM

TIMETABLE OF MEETINGS 2026

DATE OF MEETING
Wednesday 4 March
Wednesday 3 June
Wednesday 2 September
Wednesday 2 December

All meetings will be held via MS Teams at 4.00 p.m. unless otherwise stated on the agenda. All meetings are open to the public to attend.

The Clerk is Anastasia Dragona, 01506 281601 email: anastasia.dragona@westlothian.gov.uk c/o West Lothian Civic Centre, Howden South Road, Livingston, EH54 6FF.

Agendas and minutes can be found here: https://www.westlothian.gov.uk/wl-licensing-forum