



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

Wednesday 4 March 2026 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. Election of Chair and Vice-Chair
5. Confirm Draft Minutes of Licensing Forum Meeting held on 3 December 2025 (herewith)
6. Minutes of Licensing Board – For Information Only
 - a) [10 October 2025](#)
 - b) [15 January 2026](#)
7. Updates:
 - a) Chair Update
 - b) Police Update
 - c) Other Updates
8. Workplan Updates and Current Workplan (herewith)
9. Alcohol Focus Scotland
 - a) E-Focus November 2025 (herewith)
 - b) E-Focus December 2025 (herewith)
 - c) E-Focus January 2026 (herewith)
10. Licensing Policy Q&A – LSO
11. Membership and Recruitment

NEXT MEETING – 3 June 2026

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

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MINUTE of MEETING of WEST LOTHIAN LOCAL LICENSING FORUM held within MS TEAMS VIRTUAL MEETING ROOM, on WEDNESDAY 3 DECEMBER 2025

Present and Apologies

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

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. LICENSING FORUM MINUTES

The Forum approved the minutes of its meetings held on 3 September 2025.

3. MINUTES OF LICENSING BOARD

The Forum noted the Licensing Board minutes of 8 August 2025 and 12 September 2025.

4. UPDATES

Chair Update – The Chair provided a summary on the recent Joint Licensing Board and Forum meeting, which had been a positive session with good interaction between the parties.

Police Update – it was a busy time of year for the Police, liaising with licensed premises in preparation for the festive period as well as being involved in the 16 Days of Action Campaign and routine incidents such as alcohol theft and domestic abuse involving alcohol.

Other Updates – The LSO provided an update about a recent session offered by the AFS to LSOs and Clerks of Licensing Forums with the aim of

understanding the input of health practitioners to licensing.

The suggestion of campaigns to influence alcohol consumption in licensed premises was raised, which led to further discussion of barriers to health inputs involving alcohol.

In response to a question, members were directed to West Lothian's Licensing Policy section 3.7 regarding conditions relating to children.

Decision

1. To note the updates.
2. Police Scotland to circulate via the Clerk any statistics that may emerge relating to type/value of alcohol stolen.
3. To keep the matter of the WHO suggested raise of alcohol prices on the agenda in order to monitor relevant developments.

5. WORKPLAN UPDATES AND CURRENT WORKPLAN

It was noted that this item was ongoing and would keep being updated, especially the more input the Forum had from the Licensing Board.

Decision

To keep the item as ongoing on the agenda.

6. ALCOHOL FOCUS SCOTLAND

The forum noted the Alcohol Focus Scotland newsletters dated May 2025, June 2025, July 2025, September 2025 and October 2025.

7. JOINT WEST LOTHIAN LICENSING BOARD AND LICENSING FORUM MEETING 2025

It was noted that the Forum Chair had requested to meet more frequently with the Licensing Board. The Forum was currently awaiting a response from the Board.

8. LICENSING POLICY Q&A

There were no questions raised under this item.

9. MEMBERSHIP AND RECRUITMENT

It was noted that Donald Stavert had joined the forum as local resident representative.

10. TIMETABLE OF MEETINGS

A proposed timetable of meetings for 2026 had been circulated for approval by the forum.

The importance of attendance for quorate meetings was highlighted.

Decision

To approve the timetable of meetings for 2026.



WEST LoTHIAN LOCAL LICENSING FORUM

WORKPLAN – March 2026

<u>SUBJECT</u>	<u>PERSON RESPONSIBLE</u>	<u>TIMESCALE</u>	<u>PROGRESS TO DATE</u>
Election of Chair and Vice Chair	All	March 2026	Annually at first meeting
Chair's Update	Chair	March 2026	Standing item
Police Scotland Update	Police Scotland	March 2026	Standing item
Other Updates	Members as required	March 2026	Standing Item
Licensing Policy Q&A	LSO	March 2026	Standing item
Formulation of a Workplan	All	March 2026	Ongoing
Membership & Recruitment	All	March 2026	Standing Item

Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 27 November 2025 13:26
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - November 2025



Contents

- **IAS publish long-term vision for alcohol harm**
- **A fond farewell to Laura Mahon, AFS Deputy CEO**
- **Impact of alcohol on Scottish Ambulance Service**
- **AHA response to Men's Health Strategy**
- **Barriers to Recovery: Overcoming obstacles to alcohol recovery in the UK**
- **Scottish Government launches new strategy to strengthen health information integrity**
- **A Teetotal Britain? Learning from Faith Communities**
- **GCA becomes 'Murray's Initiative'**
- **Call for Abstracts: SHAAP Alcohol Occasional Seminars**
- **Are you caring for someone affected by alcohol and/or drugs?**
- **IAS Blog: Deregulating Alcohol Licensing – A Risk to Public Health**

- Alcohol consumption during pregnancy in Scotland following public health interventions: population-based study
- Do alcohol industry-funded organisations act to correct misinformation?
- ‘Zero alcohol’ products and the guise of responsibility
- Zero tolerance for 0%? How should clinicians and other practitioners respond to the use of alcohol-free and low-alcohol products in higher risk groups
- Are online alcohol marketing restrictions warranted?
- The impact of alcohol addiction on the quality of life and health of patients with head and neck cancer
- Alcohol consumption in older cancer survivors: An analysis of adherence to the World Cancer Research Fund and American Institute for Cancer Research guidelines
- FASD Hub: Is this behaviour on purpose? Navigating the chaos from a brain first lens



IAS publish long-term vision for alcohol harm

The Institute of Alcohol Studies has published [A Healthier Future: A Long-Term Vision to Tackle Alcohol Harm in the UK](#), a landmark expert consensus report developed with over 40 leading researchers, clinicians, and public health advocates. The report argues the UK is facing an “alcohol emergency,” with harm rising steeply but policy action lagging far behind.

The report sets out three ambitious national targets for the next decade: halve the number of adults drinking at risky levels, dramatically expand access to specialist alcohol treatment, and reverse the current surge in alcohol-specific deaths back to pre-pandemic (and eventually 2012) levels.

To make this vision real, IAS puts forward a strong package of eight evidence-based policy reforms. These include introducing or raising minimum unit pricing, reinstating a duty escalator, curbing alcohol marketing, mandating clear health-warning labels, empowering local authorities over availability, and lowering drink-driving limits.

Importantly, the report does more than lay out targets — it calls for coordinated, cross-government leadership. IAS emphasises that tackling alcohol harm cannot be left to the NHS alone. The mission-driven approach it proposes brings together health, social, economic, and justice sectors, backed by long-term investment in prevention and treatment.

If implemented, this vision could realign national policy around public health, equity, and shared responsibility — offering a credible roadmap to transform how the UK deals with alcohol harms.

 [Read more](#)



A fond farewell to Laura Mahon, AFS Deputy CEO

It is with a heavy heart, but all of the very best wishes in her new post, that AFS says a fond farewell to Laura Mahon, our Deputy CEO. After a total of 19 years with Alcohol Focus Scotland, Laura has left to take up her new post as CEO of Scottish Families Affected by Alcohol and Drugs, replacing Justina Murray.

Laura worked with AFS over two separate stints, holding six different positions during that time across the organisation. Her deep and broad knowledge of alcohol policy, and her dedicated work to reduce alcohol harm in Scotland during her time with us saw her gain widespread respect among colleagues and partners. She will be sorely missed by everyone at AFS.

However, we look forward to continuing to work closely with Laura in her new role in the coming years – and we're certain she'll do an absolutely fabulous job!



Impact of alcohol on Scottish Ambulance Service

This qualitative study of 27 Scottish ambulance clinicians and 4 managers provides an important insight into the personal and organisational impact of alcohol-related call-outs, which constitute approximately one in six ambulance attendances in Scotland. Clinicians reported significant anxiety stemming from the unpredictable behaviour of intoxicated patients, alongside frequent experiences of aggression, violence, and sexual harassment; incidents many described as routine and normalised within their work.

The repetitive nature of alcohol-related calls, particularly involving patients with alcohol dependence and co-occurring mental health issues, generated frustration and reduced morale, as clinicians felt powerless to bring resolution without appropriate treatment pathways. Many viewed these call-outs as diverting resources from other clinical emergencies, creating a sense of being a "taxi service" rather than providing emergency medical care. Despite these challenges, clinicians emphasised their duty of care to all patients.

The findings highlight the substantial burden alcohol places on emergency services through prolonged response times, staff burnout, and underreporting of violent incidents. The study supports calls for upstream policy interventions (including stronger regulation of alcohol pricing, availability, and marketing) alongside downstream improvements in staff support, training, incident reporting systems, and care pathways for patients with alcohol use disorders.

Read the study



AHA response to Men's Health Strategy

On International Men's Day, the UK Government launched its first-ever Men's Health Strategy. The Alcohol Health Alliance welcomed its ambition to tackle long-running health inequalities among men — noting unique barriers men face when seeking help can lead to preventable illness and premature death.

However, the AHA is critical that the strategy “doesn't go far enough” on alcohol. They argue alcohol is a **central driver** of poor health for men — linked to over 200 diseases, doubling the risk of liver disease death for men, and causing substantial working-life loss.

The AHA calls for stronger, evidence-based alcohol policies to be embedded in the strategy — including upstream, population-level prevention — to address the steep rises in alcohol-related fatalities since the pandemic, especially among men in the most deprived communities.

 [Read the AHA response in full](#)



Barriers to Recovery: Overcoming obstacles to alcohol recovery in the UK

Alcohol-related harm continues to escalate in the United Kingdom (UK), with 2023 marking the highest number of alcohol-specific deaths recorded in England, and only 22% of those in need accessing specialist alcohol support. Research shows that dependent drinkers face multiple, persistent barriers to entering recovery and social reintegration.

This report uses data from interviews with professionals working in addiction and alcohol harm reduction to describe and discuss the key obstacles currently faced by people entering and sustaining recovery across the UK and make recommendations for change.

Key barriers identified include:

- Environmental exposure to alcohol due to widespread marketing, 24/7 availability, and the normalisation of drinking.
- Stigma and legal gaps, notably the lack of protection under the Equality Act 2010, which fuels discrimination and marginalisation.
- Underfunded services, which limit access to quality treatment, reduce community support, and exacerbate gaps in mental health and addiction care.

 [Read more](#)



Scottish Government launches new strategy to strengthen health information integrity

The Scottish Government recently published **The Scottish Health Information Integrity Strategy: 2025–2030**, outlining how public bodies should respond to false and misleading health information. Although alcohol isn't a headline focus, the strategy includes several important elements that directly relate to our work on countering industry-driven misinformation and ensuring people can access trustworthy, evidence-based advice.

Notably, the strategy highlights alcohol as one of the key areas where false information can shape people's health decisions — citing examples of misinformation that influences “whether we smoke or drink alcohol”. It also draws explicitly on research into “manufacturing doubt”, referencing how industries including alcohol, tobacco, fossil fuels and sugary drinks have historically attempted to undermine scientific evidence of harm.

While alcohol is not the central theme, the strategy sets out a Three-Pillar Framework that provides a useful blueprint for tackling alcohol-specific misinformation in Scotland. This includes coordinated leadership across sectors, strengthening media and health literacy, and establishing rapid-response mechanisms to counter false narratives. The strategy also emphasises the need to address health inequalities — acknowledging that misinformation disproportionately affects disadvantaged communities — and underscores the importance of trusted voices, from healthcare professionals to community leaders. A co-production approach, involving affected communities in shaping responses, is presented as central to building resilience against harmful commercial messaging.

AFS thanks Carol Mochan MSP for **her question** to the Scottish Government on how the Scottish Health Information Integrity Strategy aims to ensure that public information about the risks of alcohol consumption is not influenced by the alcohol industry. The Minister for Alcohol and Drugs Maree Todd responded in writing laying out the Scottish Government's position that the Scottish Government does not work with the alcohol industry on the development of health policy but engages on the potential impacts, effects and implementation of alcohol harm prevention

policy, where appropriate.



A Teetotal Britain? Learning from Faith Communities

New report from policy think tank Equi calls for inclusive alcohol-free spaces and faith-led partnerships to tackle alcohol harm and ease pressure on public services.

A new report by Equi, a major British Muslim think tank, urges policymakers to rethink Britain's relationship with alcohol by learning from faith communities who abstain.

The report highlights the decade-long decline in alcohol consumption, especially among Gen Z. It calls for more inclusive, alcohol-free environments that reflect the UK's changing social habits, and offers a practical route to reducing avoidable NHS, policing and social care costs.

The report makes a series of recommendations, including:

- **Minimum Unit Pricing (MUP)** across all UK nations, estimated to save £2.52 billion a year.
 - **Stronger labelling and marketing regulation** to inform and protect consumers.
 - **Support for alcohol-free businesses and community initiatives.**
 - **Late-night openings for artistic and cultural institutions, such as museums and parks,** to diversify nightlife.
 - **Faith-sensitive education partnerships** in schools and universities.
-

- **Improved data collection** on faith and alcohol-related behaviours.

 [Read the report](#)

 **UPDATE**

GCA becomes Murray's Initiative

One of Scotland's longest-established wellbeing charities has announced a major rebrand, as Glasgow Council on Alcohol (GCA) becomes Murray's Initiative.

The change was unveiled on Thursday, 6 November at the charity's 60th Anniversary Celebration, held at Glasgow City Chambers. This marks a new chapter for the organisation as it continues to provide confidential counselling and support services for individuals, families and communities across Glasgow and beyond.

They say the new name honours the charity's founder, Sir Alistair Murray, and reflects its evolution into a modern, inclusive organisation working to help people build healthier, more fulfilling lives.

 [Read more on Third Force News](#)

SHAAP



Scottish Health Action
on Alcohol Problems

UPDATE

Call for Abstracts: SHAAP Alcohol Occasional Seminars

 The call for abstracts is now live for Scottish Health Action on Alcohol Problems' (SHAAP) 2026 Alcohol Occasionals!

 Proposals from all disciplines and from new and early career researchers and/or international researchers welcome.

 The deadline for submissions is Friday 30th January 2026.

 See more info here : bit.ly/4rd9Uz9

UPDATE

Are you caring for someone affected by alcohol and/or drugs?

Scottish Families is partnering with **Carers Trust** and the University of West of Scotland on some research around the experiences of unpaid carers caring for someone using substances.

Scottish Families is looking to speak with unpaid carers in Scotland, to learn more about things like: what caring looks like for them, how caring roles and routines have changed over time, when/how they found out they are an unpaid carer, and more.

Interviews will be done online (via Microsoft Teams), and unpaid carers who take part in an interview will be remunerated with £25. People who would like to take part can register their interest by sending a quick email to Marianna@sfad.org.uk saying they'd like to take part in an interview. Marianna will then provide some more information around next steps for taking part in an interview.

The following link contains a video with more information on the research and the interviews: <https://lnkd.in/eBrJ5uej>



IAS Blog: Deregulating Alcohol Licensing – A Risk to Public Health

In a new blog, the Institute of Alcohol Studies has warned that the UK Government's proposed deregulation of alcohol licensing (in England and Wales) could undermine both public health and local democracy. While presented as a modernisation of the system, IAS argues the reforms would

shift power from local councillors to central government and licensing officers, reducing public scrutiny and community input on licensing decisions.

The proposals also weaken safeguards designed to protect people from alcohol-related harm. By allowing the removal of existing licence conditions and reducing mandatory consultation, communities may find it harder to challenge irresponsible promotions and excessive availability, even as alcohol-related deaths and health burdens continue to rise.

IAS highlights that framing licensing reform around “economic growth” ignores the real costs of alcohol harm, which disproportionately affects disadvantaged communities. More alcohol availability is strongly linked to increased disease, injury, and social inequalities, meaning the current direction of reform risks exacerbating these issues rather than helping struggling businesses or local communities.

Instead, IAS calls for stronger public health protections within licensing, including clearer consideration of health impacts, maintaining transparency and public consultation, and regulating online and rapid-delivery alcohol sales. Without these measures, deregulation threatens to prioritise industry interests over public wellbeing – and would undermine the Government’s own 10 Year Health Plan.

 [Read the blog](#)

RESEARCH

Alcohol consumption during pregnancy in Scotland following public health interventions: population-based study

This population-based study of over 346,000 pregnancies in Scotland examined the real-world impact of three major alcohol policy interventions between 2013 and 2019: reduced drink-driving limits, updated Chief Medical

Officers' guidance recommending complete abstinence during pregnancy, and minimum unit pricing (MUP).

The research found that by 2019, one in four women still reported drinking alcohol during early pregnancy, with over half of those consuming more than four units per week. Only MUP was associated with a measurable reduction in alcohol consumption amongst pregnant women, decreasing intake by approximately 0.6 units per week. When examined collectively, the three interventions were associated with improvements in some perinatal outcomes, specifically reduced rates of small-for-gestational-age births and neonatal unit admissions, though no significant improvements were seen in stillbirth or preterm birth rates.

These findings provide evidence that universal population-level pricing policies like MUP are more effective than guidance alone in reducing alcohol consumption during pregnancy, and that such measures can contribute to tangible improvements in infant health outcomes, supporting calls for stronger pricing mechanisms as a public health intervention.

 [Read the study](#)

RESEARCH

Do alcohol industry-funded organisations act to correct misinformation?

New research published in the journal *Globalisation and Health* examined the websites of seven alcohol industry-funded organisations to assess whether these groups had corrected earlier identified misinformation on alcohol, pregnancy and infant health.

The organisations included donation-funded charities and nonprofit companies tied to the alcohol sector. The team used a qualitative thematic approach to inspect homepages, menus and search-tools in line with a framework of 'dark nudges' and 'sludge' — tactics where harmful information is omitted or buried rather than openly

corrected.

They found that across these websites significant problems persist. Key issues included the omission of essential information (for instance on miscarriage or fertility), malfunctioning search tools that often returned irrelevant results, and deliberate positioning or sequencing of content such that health-risks were obscured. These issues frequently appeared not in isolation but in combination, indicating a pattern of misinformation rather than isolated errors.

The authors conclude that despite independent scrutiny and public comment, there is little sign that these organisations have meaningfully changed their content to better reflect the evidence on alcohol and pregnancy. They argue that relying on industry-funded sources for health information continues to pose a risk to public understanding and health equity. The paper suggests that policy makers and health professionals should actively warn against using such sources as if they were impartial.

 [Read the study](#)

RESEARCH

‘Zero alcohol’ products and the guise of responsibility

A new study has lifted the lid on how alcohol companies are using “zero-alcohol” drinks to look responsible while quietly growing their brands and markets. Published in the *Journal of Public Health Policy*, the research shows that these products are less about helping people cut down and more about helping the industry stay visible — even in spaces where alcohol marketing is restricted.

The authors, Edwardes, Keric and Stafford, analysed how major brewers talk about their “zero-alcohol” products. Publicly, they frame them as part of a responsible drinking agenda — promoting moderation and offering consumers

“choice”. But behind the scenes, in trade materials and investor reports, the same products are described as tools to attract new drinkers, compete with soft drinks, and open up fresh marketing opportunities in sports, transport and other everyday settings.

The study concludes that these “zero-alcohol” brands don’t meaningfully reduce harm. Instead, they strengthen alcohol brand recognition, normalise drinking culture and help companies sidestep marketing restrictions.

 [Read the study](#)

RESEARCH

Zero tolerance for 0%? How should clinicians and other practitioners respond to the use of alcohol-free and low-alcohol products in higher risk groups

This opinion piece challenges the clinical community to reconsider “zero-tolerance” approaches to alcohol-free and low-alcohol drinks for people at highest risk from alcohol, including those with alcohol use disorders (AUD) and alcohol-related liver disease (ARLD). Whilst abstinence remains the traditional clinical goal, the authors argue that NoLo drinks may play a valuable role in harm reduction, particularly given that moderation is often a more achievable long-term outcome than complete abstinence for many patients with AUD.

The limited available evidence suggests NoLo drinks may help high-risk drinkers reduce their alcohol consumption and assist people in recovery to maintain social relationships whilst avoiding stigma associated with abstinence. However, the authors acknowledge significant concerns, particularly that exposure to NoLo drinks, through shared branding with alcoholic products, similar sensory properties, or the small alcohol content in low-alcohol drinks, may trigger cravings and increase relapse risk, especially for those with severe AUD attempting to maintain abstinence. The paper highlights an important evidence gap for people with ARLD, with only two small studies available.

The authors argue that zero-tolerance policies risk alienating patients who already use these products, potentially eroding trust in clinicians, and call for nuanced, patient-centred guidance that recognises different risk-benefit profiles across patient subgroups.

 [Read the article](#)

RESEARCH

Are online alcohol marketing restrictions warranted?

This commentary discusses a meta-analysis examining the association between online alcohol marketing and drinking behaviours amongst over 60,000 participants across 17 countries. The analysis of 31 studies found modest but statistically significant associations between exposure to digital alcohol marketing and alcohol use outcomes, with odds ratios ranging from 1.75 for past 30-day alcohol use to 1.80 for binge drinking; associations highly unlikely to be due to chance.

Whilst the commentary acknowledges that causality cannot be definitively established from these predominantly observational, cross-sectional studies, the author argues that waiting for perfect causal evidence plays into industry delay tactics. The author supports the WHO position that current evidence is sufficient to justify online marketing restrictions, particularly to protect children from underage drinking harms.

The decision to implement restrictions should weigh the trade-off between industry interests and public health benefits, with children's wellbeing taking precedence over alcohol industry commercial speech rights. The commentary emphasises that the meta-analysis represents a major methodological advance and provides strong support for regulatory action on digital alcohol marketing.

 [Read the study](#)

 **RESEARCH**

The impact of alcohol addiction on the quality of life and health of patients with head and neck cancer

This Polish study of 123 head and neck cancer patients demonstrates the profound impact of regular alcohol consumption on patient outcomes. Those drinking alcohol regularly (over half the sample) were diagnosed at significantly more advanced cancer stages and experienced markedly worse clinical conditions, including malnutrition, anaemia, and heightened inflammation.

Beyond the physical toll, alcohol consumption was strongly associated with worse mental health, with 60% of drinkers showing abnormal anxiety and depression scores compared to just 8.6% of non-drinkers, alongside significantly worse sleep problems. Quality of life was notably diminished across multiple domains including pain, swallowing, speech, and social functioning. Importantly, alcohol consumption frequently occurred alongside tobacco use, compounding the carcinogenic risk.

The findings highlight the need for comprehensive patient support combining medical care with psychological services, alongside broader public education emphasising alcohol's role as a Group 1 carcinogen, particularly for cancers of the oral cavity, throat, and larynx.

 **[Read the study](#)**

 **RESEARCH**

Alcohol consumption in older cancer survivors: An analysis of adherence to the World Cancer Research Fund and American Institute for Cancer Research guidelines

This US study of 75 older cancer survivors (aged 65+) found that 41% reported consuming alcohol within the past 30 days, despite current guidance from the World Cancer Research Fund and American Institute for Cancer Research recommending no alcohol consumption for cancer survivors to reduce recurrence and secondary cancer risk.

Whilst consumption levels were generally moderate, over one-third of participants failed to meet the alcohol recommendations, highlighting a significant gap between evidence-based guidance and actual behaviour. The researchers note that this highlights that older cancer survivors may perceive alcohol as beneficial to survival, suggesting an urgent need for improved education about the established links between alcohol and cancer risk.

The findings support calls for alcohol consumption to be routinely discussed throughout survivorship care, with registered dietitians and clinical colleagues working together to raise awareness and provide cessation support. They note that this is particularly timely given the January 2025 US Surgeon General's advisory advocating for updated alcohol warning labels to clearly state the direct link between alcohol and cancer.

 [Read the study](#)



FASD Hub: Is this behaviour on purpose? Navigating the chaos from a brain first lens

Date: Wednesday 10th December 2025

Time: 8:00pm (UK)

Online – Open to parents, carers, and professionals

Eileen Devine is a clinical social worker, parent coach, and advocate who brings

both professional expertise and lived experience to her work with families. Nearly a decade ago, Eileen’s discovery of the Neurobehavioral Model reshaped not only how she understood her daughter’s behaviours but also how she viewed parenting itself. This insight brought peace to her home and inspired a lifelong mission to help other families do the same.

Through her Brain First parenting approach, Eileen supports parents and carers raising children whose brains work differently—helping them replace frustration and confusion with compassion, connection, and confidence. Her warm, practical teaching style empowers families to build stronger relationships and find renewed hope for the future.

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Forward



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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 18 December 2025 14:17
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - December 2025



Contents

- **Merry Christmas from AFS!**
- **New Clinical Guidelines for Alcohol Treatment published**
- **Standards for Young People Accessing Treatment or Support for Alcohol or Drugs**
- **Think Outside the Bottle this Christmas!**
- **New AAI report shows government way behind industry tactics in bid to protect children from harmful online marketing**
- **Minimum Unit Pricing in the UK: Who's backing it and who's blocking it?**
- **Alcohol free drinks popular during pregnancy but guidelines lacking**
- **Movendi International: Alcohol policy can be a powerful tool to prevent violence against women**
- **AHA Blog: Menopause conversations are growing – but does alcohol still sit in the shadows?**

- **SHAAP Alcohol Occasionals: Call for abstracts!**
 - **New SRC interim report highlights recovery pathways behind bars**
 - **WCRF campaign drives action on alcohol and cancer during Cancer Prevention Action Week**
 - **IAS Budget Analysis: Duty rise welcomed — but falls short on health protection**
 - **IAS Blog: Zero-alcohol products: a tool for moderation or a tool for growth?**
 - **Covid alcohol hangover remains severe**
 - **Reduction in Sugar Intake after the Introduction of Minimum Unit Pricing for Alcohol in Scotland: a Difference-in-Differences Analysis**
 - **Women and alcohol: A call to action**
 - **Exploring the Syndemic of Steatotic Liver Disease, Socioeconomic Inequities and Cancer Risk in the UK Biobank**
 - **Public opinion on policy interventions for regulating four unhealthy commodity industries**
 - **Quantitative controls on the number and/or location of alcohol retail outlets**
 - **Does Believing Alcohol Causes Cancer Moderate the Relationship Between Consumer Awareness of the Alcohol–Cancer Link and Support for Alcohol Policies?**
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UPDATE

Merry Christmas from AFS!

It's been another busy year in alcohol policy and campaigning! 2025 saw a welcome, if modest decrease in alcohol specific deaths reported for 2024 and the publication of the long-awaited Public Health Scotland Rapid Review of Evidence on Alcohol Marketing and decline in alcohol treatment reports.

Along with more than 70 other organisations, AFS called for urgent action to tackle the unacceptably high level of alcohol deaths in Scotland, also publishing our Alcohol Death Reviews Summary Report. We supported the International Agency for Research on Cancer (IARC) call for a national alcohol strategy (UK) to prevent cancer and backed WHO calls for the introduction of mandatory health warning labels on alcohol products.

AFS has also been pushing back against attempts to bring alcohol sales to football grounds, encouraging a conversation about the role of alcohol in sport – and the

Cabinet Secretary for Health and new Minister for Alcohol Drugs pledged their support to our Alcohol-Free Childhood campaign.

2026 will see a new Scottish Parliament elected and we'll be campaigning hard to ensure that whoever is elected as the new Government puts urgent action to tackle Scotland's alcohol health emergency at the forefront of the next Parliament.

We'd like to take the opportunity to thank all of our followers and subscribers, partners, stakeholders and allies for all of your support throughout 2025 – and we wish you all a very merry Christmas and happy 2026!



New Clinical Guidelines for Alcohol Treatment published

The new UK clinical guidelines on alcohol treatment provide the first unified national framework for the clinical management of harmful drinking and alcohol dependence, published by the **Department of Health and Social Care**.

Developed by expert clinicians and people with lived experience from across all four nations, the guidelines aim to improve the quality and consistency of alcohol treatment and reduce widening health inequalities.

They emphasise person-centred, evidence-based and holistic care, applicable not only to specialist alcohol services but also to professionals in primary care, acute settings, social care, criminal justice, homelessness, and the voluntary sector.

The guidelines highlight the rising burden of alcohol harm – now at record levels – and the disproportionate impact on people in deprived communities. They set out best practice expectations for planning, commissioning and delivering services while allowing clinical judgement and local flexibility.

Ultimately, the guidelines seek to support better outcomes for individuals, families and communities affected by harmful alcohol use and dependence.

[📄 Read the Clinical Guidelines](#)

Standards for Young People Accessing Treatment or Support for Alcohol or Drugs

The Scottish Government has published their '[Standards for Young People Accessing Treatment or Support for Alcohol or Drugs](#)'. This was co-designed with 64 young people with lived experience.

The standards establish eight key expectations: widely available service information before substance use becomes problematic; a range of person-centred services; flexible accessibility (online, phone, face-to-face); adequate time to build trusting relationships; consistent, respectful support with smooth transitions; clear confidentiality boundaries prioritising safety; holistic support addressing wider life circumstances; and routine feedback mechanisms to improve services.

The standards apply across all tiers of intervention (Tier 1-4) and complement existing frameworks like the MAT standards, aiming to ensure anyone that a young person encounters can address substance use concerns without stigma. As is often the case with standards, they provide recommendations rather than mandatory requirements, which means it is down to local commissioners and services to embed them within governance processes.'





Think Outside the Bottle this Christmas!

It's Christmas time, and there's no need to buy folk drink! That's been the message of our #ThinkOutsideTheBottle social media campaign, which we're running for a second consecutive year.

As usual this festive season, alcohol advertisements are everywhere encouraging you to buy yourself, your family and your friends their favourite tittle as the ideal Christmas present. But is more alcohol really what your friends or family need? One in five Scots is currently drinking over the weekly recommended guidelines, and approximately one in two of us is negatively impacted by someone else's drinking.

And when you think about it, buying booze is a fairly unimaginative Christmas gift really.

For those who have someone with an alcohol problem in their lives – not gifting alcohol can also be a way of gently nudging them into making a healthier change, or making the choice not to facilitate their drinking, which can be easier than having to confront things head on.

So, this Christmas, we're encouraging people to think outside the bottle and get the special people in your life something that encourages health and wellbeing rather than potentially damaging it.

Check out our **Instagram feed** for lots of great suggestions!

[AFS Instagram](#)



New AAI report shows government way

behind industry tactics in bid to protect children from harmful online marketing

Alcohol Action Ireland has published a new analysis showing that governments are falling behind alcohol industry tactics in shielding children and young people from harmful digital and social media marketing. The report highlights how subtle, personalised marketing — including influencer posts, sponsored content and algorithm-driven recommendations — exposes children to alcohol branding on platforms such as Instagram, YouTube, TikTok and Snapchat, often far beyond what traditional advertising restrictions cover.

The research draws on national and international evidence showing high levels of exposure among children and young people who are active online, noting that this exposure influences drinking intentions and behaviours. With children as young as 8–12 owning smart devices and nearly equal amounts of alcohol content coming from both industry ads and influencer material, Alcohol Action Ireland warns that current self-regulatory frameworks are insufficient and that the digital space has largely outpaced policy protections.

AAI CEO Dr Sheila Gilheany argues that urgent, enforced legal regulation is needed — including stronger controls on algorithmic targeting and better age-verification systems — to ensure that children are genuinely protected online, not just in traditional media. The report calls on policymakers to prioritise children’s well-being over commercial interests and close gaps that allow harmful marketing to reach young people.

 [Read more](#)

 **UPDATE**

Minimum Unit Pricing in the UK: Who's backing it and who's blocking it?

A new report from the Alcohol Health Alliance UK shows that Minimum Unit Pricing (MUP) is widely supported across the UK, despite persistent claims that it is controversial. Mapping the public positions of nearly 300 organisations, the analysis finds that almost nine in ten support MUP, reflecting strong backing from health bodies, local authorities, police organisations, academics and many parts of the retail and hospitality sectors.

The report also highlights that **opposition to MUP is narrow and heavily concentrated within the alcohol industry and industry-funded groups**. Where MUP has already been introduced, public support has increased over time, and robust evaluations in Scotland and Wales demonstrate that the policy reduces alcohol consumption, deaths and hospital admissions, particularly among people drinking at the highest levels.

By exposing who is backing MUP and who is blocking it, the report challenges the idea that the policy lacks consensus. It concludes that introducing MUP in England would be a **straightforward, evidence-based step** to reduce alcohol harm, tackle health inequalities and ease pressure on overstretched public services.

 [Read the report](#)

 **UPDATE**

Alcohol free drinks popular during pregnancy but guidelines lacking

New research by Alcohol Change UK reveals that alcohol-free and low-

alcohol drinks have become common among pregnant women — but many lack clear guidance on their safety and suitability. In a UK-wide survey of over 2,000 women who were pregnant or recently pregnant, 71% reported drinking alcohol-free or low-alcohol drinks during pregnancy. Yet more than half said they had received no information from a midwife, GP or pregnancy organisation about using these drinks safely.

The main motivations for choosing these alternatives were safety, social inclusion, and the ability to feel part of social events without alcohol. But the research team — led by Dr Kate Maslin at University of Plymouth — warn that current labelling and guidance often blur the line between “alcohol-free” and “low-alcohol,” especially for drinks in the 0.05-1.2% ABV range, leading to confusion.

The study recommends improved labelling, clear guidance from health professionals, and inclusion of low- and no-alcohol drinks in standard pregnancy advice — to ensure pregnant people can make informed choices. Until then, uncertainty remains about how “safe” these alternatives really are, underscoring the need for caution and better support.

 [Read more](#)

UPDATE

Movendi International: Alcohol policy can be a powerful tool to prevent violence against women

A new global analysis from Movendi International argues that alcohol is not just a health issue — it is deeply connected to violence against women. The report shows that alcohol use — particularly heavy episodic drinking — substantially increases the likelihood, severity and lethality of intimate partner violence, sexual and non-partner violence, coercive control and harm

to children.

Beyond individuals, the report highlights how the alcohol industry's practices — targeted marketing to women, glamorising drinking as empowerment or lifestyle, and embedding alcohol in social norms — reinforce harmful gender norms and help normalise violence.

Why policy matters — and what needs to change

Because alcohol is a modifiable risk factor, Movendi highlights a suite of evidence-based policy tools that can help protect women's safety and rights. These include raising alcohol taxes, restricting availability (outlet density, hours), banning alcohol marketing and promotion, and embedding these measures in broader violence-prevention and human-rights strategies.

According to the analysis, integrating alcohol policy into national strategies to eliminate violence against women is not just public-health common sense — it is a human-rights obligation.

 **Read the analysis**

 **UPDATE**

AHA Blog: Menopause conversations are growing – but does alcohol still sit in the shadows?

In a new Alcohol Health Alliance blog, Dr Abi Rose explains that menopause brings physiological changes — in hormone levels, metabolism and body sensitivity — which can make alcohol affect women differently than before.

What may once have felt like a “normal” drink can become more intense, more disruptive, and more likely to worsen menopausal symptoms such as hot flushes, poor sleep, mood swings and night sweats.

The blog argues that alcohol can also add to longer-term health risks during mid-life, including weaker bones, cardiovascular strain and elevated cancer risk — concerns that are already more relevant around and after menopause.

Dr Rose suggests mid-life may be a critical time to reassess drinking habits, with changes such as cutting down — or taking breaks — potentially helping ease menopausal symptoms, supporting long-term health, and offering a better quality of life.

 **Read the blog**

 **UPDATE**

Call for Abstracts: SHAAP Alcohol Occasional Seminars

 The call for abstracts is now live for Scottish Health Action on Alcohol Problems' (SHAAP) 2026 Alcohol Occasionals!

 Proposals from all disciplines and from new and early career researchers and/or international researchers welcome.

 The deadline for submissions is Friday 30th January 2026.

 See more info here : bit.ly/4rd9Uz9



New SRC interim report highlights recovery pathways behind bars

A new interim monitoring report from the Scottish Recovery Consortium (SRC) sheds light on the *Prison Recovery Project* — an initiative aiming to embed sustained, peer-led recovery support for people in custody across Scotland. Drawing on data from recent implementation and engagement with prison staff, residents and third-sector partners, the report underscores how recovery-oriented systems of care can transform prison environments and support individuals with alcohol and drug dependency to build “recovery capital” that lasts beyond release.

The findings highlight both progress and persistent barriers. Where dedicated recovery officers, lived-experience peer support and structured recovery activities are in place, positive engagement and meaningful connections grow, offering hope and stability even within custodial settings. Yet the report also notes that uneven rollout of recovery services, reliance on a small number of staff, and systemic fragmentation in care pathways limit consistency across the prison estate — pointing to the need for broader investment and integrated planning.

SRC emphasises that recovery support must start early in custody and continue seamlessly into community resettlement to reduce relapse and reoffending risks. Framed within Scotland’s broader justice and health strategies, the report calls for sustained commitment to trauma-informed, rights-based recovery pathways that place lived experience and long-term wellbeing at the heart of prison health and rehabilitation efforts.

Read the report

WCRF campaign drives action on alcohol and cancer during Cancer Prevention Action Week

A new case study from the World Cancer Research Fund highlights how its 2025 Cancer Prevention Action Week placed alcohol and cancer firmly on the UK policy agenda. The campaign centred on the stark finding that public awareness of alcohol as a cause of at least seven cancers remains worryingly low, despite growing evidence. By combining polling data, patient stories and expert voices, WCRF built a compelling narrative that cut through a crowded media and political landscape, calling for a National Alcohol Strategy for England with measures including MUP, mandatory cancer warning labels and stronger marketing restrictions.

The campaign's impact was significant. WCRF secured over 50 national and regional media articles, widespread broadcast coverage, a parliamentary debate on alcohol and cancer, and cross-party engagement in both Westminster and Holyrood. Their sustained push contributed to a major policy shift: the UK Government committed to introducing mandatory alcohol labels in its forthcoming 10-Year Health Plan. The campaign also strengthened WCRF's reputation as a trusted national voice on alcohol and cancer, drawing on coalitions spanning more than 30 organisations across public health and the cancer community.

WCRF identifies clear lessons for future campaigns: focused policy asks, bold and empathetic messaging, and strong collaboration all drive cut-through, while careful preparation is crucial when tackling sensitive topics. The case study emphasises that meaningful progress requires repeated engagement across media, parliament, health professionals and the public — and that sustained pressure is essential even after a campaign ends.

 **Read the case study**



IAS Budget Analysis: Duty rise welcomed — but falls short on health protection

The Institute of Alcohol Studies (IAS) has published an analysis of the UK Autumn Budget 2025, highlighting the main alcohol-related developments and their implications for public health. Chancellor Rachel Reeves announced that all alcohol duty rates will rise in line with RPI inflation (3.66% from February 2026), reversing years of freezes and cuts and restoring some value to the tax. The Budget also increased Small Producer Relief and introduced a new National Licensing Policy Framework.

IAS welcomes the duty uprating after a decade in which alcohol duty has lost substantial real value — with beer duty now around a third lower than in 2012/13 and wine duty nearly 20% lower — but stresses that simply matching inflation does not go far enough to reduce alcohol harm or address affordability. The analysis notes that cumulative duty cuts and freezes since 2013 have cost the public finances billions, and that a more ambitious approach is needed to rein in rising alcohol affordability and related health and social harm.

Looking ahead, IAS argues that future Budgets should go beyond inflation-linked duty rises: duty should be increased above inflation year-on-year, particularly targeting off-trade alcohol, and consider mechanisms that reflect the true social cost of alcohol harm. The report also highlights opportunities to strengthen licensing reforms to better protect public health, especially by tackling cheap off-trade availability and rapid online delivery.

 [Read the analysis](#)



IAS Blog: Zero-alcohol products: a tool for moderation or a tool for growth?

A recent blog from IAS questions whether “zero-alcohol” products — drinks that mimic regular beer, wine or spirits but contain little or no alcohol — are genuinely a public-health benefit, or simply a clever strategy by alcohol companies to expand their market. In public-facing reports, producers often present these drinks as a way to support “responsible drinking” and offer safer alternatives. But internal industry communications reveal a starkly different motive: using zero-alcohol variants to create new drinking occasions, attract new consumers, and boost overall sales.

Though rising interest in low- or no-alcohol drinks has been cheered by some as a tool for moderation, IAS warns this shift may not lead to reduced alcohol harm. Instead, the same branding, marketing and visibility given to “zero-alcohol” products may normalise alcohol-related imagery — extend alcohol culture into new spaces, and potentially sustain, rather than reduce, overall exposure to alcohol marketing.

Given these tensions, the blog argues that health advocates and policymakers need to treat zero-alcohol products with caution. What is framed as “choice” could in practice reinforce consumption norms and support industry growth. For those concerned about alcohol-related harm — and particularly for efforts in Scotland — it suggests we should be sceptical of claims that no- and low-alcohol drinks alone are a solution.

 [Read the blog](#)



Covid alcohol hangover remains severe

This study tracked alcohol consumption in England from 2014-2024 reveals worrying trends following the COVID-19 pandemic. Whilst risky drinking levels and average weekly consumption spiked sharply in April 2020 and appear to be slowly returning towards pre-pandemic levels, the prevalence of possible alcohol dependence nearly doubled at the pandemic's onset and has remained stubbornly elevated.

The research reveals widening health inequalities, where less advantaged social groups experienced much larger increases in risky drinking and consumption during the pandemic, and their drinking levels are declining far more slowly than more advantaged groups. Women also saw proportionally larger increases than men. These findings align with the continued rise in alcohol-specific deaths in England, suggesting genuine increases in harmful drinking, particularly among vulnerable populations who may have used alcohol to cope with pandemic-related stress and then faced additional pressures from the subsequent cost-of-living crisis.

An important limitation is that data collection switched from face-to-face to telephone interviews in April 2020, which may have inflated the apparent increase in consumption (as people may report higher drinking levels by phone), though sensitivity analyses suggest the rises were at least partially genuine.

 [Read the study](#)

RESEARCH

Reduction in Sugar Intake after the Introduction of Minimum Unit Pricing for Alcohol in Scotland: a Difference-in-Differences Analysis

This study examined whether Scotland's Minimum Unit Pricing policy, introduced in May 2018, affected household nutrition and diet quality. Using

purchase data from nearly 2,000 Scottish households compared with over 6,000 households in northern England, researchers found that MUP was associated with a modest but beneficial reduction in sugar intake (approximately 8 grammes per adult per week), driven primarily by a 16.6% reduction in sugar from alcoholic drinks.

Importantly, these reductions were greatest amongst households in more deprived areas and those purchasing higher levels of alcohol, suggesting the policy benefited groups at higher risk of alcohol harm. Reassuringly, MUP was not associated with adverse changes in overall diet quality or other nutrients, allaying concerns that increased alcohol spending might displace healthier food purchases. Whilst the sugar reduction may appear small, it is comparable to reductions achieved by policies specifically targeting sugar consumption, such as the Soft Drinks Industry Levy.

An important limitation to note is that the study only captures food and alcohol purchased for home consumption and likely under-represents the heaviest drinkers who may be most affected by the policy or who might access food through other means such as food banks.

 **Read the study**

RESEARCH

Women and alcohol: A call to action

This commentary from leading US researchers makes an urgent case for prioritising women's health in alcohol research and policy. Despite policies requiring the inclusion of women in research since the 1990s, sex and gender remain vastly under-considered in alcohol science; 70% of alcohol-related animal studies still use only males, and FDA-approved medications for alcohol use disorder were developed almost exclusively with male participants.

This matters because women are rapidly closing the gap with men in drinking rates (amongst young people aged 12-25, females now drink and binge drink MORE than males for the first time ever), yet women experience disproportionate health harms at lower levels and shorter durations of drinking; a "risk-severity paradox" including 70% more emergency department visits, dramatically increased liver disease deaths (270% rise in alcohol-related hepatitis mortality), and heightened cancer risk even at "low-risk" drinking levels. Women also face greater neurobiological vulnerability (more susceptible to alcohol's neurotoxic effects, with stress driving drinking more powerfully), elevated co-occurring mental health problems, and significant treatment barriers including childcare responsibilities, stigma, and lack of gender-informed care.

The authors call for urgent action including, prospectively designing studies with sex as a primary consideration, conducting female-only studies where evidence gaps exist, and developing tailored interventions addressing women's unique biological and psychosocial needs.

 **Read the study**

RESEARCH

Exploring the Syndemic of Steatotic Liver Disease, Socioeconomic Inequities and Cancer Risk in the UK Biobank

This UK Biobank study looked at over 325,000 adults to understand how different forms of steatotic liver disease (SLD), including MASLD (linked to metabolic issues like obesity), MetALD (metabolic issues combined with moderate alcohol intake) and ALD (caused by heavier drinking), affect cancer risk, and how these risks change depending on people's socioeconomic conditions.

All three forms of SLD were linked to higher risks of developing cancer, particularly obesity-related cancers and digestive cancers such as colorectal, stomach and liver cancer. The risk was highest among people with ALD, reflecting the well-

established role of heavy alcohol use in cancer development. A key finding from the study revealed that people with both SLD and low socioeconomic position faced significantly greater cancer risks than those with higher socioeconomic position, showing that social disadvantage can intensify the harmful effects of both alcohol and metabolic ill-health. These results suggest that tackling liver disease and alcohol-related harm requires not only clinical care and behaviour-change support but also policies that address wider inequalities shaping people's vulnerability to cancer.

 **Read the study**

RESEARCH

Public opinion on policy interventions for regulating four unhealthy commodity industries

This 2023 survey of over 12,000 British adults reveals encouraging levels of public support for alcohol policy interventions, though with important nuances.

Around 70% of respondents believed that health policy should be protected from alcohol industry influence, and 62% supported requiring the alcohol industry to pay a levy to government for measures to reduce alcohol harm. There was also strong support (66%) for including health warnings on all alcohol advertising. However, support was more mixed for measures that directly increase costs to consumers, with only 38% supporting using tax to increase alcohol prices, and 37% supporting a complete ban on alcohol advertising (though support still outweighed opposition for both).

Importantly, the research demonstrates that the "polluter pays" principle resonates strongly with the public; people were more supportive of levies on industry than taxes on consumers. Those drinking above guideline recommendations (>14 units weekly) showed somewhat reduced support for alcohol policies, though differences were modest and shouldn't discourage policymakers from acting.

 [Read the study](#)

RESEARCH

New analysis highlights how retail density and location limits can shape alcohol availability

A recent peer-reviewed study maps out how different countries and regions are using quantitative controls — restrictions on the number and location of alcohol retailers — as a tool to curb alcohol availability and related harm. The researchers conducted a descriptive, cross-sectional analysis of existing regulatory approaches around the world, noting wide variation in how such controls are defined, enforced and evaluated.

The analysis shows that **limiting the density of outlets and carefully controlling where alcohol can be sold** — for example near schools, hospitals or areas where vulnerable populations live — **can reduce excessive access and consumption**. These measures are particularly important because greater physical availability of alcohol has been linked to higher consumption and harm at the population level. The study highlights that, despite their promise, these controls are under-used compared with other policy tools like pricing or marketing restrictions.

The authors suggest that clearer definitions, stronger enforcement and standardised evaluation frameworks would help jurisdictions adopt and assess outlet controls more effectively. They argue that **quantitative retail restrictions should be part of a comprehensive alcohol policy mix**, especially in places where drinking-related harms remain high and alcohol is easy to obtain.

 [Read the study](#)

RESEARCH

Belief in alcohol’s cancer risk strengthens public support for policy action

A new study from Canada published in *Drug and Alcohol Review* has found that believing alcohol causes cancer significantly increases public support for key alcohol control policies. While only about 30 % of survey respondents were aware that alcohol is a carcinogen, those who both knew and *believed* in the alcohol–cancer link were much more likely to back measures limiting availability and restricting marketing than those who were unaware and unconvinced.

The research looked at more than 5,000 adult drinkers and examined how awareness of alcohol-related cancer risk translated into support for evidence-based policies on pricing, availability, marketing and labelling. Awareness alone showed only weak links with policy support, but once belief in the cancer connection was factored in, support for limiting alcohol availability and marketing was markedly higher — underlining that **acceptance of the science, not just awareness, matters** when building public will for change.

These findings point to an important advocacy insight: **simply telling people that alcohol causes cancer isn’t enough** — stronger, sustained health communication that increases acceptance of this risk may be essential to generate broad public backing for effective alcohol controls. Interventions such as government-mandated cancer warning labels and public health campaigns could play a role in strengthening belief and driving support for policy action.

 **Read the study**





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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 29 January 2026 14:55
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - January 2026



Contents

- [Alcohol Focus Scotland announces Carolyn Lochhead as new Chief Executive](#)
- [Welcome decrease in hospital admissions - but alcohol harm remains pervasive](#)
- [AFS is recruiting!](#)
- [FOI documents show how alcohol industry pressure forced marketing restrictions out of NHS health plan](#)
- [NCD Alliance Reports: Cheaper Drinks, Costly Consequences](#)
- [UK Census: Alcohol and drug deaths higher in LGB+ sexual minorities](#)
- [How should public health respond to rise of alcohol-free and low alcohol drinks?](#)
- [Alcohol Consumption & Harms Dashboard: User Feedback](#)
- [Campaign launched to end discrimination against people with alcohol dependence](#)

- **IAS Blog: Minimum unit pricing works – and it works for the people who need it most**
 - **Public health impacts of increasing the minimum unit price for alcohol in Scotland: A model-based appraisal**
 - **Consumer engagement with the US alcohol health warning: A nationally representative study**
 - **Characteristics of alcohol care teams in England: results of the ProACTIVE National Survey**
 - **Targeting youth? Alcohol in colourful fruit pouches - a case study from Poland**
 - **Unequal High Streets? Study shows deprived areas gaining health-harming amenities**
 - **New research highlights how alcohol marketing through NoLo products and sponsorship still reaches young people**
 - **FASD Hub Training**
-
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Alcohol Focus Scotland announces Carolyn Lochhead as new Chief Executive

Alcohol Focus Scotland (AFS) is delighted to announce that Carolyn Lochhead has been appointed as our new chief executive. Carolyn joins Alcohol Focus Scotland from the Scottish Federation of Housing Associations, where she has held the post of Director of External Affairs since 2021. She brings with her a wealth of leadership experience across health, housing, policy, research and campaigning.

Prior to her current role she headed communications and campaigning at the mental health charity SAMH, where she led award-winning campaigns. Carolyn also serves on the board of the Scottish Council of Voluntary Organisations (SCVO) and is the Chair of her local Community Council.

Carolyn will be taking over the role from current chief executive Alison Douglas, who is stepping down after 10 successful years in post.

Neil Hunter, Chair of Alcohol Focus Scotland, said, “I am delighted to welcome Carolyn as Alcohol Focus Scotland’s new chief executive. Her experience, values, and strategic insight make her exceptionally well-placed to lead the organisation into its next chapter. We look forward to working with her as we continue our vital mission to improve the health and wellbeing of people and communities across Scotland.

I’d also like to offer my genuine thanks to Alison Douglas, our outgoing chief executive, for her drive, passion and commitment to Alcohol Focus Scotland and her tireless efforts in working to reduce harm from alcohol in Scotland over the decade she has been in post.”

Carolyn Lochhead said, “I’m thrilled to join Alcohol Focus Scotland at this pivotal moment. With a new alcohol and drugs strategy expected soon and an upcoming Scottish Parliamentary election, we have a real opportunity to renew Scotland’s leadership in tackling alcohol-related harm.

“Over 50 people die every week due to alcohol, so it’s crucial that AFS continues its essential work as a trusted and influential voice on alcohol policy. I’m looking forward to leading our skilled and dedicated team in achieving change”.



Welcome decrease in hospital admissions - but alcohol harm remains pervasive

Statistics published by Public Health Scotland show that in 2024/25 there were 29,430 alcohol-related hospital admissions (stays) in Scotland.

This represents a 9% decrease in hospital admissions compared to the previous year (32,352).

Strong health inequalities persist within the data, with men remaining twice as likely to be hospitalised for conditions wholly attributable to alcohol and those in our most deprived areas remaining six times more likely to be hospitalised.

Responding to the figures Aidan Collins, Involvement and Policy Manager at Alcohol Focus Scotland said, “Following a decrease in alcohol specific deaths, we welcome the news that 2024/25 saw a decrease in the number of people hospitalised for conditions wholly attributable to alcohol.

“However, these nonetheless startling numbers represent a wide range of health conditions and injuries affecting people across Scotland due to alcohol, which are by no means limited to dependent drinkers.

“Alcohol remains at centre stage in Scottish culture, with powerful forces pushing hard to expand its social and cultural footprint including via selling alcohol at football stadia.

“Given the breadth of harm we continue to see, we should be drawing lines in the sand rather than nudging open the floodgates. We should be questioning alcohol’s role in our culture, not celebrating it.

“In the run up to the election, we’d like to see all parties commit to our roadmap to reducing alcohol harm – including rolling out early detection of liver disease, investing in treatment and support and backing strong preventative measures like alcohol marketing restrictions and automatic uprating of MUP.



AFS is recruiting for a Senior Policy Coordinator and Financial Controller

Alcohol Focus Scotland is currently recruiting for two positions – Financial Controller (Part time) and Senior Coordinator (Policy).

Senior Coordinator (Policy) - Full time, £32,000

We are seeking a skilled policy professional to join our team. You will have a varied and challenging role, providing policy and research support across a number of policy areas. You will have the opportunity to lead national coordination work and chair strategic groups to support consistent implementation of evidence-based practice, making a tangible impact on Scotland's approach to reducing alcohol harm.

You will coordinate Scotland's national approach to alcohol death reviews, bringing together stakeholders, convening networks and supporting partners to influence change. Your excellent analytical, organisational and communication skills will be vital in ensuring we meet our goal of reducing alcohol harm and improving lives.

Financial Controller - 18 hours p/w, £43,000 pro-rata

We are seeking an experienced finance professional to provide comprehensive financial analysis, advice and support to the Chief Executive and Board, and to lead the finance and business team. As a key part of our Senior Management Team, you will have a varied and challenging role, enabling the delivery of AFS's strategy. Your excellent financial planning, management and accounting skills will be vital in ensuring the continuing good governance of the organisation.

You can find out more about the positions, read about our organisational values and apply by visiting our website below.

[Apply here!](#)

FOI documents show how alcohol industry pressure forced marketing restrictions out of NHS health plan

Analysis of Freedom of Information (FOI) documents released today (29th January) reveals how alcohol companies and industry-funded bodies mounted a coordinated lobbying campaign to force the removal of alcohol marketing restrictions from England’s 10 Year Health Plan – an NHS strategy intended to improve the nation’s health.

The new report by the Institute of Alcohol Studies (IAS) shows that in the days leading up to the Plan’s publication, alcohol producers and trade groups including Diageo, Budweiser, Heineken, Molson Coors, and the Portman Group wrote directly to the Health Secretary, while urging The Chancellor and Business Secretary to intervene on their behalf.

Alcohol marketing restrictions – recommended by the World Health Organization as one of the most effective measures to reduce alcohol harm — were widely expected to feature in the Plan following media leaks and confirmation from the Department of Health and Social Care (DHSC). They were absent from the final document.

The FOI disclosures show alcohol companies explicitly asking the Chancellor to pressure Health Secretary Wes Streeting to drop proposed marketing restrictions – despite those measures being supported by strong international evidence and aligned with NHS prevention goals. In a letter to Rachel Reeves, Budweiser stated that: “As Chancellor, we urge that you make immediate representations to the Department of Health and ensure that these restrictions are not enforced.”

In total, 47 documents were released under FOI, revealing strikingly similar arguments, shared language, and coordinated timing – pointing to a concerted industry effort to derail health policy.

Dr Katherine Severi, Chief Executive of the Institute of Alcohol Studies and co-author of the report, said, “These documents reveal alcohol companies doing exactly what we might expect but should never accept: lobbying aggressively and out of sight to block public-health measures that threaten their profits – even when those measures were part of an NHS plan to prevent illness and save lives.

“We cannot allow this pattern to continue. With the industry causing such significant harm, the government must put guardrails in place to protect the remaining plans to reduce alcohol harm, including mandatory labelling and lowering the drink-drive limit. Private profit must never outweigh public safety, and policy decisions must be rooted in independent evidence and the public interest.”

 [Read more](#)

 **UPDATE**

NCD Alliance Reports: Cheaper Drinks, Costly Consequences

Sugary drinks and alcoholic beverages are getting cheaper, due to

consistently low tax rates in most countries, fuelling obesity, diabetes, heart disease, cancers and injuries, especially in children and young adults.

In two new global reports released in January, the World Health Organization (WHO) is calling on governments to significantly strengthen taxes on sugary drinks and alcoholic beverages. The reports warn that weak tax systems are allowing harmful products to remain cheap while health systems face mounting financial pressure from preventable noncommunicable diseases and injuries.

“Health taxes are one of the strongest tools we have for promoting health and preventing disease,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “By increasing taxes on products like tobacco, sugary drinks, and alcohol, governments can reduce harmful consumption and unlock funds for vital health services.”

The combined global market for sugary drinks and alcoholic beverages generates billions of dollars, fueling widespread consumption and corporate profit. Yet governments capture only a relatively small share of this value through health-motivated taxes, leaving societies to bear the long-term health and economic costs.

A separate WHO report shows that at least 167 countries levy taxes on alcoholic beverages, while 12 ban alcohol entirely. Despite this, alcohol has become more affordable or remained unchanged in price in most countries since 2022, as taxes fail to keep pace with inflation and income growth. Wine remains untaxed in at least 25 countries, mostly in Europe, despite clear health risks.

 **Read more here**

 **UPDATE**

UK Census: Alcohol and drug deaths higher in LGB+ sexual minorities

New official figures from the Office for National Statistics (ONS) reveal troubling differences in alcohol-specific mortality by sexual orientation in England and Wales between March 2021 and November 2024.

By linking 2021 Census responses with death registrations, the analysis shows that people identifying as lesbian, gay, bisexual or “other” (LGB+) faced a **significantly higher risk of alcohol-specific death** compared with those identifying as straight or heterosexual. The age-standardised rate of deaths wholly due to alcohol was **1.8 times higher** in the LGB+ population than in the heterosexual population during this period.

Although the widest cause-specific disparities included drug poisoning and suicide, the elevated rate of alcohol-specific deaths — including liver disease and other direct consequences of harmful alcohol use — underscores an important health inequality that intersects with sexual orientation. While this analysis does not explain why these differences exist, it aligns with broader evidence showing that marginalised groups often face disproportionate health burdens linked to stress, discrimination, and barriers to supportive care.

These findings point to the need for inclusive, targeted public-health action that recognises and responds to **disparate alcohol harms** experienced by different communities. Strengthening culturally competent healthcare, improving access to mental health and alcohol support services, and addressing the social and commercial determinants of health for LGB+ people could help reduce these avoidable deaths over time.

 **Read the ONS Report**



How should public health respond to rise of alcohol-free and low alcohol drinks?

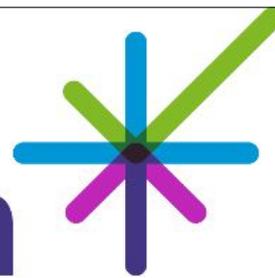
An expert analysis published in *The BMJ* argues that the rapid rise in alcohol-free and low-alcohol (“no/lo” or “nolo”) drinks presents both promise and risk for public health. While these drinks have clear potential to reduce harm — particularly if they replace higher-strength alcoholic beverages — the authors caution that current evidence is limited and best practice is not yet established. Public-health actors should therefore take a strategic, precautionary approach that maximises benefits while avoiding unintended consequences.

The piece highlights that nolo products now form a growing share of the market, driven by consumer demand for healthier options. But without careful policy and regulation, there is a risk that nolo drinks could be marketed and positioned in ways that reinforce alcohol-linked norms or blur boundaries between alcoholic and non-alcoholic consumption. The authors stress that public health must help define the aims and safeguards for these products, rather than leaving that to industry interests or commercial priorities.

To protect public health, the analysis suggests policy measures such as incentives for substituting higher-strength drinks with genuinely low-alcohol alternatives, stronger marketing safeguards (especially around children), and protections for alcohol-free spaces. Ultimately, a thoughtful response could harness the potential of nolo drinks to support moderation, while ensuring that they do not become another vector for alcohol industry influence or harm.

[Read the study](#)

Public Health Scotland

**UPDATE**

Alcohol Consumption & Harms Dashboard: User Feedback

Public Health Scotland is seeking to collect your feedback on the PHS Alcohol Consumption and Harms Dashboard (ACHD).

The dashboard can be accessed at: scotland.shinyapps.io/phs-health-achd/.

The survey should take around 10-15 minutes to complete.

There are four main sections in this survey. These sections will ask you about:

- Your role and your general use of alcohol-related data
- How often you access the ACHD and reasons for accessing it
- What you think about the data contained in the dashboard and how it is presented, including local reports
- Any improvements that you think we could make.

Your responses are anonymous, unless you provide your email address. Your responses will be used internally to plan inform maintenance and future development of the dashboard, and to improve the user experience of the dashboard.

Please provide as much detail as you can when giving your feedback, as this will help us to improve the dashboard.

If you have any queries relating to this survey or to the dashboard more generally, please contact Vicki at vicki.poncehardy@phs.scot.



Did you know people with alcohol dependence are **excluded** from the protections of **The Equality Act?**

Help us to end this discrimination. Sign our petition!

Read more on our website
www.alcoholchange.org.uk

ALCOHOL CHANGE^{UK}

#AlcoholChangeUK



Campaign launched to end discrimination against people with alcohol dependence

Alcohol Change UK has launched a petition calling on the UK Government to remove the exclusion of alcohol dependence from the Equality Act — a move they say is long overdue to tackle discrimination and stigma faced by people with alcohol dependence. Under current law, although the Act protects people with disabilities from discrimination at work and in wider society, a specific clause exempts alcohol dependence from protection, meaning people with current or past dependence can be treated unfairly without legal recourse.

This exclusion leaves people vulnerable to discrimination in employment, housing and everyday life because their condition is wrongly seen as “self-induced.” This means someone in recovery might be overlooked for a job, dismissed without support, or denied housing simply because of their history of dependence, even if they are now stable and capable. Comparing UK law with countries such as the US, Canada, Australia and New Zealand — where alcohol dependence is not excluded — campaigners argue Britain’s approach is out of step with international human rights norms.

Alcohol Change UK says that including alcohol dependence within the Equality Act’s protections would help keep people in work, safeguard income and housing stability, and signal that dependency is a health issue, not a basis for discrimination.

 **Sign the Petition**

 **POLICY**

IAS Blog: Minimum unit pricing works – and it works for the people who need it most

In a new blog published by the Institute of Alcohol Studies, Dr James Clay discusses recent research that shows that minimum unit pricing (MUP) consistently reduces alcohol use and improves public health in jurisdictions that have adopted it.

MUP sets a floor price per unit of alcohol, targeting the cheapest, high-strength drinks most associated with serious harm. Real-world evidence from Scotland, Wales, Ireland, Canada, Australia and beyond shows that once MUP is introduced, purchases of the cheapest alcohol fall sharply while moderate drinkers see little change — leading to meaningful drops in consumption and harm.

The blog stresses that even small shifts in overall drinking patterns can yield big benefits across the population. Because heavy drinkers consume most alcohol and experience the most harm, reducing their access to very cheap products leads to fewer hospital admissions and deaths, with the greatest health improvements often seen in the most deprived communities. This evidence counters common criticisms that MUP unfairly burdens low-income people or fails to help those with alcohol dependence — systematic reviews show little rise in withdrawal, crime, substitution to other drugs or financial hardship caused by MUP itself.

Importantly, the analysis underscores that MUP works best alongside accessible treatment and broader support services. While it is a powerful population-level policy, pairing price-based interventions with community supports, healthcare access and harm-reduction measures strengthens its impact and helps build equitable health outcomes.

 [Read the blog](#)

RESEARCH

Public health impacts of increasing the minimum unit price for alcohol in Scotland: A model-based appraisal

A new study in *PLOS Medicine* provides strong evidence that increasing Scotland's minimum unit price (MUP) for alcohol would significantly reduce harm and save lives.

Using the Sheffield Alcohol Policy Model, researchers examined the impact of raising MUP from 50p to 65p per unit to account for inflation since the policy was introduced.

The study estimates that a 65p MUP would reduce overall alcohol consumption by around 12% and prevent more than 3,300 deaths over 20 years, including around

2,500 deaths wholly attributable to alcohol, such as liver disease and alcohol poisoning. The greatest reductions in consumption and harm would occur among heavier drinkers, who are at highest risk.

Crucially, the health gains are projected to be largest in Scotland's most deprived communities, meaning that an updated MUP would also reduce alcohol-related health inequalities. This reinforces existing evidence that pricing policies are among the most effective and equitable tools for reducing alcohol harm.

The findings underline the importance of keeping MUP aligned with inflation. Without regular updating, the policy's impact is eroded over time. This study adds robust, independent evidence that strengthening MUP would be a proportionate, population-level response to Scotland's persistently high levels of alcohol-related harm.

 **Read the study**

RESEARCH

Consumer engagement with the US alcohol health warning: A nationally representative study

This research examined consumer engagement with the mandatory US alcohol health warning label. It found that, despite being required for over 30 years, the warning demonstrates extremely low consumer engagement.

The study found that fewer than half of participants noticed the warning label on alcohol products, and among those who did notice it, only about half actually read it – with only 4% correctly recalling all five warnings (e.g. pregnancy, drink driving, health problems). This means that fewer than one in four consumers overall engaged with the warning content. Those who did read the warning showed poor recall of its specific health messages, with pregnancy warnings being most remembered but health risks largely unnoticed.

The findings suggest that the current US warning label format (small text in quite a cluttered visual environment) is failing to effectively communicate health risks to consumers, strengthening the evidence base for policy arguments supporting larger, more prominent health warnings.

 **Read the study**

RESEARCH

Characteristics of alcohol care teams in England: results of the ProACTIVE National Survey

This national survey of alcohol care teams (ACTs) in England reveals significant progress alongside persistent gaps in hospital-based alcohol care. The study identified 80 ACTs across 122 acute hospitals surveyed (71% coverage), with numbers increasing substantially following NHS Long Term Plan funding (44% of ACTs became operational after 2019).

These teams serve highly vulnerable patients: predominantly male (64%), experiencing severe alcohol dependence (66%), with one-third having alcohol-related liver disease and significant proportions experiencing homelessness, severe mental illness, or alcohol-related brain damage. Importantly, one-quarter are frequent hospital attenders, highlighting the revolving-door problem.

However, the research exposes concerning structural weaknesses and whilst 93% of ACTs have a designated clinical lead, only 58% actually fund this role, undermining strategic leadership capacity. Although nearly all teams report providing identification and brief advice, only 51% of referrals come through systematic electronic screening, indicating most case-finding remains ad-hoc rather than systematically embedded across hospitals. Worryingly, a quarter of patients are discharged before completing medically assisted alcohol withdrawal, and only 60% of ACTs provide psychosocial interventions. Just one-third of assessments result in referrals to community alcohol services, suggesting weak care pathways.

The findings highlight that whilst ACTs have expanded geographically, significant variation in investment, clinical leadership, workforce training, and implementation of core care components threatens service quality and patient outcomes.

 [Read the survey](#)

RESEARCH

Targeting youth? Alcohol in colourful fruit pouches - a case study from Poland

This Polish case study reveals how alcohol industry actors can exploit regulatory loopholes to market products with strong youth appeal. In September 2024, a Polish company known for children's fruit pouches launched "Voodoo Monkey", alcoholic beverages (15-40% alcohol) packaged in colourful pouches virtually identical to their non-alcoholic fruit pouches for children.

The packaging's resemblance to children's products sparked immediate public outrage, with the Children's Rights Ombudsman warning that minors and even adult caregivers could easily mistake these alcohol pouches for harmless fruit snacks. The product was actually entirely legal under existing Polish regulations, which set no restrictions on alcohol packaging format or design. Following intense media scrutiny and public pressure, the manufacturer withdrew the product within days, and the government fast-tracked new regulations (effective January 2025) restricting low-volume spirits to bottles or cans only.

However, the case exposed fundamental weaknesses in Poland's alcohol regulatory framework, particularly the absence of pre-market assessment mechanisms to prevent youth-targeted products from reaching shelves. The findings underscore the urgent need for proactive rather than reactive alcohol regulation, comprehensive packaging restrictions, and robust enforcement systems to protect young people from exploitative marketing tactics.

 [Read the study](#)

RESEARCH

Unequal High Streets? Study shows deprived areas gaining health-harming amenities

A new open-access analysis of health-related amenities across England finds stark inequalities in how local high streets have changed over the past decade. Using national geographic data from 2014 to 2024, researchers mapped changes in the availability of amenities that can influence health behaviours — such as food outlets, pharmacies, and ‘vice’ venues like alcohol outlets, bookmakers and vape shops — and compared patterns by region and deprivation level.

The study shows that more deprived neighbourhoods were significantly more likely to **gain potentially health-harming amenities** (e.g., takeaways, bookmakers, vape shops) and **lose health-promoting ones** (e.g., supermarkets, public services) compared with more affluent areas. These shifts occurred even after accounting for regional differences, suggesting that structural socioeconomic factors are shaping the local environment in ways that could reinforce existing health inequalities.

Authors argue that high street amenity patterns are shaped by political and economic forces rather than individual choice, and that these environmental changes may contribute to unequal health behaviours and outcomes across communities. They suggest policy intervention is needed to manage the distribution of health-related amenities, rather than relying on behaviour change alone.

 [Read the analysis](#)

 **RESEARCH**

New research highlights how alcohol marketing through NoLo products and sponsorship still reaches young people

A study published in the *International Journal of Drug Policy* explored how children and adolescents (aged 11–17) perceive alcohol brand exposure through indirect marketing strategies, including NoLo (non-alcoholic and low-alcohol) variants and “alibi” sponsorship tactics in sport. Despite regulatory restrictions on direct advertising, young participants showed strong recognition of core alcohol brands and frequently associated NoLo and alibi marketing with full-strength alcohol products.

The researchers found that similarities in branding — such as colours, slogans and fonts — meant that NoLo drinks and indirect sponsorship often acted as covert alcohol advertising in the eyes of young people. Many participants did not see a clear distinction between alcohol-free products and their alcoholic counterparts, leading to the perception that such marketing continued to normalise alcohol brands even where direct advertising is limited.

Young people expressed concern about these tactics, suggesting that they exploit loopholes in regulation and may mislead youth audiences. The authors argue that these indirect strategies can sustain alcohol brand presence, particularly in sport, at a time when many jurisdictions are tightening direct advertising rules.

The findings underline a key challenge for public health policy: **restricting direct alcohol advertising may not be enough if indirect routes continue to shape brand familiarity and perceived social acceptability among young people.**

This strengthens the case for more comprehensive regulatory frameworks that specifically address alibi and NoLo marketing — especially in settings popular with children and adolescents.

 **Read the study**

FASD Hub Training

FASD: Insights & Strategies for Professionals

Tuesday 10 February from 9:30am to 12:30pm GMT

Supporting an individual with FASD or a family affected by pre-natal alcohol exposure? This is the course for you.

This course is suitable for professionals working in the Third Sector, education or working with adoptive, fostering or kinship families. It is not suitable for medical/clinical practitioners.

Written and delivered by the FASD Hub Team, this 3-hour course covers topics including:

- Alcohol and its impact on society
- How alcohol affects the developing fetus
- FASD, prevalence and common challenges
- Strategies for working with young people who have FASD
- Signposting to further information

All attendees will receive a digital handbook after the session.

Book your place

FASD: Next Steps for Caregivers

Thursday 19 and 26 February from 10am to 12pm GMT

Parenting an individual with FASD? Know the basics but want to know more? This course is for you.

This course **takes place over 2 days** (19th & 26th February) and attendance at both sessions is required to complete the course. We strongly recommend that attendees have previously attended **“What is FASD?”** or have a strong knowledge of FASD already.

Building on your existing knowledge of FASD, this course delves deeper into how we can support people with FASD or a prenatal alcohol exposure history.

Written and delivered by the FASD hub Team, Topics include:

- How alcohol affects the developing brain
- Common challenges, including trauma, masking and cognitive fatigue
- Reframing our thinking through an FASD lens
- Strategies for success

Attendees will be invited to join follow up reflective groups to continue their learning and gain peer support should they wish. All attendees will receive a digital handbook after the session.

Please book the first date and you will be automatically added to the second

 **Book your place**



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