



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

Wednesday 4 June 2025 at 16.00hrs

AGENDA

1. Apologies for absence
2. Declarations of Interest – Members should declare any interests they have in any business on the agenda, or any conflicts of interests arising, and decide if they should withdraw from dealing with any item of business
3. Election of Chair and Vice-Chair
4. Order of Business
5.
 - a. Confirm Draft Minutes of Licensing Forum Meeting held on 4 December 2024 (herewith)
 - b. Confirm Draft Minutes of Licensing Forum Meeting held on 26 March 2025 (herewith)
6. Minutes of Licensing Board – For Information Only
 - a) [8 November 2024](#)
 - b) [13 December 2024](#)
 - c) [10 January 2025](#)
 - d) [14 February 2025](#)
 - e) [27 March 2025](#)
7. Updates:
 - a) Chair Update
 - b) Police Update
 - c) Other Updates
8. Alcohol Focus Scotland
 - a) E-Focus November 2024 (herewith)
 - b) E-Focus December 2024 (herewith)
 - c) E-Focus January 2025 (herewith)
 - d) E-Focus February 2025 (herewith)
 - e) E-Focus March 2025 (herewith)
 - f) E-Focus April 2025 (herewith)
9. Licensing Policy Q&A – LSO
10. Formulation of a Workplan

11. Updating Licensing Forum Web Page
12. Membership and Recruitment
13. Workplan (herewith)

NEXT MEETING – 3 September 2025

FORUM OBJECTIVES

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

For further information contact Anastasia Dragona 01506 281601

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MINUTE of MEETING of WEST LOTHIAN LOCAL LICENSING FORUM held within MS TEAMS VIRTUAL MEETING ROOM, on WEDNESDAY 4 DECEMBER 2024

Present and Apologies

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

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. ORDER OF BUSINESS

The NHS presentation was considered after agenda item 4 (Licensing Forum Minutes).

3. LICENSING FORUM MINUTES

The Forum approved the minutes of its meeting held on 4 September 2024.

Discussion followed about the annual Joint Licensing Forum and Licensing Board meeting that had been held on 3 October 2024. At the meeting, forum members had asked for any specific issues that the board would like it to consider; the board had clarified that the forum could forward any issues it deemed important to the board.

4. PRESENTATION

The presentation provided an overview of the Borders Licensing Forum and explained some of the successes as well as challenges of the forum. a community survey had been circulated which had helped shape some of the forum's actions. It was noted that Alcohol Focus Scotland had also been helpful with training and guidance.

In the discussion that followed, resource pressures were highlighted. Members noted some of the similarities between the two forums' activities. NHS Public Health would continue to collect data on alcohol harms which could be used to correlate sales with alcohol harms and might in turn provide solid evidence for stronger suggestions to the board.

Decision

1. To note the presentation.
2. To note that the presenter had offered to share the presentation and community survey with the forum.
3. To keep item on future agendas as ongoing.
4. To thank Susan Elliot for her time and input on this matter.
5. Members to bring further ideas for workplan at the first meeting of 2025.

5. MINUTES OF LICENSING BOARD

The Forum noted the Licensing Board minutes of 9 August 2024, 13 September 2024 and 11 October 2024.

6. UPDATES

Police Update – Police Scotland had increased engagement with licensed premises in the run up to the festive season. It was noted that bystander training had been offered, with minimal uptake. Alcohol theft continued to be on the increase.

Decision

To note the update from Police Scotland.

7. ALCOHOL FOCUS SCOTLAND

The Forum noted the E-Focus Newsletters dated August 2024, September 2024 and October 2024.

Decision

To note the newsletters.

8. LICENSING POLICY Q&A

It was noted that there were currently no reviews on for the Licensing Policy.

Decision

To note that no questions were raised.

9. UPDATING LICENSING FORUM WEB PAGE

Decision

Item to be brought forward to the next meeting.

MEMBERSHIP AND RECRUITMENT

Decision

Item to continue to be included on agendas as ongoing.

10. TIMETABLE OF MEETINGS 2025 FOR APPROVAL

Decision

To approve the timetable of meetings with the exception of the proposed March date, which was to be 26 March instead of 5 March.

11. WORKPLAN

Decision

To note the workplan and to continue to work on the new format as per the above decisions.

MINUTE of MEETING of WEST LOTHIAN LOCAL LICENSING FORUM held within MS TEAMS VIRTUAL MEETING ROOM, on WEDNESDAY 26 MARCH 2025

Present and Apologies

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

Owing to a lack of the necessary quorum no business could be transacted.

Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 28 November 2024 14:46
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - November 2024



November 2024



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AFS joins NCD Alliance in calling for a levy on alcohol and tobacco retailers

A coalition of health campaigners, including Alcohol Focus Scotland, has written to the Scottish Government ahead of the upcoming Scottish budget calling for the introduction of a levy on retailers of tobacco and alcohol products to fund tangible actions to reduce deaths from preventable diseases.

The NCD Alliance Scotland, a coalition of 24 leading health organisations

campaigning for action on health harming products, says non-communicable diseases (NCDs) are the leading cause of death and ill health in Scotland, contributing to around 52,000 deaths in 2023 (83% of all deaths). One in five NCD deaths are directly related to alcohol, tobacco, and overweight and obesity, which the Alliance says could be prevented through public health action.

They're calling for the Scottish Government to introduce a new Public Health Supplement on non-domestic rates for alcohol and tobacco retailers in the 2025-2026 Budget. The previous Public Health Supplement, which ran from April 2012 to March 2015, raised £95 million.

Research by the Fraser of Allander Institute, commissioned by Alcohol Focus Scotland, estimates that a levy on shops selling alcohol alone could raise £57 million per year if set at the same level as the previous supplement. The levy would principally affect large supermarket chains, making up 86% of the revenues raised, with the money being redistributed to local authorities to utilise on health improvement measures.

The Alliance recommends the introduction of 'polluter pays' levies on health-harming products as part of their recently published **10-year vision to address the commercial determinants of health**. It has put forth three tangible health improvement measures to the government which they suggest could be funded by a new levy: supporting healthier pregnancies and healthier families, supporting early detection of liver disease via non-invasive liver scans, and collaborating with local groups on peer support interventions to quit tobacco products.

According to the Health Foundation, there is broad public support across the UK for measures to prevent ill health from tobacco, alcohol and unhealthy foods. There is also support from the Scottish public for a retailer levy, with a survey carried out by YouGov for ASH earlier this year finding that 57% of people in Scotland support a levy on alcohol retailers to fund measures to prevent alcohol harm, including funding support services.

David McColgan, Chair of the NCD Alliance Scotland said:

“The cost of health-harming products to our communities, wider society and our economy is vast, with a particular impact on our NHS. Alcohol harms alone are estimated to cost Scotland between £5 billion and £10 billion each year, including up to £700 million each year in health and social care costs. It costs our NHS at least £300 million a year to treat smoking-related diseases, and the annual cost of obesity has been estimated at £5.3 billion.

“With the current severe financial pressure on our health and care services especially, the costs of dealing with the impact of alcohol, tobacco and unhealthy food on our society should not be borne solely by taxpayers. It is more than reasonable to expect industry which reaps the profits to pay towards mitigating the health and social costs caused by the health-harming products they sell - following the ‘polluter pays’ principle. A new Public Health Supplement would ensure that retail pays its way.”

 [Read the full story on our website](#)

Michael's Story

Michael’s story is the latest in our ‘Your Stories’ series and was published in the recent Daily Record article in support of our calls for the introduction of a levy on retailers who sell alcohol products.

Michael shares his lived experience of developing liver disease as a result of alcohol use eventually culminating in the need for a liver transplant. Michael believes early detection of liver disease with greater availability of fibroscan equipment and liver health screenings could help detect liver disease early, avoid greater liver damage in patients like him and ultimately save lives.

He said:

“I think when the government are thinking about introducing the alcohol levy we should see reinvestment of this money for the early detection of alcohol related liver disease. I think investment for more fibro scanning equipment would be key,

particularly in rural areas who currently don't have this equipment at hand. It is important that we offer people regular liver scans so that we can help detect liver damage before it becomes so serious that patients need transplants.”

[Read Michael's Story](#)



 **UPDATE**

BBC Panorama documentary highlights shocking liver disease binge drinking toll

A new BBC Panorama documentary has shone a light on the shocking numbers of people at risk of liver disease and cirrhosis, even at

comparatively small levels of alcohol consumption, and in particular the rise in alcohol deaths and liver disease in women.

Journalist Hazel Martin shares her own story of the shock of being diagnosed with liver damage from alcohol use – having never considered herself to have a problem with alcohol.

The programme explored an 8 fold increase in liver disease deaths in women aged 35-44 since 1968 (3 fold in all women) in the UK, with Professor Debbie Shawcross saying that women are presenting in their 40s and 50s with liver disease or liver failure who are not ‘alcoholics’ (dependent drinkers) and may never have been drunk, but who are just drinking too much as a habit.

Dr Gautam Mehta, a consultant hepatologist, explained in one interview that binge drinking on its own (defined as 6 units of alcohol in a single sitting for a woman and 8 units for a man), even with a weekly consumption of less than 14 units (CMO low risk guidance) will increase your risk of liver disease. He said that people with a binge pattern of drinking at a 6 unit level at least once a week will increase your risk of liver cirrhosis 2-3 fold.

Professor Carol Emslie of Glasgow Caledonian University was interviewed on the links between alcohol marketing targeted at women and the substantial increase in alcohol-related liver disease and alcohol deaths in women. She discussed her ‘Don’t Pink My Drink’ campaign which seeks to counter what she described as the ‘variety of cynical ways women are marketed to with alcohol’ – noting how the industry harnesses cultural memes or movements and feminist goals of self-care and empowerment to sell alcohol to women.

 [Watch ‘Binge Drinking and Me’, BBC Panorama](#)

 **UPDATE**

WHO Alcohol Policy Playbook Published

The World Health Organization (WHO) has published their ‘Alcohol Policy Playbook’. Alcohol Focus Scotland warmly welcomes this resource which aims to help policymakers identify when alcohol-related issues are presented from a profit-seeking perspective and guides them to prioritise public health evidence to reduce alcohol-related harm and its burden on public finances.

Industries that rely on the sale of health-harming products such as alcohol have been exposed by the WHO as using a range of tactics to delay, deter and block policies that would improve public health. The *Alcohol Policy Playbook* identifies these tactics which include political lobbying and spreading disinformation, and contrasts the alcohol industry’s assertions with scientific evidence, demonstrating that alcohol-related harms can be significantly reduced through interventions such as pricing, availability restrictions, and marketing controls.

Pricing policies have been shown to particularly benefit heavy drinkers, who experience the most harm. Limiting when and where alcohol is sold leads to significant reductions in accidents and injuries. Additionally, restricting alcohol marketing can prevent early initiation of drinking and reduce binge drinking, especially among young people. Overall, these evidence-based policies have proven to be effective in reducing alcohol consumption and its associated harms within populations.

The Playbook aims to encourage policymakers to critically evaluate the sources of information they rely on and prioritise evidence-based conclusions from the public health community when shaping alcohol-related policies.

Commenting on the publication, Nicola Merrin, Policy and Research Manager at Alcohol Focus Scotland, said:

“The WHO Alcohol Policy Playbook is a welcome new resource that can help policymakers in Scotland and the UK better identify and manage conflicts of interest in developing health policy on alcohol.

“The Playbook is published at a timely juncture in Scotland, not long after we have

learned that the alcohol industry has substantially increased their lobbying of MSPs and Scottish Government, creating a 'policy chill' that no doubt lies behind the recent decision to delay a promised consultation on alcohol marketing pending an evidence review.

"It once again highlights the robust scientific evidence that action to limit the industry's influence on our choices, such as restricting alcohol marketing, has the greatest impact on reducing alcohol harm. Contrary to industry claims, the research is clear that alcohol marketing targets young people, it has a significant impact on their drinking habits, and government regulation is needed to address this. The industry's self-regulation is a failure.

"The Scottish Government has the power and the duty to act to protect and improve the health of people in Scotland. It has shown strong leadership in the past, facing down profit-seeking industry actors in court, to implement Minimum Unit Pricing for alcohol. The Alcohol Playbook serves as a guide for our policymakers - they should pay close attention to it to ensure that the wellbeing of the many is placed above the profit of the few. This is of critical importance now as we seek to drive down the rising tide of alcohol harm we have been experiencing since the pandemic."



Scottish Health Survey reveals mixed picture on alcohol

This month, The Scottish Centre for Social Research (ScotCen Social Research) have published the latest findings from the 2023 Scottish Health

Survey. The report provides valuable information on health conditions, and highlights factors which can put us at risk for various health conditions including alcohol consumption, smoking, drug use, diet and obesity.

Findings from the survey indicate that there has been an increase in non-drinkers in Scotland, with 1 in 5 people abstaining from alcohol. This follows a gradual increase in the number of people reporting to be non-drinkers each year since this information was first collected in 2003. The survey also found that there has been a reduction in the proportion of people who exceed the low risk drinking guidelines. The Chief Medical Officers' low risk drinking guidelines state that to keep health risks from alcohol to a low level, it is safest not to drink more than 14 units a week on a regular basis. Self-reported figures around alcohol consumption show that 1 in 5 people in Scotland are now exceeding this figure, drinking at hazardous or harmful levels. There has been a gradual decrease in the number of people drinking at hazardous or harmful levels over the years, with this being the lowest figure since data was initially recorded in 2003. Data from the survey on those classed as hazardous or harmful drinkers, however, shows that consumption has increased since before the pandemic (2019) to now (2023) by 1.3 units per week.

Results gathered from The Alcohol Use Disorders Identification Test (AUDIT), also indicate that there has been an increase in hazardous or harmful alcohol consumption. The AUDIT, developed by the World Health Organisation, is a method used to measure alcohol consumption and behaviours. A score of 0-7 indicates low risk drinking behaviour or abstinence. A score of 8-15 indicates hazardous drinking behaviour, and a score of 16-19 suggests harmful drinking behaviour. AUDIT scores of participants show that 18% of people were drinking above low risk guidelines in 2023, an increase from before the pandemic (2019).

While the increase in non-drinkers and the reduction in the proportion of those reporting to drink at hazardous or harmful levels is good news, it is important that we contextualise this data. The results from the survey indicate that the polarisation of drinking habits from the pandemic is still evident, with hazardous and harmful drinkers continuing to consume more alcohol than before the pandemic. This polarisation resulting from the pandemic is also evidenced in other sources. Research suggests that, while those who consumed moderate levels of alcohol prior to the pandemic decreased (or stopped) their consumption of alcohol

during the pandemic, those who were classed as heavier drinkers increased their consumption by an average of 2 units more per week in 2020 (**Angus et al., 2023**). Similar findings were also present in the **2022 Scottish Health Survey**, which found an increase of 2 units per week on average as compared to 2019.

These increases were a major factor in the 25% increase in alcohol-specific deaths since 2019, reaching the highest level in 15 years (**National Records of Scotland, 2024**). The Scottish Government has rightly recognised alcohol harm as a public health emergency.

The research by **Angus et al.** reflected substantial possible increases in both harms and health inequalities, which may be sustained in the longer-term if the higher levels of alcohol consumption in heavier drinkers persist. It has been estimated that these changes from the pandemic will have a long-term impact, resulting in up to an additional 25,000 deaths and 90,000 hospitalisations by 2040.

 [Read the full report from the Scottish Health Survey 2023](#)

UPDATE

Children in Scotland report: Creating a Healthier Scotland for Everyone

Children in Scotland, partners in the AFS Alcohol Free Childhood campaign, has worked with the NCD Alliance Scotland to help children and young people share their views about how to create a healthier Scotland.

In July 2024, they ran a one-day workshop to build upon what children and young people had already told them about health-harming products – things like alcohol, tobacco, vapes and unhealthy food and drink - and to understand how Children in Scotland can support everyone in Scotland to have better health in 10 years'

time.

The workshop was delivered in partnership with the NCD Alliance Scotland and supported them to develop their long-term strategy for reducing the harm caused by health-harming products.

The Creating a Healthier Scotland for Everyone workshop report was published in October 2024.

Among findings related to alcohol were:

- After reviewing the evidence on alcohol marketing, all groups favoured an introduction of physical barriers in shops that sell alcohol to prevent children and young people from viewing alcohol brands and products. This was selected ahead of options to limit alcohol brand sponsorship of live events. Participants believed that it was important to limit children and young people's awareness of alcohol brands, and for product accessibility in the community to be prevented as much as possible.
- Across all options to reduce harm in vaping/smoking, alcohol and HFSS foods, participants tended to support approaches that did not outright ban health-harming products but rather reduced exposure to them or increased the availability of healthy alternatives (e.g. subsidising healthy foods).

Children and young people did not believe that a single policy intervention would be sufficient to address the impact of health-harming products. They said that a combination of approaches to regulation should be supported in addition to other factors that promote healthy choices.

 [Download the report](#)

 **UPDATE**

Liver Cancer Risk Checker

October was Liver Cancer Awareness Month. Alcohol is one of the primary causes of liver cirrhosis in the UK, which is also one of the leading causes of liver cancer.

The British Liver Trust provides a Liver Cancer Risk Checker tool on their website which can help identify whether you or those you support might be at risk of developing liver cancer.

The tool aims to provide you with a clearer understanding of your risk based on well-established factors, enabling you to seek support or take action if you are at higher risk.

 [Find out your risk of liver cancer](#)



Alcohol Availability at Scottish Football

Insights from the 'Football and Alcohol Scoping Study (FASST)' project

Researchers at the University of Stirling have published insights from a study, commissioned by the Scottish Football Association (SFA) and the Scottish Professional Football League (SPFL), to explore the issues which would need to be considered in a pilot trialling the general sale of alcohol at Scottish football grounds.

Researchers spoke to a variety of stakeholders within football clubs, safety management, the police, public health and NHS, the Scottish Government and alcohol licensing as well as conducting site visits to Scottish and English stadia.

Among the possible positive and negative impacts they considered were impacts

on disorder at matches, alcohol consumption, normalisation of alcohol, exposure of children and young people to alcohol and to increased alcohol marketing (as well as concerns about marketing exposure of other vulnerable groups such as those in recovery).

They concluded that any such pilot would have to be robustly designed to collect a range of data and conducted by an independent unbiased research team with funding from an independent source – such as the National Institute for Health and Care Research.

However, the researchers also concluded that permitting alcohol to be sold at Scottish football grounds would bring increased risk in relation to fan safety and public disorder – with the likely impact of increased alcohol consumption and health harms through increased availability being at odds with the stated aims of the Scottish Government’s own Alcohol Framework.

Alcohol Focus Scotland recently **reiterated our opposition** to any change in the law to allow the sale of alcohol within football grounds in Scotland, as well as **criticising the SPFL decision** to partner with Carling as their new official beer.

 [Read the full Briefing Paper](#)



Alcohol Focus Scotland Community Licensing Toolkit

We have published our updated Community Licensing Toolkit. The toolkit is designed to help anyone who would like to have a say on how alcohol impacts on their community.

It explains how the licensing process works in Scotland and provides some practical tips to help people who want to get involved – including guidance on

raising concerns about alcohol in your community, existing licences or new applications and information and guidance on attending licensing board hearings.

 [Download the Community Licensing Toolkit](#)



Balance North East 'Alcohol Is Toxic' Campaign

Our colleagues at Balance North East have launched the latest iteration of their 'Alcohol Is Toxic' campaign in the run up to Christmas. Balance's [Blueprint for Reducing Alcohol Harm](#) calls for urgent national action to tackle the significant impact of alcohol on health, social care, crime, disorder, workplaces, and the economy.

If you drink alcohol, how do your drinks add up? Are they putting your health at risk this winter?

Most of us know smoking causes cancer. But just like tobacco, alcohol is toxic. Alcohol is a Group One carcinogen which causes at least seven types of cancer including bowel, breast, mouth and throat cancer.

Just one or two drinks a day can increase the risk of cancer. Any type of alcohol is carcinogenic, whether beer, wine or spirits.

The best way to reduce your risk is to cut down how much and how often you drink:

- Drink no more than 14 units a week to stay "low risk" (about six glasses of wine, six double spirits or six pints of lager a week).
 - Take at least three drink free days a week to give your body a break.
-

Laura Mahon, Deputy CEO of Alcohol Focus Scotland said: *“We are encouraging people in Scotland to reduce their drinking to reduce their risks of a range of serious health issues.*

“Cutting down has so many benefits – it can improve your mood and help you feel more energetic, give your mental health a boost and even lower blood pressure and lose weight.”

“Alcohol is linked to more than 200 medical conditions including 7 types of cancer, liver disease, heart disease and stroke. It can worsen weight problems and worsen anxiety and depression.”

Try the quiz at [ReduceMyRisk.tv](https://www.reducemyrisk.tv) to see how your drinks add up and find out about ways to cut down.

If you are worried about your own or someone else’s drinking, you can find local support services via the [Alcohol Focus Scotland website](https://www.alcoholfocus.scot.nhs.uk).



Can We Be Serious Now? Campaign – The Filtered Project

The main goal of the FILTERED Project (From sILos To synErgies to pRevEnt ncDs) is to stimulate collaborative advocacy, health promotion, action and accountability at a European and national level for the prevention of NCDs among civil society organisations specialised in advocacy linked to the reduction of alcohol-related harm, tobacco control and the reduction of the consumption of unhealth foods and drinks.

The project aims to strengthen cooperation between all partners and other stakeholders to foster a co-creative approach and mutually beneficial partnerships, coalitions and strategic alliances to address the complex problems related to an integrated approach to tackling the main risk factors of NCDs (alcohol, tobacco and unhealth foods and drinks).

The activities of this project are based on the transversal actions suggested in Europe's Beating Cancer Plan, its implementation road map and the EU "Healthier Together" NCD initiative, as well as the WHO Best Buys and other WHO recommended policy interventions to address NCDs.

Using the campaign hashtag #CanWeBeSeriousNow – the project challenges policy makers to get serious about conflicts of interest between industry and public health policy, using a series of eye catching and humorous graphics and videos to drive the point home.

The project makes 4 key recommendations to policy makers:

1. Establish measures to limit interactions with health harming industries and ensure the transparency of those interactions that occur.
2. Formulate, adopt and implement a code of conduct describing the standards for dealing with health harming industries.

3. Require that information provided by health harming industries is evidence-based, transparent and accurate.
4. Denormalise and, where possible, regulate activities promoted as “socially responsible” by health harming industries, including but not limited to those described as “corporate social responsibility.”

 [Find out more and download campaign assets](#)



Act Now! Alcohol Harm Prevention Levy Advocacy Toolkit

The draft Scottish Budget will be announced in Parliament on Wednesday 4th December. Alcohol Focus Scotland, along with our partners at the NCD Alliance Scotland has been campaigning for the introduction of an alcohol harm prevention levy on retailers who sell alcohol.

A levy on retailers who sell health harming products including alcohol and tobacco could be used to invest in a variety of initiatives that we set out in a letter to the Cabinet Secretary for Finance and Local Government, and to invest in other treatment and support services for those affected by alcohol problems.

There's still time for you to make your voice heard before the budget by writing to your MSPs to ask them to support the reintroduction of the public health supplement.

Take action today!

[Download our Alcohol Harm Prevention Levy Advocacy Toolkit](#)



Conflicts of interest: moving towards zero tolerance

An opinion article in the British Medical Journal has laid out the case for a zero-tolerance approach to conflicts of interest in public health policy. Harmful industries still exert their influence over health professionals, academia, and health systems; robust change is required, according to authors Chris van Tulleken, Nigel Rollins, and Rebecca Coombes.

The article summarises the history of how commercial actors and big industry has worked to undermine health policy in favour of profit, citing numerous examples including Big Tobacco, Big Alcohol and Big Food.

They highlight tactics including the co-opting of some charities, doctors and academics by health harming industries to undermine public health policy in favour of commercial interests, saying these actions on the part of industry reflect the important and trusted role of health professionals in society and why they are high value targets of industry marketing strategies.

The article criticises attempts to move toward greater transparency around conflicts of interest in medicine and academia, citing the UK failure to require comprehensive registers of interests at NHS Trusts, and a call for doctors to submit their declarations of interest to a public register having been ignored – as well as noting that Journal declarations can detail some competing interests but standards vary, leading to misleading or partial statements, often hidden in footnotes.

The authors note that change is much needed, but that it has to be intentional, systematic, evidence based, and robust. The onus for action is not with industry who, because of their responsibilities to shareholders, are unable to prioritise public health.

They say all institutions and individuals who have the stated aim of improving human health—health authorities, research funders, medical schools, health professional associations, charities and advocacy organisations, and individual practitioners, to name just some—must first recognise the pervasive harm that conflicts of interest cause.

They challenge Governments to set the standard and lead by example. Terms of engagement that end actual and perceived competing interests should be established while not precluding the possibility of discussion with these industries. Advisory committees, regulatory bodies and harm reduction strategies must be conflict free.

The authors conclude that it is accepted today that doctors, universities, and health institutions should not accept funding from the tobacco industry. They say that this principle needs to be widened to the other industries whose products or marketing practices also harm or undermine health.

 [Read the full article](#)



UK Budget Briefing Notes Published

The Institute for Alcohol Studies (IAS) and the Sheffield Addictions Research Group (SARG) have published analysis of the recent UK Government budget, exploring the potential health and economic consequences of changes to taxes on alcohol and tobacco.

The IAS Briefing notes that In the Autumn Budget 2024 there were three key announcements:

1. Most alcohol duty rates will go up by RPI inflation in February 2025.
2. Draught Relief – part of the Reform of Alcohol Duty – will be increased.
3. Confirmation that the temporary wine duty ‘easement’ will end.

The Briefing notes that this will be only the third time in the past decade that most products duty rates have been kept in line with inflation, and that despite this, alcohol duty will still be much lower in real terms than it was in 2012/13. They say that cumulatively, **duty cuts will have cost the Treasury over £28.6 billion in lost revenues** compared with if duty had been raised in line with inflation as had been planned.

IAS says that the UK Government should raise alcohol duty above inflation each year, target the off-trade and remove preferential treatment of cider to equalise duty rates with beers at the same ABV in order to reduce harms.

[Read the IAS Briefing](#)

The SARG Budget analysis paints a mixed picture of the health improving nature of the UK Budget measures on alcohol and tobacco.

Taking these measures together, they say that the budget is likely to improve health and reduce health inequalities overall, but that these gains are largely made via measures taken on tobacco – with a projected 39,000 fewer smokers and fewer hospitalisations and deaths. Measures taken on alcohol, including cutting draught duty, are expected to increase health inequalities, with larger increases in alcohol consumption, smoking prevalence and hospital admissions in more deprived quintiles.

Overall, the Treasury will bring in £260million in extra revenue from changes to tobacco and alcohol duty over the next five years, with sizeable increases in tobacco duty making up for losses from alcohol industry revenues.

Alcohol companies are anticipated to see their revenues increase by £324 million as a result of the budget measures over 5 years, whilst the tobacco industry will see a £5million reduction in revenues.

[Read the SARG Analysis](#)

POLICY

Draft Charter of Rights for People Affected by Substance Use: Consultation Findings 2024

From December 2023 until June 2024 the National Collaborative held a public consultation to gather views on the *Draft Charter of Rights for People Affected by Substance Use* to inform its continued development.

Over 500 people responded to this consultation across Scotland.

The consultation feedback was analysed collaboratively by the Change Team of the National Collaborative and the key themes that were shared have been documented in an [Analysis and Findings](#) report.

To inform the development of the Charter, a [‘You said, We did’](#) style report detailing how the National Collaborative have acted on the feedback that was shared has also been created.

RESEARCH

Alcohol-related cirrhosis: prevention of relapse to alcohol after a hospital admission

A new project is looking for participants to explore the best ways to prevent relapse to alcohol for patients who have been admitted to hospital with advanced liver disease. The project includes researchers from The University of Cambridge, The University of East Anglia, and Cambridge University Hospitals NHS Foundation Trust.

An important part of treatment for patients who have alcohol-related cirrhosis is to completely abstain from alcohol. When admitted to hospital, this leads to an enforced period of abstinence for patients. This subsequently presents an opportunity to establish long-term abstinence and to support patients to prevent relapse.

The aim of this research project is to therefore understand how best to support patients with alcohol-related cirrhosis to prevent relapse to alcohol following their discharge from hospital. Participation involves completing a confidential, online survey which should take around 15 minutes. The survey will explore the most effective ways to prevent relapse for patients who have been admitted to hospital with advanced liver disease, and how the support provided to patients can be improved.

To take part, you need to be either:

- A healthcare professional specialising in ‘hepatology’ or ‘alcohol misuse’,
- A community-based practitioner involved in the care of patients with liver disease and alcohol use disorder,
- A commissioner of treatments and interventions for alcohol use disorder,
- A person with alcohol-related cirrhosis, or,
- A family member, caregiver or friend of a person with alcohol-related cirrhosis.

To find out more and take part, please visit the [project website](#).

RESEARCH

Public and professional stakeholders’ perceptions of alcohol advertising and availability policies: A qualitative study

The World Health Organisation (WHO) recommends reducing alcohol advertising, availability and affordability as evidence-based, cost-effective ways to prevent alcohol-related illness and deaths. This is the first study to explore the similarities and differences in narratives of professional and public stakeholders relating to restricting alcohol advertising and availability in Scotland.

The researchers led eleven focus groups with forty-five ‘public stakeholders’ who lived in areas across Scotland that had varying levels of urbanity, deprivation and retail density change (areas with high retail density have a high availability of alcohol, with many retailers selling alcohol within a short distance of each other). The researchers also completed semi-structured interviews with fourteen ‘professional stakeholders’, who were employed in a variety of settings across Scotland, including third sector, government, public health and alcohol licensing. Participants were provided with a list of policy suggestions to discuss their views on these, including:

1. Restrict alcohol advertising and sponsorship of sporting events and festivals; restrict alcohol advertising in public spaces.
2. Ban the sale of alcohol near schools and playparks.
3. Limit the number of places which sell alcohol in neighbourhoods where there are already lots of places to buy it (i.e., areas of high density).
4. Alcohol should only be sold in one area of the shop which is hidden by a physical barrier.

Findings suggest that there was a general consensus that the regulation of alcohol advertising is an important priority. The public were seen to have a nuanced understanding of policy feasibility and effectiveness. In terms of alcohol advertising, 'public stakeholders' were apprehensive about the feasibility of these interventions and the possible consequences that may occur. For alcohol availability, 'professional stakeholders' agreed that this should be regulated however the 'public stakeholders' again had concerns around feasibility and effectiveness. Both groups of stakeholders had similar views about achieving cultural change and protecting children, with 'professional stakeholders' noting that such interventions would be an important first step to protecting children and reducing alcohol consumption.

This study emphasises the important of 'public stakeholders' views being taken into consideration when developing alcohol policy. Apprehension around feasibility and potential effectiveness is likely to be a barrier to public support for policies to reduce alcohol availability. Policies framed as protecting children, however, were likely to receive more support. It is important to improve communication of public health evidence by considering the public's concerns about the effectiveness and potential consequences of alcohol control policies while considering the wider context of alcohol in people's lives.

 [Read the study.](#)

Do health warning labels on alcohol packaging attract visual attention? A systematic review

Alcohol consumption is associated with a variety of health and social consequences. Since 1988, alcohol has been classed as a Group 1 carcinogen by the International Agency for Research on Cancer, meaning this can lead to the formation of cancer. Unfortunately, there are often low levels of public knowledge and awareness about the consequences of alcohol. Given the substantial negative impact of alcohol, the World Health Organisation (WHO) recommends including alcohol warning labels (AWL) on alcohol products to raise awareness of the associated consequences.

This systematic review was conducted to synthesise the research relating to consumers' visual attention that they devote to AWLs, using eye-tracking evidence. A total of six peer-reviewed articles and one unpublished doctoral research paper were included in the review. The review summarised findings relating to the design and format of AWL (bottom-up factors) including the size, colour, border and pictures used, plus goal-driven factors (top-down elements) such as motivation to change drinking behaviours.

The researchers found that, while there is mixed evidence as to the effectiveness of different factors, people tend to pay very little attention to existing AWLs. One study reported that the size of the AWL had a positive effect on attention, while another found that having the AWL surrounded by a border was impactful; an additional study found that combining a larger, red-coloured AWL containing both text and a pictogram yielded more attention. The researchers therefore note that conflicting findings along with a limited number of studies using eye-tracking methods, make it difficult to draw strong conclusions. It does appear however, that current AWLs do fail to effectively capture consumer attention. It is therefore suggested that policymakers may need to revisit and rethink existing AWL regulations. As suggested by the WHO, it would be helpful for governments to encourage the exploration of design features (e.g., size, text, colour, pictures) and advocate for the investigation of the actual impact of an AWL prior to it being fixed onto alcohol products.

 Read the study.

RESEARCH

Uncorking the ‘wine mum’: Exploring the complexity of Australian women's everyday lives and drinking practices

Drinking among midlife women has become a main focus in research and within media representations of ‘wine mums’ (a term used in popular media discourse). Close attention has been given to static gender roles, e.g., women as mothers, which tends to lead to dynamic and complex features of women’s lives being overlooked. This study therefore explored how the everyday experiences of women’s lives and the various identities which they encompass, impact their drinking behaviours.

The researchers drew on detailed accounts from Australian women in their forties and fifties, who were in employment, had school-aged children and consumed alcohol. They closely analysed the stories of four women to understand the key features of women’s lives. Within their findings, the researchers highlighted how diverse contexts and everyday lives influenced drinking practices. Drinking behaviours were often intertwined with gendered labour, power inequalities, and managing the stress which results from both of these. Factors which were prominent in the accounts of participants included gender, class, relationality (e.g., social networks, support systems), life course transitions, affect (e.g., unhappiness, fatigue) and aspects of labour dynamics (e.g., autonomy, unseen labour). Other factors which interacted in the women’s stories included health, geography, life histories and culture. These factors also informed the roles and identities which the women moved between, each of which also co-produced different drinking practices.

The researchers therefore conclude that women’s drinking patterns are complex, influenced not only by static gender roles, but also by the interplay between gender and everyday life. They recommend that future research aims to explore and

develop theories regarding how various social, cultural and economic intersections play out in real world contexts that are relevant to the lives of women, and how these together, create practices such as those involving alcohol.

 [Read the study.](#)

RESEARCH

The alcohol harm paradox: is it valid for self-reported alcohol harms and does hazardous drinking pattern matter?

The term ‘alcohol harm paradox’ considers that alcohol harms are more prevalent in groups of low socioeconomic status compared to groups of high socioeconomic status, despite alcohol consumption volume often being higher in high socioeconomic groups. The consequence of this is that disadvantaged groups suffer more harm per litre of alcohol than more advantaged groups. This paradox has also been observed at population level, where alcohol consumption tends to be higher in high-income countries, but vulnerability to alcohol-related harm is much higher in low and middle-income countries compared to high-income countries

In a study of 8,171 participants, data from national population surveys in Norway were analysed for a subsample of “past month” drinkers who were aged 25 to 79 years old. Findings revealed that alcohol-related harms were significantly more prevalent in low socioeconomic status groups after adjusting for alcohol consumption volume, compared to high socioeconomic status groups. Low socioeconomic status was also associated with a more hazardous drinking pattern with regards to heavy episodic drinking, which could explain some of the socioeconomic differences in alcohol harms. Aspects of drinking pattern and having a spouse could only reduce the effect of the difference in alcohol harm between socioeconomic groups to some extent. Most importantly, a substantial socioeconomic position difference in alcohol harms remained after adjustment for several suggested explanatory factors, a finding that mirrors those from previous studies of the alcohol harm paradox. These findings therefore support the validity

of the "alcohol harm paradox" for self-reported alcohol harms.

It is however, still a puzzle why alcohol harms occur more frequently in low socioeconomic position groups and hence why these groups seem to be more vulnerable to the effects of drinking than those in high socioeconomic groups. A possible explanation is that important confounders, such as access to treatment services, were not accounted for either in this study or in previous research into the paradox. The researchers conclude that alcohol consumption significantly contributes to both the overall health burden and to social inequality in health. There is an urgent need for collaboration and strengthening of effective alcohol policies globally. Measures that effectively reduce alcohol consumption and related harms should be considered, such as restricting affordability and availability of alcohol.

 [Read the study.](#)

RESEARCH

Trends in Alcohol Use After the COVID-19 Pandemic

While alcohol was already a leading cause of illness and death prior to the COVID-19 pandemic, the pandemic was associated with increases in alcohol consumption and alcohol-related deaths. This study therefore looked to explore whether these increases in alcohol use persisted after the pandemic, considering what may be required to mitigate alcohol-related harm and mortality.

This involved the use of data from adults aged over 18 years old who participated in the National Health Interview Survey from 2018-2022, including responses from 24,965 respondents in 2018, 30,829 from 2020, and 26,806 from 2022. This study suggests that the prevalence of any alcohol use and heavy alcohol use during the COVID-19 pandemic (2020 versus 2018) showed increases which were sustained in 2022. Certain subgroups may have also had higher increases in heavy alcohol consumption including 40-49-year olds. It should be noted that the survey only

includes non-military and non-institutionalised participants, and so some groups who may have reported harmful alcohol use were excluded. The survey also relies on self-reports of alcohol consumption and so it is possible that some people may have underreported figures; all measures used were valid and reliable assessments of alcohol consumption within a population survey, however.

Potential causes of this sustained increase in alcohol consumption include the normalisation of, and adaptation to, increased drinking due to stress from the pandemic and disrupted access to medical services. Follow-up will therefore be important to understand whether these increases continue to persist. Results highlight a highly concerning public health issue that may require a combination of policy changes. Increased screening efforts for harmful drinking alongside behavioural interventions by health professionals, in tandem with community-based interventions for at-risk populations, should be considered to mitigate the public health consequences of the pandemic-related increase in alcohol consumption and harm.

 [Read the study.](#)



SAFER Initiative Webinars

WHO, in collaboration with international partners, launched the SAFER initiative in 2018. "SAFER" is an acronym for the 5 most cost-effective interventions to reduce alcohol-related harm.

The SAFER Initiative is running a winter webinar series on each element of the programme throughout December.

Please sign up to each webinar individually.

S Monday, December 2nd at 10.30 - [Strengthen restrictions on alcohol availability](#)

A Thursday 5th Dec., 10am - **Advance and enforce drink driving countermeasures**

F Tuesday, 10th Dec, 10am - **Facilitate access to screening, brief interventions, and treatment**

E Thursday, 12th Dec, 3pm - **Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship & promotion**

R Tuesday, 17th December, 10am - **Raise prices on alcohol through excise taxes and pricing policies**



Scottish Families Affected by Alcohol and Drugs: Stigma and Kindness Shorts

Friday 13th December

1pm – 2.15pm

Online

Professor Alex Stevens will use ideas from his latest book, *Drug Policy Constellations*, to explain how the current mix of policies on drug-related deaths came to be. Instead of focusing on electoral politics, or appealing for 'evidence-based policy', Alex will show how particularly Scottish combinations of policy actors, ideas, morals and forms of power influenced the belated response to the crisis of drug-related deaths.

 **Book your place**



Helping Sleep Happen – FASD Hub

Wednesday 4th December

10am – 12.30pm

Online

Workshop with AUK sleep counsellor and member of FASD Hub about why our children can find it difficult to settle, fall asleep and stay asleep.

We will explain some of **the science of sleep**, chat about **the positive (and negative) influences on good sleep**, and the **particular issues our children and young people may have**.

Meeting format to allow for discussion, and questions and answers.

This course is appropriate for parents/carers and professionals.

 [Book your place](#)



SPECTRUM: Alcohol Knowledge Exchange Workshop

14th – 16th January, 2025

SPECTRUM is currently planning an additional Alcohol Knowledge Exchange Workshop which will take place early next year, again building on past workshops.

This workshop is suitable for anyone who is relatively new to alcohol or wants to get up to speed with the latest evidence on alcohol harms, policy research, evidence, and practice from world-leading experts. Aimed at colleagues working in policy and practice including civil servants, public health professionals,

researchers, charities and advocates in the UK and internationally. Further information including the workshop programme will be published on the website soon.

- ✈ Further information can be found in [this document](#).
- ✈ To register for the workshop **please fill out this Microsoft form**.
- ✈ For further information contact Anna Orme: a.orme@ed.ac.uk

The Alcohol Knowledge Exchange workshop is being delivered in partnership with SPECTRUM, The NIHR Policy Research Unit, Addictions and University of Stirling.



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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 19 December 2024 13:15
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - December 2024



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New study suggests alcohol marketing increases consumption amongst heavier

drinkers and poses a danger to people in recovery from alcohol problems

Health campaigners are again urging the introduction of new restrictions on alcohol marketing to protect vulnerable groups after a new rapid literature review found that alcohol marketing poses a risk to people with or at risk of an alcohol problem.

The **peer-reviewed study** by University of Nottingham, commissioned by campaigning charity Alcohol Focus Scotland and published in the *Journal of Alcohol and Alcoholism*, reviewed existing research on the impact of alcohol marketing on people drinking at higher levels and those with experience of an alcohol problem.

From the ten studies reviewed, the research found that alcohol marketing likely has an effect on alcohol consumption amongst people with or at risk of an alcohol problem and can act as a trigger for people in recovery.

It reported that people who drink heavily are more likely to notice and be drawn to alcohol adverts, and that alcohol marketing can make people think and feel positively about alcohol, which can lead to increased consumption. For people in recovery, seeing alcohol marketing can act as a trigger; exposure to adverts can spark cravings and make it harder to resist the urge to drink.

The review highlighted how the content of adverts can be challenging for people in recovery, such as music and party scenes that create an association with good times. Some people in recovery reported coming up with their own strategies to avoid alcohol advertising and encountering alcohol in shops, making everyday tasks more difficult.

The publication of the review comes as the Scottish Government has further delayed a promised consultation on alcohol marketing pending an evidence review led by Public Health Scotland, which Alcohol Focus Scotland and others have described as another small victory for the alcohol industry at the expense of public health.

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

“The detrimental effects of alcohol marketing for children and young people are already well evidenced. This new literature review demonstrates that alcohol marketing also endangers the health and wellbeing of people drinking at higher levels, which is one in five drinkers in Scotland, as well as people in recovery from an alcohol problem. It is no exaggeration to say that pervasive alcohol marketing puts people’s lives at risk.

“At this time of year these dangers are particularly acute. As well having to navigate a holiday period of parties and increased pressures to drink alcohol, people in recovery face amplified exposure to marketing messages that present alcohol as the ideal gift or as a fundamental, if not indispensable, part of celebrating Christmas and New Year with friends and family.

“We remain deeply disappointed at the slow pace of alcohol marketing reforms, with the Scottish Government’s promised consultation delayed for a further evidence review. This is while Scotland’s alcohol emergency continues, and alcohol deaths are at a 15-year high.

“The alcohol industry spends billions of pounds every year on advertising designed to drive up consumption and increase profits. Along with people in recovery, children and young people are particularly susceptible to alcohol marketing, and we know that exposure to alcohol marketing increases the likelihood that children and young people will start drinking earlier, drink more and go on to drink at problematic levels as adults.

“That is why we launched our Alcohol-Free Childhood campaign, which has attracted strong cross-party support in the Scottish Parliament and is supported by 50 organisations.

“This review strengthens the case for taking comprehensive action on alcohol marketing without further delay to protect vulnerable groups from harm. We once again urge politicians to come together to put people’s right to health ahead of the profits of big business, with the additional benefit of reducing pressures on our NHS and growing our economy by reducing ill health in Scotland.”

 [Read the full story](#)

Helen's Story

Further to the newly published University of Nottingham study on the impact of alcohol marketing on people in recovery and the risk posed to heavier drinkers, Helen shared her story with Alcohol Focus Scotland, citing the difficulties that she and others experience in trying to negotiate environments saturated in alcohol marketing.

Helen's Story

"I probably had alcohol problems from my early teens, not in an 'alcoholic' way maybe, but I was always a greedy drinker, always first in and last out of the party. I'd not really go to any social events unless they involved drinking. I was always quite a confident and outgoing person, and I found that alcohol calmed me down.

I was quite a sensitive young woman but didn't quite know how to deal with difficult emotions. I found alcohol helped me to manage those difficult emotions. But in my teens, I didn't think I was drinking very differently from my friends. In fact, I probably thought some of them were worse than me!"

 [Read Helen's story in full](#)



 **UPDATE**

Real terms funding cut and missed opportunities amount to disappointing

budget which fails to take Scotland's alcohol harm emergency seriously

Alcohol Focus Scotland, the national charity working to prevent and reduce harm caused by alcohol, has questioned the Scottish Government's commitment to addressing Scotland's alcohol harm emergency following yesterday's draft Scottish Budget. The charity says that a mix of funding cuts and missed opportunities amount to a disappointingly lacking budget which will miss the mark in tackling alcohol harm.

The budget, announced by Cabinet Secretary for Finance and Local Government Shona Robison MSP, allotted £80.9 million for alcohol and drugs, an increase of only £500,000 funding from the previous year – amounting to a real terms cut.

£60 million of the budget for Alcohol and Drugs Policy is dedicated to the National Mission on Drug Deaths, with the remaining £20.9 million for investment in local prevention, treatment, recovery and dealing with the consequences of problem alcohol and drug use.

This means the Scottish Government have not taken on board the Audit Scotland recommendation in their recent [report into alcohol and drug services](#) that the Scottish Government must increase funding to tackle alcohol harm by mid-2025, while continuing to tackle drug-related harm.

In evidence to the Scottish Parliament's Public Audit Committee last month, the Auditor General warned that "the creation of the National Mission [for Drugs] has in part been at the expense of focus on alcohol deaths and alcohol services."

The Cabinet Secretary also neglected to heed [calls from health campaigners](#) to reintroduce a public health supplement on alcohol and tobacco retailers.

The NCD Alliance Scotland, an alliance of 24 major health charities, had written to the cabinet secretary prior to the budget to outline the strong case for the reintroduction of the public health supplement – citing increased revenues generated by the recent rise in minimum unit pricing for alcohol and strong public support for a levy on retailers selling health harming products.

Re-introducing a public health supplement could save lives by funding the scanning equipment and staff training needed to catch liver disease early – a preventative measure that would reduce pressure on and costs to the NHS.

Commenting on the budget, Laura Mahon, Deputy CEO of Alcohol Focus Scotland, said:

“With a real terms cut to funding on alcohol prevention and treatment, and the failure to re-introduce the public health supplement on alcohol retailers, the budget in its current form is disappointingly lacking in the ambition and determination needed to tackle Scotland’s alcohol emergency.

“Three years ago, the Scottish Government used their budget to declare alcohol a public health emergency, yet this year made no mention of a crisis that has only worsened during that time – with alcohol deaths hitting a 15 year high in 2023.

“The Scottish Government has repeatedly pointed to funding for the National Mission as evidence that they are taking alcohol harm seriously. Yet Audit Scotland has now confirmed what Alcohol Focus Scotland has been saying for some time – that tacking alcohol onto the National Mission for Drugs is totally insufficient for the scale of the problem and has led to reduced focus on tackling alcohol harm.

“Audit Scotland has recently highlighted that NHS costs are projected to continue to rise, and that making savings remains challenging. With preventable liver disease accounting for most alcohol-specific deaths, and hugely costly to treat in its later stages, the Government must take this opportunity to re-introduce the public health supplement on large retailers.

“This levy, backed by 57% of the Scottish Public, would mainly affect large retailers with deep pockets who are currently profiting off the back of Scotland’s alcohol emergency, and generating substantially higher revenues via the increase in minimum unit pricing.

“Funds raised could support a wide range of prevention and treatment initiatives to reduce alcohol harm, such as early detection of liver disease, which would save lives and provide one clear route to reducing cost pressures on our NHS.

“We urge the Scottish Government to accept Audit Scotland’s recommendation to increase focus and funding on tackling alcohol harm and come back with

amendments to the budget that truly recognise the scale of the alcohol emergency we face.”



AFS response to alcohol hospital admissions statistics

Statistics published yesterday (17/12/2024) by Public Health Scotland show that in 2023/24 there were 32,301 alcohol-related hospital admissions (stays) in Scotland. This represents a 3.5% increase in hospital admissions compared to the previous year (31,206).

There remain strong inequalities between the sexes, with men twice as likely as women to be admitted to hospital for conditions wholly attributable to alcohol.

Strong social inequalities also persist, with those living in the most deprived areas of Scotland six times more likely to be admitted to hospital for alcohol-related conditions than those in the least deprived areas.

Responding to the figures, Laura Mahon, Deputy CEO of Alcohol Focus Scotland said:

“With alcohol deaths having reached a 15 year high in 2023, it is not surprising that we have seen an increase in alcohol related hospital admissions in 2023/24. This adds to a bleak picture of the direction of travel for alcohol harm in Scotland since the pandemic.

“We have been calling for an emergency response to what the Scottish Government has described as a public health emergency; and continue to be frustrated at the slow pace of action.

“Against a backdrop of rising deaths and now hospital admissions, in the past few months we have seen a rejection of the proposed reintroduction of the public health supplement on alcohol retailers in the draft Scottish budget and a delay to action on alcohol marketing.

“Furthermore, we have seen Audit Scotland agree with us that the National Mission on Drugs has led to reduced focus on tackling alcohol harm. They have also recently warned of unsustainable pressures on our NHS and said that the Government lacks a coherent plan to reduce these pressures.

“We urge the Scottish Government to set a new year resolution of once more getting serious about tackling alcohol harm in Scotland, and demonstrating the leadership they have previously shown with groundbreaking policies like minimum unit pricing.”

UPDATE

Alcohol Deaths rise by 4.6% in England and Wales – continuing to outpace rise in Scotland

Deaths from conditions wholly attributable to alcohol in England and Wales have increased by 4.6% from 2022 to 2023, reaching the highest number for the fourth year in a row.

DHSC’s Alcohol Profile shows that **8,274 people died** from alcohol-specific causes in England in 2023 (up from 7,912 the year before). This is a 42% increase compared to 2019, before the pandemic. And compared to 2006, this is an increase of 64%. The death rate is at an all-time high of 15 per 100,000 people.

The majority of these deaths are from alcohol-related liver disease. 5,984 people died prematurely (under 75) from the disease in 2023, a rise of 3.6% from 2022, and a shocking **93% rise** compared to 2001.

The tragic rise in alcohol deaths in England and Wales was far steeper than the most recent rise in alcohol specific deaths in Scotland, which rose by just 0.08% in the past year, albeit still reaching an unacceptable 15 year high. Similarly, deaths in England and Wales have risen by 42% since 2019 compared with a 25%

increase in the same period in Scotland. The North East of England recorded a higher alcohol death rate than Scotland for the first time.

The new figures for England and Wales led the Alcohol Health Alliance to **write to UK Health Secretary Wes Streeting** calling on him to make addressing alcohol harm a top priority in 2025. The letter includes a call for the introduction of Minimum Unit Pricing (MUP) in England, which has been credited with limiting the increases in deaths in Scotland compared with the rest of the UK. With Northern Ireland having recently announced plans to introduce MUP, this would leave England as the only country in the UK not to have implemented the policy.

These figures confirm that not only Scotland, but the whole of the United Kingdom, is in the grip of an alcohol emergency, exacerbated by the Covid pandemic effects of drinking behaviours, adding further weight to the calls for governments across the UK to get serious about tackling alcohol harm.

UPDATE

Expert medics call for the Scottish Government to capitalise on role of dentists in reducing alcohol harms

Dental Professionals (DPs) are ideally placed to support public health efforts to reduce alcohol-related harm by routinely screening patients and offering alcohol-related health advice, a **scoping review** commissioned by Scottish Health Action on Alcohol Problems (SHAAP) has found.

However, the review found that while DPs are encouraged to screen patient's alcohol consumption and provide advice in the form of alcohol brief interventions (ABIs), there is a reluctance to do this. This is due to concerns about a lack of time, training and funding.

The key recommendations presented in the report are:

- More research in the form of robust trials is needed on the feasibility and potential effectiveness of ABIs in dental practice settings.
- More research is needed to explore the utility of innovative approaches including virtual and computer-based screening tools and programmes to provide advice to dental patients on how to reduce their alcohol consumption.
- Collaborative working with DPs, dental patients and policymakers should be encouraged to identify strategic ways to address barriers to the delivery of alcohol-related health advice in dental practice settings.
- Regular and appropriate training should be provided to DPs to boost their confidence and normalise alcohol-related health advice as part of their relationships with patients.
- More research to capture dental patients' views on the acceptability of receiving alcohol-related health advice to inform training materials and clinical guidance.
- Public awareness of the public health role of DPs in addressing alcohol-related harm should be promoted.



SHAAP Remote and Rural Healthcare Briefing

Scottish Health Action on Alcohol Problems (SHAAP) has published a new briefing paper on remote and rural healthcare.

It notes that remote and rural communities across Scotland face unique challenges when it comes to prevention and support of people with alcohol problems. Approaches to reducing these harms tailored to fit their needs are required by service and healthcare providers, as well as policymakers.

Among the key points in the briefing paper are:

- 1,277 people died as a direct result of alcohol in 2023, an increase of one death since 2022 and the highest number since 2008.
- The number of people accessing structured alcohol treatment has been in sustained decline and is now 40% less than in 2013/14.
- Remote and rural communities across Scotland face unique challenges when it comes to prevention and support of people with alcohol problems.
- Alcohol and Drug Partnerships should carry out a needs assessment of rural communities and work to ensure that people living in rural communities can access specialist care and support.

 [Download the Briefing Paper](#)

UPDATE

Researchers and advocates in alcohol, tobacco, and processed food are being threatened, intimidated, and discredited

A new scoping review has detailed the shocking tactics employed by industry against advocates and researchers in the alcohol, tobacco and ultra-processed food space.

The review found intimidatory tactics towards advocates and researchers in every sector. Public discreditation, followed by legal threats and action, complaints and freedom of information requests were most frequently mentioned and often attributed to unhealthy commodities industries (UCIs) or their third parties. Surveillance, threats of violence, violence, burglary and bribery were less prevalent in the literature and their perpetrators were unknown.

Those intimidated reported carrying on as normal, taking defensive action (changing/adapting work, taking security precautions) or, as was most reported, offensive action (exposing intimidation, correcting misinformation, taking legal action). The similarity of intimidation across sectors suggests that UCIs engage in similar intimidatory tactics regardless of sector.

The researcher authors say that understanding more about the scale of intimidation and how it impacts the work and wellbeing of those affected is essential, as is learning more about the ways researchers and advocates can effectively pre-empt and respond.

 [Read the Scoping Review](#)

UPDATE

Charter of Rights for People Affected by Substance Use launched

The Charter of Rights for People Affected by Substance Use has been launched, aiming to improve the experience of anyone needing support.

The Charter, recognised as the first of its kind in the world by the UN Office of the High Commissioner for Human Rights, aims to help ensure people know their rights and the support they can expect to receive, and that those who use drugs and alcohol, and their families, are treated with dignity.

It contains key human rights – mostly drawn from national and international law - belonging to people affected by substance use, most importantly the right to the highest attainable standard of physical and mental health, along with the right to an adequate standard of living and the right to a healthy environment.

The publication was developed by the National Collaborative - a network of people with lived experience and service providers. It was chaired by human rights expert

Professor Alan Miller.

AFS Comment on the launch of the Draft Charter of Rights

AFS remains deeply concerned about the ongoing delay to Scotland's Human Rights Bill. We, alongside over 100 organisations, signed a joint letter expressing concern over delays to the Bill.

In **response**, the First Minister reaffirmed plans to introduce the Bill in the next parliamentary session but failed to convey a sense of urgency. While the government stresses the importance of "getting the legislation right," immediate action is needed to tackle pressing issues like rising alcohol deaths and ensure access to safe and effective health services. AFS will continue to advocate for urgent government action to address pressing rights-related challenges.

This vital piece of legislation, which promises to embed international human rights standards into Scots law, is crucial for ensuring a comprehensive framework to protect rights, including the right to health. The delay underscores the urgency of advancing rights-based approaches and securing the infrastructure needed to make these rights a reality.

Meanwhile, the launch of the Charter of Rights for People Affected by Substance Use, developed by the National Collaborative, marks a milestone in Scotland's journey towards embedding human rights into substance use policy.

The Charter outlines key rights, including access to non-judgmental services, participation in decisions, and protection from discrimination. It offers a platform to advocate for rights-based reforms and ensure lived experiences are central to policymaking.

However, the impact of the Charter may be limited without the legal weight of domestic human rights protections, as proposed by the Human Rights Bill. A statutory framework would provide enforceable rights, ensuring the Charter's principles translate into tangible, on-the-ground outcomes.

 [Read more about the Charter of Rights](#)

UPDATE

Evaluation of the National Mission on Drug Deaths

As part of the Public Health Scotland (PHS) evaluation of the National Mission on Drug Deaths, [the findings](#) of a research project interviewing key individuals in the field have been published.

The findings show a degree of consensus that the Scottish Government's National Mission on Drug Deaths has already delivered some positive impacts, particularly, in strengthening drug treatment systems. However, the interviews also highlighted unintended negative consequences and missed opportunities in the National Mission, including not enough focus on:

- prevention and wider system determinants
- alcohol harm
- non-opioid and polydrug use
- supporting and resourcing frontline services
- the risk additional pressure in the system poses to sustaining a genuine culture of learning and improvement around drugs in Scotland

PHS undertook 13 confidential, in-depth interviews with senior drug stakeholders leading, at national or local level, on policy, advocacy, research or service delivery relating to drugs in Scotland.

The PHS evaluation is ongoing, with the further research results expected next year. These will include the perspectives of individuals with lived or living experience of drug use, their families and loved ones and Alcohol and Drug Partnership (ADP) coordinators.

Assessing alcohol industry penetration and government safeguards: the international alcohol control study

The alcohol industry uses many of the tobacco industry's strategies to influence policy-making, yet unlike the Framework Convention on Tobacco Control, there is no intergovernmental guidance on protecting policies from alcohol industry influence. Systematic assessment of alcohol industry penetration and government safeguards is also lacking.

This new study published in BMJ Global Health aimed to identify the nature and extent of industry penetration in a cross-section of jurisdictions. Using these data, they suggest ways to protect alcohol policies and policymakers from undue industry influence.

The study found high levels of alcohol industry penetration overall. Notably, all jurisdictions reported the presence of transnational alcohol corporations, and most (63%) reported government officials or politicians having held industry roles. There were multiple examples of government partnerships or agreements with the alcohol industry as corporate social responsibility activities, and government incentives for the industry in the early COVID-19 pandemic. In contrast, government safeguards against alcohol industry influence were limited, with only the Philippines reporting a policy to restrict government interactions with the alcohol industry. It was challenging to obtain publicly available information on multiple indicators of alcohol industry penetration.

The authors recommend that Governments need to put in place stronger measures to protect policies from alcohol industry influence, including restricting interactions and partnerships with the alcohol industry, limiting political contributions and enhancing transparency.

 [Read the study](#)



Alcohol and Women Briefing

Women account for one third of alcohol deaths in Scotland, with over 1,000 women losing their lives each year. The rate of women dying from an alcohol-specific condition has gradually increased over the last decade.

A large proportion of alcohol-related deaths are from cancers; for example, alcohol is responsible for around 1 in 8 female deaths from breast cancer in Scotland for those aged 35-64 year olds.

Against this backdrop of increasing harm, Alcohol Focus Scotland has published a new briefing paper on alcohol and women's health.

Summary:

- The Women's Health Plan prioritises three key areas – Abortion, Sexual Health and Pre-pregnancy; Menopause and Menstrual Health; and Heart Health. Each of these aspects of health are affected by alcohol.
- 1,000 women die from alcohol each year in Scotland, with alcohol responsible for 1 in 8 deaths from breast cancer amongst 35–64-year-olds.
- Alcohol impacts reproductive health with links to several conditions impacting the menstrual cycle, fertility and pregnancy.
- Age is also an important factor in exacerbating alcohol harm in women, as we know menopause can affect women's overall quality of life and expose them to increased health risks. Women are more likely to use alcohol as a coping mechanism and should receive advice on the effects of alcohol on their menopausal symptoms.
- There is evidence of alcohol marketing targeting women and perpetuating gender stereotypes as well as increasing women's consumption of alcohol. Restrictions on alcohol marketing would reduce consumption and lessen the social pressure on women to drink.

- Mandating the inclusion of drinking guidelines, health warnings and calorie content on alcohol labels is a simple and effective way to communicate health information and address the limited awareness of alcohol harms.

 [Download the Briefing](#)

POLICY

“Outta sight, outta mind?”. What do the public and professional stakeholders think about alcohol policy?

The Institute for Alcohol Studies has published a new blog by Dr Elena Dimova of Glasgow Caledonian University where she discusses **her recent research**, funded by the **Economic and Social Research Council**, exploring both public and professional stakeholders’ opinions on several policy suggestions to reduce alcohol use and harms.

The researchers spoke to 45 people living in different neighbourhoods across Scotland and 14 professionals from third sector, policy, public health and alcohol licensing. We presented them with a list of policy suggestions and discussed their views on acceptability, feasibility and likely success.

Policy suggestions included:

- Restricting alcohol advertising and sponsorship of sporting events and festivals, and restrict alcohol advertising in public spaces such as streets, parks and on public transport
- Banning the sale of alcohol near schools and playparks
- Limiting the number of places which sell alcohol in neighbourhoods where there are already lots of places to buy it

- Alcohol only being sold in one area of the shop which is hidden by a physical barrier

 [Read the blog](#)

CONSULTATIONS

Response to the Right to Addiction Recovery (Scotland) Bill – Call for Evidence

We have published our response to the call for evidence on the Right to Addiction Recovery (Scotland) Bill.

While we do not support the Bill, we have chosen to take a pragmatic approach seeking to outline how we believe it falls short and what would be necessary to genuinely deliver the change it claims to seek in practice.

In the response, we highlight several limitations of the Bill as it is currently drafted. Key concerns include:

- The Bill does not create enforceable rights.
- Its scope and terminology risk excluding many people who require support, particularly those without a formal diagnosis of 'addiction.'
- It does not realistically account for the scale of the problems in the system or the resources needed to bring about meaningful change.

We believe there are alternative mechanisms that would be far more effective in achieving the aims the Bill seeks to address – specifically, the reintroduction of the Scottish Human Rights Incorporation Bill to the Scottish Parliament as soon as possible.

 [Read our response](#)



SARN: Call for Abstracts

Scottish Health Action on Alcohol Problems (SHAAP) and Scottish Alcohol Research Network (SARN) have launched their call for abstracts for the 2025 SHAAP/ SARN Alcohol Occasionals. Seminars take place online and offer researchers a great opportunity to showcase their work to a wide audience.

The team are interested in hearing from researchers from any discipline who wish to share their research relating to alcohol. They welcome presentations from new and early career researchers and international researchers. There will be four seminars in the series, all 12:45pm-2pm (UK time). Please save the following dates:

- Monday 12th May 2025
- Monday 23rd June 2025
- Monday 1st September 2025
- Monday 6th October 2025

The proposal should be structured using the following headings: Background, Methods, Results, Conclusion. The word limit is 300 words (excluding title) and the proposal should demonstrate the relevance of the research to alcohol in Scotland. Applicants should ensure all authors have approved the submission. All proposals must include a completed conflict of interest form.

Please submit your proposal and conflict of interest form to shaap@rcpe.ac.uk, copying in j.mcgarra@rcpe.ac.uk. Please also provide an indication of whether the research you intend to present has been published, or if there are plans to publish the research in the future. Finally, please include your availability for the proposed seminar dates. The deadline for proposal submissions is **Friday 31st January at 5pm.**

With the presenter's permission, each seminar will be recorded and shared, with an event report written to further disseminate research findings and discussion points from the seminar.

 [View previous event reports.](#)

RESEARCH

New SARG website launched

The Sheffield Addictions Research Group (SARG), who conduct public health and health economic research on alcohol, tobacco, gambling and addiction, have launched their newly revamped website.

The SARG is based in the Sheffield Centre for Health and Related Research at the University of Sheffield. Their innovative research, including modelling the effects of policy interventions and understanding complex human behaviour, has directly shaped legislation and public health strategies in the UK and internationally. They are an international centre of excellence for public health research on alcohol with the Sheffield Alcohol Research Group, created in 2008, playing an integral role in policy development and public debate.

Examples of the impact of their work include their policy model, which provides estimates of the effectiveness of alcohol policies, significantly influencing the changes to the low risk drinking guidelines in the UK and Australia. Their work on screening and brief interventions for alcohol helped to inform national clinical guidance on the wider use of these in healthcare settings. Currently, the group are **leading a project** investigating the public health implications of the increased availability of alcohol-free and low-alcohol drinks.

 [Visit their website](#)



RESEARCH

Prevalence and Correlates of Alcohol and Drug Harms to Others

A study has been published in the *Journal of Studies of Alcohol and Drugs*, exploring the prevalence and overlap of second-hand harm from other people's use of alcohol, cannabis, opioids, or other drugs in the US, using data from the 2020 US National Alcohol Survey.

This study used data from 7,799 respondents and included second-hand harms consisting of family difficulties, traffic accidents, vandalism, physical harm, and financial difficulties. 34.2% of people said they had experienced second-hand harm from alcohol in their lifetime, substantially more than the 5.5%, 7.6%, and 8.3% reported for cannabis, opioids, or other drugs, respectively. There was substantial overlap, with 30% of those reporting second-hand alcohol harms also reporting second-hand drug harms. Results indicate that 1/3 of adults experienced at least one of the second-hand harms from someone else's alcohol use over their lifetime, equating to around 113 million people.

The following demographics were correlated with second-hand substance harms: female sex (alcohol and other drugs); being White (for alcohol and opioids); Native American (opioids); Black (cannabis); and being separated/divorced/widowed (opioids). Having a family history of alcohol problems significantly increased the odds of reporting second-hand harms across substance types. Dr Kerr, one of the researchers on this project, explained that, for every person with a substance use disorder many more may be harmed in some way, to some degree. That underscores the need to improve people's access to substance use treatment, and the importance of harm reduction efforts, such as preventing people from driving under the influence.

 [Read the study.](#)

RESEARCH

Estimating recent trends in UK alcohol sales from alcohol duty revenue

The onset of the COVID-19 pandemic led to significant changes in individual-level alcohol consumption and a sharp increase in heavy drinking in the UK. More recently, high rates of inflation, the resulting 'cost-of-living crisis' and reforms to alcohol taxation have affected the affordability of alcohol, but little is understood about how these changes have impacted on alcohol sales and consumption.

This study aimed to gain insights into recent trends in alcohol sales by assessing changes in alcohol duty revenue collected by the UK government.

The study found that during the pandemic, alcohol duty receipts fell during lockdowns and rose as restrictions were subsequently lifted. Since 2022 alcohol duty receipts have been consistently below the historical trend, with a gradually increasing deficit in wine receipts and comparable deficit in spirits receipts that

began sharply in late 2022. The reforms to the alcohol duty system in August 2023 do not appear to have significantly affected these trends.

The authors conclude that findings suggest that the 'cost of living crisis' in 2022/23 has led to a fall in alcohol sales relative to the pre-pandemic trend. The magnitude of this fall differs by beverage type, indicating that wine and spirits drinkers may have changed their behaviour more than beer and cider drinkers.

 [Read the study](#)

NB: This is a pre-print. The study has yet to be peer reviewed.

RESEARCH

Early detection of liver disease in patients with alcohol use disorder improves long-term abstinence

A recent study exploring early detection of liver disease in patients with Alcohol Use Disorder (AUD), has observed that Fibroscan, a scan that measures the 'stiffness' of your liver which reflects the degree of scarring – fibrosis – in your liver, successfully identified those at high risk for cirrhosis.

Standardised protocols for early identification of alcohol-related liver disease are limited. The study looked at data from 257 veterans who were admitted to residential treatment for severe AUD. The researchers sought to understand the prevalence and risk factors associated with elevated liver stiffness measurement in patients with AUD, and to identify factors associated with abstinence and better outcomes.

Participants were offered a liver health screening, and it was observed that Fibroscan successfully identified those at high risk for cirrhosis. These results highlight the potential for Fibroscanning, with this providing an opportunity to identify patients at risk for compensated advanced chronic liver disease before decompensation, where the liver is no longer able to function adequately. These

high-risk patients showed improved abstinence rates at 1-year follow-up, suggesting that early liver disease detection may be a valuable adjunct to promote long-term recovery.

 [Read the study.](#)

RESEARCH

Rainbow Scots Survey

Many studies have shown that LGBTQ+ women and nonbinary people are at higher risk than cisgender heterosexual women of experiencing harm from alcohol.

Glasgow Caledonian University, in partnership with Columbia University in the USA, are conducting an online survey to learn about what types of messages and resources might be helpful for LGBTQ+ women and nonbinary people who want to reduce the amount they drink or become more curious about when, why, and where they drink. They also hope to learn about what is most helpful in supporting individuals to make healthy choices while still enjoying life and social events.

They plan to recruit 120-220 LGBTQ+ women and nonbinary people to participate in the survey. To check to see if you are eligible to participate and to ensure that we include a diverse range of individuals who broadly represent the LGBTQ+ and nonbinary communities in Scotland, please complete the brief questions below. It should take less than five minutes to complete.

If you are eligible, you will be directed to a document that describes the terms and conditions of the study (the informed consent document). If, after reading the consent form, you wish to participate, you can indicate this by clicking “Yes, I agree,” which will take you to the survey.

If you are not eligible, the team appreciate your interest in the study. You can see what other research is underway at the GCU Research Centre for Health by

clicking on **this link**.

 **Find out more and take part**



RESEARCH

New poll reveals toll of addiction across the UK

Taking Action on Addiction (TAOA) is a national campaign that aims to improve understanding of addiction and to end the stigma that comes with this. They have commissioned research into the scale of dependency in the UK to explore the toll of addiction.

The researchers interviewed a representative sample of 2,139 adults in the UK. Findings revealed that 11% of participants had experienced addiction to alcohol, drugs, medication or gambling at some time in their lives. Around 47% had either experienced, or knew someone who had experienced, drug, alcohol, medication or gambling dependency. This equates to almost 23 million adults across the UK.

Alcohol was the most prevalent dependency, which accounted for 49% of dependencies described. Whilst the researchers queried if alcohol consumption had possibly increased during the pandemic, it was revealed that 31% of people with alcohol dependency said their consumption is higher now than before March 2020. Furthermore, 10% of those who have consumed alcohol since March 2020

state that drinking is now part of their daily routine.

Amongst those living with addiction, either directly or indirectly, 54% stated that their physical health has suffered and 53% highlighted emotional or psychological distress. Other negative impacts included financial issues (46%) and relationship problems (41%). Stigma was also highlighted as a major barrier to seeking support, with 21-43% of those with direct experience of addiction saying that shame would prevent them from seeking support from sources including their GP or employer. Results from this study highlight that addiction continues to be a hidden condition, with the researchers emphasising that it does not have to be this way; recovery is possible.

 [Read more.](#)

RESEARCH

Effects of narrative versus non-narrative pictorial warning labels on visual attention and alcohol-related cancer risk perceptions: An eye-tracking study

Awareness of the risk of alcohol consumption amongst the public is low. As alcohol use is a preventable risk factor for cancer, the researchers in a new study have investigated a promising new approach to raising awareness, using narrative pictorial warning labels (PWLs) on alcohol products, which depict lived experiences as opposed to traditional health effects within pictures.

Participants included 649 moderate and heavy drinkers, who took part in an online, eye-tracking experiment. The study tracked eye movements to explore whether greater attention was paid to the narrative PWLs, compared to the more commonly used, non-narrative PWLs. Narrative PWLs are representations of characters and events which depict the lived experience of people affected by unhealthy product consumption. Non-narrative PWLs focus on the physical impact of disease, often using graphic depictions of health effects.

Across both the narrative and non-narrative conditions, results showed that participants paid more attention to the labels which contained pictures as opposed to text. Participants also spent more time viewing the narrative PWLs compared to the non-narrative PWLs. There was no significant effect on risk perceptions however, meaning these did not lead to increased perceived risks of alcohol in participants. The amount of visual attention directed to images also did not seem to impact perception of risk. Findings highlight the potential of narrative PWLs to visually engage potential consumers' attention. Further research is needed however, to understand why the narrative PWLs did not outperform the non-narrative PWLs in shaping risk perceptions.

 [Read the study.](#)

RESEARCH

Alcoholic beverage consumption and female breast cancer risk: A systematic review and meta-analysis of prospective cohort studies

Alcohol consumption is an established cause of breast cancer, with the World Health Organisation confirming that “no level of alcohol consumption is safe”. A new study has now undertaken a systematic review to more closely examine the association between alcohol and female breast cancer.

This systematic review is consistent with previous studies, with the eye-opening results showing that consuming less than one standard drink per day (10g) at all periods of life significantly increases the risk of breast cancer compared with no intake. In addition, this review provides further evidence that alcohol consumption is associated with a higher risk of both premenopausal and postmenopausal breast cancer.

The researchers highlight that there is limited awareness of the relationship between alcohol consumption and breast cancer risk, with **research** suggesting only 11-17% of people in the UK are aware of this. To inform the public about the

deleterious health effects of alcohol consumption, compulsory warning labels and public health information campaigns should be implemented. People have the right to know the dangers of what they are consuming, and so providing greater awareness around this via labelling and campaigns could support with informing the public about the risks of alcohol consumption. The researchers also emphasise the need for increased screening for alcohol-related disorders and integrating evidence on the association between alcohol consumption and breast cancer into brief intervention guidelines. Findings support evidence-based cancer prevention guidelines to reduce alcohol-related risks.

 [Read this study.](#)



Upcoming C.H.A.T training session

Tuesday 11th March 2025

9.30am-12.30pm

The CHAT toolkit is a flexible and in depth resource pack with practitioner training to help provide focused support to children, young people and families affected by alcohol harm or in recovery. "Brilliant training. Extremely relevant to Social Work and building trusting relationships. Resource pack brilliant and can be used so we can build relationships positively rather than being seen as scary social worker".

Learning outcomes:

- Discuss the impact of alcohol on Scottish society.
 - Describe the impact of harmful parental drinking on children and families.
 - Describe the key themes of CHAT and how they relate to supporting children, young people and families affected by alcohol harm or in recovery.
-

- Demonstrate how to use the CHAT resource with children, young people and families.

Who is it for?

Anyone working with children, young people, or families affected by alcohol harm or in recovery. In particular, family support workers, addiction workers and social workers.

 [Find out more and book your place](#)



EVENT

What is FASD? for Parents & Caregivers

Are you a parent or carer of someone who has been prenatally exposed to alcohol?

Do you want to know more about Fetal Alcohol Spectrum Disorder (FASD)?

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

- How alcohol affects the developing fetus
- FASD, its prevalence and how it affects people
- The diagnostic process (Scotland, England & Wales)
- Signposting to additional resources and information

- There will also be an opportunity to ask our FASD Advisors any questions you may have.
- All attendees will receive a digital handbook after the session.

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

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

 [Book your place](#)



SPECTRUM: Alcohol Knowledge Exchange Workshop

14th – 16th January, 2025

SPECTRUM is currently planning an additional Alcohol Knowledge Exchange Workshop which will take place early next year, again building on past workshops.

This workshop is suitable for anyone who is relatively new to alcohol or wants to get up to speed with the latest evidence on alcohol harms, policy research, evidence, and practice from world-leading experts. Aimed at colleagues working in policy and practice including civil servants, public health professionals, researchers, charities and advocates in the UK and internationally. Further information including the workshop programme will be published on the website soon.

 Further information can be found in [this document](#).

 To register for the workshop [please fill out this Microsoft form](#).

 For further information contact Anna Orme: a.orme@ed.ac.uk

The Alcohol Knowledge Exchange workshop is being delivered in partnership with SPECTRUM, The NIHR Policy Research Unit, Addictions and University of Stirling.



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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 29 January 2025 12:30
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - January 2025



January 2025



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- **50th Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society**

Budget deal sees real terms increase in alcohol and other drugs funding, but focus on alcohol remains unclear

The Scottish Government has reached a deal with the Scottish Liberal Democrats and Scottish Greens in Holyrood to support the upcoming budget.

The deal includes increased investment in drugs and neonatal services of £100,000 in this financial year and an additional £1 million in the 2025/26 budget for Aberlour to develop these services. A further investment of £1.5 million in broader alcohol and drugs services will ensure the total investment in this area will increase in real terms.

AFS is pleased to see the government agreeing to increase funding, although there is still some way to go to meeting the recommendation made by Audit Scotland for an increased focus on and funding for alcohol. We will continue to advocate for more action in the coming months.

UPDATE

Support the Parliamentary Motion on impact of alcohol marketing on people in recovery

At the end of December, Monica Lennon MSP lodged a motion in parliament welcoming the newly published research from the University of Nottingham on the impact of alcohol marketing on people in recovery and the risk posed to heavier drinkers.

The motion has so far been supported by 16 MSPs from across 3 of the parties represented in parliament.

The motion has been published on the [Scottish Parliament's website](#) and we would encourage you to write to your MSP asking them to support the motion. This is important to raise awareness of this important research among MSPs and gain further support for measures to reduce alcohol harm.

Write to your MSP



US Surgeon General Alcohol Cancer Advisory reignites discussion on mandatory health warning labelling

The US Surgeon General has issued a new advisory on the links between alcohol and cancer. The advisory highlights alcohol use as a leading preventable cause of cancer in the United States, contributing to nearly 100,000 cancer cases and about 20,000 cancer deaths each year.

The advisory states that alcohol consumption is the third leading preventable cause of cancer in the United States, after tobacco and obesity, with the largest burden of alcohol-related cancer in the U.S. being for breast cancer in women, with an estimated 44,180 cases in 2019, representing 16.4% of the approximately 270,000 total breast cancer cases for women.

It goes on to note that globally, 741,300 cancer cases were related to alcohol consumption in 2020; and warns that 185,100 of those cases were related to consumption of approximately two drinks daily or fewer.

The publication of the advisory has reignited the discussion in Scotland and the United Kingdom around the need for mandatory health warning labels on alcohol products. Currently, the alcohol industry decide what information to provide on their

products, guided by the alcohol industry-funded Portman Group.

This reliance on the industry to provide information on a voluntary basis has failed the public, with alcohol labelling in the UK consistently found to be lacking. For example, in the Alcohol Health Alliance's most recent [review](#):

- Just 3% of products displayed a health warning
- 1 in 5 provided a full list of ingredients
- 41% stated calorie content
- 65% included the up-to-date Chief Medical Officers' drinking guidelines

AFS and partners are continuing to lobby and work with the Scottish Government and others across the UK to bring about the introduction of mandatory health warnings on alcohol products. We believe the public has the right to know what's in the products they are consuming so that they can make informed choices about their health.

 [Read the Advisory](#)

 [Visit our website for more on our work on labelling](#)

UPDATE

New alcohol marketing restrictions come into force in Ireland

Alcohol Action Ireland (AAI) has welcomed the new broadcast watershed ban on television and radio advertising in Ireland, which came into force on the 10th of January.

The watershed – Section 19 of the Public Health (Alcohol) Act 2018 (PHAA) – will ensure a daytime broadcasting ban on alcohol advertising, with no advertisements for alcohol products on television from 3am to 9pm and on radio on weekdays from 3pm to 10am the following morning.

AAI say this will help to reduce the level of exposure of children to alcohol marketing, which is known to be a key driver of both initiating alcohol use by children and increasing use. They add that this is a particularly important restriction given that Diageo is currently the Number 4 advertiser to children in Ireland and at least 50,000 children start to drink every year.

AAI CEO Dr Sheila Gilheany said: “Ireland is rightly praised internationally for its leadership in passing the PHAA, which is a suite of quite modest measures designed to provide some degree of protection from the tactics of an aggressive industry acting against the population’s health through relentless marketing. AAI and many others have strongly campaigned for years for its introduction and since it was passed alcohol consumption per capita has dropped by 10%, which is positive.

“However, the fact that the broadcast watershed is only coming into force now, almost seven years after being signed into law, and that not all sections of the PHAA are in force yet shows the power of the alcohol industry’s lobbying efforts to stymie and delay progress. The different sections of the PHAA are designed to complement one another, and the legislation’s public health benefits will only be fully realised when all the sections are enforced. With Ireland still drinking at a level 40% higher than HSE lower-risk guidelines, this is an imperative.”

The new regulations, coming into force in addition to legislation on mandatory health warning labels, leaves Scotland and the rest of the UK trailing in Ireland’s wake when it comes to alcohol harm prevention policy.

The Scottish Government has announced a review into alcohol marketing restrictions to be carried out by Public Health Scotland, but has not yet given an indication of scope or timescales.

 [Read the Alcohol Action Ireland Press Release](#)

 **UPDATE**

The political is personal: Exploring drinking cultures in Westminster and making the case for more alcohol support

New research by Alcohol Change UK has shone a spotlight on drinking cultures at Westminster, whilst also showing that there is strong support among MPs for action to tackle alcohol harm.

They conducted a representative survey of MPs which suggests that key factors such as late nights and social media abuse are having a negative impact on MPs' wellbeing, and as a result, their alcohol consumption. And, while some feel the expectation to drink, others believe there is a shift in the historic alco-centric culture as a raft of new MPs entered Parliament.

Key findings included:

1. **Just 16%** of all MPs would describe the House of Commons as a **highly supportive place to work**, when it comes to alcohol. This falls to just 8% for female MPs. Female MPs are also more likely to agree with the statement that their mental health is worse since being elected, than they are to disagree. Social media abuse, and late-night sittings, appear to be bigger triggers for alcohol consumption than the number of bars on the Parliamentary estate.
2. Almost **three in ten** (28%) MPs think it is acceptable to drink before voting or speaking in the House. This varies considerably by party.
3. On alcohol policy more broadly, **MPs back action**.
 - 74% support not allowing alcohol marketing where it can be seen by large numbers of children.
 - 58% support compulsory labels on alcoholic products with health warnings.
 - 66% support compulsory labels on alcoholic products with calories and ingredients.

Following the research, Alcohol Change UK has made recommendations on how the House of Commons could create a more supportive environment for MPs.

They are:

1. **Supportive standards:** clearer guidance on standards for MPs when it comes to alcohol, linked to appropriate support: including a ban on drinking before voting or speaking in the House, and guidance on accepting gifts and hospitality from the alcohol industry, and other health-harming sectors, in Parliament.
2. **Support from other MPs:** including training for MPs to be able to better support their colleagues who may be experiencing issues with alcohol, and training for Whips to deal with alcohol-related issues.
3. **Proactive support:** outreach to vulnerable groups and holistic support to address underlying issues and potential triggers, such as late-night sittings.

 [Read more](#)

UPDATE

Evaluation of the Scottish Government Residential Rehabilitation programme

Public Health Scotland has published a new Evaluation of the Scottish Government’s Residential Rehabilitation Programme on the number of individuals starting a residential rehab placement.

The report says that “the data now available allows us to conclude that the Scottish Government reached its target of 1,000 individuals publicly funded to go to residential rehab per year in financial year 2022/23.”

It goes on to say that “There were 1,033 confirmed records of individuals starting a publicly funded placement in 2022/23.”

In 2022/23 (based on data submitted by 19 residential rehab providers to PHS in 2024):

- 1,670 individuals started a residential rehab placement in Scotland.
- 681 (41%) individuals started a placement for alcohol use, 475 (28%) for drug use and 514 (31%) for co-dependency.
- 1,180 (71%) of those starting a placement were males; 489 (29%) were females. One individual was not classified as male or female.
- 1,033 (62%) individuals started a placement which was publicly funded and 637 (38%) started a placement which was solely privately funded.

Audit Scotland, in its recent report on Alcohol and Drug Services, noted that government targets relating to residential rehab are not based on current or estimated demand, and the need for residential rehabilitation is difficult to measure. Even in meeting their target of 1,000 publicly funded places, it is not clear if this will be sufficient to meet the level of demand for residential rehabilitation required across Scotland.

 [Read the evaluation](#)

UPDATE

Portman Group to launch audit of so called ‘responsible alcohol marketing’

The Portman Group – the alcohol industry funded industry self-regulator – has **announced plans** for an audit conducted by Zenit Global, part of a Food and Beverage Media Company, to assess whether alcohol marketing complies with its industry compiled Code of Conduct.

The audit will select 500 alcoholic drinks in the UK market which will be assessed against the Naming and Packaging Code of Practice. The Code of Practice consists of 12 industry written rules which they claim ensure that alcohol is marketed in a ‘socially responsible way’, only to those aged 18 and over, and in a

way that does not appeal particularly to those who are vulnerable.

There is strong evidence to suggest that the alcohol industry does in fact engage in marketing practices designed to appeal to children and young people, as well as targeting other vulnerable groups including heavy drinkers, women and the LGBTQI+ community (who experience greater alcohol harm than the rest of the population).

Industry insiders are **quoted discussing** how, *“In the longer term we had to attract more younger drinkers – the heavy-using loyalists of tomorrow”*.

Policymakers and public health professionals should be alert to increased activity around the publication of this report seeking to claim that the alcohol industry is engaging proactively in ethical marketing practices – rendering a need for mandatory restrictions on marketing activities unnecessary.

The fact remains that there is strong evidence that **industry self-regulation does not work**, with guidelines of self-regulated alcohol marketing codes violated routinely, resulting in excessive alcohol marketing exposure to youth and the use of content that is potentially harmful to youth and other vulnerable populations.

Current self-regulation codes have also been found to suffer from vague language that may allow the industry to circumvent the guidelines, loopholes that may obstruct the implementation of the codes, lax exposure guidelines that can allow excessive youth exposure, even if properly followed, and a standard of review that may be inappropriate for protecting vulnerable populations.

The best way to ensure that the alcohol industry cannot and does not target children and young people, or other vulnerable groups, remains to introduce legislation to restrict the marketing of alcohol.



Ross's Story

Alcohol Focus Scotland is delighted to publish the latest addition to our ‘Your Stories’ collection on our website. ‘Your Stories’ is a collection of lived experience of stories of those who have experienced alcohol harm, whether because of their own or someone else’s alcohol use.

In our latest story, Ross tells us about his experience of an alcohol problem, including how he started out drinking like anybody else before slowly developing a more serious problem, how he thinks cheap alcohol prices played a role in his developing issues with alcohol – especially in university – and how he was able to get into recovery.

He also offers his thoughts on how we can reduce alcohol harm in future.

Ross’s Story

“My name is Ross and I’m 42 years old. I first drank alcohol when my friends and I at school became of the age to start going to nightclubs. At that time, it was a purely social affair, and drinking was only part of the broader activity of socialising. My drinking began to progress to binge drinking and then alcoholic drinking as I got older to the point where socialising was never part of it, and I only drank alone in my flat.”

 [Read Ross’s Story in full](#)



POLICY

AHA position on Alcohol-Free and Low-Alcohol Drinks

The Alcohol Health Alliance, of which Alcohol Focus Scotland is a member, has published a new policy position on alcohol-free and low-alcohol drinks (sometimes referred to as NoLo products).

Alcohol-free and low-alcohol drinks are becoming increasingly popular. From a low base in the UK, the growth has been rapid and alcohol companies are now increasingly recognising their commercial potential.

This document sets out the full AHA policy position on alcohol-free and low-alcohol drinks. It covers 8 key areas where we are calling for changes and/or new national policies. These include:

1. **Product definitions**
2. **Labelling**
3. **Licensing and consumption settings**
4. **Marketing and brand exposure**
5. **Price and availability**
6. **Monitoring trends and research**
7. **The role of industry**
8. **The importance of tackling alcohol harm**

The policy position acknowledges that alcohol-free and low-alcohol products could have a substantial role to play in reducing alcohol consumption and alcohol harm. Anecdotally, we know some people report that they find NoLo products useful in reducing their drinking, and the potential for NoLos to contribute to a population level reduction in alcohol consumption certainly exists if these products are used as a substitute, rather than in addition to, alcoholic drinks. Further evidence will be required on how these products are being consumed before firm conclusions can be drawn.

Concerns have also been raised that NoLo products are being used as a distraction from policies that we know definitely do work to reduce alcohol harm, namely increasing price, restricting marketing and reducing availability of alcohol. The alcohol industry may use conversations around NoLo products to sway policymakers from taking genuinely effective action that would harm their revenues. The AHA policy paper makes clear that policies on alcohol-free or low-alcohol products should be considered alongside other well evidenced interventions, not as a replacement for them.

The paper identifies a number of key concerns around alcohol-free or low-alcohol products that will require further consideration and study:

- Acting as a gateway to alcohol use, particularly for children and young people;

- Triggering relapse into active alcohol use for some in recovery;
- Being confusing (or even misleading) to consumers regarding their alcohol content, strength, and potential for causing harm, especially for vulnerable groups such as those who are pregnant or at higher health risk;
- Promoting alcohol brands and products where the alcohol-free or low-alcohol counter parts share the same branding as the alcoholic products.

 [Read the Policy Position Paper](#)



**ALCOHOL
HEALTH
ALLIANCE**

 **POLICY**

Different Types of Alcohol Tax and Minimum Pricing Policies: An Evidence and Policy Review

This new evidence review presents the best available evidence regarding types of alcohol taxation and alcohol pricing policies and their effectiveness in reducing alcohol harm, by reviewing scholarly and grey literature.

The latest evidence shows that alcohol taxation, particularly when based on alcohol content, can be highly effective at reducing alcohol consumption and subsequent harm, while providing governments with increased revenue. Minimum

pricing policies can complement taxes by specifically targeting higher-risk drinking and reducing health inequalities. Alcohol taxes benefit population health as well as government revenue, and minimum pricing can complement taxes by setting limitations to commercial practices which undermine health goals.

Main points

- Reducing the affordability of alcohol—by raising alcohol taxes and introducing a minimum price—is the most effective and cost-effective way to reduce alcohol consumption and subsequent harm, while raising government revenue.
- Taxing alcohol based on its strength is the best for public health, as it incentivises the production and consumption of lower strength, less harmful products.
- Evidence shows that increasing alcohol tax rates leads to an increase in government revenue and a decrease in consumption.
- Minimum pricing is an effective way of reducing the consumption of the cheapest and most harmful products.
- Minimum pricing is most effective when introduced alongside well-structured taxation.

 [Read the review](#)



Movendi Report Exposing Big Alcohol Predatory Practices

A new report published by international alcohol advocacy organisation Movendi International, has shone a further spotlight on the ‘predatory’ practices used by Big Alcohol – including deliberate strategies targeting vulnerable people, derailing lifesaving public health policies and misleading the public.

The report documents what Movendi calls ‘appalling cases of alcohol industry misconduct’ and ‘shocking examples of predatory practices’, as well as revealing the direct and fundamental conflict of interest the alcohol industry has.

The report makes several calls for action, from individual to international including:

- For all of us to denormalise Big Alcohol in our communities.
- For the World Health Organisation to end their annual “dialogue” with the alcohol industry.
- For the UN agencies to stop ignoring conflicts of interest and end partnerships with alcohol companies and front groups.
- For governments to place people’s wellbeing before the profits of Big Alcohol.
- For a global binding treaty on alcohol to protect alcohol policy making from alcohol industry interference and accelerate much needed alcohol policy action to promote health and development for all.

 [Read the report](#)

POLICY

Confronting alcohol’s costly toll: why the European region needs clearer, evidence-based policy

In a new article for the Lancet, WHO Europe Regional Director Hans Kluge calls for a coordinated public health response to reducing and preventing alcohol harm that places evidence over industry profit, citing the recently published WHO Alcohol Policy Playbook as an essential guide on the path to healthier, better-informed individuals and societies.

Kluge notes the ongoing problem of a lack of public awareness or understanding of

the health risks posed by alcohol, particularly around cancer, compounded by industry narratives that present alcohol as relatively harmless if consumed in moderation. He says that this messaging, which has emerged from a profit-seeking perspective, has been all too effective in hindering public health efforts to communicate facts around alcohol harm, keeping people in the dark about the risks they need to know about.

He discusses how the alcohol industry has worked to delay, weaken, or block effective alcohol policies – mirroring the tactics used by the tobacco industry to question the evidence, complexify the risks and introduce doubt at every opportunity, using their vastly superior financial resources to outmuscle public health advocacy efforts.

Kluge writes that the *Alcohol Policy Playbook* equips policymakers and advocates with factual, accessible information. By contrasting industry framings with public health evidence, the *Playbook* provides a clear, evidence-based roadmap for mitigating alcohol-related harms. The *Playbook* does not promote an ideology but fills a critical need for clarity. More than a resource, the *Playbook* is a call to action. It underscores the urgency for policymakers to identify when alcohol-related issues are presented from a profit-seeking perspective and to ensure that the policies they implement ignore this and are based instead on public health evidence.

He says that public health must emphasise the rights of people to make informed decisions about their health. This starts with a transparent presentation of the facts and a refusal to allow industry narratives to obscure reality. With strong policies backed by unfiltered evidence, we can mitigate the health and economic toll of alcohol.

 [Read more_](#)



SHAAP Blog: Beyond Stigma: Understanding and Using Human Rights in Recovery

Our colleagues at SHAAP have published a new blog by Tom Bennett, Rights in Recovery Development Officer at the Scottish Recovery Consortium (SRC) and Alcohol Focus Scotland Board Member.

Tom discusses the importance of overcoming stigma to understand the human rights of people with alcohol problems when accessing support. SRC's recent publication '**Using Human Rights in Recovery – A Guide**' invites all those impacted by addiction to become better informed about their human rights so they can advocate for themselves and others.

Beyond Stigma: Understanding and Using Human Rights in Recovery

*Whichever you choose to describe the problem/condition/illness/disease of addiction/ alcohol dependence/ problematic or harmful alcohol use (however hopefully no longer abuse), it's a demonstrably treatable health condition from which we can recover. That alcohol deaths have risen to their highest level in 14 years, and Scotland continues to have the most unenviable record of alcohol harm in the UK, we can conclude not everyone is accessing and receiving a good level of healthcare. The 40% decline in the number of people commencing specialist alcohol treatment from 2013/14 to 2021/22 certainly won't have helped. (**Alcohol Focus Scotland**)*

*We know from the Mental Welfare Commission for Scotland '**Ending the Exclusion**' report from 2022 that 'People with lived experience and families/carers describe a system in which they feel discriminated and are often 'bounced' between mental health services and addictions services.' It's fair to say that won't have helped either.*

 [Read the Blog](#)



Exploring public support for novel tobacco and alcohol control policies in Great Britain 2021–2023: A population-based cross-sectional survey

This study assessed support for novel tobacco compared with alcohol control policies among adults in Great Britain. The researchers collected data in a monthly population-based survey on smoking and drinking behaviour of adults in September/October 2021 to 2023.

They found that people who were directly affected by a policy were less likely to support it. To gain support from people affected by the policy, the researchers advise that it could be beneficial when framing this, to attribute the health problem to society rather than the individual and emphasise the different advantages of the policy to both. There was less support for tobacco or alcohol policies among people smoking or drinking at increasing and higher risk levels, respectively, than among those who did not engage in the targeted behaviour, except for the policy to improve access to treatment services (thought to be partially due to such people imagining benefitting from these services in future).

The study observed that people were highly supportive of policies offering support to individuals as well as those aimed at protecting children. People were less supportive of more intrusive policies such as those regulating availability. Findings indicate that a policy gets higher support after being implemented; according to 'political theory', this might be because of people being biased towards the status quo when there is uncertainty, however support may grow once the uncertainty around this is then resolved following successful implementation of the policy. Overall, this study found high public support for tobacco and alcohol control policies aimed at reducing smoking and drinking prevalence in Great Britain.

 [Read the study_](#)



Age verification and underage accessibility of official

alcohol companies' websites and brand pages on Facebook and Instagram

Alcohol marketing can increase alcohol consumption in young people who are below the legal drinking age. This study therefore aimed to explore the effectiveness of age verification measures on the official websites, plus associated Facebook and Instagram pages, of multiple alcohol companies in Nigeria.

Using three fictitious underage profiles, the researchers found that only 3 out of 15 alcohol company websites had an age verification measure; 24 of 66 alcohol brand pages on Facebook had age verification control; 22 out of 72 alcohol brand pages on Instagram had age verification control. Underage users could view, engage and follow brand pages without age verification.

The researchers note that their findings emphasise the importance of a robust regulatory framework on digital alcohol marketing, including a means of reducing the impact on underage drinking behaviours. Findings are relevant to Scotland due to the increase in online sales here, where current licensing regulations are not particularly fit for managing this. Digital alcohol marketing regulations should require robust and mandatory age verification controls on brand websites and social media platforms to ensure young people are protected.

 [Read the study.](#)

RESEARCH

Taking pleasure seriously: Should alcohol research say more about fun?

This paper encourages discussion around pleasure, and whether this should receive more attention within public health research relating to alcohol. The researchers consider reasons as to why greater engagement with issues of pleasure may be important for public health.

The researchers highlight that addressing pleasure within intoxication raises difficult methodological and ethical issues; there are opportunities however for public health research to build on psychological and sociological studies to better understand the phenomenology of intoxicated pleasure, the different ways in which value is ascribed to it by drinkers and the degree to which the experience of pleasure is culturally situated. The researchers suggest thinking about pleasure as a set of interrelated feelings and experiences to consider what drives these behaviours and how these can then be targeted within interventions.

Importantly, the researchers note that public health advocates and researchers should avoid appearing to hold naive views of pleasure that indicate no awareness of lived experience. Interestingly, they suggest that lessons from economics should be applied; calculating the utility value of 'pleasure' in relation to the value of 'harms caused' would allow for more sophisticated estimates of costs to society. They note that we need more explicit discussion around the ethical principles that prioritise the promotion of long-term health over other preferences. For example, why should we minimise the value of short-term (potentially risky) pleasures that might lead to important benefits such as strengthening social bonds, creating novel experiences or even just leading to the person feeling good? While those in public health know there are clearly strong arguments as to why, they often remain assumed or uncritically deployed. Although the task of public health research may be to identify 'what works', there remains a responsibility to articulate why its social goals are preferred, especially where public policy is involved. It may be that thinking about it in this way could reduce public resistance and limit the opportunity for criticism.

 [Read this study.](#)

RESEARCH

Analysing Questions About Alcohol in Pregnancy Using Web-Based Forum Topics: Qualitative Content Analysis

While UK national guidance recommends abstaining from alcohol if pregnant

or planning a pregnancy, evidence suggests that confusion remains amongst members of the public. This study explored which topics related to alcohol in pregnancy were raised on a UK-based online parenting forum (Mumsnet) and how these correspond to public health guidelines with respect to two critical events: the implementation of revised low-risk drinking guidelines in 2016, and the first COVID-19 lockdown.

Findings suggest that mothers and expecting mothers use Mumsnet primarily to seek reassurance and information from others in similar situations. Topics and the proportion of thread starts relating to each topic have changed over time, with results indicating less confusion about the current guidelines and research about alcohol in pregnancy in more recent times. The study also provides insight into the worries and anxiety that pregnant women report experiencing if they had consumed alcohol before finding out about pregnancy and the importance of seeking advice and reassurance from peers on how to manage that worry. This does, however, bring up the risk of inaccurate information being shared among users on Mumsnet which could be harmful.

The categories identified in this study highlight the importance of providing reliable and trustworthy information about alcohol consumption in pregnancy; it could be helpful to further explore what is being asked to understand knowledge gaps and how individuals prefer to receive health messaging (in terms of the wording used and the format). These findings suggest that innovative interventions, such as peer support initiatives, may offer a promising approach to prenatal alcohol prevention.

 [Read the study.](#)

RESEARCH

Modelling the potential health, health economic and health inequality impact of a large-scale rollout of the Drink Less app in England

Alcohol places a significant burden on the NHS, however uptake of treatment approaches is low. Digital interventions, such as the Drink Less app, could

be valuable to overcome various barriers to delivery.

It was recognised that, while digital interventions can be an effective tool to support reducing alcohol consumption, uptake is generally low and the cost-effectiveness of strategies to increase their uptake is unclear. The researchers aimed to explore whether a large-scale roll-out of the Drink Less app could be a promising tool to address some of the identified barriers. Development of the Drink Less app was guided by the Research Council's guidance on complex interventions and the Multiphase Optimisation Strategy and was informed by the COM-B model of behaviour change.

The researchers estimated the longer-term impact of the app on health, cost-effectiveness, and inequalities. Results indicate that the app is estimated to be health-improving, cost-saving, and to reduce health inequalities. Embedding the use of Drink Less within primary care is likely to be the most effective approach, with both a mass media campaign and promotion through GPs of the app potentially reducing alcohol consumption, improving health, reducing costs to the NHS and reducing health inequalities.

 [Read the study.](#)

RESEARCH

Rainbow Scots Survey

Many studies have shown that LGBTQ+ women and nonbinary people are at higher risk than cisgender heterosexual women of experiencing harm from alcohol.

Glasgow Caledonian University, in partnership with Columbia University in the USA, are conducting an online survey to learn about what types of messages and resources might be helpful for LGBTQ+ women and nonbinary people who want to reduce the amount they drink or become more curious about when, why, and where they drink. They also hope to learn about what is most helpful in supporting

individuals to make healthy choices while still enjoying life and social events.

They plan to recruit 120-220 LGBTQ+ women and nonbinary people to participate in the survey. To check to see if you are eligible to participate and to ensure that we include a diverse range of individuals who broadly represent the LGBTQ+ and nonbinary communities in Scotland, please complete the brief questions below. It should take less than five minutes to complete.

If you are eligible, you will be directed to a document that describes the terms and conditions of the study (the informed consent document). If, after reading the consent form, you wish to participate, you can indicate this by clicking “Yes, I agree,” which will take you to the survey.

If you are not eligible, the team appreciate your interest in the study. You can see what other research is underway at the GCU Research Centre for Health by clicking on **this link**.

 **Find out more and take part**



RESEARCH

Zero alcohol products and adolescents: A tool for harm reduction or a trojan horse?

A recent study in Australia has explored whether zero alcohol products –

ZAPs – could reduce alcohol-related harm by providing an alternative to alcoholic drinks. There are concerns however, that such drinks could expose young people to alcohol-related stimuli, potentially normalising alcohol consumption and paving the way to underage drinking.

This study involved focus groups and a national survey with young people in Australia. Results indicated that ZAPs were appealing and generally viewed positively by young people, with 37% having tried them. They also viewed ZAPs as a helpful alternative to alcohol for both adolescents and adults who want to avoid social expectations around alcohol. Some participants however, acknowledged their potential to lead to alcohol use and suggested limiting visibility and accessibility, while allowing adults to use these as substitutes to alcohol. Findings suggest that ZAPs are likely to expose minors to alcohol-related stimuli which could increase their risk of consuming alcohol. This study indicated that regulatory measures are crucial to protect adolescents from ZAP-related risks.

 [Read the study.](#)

RESEARCH

Alcohol increases risk of colorectal cancer, whilst calcium protects

Colorectal cancer ranks as the third most prevalent cancer worldwide. Researchers from the Cancer Epidemiology Unit at the University of Oxford along with their collaborators, found significant associations between colorectal cancer risk and diet (including alcohol consumption).

Incidence rates of colorectal cancer are higher in areas of high-income, however rates are going up in lower-income countries. Research indicates that modifiable factors play a role in the development of colorectal cancer. This includes diet, with particular nutrients, food and drinks (including known carcinogens such as processed meat and alcohol) some of the suspected modifiable factors.

Participants in this study were drawn from the Million Women Study, a cohort of

middle-aged UK women who completed dietary questionnaires detailing intake of 97 dietary factors. The study recorded data from 542,778 women for an average of 16.6 years, during which 12,251 were diagnosed with incident colorectal cancer.

Results showed that drinking alcohol was associated with an increased risk of colorectal cancer, with every 20 grams of daily alcohol consumed (about two drinks) raising the risk by 15%. Eating red and processed meats was linked to an increased risk, with every additional 30 grams per day (a single slice of bacon) increasing the risk by 8%. Calcium emerged as a protective factor against colorectal cancer, potentially due to its role in binding gut bile acids and reducing carcinogenic exposure in the colonic lumen. Every additional 300 milligrams of calcium per day (a glass of milk) reduced the risk by 17%. The researchers conclude that dairy products help protect against colorectal cancer, and that this is driven largely or wholly by calcium.

 [Read the study.](#)



Licensing Standards Officer Training

Alcohol Focus Scotland Office

5th -7th March, 9am – 5pm

- **Specialised Curriculum:** a curriculum crafted to address the unique challenges faced by Licensing Standards Officers. Gain a thorough understanding of regulations, compliance, and best practices.
 - **Interactive Learning:** an interactive training environment that ensures learning is informative, engaging, and memorable.
 - **Real-world Applications:** practical insights and real-world applications that you can implement immediately, making you a more effective and impactful Licensing Standards Officer.
-

- Exam, 50 questions, after training session on the 3rd day. Pass mark = 75%+

Get in touch for more information and to book your place

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



Upcoming C.H.A.T training session

Tuesday 11th March 2025

9.30am-12.30pm

The CHAT toolkit is a flexible and in depth resource pack with practitioner training to help provide focused support to children, young people and families affected by alcohol harm or in recovery. "Brilliant training. Extremely relevant to Social Work and building trusting relationships. Resource pack brilliant and can be used so we can build relationships positively rather than being seen as scary social worker".

Learning outcomes:

- Discuss the impact of alcohol on Scottish society.
- Describe the impact of harmful parental drinking on children and families.
- Describe the key themes of CHAT and how they relate to supporting children, young people and families affected by alcohol harm or in recovery.
- Demonstrate how to use the CHAT resource with children, young people and families.

Who is it for?

Anyone working with children, young people, or families affected by alcohol harm or in recovery. In particular, family support workers, addiction workers and social workers.

 Find out more and book your place



EVENT

FASD Unlocked: Practical strategies for Professionals

Children in Scotland

Thursday, 06 February 2025

10am - 1pm | Online/Zoom

Understand how to support children and young people with FASD, a lifelong neurodevelopmental condition that often goes unrecognised.

This interactive course is suitable for all those working with children and young people in a professional capacity, in particular education, social work and the third sector.

Key Learning

- Introduction to FASD
- How alcohol affects development
- Common challenges for people with FASD
- Strategies for working with young people with FASD
- Signposting to further information and resources

Fetal Alcohol Spectrum Disorder (FASD) affects 3-5% of the population in Scotland, yet as a mostly hidden condition it often goes unrecognised. It is a lifelong neurodevelopmental condition resulting from pre-natal alcohol exposure and can affect an individual's development across all areas.

This training will introduce attendees to the condition and offer suggestions on strategies that support people with FASD within education, the community and in their family life. There will also be an opportunity to ask our knowledgeable trainers any questions, and all attendees will receive a digital handbook following the course.

 **Book your place**



SARN Early and Mid-Career Researcher Event

The Scottish Alcohol Research Network (SARN) Early and Mid-Career Alcohol Researcher event is taking place on **Tuesday 11th March 2025** at the Royal College of Physicians, Edinburgh.

The event will take place **in-person** from **10:30-14:30 GMT** and will provide **PhD students, early career researchers, and mid-career researchers** with an opportunity to present their work and discuss future projects, whilst networking with colleagues from their field.

A call for abstracts is now open. If you would like the opportunity to present at this event, please submit an abstract to **SARN@rcpe.ac.uk**.

Abstracts should be **150 words or less** and provide a brief summary of the work you intend to present. We welcome presentations on research findings and on more reflective matters. All abstracts must include a completed **conflict of interest form**.

The deadline for submitting an abstract is 5pm, **Friday 31st January 2025**.

 **Find out more and book your place**



50th Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society

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

Coming back to Scotland for the first time in decades and with special celebrations planned for our 50th Anniversary, organisers promise an unforgettable learning, thinking and networking opportunity, in beautiful surroundings.

KBS 2025 welcomes formal research or reports from practice on diverse topics. Examples include policy analysis and evaluation, alcohol cultures and practices including in minority or underserved populations, health and public service impacts, communication and advocacy, prevention, treatment, early intervention, alcohol industry tactics and counter-marketing, epidemiology and more. Quantitative, qualitative, and mixed methods approaches, and applied practice-based research are welcome.

 **Visit the Conference website**

 **Book your place**



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Sent: 27 February 2025 12:46
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Newsletter from Alcohol Focus Scotland

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February 2025



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-



AFS joins SHAAP in calling for urgent action to tackle alcohol emergency

Scottish Health Action on Alcohol Problems (SHAAP) and Alcohol Focus Scotland (AFS) have demanded urgent action from the Scottish Government to tackle alcohol harms [in a letter](#) sent to Cabinet Secretary for Health and Social Care, Neil Gray MSP.

One of the recommendations of Audit Scotland's 2024 report on alcohol and drug services was that by mid-2025 the Scottish Government must "work with key stakeholders to identify and agree actions to increase focus and funding for tackling alcohol-related harm, while continuing to tackle drug-related harm". The letter calls for the Scottish Government to set out how it will achieve this.

The Scottish Government declared alcohol harms to be a public health emergency in 2021 and while some action has been taken since then, such as the uprating of MUP in September 2024, there has not been the ambition nor urgency required to address the scale of the problem.

Dr Alastair MacGilchrist, Chair of SHAAP commented:

"Scotland continues to face an unacceptable level of alcohol related harm, with 1,277 people losing their lives to alcohol in 2023. This requires an emergency response but so far, we haven't seen one from the Scottish Government.

"For too long the drugs deaths crisis has overshadowed alcohol. The dual problems of alcohol and drugs harms are equally important, but they need to be tackled differently. Treatment for alcohol problems often differs from treatment for drug problems so relying on National Mission on Drugs Deaths money to improve services for alcohol problems is not going to work.

"We need a dedicated alcohol strategy which sets out a package of measures designed to tackle the price, marketing and availability of alcohol. This should be matched by increased investment in treatment services and recovery organisations."

Laura Mahon, Deputy CEO of Alcohol Focus Scotland said:

“We welcome the extra investment in alcohol and other drugs announced following the budget deal struck by the Scottish Government, Liberal Democrats and Greens. However, it remains unclear to what extent this will enable the increase in focus on alcohol harm recently identified as needed by the Auditor General.

“Alcohol presents a uniquely different challenge to other drugs, with around one million Scots currently drinking at levels which are potentially harmful to their health and increasing their risk of dying from alcoholic liver disease or alcohol related cancers. It is crucial to recognise that a large proportion of alcohol specific deaths are not in dependent drinkers – but come as a consequence of lifetime of heavy alcohol use.

“The Scottish Government needs to be clear on how it will address the issues identified by the Auditor General, ensure specified investment in alcohol harm prevention and alcohol treatment as well as working with stakeholders to bring forward a comprehensive and credible plan for how they will achieve this.”

UPDATE

ONS reports record high alcohol specific deaths in the UK

The Office for National Statistics (ONS) published their **latest figures** for alcohol specific deaths in the UK on the 5th of February. Overall, in 2023, there were 10,473 deaths from alcohol specific causes in the UK, a rate of 15.9 per 100,000 people. This represents another record high of deaths in the UK.

In Scotland alone, there were 1,277 alcohol-specific deaths compared to 1,276 in 2022 – a 15 year high. When comparing the figures to those released in 2019 there has been a staggering increase of 25%.

Scotland continues to have the highest rate of alcohol deaths in the UK (22.6 per 100,000 people), however these figures show that the gap is narrowing as the increase in deaths since the pandemic has been steeper in England than Scotland; likely due to the protective effect of minimum unit pricing in Scotland.

Whilst minimum unit pricing has helped to reduce alcohol related health inequalities between the most and least deprived communities, alcohol-specific deaths were still 4.5 times as high in the most deprived areas of Scotland compared to the least deprived areas in 2023.

Commenting on the figures, Laura Mahon, Deputy CEO of Alcohol Focus Scotland said:

“These latest alcohol death figures add to an appalling series of announcements over the past few years, which have been worsening since the Covid-19 pandemic, demonstrating that Scotland and the rest of the UK is firmly in the grip of an alcohol health emergency.

“The truth is that a majority of these deaths, mostly caused by liver disease, come as a result of people drinking heavily over the course of many years – with one in five Scots drinking at a level which could be harmful to their health, including increasing their risk of liver disease and cancer. Unfortunately, the Covid pandemic exacerbated drinking patterns and we saw those who were already drinking heavily increase their consumption.

“Alcohol remains at the centre of cultural and social life in Scotland, a position which the alcohol industry works hard to maintain by spending huge amounts of money on advertising and sponsorship to normalise drinking and influence our consumption habits.

[!\[\]\(3470656b30b6b9ec4b12aca9c89b8502_img.jpg\) Read the full article](#)

UPDATE

Alcohol labels should warn of cancer risk, says new WHO/Europe report

The World Health Organisation (WHO) Europe has published [a report](#) calling for prominent, mandatory health warning labels on alcohol products to raise public awareness that alcohol causes cancer.

Alcohol causes about 800,000 deaths annually in the WHO European Region, home to the heaviest drinkers in the world.

Alcohol is known to cause at least seven different cancers, including cancers of the breast, liver, bowel, mouth, throat, larynx (voice box) and oesophagus (gullet).

Commenting on the report, Alison Douglas, CEO of Alcohol Focus Scotland, said:

“Alcohol is one of the leading preventable causes of cancer across the globe. Here in Scotland, alcohol is responsible for over 1,000 cases of cancer each year according to Cancer Research UK. Around 1 in 10 breast cancer cases in the UK are caused by alcohol.

“Despite these startling figures, and public health education efforts, public awareness of the link between alcohol and cancer remains low, with 1 in 2 people in Scotland still unaware that alcohol causes at least seven different cancers.

“The alcohol industry seeks to keep the public in the dark about the health risks of their products by choosing not to provide us with the clear information we need to make informed choices about our health.

“We don’t have to go on accepting this. We all have a right to know what’s in the products that we consume. Ireland has already legislated to introduce warning labels from May 2026. It’s time the Scottish Government empowered consumers in Scotland by introducing mandatory health warning labels on alcohol products.”

 Read the full WHO Europe [Press Release](#)

UPDATE

New AFS video: How does alcohol cause cancer?

World Cancer Day took place on February 4th and to mark the occasion, we published a new video on alcohol and cancer titled: ‘How alcohol causes cancer’.

According to statistics from Cancer Research UK, alcohol causes over 1,000 cases of cancer in Scotland each year. The video explains the mechanisms by which

alcohol causes cancer in our bodies. The video also highlights the fact that many people are still unaware of the link between alcohol and cancer, and that this is due to the alcohol industry seeking to keep people in the dark in order to protect their profits.

Alcohol Focus Scotland wants to see the introduction of mandatory and clear health warning information on alcohol products to empower consumers to make informed choices about their health.



UPDATE

Alcohol and cancer: insights from the EU Country Cancer Profiles Synthesis Report 2025

The [EU Country Cancer Profiles Synthesis Report 2025](#), published by the

OECD and the European Commission, provides a comprehensive overview of cancer trends, risk factors, and prevention efforts across the European Union, Iceland, and Norway. Among its many findings, the report reinforces the role of preventable risk factors, including alcohol consumption, in contributing to the cancer burden.

Alcohol remains a significant cancer risk factor, though trends in consumption vary across EU countries. According to the report, the average alcohol consumption in the EU in 2022 was **10.0 litres per person aged 15 and over**. While overall alcohol consumption has decreased slightly—by **0.3 litres per person** between 2010 and 2022—this figure hides large disparities. Some countries, including Belgium, Croatia, Denmark, Finland, France, Greece, Ireland, and Lithuania, reported **a decline of 10% or more** in alcohol consumption. In contrast, Bulgaria, Italy, Latvia, Malta, Poland, Romania, and Spain experienced **increases of 10% or more** during the same period.

The report highlights that alcohol consumption is directly linked to cancer risk, particularly cancers of the breast, liver, colorectum, and upper aerodigestive tract. Breast cancer incidence, for instance, is noted to be influenced by alcohol consumption, obesity, and genetic factors. This aligns with previous evidence that alcohol acts as a carcinogen, increasing the risk of multiple cancer types through various biological mechanisms.

While tobacco remains the leading preventable cause of cancer deaths in Europe, alcohol is a significant contributor to cancer incidence. If alcohol consumption targets were met across the EU, an estimated one million cancer cases could be prevented between 2023 and 2050. This figure underscores the importance of alcohol reduction strategies as part of broader cancer prevention efforts.

The report notes alcohol harm prevention efforts adopted across the EU including minimum pricing in Slovakia and the Republic of Ireland, Lithuania's strict alcohol advertising ban introduced in 2018 and public health education initiatives. However, despite these efforts, alcohol-related cancer prevention remains an underutilised strategy in many EU countries. The report suggests that further investments in policy-driven interventions could significantly reduce the cancer burden.

 **UPDATE**

New IAS video examines impact of alcohol on the health service

The Institute for Alcohol Studies has produced a new video on the impact of alcohol on healthcare services in the UK. Whilst the video focuses more on the healthcare system in England, it nonetheless has significant relevance for Scotland and deals with similar issues facing the Scottish healthcare system caused by alcohol.

The video explains that in England, alcohol is now the leading cause of premature death and ill-health for people aged 15 to 49, and alcohol-related deaths are at the highest number ever recorded. Evidence shows that quality treatment services can save lives and are cost-effective. For every £1 spent on treatment, the return is £3 in savings, rising to £26 over ten years. Despite this, most people struggling with problematic alcohol use aren't receiving treatment. Chronic underfunding, and fragmented services have left us without an effective approach to addressing alcohol-related harms across our healthcare services.

The video states that there is a clear need for a health systems response to addressing alcohol-related harms and asks:

- Why is such a response more urgent than ever?
 - How have reforms to healthcare services contributed to a worsening situation?
 - What can government and the NHS do?
 - Why should such a response to alcohol harm be an essential part of the Labour government's mission to rebuild Britain?
- 



UPDATE

Alcohol and the future of the NHS: part of the problem and part of the solution

In a new blog for independent think tank Reform Scotland, Dr Alastair MacGilchrist (Chair of Scottish Health Action on Alcohol Problems) has written about the impact of alcohol on the NHS in Scotland, detailing the vast burden it places on our overstretched health service. With alcohol harm being a massive problem for the NHS in Scotland, on the flip side, this means that tackling and preventing alcohol harm can be a key part of the solution to NHS pressures.

“There has been much said about how to deal with the challenges facing the NHS in Scotland. An oft-repeated mantra is that we need to focus more on prevention, as argued in a previous NHS2048 blog by Paul Johnston of Public Health Scotland. In many respects this is a ‘no-brainer’. Of course preventing illness will reduce the disease burden and reduce the pressure on our beleaguered healthcare services.

The argument is even more compelling when you appreciate just how much of that disease burden is preventable. Non-communicable diseases (NCDs) – including heart disease, cancer, diabetes, Alzheimer’s, lung disease and liver disease – account for 83% of all deaths in Scotland, and an estimated 20% of NCDs are preventable. The key drivers are tobacco, alcohol and unhealthy foods.

In this blog I will focus on alcohol, for 3 reasons: (1) Scotland has a particularly unhealthy relationship with alcohol; (2) the steps which can be taken to improve the situation are well-known and compelling; and last but not least, that being the case, (3) why have we not already taken these steps?”

 [Read the full blog](#)

UPDATE **ADP Coordinator Survey**

This publication presents findings from an anonymous online survey of Alcohol and Drug Partnership (ADP) coordinators, undertaken as part of the PHS evaluation of the National Drug Deaths Mission.

The survey highlighted some findings of concern around whether and how the National Mission will meet its objectives, funding, leadership from the Scottish Government and work-related stress and pressures faced by ADP coordinators. These included:

- Only half of the respondents felt the National Mission was likely to reduce drug deaths – but 83% did feel that it was likely to improve quality of life, with two thirds believing that National Mission programmes had already delivered positive impacts for people affected by drug use in their local area.
- Most respondents felt that the amount of funding allocated to ADPs was insufficient to support delivery of the National Mission.
- Only around 1 in 3 respondents agreed that there is effective leadership of the National Mission from the Scottish Government.
- Just over half of respondents said that their role was either extremely or very stressful, with 1 in 4 stating that they'd suffered an illness, disability or other physical or mental health problem that was caused or made worse by their work.

 [Read more](#)

UPDATE

From cradle to cane: WHO's new European Health Report warns of lifelong health crises across the Region

Almost 76,000 children in the European Region die before their fifth birthday every year; noncommunicable diseases claim 1 in 6 people before age 70

Despite progress in some areas, the WHO European Region – long reputed to have some of the world's strongest health systems – is largely stagnating or even backsliding on a range of indicators from child and adolescent health to chronic diseases. That is the thrust of WHO's latest European Health Report, drawing upon the most recently available data across all 53 Member States across Europe and central Asia.

Published every 3 years and using country-level evidence, the flagship European Health Report paints the most comprehensive picture of health regionwide. It

provides governments and policy-makers with clear markers as to the way forward at a time when megatrends – including dangerous disinformation, a health workforce crisis, rapid population ageing and climate change – are impacting health as never before.

The European Region has made great strides in tackling noncommunicable diseases (NCDs) – by far the biggest killer in our Region. At least 10 Member States have met the WHO target of a 25% reduction in premature mortality from the 4 major NCDs. Yet, overall in the European Region, 1 in 6 people still die before they reach their 70th birthday from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases.

Cardiovascular diseases account for 33.5% – one third – of premature deaths from NCDs in the Region, with the risk nearly 5 times higher in eastern Europe and central Asia than in western Europe. Cancer causes another third – 32.8% – of premature deaths in the European Region as a whole.

The report identifies the following additional concerns related to NCDs:

- The European Region has the world's highest alcohol intake, averaging 8.8 litres of pure alcohol per adult per year. Intake is currently highest in the European Union and lowest in the central Asian countries.
- Tobacco use among adults remains high at 25.3% overall.
- The Region is not on track to meet the target of a 30% reduction in smoking by 2025

 [Read more](#)

 **UPDATE**

WHO/EU evidence into action alcohol project (Evid-Action) Youth Network: second call for applications

Last call for applications! Deadline 6th March

Are you a young leader aged 18–30, fluent in English, and passionate about advancing health and well-being in your community?

If you are studying, working, or living in one of the 27 EU Member States, Iceland, Norway, or Ukraine, this is your chance to join an expanding network of youth advocates shaping the future of alcohol policy in Europe.

In this second call for applications, EVID-ACTION Youth Network are aiming to expand their membership and aim to include four representatives per country, ensuring diverse voices are heard across the region.

 [Find out more](#)

 [Submit an application](#)

POLICY

Lithuania bucks life expectancy trends and vastly reduces alcohol harm with adherence to alcohol Best Buys

When it comes to adopting measures to combat alcohol harm, Lithuania stands out as a unique case according to the WHO Regional Office for Europe. The country's swift adoption of measures of WHO Best Buy policies on alcohol including on alcohol taxation, limiting availability and the strictest marketing restrictions in the EU – has seen a significant reduction in alcohol consumption, alcohol poisonings halved and life expectancy (recently in decline in numerous Western nations including the UK) rise.

Maria Neufeld, an expert at the WHO European Regional Office, said:

“These (implemented recommendations) have had a huge impact. Alcohol consumption has dropped by several litters (per person). Thousands of lives have been saved. Millions of euros have been saved or collected (in budget revenue) through higher taxes.”

She said that Lithuania serves as an interesting case study when examining the implementation of WHO recommendations and their effect. Lithuania’s alcohol advertising ban, one of the strictest in Europe, has been credited with reducing alcohol poisonings by half.

 [Read more here](#)

POLICY

Nordic alcohol monopolies: understanding their role in a comprehensive alcohol policy structure and public health significance

This report explores the role of Nordic alcohol monopolies in Europe. Operating in Finland, Iceland, Norway, Sweden and the Faroe Islands, these State-owned entities prioritise public health and minimise alcohol-related harm as integral components of national alcohol strategies.

Exclusively authorised to sell most alcoholic beverages, they operate under government oversight. Unlike other retail outlets, they are not driven by profit or sales, focusing primarily on public health and welfare.

The monopolies align with WHO evidence-based recommendations for reducing alcohol consumption and harm, which include high alcohol taxes, limited availability and restricted marketing.

They implement these strategies by controlling the number of stores, limiting operating hours, enforcing age limits, banning promotional pricing, and eliminating advertising and sales promotions, including online. Additionally, they educate the public about alcohol-related harm and ensure responsible sales practices. Historically, these monopolies have contributed to a shift in northern Europe from irregular, heavy drinking to more moderate consumption, resulting in lower alcohol consumption and harm compared to other European countries.

Evidence consistently shows that privatisation of alcohol sales increases consumption, while monopolisation decreases it.

 [Read more here](#)

POLICY

We need to counter industry promotion of harmful products to protect public health

In this article for the British Medical Journal, Alice Wiseman discusses the need for action to tackle the commercial determinants of health and counter industry promotion of harmful products to protect public health.

The article highlights many of the common tactics employed by industries producing health harming products driven by the motive to make profit at the expense of our health. It notes that health harming industries often have millions of pounds at their disposal, and use these vast resources to influence public perceptions and downplay the harms their products cause.

Among the tactics commonly employed, is recruiting medical professionals to promote harmful products and create doubt in the minds of consumers and the public as to how damaging these products can be to our health.

The article highlights various public health efforts that have been taken to combat

industry tactics, as well as outlining the need to continue these measures at local and national policy levels – particularly highlighting local authority powers and efforts to tackle the marketing of unhealthy food.

It emphasises the need for consistent communications when engaging the media, and the need for collaboration between local champions, including political leaders and people directly affected.

Protecting children and young people needs to be a particular focus so that they can grow up in healthier environments and live healthier, more productive lives—for themselves, their community, and the wider economy.

 [Read the article](#)

POLICY

AFS response to Labour Policy Forum

Alcohol Focus Scotland has responded to the Scottish Labour Party’s Policy Forum Consultation on the Scottish Labour Manifesto. We answered questions relating to creating a modern NHS and social care system that puts people at the centre.

In our response, we highlighted that the impact from alcohol on our health and our NHS is significant. A greater focus on prevention will be essential for any future Scottish Labour government if it wants to ensure that everyone has confidence in the ability of the NHS to respond to their health needs in an effective and timely manner. Considering the impact of alcohol use on our NHS, preventing and reducing alcohol harm must play a leading role in action to protect and improve the NHS and the health of the Scottish people.

 [Read our consultation response in full](#)

 **RESEARCH**

Should alcohol carry cancer warning labels?

In a significant move for public health, Ireland is set to become the world's first country to legally mandate comprehensive health warnings on alcohol products starting in 2026. This legislation represents a significant shift in how societies communicate the health risks associated with alcohol consumption, particularly its connections to cancer.

The new law addresses a crucial gap in public awareness. Despite well-established scientific evidence linking alcohol consumption to various cancers, many consumers remain unaware of these risks. This knowledge gap persists even though concerns about alcohol's carcinogenic properties were raised in medical literature as far back as 35 years ago, when *The Lancet* published an editorial calling for public health campaigns to address alcohol's cancer risks. During the intervening decades, governments have been “negligent” for not mandating warning labels on alcohol as they do for tobacco.

Research indicates that health warnings are most effective when they follow the principles that have proved successful in tobacco control: large, colourful, and prominently displayed messages that capture consumer attention. Peter Anderson, retired Professor of Substance Use, Policy, and Practice at Newcastle University's Institute of Health and Society emphasises that alcohol, like tobacco and asbestos, is a carcinogen with no risk-free level of consumption.

A rising number of countries are addressing the cancer risks of alcohol, although it remains behind tobacco and obesity as a public health priority. Notably, the U.S. Surgeon General recently advocated for cancer warning labels on alcoholic beverages, similar to those found on tobacco products. This growing recognition of alcohol's health risks has led some experts to call for an international agreement on alcohol labelling, comparable to the WHO Framework Convention on Tobacco Control.

Public health advocates are strongly pushing for health warnings in Scotland,

where alcohol claims more than 50 lives per week, Nicola Merrin, Policy and Research Manager for Alcohol Focus Scotland, told The Lancet:

“Health warnings would improve the public’s awareness of the health risks of drinking alcohol and could encourage reduced consumption. We know that labels work best when they are large, colourful, and prominent.” Ideally, labels would be mandated in all four nations of the UK—Scotland, England, Wales, and Northern Ireland—Merrin said. “Industry has been making promises to provide health information on their products since the 1990s, so they have been given plenty of chances. If we do not see action across all four nations to act on labels soon, we will be looking to the Scottish Government to take the lead.”

Furthermore, an [opinion piece](#) published in the British Medical Journal expressed hesitation and scepticism as to whether the US Surgeon General Advisory would lead to change, referencing the previous two advisories around social media use which led to no substantive change. The article acknowledged that commercially driven opposition is not going away. Tougher mandatory actions, strong governance, and more conscious management of conflicts of interest in health policy in government, are considered the best means of response to this public health threat. At its core, this movement reflects a fundamental consumer right: access to clear, accurate information about the products we consume, including their health risks, caloric content, and ingredients. Ireland’s pioneering legislation may well serve as a template for other nations seeking to better inform their citizens about the health implications of alcohol consumption.

 [Read the study.](#)

RESEARCH

Evaluating the impact of minimum unit alcohol pricing on purchasing behaviour by different social class and age groups in Wales

A recent analysis of Wales's Minimum Unit Pricing (MUP) policy has revealed encouraging signs of success in reshaping alcohol purchasing patterns, particularly among younger consumers and those who traditionally gravitate toward high-strength drinks.

The policy, implemented in February 2020, established a minimum price of 50p per unit of alcohol across Wales. Researchers examined household alcohol purchase data spanning six years, from 2016 to 2022, comparing trends in Wales with those in England, where no such policy exists. This comparative approach, combined with controls for factors like COVID-19 and yearly variations, provides robust evidence of the policy's effectiveness.

One of the most striking findings emerged among consumers under 28 years old, who showed a dramatic 50% reduction in cider consumption compared to their English counterparts. This group appeared to shift their preferences toward lager, with a 33% increase in spending on this category. The significant decrease in cider consumption is particularly noteworthy because these high-strength products have historically been favoured by heavier drinkers and younger consumers.

The study revealed nuanced effects across different demographic groups. While younger consumers showed marked changes in their purchasing habits, older consumers demonstrated less sensitivity to the price changes in the short term. Interestingly, the research also uncovered an unexpected trend among lower socioeconomic groups, who showed a small but measurable 1.33 percentage point increase in wine consumption.

These findings suggest that MUP is successfully achieving its intended goal of reducing the purchase and consumption of high-strength, low-cost alcohol products. While some consumption patterns have shifted rather than disappeared entirely, the overall changes in purchasing behaviour indicate that the policy could lead to meaningful public health improvements over time.

 [Read the study.](#)



Study challenges received wisdom of parents introducing children to alcohol

A new study has revealed compelling evidence that challenges widely held beliefs about allowing teenagers to drink alcohol under parental supervision. The research, which followed 387 adolescents through nine annual waves of data collection, demonstrates that parental permission to drink alcohol during adolescence consistently predicts increased alcohol-related problems in young adulthood.

The study's findings directly contradict a common parenting approach that views supervised drinking as a protective strategy. Many parents have traditionally believed that allowing their children to drink under supervision provides a safer environment for learning about alcohol consumption. However, the research shows that this practice actually correlates with concerning outcomes, including higher frequency and quantity of alcohol consumption, more symptoms of alcohol use disorder, and increased alcohol-related harms as young adults.

Perhaps most striking is the discovery that these negative outcomes occur regardless of when parents begin allowing alcohol consumption. The research examined children and adolescents across a wide age range, from 5 to 17 years old, and found that the age at which parents began permitting alcohol use made no difference to the ultimate harmful effects. This suggests that there is no "safe" age during adolescence to begin allowing alcohol consumption under parental supervision.

These findings point to an urgent need for public health messaging that corrects misconceptions about supervised teenage drinking.

 [Read the study.](#)



Innovation and diversity in public health team engagement in local alcohol premises licensing

A comprehensive new study has revealed how public health teams across England and Scotland are developing innovative approaches to influence alcohol licensing decisions in their communities. The research, which involved 69 interviews with public health professionals, highlights several promising strategies that could help other regions enhance their approach to alcohol regulation.

The study discovered that some of the most effective public health teams are taking proactive steps well before formal licensing decisions are made. By engaging with potential licensees during the pre-application phase, these teams have found they can better influence the licensing process and increase the likelihood of successful outcomes that protect public health.

Several teams have developed sophisticated data-gathering techniques to strengthen their decision-making processes. This includes conducting first-hand investigations of local shops and supermarkets to understand existing alcohol availability patterns. Such evidence-based approaches have proven particularly valuable when teams need to demonstrate why a license might not be suitable for a specific area.

One particularly notable success story emerged from a region where the public health team secured a central role in developing local licensing policy. This strategic involvement allowed them to shape the fundamental criteria determining which establishments could sell alcohol, representing a significant shift from the traditionally reactive role of public health in licensing decisions.

 [Read the study.](#)



Mapping corporate sponsorship of alcohol and gambling associations: An Australian pilot study

An Australian study has unveiled the network of relationships between alcohol and gambling industry associations and their corporate partners, highlighting concerning gaps in transparency and accountability. The research provides unprecedented insight into how these industries build alliances across multiple sectors to advance their interests and potentially influence public health policy.

The researchers meticulously mapped 126 industry associations and identified 1,486 unique organisations that maintained partnerships with these groups. Their investigation revealed that while some companies maintained only single associations, others cast a much wider net - five companies were found to have partnerships with more than 20 different associations, suggesting a strategic approach to building industry influence.

Perhaps most concerning was the widespread lack of transparency uncovered by the study. Of the industry associations examined, only 60% provided any public information about their members or partners. Even more striking was the finding that when examining relationships between hotels and Clubs Associations and their partners, only 14% of these connections were openly disclosed by either party.

The research team discovered five distinct national clusters of associations and 27 instances where different organisations shared the same physical address. This co-location, combined with an extensive network of shared partnerships, suggests a level of coordination that may not be immediately apparent to policymakers or the public.

These findings take on particular significance in light of ongoing efforts by some countries to increase transparency in corporate lobbying. Ireland's Lobbyist Register and the EU's Transparency Register represent important steps toward

greater accountability, but this research suggests there is still considerable work to be done to fully understand and monitor the complex web of relationships between industry associations and their allies.

 [Read the study.](#)

RESEARCH

The association between discrimination and drinking among sexual minorities

Research published in Addictive Behaviours Reports has shed new light on how experiences of discrimination affect alcohol consumption among sexual minority populations. By examining these relationships through an intersectional lens, researchers have uncovered patterns that demonstrate how different aspects of identity shape responses to discriminatory experiences.

The researchers employed a daily diary methodology, asking participants who identified as sexual minorities to record both their experiences with discrimination and their alcohol consumption patterns on a day-to-day basis. This approach allowed researchers to observe immediate connections between discriminatory incidents and changes in drinking behaviour, providing unprecedented insight into these relationships.

The findings revealed key differences in how various groups respond to discrimination through alcohol use. Cisgender men drank more the same day they experienced discrimination compared to cisgender women and transgender/non-binary participants. Men within the sexual minority community showed a particularly pronounced response to discrimination, consuming 53% more alcohol on days when they experienced discrimination compared to women and transgender/non-binary participants. The impact of discrimination also varied significantly by race, with BIPOC (Black, Indigenous, and persons of colour)

individuals consuming 56% more alcohol on days they faced discrimination than their White counterparts.

Perhaps most notably, the study uncovered an unexpected pattern among BIPOC men, who consumed 88% fewer drinks on days they experienced discrimination compared to BIPOC women and transgender/non-binary participants. This challenges simple narratives about discrimination and coping behaviours, highlighting the complex ways in which different aspects of identity interact to influence behavioural responses to discrimination.

The research team also explored whether "Minority Strengths" - positive experiences connected to one's identity - might help buffer the impact of discrimination on alcohol use. Surprisingly, these positive experiences did not appear to moderate the relationship between discrimination and same-day drinking patterns.

 [Read the study.](#)

RESEARCH

Impact of the COVID-19 pandemic on violence exposure and alcohol use among adults who drink alcohol

A study conducted in the USA has uncovered disturbing patterns in how the COVID-19 pandemic intensified the relationship between violence exposure and alcohol consumption. The research, which gathered data from 565 adults between January 2021 and April 2023, provides compelling evidence of how pandemic conditions created a perfect storm for both increased violence and problematic alcohol use.

The study paints a concerning picture of substance use during the pandemic, with nearly three-quarters of participants (73.7%) reporting heavy alcohol use, defined

as consuming four or more drinks on one occasion at least four times monthly. More than half of the participants (53.3%) reported experiencing strong cravings for alcohol during this period.

The violence statistics are equally concerning. More than two-thirds of participants (71.6%) reported experiencing violence at some point in their lives, with a significant portion (20.5%) specifically reporting gender-based violence (GBV). During the pandemic period itself, about one in four participants (26.1%) experienced violence, with 13.8% noting that they faced more violence than usual. Gender-based violence during the pandemic affected 8.9% of participants.

The researchers identified particularly troubling connections between violence exposure and alcohol use during the pandemic. Those who experienced violence during this period were more likely to engage in heavy alcohol use and were twice as likely to report drinking more than usual. Gender-based violence emerged as a specific risk factor for problematic alcohol use. Survivors of GBV during the pandemic demonstrated significantly stronger cravings for alcohol, with their odds of experiencing intense alcohol cravings much greater than those who did not face such violence.

These findings carry crucial implications for public health planning. The researchers emphasise that future pandemic preparedness efforts must integrate violence prevention strategies alongside adapted alcohol harm reduction programs. They also call for more longitudinal research to better understand how specific pandemic-related stressors influence both violence and alcohol use patterns. This study serves as a stark reminder that public health crises like COVID-19 can create cascading effects that extend far beyond the immediate health impacts of the disease itself.

 [Read the study.](#)

Solitary Drinkers in Great Britain: How Do Their Sociodemographic Characteristics, Consumption Patterns, and Drinking Occasions Differ From Those Who Drink With Others?

An analysis of nearly 272,000 drinking occasions reported by 84,000 British adults has provided the first comprehensive picture of solitary drinking patterns across Great Britain. The research, examining drinking diaries collected between 2015 and 2019, offers crucial insights into who drinks alone and under what circumstances.

The study revealed several distinct characteristics of people more likely to drink alone. Men were nearly twice as likely than women to report solitary drinking, while people over 50 were more than two and a half times more likely than younger adults to drink alone. Relationship status also played a significant role - individuals not in relationships were more than three times more likely to drink alone compared to those in relationships, and people living alone were two and a half times more likely to engage in solitary drinking.

The timing and location of solitary drinking followed clear patterns. These occasions were three times more likely to occur in off-trade settings (for example, purchasing alcohol from a supermarket to drink at home) compared to on-trade venues like pubs or restaurants. Solitary drinking was also more common during weekdays (Monday through Thursday) and after 10 PM. The preference for off-trade drinking was particularly pronounced among women, who were nearly seven times more likely to drink alone at home compared to in public venues.

 [Read the study.](#)



Licensing Standards Officer Training

5th -7th March, 9am – 5pm

Alcohol Focus Scotland Office

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

Get in touch for more information and to book your place

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



Upcoming C.H.A.T training session

Tuesday 11th March 2025

9.30am-12.30pm

The CHAT toolkit is a flexible and in depth resource pack with practitioner training to help provide focused support to children, young people and families affected by alcohol harm or in recovery. "Brilliant training. Extremely relevant to Social Work and building trusting relationships. Resource pack brilliant and can be used so we can build relationships positively rather than being seen as scary social worker".

Learning outcomes:

- Discuss the impact of alcohol on Scottish society.
- Describe the impact of harmful parental drinking on children and families.
- Describe the key themes of CHAT and how they relate to supporting children, young people and families affected by alcohol harm or in recovery.
- Demonstrate how to use the CHAT resource with children, young people and families.

Who is it for?

Anyone working with children, young people, or families affected by alcohol harm or in recovery. In particular, family support workers, addiction workers and social workers.

[!\[\]\(ef7ac6bd680972d97679a782648b3311_img.jpg\) Find out more and book your place](#)



Alcohol Review Conference

***Alcohol Review 2025* will offer a uniquely accessible, solution-focused forum for everyone involved in the profound challenge of tackling alcohol harm worldwide.**

It will bring breadth, depth and focus, showcasing key advances in global efforts to reduce alcohol harm alongside an agenda-setting live online event.

[🔗 Find out more and register](#)



Spotlight on social disapproval and stigma towards addictive behaviours

Wednesday 12 March

10pm-11pm GMT

Online

Some scholars and commentators suggest that stigma plays an important role in disincentivising people from addictive behaviours, such as substance use. So, does the idea of 'social disapproval' work in reducing harmful consequences or is it just another manifestation of stigma?

In this Spotlight on Stigma seminar, we hear from an international alcohol, addiction, and behaviour change specialist expert on whether 'social disapproval' can be separated from stigma, and some thoughts on how framing and language have important implications for stigma towards alcohol use. For instance, are concerns about 'word policing' legitimate? We also hear from a guest from the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) with reflections on how this work applies in the Australian context.

[🔗 Find out more and book your place](#)





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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 27 March 2025 12:45
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - March 2025



March 2025



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- **Alliance Scotland Annual Conference**

 **UPDATE**

Scottish Football in alcohol ban ‘own goal’: study concludes ending alcohol ban could increase risk of disorder and add to alcohol harms

Football authorities in Scotland pushing to reintroduce alcohol in Scottish football grounds have scored an ‘own goal’ after an **exploratory study** funded by them concluded that doing so could result in increased alcohol consumption, reduced fan safety and increased public disorder.

Branded an ‘own’ goal by Alcohol Focus Scotland, the study commissioned by the Scottish Football Association (SFA) and Scottish Professional Football League (SPFL) and carried out by the University of Stirling, said that the reintroduction of alcohol in Scottish football grounds would be at odds with the aims of the Scottish Government’s national Alcohol Framework, which include reducing the availability of alcohol in Scotland.

Researchers spoke to a variety of stakeholders within football clubs, safety management, the police, public health and NHS, the Scottish Government and alcohol licensing as well as conducting site visits to Scottish and English stadia.

The possible impacts of making alcohol available for general sale at football stadia identified were overwhelmingly negative, ranging from concerns about the added risk of disorder at matches, to increased alcohol consumption by those attending matches, a loss of income to local pubs, and the exposure of children and young people to alcohol consumption and to increased alcohol marketing. The potential benefits were limited to fewer people arriving late at matches.

The report also calls into question claims that allowing alcohol to be sold more widely in stadia would be of financial benefit to clubs, with the report finding “there was uncertainty over whether clubs would make any profit due to the considerable investment needed for mitigation measures, crowd management, meeting licensing standards, staff training, additional risk management criteria as well as improving the physical infrastructure of stadia.”

The researchers concluded that any pilot to introduce alcohol into Scottish football stadia would have to be robustly designed to collect a range of data and conducted by an independent research team with funding from an independent source, not football or other organisations with a financial interest.

SPFL Chief Executive Neil Doncaster has made no secret of his desire to see the law changed on alcohol in Scottish stadia, whilst St Johnstone owner Adam Webb has recently been vocal in his opposition to the current ban.

Alison Douglas, Chief Executive of Alcohol Focus Scotland, said: *“This SFA and SPFL-funded study is an own goal. Far from making the case for lifting the alcohol ban in stadia it surely kicks it into touch.*

“Not only could making alcohol more available at matches increase risks to fan safety and public disorder, it would be a major step in the wrong direction when it comes to people’s health.

“Scotland is in the grip of an alcohol health emergency, with alcohol deaths having just reached a 15-year high – and we expect these grim figures to persist in the coming years due to the lasting impact of the pandemic on people’s drinking patterns.

“Increasing the availability of alcohol results in increased consumption, which translates to increased harm. Given that alcohol harms disproportionately fall on our most deprived communities, it would be perverse to claim that we should increase its availability in order to tackle discrimination or inequality.

“This study shows that the case for changing the law to allow alcohol in Scottish football grounds would be weak at any time but increasing availability of alcohol in the current context would be plain wrong.

“Football, and sport more generally, is a fantastic way of improving health and wellbeing. Many clubs run health initiatives for fans. Encouraging alcohol consumption runs completely counter to these goals. There’s a real opportunity for football to show leadership by re-evaluating the sport’s relationship with alcohol more broadly, by demonstrating that fans don’t need alcohol to enjoy the match, and ensuring their sport is truly open to all, family friendly and health-promoting.”

UPDATE

Liver disease projected to increase by 54% by 2044

Public Health Scotland has published a new report on chronic liver disease, part of a series of reports on the Scottish Burden of Disease.

The reports estimate future disease prevalence and burden due to Scotland’s changing demographics – namely an ageing and diminishing population - anticipating the extent of future public health challenges.

The number of people with chronic liver disease in Scotland is projected to increase by 54% by 2044. This equates to an additional 23,100 people living with

chronic liver disease in 2044 compared to 2019. The number of women living with chronic liver disease is projected to increase by a whopping 68%.

The majority (over 70%) of cases of chronic liver disease are caused by alcohol. The percentage of liver disease deaths where alcohol was the primary cause has almost doubled since 1982.

Liver disease is known as the 'silent killer' as three-quarters of cirrhosis patients are diagnosed in emergency departments, when it is too late for effective treatment or intervention. If detected earlier, alcohol-related liver disease can be reversed.

The report notes that any increase in prevalence of chronic liver disease is likely to impact the sustainability of services in the future and that the projected increases in the prevalence and burden of chronic liver disease are not inevitable - effective prevention at all levels can contribute to reducing the number of people developing chronic liver disease.

Public Health Scotland projects that the combined annual disease burden from all causes of disease and injury is forecast to increase by 21% in the next 20 years.

Laura Mahon, Deputy Chief Executive of Alcohol Focus Scotland, said: *“These shocking figures once again highlight the fact that Scotland is in the grip of ongoing alcohol emergency, which is only likely to worsen without a genuine emergency response.*

“Alcohol-specific deaths have reached a 15-year high. Alcohol-related liver disease is responsible for most of these deaths, with 805 people lost to this disease in 2023. It is a silent killer, which can affect people over the long-term, often showing no obvious symptoms until it's too late. Just regularly drinking over 14 units per week increases your risk of developing liver disease.

“It doesn't have to be this way. Each of these deaths is entirely preventable, and there are a range of well evidenced and cost-effective prevention measures available which could be adopted.

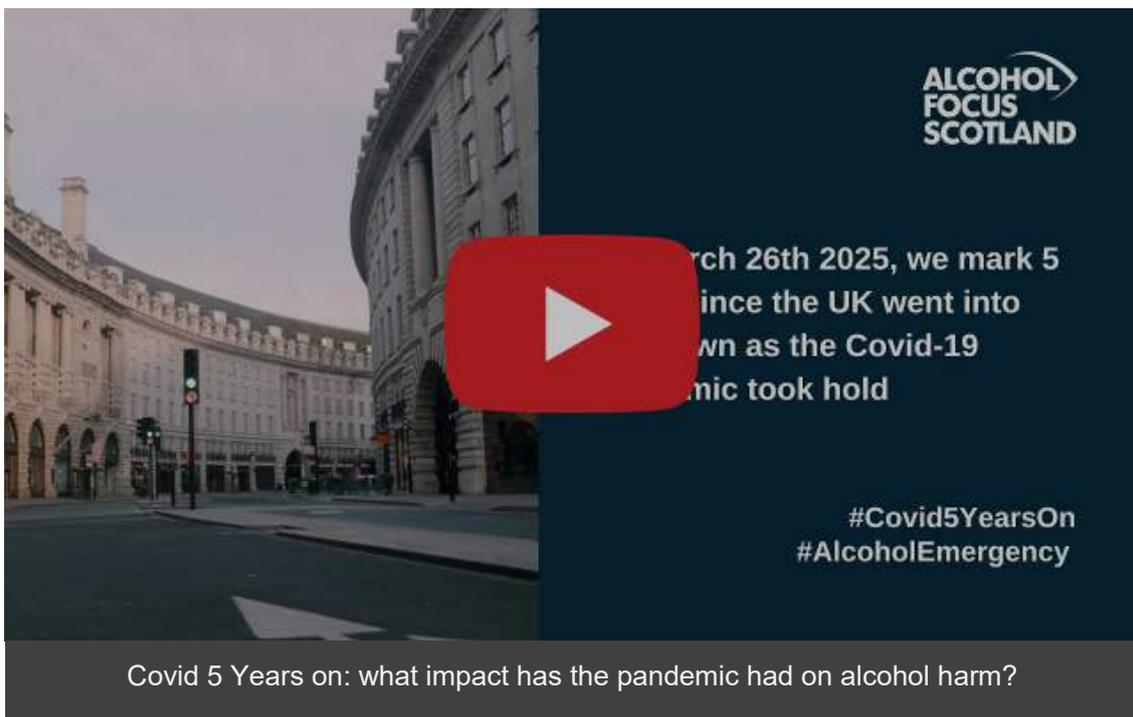
“These include increased use of non-invasive liver scans to enable those at high risk to be identified sooner and provided with care and support to address their liver problem and their alcohol use. Restrictions on alcohol marketing and introducing clear health warning labels on alcohol products should form part of a new comprehensive alcohol strategy.

“Not only would these measures save thousands of lives, they would also substantially reduce the financial pressures on our health service, ultimately delivering better healthcare for everyone.”

UPDATE

Covid 5 Years On: what impact has the pandemic had on alcohol harm?

This video explores how the Covid-19 pandemic impacted on levels of alcohol harm in Scotland, contributing to what has since become a public health emergency – setting out the action required as part of a genuine emergency response.



UPDATE

Not ‘word policing’: why language matters in reducing alcohol harm

In this guest blog, Dr James Morris, Visiting Scholar London South Bank University and member of the AFS board of directors, explores the importance of language when discussing alcohol problems, including how language can stigmatise and/or influence and shape attitudes, decisions and reality – including how the alcohol industry uses framing and language to evade responsibility for the harm it’s products cause.

Issues of stigma and language choice have been gaining increased attention, prompting debate and sometimes even opposition to calls to be mindful of language. Concerns about language choice and its role in stigma are of course valid, one reason being that the *context* in which they are used matters. For instance, whilst terms such as ‘alcoholic’ or ‘addict’ reflect harmful stereotypes, they are also often used by people in recovery to self-label, and even as a way to challenge stigma.

However, studies show that in broader public contexts, using person-first language (sometimes abbreviated to PFL) results in **less stigma** than terms such as ‘alcoholic’. Calls for PFL shouldn't be viewed as telling people how to describe themselves, but instead simply as recognising the harm that some words or labels can drive. Whilst stigmatised groups experience unfair treatment and lower social status, stigma also undermines a person's self-worth, self-belief and confidence in their ability to change, and is one of the most common barriers to people seeking help.

Other alcohol-related terms or concepts may also be context dependent – that is, generally best avoided, but accepted within some contexts. For example, terms such as ‘denial’ or ‘relapse’ are often associated with harmful or stereotyped beliefs about addiction, but also common in recovery contexts. Such language should therefore be avoided by professionals who recognise their imprecise meanings and potential to harm recovery outcomes, but whilst respecting people’s right to describe their own experiences in their own words.

 [Read the full blog](#)



Saying “as a society we need to do more to help people with ‘alcohol problems’” isn’t problematic. In fact, it may be preferable given the broad spectrum of alcohol problems beyond just dependence and the over-use of ‘alcoholism’ framings amongst the public.

Dr James Morris
Visiting Scholar at London South Bank University

UPDATE

Podcast: Industry funded school education programmes

In a recent episode of the Money, Power and Health Podcast, Dr Nason Maani, Lecturer in Inequalities and Global Health Policy at the University of Edinburgh and board member at Alcohol Focus Scotland, sits down with May van Schalkwyk, colleague and research fellow in commercial determinants of health at the Global Health Policy Unit – to discuss how health harming industries infiltrate school education programmes and what it means for children and young people.

 [Listen to the Podcast](#)

UPDATE

Report - The Changing Landscape of Women and Alcohol Harm: a crisis hiding in plain sight

Movendi International has published a new report on the increasing alcohol harms experienced by women. The report, titled ‘The Changing Landscape of Women and Alcohol Harm: a crisis hiding in plain sight’ notes that alcohol consumption among women is rising at an ‘alarming rate’ around the world, creating a women’s health and rights crisis.

The report exposes the hidden toll of the products and practices of alcohol companies on women’s health, rights, and well-being – from rising cases of alcohol-related cancers, to the role alcohol plays in intimate partner violence. The report uncovers the deliberate targeting of women by the alcohol industry and the growing normalization of alcohol consumption in professional, social, and digital spaces. The report also addresses the feminist paradox – why some women’s rights movements have distanced themselves from alcohol policy initiatives, despite the devastating impact the products and practices of alcohol companies have had and are increasingly having on women and girls globally.

Among the key findings of the report are:

- **Alcohol is not gender-neutral.** Women’s bodies metabolise alcohol differently, making them more vulnerable to alcohol-related diseases, such as breast cancer, faster progression to alcohol use disorder and addiction, and increased risk of other mental health disorders.
- **Marketing has shifted from the sexualisation, objectification, and dehumanisation of women, to targeting women and girls as consumers.** The alcohol industry now co-opts feminist messaging to sell alcohol as a tool of empowerment, wellness, and social bonding – especially targeting young women through social media influencers and digital ads.
- **Economic and social inequalities influence alcohol use.** While wealthier women may consume alcohol for socialisation, low-income women

increasingly use alcohol to cope with stress, financial strain, and domestic instability.

- **Alcohol fuels gender-based violence.** Studies across multiple countries show that alcohol use significantly increases the risk of domestic violence, sexual assault, and intimate partner violence, including homicide.

Urgent Call to Action

The report makes the case that alcohol harm is a women's rights issue, a public health crisis, and a social justice emergency. Global health organisations, policymakers, and feminist movements need to prioritise alcohol policy initiatives as urgent and integral part of broader gender equality efforts.

It comes as **new figures** published by Public Health Scotland show that chronic liver disease in women could increase by 68% by 2044 unless we see investment at all levels of prevention.

 **Read the report**

UPDATE

IAS Blog: 'Dark Apps' uncovered: popular alcohol tracking apps backed by the alcohol industry mislead users

In a new blog for the Institute of Alcohol Studies, Dr Elliott Roy-Highley and Professor Mark Petticrew, examine the world of health apps ostensibly designed to help people cut down on their drinking. However, as results of their recent paper found, it pays to be careful about which apps you use – with some industry funded apps providing misleading health information, or even dark nudges to actually increase drinking!

Have you ever downloaded an app to improve your health? Millions of people seek help online to be a little more mindful of their drinking habits, and to stick with health goals as “Dry January” stretches further away. Unknown to many is that some of the most popular alcohol-tracking websites and apps are from organisations that claim to be independent, while funded by the alcohol industry – charities like Drinkaware in the UK. These popular alcohol-industry backed apps could actually be making it more difficult to accurately track and reduce your drinking.

We found alcohol-industry apps contain misinformation and dark patterns that could ‘nudge’ users to actually increase how much alcohol they drink.

In our paper, published in peer-reviewed journal Health Promotion International, we call these “dark apps”. These apps distort users’ perceptions of alcohol-related harm in ways that benefit industry profits, not users’ health.

 [Read the blog in full](#)



AFS Public Affairs and Policy Round Up

On Tuesday 4 March, Carol Mochan, Labour MSP for South Scotland and deputy spokesperson for public health, hosted a members debate on alcohol-related brain damage (ARBD), an under-recognised condition that has significant permanent physical, psychological and social consequences. The debate included contributions from Labour, Conservative and SNP MSPs, with Minister for Public Health, Jenni Minto MSP, responding from the government. The Minister acknowledged that there is still much more to do to support people and reduce harms caused by alcohol, pointing to measures like MUP and Public Health Scotland's Population Health Framework as core parts of the government's plan to reduce alcohol harm.

 [Watch the debate](#)



Comparing alcohol policy environments in high-income jurisdictions with the International Alcohol Control Policy Index.

Considerable evidence exists on the most effective policy to reduce alcohol harm; however, a tool and index to allow comparisons of policy status of the most effective policies between similar jurisdictions and change over time within a jurisdiction has not been widely used. The International Alcohol Control (IAC) Policy Index is designed to address this gap and monitor the alcohol policy environment with regard to four effective policy domains (tax/pricing, availability, marketing and drink driving).

Lithuania, Norway, Finland and Ireland scored above average on the IAC Policy Index. The jurisdictions varied in terms of the strength of policy in different domains, with drink driving legislation showing the greatest consistency and marketing the strongest relationship between stringency of policy and impact on the ground.

The IAC Policy Index provides a useful overview of core alcohol policy status, allows for comparisons between jurisdictions and has the potential to be useful in alcohol policy debate.

Read more



Lobbying, transparency and trust: power imbalances and the failure to implement Europe's Beating Cancer Plan

In the Prevention Pillar of Europe's Beating Cancer Plan (EBCP), the European Commission made a series of commitments to promote better health for all, including proposals for new legislation on food and alcohol labelling. However, the implementation of these commitments has been paralysed.

In this Viewpoint, the authors argue that this paralysis stems, in part at least, from insufficient incorporation of the principles of transparency and openness, which promote the accountability of policy actors through citizens' participation in the legislative process. This has led to a twofold problem: 1) the misplaced belief in the contribution that self-regulation can make to the promotion of healthier environments; and 2) the failure to adopt effective legally binding measures to regulate the commercial determinants of health, as the failure to publish the suite of legislative proposals promised in the EBCP epitomises.

 [Read more](#)

RESEARCH

Developing and testing health warnings about alcohol and risk for breast cancer

A recent study has revealed that health warnings about the link between alcohol consumption and breast cancer risk can significantly impact young women's intentions to reduce their drinking.

Researchers conducted an experiment with over 1,000 young adult women (ages 21-29) who reported drinking alcohol in the past month. Participants were randomly assigned to view one of four messages: warnings about mortality,

mastectomy, hair loss, or a control message unrelated to health risks. The health warnings generated stronger reactions compared to the control message across several measures:

- **Increased attention:** Participants paid significantly more attention to all three health warnings
- **Emotional impact:** The warnings triggered greater fear responses
- **Perceived effectiveness:** Women found the health warnings more convincing
- **Perceived severity:** Participants recognised alcohol-related harms as more serious

Most importantly, intentions to reduce alcohol consumption in the following month were significantly higher among those who viewed the mortality and hair loss warnings compared to the control group.

These results suggest that applying effective health warning principles from other domains, such as tobacco prevention, could be valuable in educating the public about alcohol as a risk factor for breast cancer. Such warnings could potentially serve as an important public health tool in reducing alcohol-related cancer risk among young women.

 **Read the study**

RESEARCH

The impact of extended opening hours on workload and worker safety

A new report from Alcohol Action Ireland highlights the concerning impacts of extended alcohol licensing hours on workers and public services. The study reveals that plans to expand night-time economy hours through proposed alcohol legislation would significantly increase risks to frontline workers across multiple sectors.

Key findings on worker safety include:

- Research shows 89% of hospitality staff have experienced sexual harassment in their working life, with alcohol consumption by patrons being a major risk factor
- A survey found 40% of security staff had been threatened with weapons and 58% physically assaulted while working in nightlife settings
- The vast majority (96%) of ambulance crews and paramedics reported being threatened or verbally abused by intoxicated people, with half sustaining physical injuries
- A total of 97% of police officers in one study felt at risk of physical assault when policing night-time economy areas, with 20% experiencing six or more alcohol-related assaults during their career

The report warns that extending licensing hours by just one hour could lead to:

- 16% increase in alcohol-related crime
- 34% increase in alcohol-related injuries requiring hospital treatment
- 30% increase in traffic collisions in rural areas

An Garda Síochána has expressed serious concerns about extended hours, stating there are "insufficient resources to deal with the existing situation of 2:30am closing times" and that extensions would "exacerbate the demands on an already overwhelmed force." Healthcare professionals are similarly alarmed, with research showing 29% of emergency department presentations in the early hours of Sunday mornings are already alcohol-related.

Alcohol Action Ireland recommends that both the Sale of Alcohol Bill and Intoxicating Liquor Bill should undergo a proper health impact assessment and evaluation of social and economic sustainability before proceeding.

 **Read the study**



Call for regulation to protect people with substance use disorder from exploitative marketing practices on social media

A study has uncovered both opportunities and challenges in how social media platforms support substance use disorder (SUD) recovery.

Researchers analysed nearly 456,000 public tweets from 2022 containing recovery-related hashtags to better understand this digital recovery landscape.

After filtering out irrelevant content, researchers examined what people were actually discussing in recovery-focused social media spaces, observing that personal recovery journeys dominated with over 40% of posts coming from individuals in or seeking recovery, using the platform to connect with others on similar paths. About 15% of posts celebrated recovery achievements, highlighting the importance of recognition in maintaining sobriety. In terms of emotional support, nearly 16% of posts offered encouragement and emotional backing to those struggling with addiction. The presence of the treatment industry was evident, with more than 21% of recovery-related posts coming from addiction treatment industry accounts.

The study revealed a concerning trend, with over 27% of recovery-related posts containing marketing for addiction treatment services. The researchers noted that some of these promotions advertised scientifically unsupported products or services, potentially targeting vulnerable individuals seeking help. This highlights social media's dual role in addiction recovery. While platforms like Twitter provide valuable connection and support for those in recovery, they also create opportunities for potentially exploitative marketing practices.

The researchers suggest stronger regulation or better enforcement of existing rules may be needed to protect vulnerable individuals from unsubstantiated claims and predatory marketing tactics in recovery spaces online.

 **Read the study**

 **RESEARCH**

Examining gender in alcohol research

A comprehensive review of alcohol research over the past decade has uncovered significant disparities in how scientists study alcohol consumption in women versus men.

The systematic review examined over 11,000 studies, with 1,267 meeting inclusion criteria. Despite the fact that men consume more alcohol and experience more alcohol-related harms globally, research attention doesn't reflect this reality with only 44% of single-gender studies focusing on men, despite their higher consumption and harm rates. Interestingly, one-third of studies on men came from medical disciplines whereas studies on women were more likely to originate from psychology, public health, or sociology disciplines.

It was found that in several countries, including Australia, there was a particularly pronounced disparity between the number of studies on women and the actual burden of disease estimates from alcohol consumption. The review suggests that current research patterns might unintentionally promote misleading narratives including that women's alcohol use is portrayed as warranting greater research attention despite lower consumption rates. Women's alcohol-related problems are often framed as behavioural issues, while men's alcohol use is typically approached as a medical concern.

The researchers acknowledge the importance of including women in alcohol research - a correction to their historical exclusion prior to the 1970s. However, they call for the scientific community to critically examine research priorities, beneficiaries, and frameworks to ensure a more balanced approach that accurately reflects patterns of alcohol consumption and harm across genders.

 **Read the study**

Adolescent alcohol-related harm trends in high-income countries with declines in adolescent consumption

A new international study has revealed encouraging news about alcohol-related harms among adolescents in high-income countries where youth drinking rates have been falling.

The researchers examined trends in alcohol-related injuries, hospitalisations, and other harms affecting young people across multiple regions. The results show that many countries are experiencing positive changes, with Anglosphere countries (UK, Australia, New Zealand, Ireland) showing declining alcohol-related harms in 62% of data sources. North American countries showed declines in 36% of cases, while European mainland countries showed more mixed results, with decreases in only 31% of records

The strongest evidence for declining harms was found in the United Kingdom, Australia, New Zealand, and Ireland, where both consumption and related problems have decreased simultaneously. In countries where clear declines were not observed, researchers typically found that harm rates had stabilised rather than increased.

Despite the overall positive trends, the research identified some concerning patterns. Declines in alcohol-related harms have not been as steep as the declines in drinking rates. Additionally, some female populations and student groups showed increases in alcohol-related harms in certain regions.

The researchers suggest that future studies should explore whether these positive trends extend to young adults and investigate why certain subgroups are not experiencing the same benefits. These findings provide valuable evidence that public health efforts to reduce youth drinking may be having positive effects beyond just consumption patterns, potentially leading to healthier outcomes for the next generation.

 **Read the study**

 **RESEARCH**

Understanding barriers to the use of alcohol-free and low-alcohol drinks to reduce alcohol consumption among individuals from lower socioeconomic backgrounds

A new research project is investigating why alcohol-free and low-alcohol drinks (no/lo) may not be as accessible or appealing to those from disadvantaged communities.

Despite often drinking similar or even lower amounts of alcohol than wealthier groups, individuals from disadvantaged communities face disproportionately higher rates of alcohol-related harm. While the UK government has promoted no/lo drinks as a potential solution, early evidence suggests these products are primarily being consumed by more affluent populations.

"This raises a critical public health concern," explains the research team. "If no/lo drinks are mainly adopted by higher socioeconomic groups, they could inadvertently widen existing health inequalities rather than reduce them."

The research will unfold through two complementary investigations:

- **In-depth interviews** with 15 adults from lower socioeconomic backgrounds who drink at risky levels, exploring their perceptions of no/lo drinks and barriers to using them
- **Retail audits** across Sheffield comparing the availability, pricing, and marketing of no/lo drinks between shops in deprived and affluent neighbourhoods

This work runs alongside a larger four-year NIHR-funded project evaluating the broader public health impact of no/lo drinks across the UK. The researchers hope

their findings will inform targeted interventions to make alcohol alternatives more accessible and appealing to all communities, ensuring that this potential harm reduction strategy benefits everyone - not just those who are already economically advantaged. By understanding these barriers, the project aims to help close the gap in alcohol-related health disparities and provide practical solutions for public health initiatives.

 [Read more](#)



Alliance Scotland Annual Conference

30 April 2025

Are you passionate about creating a future where human rights, equality and lived experience are at the heart of reforming health and social care? The ALLIANCE Annual Conference 2025, 'Our Voices Matter', is your opportunity to engage in meaningful, open, and honest discussions on health and social care reform in Scotland. Join individuals with lived experience, the third sector, and health and social care professionals with a shared commitment towards inclusion, collaboration, and lasting involvement.

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Dragona, Anastasia

From: Alcohol Focus Scotland <enquiries@alcohol-focus-scotland.org.uk>
Sent: 29 April 2025 13:01
To: Dragona, Anastasia
Subject: Alcohol Focus Scotland latest - April 2025



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Secretary of State for Health backs Childhood Free from Alcohol Marketing

Cabinet Secretary for Health and Social Care, Neil Gray, has added his support to the Alcohol Free Childhood campaign, aimed at ensuring children and young

people grow up free from the harmful effects of alcohol marketing.

The campaign is a joint campaign of Alcohol Focus Scotland, BMA Scotland, Children in Scotland, Scottish Families affected by Alcohol and Drugs (SFAD) and Scottish Health Action on Alcohol (SHAAP) - supported by around 50 other organisations across Scotland.

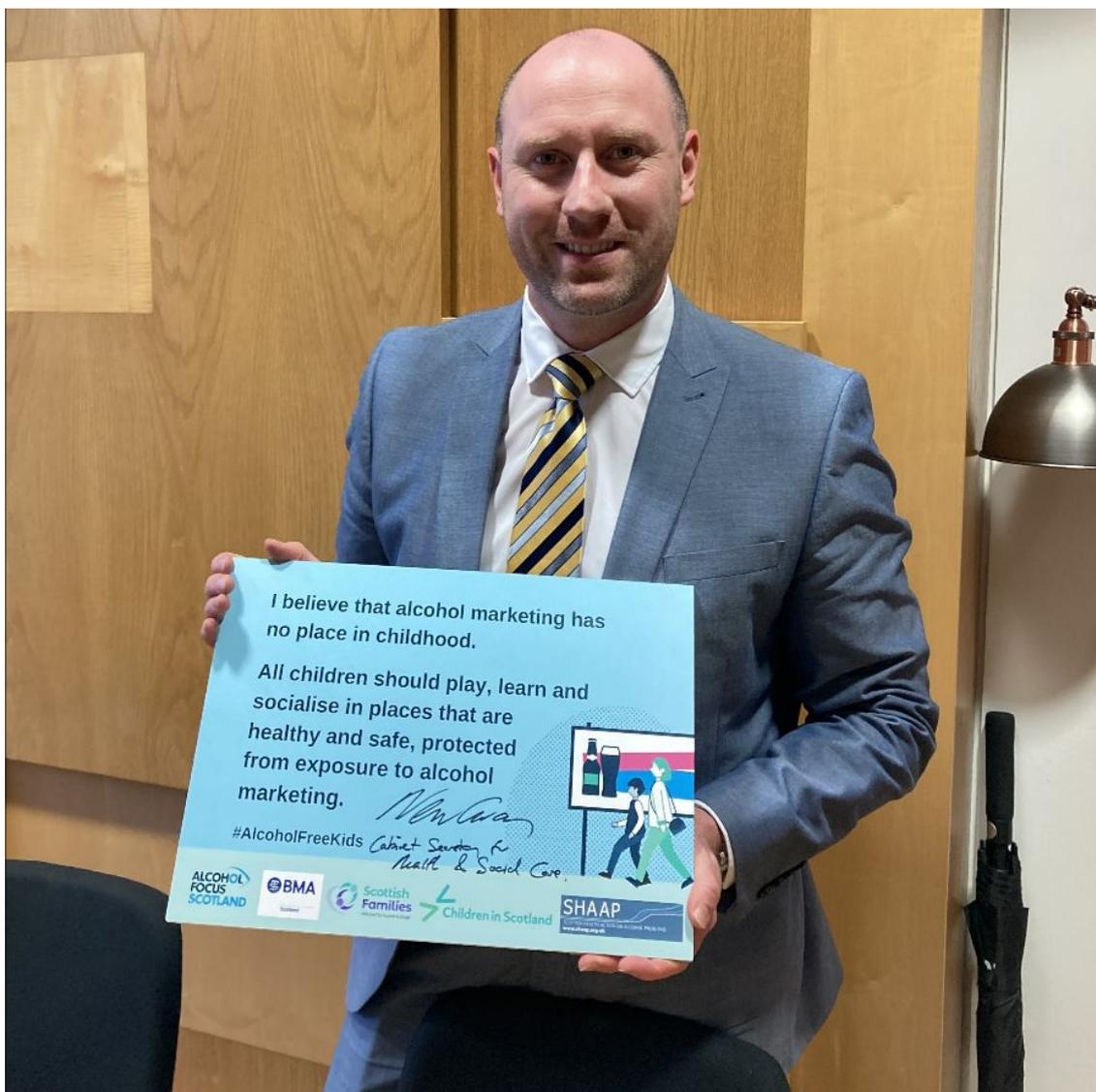
Joining the First Minister and 80 other MSPs in supporting this campaign, the Cabinet Secretary said:

'I am pleased to support the campaign to reduce children and young people's exposure to alcohol marketing.

Children and young people should grow up and play in spaces free from alcohol advertising, but research shows that too many children and young people are exposed to alcohol adverts.

I am determined to improve the health of the people of Scotland, and in particular to reduce alcohol harm, and by supporting children and young people to have an alcohol free childhood the benefits will be felt for generations to come."

Check our campaign [webpage](#) for more info, or email amy.smith@alcohol-focus-scotland.org.uk to sign up to the campaign.



UPDATE

Alcohol Change UK Report: Alcohol Harm Across the Drinking Spectrum

Alcohol Change UK has published a **new report** titled 'Alcohol Harm Across the Drinking Spectrum'. The report provides new data on the negative impact of alcohol on the health and wellbeing of the UK population.

Even for those drinking within the Chief Medical Officers' recommended low-risk drinking guidelines, there are statistically significant health impacts compared to

non-drinkers, such as **higher rates of cardiovascular disease (5% vs 1%) and cancer (4% vs <1%)**.

Additional headline findings include:

- Healthcare utilisation is higher across all drinking categories compared to non-drinkers, with healthcare interactions increasing by approximately 2 per year even for low-risk drinkers
- There are disparities in alcohol-related harms, with stronger associations between drinking and health problems among men and lower socioeconomic groups
- Sleep quality, dental health, and daily functioning are all negatively impacted even at low risk drinking levels

These new findings will bolster our sector's existing calls for governments across the UK to take real action to prevent alcohol harm.

Commenting on the report, Laura Mahon, Deputy CEO of Alcohol Focus Scotland said,

“Too often in public discourse, conversations on alcohol problems and alcohol harm are narrowly focussed on the most severe cases, framed as something affecting a minority of drinkers.

“This report demonstrates clearly that alcohol harm occurs right across the spectrum – with even those drinking within the Chief Medical Officer’s low risk guidance facing statistically significant risk of serious health problems caused by alcohol compared with non-drinkers, and more likely to require healthcare.

“This reaffirms the vital importance of population measures to prevent and reduce the harm caused by alcohol – the most effective of which remain action on price, marketing and availability.

“With alcohol deaths and other harms increasing across the UK, governments should resist industry lobbying efforts to further delay, deter or block these vital public health policies. We need to expand the conversation about alcohol harm, we

cannot simply treat our way out of the public health crisis we currently face.

“In Scotland we can build on the foundation we’ve laid with measures like Minimum Unit Pricing. We urge the Scottish Government to seize the opportunity to re-set Scotland’s relationship with alcohol by developing a new comprehensive alcohol strategy with prevention as the central focus.”

UPDATE

Rise in alcohol deaths in England is an ‘acute crisis’ requiring urgent action

Experts are advocating for a new alcohol strategy in England due to a record high in alcohol-related deaths in 2023, particularly among older individuals. Deaths from alcohol-related conditions in England increased by 60% between 2006 and 2023, with a notable rise since the start of the COVID-19 pandemic in 2020 according to a [new study](#) published in the Lancet.

More than 4,000 people died from alcohol than expected since the beginning of the Covid-19 pandemic, with alcohol specific deaths increasing 35.5% between 2019 and 2022.

Existing inequalities worsened; the largest increases occurred among groups already experiencing the highest pre-pandemic rates (men (25.9% increase) & people in higher-deprivation areas (22.5% increase)). The study observed cause of death trends:

- Alcohol-related liver disease saw the largest absolute increase (27.2%)
- Acute causes showed the largest relative increase (35.4%)
- Deaths from alcohol dependence syndrome remained relatively stable (5.8% increase)

While the previous alcohol strategy focused on young people and binge drinking, heavy drinkers are now predominantly older, with the over-65 age group increasing from 12% to 21% of heavy drinkers in a decade. Older heavy drinkers are under-represented in alcohol treatment programs, possibly due to the perception of drinking as a younger person's issue and confusion of symptoms with age-related ailments.

GPs are crucial for identifying and addressing alcohol consumption concerns, but the current strategy doesn't adequately address the reality of problem drinking among older people. Calls are being made for a new approach that includes long-term funding for public health teams, restrictions on alcohol advertising, and minimum unit pricing, similar to measures taken in Scotland, Wales, and the Republic of Ireland.

Commenting on the study, Dr Katherine Severi, CEO of the Institute of Alcohol Studies, said:

“It’s shocking to see that almost 4,000 more people died in England from alcohol than was expected since the pandemic, with the number continuing to rise. We’ve known for years now that changing drinking habits during lockdowns increased levels of alcohol harm.

“This study underlines the impact that had on worsening health inequalities across England. The government has made tackling inequalities one of its health priorities.

“There is no way of doing that without introducing a comprehensive alcohol strategy that tackles cheap, excessively available, and aggressively marketed alcohol.”



New North Lanarkshire ADP Alcohol Animation Video launched

AFS was delighted to attend the recent North Lanarkshire Alcohol and Drug Partnership Alcohol Summit at Lantern House in Cumbernauld. Along with hearing about some of the great and innovative local work to reduce alcohol harm in North Lanarkshire, our Deputy CEO Laura Mahon delivered a presentation on the work of AFS and our campaigning efforts for a new alcohol strategy and a genuine emergency response to the public health emergency of alcohol in Scotland.

During the event, North Lanarkshire ADP launched a new animation developed by NHS Lanarkshire's Health Improvement Team, which raises awareness of the health harms caused by alcohol – including cancers caused by alcohol and harm during pregnancy – as well as providing information about the low risk guidance.

Organisations and partners across Lanarkshire are encouraged to share or use the video within their services to share key information about alcohol.

[View the Video](#)



AHA Blog: Alcohol-related liver disease: A doctor's view

The British Society of Gastroenterology along with the British Association for the Study of the Liver support those medical teams who care for patients with liver disease. These healthcare workers see the destructive effects and distress caused by alcohol-related liver disease first-hand.

In this blog, Dr Ewan Forrest, Consultant Hepatologist at Glasgow Royal infirmary and Alcohol Lead for the British Society of Gastroenterology, shares his personal reflections from the frontline — highlighting the human cost of alcohol harm, the urgent need for action, and how we can prevent more lives from being lost to this entirely avoidable disease.

“The call to ‘Drink Responsibly’ pushed by the alcohol industry places the responsibility for any harm on the drinker, not the products, drinks industry or society. To develop an alcohol problem of any kind, is therefore framed as a failure of the individual. This amplifies the stigma which those suffering from alcohol difficulties already experience. With stigma comes isolation; with isolation comes further difficulty in addressing the underlying alcohol use disorder. No one has their first drink intending to be harmed or even die from an alcohol-related illness. Yet for many in our society that is their ultimate destination, encouraged on their way with persistent advertising, pervasive marketing and positive imagery publicised by the drinks industry.”

 [Read the blog_](#)

UPDATE

New Report from Alcohol Action Ireland: Alcohol and domestic, sexual and gender- based violence

In its latest publication, [‘Alcohol and domestic, sexual and gender-based violence’](#), Alcohol Action Ireland (AAI) shines a light on the role alcohol plays in Domestic, Sexual and Gender-Based Violence.

While alcohol can never be used as excuse for DSGBV, the role of alcohol is one of a facilitative nature, a contributing cause that accelerates and exacerbates DSGBV. The report presents evidence both nationally and internationally of the

role of alcohol in such violence, with some estimates of alcohol being a factor in up to 70% of domestic violence incidents.

Dr Eoin Fogarty, Consultant in Emergency Medicine, Cork University Hospital, states in the document: “I frequently attend to victims of domestic abuse, and a key factor frequently present is alcohol, resulting in severe physical and psychological trauma to all parties, including children.”

AAI believes that any strategy to combat DSGBV must take the role of alcohol into account and therefore reducing whole-of-population alcohol consumption through controls on pricing, marketing and availability must be implemented as a strategy for reducing violence against women – as recommended by the World Health Organisation. AAI says that it is disappointing that legislation to control the content of alcohol advertising, which was passed in 2018, has still not been implemented, meaning that “Ireland is saturated with alcohol messaging giving an entirely false view of this lethal, mood-altering drug.”

Dr Shelia Gilheany, CEO of Alcohol Action Ireland said:

“Research continuously identifies alcohol use as one of the most consistent risk factors for domestic violence and violence against children. International research also shows that the accessibility and availability of alcohol is closely linked to violence, the more alcohol outlets there are and the later they trade, the more violence we see, and vice versa. For example, a two-hour reduction in late-night trading hours in New South Wales, Australia, in the late 2000s was found to reduce reports of domestic violence by 29%.

“Unfortunately, the inverse was also proven when the New South Wales government decided to extend alcohol sales by one hour in 2016, and a significant increase in family violence assaults was experienced, while in Northern Ireland the extension of licencing hours in October 2021 has led to a 17% increase in alcohol-related crime. These are important considerations given ongoing proposals from the Department of Justice to change licensing laws for the sale of alcohol.

“Alcohol-related crimes that take place in the home, particularly those associated with domestic abuse, can often go unreported to An Garda Síochána, or if reported

the alcohol factor is not noted. Children are often the unseen victims of domestic abuse.”

UPDATE

What role does alcohol play in diets and what can we do about it?

World Liver Day was celebrated on 19th April and this years’ theme, ‘Food is Medicine’ focussed on diet. This annual awareness day was marked not long after the latest Public Health Burden of Disease Report on Liver Disease was published, which projected that the number of people living with liver disease in Scotland will increase by 54% by 2044.

Whilst alcohol does not technically fall under the auspices of a healthy diet, and therefore isn’t always considered in conversations around diet, what we drink nonetheless is a part of our diet.

With that in mind, Nesta, a charity for innovation and social change, recently published a blog looking at the contribution of alcohol to our diets and considers policies the government could pursue to help reduce alcohol-related harm while supporting healthier diets.

 [Read the blog](#)

UPDATE

IAS Blog: Allowing teenagers to try alcohol at any age is harmful

In a new blog for the Institute of Alcohol Studies, Bernard Pereda and

Nathaniel Perdue, Researchers at the Adolescent and Family Development Lab at the University of Buffalo, look at the issue of parental provision of alcohol to children.

Received wisdom among the general public sometimes has it that slowly introducing children to alcohol is a good thing and has benefits including teaching children moderation and ensuring that children are introduced to alcohol in more controlled or supervised environments. As it turns out, this isn't the case.

"Parents play an important role in teaching their children about alcohol. A common view is that allowing teenagers to try alcohol under parental supervision can be effective at promoting responsible drinking.

Researchers at the Adolescent and Family Development Lab from the University at Buffalo have considered whether allowing teenagers to sip and taste alcohol, and the age at which parents allow such behaviour, is an effective harm reduction strategy.

Results indicate that allowing teenagers to try alcohol under parental supervision actually increases risk of later alcohol use and harmful drinking, and the age at which parents allow such behaviour doesn't matter. Contrary to popular belief, allowing children to sip/taste alcohol in the teen years increases risk of potential harms of future drinking."

 [Read the blog in full](#)



Scottish Cancer Foundation Prize

The Scottish Cancer Foundation invites nominations for the 2025 Prize which will be for an early/mid-career researcher (within 10 years of receiving a doctorate) who has made a significant contribution to primary or secondary

cancer prevention.

Applicants may be self-nominated. The applicant(s) must be living and working in Scotland at the time of the award.

The prize is open to any researcher and is not restricted to medically qualified professionals or laboratory-based scientists. Their work must be of direct relevance to Scotland, although evidence of wider impact would be welcomed. The application should provide an objective assessment of the impact of the work.

The Prize

The Prize, up to £10,000, is supported by the Grant Simpson Trust. It is accompanied by the Evans Forrest Medal, named in recognition of the founders of the Scottish Cancer Foundation.

Nominations

Nominations should be sent to the Scottish Cancer Foundation electronically, making a case, written by the nominator, as to why the nominee should be considered.

The nomination is to be accompanied by a short account, written by the nominee, as to how the prize money would be used to forward his or her work in cancer. This account is to be limited to 750 words.

This form should be completed with information on both the nomination and the case for the prize money.

The closing date for nominations is **Wednesday 4th June 2025**.

[Download the Application Form](#)

Alcohol-Free Childhood Campaign: Write to First Minister!

The First Minister recently announced plans to publish the final Programme for Government of this parliamentary session on May 6th. In light of this news, we worked with our partners on the [Alcohol Free Childhood Campaign](#) to write to the First Minister, and all relevant Ministers, calling for a commitment to consult on alcohol marketing to be included in this Programme for Government.

After first committing to do so in 2021, this is the last chance for the government to progress with meaningful action on alcohol marketing in this session. These measures are vital to ensuring Scotland's children and young people have a childhood, and a lifetime, free from alcohol harm.

We're also asking all those who have supported the Alcohol Free Childhood Campaign to write to the First Minister to help make the case for this consultation to be conducted before the end of this parliamentary term.

Additionally, we have some social media assets available to download and we'd really appreciate you posting and sharing these on your social media channels ahead of May 6th.

[Download Campaign Resources](#)

The Scottish Government has the power to significantly reduce how much alcohol marketing children and young people see in their daily lives.

International experts say they should introduce restrictions on alcohol marketing as soon as possible.

#AlcoholFreeKids

Working together for a childhood free from alcohol marketing



ALCOHOL FOCUS SCOTLAND

BMA Scotland

Scottish Families Affected by Alcohol & Drugs

Children in Scotland

SHAAP SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS www.shaap.org.uk

CAMPAIGN

New petition calls on Government to act on alcohol and cancer risk

Alcohol Focus Scotland is supporting a nationwide petition organised by World Cancer Research Fund demanding the UK Government urgently introduce a National Alcohol Strategy for England, including improved alcohol labelling, minimum unit pricing, and marketing restrictions.

Alcohol is a group 1 carcinogen, with strong evidence that all types of alcoholic drinks can increase the risk of 7 cancers: breast, bowel, head and neck, esophageal, liver and stomach.

Each year around 17,000 cancer cases linked to alcohol are diagnosed in the UK. Yet there hasn't been a National Alcohol Strategy since 2012, even though the NHS spends around £100 million annually on alcohol-related cancer care alone.

No family should have to suffer the devastating trauma of alcohol-related cancer.

The petition calls for clear action to prevent cancer and other alcohol-related health conditions so that people can make more informed decisions about their health.

Our voices are stronger together. Please sign the petition today and share with your friends and family.

[Sign the Petition](#)



Scottish Fire & Rescue revive water safety 'Don't Drink and Drown' campaign

Spring has finally sprung! We've already enjoyed some warmer weather this month, and as we head into summer – notwithstanding the possibility of it having a distinctly Scottish, i.e. wet, flavour – we can be hopeful of some warm, sunny days to come.

With warmer weather bringing with it the temptation to head to beaches or open water to cool off after sunbathing, the Scottish Fire and Rescue Service has revived their 'Don't Drink and Drown' campaign to warn of the dangers of entering water when under the influence of alcohol.

Statistics show that more drownings happen on a Saturday night than any other night of the week. Many of these drowning victims have been under the influence of alcohol. Alcohol reduces inhibitions and can lead to taking more risks.

Check out the SFRS '[Don't Drink and Drown](#)' webpage for more info on how to enjoy any upcoming good weather safely.



POLICY

New report shows voters want bold action on health, dismissive of ‘nanny state’ jibes

A new report from the Institute for Public Policy Research (IPPR) and Public First challenges the idea that the British public is resistant to government action on public health. It reveals instead a strong appetite for intervention, particularly in communities that could decide the next general election.

The research reveals how voters really feel about public health, and how thoughtful, decisive action could deliver not only a healthier nation, but a winning strategy at the ballot box. Far from fearing state overreach, the public wants the government to step up – both with stricter regulation and increased support for families and children. There was widespread public support for stronger government intervention to improve health – challenging 'nanny state' myth and showing it could be a vote-winner, especially in key battleground seats.

Polling and focus group data reveal that voters across political divides see health as a fairness issue – not just a matter of personal responsibility, but of the environments shaping people’s everyday choices. Notably, the public holds the food and drinks industry more accountable for the nation’s health than even the NHS: 84% of adults believe the industry bears a “great” or “fair amount” of responsibility for public health, compared with 79% who say the same of the NHS.

The data also shows a strong perceived link between health and the economy. Poor mental and physical health were the top public explanations for the UK’s slow productivity growth, ahead of Brexit, poor infrastructure or lack of investment. 83% agreed that healthy people are more productive, and 66% said investing in health grows the economy.

 [Read the report_](#)

POLICY

Pregnancy & Alcohol: Policies that single out pregnant people’s drinking aren’t working, but there are other policies that appear to help

In another recent Institute for Alcohol Studies blog, Professor Sarah CM Roberts discusses her research examining some existing pregnancy specific alcohol policies and their effectiveness.

Her research found that the policy that most consistently relates to increased poor maternal and infant outcomes is mandatory Warning Signs policies – which may come as a surprise. Noting that more research needs to be done to understand exactly why, it seems likely that this policy scares people away from getting prenatal care and treatment and may also increase stigma.

Her research also found that policies that require healthcare providers to report pregnant people who consume alcohol to government authorities, or which define drinking during pregnancy as child abuse or neglect are also ineffective and, in some cases harmful. She says that given these pregnancy specific policies are ineffective and in some cases harmful, they should be repealed, and where new pregnancy specific policies have been proposed, they ought not to be enacted.

Her research has found that the most effective, evidence-based policies in reducing alcohol harm during pregnancy aren't anything new – but are in fact whole population policies like alcohol taxes or controlling where alcohol is sold (including government monopoly control).

This research provides further rationale for whole population policies to reduce alcohol harm on price, marketing and availability.

 [Read the blog in full](#)

CONSULTATIONS

AFS response to the 'Review of the Internal Market Act' consultation

We recently published our response to the UK Government's Review of the Internal Market Act. AFS believes that the Internal Market Act has not struck the right balance between regulatory innovations and UK-wide alignment.

The right balance is one where devolved nations are able to regulate where they deem necessary to protect and improve their nation's public health. The nature and extent of public health problems can vary across UK jurisdictions and devolution enables each to innovate in how it responds. For example, the rate of alcohol-specific mortality in Scotland remains significantly higher than that in England.

The existing devolution settlement has allowed the Scottish Government to develop and implement the internationally path-breaking policy of minimum unit pricing for alcohol (MUP), which is estimated to have reduced alcohol-related hospitalisations by 4% and alcohol-specific deaths by 13%.

The opportunity for different administrations across the UK to innovate in public health policy can be of mutual benefit as the evidence obtained from implementing such policies in one country can help inform decision-makers in others. Since the introduction of MUP in Scotland, the policy has been introduced in Wales, and Northern Ireland has announced its intention to introduce it.

We are particularly concerned that the legislation limits the ability of Scotland and other devolved nations to adopt effective policies for reducing alcohol harm (and harm caused by other health-harming products), including regulatory action on marketing and labelling of these products.

 [Read our full response](#)

SERVICES

60 Years of Glasgow Council on Alcohol: Help them celebrate with a story

Later this year, Glasgow Council on Alcohol (GCA) will be turning 60 years old which is a massive milestone for the organisation. For the past six decades, GCA estimates that they have supported over 200,000 individuals, all with a unique story to tell.

To celebrate their 60th anniversary, GCA are creating a Digital Memory Box to capture the voices, experiences and memories of everyone who has been part of their journey.

Do you have, or know of any clients, or have anyone who may have a story they

would like to share with them? They can share their details or do this anonymously. GCA would love to hear from them!

GCA would also welcome any stories or contributions from partners or funders.

This is open to all staff, students, clients, friends/family, funders, partners and anyone who has been involved with or been impacted by GCA!

[Submit Your Story or Memory](#)

RESEARCH

Global alcohol companies undermining public health

A **new report** from the University of Stirling, commissioned by FORUT (a Norwegian non-governmental organisation (NGO) that works towards safeguarding children), documents how global alcohol companies – including Diageo, AB InBev and Heineken – operate in sub-Saharan Africa in ways that undermine public health and weaken public regulation.

They found that the alcohol industry uses sponsorship of sports, culture, and education, as well as donations and corporate social responsibility (CSR), to build trust and gain influence in local communities. Many measures are aimed at young people and would be illegal in Norway. The industry is partnering with local governments and NGOs to strengthen its legitimacy.

In Uganda, beer is associated with national pride through extensive sports and cultural sponsorship. In South Africa, alcohol companies have systematically opposed new alcohol legislation, including through lobbying, donations and funding of alternative impact assessments. The strategies weaken the possibility of introducing effective alcohol policy measures recommended by the World Health Organisation (WHO). The report points to clear parallels to the tobacco industry's

previous strategies for delaying regulation and creating uncertainty about health harms.

RESEARCH

Current and future trends in the consumption, sale and purchasing of alcohol-free and low-alcohol products in Great Britain, 2014 to 2023

This study estimated current and future trends in key indicators of the availability, sale, purchasing and consumption of No/Lo products in Great Britain.

The UK Government has committed to reducing alcohol consumption by 2025 through increasing the availability of No/Lo drinks. The researchers found that the market for No/Lo drinks is growing steadily. By the end of 2025, No/Lo products are forecast to represent only 2.3% of off-trade (retail) and 1.0% of on-trade (pubs/restaurants) alcohol sales. Only about 7% of pubs are predicted to offer draught No/Lo options by the end of 2025. About 42% of risky drinkers are expected to use No/Lo products when trying to reduce their drinking. The study found that:

- Around 12% of households will buy No/Lo products but no alcoholic drinks
- About 24% of households with higher alcohol purchases are increasing their No/Lo buying
- However, only 1.8% of households are both increasing No/Lo purchases and decreasing alcoholic drink purchases

Despite the UK government's focus on No/Lo drinks to reduce alcohol consumption, the study suggests their impact will remain limited. This raises questions about whether additional measures might be needed to achieve public health goals. The researchers note that while No/Lo drinks show potential, there's limited evidence on whether they actually help reduce overall alcohol consumption

or simply replace other non-alcoholic beverages.

 [Read the study](#)

RESEARCH

Alcohol advertising in disguise: Exposure to zero-alcohol products prompts adolescents to think of alcohol—Reaction time experimental study

Zero-alcohol drinks look and taste like alcohol products and may feature either known brands (“brand extensions”) or “new-to-world” brands. Such products are often not included within restrictions aimed at reducing adolescent exposure to alcohol and advertising. This study explored whether adolescents implicitly categorise images of zero-alcohol drinks as alcoholic beverages.

The study involved 331 Australian adolescents aged 15-17 who participated in an online reaction time experiment measuring how quickly they associated different beverage images with alcohol. The researchers found that zero-alcohol drinks prompt teens to think about alcohol at nearly the same rate as alcoholic beverages. Around 90% of teens associated zero-alcohol drinks with alcohol, compared to only 5% for soft drinks.

Teens recognise familiar alcohol brand extensions (like zero-alcohol versions of known alcoholic brands) more quickly than unfamiliar “new-to-world” zero-alcohol drinks. They mentally categorise zero-alcohol drinks as a type of alcoholic beverage, not as soft drinks. The study suggests that exposure to zero-alcohol products may have similar effects on teenagers as exposure to actual alcoholic drinks. The researchers conclude that current regulations aimed at protecting minors from alcohol exposure should be updated to include zero-alcohol beverages. The findings challenge the industry positioning of these products as being in a separate category from alcoholic drinks, at least when it comes to how teenagers perceive them.

 [Read the study](#)

RESEARCH

Alcohol related cirrhosis in women poses significant health challenge

Women are biologically more vulnerable to alcohol-induced liver damage, with risk accelerating in middle-aged and older women. In this study, data from the Global Burden of Disease 2021 database was used to assess the burden of alcohol-related cirrhosis (AC) in women from 1992 to 2021, covering 204 countries and territories.

Lower sociodemographic index countries are disproportionately affected, stemming from cultural, healthcare, and socioeconomic factors. Forecasts indicate that age-standardised incidence rates, mortality rates and disability-adjusted life years (DALYs) will experience modest reductions by 2030, but AC will continue to pose a significant global health challenge for women. Targeted public health interventions, particularly in lower-SDI regions, are essential to address the ongoing burden of this preventable disease.

 [Read the study](#)

RESEARCH

Effects of Expanding Direct-to-Consumer Alcohol Home Delivery Policies

This study, examining the impact of direct-to-consumer (DTC) alcohol delivery policies across 18 US states, reveals concerning patterns about increased alcohol accessibility.

Researchers surveyed over 5,300 adults who consume alcohol, tracking their drinking habits across different pandemic periods and comparing states with varying DTC policies. The findings show that 25% used these services during at least one time period and adults in states that expanded alcohol delivery policies were twice as likely to use these services compared to those in states without delivery options. Among those who used home delivery, over 40% used food or alcohol delivery apps to access DTC home delivery.

Worryingly, people who used DTC alcohol delivery consumed approximately 4.4 more drinks per week, experienced 33% more binge drinking days per month, and reported a 7.3% and 17.1% increase in negative alcohol-related consequences (when drinking 5 drinks or 10 drinks per week compared to 1 drink per week, respectively). These results remained consistent across all pandemic periods, suggesting that expanding alcohol delivery services may inadvertently increase problematic drinking and its associated harms.

This research provides important evidence for policymakers to consider when making decisions about alcohol accessibility regulations. Potential approaches to strengthen regulation and enforcement could include strengthening systems to help monitor DTC alcohol delivery; enhancing regulations of online sales and delivery (e.g., stronger procedures for age verification); and limits on days and hours of delivery. An **infographic summary** of this article is also available.

 [Read the study](#)



Minimum Unit Pricing: Lessons for England – Institute for Alcohol Studies

Thursday, May 29th

12pm – 1.30pm

Online Event

Learn everything you need to know about Minimum Unit Pricing (MUP) of alcohol. Leading experts will explore the theory behind the policy, its impact in Scotland and Wales, and crucially, what England can learn from their experiences.

England remains the only UK nation yet to introduce, or plan to introduce, MUP. With increasing pressure on the new government to consider the policy, this webinar will examine lessons from Scotland and Wales, including political and media debates, alcohol industry obstruction, health outcomes, and economic effects. The webinar will also address unintended consequences such as the policy's erosion due to inflation and retailer profit-making.

The webinar will cover:

- What MUP is and how it works
- Key lessons from Scotland and Wales, including advocacy efforts
- Its impact on dependent drinkers and people in deprived areas
- How England could improve upon the devolved nations' policies
- Findings from a new Social Market Foundation report on recouping windfall retailer profits

 [Find out more and book your place](#)



Upcoming SHAAP Alcohol Occasionals

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

Court-enforced Alcohol Abstinence and Reoffending - Dr Carly Lightowers

Monday 12 May

In Scotland there is a keen interest in alcohol problems in the justice system and how best to improve the justice journey of individuals with alcohol use disorder. Whilst Scotland has not yet adopted alcohol tagging technology in criminal justice settings, England and Wales has. Criminal courts in this jurisdiction may make use of alcohol treatment or abstinence requirements as part of a community sentence in cases where alcohol consumption has played a role in a defendant's offending. The latter may also be backed up by electronic monitoring. This study examined whether these court orders reduce reoffending.

 **Book your place**

Relapse prevention and alcohol related cirrhosis

Monday 23 June

Alcohol specific deaths are an at all-time high in the UK and 80% of these deaths are due to alcohol related liver disease (ArLD). For patients admitted to hospital with advanced ArLD, abstinence after discharge is the key determinant of outcome. However, few patients access relapse prevention support and relapse rates are high. There are likely to be some challenges which are unique to patients with advanced liver disease.

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

 **Book your place**

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

Monday 1 September

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

Book your place

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

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

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

 [Book your place](#)

EVENT

EASL Congress 2025: Alcohol Related Harm Sessions

7th May 2025

EASL will mark a significant milestone in alcohol harm reduction and public health advocacy with a series of high-level activities on 7–8th May during **EASL Congress 2025**. The **Opening Ceremony** will feature influential voices including public health leaders from Spain and Estonia, and WHO Europe representatives, setting the tone for impactful dialogue on alcohol related harms.

On the same day, the **EASL Studio** session “*Beyond the Myths: Alcohol Harm and Policy Action*” will bring together policymakers, healthcare professionals, patients, and media to address alcohol-related health challenges. The momentum continues on 8th May with the **official launch of the European Alcohol Health Alliance**, highlighting **WHO’s Best Buys**, policy implementation, and protecting youth—culminating in a powerful patient testimonial and expert panel discussion.

 [Find out more](#)

EVENT

Children in Scotland Annual Conference

28-29th May, Glasgow

Alcohol Focus Scotland is delighted to be attending the Annual Conference of our partners and friends Children in Scotland in May.

Running across two days the programme includes 5 keynotes, 28 workshops, networking opportunities, and a panel on stigma within systems. Among the speakers will be the Minister for Children, Young People and Keeping the Promise Natalie Don-Innes MSP and Nicola Killean, Children and Young People's Commissioner Scotland.

 [Find out more and book your place](#)



Public Policy Exchange Webinar on Reducing Alcohol Harms

Thursday, 22nd May

9.30am-1pm

On 22nd May, Public Policy Exchange are hosting a webinar on **Reducing Alcohol Harms: How to tackle a societal and healthcare challenge the UK can ill afford?**

- Learn about and assess current trends in alcohol dependence, their drivers, and the UK government plans for reducing alcohol harms
 - Design a comprehensive alcohol strategy to tackle rising alcohol harms
 - Assess the role that higher taxes and tougher regulation could play in reducing alcohol harms
 - Evaluate the tools that local authorities can employ to tackle problem drinking in their area and whether greater devolution is needed in this regard
 - Understand the role that marketing is playing in spreading alcohol harms and exchange views on how this needs to change
 - Promote non-drinking as a positive lifestyle choice
 - Implement plans for improving access to alcohol treatment services
 - Examine the latest treatments for alcohol addiction
-

- Exchange views on the different approaches to alcohol consumption, regulation, and treatment services around the world

 **Find out more and book your place**



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WEST LOTHIAN LOCAL LICENSING FORUM

WORKPLAN – June 2025

<u>SUBJECT</u>	<u>PERSON RESPONSIBLE</u>	<u>TIMESCALE</u>	<u>PROGRESS TO DATE</u>
Chair's Update	Chair	June 2025	Standing item
Police Scotland Update	Police Scotland	June 2025	Standing item
Other Updates	Members as required	June 2025	Standing Item
Licensing Policy Q&A	LSO	June 2025	Standing item
Formulation of a Workplan	All	June 2025	Ongoing
Updating Licensing Forum Web Page	All	June 2025	Ongoing
Membership & Recruitment	All	June 2025	Standing Item
Chair's Update	Chair	September 2025	Standing item

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