



No More Half Measures

Time to get serious about alcohol harm



Alcohol Focus Scotland actively engages with communities- including recovery groups and children and young people - about alcohol.

The voices, experiences, and insights we've gathered from those most affected by alcohol-related harms are reflected throughout this manifesto.

Effective policy starts with listening to the people whose lives are directly shaped by these issues.

Contents

Alcohol is costing Scotland dearly	2
Prevention is possible	4
Restrict alcohol marketing	5
Mandate alcohol labelling	6
Review and uprate the minimum unit price	7
Reform the licensing system	8
Treatment and support	9
Increase funding	10
Increase early diagnosis for liver disease	11
References	12

No More Half Measures: Time to get serious about alcohol harm



Alcohol Focus Scotland's recommendations to tackle alcohol harm in the next Parliament

Alcohol is costing Scotland dearly

Each week 50 people in Scotland lose their lives[1] and every 15 minutes someone is hospitalised because of alcohol[2].



Around one in five of us in Scotland drink at levels that harm our health. Alcohol causes over 200 health conditions and diseases including liver cirrhosis, cancer, heart disease and stroke, can affect our mental health and contributes to the breakdown of families and relationships.



Parental drinking was a concern identified for 17% of children on the child protection register in Scotland in 2024[3]. While one in two people in Scotland are harmed by someone else's drinking[4].



As well as the heartbreaking impact on individuals, families and communities, all of this comes with a staggering economic penalty. Alcohol drains up to £10 billion from Scotland every year, including £700 million in NHS costs, £1.2 billion in lost productivity, and £1 billion linked to alcohol-related crime[5].



Alcohol harm affects all of us - but it hits our most disadvantaged communities hardest

These harms are not shared equally. Our most deprived communities suffer the heaviest burden, deepening health and economic inequalities and putting ever more pressure on public services.



People in our poorest communities are six times more likely to be admitted to hospital[6] and four and a half times more likely to die due to alcohol[7] than those in our most affluent areas.

The pandemic effect

While some progress was made with the introduction of minimum unit pricing (MUP), the COVID-19 pandemic has set us back.



The pandemic and associated restrictions resulted in increased alcohol consumption amongst heavier drinkers[8]. MUP has gone some way to mitigating the effects, with Scotland has not seeing deaths increase on the same scale as our neighbours in England and Wales.

But harms from alcohol are still too high. Near record levels of deaths have been recorded since the pandemic and they are around twice what they were in the 1990s[9], with recent estimates showing that failure to take action could result in increased deaths and hospital admissions[10].

The next Scottish Parliament can choose a different future

In 2021 the Scottish Government declared alcohol harm a public health emergency, yet the action that followed has fallen far short of what is required.

It is not too late to act on this crisis.

More than 70 organisations stand with Alcohol Focus Scotland in calling for urgent action to prioritise investment in services and early detection of liver disease, alongside longer-term evidence-based prevention policies.

People in recovery, their family and friends, as well as children and young people are clear that more needs to be done.

With political will and bold leadership, the next Scottish Parliament can prevent harm, reduce deaths, and build a healthier, fairer country.

We are calling on all candidates and parties to commit to

- ✓ Restrict alcohol marketing, including advertising outdoors and in public spaces, sport and event sponsorship, and displays in shops.
- ✓ Reform the system for licensing off-trade and online sales to firstly cap and then reduce the off-trade availability of alcohol.
- ✓ Mandate nutrition and health-related information, including health warnings, on alcohol labels.
- ✓ Increase funding for services through a levy on off-trade retailers.
- ✓ Introduce the automatic review and uprating of the minimum unit price for alcohol.
- ✓ Increase early diagnosis for liver disease by wider implementation of non-invasive liver scans.

Prevention is possible

Scotland can continue to lead the way with our progressive whole population approach to alcohol harm, founded on protecting and promoting the right to health.

Addressing the price, availability and marketing of unhealthy products is essential to reducing the harm they cause, and they cost little to implement. This has been accepted for decades on tobacco, with significant success. Minimum unit pricing and multi-buy restrictions have shown regulation works for alcohol too. For those who need it, easy access to treatment and support is an essential part of their recovery.

However, more than ever we need preventative alcohol policies to save and improve lives and reduce demand on our NHS.



Restrict alcohol marketing, including advertising outdoors and in public spaces, sport and event sponsorship, and displays in shops.

Restricting alcohol marketing is one of the most effective ways to prevent alcohol harm.

This is because exposure to alcohol marketing influences our drinking, encourages positive attitudes towards alcohol and sustains social norms that alcohol consumption is normal and desirable. Our children and young people are particularly affected - alcohol marketing is a cause of youth drinking; it leads children and young people to start drinking alcohol earlier and to drink more[11].

We believe that all children have the right to a childhood free from alcohol marketing. This belief is backed by more than 60 other organisations who have signed up to support our Alcohol-Free Childhood campaign[12].

Scotland is behind the curve

Many countries across Europe, including Ireland, have already acted by introducing legislation to ban or limit exposure to alcohol marketing.

The Scottish Parliament has the power to restrict the sponsorship of sports and other events by alcohol companies, to limit advertising in outdoor and public spaces, and to reduce the visibility of alcohol in shops.

There is strong public support in Scotland for alcohol marketing restrictions. Recent polling showed that in Scotland 71% of people support restrictions to stop children seeing alcohol adverts and 64% support restrictions on how alcoholic drinks are marketed and promoted[13].

Over 80 MSPs from across all parties in Holyrood in 2025 support an alcohol-free childhood

“The more you see it, the more you want to try it.” Young Person

“It’s interesting that you can be an alcohol company and sponsor a sport... seems a wee bit ironic to me.” Young Person

“Maybe the answer is to avoid sporting events if you’re in recovery.” Person in recovery

“When I was trying to stop drinking, going to the supermarket was a nightmare.” Person in recovery



Mandate nutrition and health-related information, including health warnings, on alcohol labels

Alcohol doesn't come with warnings of the health effects like a packet of cigarettes and there's more nutritional information on a pint of milk than there is on a bottle of beer.

Public awareness of the health problems alcohol causes is limited: around 1 in 6 (17%) people in Scotland believe that there are no health risks attached to drinking alcohol[14]. One in two don't know that alcohol causes cancer[15], despite that fact that three people are diagnosed with an alcohol-related cancer each day in Scotland.

In 2025, just 6.7% of products displayed a health warning, and only 1% provided a cancer warning. Despite repeated promises from industry, 9% of products still do not display the CMO's low risk drinking guidelines[16].

By choosing not to provide clear information on labels the alcohol industry continues to keep the public in the dark about the health risks of their products.

The next Scottish Parliament must empower consumers in Scotland by introducing mandatory health warning labels, and other health-related information, on alcohol products.



74% of people in Scotland support warning labels on alcoholic drinks about the health risks of alcohol consumption[17].

"[Labels] should be showing the damage alcohol does. Show people ill in their beds."

Person in recovery

"People should be made aware of the effects of alcohol the same way tobacco and cigarettes does."

Person in recovery



Introduce the automatic review and uprating of the minimum unit price for alcohol

A 50p minimum unit price (MUP) was introduced by the Scottish Parliament in 2018 to reduce alcohol consumption and related health and social harms.

MUP achieved its aims of reducing alcohol-related harm by reducing population consumption and targeting the consumption of people drinking at higher levels. The lives saved by MUP have predominantly been among the 40% of people living in the most deprived areas, meaning that the policy is reducing inequalities in alcohol harm[18].

However, minimum pricing policies must be regularly reviewed and revised to maintain their effectiveness.

As prices rise with inflation, a static minimum unit price becomes less meaningful, making alcohol relatively cheaper in real terms and weakening the policy's ability to curb the availability of cheap, high-strength products.

This is why the Scottish Parliament voted to uprate the minimum unit price in 2024.

Legislating for automatic, regular uprating of the minimum price in line with inflation or other affordability measures would ensure that alcohol does not become more affordable over time, thereby preserving the policy's impact.

Periodic review of the operation and effectiveness of the MUP would inform further adjustments to its level.

This would give Scotland the best chance to turn the tide of alcohol harm, reduce the death toll and alleviate pressure on our health service and health professionals.

“Price definitely encourages you to drink. There’s some really cheap stuff still.” Young Person

“Your cheap lagers and cheap ciders are still easy to get a hold of.” Young Person



Reform the system for licensing off-trade and online sales to firstly cap and then reduce the off-trade availability of alcohol.

The current licensing system is not working for public health. Despite “protecting and improving public health” being a statutory objective, the current licensing system has proved largely ineffective at delivering it.

Licensing boards find it difficult to refuse applications on health grounds[19], and most new licences continue to be granted. As a result, outlet numbers remain at an unacceptably high level for a country facing severe and preventable harms from alcohol.

Drinking habits have shifted in recent years.

Over 75% of alcohol is now bought from shops and supermarkets[20], while online sales and rapid delivery services continue to expand.

Yet the licensing framework has not kept pace with these changes, offering limited control over remote sales and home delivery.

Scotland has far more places selling alcohol than comparable nations, around twice as many per 100,000 people as Northern Ireland[21].

Higher outlet density and longer opening hours drive increased consumption and harm: alcohol-related deaths in neighbourhoods with the most alcohol outlets are double those in areas with the least.

Scotland urgently needs a licensing system that not only prevents further growth in availability but actively reduces it.

Tackling alcohol availability in Scotland requires a bold reimagining of the licensing system – one that prioritises public health rather than commercial interests. Legislation should establish mechanisms to not only cap the number of off-trade licences but actively reduce their density over time.



63% of people agree that public health should be considered when licence applications are made for alcohol outlets[22]

“Within a 15 minute walk from my house I can buy alcohol from 12 different outlets and that’s not including pubs or restaurants.”

Person in recovery

Treatment and support

Everyone has the right to health. Effective healthcare and support for alcohol problems is a key part of this.

It is vital that anyone with an alcohol problem, or at risk of developing one, has good access to treatment and recovery services, wherever they live and whatever their circumstances.

Yet even before the COVID-19 crisis, alcohol services were already stretched, with a 2014 report suggesting fewer than one in four people with alcohol dependence were accessing treatment[23].

Recent figures show that the number of people entering treatment for alcohol dropped further by 40% between 2014 and 2021[24]. This is alongside reductions in funding to Alcohol and Drug Partnerships (ADPs) over the last ten years.

While £250 million has been invested in drug treatment to address rising drugs deaths since 2021, there has been no equivalent investment for alcohol services in response to the alcohol emergency.

To address this continuing problem, we need increased funding for alcohol treatment and support. This will enable people with serious or potentially life-threatening alcohol problems to be identified sooner and supported more effectively.

This will reduce their risk of experiencing more serious harm and improve their health and wellbeing.

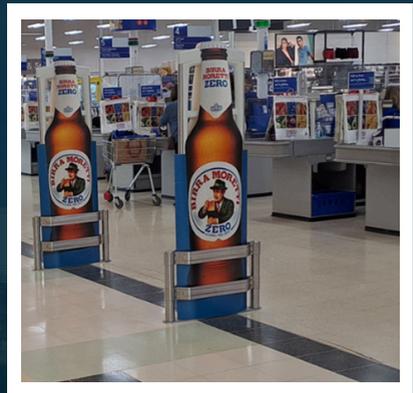


Increase funding for services through a levy on off-trade retailers

Alcohol use costs the Scottish economy up to £10 billion each year, including up to £700 million in health and social care costs[25]. Off-trade retailers – who sell the majority of the alcohol sold in Scotland - should pay towards mitigating these health and social costs caused by the products they sell, following the ‘polluter pays’ principle.

A levy on alcohol retailers could reduce the impact of their alcohol sales on their local community with the funds being used to invest in additional prevention, treatment and support services. The levy would apply to retailers licensed to sell alcohol, via a supplement on non-domestic business rates.

- Such a levy could generate around £60m additional funding for alcohol per year[26]
- 86% of this revenue would come from large supermarket chains[27]
- This money could fund life-saving treatment.
- 57% of people support a levy on alcohol retailers to fund measures to prevent alcohol harm, including funding support services[28]



“Surely the money should be ringfenced and put into things like rehabs” Person in recovery

“It should be mandatory that the money goes back into services, for every bottle of alcohol that is sold.”

Person in recovery

“The fact that people are profiting from other people’s misery and suffering, they should be paying for that.”

Person in recovery



Increase early diagnosis for liver disease by wider implementation of non-invasive liver scans

The earlier people are identified as having a problem with alcohol and being at high risk of liver disease the sooner they can be provided with care and support.

Liver disease is one of the leading causes of premature deaths in Scotland, above breast cancer and suicide[29], with cases of chronic liver disease expected to increase by 54% from 2019 to 2044[30].

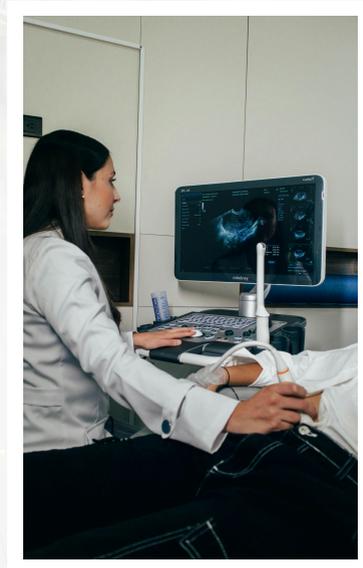
Over 60% of alcohol specific deaths are due to liver disease[31]. It is known as a silent killer as three-quarters of cirrhosis patients are diagnosed in emergency departments, when it is too late for effective treatment or intervention[32].

If detected earlier, alcohol-related liver disease can be reversed saving thousands of lives.

Non-invasive liver scans are already used on a small scale to identify liver damage in people using alcohol services.

These existing projects have demonstrated that it is a highly effective and cost-effective way to allow people at risk to be identified sooner and provided with care and support to address their liver problem. Investment in scanning devices, healthcare staffing and training will be vital to ensure early detection resources reach areas of highest need.

Implementing these services more widely would not only would this save lives but also reduce cost pressures on our NHS.



References

- [1] Public Health Scotland (2025). Alcohol Consumption and Harms Dashboard.
- [2] Public Health Scotland (2026). Alcohol Related Hospital Statistics Scotland 2024/2025. <https://publichealthscotland.scot/publications/alcohol-related-hospital-statistics/alcohol-related-hospital-statistics-scotland-financial-year-2024-to-2025/>
- [3] Scottish Government (2025). Children's Social Work Statistics, 2023-24. Edinburgh: Scottish Government. <https://www.gov.scot/publications/childrens-social-work-statistics-child-protection-2023-24/>
- [4] Hope, A., Curran, J., Bell, G. & Platts, A. (2013). Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland.
- [5] Bhattacharya, A. (2023). Getting in the spirit? Alcohol and the Scottish Economy <https://www.shaap.org.uk/publication/getting-in-the-spirit-alcohol-and-the-scottish-economy/>
- [6] Public Health Scotland (2026). Alcohol Related Hospital Statistics Scotland 2024/2025. <https://publichealthscotland.scot/publications/alcohol-related-hospital-statistics/alcohol-related-hospital-statistics-scotland-financial-year-2024-to-2025/>
- [7] National Records of Scotland (2025). Alcohol-specific deaths 2024, <https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2024/>
- [8] Angus, C. et al. (2023). New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland: An adaptation of the Sheffield Tobacco and Alcohol Policy Model - Final Report. University of Sheffield.
- [9] National Records of Scotland (2025). Alcohol-specific deaths 2024, <https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2024/>
- [10] Angus, C. et al. (2023). New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland: An adaptation of the Sheffield Tobacco and Alcohol Policy Model - Final Report. University of Sheffield
- [11] Sargent, J. D. & Babor, T. F. (2020). The relationship between exposure to alcohol marketing and underage drinking is causal. *Journal of Studies on Alcohol and Drugs, Supplement*, (s19), 113-124
- [12] <https://www.alcohol-focus-scotland.org.uk/Alcohol-Free-Childhood/>
- [13] Poll conducted by Public First for ASH, AHA and OHA 21st Feb - 5th Mar 2025. Results for the Scottish sample (162 unweighted, 181 weighted). Data weighted by interlocking age & gender, region and social grade to Nationally Representative Proportions (UK)
- [14] The research was conducted by Opinion Matters, among a sample of 2,000 nationally representative UK adults (aged 18+) of which 166 were from Scotland. The data was collected between 21.03.2025 - 24.03.2025. Opinion Matters abides by and employs members of the Market Research Society and follows the MRS code of conduct and ESOMAR principles – Opinion Matters is also a member of the British Polling Council
- [15] Whitelock, V., (2023) Cancer Research UK's September 2023 Cancer Awareness Measure 'Plus' (CAM+)
- [16] Alcohol Health Alliance [2026 Publication forthcoming] Still Drinking in the Dark
- [17] Online survey of 162 adults in Scotland conducted 21st Feb - 5th Mar 2025 by Public First for ASH, AHA and OHA. Data weighted by interlocking age & gender, region and social grade to Nationally Representative Proportions (UK)
- [18] Public Health Scotland (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence.](#)

References

- [19] Wright, A. (2019). Local alcohol policy implementation in Scotland: Understanding the role of accountability within licensing. *International Journal of Environmental Research and Public Health*, 16(11), 1880. Retrieved from <https://doi.org/10.3390/ijerph16111880>.
- [20] Public Health Scotland. (2025) Alcohol consumption and harms dashboard: update briefing June 2025. <https://publichealthscotland.scot/media/33540/alcohol-consumption-and-harms-briefing-english-june2025.pdf>
- [21] British Beer and Pub Association Statistical Handbook 2022, British Beer and Pub Association. Retrieved from <https://beerandpub.com/shop/2022-statistical-handbook-instantdownload/>
- [22] Alcohol in Scotland (2024). *Annual Findings. Alcohol in Scotland*. See Kock, L. et al. (2021). Protocol for expansion of an existing national monthly survey of smoking behaviour and alcohol use in England to Scotland and Wales: the Smoking and Alcohol Tool.
- [23] Clark, I. & Simpson, L. (2014). *Assessing the availability of and need for specialist alcohol treatment services in Scotland*. NHS Health Scotland.
- [24] Public Health Scotland (2025) Understanding the reasons behind an apparent reduction in the number of people accessing specialist alcohol and drugs treatment in Scotland. <https://www.publichealthscotland.scot/publications/understanding-the-reasons-behind-an-apparent-reduction-in-the-number-of-people-accessing-specialist-alcohol-and-drugs-treatment-in-scotland/>
- [25] Bhattacharya, A. (2023). *Getting in the spirit? Alcohol and the Scottish economy*. Social Market Foundation.
- [26] Fraser of Allander Institute (2024). Estimating revenues from a proposed levy on non-domestic rates for alcohol retailers in Scotland.
- [27] Ibid
- [28] Online survey of 1,126 adults aged 18+ in Scotland conducted 29 February to 18 March 2024 by YouGov on behalf of Action on Smoking and Health. The figures have been weighted and are representative of all adults in Scotland (aged 18+).
- [29] Scottish Public Health Observatory (8 January 2024). Deaths: most frequent causes. Scot PHO. <https://www.scotpho.org.uk/population-dynamics/deaths/data/most-frequent-causes>
- [30] Public Health Scotland (2025). *Scottish Burden of Disease. Future prevalence and burden of chronic liver disease*.
- [31] National Records of Scotland (2025). Alcohol-specific deaths 2024, <https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2024/>
- [32] Williams, R. et al. (2014). Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity, and viral hepatitis. *The Lancet*, 384(9958), 1953-1997.

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