

Policy briefing: alcohol

2025 update

As Scotland's public health agency, our vision is to create a Scotland where everybody thrives. However, after decades of improvement, Scotland's health is worsening.

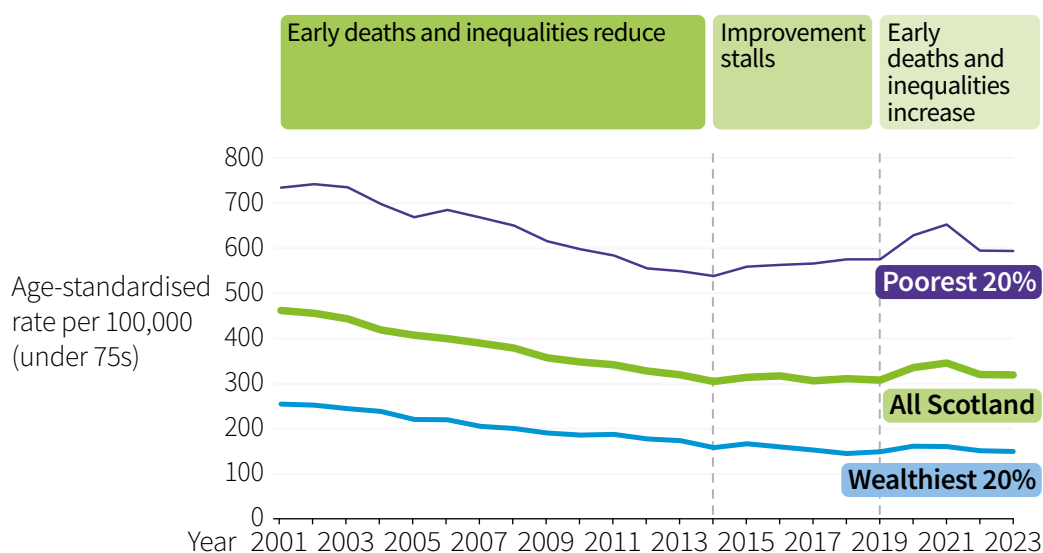
People in the poorest communities continue to die from avoidable causes at much higher rates.

Early deaths remain significantly more common in deprived areas.

Inequalities in avoidable mortality have widened again in recent years.

Progress in reducing avoidable early deaths has stalled.

Age-standardised avoidable mortality rate among under 75s: 2001–2023



Source: National Records of Scotland (Avoidable Mortality 2023)

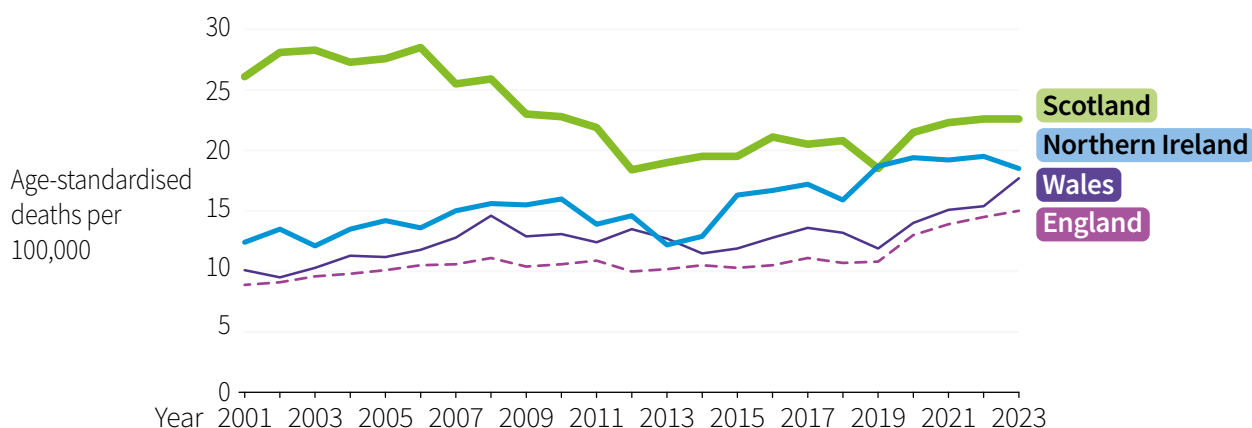
Long-term success in reducing health inequalities will not be achieved by the health service alone. We will work with public health partners to support investment in prevention and deliver policy actions across the building blocks of a healthy society.



Alcohol

Delivering our vision means we need to address the adverse health and social consequences from alcohol consumption. Alcohol deaths are rising across the UK. Deaths are highest in Scotland, despite the estimated number of lives saved by the introduction of **minimum unit pricing** (MUP).

Age-standardised alcohol-specific death rate per 100,000 people: 2001–2023



Source: ONS (latest release)



Alcohol use increases the risk of:



breast cancer



heart disease



type 2 diabetes



injuries



stroke



early death

To reduce alcohol harm, the **World Health Organization** (WHO) proposes the need for concerted action and stronger political commitment. There needs to be urgent, collective, evidence-based action now to help harmful alcohol use. By reducing exposure to alcohol from an early age, and supporting those affected by alcohol issues, we can improve the quality of people's lives. However, tackling harmful alcohol use will require action across a range of areas, including social and economic factors, health services and the places where we live, play and work.

Why we need to act



Health impact

In 2024, there were **1,185 alcohol-specific deaths** registered in Scotland. Source: **National Records of Scotland**

The **more alcohol** we drink, the **higher the health risks**. **24% of adults** drink more than **14 units a week**, **increasing their risk** of breast cancer, mouth cancer, stroke, heart disease and type 2 diabetes. Source: **Scottish Health Survey 2021**



Social impact

People in our **poorest areas** are **over six times more likely to die from alcohol** than those in the wealthiest areas, and over six times more likely to be hospitalised. Source: **Alcohol consumption and harms dashboard report – June 2025**

Early teenage binge drinking can lead to **bullying**, lower levels of **mental wellbeing** and **difficulties at school**. Source: **OECD**

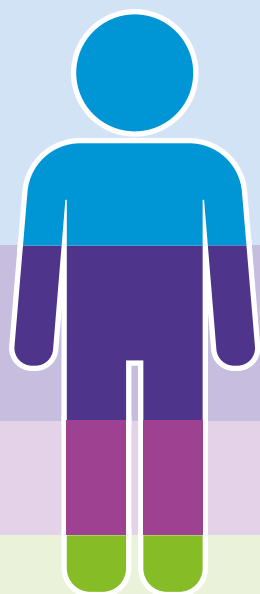
41% of women are estimated to **drink alcohol while pregnant**. This **increases the risk** of miscarriage and premature birth, and can have lifelong effects on the development and wellbeing of the child. Source: **Lancet**



Future impact

If current alcohol consumption **trends continue**, **life expectancy** will be **0.8 years lower** by 2050. At the same time, **healthcare expenditure** will need to **rise by at least 3%**, or **£209 per person per year**, to cover the **additional burden** attributable to alcohol. Source: **OECD**

What shapes our health



40% Social and economic factors

30% Health behaviours

20% Health services

10% Physical environment

Adapted from **The Kings Fund**.

Policy proposals

Social and economic factors

- Develop and implement a Regulatory Code for marketing of alcohol. This will help to protect children, young people and those affected by alcohol dependence from prolonged exposure to alcohol advertising.
- Identify and implement evidence-based measures to reduce at-home alcohol consumption.
- Continue with policy on MUP on alcohol. MUP is estimated to have reduced deaths directly caused by alcohol consumption by 13.4% and hospital admissions by 4.1%. In September 2024, the minimum unit price was raised from 50p to 65p to maintain effectiveness.

Health behaviours

- Introduce a standardised health warning to alcohol containers. This would give people information about the contents of alcoholic drinks and the associated risks.
- Develop public health policy to reduce alcohol harms with communities, free from the influence of those with vested economic interests in alcohol production and its sales.

Health services

- Invest in alcohol treatment services to increase the availability and resourcing of appropriate treatment pathways. People with alcohol dependence need timely and high-quality treatment.

Physical environment

- Strengthen the existing powers available to licensing boards to use public health considerations to inform decisions, particularly in areas of high deprivation.

The role of PHS

Scotland has made progress in reducing alcohol harm but can **learn from other countries**. To reduce alcohol deaths, we need innovative and progressive action, accompanied by a clear commitment to monitoring and evaluation. Evidence of impact will become clear as policies are implemented.

Any agreed interventions on alcohol need to sit alongside a wider programme of work to improve the building blocks of a healthy society. This will include action on other health-harming substances, together with action to address poverty. Given the key role of data and evidence to drive policy, we, along with our public health partners, can make a positive contribution.

Enabling action

We support the Scottish Government and local government to take bold decisions by providing evidence and guidance on effective policy interventions to reduce alcohol harm. This includes:

- contributing to the implementation of the recommendations from the **Public Health Scotland review of Alcohol Brief Interventions (ABI)**
- using insights from the **PHS investigation into the decline in treatment referrals** to inform national and local action to improve access to specialist services and support system improvements (e.g. DAISy data quality and intelligence)
- providing expertise and support to local partners in reviewing alcohol-related deaths and in assessing needs to help inform the planning of alcohol services
- applying learning from the **completed evaluation of Minimum Unit Pricing (MUP)** to policy and practice (including the uprating to 65p in September 2024) and to ensure the price threshold for MUP remains effective.

Intelligence

We develop evidence and data to support wellbeing and protect people from harm. We provide intelligence on the best ways of reducing alcohol harm. This includes:

- the **Alcohol consumption and harms dashboard (ACHD)** as the primary source for alcohol evidence and monitoring
- the **Scottish burden of disease study**, which provides estimates of the impact of alcohol on our health and its contribution to health inequalities
- a new alcohol surveillance dashboard, which will allow local areas to understand alcohol harms and trends in their areas
- completing the first national profile of people in contact with specialist treatment services to help services and local partnerships continuously improve.

Evaluation

We evaluate the delivery of major policies to better inform what works and help policy makers and services make positive decisions. This includes the **residential rehabilitation placements report**.



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