NCD Prevention:
A Commercial Determinants of Health Approach

A 10-Year Vision for a Healthier Scotland

A report by NCD Alliance Scotland

NCD ALLIANCE
SCOTLAND

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A Commercial Determinants of Health Approach

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Foreword

Non-communicable diseases (NCDs) are the leading cause of death and ill health in Scotland, responsible for over four in five deaths. They significantly impact people's ability to live a healthy life, especially in our most deprived communities. Many of these deaths are preventable; around one in five could be prevented by reducing the consumption of alcohol, tobacco and related products, and unhealthy food and drinks.

Since 2020, NCD Alliance Scotland, a coalition of 24 leading health organisations, has campaigned for action on these health-harming products. Collaborating with colleagues across academic, public health, and advocacy sectors, we have built the case for a new approach to improving public health.

This report is the result of that collaboration: a 10-year vision to address the commercial determinants of health, a key driver of the consumption of health-harming products. I extend my gratitude to the experts who contributed their time and expertise, and to the NCD Alliance Scotland Vision Advisory Board for their pivotal role in this project.

This report sets out a vision for Scotland's future, free from the undue influence of commercial actors on our choices and, most importantly, our health, through the adoption and application of a commercial determinants of health approach to NCD prevention. It seeks to envisage society where the healthier choice becomes the easier choice and people are not at a disadvantage in their health because of where they live. This report marks just the beginning of a process to build this healthier and more equitable Scotland.

We look forward to continuing this work with the public health community, the Scottish Parliament, and the Scottish Government. We also welcome collaboration with organisations specialising in areas like the social determinants of health to ensure this vision contributes to a comprehensive approach to health improvement.

Ultimately, we hope this vision will inspire all who care about public health to support and advocate for actions that will improve the health and happiness of communities across Scotland.

David McColgan
Chair, NCD Alliance Scotland

Introduction

Non-Communicable Disease (NCD) Alliance Scotland have come together with public health experts from around the world to create a 10-year vision for a healthier, fairer future for Scotland, free from the burden of preventable NCDs.

NCDs are the leading cause of death in Scotland, contributing to around 52,000 deaths in 2023 (83% of all deaths).[1] These diseases, which include Scotland's biggest killers such as heart and circulatory diseases, cancer, diabetes, Alzheimer's, and lung disease, are responsible for the majority of deaths and ill health experiences in Scotland. NCDs can have a devastating impact on people's lives, causing many years of chronic ill-health, disability, and premature death.

Scotland's health is deteriorating. More people are dying younger in Scotland than in any other Western European country.[2] Moreover, between 2019 and 2021, healthy life expectancy for men in our most deprived areas was 26 years lower than in the least deprived areas, for women, the gap was 25 years.[3] This gap is symptomatic of the deeply entrenched inequalities we are facing in health. Transformative, systemic approaches are needed to tackle an issue of this scale.

We want everyone in Scotland to have an equal chance of living a healthy life, free from preventable health harms and preventable premature death. Although the factors behind Scotland's poor health are complex and multiple, preventable NCDs are a key driver and, most importantly, a factor that we can act on.

Life expectancy is starting to fall and the burden of NCDs is only set to rise, resulting in more people experiencing health harms and living life with an NCD. Estimates show that the burden of NCDs, in terms of disability-adjusted life years, is projected to increase by 21% by 2043.[4] Not only are people dying younger, but they are also living fewer years in good health. We are moving in the wrong direction in Scotland in terms of health outcomes. We need bold thinking and new approaches to prevent further deaths and health harms.

Although the burden of NCDs is increasing, action on the drivers of ill health can shift the direction of Scotland's health to a more positive future. For example, estimates by the British Heart Foundation suggest that around one in five of NCD deaths are directly related to alcohol, tobacco, and overweight and obesity, and could be prevented through public health action.[5] It is these

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health-harming tobacco, alcohol, and high fat, salt and sugar (HFSS) food and drink products that we must regulate to protect public health.

Additionally, those living in the most deprived areas that experience the biggest negative impact from NCDs and health-harming products. Consumption of health-harming products is highest in these communities and contributes to widening health inequalities, and evidence shows that this is closely linked to higher availability of alcohol, tobacco and unhealthy food and drinks.[6]

Reducing health inequalities is a key aim of this strategy. It is well-evidenced that poverty is a key driver of ill health in Scotland, and this has only been exacerbated by the cost-of-living crisis.[7] Many in Scotland are experiencing deep poverty and their health is negatively impacted because of this. Systemic and comprehensive action is needed by our policymakers to reduce the burden of health-harming products on our most vulnerable communities by tackling the drivers of their consumption.

We believe that everyone in Scotland, in every community, has the right to a healthy life. But the current health landscape reflects huge inequities, driving widening health inequalities between our most and least affluent areas.

Taking bold action on health-harming products is key to creating a fairer Scotland where health inequalities lessen, rather than widen, year-on-year. We believe that one of the most effective ways to do this is tackling the key driver of health-harming product consumption, the Commercial Determinants of Health.

Key Definitions

The Commercial Determinants of Health: The CDoH, as set out in a Lancet series and a recent report by the World Health Organization (WHO), are the 'systems, practices, and pathways through which commercial actors drive health and equity'.[8] Some commercial actors contribute positively to our health, but some contribute substantial negative effects; particularly alcohol, tobacco, and HFSS food and drink industries. These negative effects can be attributed to commercial actions connected to price, marketing, and availability, making these unhealthy products more affordable, accessible and acceptable. (More on the CDoH in Chapter 1).

Health-Harming Products: For the purposes of this vision, this refers to alcohol, tobacco and related products, and HFSS food and drinks.

Health-Harming Industries (sometimes shortened to industry/ industries): Refers to large commercial actors, often international, whose business operation relies on the production and/or sale of health-harming products.

The Commercial Determinants of Health

The commercial determinants of health (CDoH) are the actions taken by commercial actors, often across marketing, availability, and price and promotion, that impact health. These actions drive the behaviours that impact harms and often represent a root cause of preventable NCDs. Action in this area is imperative to reducing consumption of health-harming products and protecting public health from commercial interests.

Children and young people are particularly at risk from the CDoH, and action in this area is recommended by the WHO.[9] Currently, it is possible for children and young people to be exposed to industry marketing and promotion daily in their communities and through media, and they are often exposed to content designed for adults.[10] We need further action to reduce industry influence to protect the health of our children and young people, as well as our future generations, by changing our environments to improve health and reduce the influence of health-harming industries.

As well as tactics such as marketing, price and promotion, and availability, large commercial actors also leverage significant influence over public health policy development through extensive lobbying and opposition to public health measures. Addressing this conflict of interest is key to reducing the impact of health-harming products. For health-harming industries, high consumption drives profits.

To reduce the burden of NCDs we must create a Scotland where public health comes before commercial interests, and create a future where business and retailers are supported and encouraged to improve health and positively impact our health landscape.

Because the tools used by the alcohol, tobacco, and HFSS industries are often similar, similar policy levers, mechanisms and principles can be used to address the CDoH. This work aims to

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support the existing Scottish Government strategies on Tobacco,[11] Alcohol,[12] and Diet and Healthy Weight,[13] and present a way of approaching public health prevention that is comprehensive, efficient and cost-effective. Action in each specific area is important and needed, but an overarching approach will be more effective at addressing the drivers of consumption of health-harming products.

Some previous approaches to public health prevention have focused on changing individual behaviours, encouraging members of the public to never start — or to stop — smoking, to drink less, and to eat healthier. Evidence shows that these approaches in isolation are often ineffective and place blame for the impact on health-harming products on individuals, when this is not consistent with the evidence. Taking a systemic approach that targets the industries responsible for these health-harming products acknowledges the overwhelming evidence regarding the CDoH, alleviates this 'blame', and works to create healthier environments for Scottish people to live in. This would mean making the healthy choice the easier choice for more Scots, and reducing industry influence in our everyday lives and decision making.

10-Year Vision on the Commercial Determinants of Health Within the Policy Landscape

Tackling health harms caused by the commercial determinants of health and health-harming product consumption is, alone, not enough to create a healthy Scotland. While the actions laid out in this vision have evidence to suggest significant impact, it sits alongside other notable efforts to improve health through tackling other factors, such as the social and economic determinants of health.

We believe this vision, and its delivery, should sit alongside other notable pieces of work in these areas such as Health Foundation Scotland's independent review of health inequalities in Scotland,[14] and the recent report of the IPPR Commission on Health and Prosperity.[15]

We also believe that this vision is a first step in defining the effective levers needed to address the Commercial Determinants

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of Health. To this end we also want to acknowledge ongoing work further evidence the impact of individual measures, such as Nesta's blueprint to halving obesity[16] and the World Health Organisation's developing work to characterise and outline effective levers to tackle the Commercial Determinants of Health.[17]

Policy Context and Background

The increasing burden of NCDs and the serious nature of their health harms presents a concerning picture of the future of Scotland's health. However, there is hope for a future where public health is prioritised and the impacts of health-harming products are reduced, and people live longer, healthier lives.

In the first 25 years of the Scottish Parliament, Scotland developed a reputation as a world-leader in public health by introducing policies that had not yet been introduced elsewhere and taking bold action on health-harming products. It has led the way in the UK on measures such as the 2006 smoke-free public places legislation[18] and Minimum Unit Pricing for alcohol.[19] The UK Government has also previously taken bold action on health-harming products, like the introduction of the Sugary Drinks Industry Levy,[20] introducing plain packaging for tobacco,[21] and most recently introducing the Tobacco and Vapes Bill.[22]

On the global stage, Scotland advocates for joined up-approaches to NCDs and shows leadership in these areas. They have recently committed £1 million towards NCD prevention, supporting governments in Malawi, Rwanda and Zambia.[23] However, in recent years domestic action on prevention has slowed and we are at risk of our reputation as a public health leader being lost. This approach to international development should continue, and it would only be strengthened if Scotland took action to become a world leader in tackling the CDoH across health-harming products.

As mentioned, the Scottish Government does have strategies for Alcohol, Tobacco, and Diet and Healthy Weight that provide detailed actions to be taken within individual product areas. This vision seeks to provide a more top-down approach that outlines the most effective approach to tackling the CDoH across these products. By breaking down silos and taking a cross-product approach, we can most effectively use policy levers and interventions to create impact on a population level, and learn lessons from policies that have been effective in one area that could be applied to another.

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We welcome the actions being taken now on NCD prevention by the Scottish Government, such as the retention and uprating of MUP in April of 2023;[24] the consultation on restricting promotions of food and drink high in fat, sugar or salt;[25] and working with the other UK Governments on the Tobacco and Vapes Bill at Westminster.[26]

However, we need sustained and cross-cutting action across all three product areas to systemically change our health landscape over the next 10 years if we are to reduce increasing health inequalities and health harms. This vision presents short, medium and long-term policy interventions that we suggest are considered over the next decades, as well as areas of development and actions that require further research, so that we keep ahead of negative health trends.

Through action in these areas, NCD Alliance Scotland believes that significant and positive change can be created in the coming decade. Change that gives every person in Scotland the best chance for a long and healthy life, and creates communities that promote health.

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Our Vision Has Been Developed Around, and Follows, Five Key Principles:

Principle 1:

Adopt a Commercial Determinants of Health Approach to Public Health

Principle 2:

The Effective Governance of the Commercial Determinants of Health

Principle 3:

Restrict the Marketing of Health-Harming Products

Principle 4:

Take Action on the Price of Health-Harming Products

Principle 5:

Restrict the Availability of Health-Harming Products

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Principle 1:
Adopt a Commercial Determinants of Health Approach to Public Health
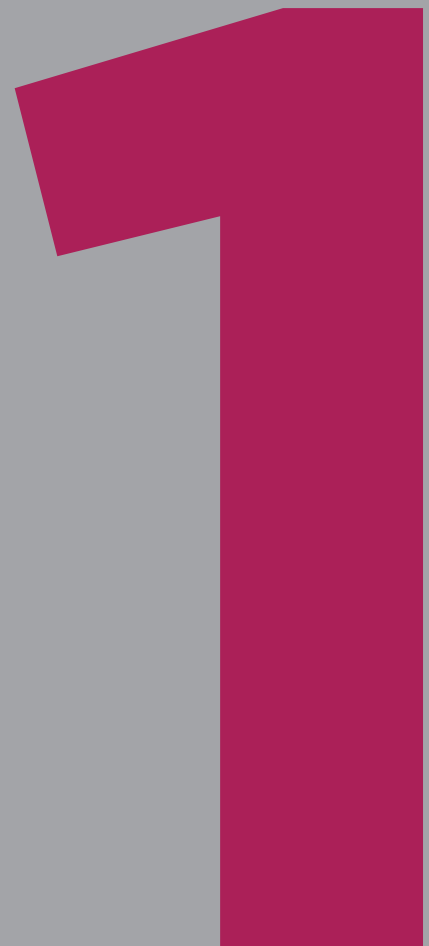
Introduction

The current policy approach around Public Health and NCD prevention is making insufficient progress to reduce health harms. Proposed policy interventions around health-harming products have been product-specific and have often failed to take a more comprehensive and systemic approach. There is a need to reframe the approach to prevention and adopt a Commercial Determinants of Health approach to reduce NCD harms.

The CDoH, as set out in a Lancet series and a recent report by the WHO, are the 'systems, practices, and pathways through which commercial actors drive health and equity'.[27] Some commercial actors contribute positively to our health, but some contribute substantial negative effects; particularly alcohol, tobacco, and HFSS food and drink industries. A significant number of NCDs are directly connected to the consumption of tobacco, alcohol and HFSS products, and can, therefore, be partly attributed to commercial actions.[28] These actions are connected to price, marketing, and availability, making these unhealthy products more affordable, accessible and acceptable. In some cases, the largest of such companies are disproportionately reliant on high levels of consumption of such products for much of their overall revenue, creating a fundamental conflict of interest with health objectives.[29]

The CDoH approach is a necessary and effective frame for NCD prevention that highlights the root causes of health-harming product consumption, helps us understand the relationship of CDoH to the wider social determinants of health, and helps us to refocus on what the most effective solutions may be, encouraging us to take a more nuanced approach to the conflict between 'industry' and public health.

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Additionally, the CDoH approach provides us with a new angle to communications around public health interventions, drawing focus away from individualistic approaches to health and towards creating healthier environments. We need a fresh approach to prevention, but also in the way we communicate this issue and

ensuring that the conversation around these issues is led by the evidence and the fundamental conflicts of interest at play, rather than by vested interests or misinformation. We need to highlight the positive value of these actions and acknowledge the steps that must be taken to support businesses that are already doing much to promote to health, whilst holding larger health-harming industries to account and reducing their influence in this space.

This section will outline key themes within this principle and outline possible steps forward.

The Case for Action

NCDs can have a devastating impact on people's lives and can cause both death and disability. NCDs include cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, among other conditions. Together, these caused around 83% of all deaths in Scotland in 2023, more than 52,000 deaths a year,[30] and 91% of disability adjusted life years lost.[31] This strategy focuses on the NCDs that are caused by modifiable risk factors: smoking, alcohol consumption, and poor diet, obesity and overweight.

- Smoking caused 8,942 deaths in Scotland in 2022 and is the primary preventable cause of premature death and ill health.[32] It is associated with conditions like lung cancer, heart disease and COPD (chronic obstructive pulmonary disease). In 2022, smoking was linked to an estimated 88,779 hospital admissions.[33] It is also estimated that 17 in every 100 life years are lost to tobacco in Scotland.[34] Smoking prevalence has decreased to 15% over the decades but this is still far higher that the Scottish Government's target of 5% prevalence by 2034, particularly given that prevalence was 25% in 2022 in the most deprived communities.[35]

- Obesity and overweight are very prevalent in Scotland, with 67% of adults classified as overweight or obese and 33% of children at risk of overweight or obesity.[36] Children in the most deprived quintile are more likely to be at risk of obesity than children in the least deprived quintile.[37] Obesity risks subsequent type-2 diabetes, cardiovascular disease, cancer and musculoskeletal disorders, increased risk of hospitalisation,

and premature death.[38] It is estimated that 10 in every 100 life years in Scotland are lost to obesity and overweight.[39] The estimated cost of obesity in Scotland was £5.3 billion in 2022, including costs to the NHS, social care, the wider economy and the cost to individuals due to the impact of health harms.[40] The Scottish Government has a target to halve the rate of childhood obesity to 7% in 2030. However, this target is set to be missed.

- Harmful alcohol use (drinking more than the recommended 14 units per week) also contributes to poor health in Scotland, with 22% of adults drinking over the recommended level.[41] Alcohol consumption is linked to risks of cancers, liver disease and cardiovascular diseases, among others.[42] It is estimated that more than 10 people die each week due to alcohol, more than 2,800 a year.[43] Alcohol specific deaths in 2023 were 4.5 times higher in the most deprived areas than those in the least deprived areas.[44] It is estimated that 6 in every 100 life years in Scotland are lost to harmful alcohol use.[45] The estimated economic cost of alcohol consumption to Scotland is between £5–10 billion, which includes healthcare costs, sickness and unemployment, crime costs, and social care services.[46]

The burden of NCDs is set to rise over the coming decade; the latest Scottish Burden of Disease study has projected a rise of 21% by 2043.[47] This huge burden could be substantially reduced by effective policy actions on key NCD risk factors. We need sustained and systemic action to address the health harms and economic costs of alcohol, tobacco and related products, and high fat, salt and sugar food and drink consumption.

For this action to be effective, it needs to address the driving forces behind the consumption of these harmful products: the Commercial Determinants of Health.

The Commercial Determinants of Health

Taking a different approach to public health and NCD prevention through the Commercial Determinants of Health helps to focus action on one of the key drivers of health-harming product consumption: the practices of commercial actors. This shifts attention onto the systems that produce and promote unhealthy products, rather than the individual behaviours of consumers.

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It recognises the practices and tactics of industry and how those practices impact our environments and our behaviours. This includes, for example, understanding how some of the most disadvantaged groups are more likely to be exposed to outdoor advertising of harmful products and be closer to clusters of outlets selling harmful products.[48] This means their environments are shaped by commercial actors in ways that are disproportionately harmful, and harder to navigate successfully.[49]

Approaches to prevention in public health have often treated these three product areas in silos, acknowledging this relationship between business and health, but not in a joined-up systems-focused approach. This is despite the fact that many of the inequalities caused by these products are compounded among the same groups of people, and many of the ways companies seek to increase consumption and oppose effective regulation are the same. By learning lessons from tobacco control successes, we can more easily identify areas of effective action across all three product areas. Adopting the CDoH as a central lens to understand NCD prevention could lead to more effective and efficient policy interventions with significant population-level impact, by looking at the commercial drivers of consumption and recognising tactics used across product industries.

It would also allow for greater advocacy and understanding by the public health community by bringing together a wider range of stakeholders to enact change, from civil society to local authorities and health professionals. This allows for more learning about effective approaches and interventions across products, especially where policy levers may be similar, addressing the '3A's' of Affordability, Acceptability and Accessibility. Breaking down existing silos enables greater knowledge sharing and more effective communication around NCD prevention.

This frame allows us to interrogate the driving forces behind preventable NCDs, but also to imagine new ways forward. Adopting a CDoH approach challenges our current model for interacting with commercial actors and managing their influence over our health (explored further in Chapter 2). By adopting this approach across work in NCD prevention we can look ahead to a Scotland where this relationship is better governed and more positive in its nature. Addressing the CDoH means that we can disaggregate the interests of specific multinational commercial actors (namely those connected to health-harming industries)

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and large retailers with those of smaller businesses and retailers. It will ensure we are creating a just transition for all Scottish businesses to move away from health-harming products and to have a more positive impact on our health and wellbeing, with the support and guidance to achieve this.

Addressing Individualism

Framing NCD prevention in Scotland around the CDoH is a useful way to challenge the argument, often promoted by industry, that health-harming product consumption comes down to individual choice. Reducing consumption is primarily framed as a person's own responsibility. It is sometimes suggested that with enough education and information, people should be able to make their own choices, and that they are responsible for their own health when it comes to preventable disease. Industry thus argues for awareness campaigns, disseminating more information and increasing education, rather than targeting the causes of high consumption of health-harming products.

This approach can create stigma against those that consume tobacco and related products, alcohol, and unhealthy food and drinks, placing blame on individuals for the ill-health they may experience as a result of this consumption, which can, in reality, be largely driven by marketing, availability and price.

Overemphasising the role of individual behaviours is also often a tactic used by unhealthy commodity producers themselves, to deflect attention and conceal their own conflicts of interest.[50] There are examples of unhealthy food companies funding campaigns on physical activity[51] and the alcohol industry funding information sources on "responsible drinking" in what have been termed "strategically ambiguous" ways.[52] These two examples place the emphasis on individuals changing individual behaviours without acknowledging that some of the most powerful forces behind the high consumption of health-harming products are companies themselves or recognising the conflict of interest that such companies have when it comes to measures in the best interest of public health that might reduce their future revenue.

Much more can be done by government and public health stakeholders to reverse this individualistic approach and commit to upstream, systemic change that very clearly places

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responsibility with industry, recognising commercial determinants — health-harming products and corporate activities — as the root cause of the problem.

Moving away from this individualistic narrative towards a discussion on the CDoH strengthens the public health argument for preventative measures. It highlights the power imbalance between the most harmed communities and the companies that disproportionately profit from them and aids in changing public perceptions about the responsibility of industry as actors in people's health. It also allows for a more sympathetic view of those affected by health-harming products, where discussions can focus on supporting people and communities across Scotland to live healthy lives.

This strategy aims to create a Scotland with healthier environments, firstly by recognising that our environments have a significant impact on our health, and by recognising that our environments are disproportionately influenced by commercial entities. It aims to shift focus from individual behaviour to making our environments healthier and healthy choices easier, limiting and challenging the influence of industries over our health, so that our decisions regarding health are truly ours.

Public Perceptions

It is the role of those with a stake in public health to create more space for nuance and find ways to more effectively communicate about NCD prevention. We must work to remove stigma and direct the conversation in a more positive and transformational direction. This 10-year vision aims to make space for a more comprehensive and systemic approach to NCD prevention where we start to change and challenge existing frames and perceived public opinion and hold commercial actors more accountable.

Public health measures are required for a healthy future for Scotland, and we can improve the way these measures are communicated and framed. Communications that clearly demonstrate the relationship between industry influence and consumption are useful in introducing the public to the idea of the CDoH and how commercial actors influence our everyday behaviours.

Public attitudes towards public health interventions can and do change. NCD Alliance Scotland used the CDoH frame to structure our public engagement work with the Diffley partnership and

Children in Scotland. Using a frame that draws attention to industry influence was effective in changing attitudes to public health interventions and building support for policy action. When exposed to the evidence on industry tactics and influence through tools like marketing and pricing strategies, people became more engaged with the idea that industry has a responsibility for impacting our health.

We must utilise the framing of the CDoH to better understand the actions and tactics used by health-harming industries which impact health while generating profits, as well as to better inform our communications around proposed prevention interventions. We can learn from engagement projects like those commissioned for this strategy and others. For example, a project carried out by the University of Glasgow to co-produce communications with young people directly, while framing the message around industry actors and the CDoH.[53]

More on our engagement work and research can be found in the public engagement summaries for this chapter and the reports of this work.[54]

Industry-Centred Narratives

A significant part of adopting a CDoH approach is highlighting the impact that industry has in setting the narrative around interventions. They use a multitude of tactics to push back against public health measures and reframe the discussion into an economic or business-oriented narrative, often with very little transparency or accountability for the accuracy of claims made in such conversations, and position public health as if in opposition to the best interests of the Scottish public.

Many arguments around public health are framed as being in opposition to 'business' and can be famed as 'anti-business' or 'anti-industry', feeding into an idea that public health interventions will have a negative impact on the economy, on jobs, and on local businesses. 'Business' is often presented as a uniform actor with no differentiation between producers and retailers, local businesses and multi-national corporations or industry influenced representative bodies. Public health stakeholders must further define what is meant by 'industry' or 'business', to create greater clarity around which is being discussed when it comes to health interventions.[55]

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A local corner shop in small rural community may sell tobacco, alcohol and HFSS products, so falls within the CDoH frame; but as a community hub, it has the potential also to have a positive impact on health. It does not mirror the same conflict of interest with public health that international tobacco producers do, and we cannot treat them the same way (more on this in Chapter 2).

Adopting the CDoH approach encourages us to differentiate between different commercial actors and identify areas that require intervention in the interests of public health. Championing public health over health-harming commercial activities is not inherently 'anti-business'. We would propose the idea of a 'just transition' for businesses away from reliance on the sale of health-harming commodities whilst advocating for strong action around the governance of health-harming industries.

Such a 'just transition' is crucial to the creation of a health promoting society in Scotland, where health is protected from commercial interests that drive ill-health and where our economy is not reliant on the sale and consumption of health-harming products, but represents a vibrant economy where people's health and wellbeing and their economic contributions are not impacted by the health harms driven by consumption.

The idea of prevention measures being at odds with economic growth is both inaccurate and harmful for public health. It also makes political support for prevention interventions difficult to achieve, as the finance and health portfolios can be framed as having opposing interests. It is important that we demonstrate that being pro-health is not anti-business, but instead recognise that a healthier Scottish population is a key foundation on which a more vibrant economy can be built.

Areas of Action: Cross-Product

Develop a Public Health Communication Strategy

Context:

A Public Health Communication Strategy focused on exposing the Commercial Determinants of Health to engage and explain

upcoming prevention measures is one way in which the Scottish Government could help reframe the discourse in this area of health. This should include informing Ministerial Statements on public health prevention policy announcements.

We know that when public health measures, like the Minimum Unit Price for Alcohol, Restricting Price and Promotion on HFSS food and drinks, or increasing tax on tobacco products, are announced, there is often a strong response from industry and the media on the negative impacts that these interventions may have on the economy and on individuals themselves.[56] Many of these responses use common arguments promoted by industry as a tactic to undermine public health interventions.[57] A clear and effective communication strategy could provide a framework to better communicate against these arguments and make sure that the health impacts and benefits are the core focus of any discussions around measures, working against any confusing messaging or misinformation that may arise from industry-funded sources.

Examples from public-engagement projects, like NCD Alliance Scotland's collaboration with the Diffley Partnership and Children in Scotland, on how best to change public perceptions around public health interventions should be utilised for future policy interventions (more on this in the public engagement summaries for this chapter). There must be a move away from individual responsibility to recognising why government action on the commercial determinants of health is needed for a healthier future.

Impact:

Such a communication strategy could build on existing public support for government intervention in NCD prevention, reduce the impact of industry-funded messaging and reframe public health policies as pro-health rather than anti-business. This would build momentum for future interventions and increased appetite for policies that put health before commercial interests.

Next Steps:

We suggest this as an area for development by the Scottish Government to complement its existing strategies on Tobacco and Vaping, Alcohol, and Diet and Healthy Weight, and to build upon existing pieces of public-engagement work around the CDoH and public perceptions.

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The Scottish Government is set to release its Population Health Framework, and a Public Health Strategy should be developed as part of this framework.

Appoint a Future Generations Commissioner

Context:

The Scottish Government consulted on its Wellbeing and Sustainable Development Bill in December 2023.[58] Part of this consultation discussed the possible introduction of a Future Generations Commissioner 'who acting on behalf of future generations would be empowered to hold public bodies, including Ministers, to account'.[59] The consultation discusses the proposal to build into legislation principles that relate to the National Outcomes.[60] One of the National Outcomes is 'We are healthy and active.'[61]

There are examples of similar policies in the UK, such a commissioner already exists in Wales.[62]

Impact:

We support the introduction of a commissioner to support work on the CDoH and support the development and introduction of policies around public wellbeing. A commissioner could ensure that public health is included and promoted, while also protected from commercial interests, ensuring a healthier future for our future generations. Health is fundamental to wellbeing, and this should be viewed at a population level. A commissioner could also ensure that input from children and young people is heard in all public health legislation.

Any legislation or decisions, in any portfolio, not just health, could be independently scrutinised by a commissioner if it is deemed to have, or possibly have, negative health impacts for future generations. This could provide a way in which public health interests regarding NCD prevention could be further protected from commercial interests and ensure that we are putting the best interests of future generations forward.

Next Steps:

A Future Generations Commissioner should be introduced and should be empowered to protect public health and support NCD prevention through policy interventions focused on the CDoH.

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Fund Research Programmes Across the Commercial Determinants of Health

Context:

The Commercial Determinants of Health is a developing field of research, and although some aspects of this approach are well-understood there is still more research to be developed. The WHO notes that further research is needed, particularly around health equity and the governance of the CDoH and this is true for Scotland.

To ensure that future work to reduce harm from health-harming commodities is as effective as possible, it needs to be based upon robust data and research. To achieve this, the funding of research into these areas is needed but is currently unsupported by Scottish funding bodies.

Impact:

To most effectively reframe the discourse around NCD prevention to focus on the commercial determinants of health, a research programme on the CDoH could be set up and funded by the Scottish Government and relevant partners to build on existing research taking place in Scotland. This would greatly further our understanding of topics like conflicts of interest, industry influence and the relationship between the CDoH and health inequalities. It could also address data gaps on youth uptake and consumption of health-harming products by taking an approach that also focuses on the health of our future generations.

Next Steps:

The Scottish Government, Chief Scientist's Office and Public Health Scotland should work with researchers to create, explore and fund a research agenda on the Commercial Determinants of Health and ensure this agenda is driven forward.

Public Engagement Summary: Diffley Partnership

Commercial Determinants of Health and Public Attitudes: A Deliberative Research Approach[63]

NCD Alliance Scotland commissioned the Diffley Partnership to run a deliberative research project to provide an insight into public attitudes around the commercial determinants of health. This research recognised that public perception of public health interventions is critical for Scotland adopting a commercial determinants of health approach to NCD prevention. Crucially, it looked to understand how a CDoH lens can change public attitudes to measures that are required for a healthy future for Scotland.

Initially, a short national survey was issued to a representative sample of adults in Scotland in June 2023. This survey received 1,074 respondents who answered an initial series of qualitative questions about the role of industry in public health. A representative sample of 31 panellists from across Scotland were then selected to take part in five deliberative sessions.

These deliberative sessions included ongoing surveys of views to provide a measure of how attitudes changed after the presentation and discussion of evidence; discussion with independent experts who offered impartial evidence; and detailed deliberation among panel members.

The national survey and Session 1 gave good insight into pre-existing public opinion of NCDs and the CDoH. Before being exposed to evidence and education on industry action, survey responses attributed the highest responsibility for an individual's overall health to individuals themselves. There was consensus that industries should be held responsible for the harm caused by their products, but there was reluctance to involve them in the development of public health policy

This sentiment began to change as soon as Session 2, 'Personal Choice vs Government Responsibility', where an expert presentation

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evoked strong reactions from the panellists, who were surprised by the extent of industry influence. The evidence prompted a heightened call for industry acknowledgement of its responsibility, and case studies led to discussion of the ethical considerations of charity donations from an alcohol company.

Sessions 3 and 4, 'Industry Tactics' and 'Potential Interventions and Policies', underscored the need for a comprehensive approach to address the influence of industries on public health. During these sessions, there was a significant shift in perception regarding government role in addressing NCDs and moving towards a more hopeful, healthier future. As sessions progressed, panellists became more receptive to regulatory measures, especially if proven in specific contexts, highlighting the legislative potential of a joined-up approach across health-harming industries.

Overall, the deliberative process saw a significant shift in the views of the panellists. When asked to rate the responsibility of actors for an individual's overall health, scores for food and drink manufacturers and the Scottish Government rose from 5.5 and 6.7 to 8.8 and 8.5 respectively. Additionally, agreement that children were too exposed to health-harming products rose from 83% to 100% by the end of the sessions.

This research shows how discussion and communication around the role of the commercial determinants of health helps to evolve attitudes towards industry actors in the context of public health. The potential for public support for a CDoH approach is compelling, especially with a strong communications strategy that prioritises education and awareness of industry tactics and NCD harms.

Public Engagement Summary: Children in Scotland

Creating a Healthier Scotland for Everyone Workshop — Engagement with Children and Young People on Health-Harming Products and the Commercial Determinants of Health[64]

NCD Alliance Scotland commissioned Children in Scotland to engage with children and young people on the commercial determinants of health. The one-day workshop involved 14 children aged 8 to 17 from five local authorities. Interactive activities facilitated open discussions, allowing participants to explore evidence on the CDoH in discussion with experts. Some discussions took place within smaller groups which were made up of participants from a range of ages. Sessions aimed to understand their perceptions of the risks associated with health-harming products and identify support needed for healthy choices.

Participants' views evolved during the workshop as they received evidence and alternative perspectives to consider the CDoH. By the end, they felt that the government bore greater responsibility for an individual's health, more so than family or businesses. They clearly articulated that the burden of responsibility lay with the government as a regulator, not on businesses to self-regulate.

The marketing of health-harming products was a key concern of children and young people across alcohol and tobacco-related product areas. Participants favoured restrictions on the marketing of vapes, including a ban on 'sweet-shop flavours'; and all participants favoured an introduction of physical barriers in shops that sell alcohol to prevent children from seeing alcohol brands and products. Availability and price were more significant discussion points for high fat, salt, and sugar food and drinks; with participants articulating their right to be free from harm to health through a fast-food buffer zone around schools. There was a prevailing opinion that the higher cost of healthy foods discriminated against those on lower incomes.

Participants in this workshop had a sound understanding of the role that industry plays in marketing health-harming products,

and generally supported interventions that restrict commercial influences. Participants commented that frequent exposure to health-harming products normalises them; associates them with leisure activities; and teaches children and young people that they are desirable.

It is important that the views of children and young people meaningfully inform policy and strategy development. Government policy should restrict marketing of health-harming products that children and young people see in their daily lives, as part of a combination of approaches to regulation that promote healthy choices. Children and young people in this workshop did not believe that a single policy intervention alone would be sufficient to address the impact of health-harming products, supporting the joined-up systems approach of the 10-year strategy.

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Principle 2:
The Effective Governance of the Commercial Determinants of Health

2

Introduction

For this 10-year vision to be realised, it is crucial that effective governance of the commercial determinants of health and commercial actors is established.

There exists a fundamental conflict of interest when it comes to certain commercial actors and their involvement in public health policy making. Despite this, historically, health-harming industries have positioned themselves as a key stakeholder in public health. They have framed themselves as knowledge experts in the harms created by the consumption of their products, and as experts in how to progress with public health measures and harm reduction strategies.[65]

Yet, they are not experts in understanding health problems or in effective solutions and what knowledge they have is not openly shared. For example, the tobacco industry was found to have hidden evidence that their products caused cancer for decades due to the implications for their business.[66] Both tobacco industry funded research[67] and e-cigarette (vape) industry research[68] have been found to be partial and biased compared to neutral research, and increasingly such funding is routed through third parties making it harder to clearly identify the original funder.[69]

Far from being allies or partners, as the WHO makes clear: 'Overwhelming evidence indicates that companies producing and selling unhealthy commodities have defeated, delayed or weakened the design, implementation and evaluation of public policies worldwide'.[70]

This conflict is intrinsic given companies are primarily profit-driven entities, and where a large portion of revenue is generated by harmful products consumed at high levels, meaningful reductions would constitute a serious risk to overall sales. This is at fundamental odds with improving health when it comes to alcohol, tobacco and related products, and HFSS food and drinks. In these cases, profits are driven by patterns of consumption, which in turn drive ill-health and widen health inequalities.

This chapter seeks to explore this fundamental conflict of interest, highlighting the ways industry influences health policy and the

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power imbalances created through tactics like legal challenges and political influencing. It will also outline steps to ensure that NCD prevention is not hindered by the actions and interests of conflicted commercial actors while creating space for more positive relationships with businesses in the future through effective governance and creating defined roles and spaces for such actors.

Effective governance also involves facilitating engagement with actors that are not conflicted and do have relevant expertise, while excluding those who do not have this expertise and would undermine progress in public health. Introducing a framework of more effective governance will allow for more meaningful partnerships and acknowledge the positive role played by some parts of the economy, like small businesses who can often sit at the heart of communities, by excluding those few, larger, actors (health-harming industries), that are fundamentally conflicted. By introducing better governance and establishing clearer roles and spaces for actors, we hope to work towards a future where more meaningful and positive relationships can form.

Conflict of Interest

Health-harming product industries are fuelled by their fiscal duty to create profits for their shareholders. These profits are driven by the consumption of health-harming products, and their long-term stability is based on ensuring current and future generations consume these products. This is the driving force behind their use of tools such as marketing, price, and availability to drive consumption, as well as their opposition to effective public policy, emphasis on self-regulatory approaches, and efforts to dispute the nature and scale of their products harms.

This presents an insurmountable conflict of interest with public health. While industries are principally driven by profit, those that are reliant on unhealthy and often inequitable patterns of consumption can never truly be driven by an interest in preventing NCDs, as this requires consumption levels to fall substantially and in a relatively short period.

While these industries and actors profit from the consumption that drives health harms there can be no space for them in the development of public health policy. Economic arguments around public health interventions damaging the economy or having

a devastating impact on business often outweigh arguments about the positive impacts on health and promote misleading narratives about the claimed impacts of health measures. This is counterintuitive in multiple ways.

People's health, as is well understood, has a substantial impact on the economy. People who live lives free from preventable ill-health and disability can stay in work longer, play a more active role in society, and most importantly live longer, healthier, and more economically productive lives. Population health is a cornerstone of a thriving economy. This case is spelled out effectively in the recently published IPPR Commission on Health and Prosperity.[71]

Claims by health-harming industries on the impact of preventative measures on businesses and employment are often exaggerated and misleading, such as claims about tobacco measures impacting on illicit goods.[72] They also provide a partial picture, as when people spend less money on health-harming products they are likely to spend it on other goods and services so the overall impact on the economy and employment is likely to be less negative and may even be positive.[73] It is also important to note that the profits from health-harming industries do not stay principally in Scotland, so the economic benefit from their sales does not benefit our domestic economy. For example, the majority of whisky distilleries in Scotland are foreign owned[74] and many members of the Scotch Whisky Association are multi-national alcohol producers.[75] The profits made by multinational tobacco corporations are channelled to shareholders, rather than to tobacco farmers or retailers or consumers.[76]

By contrast, the cost of these products in terms of health harms to our communities and our society is vast and long-term, and in some cases multi-generational. NCDs in Scotland have a significant impact on our economy, and especially our NHS. Alcohol harms alone are estimated to cost between £5 billion and £10 billion each year.[77] The annual cost of treating smoking related diseases to NHS Scotland has been estimated to be over £300 million and perhaps over £500 million a year.[78] The annual cost of obesity in 2022 was estimated to be £5.3 billion in Scotland, and research shows that this is only set to rise.[79] The economic arguments made by such commercial actors must be contextualised by the cost of the harms they cause, the years of healthy life taken away from people and the billions they cost our economy each year. There is no space for this conflict of interest in the development of public health policies.

Recognising and actively managing the central issue of conflict of interest in public health is necessary for any action on reducing the consumption of alcohol, tobacco and related products, and HFSS food and drink to be successful. We need bold action by the Scottish Government, the Scottish Parliament, public bodies and local governments to change the way they interact with health-harming commercial actors and more effectively govern the public health policy process and take a robust approach to conflicts of interest and corporate accountability.

Power and Policy

The commercial determinants of health not only have influence over our individual choices and our health environment, but also the way that public health policy is formulated. We know that health-harming product industries, particularly in the form of large multi-national companies, or representative bodies and third parties funded by them, lobby strenuously. They can have considerable access to policymakers to change the direction of policy development.[80] They have extensive resource, capacity, and connections at their disposal, far greater resources than those available to the public health community. Their interactions with policymakers take many forms: meetings with policy makers, industry sponsored events, party conference attendance, giving evidence at committees and to consultations, and gift giving, political donations, benefits and hospitality.[81] There is a lack of recorded evidence and transparency around these interactions, and they can be channelled through third parties.

There is a growing body of research into the interactions specifically between governments and health-harming industry bodies. Again, these interactions take many forms, from both formal and informal lobbying, relationship building, and most concerningly involvement in the development and in some cases blocking of public health measures. This can also include the use of proxies/third parties by industries to communicate their messaging to policymakers 'without always being transparent about their funding'.[82]

It is recognised by the World Health Organization (WHO) that the influence that health-harming industries have over health interventions is harmful to the aims of public health and NCD prevention.[83] It is seen as a systemic issue, not limited to a

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few isolated examples, but a much wider web of reported and unreported interactions between policymakers and industries reliant on the consumption of health-harming products. These interactions secure the position of health-harming industry actors as claimed legitimate stakeholders in public health and provide them with opportunities to counter-lobby the public health community.

It is not only a lack of transparency in industries' interactions with policymakers that harms the cause of public health. It is also a general lack of data and transparency from industry about their operations. Industry often makes claims around the harmful impacts to their business that proposed interventions may have. However, there is no data publicly available, or available on request for health stakeholders, or the government, to interrogate these figures and look more closely at the evidence around these claims.

When they can be interrogated and checked, these claims are often found to be invalid. For example, in the case of the tobacco industry's claims about the economic impacts of smoke-free policies on the hospitality trade were independently scrutinised and found to be invalid.[84] Key information relating to the consumption of health-harming products, like sales data, is currently largely unavailable. Not only does this make it difficult to fact-check industry claims about proposed policies, but it also makes it difficult to model new policies and interventions that may be effective in reducing NCDs.

Markets and Legal Challenge

The industry threat of legal challenge to public health interventions poses an additional barrier to reducing harms from NCDs and exemplifies the ways in which industry seek to undermine public health policies by exerting power. There have been instances of challenges by industry actors in order to delay or halt the introduction of measures.

In Scotland, a notable example is the attempt to prevent the introduction of a minimum unit price for alcohol (MUP).[85] The recent WHO report on the commercial determinants of health sets out MUP as a case study in how industries seek to undermine policies to reduce NCDs.[86] MUP was first proposed in 2009 and legislation passed by the Scottish Parliament in 2012, but a series

of legal challenges by the Scotch Whisky Association and others, involving Scottish courts, the European Court and finally the UK Supreme Court meant that the measure was not implemented until 2018.[87] Although the industry bodies involved were ultimately unsuccessful, their lobbying and then legal challenge combined to delay the introduction of the policy for 6 years.[88] MUP has since been found to have had a positive impact, significantly reducing alcohol consumption and alcohol-related deaths in Scotland.[89] MUP has been recognised as an effective public health measure with the Scottish Parliament unanimously voting to renew the policy in April 2024, and agreeing by majority to uprate the price to 65p per unit from September 2024.

Similarly, Kellogg's attempted a legal challenge over UK Government measures around the regulations restricting the promotions of unhealthy food. This case shows, again, the power industry has and their ability to mount legal challenges around public health measures.[90] Additionally, there is an extensive history of tobacco companies mounting legal challenges to public health measures,[91] including a delay of several years the implementation of a display ban on tobacco retail.[92]

Since the withdrawal of the UK from the European Union, the scope for challenges has increased as the legal test under the UK Internal Market Act 2020 is higher than that which applied under European law.[93] Public health action to control the sale of goods that can be argued to be discriminatory against goods from other parts of the UK can now only be justified if is a "necessary means of achieving a legitimate aim" such as "the protection of life or health of humans" where the previous, European, test was that it was a "proportionate means".

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Some lawyers consider that if MUP were being brought forward now it might not meet this test. It is essential that in order to ensure that progressive public health action such as MUP and the ban on smoking in public places — both of which were legislated for in Scotland before elsewhere in the UK — that the governments of all four nations come together to ensure that the IMA enables rather than hinders action to protect and improve public health and allows Scotland and the other devolved administrations scope to address how health-harming products are sold.

Addressing conflicts of interest and working to restrict the influence and power of health-harming industries over public

health is vital to the reduction of NCD harms in Scotland. These power imbalances also play out on a local level, with local governments being challenged by commercial actors around issues like planning or local restrictions around marketing and availability. For example, legal challenges by Aldi against Dundee City Licensing Board in 2016 and 2022 have twice overturned the Board's overprovision policy.[94] KFC has also challenged 43 councils in England over planning policies that seek to champion children's health and were successful in more than half of cases.[95]

This influence over policy and the power imbalance due to legal challenge makes introducing effective population-level policy interventions to reduce NCD harms a more difficult, lengthy and expensive process. There is space for industry in the policy process, but that space is solely in informing the implementation of such interventions, not shaping the interventions themselves. Even in informing implementation, any evidence which they provide on business impacts should be more transparent and subject to scrutiny.

Effective Governance

To successfully reduce the burden of NCD harms we need to limit the influence of commercial actors and interests over our health. This requires a greater acknowledgement and understanding of conflicts of interest and a deeper understanding of why we are not progressing in reducing the impact of NCDs in Scotland. This must be accompanied by stronger governance over commercial actors and the comprehensive regulation of health-harming products.

One way forward is to broaden the approach we currently take with the tobacco industry, strengthen it, and apply it across all health-harming products.

An international framework of governance already exists in relation to the tobacco industry. Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC) requires that 'in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law'.[96] The guidelines on the implementation of Article 5.3 contain key principles in guiding how parties should, and should

not, engage with industry.[97] These principles include an emphasis on accountability and transparency, and the protection of public health from conflicts of interest. The UK, including Scotland, is a signatory of the FCTC is required to report on how it has complied with its provisions.

There are lessons to be learned from Article 5.3, particularly for alcohol but also tobacco and related products. The tobacco industry has sought to use its heavy involvement in the e-cigarette industry to claim a role in harm reduction, enabling them access to policymakers despite Article 5.3,[98] often through its harm reduction campaigns.

The influence of Big Tobacco is well-evidenced and projects like Tobacco Tactics seek to uncover the methods used by the industry to create barriers to reducing tobacco harms.[99] Alcohol and unhealthy food industries use similar playbooks.[100] Using the CDoH frame helps us to understand the ways in which health-harming industries seek to achieve their goals and the need for stronger governance to protect health.

Work to develop governance frameworks with similar principles to Article 5.3 has been undertaken by various organisations and such frameworks are increasingly becoming the ambition for those working to reduce harms from health-harming product industries. The Institute for Alcohol Studies recently published a report on effective governance and managing conflicts of interest, particularly on interactions with the alcohol industry.[101] Their recommendations include acknowledging conflicts of interests, promoting transparency, minimising interactions with industry, rejecting partnerships and taking a comprehensive approach across policy areas.[102] The Association of Directors of Public health have similarly developed a toolkit to improve the governance of commercial interests and public health, demonstrating best practice, guidelines for governance, case studies and resources for those working in public health.[103] Such projects should be used as examples of best practice and their recommendations should be implemented by policymakers and public health stakeholders.

Due to the intricacies of policies like reformulation and food industries producing both HFSS and non-HFSS foods and drinks, nuance is required to govern their interactions with government. However, the principles of accountability and transparency must stay the same. We see similar legal challenge and industry

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involvement in public health measures by HFSS industries, like the Kellogg's legal challenge over UK price and promotion legislation[104] and similar tactics to alcohol and tobacco industries. The WHO has developed comprehensive recommendations for managing conflicts of interest in nutrition programmes, and these could be applied to engagement with HFSS food and drink commercial actors.[105]

A governance framework for Scotland for the Commercial Determinants of Health would set clear standards to both policy makers and industry actors in what interactions are appropriate and which are not when it comes to public health interventions and ensure the transparency of these interactions. This will ensure that conflicts of interested are addressed and industry involvement in the policy process is regulated across tobacco, alcohol and HFSS food and drinks, while also moving us towards a Scotland where we see more positive and impactful relationships with businesses and actors who can have a positive impact on our society, free from conflicts of interest.

A Vision for the Future

Public health interventions are not anti-industry, nor is the public health community. Our vision to create a Scotland where industry, large businesses and small businesses, contribute, with support and guidance from the public health community and the Scottish Government, to a 'just transition' that promotes the consumption of healthy products and facilitate healthy decisions rather than driving their profits through the consumption of health-harming products. To realise this vision, we must work with small businesses and retailers to learn how best to facilitate this transition. But this work to enable change is only possible with a robust and clear framework to govern the interactions between policymakers and corporate industry actors and create defined spaces outside of public health policy development for these interactions.

Delivering this vision for Scotland is not possible without addressing this fundamental conflict of interest first, and building a decade of effective policy interventions that encourages industry to change and adapt second. It is possible to have good public health and a healthy economy, but this relationship is lacking balance currently. Scotland's health, our NHS, our families and

communities are paying an unacceptable price for the lack of governance over the Commercial Determinants of Health.

There are lessons to be learnt here from the environmental movement, where there is a shared belief that fundamental systemic change is needed to avoid a greater harm and action is framed around a 'just transition'. The same is true for public health, and the idea of a 'just transition' that is fairer for everyone could fundamentally change our health landscape and reverse widening health inequalities by bringing the public along with us and presenting a healthier future for Scotland. But this transition is not possible without protective actions that will reduce harms from NCDs, reduce the future burden of NCDs and reduce premature mortality from NCDs from commercial interests, and begin to hold these interests accountable for the damage done by their products.

The following policies are suggested as steps to take over the next 10 years to create a future for Scotland where public health decisions are free from conflicts of interest and are protected from commercial interests that are fundamentally opposed to the actions needed to reduce NCD harms.

Areas of Action: Cross-Product

Develop a Governance Framework for The Commercial Determinants of Health

Context:

We currently only have a framework for governance for tobacco in the form of the WHO's FCTC Article 5.3. But this needs to be widened and applied across all three health-harming product areas and it must sit across not just health, but also intersecting portfolio areas like education and licensing. No such framework exists for alcohol or HFSS food and drinks. The existing framework is not consistently applied to tobacco related products, we see e-cigarettes treated differently, despite the clear influence of the tobacco industry. We know that there is also a gap in knowledge at a local government level around best practices on public health. Resources like the recent WHO tool provide a framework that may aid in developing a governance framework.[106]

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Impact:

A Governance Framework that covers the Commercial Determinants of Health and introduces a form of Conflict-of-Interest regulation, ensuring greater transparency and accountability is required to change the way we engage industry on issues of public health. Unless greater governance is introduced, the vision of a 'just transition' for businesses and retailers is difficult to achieve. The WHO's FCTC Article 5.3 can provide a model of how such a framework could operate and what that would mean for relationships and interactions with commercial actors. We must reduce the consumption of health-harming products to reduce the burden of NCDs and create a healthier, fairer, future for Scotland. Reducing consumption requires a comprehensive and systemic approach involving multiple policy interventions that need to be introduced without fear of legal challenge or fear of being derailed by industry lobbying tactics.

A framework could contain a mandatory code of conduct for the Scottish Government and Civil Service, Local Government and The Scottish Parliament to govern their interactions with health-harming industries on issues of public health. This could contain provisions for education on industry interactions, a provision for transcripts of any meetings deemed necessary to be made publicly available, consideration of the scope and handling of industry responses to public health consultations etc. It should also be sufficiently flexible to take account of product variations and novel products.

Such a framework would help to reduce the barriers currently holding back progress on NCD prevention and create a defined role for industry and business that protects the development of public health interventions and rebalances the power dynamic between public health and health-harming industries. It also, by defining clear roles and addressing conflicts of interest, will allow more better facilitation and collaboration with non-conflicted actors, creating space for more nuance in conversations about improving health and supporting steps to achieve it.

Next Steps:

We urge the Scottish Government to work with public health stakeholders to design and develop a Governance Framework for the Commercial Determinants of health to ensure that public health measures are protected from commercial interests. In the

first instance this should include a ministerial statement on industry involvement making it clear that tobacco and related products, HFSS, and alcohol industries have no place nor competence in the development of public health measures.

Address Data Gaps Across All Products

Context:

The lack of transparency around industry activity is compounded by the lack of data public health stakeholders have access to around aspects of health-harming products consumption like sales data and pricing data. Some sales data can be purchased at a high cost but the lack of access to this information hinders progress in public health.

Impact:

Making data more accessible by creating a mandatory requirement for commercial actors like large national retailers to release, even if upon request, this kind of data would mean that possible public health interventions are more easily modelled, and their impacts more thoroughly understood. It also means that the claims of industry around business impacts can be more effectively held to account and scrutinised, meaning that industry arguments would present fewer obstacles to the introduction of public health measures.

Next Steps:

We urge the Scottish Government to work alongside public health stakeholders to create a legal requirement of industry and large retailers to provide relevant data around health-harming products to those working in and researching public health.

Strengthen Enforcement Across All Products

Context:

Enforcement bodies such as Local Authority Trading Standards Services and Environmental Health in Scotland play a key role in the enforcement of interventions aimed at improving public health through ensuring compliance with legislation and regulations. Ensuring that these bodies are well resourced and able to enforce

public health interventions is key to the delivery of this strategy, many calls will require them to ensure compliance and monitoring, making sure that polices like the restriction of marketing and price promotions of health-harming products, are as effective as possible and that businesses comply with mandatory interventions.

Impact:

Increased and ringfenced funding for enforcement bodies is needed to increase capacity and resource for the introduction of new public health measures to enable their swift and effective implementation and to sustain their impacts in improving health across Scotland.

Next Steps:

We encourage the Scottish Government to strengthen and increase the resource and capacity of enforcement bodies to ensure the implementation of the key public health interventions contained within this strategy.

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Principle 3:
Restrict the Marketing of Health-Harming Products

3

Introduction

Marketing refers to a range of tools utilised by health-harming industries that directly impact the behaviours of consumers and drive the consumption of tobacco and related products, alcohol, and unhealthy food and drinks. These tools include advertising, sponsorship and the packaging of their products, among others. Marketing also indirectly drives consumption through shaping social norms and normalising consumption.

We know from tobacco marketing measures that interventions to address marketing work and are vital to a systemic approach to de-normalise health-harming product consumption.[107] It is crucial that the lessons learned from tobacco are applied to other health-harming products such as alcohol, HFSS products, and e-cigarettes and other tobacco related products.

Marketing particularly impacts children and young people as well as those from lower socio-economic backgrounds and those experiencing health inequalities.[108] If we want to change the health outcomes from preventable NCDs in these groups, we must take a bold and comprehensive approach to marketing across these three product categories. It will also require substantial and sustained action by both the Scottish Government and the UK Government.

Scotland has powers under the Devolution Act to take action on a range of marketing regulation options, including restricting advertising in public spaces, sponsorship of sport and cultural events, and how these products are displayed in the retail environment.

However, we also need action from the UK Government to implement interventions that fall within reserved competence, such as regulating broadcast media and aspects of digital media. For this reason, we encourage collaboration between the Scottish and UK Governments to develop a comprehensive approach to restricting marketing.

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The Impact of Marketing on NCDs

The marketing of health-harming products is a key driver of NCDs, making health-harming products a normalised purchase for many people and 'deeply embedding these products into our everyday lives'.[109] Marketing is an area that industries invest heavily in to make health-harming products desirable and encourage their consumption, creating social and cultural norms around consumption and even encouraging consumption as part of a desirable lifestyle without reference to the health harms they cause.

Marketing, in respect to health-harming products, is deeply embedded in our everyday lives and has become a pervasive part of our culture and results in the normalisation of consumption of health-harming products. Not only are these products normalised in our culture, marketing also trains us to think positively of them and even see them as a positive contributor to society.

One example is Scotland's cultural ties to whisky production and connection to 'local' distilleries. Despite a majority of distilleries being owned by multinational alcohol producers, this powerful element of the alcohol industry image is often tied to national and local identity and Scotland's tourism industry.[110] Marketing practices contribute to the narrative that Scotland and alcohol are intertwined. We see examples of this in the sponsorship of sports events and festivals by alcohol brands,[111] giving the impression that alcohol is tied to national identity through their visibility at key cultural events.

Addressing the social norms around tobacco and related products, alcohol, and HFSS food and drink is key to reducing consumption. These products can have a devastating effect on our health and should not be promoted as part of desirable lifestyles. Addressing the attractiveness of consumption of these products at a population level is effective and less stigmatising than addressing the behaviours of individuals.

Marketing takes many forms and has become deeply embedded in our everyday lives. Our phones show us targeted advertising online by influencers with brand deals with vape companies, our bus stops show us the latest fast-food products and our sports teams are sponsored by alcohol brands. Marketing is inescapable. When our lives are so exposed to the messaging and branding of

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health-harming industries, it is no wonder that healthy choices are not the easy choice.

Corporate social responsibility (CSR) activities are commonly used by health-harming industries as part of their marketing strategies. CSR refers to the idea that 'corporations should not simply pursue profit, but also have social and other responsibilities to wider society'.[112] However, as outlined in Chapter 2, industry has an inherent conflict of interest when it comes to public health measures to reduce consumption. In their recent report, the World Health Organization details how CSR activities like sponsorship, funding charities etc, also have a strategic purpose for health-harming industries.[113] This activity helps to improve the reputation of these companies and to position themselves as responsible, even helpful, stakeholders in health. One example is the sponsorship of children and young people's sports teams by HFSS companies.[114] Such CSR activities are common and serve to build brand awareness, as well as improve brand perceptions. This activity works against public health interventions; advertising unhealthy food and drinks while encouraging physical activity shifts focus away from the industry's role in creating health harms and undermines efforts to tackle the root cause of obesity.

Children and Young People

Children and young people are at particular risk from the marketing of health-harming products, due to their increased susceptibility to its persuasive messages and because they experience disproportionate physical and mental impacts from their consumption.[115] The pervasiveness and quantity of the marketing of health-harming products in our lives means that even marketing aimed at adults is regularly seen by children and young people. One study showed that children could more easily recognise beer brands than brands of ice cream.[116]

We also know that young people are targeted by health-harming industries.[117] Some notable examples are the marketing tactics used by e-cigarette brands, many of which are owned by tobacco companies, to make their products appeal to children and young people. They use effective and influential tactics like the use of bright colours, sweet novel flavours, novel descriptors, and social media sponsorship to attract young people who have never smoked.[118]

Research by Children in Scotland's youth advisory board showed that, despite vape products being meant for adult consumption, they felt that the names and flavours often sounded like sweets, the colours appealed to younger people, and that they have seen advertising and sponsorship for vapes on social media.[119] Members of the board also linked the marketing of e-cigarettes to a feeling of peer pressure for young people to vape.[120]

The dangers of tobacco marketing to children's health have long been recognised.[121] There is now clear evidence that exposure to alcohol marketing is a cause of youth drinking; it leads young people to start drinking earlier, to drink more if they are already drinking, and to drink at heavy or problematic levels, establishing drinking patterns that can be carried into adulthood.[122] Similarly, marketing of HFSS food and drink has been linked to increased consumption of these products amongst young people.[123]

This impact is recognised by the public. In our public engagement work, 89% of our adult participants agreed that 'children are influenced to choose products which may harm their health by the way they are marketed' and 83% agreed that 'children are too exposed to products such as tobacco, alcohol, and foods high in fat, salt and sugar'.[124]

Children themselves are also concerned about marketing. Children in Scotland's youth advisory board were clear that they want the laws around the display and marketing of vaping products to match those for cigarettes so they are hidden from view, and for advertising of vapes on social media to be more restricted.[125] Research based on direct engagement with children and young people by Young Scot,[126] Children's Parliament[127] and Children in Scotland[128] shows that children support making alcohol less visible by restricting alcohol marketing.

Children and young people should be directly involved in the policymaking process and previous engagement work shows that they are supportive of these interventions. With the UNCRC now incorporated into Scots law, the right to health under Article 24 should be met by ensuring that the views of children and young people are involved. We must ensure our 10-year vision of a healthier future for Scotland is led by those that will be impacted by it, protecting generations to come.

If both adults and children and young people have concerns about the impact of marketing on their health, why have we not acted?

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Changing our Health Landscape

To reduce the impacts of health-harming products, it is crucial that an approach is taken to their marketing that acknowledges the influence that it has on people's behaviour. Marketing restrictions have been successful at local level in several places in the UK. There have been instances, like in London, where a ban on the advertising of HFSS products by Transport for London has been shown to have reduced their consumption.[129] Local authorities have a role to play in reducing the marketing of health-harming products and we encourage swift action in this area, following on from these successes. There is precedent in Scotland for local authorities to regulate marketing content based on the impact of its products. For example, the City of Edinburgh Council has restricted the advertising from the fossil fuel industry.[130] Marketing restrictions can be successfully implemented, and this should serve as an example to other local authority areas.

Local change is needed and can be effective, but we also need national-level comprehensive change to ensure that everyone in Scotland, no matter where they live, can enjoy a healthier environment. We need the Scottish Government to take bold action to ensure that our day-to-day experiences are not so heavily influenced by the branding, messaging, and tactics of health-harming industries.

We know from the marketing restrictions introduced for tobacco that these interventions are effective. Advertising for tobacco has been progressively banned through various interventions and plain packaging was introduced in 2012.[131] Research shows that young people's knowledge of tobacco marketing has reduced significantly since 2002, when the advertising ban was introduced[132] and has been further reduced by the ban on point-of-sale display of tobacco products.[133] We need to replicate the success of restricting tobacco advertising for all tobacco and related products, including e-cigarettes, alcohol and HFSS food and drink. We must go further to ensure that our children, young people and future generations grow up in environments where they are not exposed daily to a variety of marketing techniques. This includes their online environments.

This strategy proposes measures to transform our health landscape, to protect our children and young people, and to make sure that

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their voices on issues like alcohol and vape marketing are heard. Changing our physical and digital environments is key to de-normalise the messaging of health-harming product industries. Education and information provision on the health harms these products cause cannot possibly counter the volume, appeal and targeted messaging of well-funding marketing campaigns — this must be addressed at source.

Given the conflict of interest which health-harming industries have in regulation which is effective in reducing consumption of their products in order to reduce harm (as outlined in Chapter 2), it is clear that involving the industry in designing or overseeing regulation is also inherently flawed. Research into self-regulation of alcohol marketing suggests it is vague, lax, and is routinely violated.[134] Regulation must be statutory and overseen by government or an independent authority, in the public interest.

Areas of Action: Cross Product

Digital Marketing Regulation

Context:

Our digital environments have become a key space for health-harming industry marketing, across tobacco, alcohol and HFSS food and drinks.[135] Currently, there is little mandatory restriction or regulation over online marketing, with enforcement largely taking place on a self-regulatory basis. Social media has become a significant and influential part of our lives and even our health landscape. Delivery apps and web advertising ensure that we see products like alcohol and fast-food on a daily basis, using algorithms and notifications to tailor their messaging based on personal preferences. Influencers make content on vape products and alcohol brands on popular media apps seen by both children and adults.

We need urgent action in this area to ensure that we take a comprehensive approach to marketing restrictions across all products, both in our physical and digital environment. There is some existing legislation in this area around online HFSS advertising; the UK Health and Care Act (2022) included

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restrictions on paid-for online advertising but this legislation has yet to be commenced.[136] We welcome the UK Government's commitment to enact this legislation in the 2024 King's speech.

Impact:

Online marketing has expanded at a rapid rate in recent years, alongside the rise of the internet and social media in our lives. Social media is now a large part of our children and young people's lives too, meaning this is an area where we cannot afford inaction. Online marketing restrictions are needed to address these emergent technologies. There is evidence that these measures could be effective in reducing exposure,[137] which, given exposure to marketing causes increased consumption of health-harming products, is likely to reduce the risk to children and young people. It is difficult to fully protect children from this form of marketing given the trans-national nature of social media and targeted algorithms, but increased regulation and enforcement can work in tandem with measures like outdoor marketing restrictions to limit their exposure.

Next Steps:

Some powers to restrict online advertising are reserved to Westminster and the UK Government. We urge collaboration between both the Scottish and UK Governments to implement online marketing restrictions and bring forward and enact legislation already passed in this area, whilst seeking to strengthen these restrictions and close loopholes going forward.

Mandatory Corporate Social Responsibility Guidelines

Context:

CSR activities serve an important purpose in promoting the brand and raising the reputation of health-harming industries. Currently there are no guidelines governing the CSR activities of health-harming industries, so they continue to fund programmes around issues like physical activity and mental health,[138] despite their products creating health harms of their own.

Given the inherent conflict of interest of health-harming industries, these activities can be seen as designed to protect and promote

their economic and political interests rather than a serious commitment to reduce harmful consumption.[139] The information provided by industry-funded organisations has raised particular concerns, for example, alcohol bodies such as the Drinkaware charity were found to have extensively misrepresented evidence about the alcohol-related risk of cancer.[140] An earlier independent review of Drinkaware in 2013 suggested that one way to avoid undue influence by industry, or the perception of such influence, in their work would be to establish a blind trust arrangement.[141] Such models could be considered one means of managing conflicts of interest in CSR activities.

Impact:

Creating guidelines set by the Scottish Government to govern the CSR activities of industries that sell health-harming products ensures that a comprehensive approach is taken to their marketing activities. Marketing extends to the use of CSR activities, as explored further above. CSR activities are used to deflect from the harms they cause and position these industry actors as socially responsible and improves their reputation for being a 'good' business.

These industries are not socially responsible. No amount of CSR activities could, or should, distract from the huge costs they generate to our society. We need greater transparency and accountability when it comes to the activities of commercial actors. Restricting what health-harming industries can fund, including through arm's-length funding what they can lend their logo to, what they can publicise or claim, would contribute to this greater clarity around the harms they generate.

Although there are no current guidelines across the product areas, the Framework Convention on Tobacco Control (FCTC) guidelines on implementing Article 5.3 is an exception, it encourages parties to treat tobacco industry CSR as tobacco advertising.[142] This approach could be taken to alcohol and HFSS industries.

Next Steps:

We urge the Scottish Government and the Scottish Parliament to work together with public health stakeholders to create robust guidelines to govern the corporate social responsibility activities of health-harming industries to ensure that they are held accountable

for the harms they cause Scotland and that they cannot utilise CSR as an extension of their marketing functions.

Areas of Action: Alcohol

Restrict Alcohol Marketing

Context:

Alcohol marketing restrictions are needed urgently. We recommend that steps are taken as soon as practicable on three areas within devolved competence: sponsorship of sports and events, alcohol placement in retailers, and advertising in outdoor and public spaces, including public transport. The Scottish Government consulted on alcohol marketing restrictions in 2022–23 with a commitment to a second consultation on more specific proposals during 2024.[143] Alcohol marketing restrictions have been implemented in Bristol City Council in council owned-spaces, assets and events; so local approaches have already been taken in a number of different local authority areas across the UK.[144] We can also look to international examples in countries like Estonia, France and Ireland, to see how national level marketing restrictions could be implemented[145] and indications of their impact.[146]

Impact:

Scotland has higher alcohol harms than the rest of the UK and while the gap is narrowing, the scale of the problem is only getting worse. In 2023 we saw alcohol-specific deaths rise to their highest level in 15 years.[147] As well as longer term interventions, we need effective policies introduced in the shorter-term. Evidence shows a causal link between exposure to alcohol marketing and its consumption. Banning sports sponsorship for alcohol companies has already been introduced elsewhere (for example in France and partially in Ireland) and is effective in making alcohol less visible.[148] In France, the prohibition of sports sponsorship has been more effective in controlling the volume and explicitness of marketing that the self-regulatory approach taken in Scotland.[149]

Introducing further restrictions in shops to ensure that alcohol is only visible to adults intending to browse or purchase alcohol

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would protect children and young people and people with or at risk of an alcohol problem, and would also reduce impulse purchasing. Removing alcohol advertising from outdoor and public spaces would realise our aims to also help turn our environments from health-harming to health-promoting.

Next Steps:

We urge the Scottish Government to introduce alcohol marketing restrictions in all areas of devolved competence, including advertising in outdoor and public spaces, sport and event sponsorship, and the display of alcohol in shops before the end of the Parliamentary term.

Introduce Mandatory Labelling for Alcoholic Drinks

Context:

The inclusion of the UK Chief Medical Officers' drinking guidelines, unit content, health warnings (including risks during pregnancy, risk of liver disease and risk of developing cancer) and ingredient and nutritional information are not legally required or regulated on alcohol labels and menus. As a consequence, this information is frequently not provided at all and where it is, it is often incomplete and can be difficult to read.[150] This limits access to information at the very point where it would be most useful to people; when considering purchasing or consuming products. We encourage the Scottish Government to legally require the inclusion of this information on alcohol labels and menus and to specify how it is presented. Similar legislation has been recently brought forward in Ireland.[151]

Impact:

Polling shows limited awareness of alcohol health harms among the public. YouGov polling in 2021 shows that 77% did not know the weekly drinking guidelines[152] and a recent Cancer Research UK survey shows that 1 in 2 people don't know that alcohol causes cancer.[153] When implemented effectively, alcohol labelling is a simple, low-cost and effective way to communicate health information to drinkers.[154] For example, a study in Canada has shown that alcohol warning labels are effective in increasing awareness of health risks and guidelines[155] and can contribute to reduced consumption.[156]

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Health warnings on tobacco packaging have increased knowledge of the health effects of smoking and intentions to stop smoking, and reduced consumption and the likelihood of smoking uptake.[157, 158]

Next Steps:

We encourage the Scottish Government to align itself with other nations in Europe and introduce legislation on alcohol labelling to ensure that the alcohol industry is held to a higher standard when it comes to communicating the contents of their products and the health risks of their consumption. It should also be explored as to whether this could be done in conjunction with the UK Government to establish a UK-wide approach to alcohol labelling.

Areas of Action: High Fat, Salt and Sugar Food and Drinks

Restrict the Marketing of HFSS Food and Drinks

Context:

Currently, and similarly to alcohol, HFSS marketing is widespread and pervasive in our everyday lives and HFSS marketing restrictions are needed urgently. We recommend action in these three areas: sponsorship of sports and events, placement in retailers and advertising in outdoor and public spaces, including public transport.

There are examples from around the UK where local authorities and transport authorities have brought in their own restrictions on HFSS advertising. Bristol City Council's measures include both HFSS and alcohol marketing restrictions, Transport for London introduced their own marketing restrictions on junk food and recently Swindon Borough Council have introduced their own restrictions on HFSS advertising.[159] Change can be brought at a local level, and we encourage local governments to implement changes to create healthier environments, but we also need a strong national approach led by the Scottish Government to ensure that no matter where people live, people are not subject to marketing from HFSS industries.

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Impact:

To create healthier environments, we need to create physical environments where the consumption of HFSS food and drinks is not encouraged, where people are not subject to the messaging and branding of industries that harm our health. Brands themselves openly state they mean to target younger people with their marketing, but this is not the vision we want for Scotland's future generations. To reduce consumption, we must act on marketing and make steps towards reducing the levels of overweight and obesity in Scotland. Evidence shows that interventions are effective at reducing consumption and rates of obesity. Transport for London's junk food advertising restrictions are estimated to have prevented nearly 100,000 obesity cases within three years of their introduction, saving the NHS around £200 million.[160]

Next Steps:

We encourage the Scottish Government to follow the examples being set by local governments in the UK and take a bold national approach to restricting the marketing of HFSS food and drink as far as possible within devolved competencies. This should restrict the advertising of HFSS products in public spaces, sport and cultural events and the retail environment. A national approach would ensure equity for everyone in Scotland and ensures that we are making every community, every neighbourhood, every town, every city, a healthier one.

Standardise the Traffic-Light System on Packaging

Context:

The traffic-light system for nutritional information on packaging was introduced in 2013.[161] It aims to make healthy choices easy for the consumer to compare the fat, salt, and sugar content of a product through a green, amber, and red colour coding system. This system is currently voluntary, so not standardised across products. This call sits outside the competence of the Scottish Parliament and so we are calling on the Scottish Government to work closely with the UK Government to achieve this. Other approaches to front-of-packing, like mandatory food warning labels for HFSS food and drink have been implemented in other countries, for example Chile.[162]

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Impact:

Standardising front of pack traffic-light labelling ensures that this information is more widely available and that healthier choices become easier choices. As an example, the Chilean approach has been shown to result in a decrease in the purchase of high sugar and salt products and an overall reduction in calorie consumption.[163] Making our front of pack labelling mandatory could take us a step further than the successes seen in Chile and ensure packaging is more consistent.

Next Steps:

We encourage collaboration between the Scottish Government and the UK Government to ensure the standardisation of the traffic light system on food packaging. Making healthy choices can be a confusing and frustrating experience. Clearly displaying nutritional information on the front of food packaging ensures that people can make more informed choices about products.

Areas of Action: Tobacco and Related Products

Restrict E-Cigarette Marketing

Context:

E-cigarettes have seen a significant rise in use among children and young people in recent years. The aggressive marketing of them, explored in more detail earlier in this chapter, appeals to children and young people, and presents e-cigarettes as a recreational product.[164] The WHO also report its own concerns that children that vape may go on later to use tobacco products.[165]

There exist legislative provisions under a 2016 Act to restrict the marketing of e-cigarettes, this area was consulted on again by the Scottish Government in 2022.[166] Marketing restrictions of e-cigarettes were also proposed under the Tobacco and Vapes Bill that was set to pass through Westminster in 2024, as introduced by the UK Government with a four nations approach.[167] This legislation

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did not pass before the recent change in UK Government but was signalled post-election in the 2024 Kings Speech and a new Bill is expected to be laid in Autumn 2024.

Impact:

Restricting the marketing of e-cigarettes reaffirms the role of these devices as smoking cessation aids, not recreational products for children, young people, and adults that have never smoked. Restricting the packaging, colours and flavours, as set out in the Tobacco and Vapes Bill consultation, would have an impact in reducing the consumption of these products, particularly by children and young people. We need bold action on e-cigarettes to ensure we drive down the rates of youth vaping and make these products less attractive, whilst maintaining access for those using them as a smoking cessation aid.

Next Steps:

We encourage the Scottish Government to enact remaining regulations 17–19 of the 2016 Act in order to introduce restrictions on e-cigarettes and vapes, and to collaborate with the UK Government to re-introduce the Tobacco and Vapes Bill proposing complementary measures. This should include restrictions on the packaging, display and flavourings of e-cigarettes.

Case Study

The Complete Ban on Online Marketing and Advertising of Alcohol in Public Spaces in Finland

In January 2015, Finland became the first country in the world to amend its legislation on alcohol to include specific social media regulations. By shielding children from alcohol advertising, the amendment seeks to restrict the use of social media for alcohol marketing and discourage adolescent drinking. In addition, the law aimed to limit the influence of consumers by marketing messages.

The Finnish Alcohol Act restricts the use of social media alcohol advertising in three ways.[168] First, it forbids the use of interactive games, competitions, and lotteries.[169] Second, it bans the use of user-generated content, meaning any content created by consumers cannot be shared on the social media page of an alcohol advertiser. Third, the law prohibits content that is intended to be shared by consumers, implying alcohol brands should not encourage consumers to share content that is produced for the purpose of advertising alcohol.[170]

Studies examining the effects of the law found that there were variations in social media content compared to comparable countries and that there had been some indications of a decrease in user-generated content.[171] However, it also highlighted significant issues that exist in enforcing online advertising legislation.[172] Enforcing laws targeted at a single country or jurisdiction is challenging because social media companies operate worldwide, and their updates are often difficult to monitor.

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In addition to measures regarding online advertising, a complete ban on advertising in public spaces in Finland was also introduced. The ban prohibits the advertising of alcoholic beverages in public places, such as bus stops, public transportation vehicles and billboards. Monitoring and enforcement are carried out by statutory authorities that can impose strong penalties for illegal marketing, such as license revocation and imposing fines or jail sentences. This measure has been shown to have led to significantly less exposure in these spaces.[173] This highlights the need to take a comprehensive approach to marketing that can change the environments where people spend their time, whether in their communities or online.

Case Study

The Ban on Outdoor Advertising of Products High in Fat, Salt, and Sugar in England

A developing example of tackling marketing is action on the outdoor advertisements on products high in fat, salt and sugar and other health-harming products by Local Authorities in England.

The first council to introduce these measures was Bristol City Council, which introduced a new 'Advertising and Sponsorship Policy' in 2021.[174] This policy prohibits the advertisement of junk food, gambling, tobacco, and alcohol in advertising spaces, such as bus stops, parks and green spaces, as well as sponsorship deals. Research shows that the policy has the potential to reduce health inequalities[175] as unhealthy food product advertisements were found to be observed more by younger people and those in deprived areas.[176] Policies which restrict these advertisements can therefore have a public health impact and contribute to the reduction of health inequalities.

Similar policies restricting the marketing of certain products have since been implemented by an increasing number of Local Authority Areas across the UK.[177]

The Greater London Authority implemented new limits on HFSS advertising across Transport for London (TfL) in 2019.[178] In the 10 months following the introduction of TfL's HFSS advertising restrictions, a study found a relative reduction in weekly household purchases of energy from HFSS products of 6.7%, including a 19.4% reduction for chocolate and confectionery.[179] The study's findings show that effective implementation of policies to restrict the advertisement of HFSS products can improve a population's diet and help to prevent obesity.

Another study showed that the TfL policy was estimated to have resulted in 94,867 (4.8%) fewer individuals with obesity and was estimated to save the NHS £218m in social care costs over the lifetime of the current population.[180] Restricting the advertisement

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of HFSS products could lead to considerable health gains and reduced health inequalities.

These studies show how one authority taking the lead and showing impact can quickly see others follow and encourage effective public health policies to spread nationally and internationally.

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Principle 4:
Take Action on the Price of Health-Harming Products

Introduction

This chapter focuses on the need to take measures on the price and price promotion of health-harming products, as well as exploring policy levers involving levies and taxation as a possible means for policymakers to create a healthier and fairer future for Scotland.

Strategies around the price of tobacco and related products, alcohol, and HFSS products are employed by health-harming product industries to increase sales. Price has a significant and direct impact on the consumption of health-harming products, lower prices make these products more easily accessible and also reinforces their image as 'every-day', normalised purchases for consumers. For this reason, the World Health Organization recommends action on price as the single-most cost-effective measure to reduce harm from these products.[181]

Promotions, like multibuy deals, price reductions, location promotions, the growing use of membership/reward scheme offers, and food combination deals (meal deals), are also tactics utilised by industry to increase the consumption of their products. These can be reinforced through price marking on products and signage that draws attention to a low or reduced price, creating an impression of value.

Action is needed to restrict the use of these strategies to create environments for people in Scotland that allow healthy choices to be the easy and accessible choice.

There are multiple levers available for the Scottish Government and UK Governments to introduce fiscal measures, such as levies and taxes on these products based on the 'polluter pays' principle. The cost of these health-harming industries to Scotland are sizable, as discussed in previous chapters, and these measures provide a way for governments to ensure that these costs are shared more equitably by those who profit from the sale of health-harming products.

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Price and Inequalities

A key lever in supporting people to live healthier lives is to encourage people to make healthier choices. This can be done through making the price of health-harming products less attractive, either by increasing the price or reducing promotions on these products and making healthier choices more relatively affordable.

We need to reduce the influence that low prices have over the consumption of health-harming products. This is especially true in Scotland's most deprived communities where sales of cheap alcohol and tobacco are most prevalent — the average price of tobacco in the most deprived areas was found to be 50p less for a pack of 20 cigarettes than in more affluent areas[182] as the tobacco market is segmented and different products are available in different areas, with cheaper tobacco products available in more deprived areas. Keeping the cost of these products low, and creating products that hit certain price points, is central to health-harming industry strategies and those at greatest risk of harm often look for the lowest priced products.

We know that those living in poverty and deprivation experience the most harms from tobacco, alcohol, and unhealthy food and drinks. We also know that these harms can be exacerbated by crises like the cost-of-living-crisis. Research shows that the increasing financial burden felt by people over the last few years may be leading to increased consumption of unhealthy foods.[183] Research by Food Standards Scotland showed that eating healthily has become less of a priority, with half of respondents to their survey indicating that they had skipped meals or have gone, or thought about going, without essential food items.[184] A recent report by the Food Foundation has shown that children in the UK are now shorter and more likely to suffer from obesity and type-2 diabetes.[185]

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Research by ASH Scotland has shown that smoking has a significant impact on those on low incomes where households may spend up to 30% of their income on tobacco.[186] Reducing the consumption of tobacco can also be an important tool to alleviate this financial burden.

A key consideration that must be made when researching, developing and implementing policies that impact price, is the

impact on those experiencing poverty. We know that poverty is a key driver of ill health in Scotland. Those living in our most deprived communities have a healthy life expectancy 26 years lower than those living in the least deprived.[187]

To ensure that public health measures that aim to tackle the commercial determinants of health have the greatest possible impact on health we must acknowledge an inherent complexity. Those who experience the greatest harm from health-harming products are also more likely to be impacted by measures that increase the price of these products. However, these factors should not be seen in opposition to each other. Instead, research and policymaking must understand the impacts on those experiencing poverty, consider this in any work to understand the overall health impacts of raising prices on these communities, and find ways to mitigate against these impacts. This is the responsibility of all in public health, from researchers, advocacy groups, and policymakers to ensure that the evidence for action on the CDoH takes account of any impacts on those experiencing poverty.

This approach allows for the consideration of supporting targeted schemes, like subsiding healthier food and drinks through funds raised by levies, that could help mitigate against negative impacts of interventions like those that may raise the prices of unhealthy food. We know that population-level health measures to tackle the CDoH will have the greatest impact on the consumption of alcohol, tobacco and related products, and unhealthy food in the most deprived areas, we must ensure that this impact is created in the most effective and equitable way.

Polluter Pays Principle

A key principle when considering the application of fiscal measures like levies and taxation on health-harming industries is the 'polluter pays' principle. This principle is well known in environmental and climate change policy, forming a key part of European Union environmental policy.[188] It operates on the basis that those responsible for pollution, damage, and harm should pay for the costs that that harm does to society. It helps to identify the actors causing harm, identify the cost they are creating to our society, and then requires payment to cover that cost. This principle can also be applied to health.

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The idea that the actors who profit from producing health-harming products, the consumption of which drives ill health, should pay for the harm they cause is increasingly acknowledged by public health stakeholders in Scotland. If this model were to be applied to health-harming industries, the Scottish Government could recover some of the estimated up to £9.3 billion cost to our economy every year driven by the health harms caused by tobacco, alcohol, and HFSS foods and drink consumption.[189] This money could be put towards treatment, care and prevention or, potentially in the case of food industries, be put towards subsidising healthy products.

Where fiscal measures are applied to health-harming industries, what happens to the money raised should be carefully considered in line with this model. This is not an approach routinely taken currently to public health measures, but this should be built-in to any future measures and become common practice. It should also be used to improve current price interventions and fiscal measures. For example, under MUP as it currently exists, alcohol retailers have received increased revenue, and this is likely to have increased further with the recent uprating of the minimum price. Applying a polluter pays levy to alcohol sales could help to address this inequity, ensuring that money is used to reduce the impacts of alcohol harms, thereby extending the positive benefits of the policy. We encourage a joined-up and comprehensive approach across fiscal measures to implement the polluter pays principle.

Past and Future Policy Action

We have seen effective interventions on price promotion in Scotland, particularly for tobacco and alcohol, but there is more to be done across all product areas. High taxes on tobacco are recommended by organisations like the WHO as one of the most effective controls to reduce smoking rates.[190]

The UK has implemented increasing duty rises on tobacco, but research shows that there is still scope for further duty increases, particularly for rolling tobacco, and that alternative restrictions such as minimum price policies and/or a floor price, could be effective in restricting industry pricing strategies.[191] These measures could work alongside others aimed at reducing the availability of tobacco to reduce smoking rates and reduce health harms for a healthier future. Similar price levers should be applied to tobacco and related

products such as e-cigarettes (vapes), heated tobacco/herbal products and nicotine pouches. Smoking rates are still highest in our most deprived areas, at 25% compared to just 7% in our least deprived areas.[192] Further price interventions are needed to reduce smoking rates in our most vulnerable communities and reduce the health inequalities that smoking harms contribute to.

Novel tobacco related products are regularly being brought to market and are often targeted to attract non-smokers and young people. It is crucial that legislation keeps pace with this changing landscape to restrict the use of all tobacco related products. For example, price levers such as adding excise duty to novel tobacco-related products could help protect the next generation from addiction to these health-harming products.

Similarly to tobacco and related products, regulating the price of alcohol is a WHO 'best buy' for NCD prevention, one of the most cost-effective ways for governments to reduce consumption. Making alcohol less affordable can reduce consumption[193] which in turn reduces the health harms caused by alcohol.[194] UK alcohol duty has been fallen well behind inflation with beer duty down by 32% and wine and spirits duty down by 25% in 2024–25, compared with 2012–13.[195] An alcohol duty escalator that increases duty above inflation needs to be reintroduced by the UK government as a matter of urgency.

In recent years Scotland has been a world-leader in price interventions on alcohol, which can complement taxation and duty. The Scottish Government implemented a minimum unit price (MUP) for alcohol in 2018 and uprated it in 2024.[196] Scotland also banned multibuy deals on alcohol from 2012[197] but other price promotions such as straight discounts and loyalty card scheme deals are still used, with one-in-five of all retail purchases of alcohol in 2022 being on price promotion.[198] We need further action to ensure better regulation of alcohol price promotions, and how they are presented on product packaging and signage, to reduce impulse purchasing and prevent alcohol being seen as an ordinary, everyday commodity.

In terms of HFSS food and drinks, a variety of approaches could be taken, not just to tackle the low prices and promotions that are used to promote high consumption, but also to ensure that healthier food and drinks are affordable and accessible. Research has shown that unhealthy food is generally cheaper than healthy

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food, with one report showing that healthier foods can cost more than twice per calorie than less healthy foods.[199] A high volume of price promotions in our shops are on unhealthy foods and drinks and this has an impact on our health. Promotions can cause us to buy more food than we normally would[200] and this can lead to an increased calorie intake and increased risk of obesity.[201] Promotions are used as they seem to offer consumers value for money, but they have been shown to make us spend more and consume more than we need.[202]

The UK has seen success in reducing the amount of sugar in soft drinks through the Sugary Drinks Industry Levy, implemented in 2018. The levy saw fiscal measures applied to soft drink industries to encourage the reformulation of products to include less sugar, and saw the total sugar sold in soft drinks by retailers and producers decrease by 35.4% between 2015 and 2019.[203] Similar measures should be used across a wider range of HFSS products to encourage reformulation and reduce consumption.

If healthy options are more expensive and less accessible, for many, making the healthy choice is the harder choice. Not only do we need urgent action to regulate promotions and tax the formulation of products, like measures of sugar and salt, but we also need to ensure that healthy alternatives are made more affordable. We cannot raise the prices of cheaper unhealthy foods without ensuring that people can afford healthier alternatives through the use of tools like subsidies, levies and supporting businesses to transition to selling a higher volume of affordable healthier products.

Areas of Action: Cross Product

Introduce Polluter Pays Levies on Health-Harming Products

Context:

We need to ensure that health-harming industries are paying for the damage they cause and that the necessary mechanisms to enable this are introduced and implemented as soon as possible. One such mechanism has been tried and tested in Scotland. The Public Health Supplement (PHS) on non-domestic rates ran from 2012 to 2015 in Scotland and applied to large retailers (with a

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rateable value of £300,000) who sold both alcohol and tobacco. The considerable money raised from this supplement, £95.9 million, was intended to be spent on public health prevention spending, however it is unclear whether in practice it was.[204]

The Scottish Government has committed to exploring the reintroduction of the PHS in advance of the next Budget. In the short-term we strongly support the reintroduction of the PHS. However, it should apply to retailers who sell either alcohol or tobacco, not just those that sell both, and it should apply to a wider range of retailers.

Over the medium term, polluter pays levies should be developed and introduced across all three product areas. Due to the nuanced nature of how this would operate, separate models may be needed for each product, but all should follow the polluter pays principle and ensure that industries who profit from the consumption of health-harming products are held fiscally accountable for the harms their products drive.

Impact:

Recent research undertaken by the Fraser of Allander Institute estimates that if set at the same level as the previous Public Health Supplement (13p per pound of rateable value), a levy on shops selling alcohol alone would raise £57 million a year.[205] The levy would principally affect large supermarket chains, making up 86% of the revenues raised.[206] The money raised would be redistributed to local authorities to utilise.

The substantial revenue from the PHS or other levies could be used for prevention, treatment, and care services, given that these are all areas that see substantial costs due to the health impacts of tobacco, alcohol, and HFSS food and drink. Depending on how future levies are designed, they could be used to influence industry and consumer behaviour.

For example, increasing the costs of selling health-harming products may, over time, encourage retailers not to rely so heavily on their sale, and healthier food and drink alternatives could be cross-subsidised to make them more available and affordable. A levy targeted at producers, particularly a levy on HFSS food and drink producers, could encourage them to reformulate products to limit the number of their products subject to such a charge.

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A levy could also contribute to a reduction in health inequalities, if the revenue raised were used in targeted ways to support those most affected by the harms of these products. More information on possible approaches to reducing inequalities in treatment can be found in Chapter 6.

Next Steps:

We strongly encourage the Scottish Government to reintroduce the Public Health Supplement in the 2025/2026 Budget.

We also encourage the Scottish Government to work with public health stakeholders to model polluter pays levies across all three product areas to ensure that those industries creating health harms are liable for the costs created. We encourage collaboration across the four nations to develop future financial levers on producers that align with the polluter pays principle.

Areas of Action: Alcohol

Introduce an Automatic Inflation-Based Uprating Mechanism for Minimum Unit Price

Context:

Minimum unit pricing (MUP) for alcohol is now established as a successful and effective price intervention for alcohol and was recently uprated from 50p to 65p per unit.[207] However, the positive effects of MUP could be lost over time if there is no mechanism to automatically uprate MUP annually at least in line with inflation.

Impact:

Automatically uprating MUP in line with inflation would ensure alcohol does not become cheaper over time. This will help secure the public health benefits that we have seen from this policy, in particular reduction in alcohol-specific deaths and hospital admissions,[208] and continue those impacts into the future. A polluter-pays levy on alcohol (see below) would ensure that the increased revenue raised by MUP could be used for public health.

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We encourage the Scottish Government to ensure the continued impact of MUP and introduce a mechanism in primary legislation to uprate the rate of MUP annually in line with inflation or above.

Ban All Promotional Deals on Alcohol

Context:

Scotland introduced restrictions on alcohol promotions, including multibuy discounts, bulk purchase discounts and free alcohol offers, under the Alcohol etc. (Scotland) Act 2010.[209] However, straight discounts and loyalty scheme discounts are still allowed, as is the use of price marking on products and signage, often in bright colours, to promote these discounts.

Impact:

A fully comprehensive approach to restricting price promotions of alcohol products should be taken to support the de-normalisation of alcohol as an everyday product.

This includes closing the loophole that has allowed some price reductions to still be used, notably straight discounting, to continue, with over a fifth of all alcohol sales sold on price promotion in 2022.[210]

Next Steps:

We encourage the Scottish Government to expand the existing ban on alcohol price promotions to cover other price promotion tactics like straight discounts, loyalty card schemes, price marking and signage, and other similar tools to promote temporarily lowered prices for alcoholic drinks.

Improve the Approach to Alcohol Duties

Context:

The current alcohol tax system, which is reserved to the UK Government, still contains some anomalies even after it was modernised in 2023. This means some categories of alcoholic drinks are still being treated differently — with cider in particular subject to much lower duty. Not only that, but over most of the past decade, due to successful lobbying by the alcohol industry, duty has been frozen. It is estimated that around 250 lives in Scotland have been lost between 2012 and 2019 as a result of this approach.[211]

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Impact:

A consistent approach to alcohol duty across all types of product, based on product strength, would be more effective in improving health outcomes. Given what is known about the consumption of cheap, high strength products and alcohol harms, higher strength products should be subject to higher duty per unit. If duty is higher per unit in higher strength categories, it will encourage the reformulation of alcoholic drinks to lower ABVs, thus contributing to lower levels of consumption and harms. A clear policy to increase duty in line with or above inflation each year would be a way for the Treasury to raise revenue in difficult financial times, offsetting more of the costs of harm caused by alcohol, while also helping to reduce harm. While the alcohol duty escalator was in place from 2008 to 2013, deaths in Scotland due to alcohol steadied after years of increases, and then fell. When the escalator was scrapped, death rates increased again. Coupled with MUP, we would expect to see a similar if not bigger impact if an escalator was re-introduced.[212]

Next Steps:

We urge the Scottish Government to encourage the UK Government to introduce consistency to the duty system so that all types of alcoholic product are treated in the same way, and that drinks in higher strength categories are subject to a higher duty per unit. We also urge the Scottish Government to make the case to the Treasury that duty be increased in line with inflation at the very least, preferably above. This would be in keeping with the Scottish Government's own approach to using price to reduce consumption and harms.

Areas of Action: Hight Fat, Salt and Sugar Food and Drinks

Restrict Price Promotions for HFSS Products

Context:

The Scottish Government most recently consulted on a range of proposed measures to restrict price promotions on unhealthy food

and drink in early 2024, including measures like restrictions on multi-buys, unlimited refills, meal deals, temporary price reductions and location promotions.[213] Similar legislation was brought forward in England, with price promotion measures due to come into force in 2025.[214] The Welsh Government have also announced similar legislation to be introduced in 2024 and rolled out in 2025.[215] It is important to note that the scope of the Welsh legislation has been reduced since earlier consultations and, similarly to the English legislation, meal deals and temporary price reductions will not be included.[216]

Impact:

Urgent action to restrict the price promotions of HFSS products is needed in Scotland to reduce the health harms caused by these products. As explored previously in this chapter, restricting promotions can reduce the consumption of unhealthy food and drinks, reducing calorie intake and contributing to lower obesity rates and improved health.

Next Steps:

We encourage the Scottish Government to move forward with the planned regulations to restrict the use of price and location promotions on HFSS products as soon as possible. This should include all the proposed restrictions categories laid out in the 2024 consultation.

Maximise the Potential of the Soft Drinks Industry Levy

Context:

The Soft Drinks Industry Levy (SDIL) has been highly effective, reducing sugar levels in soft drinks by 46% between 2015 and 2020,[217] and reducing daily consumption of free sugars by 4.8g in UK children and 10.9g in UK adults.[218] Furthermore, the SDIL raises an average £300 million each year[219] which has previously been used to fund a national breakfast programme, a holiday hunger programme and school PE premiums. There are changes to the structure of the SDIL that could build on this success and better align the levy with wider food and nutrition policy.

Impact:

Most manufacturers have reformulated their drinks to the current thresholds, but even at the lower threshold of 5g sugar per 100g, these drinks still contain a significant amount of sugar. Lowering the threshold to 4.5g of sugar per 100g would bring SDIL in line with the current nutrient profiling model (NPM) and drive further reductions in sugar content. Secondly, the SDIL has been in existence for six years, but, unlike other excise duties, has never been uprated with inflation, or to trigger further reformulation or wider sales shifts. Lastly, milk and milk-alternative based drinks, as well as juice drinks, remain out of scope of the current SDIL. Whilst reformulation has taken place under the current voluntary programme in the retail sector (25% reduction in sugar levels), the out of home (OOH) sector continues to offer drinks with high levels of sugar.[220]

Next Steps:

We encourage the Scottish Government to urge the UK Government and HM Treasury to announce an intention to uprate the liability under the Levy, review the effectiveness of the current threshold levels and initiate a process to bring sugary milk and alternative milk-based drinks into scope.

Incentivise the Production of Healthier Food and Drinks, Including Through Financial Incentives Beyond the Soft Drinks Industry Levy

Context:

Despite existing policies, average sugar and salt consumption in the UK is above recommended levels for both adults and children. Overconsumption of sugar is associated with the onset of obesity, which costs the UK economy as much as £98 billion each year,[221] and is associated with approximately 1 in 6 heart and circulatory disease deaths.[222] Overconsumption of salt is directly associated with hypertension, the leading modifiable risk factor for heart and circulatory disease in the UK. Despite success in the early 2000s, progress under the UK Government's voluntary salt reduction programme has stalled. Only half of all the average in-home salt reduction targets set in 2014 were met by 2017 and no progress report has been published since.

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Impact:

BHF modelling found that, if all adults met UK and World Health Organization guidelines for salt consumption by 2030, we could avoid up to 1.4 million cases of high blood pressure and save the UK economy up to £11.4 billion by 2035. While reformulation alone won't take us to these guidelines, it is a vital part of a wider strategy to improve dietary health across the population, which will lessen future pressures on frontline health services.

Similarly, the voluntary sugar reduction programme, which began in 2015 and was extended until 2025, has so far seen mixed results. No category has yet met the 20% target, and there was only a 3.5% overall reduction in the average total sugar per 100g in products sold for in-home consumption and a mere 0.2% reduction in out-of-home products.[223] A voluntary approach is insufficient to drive progress at the pace and scale needed.

The SDIL has demonstrated that mandatory measures can shift industry practice where voluntary counterparts have failed. The National Food Strategy proposed a wholesale tax on sugar and salt which could save up to 97,000 years of healthy life lost in the UK each year and raise up to £3.9 billion per year for HM Treasury. A mandatory measure along these lines, or expansion of the SDIL to unhealthy foods, would drive further reformulation and accelerate progress towards a healthier, more productive nation.

Next Steps:

We encourage the Scottish Government to urge the UK Government to introduce incentives for healthier food and drink production, including financial incentives, in support of the UK Government's strategy to reduce childhood and adult obesity rates.

Subsidise Healthy Food and Drinks

Context:

If we are to reduce the number of promotions and increase the price of unhealthy food and drinks, we also need to ensure that healthier alternatives are made more accessible and that they are much more affordable than they currently are. Money raised from levies and taxation under a polluter pays principle could be used not only for treatment services and prevention, but also to subsidise healthy foods and drinks. Funding for this measure may

also come from elsewhere, but the measure itself is fundamental to increase access to healthy options. Further development of how this measure may operate is needed.

Impact:

Research shows that the taxation of unhealthy food and drink products can serve to decrease consumption, particularly when combined with subsidies on healthy food which led to an increase in the consumption of healthier food.[224] We know that the price of healthy foods presents a barrier to making healthy choices and subsidies may have impacts on consumption but may also help to change our food landscapes when implemented with restrictions on price promotions and marketing for HFSS foods and drinks.

Next Steps:

We urge the Scottish Government to prioritise policy development in this area to ensure that interventions that restrict the price and promotions of unhealthy foods and drinks are effectively implemented without restricting affordable options for consumers.

Areas of Action: Tobacco and Related Products

Introduce Minimum/Maximum Pricing for Tobacco

Context:

Taxation is one of the most effective method for policymakers to reduce the consumption of tobacco and the UK has implemented a number of tax measures on tobacco to curb consumption. However, ways for the tobacco industry to manipulate the price of their products to increase consumption remain.[225] We know that tobacco products are routinely sold at lower prices in more deprived areas, targeting those on low incomes.[226] Introducing minimum and maximum pricing for tobacco could be an effective measure to further limit the ability of the tobacco industry to manipulate prices and optimise our approach to tobacco taxation. Lessons learned from tobacco should be applied to tobacco-related products.

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Impact:

Despite tobacco tax increases, industry continues to find ways to manipulate prices, like increasing the price of some products and not others, and can keep their cheapest products at more affordable prices by increasing the price of other products.[227] Introducing both a minimum price (or floor price) and a maximum price would ensure that taxation measures remain effective at reducing consumption across all tobacco products while also ensuring that industry profits from more expensive products are limited.[228]

Next Steps:

We urge action by both the Scottish Government to encourage the UK Government, Welsh Government and Northern Irish Executive to take a four nations approach to minimum and maximum pricing interventions for tobacco to ensure that tobacco taxation remains as effective as possible and that pricing strategies cannot be utilised by industry to increase consumption.

Increase Tax on Roll-Your Own Tobacco

Context:

Roll-your-own (RYO) tobacco is taxed at lower rates than packets of pre-made cigarettes,[229] this can make RYO tobacco a cheaper alternative to pre-packaged cigarettes and therefore a more attractive option for consumers. There has also been a shift in consumption from factory made cigarettes to RYO over the past decade.

Impact:

We know tobacco taxes are effective, but to ensure consistency across tobacco products these measures need to be improved. Increasing the tax on RYO tobacco could serve to ensure that the tobacco industry cannot manipulate prices to make some of its products cheaper, and therefore more attractive. Interventions on price should be consistent across tobacco products to ensure that consumption of all products falls.

Next Steps:

We urge the UK Government to increase the level of tax on RYO to ensure that taxation levels remain effective at reducing consumption. The same measure could be applied across all heated tobacco products.

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Case Study

The Benefits of Tobacco Taxation in Reducing Promotions and Consumption in the United Kingdom

One of the most effective ways to reduce the consumption of tobacco is the implementation of tax and duty policies. Tobacco consumption has been shown to be effectively reduced by excise taxes, which could save lives and drastically cut down consumption.[230] Various tobacco tax and duty policies have been explored in the UK, including price caps, minimum excise taxes and levies.

Changes in tobacco pricing in the UK demonstrated a correlation between higher taxes and quitting habits.[231] However, even during significant tax rises, the tobacco industry manages to manoeuvre their strategies and boost their revenues.[232] To reduce price differences and recover public health costs, a further increase in tobacco duties is necessary. Large, sudden tax increases would make it harder for tobacco companies to control prices, make their products less affordable and decrease consumption.[233]

One study monitored trends in cheap tobacco use among adult smokers in the UK between 2002 and 2014.[234] The study found that the effectiveness of price increases as a deterrent to smoking was being undermined by the availability of cheap tobacco such as roll-your-own tobacco.

Interventions on the price of tobacco products are a useful and necessary strategy to decrease consumption and prevent NCDs. Other health-harming products, like alcohol and HFSS products, could see a reduction in consumption by implementing similar taxation and pricing policies on producers. Research has demonstrated that alcohol and tobacco tax interventions present an opportunity for cross-policy learning,[235] an opportunity that should be explored in future price interventions across health-harming products.

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Case Study

The UK Soft Drinks Industry Levy

The consumption of high levels of sugar, through products like sugar-sweetened beverages, can result in a high caloric diet. This can lead to increased risk of developing a range of NCDs including type 2 diabetes, heart and circulatory diseases and cancer.[236]

The Soft Drinks Industry Levy (SDIL) was implemented in April 2018 across the UK and introduced a levy on drinks with over 5g of sugar per 100mL.[237] It was aimed at tackling childhood obesity by encouraging manufacturers to reformulate soft drinks to reduce the sugar content of their products and reduce portion sizes for added sugar drinks to avoid paying the charge.[238] Studies show that the SDIL has had a significant impact on households by reducing the overall purchase and consumption of sugar.[239]

Since the implementation of the SDIL, there have been reductions in sugar levels in sweetened beverages. The percentage of drinks being sold above the 5g/100mL limit fell from an expected level of 49% to 15% over a considered period.[240]

Findings demonstrate how the SDIL has helped in reducing population exposure to liquid sugars and associated health risks.[241] The UK SDIL has been associated with reductions in incidence rates of childhood hospital admissions for tooth extractions across most areas, regardless of deprivation status and particularly in younger children.[242] It has also been suggested that the measure has seen other unexpected benefits, such as reduced hospital admissions for childhood asthma.[243]

This measure highlights the potential positive health impacts that levies and fiscal measures such as SDIL can have on the health of the public. In this case, it highlights the positive impact that mandatory measures can have in encouraging reformulation by large HFSS product producers. This learning should be applied to develop new fiscal measures that can benefit health outcomes to reduce NCDs.

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Principle 5:
Restrict the Availability of Health-Harming Products

Introduction

The availability of health-harming products is closely linked with their consumption. Where these products are easily accessible, people are more likely to purchase and consume them.[244] To reduce NCD harms, we must reduce consumption. To reduce consumption, we must reduce availability.

Our environments have a significant impact on our health. The number of retailers selling tobacco, alcohol, and HFSS food and drinks is a significant issue for improving public health. It is not only that there are many places to buy these products, but availability can also function as a form of marketing and creates a competitive local market, reducing prices.

Making products readily available also normalises their consumption by increasing their social acceptability. The health-harming nature of alcohol, tobacco and related products, and HFSS food and drinks is lessened by industries by making them a feature of day-today life. We see these products on our high streets, in our corner shops, at the local supermarket or in the nearest petrol station. Normalisation and acceptability are thus key tools for health-harming industries to increase the consumption of their products.

We need bold and sustained action by our policymakers to change our environments to ensure that we can live in communities that serve to improve our health, not harm it. Restricting the availability of health-harming products is key to achieving this, as is increasing the availability of healthy alternatives.

Availability in Scotland

The availability of health-harming products in Scotland is a key driver of preventable ill health, and an issue that needs to be addressed by robust policy action. Scotland has high levels of alcohol consumption, and also high levels of alcohol availability. To highlight the high number of alcohol outlets compared to a community resource, Scotland has 16,000 alcohol outlets,[245] but only around 1,250 pharmacies.[246] Research has shown that

the number of outlets selling alcohol and the hours of sale for alcohol are associated with higher levels of alcohol consumption and harm,[247] as well as wider social impacts like crime and domestic abuse.

In comparison with countries like New Zealand and Australia, Scotland has significantly higher levels of alcohol availability per population.[248] When compared to Northern Ireland, Scotland has double the number of outlets per 100,00 people.[249] We have seen some change with the introduction in 2009 of restricted hours (10am–10pm) for off-trade alcohol sales and have seen some success in the reduction of consumption and harms.[250]

Research also shows that 'alcohol related death rates in Scotland in neighbourhoods with the most alcohol outlets are double those in areas with the least'.[251] Alcohol availability is mostly controlled through the alcohol licensing system which operates at local authority level, but the current licensing system does not include provisions to enable a reduction in availability. At best, it can only limit increases in availability. With the number of licensed premises in Scotland remaining fairly static over the past decade,[252] more needs to be done to reduce availability and change Scotland's relationship with alcohol.

Tobacco and related products, especially vapes, are also widely available and accessible in Scotland. This is of particular concern for the impacts that availability and visibility of these products have on our children and young people. Research in Scotland shows that the availability of tobacco products affects the uptake of smoking among children[253] and undermines cessation efforts for adults.[254] The availability of tobacco is a key area for action, given the more extensive restrictions tobacco has seen for marketing and price. Despite measures like physical separation in stores, plain packaging, and a display ban, tobacco consumption is still normalised. This is due in part to the presence of tobacco in such a wide range of retail environments, from supermarkets and petrol stations, to corner shops and newsagents. The lack of regulation of visibility and availability of tobacco related products like e-cigarettes is a key factor in the increase of underage uptake.[255]

Similar to alcohol and tobacco, the availability of HFSS food and drinks is also a driver of ill health. In the out of home sector (OOH) the high availability of outlets like fast food outlets are having an

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impact on our diets.[256] One study showed that most food and drink options in the OOH sector were found to be high in fat, salt or sugar.[257] Research also estimates that a quarter of calories consumed in Scotland are consumed in the OOH sector, and that young people in particular 'purchase food to eat out of the home and takeaway more frequently than any other age group'.[258]

NCD Alliance Scotland's engagement work with children and young people on the commercial determinants of health was delivered by Children in Scotland. It showed that children were concerned about how easily accessible unhealthy food was around their schools and how many students went out for unhealthy food every day.[259] Exposure to outlets selling unhealthy foods offers a marketing opportunity, normalising their place in our everyday lives and our everyday diets.

It is not only our local environments that are influencing our diets; we are also being impacted by our online environment. There has been a large increase in the use and popularity of online delivery platforms in recent years[260] and this is increasing the availability of HFSS food and drinks and changing the way we eat. The availability of alcohol has also been impacted by the growing use of online retailers and platforms where people can have alcohol delivered to their homes.[261] There are concerns about how this may increase the accessibility of alcohol to young people.[262] We must take action across all areas of availability in order to change our health landscape and ensure that we reduce the negative health impacts of the commercial determinants of health.

Availability and Deprivation

The availability of health-harming products is also closely linked to health inequalities. Research shows that these products are more readily accessible and heavily marketed in lower income communities, contributing to higher consumption rates.[263] High levels of availability of tobacco, alcohol, HFSS food and drinks are all associated with increased health harms "particularly in areas of multiple deprivation".[264] In Glasgow there are more fast-food outlets in the most deprived areas of the city than the most affluent.[265] Research shows a 'clustering' effect where high numbers of outlets selling fast food, tobacco and alcohol are 'co-located' in deprived areas, contributing to the overprovision of health-harming products in these communities.[266]

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Not only is there 'food swamps' (overprovision of HFSS outlets, like fast-food), in deprived communities, but there is also a lack of healthy alternatives in these areas. Research shows that Glasgow experiences 'food deserts', areas where people have limited access to affordable and nutritious food, and these are most often found in areas of deprivation.[267] The challenges experienced in these areas means that there is a lack of healthy options often coupled with an overprovision of unhealthy options.

Everyone should have access to affordable and healthy food, regardless of where they live. We need bold and substantial action by the Scottish Government to address both the high availability of health-harming products and the low availability of healthier options in order to reduce consumption and reduce the health inequalities currently exacerbated by alcohol, tobacco and unhealthy food and drinks.

Changing our Environments

To create these healthier environments, we need to implement an array of policy measures that range from restricting marketing and price, to changing the way much larger systems like licensing shape our communities. Not only do we need to slow the increasing numbers of these outlets, we need to reduce their number and de-normalise their presence in our local areas. This transition will require support for small businesses to stop selling health-harming products and incentivisation to increase the availability of healthier products. This will require collaboration between businesses and the Scottish Government on how to fairly implement these changes and help everyone move towards a healthier future for Scotland. Such discussions require full awareness of the influencing tactics of multinational corporations, and a readiness to identify and challenge their misinformation to the retail community.

There are provisions within planning and licensing systems to try and protect public health. However, it is clear from the availability of unhealthy food outlets, as well as shops selling tobacco and alcohol, that these provisions are not working effectively. For example, alcohol licensing legislation contains five licensing objectives, one of which is the "protection and improvement of public health".[268] This objective should allow licensing boards to regulate levels of alcohol availability. However, in practice this

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objective is difficult to uphold, with those on licensing boards struggling to use this public health provision to refuse licences.[269]

We must also ensure that opportunities in planning to create healthier environments are used to create a new healthier norm for our communities. National Planning Framework 4 does include a focus on health, and the inclusion of specific reference to the clustering of retailers selling unhealthy goods, like fast-food, that may adversely impact the wellbeing of communities is welcome. However, alcohol and tobacco are not included in these considerations, and we support calls from those in public health to strengthen this approach.[270] We need to enhance planning frameworks to provide more specific focus on tobacco and related products, alcohol, and unhealthy food and drink to address the negative health impacts of consumption. To create healthier spaces, more collaboration and support is needed for those working in planning to promote public health and strengthen our approach to the clustering of health-harming product retailers, particularly in our deprived communities.

Changes in consumption will only happen if we take a comprehensive and bold approach to reducing availability.

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Areas of Action: Cross-Product

Encouragement and Incentivisation for Small Businesses to Transition Away from Selling Health-Harming Products

Context:

There is widespread availability of tobacco and related products, alcohol, and HFSS food and drinks within small retailers across Scotland. Tobacco is a sunset industry that cannot be relied on by retailers. To successfully create healthier communities, these businesses need to transition away from selling health-harming products. To avoid impacts on businesses, this transition should be supported, and this should be done in full awareness of conflict-of-interest provisions.

Impact:

Support and incentivisation for these businesses to move on to selling increased varieties and volumes of healthy products will help transition our retail environments to become healthier ones. This measure, combined with others that aim to reduce the availability of health-harming products, will systemically change the way we shop and ensure that local shops remain a key part of communities whilst promoting healthier choices and ensuring that those healthier choices are accessible and affordable for all.

Next Steps:

This is a key area of development, and we encourage the Scottish Government to develop a plan to incentivise and support businesses to move away from selling health-harming products to successfully create healthier communities. This will allow businesses to be supported through the implementation of other public health measures to reduce availability. It must include embedded protections that increase transparency over the influence of health-harming industries and reduce the options for unhealthy goods to be promoted alongside healthier ones.

Include Stronger Provisions to Improve Public Health in National Planning Framework 5

Context:

Under National Planning Framework 4 (NPF4) there are limited ways in which public health, particularly NCD prevention, can be improved through the reduction of availability of tobacco, alcohol, and HFSS food and drinks. Stronger powers and more developed mechanisms are needed to ensure that planning can be used to make our communities healthier, and not subject to the overprovision and clustering of health-harming product outlets that we see across Scotland, particularly in areas of deprivation. Currently, there are difficulties in refusing planning consent in areas of overprovision, and issues in 'Use-Classes', where premises used for shops, financial and professional services are permitted to change to a premises selling food and drink.[271] A more nuanced approach is needed for this system to ensure the reduction of availability for HFSS food and drink.

Impact:

A stronger provision for improving public health must be included in the next National Planning Framework — NPF5. We need to see

a stronger focus on health-harming products in NPF5 and provisions that strengthen the approach that planners and local authorities can take in refusing permissions to developers and multi-national industry-led actors. Strengthening this approach not only reduces availability but aligns with the principle of effective governance of the commercial determinants of health, ensuring that the wants of commercial actors are not placed before the needs of local communities.

Such provisions may include changes to the Place Standard,[272] to include a greater focus on health. They may also include changes to 'Use-Classes' to ensure that changes in use of retail premises do not allow for the increased availability of health-harming products without opportunity for refusal of consent by local authorities.

These measures can work to create healthier communities and function alongside other policy measures to reduce the availability of health-harming products in Scotland.

Next Steps:

Further development is needed to strengthen future planning frameworks, and this requires collaboration between those in planning, public health and the Scottish Government to strengthen the approach to public health in planning on a national level. This must strengthen the powers available to local authorities to refuse planning consent where necessary to improve public health by reducing the availability of tobacco, alcohol, and HFSS food and drink. Such development should take place before and during the development of NPF5.

Areas of Action: Alcohol

Stronger Control of Off-Trade Alcohol Availability

Context:

Over 80% of alcohol sold in Scotland is sold by shops (supermarkets and other off-licences).[273] Scotland has very high numbers of shops selling alcohol compared with other countries (up to double that of Northern Ireland and Australia), with children in more deprived areas much more exposed to off-trade outlets.[274]

Systems in other jurisdictions strictly control the number of premises[275] (Northern Ireland, various US states) or prevent alcohol over a certain ABV% to be sold in supermarkets. The current system for alcohol licensing in Scotland is not delivering for public health: licences are granted by default and 95% of new alcohol licence applications are approved each year.[276]

Impact:

Greater access to shop-bought or delivered alcohol makes purchases more frequent due to convenience, increasing consumption and alcohol-related ill-health.[277] More premises means alcohol marketing and promotional deals are more visible, triggering impulse purchases, making it hard for people trying to cut down, and forming an important element of alcohol marketing to which children and adults are exposed.[278]

Next Steps:

The availability of alcohol in Scotland is too high, and this is not acceptable in a country that experiences high levels of alcohol harms. Off-trade availability is a public health issue, which the current licensing system was not designed to address. Options which should be considered include: a default presumption against additional off-licences, a per-population cap on licence numbers, a sinking-lid approach, mandatory restrictions on licences in areas of overprovision, a new system for licensing premises that offer remote alcohol sales, and a ban on alcohol licences for petrol stations or premises within a given radius of children's facilities. These could be delivered through a separate licensing system for off-trade and remote sales premises, managed by the health directorate.

We urge the Scottish Government to take action to reform the system for licensing off-trade and remote sales premises to firstly cap and then reduce off-trade availability in Scotland.

Introduce the Physical Separation of Alcohol in Retail Premises

Context:

The widespread availability of alcohol makes it easy to obtain and establishes a message that normalises regular alcohol consumption.

Some regulations are currently in place that limit the location of alcohol, but these must go further and restrictions should be introduced to remove alcohol, where possible, from view in retail premises

Some regulations currently restrict the display and promotion of alcohol in shops to a single display area, aiming to ensure that shoppers only encounter alcohol displays or promotions when they have a conscious intention to seek alcohol products.[279] However, these could go further; with approaches that require the physical separation of alcohol in retail premises to a separate area of a shop, or physical barriers that hide alcohol from view have been taken in a number of countries. In 2020, Ireland introduced a requirement for all mixed-trade retailers to physically separate alcohol products. In Estonia, measures that restrict the view of alcohol products from the rest of shops or the outside have resulted in a 15% decrease in the visibility of alcohol and halved the proportion of impulse buyers.[280]

One important learning from the implementation of regulations in Ireland is the use of brand-sharing no and low alcohol brands to enable the placement of alcohol brands in restricted areas, as well as ensuring promotion in other areas such as sports events. To this end, it is important that no and low products are considered as part of such regulations.

Impact:

How alcohol is displayed and promoted in shops and supermarkets influences purchasing behaviours. Displaying alcoholic drinks at the end of aisles has been shown to uplift sales in supermarkets by up to 46%.[281] Restricting the presence of these products is an important step to change messages that normalise regular alcohol consumption.

Children in Scotland regularly see alcohol products and promotional activity in the retail environment,[282] and restricting visibility is key to protecting our children from exposure to alcohol brands. Our deliberative work with Children in Scotland highlighted that children and young people support restrictions to physically separate alcohol in retail environments.[283]

The retail environment is a particular challenge for people in recovery, with the display and promotion of alcohol a common

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environmental trigger.[284] Measures introducing physical separation should also ensure that alcohol cannot be used in storefronts and shop windows. In mixed retail premises, alcohol in storefronts and shop windows functions as marketing, and should also be restricted, so only those seeking alcohol can see it.

Next Steps:

The Scottish Government should introduce regulations that restrict the display of alcohol in retail premises, so they are only visible to those seeking to browse or purchase alcohol. This should include restricting visibility from outside of a retail premises and the physical separation of alcohol in retail premises. Learning from the example of its implementation in Ireland, restrictions should include no and low alcohol products.

Area of Action: Hight Fat, Salt and Sugar Food and Drinks

Develop Measures to Manage and Reduce the Availability of HFSS in the Out of Home (OOH) Sector

Context:

Many food and drink options in the OOH sector are often calorie dense and high in fat, salt or sugar. This includes children's meals, which research shows can often exceed children's calorie guidelines.[285] Research looking into 81 branded OOH outlets showed that 32% of main meals contained more than 1000 calories.[286] There is evidence to suggest that high-calorie OOH food options 'are influencing people's overall energy consumption and weight outcomes,[287] so the reduction of availability for HFSS food and drink is crucial, particularly in areas of deprivation that often have a high density of these outlets.

Voluntary approaches, like calorie reduction targets, currently exist for the OOH sector but have been ineffective. We need further mandatory restrictions to ensure action and the compliance of commercial actors in this area.

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Impact:

Strengthening action across licensing, planning, and through other mechanisms in the OOH sector is key to changing our food environments over the next ten years. We must act to reduce the clustering of unhealthy food outlets in deprived areas by encouraging a wider variety of healthier options and reversing the trend of 'food deserts' by increasing people's choices. These changes could be achieved through a variety of measures, like mandatory calorie reduction targets for retailers, calorie caps and more stringent regulations that enforce healthy food targets and minimum nutritional standards.

Next Steps:

This is a key area for development and there are a variety of policy levers and mechanisms to achieve change. It is possible to transform our food environments and health outcomes by reducing the availability of HFSS food and drink and setting mandatory targets around the provision of healthier foods. We must shift from the overprovision of unhealthy food to the wider and more accessible provision of healthier food, and measures to encourage reformulation of foods and a wider range of healthier alternatives are key. We urge the Scottish Government to consider the variety of mechanisms to improve the OOH food offering that stronger actions in this area could achieve.

Regulate HFSS Food Availability Beyond School Gates

Context:

The high availability of HFSS food and drink outlets around schools can have negative impacts on the diets of our children and young people. In addition to marketing around schools, the high availability of unhealthy options normalises the consumption of these products as part of a normal school routine. In our engagement work with children and young people, we heard that children are concerned about the lack of healthy options for lunch around their schools. Even children in lower years who were too young to leave their school for lunch described how they saw older students returning from lunch with fast food and unhealthy snacks.[288] Online deliveries also pose an issue to schools, with previous polling showing that 25% of teenagers had ordered takeaway to their schools.[289]

Impact:

Regulating unhealthy food availability around schools could encourage healthier behaviours and ensure that our children and young people are further protected from the health harms of HFSS food and drinks. Options to regulate availability include banning fast food deliveries to schools. (Some companies take a voluntary approach and will not deliver to a school, but this should be mandatory approach to create a level playing field). Other options include zoning laws to stop fast food outlets opening in close vicinity to schools (which already operates in parts of England and has been shown to decrease the number of outlets),[290] encouraging more healthy food options around schools and limiting discounts and licensing restrictions to discourage outlets selling food at school lunchtimes.

Next Steps:

We encourage the development of a plan to tackle the availability of HFSS food and drink outside the school gates, using a variety of restrictions to take a comprehensive approach.

Area of Action: Tobacco and Related Products

Progressively Raise the Age of Sale for Tobacco Products

Context:

We know that bold action is needed to tackle smoking rates in Scotland. We've seen action across marketing and price, but action on availability is also needed to protect health and realise the Scottish Government's target of creating a tobacco-free generation by 2034. One such bold action is to progressively raise the age for tobacco, reducing availability to those born after a set year by introducing legislation that means that they cannot legally be sold tobacco products.

The previous UK Government announced measures, under the proposed Tobacco and Vapes Bill, to progressively raise the age

of sale for tobacco. This Bill has been re-committed to by the new UK Government after the General Election held in 2024. These proposed measures would mean that anyone born on or before 1st January 2009 will never be able to be legally sold tobacco products, to create a 'smoke-free generation'.[291]

Impact:

Smoking rates remain high in Scotland, remaining the leading cause of preventable death, and tobacco consumption remains particularly high in our most deprived communities. People often start smoking at a young age. Evidence shows that around 28 people aged between 18–24 start smoking each day, equating to more that 10,000 a year in Scotland.[292] In addition 'around 75% of people who smoke started before age 18',[293] meaning that action to prevent young people from purchasing tobacco products aims to stop them taking up smoking, preventing future health harms. Smoking is highly addictive, and once they start, they often struggle to quit with 'two-thirds of adult smokers consistently state they wish to quit' in Scotland.[294] Stopping people smoking in the first instance is an effective public health measure to reduce population harms.

Next Steps:

We encourage the Scottish Government to collaborate with the UK Government to re-introduce the Tobacco and Vapes Bill to progressively raise the age of sale for tobacco products and take this bold step to protect public health.

Make the Tobacco and NVP Register Conditional

Context:

Since 2011, Scotland has required anyone retailing tobacco to register, and since 2016 this was expanded to include NVPs (nicotine and non-nicotine vapour products). A conditional tobacco and NVP register refers to a regulatory list in which entities retailers are registered for the sale of tobacco and NVP products, under certain conditions imposed by law or regulation. These conditions might include restrictions of a kind imposed by a licensing scheme (e.g. proximity to schools, penalties for sales to minors, advertising restrictions, and/or health compliance standards).

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Impact:

Making the register conditional has two main impacts. Firstly, a conditional register could streamline enforcement of existing tobacco control measures by making the process of removing retailers who breach age restriction legislation more efficient and effective. Penalties for underage sales could be more stringent and include suspension from the register for a defined period. Secondly, a conditional register would allow for faster action on tobacco and related products by providing a mechanism for introducing new measures on the availability and price of tobacco and related products without the need for further legislation. Additionally, a fee applied to retailers to register could also work to reduce tobacco and related product availability, potentially encouraging retailers to reconsider registration. Such a fee would help to cover costs associated with the register, provide valuable enforcement intelligence, and assist with wider public health prevention efforts.

Next Steps:

The Scottish Government should ensure that steps are taken to make the national tobacco and NVP register conditional. This will streamline and optimise enforcement and take further action on tobacco and related products without the need for primary legislation, but with the safeguards of secondary regulatory processes.

Reduce the Number of Tobacco Retailers

Context:

We know that the availability of health-harming products Is high, particularly in deprived areas, and that actions must be taken to reduce this. One action is to reduce the number out retailers selling tobacco and related products. New Zealand had planned similar legislation in this area that would have seen the number of tobacco retailers reduced from 6000 to 600 to reduce smoking and make tobacco less accessible.[295] Portugal have also announced proposed measures that would restrict the sale of tobacco from all retailers expect tobacconists and airports.[296]

Impact:

Reducing the presence of tobacco and related products in our everyday lives, at the supermarket, the petrol station and at the

corner shop supports the creation of healthier environments. Reducing the number of tobacco retailers over the coming decade, with appropriate support and effective enforcement penalties for small businesses, is a key measure to addressing smoking and changing our attitudes towards tobacco and recreational nicotine use, making these products less accessible and less normalised for children and young people in Scotland.

Next Steps:

We encourage the Scottish Government to align itself with other countries leading the way in bold action on the availability of tobacco and related products availability and develop a plan to reduce the number of premises and registrations for selling tobacco and/or related products from the 11,525 registrations active in 2024.[297]

Reduce/Remove Nicotine from Tobacco Products

Context:

Nicotine is the primary cause of tobacco addiction, and this means that many who smoke find it difficult to stop smoking. As highlighted by the Smokefree Aotearoa 2025 Action plan, 'The addictive properties of nicotine in smoked tobacco products are the key driver for a move from experimental use of tobacco to sustained use'.[298] The New Zealand Action Plan has proposed to reduce nicotine in tobacco products to 'minimally addictive levels' to reduce the appeal of smoking.

Impact:

Reducing, and eventually removing, nicotine from tobacco products would have an impact on smoking rates by making tobacco less addictive and easier to quit. It may also discourage sustained use of tobacco products.

Next Steps:

We need bold action to achieve Scotland's smoke-free targets, particularly in our most deprived communities where levels of smoking are highest. We encourage the Scottish Government to develop an approach with UK public heath stakeholders to mandate a reduced amount of nicotine in tobacco products,

so they are below an addiction threshold, and to cap nicotine content of tobacco related products, and take a significant step to reducing smoking rates.

Extend Smoke-Free Spaces

Context:

Scotland's smoke-free indoor law implemented in 2006[299] has been a key source of pride for the Scottish Parliament in exercising devolved powers to legislate for health. This was a measure, hard fought against industry, that created cultural change and clean air spaces in all communities across Scotland, while having a measurable impact on smoking rated and health outcomes.

The measure was extended in 2016 to protect under 18s in vehicles[300] and further in 2022 when a smoke-free 15m perimeter by law around NHS Scotland buildings came into force.[301]

Impact:

Scotland's post-implementation research programme for smoke-free indoor places demonstrated measurable positive health impacts on various health conditions including asthma, stroke, heart attacks.[302]

Research describes evidence of particulates in e-cigarette/vape aerosols similar to those implicated in health harms due to air pollution. There is a debate in Scotland about extending clean air environments both to reduce health harms (tobacco smoke and aerosol particulates from vapes and heated products), and to help embed clean air spaces to help protect the next generation from being drawn into using tobacco and related products.

Next Steps:

The Scottish Government should complete the commitments to review the success of smoke-free NHS Scotland hospital perimeters, as well as the "value and potential implementation of further place-based restrictions".

This review should also consider the evidence on aerosol particulate producing devices such as vapes and heated tobacco/herbal products and consider these particulate emitting recreational devices in indoor clean air legislation.

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Case Study

Limiting the Availability of Alcohol in Finland and Nordic Countries

There are examples of countries that have taken strong action and implemented policies to restrict the availability of alcohol.[303] For example, Iceland and Norway, and other Nordic countries, have strict regulations regarding the sale of alcohol and studies show that this has led to them having the lowest rates of alcohol consumption in Europe.[304]

Retail monopoly systems are in place in some Nordic countries, and in Finland. Finland has worked towards reducing the harms driven by alcohol consumption by restricting the physical availability and sale of alcoholic beverages. They have employed a retail monopoly system where alcoholic beverages with an alcohol content higher than 5.5 percent can only be sold by Alko, a government-owned liquor store chain.[305]

The purpose of monopoly systems like this is to limit the various negative impacts of alcohol consumption on the population and society by reducing the number of outlets where alcohol can be sold, keeping availability at a low level and physically reducing the presence of alcohol in retail environments. Retail monopoly systems also function by enforcing other regulatory measures, such as restricting trading hours and sales promotions.[306] Such systems have been recognised for their effectiveness and potential examples of 'best practice' to reduce alcohol consumption.[307]

There have been recent policy changes that have seen some retail monopoly systems weakened, and announcements that point to a relaxation on alcohol availability policies in Finland and Sweden.[308] However, these examples and approaches to alcohol availability highlight the effectiveness of measures in reducing consumption and changing the way we approach alcohol, particularly its presence in retail environments. Such approaches should inform Scotland's own approach to alcohol availability and the need for changes in licensing etc. in off-trade environments.

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Case Study

The Cap on Tobacco Retail Licenses in San Francisco

In 2014, a policy that capped the number of retail outlets that can sell tobacco was introduced in San Francisco. The policy was the result of a six-year advocacy effort led by the Youth Leadership Institute (YLI) to reduce the overconcentration of tobacco retail outlets in marginalised communities.[309]

Following this, the San Francisco Tobacco Retail Density Policy aimed to reduce the number of tobacco outlets in San Francisco by half.[310] It is one of the first and most comprehensive efforts in the United States to reduce the number of establishments that sell tobacco and related products, including e-cigarettes.

The policy capped the number of tobacco sales permits in each of the City's 11 Supervisorial Districts at 45, limiting the citywide total to 495. At the time of implementing the policy, about 1,001 outlets were licensed to sell tobacco.[311]

Studies also show that implementing a tobacco retail license system requiring retailers to pay an annual permit fee discouraged some tobacco retailers from selling tobacco products, thereby resulting in an immediate reduction of tobacco products.[312] The implementation of this policy has resulted in a 30 percent decline in the total number of tobacco permits in the city, and districts with the highest number of tobacco retailer licenses before the policy's implementation have shown the greatest declines.[313]

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The Density Policy has also been supported by further regulation of the city's tobacco and e-cigarette retailers. In June 2019, San Francisco implemented a regulation prohibiting the sale of electronic cigarettes that have not received a marketing order from the FDA.[314] The city also passed a regulation prohibiting the sale of flavoured tobacco products, and imposed fees on retailers to abate the costs of cigarette litter.[315]

The implementation of this policy shows the practicality of measures that discourage the sale of tobacco and reduce

availability through measures that could be applied in Scotland, like the introduction of a conditional tobacco and related products register. It also highlights how the introduction of a registration fee has a measurable impact on the number of retailers who would sell these products.

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Treatment Services

While action to tackle the commercial determinants of health is crucial and the primary focus of our strategy, we recognise that how and when support is provided to individuals who are already impacted by the consumption of health-harming products is also key to prevention.

Stopping smoking, reducing alcohol consumption, and losing weight and maintaining weight loss are often complex processes, which require both individualised support and supportive environments to achieve and sustain.

This section will detail some key overarching principles for the provision of treatment services for alcohol, tobacco and overweight and obesity in Scotland that have been highlighted during the discussions that have shaped this vision.

Significant barriers can exist to people achieving these goals, such as stigma and a lack of access to quality services where and when they are needed. This chapter will discuss how our proposed action on the commercial determinants of health can play a part in helping to address these barriers, supporting people to access help sooner and increasing the likelihood they achieve and maintain positive outcomes.

Principles for Treatment and Support Services

During the development of this vision, discussions on the needs for services and support, coupled with analysis of available data and policy, highlighted a number of principles upon which the provision of services should be based.

The first of these principles is basing service provision on proportionate universalism. Evidence shows that the greatest burden of health-harming products is felt in the most deprived communities. For example, 25% of people in Scotland's most deprived areas smoked in 2022, compared to just 7% in the least deprived.[316] It is, therefore, important that investment should be weighted towards the areas of greatest need and that services are designed around the needs of people who need them the

most. For instance, this can mean that they are based on assertive outreach or in-reach models, or are located within non-traditional settings.

The second is that services should be designed and provided in a non-stigmatising manner. In addition to the influence of the commercial determinants of health, alcohol consumption, tobacco use, and overweight and obesity are inextricably linked to factors such as poverty, trauma and mental health issues. Our approach to supporting those impacted by these factors must recognise the fact that every individual is impacted heavily by their environment and that the environment in poorer communities is often detrimental to health behaviours than in more affluent areas. As such, services should seek to support people in a holistic manner to live a healthy life.

The third is that data should be collected to drive improvements in service provision, both in terms of meeting the scale of need and the specific needs of poorly served or under-represented groups. We need to understand uptake of services, not only in terms of numbers of people engaging, but also in terms of the groups that are engaging and their different backgrounds. This is crucial to ensure that services are reaching the communities who need them most. Improved data collection would allow us to better understand the barriers to accessing services, help to improve uptake by poorly served groups and by those with the greatest need, as well as to test and implement new ways of working that could improve outcomes for individuals.

The fourth principle that must be applied in the delivery of services is total independence from health-harming industries. To ensure that services remain evidence based, health-promoting, and that they avoid conflicts of interests, it is fundamental that they are not funded by health-harming industries.

Finally, it is important that, in line with wider governance of the commercial determinants of health, effective guidance is put in place to ensure that all information used and provided in services is wholly independent from industry. As discussed in chapter 2 on governing the commercial determinants of health, health-harming industries often utilise tools around information services and education to push narratives that ultimately encourage consumption and downplay the harms caused by their products.

Stigma

There are clear links between recognising and taking action on the commercial determinants of health and reducing stigma. One of the key aims of taking a CDoH approach to public health measures (see Chapter 1) is to tackle the impact of individualistic narratives that stigmatise those who are affected by the impacts of health-harming products.

Marketing, price and availability, the tools industry uses to drive the consumption of its products, normalises the use of health-harming products and "others" those who are most impacted by their negative health effects. They also downplay the influence societal norms have on our consumption of health-harming products and gloss over the addictive nature of nicotine and alcohol.

Acknowledging and understanding the influence of the commercial, as well as the social, determinants of health helps to reframe stigmatising views held of the people that these products impact most. Reshaping the view away from a focus on individual choices or lack of self-control enables us to recognise that it can be an uphill battle to support people to live a healthier life while they continue to live in an environment that currently promotes poor health.

It is crucial that staff providing services and support understand the commercial determinants of health and take a non-stigmatising approach to supporting people who require their services. Early interventions and access to services must be actively offered to everyone who would benefit from them, not limited to those who are the most severely impacted.

The wider health system and other public services must also be included in the effort to tackle stigma. The "no wrong door" principle is crucial to identifying those who could benefit from support, and this extends beyond traditional health settings. It must also recognise that many people experience negative health impacts from more than one health-harming product, and many are also impacted by the social determinants of health, such as poverty, insecure housing or employment, which significantly increases the scale of those impacts.

To truly tackle the stigma that affects those impacted by health-harming products, a holistic approach must be taken that both addresses stigmatising attitudes and behaviours

within health promotion and support services, but also tackles the commercial and societal drivers that foster and maintain the stigmatising environment.

Funding Treatment and Support Services

Through fiscal action, such as levies and taxes, there is the opportunity to create ringfenced funding streams that can contribute to appropriate long-term funding for services.

Research and reviews show that funding is insufficient in Scotland for the effective delivery of alcohol, smoking cessation and weight management services. Following the polluter pays principle, it is reasonable to suggest that the producers of health-harming products should be contributing to addressing the harms they cause.

An example of this sort of action was the Scottish Government's Public Health Supplement. Between 2012 and 2015, the supplement — a levy placed on the non-domestic rates of large retailers selling alcohol and tobacco products — raised £95 million.[317] Recent analysis by the Fraser of Allander Institute calculated that if an alcohol harm prevention levy, similar to the supplement, were to be introduced, this could raise £57 million per year.[318]

For comparison, in 2022–23, the Scottish Government provided £9 million for the provision of smoking cessation services[319] and funding for Alcohol and Drug Partnerships was around £100 million in 2023–24.[320]

This analysis shows how one measure alone could allow for a significant financial uplift to these vital services, ensuring they are better able to expand to meet the demands upon them. The Scottish Government should, therefore, explore all fiscal levers to fund these vital services.

ENDNOTES ON PAGE

Reference 317

Reference 318

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Reference 320

Treatment Services References

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Timescales for Action

Themes

1. Adopt a Commercial Determinants of Health Approach to Public Health

2. The Effective Governance of the Commercial Determinants of Health

3. Restrict the Marketing of Health-Harming Products

4. Take Action on the Price of Health-Harming Products

5. Restrict the Availability of Health-Harming Products

Timescale Definitions

Short: Policies that could be introduced within the next 1–3 years based on existing evidence

Medium: Policies that could be introduced within the next 3–7 years based on developing evidence

Long: Policies that will require further exploration and research, as well as significant policy development to implement

Cross Product

Theme	Call	Timeframe
1	Appoint a Future Generations Commissioner	Short
4	Introduce Polluter Pays Levies on Health-Harming Products	Short
1	Develop a Public Health Communication Strategy	Medium
2	Strengthen Enforcement Across all Products	Medium
3	Mandatory Corporate Social Responsibility Guidelines	Medium
1	Fund Research Programmes Across the Commercial Determinants of Health	Medium
2	Develop a Governance Framework for The Commercial Determinants of Health	Long
2	Address Data Gaps Across all Products	Long
3	Digital Marketing Regulation	Long
5	Encouragement and Incentivisation for Small Businesses to Transition Away From Selling Health-Harming Products	Long
5	Include Stronger Provisions to Improve Public Health in National Planning Framework 5	Long

Alcohol

Theme	Call	Timeframe
3	Restrict Alcohol Marketing	Short
3	Introduce Mandatory Labelling for Alcoholic Drinks	Short
4	Introduce an Automatic Inflation-Based Uprating Mechanism for Minimum Unit Price	Short
5	Introduce the Physical Separation of Alcohol in Retail Premises	Short
4	Ban all Promotional Deals on Alcohol	Medium
5	Stronger Control of Off-Trade Alcohol Availability	Long

High Fat Sugar and Salt Foods

Theme	Call	Timeframe
4	Restrict Price Promotions for HFSS Products	Short
4	Maximise the Potential of the Soft Drinks Industry Levy	Short
3	Standardise the Traffic-Light System on Packaging	Medium
3	Restrict the Marketing of HFSS Food and Drinks	Medium
4	Incentivise the Production of Healthier Food and Drinks, Including Through Financial Incentives Beyond the Soft Drinks Industry Levy	Medium
5	Develop Measures to Manage and Reduce the Availability of HFSS in the Out of Home (OOH) Sector	Medium
5	Regulate HFSS Food Availability Beyond School Gates	Medium
4	Subsidise Healthy Food and Drinks	Long

Tobacco and Related Products

Theme	Call	Timeframe
3	Restrict E-Cigarette Marketing	Short
4	Increase Tax on Roll-Your-Own Tobacco	Short
5	Extend Smoke-Free Spaces	Short
5	Raise the Age of Sale for Tobacco	Short
4	Introduce Minimum/Maximum Pricing for Tobacco	Medium
5	Make the Tobacco and NVP Register Conditional	Medium
5	Reduce the Number of Tobacco Retailers	Long
5	Reduce/Remove Nicotine from Tobacco Products	Long

Methodology

This 10-year vision was developed through a process between May 2023 and October 2024. NCD Alliance Scotland took evidence from a wide range of stakeholders with a broad breadth of expertise to develop this vision for tackling the commercial determinants of health in Scotland.

Workshops and Evidence Gathering

To gather the evidence that informed this vision, NCD Alliance Scotland held 10 workshops involving over 70 experts from Scotland, the UK, and internationally. The workshops covered the following topics:

- Alcohol and the commercial determinants of health

- Availability of health-harming products

- Commercial influence and health-harming products

- Health inequalities and the commercial determinants of health

- Marketing of health-harming products

- Planning and the commercial determinants of health

- Price and promotion of health-harming products

- Compliance with regulation of the commercial determinants of health

- Tobacco and the commercial determinants of health

- Unhealthy food and drink and the commercial determinants of health

Vision Development

Following the topic-specific workshops, two half day workshops were held to define the themes and calls of the 10-year vision.

The first workshop was open to the member organisations of NCD Alliance Scotland and the second involved the NCD Alliance Scotland Vision Advisory Board. These workshops then informed the structure and development of the 10-year vision document.

The development of this vision was undertaken with oversight and contribution from the Vision Advisory Board and included consultation with a variety of organisations and individuals who lent their expertise to this project.

Public Deliberative Research

Further work to understand public attitudes to the commercial determinants of health was commissioned by NCD Alliance Scotland to the Diffley Partnership and Children in Scotland. Further details of this work can be found in Chapter 1 of this document.

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NCD Vision Advisory Board

We would like to particularly thank the group of experts who helped to guide this project and vision.

NCD ALLIANCE
SCOTLAND

NCD Alliance Scotland is a coalition of 24 health
organisations and charities campaigning for action to reduce
the ill health and death driven by health-harming products
(alcohol, tobacco and unhealthy food and drinks). Originally
formed in 2020, the group has grown in recent years and has
established itself as a key network to campaign for progress
in prevention and reduction of non-communicable diseases.
More information can be found here:

www.bhf.org.uk/what-we-do/in-your-area/scotland/ncd-prevention-report