

Non-Communicable Disease Prevention: Priorities for 2021/22

Supporting people in Scotland to live healthy lives through tackling health harming products.



Introduction

Non-communicable diseases (NCDs), such as heart disease, cancer, diabetes, stroke, liver disease and lung disease are the leading cause of death and disability in Scotland. In 2020, these NCDs were responsible for more than 40,000 deaths, in excess of 62% of all deathsⁱ.

We know that one in five of these deaths are preventable through public health actionⁱⁱ. Scotland has often led the way with world-leading, population-level action that has positively impacted public health, such as minimum unit pricing of alcohol. But more is needed.

In 2020, a group of 10 of the nation's leading health charities, launched a report on the prevention of non-communicable diseases through tackling health harming products.

As the 2021/22 parliamentary year begins, we have come together again to call for urgent action to prioritise public health in the Covid-19 recovery. We must tackle health harming products such as alcohol, tobacco, and unhealthy food and drinks. Since the launch of strategies for alcohol, tobacco and healthy weight in 2018, action on these issues has slowed, further stalled by the Covid-19 pandemic.

We know that Scotland did not go into the pandemic fighting fit. What's more, Scotland has one of the lowest healthy life expectancies in Western Europe, in part due to high levels of smoking, alcohol consumption and overweight and obesity. Our health is getting worse, models suggest that average life expectancy has shortened by more than a year, according to the latest statisticsⁱⁱⁱ.

We believe that all Scots have the right to a healthy life and that Scottish Government has a duty to protect, promote and fulfil that right. Urgent action is required to tackle the use of health harming products, not only to prevent NCDs but to also reduce the impact of future epidemics.

As an integral part of the nation's recovery from the Covid-19 pandemic, we call on the Scottish Parliament and Scottish Government to take meaningful action to reduce the impact of health harming products and to build a healthier Scotland for future generations. **This report sets our priority areas for action in the first year of this Parliament.**



Endorsements

The following individuals, groups, and organisations, wish to endorse this report and its call for action to reduce the impact of health harming products.

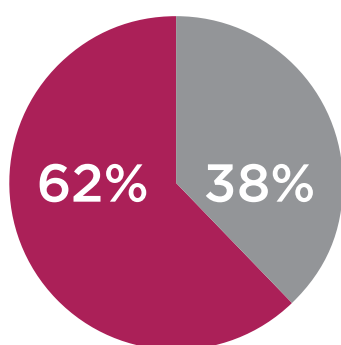


Scotland



The Human and Economic Cost of Health Harming Products

NCDs, such as cancer, heart disease, stroke, diabetes, liver disease and lung disease are the major cause of death in Scotland. More than 40,000 deaths were attributed to these diseases in 2020 – 62% of all deaths^{IV}.



PIE CHART KEY

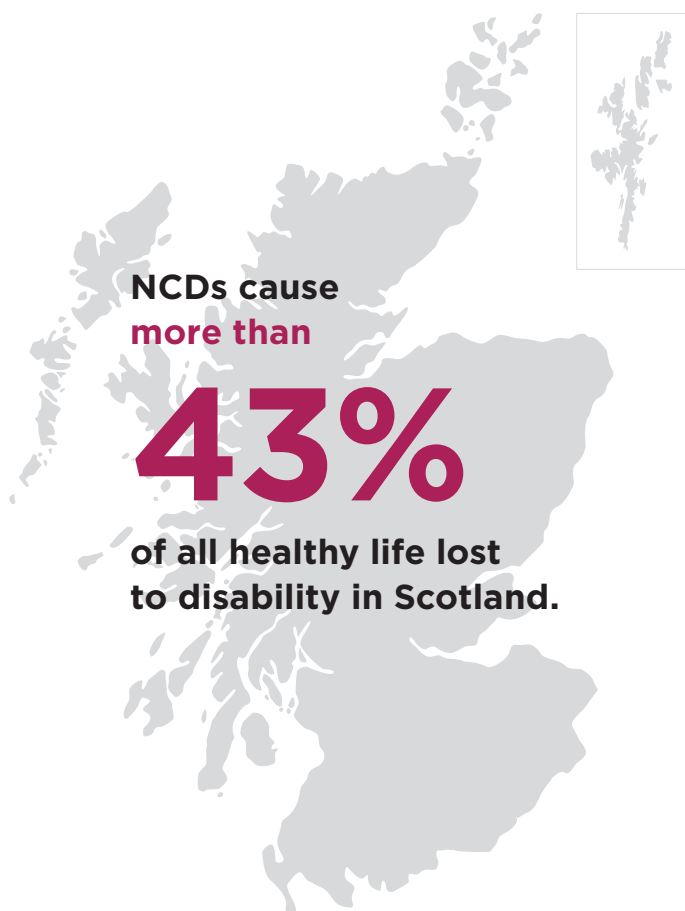
■ Deaths from NCDs, such as heart disease, cancer, stroke, chronic respiratory diseases and diabetes

■ All other deaths

These diseases also have a significant impact on Scotland's quality of life and play a substantial role in our widening health inequalities. Scotland has one of the lowest healthy life expectancies in Western Europe, at only 61.8 years^V and this figure is 20 years lower in the most deprived communities than the least deprived.

NCDs are a major cause of this ill health. The ScotPHO Burden of Disease study found that NCDs cause more than half a million Disability Adjusted Life Years (DALYs)^{1,VI}, more than 43% of all healthy life lost in Scotland.

Much of this human cost is preventable. BHF Scotland analysis of National Records of Scotland figures suggest that as many as 7,800 of deaths from these NCDs could be prevented through public health initiatives. That amounts to around one in five of deaths from these NCDs^{VII}.



Those in the least deprived areas are expected to be 'healthy' for

20 years longer

than those in the most deprived areas.

1. To calculate the overall burden of disease, we use a time based measurement called Disability Life Adjusted Years (DALYs), one DALY represents the loss of the equivalent of one year of full health. DALYs for a disease or health condition are the sum of the years of life lost to due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population.

2. Separate analyses show the cost of each factor. Smoking (£1.1billion) Overweight and obesity (£0.9–4.6 billion) Alcohol (£3.6 billion)



Ill-health and disability caused by tobacco, alcohol and overweight and obesity, is estimated to cost the Scottish economy between **£5.6 and £9.3 billion every year.**

Reducing the consumption of health harming products such as alcohol, tobacco and unhealthy food and drink is one of the key ways in which we can reduce the number of lives lost to, or affected by, NCDs.

For example, research from Cancer Research UK suggests that 29% of cancer cases in Scotland could be prevented by stopping the use of tobacco products, reducing the nation's alcohol intake and reducing levels of overweight and obesity^{viii}. We also know that over half of type 2 diabetes cases could be prevented, delayed or put into remission through public health interventions^{ix}.

Additionally, analysis of National Records of Scotland data shows that more than 83% of deaths from liver disease are alcohol-related and could be prevented by reducing harmful alcohol consumption.

More widely, this ill-health and disability caused by tobacco, alcohol and overweight and obesity, have a huge impact on Scotland's economy. Previous work to evaluate this damage estimates that the combined economic cost of these factors is as much as between **£5.6 and £9.3 billion every year^{2, x, xi, xii}.**

It is often stated by those with vested interests, that public health measures harm the economy. However, we should also consider the negative impacts of poor health on the economy. By acting to reduce the ill health caused by health harming products, we support people to live longer, healthier, happier lives. This would therefore contribute to the prosperity of Scotland's communities and economy.

1 in 5 deaths

from NCDs could be prevented through public health initiatives.



Health Harming Products in the Covid-19 Pandemic

Scotland did not go into the Covid-19 pandemic fighting fit.

In 2019, Scotland had the highest rate of hazardous alcohol consumption and overweight and obesity in the UK^{XIII, XIV, XV, XVI}. Smoking levels are also higher than those in England.

The restrictions and societal changes necessary to reduce the impact of the pandemic have affected many aspects of our day to day lives. Research shows that one of these changes has been the way that we interact with health harming products like tobacco, alcohol and unhealthy food and drink.

Surveys conducted during the Covid-19 pandemic show that 36% of smokers increased the amount that they smoked in lockdown^{XVII} and that 39% of people reported eating more unhealthy, discretionary food and drink during the Covid-19 pandemic^{XVIII}. Other studies show that 47% of people reported that their weight increased during lockdown periods^{XIX}.

There is great concern that due to lockdowns and restrictions contributed to an increase in drinking at home. Prior to Covid-19 around three-quarters of all alcohol bought in Scotland was sold in the off-trade, but in 2020 this figure increased to nine in every ten units^{XX}. Although many people drank less, 27% reported drinking more, and these people have tended to be the people who drank more to begin with^{XXI}. This compounded existing inequalities as people in the most deprived areas were more likely to report having felt concerned by how much they were drinking during lockdown (20% vs 14%)^{XXII}.

Although restrictions are now easing, there is a real risk that secondary impacts from pandemic control measures will persist and create significant long-term health risks for many people in Scotland.

These changes in behaviour have the potential to increase the levels of NCDs across the country. For example, the shift to drinking at home has the potential to create new or additional risks both for the drinker and for those around them.

We know that Scotland did not go into the pandemic fighting fit. We need to take urgent action to ensure that our recovery from Covid-19 not only returns the nation to pre-pandemic health but improves our health and quality of life. We need to both reduce the preventable impact of NCDs on individuals and to reduce the impact on the NHS at a time when it is most needed.

**During the first
Covid-19 lockdown:**



27%

of people reported **drinking more.**



39%

of people reported **eating more** unhealthy food and drink.



36%

of smokers **increased the amount** that they smoked.



Urgent Action for Scotland's Future

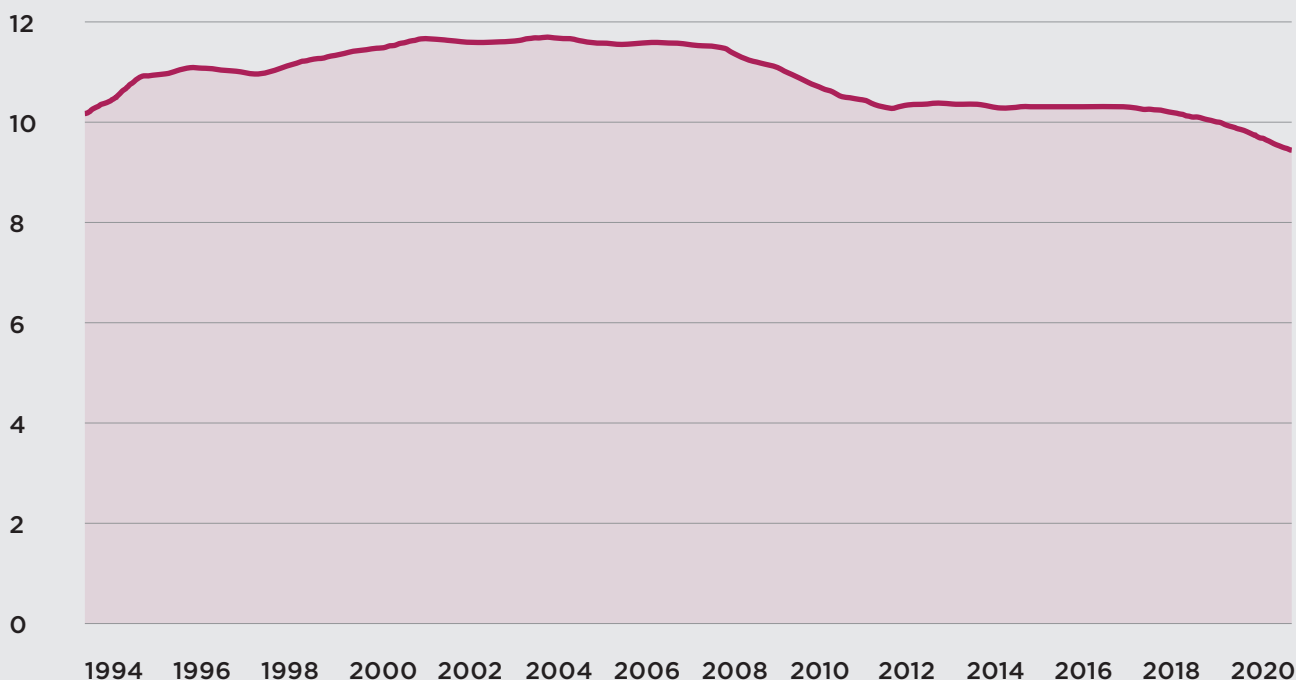
Action on health harming products is central to reducing preventable ill health and deaths from NCDs in Scotland. Given that more than 7,800 deaths from these diseases could be prevented through public health action, including on health-harming substances, we must urgently act as a nation.

The Scottish Parliament has led the way with bold, world-leading, population-level policies that have positively impacted on public health. Scotland was the first UK nation to introduce the ban on smoking in public spaces in 2006 and the first country in the world to introduce a minimum unit price (MUP) for alcohol.

These measures have delivered positive results. Data shows that the introduction of MUP has led to alcohol sales reducing to their lowest level in 26 years in 2020^{xxiii}, a reduction in hospitalisations from liver disease and 10% fewer alcohol-specific deaths in 2019 compared to 2018^{xxiv}.

Recently published research^{xxv} funded by the British Heart Foundation has found that the smoking ban in Scotland has contributed to a 74% reduction in heart attacks and a 68% reduction in strokes, as well as improvements in blood pressure and cholesterol levels. This represents around 14,000 ischaemic strokes and 42,000 heart attacks prevented. However, the same research found that increased levels of obesity and type 2 diabetes have led to a 20% rise in heart attacks and a 15% increase in ischaemic strokes.

Total volume of pure alcohol sold per adult in Scotland 1994-2020





↓ MUP has contributed to alcohol sales being at their lowest level in

26 years
in 2020.

↓ The smoking ban in Scotland has contributed to a

74%
reduction in heart attacks.

↓ The smoking ban in Scotland has contributed to a

68%
reduction in strokes.

Unfortunately, the causes of these diseases are complex and multi-factorial, but we know that action to reduce the consumption of health harming products can and will make a difference. Rates of tobacco use, alcohol consumption, and overweight and obesity remain significantly higher in Scotland compared to the UK average^{xxvi}.

Additionally, some targets related to health harming products are at risk of being missed. For example, research from Cancer Research UK suggests that Scotland is currently on track to miss the Scottish Government's 2034 tobacco-free generation target. Data shows that, if current trends continue, 12% of the population will still be smoking by 2034 and that this target will be missed by up to 16 years^{xxvii}. Most concerning, the analysis showed that in our most deprived

areas, as many as 10% of the population will still be smoking by 2050. In contrast, smoking prevalence in the least deprived quintile is currently already 6%^{xxviii}.

To ensure meaningful progress, we must continue to take bold and consistent steps to tackle the social determinants of health and the societal factors that drive the use of health harming products. It is crucial that the Scottish Parliament and the Scottish Government provide leadership on this issue and commit to evidence-based action.



If current trends continue, Scotland is set to miss the tobacco-free generation target by

16 years.

Addressing Social Inequity Through Action on Health Harming Products

Health inequalities in Scotland are stark and persistent, but they can be reduced. To tackle health inequalities and reduce the strain on our NHS, we must consider key factors out-with the health system that impact our health. Crucially, we need to remove individual blame and ensure that we support people to live healthier lives, regardless of their income, race, gender or background.

Evidence shows that our environment directly impacts both the choices we make and our overall health and wellbeing. We must make sure that every community promotes a healthy life.

We know that the burden of obesity, tobacco use and alcohol consumption is higher in the most deprived areas and this contributes to a 20-year gap in the healthy life expectancy between Scotland's most and least deprived communities^{xxix}.

Research also shows that the availability of tobacco, alcohol and unhealthy foods is greater in our poorer communities than in our wealthier communities^{xxx, xxxi}. Action that is focussed on addressing these factors at population level can help to tackle inequalities as it drives improvement across all our communities.

Population-level interventions can also actively promote making the healthy choice more affordable for everyone and increase the cost of unhealthy products. Ultimately, the amount of money that someone has in their pocket dictates what they can buy. For households in the lowest income decile, 75% of disposable income would need to be spent on food to meet the UK Government's Eatwell Guide costs^{xxxii}. Evidence also suggests that current social security levels do not currently allow families to make informed, healthy choices^{xxxiii}.

Often, the cost-effective choice is not the healthy choice as the food on promotion is packed with more sugar, saturated fat and salt than we need, and over-sized portions are the norm. As we have seen with minimum unit pricing for alcohol, action on price has the potential to reduce consumption of health harming products.

8x

Rates of alcohol-specific death are 8 times higher in Scotland's most deprived decile compared to the least deprived.

4x

Rates of deaths attributable to smoking are almost 4 times higher in the most deprived quintile compared to the least deprived.



The burden of obesity, tobacco use and alcohol consumption is higher in the most deprived areas and this contributes to a 20-year gap in the healthy life expectancy.

Interventions aimed at individuals such as campaigns to encourage people to stop smoking or to eat more healthily, have been found to be less effective amongst those with low health literacy and those within more deprived groups, and sometimes exacerbate inequalities in the health of Scotland's communities.

It's also important that we improve our understanding around the impacts of these risk factors among Scotland's minority ethnic groups. While we know that the prevalence of some NCDs is higher in some ethnic groups, there is little data around health harming products. For example, much of the information available on alcohol consumption within Black, Asian and minority ethnic (BAME) groups in Scotland is in the form of local surveys carried out in the Glasgow area. Scotland-wide information is not currently available from either national surveys or data collection systems^{xxxiv}.

Although equality legislation and NHS policy requires health services to show that they are promoting racial equality and reducing ethnic inequalities, routine data sources in Scotland do not include the information needed to (a) measure health inequalities, (b) assess service use, and (c) demonstrate compliance with policy and legislation^{xxxv, xxxvi}.

It is key that this data is recorded to allow for any links to be studied, and to ensure that all interventions improve the health of all of Scotland's communities.

Covid-19 has highlighted and exacerbated inequalities. However, these were persisting and worsening before the pandemic with the stalling overall life expectancy and worsening expectancy in deprived areas^{xxxvii}. An important contributory factor in this decline is the impact of tobacco, alcohol and unhealthy food consumption in the most deprived areas.

Therefore, we must focus our efforts on measures that tackle the broader environmental factors which drive the use of tobacco, alcohol and unhealthy food and drink: low prices, easy availability, and heavy marketing. We must work to ensure that the healthy choice is the easy choice for people in Scotland, regardless of the community they live in.

Where and How to Act on Health Harming Products

Bold and decisive population-level action from the Scottish Parliament and Scottish Government is critical to tackle preventable NCD deaths from health harming products. We have identified specific priorities on which progress must be made in the first year of this Parliament.

The international evidence is clear about what countries can and should do to prevent the negative impacts of tobacco, alcohol, and unhealthy food: increase the price, reduce the availability and restrict the marketing of these products. This should be accompanied by person-centred treatment and support.

We are therefore recommending that the focus of initiatives to tackle health harming products is within the four following priority areas:

Availability

We must tackle the important issues around **the availability of health harming products**. As highlighted, there is a clear example of Scotland's social inequality in the variation of available food choices in particular areas. Research shows that there are a higher number of takeaways and fast-food outlets in the most deprived areas^{xxxviii} and there is evidence that this increased availability is linked to worse health outcomes for those in these communities^{xxxix}.

The Covid-19 pandemic has created significant changes for the out of home sector. As we emerge from the pandemic and restrictions ease, it is crucial that the Scottish Government publishes a new **Out of Home Strategy** that ensures access, particularly in our most deprived areas, to healthier food options. It crucial that this strategy is cross-governmental in encouraging healthier options, restricting portion sizes and improving planning regulations in order to make the healthier choice the easier and more affordable choice.

Treatment Services

During the Covid-19 pandemic, we know that many in-person **treatment services** such as smoking cessation, alcohol treatment, and weight management services were halted. Whilst online services were established to support people during the pandemic, this in-person support has shown to be the most effective way to support people to reduce their risk of disease.

As the NHS recovers, **support services for those who need help to recover from smoking, drinking or unhealthy eating** must be prioritised. It is not good enough that they return to their previous level, they must be increased to respond to the rising levels of need caused by the pandemic and enhanced to become more person-centred. They must become part of the core services available to people as part of healthcare in Scotland and active efforts should be made to identify and support those in our poorest communities who are at greatest risk. This will allow people to reduce their risk of NCDs as well as increase Scotland's ongoing resilience to Covid-19 and any future infectious disease pandemic.

Marketing

The marketing of health harming products drives consumption and harm. There is significant evidence of the impact of **marketing across tobacco and related products, alcohol, and unhealthy food and drinks**.

Alcohol companies invest billions of pounds a year in marketing their products, aiming not only to increase market share but also to increase consumption, target heavy drinkers and recruit new drinkers^{XL, XLI}. Alcohol Focus Scotland and Children's Parliament found that 9-11-year-olds already had high awareness of alcohol brands^{XLII}. Evidence also shows that exposure to alcohol marketing is a cause of drinking onset and binge drinking among young people^{XLIII}. To counter this, the World Health Organization has encouraged countries to implement comprehensive controls on alcohol marketing. Scotland should introduce an independent system of regulation to protect the vulnerable, especially children and young people from alcohol marketing.

Equally, declining cigarette sales have seen the arrival of products like e-cigarettes, which could keep people addicted to nicotine and attract new, potentially young, users^{XLIV}. E-cigarette marketing is not yet subject to the same robust regulation as tobacco and could become a route into smoking for children and young people. Scotland should get ahead of the tobacco industry and protect younger generations through product regulation.

Price and Promotion

Action on the use of **promotions on High, Fat, Sugar and Salt (HFSS) food and drink** is crucial because they influence levels of overweight and obesity. We know promotions influence shoppers choices and shoppers who buy more on promotion buy greater amounts of less healthy food and drink^{XLV}. The introduction of a price promotion restriction bill is paramount, as has been committed to in manifestos of parties represented across Parliament and successive Programmes for Government. We must ensure that the healthy choice is the easy choice for the nation's shoppers.

Scotland was the first country in the world to implement **minimum unit pricing (MUP) for alcohol**. However, inflation since 2012 has significantly eroded the positive impact of the 50p minimum price on alcohol sales. Based on the retail price index, a minimum unit price of 50p in 2012 is equivalent to 61p in 2021^{XLVI}.

In addition, modelling by the University of Sheffield from 2016 found that a minimum unit price of 60p would save twice the number of lives and reduce hospital admissions by twice the level of 50p per unit^{XLVII}.

The Scottish Government promised a review of the MUP level two years after implementation. While this has understandably been delayed due to the pandemic, we cannot afford to wait any longer.

The minimum unit price should now be updated to at least 65p per unit. This would take account of inflation over the last nine years since the Parliament approved MUP, as well as increasing the impact of the policy, saving more lives.

Recommendations

As we emerge from the Covid-19 pandemic, there are many parts of our society that we must work to restore. We must also learn lessons from the pandemic and make sure that as we return to normality, we do all we can to create a healthier society. A key part of this is taking decisive action to reduce the impact of health harming products that contribute to thousands of deaths every year and reduce the quality of life for many more across Scotland.

We need to be ambitious and proactive and continue to prioritise prevention and act on areas such as marketing, price and promotion, treatment services, and availability.

This action must start immediately. We are calling on the Scottish Government and the Scottish Parliament to lead bold action to tackle these issues over this Parliament.

We believe the recommendations below provide an evidence-based and realistic first step in that journey and should be achieved before this parliamentary year ends in June 2022.

These calls are the first step in our mission to change the landscape of Scotland's health and we will call for further actions each year. There is no quick fix, but rather many important steps towards ensuring that Scotland is the healthy and equal nation we want to see for the future.

Recommendations

We call on the Scottish Government, in 2021/22, to:

- 1. Introduce regulations to Parliament on the domestic advertising of e-cigarettes following a public consultation on the measures.**
- 2. Consult on restricting the advertising and promotion of alcohol as was committed to in the 2020-2021 Programme for Government.**
- 3. Review the minimum unit price for alcohol in line with the Scottish Government commitment and uprate the minimum unit price for alcohol to at least 65p per unit.**
- 4. Introduce a bill to restrict promotion of high fat, sugar and salt food and drink.**
- 5. Publish an Out of Home (healthy food choices when eating out) Strategy with clear actions.**
- 6. Improve weight management, alcohol treatment, and smoking cessation services so they meet people's needs, ensuring they become core services in the Covid-19 recovery.**

References

- I <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>
- II <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/avoidable-mortality>
- III <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2017to2019#health-state-life-expectancies-at-birth-in-the-uk>
- IV <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>
- V <https://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/key-points/>
- VI <https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview/>
- VII <https://www.nrscotland.gov.uk/files/statistics/avoidable-mortality/2019/avoidable-mortality-19-report.pdf>
- VIII <https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/preventable-cancers#heading-Zero>
- IX <https://www.diabetes.org.uk/preventing-type-2-diabetes/can-diabetes-be-prevented>
- X http://archive2021.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_15-01_Obesity_in_Scotland.pdf
- XI <https://www.ashscotland.org.uk/what-we-do/campaign/policy-reports/up-in-smoke-tobacco-economics.aspx#:~:text=This%20report%20from%20ASH%20Scotland,%C2%A31.1%20billion%20in%20Scotland>
- XII York Health Economics Consortium, University of York (2010), The Societal Cost of Alcohol Misuse in Scotland for 2007, Edinburgh: Scottish Government Social Research
- XIII <https://www.gov.scot/publications/scottish-health-survey-2019-volume-1-main-report/documents/>
- XIV <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2019>
- XV <https://www.health-ni.gov.uk/sites/default/files/publications/health/hsni-first-results-19-20.pdf>
- XVI <https://gov.wales/national-survey-wales-april-2019-march-2020>
- XVII Scottish Health Survey – telephone survey – August/September 2020: main report – gov.scot (www.gov.scot)
- XVIII <https://www.obesityactionscotland.org/media/1622/polling-topline-results-final.pdf>
- XIX <https://www.obesityactionscotland.org/media/1622/polling-topline-results-final.pdf>
- XX Richardson E, Giles L. Monitoring and Evaluating Scotland’s Alcohol Strategy: Monitoring Report 2021. Edinburgh: Public Health Scotland; 2021
- XXI Online survey conducted between 26 June and 1 July 2020 by Opinium for Alcohol Focus Scotland (AFS) and Alcohol Change UK (ACUK).
- XXII AFS Polling June 2020
- XXIII <https://www.bbc.co.uk/news/uk-scotland-57501432>
- XXIV <https://www.gov.scot/news/alcohol-sales-fell-to-26-year-low-in-2020/>
- XXV A.S.V. Shah et al., Clinical burden, risk factor impact and outcomes following myocardial infarction and stroke: A 25-year individual patient level linkage study, The Lancet Regional Health - Europe (2021), <https://doi.org/10.1016/j.lanepe.2021.100141>
- XXVI Richardson E, Giles L. Monitoring and Evaluating Scotland’s Alcohol Strategy: Monitoring Report 2021. Edinburgh: Public Health Scotland; 2021, <https://www.publichealthscotland.scot/media/8090/mesas-monitoring-report-2021.pdf>
- XXVII <https://www.bbc.co.uk/news/uk-scotland-51628950>
- XXVIII <https://www.gov.scot/publications/scottish-health-survey-2019-volume-1-main-report/>
- XXIX <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scottish-areas>
- XXX Laura Macdonald, Jonathan R. Olsen, Niamh K. Shortt, Anne Ellaway, Do ‘environmental bads’ such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate in more deprived areas in Glasgow City, Scotland?, Health & Place, Volume 51, 2018, <https://doi.org/10.1016/j.healthplace.2018.04.008>
- XXXI Shortt, N.K., Tisch, C., Pearce, J. et al. A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation. BMC Public Health 15, 1014 (2015). <https://doi.org/10.1186/s12889-015-2321-1>
- XXXII https://foodfoundation.org.uk/wp-content/uploads/2018/10/Affordability-of-the-Eatwell-Guide_Final_Web-Version.pdf
- XXXIII <https://emeraldopenresearch.com/articles/3-3/v1>
- XXXIV https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Alcohol/Historic-Publications/_docs/bme_and_alcohol_report_final.pdf
- XXXV <https://www.ashscotland.org.uk/media/6143/tobaccousethnicityandhealth.pdf>
- XXXVI Bhopal R, Fischbacher CM, Steiner M, Chalmers J, Povey C, Jamieson, J.; Knowles, D. Ethnicity and health in Scotland: can we fill the information gap? A demonstration project focusing on coronary heart disease and linkage of census and health records. Public Health Sciences, Centre for Population Health Sciences, University of Edinburgh, Information Services Division, NHS National Services Scotland and General Register Office for Scotland, Edinburgh, UK. (undated) www.cphs.mvm.ed.ac.uk/docs/Retrocoding%20final%20report.pdf
- XXXVII https://www.gcph.co.uk/latest/news/962_the_crisis_before_the_crisis
- XXXVIII <https://spice-spotlight.scot/2019/08/07/fast-food-booming-a-cause-for-concern/>
- XXXIX <https://www.obesityactionscotland.org/media/1202/eating-out-briefing2-002.pdf>
- XL Maani Hessari, N., et al. (2019). Recruiting the “heavy-using loyalists of tomorrow”: An analysis of the aims, effects and mechanisms of alcohol advertising, based on advertising industry evaluations. International Journal of Environmental Research and Public Health, 16(21), 4092
- XLI Hastings, Gerard (2009). “They’ll drink bucket loads of the stuff”: an analysis of internal alcohol industry advertising documents. London: The Alcohol Education and Research Council. http://oro.open.ac.uk/22913/1/AERC_FinalReport_0060.pdf
- XLII Children’s Parliament (2019). “It’s all around you, all the time.” Children’s Parliament Investigates: an alcohol-free childhood. Edinburgh: Children’s Parliament. <https://www.alcohol-focus-scotland.org.uk/media/310889/childrens-parliament-investigates-an-alcohol-free-childhood-for-alcohol-focus-scotland-online-.pdf>
- XLIII Sargent, J. D., & Babor, T. F. (2020). The relationship between exposure to alcohol marketing and underage drinking is causal. Journal of Studies on Alcohol and Drugs, Supplement, (s19), 113-124
- XLIV WHO Global Tobacco report – (27 July 21) subtitled: addressing new and emerging products
- XLV https://www.cancerresearchuk.org/sites/default/files/paying_the_price_-_full_report.pdf
- XLVI Using Office of National Statistics data on the retail price index (RPI), an MUP of 50p per unit in May 2012 was equivalent to 61p per unit in March 2021: <https://www.ons.gov.uk/economy/inflationandpriceindices/timeseries/chaw/mm23>
- XLVII Angus, C., Holmes, J., Pryce, R., Meier, P. & Brennan, P. (2016). Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland. An adaptation of the Sheffield Alcohol Policy Model version 3. SCHARR, University of Sheffield. Available at: https://www.sheffield.ac.uk/polopoly_fs/1.5653731/file/Scotland_report_2016.pdf

