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Health Under Influence:
The Industry Playbook Behind Scotland's Preventable Health Harms

A report by NCD Alliance Scotland

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Foreword

On behalf of NCD Alliance Scotland, I am pleased to introduce Health Under Influence: The Industry Playbook Behind Scotland's Preventable Health Harms.

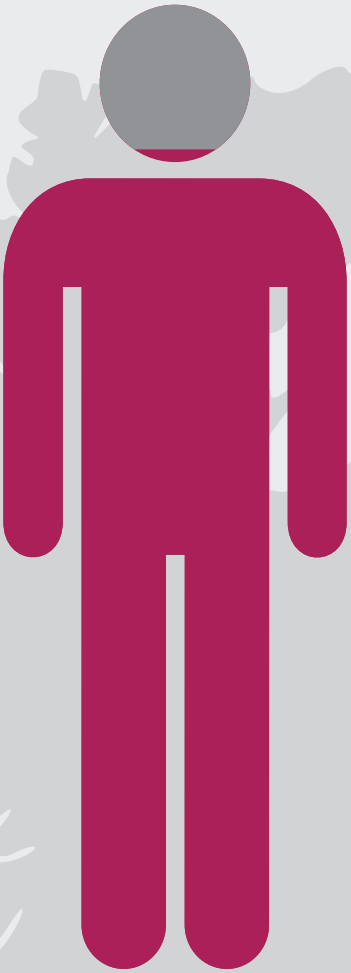
NCD Alliance Scotland brings together 26 health organisations united by a common goal: reducing the burden of non-communicable diseases (NCDs) and preventing avoidable deaths and ill-health through action on health-harming products and the commercial determinants of health.

This guide has been developed to support MSPs, and those involved in shaping public health policy, in understanding how commercial actors can seek to influence public health policy. It provides practical insights to inform day-to-day engagement with industry representatives, while encouraging broader reflection on how commercial interests can shape Scotland's public health landscape and what we need to do to ensure that the health of those in Scotland is put before commercial interests.

I would like to extend my sincere thanks to the many individuals and organisations who contributed their expertise, evidence and experience to this report. We also acknowledge the important contribution of previous reports in this field, particularly **Killer Tactics: How Tobacco, Alcohol and Junk Food Industries Hold Back Public Health Progress** and **Business as Usual**, published by the Obesity Health Alliance, Alcohol Health Alliance and Action on Smoking Health (England). While this guide has been developed for a Scottish audience, those reports helped demonstrate the importance of understanding commercial influence on public health policy and provided inspiration for this work.

Scotland has a proud history of public health leadership, yet NCDs cause the majority of premature deaths and continue to drive health inequalities across the country and actions to prevent ill health on a population-level have stalled. As policymakers work to create a healthier Scotland during this Parliamentary term, understanding the tactics used to influence public health policy is more important than ever. I hope this guide serves as a useful resource and helps ensure that the health and wellbeing of Scotland's people remain at the heart of decision-making.

David McColgan
Chair, NCD Alliance Scotland



Non-communicable diseases cause the vast majority of deaths in Scotland, responsible for around

55,000

lives lost each year

(88% of all deaths).

Introduction

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Improvements to Scotland's health have stalled. Our country now has the lowest life expectancy in Western Europe.[1] Preventable non-communicable diseases (NCDs) are a major factor behind Scotland's poor health outcomes. Key drivers include the consumption of alcohol, tobacco and related products, and food and drink high in fat, sugar or salt (HFSS products, also referred to as 'junk food').[2,3]

Most businesses operating in Scotland contribute positively to Scotland's economy and communities. They provide employment, support innovation, and work constructively with government, local authorities and the third sector. But many also profit from the sale of health-harming products such as tobacco, alcohol and junk food.

NCD Alliance advocates for a Commercial Determinants of Health approach to public health, focused not on small businesses or those contributing positively to Scotland, but one focused on the actions and impact of 'heath-harming industries'. 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" (CDoH)**, as set out in a Lancet series and a report by the World Health Organization (WHO), are the "*systems, practices, and pathways through which commercial actors drive health and equity*".[4,5] Some commercial actors contribute positively to our health, but some contribute substantial negative effects, often multinational corporations or large retailers, and can undermine people's health and create or exacerbate inequalities. Their financial success depends on the continued consumption of products that are linked to preventable ill health, reduced workforce participation and increased pressure on public services.[6,7,8] NCD Alliance Scotland advocate for an approach that holds these larger commercial actors to account while supporting smaller businesses and retailers to move away from the sale of health-harming products to create a heathier Scotland.

Much of the harm driven by health-harming products extends beyond the individual consumer, affecting families, communities, and wider society.[9,10] Smoking, alcohol consumption and obesity contribute to substantial costs through increased demand for

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healthcare and social care, reduced workforce participation, lost productivity and premature mortality.[11,12,13,14] The commercial interests of industries that profit from increased consumption of health-harming products are often at odds with public policy objectives to improve population health, reduce health inequalities and support our public services.[15]

What do we mean by health-harming products and industries?

Health-harming products are products that are linked to preventable ill health and premature death, for which reducing consumption is a public health objective. This includes alcohol, tobacco and related products, and HFSS food and drink. Such products (with the exception of cigarettes) are heavily marketed and the design and availability of the products promote frequent or heavy use. The success of tobacco control demonstrates the potential of population-level regulation on health-harming products. Measures including advertising restrictions, smoke-free legislation and standardised packaging have contributed to significant declines in smoking prevalence and transformed social norms around tobacco use in the UK.[16,17] The successes in public health for tobacco demonstrate that restrictions on health-harming industries can and should be implemented.

MSPs are frequently presented with arguments that public health measures will harm businesses, damage the economy or cost jobs. These claims typically focus on the impact on a specific sector in isolation rather than on Scotland's wider economy. Evidence shows that improved population health is a key driver of long-term economic resilience.[18] Healthier people are more productive, stay in work longer, and reduce avoidable demand on the NHS and other public services. When spending on health-harming products decreases, it is usually redirected elsewhere in the economy, meaning overall economic impacts are often far smaller than industry claims.[19,20,21]

The decisions and actions of MSPs matter, not only in driving forward a healthier and more economically resilient Scotland, but in the messages given to constituents and wider public that they stand for population health and long-term economic wellbeing rather than aligning with narrow commercial interests at the expense of public good.

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What is the impact on health in Scotland?

Health-harming industries frequently claim that harm arises only from over consumption, yet the effects of alcohol, tobacco and related products, and junk food and drink extend far beyond individual consumers, impacting families, communities and society.

- Non-communicable diseases cause the vast majority of deaths in Scotland, responsible for **around 55,000 lives lost each year** (88% of all deaths).[22] They include the nation's biggest killers — heart disease, stroke, cancer, type 2 diabetes, chronic kidney disease, dementia, and lung disease.[23]

- BHF analysis of National Records of Scotland data suggest that as many as 9,000 deaths from NCDs could be prevented through public health initiatives. That's **around one in six** deaths from these diseases — and nearly half of all those defined as premature (before someone's 75th birthday).[24]

- Socially disadvantaged people suffer more harms, with those in the most deprived areas **living some 25 fewer years in good health** than those in the least deprived areas.[25]

- Commercial marketing of health-harming products often targets children and their caregivers, impacting the next generation.[26]

Scotland wants health policies protected from health-harming industries

Recent polling carried out by members of NCD Alliance Scotland, showed that the Scottish public want strong limits on the role of harmful industries in health policymaking. 70% believe that the influence of alcohol, tobacco and related products, and HFSS food and drink industries on government decisions is negative for public health. A majority say it is inappropriate for these industries to have direct access to ministers or MSPs. **Industry voices are also the least trusted on public health, with just 2% of people trusting industry representatives to influence government health decisions.[27]**

The tactics used by health-harming industries

Common industry tactics are used to challenge policies that aim to reduce consumption of unhealthy products. These tactics shape political, media and public debate by framing harm as a matter of personal choice, rather than recognising the role of environments and industry marketing, price and promotion. This is despite evidence that people in Scotland recognise the influence of health-harming industries over their health as well as a reluctance for those industries to be involved in the development of public health policies.[28] The following pages break down these tactics, methods and practices with examples for each, following the key themes laid out in Killer Tactics.[29]

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1. Challenge and undermine evidence of harm

Example(s): ***"I agree that there are young people vaping who did not previously smoke, and that is not a good thing… The flavours have been around for well over 15 years. The issues that we are having with youth vaping occurred when the new style of disposables came on the market just over two years ago…"*** Director General, UK Vaping Industry Association in response to the Scottish Government's evidence session for the Tobacco and Vapes Bill.[30]

This statement serves to downplay the harm by acknowledging youth vaping only in passing while dismissing the role of flavours and reframing the problem as a recent, disposable-specific issue. It deflects attention from clear evidence that flavoured nicotine products drive youth uptake and addiction and undermines learning important lessons from tobacco control.[31]

"Recent research has shown that advertising does not drive consumption and there is no correlation with harm." Scottish Alcohol Industry Partnership in response to launch of Scottish Government's Alcohol Marketing Consultation (2022).[32]

This statement is in direct conflict with the independent international evidence base. Public Health Scotland published an independent review of all relevant evidence on alcohol marketing and found alcohol advertising drives alcohol consumption and comprehensive marketing restrictions can be an effective way to reduce consumption.[33] The evidence is particularly compelling for children and young people, with Public Health Scotland's review indicating high levels of marketing and advertising to children and young people and concluding that it drives consumption among children and young people.[34]

"It is extremely disappointing that soft drinks have been singled out given it is the only food and drink category to have made any real progress in reducing sugar intake in recent years." Chief Executive, AG Barr (2016).[35]

This statement frames regulation as unfair targeting, it emphasises industry progress and not population-level harm, and avoids engaging with evidence on obesity, dental decay (one of the leading causes of child hospitalisation) and health inequalities.[36]

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2. Frame industry as part of the solution

- **The introduction of effective public health measures has frequently been slowed or weakened, even where substantial evidence demonstrates the costs of health-harming products to individuals, communities, public services and the wider economy.**

- **Evidence from Scotland and internationally suggests that voluntary commitments alone rarely achieve the scale or consistency of action required to improve population health outcomes.**

Example: The Scottish Alcohol Industry Partnership (SAIP) is an industry-led body established by alcohol producers and retailers in Scotland. It presents itself as aligned with Scottish Government objectives on reducing alcohol harm, positioning the industry as a responsible partner in addressing harm.[37] SAIP focuses primarily on individual behaviour change through "*responsible drinking*" messaging, inconsistent product labelling and unit awareness campaigns, and support for industry funded initiatives such as Drinkaware, rather than advocating for population level regulation.[38,39] This approach enables industry to shape the narrative on alcohol harm and prioritise reputational benefit over evidence-based policy action and population level regulation, which research has consistently found is the most cost-effective way to reduce alcohol consumption and therefore harm.[40,41]

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Socially disadvantaged people suffer more harms, with those in the most deprived areas living some

25 fewer years

in good health than those in the least deprived areas.

3. Shape and influence the evidence

- **Health-harming industries can shape the evidence landscape around their products, leading to research that undermines public health.**[42,43]

- **Their influence can take many forms, extending from the identification of research priorities, the selecting and framing of research questions, to the design, conduct, and reporting of studies, despite clear and persistent conflicts of interest.**[44,45]

Example(s): A peer reviewed analysis of industry submissions to the Scottish Government's consultation on vaping regulation found that tobacco and vaping linked actors consistently framed vaping as overwhelmingly beneficial. Industry submissions positioned vaping as a smoking cessation aid for adult smokers, while downplaying evidence on youth uptake, nicotine addiction, and wider population-level risks.[46] The analysis also found frequent reliance on selective or outdated evidence to deflect attention away from the core policy concerns driving the consultation including marketing exposure, youth initiation, addiction, and dual use, thereby distorting the scientific evidence relevant to protecting public health.[47]

Coca-Cola directly funded and helped establish the Global Energy Balance Network (GEBN), a research and advocacy organisation created with the explicit strategic objective of reframing obesity as a problem of insufficient physical activity rather than excessive consumption of sugary drinks and poor diet. This was not incidental funding, but a strategic effort to "*change the conversation*" around obesity at a time when scientific and policy scrutiny of sugar-sweetened beverages was intensifying.[48]

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4. Reframe harm and responsibility

- **Health-harming industries shape discourse around public health, education, and public messaging to normalise health-harming products, emphasising personal responsibility while downplaying the commercial drivers of harm.[49,50,51]**

- **Through industry-supported education and information programmes, they deflect scrutiny from harmful products and practices and promote misleading narratives, including misinformation about health risks.[52]**

Example(s): During the 1980s and 1990s, as evidence grew that second-hand smoke caused harm, the tobacco industry funded research designed to cast doubt on those harms.[53]

Similar approaches can be seen in the widespread sponsorship of grassroots football by McDonald's, where evidence suggests such partnerships increase brand awareness and positive attitudes towards the company, while associating fast food brands with health, sport and community participation.[54,55,56,57] This can help normalise the presence of unhealthy food brands in children's everyday environments and reinforce narratives that emphasise individual behaviour and physical activity over the broader commercial and environmental drivers of obesity.[58,59,60,61]

Smashed is a school-based alcohol education programme funded and supported by Diageo. It regularly tours local authority secondary schools across Scotland.[62,63] However, it is not commissioned by NHS Scotland or Public Health Scotland.[64]

This and other education programmes with links to the alcohol industry, have been shown through peer reviewed academic research, to selectively present alcohol harms, including downplaying or omitting links to common cancers, reproduce industry-favourable framings that promote the concept of so-called "*responsible drinking*", emphasise peer pressure while deflecting from the role of advertising and other industry practices, normalise alcohol consumption, and overlook alcohol's role in health inequalities.[65] These practices are reminiscent of the types of youth education programmes that the tobacco industry invested in for decades to present themselves as part of the solution to youth smoking while acting to ward off advertising restrictions — the very evidence-based policy measures needed to protect the health of children and young people.[66]

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5. Delay and obstruct effective public policy

- **Threats by industry of legal challenge to public health interventions poses a significant barrier to reducing harms from health harming products 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 to delay or halt the introduction of measures.[67]**

Example(s): During the development of legislation to enforce plain packaging for factory-made cigarettes and roll-your-own/hand-rolling tobacco, tobacco companies, including Philip Morris, threatened the Scottish Government with large compensation claims, ranging from £500 million to £11 billion, arguing that the policy breached intellectual property, human rights, and international trade law. Although these legal threats ultimately failed, they were widely publicised and used to delay progress and apply political pressure before plain packaging was implemented in line with UK-wide regulations in 2016–2017.[68,69]

In 2012, the Scottish Parliament passed legislation to introduce minimum unit pricing (MUP) for alcohol. Its implementation was delayed by six years after the global alcohol industry, fronted by the Scotch Whisky Association, used extensive legal challenges to block the policy.[70,71] MUP finally came into force in 2018, following a UK Supreme Court ruling. Independent evidence evaluating the effectiveness of MUP shows that it has reduced alcohol consumption and alcohol-related deaths, with the greatest benefits seen in Scotland's most disadvantaged communities.[72]

Large fast-food chains have used planning appeals to challenge Scottish councils' attempts to control new outlets. McDonald's, for example, appealed East Lothian Council's refusal of a drive-through near a secondary school in Musselburgh — an appeal ultimately dismissed by Scottish Ministers.[73] Both McDonald's and KFC have formally challenged local authorities across the UK over planning policies restricting new hot-food takeaways, particularly exclusion zones around schools, successfully overturning or weakening many of them.[74,75]

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6. Build legitimacy through corporate social responsibility (CSR)

- **Through CSR activities, health-harming industries provide funding to charities, community initiatives, and research and educational activities. CSR activities divert attention from the harms associated with their products, and advance industry narratives about prevention and solutions. These activities reinforce brand visibility and legitimacy, positioning these industries as responsible, even helpful, stakeholders in health.[76,77]**

Example(s): ELFBAR's 5th anniversary campaign illustrates how the vaping industry uses CSR-style branding and community engagement to signal responsibility while continuing to promote addictive products. The campaign centred on global events, music-festival sponsorships, online games, giveaways and branded merchandise, framed around fun, friendship and community, alongside references to ELFBAR's "*Guardian Scheme*" and claims about preventing underage use.[78] At the same time, the campaign positioned vaping within youth-oriented cultural spaces and digital engagement activities, while wider evidence continued to highlight concerns about youth uptake, nicotine addiction and health harms linked to disposable vapes.[79,80]

Community Alcohol Partnerships (CAPs) are local partnerships funded by the alcohol industry, involving bodies such as police, local authorities, schools and retailers, and are presented as initiatives to reduce alcohol-related harm among children and young people. CAPs are frequently described by industry actors as evidence-based; however, there is limited publicly available data on their impact. An independent academic review concluded that CAPs appear primarily focused on limiting reputational risk, with little evidence of effectiveness in reducing alcohol harms. Of the 88 CAPs reviewed, only three met the gold standard for evaluation.[81]

As part of Coca-Cola's sponsorship of the Glasgow 2026 Commonwealth Games, they have highlighted environmental and community initiatives, including funding river clean ups, supporting recycling schemes, and contributing to the Commonwealth Clean Oceans Plastics Campaign.[82] These initiatives are promoted as helping deliver a "*greener Games*" and encouraging positive behaviour change around sustainability.[83] However, this helps to normalise and promote a brand strongly associated with high sugar consumption, obesity, and diet related NCDs, in a city and country facing entrenched diet related health inequalities.

7. Work through third parties and trusted messengers

- **Opponents of industry regulation are often presented as independent participants in policy debates, despite having financial links to industry.**

- **These organisations can be used to, or are specifically created to, challenge specific policies or to influence longer term narratives.**[84]

Example(s): Drinkaware describes itself as an "*Independent charity*" that provides "*impartial, evidence-based information and advice*" about alcohol.[85] However, it is primarily funded through unrestricted voluntary donations from alcohol producers, retailers, supermarkets and on trade venues (over 130 industry bodies).[86] Independent academic studies shows that Drinkaware acts in ways that "*serve industry interests*", disseminates misinformation about alcohol harms to the public, and in recent years it has deployed web tools and apps that "*omit important health information*", and "*nudge us to drink more alcohol*".[87,88,89,90,91] As a body funded by the alcohol industry Drinkaware has a conflict of interest in the context of public health policy-making.

During the passage of Scotland's smoke-free legislation, tobacco companies opposed the law indirectly by working through hospitality bodies and self-styled 'smokers' rights' groups such as Forest, allowing industry arguments to appear independent while funding and coordination were not always transparent.[92,93]

Scottish Grocers' Federation (SGF) often presents itself as the voice of local convenience stores, but in policy debates on alcohol, tobacco, vaping and HFSS foods it can function as a proxy for large manufacturers whose products drive harm. By reframing public health measures as threats to small retailers, SGF advances industry arguments through a more politically acceptable messenger, sometimes without clear visibility of wider commercial interests at stake.[94]

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8. Leverage hospitality, gifts, and benefits to build influence and access

- **Health-harming industries frequently seek to build relationships with MSPs through gifts, hospitality and sponsored events. While MSPs are required to declare relevant financial interests, including gifts and hospitality above the registration threshold, these interactions can create the perception of a conflict of interest where legislators are involved in scrutinising, amending or voting on policies that affect those industries.[95,96]**

- **Industries may seek to minimise transparency by hosting events at Holyrood, offering hospitality below registration thresholds, arranging site visits, or engaging MSPs through industry-linked organisations. While often permitted under parliamentary rules, these practices can limit public visibility and influence how industries and policies are perceived.**

Example(s): Diageo sponsors The Herald's Scottish Politician of the Year Awards, providing corporate hospitality and visibility at an event attended by MSPs, senior politicians, lobbyists and journalists, and creating opportunities to build relationships and goodwill with political decision makers.[97,98]

During the passage of Scotland's smoke free legislation, tobacco companies hosted Holyrood receptions indirectly through hospitality trade bodies and campaign groups such as 'Against an Outright Ban' (a coalition involving hospitality trade bodies, 'smokers' rights' group Forest and tobacco companies operating behind the scenes). These proxy-hosted events allowed tobacco interests to provide hospitality and access to MSPs while avoiding direct attribution or clear disclosure of industry involvement.[99,100]

It is estimated that nearly

50%

of all premature deaths in Scotland could be prevented through public health action — including action on alcohol, tobacco, and obesity.

Case studies

Case study: Alcohol

Written and produced for NCD Alliance Scotland by Punyja Singh, Postgraduate Student at the University of Stirling.

Public Health Scotland's (PHS) 2025 review of alcohol marketing in Scotland confirmed three things: Alcohol marketing is "*pervasive and persuasive*"; it increases alcohol consumption, not simply impacting brand choice; and industry self-regulation does not work.[101] Yet there has been no legislative response in Scotland to the growing evidence of alcohol harms to public health. In March 2026, the Government's new strategic plan again deferred action.[102] This deferral is likely to be the policy outcome the alcohol industry in Scotland hoped for and appears consistent with how the industry has tried to influence policy over the last few years.

The Scottish Government's 2022–23 consultation on restricting alcohol advertising and promotion drew nearly 3,000 responses.[103] An analysis was published in November 2023, but the Government made no legislative proposals. It then commissioned PHS to review the evidence again, and in September 2025 PHS reported back in support of comprehensive restrictions.[104] The March 2026 Strategic Plan promised an action plan "*later in 2026*", effectively pausing policy development until after the Holyrood elections.[105] A credible plan in the new Parliament to address alcohol harms will need timelines, specific measures on sponsorship and advertising, and independent monitoring of industry practice.

Analysis of eight industry submissions and related social-media activity across seven industries identified five recurring arguments used by industry-aligned actors.[106] The Portman Group led on "*responsible majority*" and self-regulation.[107] The Advertising Standards Authority (ASA) defended existing rules, refocusing the debate on whether individual adverts break rules, not on overall advertising exposure.[108] Trade bodies such as the Scottish Grocers' Federation, the Society of Independent Brewers, the Scottish Tourism Alliance and the Association of Convenience Stores all focused on economic impacts of alcohol restrictions and the cultural role of producers and venues.

During the public consultation 585 template responses, coordinated by Campaign for Real Ale and the Scottish Beer & Pub Association, made public opinion appear more divided than it was.[109] Industry lobbying has continued post-consultation, overtaking public health engagement in 2024 and 2025.[110] It is evident from publicly available Ministerial engagement records that industry has continued lobbying Scottish ministers.[111]

Public health decisions remain pending, through further reviews, stakeholder engagement, and repeated delays. The industry-led strategy applied to Scotland's alcohol marketing policy appears to have been successful in producing delay. After four years of deferral, the Scottish Government must act on introducing alcohol marketing legislation urgently.

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Case study: HFSS

Written and produced for NCD Alliance Scotland by Maura Francisco, Postgraduate Student at the University of Stirling.

Coming into effect on 1 October 2026, the Food (Promotion and Placement) (Scotland) Regulations 2025 were introduced to reduce the promotion of foods high in fat, sugar or salt (HFSS) and create a healthier food environment. Concerns over whether the regulations can achieve their intended public health objectives are widely shared, including a former Minister for Public Health describing the final measures as "*better than nothing*", while acknowledging they "*do not go nearly as far as we should be going*".[112] Analysis of the progression of four Scottish Government consultations (2017–2024) related to this policy identify how industry has repeatedly sought to undermine public health measures. Across these consultations, proposals such as restrictions on meal deals, temporary price promotions and the inclusion of the out-of-home sector were undermined or removed before the legislation was finalised.[113]

Researchers at Stirling examined the consultation responses submitted by the Food and Drink Federation (FDF), Scottish Retail Consortium (SRC) and Scottish Wholesale Association (SWA) alongside industry communications, Scottish Government business forum minutes and Business and Regulatory Impact Assessments (BRIAs). While the findings do not establish a direct causation between industry activity and policy decisions, they identified consistent patterns of engagement that may help explain why several proposals were narrowed or removed over time.

Across the four consultation rounds, industry consistently framed the proposals around affordability, business competitiveness, regulatory proportionality and alignment with the rest of the UK, themes which later became the basis for key changes to the final regulations. While earlier BRIA[114] assessments suggested the public health benefits of initial proposals outweighed the burden on businesses, the final BRIA[115] instead uses affordability, implementation costs and UK alignment as the rationale for closely aligning regulations with industry views.

While the Lobbying Register can be an indication of industry efforts to shape policy, it offers only a partial picture of industry influence. Analysis includes declared registered lobbying in Scotland as well as written correspondence, public statements and government business forums to capture industry advocacy and communication with government. Minutes from the Retail Industry Leadership Group show that HFSS regulations were discussed directly with ministers, providing further opportunities for industry to reinforce concerns around competitiveness, implementation and regulatory burden. Our research identifies sustained and strategic industry pressure to frame and assess regulation in economic terms, downplaying public health concerns.

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Table 1. Development of the Food (Promotion and Placement) (Scotland) Regulations across the four consultation stages:

Policy design alignment with industry requests:

Consultation stage	What was proposed	Key industry asks/framing
(2017/18): **A Healthier Future — Action and Ambitions on Diet, Activity and Healthy Weight**	Using nutrient profiling to identify HFSS foods, restricting temporary price promotions (TPR), multibuys and X for Y, consideration of restrictions in the out-of-home sector.	Protect small businesses, favour voluntary approaches, question nutrient profiling, maintain UK alignment, minimise economic impacts, and seek clearer evidence and definitions.
(2018/19): **Reducing health harms of foods high in fat, sugar or salt**	Restrictions on discretionary foods through multibuys, unlimited refills, in-store marketing and placement, alongside proposals on business scope, exemptions and enforcement.	Minimise business impacts, favour incentives, phased implementation, maintain UK alignment, expand exemptions, oppose TPR restrictions and retrospective application, and seek clearer definitions.
(July–September 2022): **Restricting promotions of food and drink high in fat, sugar or salt**	Scope of HFSS foods, use of nutrient profiling, restrictions on multi-buy offers (meal deals, TPRs, extra free, unlimited refills), in-store and online location restrictions, business scope, exemptions and enforcement.	Insufficient evidence; oppose meal deals restrictions; align with England.
(February–May 2024): **Restricting promotions of food and drink high in fat, sugar or salt**	Pre-packed HFSS foods identified with the nutrient profiling model, restrictions on multi-buy offers (meal deals, extra free and unlimited refills) business scope, exemptions for smaller and specialist retailers.	Maintain alignment; oppose TPR and meal deal restrictions; request clearer guidance on policy implementation.

Recommendations

1. Recognise and acknowledge conflicts of interest

It is essential that MSPs, policymakers and those involved in the development of public health measures recognise that the commercial objectives of health-harming industries conflicts fundamentally with public health objectives. It is necessary that the tactics used by health harming industries, as laid out in this report, are recognised and acknowledged if we are to progress actions to improve public health in Scotland.

2. Support transparency and strong governance in public health policymaking

By supporting robust transparency and governance measures, similar to those that govern interactions with the tobacco industry under article 5.3 of the WHO Framework Convention on Tobacco Control, we can limit industry interference in public health.[116] It is imperative that debate and discussions to progress measures on NCD prevention are kept free of industry interference, and that any interactions undertaken are limited, transparent, and necessary to the implementation of policies, not their development. Evidence and information supplied by health-harming industries should be transparent, accurate, and held to high level of scrutiny — as is required for tobacco under FTCT 5.3.[117]

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3. Prioritise collaboration and partnerships with non-conflicted partners

Opportunities for engagement, collaboration and partnership on NCD prevention and public health should be prioritised with non-conflicted actors who have no vested commercial interests in health-harming products. By prioritising engagement with public health experts and academics, clinicians and third sector organisations with no conflicts of interest, policymakers can ensure that decisions are informed by independent evidence, strengthen public trust in the policymaking process, and reduce the risk of commercial interests influencing and undermining health policy outcomes.

4. Champion policies that improve population health

Evidence shows that healthier populations are more productive, place less pressure on public services and contribute to long-term economic resilience.[118,119,120] MSPs and policymakers should therefore consider the wider benefits of prevention to the Scottish economy and prioritise preventative action that will support longer-term population health over any short-term arguments about impacts to health-harming industries. Progress to act on preventable ill-health and death in Scotland has stalled. It is fundamentally important to the future of Scotland's population-level health that we introduce and deliver comprehensive policies to address the commercial determinants of health. The actions required to achieve this healthier, fairer future have been set out in NCD Alliance Scotland's **10-Year Vision for a Healthier Scotland** and **Scotland's Health First: A Manifesto for Tackling NCD Prevention and the Commercial Determinants of Health**.

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NCD ALLIANCE
SCOTLAND

NCD Alliance Scotland is a coalition of 26 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