



NCD ALLIANCE
SCOTLAND

Scotland's Health First: A Manifesto for Tackling NCD Prevention and the Commercial Determinants of Health

A report by NCD Alliance Scotland

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Who are we?

NCD Alliance Scotland is a coalition of 24 health organisations reducing the health burden of non-communicable diseases (NCDs) through action on alcohol, tobacco, and high fat, salt and sugar (HFSS) consumption.

Our goal is simple: have Scotland free from the undue influence of commercial actors on our choices and our health. We can achieve this through the adoption and application of a commercial determinants approach to NCD prevention.



Key asks for the next Parliament

ENDNOTES ON PAGE

Reference 1

Reference 2

Scotland's health is deteriorating. **85% of people believe commercial industries should take greater responsibility for the harm caused by their products.**¹ We are urging bold but practical steps that the next Parliament can implement in its early years to help reverse this trend and build the foundations of a healthier, more prosperous Scotland.

Our asks:



Alcohol:

- Introduce mandatory health labelling.
- Enforce strict advertising restrictions in outdoor and public spaces.



Tobacco:

- Deliver robust protections through the Tobacco and Vapes Bill.
- Implement minimum unit pricing.



HFSS food and drink:

- Close loopholes in the Food Promotion and Placement Regulations.
- Restrict advertising in outdoor and public spaces.

This is just the beginning. Our **10-Year Vision for a Healthier Scotland** sets out how we can transform population health for future generations.²

Introduction

ENDNOTES ON PAGE

Reference 3

Reference 4

Reference 5

Reference 6

Reference 7

Reference 8

Reference 9

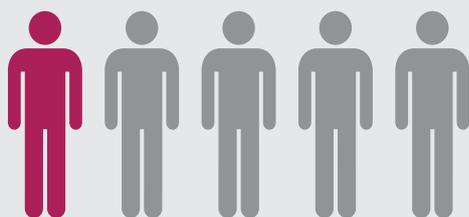
Reference 10

Non-communicable diseases (NCDs) remain Scotland’s leading cause of death, responsible for around 52,000 lives lost (83% of all deaths).³ They include the nation’s biggest killers – heart disease, stroke, cancer, type 2 diabetes, chronic kidney disease, Alzheimer’s and lung disease – and bring years of ill health, disability, and premature death. Scotland’s health is deteriorating: more people die younger here than in any other Western European country, and inequalities are stark.⁴ Between 2019 and 2021, men in the most deprived areas lived 26 fewer healthy years than those in the least deprived; for women, the gap was 25 years.⁵

Life expectancy is further continuing 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. Indeed, the burden of NCDs, in terms of disability-adjusted life years, is projected to increase by 21% by 2043.⁶

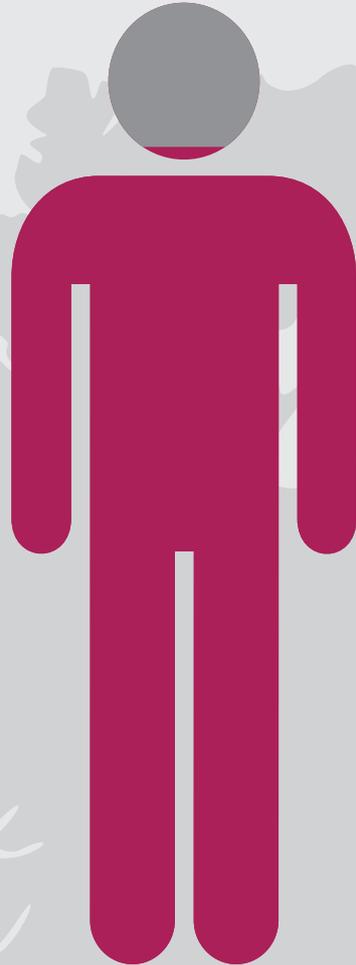
Estimates by the British Heart Foundation suggest that around one in five of NCD deaths are directly related to alcohol, tobacco, and overweight and obesity driven by HFSS consumption.⁷ These health harming products are consumed most heavily in deprived communities, deepening health inequalities already worsened by poverty and the cost of living crisis.^{8,9,10}

Public health action on these drivers of ill health can shift the direction of Scotland’s future.



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Scotland is ready for a change in narrative

ENDNOTES ON PAGE

Reference 11

Reference 12

Reference 13

Reference 14

The commercial determinants of health (CDoH) are the actions of industries — often through marketing, pricing, promotion, and availability — that drive consumption of harmful products and represent a root cause of preventable NCDs. Simply put, as the levels of health harm across Scotland and the UK rise, so too do the profits of these industries. The government must restore balance between industry influence and public health, as recent regulations have been weakened by extensive industry lobbying and opposition to public health measures.¹¹

For too long, the industry has fuelled the prevention narrative to focus on individual behaviour — stop smoking, drink less, eat better — placing blame on people rather than addressing the environments that shape their choices. A CDoH approach shifts responsibility to the industries creating harm, alleviates this misplaced blame, and makes the healthy choice the easier choice for everyone.

This vision aligns with Scotland’s existing strategies on tobacco, alcohol, and diet and healthy weight, and is consistent with the Population Health Framework.¹² Scotland has a proud history of bold public health action to prevent disease, from smoke free legislation to Minimum Unit Pricing for alcohol, but progress has slowed. Crucially, deliberative research carried out by the Diffley Partnership shows that when the public is given clear evidence of the industry tactics, attitudes change dramatically, and they call for bold action by the government to confront industry power and put the health of Scotland before the profit of a small minority.¹³

By adopting a CDoH approach, we can create a Scotland where public health comes before commercial profits and where businesses are supported and encouraged to positively impact our health landscape.

Here, we present our policy priorities, grounded in the health, social, scientific, and economic evidence supporting prevention. For longer-term goals, please refer to our **10-Year Vision document**.¹⁴



Actions on alcohol

One in five Scots regularly exceeds the recommended weekly alcohol limit putting their health at serious risk.¹⁵ In 2024, 1,185 people in Scotland lost their lives directly because of alcohol — labelling and marketing are self-regulated by industry and play a major role in Scotland’s drinking culture.¹⁶

Policy call	Introduce mandatory labelling on alcoholic drinks <i>Despite alcohol having a major impact on health, public awareness of the consumption guidelines, nutrition values and health risks remain low.</i>	Restrict alcohol marketing in outdoor and public spaces <i>Alcohol is aggressively marketed in Scotland. It is not an essential item, so the industry works hard to create demand and recruit new drinkers.¹⁷</i>
Health	The WHO now recommends cancer warnings on alcohol products. This has the power to spark crucial conversations about health risks, increasing support for other alcohol policies, decreasing product appeal, and signalling that alcohol is not an ordinary commodity and that its consumption entails risks. ^{18,19} Evidence shows that labels featuring drinking guidelines, unit information, and pregnancy and cancer warnings have the potential to cut consumption by nearly 10%. ²⁰	Alcohol marketing encourages higher consumption, which increases the risk of harm — from short-term effects like poor sleep and headaches to long-term consequences including accidents, fatalities and NCDs such as cancer, liver disease, and cardiovascular disease. Restricting alcohol marketing could delay or prevent youth drinking, lowering lifetime exposure and future harm, while also supporting those in recovery by reducing triggers and reinforcing healthier choices. ^{21,22}

<p>Social</p>	<p>Mandatory labelling could be a catalyst for social change. It safeguards disadvantaged communities and children, who are frequently exposed to alcohol without being informed of the risks or who may not engage with other health campaigns. It further reinforces that alcohol is not an ordinary product but one with serious health consequences.^{23,24} Purely from a consumer information perspective, introducing mandatory labelling information would be a step forwards.</p>	<p>Alcohol marketing is heavily concentrated in deprived areas, reinforcing health inequalities and amplifying alcohol-related harm. Removing outdoor adverts would reduce targeted exposure and help narrow these disparities. It could also shift cultural norms – when young people grow up surrounded by alcohol marketing, drinking feels normal and expected. Restricting these ads creates healthier environments for everyone, reducing the social pressure to drink and supporting long-term improvements in public health.^{25, 26, 27}</p>
<p>Science</p>	<p>Alcohol marketing encourages young people to start drinking earlier, drink more, and engage in heavy or harmful consumption.²⁸ These promotions present alcohol in a positive light while omitting health warnings and nutritional information; only 22% of us know the recommended weekly drinking limits and only half are aware of the link between alcohol and cancer. Alcohol is an addictive substance that harms nearly every organ, including the liver, brain, heart, hormonal systems, and gut. It is linked to over 200 health conditions, from mental health disorders and liver disease to cardiovascular problems and at least seven types of cancer. The WHO classified alcohol as a Group 1 carcinogen in 1988 – the same category as tobacco and asbestos.²⁹</p>	
<p>Economy</p>	<p>The health and social care related societal costs arising from alcohol in Scotland are estimated to be between £500 million and £700 million annually.³⁰ In 2024 alone, Scotland saw 32,301 alcohol-related hospital admissions and 1,185 deaths.³¹ Preventable workplace illnesses, including those linked to alcohol, account for millions of lost working days annually undermining economic output, increasing public spending, and weakening workforce stability. Mandatory labelling and advertising restrictions are low-cost, high-return interventions proven to reduce consumption. In fact, restricting advertising is one of the WHO’s “best buys” ranking among the most cost-effective, high-impact policies to prevent and reduce alcohol harm. Reducing alcohol harm delivers significant economic benefits by lowering NHS costs, policing expenses, and productivity losses.³²</p>	



Actions on tobacco and related products

Scotland's current smoking prevalence is 14% and there are almost 9,000 smoking-attributable deaths every year.³³

Policy call	Tobacco and Vapes Bill: incrementally raising the legal sales age <i>This will be a landmark piece of legislation that will gradually phase out the sale of tobacco products, have advertising restrictions, and create smoke-free and aerosol-free (SAFE) environments.</i>	Minimum and maximum unit pricing (MUP) for tobacco <i>Making harmful products less affordable reduces consumption by dissuading young people from starting smoking and encouraging people who currently smoke to contemplate quitting.</i>
Health	Research modelling indicates that a generational ban could result in 820,000 fewer cigarettes being smoked daily in Scotland by 2040, significantly reducing smoking-related mortality over time. ³⁴ Meanwhile, youth vaping has surged. Delaying or preventing nicotine use — regardless of the source — reduces the likelihood of strong dependence and makes quitting easier later in life, ultimately supporting better health outcomes. ³⁵	Research commissioned by Public Health Scotland in 2024 showed that even a 60p minimum price would lead to 16,327 people stopping smoking in the next ten years if implemented. This is further predicted to avert 285 deaths and contribute an additional 6,792 years of life to the Scottish population, with a more substantial impact on deaths and the years of life lost to death in individuals residing in the most deprived communities. ³⁶

Social

The Tobacco and Vapes Bill will reduce peer supply, curb youth access and break cycles of addiction that disproportionately impact Scotland's poorest communities, where smoking prevalence is four times higher than in affluent areas. Research shows that smoking places a heavy financial burden on low-income households, with some spending up to 30% of their income on tobacco. Cutting tobacco consumption can therefore play a vital role in alleviating this hardship. Smoking rates remain highest in our most deprived areas (25%) compared to just 7% in the least deprived.³⁷ Further price interventions are essential to drive down smoking rates in vulnerable communities and tackle the health inequalities caused by tobacco harm.

By making tobacco less affordable, MUP can help break cycles of addiction that disproportionately affect low-income households — where smoking prevalence and financial strain are highest. This policy would ease household budgets, freeing up income for essentials like food and heating, and reducing the stress associated with poverty. A maximum unit price would stop the industry promoting so called 'luxury' brands, another form of marketing. A Tobacco MUP would also foster healthier environments for children by reducing exposure to smoking in homes and communities, supporting parents to quit, and creating a stronger foundation for future generations. Ultimately, it strengthens families, reduces inequalities, and promotes community wellbeing.³⁸

Science

Limiting access to tobacco and related products makes them less appealing and harder to use. These products contain numerous harmful substances. Among these are nicotine, an addictive compound that raises heart rate and blood pressure; tar, a sticky residue that damages lung tissue and impairs breathing; and carbon monoxide, which reduces the blood's ability to carry oxygen, forcing the heart to work harder. These toxic components harm the body in multiple ways, significantly increasing the risk of cancer, respiratory diseases, cardiovascular conditions, stroke, and other serious health issues.³⁹

Economy

Every year, smoking causes over 9,000 deaths and nearly 90,000 hospital admissions in Scotland, costing more than £1.5 billion for the NHS, social care and fire service each year.⁴⁰ Raising the sales age and introducing a generational ban will reduce smoking prevalence, ease healthcare pressures, and improve productivity. Adding even a 60p minimum price per cigarette could result in an overall cumulative cost saving to the NHS of approximately £1.2 million over five years and £2.7 million by 2034.⁴¹



Actions on high fat, salt and sugar products

In Scotland, 31% of adults are living with obesity and 18% of children are at risk of obesity.⁴² Our food environment, which is overpopulated with HFSS (junk food and drink) products, has a significant role to play in this.

<p>Policy call</p>	<p>Further action on Food (Promotion and Placement) (Scotland) Regulations</p> <p><i>Meals deals and temporary price reductions (TPRs) were excluded from the Food (Promotion and Placement) (Scotland) Regulations, weakening the policy.</i></p>	<p>Restrict HFSS product marketing in outdoor and public spaces</p> <p><i>In the UK and Scotland, most food and drink adverts promote HFSS products, while few encourage healthy options. This shapes dietary norms, food preference and consumption.</i></p>
<p>Health</p>	<p>Modelling shows a full ban, including meal deals and temporary price reductions, could cut adult obesity by 29%. Excluding these two measures greatly reduces impact. Reinstating them would help move toward the 2030 target of a 30% reduction. Currently, all top 10 promoted supermarket products are HFSS, half of drinks on promotion are HFSS, and 8 in 10 meal deal items are HFSS. Removing these promotions would lower calorie intake, obesity rates, and related diseases.^{43, 44}</p>	<p>Restricting HFSS marketing can significantly cut consumption. Limiting advertising shifts the environment from obesogenic to healthier, reducing manipulative practices that drive overconsumption of energy-dense, nutrient-poor foods.^{45, 46} A recent example is when Transport for London banned junk food ads in 2019, unhealthy food purchases fell, and the policy is estimated to have prevented almost 100,000 adult obesity cases, as well as 2,857 and 1,915 cases of diabetes and cardiovascular disease, respectively.⁴⁷</p>

<p>Social</p>	<p>Meal deals that bundle crisps, confectionery, and sugary drinks are particularly attractive to young people; removing these offers would reduce exposure to unhealthy food environments and encourage healthier narrative for the future generation.</p> <p>Price promotions disproportionately target lower-income households, where limited budgets restrict food choices. Tightening restrictions would shield disadvantaged communities from harmful marketing practices.^{48, 49}</p>	<p>Children in deprived communities face far greater exposure to outdoor and online HFSS advertising and are more likely to be obese because of this and other factors. Notably, people from lower-income backgrounds are up to 50% more likely to encounter unhealthy food advertising than those in less deprived areas.⁵⁰ Implementing advertising restrictions would therefore help close the health inequality gap.</p>
<p>Science</p>	<p>Meal deals and temporary price reductions often promote bundling and stockpiling of unhealthy foods, which can lead to higher calorie intake per meal.⁵¹ Marketing strategies further drive consumption of these energy-dense products.^{52, 53} Weight gain and obesity are influenced by several well-established factors, including an imbalance between energy intake and expenditure. HFSS food and drink are particularly energy-dense, making it easier to consume excess calories, which are typically stored as fat.</p> <p>While fat serves important functions at healthy levels, excess fat — especially when stored around internal organs (central obesity) — is harmful. Obesity is associated with chronic inflammation, which contributes to physiological dysfunction and significantly increases the risk of developing conditions such as type 2 diabetes, cardiovascular disease, certain cancers, and mental health disorders.⁵⁴</p>	
<p>Economy</p>	<p>Nesta estimates that banning all price promotions could generate £18 billion annually at minimal government cost (just £0.5 million), thanks to reduced healthcare spending, improved productivity, and fewer years lost to disability.⁵⁵ Extending restrictions to include meal deals and temporary price reductions would lock in these benefits. Similarly, banning HFSS advertising tackles childhood obesity, lowering long-term NHS costs and strengthening workforce health. For example, in its first three years, Transport for London’s junk food ad ban was projected to save the NHS over £218 million over the lifetime of the current population.^{56, 57}</p>	

Glossary

C

Commercial determinants of health

The 'systems, practices, and pathways through which commercial actors drive health and equity'. Some commercial actors contribute positively to our health, but some contribute substantial negative effects; particularly alcohol, tobacco, and HFSS food and drink industries.

D

Disability adjusted years of life

A measure of overall disease burden. It represents the total number of years lost due to ill-health, disability, or early death.

H

Health-harming industry (sometimes shortened to industry)

Refers to large commercial actors, often international, whose business operation relies on the production and/or sale of health-harming products.

Health-harming products

For the purposes of this vision, this refers to alcohol, tobacco and related products, and HFSS food and drinks.

High fat, salt, sugar (HFSS) food and drink

These are typically unhealthy choices because they provide lots of calories but with little nutritional value. Most HFSS products are processed or ultra-processed, meaning alongside high levels of fat, sugar and/or salt they often contain additives, preservatives, and artificial flavours.

N

Non-communicable disease

A medical condition or disease that is not caused by infectious agents and cannot be spread from person to person. These diseases are typically long-lasting (chronic) and progress slowly.

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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