

Holding us back: tobacco, alcohol and unhealthy food and drink

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Advocating for a coherent health policy approach



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Economic Analysis

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Steering Group

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Executive Summary

Foreword

When the UK Government consulted on reforming public health and closing Public Health England in 2021, they set out a vision for government intervention in health. In this they stated that:

“...the government has a responsibility to go further to protect the public’s health:

- to protect children and the most vulnerable in society from harm and physical and mental ill-health*
- where the risk of disease is shared across society – such as infectious disease, air and water pollution, or unsafe food – and action cannot be taken at an individual level only*
- where diseases place a disproportionate burden on the NHS, for example the impact and cost of diabetes to the NHS*
- where government action is needed to tackle significant inequalities in physical and mental health outcomes*
- where individuals are at risk of harm or ill-health as a result of a power imbalance, such as industrial injury and occupational disease, or industries based on addiction like smoking.”*

The three alliances who have come together to produce this report are committed to ending the harms from the sale and consumption of products which:

- harm us all, but especially children and the most vulnerable,
- have a wide impact on society that action only at the level of the individual will not address,
- place disproportionate burden on the NHS,
- cause significant inequalities in both physical and mental health, and
- are driven by the behaviour of industries who profit from them.

Although, there is such clear alignment between action to reduce the consumption of tobacco, alcohol and unhealthy food and drink and the UK Government’s view of its role in protecting the public’s health, there is little alignment in how government has acted to address the harms from these products.

This report calls for a coherent and strategic approach to rebalancing the profit-making powers of industries with the rights of people to live free, healthy and productive lives.

To achieve this, the whole of government needs to be part of a shared goal to protect and create a healthy society. The levers for change are rarely to be found only in the Department of Health and Social Care.

Much more consistency is also needed in how health-harming businesses are allowed to influence public health policy. Too often business has been able to delay, weaken or stop policies that would reduce consumption of health-harming products because this would not be in their commercial interests.

Finally, preventing ill health must be seen as an important public good to be invested in. Long term, stable funding is needed to put in place transformative changes that will protect our communities from the health-harming products that are holding us back.

Professor Linda Bauld OBE

Professor of Public Health, University of Edinburgh. Director, SPECTRUM Consortium.

Key messages

1. Tobacco, alcohol and unhealthy food and drink are leading causes of ill health and early death. We are exposed to these products daily where we live, work, learn and socialise. This is holding us back from building a society that is healthier, happier, and more productive. The public supports action to reduce harm from these products.
2. There has been a failure to fully regulate these health-harming products in line with the damage they cause. Health-harming industries work hard to influence public policy to protect their profits, limiting the potential for appropriate regulatory measures.
3. For people to lead healthier lives, we need the Government to build on the progress made on tobacco and further regulate harmful products in a way that is proportionate to their impacts on health and society.

The Issue

Tobacco, alcohol and unhealthy food and drink are major causes of death and chronic disease

- Tobacco, alcohol and unhealthy food and drink (and conditions caused or made worse by them) are the leading causes of early death in the UK[1]. These products contribute to a wide range of chronic diseases, including cancers, type 2 diabetes, cardiovascular disease, and dementia, as well as having significant mental health impacts.
- These products drive health inequalities. While they cause death and disease across all of society, our most socioeconomically disadvantaged communities experience the greatest harm. People in these communities tend to be affected by more than one health-harming product, which multiplies risk and shortens lives even further.
- Overall, 13% of adults in England smoke[2], 21% drink above the recommended drinking guidelines[3], and 64% are living with overweight or obesity (just one of many consequences of unhealthy food and drink)[4]. In England alone, there are millions of hospital admissions each year due to diseases caused by these products (506,000 tobacco-related, 948,000 alcohol-related and 1,020,000 weight-related), contributing to the strain on NHS services[5–7].
- The overwhelming amount of chronic disease caused by tobacco, alcohol and unhealthy food and drink can be prevented.

Our environment is saturated with these products

- Widespread use of these products has been driven by mass production and marketing by an industry made up of profit-making companies. Alcohol consumption, for example, was declining in England prior to the 1960s, at which time increased availability, affordability, and expenditure on marketing of alcohol drove a massive increase in consumption[8].
- We are exposed to these products in nearly every aspect of modern-day life, with health-harming industries advertising on TV and streaming services; targeting promotions on social media; influencing school educational programmes; and sponsoring sporting, community, and other events.
- This marketing strongly changes our behaviour, without our consent, making us ill.

These products are profitable for industry at the expense of wider costs to society

- Continuous exposure to these products drives consumption at levels damaging to health. While any level of smoking is harmful, 43.4% of alcohol, and 28.8% of food purchased by households in the UK is estimated to be consumed above government health guidelines[9]. For alcohol the guidance is not to regularly exceed 14 units of alcohol a week[10]; for food, guidelines address consumption of saturated fat, free sugars, or salt dietary guidelines[11].
- These health-harming sales are hugely profitable. Analysis for this report finds that, after tax, a total of £53 billion of combined industry revenue is estimated to be made from sales at levels

harmful to health in the UK each year. This comprises £7.3 billion of tobacco industry revenue, £11.2 billion of alcohol industry revenue, and £34.2 billion of food industry revenue[9].

- These profits come at huge expense for society, with billions of pounds spent in healthcare, social care and other public services as a result of the harms caused by these products as well as costs due to related crime, fires and lost productivity.
- New analysis for this report estimates the current impact of unhealthy products on productivity. People who smoke, drink at high levels, or who have a BMI over 40 (a major consequence of unhealthy food and drink), are more likely to be out of work when accounting for factors such as level of education. In the UK there are 289,000 working-age adults (aged 20-69) who smoke, 99,000 who drink at high levels and 70,000 with a BMI over 40 who would be in employment if it were not for poor health due tobacco, alcohol or their obesity[12].
- People who smoke or who drink at higher levels also have a wage penalty. Among those in employment, and accounting for factors such as level of education, those who smoke or drink at higher levels earn less than those who do not. Taken together the wage penalty, unemployment and economic inactivity caused by tobacco, alcohol and obesity costs the UK economy £31bn.

Health-harming industries use a ‘common playbook’ to avoid regulation

- Health-harming industries (including the alcohol, tobacco and unhealthy food and drink industries) use a ‘common playbook’ of actions to lobby government to prevent regulation[13–17]. These tactics include discrediting scientific evidence or scientists[18,19], influencing public opinion through public relations[13,15,19], promoting alternative policy proposals more favourable to industry[15,16], focusing on the positive impact of industry[19], and threatening litigation[15,18,19].
- This lobbying has delayed and disrupted the policy-making process, contributing to insufficient regulation of health-harming products[20].

Our current policy approach is incoherent

- Despite the similarities in tactics used by these three industries to mass produce and market their products and lobby governments, the current policy landscape is fragmented, with the introduction of piecemeal national policy preventing strategies from realising their full potential.
- Progress on tackling smoking is ahead of strategies to address other harmful products largely due to earlier accumulation of the evidence of harm, implementation of effective policies, and the impact of a global treaty on tobacco which has limited the tobacco industry’s role in policy making[21]. This enabled earlier development of comprehensive strategies from 2000 onwards, which the tobacco industry had limited influence over compared to previous decades. Recent announcements by the Government on age of sale and funding for treatment, mass media campaigns and enforcement are welcome and will further strengthen tobacco control efforts[22].
- While more recent, the evidence bases for the harms of unhealthy food and drink and alcohol, and for effective policy actions to tackle these, are well-established and robust. However, there has been a lack of national cross-cutting strategies and previous reliance on ineffective partnership approaches with industry[23,24].

The public supports government action

- The Action on Smoking and Health (ASH) Smokefree GB Survey 2023 of 12,271 British adults carried out by YouGov[25] found that the public were more likely to feel the Government was not doing enough to limit harms from each of these products than to think that the Government was doing too much or the right amount.
- The public strongly support action directly targeting health-harming industries. The majority of those asked supported the idea of levies on industries to reduce and/or prevent harms from their products: 77% supported a tobacco industry levy, 62% supported an alcohol levy and 59% supported a levy on unhealthy food and drink manufacturers.
- There was particularly strong support for protecting health policy from the influence of health-

harming industries and their representatives. 75% supported this for the tobacco industry (where this is already the case), 70% supported this for the alcohol industry and 68% supported this for unhealthy food and drinks manufacturers.

The Solution

A vision of a coherent policy approach

- *The Nation's health is prioritised through a cross-government strategic approach led by senior political figures at the highest level of government*
- *Funding for prevention efforts is treated as an investment and is allocated over longer timeframes to allow programmes to realise their full benefits*
- *Health policy is designed and implemented with transparency, protected from the vested interests of health-harming industry stakeholders*

- There is an opportunity to translate some of the lessons learned from addressing tobacco to accelerate progress on unhealthy food and drink and alcohol in a way that is proportionate to how harmful the products are.
- As industries selling health-harming products use similar strategies to undermine effective public health policies and programmes[14], a coherent policy approach across products is an effective way to reduce and mitigate harms. This would take into consideration the similarities in the societal harms of the products, and in the behaviours of health-harming industries, whilst also acknowledging important differences between the products in terms of how harmful they are on the individual level.
- The current focus on treating the harms caused by these products (secondary and tertiary prevention) is allowing people to become unwell, driving health inequalities, overwhelming the NHS, reducing workforce productivity, and ultimately impacting the economy. A shift to a primary prevention approach is needed. A primary prevention approach would target the availability, accessibility, and appeal of these products, thus reducing their consumption and preventing illness.
- A coherent approach would be designed to curtail the behaviour of health-harming industries, using fiscal measures and regulation of product advertising and accessibility to reduce harm.
- Given that this policy approach conflicts with the vested interests of health-harming product industries, clear principles of how policymakers engage and interact with industry are needed.

We need cross-government commitment to improving health

- Many of the levers required to enact change exist outside of the Department of Health and Social Care. Therefore, action on health-harming products should be part of a wider cross-government strategy to improve the public's health and reduce health inequalities. This will need strong leadership at a senior level within central government and clear structures and mechanisms in place to ensure health remains a priority for the whole of government in the long term.
- Public health action at the local level and regional level is essential. Sufficient, secure, ring-fenced funding for prevention activities is necessary to facilitate this. This should be treated as an investment in our health and the economy.
- Pursuing a coherent policy approach, as part of a wider cross-government strategy, will reduce the impact of harmful products, improve the population's health and quality of life, reduce health inequalities, reduce the strain on the NHS, increase workforce productivity, and strengthen the economy

Holding us back: a framework for a coherent policy approach



Recommendations

- 1. The Government should take a coherent policy approach to tobacco, alcohol and unhealthy food and drink, with a focus on primary prevention.**

To accelerate change there must be a focus by government on primary prevention, with a coherent, but proportionate, approach taken to regulating tobacco, alcohol and unhealthy food and drink (high in fat, salt and/or sugar). This approach should be designed to curtail the behaviour of health-harming industries, using fiscal measures and regulation of product advertising and accessibility to reduce the harm caused by their products.
- 2. Health should be prioritised through a cross-government approach to prevention.**

The coherent approach to regulation should sit within a wider, cross-government approach to prevention and reducing health inequalities, reforming the current siloed approach. This will require strong leadership at the highest levels and mechanisms in place to ensure health remains a priority in the long-term. All relevant parts of the Government should be held to account for the changes needed.
- 3. Public health policymaking must be protected from the vested interest of health-harming industry stakeholders.**

New principles of engagement and interaction with industry should be developed for the alcohol and unhealthy food and drink industries, based on transparency and accountability, to ensure that public health policy can be progressed, and that health is prioritised over health-harming industry profits. Rules on tobacco should continue to be upheld.
- 4. Spending on prevention should be treated as investment.**

To support public health efforts to reduce harm from unhealthy products, sustained and adequate funding for prevention is required nationally, regionally, and locally. This should be delivered over longer time frames to get the most benefit from public health programmes. Spending on prevention needs to be considered as an investment in our health and the economy.