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

November 2023

Advocating for a coherent health policy approach

Acknowledgements

Funding

This report was made possible with funding from Cancer Research UK. Action on Smoking and Health is funded by Cancer Research UK and the British Heart Foundation. The Alcohol Health Alliance is funded by the Lord Leonard and Lady Estelle Wolfson Foundation, Cancer Research UK, the Institute of Alcohol Studies and membership subscription fees. The Obesity Health Alliance is funded by Cancer Research UK, the British Heart Foundation and Diabetes UK, with additional contributions from its members.

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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.

The Issue

Introduction

The overwhelming rates of chronic diseases in our communities caused by tobacco, alcohol, or unhealthy food and drink can be prevented. All these products create significant harm to society and the industries that produce them use similar tactics to protect their profits. To allow people to enjoy full health from birth to old age we need a more coherent policy approach when tackling the widespread availability of harmful products. However, there are important differences between these products in terms of how harmful they are on an individual level meaning we need an approach that recognises this complexity and addresses these products proportionately.

By putting the interests of our communities ahead of the interests of health-harming industries, policymakers can create a society that enables us all to have a healthy future.

This report explores the approach government must take to make this ambition a reality. Many of the legislative mechanisms that address these issues are the responsibility of the governments of the devolved nations. Therefore, for reserved issues this report relates to Westminster, and for devolved matters it relates solely to England.

Harmful products are holding us back from building a healthy society

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

Tobacco, alcohol and unhealthy food and drink products high in fat, salt and/or sugar (HFSS) have a significant impact on our communities' health. Tobacco causes more than 50 serious smoking-related health conditions, including lung disease, cardiovascular disease, dementia, and many cancers[26,27]. The UK Chief Medical Officer's low risk drinking guidelines advise not regularly exceeding more than 14 units of alcohol over the course of a week[10] to reduce the risk of multiple cardiovascular health conditions, dementia and multiple cancers[26,28]. Poor dietary patterns, that are high in saturated fat, salt and/or sugar, are associated with obesity, which increases the risk of developing type 2 diabetes, coronary heart disease, dementia, breast cancer, bowel cancer, musculoskeletal problems and strokes[26,29]. Aside from weight-related ill health, foods high in salt cause multiple other conditions including high blood pressure, stomach cancer and kidney disease[30]; foods high in sugar also cause tooth decay[31]; and foods high in saturated fat cause high cholesterol, increasing heart disease risk.[32]

In England alone, there are millions of hospital admissions each year due to diseases caused by these products (see figure 1), contributing to the strain on NHS services[5–7].

Figure 1: prevalence of smoking, alcohol and overweight and obesity in England and hospital admissions related to these.

As well as causing physical health problems, these products are also damaging to mental health. Stopping smoking improves people's mental health[33] and there is growing evidence to suggest that smoking can contribute to the development of some mental health conditions[34]. Alcohol use increases the risk of mental health problems including depression, and heavy drinking can lead to suicide attempts and self-harm in vulnerable individuals[35]. There is also evidence of a bi-directional relationship between obesity and poor mental health, influenced by many psychological and physiological factors[36].

The harms of these products are not distributed equally in our communities

There are well-documented inequalities in health, with people in our most socioeconomically disadvantaged communities more likely to die earlier and spend more of their lives living in poor health[37]. These inequalities in health are exacerbated by alcohol, tobacco and unhealthy food and drink, whose harms are not distributed equally in our communities.

- Tobacco is responsible for up to half the difference in life expectancy between the highest and lowest socioeconomic groups[38]. Smoking rates are more than three times higher in the most disadvantaged communities in England compared to the least and people in the most disadvantaged areas are more than twice as likely to die from smoking-related causes[39].
- Deaths caused by alcohol are also more than twice as high in the most disadvantaged areas of England than in the least disadvantaged areas[6]. Even when more disadvantaged groups consume the same number of, or fewer, alcoholic units than less disadvantaged ones, they still experience worse harms in what is known as the alcohol-harm paradox[40].
- Children from more disadvantaged backgrounds are more likely to be living with overweight or obesity, and continue to live with them throughout adult life[41]. 46% of year 6 children in England who live in the most disadvantaged areas are currently living with overweight and obesity, compared to 26% in the least disadvantaged areas[42]. This gap between obesity rates between less and more disadvantaged groups is still widening[43].

Harms from these products are greater when people are affected by more than one product (see Figure 2) such as combining tobacco and/or alcohol and unhealthy food and drink[44,45]. Given that socioeconomically disadvantaged groups are more likely to be affected by multiple products, these communities experience even fewer years in good health and are more likely to die earlier[44]. Importantly, each additional risk factor does not just 'add' to the risk, but multiplies it[45].

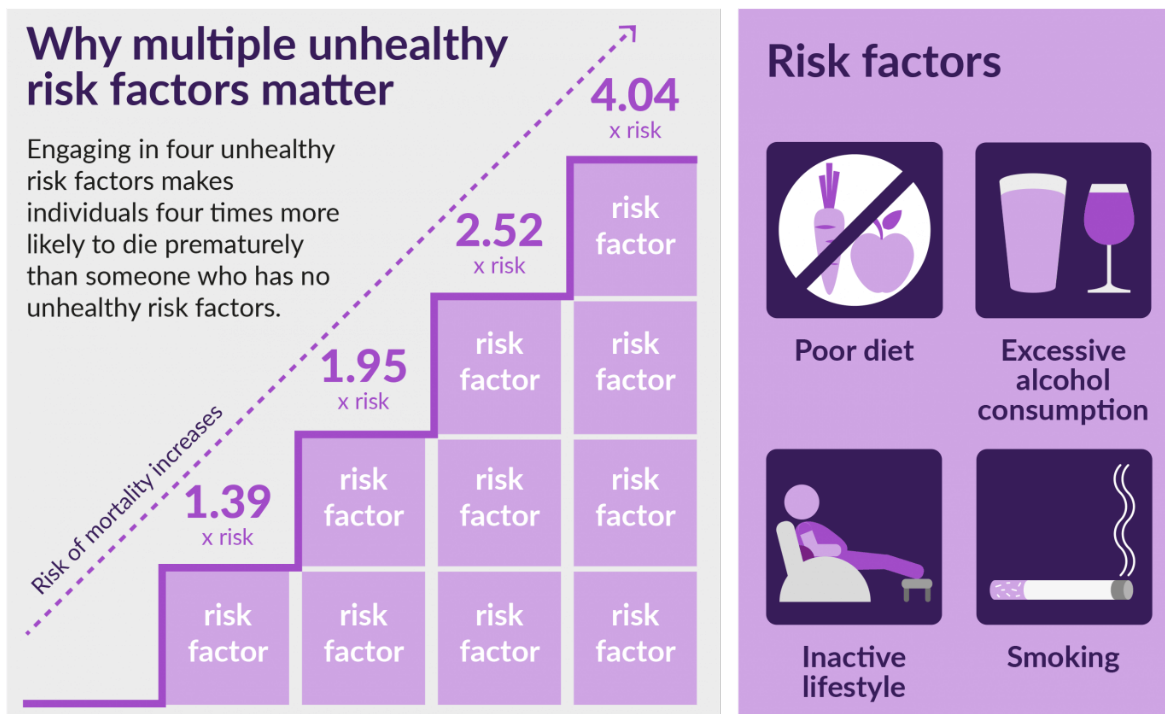

Figure 2: Table from The King's Fund "Multiple unhealthy risk factors: why they matter and how practice is changing[44]

The inequalities in the impacts of these unhealthy products mean that policies to tackle them will help to reduce health inequalities.

Our environment is saturated with these products

We are exposed to these products in nearly every aspect of our daily lives. We know that exposure to marketing and promotions of these products changes our behaviour[46–49], and makes us ill, but this exposure happens to us without our consent.

At home

- **WATCHING** Television: The restriction on tobacco advertising by the Television Act (1964) and Broadcasting Act (1990) led to a marked reduction in tobacco advertising on television[50], whilst unhealthy food and drink (HFSS) and alcohol-related content remains commonplace[51]. We can see the impacts of regulation on people's exposure to these products by studying broadcast reality television programmes. A study of reality television show content, which used 1 minute interval coding of 258 episodes, found tobacco content occurred in 2% of intervals across just 43 episodes. In comparison, alcohol content, which is less regulated, was found in 39% of almost all the show episodes viewed, and HFSS content was present in 13% of 234 episodes[51]. Young people report regularly seeing unhealthy food advertising on television. A survey published in 2023 by Bite Back of 1,000 young people aged 13 to 19 found that 51% of young people reported seeing unhealthy food advertising on television at least once a day[47]. Meanwhile a 2017 survey of over 3,000 11 to 19-year-olds in the UK found that 43% had seen alcohol advertising on TV in the past week[49].
- **STREAMING SHOWS:** An analysis of 11 original films by two popular streaming services using 5-minute coding found tobacco content present in 26.9% of intervals, alcohol content in 41.7% of intervals, and HFSS content in 35.2% of intervals[52].
- **ORDERING A TAKEAWAY:** Home delivery services had significant growth during the COVID-19

pandemic with many shifting to food delivery alternatives[53]. With young people now spending significant amount of time online, there has been substantial investment by the food industry into online advertising, particularly via social media, with a move to highly personalised marketing for products and discounts at targeted times[47,53–55]. The Bite Back survey found that 59% of 13 to 19-year-olds report having a food or drink brand app or food delivery app on their phone, facilitating easy purchase of unhealthy food and drink and exposing them to targeted advertising[47]. A study in adults found that self-reported exposure to digital food delivery services and digital advertising was associated with increased odds of obesity[56].

- **BROWSING ONLINE:** Alcohol marketing has proliferated online and engagement with this has been associated with increased use, as well as binge and hazardous drinking[57]. In a 2017 survey of 11 to 19-year olds, 27% reported seeing alcohol advertising online in the last week[49]. Unhealthy food and drink advertising is also increasing online. Between 2010 and 2017, there was a 450% increase in spend on online advertising by food and drink companies[58]. Young people in the Bite Back survey reported being regularly exposed to unhealthy food advertising on social media, with 35% reporting daily exposure on YouTube, 27% on TikTok, and 24% on Instagram[47].

At school

- **NEAR THE SCHOOL:** Data from the University of Cambridge, reported in the Guardian, showed in 2017 that there were an average of 2.6 takeaways within walking distance (400m) of schools in England and that number was increasing, particularly in the North of England. Numbers of takeaways near schools were highest in London and in more socioeconomically disadvantaged areas[59]. Many local authorities now use planning guidance to limit the number and type of food outlets around schools, though these could take time to have impact as they only affect new outlets[60].
- **EDUCATIONAL PROGRAMMES:** Many health-harming industries sponsor educational programmes as part of their corporate social responsibility strategies. Corporate social responsibility activities are used by industries to influence public opinion of both the harmful products and the industries that sell them[13]. Analysis of tobacco industry documents found that these programmes were also used as a way to obstruct legislation[61]. More recently, analysis of alcohol industry-funded educational programmes found that these programmes were misleading about the harms of drinking, particularly around cancer risk. They were also found to be unclear about drinking guidelines and to focus on individual choice[62]. Meanwhile unhealthy food and drink brands fund a range of children's sports and activity programmes[63].
- **AGE OF SALE:** School aged adolescents are a key group to target to prevent tobacco use becoming a lifelong addiction, with two-thirds of smokers starting smoking before the age of 18[64]. Exposure to friends' smoking increases the risk of starting smoking[65]. Most adolescents obtain cigarettes from proxy buyers aged between 18-20 years, some of whom will still be on school grounds for further education studies[66]. This is why strong, well-enforced laws to further increase the age of sale (such as those proposed by the Government[22]) are important to reduce consumption. Meanwhile energy drinks, which contain high levels of caffeine (and often sugar) and have been linked to negative health outcomes[67], have no age restrictions. Despite calls from schools and parents to ban them for school aged children, no action was taken following a consultation held on raising the age of sale in 2018[68].

At work

- **IN THE WORKPLACE:** A significant proportion of the week is spent at work for most adults where exposure to - or permitted use of - tobacco, alcohol or unhealthy food and drink is inconsistent. The Health Act 2006 prohibited smoking in all substantially enclosed work or public places[69], whereas alcohol and unhealthy food and drink policies vary by employer. For example, all UK prisons[70], most hospital sites, and certain public transport organisations ban alcohol[71,72], although enforcement may be variable. Meanwhile, recent government investigations of events during COVID-19 led to a recommendation for a robust policy covering the consumption of alcohol in the workplace in response to reports of "excessive consumption" in government[73].

- **AROUND THE WORKPLACE:** NICE guidance recommends that hospital sites should have smokefree policies[74] but smoking outside other public sector workplaces, such as local authorities, varies. Availability of unhealthy food near the workplace is correlated with increased consumption. A study of 5,594 people in Cambridgeshire, UK, which mapped takeaway proximity to workplaces found that exposure to more takeaways near the workplace had increased self-reported intake of takeaway food[75].
- **WORK EVENTS:** Alcohol remains a regular feature of working life. The Health and Safety Executive (HSE) advises employers to have a policy on misuse of alcohol, but there are no advised restrictions on workplace consumption during the day or at events[76]. A survey of 787 human resources decision-makers in both the private and public sector in the UK found that 84% of organisations in 2019 would typically have alcohol at official social events, though this was lower in public service organisations (61%)[77].

At events

- **PROMOTIONS AT SPORTING EVENTS:** The entertainment as well as physical, social, and psychological benefits of playing and watching sport can all complement health. However, sponsorship by alcohol and unhealthy food and drink industries prevents these benefits being realised in full[78]. Coverage of 13 of the FIFA 2018 matches found 1,806 appearances of alcohol and HFSS products advertisements in 1,262 min of active play[79]. These exposures not only affect the audience, but the sportspeople too, with alcohol industry sponsorship being associated with hazardous drinking[80].
- **PROMOTIONS AT MUSIC FESTIVALS AND CULTURAL EVENTS:** Alcoholic drinks, sugary soft drinks and energy drink companies are the biggest sponsors of music festivals worldwide[81]. A review of the literature around alcohol promotion found a relationship between alcohol-sponsored events and alcohol use behaviours among adolescents and young adults[82].

In local neighbourhoods

- **IN THE LOCAL AREA:** Unhealthy products are often more accessible in more socioeconomically disadvantaged areas. Fast-food shops, licensed alcohol premises, shops selling tobacco and advertisement of health-harming products cluster in more socioeconomically disadvantaged communities, correlating with the higher levels of harm seen in these communities[56,83–86].
- **ON PUBLIC TRANSPORT:** Transport networks are vital to people's ability to move around their neighbourhoods, and also provide valuable advertising space due to the high footfall of the network. A study of bus shelter advertising in South Teesside in 2019 showed that approximately 17% of identified adverts were for unhealthy food and drink and that most (72%) food advertising appealed to children under 18 years old[87]. 20% of 13- to 19-year-olds surveyed report seeing unhealthy food marketing on bus stop posters at least once a day[47].
- **OUT OF HOME ADVERTISING:** In the Bite Back survey, young people (aged 13-19) reported seeing adverts for less healthy food and drink at least twice per day on average and 23% said they saw unhealthy food and drink advertising on posters and billboards at least daily[47]. Meanwhile 28% of 11- to 19-year-olds report seeing alcohol billboards at least once a week[49]. This was objectively measured in New Zealand. Children equipped with wearable cameras were found to be exposed 4.5 times per day to alcohol marketing through retailers, sporting venues and sponsors, and at home[88]. When exposure to product packaging is included this rose to 7.7 times per day on average. Importantly, it was noted alcohol products had limited health information that could help children to differentiate alcohol from other non-alcoholic products[89]. While there has been no similar research in the UK, the global nature of these products would indicate that the findings may be similar.
- **BUYING GROCERIES:** Displays of health-harming products in shop and supermarkets are variable. Tobacco products have not been allowed to be displayed in supermarkets since 2015[90]. In October 2022, restrictions on placing unhealthy food and drink in prominent positions in supermarkets were introduced in England.[91] However, alcohol is still allowed to be displayed in prominent areas in

supermarkets in England, contributing to higher sales[92]. In 2017 41% of 11 to 19-year-olds reported seeing offers for alcohol within the last week[49].

In summary, we are exposed to these products, or messages promoting them, in nearly every aspect of our lives. These exposures are often inequitable, with advertising and accessibility concentrated in areas of more socioeconomic disadvantage. Successful regulation of most forms of tobacco marketing has reduced everyday exposure to tobacco products and lessons can be learned from this when reducing harms from alcohol and unhealthy food and drink. However, rather than taking an approach that acknowledges that environmental exposures to these products are responsible for the subsequent harm, the policy focus has too often been on individuals and their personal willpower[93,94].

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

Alcohol, tobacco and unhealthy food and drink are very profitable

Alcohol, tobacco and unhealthy food and drink are extremely profitable for industries post-tax. Product consumption at levels that cause harm makes up a sizeable amount of industry revenue.

Table 1 shows the findings of economic analyses to quantify the industry revenue from health-harming levels of product consumption in the UK in 2022[9]. While any level of smoking is harmful, the analysis found that 43.4% of alcohol, and 28.8% of food purchased by households in the UK were over the 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].

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]. As the analysis looked at saturated fat, free sugars and salt levels, without the addition of calorie consumption, this is likely to be an underestimation of the revenue from health-harming consumption of unhealthy food and drink.

Product Category	Pre-tax revenue (£bn)	Post-tax revenue (£bn)	Estimate of proportion of purchases over guidelines (%)	Revenue derived from purchases above guidelines (£bn)
Tobacco	25.13	7.34	100.0	**7.34**
Alcohol	45.84	25.70	43.4	**11.16**
Food	126.74	118.65	28.8	**34.17**
Total	197.71	151.69	-	**52.67**

Table 1: Industry revenue from purchases above government guidelines of products

Overall, out of a total of £197.7bn of pre-tax expenditure, consumers are spending £81.5bn (41% of the total) on tobacco, unhealthy food and drink and alcohol at levels that are harmful to health. Businesses will say that the £28.8bn in tax revenue from this harmful expenditure is not something that the Treasury can afford to lose. But the truth is that £9.2bn of this tax revenue (almost a third) is VAT which would also be applied to most of the products and services that consumers would switch their spending to if they were not spending it on health-harming products. Furthermore, foods prepared at home and takeaways are zero rated for VAT so there would be an additional benefit to the Treasury if consumers were to spend their money in other ways. The remaining excise revenue is dwarfed by the wider costs to public finances and the economy from these harmful products.

The harms of these products have a huge economic cost

Industries have argued that sales of their products are valuable to the economy as they generate taxes and jobs. However, the poor health these products cause damages UK productivity, while tax-take does not offset the wider costs to individuals, public services, and the economy.

New analysis for this report[12] has applied a common methodology to estimate the impact of alcohol, tobacco and unhealthy food and drink on the workforce, taking into account factors such as level of education. Those who smoke, drink at higher levels (measured here by an AUDIT-C score of 11 or more) or have a BMI over 40 (a major consequence of unhealthy food and drink) are more likely to be out of work than those who do not smoke, drink at lower risk (have AUDIT-C scores below 11) or who have a BMI under 40. To the best extent that we are able to determine using the available data, the overall impact of this is that nearly half a million people aged 20-69 would be in employment if it were not for the consequences of tobacco, alcohol or their obesity (table 2).

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.

	Smoking	Alcohol (AUDIT-C Score ≥11)	Obesity (BMI over 40)	Total
Number unemployed or economically inactive due to consequences of health-harming products (to the nearest 1,000)	289,000	99,000	70,000	**459,000**
Cost of lost productivity (including under-employment) rounded to the closest £0.1bn	£18.1bn	£10.6bn	£2.4bn	**£31.1bn**

Table 2: Productivity loss, unemployment and economic inactivity due to smoking, high alcohol intake or severe obesity.

The impact of obesity on employment and earnings was measured using a BMI>40 due to how BMI data was entered in available data sets. Where data on BMI between 30-40 was available, this did not appear to have a significant impact on employment rates.

The AUDIT-C score is a modified version of a 10-question screening tool for alcohol harm[95]. In the Understanding Society survey[96], which was used for these calculations, it is based on three questions and scores of 7 or more for men, and 6 or more for women indicate hazardous drinking. Within this analysis, impacts on employment and earnings were evident for AUDIT-C scores of 11 and above.

Wider costs of tobacco, alcohol and unhealthy food and drink

The estimated costs to society of tobacco, alcohol, and unhealthy food and drink are vast. Estimates from 2023 show that smoking costs the UK economy £89.3 billion each year[97]. Healthcare makes up £2.2 billion. Social care, informal care and unmet care need cost a further £17.9 billion. The largest costs are attributable to loss of productivity (£38 bn) which includes the productivity analysis above plus additional calculations for the workforce lost to early death (£2.1 billion) and the loss to the economy of the jobs that would be created if smokers switched their spending to other products that generate more UK jobs (£16.2 billion). A further £30.8 billion in costs come from the additional costs of early deaths measured through loss of Quality Adjusted Life Years (QALYS), an economic method that measures the state of health of an individual and their quality of life. This figure considers both the lower life expectancy and the loss in quality of life due to smoking.

Estimates of the true cost of alcohol are more outdated. The majority are based on Cabinet Office figures

from 2003, which estimated a total UK cost of £21 billion[98]. These only considered costs external to the drinker including crime, productivity, and NHS costs. The calculations did not account for drinkers' spend on alcohol, the loss of quality of life or any further private medical or legal expenditure they undertake [99]. In 2016 Public Health England conducted an evidence review that estimated that the gross economic costs of alcohol harm were between 1.4% and 2.7% of UK GDP, equivalent to £27-£52 billion annually[100]. More recent analysis of consumption patterns by the Organisation for Economic Co-operation and Development (OEDCD) found cost estimates of diseases and injuries caused by alcohol were equal to 3.0% of health expenditure in the UK which equates to £8.6 billion annually[101].

Finally, using obesity levels as a proxy outcome for unhealthy food and drink consumption, the direct cost of obesity in 2022 was estimated to be £18.2 billion in the UK[102]. NHS costs account for £6.5 billion, and loss of productivity and social care costs are estimated to account for £7.5 billion (not including welfare payments of £4 billion annually)[102]. However, a further £39.8 billion of indirect costs can be attributed to obesity-related loss of QALYS. Notably, this estimate only considers costs attributable to obesity, so it is likely to be an underestimation of the true impact of unhealthy food and drink on physical and mental health and the wellbeing of the total population.

The role of health-harming industries

Health-harming commodity industries drive product use through mass production and marketing

Widespread use of tobacco, alcohol and unhealthy food and drink products did not happen organically but has instead been orchestrated through mass production and marketing by these industries. Over time, profits and power have consolidated in a limited number of multinational companies.

- Mass production of cigarettes enabled by technological innovation, coupled with aggressive marketing plans, resulted in their dominance of the tobacco market[103]. The profitability of the product further concentrated power within a select number of multinational corporations, increasing their ability to successfully lobby governments[104].
- Alcohol consumption 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]. Government policy had significant influence on the products consumed, and globalisation of the alcohol market with major mergers and acquisitions, has allowed a select number of large global firms to dominate the market for certain products[105].
- The increasing rates of overweight and obesity[43] have been driven by accelerated marketing, availability, and affordability of highly processed, energy dense foods that are high in saturated fats, salt and/or sugars and are relatively cheap to manufacture[106,107]. The marketing of unhealthy food and drink continues to expand through the evolution of advertising through digital apps and social media[47,54].

Health-harming industries use a 'common playbook' to avoid regulation

Public insights into the vested interests of health-harming industries were gradually obtained via documents published from legal action against tobacco companies. This resulted in the release of six million documents in 1998[108] that revealed the extent of political lobbying and avoidance of regulation. These tactics have been adopted by a growing range of industries, including those discussed here. 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], informing 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]. While the tobacco industry is banned from involvement in the policymaking process, alcohol and unhealthy food and drink industries are still permitted to be actively involved, limiting the potential for appropriate regulatory measures[109,110]

Industry tactics are well illustrated by the alcohol industry response to minimum unit pricing (MUP) in Scotland. A minority government first attempted to pass MUP legislation in 2010. In response, the alcohol industry argued against the evidence base for MUP, proposed alternative taxation policies (which are outside of the control of the Scottish Government), attempted to frame the debate to be about a minority of hazardous drinkers, and suggested there would be a detrimental impact on the Scottish finances due to the whisky industry's prominent role in the country's economy. Concerted lobbying of opposition Members of Scottish Parliament ultimately lead to MUP being removed from the 2010 bill[111]. Once legislation was passed two years later by a majority government, alcohol industry trade bodies launched a legal battle which stalled legislation by a further five years[112].

	Tobacco industry	**Alcohol industry**	**Unhealthy food and drink industry**
Discrediting or downplaying scientific evidence or scientists	Tobacco companies had a strategy of funding scientific research as part of their efforts to "resist and roll back smoking restrictions" but also to "restore social acceptability of smoking"[113].	Alcohol industry representatives attempted to distort or deny evidence around alcohol causing cancer in messaging around Alcohol Warning Labels in Canada and Ireland[114].	In the consultation on unhealthy food advertising restrictions across Transport for London, industry and advertising actors incorrectly claimed that evidence in support of advertising restrictions was not sufficient or did not exist[115].
Informing public opinion through public relations	78% of communications against standardised packaging in the UK were produced by organisations with financial ties to the tobacco industry, including the "hands off our packs" campaign[116].	Alcohol producers fund the 'alcohol education charity' Drinkaware to communicate with the public about alcohol harm. Evidence shows Drinkaware serves to benefit alcohol industry strategic commercial interests over and above public health[117,118].	Analysis of industry stakeholder responses to the Soft Drinks Industry Levy in the media found that industry stakeholders used media quotes to initially voice strong opposition to the policy, before evolving to advocate for partnership working instead[119].
Promoting alternative policy proposals more favourable to industry such as voluntary schemes or self-regulation	In the 1970, 80s and 90s, the tobacco industry successfully fought off comprehensive regulation of advertising through a series of voluntary agreements[120,121].	The Portman Group, a body of alcohol producers was instrumental in the development of the UK Government Responsibility deal, which used a partnership approach with industry to reducing health harms rather than regulation[122]. Where the Portman group has been involved in UK alcohol policy, effective policies have minimised or ignored in favour of less restrictive policies[123].	During the introduction of the Soft Drinks Industry Levy, opponents of the policy argued that the soft drinks industry was voluntarily reformulating anyway and so did not need regulation[119,124].

Focusing on the positive impact of industry	Tobacco industry proxies regularly argue that smoking is beneficial to the economy, ignoring significant impacts smoking has on society and the economy.[125]	During the debate on MUP in Scotland, the alcohol industry focused on the role of whisky in the Scottish economy[126].	Food and drink industry actors have argued in the media that their sponsorship of sport encourages physical activity and they are therefore tackling childhood obesity[127].
Legal threats and actions	The tobacco industry launched a legal challenge to the UK standardised packaging law, which was rejected by the UK High Court[128].	A legal challenge by industry to MUP in Scotland delayed legislation by 5 years[112].	Kellogg's unsuccessfully mounted a legal challenge against its cereals' inclusion in regulation restricting place-based promotions of HFSS products in supermarkets. They attempted to argue that their cereals were not HFSS as they were designed to be eaten with milk[129].
Influencing through proxies	The tobacco industry fund 'smokers' rights group' Forest who ran the 'Hands Off Our Packs' campaign[130,131]. The free-market think-thank the Institute of Economic Affairs, which has frequently argued against regulation, has received funding from the tobacco industry[132,133].	The Tax-Payers' Alliance supported the Wine and Spirit Trade Association in lobbying for cuts to alcohol duty[122].	The soft drinks industry launched a 'Can the Tax' campaign opposing the Sugary Drinks Industry Levy. This new coalition of food and drink manufacturers, retailers and trade bodies, representing thousands of businesses across the UK had called on PM Theresa May to ditch the levy, claiming it would do little to tackle obesity but would lead to higher prices for the public and thousands of job losses.[134].

Table 3: examples of common tactics used by the tobacco, alcohol and unhealthy food and drink industries [13–20].

Health-harming commodity Industries capitalise on government silos

Government silos have contributed to fragmented public health policy. A lack of coherence within and across government departments allows health-harming industries to develop relationships with certain departments and influence them to act in their interest. This can be illustrated by the delay to the pre-9pm watershed ban on less healthy food advertising where ministers reportedly convinced the then Prime Minister that it would be too costly to food and advertising industries. This ultimately led to a delay to the introduction of the advertising restrictions, which was attributed to the need of industry to have "more time to prepare"[135,136]. Strong leadership and a united front can resist this influence. During the development of MUP in Scotland, industry actors reportedly attempted to "pick off" individual ministers regardless of their portfolio. However, a collective decision had been made by the Scottish Government, limiting the industry's influence[111].

Our current health policy approach is incoherent

Despite the similarities in the tactics used by the tobacco, alcohol, and unhealthy food and drink industries, the current policy landscape is fragmented, with the introduction of piecemeal national policy preventing strategies from realising their full potential[14].

A new framework to measure policy progress

The World Health Organisation (WHO) developed the MPOWER framework for tobacco control, which has been effectively implemented in many countries. The MPOWER measures (monitoring tobacco use, protecting people from tobacco smoke, helping people to quit, warning about the dangers of tobacco, enforcing bans, and raising taxes on tobacco)[137] can be modified and applied to alcohol and unhealthy food and drink, using information from other publications such as the WHO "best buys" for tackling harms linked to these products[138]. The resulting framework (shown in table 4) can be used to measure current policy progress in each area. This is shown below as a red, amber, green rating based on expert assessment by the Alcohol Health Alliance, Obesity Health Alliance, and Action on Smoking and Health.

KEY ENABLERS	Tobacco	Unhealthy food and drink	Alcohol
Secure funding for prevention Ringfenced, long-term funding to enable prevention efforts to reduce impact of harmful products.			
A comprehensive strategy with a focus on primary prevention, which has coherent policies to improve health, clear goals and tangible activities.			
Protect health policy from industry interference Limiting the ability of vested commercial interests to undermine evidence-based policies designed to reduce the impact of harmful products.			
KEY ACTIONS	**Tobacco**	**Unhealthy food and drink**	**Alcohol**
Regulate advertising to limit harm Use proportionate regulation of advertising across different media forms, to prevent promotion of unhealthy products			
Regulate product use and environments Reduce access to harmful products, particularly from children, and regulate the environments they can be used in to prevent harm to individuals and those around them.			
Inform the public about the risks Use evidence-based communications to raise awareness and inform people about the risks of harmful products			
Use fiscal measures Taxes to raise prices of unhealthy products to reduce use or encourage product reformulation, and/or levies to fund prevention activities.			
Provide treatment Provide treatment services to those already impacted by harmful products to improve health and prevent further harm.			

Table 4: RAG rating of policy progress across products in the UK, or in England for devolved matters, based on assessments made by the Alcohol Health Alliance, Obesity Health Alliance and Action on Smoking and Health.*

**Red indicates poor policy progress; amber indicates some policy progress or delays in implementing policies; and green indicates good policy progress has been made.*

We propose that the **key enablers** to an effective response are adequately funding prevention, having a comprehensive strategy in place, and protecting health policy from vested interests. The **key actions** that will be required fall within the categories of regulating advertising to limit harm, regulating product use and the environment they can be used in, fiscal measures, promoting healthy messaging and warning about the harms, and providing treatment services.

Proposed policies for each product within this framework, which form the standards against which progress is being assessed, are outlined in the appendix.

Policy progress varies by product

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 policy levers, and the impact of a global treaty on tobacco[21]. This enabled earlier development of comprehensive strategies from 2000 onwards, which the tobacco industry had limited influence over compared to previous decades. Though 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 RAG ratings in table 5 for policy progress across the UK (or in England for devolved matters) are explained below.

Progress on key enablers

- **Funding prevention:** Due to erosion of public health funding in England, which has been cut by 26% on a real-terms per person basis since 2015/16[139] there has been limited funding for prevention. Appropriate funding underpins the ability of public health professionals to work on prevention, particularly when compared to how profitable these products are and the considerable resources of the health-harming industries. Furthermore, when specific funding is announced (such as recent increase in funding for alcohol services[140]), it is often short-term, limiting the effective planning of services[139]. Funding for smoking cessation, tobacco mass media and enforcement has recently been increased[22].
- **Comprehensive strategy:** A comprehensive strategy both informs health ambitions and provides accountability for the public policy approach. There is significant variation between the different products, with the most outdated being the UK Government Alcohol Strategy published by the previous coalition government in 2012[141]. Many of the proposed policies from the strategy did not come to fruition, such as minimum unit pricing (MUP) and ban on multi-buy discounts in England. The 2017-2022 Tobacco Control Plan for England is outdated [142] and the independent Khan Review[143] found the commitment to a smokefree Britain by 2030 would not be achieved on the current trajectory. However, many of the proposed policies from the Khan review have been included in the recent command paper, which, if made government policy, would upgrade tobacco's rating in this area[22]. Finally, the Tackling Obesity strategy published in 2020[144] has already had severe delays to most of the key policies limiting marketing and promotions such as multi-buy deals of HFSS products.
- **Protecting health policy:** Given the inherent conflict of interest between health-harming industry stakeholders' economic objectives and public health goals, public health policy needs to be protected from interference by these industries. This is firmly in place for tobacco. The World Health Organization (WHO) Article 5.3 of the Framework Convention on Tobacco Control (a legally-binding treaty to which the UK is a party) has guidelines for engaging with the tobacco industry[21] that the UK Government has regularly recommitted to. A vastly different approach has been taken to alcohol and unhealthy food and drink, where most initiatives are on a voluntary basis as 'partnerships' such as the previous Public Health Responsibility Deal in 2011 which had little success[24]. For unhealthy food and drink, current policy is to engage with industry and "challenge" industry to reduce calories, salt and sugar in their products through the Reduction and Reformulation Programme[145]. The Sugar Reduction Programme element of this, which

aimed to reduce sugar content in foods by 20% by 2020, only achieved a 3.5% reduction[146]. Furthermore, the alcohol industry-funded Portman Group describes itself as a self-regulator for alcohol labelling, packaging and promotion in the UK, for which there is no independent counterpart[122].

Progress on key policy actions

- **Regulate advertising to limit harm**
  - Regulation of advertising and marketing varies considerably by product. There are legal restrictions on nearly all forms of tobacco advertising[50], while alcohol and unhealthy food and drinks are much less restricted.
  - Planned progress on restricting less healthy advertising on TV before 9pm and paid-for adverts online have been passed in legislation but delayed until October 2025[135].
  - Current regulation of alcohol advertising is overseen by the Advertising Standards Authority (ASA) who, in their limited capacity, are unable to issue fines or sanctions[147]. Other than the important first step of restrictions on advertising during children's television (with reportedly high compliance[148]) there are no other significant restrictions on advertising, promotion, or sponsorship of alcoholic products.
  - With regards to promotions, preventing unhealthy food and drink multi-buy promotions has passed in legislation but been delayed until 2025 [135], and in England and Wales there are no restrictions on alcohol promotions and multi-buy deals.
- **Regulate product use and environment**
  - Age of sale for tobacco is currently 18 years, pending legislation to raise age of sale by one year, every year[22]. Retailers also do not currently require a licence to sell tobacco. This requirement would help with enforcement of age of sale legislation, as licences could be removed if retailers were found to be selling to people who are underage or selling illegal tobacco. The age of sale is also 18 for alcohol (and it is illegal to give alcohol to a child under 5 years old)[149]. There are no such age restrictions for unhealthy food and drink, and although the government consulted on banning energy drinks to under 16 years of age, no further action has been taken[68].
  - In the retail environment, restriction of where some unhealthy food and drinks can be located (e.g. by the checkouts) were introduced in 2022[91], and a display ban for tobacco products was phased in between 2012-2015[50]. There are no restrictions for alcoholic products.
  - Areas in which tobacco can be used are restricted due to smokefree legislation banning use in enclosed public spaces, as well as cars carrying children[150]. There is scope to extend smokefree legislation further to all cars.
  - For alcohol, 24-hour licensing is permitted in England and Wales, but in Scotland alcohol sales are restricted to between 10am-10pm where there is a licensing objective explicitly addressing 'protecting and improving public health'[151].
- **Use fiscal measures**
  - Raising the price of tobacco through taxation and control of illicit trade increases government revenue from taxation while increasing quit rates and discouraging youth uptake[152]. The UK has a tobacco tax escalator in place until the end of the current Parliament of at least 2% above inflation[152]. A tobacco-industry levy - a "polluter pays" approach to funding tobacco control - was proposed in the Khan review, but not adopted into policy.
  - The Soft Drinks Industry Levy (SDIL)[153] was introduced in 2018 on beverages containing sugar at levels above a certain threshold. This predominantly resulted in reformulation of products (resulting in a 3% decrease in the amount of sugar in soft drinks purchased by UK households and a 3.3g per person per week reduction in average sugar intake within one year of implementation), with only minimal price increases[154].
  - Recent changes to alcohol duty rates[155] have introduced new taxation structures based on strength to improve standardisation, but the lack of automatic uprating mechanism for

future years will limit its impact[156]. Minimum unit pricing has successfully been introduced in Scotland and Wales, to disincentivise high strength alcohol that causes the most harm, and is estimated to have led to a 13% reduction in alcohol-specific deaths[157].

- **Provide treatment**
  - Funding for stop smoking services and tobacco control in England fell by 45% between 2015/16 and 2023/24[139]. However, the recent announcements for an additional £70 million per year for tobacco dependency treatment (more than doubling current levels) is very welcome and if implemented will hopefully reverse this erosion[22].
  - Drug and alcohol services have seen a 17% reduction in spending since 2015/16[139]. An inquiry into alcohol treatment services found although it is cost effective and boasts a 60% success rate, only 1 in 5 people with alcohol dependence are currently receiving the treatment they need and these numbers are falling[158].
  - The 2020 Tackling Obesity strategy committed to expanding access to treatment services with an additional £100m of funding which was later pulled and partly redistributed among the current inequitable services[159]. Further advances have been made in pharmacological solutions, and funding has since been announced to pilot obesity medication[160].
- **Inform the public about the risks**
  - Although marketing and promotions are effective at increasing product acceptability and desirability, this can be somewhat countered by mass marketing health campaigns and product labelling to warn about harms of unhealthy products[161–163]. Mass media anti-smoking campaigns (a proven cost-effective tool) are complimented by the introduction of plain packaging and picture health warnings. However, prior to the recent announcements of an additional £15 million per year for campaigns[22], national spending on mass media for tobacco had fallen considerably[164].
  - Colour-coded front of pack labelling is fairly widespread in the retail food environment[165], and food calorie labelling on menus was implemented in April 2022[166]. 'Change4Life', introduced as part of the 2008 Healthy Weight Healthy Lives strategy has recently been brought under the 'Better health' campaign. 'Better Health' encourages a holistic approach to health[167], though their effectiveness is uncertain.
  - There are no current requirements for alcoholic products to display health warnings, drinking guidelines, or calorie labelling other than on an unenforceable, voluntary basis[168].

The public support government action on harmful products

The Action on Smoking and Health (ASH) Smokefree GB Survey 2023* carried out by YouGov examined public opinion on smoking, alcohol and obesity public health policies amongst 12,271 British adults[25]. It found that the public were more likely to feel the Government's activities to limit harms from each of these products was insufficient than to think that the Government were doing too much or the right amount (figure 3).

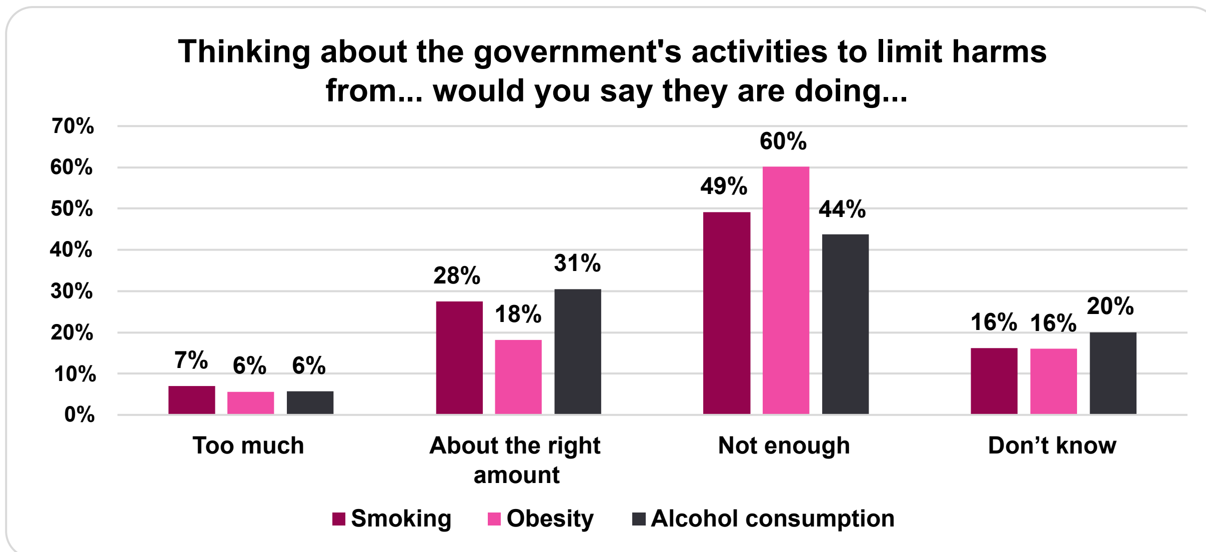

Figure 3. Bar chart to show public approval of Government activities to reduce harm from unhealthy products.

The public strongly supports protecting public policy from industry influence

The public had particularly strong support for protecting health policy from the influence of health-harming industries and their representatives. 75% support this for the tobacco industry (where this is already the case), 70% support this for the alcohol industry and 68% support this for unhealthy food and drinks manufacturers (figure 4).

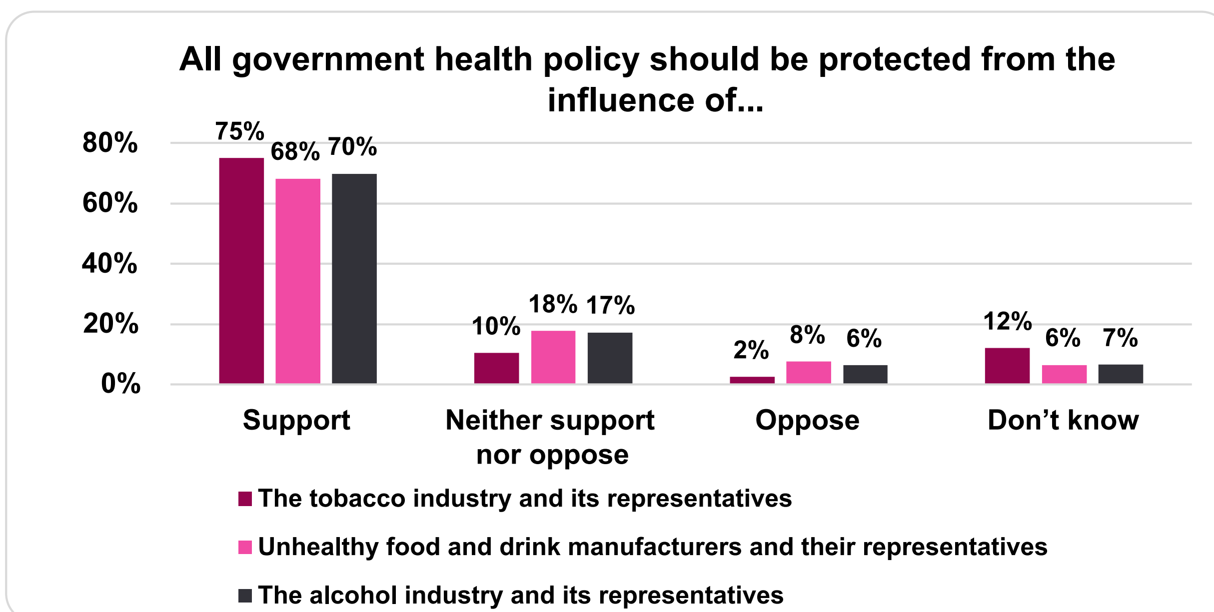

Figure 4. Bar chart to show support for policy protection from industry influence

**Survey carried out by YouGov on behalf of ASH. Fieldwork: 22nd February to 15th March 2023. Full sample 12,271. Weighted to be representative of the GB population.*

The public support measures to reduce marketing of alcohol and unhealthy food and drink

As most tobacco marketing is already prohibited, the survey only asked about marketing of alcohol and unhealthy food and drink. While complete advertising bans for unhealthy food and drink and alcohol fell short of majority support (41% and 38% support, respectively), most respondents supported a variety of different types of advertising restrictions for these products.

For unhealthy food and drink, 56% of respondents would support only healthy food and drink being allowed to be advertised before 9pm and 64% supported restrictions on placing unhealthy food and drink in prominent areas in supermarkets, such as aisle ends and at checkouts. Support was 50% for a ban on advertising of unhealthy food and drink on social media and online and 52% would support a ban on sponsorship of sporting teams and events by brands that sell unhealthy food.

For alcohol, support was 53% for a ban of advertising alcohol on social media and online and 51% supported banning alcohol companies from sponsoring sporting events or teams. The public also supported bans on advertising alcohol in cinemas (53%) and bans on advertising in outdoor and public spaces, such as streets, parks and public transport (54%). 60% of people supported alcohol displays and promotion in shops only being visible to those intending to browse or buy alcohol.

The public favour fiscal measures which target industry

The majority of the public support the idea of levies on industries to reduce and/or prevent harms from the products those industries produce. 77% support a tobacco industry levy, 61% support an alcohol levy and 59% support a levy on unhealthy food and drink manufacturers (figure 5).

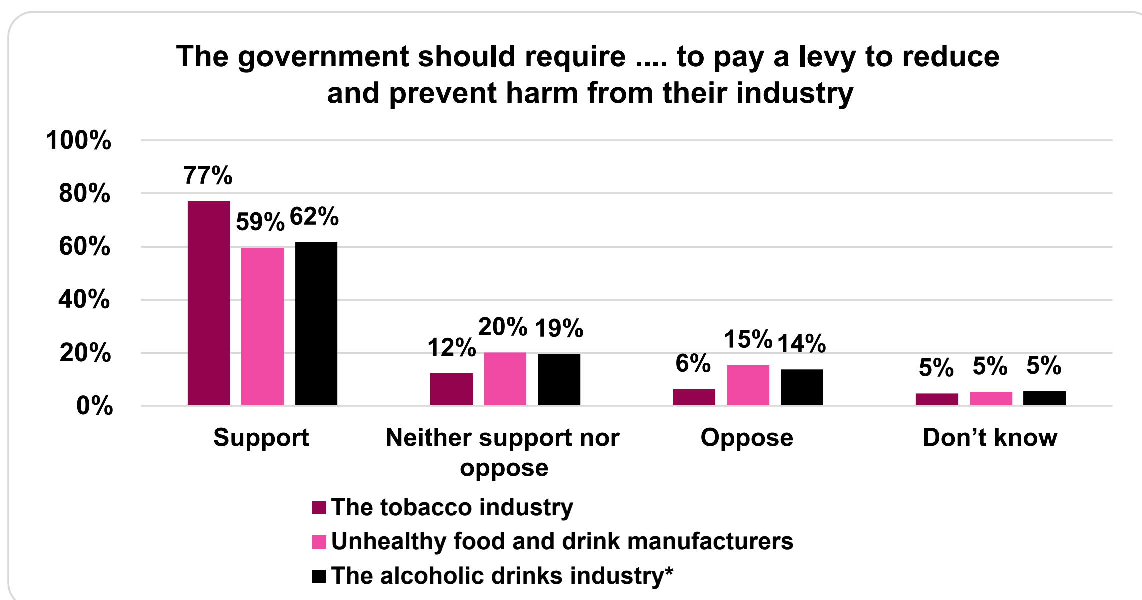

Figure 5. Bar chart to show support for levies on industry or manufacturers to raise funds to prevent and/or treat harm from their products.

In comparison, support for taxation of specific products was more varied. It was strongly supported for tobacco (61%) to increase the price of products 5% above the rate of inflation each year; slightly less so for high sugar foods not already included in the existing sugar tax (53%) and for all unhealthy food and drink (43%); and significantly less for alcoholic drinks (38%).

*Split sample: n=6,122 for the alcoholic drinks industry question only.

The Solution

A vision for a coherent prevention 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 tackling alcohol and unhealthy food and drink. As industries selling health-harming products use similar strategies to undermine effective public health policies and programmes[14], a coherent policy approach across products would be 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.

Protecting policymaking from the vested interests of health-harming commodity industries

Ensuring that we protect public health policy from the vested interests of health-harming commodity industries would remove many barriers to effective policy action. It may also improve coherence in the approaches taken to alcohol, tobacco and unhealthy food and drink.

We can learn from experiences in tobacco control when looking to control unhealthy food and drink and alcohol industry involvement in policy. Article 5.3 of the WHO Framework Convention on Tobacco Control outlines government responsibilities in preventing tobacco industry involvement in public health policy:

> *"In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law."*

As a part of a ground-breaking global health treaty, this article enabled a global response to a global industry and detailed the boundaries around interacting with the tobacco industry[21]. While there have been calls to recreate this for alcohol and food[169], it is a significant undertaking, and UK-level action is required in the interim.

A scoping review to identify mechanisms to manage health-harming industry influence identified a spectrum of actions that could be implemented which embedded transparency. These ranged from managing interactions to prohibiting all interactions with industry[169]. Principles of engagement with industry were previously developed by the now disbanded Public Health England[170].

New principles of engagement and interaction with industry should be developed for the unhealthy food and drink and alcohol industries. These should have transparency embedded as a core requirement and prioritise health. The degree of interaction that is accepted will likely be dependent

on the policy. Higher impact policies will likely prompt stronger responses from industry, therefore requiring a greater degree of protection for the policy from industry interreference. Principles of interaction with industry at a national level should be accompanied by requirements set by central government for local government to prioritise health over commercial influence, with guidance and support to implement this.

When developing these principles, policymakers should be mindful of the virtue-signalling approaches that industries take which appear to aim to improve health (such as philanthropic activities and the adaptation of marketing and promotions) while simultaneously promoting their brand[171].

Prioritising health through primary prevention

Primary prevention refers to actions, usually taken by wider society (particularly elected leaders), to prevent illness occurring. Alongside actions on the social determinants of health, primary prevention includes policies designed to reduce the availability, acceptability, and appeal of harmful products to prevent people becoming unwell.

Primary prevention:

Actions usually taken by society, particularly elected leaders, to prevent illness occurring.

Secondary prevention:

Arranging early detection and treatment of illness through healthcare services.

Tertiary prevention:

Aims to reduce the impact and complications of illness.

Our current focus on individual responsibility and treating ill health (i.e., secondary and tertiary prevention) is allowing people to become unwell, overwhelming the NHS, reducing workforce productivity and therefore impacting the economy. We must shift to a policy approach which prioritises primary prevention.

Adopting a primary prevention approach would target harmful products through a range of policy measures (see the appendix for a full outline of proposed policy standards), for example:

- **For tobacco:** making smoking less accessible to children by maintaining the duty escalator for tobacco, introducing proposed legislation on age of sale and requiring licences to sell tobacco to facilitate enforcement of regulations;
- **For alcohol:** reducing the availability of cheap alcohol by increasing alcohol duty in line with inflation, introducing MUP in England and reducing alcohol advertising to protect children and vulnerable groups;
- **For unhealthy food and drinks:** encouraging reformulation by expanding taxation of specific products (e.g. soft drinks) to taxing ingredients such as sugar and/or salt and restricting marketing to reduce their appeal to children

Due to the unequal impacts of these products, primary prevention policy can help close the gap we see in health between those who live in the most and least disadvantaged parts of our society[172–174].

Primary prevention is often a balance of rights of individuals, corporations, and society. Given that this policy approach conflicts with the profits of harmful commodities industries, pushback from these industries must be anticipated. This can be mitigated through developing clear principles of how policymakers can interact with industry that prioritise our health over industry profits.

A coherent policy approach can help governments to achieve their wider aims

A coherent policy approach would take into consideration the similarities in the harms of the products (as important causes of preventable chronic disease), and the behaviours of health-harming industries (such as lobbying and resisting regulation) and respond proportionately rather than duplicating the process across individual policy areas. The proposed policies that fit within this coherent framework are outlined in the appendix.

The benefits of this approach are widespread, with many policies targeting alcohol, tobacco and unhealthy food and drink having effects that are beneficial beyond direct health outcomes. This can help governments to achieve their other political aims, for example, on Levelling Up, crime or the economy (see figure 6). Furthermore, production of tobacco, alcohol and unhealthy food and drink all contribute to carbon emissions and divert land use from healthy food production or carbon sequestration. By using regulation to reduce sales to levels that are compatible with health, there would a co-benefit of reduced carbon emissions, contributing to Net Zero targets[175–177].

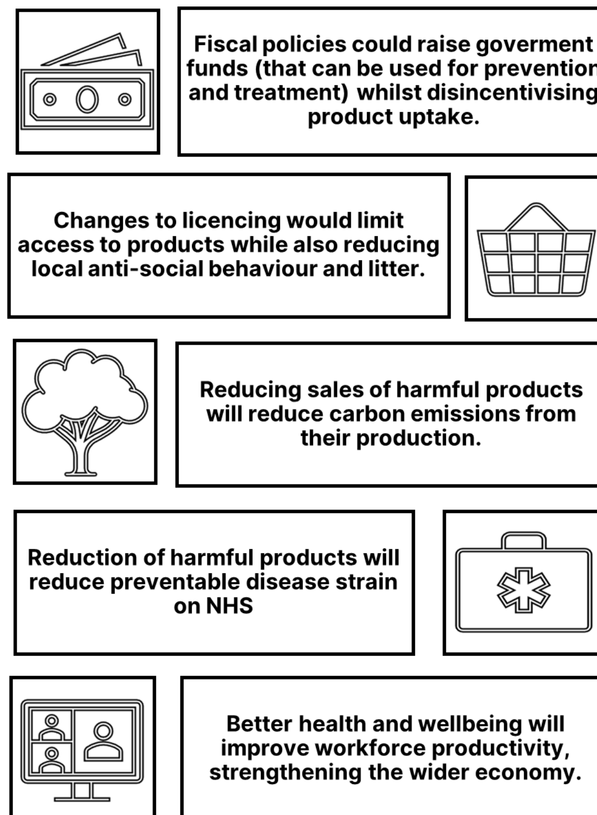

Figure 6: wider benefits of policy to regulate harmful products

Regulating now to prioritise health will push businesses into models that are fit for the future without penalising those that chose to make changes ahead of the curve[107].

Most public health primary prevention interventions are substantially cost saving, with every pound invested yielding a return of £4 at a local level, and up to £10 at a national level for high-impact interventions such as legislation[178]. Many also deliver rapid changes, such as the reduction in second-hand smoking exposure following smokefree legislation[179] and product reformulation following the Soft Drinks Industry Levy[180]. However, the full health gains are generally realised over the longer term as diseases are prevented and NHS strain is reduced. These outcomes transcend political cycles, with benefits often realised during subsequent governments. Unfortunately, this can make spending political capital on interventions less appealing for politicians, despite strong public support for action in many areas. The current approach, where discrete policies for harmful products require renewed political capital to be implemented, further exacerbates the problem. In contrast, a more long-term strategic approach across tobacco, alcohol and unhealthy food and drink would reduce the resources needed to bring policies into effect. If prospective governments clearly set out their overarching aims for each of these products and explain their intention to undertake a proportionate regulatory approach to achieving those aims, the public will have clear expectations on what politicians intend to do (and not do) over time.

We need cross-government commitment to improving health

Many of the levers required to enact change on harmful products exist outside of the Department of Health and Social Care in departments which sometimes have conflicting priorities. 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. For the greatest health benefits, action on health-harming products should be undertaken alongside action to improve to social causes of poor health, such as housing, education, and income inequalities.

This will need strong leadership at a senior level within central government and clear structures and mechanisms in place for scrutiny and accountability. As the benefits of public health policy may take time to become apparent, as outlined above, there need to be systems in place to ensure that health remains a priority for the whole of government in the long term. Various approaches to cross-government working on health have been described in detail by others[181–186].

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.

We need to invest in prevention

Beyond central government, public health action at local and regional levels is essential. Sufficient, secure, ring-fenced funding for prevention activities is therefore necessary to facilitate this. Due to the long-term damage tobacco, alcohol and unhealthy food and drink cause to both health and the wider economy, funding on prevention should be treated as an investment.

Short term and short-notice allocation of funding limits the ability of the public health teams to plan and implement long-term prevention strategies[139]. Funding should therefore be allocated over longer time periods to allow for longer-term strategic planning.

Investment in prevention includes investment into the public health workforce. The people who deliver public health are key to developing a wide range of prevention and intervention services to address obesity levels, reduce alcohol consumption and support smoking cessation. They understand the communities they work with and the health inequalities those communities face. They also have an in-depth knowledge of what they need as a workforce to ensure they are supported and can develop and deliver a range of effective public health services.

Support from the public health workforce (in its widest sense and including health champions and public health schemes embedded in the workplace) is essential and supports policy calls across these three harms areas.

Leadership is needed across all levels of government

Leadership at national, regional and local levels is needed across the country to introduce a coherent policy approach protected from health-harming industry interference.

<u>At a national level</u>

- Nationally, buy-in from across the political spectrum, and across government departments, is essential. The exact mechanisms for government to adopt to enshrine cross government working on prevention have been explored elsewhere[181–186] but for real change to be achieved, leadership needs to come from the top of government with both the Prime Minister and the Chancellor supporting this agenda.
- To inform this work **a cross-government strategy** on health is needed to identify targets, define funding, and determine the evaluation metrics used to assess outcomes[182]. Transparency must

be built into the process with clear **principles of interaction and engagement** between the government and health-harming industry stakeholders (including secondary groups funded by industry).

At a regional level

- Regional public health teams (currently based in the Office for Health Improvement and Disparities) are ideally situated to **support local areas** in adopting policy and tailoring it to their local populations. Particular strengths are the opportunities to **share good practice** through regional hubs, including providing support to local areas on how to ensure policymaking is not influenced by health-harming industry stakeholders. Adequate funding at this level will allow **inequalities** across a regional patch to be targeted with additional resources where needed.

At a local level

- Local areas will be key to the successful implementation of a comprehensive strategy and will require sufficient resources to enable them to do this. Autonomy on how resources are allocated through some **devolved powers** (e.g. planning) with clear binding outcomes set by the strategy, will allow areas to effectively tailor the response to their local population.
- Local authority Directors of Public Health and their teams will be instrumental in providing the **skill and expertise** to ensure programmes are appropriate for the populations they serve and to address local health inequalities by ensuring that those most at need benefit. Local public health teams will also be essential in the monitoring and evaluating process at a local level.
- Innovative programmes can also be **piloted in target areas** to improve the evidence-base. Best practice and success stories can in turn be fed in to regional networks for wider adaptation.

Holding us back: a framework for a coherent policy approach

Figure 8: A Framework illustrating a coherent policy approach

The framework for a coherent policy approach (see Figure 6) considers both the key enablers underpinning its successful implementation, as well as key actions needed to achieve the vision of prioritising and improving the nation's physical and mental health.

- **Adequate funding for prevention** is crucial to enable prevention efforts. For an effective coherent response multi-year investment is required.
- **A comprehensive strategy** that has cross-government support. This can set out the vision of improving the nation's health, how it will be achieved, the intended outcomes, and how government will be held accountable.
- **Protecting health policy** from health-harming industry interests will enable the comprehensive vision to be agreed and realised in full.

The five key actions presented as part of the framework have been referred to throughout this report, and a range of evidence-based specific policies will fall under each umbrella action. Details of these are in the appendix.

- **Regulate advertising to limit harm** through restrictions on advertising, promotion and sponsorship of harmful products. This should pay attention to public spaces, technological advances in targeted advertising, and enforcement of regulations.
- **Regulate product use and environment** by raising the age of sale of some products appropriately to limit harms, removing products from prominent positions in shops, and using licencing to further regulate the sale of alcohol and tobacco.
- **Raise the price of harmful products** through appropriate taxation with automatic uprating mechanism, minimum unit pricing, and restrictions on alcohol promotions and multi-buy deals.
- **Fund treatment** services and ensure equitable access, focusing efforts on communities and individuals who experience the worst harms.
- **Inform the public about the risks** linked to health-harming products through evidence-based mass marketing health campaigns and product labelling.

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.

Key actions and enablers: proposed policies

The table below outlines a framework for coherent action on health-harming products outlining the policy positions of Action and Smoking on Health, the Obesity Health Alliance, and the Alcohol Health Alliance for tobacco, unhealthy food and drink, and alcohol, respectively.

KEY ENABLERS	Tobacco	Unhealthy food and drink	Alcohol
Secure funding for prevention Ringfenced, long-term funding to enable prevention efforts to reduce impact of harmful products.	Adequate, sustainable funding through the public health grant		
A comprehensive strategy with a focus on primary prevention, which has coherent policies to improve health, clear goals and tangible activities.	Implementation of the Government command paper. Future strategy charting route to smokefree country with clarity about national, regional and local roles.	Implementation of policies from 2020 strategy. Updated, comprehensive strategy.	Bring forward an effective cross-government strategy to tackle alcohol harm and reduce inequalities, that commits to introducing evidence-based prevention policies that reduce the availability, marketing and affordability of alcohol.
Protect health policy from industry interference Limiting the ability of vested commercial interests to undermine evidence-based policies designed to reduce the impact of harmful products.	Continue to implement Article 5.3 of the FCTC and its guidelines across all parts of government nationally, locally and regionally.	Restrict industry involvement in policymaking process with clear terms of interaction between policymakers and industry.	Restrict industry involvement in policymaking process with clear terms of interaction between policymakers and industry.
KEY ACTIONS	**Tobacco**	**Unhealthy food and drink**	**Alcohol**
Regulate advertising to limit harm Use proportionate regulation of advertising across different media forms, to prevent promotion of unhealthy products	Implementing the existing regulations. Further work is needed to protect young people from smoking-related imagery online, on screen and in games.	Enforce regulations on multi-buy price promotions in retail, and on advertising less healthy foods online and before 9pm and on local authority owned outdoor advertising.	Include alcohol in the definition of 'unhealthy products' under the marketing regulations for HFSS products. Give responsibility for ensuring alcohol marketing practices adhere to higher standards to an independent body with no links to the alcohol or advertising industries. Ban alcohol sports sponsorship.

Regulate product use and environments Reduce access to harmful products, particularly from children, and regulate the environments they can be used in to prevent harm to individuals and those around them.	Raise the age of sale for tobacco and introduce a retail licensing scheme. Ban on smoking in all vehicles.	Introduce age of sale on energy drinks.	Include 'public health' as a licensing objective in England and Wales so that licensing bodies have to consider local alcohol harm data when making their decisions.
Inform the public about the risks Use evidence-based communications to raise awareness and inform people about the risks of harmful products	Mass marketing campaigns which communicate the harms from smoking.	Clear and transparent front of pack and out of home nutrition labelling, with no health claims or child-friendly packaging on unhealthy foods and drinks. consider warning labels.	Introduce mandatory product labelling that provides consumers with information relating to ingredients, calories, units Chief Medical Officers' guidelines and health risks such as alcohol during pregnancy and cancer.
Use fiscal measures Taxes to raise prices of unhealthy products to reduce use or encourage product reformulation, and/or levies to fund prevention activities.	Introduce a price-cap on tobacco industry to generate revenue for public health. Maintain tobacco tax escalator.	Extend and escalate the Soft Drinks Industry Levy Introduce a new levy on unhealthy food, to incentivise businesses to change the recipes, and invest revenue raised to improve children's health as proposed by the third sector coalition Recipe for Change[187].	Introduce minimum unit pricing for alcohol in England, to prevent the sale of ultra-cheap high strength drinks that can lead to high social costs. Ensure alcohol duty at least keeps pace with inflation and that all stronger products are always taxed at a higher rate than lower strength products.
Provide treatment Provide treatment services to those already impacted by harmful products to improve health and prevent further harm.	Fund stop smoking support through local government and the NHS.	A fully resourced weight management system that offers and delivers equitable access to appropriate, tailored and sustained weight-management and support services to people living with overweight and obesity, in a non-stigmatising way.	Scale up and commit to long term funding of proven and cost-effective early interventions and treatment across the UK and deliver better on coordination between alcohol treatment and other services such as mental health, domestic abuse and housing support.

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