Addressing the three biggest killers on a regional and local level

A toolkit to support regional and local decision makers to develop a coherent approach to reducing harm from alcohol and unhealthy food and drink, learning from tobacco.

June 2025

Greater Manchester Integrated Care Partnership

Humber and North Yorkshire Health and Care Partnership

Obesity Health Alliance

Alcohol Health Alliance

ash. action on smoking and health

Foreword

“As Directors of Public Health in Humber and North Yorkshire and Greater Manchester we understand the harm caused by tobacco, alcohol and unhealthy food and drink in our communities. These harms are driven by powerful industries who distort the commercial and information environments to drive the sale of profitable, health-harming products. The burden is not felt equally – unhealthy commercial environments cluster in the most disadvantaged communities, widening health inequalities. These injustices must be met with a strong response from us as public health leaders.

The tactics used by the alcohol and unhealthy food and drink industry increasingly mirror those used by the tobacco industry and there is an overlap of harms when multiple harmful products are used together. Tobacco control provides lessons for our response to other harmful product industries – demonstrating how regulation, countering industry influence, and shifting public attitudes can lead to significant health gains. By developing a more coherent, joined-up approach, we can build on what's already working, avoid duplication, and deliver greater collective impact.

Moving from sickness to prevention is one of the three big reform shifts set out in the government's health mission. And this isn't just a public health priority – there is strong public backing for tougher action on harmful products, particularly when it comes to protecting children and reducing health inequalities.This toolkit sets out practical ways that regional and local policy makers can drive forward the response to the three biggest killers – from developing healthier advertising policies to creating healthier commercial environments for our residents. This toolkit focuses on the harmful products themselves and the commercial strategies that drive their consumption. It offers targeted, system-level solutions that complement and strengthen existing public health efforts.

Government delays on key national policies – such as the postponed restrictions on advertising of high fat, salt and/or sugar products – make clear the need for strong local and regional leadership. We must not wait. Local systems should advocate for faster action while taking bold steps to shape healthier commercial environments now.”

Jilla Burgess-Allen,
Director of Public Health, Stockport Metropolitan Borough Council

Julia Weldon,
Director of Public Health, Hull City Council

Jon Hobday,
Director of Public Health, Bury Council

Peter Roderick,
Director of Public Health, City of York Council

Rachael Musgrave,
Director of Public Health, Wigan Council

About this document

This document is a practical toolkit to support regional and local policy makers to develop a coherent approach to the alcohol and unhealthy food and drink industries, learning from successful action on tobacco. It does not focus on actions that can be taken on tobacco, but on how lessons learnt from tobacco can be applied to alcohol and unhealthy food and drink. This toolkit sets out action to respond to the alcohol and unhealthy food and drink industries, it does not focus on harms caused by other industries, or on other causes of ill health such as physical inactivity.

How to use this document

Section 1 | **Why do we need a coherent approach to harmful products?**

The three biggest killers

Tobacco, alcohol and unhealthy food and drink are the three leading causes of ill health and early death in England. These harms are felt unequally in society[1], with the most disadvantaged communities experiencing the greatest harm, exacerbating inequalities in health[2]. Our neighbourhoods are flooded with unhealthy products which are readily available, affordable and made acceptable through marketing. This isn't about individual choice; it's about the environments created by the industries that produce and promote these health-harming products. The resulting ill-health places a huge burden on individuals and society, negatively affects the productivity of our workforce and increases the costs of delivering our health and social care system.

Tobacco, alcohol and unhealthy food and drink contribute to poor mental health and chronic diseases, including cancers, type 2 diabetes, cardiovascular disease, and dementia[1]. In addition to the significant impact on health and wellbeing for individuals, there is a burden on healthcare services caused by harmful products, including thousands of hospital admissions every year[3].

Figure 1: Prevalence, hospital admissions and deaths from the three biggest killers in England

12%

of adults smoke

Around 0.5m hospital admissions

192k deaths

65%

of adults live with overweight or obesity

Over 1.2m hospital admissions

Over 30k deaths

23%

of adults drink above low risk guidelines

Over 1m hospital admissions

Over 22.5k deaths

All data sourced from DHSC Fingertips except obesity hospital admissions (NHS Digital) and obesity deaths (2021 Global Burden of Disease study).

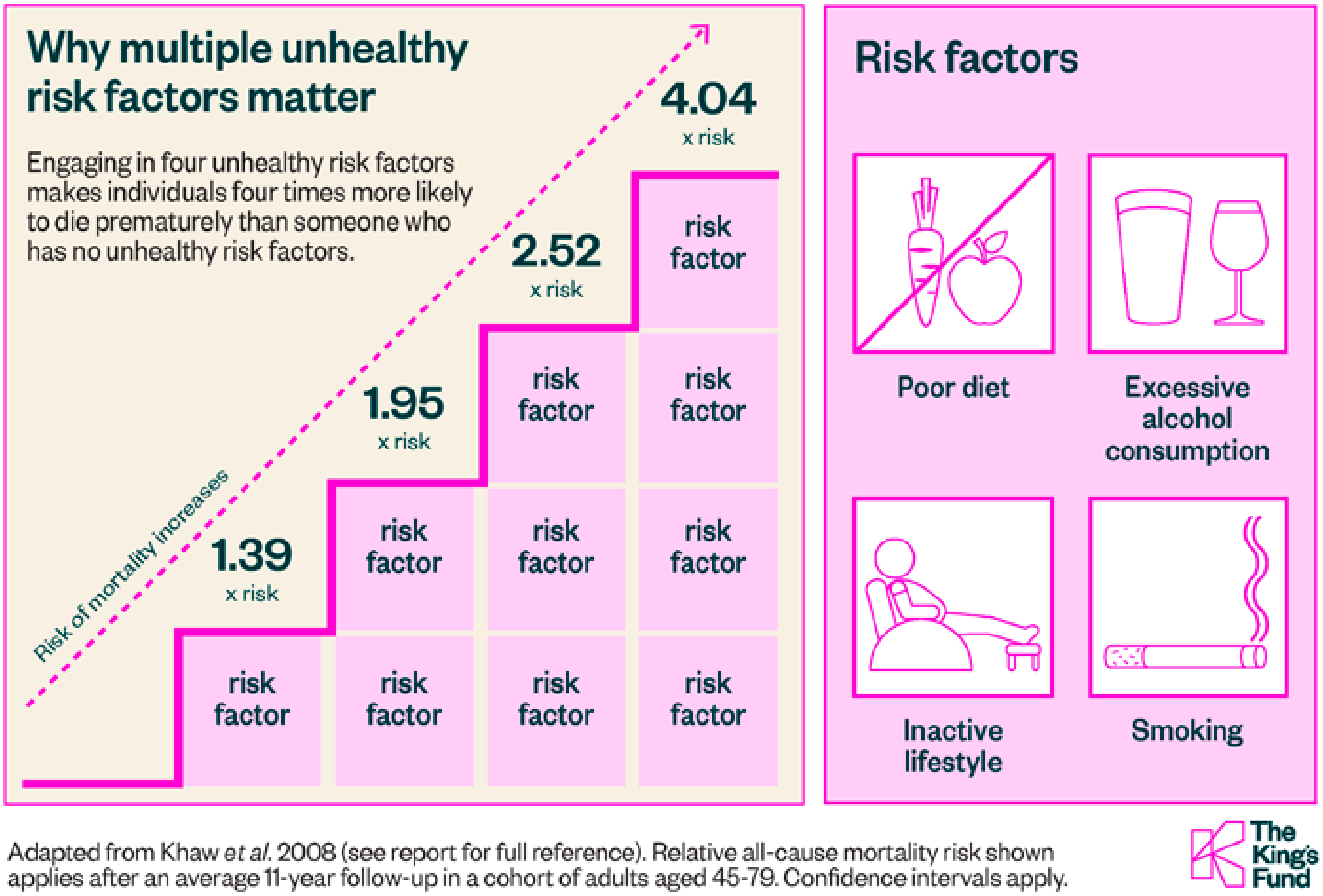
Deaths from alcohol refers to alcohol-related deaths.

Obesity is used here as a clinical term is for data purposes because this is what is collected and reported on, and is likely to be indicative of the wider problem of our unhealthy food and drink environment

Marketing practices by harmful industries often particularly target children and young people, to build brand recognition and develop social norms around the use of these products. For example, the alcohol industry uses marketing to normalise youth drinking[4].

There is an overlap in harms caused by tobacco, alcohol, and unhealthy food and drink. Harms multiply when there is more than one product involved. Evidence tells us that the harms from smoking, drinking excess alcohol and poor diet, as well as physical inactivity, make people four times more likely to die prematurely compared with someone without any of these risk factors[5]. The most disadvantaged people are also more likely to be affected by the harms of more than one product, exacerbating health inequalities.

Figure 2: Table from The King's Fund "Multiple unhealthy risk factors: why they matter and how practice is changing"[5]



The role of industry

We also know that health-harming industries all use similar tactics. This 'playbook' of tactics, includes: distorting the science and messaging around risks and harms; discrediting professionals; using legal threats; positioning themselves as part of the solution; using proxies to communicate their messages; inappropriate use of corporate social responsibility, and giving incentives to politicians[6]. They are too able to influence public health policy; delaying, weakening or stopping policies that would not be in their commercial interests. Aside from tobacco, there has been a failure by successive national governments to fully regulate health-harming industries[7].

Public opinion

The public are supportive of action to create healthier environments and directly targeting health-harming industries, particularly for protecting health policy from their influence. Recently published opinion polling data from Action on Smoking and Health (ASH), the Obesity Health Alliance (OHA) and Alcohol Health Alliance (AHA) shows that 73% of people say the government has a role to play in protecting the public against harmful business practices, with 74% stating that when supporting businesses and improving public health are in conflict, government must prioritise health[8].

What can we learn from successful efforts to reduce smoking?

We can translate the lessons learned from addressing tobacco to accelerate progress on alcohol and unhealthy food and drink. Comprehensive tobacco control approaches have seen accelerated progress in declining smoking rates. Many national and international strategies on tobacco[9], alcohol[10] and unhealthy food and drink[11] call for similar activities to tackle harmful products, such as restricting the affordability, availability and promotion of these products.

A proportionate approach

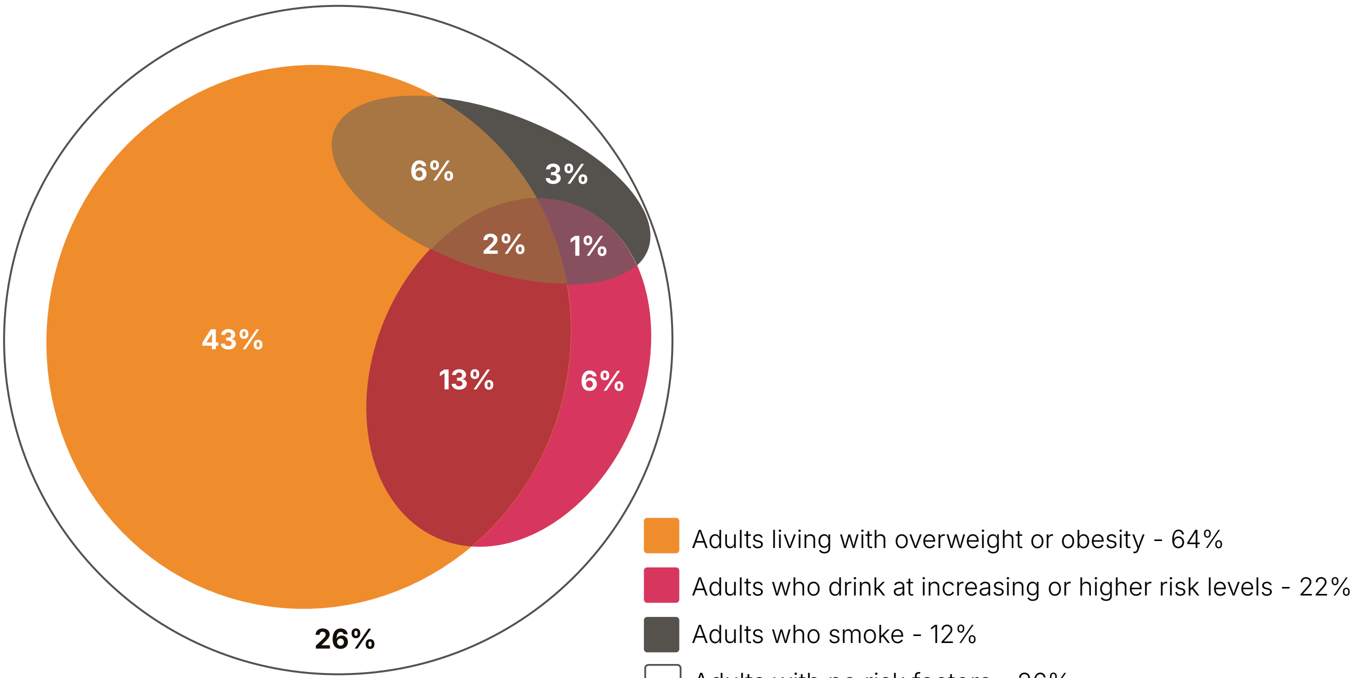
A proportionate approach recognises the overlapping harms and tactics but is flexible in response, due to the differences between these products in terms of their individual level harms. Tobacco is exceptionally harmful and will kill up to half of its long-term users[12]. Alcohol is a harmful product with regular consumption above the Chief Medical Officers' low risk drinking guidelines linked to harm. In addition to direct health impacts, alcohol is a contributory factor to wider social harms such as crime and violence. The situation with unhealthy food and drinks is nuanced, as the harm is caused by poor diet quality rather than individual products. It's important to communicate sensitively around alcohol and unhealthy food and drink, recognising the risk of stigmatising language and the risk of exacerbating eating disorders. In addition, the food and drink, and hospitality industries can play a positive role in our places – providing jobs and potentially contributing to social cohesion. Effective policy should manage harms while allowing responsible businesses to thrive.

Multiple risk factors and benefits of a coherent approach

Evidence suggests that there are associations between co-occurring risk factors, that risk factors exacerbate each other and worsen inequalities. For example, people with experience of alcohol misuse are 1.8-2.9 times more likely to smoke compared to the general population[13]. The number of people who have more than one risk factor is not routinely reported. To gain a picture of the prevalence of multiple risk factors, ASH undertook a snapshot analysis of the 2021 HSE data (Figure 2)[14]. Overall, 22% of adults in England had two or more risk factors. The prevalence of each of the pairs of risk factors was:

- 13% for overweight/obesity and increasing/higher risk drinking (equivalent to 5.6 million adults)
- 6% for overweight/obesity and smoking (equivalent to 2.5 million adults)
- 1% for increasing or higher risk drinking and smoking (equivalent to 0.6 million adults)
- 2% for all three risk factors (equivalent to 1.0 million adults)

Figure 3: Co-occurrence of risk factors in adult population of England, 2021 (ASH analysis of HSE data)



Pursuing a coherent policy approach to harmful products, recognising this overlap, should therefore reduce morbidity and mortality, reduce inequalities and reduce the burden on health and social care services.

Section 2
National, regional and local action

Leadership at all levels of government is critical to delivering a cohesive, interference-free policy approach to improving public health. This section describes the role of each level in the system. Specific examples of how different levels can work together are provided in the next section.

The role of national government

Nationally, strong leadership, cross-department collaboration and strategy, is necessary to set clear targets and funding priorities, and safeguard against health-harming industry influence[15]. This can be achieved by regulating industry through legislation and providing national leadership through policy positions and guidance.

The role of regional teams and Integrated Care Boards

Regional teams are ideally situated to provide overarching strategic approaches and support local areas in adapting policy to align to the needs of their populations. Regional Department of Health and Social Care and regional NHS England teams have a role in translating national guidance for local use and providing support to local delivery.

As set out in NHS England's Draft Model Integrated Care Boards (ICBs) Blueprint, ICBs have core functions that include understanding local context and developing long-term population health strategy[16]. The regional role should not be directive but provide a framework for action. For example, through co-producing strategies and guidance, and sharing best practice.

Some actions may make sense to coordinate across a regional footprint such as developing communications campaigns and pooling funding for some initiatives across a region for economies of scale.

The role of local government

Local authority powers in licencing and planning provide an opportunity to reshape environments around residents and push back against the harmful influence of big industries. Local authorities have a proud history of going further than national government on important public health issues, paving the way and making the case for national legislative change such as the smoking ban and the incoming unhealthy food advertising restrictions.

There is also power in collective lobbying by local health leaders on important public health issues such as minimum unit pricing (MUP) for alcohol, demonstrating to national government that these issues are having devastating impacts in local areas. Local teams are crucial in addressing health inequalities, monitoring outcomes, and piloting innovative programs for broader adoption[15].

Section 3
A regional framework for action

This framework is based on the national framework developed by ASH, OHA and AHA for the Holding us Back report[1]. It has been adapted for regional use through an iterative process of feedback from stakeholders from across the Humber and North Yorkshire and Greater Manchester ICB areas.

The framework can be used as a starting point for a regional or local strategy or action plan to respond to the alcohol and unhealthy food industries. It takes the elements of an effective local approach to tobacco, and applies this to alcohol and unhealthy food and drink, recognising that the same basic principles apply.

Figure 4: A regional framework for action on the three biggest killers

At the heart of the framework is a **comprehensive strategy** – this should be agreed at a regional level to guide an overarching approach. The strategy should be enabled by:

Tackling inequalities
Take action on diseases with a social gradient, tackle industry tactics targeting the most vulnerable in society, and develop interventions with a 'proportionate universalism' approach.

Funding prevention
Ringfenced, long-term funding to enable prevention efforts to reduce impact of harmful products.

Managing industry influence
Ensure that vested commercial interests do not undermine evidence-based policies designed to reduce the impact of harmful products, nor limit an organisation's ability to protect, promote and improve the health of its population.

Mobilising communities
Amplify the voices of those affected by the problem to rally support for action.

The following **high impact actions** are core to achieving the goal of reducing the harm caused by the three biggest killers. Each has been successful in reducing harm from tobacco, and lessons can be learnt for alcohol and unhealthy food and drink.

Regulate advertising
Use proportionate regulation of advertising and marketing across different media forms, to prevent promotion of unhealthy products.

Shape use and environment
Reduce access to harmful products, particularly by children, and regulate the environments they can be used in to prevent harm to individuals and those around them.

Influence pricing and affordability
Advocate upwards for taxes to raise prices of harmful products to reduce use or encourage product reformulation, and/or levies to fund prevention activities and use local levers to improve the affordability of healthier options.

Communicate health messages
Use evidence-based communications to raise awareness and inform people about the risks of harmful products and the benefits of engaging in healthy behaviours.

Provide treatment
Provide treatment services to those at risk of harm from these products to improve health and prevent further harm.

Section 4
Enablers of a comprehensive strategy

This section describes the elements of a comprehensive strategy for prevention across risk factors in more detail.

Developing a strategy to tackle harmful industries in a coherent way can help regional decision makers to understand where they are and where they need to get to. Many national and international strategies on tobacco[9], alcohol[10] and unhealthy food and drink[11] call for similar activities to tackle harmful products, such as restricting the affordability, availability and promotion of these products.

Traditional ways of developing and using evidence in developing public health strategies have not adapted to meet the challenge of the complex structural problems caused by harmful product industries[17]. Local and regional policy makers therefore need to consider using a broad, multidisciplinary suite of evidence in developing strategies to respond to this challenge.

It's also important for strategy development to consider the policies and strategies of the past and why they have failed. For example, in the case of obesity strategies, past failures may be due to too much focus on individual actions and not enough on the structural changes that can make the biggest difference[18].

A comprehensive strategy for tackling the three biggest killers should be underpinned by the enablers detailed on the following pages.

Tackling inequalities

Take action on diseases with a social gradient, tackle industry tactics targeting the most vulnerable in society, and develop interventions with a 'proportionate universalism' approach.

We know that the damage cause by harmful products is not evenly distributed in society. Tobacco is responsible for up to half the difference in life expectancy between people in the highest and lowest socioeconomic positions[2]. Deaths caused by alcohol are more than twice as high in the most disadvantaged areas of England than in the least disadvantaged areas[19]. 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[20].

Children from more disadvantaged backgrounds are more likely to be living with overweight or obesity and continue to live with them throughout adult life[21]. 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[22].

There are other important equity considerations for both alcohol and unhealthy food and drink, including differences in patterns of consumption and harm between people of different genders and ethnicities[23, 24].

Funding prevention

Ringfenced, long-term funding to enable prevention efforts to reduce impact of harmful products.

We know that most public health interventions are cost saving, with every pound invested yielding a return of £4 at a local level, and up to £10 at a national level for interventions such as legislation[25].

Most public health interventions locally and regionally are funded by a combination of the public health grant to local authorities, and money from ICBs. Local and regional strategies should set out clearly what areas of responsibility for delivery sit at what level and where funding should be drawn from.

An example of a regional joined up approach is Balance in the north east of England, which is a regional partnership working to tackle alcohol harm. It is funded through pooling local authority public health grant money from seven of the local authorities in the north east, thus enabling a joined up approach across this supra-local footprint.

Managing industry influence

Ensure that vested commercial interests do not undermine evidence-based policies designed to reduce the impact of harmful products, nor limit an organisation's ability to protect, promote and improve the health of its population.

There are multiple ways in which the health-harming industries undermine evidence-based policy in public health[26]. The tobacco industry has, in the past, funded education programmes to undermine public health efforts[27]. These activities have been limited by regulation in the UK, but they remain prominent for other health-harming industries. For example, the alcohol industry funds educational projects in schools to teach children about the harms of alcohol. These education programmes subtly undermine evidence-based messaging around alcohol, and serve to promote the alcohol industry's reputation as being part of the solution[28].

Unhealthy product industries also seek to undermine policy making processes. For example, analysis of documentation around the development of the Transport for London (TfL) policy on restricting marking for high fat, salt and/or sugar (HFSS) foods found that industry had a high level of access to the policy making process, thus giving them the ability to shape the process[29].

As a signatory to the Framework Convention on Tobacco Control (FCTC), governments at all levels in the UK are prohibited from engaging with the tobacco industry in policy making through Article 5.3 of the convention[30]. There has been significant work to embed the principles of Article 5.3 at all levels of government and ASH have produced a toolkit to support local decision makers in understanding their responsibilities under the convention[31]. We can learn from this approach and apply it to managing industry influence across other harmful industries.

The Association of Directors of Public Health (ADPH) network in Yorkshire and the Humber has developed a position statement on the Commercial Determinants of Health which recommends that areas should use good governance and conflict of interest resources to develop policies on partnerships with industries focused on the systematic exclusion of health-harming industry from the policy process. The ADPH has developed a Good Governance Toolkit, to support local authorities to manage their relationships with industry appropriately.

The Institute of Alcohol Studies has developed guidelines for interaction with the industry that recommend that interactions should be minimised and partnerships should be rejected.

Mobilising communities

Amplify the voices of those affected by the problem to rally support for action.

Engaging communities affected by unhealthy product industries is vital. We know that there is broad public support for more regulation of harmful industries. However, more could be done to engage the public in understanding the impact that the wider determinants, including commercial determinants, have on health. The work done in recent years by the Health Foundation and Frameworks demonstrates how the public currently perceive the issue of health, and how the issue could be reframed around 'building blocks' to better engage the public in the debate.

Mobilising communities can support the push back against industry. This can take a variety of forms such as supporting communities to have a voice in the media or through consultation processes, co-production of solutions and supporting people with lived experience to be peer supporters. The National Institute of Health and Care Excellence (NICE) recommends that communities be engaged in planning, designing, developing, delivering and evaluating local services and initiatives[32].

NHS Greater Manchester and the Greater Manchester Combined Authority worked with the young people's campaigning organisation Bite Back to understand young people's views on restricting unhealthy food and drink advertising on the city's transport network. They collected views and compiled them into a report and video, to support the policy making process. They have also undertaken a large consultation to understand residents' views on childhood obesity, finding that the accessibility and affordability of healthy food was a main driver of childhood obesity, and that junk food advertising targeting children was also a contributory factor. By mobilising communities and involving them from the start we can ensure that strategies respond to resident's needs.

Section 5
High impact actions for harmful products

This section describes the actions in the framework in more detail. Examples from tobacco policy and practice are included to inspire action on alcohol and unhealthy food and drink.

Regulate advertising

Use proportionate regulation of advertising and marketing across different media forms, to prevent promotion of unhealthy products.

What can we learn from tobacco policy?
Tobacco advertising is banned in all forms through legislation and regulation in the UK[33]. This covers TV advertising, billboards, in newspapers, at the point of sale, at sporting events and online. Additionally, product placement in TV programmes is banned, and tobacco products must be sold in plain packaging. This restriction of the marketing efforts of the tobacco industry has been highly effective in reducing smoking prevalence[34].

Evidence for action in alcohol and unhealthy food and drink
Alcohol marketing increases alcohol consumption. Studies have found that marketing increases underage drinking and affects drinking behaviours for adolescents and young adults[35, 36]. The World Health Organization (WHO) has called for alcohol marketing to be restricted[37].

There is a wealth of evidence showing the impact of unhealthy food advertising on purchasing, consumption and obesity[38]. Nesta's Policy Blueprint rated HFSS advertising restrictions as having a very high impact on obesity and high quality of evidence[39]. An evaluation of Transport for London's (TfL) ban on HFSS advertising found that the policy led to a decrease in the amount of unhealthy food and drinks purchased[40].

Best practice solutions
Policies can be introduced to restrict advertising for alcohol on local authority owned estates, and on transport networks. The charity Sustain has developed a toolkit to support local authorities who are seeking to introduce their own healthier advertising policy.

Introducing advertising policies is an opportunity to think broadly about risk factors and include multiple harmful product industries in the list of what is prohibited. For example, City of York Council has introduced an Advertising and Sponsorship policy that covers both HFSS foods and alcohol along with a variety of other health-harming industries (such as gambling).

Can action be taken locally or regionally?
As local authorities have control over what advertising they accept on their own property, these policies can be adopted on a local authority level. This can also help make the case for wider regional and national action on advertising for harmful products. Policies such as bus franchising and bus quality partnerships that are being rolled out widely will give combined authorities more control over the advertising space on networks allowing them to make these changes more easily. It may be helpful for regional bodies to set out broad position statements and be a conduit for sharing local best practice across regions.

Shape use and environment

Reduce access to harmful products, particularly by children, and regulate the environments they can be used in to prevent harm to individuals and those around them.

What can we learn from tobacco policy?
Reducing the availability of tobacco products has been key to the success of tobacco policy. Current legislation restricts smoking in enclosed public places and in cars with children. The Tobacco and Vapes bill, will require retailers to have a license to sell tobacco, placing further restrictions on easy availability of tobacco products through enabling enforcement on illicit tobacco sales and age of sale restrictions. Licensing has the potential to improve compliance with such restrictions, since non-compliance with requirements for one licenced activity (e.g. vape sales) could result in all licences held by a licensed person being challenged (e.g alcohol, tobacco and vapes).

Evidence for action in alcohol and unhealthy food and drink
The availability of alcohol and proximity to shops selling alcohol may be linked to the normalisation of alcohol and more permissive attitudes[41]. Strengthening restrictions on alcohol availability is one of the WHO's core policy recommendations in the SAFER strategy for reducing the harm caused by alcohol[10]. Studies have shown that stricter licensing policies for alcohol are associated with reduced crime and hospital admissions[42, 43] and that reducing hours of sale may reduce alcohol related harm[44].

Exposure to takeaway outlets is positively associated with consumption of takeaway food, and with increased Body Mass Index (BMI)[45]. Children in the most deprived areas are more likely to be exposed to fast food takeaways[46]. Studies have shown that school exclusion zones for fast food takeaways led to a reduction in exposure to marketing, and a reduction in BMI[47].

Best practice solutions
Local authorities can use their licensing powers to determine hours of sale and density of premises that sell alcohol. To support this process, Leeds council public health and licensing colleagues worked together to develop the Alcohol Licencing Data Matrix which is now in use across several local authorities. Local authorities can also introduce public space protection orders banning drinking of alcohol in specific areas where there has been a history of nuisance drinking[48]. However, this policy needs to be considered carefully due to limited evidence of effectiveness and the risk of stigmatising marginalised groups, such as people experiencing homelessness, possibly displacing them to less safe areas[44]. Public Health England (now the Office of Health Improvement and Disparities), has published guidance to support local authority public health teams to influence alcohol licensing decisions.

Local authorities can use their Local Plan and Supplementary Planning Documents to introduce policies to tackle unhealthy food and drink. For example, they can apply restrictions to new hot food takeaways, such as school exclusion zones. Local authorities can also work to improve the food provided through their own services, such as through school food improvement programmes or considering the options available in leisure centres. They can introduce award schemes to reward local businesses for making healthy changes to their food offer. For example, in Tower Hamlets the Food for Health Awards, organised between the Public Health, Environmental Health and Trading Standards teams, encourages local businesses to make changes to the way they prepare and cook food to make it healthier.

Can action be taken locally or regionally?
Most action that can be taken to shape use and the environment can be taken at a local authority level. However, regional bodies can support by setting a strategic direction and sharing best practice.

Influence price and affordability

Advocate upwards for taxes and minimum pricing policies to raise prices of harmful products to reduce use or encourage product reformulation, and/or levies to fund prevention activities, and consider actions that reduce the cost of good food for communities.

What can we learn from tobacco policy?
Increasing the cost of tobacco through taxation has been a highly successful strategy in tobacco policy[1]. While local areas do not have powers to tax harmful products, they can apply the principle of increasing or reducing costs to influence purchasing and consumption decisions.

Evidence for action in alcohol and unhealthy food and drink
Interventions to increase the price of alcohol are effective in reducing harm[49]. Minimum unit pricing (MUP), which sets a minimum price at which a unit of alcohol can be sold, was introduced in Scotland in 2018 and an evaluation found strong evidence that MUP was associated with a reduction in deaths attributable to alcohol[50]. Importantly, most prevented deaths were from the most disadvantaged groups, indicating that this policy can help to tackle alcohol-related inequalities.

Taxes can be an effective means to disincentivise purchasing and incentivise reformulation of unhealthy food and drink. The Soft Drink Industry Levy, applied to soft drinks containing sugar in the UK in 2018, led to a reduction in sugar in purchased drinks of 15g per household per week and a variety of likely health benefits as a result, whilst not requiring behaviour change nor harming soft drink sales[51]. It is also effective to incentivise the purchase of healthy food and drink. One systematic review found that price reductions, subsidies or financial incentives for healthy food purchases increased fruit and vegetable consumption[52]. Over time, it will be important to systematically increase the affordability, availability and marketing of healthier foods relative to unhealthy food, to make the healthier choice affordable for all.

Best practice solutions
Some local authorities, such as Newcastle City Council, have written a voluntary minimum price into the local statements of licensing policy for alcohol. This is important trailblazing for a policy that should be implemented nationally. Some regions have worked together as groups of Directors of Public Health to advocate for MUP nationally. This use of local voices to lobby national government for important policy changes has proven to be an effective advocacy method in the past, for example in the introduction of smokefree laws in the UK[53].

There are a variety of measures that local authorities can take to support and incentivise residents to purchase and/or consume healthy food. For example, through ensuring that all children who are eligible can access free school meals by introducing auto-enrolment. Fix our Food have produced a toolkit to support local authority areas in introducing auto-enrolment.

Can action be taken locally or regionally?
Lobbying national government for changes such as MUP may best be done through the collective power of local authorities coming together across a wider footprint. Changes such as widening access to free school meals can be introduced on a local authority level, but can also be taken forward with leadership regionally, such as the recent example of the Mayor of London funding free school meals for all children in primary schools in London[54]. Both Scotland and Wales have introduced universal free school meals in primary schools.

Communicate health messages

Use evidence-based communications to raise awareness and inform people about the risks of harmful products, and the benefits of engaging in healthy behaviours.

What can we learn from tobacco policy?
Evidence suggests that communications campaigns can have an impact on people's knowledge and awareness of the risks of smoking, and increase smoking cessation intentions. Smoking cessation campaigns have also been found to be cost-effective[55]. Importantly, communications campaigns can have an indirect effect. Campaigns that increase the public's knowledge of harmful products and increase the salience of those harms also increase the public acceptability of policy measures restricting the availability and use of harmful products[56].

Evidence for action in alcohol and unhealthy food and drink
The evidence for communications in alcohol and unhealthy food and drink is more mixed, with studies finding that there are some positive increases in knowledge and treatment seeking behaviour from health campaigns, but no decrease in consumption for alcohol, and low certainty evidence for a positive effect in consuming less unhealthy food and drink[55].

Best practice solutions
Evidence suggests that certain elements may improve the effectiveness of communications including:

- Using multiple modes/channels
- Including an interactive or tailored element (such as personalising emails)
- Sustaining campaigns and messages over time
- Messaging framed around de-normalising behaviour rather than fear[55]

Effective communications should follow the key principles of being actionable, accessible, relevant, timely, understandable and credible as set out in the WHO Strategic Framework for Effective Communications[57]. This might involve considering whether translation into different languages is needed or using NHS branding, where appropriate, to boost the credibility of communications.

Community driven approaches to health messaging can be effective, such as the Communities in Charge of Alcohol initiative from the Royal Society of Public Health. This initiative trains people to be Alcohol Health Champions, to support people affected by alcohol harms and address alcohol issues in their communities. This programme has been rolled out across local authorities in Greater Manchester.

Frameworks have produced toolkits to support framing around alcohol and childhood obesity to ensure that these topics are managed sensitively. It may also be helpful to start shifting health communications towards the wider determinants through using the Health Foundation's Building Blocks of Health Communications Toolkit.

Can action be taken locally or regionally?
Health campaigns can be cost-effective if organised across a regional footprint. For example, Balance, the regional alcohol partnership in the north east, runs mass media campaigns across the region.

Community led approaches can be effective at a local authority level, often utilising existing structures for resident involvement such as health champions or residents' associations.

Provide treatment

Provide treatment services to those already impacted by harmful products to improve health and prevent further harm.

What can we learn from tobacco policy?
Stop Smoking services have been highly effective in reducing smoking rates, and people are three times as likely to quit for good when they use a stop smoking service compared to going it alone[58]. These services rely on strong local and national tobacco control strategies, pathways and funding.

Evidence for action in alcohol and unhealthy food and drink
While evidence is mixed, weight management programmes are considered effective overall, at least in the short term, for reducing obesity in adult participants and NICE recommends their use when delivered in line with guidance[59]. The weight management treatment landscape is rapidly changing, with new drug options that show high levels of effectiveness in promoting weight loss and beneficial dietary changes, albeit at high cost and with significant side effects. Evidence suggests that both diet changes and weight loss are rapidly reversed when people cease taking medication[60]. These medical approaches are creating a need for tailored weight management services that enable patients to cease taking medication while avoiding a relapse to previous eating habits.

Alcohol screening, treatment and support services can be effective and cost-effective. The WHO recommends access to screening, brief interventions and treatment as one of the core elements of the SAFER strategic approach to reducing the harm from alcohol[10]. Greater Manchester have used the WHO's SAFER framework as the basis of their Alcohol Harms Strategy.

Best practice solutions
Both weight management services and alcohol dependency treatment are provided in local areas through a combination of funding from the public health grant through local authorities and ICBs at a regional level. Treatment services should be well resourced, equitable to access, tailored and non-stigmatising[1]. For alcohol, experts recommend universal hospital admission screening for alcohol, ensuring clinical staff are equipped with skills to screen people in a non-judgmental way, and putting in place multi-disciplinary Alcohol Care Teams to provide the best evidence-based care[61]. Some areas have commissioned services that holistically respond to multiple risk factors, for example combining smoking cessation and weight management.

Can action be taken locally or regionally?
A variety of different local and regional arrangements for the commissioning of specialist and community treatment services exist across England. Coordination across different local areas can be helpful depending on local priorities and geographies. Regional decision makers are often well placed to understand and coordinate different pathways for services across an ICB patch, and to set strategic goals that enable a more coherent approach.

Section 6 | **Step-by-step guide to developing your own strategic approach**

This section sets out steps to help you develop your own strategic approach to the harms of alcohol and unhealthy food and drink, learning from tobacco. This process has been developed iteratively with Greater Manchester and Humber and North Yorkshire. The steps described below have been tested and refined with stakeholders in the systems in both areas.

The guide can be used to inspire your own project planning and should be adapted as appropriate for the local context. Where relevant, resources are highlighted that can support each step of the process.

Case studies and the full suite of toolkit resources can be found on the ASH website's Three Biggest Killers Regional Toolkit section.

Step 1 | Finding people to lead and deliver the project

Acting on the three biggest killers will require concerted action driven forward by committed individuals. The first step in the journey is to identify where the work will sit in your structures and how it will be driven forward. It is helpful to have a senior champion or group who can sponsor the work and ensure accountability. For example, in Greater Manchester, the process is overseen by the Commercial Determinants of Health Squad, made up of senior representatives from across Greater Manchester's local authorities and NHS Greater Manchester.

Step 2 | Plan your approach

Set out how you will approach developing your response. Ensure that the project is integrated into planning processes for your organisation, such as strategic and operational plans, and individual objectives where appropriate. It can also help to understand the context that you are operating in and think about how to align the local framework narrative with the priorities of your organisation. At this stage think about your approach to mobilising your community, ensuring that the strategy is co-designed, and how you will monitor and evaluate your approach.

Step 3 | Assessing need

Undertake a needs assessment to better understand the regional and local impact of tobacco, alcohol and unhealthy food and drink. The needs assessment should set out key data on the three biggest killers from a range of sources. We have developed a template needs assessment document with some suggested data sources as a starting point, and there are likely to be local data sources you can draw on too such as your Joint Strategic Needs Assessments.

The data should be analysed locally and interpreted to be used in different ways that can support in making the case. For example, it can be used in a slide deck during presentations to get senior and political buy-in.

Think about how data can be used to best make the case. For example, senior figures in your ICB may be particularly interested in the cost savings of a strategic approach, and so highlighting data from the Institute of Alcohol Studies (IAS) and the ASH Ready Reckoner on the costs of alcohol and tobacco locally could be helpful here. Politicians might be interested in public attitudes to the policies proposed.

Resources to support this stage:

- Needs assessment template
- ASH Ready Reckoner
- Institute of Alcohol Studies cost of alcohol harm data
- Department of Health and Social Care public health data from Fingertips
- ASH, OHA and AHA opinion poll data on public support for policies

Step 4 | Stakeholder mapping

It's important to know who the key stakeholders are in the development and implementation of your local strategy including both professionals across the system, voluntary sector organisations and residents. We have provided a template for you to use to consider all the different people in the system who may need to input into the development of the strategy, be involved in implementing it, or will need to make the key decisions to support it.

Ensure that you have understood what different stakeholders will need to do as part of the process. For example, do they need to be involved in development of the strategy, or just informed? Do you need to keep them on side and make a strong case, or are they natural allies? It may be helpful to conduct a stakeholder analysis process with your small working or strategic group to help you decide how best to manage each group of stakeholders on your list.

You may also need to consider how best to manage industry stakeholders who might express an interest in being involved. You might find the good governance toolkit from the ADPH helpful in making this assessment.

Resources to support this stage:

- Stakeholder mapping and analysis template
- ADPH good governance toolkit

Step 5 | Asset and deficit mapping

Once you have the data on the problem, it can help to develop a picture of what is happening across your area to address alcohol and unhealthy food and drink. For this stage, organise a workshop with key topic leads for alcohol and unhealthy food and drink from across the region, use this as an opportunity to explain the project, and break down into sub-groups to collect local information on policies and services using the asset and deficit mapping template. You may need to hold a couple of workshops and circulate the template for people to add to.

Once you have collected the information you can analyse it to understand which areas of the framework have lots of activity happening, and where there are gaps. This process can help you develop an understanding of strengths and areas for development locally, which can then be addressed through your action plan.

Resources to support this stage:

- Asset and deficit mapping template

Step 6 | Build support

This step should be woven through the process, but is particularly important as you move into developing and implementing your local strategic approach. Consider how you can link in with what's going on locally, and who you need to get on side. Use the template slide deck with your local data and key results from asset mapping to demonstrate to key stakeholders why the work is needed and what it will involve. This is also an opportunity to understand what is working for you locally, where there is appetite and how you can best make the case.

Consider the co-benefits that your work could have, and the advocates you might not normally work with. For example, are there local retailers who feel the high street is becoming dominated by hot food takeaway businesses that lead to littering and predominantly create footfall on an evening when the shops have already closed?

You may also need to consider how close your audience is to the issues and whether some broad framing of the commercial determinants might support your argument. The Health Foundation's Building Blocks of Health communications toolkit might help with this.

Resources to support this stage:

- Tailorable slide deck setting out case for action

Step 7 | Develop and launch your framework

Bring everything you have learnt together to draw up your local response to the coherent framework that should be co-designed with communities. This should set out:

- The case for action including local data and key local strengths and areas for development
- Strategic priorities for action within the framework
- Action plan including when actions will be carried out, who is responsible and how success will be monitored
- Monitoring and evaluation plan

Step 8 | Implement, monitor and evaluate

Put in place clear structures for implementation, monitoring and evaluation such as:

- Setting out who is responsible for carrying out actions
- Regular reviews of progress
- Reporting structures
- Clear metrics to ensure it is clear when an objective has been achieved

Don't forget to celebrate success!

Ensure you celebrate milestones, no matter how small, and that people are recognised for their hard work.

Section 7

Key resources and supporting information

Below are key resources that can support in taking forward policies on the three biggest killers at a regional and local level.

- ASH, AHA and OHA report advocating for a coherent approach on a national policy level: Holding us Back: tobacco, alcohol and unhealthy food and drink
- Alcohol Health Alliance
- AHA Manifesto – Our Manifesto - Alcohol Health Alliance
- Obesity Health Alliance
- OHA Report – Turning the Tide Strategy – Obesity Health Alliance
- Action on Smoking and Health
- ASH – Article 5.3 toolkit
- Sustain - Healthier Food Advertising Policy toolkit
- The Health Foundation – Addressing the leading factors for ill health – a framework for local government action
- Association of Directors of Public Health Yorkshire and the Humber – Position Statement on Commercial Determinants of Health
- Association of Directors of Public Health – Good Governance toolkit
- Nesta – A blueprint to halve obesity in the UK
- Institute of Alcohol studies – Good governance in public health policy
- Department of Health and Social Care – Alcohol licensing: a guide for public health teams
- 'Killer Tactics' Report (ASH/OHA/AHA): Killer Tactics – ASH
- The Lancet Series - Commercial determinants of health
- The Health Foundation – Building Blocks of Health communications toolkit
- Fresh and Balance – regional partnership for alcohol and tobacco in the north east
- Frameworks – Alcohol framing toolkit and childhood obesity framing toolkit
- Fix our Food – Free School Meals Auto-enrolment Toolkit

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