

# Non-Communicable Disease Prevention

A manifesto for the next Parliament:  
Addressing Scotland's biggest killers  
through action on societal factors  
that cause ill-health.



# Introduction

**Non-Communicable Diseases (NCDs) (such as cancer, heart disease, stroke, diabetes and lung disease) are responsible for almost 39,000 deaths every year in Scotland – more than two-thirds of all deaths<sup>1</sup>.**

Additionally, the burden of chronic disease on Scotland's communities is huge. In 2016, the Scottish Public Health Observatory (ScotPHO) calculated that more than 590,000 years of healthy life were lost to NCDs<sup>1</sup>.

As research progresses, we are understanding that many of these deaths and lost healthy years of life are preventable through addressing modifiable and societal risk factors such as reducing the number of people who smoke, levels of overweight and obesity, and how much alcohol people drink.

It has been estimated that almost 14,000 deaths in Scotland<sup>11</sup> are preventable through public health action.

That's why ten charities dedicated to addressing NCDs and the risk factors that impact the nation's health have come together to set out a series of priorities to improve the health of everyone in Scotland and reduce the burden of non-communicable disease on Scotland's NHS.

With the Scottish Parliament election approaching in May 2021, it is more crucial than ever for all political parties to commit to taking bold action to tackle these risk factors.



# Covid-19 and the current landscape

**We have known for a long time that the prevention of NCDs, through action on tobacco, alcohol and unhealthy food and drink, is an important component in improving the health of Scotland.**

However, evidence is emerging that shows obesity and the use of tobacco and alcohol also increase the risk of poor Covid-19 outcomes. With high levels of overweight and obesity, smoking and alcohol consumption compared to England and Wales, Scotland did not go into the Covid-19 pandemic fighting fit. Bold action on these measures would not only tackle NCDs but increase Scotland's resilience to infectious disease. It is crucial that the opportunity is taken now to act on these issues as this pandemic continues.

The pandemic has also highlighted the need to protect and support Scotland's NHS. Alcohol use, tobacco use, and obesity have been estimated to cost the NHS £267m<sup>v</sup>, £780m<sup>v</sup> and £600m<sup>vi</sup> respectively — and they also have a huge impact on the wider economy through lost productivity. Action on these issues through population-wide interventions and greater use of support services is an extremely cost-effective way to drastically increase the resilience of the NHS.

Covid-19 has also highlighted how inequalities impact health outcomes. This is also true for the factors that impact the development on NCDs. We know that the levels of tobacco use, alcohol consumption, and overweight and obesity are higher in Scotland's most deprived communities and it is crucial that all possible action taken to address them does not exacerbate inequalities.

The Covid-19 crisis has also brought further into focus the need for action on societal factors that influence tobacco use, alcohol consumption and unhealthy food and drink, with the health impacts of lockdown and the focus on the economic recovery starting to emerge.

For example, the relaxation of alcohol licensing measures during the crisis, whilst important to enable businesses to adapt to coronavirus regulations, presents a potential threat to Scotland's health if this were to become the new normal. Additionally, polling by Obesity Action Scotland shows that the pandemic has increased the consumption of food and drinks high in fat, sugar and salt (HFSS) as well as alcohol<sup>vii</sup>. Because of this, it is crucial that public health forms a key part of any planned economic recovery by supporting the creation of a healthier environment in the future.

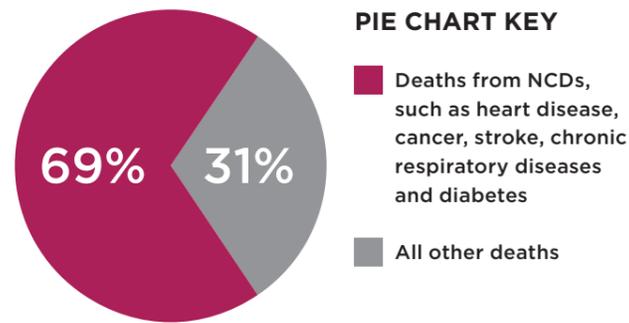
It is therefore essential that the prevention agenda, where Scotland has been pioneering with the smoking ban and minimum unit pricing, is not lost within the Covid-19 recovery. Reducing the pressure on NHS services, in particular unscheduled care, is more vital than ever and public health prevention should be a focus for the next Parliament.

This paper outlines clear and evidence-based recommendations for population level action on availability, marketing, price & promotion and treatment services that could have a hugely positive impact on the health of people across Scotland.



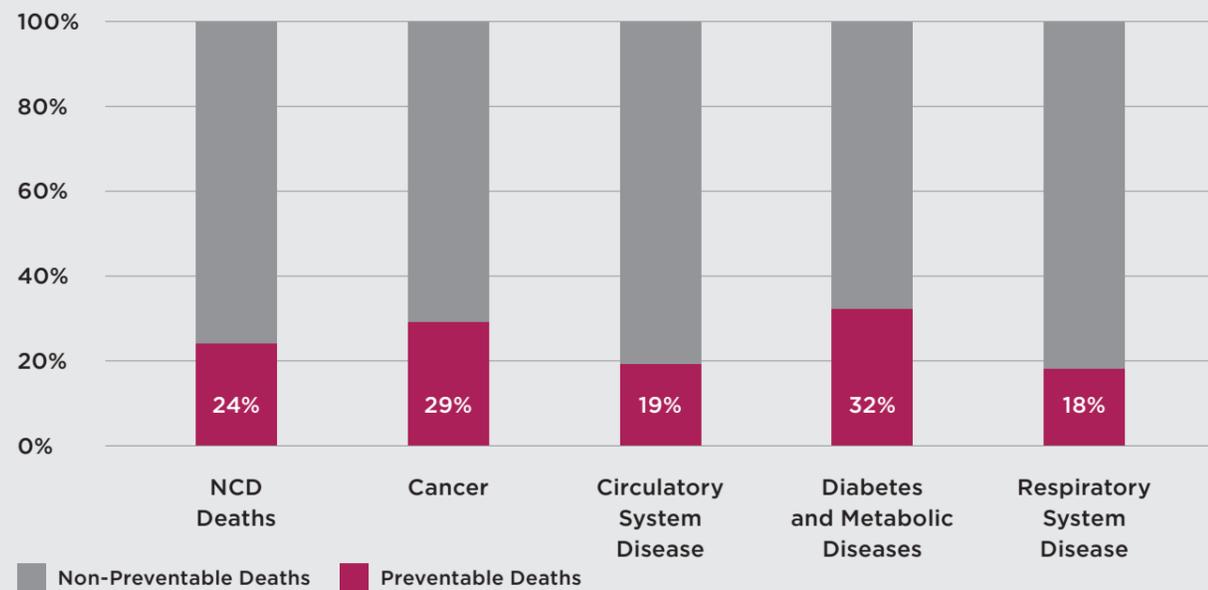
# NCD Prevention

**NCDs, such as heart disease, cancer, stroke, chronic respiratory diseases and diabetes, are the leading cause of mortality in Scotland. These five disease groups alone account for more than 69% of all deaths in 2018<sup>VIII</sup>.**



Many of these deaths could be preventable through bold action to support people's health. National Records for Scotland estimate that almost 24% of NCD deaths could be prevented by public health interventions<sup>X</sup>. In addition to premature mortality, NCDs also significantly affect the health and well-being of Scots, with Scotland's healthy life expectancy only 62.3<sup>X</sup> — lower than the rest of the UK and one of the lowest in western Europe.

**Around a quarter of NCD deaths are preventable.**



The Scottish Government has taken welcome steps in preventing NCDs through the publication of delivery plans for tobacco control, overweight and obesity, and alcohol. But there is an urgent need for further action.

The Scottish Government's Public Health Priorities<sup>XI</sup>, published in 2018, highlighted Scotland's average life expectancy as one of the lowest in western Europe — despite its overall increase in recent decades. A lack of progress in tackling risk factors such as alcohol and tobacco use, and overweight and obesity are a key part of this.

Statistics also show that this progress is falling behind Scotland's ambitions. For example, Cancer Research UK<sup>XII</sup> has estimated that the Scottish Government's 2034 smoke free generation target is due to be missed if trends continue. Current trends suggest that 12% of people will still be smoking in 2034, and this figure is as high as 20% in the most deprived areas.

More widely, the WHO set out 2020 targets for nations within its 2013 NCD prevention global action plan to reduce the prevalence of harmful alcohol use, tobacco use and the halt of the rise in obesity<sup>XIII</sup>. Scotland's latest figures for 2018 show that Scotland is on course to miss these targets (see figure below).

Urgent action is needed to address the societal factors that are affecting the health of people across Scotland's communities. The Scottish Parliament has an opportunity in the next session, as the nation emerges from the Covid-19 crisis, to create a positive change the health of the nation.



**The Scottish Government's 2034 smoke free generation target is due to be missed if trends continue.**

**Scotland's political parties must commit to taking action to help prevent thousands of NCDs ahead of the Scottish Parliament elections in May 2021.**



1. Based on National Records of Scotland data for Age-standardised Death Rates Calculated Using the European Standard Population for people under 75 from 2013-2018.  
 2. Based on Scottish Health Survey data for adults drinking above the low risk guidelines from 2013-2018.  
 3. Based on Scottish Health Survey data for adults smoking from 2013-2018.  
 4. Based on Scottish Health Survey data for adults who are overweight and obese from 2013-2018.

# Why population-level action?

**The prevention of NCDs presents a great challenge. But it should also be seen as a great opportunity both to save thousands of lives every year, and to vastly improve people's quality of life.**

The Scottish Parliament has led the way in bold, population-level public health interventions such as the smoking ban and the minimum unit price for alcohol, and it is crucial for the health of the nation that this is built upon.

The Scottish Government's Public Health Priorities highlight the alarming gap in healthy life expectancy between the most and least deprived areas, with those in the least deprived areas expected to be 'healthy' for around 20 years longer than those who live in the most deprived areas<sup>xv</sup>.

Analysis by the Office for National Statistics shows that such disparities are significantly influenced by discrepancies in smoking levels, diet and weight, and alcohol consumption<sup>xvi</sup> and the Scottish Health Survey shows that levels of all of these are significantly higher in the most deprived areas<sup>xvii, xviii</sup>.

To have the greatest impact, it is crucial that all public health interventions must have a focus on ensuring that they will make a difference in Scotland's most deprived areas and will not further exacerbate existing gaps.

Those in the least deprived areas are expected to be 'healthy' for **20 years longer** than those in the most deprived areas.



**The burden of tobacco, alcohol and obesity is higher in the most deprived areas.**

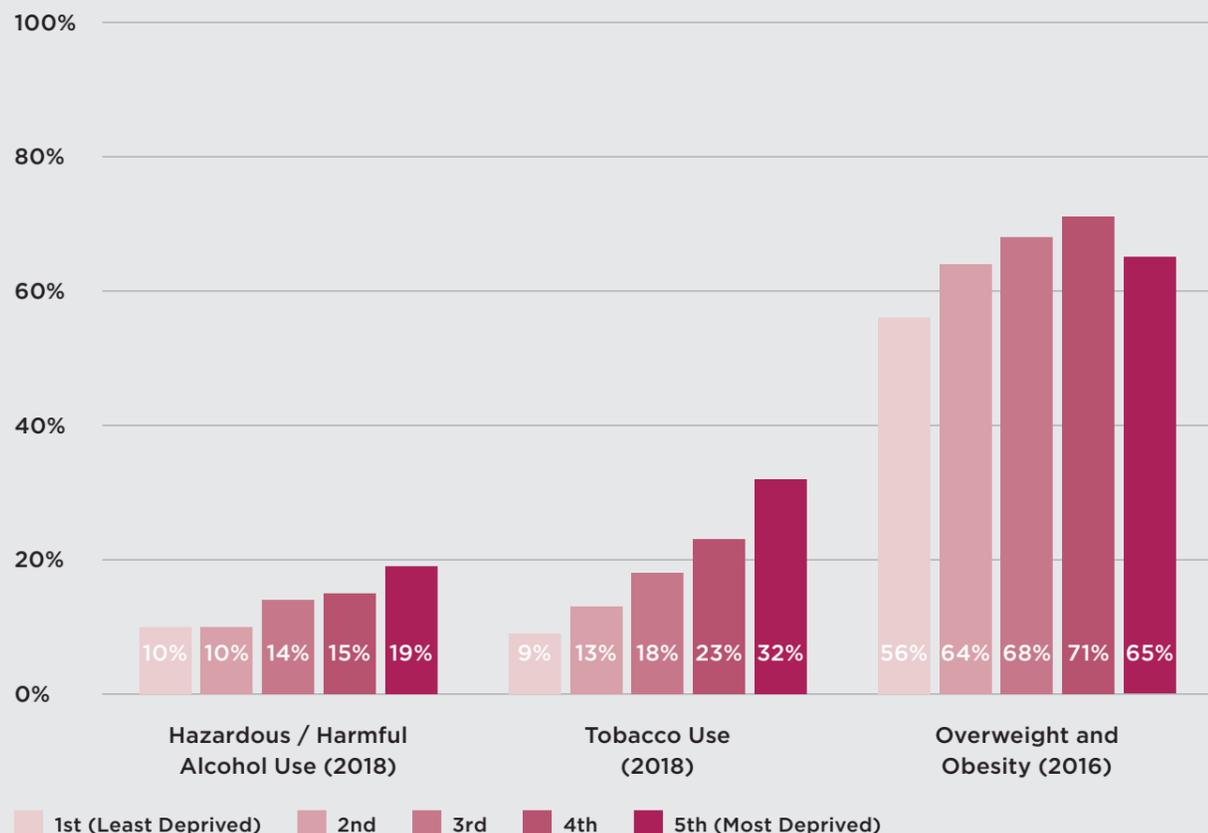
There is also a need to better understand the impacts of these risk factors among Scotland's minority ethnic groups. We know that the prevalence of some NCDs is higher in some groups, but there is little data on the prevalence of these factors across ethnic groups. It is, therefore, crucial to ensure that this data is recorded to allow for any links to be studied, and to ensure that all interventions improve the health of all of Scotland's communities.

Whilst interventions focused on individual action can work in certain circumstances, it has been shown that they are less effective amongst those with low health literacy and within more deprived groups, sometimes exacerbating inequalities in the health of Scotland's communities.

Action at a population level, however, can help to tackle inequalities. For example, minimum unit pricing for alcohol delivers greatest benefit for poorer, heavier drinkers, who are most likely to suffer harm<sup>xix</sup>.

This is why, as informed by the WHO 'best buys'<sup>xx</sup>, focus must be placed on population-level measures based on the regulation of common environmental factors which help drive consumption of tobacco, alcohol and unhealthy food and drink. There must also be greater investment in targeted support services to assist those already affected, with a focus on reaching those who have not previously engaged with them.

**Tobacco use, harmful alcohol consumption and obesity are higher in Scotland's most deprived areas.**



**To do this we have identified four areas for action to reduce the burden of NCDs in Scotland:**

**1. Availability**

**2. Marketing**

**3. Pricing and Promotion**

**4. Treatment Services**

# Availability

**The environments that people live in have a significant impact on their health.**

Evidence shows a clear link between the increased availability of tobacco<sup>xxi</sup>, alcohol<sup>xxii</sup> and HFSS food <sup>xxiii</sup> in communities and worse health outcomes in those communities. To help promote healthier communities, further steps are needed to decrease the availability of these products.

Urgent action is needed to better regulate the availability of alcohol, manage the influence of the out of home food sector and toughen the regulation on the sale of tobacco products across Scotland to protect the health of people from every community.

## Recommendations

- Regulate or limit access to unhealthy food through improved planning and registration arrangements for the out of home sector<sup>xxiv</sup>.
- Make the Tobacco Register conditional — where a condition of registration is adhering to age restriction laws. This would allow for swift action to be taken against retailers who break the law and would also create a mechanism for introducing new measures on the availability and price of tobacco without needing further legislation.
- Commit to a national conversation, including all key partners, to develop a national strategy on the availability of alcohol through the lens of harm reduction. In addition, the Scottish Government should strengthen the licensing regime's role in controlling availability.

# Marketing

**The marketing of health-harming products helps to drive consumption and harm. As we have seen with tobacco over many years, regulating the content and the extent of marketing is a vital part of a whole systems approach to de-normalising their use and supporting healthier living.**

This is particularly the case for children<sup>xxv, xxvi</sup>, where there is strong evidence that marketing techniques influences food preference, choice and consumption, harming their health through increasing consumption of healthy foods. Marketing techniques also lead children and young people to begin drinking alcohol at an earlier age, and to drink more. It is important that all steps within the powers of the Scottish

Government should be taken to protect children and young people from the harmful influence of this advertising.

It has been several years since the Scottish Government has run a campaign on tobacco utilising all mass media, including television. To reach the 2034 tobacco-free generation ambition, many smokers will need to stop smoking and mass media campaigns are an important option.

## Recommendations

- The Scottish Parliament and Government should restrict the advertising of alcohol and HFSS in Scotland where they can, because such advertising influences children and young people most. This should include outdoor advertising such as billboards, public transport, digital media advertising, and sponsorship of professional sports and events.
- The Scottish Government and Public Health Scotland should work to create and launch yearly, unique mass media campaigns to encourage smokers to quit, targeted at communities where smoking rates are highest. These campaigns should promote the use of smoking cessation services to enable people engage with effective support to quit smoking.

# Pricing and Promotion

**A key lever in supporting people to live healthier lives is to encourage people to make healthier choices. This can be done through making the price of health harming products less attractive, and through making healthier choices more affordable.**

By optimising the existing minimum unit price for alcohol and the use of a minimum/maximum unit price for tobacco, the Scottish Government could reduce the harm of these commodities. This is particularly true in Scotland's most deprived communities where cheap sales of alcohol and tobacco are most prevalent – the average price of tobacco in the most deprived areas was found to be 50p less for a pack of 20 cigarettes than in more affluent area.

Additionally, action on the use of promotions on HFSS food and drink is crucial. These promotions increase the amount of food and drink people buy and have been shown to influence levels of overweight and obesity. For example, shoppers who buy the largest proportion of their shopping on promotion are 28% more likely to be obese than low promotional shoppers<sup>xxvii</sup>. The welcome planned introduction of the Restricting Foods Promotions bill has been delayed due to Covid-19 and it is crucial that it is introduced as a priority in the next Parliament.

## Recommendations

- The Scottish Government and Parliament should seek to pass a bill to restrict the use of promotions on food and drink high in fat, sugar and salt urgently in the next session.
- The Scottish Government should bring forward proposals to raise the minimum unit price for alcohol to take account of price inflation and to optimise the effect of the policy in reducing alcohol harm, in light of the evidence to-date.
- The Scottish Government and Parliament should consider the introduction of minimum/maximum unit pricing for tobacco products which would deter the supply of the cheapest products whilst also preventing the tobacco industry from shifting price increases from cheap to premium products. It is important also that such an intervention is supported with appropriate services and support to help people quit smoking.

# Treatment Services

**The Covid-19 crisis has brought into focus the need for new approaches to providing support services to help people who want to quit smoking, reduce their alcohol intake or to lose weight.**

In addition, learning about the use of technology to provide additional options for people to access services should be shared and information about the availability of services must be improved.

As the NHS recovers, weight management, smoking cessation and alcohol treatment services must not only recover to their previous level but become part of the core services available to

allow people to reduce their risk of NCDs and their complications, and increase Scotland's resilience to disease.

Third sector organisations who play a vital role in providing these services must be protected at a time when their income is facing a significant challenge.

## Recommendations

- Place the restoration of support services for weight management, alcohol treatment and smoking cessation at the heart of the NHS's recovery. This should include sharing learning on how technology can provide more flexible and accessible options for people in need of support.
- Ensure the delivery across each NHS board of structured programmes for the recording of smoking status, providing prompt provision of specialist smoking cessation and ongoing support across all healthcare settings – beyond existing service guidelines.
- Ensure equitable access to effective weight management services through implementation of actions from the Diet and Healthy Weight Delivery Plan.

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