Commercial Determinants of Health and Public Attitudes: A Deliberative Research Approach

Commissioned by NCD Alliance Scotland
Delivered by Diffley Partnership

December 2023

Diffley Partnership

From many voices to smart choices

Contents

Executive Summary

This report outlines and details the findings from the NCD (Non-Communicable Disease) Alliance Scotland Panel, consisting of a series of qualitative deliberative workshops with a cross section of the adult population of Scotland.

NCD Alliance Scotland is a group of 24 health organisations and charities campaigning to reduce death and ill-health from non-communicable diseases (NCDs), such as heart disease, cancer and stroke. They campaign for action on the commercial determinants that drive consumption of health harming products like alcohol, tobacco and high-fat, salt and sugar (HFSS) products, and aim to tackle the availability, price and promotion, and marketing of these products.

NCD Alliance Scotland is currently undertaking a wide-ranging programme of activity around the new 10-year vision for public health in Scotland, including:

- working with a cross-party inquiry of MSPs which aims to provide support to potential policy ideas and help gain traction in the Scottish Parliament,
- a series of roundtable discussions with professional stakeholders, focussing on the health impacts of alcohol, obesity and tobacco.

However, up to this point there has been no public engagement strategy; this research seeks to address that gap by providing high quality insights into public attitudes and behaviours related to NCDs.

What did we do?

NCD Alliance Scotland contracted Diffley Partnership, an independent Edinburgh-based research agency, to recruit, manage and support the Panel which formed the centrepiece of this research.

A short national survey on the topic was issued to a representative sample of adults aged 16 plus in Scotland, recruited via the *ScotPulse* online panel in June 2023. The survey established quantitative measures and acted as a recruitment tool for the Panel. In total 1,074 responses were achieved in the survey, of which 464 expressed interest in taking part in the deliberative sessions.

Five deliberative sessions were conducted with the Panel, comprising 31 panellists from across Scotland, between July 2023 and October 2023.

Sessions 1 and 5 were carried out online (via *Zoom*), whilst Sessions 2, 3 and 4 were held in-person at a venue in Stirling (chosen as a central location for most in Scotland).

The workshop sessions were deliberative in nature, meaning that participants went through specific processes, namely:

- the presentation and discussion of evidence and activities throughout each of the panel sessions,
- the inclusion of independent experts at each session to offer further impartial evidence on relevant subjects,
- detailed deliberation among panel members,
- ongoing measurement of how attitudes do/do not change throughout the deliberative process (via polling at the end of each session).

Key findings are outlined below, and a detailed account of the structure and content of these sessions can be found in the main report.

What did we learn from the national survey?

The national survey revealed that respondents attributed the highest responsibility for an individual's overall health to individuals themselves, followed by health professionals and the Scottish and UK Governments. Notably, industry key players, including food and drink manufacturers and businesses, were rated lower in terms of accountability. The sale of tobacco was identified as particularly detrimental to health, with respondents ranking HFSS products and alcohol as comparably harmful. While younger individuals tended to assign a lower harm rating than their older counterparts, about half acknowledged the influence of marketing on their consumption of health-harming products.

Interestingly, respondents expressed concern about the negative impact of marketing and product availability on children, although opinions were divided on the role of industry in public health. While there was consensus that industries should be held responsible for the harm caused by their products, some were hesitant to involve them in the development of public health policy. In terms of self-reported health behaviours, a significant portion reported adhering to recommended exercise guidelines. A quarter exceeded the recommended weekly alcohol intake. Views on the use of price promotions on food and drink were evenly split, with younger age groups more likely to oppose restrictions compared to older individuals.

What did we learn from each deliberative session?

Session 1: Initial Impressions

During the initial breakout session focused on the national survey, panellists emphasised the paramount role of individuals in shaping their own health outcomes, noting a prevailing sentiment that health "*starts and finishes with the individual*." However, there was also recognition of industry accountability, especially when mass-producing affordable products that cater to cravings. The pervasive influence of marketing on public perceptions of health-harming products was a notable concern, with a consensus that alcohol, tobacco, and HFSS products all pose health risks, depending on consumption levels.

While some panellists expressed uncertainty about the effectiveness of legislation in addressing non-communicable diseases (NCDs), there was openness to alternative interventions, such as education. Scepticism persisted regarding the practical implementation of government-led initiatives, despite acknowledging their potential role. The discussion also delved into broader health influences, including cost, poverty, societal attitudes, and individual choices. Some panellists, initially sceptical about regulations, became more receptive after learning about the successful impact of tobacco control policies in Scotland. Anticipating later discussions, concerns were raised about the industry's tendency to introduce alternative, not necessarily healthier, products for profit when conventional products lose favour, citing the rise of vapes amid declining interest in traditional cigarettes.

Session 2: Personal Choice vs Government Responsibility

The initial discussions on the roles of individuals, governments, and industry revealed a challenge in conceptualising the individual's influence on factors like pricing, promotions, and marketing beyond basic supply and demand dynamics.

Industry was primarily perceived as accountable to shareholders and profits, but the panel struggled to identify feasible ways to enhance industry responsibility. Governments were seen as responsible for healthcare provision, yet there was a general lack of understanding about the specific levers, policies, and legislation that could effectively improve population health at Scottish or UK levels.

The expert presentation triggered strong reactions among the panellists, who were surprised by the extent of industry influence. The evidence prompted a heightened call for industry acknowledgement of its responsibility, with a notable shift in sentiment among the panellists following the evidence presentation. The subsequent case studies prompted discussions on matters such as evaluating the ethical considerations of charity donations from an alcohol

company and supporting taxation on e-liquids. The discussions highlighted the complexity of decision-making and the importance of debate in arriving at conclusions. Notably, the case study involving an individual seeking lifestyle changes resonated with the panel, emphasising the critical role of work and leisure time in enhancing overall health.

Session 3: Industry Tactics

The session revealed a notable shift in panellists' awareness of industry practices as it progressed. Initially, observations demonstrated an understanding of industry tactics related to the commercial determinants of NCDs. However, as the session unfolded, there was a deepening awareness of how industries leverage their influence to market products and shape policy, leading to increased scepticism among panellists regarding industry tactics. This evolving perspective underscored the need for a critical examination of industry practices and their impact on public health.

Throughout the discussions, a recurrent theme highlighted the inherent conflict between promoting well-being and maximising profits. Notably, it was acknowledged that there is a financial incentive for industries to promote products that may compromise societal well-being. Additionally, the insufficient resources and funding available emerged as significant obstacles to effectively addressing the industry's impact. Under-funded third sector and public sector organisations were seen to face limitations in their ability to counter the influence of industries engaged in promoting health-harming products. Furthermore, the session brought attention to the disparity in regulatory measures between tobacco products, considered successful, and HFSS products, alcohol, and vaping products, where effective regulatory frameworks were perceived to be lacking. This comparison underscored the need for a comprehensive approach to address the influence of industries across various sectors.

Session 4: Potential Interventions and Policies

The panel discussions on policy proposals targeting smoking, alcohol, and HFSS products revealed nuanced perspectives. While there was a general aversion to blanket bans due to concerns about personal autonomy and economic repercussions, a collective commitment to education and awareness, especially for HFSS products, emerged. Opinions on the role of industry in public health policy varied, with a preference for transparency through clear information, and discussions consistently navigated the delicate balance between health promotion and affordability.

Throughout the deliberations, the preference for incentivising positive behaviour over imposing restrictions was a recurring theme, emphasising the importance of lasting change and individual choice. The call for robust data and evaluation before policy implementation reflected a commitment to evidence-based decision-making. In essence, these discussions provide a

comprehensive understanding of the multifaceted considerations in addressing the commercial determinants of health.

Session 5: Final Reflections

In the initial breakout room of the concluding 'wrap-up' session, panellists reflected on the impact of their participation, with many expressing newfound awareness of the issues raised. Some advocated for wider dissemination of expert evidence to increase public awareness. However, there remained hesitancy regarding industry involvement in policymaking to address non-communicable diseases (NCDs), with concerns about potential industry influence to limit policies unfavourable to them.

In the second breakout room, panellists delved into survey results related to their support for policy proposals presented in Session 4. Notably, support for tobacco-related bans emerged as the most popular, along with a desire for more stringent industry requirements. There was eagerness for swift implementation of policies and a consensus on the effectiveness of uniform, nationally applied measures to inform devolved practices. Despite recognising the challenges of introducing NCD policies, strong agreement existed that the survey results underscored public appetite for increased governmental efforts. Panellists endorsed seeking inspiration from other countries for regulatory best practices and emphasised the importance of clear and accurate data to strengthen public knowledge, garner support for policies, counter industry resistance, and provide a clear path for implementation and monitoring.

What did we learn from the research overall?

Overall, this project identified both consistencies and changes in panel references towards tobacco, alcohol, and HFSS products, as well as attitudes towards various actors involved, including individuals, industry, and governments, over the course of the deliberative sessions.

Noteworthy consistencies include the perception of cigarettes as a 'past problem', support for past smoking legislation, and concerns about vaping targeting young people. Changes include a shift towards viewing vaping more critically, increased calls for government intervention, and parallels drawn between strategies for tackling smoking and addressing alcohol and HFSS product consumption.

Persistent themes include the public's low awareness of health issues, particularly regarding tobacco, alcohol, and HFSS foods, and concerns for children's behaviours. Evolving attitudes include a growing awareness among panellists, appreciation of external influences on individual

behaviour, increased calls for industry responsibility in public health, and a changing perception of government's role from scepticism to a more hopeful outlook.

The most significant revelation for NCD Alliance Scotland is the perceptual shift regarding the impact of legislation and the government's role in addressing NCDs – from initial scepticism to a more hopeful stance. Initially, some panellists were doubtful about the effectiveness of regulations and government intervention, expressing concerns about overreach and scepticism about the government's ability to implement effective policies. However, as the sessions progressed, panellists acknowledged the importance of collective efforts and political support in reducing NCDs. They became more receptive to regulatory measures, especially those proven effective in specific contexts, emphasising the need for incremental, evidence-based changes and persistence against industry resistance.

In conclusion, this research provides valuable insights into the evolving attitudes towards key actors in the context of public health, with a notable change in perceptions regarding the impact of legislation and the role of governments in addressing the commercial determinants driving non-communicable diseases.

1. Background and Methodology

1.1 Background to the research

Looking to the broader Scottish policy context, the overall strategic objective for health in the Scottish Government's National Outcomes Framework is 'We are healthy and active'.[1] Scottish Health Survey data is used as a National Indicator to measure the proportion of adults with two or more of the following health risk behaviours: currently smoking, harmful drinking, low physical activity and obesity.[2]

The Non-Communicable Disease (NCD) Alliance Scotland is a group of 24 health organisations and charities campaigning to reduce death and ill-health from non-communicable diseases (NCDs), such as heart disease, cancer and stroke.[3] They campaign for action on the commercial determinants that drive consumption of health harming products like alcohol, tobacco and high fat, salt and sugar (HFSS) products, and aim to tackle the availability, price and promotion, and marketing of these products.

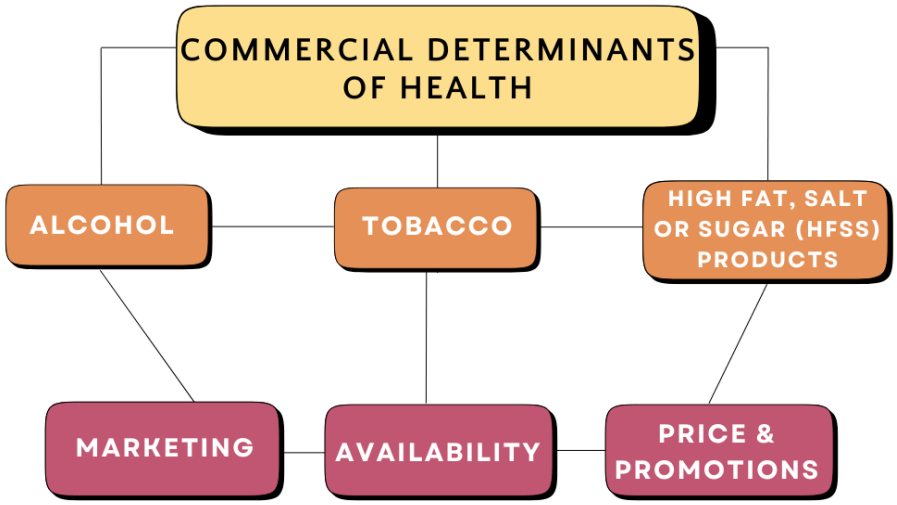
NCD Alliance Scotland is currently undertaking a wide-ranging programme of activity around the new 10-year vision for public health in Scotland. This includes:

- working with a cross-party inquiry of MSPs which aims to provide support to potential policy ideas and help gain traction in the Scottish Parliament,
- a series of roundtable discussions with professional stakeholders, focussing on the health impacts of alcohol, obesity and tobacco.

However, public engagement activities on the topic have been lacking. To address this gap, NCD Alliance Scotland contracted Diffley Partnership – an independent research organisation – to recruit, manage and support the Panel, providing high quality insights into public attitudes and behaviours related to NCDs and, more specifically, to cover the factors of consumption of alcohol, tobacco and HFSS products. The themes of interest were suggested as marketing, price and promotions and availability (see Figure 1.1).

[1] The National Performance Framework – Scottish Government, Undated
[2] National Indicator Performance – Scottish Government, Undated
[3] NCD Prevention report - BHF Scotland, Undated

Figure 1.1: Key factors of interest for NCD Alliance



1.2 Research approach

Deliberative public engagement is recognised for its ability to provide informed and considered public opinion data, offering decision-makers public views that are carefully considered. Deliberation enables panellists to discuss issues and options and develop their thinking together before coming to a view, considering the values that inform people's opinions. It therefore allows us to view opinion shifts that take place before and after deliberation, which can be useful for understanding the difference between informed and raw public opinion.[4]

Deliberative research processes involve:

- discussion between panellists at interactive events (held both online and in-person). These events are designed to provide time and space for panellists to learn from a variety of sources, and follow a logical path through learning and discussion, so that panellists build on and use the information and knowledge they acquire over the course of the exercise. This results in a considered view, which may (or may not) differ from their original view, and which has been arrived at through careful exploration of the issues,
- working with a range of people and information sources – including evidence and views from people with different perspectives, backgrounds, and interests. Discussions are managed to ensure a diversity of views, that minority or disadvantaged groups are not excluded, and that discussions are not dominated by any faction,

[4] Involve, 2023

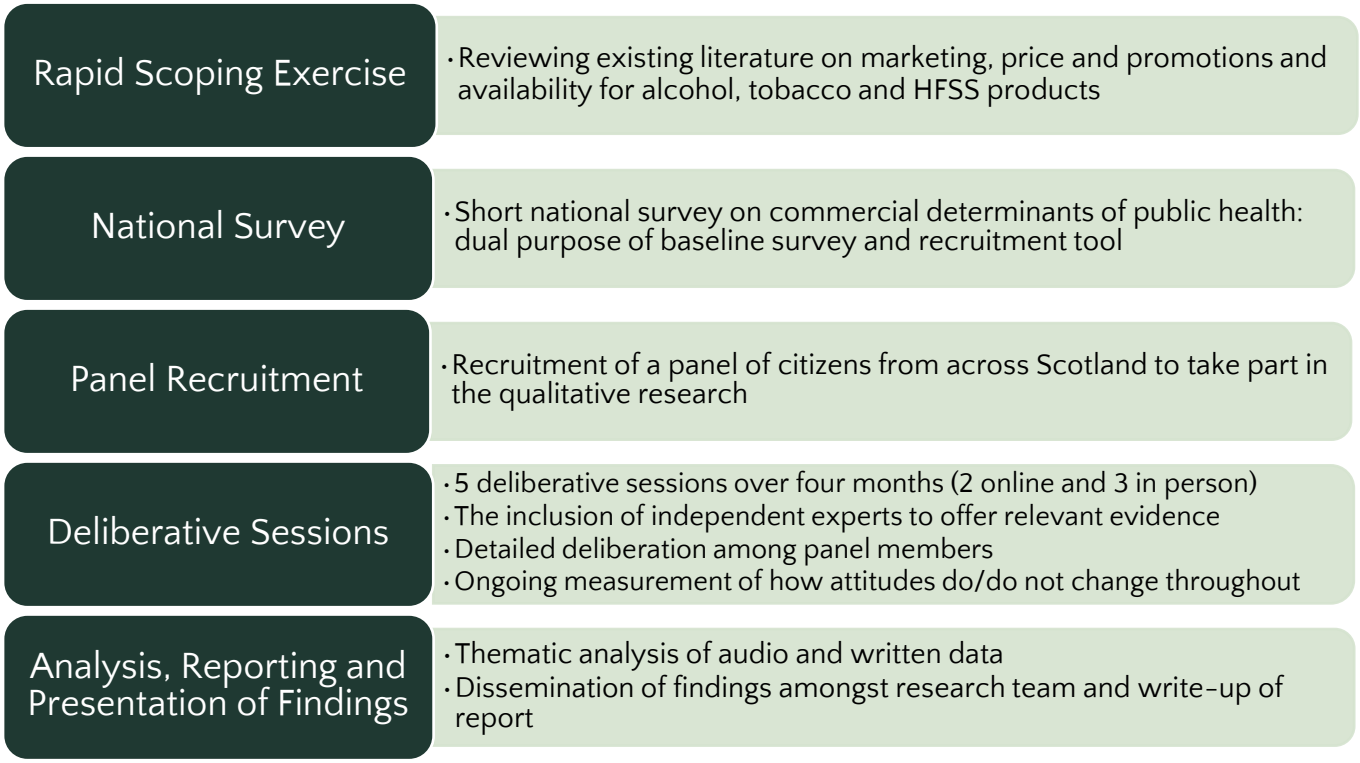
- a clear purpose, related to influencing a specific decision, policy area, service, project, or programme (in this case, the commercial determinants that drive consumption of health harming products such as alcohol, tobacco and HFSS products in Scotland).[5]

For the NCD Alliance, Diffley Partnership recommended aiming to recruit between 30-35 panel members based upon:

- an online method for participant recruitment,
- sufficient numbers recruited to enable the inclusion of break-out sessions with small sub-groups for in-depth discussion,
- a longitudinal panel approach, with all panellists going through the same participation journey.

Key elements of the research process are demonstrated in Figure 1.2 and described further below.

Figure 1.2: NCD Alliance Scotland Panel Research Stages



[5] Ibid.

Rapid Scoping Exercise

It is important that the materials used during, and research questions asked by, the research project were informed by existing evidence and literature on the marketing, price and promotions and availability of alcohol, tobacco and HFSS products. Several members of the research team undertook a rapid scoping exercise in June 2023, reviewing data and literature from relevant authors. These included the UK and Scottish Governments, other national bodies like National Records of Scotland and Public Health Scotland, charities and groups related to public health, and authorities linked to advertising, promotion and marketing (e.g. advertising standards authorities). We also consulted some academic journals for a more generalised understanding of the research area.

National Survey

A high-quality, representative online survey focusing on public perceptions of the commercial determinants of health in Scotland was conducted. Details were as follows:

- The survey was designed by Diffley Partnership with review and approval by NCD Alliance.
- Invitations were issued online using the ScotPulse online panel.
- Fieldwork was conducted between 21-26 June 2023.
- 1,074 responses were achieved.
- Results were weighted to the Scottish population by age and sex.

After quality assurance of the data set and data tables, we conducted:

- significance testing of all data to show where differences between sub-groups can be regarded as statistically significant,
- scrutiny of raw data to highlight features of the data not highlighted in the data tables,
- multivariate analysis/segmentation to establish key relationships beyond the bivariate analysis outlined in the data tables.

Findings from the national survey are discussed later in the report (see Chapter 2).

Panel Recruitment

The final question in the national survey asked about interest in further exploring the topic, acting as a recruitment tool for the formation of the Panel. Interested individuals were invited to provide their name and email address, and 464 individuals did so. This meant that they consented to ScotPulse sharing their responses with Diffley Partnership, to enable further contact.

Care was taken in panel selection to ensure that the Panel included panellists of various characteristics, including across genders, ages, SIMD (Scottish Index of Multiple Deprivation) quintiles and self-reported behaviours related to smoking and drinking alcohol.

A pool of potential panel members, including those with 'duplicate' characteristics, was extracted from responses to the initial survey. The process involved filtering and random selection in Excel. Invitations were issued via email to confirm interest, with the panel assembled by the end of July 2023. A breakdown of panel member characteristics can be found in Appendix A.

It should be noted that panellists were expected to attend at least four, if not all, sessions, and those who did not attend at least the first two sessions were not invited to future ones. Initially, 43 people joined the panel, though the drop-out of those who were unable to commit brought the total to 31 who attended sessions throughout.

Panel management

Considerations for the logistics of the panel (i.e. timings and locations of sessions) included:

- ensuring there was sufficient lead in time before each session to prepare all materials,
- ensuring participation was manageable for panellists,
- considering the impact of holiday timings (e.g., summer break) on panellists' availability.

Panel members received £75 per session via bank transfer as payment for their participation.

Key participant documents, namely a Code of Conduct and Privacy Notice were included with panel invitations and re-attached to further session reminders. The Code of Conduct sets out the behaviours expected during the process, encouraging deliberation and discussion but in a respectful way.

Panellists also received a Travel Guidance document outlining re-imbursement procedures for travel to and from the in-person sessions in Stirling. In addition, overnight accommodation was made available at the venue for those unable to travel 'on the day'; several panellists made use of this.

Deliberative Sessions

This project included deliberative citizen engagement, where a small, representative group which shares the same broad characteristics as the population as a whole come together to discuss, listen and deliberate on issues of importance within a key policy area. A brief description of the

theme and format of the five sessions can be found in Table 1.1 and more detail of content in Appendix D.

Table 1.1: Session Themes and Formats

Session	Theme	Dates (2023)	Duration
1	Initial Impressions	29 July & 2 August	2 hours
2	Personal Choice vs Government Responsibility	19 August	4.5 hours
3	Industry Tactics	9 September	4.5 hours
4	Potential Interventions and Policies	30 September	4.5 hours
5	Final Reflections	21 October	2 hours

Preparations for each session followed a similar process, including:

1. **Set up and design** – Meeting with the team from NCD Alliance to agree the purpose of the session, discuss the broad schedule and decide on any appropriate expert speakers to invite. Following this, the research team began drafting bespoke materials for each session, including discussion guides and stimulus materials for plenary and small group sessions, whilst thinking about how best to utilise these in practice.

2. **Final sign-off of materials** – Following set up, we shared drafts of discussion guides and stimulus materials for ultimate sign-off by the client team. We also designed Session Guides to highlight the running order of/timings for each session.

3. **Pre-session communication with members** – Communication with panel members is vital before, during and between sessions. Once recruited and confirmed, we kept panel members abreast of important information around session timings, locations, themes and incentive/re-imbursement processes. We offered support and guidance to those lacking experience and/or confidence in using the *Zoom* videoconferencing system, so that they could join the online sessions. As noted earlier, panel members received a Code of Conduct, Privacy Notice and Travel Guidance document. We also liaised with, and made arrangements for, those who had previously expressed interest in overnight accommodation due to the distance between their home and the venue in Stirling.

4. **Running the sessions** – As outlined in Table 1.1 [above], Sessions 1 and 5 were carried out online (via *Zoom*), whilst Sessions 2,3 and 4 were held in-person at a venue in Stirling

(chosen as a central location for most in Scotland). Both formats enabled the use of break-out rooms for facilitated small group deliberation. Online sessions were shorter than in-person ones (lasting 2 hours and 4.5 hours, respectively), in line with the number of breaks required during sessions.

Our team of skilled researchers facilitated the discussion of relevant issues and prompted panel members to identify proactive and practical solutions. It was crucial that the sessions were meaningful, engaging and enjoyable for panel members. Our focus was on assessing how attitudes changed both in response to interventions from experts or stimuli and more generally throughout the process.

5. **Post-session surveys and ongoing evaluation** – Panel members completed brief surveys at the end of each session. These surveys allowed us to carry out repeat polling on several key questions (and introduce new ones) and offered practical feedback that we incorporated into subsequent sessions (e.g. using a microphone at in-person sessions).

Panellists embarked on the People's Panel with their own pre-existing views and opinions on the commercial determinants on public health. Though panel sessions held an element of deliberation, they sought not to force a change in these views, but to explore them in a group environment, and learn whether discussions with other members of the public, and the presentation of relevant content and expert evidence, might spark opinion changes.

Pre-session polling acted as useful 'building blocks' in panel discussions, often acting as a short introductory piece to, and a bridge between, sessions focused on particular topics, including views on proposed policy interventions to tackle NCDs.

Many panellists referred to points that they and others had made in previous sessions, as well as answers they had provided during pre-session activities, when giving their thoughts and opinions. Thus, they developed their thinking together – as individuals and as part of small breakout groups – before coming to a view (and sharing these within the main plenary).

As highlighted throughout, deliberation was largely generated by the presentation of evidence from expert speakers and the discussion of posed content.

1.3 Analysis and Reporting

Analysis

Upon completion of both online sessions, audio recordings from each facilitator were transcribed in full and analysed using QDA Miner software. Thematic analysis was undertaken to identify and analyse patterns and relationships in qualitative data. Transcripts were reviewed several times to ensure data familiarisation before coding and theme identification occurred.

Thematic analysis allows for both the analysis of meaning across an entire dataset, and the examination of one aspect of a phenomenon in depth. It is useful where it can be applied to a wide range of research questions, including those about people's experiences or understandings, and is particularly well suited to transcripts[6].

Audio recordings were not taken at the in-person sessions for practical reasons, namely sound interference where panellists were in close proximity, and it was not possible to isolate recordings between breakout groups at different tables.

However, in-person sessions allowed us to utilise more interactive elements, including worksheets, grids, sticky notes and cue cards, with panellists. Master copies were created for groups to work on, alongside copies for each participant to add their own notes where desired. Facilitators also had a copy of materials for notetaking and reference. These physical outputs were then digitised and categorised by their relevant 'session part', so that thematic analysis could be undertaken to identify key points and trends.

Reporting, presentation and interpretation of findings

The research team met following the final session to reflect on, and disseminate, key trends and findings over the course of the project. This helped to eliminate bias, encourage idea sharing and highlight key areas pertinent to the write-up of this report.

The remainder of the report is structured as follows:

- A review of the findings of the national (ScotPulse) survey, exploring public perceptions of the commercial determinants of health,
- A breakdown of each of the five panel sessions, including a short description of the activities undertaken, key points captured during small group and plenary discussions, and conclusions,

[6] Qualitative Methods: Teaching thematic analysis - The British Psychological Society, 2013

- Key findings across session engagement, including consistencies, commonalities and nuances in panellist's views over the course of the project,
- Appendices containing national survey topline results, an anonymous breakdown of panel member characteristics, and an overview of panel session content.

2. Public Perceptions of Commercial Determinants of Health: Public Survey Findings

2.1 Introduction

A high-quality, representative online survey focusing on public perceptions of the commercial determinants of health in Scotland was conducted using the ScotPulse online panel in June 2023. The survey received 1,074 responses, with results weighted to the Scottish population by age and sex.

Topline results for the survey can be found in Appendix B. This chapter contains key findings and data visualisations of pertinent results.

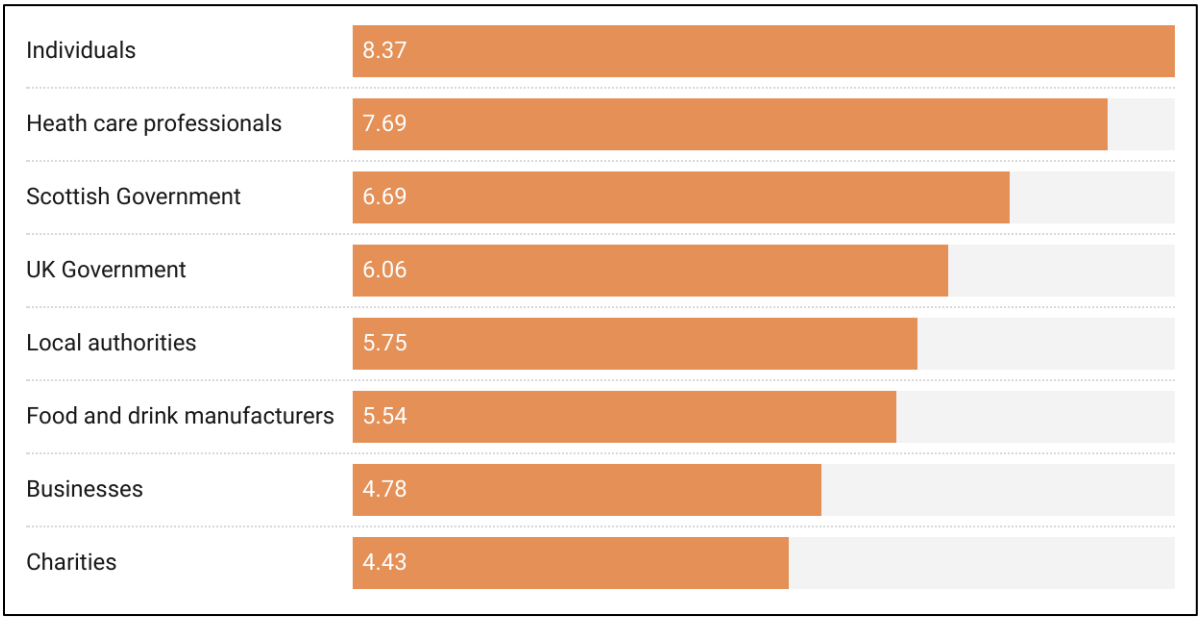
2.2 Key Findings

When asked to rate different groups in terms of perceived responsibility for an individual's overall health in Scotland, respondents to the national survey saw individuals themselves as having the most responsibility (see Figure 2.1). Interestingly, health professionals were ascribed similarly high responsibility.

As could be expected, Scottish and UK Governments were also seen as accountable in protecting overall health in Scotland.

However, industry key-players, i.e. food and drink manufacturers and businesses, were seen to have less responsibility than governments. Respondents attributed the least responsibility to charities, possibly due to lower levels of resourcing, funding and/or power held by these groups.

Figure 2.1: How responsible do you think the following groups are for an individual's overall health in Scotland? (Rating Scale: 1-10)



As displayed in Figures 2.2 and 2.3 national survey respondents considered the sale of tobacco to be especially harmful on an individual's overall health (AVG: 9.29), as 93% gave it a ranking between 7-10.

Meanwhile, alcohol products and HFSS foods were seen as equally harmful to overall health (AVG: 7.51), with slightly more people ranking HFSS foods between 7-10 (72%) than alcohol (70%).

These numbers were relatively similar for both males and females (see Figure 2.4), while younger people tended to indicate a lower average harm rating than older people. This was particularly significant when looking at HFSS products, where an average of 6.72 among 16- to 34-year-olds compared to 8.06 amongst 55-64 year olds. Looking to social grade, C2DE had a higher average harm rating than others, while respondents living in urban areas have a higher average harm rating than those in rural areas.

Figure 2.2: How harmful do you think the sale of each of these products is on an individual's overall health? (Averages from Rating Scale: 1-10)

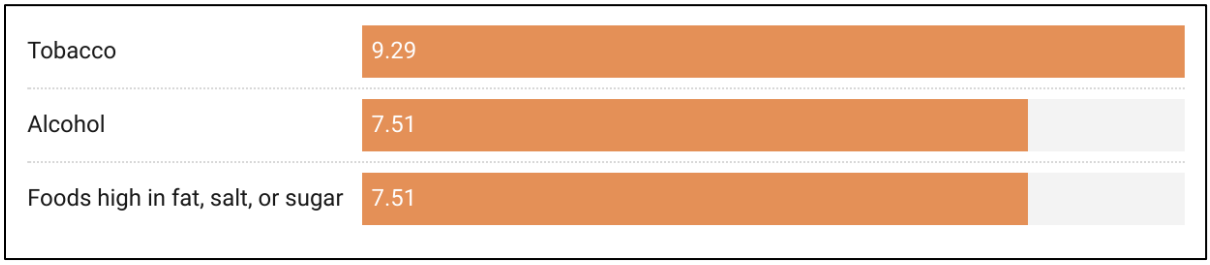


Figure 2.3: How harmful do you think the sale of each of these products is on an individual's overall health? (Breakdown of Ratings: 1-10)

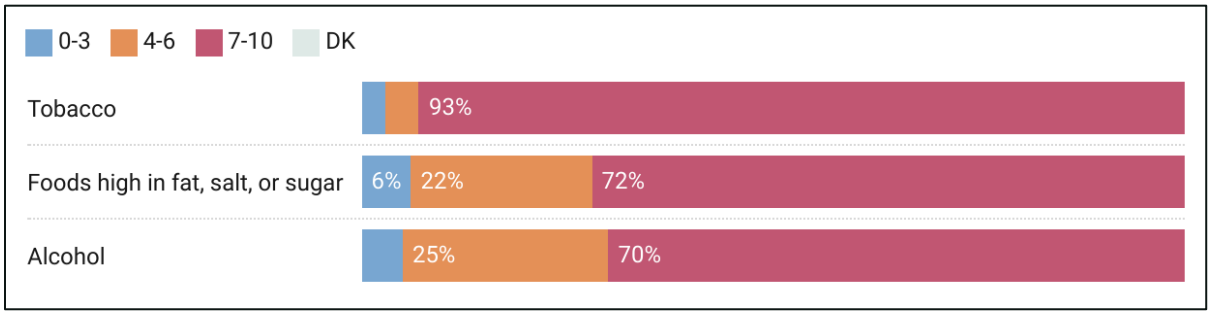
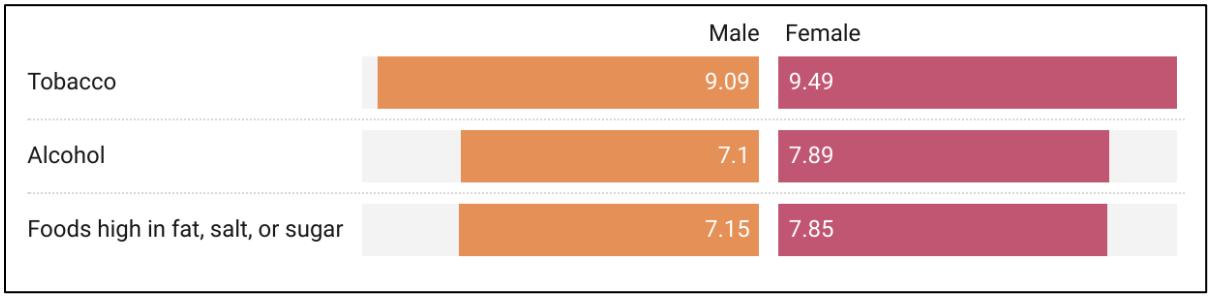


Figure 2.4: How harmful do you think the sale of each of these products is on an individual's overall health? (Breakdown of Ratings by Gender)

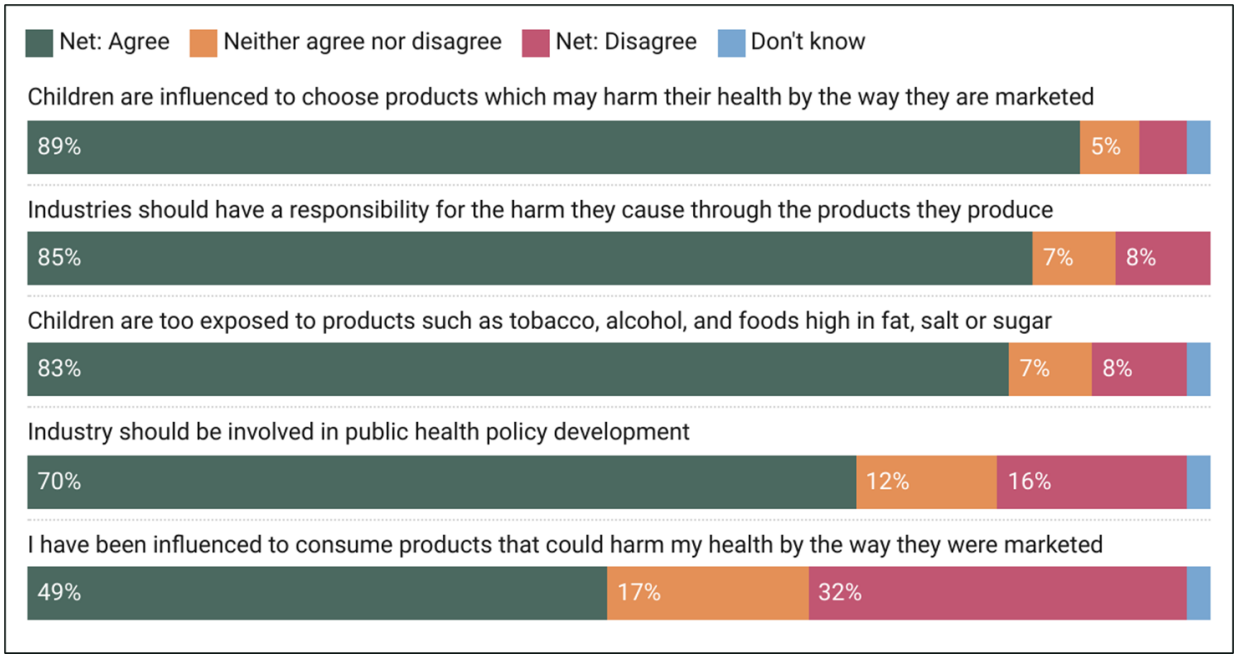


Just under half of the survey respondents felt that they have been influenced to consume products that could harm their health by the way they were marketed (49% agreement). Around a third (32%) disagreed with this statement, whilst 17% neither agreed nor disagreed (See Figure 2.5).

Most respondents see children as negatively impacted by the marketing and availability of harmful products; 89% agreed that children are influenced to choose products that may harm their health by the way they are marketed, while 83% were in agreement that children are too exposed to products like tobacco, alcohol and HFSS food and drink.

Looking to perceptions of industry influence, there was strong agreement (85%) that industry should have a responsibility for the harm they cause through the products they produce. However, some respondents were reluctant to see industry as having a positive role in the population's health, as fewer (70%) agreed that industry should be involved in the development of public health policy.

Figure 2.5: Agreement with statements

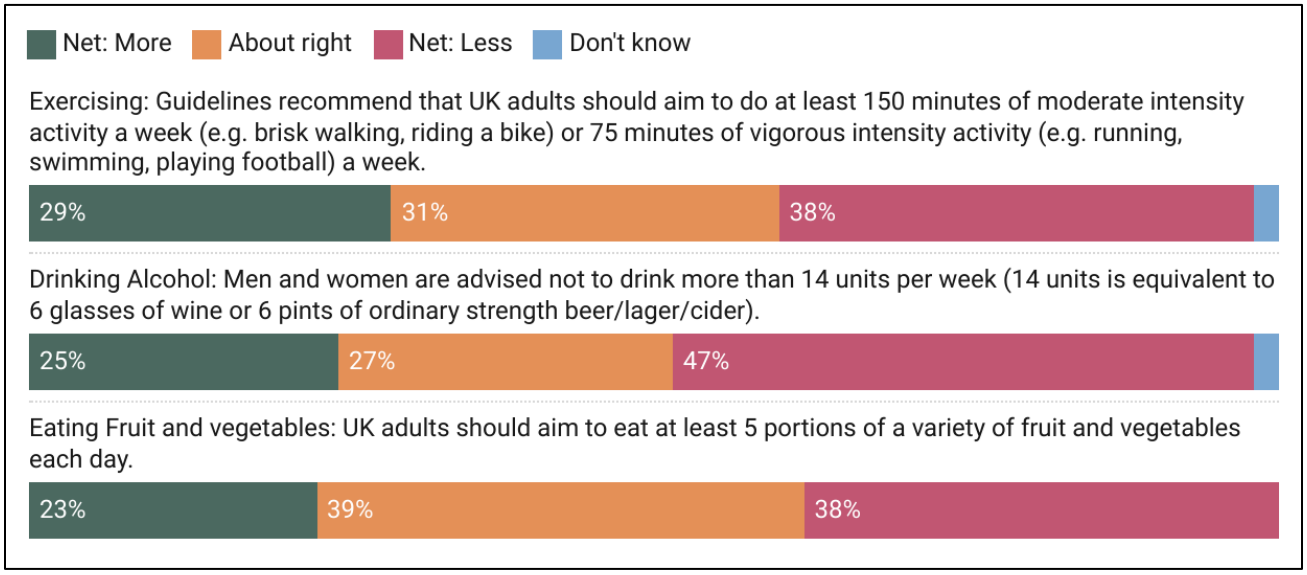


When asked to self-report their health behaviours, many of the survey respondents felt they did more (29%) or about the right amount (31%) of exercise per week, as per the guidelines for UK adults (see Figure 2.6). Over one third (38%) said they do less than the recommended 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity.

One quarter (25%) of respondents reported drinking more than the recommended weekly alcohol intake for adults. A similar amount (27%) said they drink in line with the guidelines, whereas 47% said they drink less than 14 units a week.

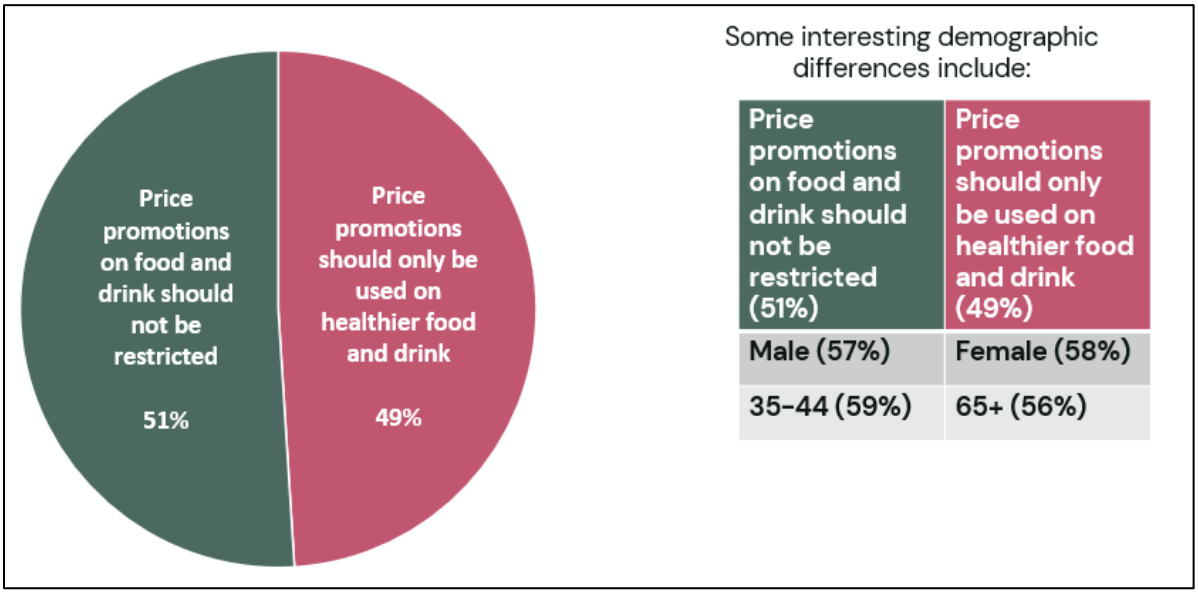
Less than a quarter (23%) said they eat five portions (or more) of fruit and vegetables per day. An almost identical proportion report eating around or less than this number (39% and 38%, respectively).

Figure 2.6: National survey respondents' self-reported health behaviours



There was an almost 50:50 split in views on the use of price promotions on food and drink. While slightly more (51%) felt these should not be restricted, 49% felt price promotions should only be used on healthier food and drink. These views were similar amongst males and females, as shown in Figure 2.7, while those in younger age groups were more likely to disagree with such restrictions than older people.

Figure 2.7: National survey respondents' views on the use of price promotions on food and drink



2.3 Conclusion

When asked to rate different groups in terms of perceived responsibility for an individual's overall health in Scotland, respondents to the national survey saw individuals themselves as having the most responsibility. Health professionals and Scottish and UK Governments were also seen as highly accountable. However, industry key-players, like food and drink manufacturers and businesses, scored third and second lowest.

Survey respondents considered the sale of tobacco to be especially harmful on an individual's overall health, whilst slightly more respondents ranked foods high in fat, salt or sugar as having more significant harm to health than alcohol. This trend was relatively similar amongst both males and females, though younger people tended to indicate a lower average harm rating than older people.

Just under half of the survey respondents felt that they have been influenced to consume products that could harm their health by the way they were marketed. However, most respondents see children as negatively impacted by the marketing and availability of harmful products.

There was strong agreement that industry should have a responsibility for the harm they cause through the products they produce. Moreover, some were reluctant to see industry as having a

positive role in the population's health, as few agreed that industry should be involved in the development of public health policy.

When asked to self-report their health behaviours, many respondents felt they did more or about the right amount of exercise per week, as per the guidelines for UK adults. One quarter reported drinking more than the recommended weekly alcohol intake for adults, while fewer said they eat five portions (or more) of fruit and vegetables per day.

There was an almost 50:50 split in views on the use of price promotions on food and drink, with younger age groups more likely to disagree with restrictions on price promotions on food and drink than older people.

3. Deliberative Session 1: Initial Impressions– Findings

This chapter covers some of the process and then the analysis findings of the first session. This session was held online on the theme of Initial Impressions.

3.1 Overview of Session 1

Session 1 was completed in July and August 2023. To accommodate the participation of as many panel members as possible, identical sessions ran on the morning of Saturday 29th July (Session 1a) and evening of Wednesday 2nd August 2023 (Session 1b). Both sessions were conducted online (via *Zoom)* and facilitated by experienced members of the Diffley Partnership team.
A representative of the NCD Alliance was also in attendance to offer insight and background on the project.

Session 1 had three aims, namely to:

1. Introduce the panellists to one another, the Diffley Partnership team and the NCD Alliance,
2. Provide an overview of the findings from the national survey,
3. Present an overview of evidence on the key themes and topics to be explored over the course of the panel sessions and provide opportunities for panellists to offer their reflections.

The format of Session 1 was as follows:[7]

Introductions and icebreakers, including panellists' motivations for joining the panel
The 'What' and the 'Why' – An introduction to the NCD Alliance
Review of the national (ScotPulse) survey results
Discussion on the survey results – within small breakout groups, before feeding back in plenary
Presentation of Evidence by Simon Capewell (Emeritus Professor, Department of Public Health, Policy & Systems, Institute of Population Health, University of Liverpool), followed by a Q&A
Discussion following Presentation of Evidence – within small breakout groups, before feeding back in plenary

[7] Further information on the content of each of the five sessions can be found in Appendix D.

3.2 Reflections on National Survey Results

This section includes findings from the first breakout room, which enabled panellists to discuss the national survey results (see Chapter 2) and feedback their thoughts to the main group.

Responsibility for overall health

- In reaction to the national (ScotPulse) survey results, panellists in both Session 1a and 1b said they agreed that individuals themselves hold the most responsibility for a person's overall health in Scotland. There was a general rhetoric that health "starts and finishes with the individual", with some noting they were happy that other survey respondents recognised this.

- The topic of education was broached early on in breakout room conversations; some caveated that there is a need for people to have an adequate level of health education and knowledge in order to take charge of, and make better decisions around, their own health.

- Some panellists voiced their disappointment that health care professionals were ranked second-most responsible for an individual's overall health, though others felt this may not be a criticism of the health service, but rather a criticism of resources available to health services.

- While individuals could be seen as having ultimate responsibility for their health, there was some recognition that industry (including manufacturers and retailers) are also accountable where they "mass produce cheaper products that pander to cravings". This sentiment was raised by many in the breakout groups, particularly how HFSS products are typically less expensive than 'healthier' food and drinks.

Views on industry influence and involvement

- Although just under half (49%) of those in the national survey said they have been influenced to choose products that may harm their health by the way they are marketed, panellists noted how the public can absorb strategic messaging around health harming products without realising.

  For example, panellists discussed how although a person might not buy a HFSS product or alcohol immediately after seeing it advertised on a poster, repeated or targeted advertising (e.g., seeing it on a poster and also on television or social media) could make them more likely to want it:

"*Everyone would want to think that they are not influenced [to buy health harming products] but we probably are, subconsciously or otherwise*".

- Many noted how industries relating to alcohol, tobacco and HFSS products will have concerns about the potential impact of changes to their practices/products – in a bid to make them healthier – on their market share and profits. Panellists mentioned how, although it is important to involve industry in the 'journey' towards better population health, such involvement needs to be well managed.

- Further to this, panellists saw the appropriate regulation of industry as an important step in the immediate term, to avoid loopholes and outliers. Some gave examples where food and drink manufacturers have reduced the salt content of their products, but instead increased the amount of sugar or sweetener.

Perceived impact of alcohol, tobacco and HFSS products

- All three products – alcohol, tobacco and HFSS foods – were seen as equally damaging to a person's health, depending on how much is consumed. Panellists discussed a general public perception that alcohol and HFSS products are less harmful than tobacco, but noted that they can be just as, if not more harmful, if consumed in large quantities.

  The phrase 'everything [can be consumed] in moderation' was used frequently by panellists when talking about alcohol and HFSS products, though the consumption of tobacco tended to be seen as less favourable, and something to be avoided.

- Interestingly, group discussions on tobacco often veered into those on vaping. Vaping was seen as a newer, growing product, and panellists noted its origins as an alternative for those wishing to stop smoking cigarettes.

  Though some saw this as positive, there were concerns that we do not yet fully understand the health effects of vapes, which could cause addiction and conditions like 'popcorn lung'. Panellists also mentioned the wider societal effects of vapes, including their strong/unnatural scents, use on public transport, and littering. Panellists also discussed the appeal of vape packaging, making it a particularly 'trendy product' amongst young people. Similar discussions continued throughout the panel.

Initial thoughts on legislation and role of government

- Some panellists were unsure as to whether the introduction of legislation would be beneficial in tackling non-communicable diseases (NCDs) and wondered whether other interventions (like education) would be more helpful. Some had concerns that legislation on price promotions on HFSS products, for instance, could have 'nanny state' connotations:

  "If you start doing that [bringing in legislation to tackle NCDs], where do you draw the line?"

- Although panellists saw local and national governments as having a role to play in reducing rates of NCDs, there was a sense of apathy as to whether this could happen in practice. This feeling was especially strong in the context of governments trying to manage the cost-of-living crisis, which was seen to 'bury' other issues such as NCDs.

3.3 Presentation of Evidence (Simon Capewell)

Next, panellists heard evidence from Simon Capewell (Emeritus Professor, Department of Public Health, Policy & Systems, Institute of Population Health, University of Liverpool).

The key areas covered by Simon's presentation included:

- the public health impact of tobacco, alcohol, and junk food, including:
  - number of deaths related to NCDs in Scotland (~50,000 deaths/ year)
  - level and effects of stroke, heart disease, lung disease, cancer, and other NCDs,
  - costs associated with NCDs
- a look at whether, and how well, existing prevention policies are working, involving:
  - an effectiveness hierarchy for public health, in that upstream policies like regulation or taxes typically achieve a bigger impact that downstream preventative interventions targeting individuals,
  - examples around tobacco control,
- discussions on how affordability, availability & acceptability policies (described as the '3As') could lead to healthier futures.

In breakout groups, panellists reflected on the evidence they had heard, as well as wider points around tackling health harming products and influential factors.

Discussions on wider influences

- Although panellists acknowledged the potential usefulness of 'the 3 As', many pointed to the wider influences on health, including cost, poverty and deprivation, societal attitudes and behaviours, and individual choice.

- Panellists mentioned the high cost of 'healthier' food and drinks, like fruit and vegetables, and particularly felt that healthier products should be more affordable and accessible. Many broached the particular importance of a healthy diet for children and young people, referencing a chart shown during the presentation, which showed rising obesity levels amongst children in primary 6 (where the gap between the most and least deprived children widened from 9.6% in 2007/08 to over 17% in 2021/22).

- Similarly, some raised that education is not always a 'silver bullet' in promoting healthier choices. They felt that while those living in poverty often have awareness of the risks of HFSS products, for instance, they can consume these out of necessity where healthier products are more expensive. The interplay of underlying issues, such as deprivation and mental health, was also talked about:

  "*There are plenty of disadvantaged families that know the risks of high fat, salt and sugar foods, but that's all they can afford. In relation to smoking and drinking, there's probably a mental health aspect too, like if you are so disadvantaged, and that's your one vice, you're not gonna care that it's impacting your health, it's your one thing. There are underlying issues that need to be addressed instead*".

- Others discussed how societal attitudes, behaviours and pressures can influence peoples' consumption of alcohol, tobacco and HFSS products, for better or worse. They pointed out how products like fast food and alcohol have become engrained within everyday norms, and so adjustments to the price of alcohol, for instance, may have little impact:

  "*People are going to go out and drink anyway – prices won't change it. If all their friends are going out drinking they're still gonna do that regardless of price*".

  "*Alcohol is such a social thing, a coping mechanism, and brings people together*"

- On the other hand, panellists mentioned how cigarettes have become less socially acceptable over time…

"*Like years ago, you could smoke in a pub or a restaurant and that was normal. Everyone did it. Whereas now, that'd be frowned upon, people don't even like you doing it outside the premises*".

… and used this as a basis when suggesting that the accessibility of alcohol, and acceptance of behaviours like binge drinking, should also change:

"*I agree with the point that alcohol needs to be looked at in a different manner. If something good happens it's 'we'll go for a beer to celebrate', and if something bad happens it's 'we'll go for a beer to commiserate'*".

- For some panellists, there was a sense that individual choice plays the ultimate role in influencing health-related decisions:

"The 3 As might help, but it comes down to individual choice".

Reflections on legislation and regulations

- Some panellists who had been sceptical about the impact of legislation and regulations in Breakout Room 1 said they were more open to the role that regulation could play in reducing NCDs after hearing about the effectiveness of tobacco control policies in Scotland.

  Such policies included the ban on tobacco advertising and promotions in 2003, tobacco being moved to 'out of sight' points in all shops in 2015, and the enforcement of plain packaging in 2016. Where these were seen to be successful, panellists felt it made sense to apply the same principles to alcohol and HFSS products:

  "*What Simon presented [about the effective tobacco control policies] changed my mind. If regulation worked for tobacco, then why not [apply it to other health harming products]?*".

  Others wondered why legislation has proven to be more successful for tobacco than alcohol and HFSS products, and felt this is something to be examined and rectified:

  "*Has there been any thought regarding why it's working for one thing and not another and what could be done about that going forward?"*

Initial discussions on industry influence

- A few panellists began to discuss industry's tendency to produce and market alternative (though not necessarily healthier) products in order to maintain profits when other products become less favourable. Discussing industry influence in relation to the increased use of vapes – which have become more popular as traditional cigarettes "*fall out of fashion*" – one panellist noted:

  > "*I was taken aback by the push of the industry in how relentless they are in terms of increasing their market share of their new product when that product has a long-term health impact*".

  As early as Session 1, some panellists noted that this industry influence could make it difficult to educate people and provide clear information on the merits and flaws of different products. While they identified the importance of individual choices, some saw a need for greater collective effort and political support to create a larger impact:

  > "*[After hearing about] the concentration of manufacturers on various products, it's going to be a struggle to formulate policies against them. The biggest problem is how you get the feelings that people have been expressing to translate into pressure on politicians. We can individually make good choices but that's not going to make as a big an impact as like a broader policy change"*.

3.4 Conclusion

In the first breakout room, panellists discussed the national (ScotPulse) survey results and fed back their thoughts to the main group.

Many felt that individuals themselves hold the most responsibility for a person's overall health in Scotland. There was a general rhetoric that health "starts and finishes with the individual", with some noting they were happy that other survey respondents recognised this.

However, there was some recognition that industry (including manufacturers and retailers) is also accountable where they "mass produce cheaper products that pander to cravings". The influence of marketing was also discussed early on, as panellists noted how the public can absorb strategic messaging around health harming products without realising.

All three products – alcohol, tobacco and HFSS products – were seen as equally damaging to a person's health, depending on how much is consumed.

Some panellists were unsure as to whether the introduction of legislation would be beneficial in tackling non-communicable diseases (NCDs) and wondered whether other interventions (like education) would be more helpful. Although panellists saw local and national governments as having a role to play in reducing rates of NCDs, there was a sense of apathy as to whether this could happen in practice.

Whilst panellists acknowledged the potential usefulness of 'the 3 As' – mentioned in the evidence presented by Professor Simon Capewell – many pointed to the wider influences on health, including cost, poverty and deprivation, societal attitudes and behaviours, and individual choice. Meanwhile, some who had initially been sceptical about the impact of legislation and regulations said they were more open to the role that regulation could play in reducing NCDs after hearing about the effectiveness of tobacco control policies in Scotland.

Pre-empting later panel discussions, a few panellists began to discuss industry's tendency to produce and market alternative (though not necessarily healthier) products in order to maintain profits when other products become less favourable. For instance, they mentioned a rise in the use of vapes, which have become more popular as traditional cigarettes 'fall out of fashion'.

4. Deliberative Session 2: Personal Choice vs Government Responsibility- Findings

This chapter covers some of the process and then the analysis findings of the second session. This session was held in-person on the theme of personal choice versus government responsibility.

4.1 Overview of Session 2

Session 2 – the first of three in-person sessions - was held on 19th August 2023 at a venue in Stirling. With a focus on 'Personal Choice vs Government Responsibility', it sought to:

1. Explore panel members' immediate perceptions and understanding of the role of government, individuals and industry in terms of commercial determinants and NCDs in Scotland (responsibility, choice, relative importance, and upstream versus downstream policies),
2. Discuss/understand data, context and drivers behind health inequalities in Scotland,
3. Gauge panel members' knowledge of this, and their reaction to evidence.

The format of Session 2 was as follows:

Welcomes and discussions on responsibility - within small breakout groups, before feeding back in plenary
Presentation of Evidence by Dr Megan Cook (Research Fellow at University of Stirling), followed by a Q&A
Discussion following Presentation of Evidence – within small breakout groups, before feeding back in plenary
Case studies/discussion – within small breakout groups, before feeding back in plenary

4.2 Initial Discussion on Responsibility

Individual responsibility

- Panellists expressed sizable agreement to the statement that 'individuals are responsible for their own overall health'.
- Individuals were seen to have large purchasing power and influence through these purchasing decisions.
- On discussion, panellists came to a more nuanced view about individuals being responsible for their own health, but also heavily influenced, and that some groups (i.e., those with less income and younger generations) were thought to be vulnerable to industry influence.
- Panellists started to mention issues such as availability of choice affecting individual responsibility (*"they cannot control circumstances which may limit their choices"*).

Industry responsibility

- Panellists expressed apathy to the statement 'food and drink manufacturers should take more responsibility for the impact of their products on individuals' health'.
- Panellists initially found it hard to conceptualise what 'responsibility' would look like for the industry. One table of panellists thought this might consist of their responsibility to pay taxes.
- The feeling that industry will do whatever they can to make money without government interference was expressed.
- One table discussed that industry adapting product's recipes can lead to these being less tasty or replacement with additives that wouldn't improve 'healthiness' of products e.g. low-fat yogurt.
- One panellist raised that it was also celebrities and influencers who may be paid by the industry who have to take responsibility.

Government responsibility

- The statement, 'The Scottish Government has a responsibility for people's health', stimulated general agreement, but this was initially conceptualised in terms of health provision.
- The idea was raised that government should operate in the interests of individuals, but that it cannot and should not override individual choice: 'shouldn't fix everyone – motivate individuals'.
- Levers that government can control were thought to be prices, ensuring that healthy foods are affordable, and regulation, particularly over lobbying.
- Devolution was raised by panellists who were unsure of what UK and Scottish governments were responsible for related to health.
- There was scepticism that governments would enforce any regulation.

View of harmful products

- On the statement, 'Tobacco is the most harmful product for individuals' health' – panellists stated general agreement that this is one of the most harmful products for an individuals' health but were hesitant to say it was the 'most' harmful.
- Many expressed that it felt like the negative effects of tobacco were more visible than those of alcohol.
- There was some confusion around whether this meant tobacco was worse than illegal drugs, or just legal drugs.
- A few panellists shared their opinion that food could even be worse than tobacco, which received some support.

Restrictions to pricing and promotion

- There was healthy debate around the statement, 'Price and promotions should not be restricted to healthier food and drink only'. Some initially agreed and then reconsidered as the cost-of-living crisis made them hesitant to call for any restrictions to reducing prices.
- Many felt it was hard to define what is healthier for you and were unsure about how this could be regulated. Those that agreed with this statement tended to emphasise individual choice, while others raised individual knowledge and education as caveats and perceived this as more of an educational or governmental issue.

4.3 Presentation of Evidence (Megan Cook)

After discussing their initial thoughts on the topic between themselves, the panellists heard evidence from Dr Megan Cook (Research Fellow, University of Stirling).

The key areas covered by Megan's presentation included:

- an exploration of the wider determinants of health and, more specifically, commercial determinants of health:
    - the role that unhealthy commodity industries have on health, and power of these industries on societies
- examples around the power of the alcohol industry, and the techniques used to exert, maintain and extend such power:
    - impacts of alcohol marketing on young people,
    - impacts of alcohol outlet availability and discussion around international evidence on risks of later opening hours
    - impacts of alcohol pricing and affordability
    - implementation and achievements of Minimum Unit Pricing for alcohol

Panellists discussed in small groups and then fed back to the main group.

Their reactions were as follows:

- Shocked by arguments presented, including by how much sales increase by aisle position, the lack of ability of councils and other government bodies to regulate them, and the lack of a requirement for labelling on alcohol.
- Interest in whether there are any negative consequences of regulation on exports, jobs, the reputation of Scotland and inbound tourism.

- Interest in the impact on young people of drinking culture and vaping culture. Panellists could think of many examples of marketing to make these look appealing to the buyer including labelling and packaging colours.
- Some participants called for governments to hold industry to account, and an increased call for industry responsibility.
- Panellists wondered what role education could have in countering cultural norms including around HFSS foods.
- Concern about how minimum unit pricing could affect poorer people, who end up paying more for alcohol, and how to weight that with the improvement to health and wellbeing.
- One panellist raised that a brand of tonic wine is very popular in Scotland, but they never have to advertise, leading to discussion that this is probably because it has become embedded in drinking culture.

4.4 Case Studies Discussion

A series of case studies were discussed. These were intentionally written to present consideration of ethics and real-world judgements.

Charity trustees re-considering regular funding from alcohol company

- Very healthy debate between those that see alcohol sponsorship as problematic and those that see no ethical problem – there was no consensus on this.
- Panellists instantly recognised the financial constraints the charity is operating within, and were concerned about the loss of this funder and its potential implications – would the charity be able to replace this funding, or would the charity have to reduce services and maybe even close without it? Particular concern about impact of closure or service reduction on children served by the charity and the stress on parents.
- The question of how hard the charity had looked for other sources of funding was raised with the possibility that the charity may be able to galvanise other donors or service users to donate, which could increase morale/community ownership, was also noted.
- What form will the sponsorship take was queried – names and promotion on jerseys, flyers near children, or perhaps free merchandise were considered and seen to impact whether accepting sponsorship would be acceptable.
- The idea was raised that, if the charity does not take the money, it may go somewhere else, which would be less beneficial to community. A contrasting idea – that the charity gives the alcohol company legitimacy, like greenwashing, and may even get tax relief for looking like they are doing the right thing – was noted also.

- Most feel like this scenario is different if the company were local and/or Scotland-based. Creating jobs in local economy was noted as a benefit, and the possibility that the company in question might be a small business with a special connection to community, was also highlighted

Man considering lifestyle changes

- Prompted discussion on how seeing close friends experience health conditions can prompt you to make lifestyle changes, but that these may also come too late.
- High awareness of connections between poor mental health and poor physical health was expressed.
- Panellists had lots of suggestions on lifestyle changes for the man's leisure time, time at work and time with friends and family.
- Panellists had many suggestions of where to look for support on making lifestyle changes including health professionals, websites, and professional trainers in gyms.
- Panellists felt that for people to make positive changes they needed strong motivations, continued support and to see themselves achieving small goals.

Taxing e-liquids

- Supported on the basis that this would raise money to use for public services, put people off vaping (especially children), help the environment (through minimising waste and litter), and lead to long-term health benefits for the population.
- However, felt that taxing, or increasing the level of tax, would not in itself lead to significant decreases in vaping, and that this would have to be part of a broader initiative to deter the population from taking up vaping.
- Panellists felt that there might be negative consequences for corner shops, perhaps more shoplifting and illicit trade as these items become more valuable.
- Unaware of what current government policy was on vaping and whether the Scottish or UK governments wanted to decrease vaping levels.

4.5 Conclusion

The initial discussions of this topic by panellists before the expert speaker's presentation were revealing. When thinking about role of individuals, government and industry, panellists had a hard time conceptualising the role of the individual and what they could actually do to influence price and promotions, marketing and availability, beyond supply and demand. Industry was firstly seen as responsible to shareholders and profit, although also felt to be responsible for their consumers. However, panellists could not see how industry could be made to take more responsibility.

Governments were seen as responsible for healthcare provision, and on discussion between themselves panellists conceded they had responsibility for overall population health. However, people were open that they did not understand the intricacies of this, what levers could be pulled, what policy and legislation could be useful and where responsibility falls at Scottish or UK levels.

The expert presentation prompted strong reactions from the panellists, they seemed shocked at the extent pf industry influence. After hearing her evidence there was an increased call for industry to acknowledge its responsibility, and governments to take steps to hold industry responsible. There was a noticeable change in sentiment as a result of the presentation of evidence.

The case studies led to respectful discussions of practical examples. Panellists highlighted pros and cons of a board of trustees approving charity donations from an alcohol company. The case study highlighted that decisions are not straightforward or easy, but having discussion and debate is important to come to ethical decisions. There was broad support for taxing e-liquids. Furthermore, that case study showed how unsure panellists were on government stances towards vaping. Panellists could relate well to the case study of a man wanting to make lifestyle changes, and the discussion also showed how important work and leisure time are for improving peoples' health.

5. Deliberative Session 3: Industry Tactics – Findings

This chapter covers some of the process and then the analysis findings of the second session. This session was held in-person on the theme of industry tactics.

5.1 Overview of Session 3

Session 3 – the second of three in-person sessions – was held on 9th September 2023 at the same Stirling venue. It focused on 'Industry Tactics' and aimed to:

1. Capture panellists' knowledge, perceptions and experience of industry tactics in relation to alcohol, tobacco and HFSS products,
2. Elicit views on examples of such industry tactics.

The format of Session 3 was as follows:

Idea Generation – Panellists' experience and examples of industry tactics
Presentation of Evidence by Dr Nason Maani (Lecturer in Inequalities and Global Health Policy, Global Health Policy Unit, University of Edinburgh), followed by a Q&A
Discussion following Presentation of Evidence – within small breakout groups, before feeding back in plenary
Evidence Safari – within small breakout groups, before feeding back in plenary

5.2 Idea Generation

The session opened by encouraging panellists to discuss and give examples of industry tactics. This was purposefully done before the presentation of evidence so that their pre-existing knowledge and views could be ascertained. Their initial perceptions are outlined below.

Commercial Determinants

<u>Price and promotions</u>

- Panellists discussed price promotions on alcohol and varied in their awareness around this. Some expressed that they thought, but were uncertain about, whether rules against price promotions on alcohol were currently in place – but stated that loopholes definitely exist if such rules are in place. Other panellists stated they had seen adverts for price promotions on alcohol in supermarkets. Some mentioned the "3 for 2" promotions on alcohol that came about after Buy One Get One Free offers were no longer allowed. It was also mentioned that competition between retailers fuels this.

- Panellists also mentioned that similar promotions are available on unhealthy foods, such as processed meat and junk food, but not on tobacco. It was also noted that there is a change in the prices of food, particularly foods high in fat, salt, and sugar, and of alcohol, in November, versus closer to Christmas.

- Panellists questioned whether people buy more "on-promotion" alcohol or HFSS foods because they are cheap, or because they're struggling, and would buy it anyway. It was noted that bargains allow people to buy foods they might not normally be able to afford, but also means people can buy items that are not actually meeting their nutritional requirements, such as alcohol and sugary foods. Panellists reflected on how a lot of issues around health harming products like alcohol and HFSS food relate back to money – if these items are cheaper, people will inevitably buy them.

<u>Marketing of these products</u>

Panellists also reflected on the marketing of alcohol, tobacco, and HFSS products.

- Panellists discussed how marketing is designed to attract consumers: packaging is nicely coloured and bright, and makes it easy for people, particularly children, to recognise brands, and conjure associations. The placement of goods in shops was also highlighted as a marketing tactic (sweets and promotions at the end of aisles, but also strategically throughout shops, for example).

- Panellists also reflected on the marketing of vapes, particularly to younger people, noting that vaping is made to look attractive.

- Specific mention of alcohol marketing was also noted: it was highlighted that the alcoholic cocktails section in one particular supermarket has been set up with bright spotlights and mirrors, making alcohol look tempting, and drawing consumers in. A point was made about how premium alcohol brands spare no expense on bottling/packaging.

Availability

Panellists also discussed the availability of tobacco, alcohol, and HFSS foods.

- It was noted that, while tobacco products are under cover, and therefore potentially perceived as less available, alcohol and HFSS foods are everywhere – highly available, and in view, especially alcohol. It was noted again that certain products are specifically placed at the end of aisles in supermarkets to increase sales.

- The availability of vaping in comparison to that of tobacco products was also noted: vapes can be seen at shop checkouts, making them easy for young people or kids to access. In comparison, tobacco products are "behind a wall". That vapes are marketed as an available alternative to, or a safer product than, tobacco products was mentioned as a concern – it was noted that they could also be a starter product to using cigarettes.

- Panellists noted that the availability of HFSS food is also subject to the constraints of what is available more broadly in the offering of what is available to consumers and that a small number of big supermarkets dominate the market, setting the tone for the availability and pricing of certain products.

Examples of industry tactics

Panellists also discussed examples of industry tactics that might have negative, positive, or mixed impacts on Scotland.

Tactics that may have negative impacts on Scotland

Panellists discussed tactics that may have negative impacts on Scotland – often in a broad, general way, rather than in relation to specific tactics.

- Adverts for alcohol during football games were mentioned as an example of an industry tactic, as were fast food leaflets left at people's doors.

- During this discussion, panellists again reflected on how vaping is made to look attractive, and how readily available vapes are these days – they are available to buy in corner shops, for example, and highly visible as soon as people enter shops.

- It was also noted that industries take advantage of people's addictions, as well as the need to eat industries know that people will continue to buy addictive substances and distort the information available to people that might potentially help them to make better choices.

- Panellists referred to negative industry tactics as "gaslighting on a grand scale", with corporations creating what Scottish culture should be (for example, jokes and adverts that "Scots like to drink").

Tactics that may have positive impacts on Scotland

- There were fewer positive reflections on industry tactics' impact on Scotland, but panellists did provide a few examples. One of these was the "Buy Scottish…[beef, tablet, whiskey, other products]" promotions, which panellists felt was good for tourism and the economy and may be important for COVID-19 recovery in these sectors.

- Some supermarket price promotions on fresh fruit and vegetables were also mentioned as an industry action that contributes positively to Scotland.

- Other examples were mentioned with caveats added. One fast food chain pledged to give two million free meals to people who needed it, but they were not promoting healthy food: it was suggested that they could have provided something else, or a donation to allow people to purchase healthier food. Free fruit in supermarkets for children was also mentioned, but it was also noted that this no longer seems to be available in shops.

- Panellists noted that it was difficult to think of other industry-led initiatives, and that most public health initiatives seemed to be government-run, such as government-run adverts. It was then added that industry only responds to government initiatives; they do not take the initiative to influence health improvements in the population themselves.

Mixed impact

- An industry tactic that was considered by panellists as one that might have mixed impacts on Scotland was the collaboration between a fast food chain and children's football. It was highlighted that while it ultimately involves exercise, it also means the fast food chain's logo is all over football kits, for example, and coaches wear this logo, and how this would make children want to consume the products after training.

Industry contribution and industry collaboration

Industry initiatives in Scotland that promote healthier alternatives or encourage responsible consumption of products like alcohol, tobacco, and HFSS foods were also discussed.

Positive contribution

A number of positive examples of industry's contribution to public health were given including:

- price promotions on healthier foods, such as the six fruit and vegetables put on offer each week.
- five-a-day fruit and vegetable labelling.
- television adverts about swapping to better foods.
- adverts about drinking responsibly, including one from the Health Executive about not over-drinking aimed at young people.
- healthier food in schools initiatives.
- a specific example of a collaboration between companies, charities, and Councils, which produces food for communities, leads to poverty reduction, and has positive impacts on food waste.
- donation boxes for charities at supermarkets.
- and the jobs that these industries support or create.

There was more extensive discussion around some examples, as outlined below:

- Sponsorship of children's sports and respite facilities by some fast food retailers was highlighted by some as positive contribution,
- Online delivery boxes were mentioned as positive industry initiatives too, but it was added that, while these offer some healthy options, they are expensive, and not everyone can afford them.
- The growing market for zero alcohol drinks was discussed: some drinks companies producing 0.0% spirits was mentioned, as was the recent rise in zero alcohol products generally. It was mentioned that low- or no- alcohol options were not really obvious in shops but were becoming more popular.
- The reformulation of products to have lower sugar was mentioned – although panellists mentioned this in the context of remembering the panic about this, and how people were trying to bulk-buy the full-fat version before formula changed.

Industry collaboration with public health organisations

Panellists also discussed how industry can collaborate with public health organisations to improve the overall wellbeing of the Scottish population.

- Panellists mentioned how charities indicate certain foods that are healthy – for example, some organisations promoting weight loss provide information on healthy eating and produce low-fat food products too.

- A comparison was drawn between the pharmaceutical industry and social prescribing and the food industry and "positive initiatives". It was noted that the trusts that provide social prescribing-related services or activities are strapped for cash, much like the charities that attempt to implement positive food-related initiatives, and that the third sector does not have enough money to implement positive initiatives.

The role of consumer education and empowerment in enhancing the positive contributions of the industry while reducing its negative effects were also discussed in the content of policies that might need to be introduced.

- There was a perception among some participants that many people no longer know how to cook from scratch, so it is easier to buy ready meals (suggesting that this should perhaps be addressed via consumer education and empowerment).
- It was also suggested that consistency across food labelling and improvements in food labelling is needed. It was noted that the colour and size of writing on packaging often makes the nutritional information hard to read and that pricing can be "per item" or "per 100g", which can be misleading or confusing. The traffic light system on food was highlighted as a good example of food labelling as it is easy to read. On this, a comparison was drawn with tobacco products and food – tobacco products are labelled consistently and with clear health warnings.
- The layout of supermarkets was mentioned during this discussion – how the end shelves at tills are designed to nudge consumers into buying certain products and how easily we can be influenced.

Overall, these reflections during the Idea Generation part of the session indicate an awareness of the influence of industry tactics on the consumption of commercial determinants on NCD's.

5.3 Presentation of Evidence

Dr Nason Maani (Lecturer in Inequalities and Global Health Policy, Global Health Policy Unit, University of Edinburgh) presented evidence on the topic.
The key areas covered by Dr Maani's presentation included:

- discussion on influences on health, incorporating corporate/industry activity
    - effects of social norms on health – with the example of initiation of smoking and its impact on health

    - parallels in marketing segmentation – with examples of historic strategic marketing of tobacco and alcohol to 'empower' women
    - other industry tactics – including a reliance on heaviest consumers and marketing to them, and denial and disputation of evidence
    - parallels in corporate social responsibility to inform the public
- suggestions for improvement, including increased transparency and better management of conflicts of interest

Panellists contributed to small group discussions and then fed their views back to the main group. Reflections are outlined below.

Panellists discussed their thoughts on the presentation generally to begin.

- Panellists mentioned they were surprised that an alcohol awareness campaign was set up by the alcohol industry by the lack of regulation in the UK. It was noted that an independent source of information is needed which did not have industry ties.
- There was surprise at the purposeful targeting by the alcohol industry of the poor and of younger generations to replace their previous customer base. On this, panellists became infuriated with the alcohol industry and much more supportive of regulations to curtail purposeful targeting of vulnerable groups.
- There was a feeling that Scotland is a soft target due to increasing poverty, drinking culture, and absence of regulation, and pride that Scotland was the first to introduce Minimum Unit Pricing. The idea was suggested that anti-poverty measures may be part of the solution.
- In general, there was a feeling that the Scottish Government are perhaps more responsive than other areas of the UK, but also a belief that public support is needed to make sweeping changes.
- There were also reflections on the strategic placement of products when online shopping – specifically, how panellists can see industry's logic behind that. Panellists suggested that industry tactics seem "underhand", and that advertising is "sneaky".
- There was a firm consensus that advertising has a heavy influence, and that everyone is influenced by it.
- Changes across the years were reflected on. Panellists noted that, while adverts for sugary snacks on morning television were banned years ago, children can now see these sorts of adverts on social media. The mention of "Torches of Freedom" (the phrase used to encourage smoking in women by describing them as symbols of freedom and equality with men) in the presentation was described as people in the past's "version of influencing". The comparison between that time and now was noted: in the modern day, there are multiple platforms for influencing, e.g. social media, targeting children.

- Media influences were also discussed – for example, how celebrities' actions can be positively influential, or media can be negatively influential (the prevalence of smoking in old films from the 1950's and 1960s was mentioned in this context)

Impact on NCDs

Panellists also discussed how industry tactics contribute to the high rates of non-communicable diseases such as heart disease, diabetes, and cancer in Scotland.

- Panellists discussed how some people believe phrases that industry peddles – such as "smoking to keep yourself thin".
- It was discussed how alcohol, smoking, and HFSS foods can be used to self-medicate.
- Panellists discussed how those with addictions are a particularly at-risk demographic, because of how the industry targets them.
- Panellists also reflected on the diet and drinking culture in Scotland generally with the associated impacts on public health and how this can be worsened by industry.

Policies and regulations

Panellists also reflected on how industry tactics' impact on health could be addressed.

- Some panellists reflected on the idea that health is impacted by the environment, so alcohol or other health-harming products need to be less accessible and less cheap. Some concerns were raised about the idea of a 'nanny state', but many feel that this is a necessary trade-off to safeguard the health of the most vulnerable.
- Mixed feelings were expressed about industry and its involvement with policy development to address NCD's. Some felt industry should be at the table but kept on a short leash. Others felt that industry yields too much influence already and having them at the table just extends that.
- Panellists discussed that it was hard to think of positive aspects of industry practices related to these products in Scotland, and hard to remove or reduce conflicting interests when the bottom line is profit and industry knows that these products can be so successful despite associated health harms.
- The possibility of people changing their own culture was discussed: if more people, including famous people, stopped drinking sugary drinks or alcohol as a lifestyle choice, for example, this might lead to a culture shift. However, industry's response to this possibility was also considered: companies can have subsidiary companies where they seem to produce healthier goods, but they can be less healthy than how they are pitched and can be used to cross-promote unhealthy products.

- There was an overall feeling of uncertainty about what can be done to regulate industry and a feeling that there is a great difficulty in prioritising health in a context where profit is considered most important – although the idea that industry values reputation, which could be something to target, was mooted.

Consumer Empowerment

Panellists also discussed how consumers can become more informed and empowered to make healthier choices, and what role schools, healthcare providers, and community organisations might play in education and empowerment.

- Panellists stated school should teach young people about the risks of products and the impact on health. Education should include information on industry tactics, like this panel focuses on, to shift the lens away from telling rebellious teens what to do and give them an active role in their health and lives.
- Marketing should be transparent and open. Consumers should be able to recognise the tactics used so they can better overcome them; the need to be able to make informed choices was emphasised.
- Consumers can share the knowledge once they have it and can "vote against" unhealthy goods by not buying these products. However, consumers need to have this knowledge first, which most panellists thought was kept from people or was unclear due to industry influence. The "chicken and egg" issue was noted, in that panellists felt that consumers should do something, but also stated that consumers do not have the information to act and need government and independent sources to provide information.
- It was also acknowledged that, even with education, the demand is still there.

5.4 Evidence Safari

In this segment of the session, printed materials featuring images and text were circulated to panellists. Each table had a set of materials to go through, and there was a facilitated discussion at each table before feeding back to the main group. Reflections are outlined below.

Panellists reflected on what stood out to them, how materials made them feel, and the target of the materials. Materials included modern and historical advertisements, infographics, or website screenshots from organisations, and articles about industry-led initiatives.

Panellists expressed a degree of cynicism around the materials, particularly those produced by industry. Many reflected that the materials produced by industry played on people's emotions and could be manipulative. For example, a screenshot from an industry body website was criticised for its overt focus on the positive aspects of the whiskey industry, seemingly appealing to a sense of

national identity. Similarly, an advertisement from a drinks brand was faulted for potentially leveraging patriotic sentiments, while another advert was accused of relying on nostalgia in its viewers.

Materials that focused on what could be considered to be positive initiatives – such as sports collaborations or sustainability – drew similar responses, with panellists expressing concerns that such initiatives were only in response to challenges the industry or brand had faced in terms of their reputation.

Some materials drew out more extensive discussion, with panellists reflecting on both positives and negatives. For example, on a screenshot of a sports association's website showing a fast-food brand's sponsorship of youth football, panellists reflected that it looks positive on the surface and could help children to be more active, but children could also then want fast food after sport, which could worsen health. Similarly, on a screenshot from an alcohol brand's website in relation to its status as a B Corporation (a company that has voluntarily met the highest standards for social and environmental performance), panellists stated that it was nice to know there is a standard that the company is meeting but were confused about how a health-harming product could meet this standard and would like to know more about the qualification criteria. The mixed reactions perhaps suggest a higher level of scepticism around industry tactics.

Reflecting on several images at once, panellists noted that there was a reliance on the part of advertisements on evoking certain emotions in viewers and reflected on how manipulative advertising generally tended to be, and that people do not see the health issues their influenced choices may lead to. Panellists tended to view examples, even positive, of industry influence in a negative light. Notably, one panellist, reflecting on one of the materials, noted that they would not necessarily have been so cynical about it in the past.

5.5 Wider Reflections

Lastly, panellists discussed their wider reflections around industry tactics.

- Panellists reflected that advertising creates images of an ideal lifestyle and packages health harming products with that lifestyle to promote the products. This is helped by celebrity endorsements and adverts, Generally, these are not realistic, but it can be hard to remember that, especially for impressionable children.

- Panellists reflected again on how some campaigns urging moderation of health harming products were funded by industry.

- Panellists queried where parental responsibility lies in the context of that interaction between industry and public health.

- Panellists also reflected on their observations regarding the evolution of industry tactics over time. Some panellists noted that they felt that industry tactics appear to have become more deceptive over time, and more aggressive towards young audiences; others noted this too but added the caveat that they were uncertain if this had necessarily increased over time.

- Many panellists stated their belief that industry is solely profit driven and that this distorts perceptions of industry, as money can be used to fund many projects.

- Panellists expressed scepticism of potentially positive industry actions to promote healthier choices. The example of reformulation of goods to reduce sugar content was mentioned: it was noted that this is done slowly over time, so uptake does not reduce, and is ultimately a business-savvy, futureproofing move.

5.6 Conclusion

Panellists initially recognised some industry tactics at the outset of this session, but their awareness of the extent of industry practices increased as the session unfolded.

Their initial observations reflected an understanding of industry tactics related to the commercial determinants of NCDs. What evolved during the session was a deepened awareness of how industries use their influence to sell products and influence policy, and the extent to which they do so. In the end, panellists became more sceptical of industry's influence and tactics.

A recurring theme in the discussions was the conflict between promoting well-being and maximising profits. Emphasised from the session's outset and reiterated throughout was the impact of poverty on increasing the consumption of alcohol, tobacco products, and HFSS food and drink. Furthermore, it was noted that promoting potentially health harming products can be financially advantageous, revealing a direct conflict of interest between industry and societal well-being.

Likewise, insufficient resources and funding were recognised as obstacles to addressing the impact and influence of the industry. Under-funded third sector and public sector organisations, for instance, face limitations in their ability to take effective action.

Another notable theme involved comparing the regulation, availability, and consumption of tobacco products with those of HFSS food and drink, alcohol, and vaping products. Regulations on tobacco were generally viewed as successful, and panellists frequently drew parallels to various measures in place to address the tobacco industry's impact, which were seen to be lacking for HFSS food and drink, alcohol, or vaping products.

6. Deliberative Session 4: Potential Interventions and Policies- Findings

This chapter covers some of the process and then the analysis of findings of the fourth session. This session was held in-person on the theme of potential interventions and policies.

6.1 Overview of Session 4

Session 4– the last of three in-person sessions - was held on 30th September 2023 at the same Stirling venue. It focused on 'Potential Interventions and Policies' and sought to:

1. Discuss policies to counter the health impacts of consumption of alcohol, tobacco and HFSS products,
2. Discuss panel members' knowledge of these policies, and their reactions to these policies.

The format of Session 4 was as follows:

Idea Facilitation: categorising potential interventions related to the price and promotion, marketing and availability of alcohol, tobacco and HFSS foods - within small breakout groups, before feeding back in plenary
Overview of Proposed Policies by David McColgan (Head of BHF Scotland)
Policy Proposals linked to 'Price and Promotions' and 'Marketing' – discussions within small breakout groups, before feeding back in plenary
Policy Proposals linked to 'Availability' – discussions within small breakout groups, before feeding back in plenary
Policy Proposals linked to 'Industry' – discussions within small breakout groups, before feeding back in plenary

6.2 Idea Facilitation

During this session panellists engaged in robust idea generation for potential interventions relating to the commercial determinants for alcohol, tobacco and HFSS foods in relation to non-communicable diseases. The discussions were framed around categories of "Must Do," "Should Do," "Could Do," and "Shouldn't Do."

Alcohol

- Panellists underscored the importance of addressing alcohol packaging to diminish its attractiveness to young people so as not to attract them to drinking. Specific examples given related to the array of colourful packaging associated with certain types of alcohol in

terms of labels and designs of bottles and cans. It was also seen as fundamental that packaging carried more information about the health harms associated with drinking to excess.

- The notion of discontinuing alcohol promotion in sports advertisements emerged as a popular potential intervention, though some panellists raised concerns in relation to the impact this might have on sports teams and competitions in Scotland which were seen to rely heavily on alcohol advertising as a key revenue stream.

- Suggestions considered as advisable by panellists included amplifying support services for those with harmful drinking habits, advocating for government taxation on alcohol profits to fund addiction centres, and promoting a healthy lifestyle without punitive measures. The continuation of and uprating of Minimum Unit Pricing emerged as theme among panellists when thinking about how to impact on the availability of alcohol products.

- Exploratory ideas, considered as potential actions, encompassed scrutinising relationships between alcohol companies and charities, independent regulation of the industry, discontinuing specific marketing tactics such as celebrity and influencer endorsements, and making alcohol less visible in shops through physical mechanisms such as barriers to reduce the visibility of alcohol.

- Panellists generally rejected blanket bans, citing potential harm to individuals with substance dependencies and the broader economy.

HFSS Foods

- In the HFSS food domain, a consensus emerged around the importance of education and awareness as essential interventions. There was a general sense that there was a lack of knowledge on nutrition and preparing food among the population and that this should be tackled at an early age. Panellists stressed the need to incorporate healthy recipes on food packaging and improve education on cooking.

- Additionally, promoting healthy alternatives, greater transparency on the nutritional content of food both in shops and out of home settings and enhancing the nutritional content of school meals were deemed advisable actions by some panellists. In terms of promotions, there was a sense that upselling for larger portion sizes and the degree of promotions on unhealthy foods could be regulated to minimise the extent of this. Store

placement of products was also highlighted as an area of concern, with many panellists feeling HFSS foods should not be promoted at the end of aisles or at checkout areas.

- Potential interventions included subsidising healthy food options for school children and avoiding measures that would make food unaffordable. However, panellists emphasised the need for a pragmatic approach to pricing promotions, considering potential unintended consequences on food affordability.

Tobacco

- In the realm of tobacco-related interventions, many panellists emphasised that they felt much had been done in this area already, while concern on the emergence of vaping was rife.

- Many panellists suggested making vapes prescription-only so as not to curtail smoking cessation efforts as an essential measure. Advisable actions included increasing awareness of smoking cessation groups, conducting more studies on vaping impacts, and reinforcing shop owners' responsibility to verify the age of customers purchasing vapes.

- Panellists explored potential actions such as expanding tobacco addiction support programs. The discussion emphasised the importance of avoiding outright bans to prevent the emergence of a black market and the need for a balanced regulatory approach. The discussions highlighted a nuanced approach, avoiding measures that might inadvertently harm small businesses while still addressing public health concerns.

6.3 Presentation of Evidence (David McColgan)

David McColgan (Head of British Heart Foundation Scotland) gave a presentation on 'Public health interventions: Scotland's story'.

The key areas covered by David's presentation included:

- public health and public health interventions
- looking at public health from a historical perspective
- post-1999 Scotland, following the opening of the new Scottish Parliament – discussion of policies and legislation relating to tobacco (and related products) and alcohol, including the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and Minimum Unit Pricing.

- the top twenty UK public health achievements of the 21st century, including the soft drinks industry levy, tobacco advertising bans and traffic light labelling on pre-packaged foods

- an outline of proposed policies to improve public health – relating to alcohol, tobacco and related products, HFSS products and industry influence (this formed the basis of the following three breakout groups)

6.4 Policy Proposals - Price and Promotions and Marketing

List of policy proposals linked to the price, promotion and marketing of alcohol, tobacco and HFSS products:

1. Automatic uprating of the minimum unit price for alcohol, with uprating MUP from 50p to 65p now, and a mechanism introduced to automatically update the price in line with inflation.
   - This proposal was seen largely positively by panellists as proactive approach to addressing alcohol-related harm over time. It was seen as building on an already positive measure that was in place.
   - There was appreciation for the mechanism's automatic updates to maintain effectiveness.
   - However, some raised concerns about potential corporate profit increase and ethical considerations.
   - Discussions about potential impact on lower-income individuals and those with addiction concerns if the price was just passed on to the consumer. Additionally, some felt it was punitive to those who are not drinking at harmful levels.
   - There was debate on the effectiveness of this approach as the primary solution but appreciation for a policy with a tangible impact on price.

2. Financial incentives for businesses that produce healthy food and drink products. Removal of subsidies/incentives for industries which produce health harming products, such as alcohol, tobacco, and food and drinks high in fat, salt and sugar.
   - There was widespread agreement among panellists on incentivising businesses producing healthier options. There was consensus that making healthy food more accessible was a desirable goal, though education on nutrition and cooking practices would also still be required in the view of some.
   - There was mixed support for removing subsidies for industries producing health-harming products with debates centring around defining healthy products and

considering potential hidden consequences such as the impact on consumers and retailers that pricing changes driven by this could have.

- Overall, there was a more positive attitude to the idea of incentivisation over restrictions.

3. Restricting price and location promotions on products high in fat, salt and sugar
   - General agreement on restrictions, especially concerning location-based promotions.
   - Concerns raised about potential negative impacts on the poorest consumers of the restriction of price-based promotions and a desire for additional measures to enhance the affordability of healthier alternatives to complement such a proposal.
   - There was a call for a balanced approach that does not hinder accessibility to healthier options.

4. Restriction of alcohol and high fat, salt, and sugar food and drink advertising and promotion in environments where children and young people are likely to be exposed to them – e.g., at sporting events and on public transport
   - There was general agreement that reducing exposure to unhealthy products in children's environments was a desirable goal among panellists.
   - There were also calls for broader restrictions beyond the current proposal in terms of what can be advertised at children. The role of social media influencers who are able to advertise as their content is targeted at adults but are popular among children was discussed.
   - Implementation challenges were raised regarding defining such environments and what impact it might have on where such companies could advertise if such a policy was put in place.

5. Banning the use of cartoon animations or characters on unhealthy food and drink products
   - This was largely seen as positive by panellists if limited to unhealthy products, discouraging promotion to children. However, there was advocacy for using such advertising on healthier alternatives.
   - Some panellists discussed challenges around feasibility, including defining unhealthy products and what constituted a cartoon animation or character and where this ended.
   - There was also some doubt about the lasting impact of such a policy if there was not also complementary work conducted on informing young people about healthy eating.

6.5 Policy Proposals - Availability

List of policy proposals linked to the availability of alcohol, tobacco and HFSS products:

6. Separation and reduced visibility of alcohol products in retail premises; a single area of the shop separated by a physical barrier which has a minimum height of 1.2 metres and through which alcohol and advertisements for alcohol are not visible
    - Panellists generally exhibited support for reducing alcohol visibility, particularly to children, drawing parallels with effective tobacco limitations.
    - There was recognition of the potential positive impacts on reducing alcohol consumption that the policy could have, though some felt it was unlikely to make a huge difference on reducing the harms associated with excessive alcohol consumptions.
    - There were questions raised about specific application details, such as the 1.2-meter barrier height and concerns about potential negative impacts on retailers' available space.

7. Ban on the display of e-cigarettes in retail premises
    - There was broad support among panellists for the potential benefit of this policy proposal, drawing comparisons with tobacco.
    - Some felt the policy did not go far enough and that e-cigarettes should only be issued via prescription.
    - There were uncertainties about potential impacts on smaller vaping shops and newsagents if it impacted on sales.
    - This was seen as less intrusive on personal choice than an outright ban of e-cigarettes as it does not prohibit vaping.

8. Banning single use vaping products
    - Strong backing for environmental reasons and to limit uptake, especially among young individuals, though some did say that not enough was known about the harms associated with vaping.
    - There were concerns about potential infringement on personal choice and the need for any ban to avoid hindering smoking cessation efforts among individuals.

9. Ban on any planning applications being granted for new fast-food outlets within a mile radius of any school
    - This was seen as logistically challenging, especially in urban areas with a mile radius from a school covering areas with large populations.

- Some expressed a preference for alternative measures like improving school menus and increasing education.
- Queries were raised about defining fast food and the potential impacts on local retailers which could be large employers and a key part of local economies.

10. Annually raising the age of sale for tobacco, ensuring tobacco cannot be sold to anyone born after a certain date
    - This was moderately supported with strong supporters in the panel acknowledging potential positive impacts on the next generation's health.
    - Concerns about removing individual choice and a preference for data on efficacy before implementation.
    - Shared sentiment that the wording of the policy is somewhat confusing, essentially amounting to a gradual smoking ban.

6.6 Policy Proposals – Industry

List of policy proposals linked to the role of industry in relation to alcohol, tobacco and HFSS products:

11. Alcohol and tobacco harm prevention levy with proceeds being used to fund prevention activity and support services
    - General support, contingent on more information about how the levy is implemented and concerns about the cost passing to consumers.
    - Some felt it was fair for the industry to bear some of the costs associated with harm.
    - Worries about cost transfer to consumers and the potential for companies to use the levy to exhibit that they have done something without truly addressing the harm caused by their products.

12. Requirement of the Chief Medical Officer's drinking guidelines, health warnings, ingredient, and nutritional information to be on alcohol products' labels
    - There was consensus on the need for clear, concise, standardised, and accessible information on alcohol labels.

- There was a desire for strong enforcement and consistency in the format if this were to be implemented, and questions over who would regulate this with a preference for it to be a body separate from industry.

13. Legal requirement for industry to not disseminate misinformation
    - There was broad agreement on the principle of preventing industry's dissemination of misinformation.
    - Challenges discussed in defining and enforcing misinformation, particularly with regard to withholding information.
    - Therefore, there was seen to be a need for clarity and a focus on transparency of the impacts and contents of health-harming products.

14. Industries that produce health harming products cannot be involved in public health policy development
    - There were mixed opinions among panellists on industry involvement; with some believing consultation is necessary with limited influence in order to achieve goals of harm reduction.
    - Others argued for distancing industry from policy development, minimising its role as a result of its conflict of interest.
    - Concerns expressed about industry influence, but also acknowledgment of its potential role in achieving goals and frustrating progress if not involved.

15. Transparent lobbying - All companies must declare their lobbying and marketing spend. Transcripts must be published for all meetings that take place between Scottish Government Minister's and industry actors.
    - Panellists were largely agreeable to this proposal, so long as it doesn't increase costs to the taxpayer and is accessible.
    - Transparency seen as key in understanding corporate influence on policy decisions.
    - Some concerns about feasibility and defining what constitutes lobbying in certain circumstances.
    - Calls for accessible transcripts of meetings between government ministers and industry actors.

6.7 Conclusion

In conclusion, the panel discussions on the policy proposals to address the commercial determinants of health, specifically focused on smoking, alcohol, and HFSS products, revealed a variety of perspectives. Key themes emerged from the deliberations, emphasising a general aversion to blanket bans due to concerns about the erosion of personal autonomy, harm to vulnerable populations, and potential economic repercussions on tourism and local economies.

The HFSS foods section underscored a collective commitment to education and awareness, with panellists advocating for initiatives promoting healthy eating, improved education on nutrition, and incentives for healthier alternatives.

Diverse opinions surfaced regarding the role of industry in public health policy, ranging from the belief in necessary consultation to the advocacy for limiting industry influence, highlighting the ongoing debate on achieving a balanced collaboration. The large support for clear, accessible information, whether in alcohol labelling or public health information campaigns, underscores a shared commitment to transparency.

Discussions consistently navigated the delicate balance between health promotion and affordability, particularly for lower-income individuals, emphasising the need for comprehensive approaches that address both aspects. Panellists expressed caution about potential unintended consequences, including the impact on small businesses or unintended outcomes of reformulating foods.

A recurrent theme throughout the discussions was the preference for incentivising positive behaviour over imposing restrictions, seen as more conducive to lasting change and individual choice. The call for robust data and evaluation before policy implementation reflects a commitment to evidence-based decision-making, ensuring the effectiveness of proposed measures and minimising potential negative consequences.

Overall, these deliberations offer a comprehensive understanding of the multifaceted considerations involved in addressing the commercial determinants of health. In section 7, the mean level of support for each policy considered is presented from participant surveys.

7. Deliberative Session 5: Final Reflections– Findings

This chapter covers some of the process and then the analysis of findings of the fifth session. This session was held online on the theme of final reflections.

7.1 Overview of Session 5

The fifth and final panel session took place online (via *Zoom*) on 21st October 2023. Acting as a 'wrap up' session, it aimed to:

1. Elicit reflections on discussions over the course of the five sessions,
2. Allow panellists to offer additional perspectives beyond those discussed,
3. Establish the impact of the deliberation sessions.

The format of Session 5 was as follows:

Welcome and recap of the 'Path to Session 5'
Review of collated survey results – including the national ScotPulse survey and those completed over the course of the panel sessions
Discussions/reflections on the collated survey results – within small breakout groups, before feeding back in plenary
Presentation of panel views on policy proposals, and review of remainder of survey results
Discussions/reflections on the policy proposals, survey results and any changes in perspectives – within small breakout groups, before feeding back in plenary

7.2 Review of Panel Survey Results

During the final session, panellists were presented with charts and summaries depicting the results of the national ScotPulse survey and those completed over the course of the panel. A set of 'baseline questions', taken from the original ScotPulse public poll, were repeated in participant surveys at the following points:

- Session 2 (Pre-Session)
- Session 2 (Post-Session)
- Session 3 (Post-Session)
- Session 4 (Post-Session).

Whilst full charts can be found in Appendix C, key trends in results include:

- The sale of alcohol, tobacco and HFSS products was viewed as increasingly harmful to overall health as sessions progressed.

- Over time, food and drink manufacturers, government and businesses were seen as increasingly responsible for an individual's overall health in Scotland – with slightly less responsibility placed on healthcare professionals than previously.

- More panellists agreed that industry should have a responsibility for the harm they cause through the products they produce as the panel continued.

- Disagreement that industry should be involved in the development of public health policy also grew.

- As sessions went on, many panellists expressed feeling as though they have been influenced to consume products that could harm their health by the way they were marketed, with a marked rise in agreement following Session 3 on Industry Tactics.

- Net agreement that children are influenced to choose products which may harm their health by the way they are marketed remained high throughout. By Sessions 3 and 4, agreement with this statement became substantially stronger.

- Similarly, children were seen as too exposed to products like tobacco, alcohol, and HFSS food and drink; agreement with this statement was most strong following Session 3.

NCDs and the role of marketing

- Panellists reflected on a marked rise in agreement (46% strongly agreed and 50% agreed) that they have been influenced to consume products that could harm their health by the way they were marketed, as found in the post-Session 3 survey. They talked about becoming more informed about the power of industry and advertising during the session, which focused on industry tactics:

  "*The session three thing where we were hearing about the effects of alcohol advertising and that sort of thing, I think that really kind of hit home with everybody just how powerful industry is*".

- Panellists commented how, through taking part in the sessions, they had become more aware of the way – and extent to which – health harming products like alcohol, tobacco and HFSS food and drinks are marketed. For instance, some mentioned that they examine television or social media advertisements for HFSS products or alcohol more closely than before, looking out for marketing tactics:

  "I think the whole focus, the way the sessions were constructed, allowed us to really use a more clinical viewpoint into how marketing actually does affect us because we kind of blindly go about our business. We do shopping, we watch the TV. But I think what it did was put some stark contrast and context around how easily influenced we can be in our subconscious and also conscious, which I probably wasn't really aware of when I'm just going doing my daily business. So, I think the marketing element is really, really strong, which I possibly hadn't appreciated as much".

NCDs and the role of availability

- While alcohol, tobacco and HFSS products were seen to be widely available, panellists noted a particular rise in the presence and availability of vapes on a more local scale, whereby these are stocked in corner shops as well as major supermarkets.

- Others said that whilst they had noticed the increased availability of vapes in the public domain, they had previously held limited knowledge of their contents and thought they were intended to help, rather than hinder, users:

  "I was totally unaware of the impact of the vaping on young people and the makeup of the vapes themselves and the very harsh marketing, very vigorous marketing. So, I think with my viewpoint at the beginning, I was very 'oh, that seems like a good thing. It's helping people who perhaps are struggling to manage a nicotine habit and they've got an alternative'. And so, I was quite shocked when the presentations were given to us and we started talking about it".

- Some recalled discussions on separate areas in shops for alcohol display, as happens in other countries like Ireland and Australia, to limit availability. A "shop within a shop" model, whereby alcohol is kept separate to the rest of the store, was also mentioned. Several panellists said they would like to see this come into effect in Scotland and the wider UK, so that people must "go out of their way" to buy alcohol:

"*Don't put alcohol on shelves or in sections near other items, so you can't pick up crates of alcohol as part of your weekly shop*".

- Others said the sessions had led them to reconsider the harmfulness of the three key products, as they had previously overlooked the risks of HFSS products in comparison to alcohol and tobacco:

  "*I think for me, compared to the tobacco and like alcohol, I didn't give so much thought to the high fat, salt and sugar foods and but then towards the end I was like, 'God, these are harmful', you know, like the more information I got and the more I reflected on it and thought about it and, I was like, 'yeah it is just as harmful, if not, you know, on an equal kind of level'*".

NCDs and the role of price and promotions

- Panellists made particularly strong connections between price and promotions and HFSS products, remarking on the volume of promotions on unhealthy food and drinks. Many said this became starker throughout their participation in the panel, and acknowledged the rationale of industry:

  "*I don't know how many times I went to shops and things after a session and thought 'oh, we talked about that! Look at that on the end of the aisle! Look at the promotions on all of the stuff that's really bad for you and no promotions and stuff that's healthy', you know, there's really limited focus on that by retailers. And obviously that's because it's coming from drive for profit or from industry purposefully promoting things that are maximum in terms of margin for them*".

- Whilst some said they had noticed these in-store, others mentioned how strategic marketing outwith physical stores – i.e. in public spaces, online and via social media – can boost the uptake of promotions even further and influence certain groups, such as young people:

  "*I think also the use of the social media, that high caffeine energy drink, [brand name], that's been marketed exclusively on [social media] and how they seem to be able to get around rules to prevent advertising these products to children. And also, Prime were sponsoring people like [football team], who are meant to have a very strong social commitment through their club*".

Reflections on the role and responsibilities of government, industry and individuals

- Panellists mentioned how the role and influence of government could be easily overridden by the power of industry. They felt that local and national governments should have a firmer stance on tackling NCDs and, in particular, take more control in regulating the availability, price and promotions and marketing of tobacco, alcohol and HFSS products:

  "*I was kind of surprised how there wasn't as much control as I assumed there was already with the government. And so, I think that there should be sort of more control, more sort of independent, impartial advice and control over these products and stuff*".

- Nonetheless, they felt that they survey results emphasised public appetite for further governmental effort:

  "*And I feel like that's really clear for the figures that we just saw, that progress over time, the more that was heard about it [NCDs], it seems that we concluded by ascribing more responsibility for what was going on in terms of all the things we've learned about industry and government*".

  Panellists were also keen not to let industry "off the hook". Some suggested going further than "softer" measures like providing guidance to industry, and instead compelling them to take action to tackle NCDs:

  "*Yeah, the industry needs to take responsibility, but I don't think we should just leave it to them – I think it's time now that they are forced to take the responsibility*".

- Others reflected on the responsibility of different actors for an individual's overall health in Scotland. They noted how individuals continued to receive the highest scores throughout – an average of 8.8 in the pre-Session 2 survey, and 9 after Session 4. Although panellists appreciated that people will have autonomy to make their own choices, they also recognised the ways in which individuals can be particularly influenced by marketing or price and promotions:

  "*At the same time, the individual still scored highly. Yeah, we do need to take responsibility for ourselves as well. But over the course [of the sessions], we have learned that we can be influenced too easily or manipulated. Including myself, I'm kind of a sucker*

when it comes to bargains, looking back now I've been falling for those tactics all my life, even though I thought marketing or advertising doesn't work on me".

Wider thoughts on stakeholder involvement and public messaging

- Panellists were asked whether the information discussed during the sessions had led to any reservations about certain stakeholders being involved in policymaking to tackle NCDs. There was a level of hesitation around involving industry, with some panellists worried that industry representatives would use this to leverage their power to limit policies that might negatively affect them. As mentioned above, there was a notion of a need to 'force' industry to make positive changes:

  "*Well, I'm one of the ones that don't believe that the manufacturer should be in the policy meetings because they're the ones with the money and want to make money and they can change things because of money. Money is power. So, I don't think they should be in the meetings to change it. They should be told 'you have to change it, this is the law' but that's not done*".

- Others discussed a need for stronger messaging to inform the public about NCDs and the availability, price and promotion and marketing of health harming products. Referencing the impact of their participation in the panel, they noted how they were previously unaware of many of the issues raised, and felt that the evidence shared by experts should be more widely publicised, perhaps using high impact mediums like TV programmes:

  "Some of the statistics that we learned over the past few weeks. I think if they've surprised us, I don't think there's any point in keeping it quiet. It should be more publicised to everybody about just how bad things are. And I mean, you could use some of these programmes that people look at through the day, perhaps even just Panorama and all those things to try and keep repeating the message. You know, it's this sort of broken record technique where they say it again and again and again and again and eventually most people will hear it. I think keeping it quiet, just amongst policy makers and educationalists, is not much use. You've got to really inform people".

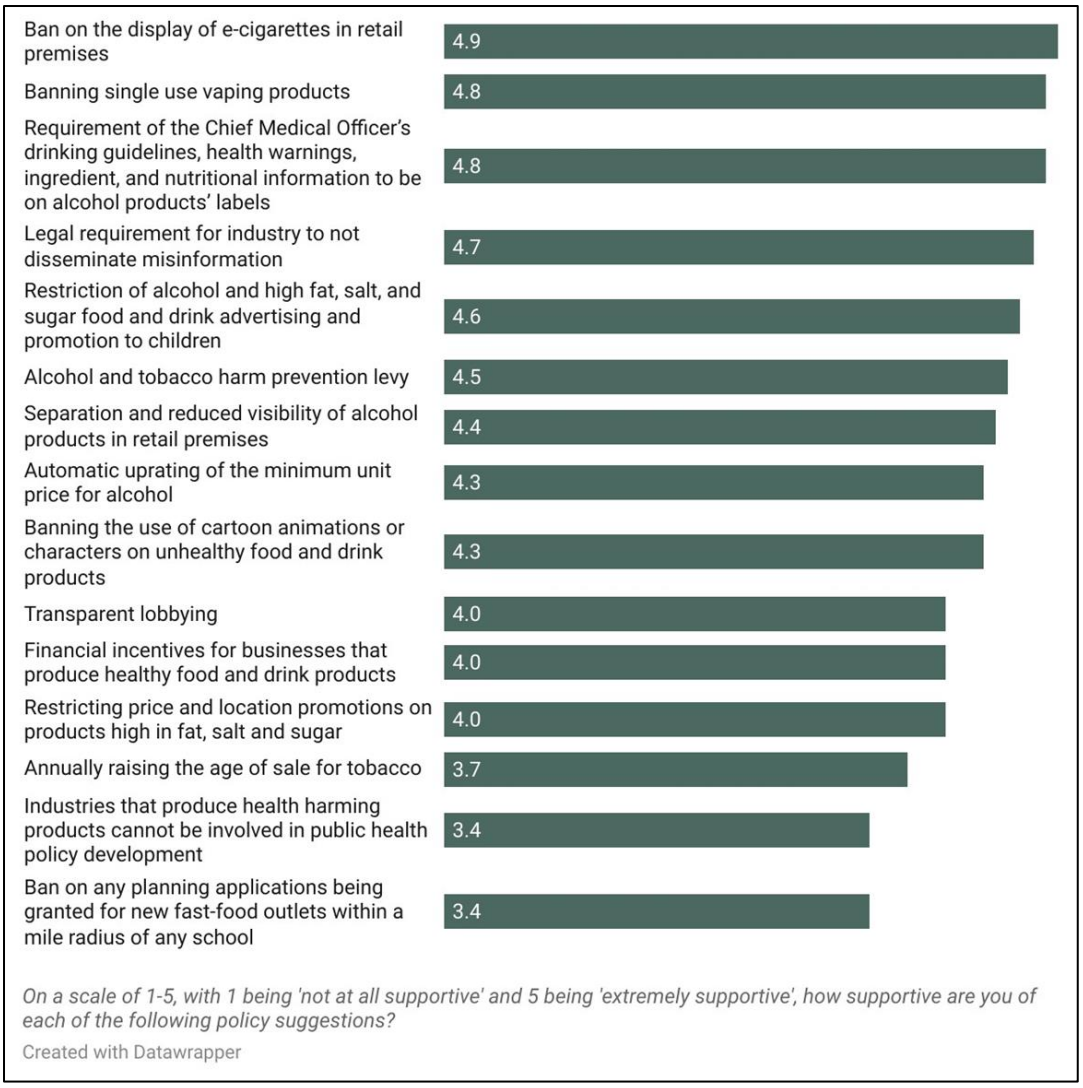
7.3 Discussions/Reflections on Policy Proposals and Further Survey Results

As described earlier in this report, panellists discussed their thoughts on the set of fifteen policy proposals in Session 4. The post-Session 4 survey repeated this list of policy proposals, asking

panellists to rate their support for each, with 1 being 'not at all supportive' and 5 being 'extremely supportive'. The results were collated and used to provoke reflections in Session 5.

In terms of high-level results, support for bans relating to tobacco appeared to be most popular amongst panellists, whilst more stringent requirements for industry also ranked highly. A full breakdown of the results can be found in Figure 7.1, below:

Figure 7.1: Panellist support for policy proposals (AVG – Ranking from 1-5)



General thoughts on the proposed policies

- After surveying the range of policy proposals, many panellists were keen for those which could be applied quickly to be implemented as soon as possible. Although some policies might

produce shorter-term effects than is desired - or dissipate due to changes to policy priorities or uptake - it was felt that "doing something is better than nothing at all":

> "*If we can see it, why can't the government sit up, take notice and see something has to happen before it gets to too late?".*

- Panellists described the policies which they thought might create so-called "small wins", which could then feed into longer term impacts and success. These included policies on the automatic uprating with minimum unit pricing for alcohol, banning the use of cartoon animations, and restricting price and location promotions.

  Panellists noted that other policies, such as incentives for businesses that produce healthy food and drink products, might take some time to phase in, but could be done:

  > *"I think so many of those are no brainers - just do them [...] So, I think my attitude would be what can be done easily at minimal cost? Just go ahead get it done".*

- In terms of who should implement these policies, some panellists felt that uniform implementation, on a national scale, would be most effective in informing devolved practices:

  > "*I'm thinking higher level [in terms of the implementation of policies]- I'm thinking right at the top UK government to inform everything else in the UK*".

- It was felt that the application of some policies, which would likely prove successful, could be taken further. For instance, several panellists believed that the separation and reduced visibility of alcohol products in retail premises was an important step in limiting consumers' exposure to health-harming products. There were also suggestions that the same approach could be applied to retail promotions on less healthy products, like HFSS foods:

  > *"I think the visibility of alcohol products is really important as well. I can't be the only one that walks through the supermarket seeing a bottle of wine on special offer and think 'ooh, I'll just have that' whereas if it was somewhere else, if I had to go out through the checkout and into another area to buy it, I probably would have gone home without it".*
  >
  > *"Yeah, I would agree with that as well, but I would apply that to all other special offers that are usually on the end aisles - we talked about it in the last session where I find myself buying a lot more stuff because it's on promotion or it's displayed right in your face. And rather than just sticking to my shopping list, I tend to get a lot more stuff than I actually need".*

Further suggestions around the role of policymakers

- Some panellists talked about the impact of the panel sessions in making them more aware of the challenges associated with, and need for, appropriate policymaking to reduce levels of NCDs. A few said they had come to realise how difficult it can be to introduce, and successfully onboard, policies. Panellists felt it imperative that policymakers to have a more involved role, to help balance out industry influence and close potential loopholes:

  "*I think I realised how difficult it might actually be to introduce something. And I think what I found really interesting was in one of the sessions where we considered scenarios and one that actually made me think a bit more was the charity and its main sponsor being the unhealthy industry. So yeah, that was quite interesting".*

  "For me, it's highlighted the actual need for their [policymakers'] involvement more. If people say 'oh, it's individual choice' all the time and then push it back, that is not realistic – it does need intervention and policymakers to take action".

Insights from past discussions on policy changes and regulations

- As panel sessions progressed, and panellists heard examples of "what works", they believed it made sense to replicate models and approaches that have proven to be effective. As minimum unit pricing for alcohol was considered to have worked well in Scotland, it was suggested that policymakers pay particular attention to local contexts and needs:

  "*I'm aware that the minimum unit pricing, from the evidence that's been published so far, seems to be that that is working. So, there we've got a model that maybe can be applied to other things*".

- Looking to what was 'missing' from the proposed policies, a key suggestion was that annually raising the age of sale for tobacco – understood as traditional cigarettes and other tobacco products – should also be applied to vaping products. The popularity of vapes amongst young people, and the "known unknowns" about the damage they can cause to health, were cited as key reasons to place age restrictions on these products.

Other factors informing policy development and practices in Scotland

- Panellists supported the idea that Scotland should look to other countries for comparisons and best practice to inform our own policies, such as those around regulation. There was acknowledgement that whilst not all of the interventions implemented in other countries will be suitable for the Scottish context, we should continue to look at their use and outcomes:

"I think that where countries have already tried things, you can at least identify what worked well or what didn't work well. Then you can overlay that on the cultural norms of Scotland because you can't just transport something from another country because obviously culturally some things will be easier to implement in different countries.

So, I think it's good to look outward as well as looking inward to what your what your population would tolerate. But also, people are more willing to look at something where there's some evidence to suggest that it's works well, or it hasn't worked well. So, I think looking to other countries, whatever size they are, you'll get something out of it, even if it's one thing".

- There was general agreement that data and information should inform Scottish policies on the marketing and pricing of alcohol, tobacco and HFSS products. However, a few panellists raised that some information on the intricacies of marketing and pricing is not readily available and is typically not in the public domain. Some panellists were sceptical about the level of public interest in the information informing policies, or interest in the policies themselves:

  "Most people only care [about policies] when it affects them, they don't go to look at how it came about or what it's there for".

- Nonetheless, data and information were seen as highly important for individuals. For instance, a few panellists noted how some consumers actively look at the ingredients of HFSS foods when making decisions around what to buy/eat, and that having more readily available information makes this easier.

  "*It's important to have the data and to have the information that is then communicated to the public in a simple form. I think they've got away with it, the manufacturers, by putting all this detailed data on small on a packet in such small writing and in such scientific terms, which people just don't understand. It needs to have clear information backing it up, but then to be very simple in it. So this is a harmful product because it's got X amount of sugar and Y amount of fat*".

- Many pointed out how a lack of available evidence could cause industry to argue against a policy on that basis. Therefore, the availability of clear and accurate data was seen to be in the best interests of all groups, in improving public knowledge and support for policies, weakening industry pushback and providing a clear path for 'markers and milestones' during the implementation and monitoring stages.

7.4 Conclusion

During the first breakout room of the final 'wrap-up' session, many spoke about the impact of their participation in the panel. Some panellists described how they were previously unaware of many of the issues raised and felt that the evidence shared by experts should be more widely publicised.

Meanwhile, a level of hesitation around involving industry in policymaking to tackle NCDs persisted, with some worried that industry representatives would use to leverage their power to limit policies that might negatively affect them.

In the second breakout room, panellists discussed survey results relating to their support for the policy proposals presented in Session 4. Support for bans relating to tobacco appeared to be most popular; more stringent requirements for industry also ranked highly. Many were keen for those policies which could be applied quickly to be implemented as soon as possible, and felt that uniform implementation, on a national scale, would be most effective in informing devolved practices.

While they noted how difficult it can be to introduce, and successfully onboard, policies to tackle NCDs, there was strong agreement that the survey results emphasised public appetite for further governmental effort. Panellists welcomed the idea that Scotland should look to other countries for comparisons and best practice to inform our own policies, such as those around regulation. Moreover, the availability of clear and accurate data was seen to be in the best interests of all groups, in improving public knowledge and support for policies, weakening industry pushback and providing a clear path for "markers and milestones" during the implementation and monitoring stages.

8. Overall Findings

This chapter provides high level observations on areas of consistency and areas of change attributable to this deliberative research project.

Table 8.1 summarises what was consistent and what changed in the panel's references towards tobacco, alcohol and HFSS.

Table 8.2 considers the attitudes towards actors – individuals, industry and governments. Aspects covered include views on responsibility and appetite for actions.

Table 8.1: Change and consistency in attitudes towards substances

	What was consistent?	What changed?
Tobacco	Feeling that cigarettes were more of a "past problem" Support for past high-profile smoking legislation, including banning smoking indoors. Description of vaping as a "growing problem" in Scotland for health and the environment (littering). View that industry was targeting promotion of vaping towards young people.	Increased instances of making parallels between steps to tackle smoking and potential steps to tackle alcohol and HFSS consumption. Taking a harder line on vaping, with more calls for government intervention.
Alcohol	Awareness of trends of low and no alcohol "alternatives" by alcohol companies.	Surprise at the levels of impact of alcohol consumption on health in Scotland. Increased awareness of industry tactics, especially towards advertising and sponsorship.
HFSS Foods	View that food should be treated differently to tobacco and alcohol as food seen as essential and HFSS foods as pleasurable. Desire for equipping people with the skills and knowledge to cook healthy food.	Some panellists starting to describe HFSS as more harmful than tobacco and alcohol as larger proportion of population will have HFSS consumption in their day to day lives. Increased calls for incentivisation of "healthy" food choices

	Sceptical about raising food prices during cost-of-living crisis.	

Table 8.2: Change and consistency in attitudes towards actors

	What was consistent?	What changed?
Individuals	Feeling that general public's awareness and knowledge of public health low, including connection between tobacco, alcohol and HFSS products to NCDs. Concern for children's behaviours and desire for parental responsibility.	Conscious that their knowledge was developing, and they likely had more understanding than general population through taking part in the panel and hearing from experts. Increased appreciation of influences on individual behaviour, especially marketing and pricing promotions.
Industry	Feeling that ultimately industry desires profits for shareholders and this largely informs their decision-making. Awareness that industry may oppose any regulations or changes. Appreciation that industry provides direct and indirect jobs including hospitality and tourism.	Increased call for industry to take responsibility for public health. Increased criticism of industry for using tactics to influence policy. The "appropriate" regulation of industry was considered an important step in the immediate term, to avoid loopholes and outliers.
Governments	Scepticism for difference government can make in the face of market of demand and supply. Concern for impacts on small businesses, and Scottish-based businesses of legislation. Fear of creating black market economies with any tax increases. A desire for public health education and provision so that people can make better decisions around their own health.	Moving from thinking primary responsibility of governments towards health is health care/health treatment towards understanding public health as a cross policy area of government responsibility. Initially thinking that the main lever of governments was tax to more. Understanding of range of policies. Increased appreciation of the motivations behind policy and the timelines for policies to result in a positive societal change.

		Perceived impact of legislation and government's role in tackling NCDs– from "hopeless to hopeful".

The most relevant change for NCD Alliance to be aware of was the change in the perceived impact of legislation and government's role in tackling NCDs– from "hopeless to hopeful". Expanding further on this point:

- At the beginning of Session 1, some panellists were sceptical about the impact of legislation and regulations in tackling NCDs. There was some discussion that too much legislation or placing controls on important elements of people's lives – such as supposed restrictions on the food they eat – can lead to a sense of "nanny statism". Others were apathetic about the role of government in being able to implement policies that work and felt that other current affairs issues would override those related to NCDs.
- As sessions progressed, panellists remained attached to the importance of individual choices in reducing NCDs, though recognised that greater collective effort and political support is vital to create a larger impact. After hearing about the effectiveness of past and existing policies, such as tobacco control policies in Scotland, they were more open to the role that regulation could play by the end of the panel process. Panellists believed it made sense to replicate models and approaches that have proven to be effective, including looking at "what works" in other jurisdictions. It was also suggested that policymakers pay particular attention to local contexts and needs, as minimum unit pricing for alcohol, for instance, was considered to have worked well in Scotland.
- Indeed, many were keen that key actors – starting with the government and industry and working through to individuals – look for "small wins" policies and implement those which could be applied quickly as soon as possible, e.g. bans on disposable vapes. These gradual, incremental changes, alongside persistence for positive change and resistance against industry pushback, were seen as crucial.

Appendix A: Characteristics of Panel Members

Respondent characteristics, in order of SIMD (Scottish Index of Multiple Deprivation) Quintiles 1-5 [When using postcode analysis, SIMD 1 is listed as being most deprived and SIMD 5 being least deprived]. [Base: 31 Respondents]

SIMD	Age Category	Gender
1	16-34	F
1	65+	F
1	65+	M
1	16-34	F
1	16-34	F
1	35-44	M
1	65+	F
2	65+	M
2	45-54	M
2	35-44	F
2	55-64	M
2	55-64	M
3	65+	M
3	35-44	F
3	65+	F
3	45-54	M
4	16-34	F
4	35-44	F
4	45-54	M
5	16-34	M
5	65+	F
5	65+	M
5	16-34	M
5	16-34	F
5	65+	F
5	55-64	M
5	65+	M
5	55-64	F
5	65+	M
5	65+	F
5	55-64	M

Appendix B: Survey Topline Results

An asterisk (*) has been used to represent results of less than half a percent,
A dash (-) has been used to represent results of exactly zero.

Question 1

On a scale of 0-10, with 0 being 'not at all responsible' and 10 being 'very responsible', how responsible do you think the following groups are for an individual's overall health in Scotland?

Base: All (1070)	AVG
Individuals	8.37
Heath care professionals	7.69
Scottish Government	6.69
UK Government	6.06
Local authorities	5.75
Food and drink manufacturers	5.54
Businesses	4.78
Charities	4.43

Question 2

On a scale of 0-10, with 0 being 'not harmful at all' and 10 being 'extremely harmful', how harmful do you think the sale of each of these products is on an individual's overall health?

Base: All (1071)	AVG
Tobacco	9.29
Alcohol	7.51
Foods high in fat, salt, or sugar	7.51

Question 3

To what extent do you agree or disagree with the following statements:

Base: All (1074)	Strongly agree	Tend to agree	Net: Agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Net: Disagree	Don't know
	%	%	%	%	%	%	%	%
Children are influenced to choose products which may harm their health by the way they are marketed	58	31	89	5	3	1	4	2
Industries should have a responsibility for the harm they cause through the products they produce	52	34	85	7	5	3	8	*
Children are too exposed to products such as tobacco, alcohol, and foods high in fat, salt or sugar	54	30	83	7	6	2	8	2
Industry should be involved in public health policy development	36	35	70	12	7	8	16	2
I have been influenced to consume products that could harm my health by the way they were marketed	19	30	49	17	13	19	32	2

Question 4

On average, would you say you do the following more or less than the recommended amount?

Base: All (1074)	Much more	Somewhat more	Net: More	About right	Somewhat less	Much less	Net: Less	Don't know
	%	%	%	%	%	%	%	%
Exercising: Guidelines recommend that UK adults should aim to do at least 150 minutes of moderate intensity activity a week (e.g. brisk walking, riding a bike) or 75 minutes of vigorous intensity activity (e.g. running, swimming, playing football) a week.	12	17	29	31	22	16	38	2
Drinking Alcohol: Men and women are advised not to drink more than 14 units per week (14 units is equivalent to 6 glasses of wine or 6 pints of ordinary strength beer/lager/cider).	8	16	25	27	10	37	47	2
Eating Fruit and vegetables: UK adults should aim to eat at least 5 portions of a variety of fruit and vegetables each day.	8	15	23	39	28	10	38	*

Question 5

On a scale of 0-10, how accessible do you think the following items are in Scotland? Where 0 is not available at all and 10 is readily available

Base: All (1072)	AVG
Foods high in fat, salt, or sugar	9.67
Alcohol	9.30
Tobacco	8.94

Question 6

Please select the statement you agree with the most:

Base: All (1074)	AVG
Price promotions should only be used on healthier food and drink	51
Price promotions on food and drink should not be restricted.	49

Question 7

How would you assess your own weight relative to your height and age, where 0 represents 'significantly below a healthy weight', 5 represents 'a healthy weight' and 10 represents 'significantly above a healthy weight'?

Base: All (1072)	%
Net: 0-3	5
Net: 4-6	47
Net: 7-10	47
Don't know	1
Average	6.44

Question 8

Which of the following best applies to you?

Base: All (1071)	%
Never smoked/vaped	51
Ex-smoker/vaper	28
Current smoker	10
Current vaper	9
Both smoke and vape	2

Recruitment 1

Do you or have you worked in the tobacco or alcohol industry in a capacity that would present a conflict of interest when discussing the sale or use of tobacco and alcohol?

Base: All (1071)	%
Yes	5
No	95

Recruitment 2

Would you be interested in taking part in a series of 5 workshops relating to public health in Scotland?

Base: All (1040)	%
Yes	43

Demographic 1

What is your ethnic group?

Base: All (1074)	%
A White	98
B Mixed or multiple ethnic groups	*
C Asian, Scottish Asian or British Asian	1
D African, Scottish African or British African	-
E Caribbean or Black	-
F Other ethnic group	*

Demographic 2

At the 2021 Scottish Parliament election, which party/parties did you vote for? [Up to 2]

Base: All (1074)	%
The Alba Party	1
The Scottish Conservative & Unionist Party	11
Scottish Labour	15
The Scottish Liberal Democrats	5
The Scottish Green Party	10
The Scottish National Party	48

A different party (please specify)	1
Don't remember	4
Didn't vote	12
Prefer not to say	6

Demographic 3

Do you consider yourself to have a long-term health condition?

This could be a physical condition, a mental health condition, or both. It would include disabilities and conditions such as cardiovascular disease, diabetes and respiratory conditions, for example.

If so, please indicate whether this is a limiting condition (i.e. a health problem or disability which limits your daily activities or the work you can do, including problems that are due to old age) or not.

Please select all that apply. For instance, you may consider yourself to have a limiting physical health condition, and a non-limiting mental health condition.

Base: All (1074)	%
A limiting physical condition	23
A non-limiting physical condition	14
A limiting mental health condition	8
A non-limiting mental health condition	7
None	52
Don't know	3
Prefer not to say	2

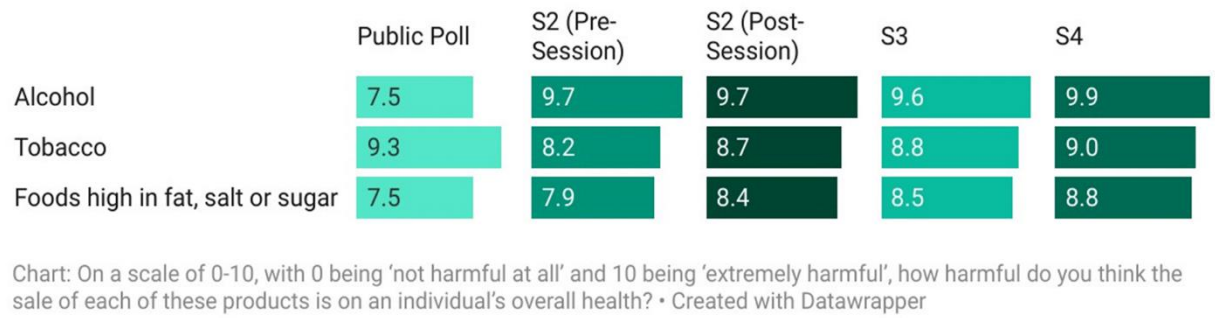
Appendix C: Full Collated Survey Results

During the final session, panellists were presented with charts and summaries depicting the results of the national ScotPulse survey and those completed over the course of the panel. A set of 'baseline questions', taken from the original ScotPulse public poll, were repeated in participant surveys at the following points:

- Session 2 (Pre-Session)
- Session 2 (Post-Session)
- Session 3 (Post-Session)
- Session 4 (Post-Session).

Key trends in results

Figure C.1 – Perceived harmfulness of products

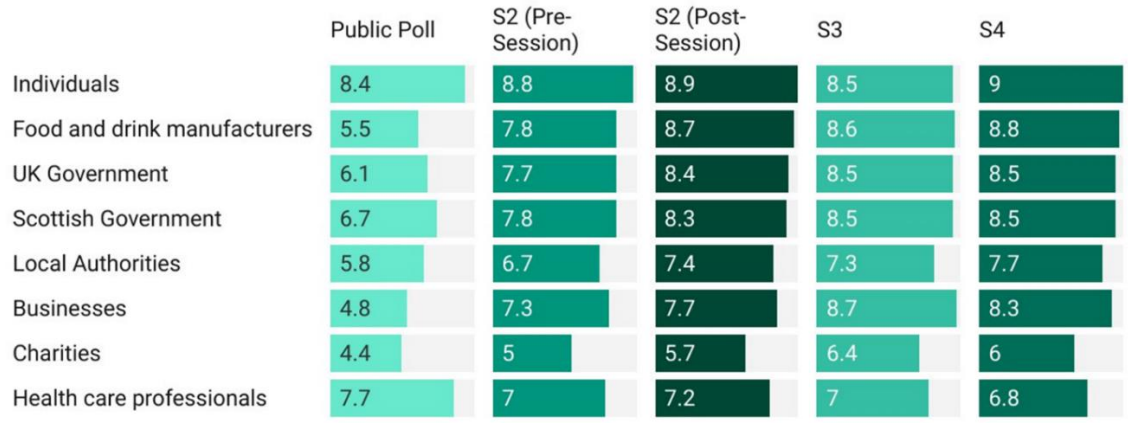


The sale of alcohol, tobacco and HFSS foods was viewed as increasingly harmful to overall health as sessions progressed (see Figure C.1, above). Whilst alcohol received an average score of 7.5 in the public (ScotPulse) poll, panellists viewed it as extremely harmful on health, reaching a score of 9.9 at Session 4.

Tobacco was seen as increasingly harmful to health as sessions progressed, receiving an average score of 8.2 in the pre-Session 2 survey and 9.0 at Session 4. Interestingly, those in the public poll considered tobacco to be the most harmful of the three products, scoring an average of 9.3.

A similar trend was seen for HFSS foods, which scored an average of 7.5 in the pre-Session 2 survey and had climbed to 8.8 by Session 4.

Figure C.2 – Responsibility for an individual's overall health in Scotland

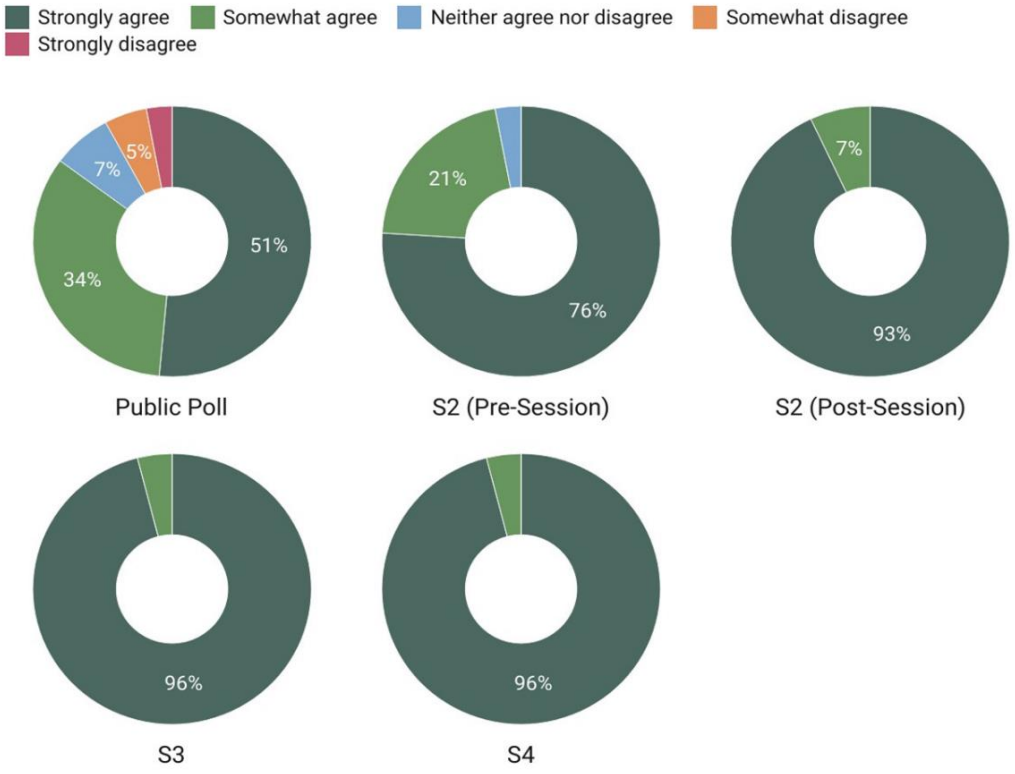


On a scale of 0-10, with 0 being 'not at all responsible' and 10 being 'very responsible', how responsible do you think the following groups are for an individual's overall health in Scotland?

Created with Datawrapper

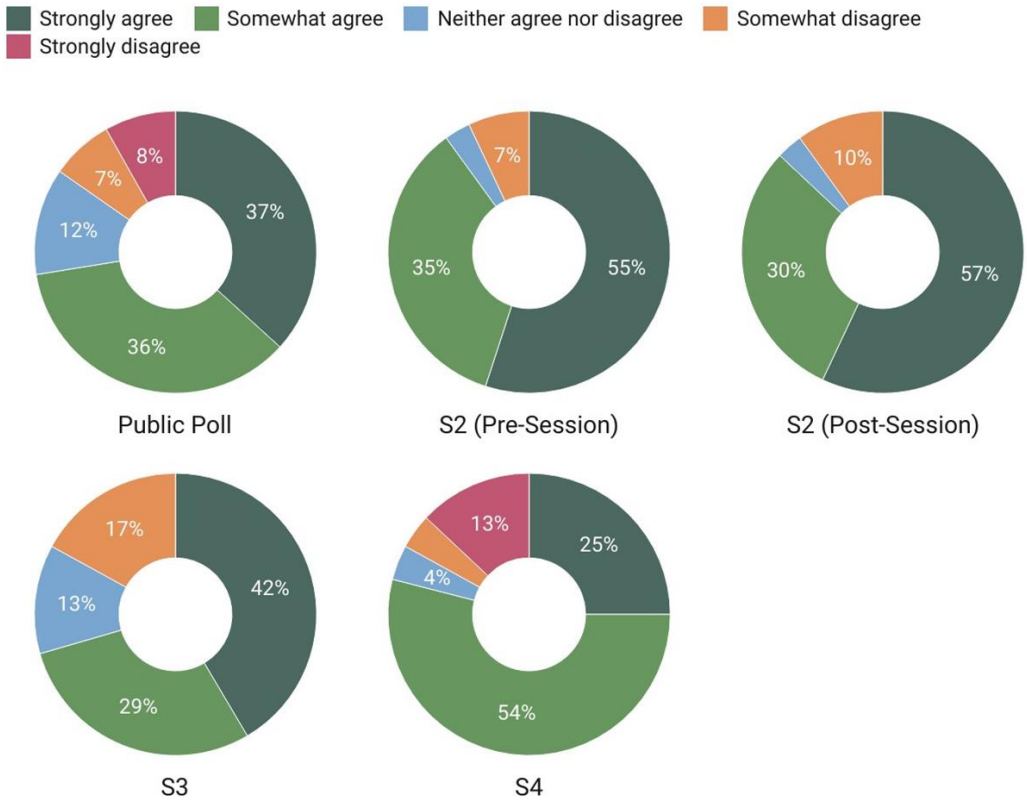
Over time, food and drink manufacturers, government and businesses were seen as increasingly responsible for an individual's overall health in Scotland. Individuals continued to receive the highest scores throughout – an average of 8.8 in the pre-Session 2 survey, and 9 after Session 4. Slightly less responsibility was placed on healthcare professionals than before (see Figure C.2).

Figure C.3 – Industry's responsibility for the harm they cause through the products they produce



More – and eventually all – panellists agreed that industry should have a responsibility for the harm they cause through the products they produce. This rose from 97% agreement in the pre-Session 2 survey to 100% agreement thereafter (see Figure C.3).

Figure C.4 – Industry should be involved in the development of public health policy

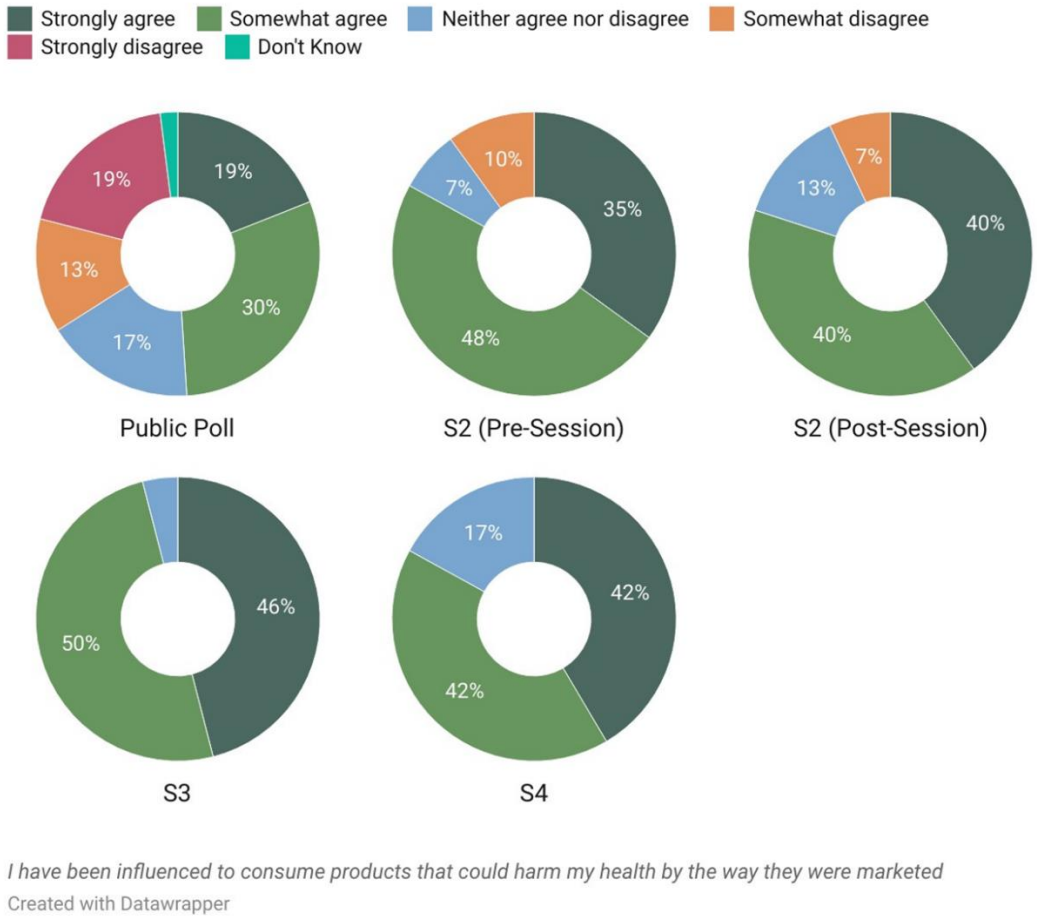


Industry should be involved in public health policy development

Created with Datawrapper

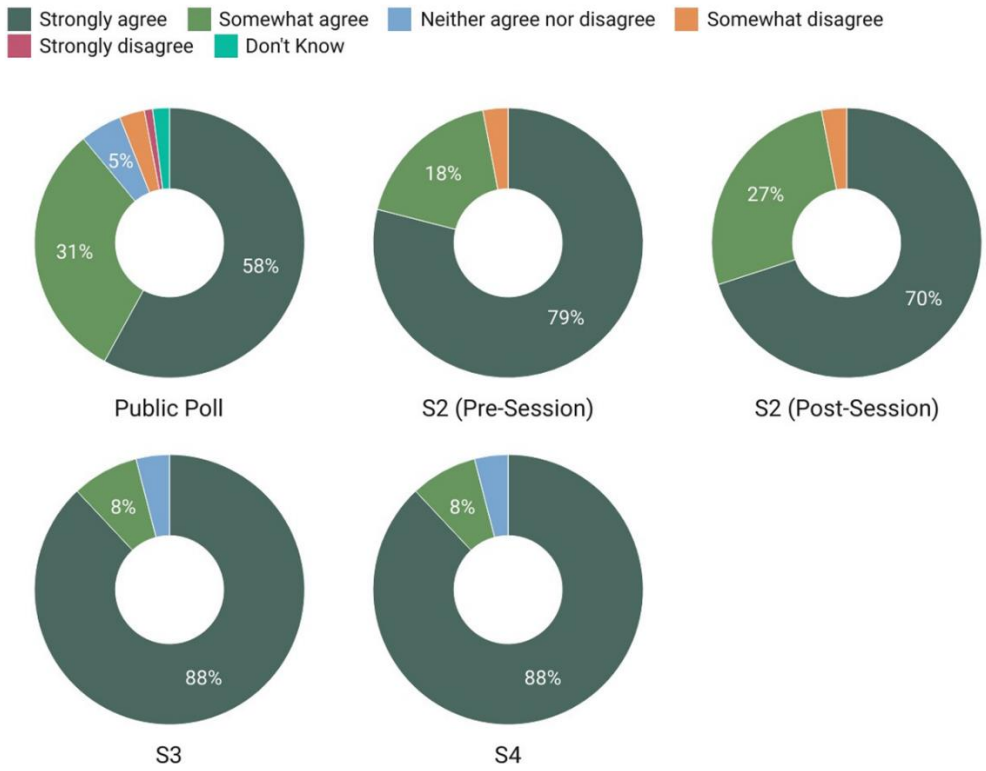
Disagreement that industry should be involved in the development of public health policy also grew as the panel progressed (see Figure C.4). This was particularly strong after Session 2 on Personal Choice vs Government Responsibility, and less so following Session 3 on Industry Tactics.

Figure C.5: Influence of marketing on panellists



As sessions went on, many panellists felt as though they have been influenced to consume products that could harm their health by the way they were marketed, with a marked rise in agreement (to 96%) following Session 3 on Industry Tactics (see Figure C.5).

Figure C.6: Perceived influence of marketing on children:



Children are influenced to choose products which may harm their health by the way they are marketed

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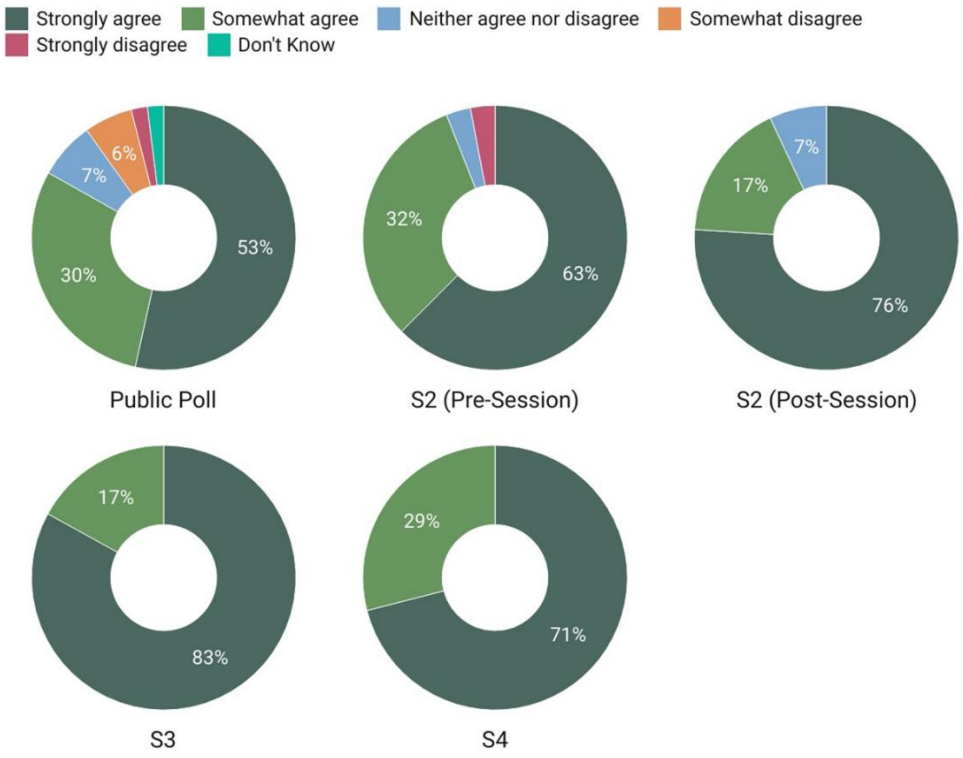
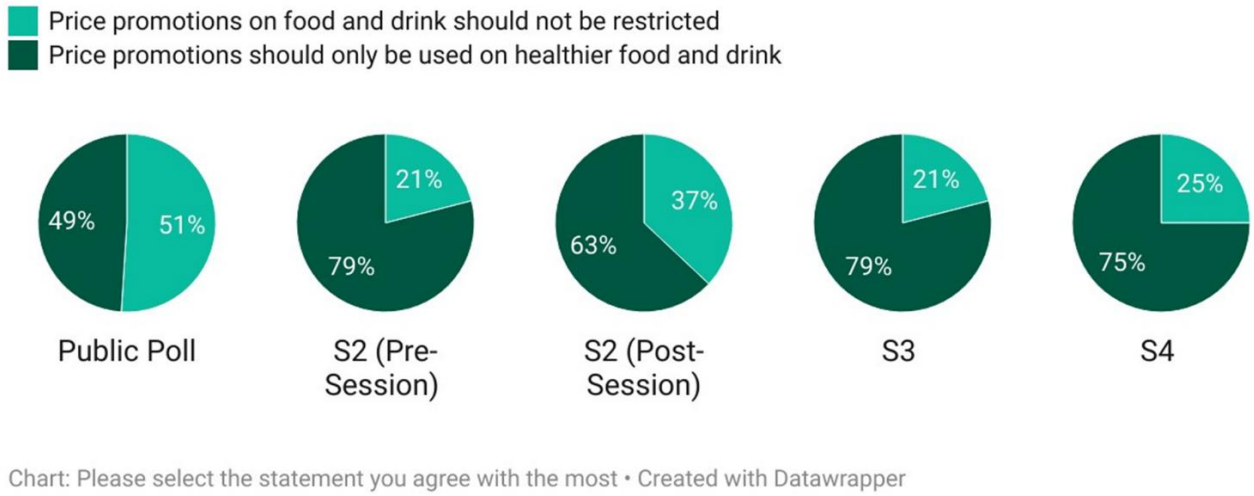
Net agreement that children are influenced to choose products which may harm their health by the way they are marketed remained high throughout. By Sessions 3 and 4, agreement with this statement became substantially stronger (see Figure C.6).

Figure C.7: Childrens' exposure to health harming products



Similarly, children were considered too exposed to products like tobacco, alcohol, and HFSS foods; agreement with this statement was most strong following Session 3 on Industry Tactics, where 83% strongly disagreed (see Figure C.7).

Figure C.8: Use of price promotions on food and drink



Over the course of the panel, there were fluctuating views on whether price promotions on food and drink should be reserved for healthier food or drink or should not be restricted (see Figure C.8).

It's possible that conversations in Session 2 (on Personal Choice versus Government Responsibility) provoked differences in its pre- and post- survey results. Here, panellists used cue cards and thought about the role of individuals, government, and industry in the marketing of alcohol, tobacco and HFSS food. They also looked at four case study scenarios on alcohol sponsorship in industry, individuals making healthier choices to combat obesity, and more.

Session 3 focused on industry tactics, and Session 4 on policies; this may have led more people to come to the view that price promotions should only be used on healthier food and drink (79% in Session 3 and 75% in Session 4).

Appendix D: Panel Session Content

First Session- Introductory	
Elements of sessions, in order	**Participant input**
The 'What' and the 'Why' – An introduction to the NCD Alliance	
Review of the survey results	Small group discussions and then sharing with whole group • Ask for key reflections on the results overall – any questions? Is there anything that anyone wants to raise? • What did people find surprising/interesting/though-provoking? Anything they want to challenge or question?
Presentation by Simon Capewell (Emeritus Professor, Department of Public Health, Policy & Systems, Institute of Population Health, University of Liverpool)	Small group discussions and then sharing with whole group • Ask for key reflections on the presentation – any questions? Is there anything that anyone wants to raise? • What did people find surprising/interesting/though-provoking? Anything they want to challenge or question?
Second Session- Responsibility	
Elements of sessions, in order	**Participant input**
Welcomes and discussions on responsibility	Small group discussions and then sharing with whole group Utilising cue cards
Presentation by Dr Megan Cook (Research Fellow at University of Stirling)	Small group discussions and then sharing with whole group
Case studies/discussion **Government Station 1: Scenario - Vaping Tax** **The government is confronted with the ongoing challenge of addressing the high prevalence of vaping and the associated health risks within the population.**	

To combat this issue, the government is considering an increase in tax on e-liquids. If implemented, this tax would lead to a significant rise in the price of electronic cigarette refills. ➢ We want to hear what you think about this scenario. ➢ We have some questions for you to discuss together. ➢ Please write any thoughts you have on post-it notes and add to the grid. Individuals Station 1: Persona - Making Healthy Choices to Combat Obesity James is a 48-year-old office worker in Scotland who has struggled with weight gain over the past decade. His sedentary job and busy lifestyle have contributed to unhealthy eating habits and limited physical activity. He lives with his wife in a large Scottish town. Their grown-up children live nearby. A few of his friends have recently had health scares and James is now starting to think about his health and possible changes he can make. He doesn't smoke and doesn't consider himself to drink to excess. He thinks he could make some improvements to his lifestyle but doesn't know where to start. ➢ We want you to imagine you are in the shoes of James. ➢ We have some questions for you to discuss together. ➢ Please write any thoughts you have on post in notes and add to the grid.	

Industries Station 1: Scenario - Alcohol Sponsorship **A Scottish based charity has a long-standing sponsorship deal with a prominent alcohol company. The charity specialises in accessing culture to promote wellbeing- including dance, music and theatre. Its activities are largely running free training and skills development for young people, and free programmes for older people in state care homes.** **The sponsorship by the alcohol company is a large proportion of their unrestricted income (budget they can spend on their activities how they choose). There's nothing currently in the charity's constitution to limit the sources of income they can legally harness. The charity board is reconsidering this sponsorship for the next period.** **Trustees are debating the pros and cons of making a new sponsorship deal.** ➢ **Put yourself in the shoes of a charity trustee. Do you think your charity should re-appoint this sponsor?** ➢ **We have some questions about what would affect your decision.** ➢ **Please write any thoughts you have on post it notes and add to the grid.** **Government Station 2: Scenario – Price and Promotions on Food** **The government is deeply concerned about the escalating challenge of rising obesity rates driven by the widespread availability and aggressive promotion of unhealthy foods high in sugars, fats, and salt.**	

The government is actively considering enacting regulations aimed at restricting the pricing and promotion strategies used for unhealthy foods. **These regulations might involve the introduction of minimum pricing for specific categories of foods, such as sugary snacks and beverages. Simultaneously, the government seeks to limit the promotional techniques that accompany these products such as the use of multi-buy offers.** ➢ **We want to hear what you think about this scenario.** ➢ **We have some questions for you to discuss together.** ➢ **Please write any thoughts you have on post-it notes and add to the grid.**	
Third Session- Industry Tactics	
Elements of sessions, in order	**Participant input**
Idea generation - their examples of industry tactics	Small group discussions and then sharing with whole group A3 sheet to fill in
Presentation by Dr Nason Maani Lecturer in Inequalities and Global Health Policy, Global Health Policy Unit	Small group discussions and then sharing with whole group
Evidence safari	Small group discussions and then sharing with whole group
Wider thoughts	Wider feedback- to share their findings and insights, including any observations about marketing, price, promotions, and industry responses.
Fourth Session- Policy	
Elements of sessions, in order	**Participant input**
Idea facilitation	Small group discussions and then sharing with whole group Tool Sheet-A3. One sheet for each of:

	• Tobacco • Alcohol • HFSS foods
Policy Proposals- Price and Promotions and Marketing- 1. Automatic uprating of the minimum unit price for alcohol. With uprating MUP from 50p to 65p now, with a mechanism introduced to automatically update the price in line with inflation. 2. Financial incentives for businesses that produce healthy food and drink products. Removal of subsidies/incentives for industries which produce health harming products, such as alcohol, tobacco, and food and drinks high in fat, salt and sugar. 3. Restricting price and location promotions on products high in fat, salt and sugar 4. Restriction of alcohol and high fat, salt, and sugar food and drink advertising and promotion in environments where children and young people are likely to be exposed to them. E.g., at sporting events and public transport 5. Banning the use of cartoon animations or characters on unhealthy food and drink products	Small group discussions and then sharing with whole group

Policy Proposals- Availability 6. Separation and reduced visibility of alcohol products in retail premises; a single area of the shop separated by a physical barrier which has a minimum height of 1.2 metres and through which alcohol and advertisements for alcohol are not visible 7. Ban on the display of e-cigarettes in retail premises 8. Banning single use vaping products 9. Ban on any planning applications being granted for new fast-food outlets within a mile radius of any school 10. Annually raising the age of sale for tobacco, ensuring tobacco cannot be sold to anyone born after a certain date	Small group discussions and then sharing with whole group
Policy Proposals: Industry 11. Alcohol and tobacco harm prevention levy with proceeds being used to fund prevention activity and support services 12. Requirement of the Chief Medical Officer's drinking guidelines, health warnings, ingredient, and nutritional information to be on alcohol products' labels 13. Legal requirement for industry to not disseminate misinformation	Small group discussions and then sharing with whole group

14. Industries that produce health harming products cannot be involved in public health policy development 15. Transparent lobbying – All companies must declare their lobbying and marketing spend. Transcripts must be published for all meetings that take place between Scottish Government Minister's and industry actors.	
Fifth Session- Wrap-up	
Elements of sessions, in order	**Participant input**
Run through results from over course of panel	Small group discussions and then sharing with whole group
Presentation of policy reflections, and look back at more of our survey results	Small group discussions and then sharing with whole group

NCD ALLIANCE
SCOTLAND

NCD Alliance Scotland is a coalition of 24 health organisations and charities campaigning for action to reduce the ill health and death driven by health harming products (alcohol, tobacco and unhealthy food and drinks). Originally formed in 2020, the group has grown in recent years and has established itself as a key network to campaign for progress in prevention and reduction of non-communicable diseases. More information can be found here:

www.bhf.org.uk/what-we-do/in-your-area/scotland/ncd-prevention-report

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From many voices to smart choices