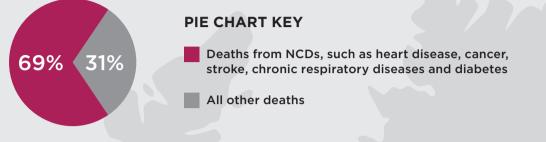# Preventing Non-Communicable Disease

NCDs, such as heart disease, cancer, stroke, chronic respiratory diseases and diabetes, are responsible for more than two thirds of all deaths in Scotland — around 39,000 every year[I].
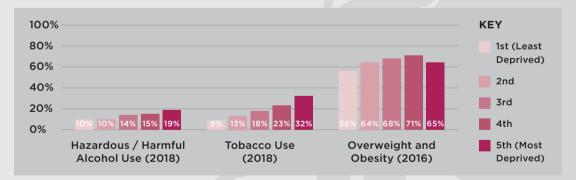

69% **31%**

PIE CHART KEY

■ Deaths from NCDs, such as heart disease, cancer, stroke, chronic respiratory diseases and diabetes

■ All other deaths

NRS estimates that almost 24% of these deaths could be prevented by public health interventions[II]. As research progresses, we are understanding that many of these deaths are preventable through addressing modifiable and societal risk factors such as reducing the number of people who smoke, levels of overweight and obesity and how much alcohol people drink.

£267m
the estimated cost to the NHS from **alcohol use** in Scotland[III].

£600m
the estimated cost to the NHS from **obesity** in Scotland[IV].

£780m
the estimated cost to the NHS from **tobacco use** in Scotland[V].

Evidence is also emerging that shows obesity and the use of tobacco and alcohol increase the risk of poor Covid-19 outcomes. Bold action on these measures would not only tackle NCD's but also increase Scotland's resilience to infectious disease. Action would also help to protect and support Scotland's NHS. Alcohol use, tobacco use, and obesity place a significant burden on the NHS and it is vital that the opportunity is taken as the pandemic continues to protect the future health of Scotland's communities and the NHS.

Population-level action and inequalities

We also know that the burden of tobacco use, alcohol consumption and overweight and obesity is most significant in our most deprived communities. Rates of all three of these factors are higher in deprived areas and it is crucial that all action taken to address them does not exacerbate inequalities.

KEY

■ 1st (Least Deprived)
■ 2nd
■ 3rd
■ 4th
■ 5th (Most Deprived)

	Hazardous / Harmful Alcohol Use (2018)	Tobacco Use (2018)	Overweight and Obesity (2016)
1st	10%	9%	56%
2nd	10%	13%	64%
3rd	14%	18%	68%
4th	15%	23%	71%
5th	19%	32%	65%

To achieve this, we are calling for action at a population level. Whilst interventions focused on individual action can work in certain circumstances, it has been shown that they are less effective within more deprived groups, sometimes exacerbating inequalities in the health of Scotland's communities.

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

Urgent action is needed to address the societal factors that are affecting the health of people across Scotland's communities. The Scottish Parliament has an opportunity in the next session, as the nation emerges from the Covid-19 crisis, to positively impact the health of the nation. **And Scotland's political parties must commit to taking action to help prevent thousands of NCDs ahead of the Scottish Parliament elections in May 2021.**

I.   https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2018/section-6-death-causes
II.   'Preventable' deaths for the causes: Neoplasms, Endrocrine, nutritional and metabolic diseases, Circulatory system diseases and Respiratory system diseases. https://www.nrscotland.gov.uk/files/statistics/avoidable-mortality/2018/avoid-mortality-18-all-tabs.xlsx
III. http://www.scotland.gov.uk/Publications/2009/12/29122804/0
IV.   SPICe. (2015). 'SPICe Briefing: Obesity in Scotland'. (pdf)
V.   https://www.ashscotland.org.uk/media/708546/action-on-smoking-is-good-value-for-money-dec-2017.pdf
VI.   It is estimated that a 50p minimum price will avert 119 deaths per year per 100,000 harmful drinkers in poverty, compared to 16 deaths averted per 100,000 harmful drinkers not in poverty. Angus, C., Holmes, J., Pryce, R., Meier, P. & Brennan, P. (2016). Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland An adaptation of the Sheffield Alcohol Policy Model version 3. ScHARR, University of Sheffield, https://www.sheffield.ac.uk/polopoly_fs/1.565373!/file/Scotland_report_2016.pdf
VII. https://www.obesityactionscotland.org/publications/briefings/

Recommendations

Availability

- Regulate or limit access to unhealthy food through improved planning and registration arrangements for the out of home sector[VII].

- Make the Tobacco Register conditional — where a condition of registration is adhering to age restriction laws. This would allow for swift action to be taken against retailers who break the law and would also create a mechanism for introducing new measures on the availability and price of tobacco without needing further legislation.

- Commit to a national conversation, including all key partners, to develop a national strategy on the availability of alcohol through the lens of harm reduction. In addition, the Scottish Government should strengthen the licensing regime's role in controlling availability.

Marketing

- The Scottish Parliament and Government should restrict the advertising of alcohol and HFSS in Scotland where they can, because such advertising influences children and young people most. This should include outdoor advertising such as billboards, public transport, digital media advertising, and sponsorship of professional sports and events.

- The Scottish Government and Public Health Scotland should work to create and launch yearly, unique mass media campaigns to encourage smokers to quit, targeted at communities where smoking rates are highest. These campaigns should promote the use of smoking cessation services to enable people engage with effective support to quit smoking.

Pricing and Promotion

- The Scottish Government and Parliament should seek to pass a bill to restrict the use of promotions on food and drink high in fat, sugar and salt urgently in the next session.

- The Scottish Government should bring forward proposals to raise the minimum unit price for alcohol to take account of price inflation and to optimise the effect of the policy in reducing alcohol harm, in light of the evidence to-date.

- The Scottish Government and Parliament should consider the introduction of minimum/maximum unit pricing for tobacco products which would deter the supply of the cheapest products whilst also preventing the tobacco industry from shifting price increases from cheap to premium products. It is important also that such an intervention is supported with appropriate services and support to help people quit smoking.

Treatment Services

- Place the restoration of support services for weight management, alcohol treatment and smoking cessation at the heart of the NHS's recovery. This should include sharing learning on how technology can provide more flexible and accessible options for people in need of support.

- Ensure the delivery across each NHS board of structured programmes for the recording of smoking status, providing prompt provision of specialist smoking cessation and ongoing support across all healthcare settings — beyond existing service guidelines.

- Ensure equitable access to effective weight management services through implementation of actions from the Diet and Healthy Weight Delivery Plan.