

# International Horizon Scanning and Learning Report

The commercial determinants of health:  
children and young people

Report 49, July 2024


## Overview

The International Horizon Scanning and Learning reports were initiated as part of the COVID-19 public health response, to support dynamic response and recovery measures and planning in Wales. The scope of the reports was expanded in spring 2022 to cover priority and emerging public health topics, including in the areas of health improvement and promotion, health protection, and healthcare. Report topics are requested by Welsh Government, Public Health Wales as well as wider NHS and Wales key stakeholders and partners. The report topics and findings are aligned with and help inform decision-making and on-going work in Welsh Government, the NHS, Public Health Wales, and the COVID-19 Public Inquiry. They are also disseminated to wider network of (public) health professionals and partners nationally and internationally. The reports are produced quarterly.

This is part of a wider Public Health Wales' systematic approach to intelligence gathering and evidence translation into policy and practice, supporting coherent, inclusive and evidence-informed action, which progresses implementation of the Wellbeing of Future Generations (Wales) Act and A Healthier Wales strategic plan towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

**Disclaimer:** The reports provide a high-level summary of international learning only from real life experiences from selected countries and key global organisations, and from a variety of scientific and grey literature, including sources of information to allow further exploration. The reports are not comprehensive and are not aimed at providing detailed or in-depth evidence review, analysis or quality assurance. They are meant to offer a brief snapshot or current evidence, policy, and practice, sharing relevant country examples and key (reputable) international bodies' research, guidance, tools, and principles.

## In focus:

 **The commercial determinants of health: children and young people**

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## At a glance: summary of international learning

*“Commercial actors can contribute positively to health and society, and many do, providing essential products and services. However, a substantial group of commercial actors are escalating avoidable levels of ill health, planetary damage, and inequity – the commercial determinants of health.”*  
*The Lancet, 2023<sup>i</sup>*

This report focuses on international approaches and examples of best practice to address the commercial determinants of health. Specifically, it addresses the availability/ accessibility of and exposure to alcohol and unhealthy foods among children and young people.

- Tobacco is not a focus of this report as control in the UK is more advanced compared with other countries and other unhealthy product areas
- Babies are not a focus of this report, which highlights policy approaches and international examples focusing on impact of commercial actions that target children and young people and influence their behaviour

### The Commercial Determinants of Health

- ✚ The World Health Organization (WHO) **defines** Commercial determinants of health (CDoH) as the private sector activities impacting public health, either positively or negatively, and the enabling political economic systems and norms
- ✚ The private sector **influences** the social, physical and cultural environment through business actions and societal engagements, such as, supply chains, labour conditions, product design and packaging, research funding, lobbying, preference shaping
- ✚ Many of the **wider determinants of health have CDoH** aspects to them, including:
  - ✓ income level
  - ✓ educational opportunities
  - ✓ occupation, employment status and workplace safety
  - ✓ food insecurity and inaccessibility of nutritious food choices
  - ✓ access to housing and utility services
  - ✓ higher use of tobacco in some regions
  - ✓ gender inequity
  - ✓ racial segregation

### Impacts on Health and Well-Being

- ✚ Evidence suggest CDoH **contribute substantially to deaths and premature deaths**
- ✚ Exposure to health-harming products (such as tobacco, alcohol, high fat, salt and sugar foods (HFSS), gambling products, fossil fuels) can cause and contribute to **non-communicable diseases (NCDs)**, which are **shortening people’s lives and causing poor health**
- ✚ Unhealthy commodities **worsen pre-existing economic, social and racial inequities**
- ✚ **Young people are especially at risk**
  - Exposure to tobacco content through traditional and social media platforms is associated with youth smoking behaviours, including lifetime use, past 30-day use and susceptibility to tobacco use among those who do not smoke
  - Exposure to alcohol marketing across different media channels can increase the likelihood that a young person will initiate or increase their alcohol use

- New social media platforms expose young people to marketing for harmful products with a lack of regulatory compliance associated with new forms of marketing on these platforms, such as influencer promotions
- The impacts of addictive products such as alcohol and gambling include mental health problems, injuries, disengagement from school and financial concerns
- Ultra-processed foods contribute to a range of NCDs among young people
- Novel products, such as vaping, have created a new range of health risks for young people

## Solutions-Based Action

- ✚ Defining issues mainly as individual responsibility (for example, ‘what we choose to eat affects our health’) means solutions are largely focused at an individual level, rather than at the environment that affects available choices or factors that shape our choices
- ✚ A re-balance and a shift towards public interest and **health enabling environments**, particularly for children and young people, is required
- ✚ **More government action** on tobacco, alcohol, gambling & obesity is wanted by the public
- ✚ **Partnering with civil society**, adopting ‘**best buys**’ strategies and **conflict of interest** policies, and supporting **safe spaces for discussions with industry**, are examples of how countries can address CDoH

### 1. Approaches to Reduce Exposure

- ✚ Introducing comprehensive marketing restrictions across all media platforms for children and young adults
- ✚ Establishing a clear minimum legal age for HFSS food and drinks digital marketing to children, based on evidence of vulnerability of younger children and adolescents
- ✚ Broadening the definition of marketing to children to include marketing for mixed audiences, considering that children often access content not specifically targeted at them
- ✚ Using government-led nutrient profile to classify foods to be restricted from marketing
- ✚ Establishing age verification of online users and tagging of marketing campaigns to flag up material which should be restricted for a young audience
- ✚ Developing appropriate sanction and penalty mechanisms to enforce the removal of marketing in digital platforms
- ✚ Enforcing influencer marketing restrictions (e.g., restricting what content creators can endorse or sell on social media platforms)
- ✚ Implementing mechanisms to monitor the influence of marketing online on public health

### 2. Approaches to Reduce Access and Availability

- ✚ Using pricing policies, such as excise tax increases on unhealthy food and alcohol products, to increase their relative cost and reduce affordability
- ✚ Enforcing product placement restrictions by targeting placement of unhealthy food and alcohol products within retail outlets
- ✚ Banning the sale and provision of unhealthy food and beverages in schools, as well as prohibiting sponsorship and marketing of these products on school premises
- ✚ Use zoning and urban planning regulations to limit the concentration of fast-food outlets, convenience stores, and other retailers of unhealthy products in areas near schools and residential neighbourhoods with high child and youth populations

## Country Features

### Chile

- ✚ Chile has enacted comprehensive policies which include nutrition warning labels, restrictions on marketing to children, bans on unhealthy products in schools, and regulation of promotional tactics
- ✚ The policies address commercial actions to reduce consumption of unhealthy foods among children and reduce obesity rates
- ✚ The enforcement of these policies has significantly decreased children's exposure to the marketing of unhealthy foods

### Estonia

- ✚ Current measures to strengthen alcohol policy in Estonia, including increasing excise taxes, imposing wider restrictions on alcohol sales, and banning alcohol advertising, are in accordance with the WHO's 'best buys' to reduce harmful use of alcohol
- ✚ Estonia's policies are successful due to political commitment, engagement with civil society and the public, implementation of evidence-based policies, and empowerment of the public health sector

### Norway

- ✚ Norway's 2022 Alcohol Strategy focuses on the proven alcohol policy best buys in Norway, including challenging the Norwegian alcohol retail monopoly, advertising bans, reduced availability through limited opening hours and reduced affordability for alcohol products
- ✚ What started with a concern for the health of young people has had a positive effect for the whole population
- ✚ Since 2019, Norway has seen a decline in the volume of beer, wine and spirits sales and hit a four-year low in 2023

**An overview of the policy context in Wales is provided for reference in Appendix A**

## The commercial determinants of health: children and young people

This report focuses on international approaches and examples of best practice to address the commercial determinants of health. Specifically, it addresses the availability/ accessibility of and exposure to alcohol and unhealthy foods among children and young people. For the purposes of this report, children and young people are any **persons under the age of 18**.

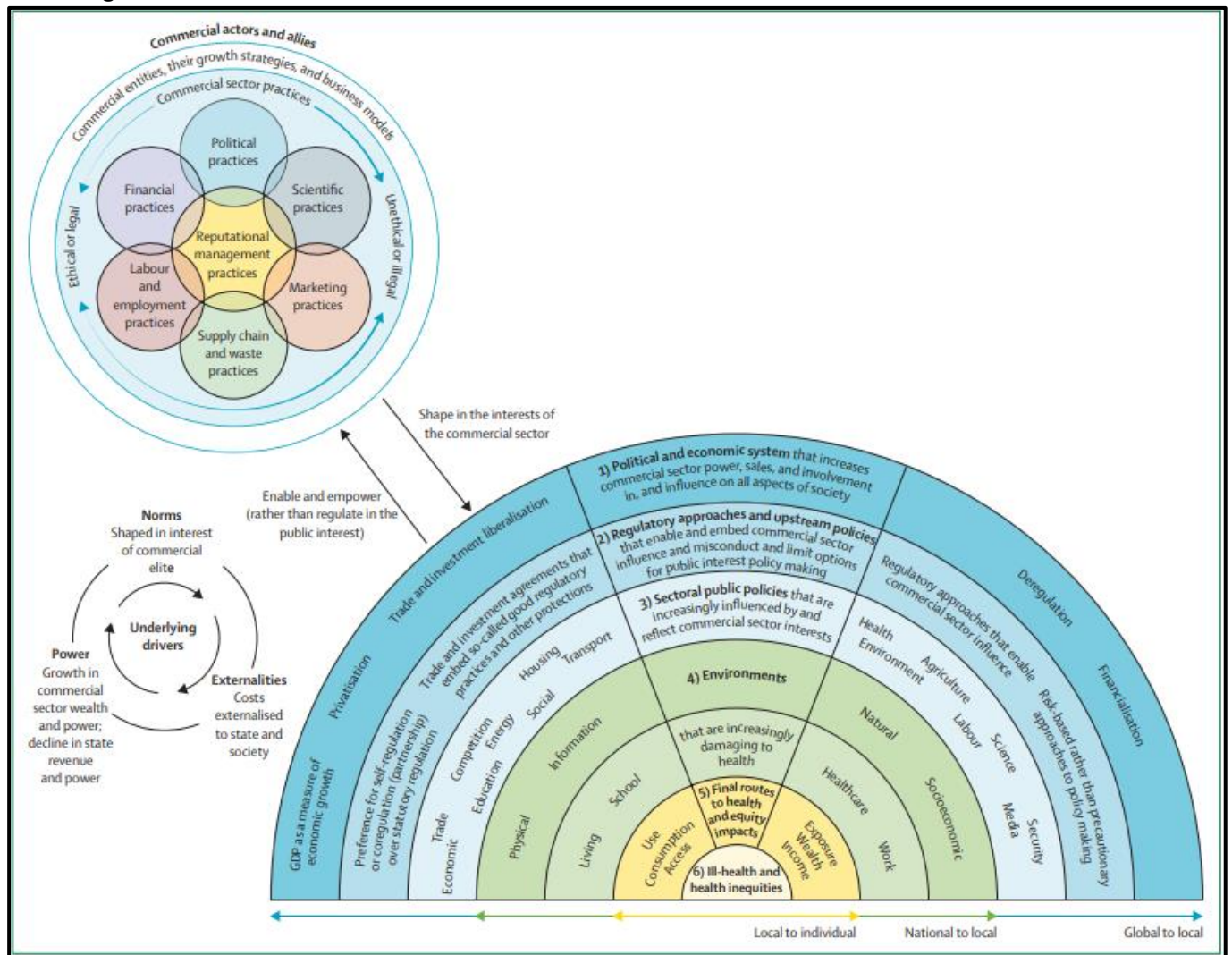
- **Tobacco is not a focus** of this report as control in the UK is more advanced on many of the approaches utilised to address the commercial determinants when compared with other countries and work on other unhealthy product areas (see Case Study on “Learning from Tobacco Policy in the UK”- page 18)
- **Babies are not a focus** of this report as highlighted policy approaches and international examples focus on the impacts of commercial actions that target children and young people and influence their behaviour, rather than on those that target parents or guardians and subsequently babies who are unable to act themselves

### Background

- The World Health Organization (WHO) defines Commercial determinants of health (CDoH) as the private sector activities impacting public health, either positively or negatively, and the enabling political economic systems and norms<sup>ii</sup>
- The private sector influences the social, physical and cultural environment through business actions and societal engagements, for example, supply chains, labour conditions, product design and packaging, research funding, lobbying, preference shaping and others
- A Lancet series on CDoH proposes a broad definition: the systems, practices and pathways through which commercial actors drive health and equity<sup>iii</sup>
- Many of the wider determinants of health have CDoH aspects to them, including:
  - ✓ income level
  - ✓ educational opportunities
  - ✓ occupation, employment status and workplace safety
  - ✓ food insecurity and inaccessibility of nutritious food choices
  - ✓ access to housing and utility services
  - ✓ higher use of tobacco in some regions
  - ✓ gender inequity
  - ✓ racial segregation<sup>iv</sup>
- Key commercial actors include tobacco, alcohol, gambling and fast-food industries, in addition to traditional and social media organisations
- For example, when we are surrounded with fast-food outlets and advertising for unhealthy foods and healthy options are limited and expensive, it is much harder to eat well
- People are not protected from exposure to these harms where they live, work, or while online<sup>v</sup>
- Figure 1 provides a model of CDoH and their links to health
- CDoH affect everyone, but young people are especially at risk, and unhealthy commodities worsen pre-existing economic, social and racial inequities<sup>vi</sup>



**Figure 1. Model of the Commercial Determinants of Health<sup>vii</sup>**

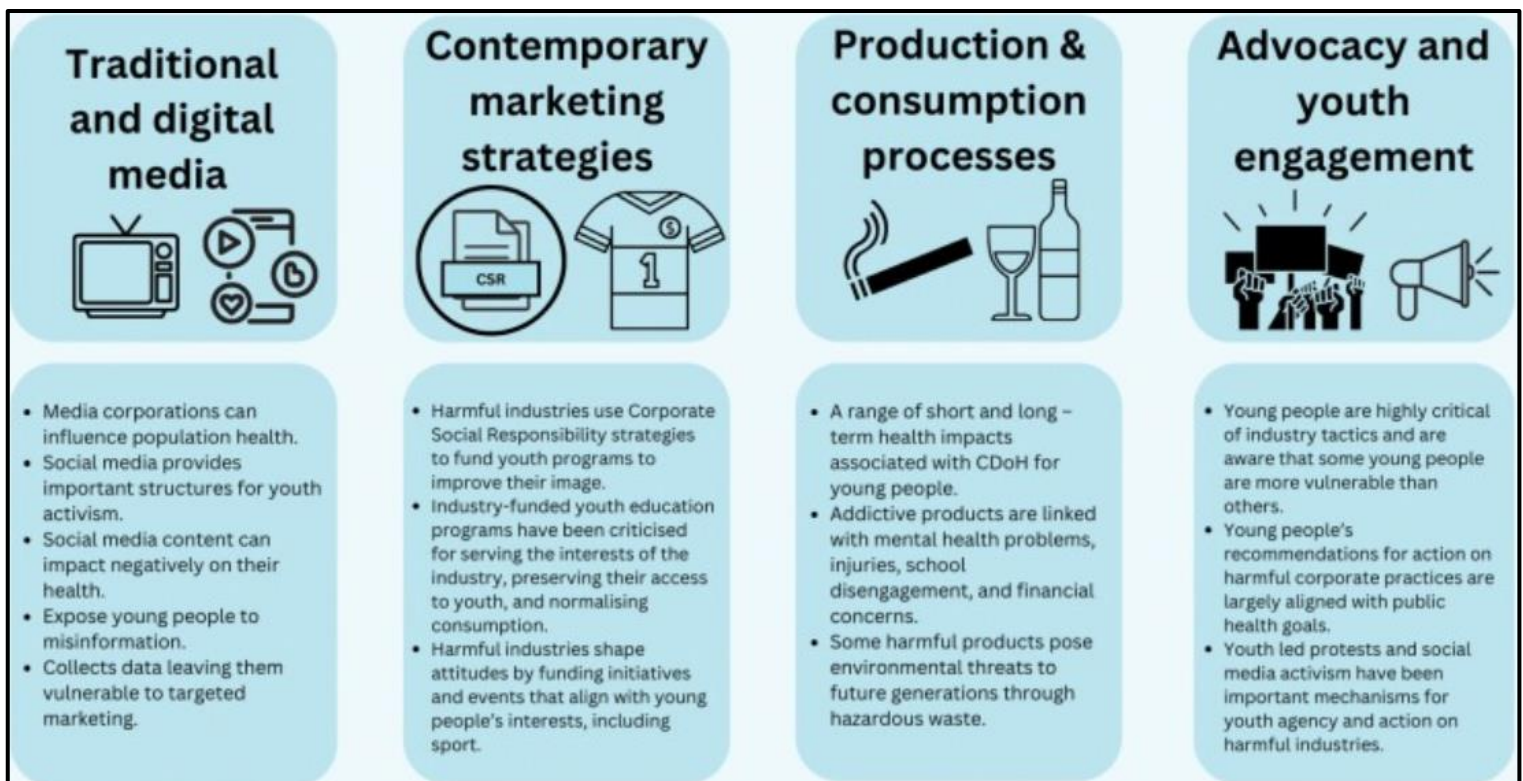


### Impacts of Commercial Determinants of Health on Health and Well-being

- Estimates suggest that CDoH contribute substantially to deaths and premature deaths
- CDoH impact a wide range of risk factors, including smoking, air pollution, alcohol use, obesity and physical inactivity, and health outcomes, such as NCDs, communicable diseases and epidemics, injuries on roads and from weapons, violence, and mental health conditions<sup>viii</sup>
  - ✓ Exposure to health-harming products, such as tobacco, alcohol, high fat, salt and sugar foods (HFSS), gambling products, fossil fuels, can cause and contribute to NCDs, which are shortening people’s lives and causing poor-health
  - ✓ The most common NCDs are strongly influenced by unhealthy commodities and their industries and strongly socially patterned<sup>ix</sup>
- The Lancet series on CDoH suggests global deaths from unhealthy diets as a whole (rather than just ultra-processed foods) reach an estimated 11 million deaths, air pollution from fossil fuels over 10 million, and alcohol 3 million, added to the estimated 9 million deaths from tobacco, the total reaches 58% of all deaths and 78% of deaths from NCDs<sup>x</sup>
- Unhealthy commodities worsen pre-existing economic, social and racial inequities<sup>xi</sup>
- The health risks for children and young people are highlighted in Figure 2

- There are a range of short- and long-term health impacts associated with the CDoH for young people
  - ✓ The impacts of addictive products such as alcohol and gambling include mental health problems, injuries, disengagement from school and financial concerns
  - ✓ Ultra-processed foods contribute to a range of NCDs among young people
  - ✓ Novel products, such as vaping, have also created a new range of health risks for young people
- The extent of the health harms posed by these and other new products may not be seen for many years<sup>xii</sup>
- Exposure to marketing of unhealthy products across different media channels can increase the likelihood that a young person will initiate or increase their use of such products<sup>xiii</sup>
  - ✓ There is some evidence on the negative impacts of advertising and social media on the mental health among children and young people due to the broad effects on life satisfaction through desire for material goods, social pressures/ social comparisons, impact on family finances
  - ✓ However, more research is needed on the impacts of unhealthy product marketing on mental health
- Newer social media platforms such as TikTok and Instagram have come under particular scrutiny for exposing young people to marketing for harmful products such as gambling, with a lack of regulatory compliance associated with new forms of marketing on these platforms, such as influencer promotions<sup>xiv</sup>

**Figure 2. Children, Young People and the Commercial Determinants of Health<sup>xv</sup>**





## Solutions-Based Action

- Improvements in population health require reducing the consumption of harmful products like alcohol or HFSS
- There must be a shift and re-balance in the system so that the scales are tipped in favour of people, particularly children and young people, and the public interest<sup>xvi</sup>
  - ✓ Governments can regulate in the public interest, rather than shape in the corporate interest, so that:
    - commercial actors operate more in the public interest
    - underlying drivers are rebalanced
    - commercial sector practices are directed towards ethical/legal rather than unethical/illegal practices
    - the determinants of health sub-system is consequently rebalanced in the public interest with more favourable outcomes
  - ✓ This is aligned with the objectives of well-being economies, which seek to prioritise the societal well-being over solely economic growth or commercial interests<sup>xvii</sup>
  - ✓ For example, in 2016 Real Food Films, an international short film competition, featured a video 'Home Flavored' highlighting the impact generations of targeted advertisement from junk food companies has had on Latino communities in the US. The video raised awareness of the sustained impact on the community and their health as a result<sup>xviii</sup>
- A UK survey<sup>xix</sup> found support for more government action on tobacco, alcohol, gambling & obesity; the majority wanted government to take 'more action'
- Partnering with civil society, adopting best buy strategies and conflict of interest policies, and supporting safe spaces for discussions with industry, are examples of how countries can address CDoH<sup>xx</sup>
- 'Best buy' policies are those that are not only cost-effective but cheap, feasible and easy to implement

### Case Study: Sheffield's Local Approach

- From 1<sup>st</sup> April 2024, Sheffield City Council implemented a new, groundbreaking policy banning advertising of the following products on council-owned billboards:
  - ✓ HFSS food and drinks
  - ✓ alcohol
  - ✓ gambling
  - ✓ vaping
  - ✓ high carbon/fossil fuels<sup>xxi</sup>
- The new Council Plan 2024-28 focuses on three policy drivers; People, Prosperity and the Planet
  - ✓ 'People' focuses on wanting everyone in Sheffield to achieve their potential with fulfilling and healthy lives<sup>xxii</sup>
- To assist in achieving this policy driver, the ban explicitly aims to protect against the disproportionate impact of unhealthy advertising on lower income communities and young people<sup>xxiii</sup>
- By removing harmful adverts from around the city, the Council hopes to have more space for those products and campaigns that bring benefits to both our health and the environment<sup>xxiv</sup>
- The ban has received support from programmes across Sheffield including Eat Smart Sheffield<sup>xxv</sup> and has gained national recognition for being the first of its kind in the UK<sup>xxvi</sup>

## Alcohol

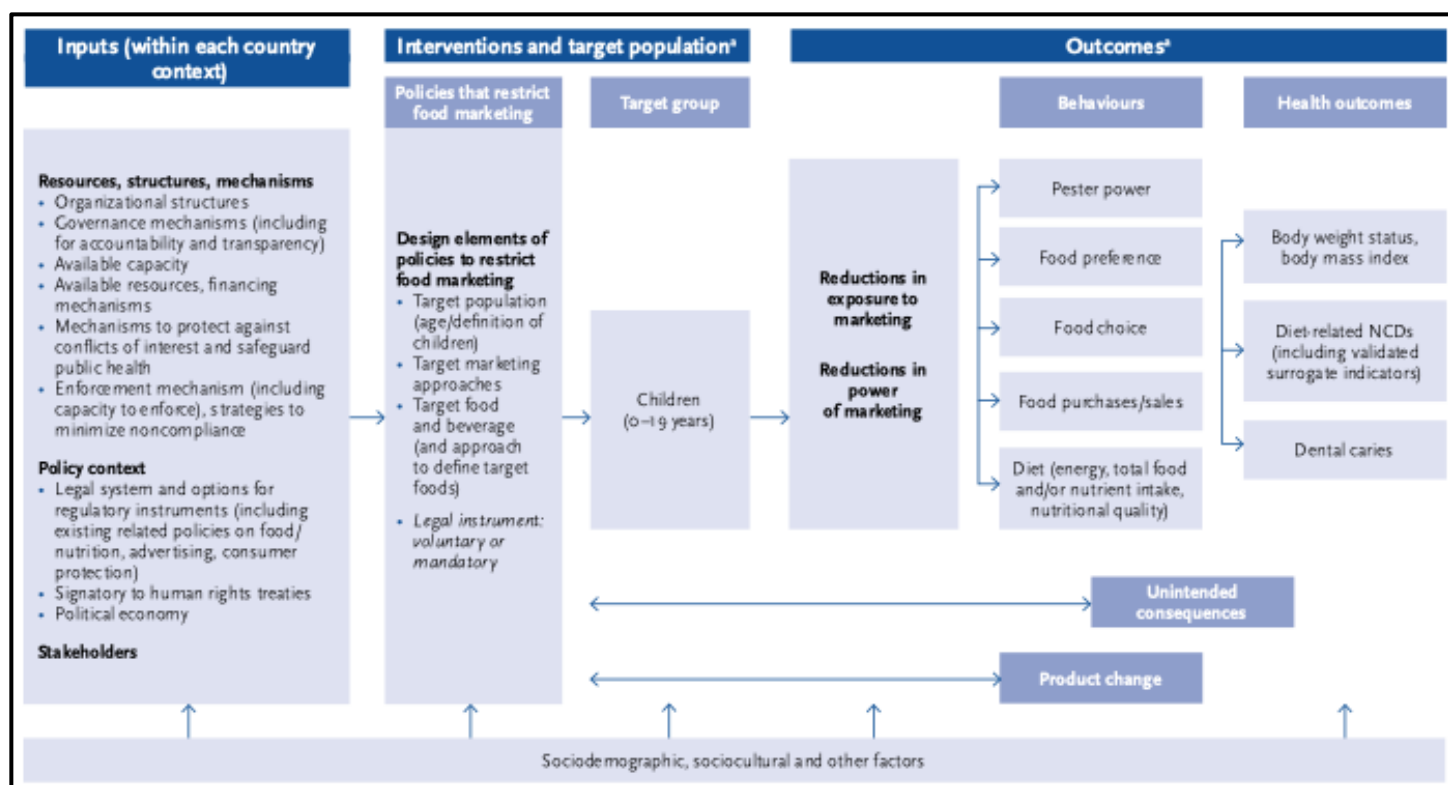
- The **WHO Global Strategy<sup>xxvii</sup> to reduce the harmful use of alcohol 2010** seeks to improve health and social outcomes for individuals, families and communities through reduced morbidity and mortality due to harmful use of alcohol

- It aims to give guidance for action at all levels (local, regional and global), set priority areas for global action, and recommend a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate, taking into account national circumstances, such as:
  - ✓ religious and cultural contexts
  - ✓ national public health priorities
  - ✓ resources
  - ✓ capacities
  - ✓ capabilities
- The strategy lists eight guiding principles for the development and implementation of policies at all levels, two of which are aimed at families and young people:
  - ✓ individuals and families affected by the harmful use of alcohol should have access to affordable and effective prevention and care services
  - ✓ children, teenagers and adults who choose not to drink alcohol beverages have the right to be supported in their non-drinking behaviour and protected from pressures to drink
- The strategy similarly lists interventions aimed at the private sector, recommending that the commercial availability of alcohol is regulated, as this has a reciprocal influence on the social availability of alcohol

## **1. Exposure**

- Introducing strategies to protect children from the harmful impact of food and non-alcoholic beverages marketing is a priority policy option<sup>xxviii</sup>
- Such policies are often implemented within complex systems, including the food system, that are country-specific, and influenced by political, legal, economic, cultural and ethical contexts<sup>xxix</sup>
- Logic models can be used during guideline planning to show interventions of interest and elements of the system in which they are implemented to help formulate comprehensive policy options
- Figure 3 depicts pathways from policies to protect children from the harmful impact of food (but does not have to be limited to) marketing to behavioural and health outcomes. The key elements are<sup>xxx</sup>:
  - ✓ considerations of the policy context including potential interactions with other food environment policies, which can amplify the impact
  - ✓ design elements of policies to restrict food marketing and the target group (children)
  - ✓ behavioural and health outcomes

**Figure 3. Logic model depicting pathways from policies to protect children from the harmful impact of food marketing to behavioural and health outcomes<sup>xxxi</sup>**



- Food marketing is increasingly recognised as a children’s rights concern
- Marketing of HFSS foods and drinks negatively impacts several of the rights enshrined in the Convention on the Rights of the Child (CRC) (Figure 4)
- The CRC provides the legal framework for a child rights-based approach to obesity and NCD prevention

**Figure 4. Overview of children’s rights impacted by food marketing<sup>xxxii</sup>**



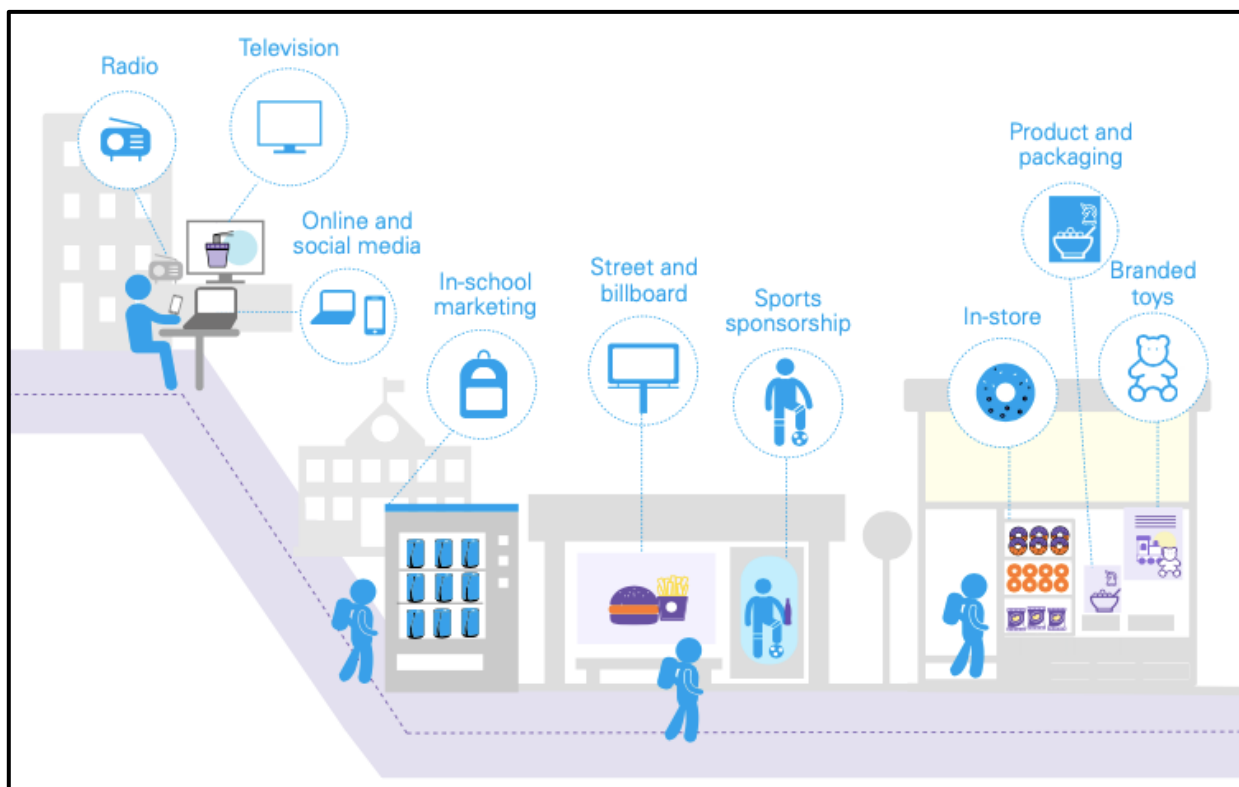
## **Solutions and tools to address the Marketing of unhealthy food and alcohol to children and young adults:**

- Using government-led nutrient profile to classify foods to be restricted from marketing<sup>xxxiii</sup>
- WHO Regional Office for Europe offers a recently updated nutrient profile model that can help inform policymakers about the current recommendations and guidelines for developing nutrient profile for a European Region<sup>xxxiv</sup>
- Establishing age verification of online users and tagging of marketing campaigns to flag up material which should be restricted for a young audience<sup>xxxv</sup>
- Enforcing Influencer marketing restrictions as influencer marketing can have significant impact on health behaviours of children and young people
- Requiring clear disclosure of commercial relationships and banning the use of child and youth influencers to promote unhealthy products could be beneficial<sup>xxxvi</sup>
- Implementing mechanisms to monitor the influence of marketing online (websites, social media, meal delivery apps) on public health, especially for children and young-adults<sup>xxxvii</sup>— for example, the WHO CLICK tool, which can be expanded to other products, such as alcohol (Figure 5)
- Introducing comprehensive marketing restrictions across all media platforms, including television, radio, print, digital and outdoor advertising, to minimise the risk of migration of unhealthy food, drinks and alcohol marketing to the other media, to other spaces (Figure 6) or between other age groups
- ‘Promotional Activities’ within supermarkets such as including favouring healthier products in promotions, reducing price promotions for unhealthy products and using in-store signage to promote healthier products. Such activities should be regularly evaluated to ensure long term impact upon children’s diets<sup>xxxviii</sup>
- Establishing a clear minimum legal age for HFSS food and drinks digital marketing to children, based on evidence of vulnerability of both younger children and adolescents (Figure 7)<sup>xxxix</sup>
- Broadening the definition of marketing to children to include marketing for mixed audiences, considering that children often access content not specifically targeted at them (e.g., Google, Facebook, Instagram, YouTube)
- Developing appropriate sanction and penalty mechanisms to enforce the removal of marketing on digital platforms by content creators (e.g., industry) and the digital platforms that are content intermediaries (e.g., Facebook, YouTube, Instagram)<sup>xl</sup>

**Figure 5. WHO's CLICK tool for monitoring children's exposure to marketing of unhealthy products online<sup>xli</sup>**

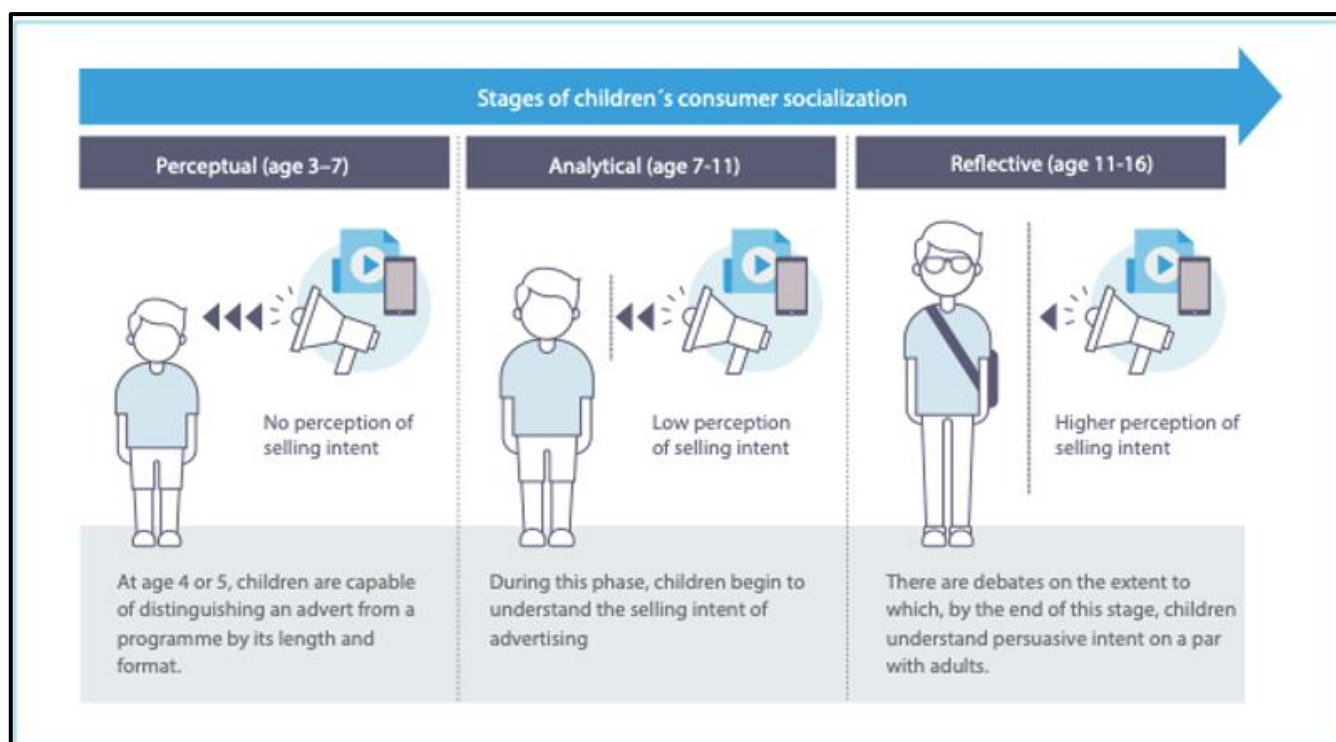


**Figure 6. Channels through which children are exposed to unhealthy food and beverage marketing<sup>xlii</sup>**





**Figure 7. Stages of children's consumer socialisation<sup>xliii</sup>**



### Case Study: Learning from Social Media Policies to Address Vaccine Hesitancy

- The European Centre for Disease Prevention and Control (ECDC) has developed a detailed strategy to address vaccine hesitancy<sup>xliiv</sup> that could be effectively adapted to combat the promotion of unhealthy behaviours on social and digital platforms
- This framework provides a robust blueprint for addressing various public health challenges; several components highlighted below illustrate ways in which the promotion of unhealthy behaviours can be addressed and challenged

#### Understanding the Root Causes: Diagnosis and Assessment

- The ECDC emphasizes the importance of using metric tools and assessment instruments to diagnose and understand the root causes of vaccine hesitancy<sup>xliv</sup>
- This method can similarly be applied to identify why individuals engage with content promoting unhealthy behaviours on platforms like Instagram and Netflix
- Key factors might include the content's appeal, social influences, or misinformation about health risks

#### Providing Clear, Evidence-Based Information: Educational Campaigns

- Clear and factual communication is critical for addressing vaccine hesitancy<sup>xlvi</sup>
- Similarly, addressing unhealthy behaviours on digital platforms requires educational campaigns<sup>3</sup> that highlight health risks associated with behaviours like smoking or unhealthy eating
- These campaigns could use data-driven strategies such as:
  - ✓ **Educational Workshops in Schools**, implementing programmes that involve both children and parents, providing them with knowledge about the health risks associated with unhealthy foods and inactive lifestyles
  - ✓ **Development of Clear Messaging**, crafting easy-to-understand, scientifically backed messages that tackle common misconceptions about inactive lifestyles
  - ✓ **Use of Multiple Communication Channels**, spreading information across various platforms, such as social media, websites, and public advertising, to ensure broad reach
- These campaigns could maximize reach and engagement.

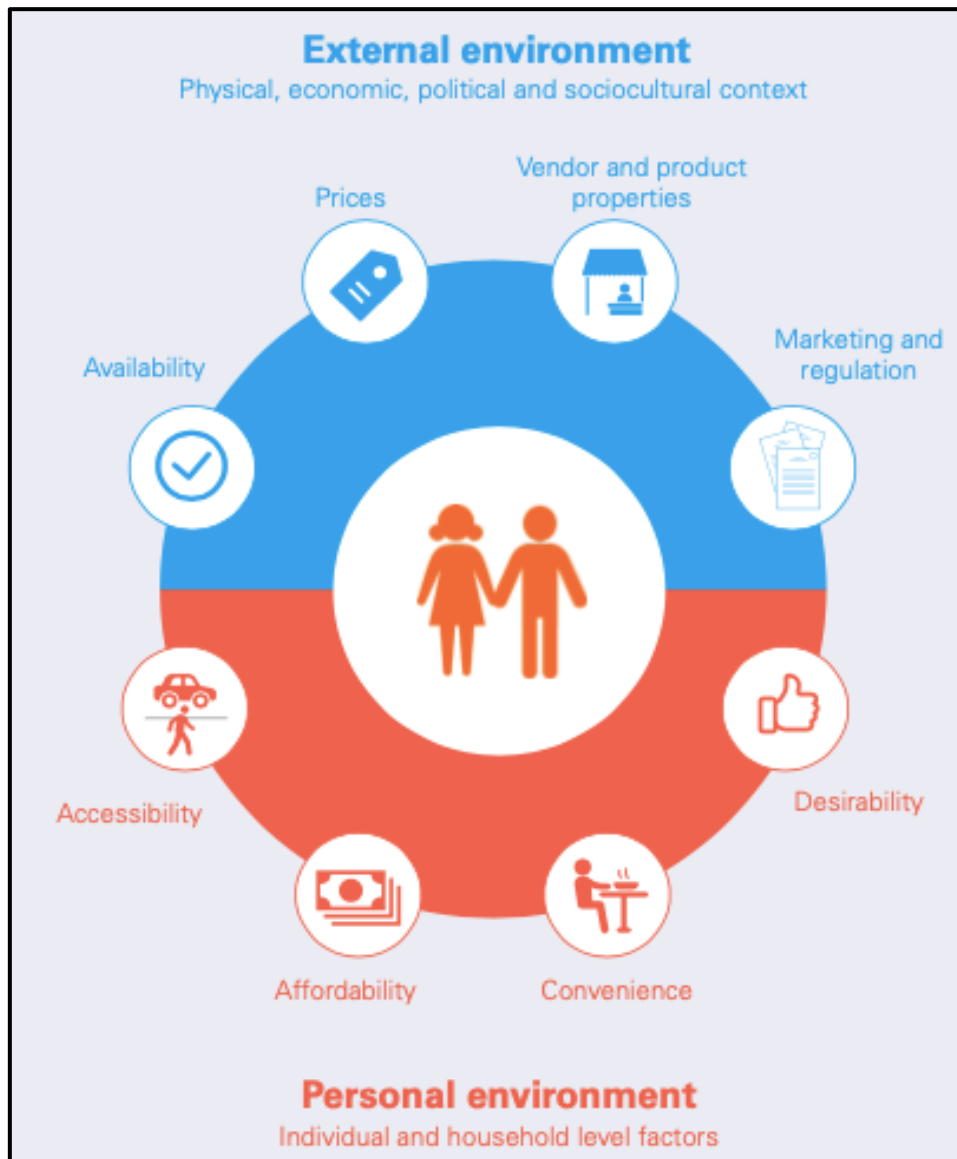
### Adapting Interventions to Local Needs: Cultural and Contextual Adaptation

- Interventions<sup>xlvii</sup> should be adapted to reflect national and local contexts, a strategy that also applies to addressing promotions of unhealthy behaviours on social platforms
  - ✓ For example, Instagram campaigns might leverage visual storytelling and influencer partnerships, while interventions on Netflix could involve incorporating health messages into popular shows or documentaries
- In Chile<sup>xlviii</sup>, the government worked with popular children’s TV shows to weave in messages about healthy eating and the importance of physical activity, engaging directly with children through a familiar medium

## 2. Access and availability<sup>xlix</sup>

- Food environments are spaces where children and their families interact and engage with food; depending on how they are structured, they may either help or harm children’s nutrition
- Both external and personal food environments have significant impact on eating and drinking behaviours of people
- Food environments often make it harder for children to access and afford healthy diets that appeal to them

Figure 8. Food environments'



## **Solutions and tools to address availability and access to unhealthy food, drinks and alcohol<sup>li</sup>**

- Evidence has shown that efforts to address alcohol consumption and alcohol-related harm which target the affordability and consumption of alcohol are effective among the younger populations
- Banning the sale and provision of unhealthy food and beverages in schools, as well as prohibiting sponsorship and marketing of these products on school premises
- Many countries with free school meal programmes ensure healthy meals are provided to children and often partner with local farmers to provide locally sourced, fresh, healthy foods<sup>lii</sup>
- Enforcing product placement restrictions by targeting placement of unhealthy food and alcohol products within retail outlets—for example, banning their display at checkout counters or end-of-aisle locations that are eye-level for children<sup>liii</sup>
- Use zoning and urban planning regulations to limit the concentration of fast-food outlets, convenience stores, and other retailers of unhealthy products in areas near schools and residential neighbourhoods with high child and youth populations<sup>liv</sup>
- Using pricing policies such as excise tax increases on unhealthy food and alcohol products to increase their relative cost and reduce affordability, especially for children and young people<sup>lv</sup>
  - ✓ Approximately 50 countries, including Barbados, Brunei Darussalam, Chile, France, Hungary, India and Ireland, among others, have charged a tax on sugar-sweetened beverages
  - ✓ Saudi Arabia imposed a tax on tobacco products, energy drinks and soft drinks in 2017<sup>lvi</sup>
  - ✓ The soft drinks industry levy (SDIL) in the United Kingdom has led to a significant reduction in household purchasing of sugar in drinks<sup>lvii</sup>
  - ✓ One study predicts that the SDIL will lead to medium-term reductions in dental caries and overweight/obesity, and long-term improvements in life expectancy, with the greatest benefits projected for children and adolescents from more deprived areas, evidence that the SDIL could narrow health inequalities for children and adolescents in England

### **Case Study: Scotland's Alcohol Minimum Pricing Act 2012**

#### **National Policies and Approaches**

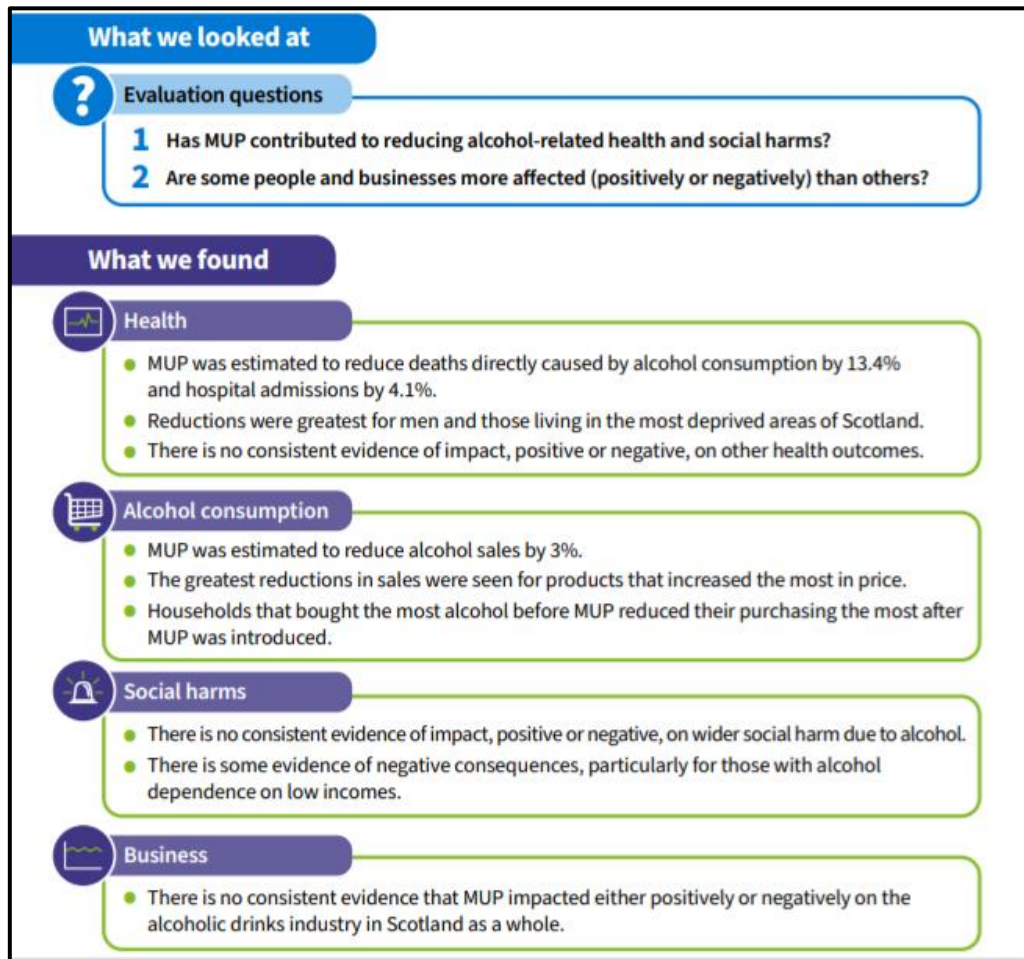
- The Alcohol Minimum Pricing Act 2012, a component of the Scottish Government's Alcohol Strategy, states that all alcohol sold in Scotland cannot be sold below a set minimum unit price (MUP) of 50p per unit of alcohol<sup>lviii</sup>
- Scotland introduced the MUP against the backdrop of evidence indicating the alcohol-related health and social harm to individuals, families, communities and society
- The legislation includes five licensing objectives, including protecting children and young persons from harm

#### **Outcome**

- An evaluation of the effectiveness of the MUP law in Scotland was undertaken by the Public Health Scotland Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) Governance Board<sup>lix</sup>
- The evaluation report that was released in 2023, 6 years from the policy implementation day and it explored the Implementation and compliance, changes to the Alcohol market, Alcohol consumption and Health and social harm

- The evaluation also assessed the direct and indirect impact of MUP law in children and young people from young people's own alcohol consumption, or from exposure to others drinking<sup>ix</sup>
  - ✓ While findings indicate that there were no observable changes to young people alcohol-related harm, the findings did suggest a change to those who consume a hazardous or harmful level of alcohol
  - ✓ Though it is worth noting the sample size was limited by young people's reluctance to disclose sensitive information

**Figure 9. Outcome of the Public Health Scotland Evaluation<sup>ix</sup>**



**Case Study: Learning from Tobacco Policy in the UK<sup>ixii</sup>**

- The UK has one of the most comprehensive sets of tobacco controls in the world and the scale of its policy development puts it at the forefront of a global model for tobacco policy led by the WHO, and at the top of the European league table for tobacco control
- The UK and Welsh Governments are signed up to the WHO Framework Convention on Tobacco Control<sup>ixiii</sup>, which has been a major and very successful element of international tobacco policy
  - ✓ It is regularly tested by tobacco companies, especially now vape use is increasing
- Long-term programmatic success in terms of encouraging smoking reduction and 'denormalization' of tobacco, was achieved through an incremental adoption of several evidence-informed policy instruments
  - ✓ It was the cumulative weight of measures dealing with price, promotion, education and health warnings, plain packaging, and the regulation of ingredients, sales, who can smoke and where they can smoke that led to such successful programmatic outcomes
  - ✓ The main explanation for this comprehensive policy change is how policymakers reframed tobacco—from an economic good to a public health epidemic—and managed the policymaking environment to produce conditions conducive to policy change

## Country Features

The following countries are featured as they provide examples of solutions-based and innovative action to prevent and/or reduce exposure to and accessibility of alcohol and unhealthy food products:

- Chile has enacted comprehensive policies addressing commercial actions (e.g., labelling and marketing) to reduce consumption of unhealthy foods among children and reduce obesity rates
- Current measures to strengthen alcohol policy in Estonia are in accordance with the WHO's 'best buys' to reduce harmful use of alcohol
- Norway's 2022 Alcohol Strategy focuses on the proven alcohol policy 'best buys' and while the priority was reducing consumption among children and young people, it has had a positive effect on the entire population

## Chile

### Background

- In Chile, almost 29% of children between 4 and 14 years of age were reported to be overweight and 24% obese in 2019<sup>lxiv</sup>
- National data suggest a steep increase in obesity prevalence between the first and second grade (6–8 years), the lowest socio-economic groups being more strongly affected
- In 2007, expenditure in processed foods amounted to 57% of total food expenditure
  - ✓ On average, Chileans consume 30 kg of ultra-processed food products and 170 litres of sugar-sweetened beverages (SSB) per year, which makes them the leading consumers of SSB worldwide

### National Policies and Approaches

- Chile has enacted a comprehensive policy, Food Labelling and Advertising Law,<sup>lxv</sup> aimed at reducing the consumption of unhealthy foods, particularly among children, in response to the country's high obesity rates<sup>lxvi</sup>
- Enacted in June 2016, this groundbreaking policy<sup>lxvii</sup> is aimed at reducing obesity rates particularly among children. It includes several key components:
  - ✓ **Nutritional Warning Labels:** Chile implemented mandatory front-of-package warning labels<sup>lxviii</sup> on foods high in calories, sugars, sodium, and saturated fats
    - These labels are simple black and white stop signs that say “High in Sugar,” “High in Calories,” “High in Saturated Fat,” or “High in Sodium,” making it immediately clear what the health risks are associated with these products
  - ✓ **Restrictions on Marketing to Children:** The law prohibits advertising of any products that have any of the “High in” warning labels during television programs, websites, or events that are aimed at children under the age of 14
    - This includes the use of cartoons, animations, toys, and celebrities that are popular among children to market unhealthy food products



- ✓ **School Food Environment:** Unhealthy foods and beverages that carry the warning labels are banned from being sold in schools<sup>lxi</sup>, creating a healthier food environment for children
  - This helps in making healthier options more available during school hours and reduces the exposure to high-calorie, nutrient-poor foods
- ✓ **Regulation of Promotional Tactics:** Chile's laws also restrict the use of promotional tactics such as including free toys with purchase, which are commonly used in products aimed at children
  - This reduces the appeal of unhealthy food products to children, helping to decrease their desirability

## Impact

- The enforcement of these policies has significantly decreased children's exposure to the marketing of unhealthy foods according to the UNICEF<sup>lxx</sup>
- A study<sup>lxxi</sup> evaluating Chile's marketing regulations of unhealthy foods and beverages revealed a substantial reduction in the exposure of preschool and adolescent children to food advertising on television
- The proportion<sup>lxxii</sup> of cereal packages featuring child-directed marketing strategies declined from 36% pre-implementation to 21% post-implementation
- Additionally, the restrictions on marketing through children's television in Chile led to a 35% reduction<sup>lxxiii</sup> in children's exposure to unhealthy food and beverage marketing
- Research<sup>lxxiv</sup> published in "The Lancet Planetary Health" analysed data from household food shopping between 2015 and 2017 alongside nutrition facts data for all packaged foods and beverages
  - ✓ The study found that, under Phase 1 of the law's implementation, there was a significant reduction in the purchase of calories, sugar, saturated fat, and sodium
  - ✓ Specifically, households purchased 24% fewer calories, 27% less sugar, 16% less saturated fat, and 37% less sodium from "high-in" products compared to expected purchases without the law
- Another study<sup>lxxv</sup> examining the impact of Chile's school feeding program on educational outcomes found that additional caloric intake did not significantly affect variables such as school enrolment and attendance, first-grade enrolment age, grade repetition, and fourth-grade test scores
  - ✓ This suggests that merely increasing caloric intake without considering the nutritional quality of the food may not lead to improved educational outcomes
- The data from these studies<sup>lxxvi</sup> demonstrate that Chile's policy interventions have led to a measurable decrease in the purchase of unhealthy food products, indicating a shift towards healthier dietary habits among the population
  - ✓ This could have long-term benefits for public health, particularly in reducing obesity rates among children
- Chile's success provides a model for other countries looking to implement similar measures to combat the marketing of unhealthy foods to children and improve public health outcomes

## Estonia

### Background

- Over decade ago, Estonia had one of the highest levels of alcohol consumption in the world with cases often characterized by heavy episodic drinking<sup>lxxvii</sup>
- According to the Health Behaviour in School-aged Children (HBSC) 2009/2010 study, 92.5% of 15 year-olds, 74.9% of 13 year-olds, and 40.3% of 11 year-olds (averaging 58.5% of the total number in these age groups) had tried alcohol<sup>lxxviii</sup>
- A study conducted in 2009, found that the economic costs to society resulting from alcohol misuse in Estonia in 2006 amounted to EUR 205-304 million, representing 1.6-2.3% of country's GDP<sup>lxxix</sup>

### National Policies and Approaches

- Current measures in Estonia are in accordance with the WHO's 'best buys' to reduce harmful use of alcohol<sup>lxxx</sup>
- The country has taken steps to strengthen alcohol policy by increasing excise taxes, imposing wider restrictions on alcohol sales, banning alcohol advertising and awareness raising
- Table 1 presents key elements and achievements of the Estonian alcohol policy from 1995 until 2019

**Table 1. Evolution of alcohol policy in Estonia: key achievements<sup>lxxxi</sup>**

Year/period	Key achievements
2007	Start of drafting <b>new alcohol policy</b> : <ul style="list-style-type: none"> <li>– creation of collaborative networks to build mutual understanding among stakeholders.</li> </ul>
2008	Highest level of alcohol consumption in Estonian history: <b>alcohol-control measures</b> introduced: <ul style="list-style-type: none"> <li>– adoption of the <i>Advertising Act on Reducing the Display and Attractiveness of Alcohol Advertising</i> (banning alcohol advertising between 19:00 and 21:00 hours)</li> <li>– ban on late-night off-premises alcohol sales between 22:00 and 10 hours</li> <li>– increase in excise duty by 30% compared to the previous year</li> <li>– regular media campaigns to prevent drink-driving, timed to support random police-enforced breath tests (led by the Road Administration)</li> </ul>
2009	<b>Start of general-public involvement</b> : <ul style="list-style-type: none"> <li>– initiation of yearly campaigns to bring alcohol issue into the spotlight</li> <li>– start of early-intervention programme</li> <li>– engagement of the general public in place</li> <li>– availability of online guidelines on low-risk drinking for the general public</li> <li>– greater public awareness of the problem</li> <li>– public support for developing policy measures</li> </ul>
2011	<b>Government mandate</b> calling for development of comprehensive alcohol policy
2011-2014	<ul style="list-style-type: none"> <li>– Three-fold increase in random breath tests</li> <li>– Establishment of a traffic hot line</li> <li>– Campaigns coordinated by police, health and traffic authorities</li> </ul>
2012	Establishment of <b>yearly increases in excise tax</b>
2014	Adoption of the <b>Estonian alcohol strategy</b> <sup>lxxxii</sup>
2015	<ul style="list-style-type: none"> <li>– Introduction of policy on increasing excise tax on alcohol between 2016 (15%) and 2020 by 10% per year, building on successive tax increases from 2010</li> <li>– Establishment of a modern system of treating alcohol use disorder</li> </ul>
2017	Adoption of amendments to the <b>Alcohol and Advertising Acts</b> <sup>lxxxiii</sup> .

	<ul style="list-style-type: none"> <li>– introduction of: restrictions on displays in shops; a ban on degustation in retail shops; mystery shopping to reveal sales to minors and illegal sales; and increased fines</li> <li>– introduction of: strict requirements for advertising; specific requirements for TV advertisements</li> <li>– mandatory measurements for health warnings in printed media; a ban on outdoor advertising restrictions on advertising in the social media; and prohibition of consumer games</li> </ul>
2019	<p>Introducing <b>regulation on the visibility of alcohol in and outside of shops</b> has by a partial point-of-sale display ban</p> <ul style="list-style-type: none"> <li>– It stipulates that alcoholic beverages should not be visible from the outside of the premises</li> <li>– The visibility is also regulated within the premises, as alcoholic beverages must be placed separately from other goods and should not be visible from the rest of the premise's area</li> </ul>

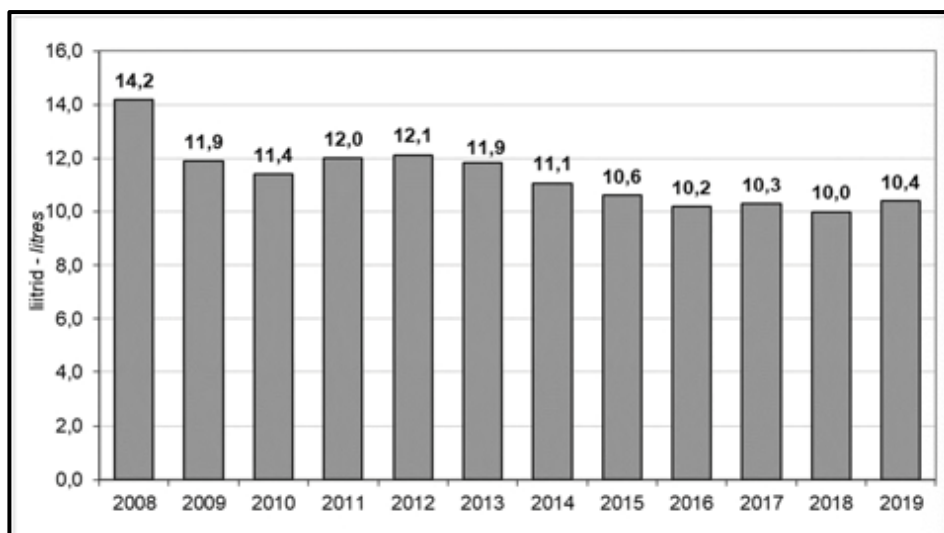
Several features of Estonia's alcohol strategy have contributed to its effectiveness<sup>lxxxiv</sup>:

- **Evidence-based:** The basis for the development of the Estonian alcohol strategy was the WHO Global strategy<sup>lxxxv</sup> to reduce harmful use of alcohol and the 10 priority areas for evidence-based policy in the European action plan to reduce the harmful use of alcohol 2012–2020<sup>lxxxvi</sup>
- **Stakeholder involvement:** For the strategy's 10 action areas a consultation process was carried out, involving all stakeholders such as working groups, comprising representatives of different ministries, government institutions, nongovernmental organisations and the alcohol industry<sup>lxxxvii</sup>
- **Governance:** The Ministerial Steering Group for Implementation of the Alcohol strategy monitors and reports annual progress to the Government with the help of a designated monitoring system which measures the impact of the activities implemented
  - ✓ Alcohol consumption, marketing developments and health- and alcohol-related social harm are also monitored annually
- **Enhancing social demand and empowering the health sector:** The roles of the general public and civil society have been instrumental in leading the public debate and raising awareness

## Outcome

- Between 2008 and 2019 the country achieved one the largest decreases in alcohol use in the region – about 3 litres of pure alcohol per adult<sup>lxxxviii</sup> (Figure 10)

**Figure 10. Consumption of alcohol 2008-2019 in Estonia. Liters per capita aged 15 and over in 100% alcohol<sup>lxxxix</sup>**



- According to the Health Behaviour in School-aged Children (HBSC) 2017/2018 study, 74.0% of 15-year-olds, 46.4% of 13 year-olds, and 22.7% of 11 year-olds (averaging 47.7% of the total number in these age groups) had tried alcohol
  - ✓ Though it is still a high number, it is a significant improvement compared to the data from 2009-2010 (see the Table 2)

**Table 2. Share of adolescents who have consumed alcohol by age gender 2009/2010-2017/2018 (survey results)<sup>xc</sup>**

% vastanutest - % of respondents				
	11-aastased 11 years old	13-aastased 13 years old	15-aastased 15 years old	
<b>2009/2010</b>				<b>2009/2010</b>
Poisid	44,8	72,4	92,7	Boys
Tüdrukud	36,4	77,3	92,4	Girls
Kokku	40,3	74,9	92,5	Total
<b>2013/2014</b>				<b>2013/2014</b>
Poisid	38,6	62,0	83,3	Boys
Tüdrukud	23,8	59,7	85,4	Girls
Kokku	31,0	60,8	84,3	Total
<b>2017/2018</b>				<b>2017/2018</b>
Poisid	28,0	48,7	74,0	Boys
Tüdrukud	17,5	44,0	71,8	Girls
Kokku	22,7	46,4	74,0	Total

### Lessons learned<sup>xc</sup>

- Personal high-level commitment raises the issue of alcohol control on the political agenda<sup>xcii</sup>
- During Estonia's 2017 Presidency of the Council of the European Union, the Minister of Health and Labour made alcohol consumption a priority, advocating for the issue at both the national and EU levels; this gave the necessary backing to implement policies that will alter Estonia's alcohol usage
- Open dialogue with stakeholders and the active participation of civil society are instrumental in raising awareness about the harmful use of alcohol, changing attitudes about alcohol consumption and gathering public support for stricter alcohol policy
  - ✓ For example, Estonia's campaign to support alcohol policy reform, "Let's drink less by half", but reframed the alcohol debate as a social justice issue with political solutions<sup>xciii</sup>
    - In the first two years of the campaign, the phrasing "Let's drink less by half" appeared in the prime minister's inauguration speech and in government coalition program as an aim for 2030
    - The coalition agreement from March 2015 allowed alcohol advertising featuring lifestyle elements to be banned and increased alcohol excise tax so that alcohol did not become cheaper in the following four years
    - In an opinion poll in March 2015, 80 per cent of the Estonian population supported complete alcohol advertising ban similar to that of tobacco advertising ban

- Optimal timing and building momentum at many levels are key to lowering alcohol consumption
  - ✓ While it is stipulated that the economic crisis in 2008 triggered the reduction, it was the comprehensive awareness campaigns and array of synergetic legislative changes that contributed to the continuation of lower alcohol consumption on the national level
- “Side-effects” of alcohol-policy implementation can occur and it is important to be ready to address them<sup>xciiv</sup>
  - ✓ Following the tax increases introduced in Estonia which led to unintended cross-border trade with Latvia, public discussion about pricing policies emerged. As a result a decrease in public support of raising tax on alcohol was observed



## Norway

### Background<sup>xcv,xcvi,xcvii,xcviii,xcix</sup>

- Norway has one of the lowest levels of alcohol consumption globally (7.4 litres of pure alcohol per capita per year, roughly equivalent to 1.5 bottles of wine or 2.8 litres of beer per week per person aged 15 and over)
- Despite this, the Norwegian population's life expectancy is 0.6 years lower over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations
- Some population groups are at higher risk than others, such as women and children
  - ✓ 32% of adults engage in binge drinking at least once a month
  - ✓ Women are 22% more likely to binge drink monthly if they have completed higher education
  - ✓ 13% of girls and 18% of boys aged 15 have been drunk at least once in their life
- The legal drinking age in Norway is 18 years for buying beer or wine, and 20 years for spirits
- Shops cannot sell alcohol after 8pm on a weekday or after 6pm on a Saturday, and bars cannot sell alcohol after 3am
- Vinmonopolet is a government-owned alcoholic beverage retailer and the only company allowed to sell beverages containing an alcohol content higher than 4.75% in Norway

### National Policies and Approaches<sup>c,ci,cii,ciii</sup>

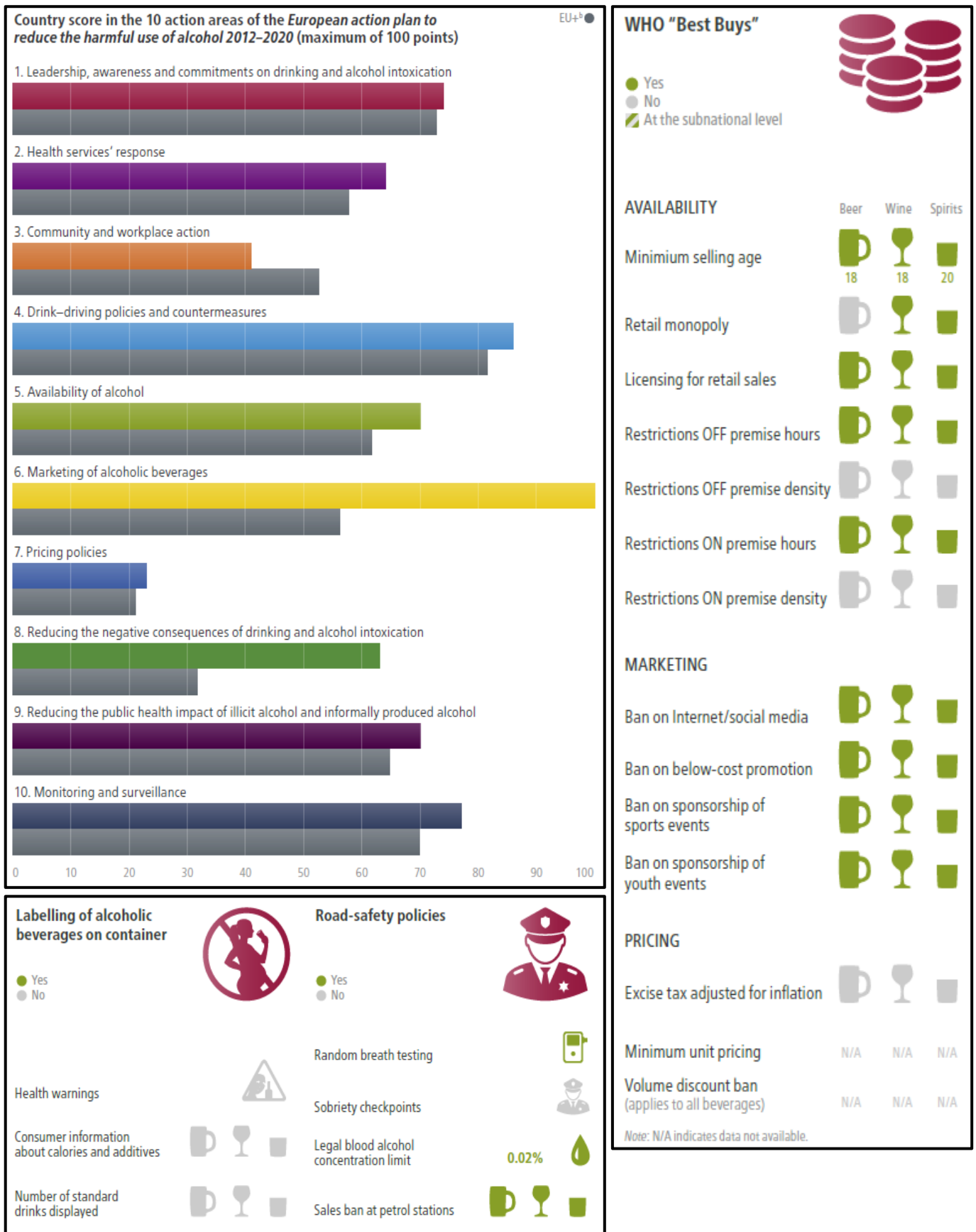
- In December 2018 Norwegian Parliament agreed on a new alcohol strategy 'Proposal for a proactive alcohol policy based on solidarity'
- The proposal has several decision points asking for the Government to:
  - ✓ Present a national alcohol strategy for the Parliament, going in detail on how they want to achieve the aim of reduced harmful alcohol consumption by 10 % by 2025
  - ✓ Establish an expert group to assess the cost to society (work, society, individual health and families)
  - ✓ Propose to the Parliament proper labelling of the ingredients of alcoholic beverages
  - ✓ Include health information with a warning of the risk of alcohol in pregnancy and driving
- In January 2022, the Norwegian government released their new Alcohol Strategy, which includes the WHO global target of a 10% reduction of population-level alcohol use by 2025 in Norway
- This strategy maintains focus on the proven alcohol policy best buys in Norway, including the commitment to protect the Norwegian alcohol retail monopoly, advertising bans, reduced availability through limited opening hours and reduced affordability for alcohol products
- In addition to these tried and tested policy solutions the strategy aims to:
  - ✓ Strengthen the alcohol prevention work in the municipalities
  - ✓ Introduce measures against harm caused by alcohol products use at an early age
  - ✓ Strengthen knowledge and competence about alcohol
  - ✓ Implement health warning labels on alcohol products

- In April 2022, the Norwegian government’s Health Directorate published its recommendation for labelling alcoholic products with a health warning, especially concerning cancer and cardiovascular disease
  - ✓ It emphasised that warning labelling can be an important tool for increasing the population’s knowledge about possible health damage from alcohol use
  - ✓ Since this recommendation, the Minister of Health and Care has instructed the Health Directorate to consider practical solutions for introducing warning labels for alcoholic beverages
- Concerns over the negative effects of advertising on young people was a core reason for Norway to enforce stricter bans and restrictions on alcohol marketing
- A full list of Norwegian alcohol policies between 2012 and 2020 can be found in Figure 11

## Outcomes

- The complete ban on marketing, introduced as early as 1975, and adding to other alcohol control measures, has had an immediate and lasting effect in reducing alcohol sales and consumption (a reduction of 7.4% by 2021)<sup>civ</sup>
- What started with a concern for the health of young people has had a positive effect for the whole population
- Since 2019, Norway has seen a decline in the volume of beer, wine and spirits sales and hit a four-year low in 2023<sup>cv</sup>
- Data from 2023 shows a 5.6% decline in spirits volumes, 3% decline in beer sales and 1.9% decline in wine sales<sup>cvi</sup>

Figure 11: WHO National Alcohol Policy Analysis for Norway 2012-2020<sup>c.vii</sup>



## Appendix: Welsh Context

### Background

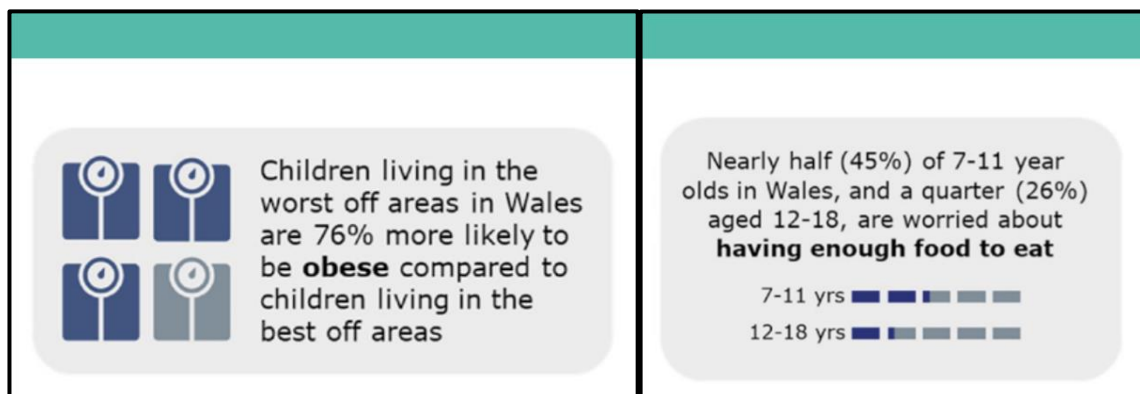
#### Alcohol use

- The rate of alcohol related deaths in Wales, at 15 per 100,000 of the population, are higher than the UK average; in 2021, 472 people died as a result of alcohol abuse<sup>cviii</sup>
- In recent years alcohol-attributed deaths reportedly rose by 17.8% in Wales<sup>cix</sup>
- Alcohol misuse is estimated to cost the health service around £159m each year in direct healthcare costs<sup>cx</sup>
- According to the Royal College of Paediatric and Child Health, young people between the ages of 15 and 17 years are more likely to binge drink<sup>cxii</sup>
- The proportion of 15-year-olds who report having been drunk has generally fallen across England, Scotland and Wales<sup>cxiii</sup>
  - ✓ In Wales, data shows that the proportion of 15-year-olds who had been drunk four times in their lifetime in Wales was 18% in 2017/18
  - ✓ In comparison, in England, 15-year-olds reported being drunk two or more times in their lifetime
- In 2017, one in five adults in Wales were hazardous or harmful drinkers (drinking over the UK guidelines of 14 units of alcohol per week<sup>cxiiii</sup>
- The School Health Research Network Student Health and Wellbeing survey also showed that 83% of young people reported that they never or rarely drank alcohol

#### Unhealthy eating

- In 2019, over a quarter of children in Wales were overweight or obese, including 12.4% who were obese<sup>cxv</sup>
  - ✓ Wales has a higher percentage of adolescents self-reporting to be overweight or obese compared to England, 10% higher among boys and 6% higher among girls
- These rates of childhood obesity are in part, due to the rates of food poverty defined by the Welsh Government as the inability to secure an adequate and nutritious diet in Wales, especially in deprived parts of the country<sup>cxvi</sup>

**Figure 12. Impact of poverty on children's health and well-being<sup>cxvi</sup>**

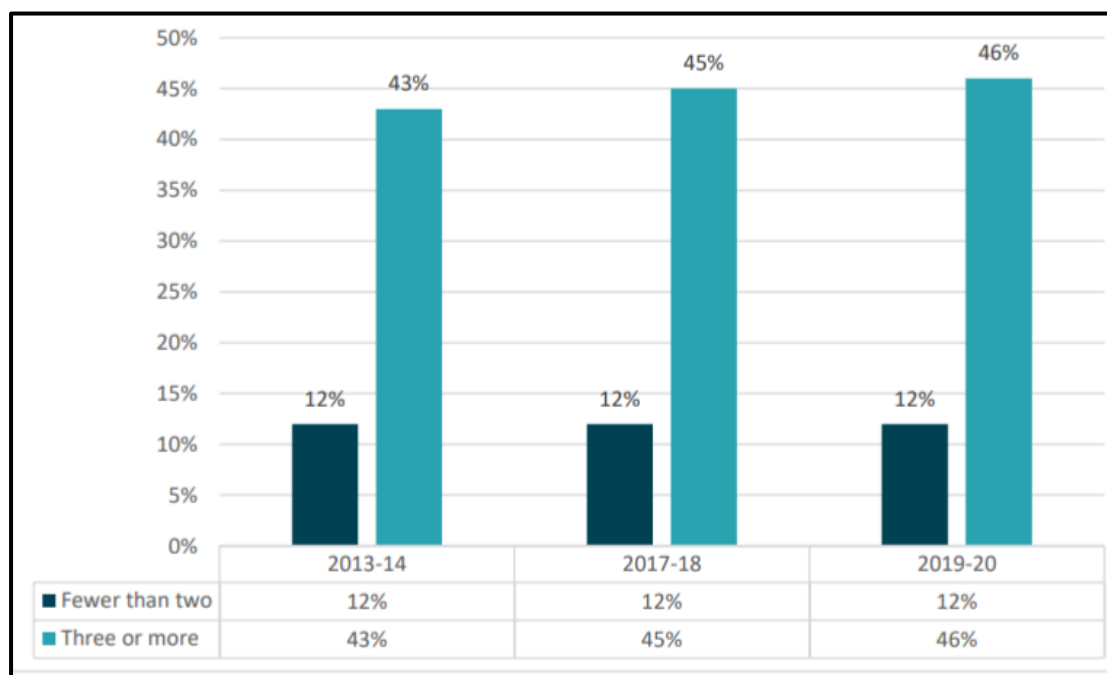


- The School Health Research Network Student Health and Wellbeing survey found that the percentage of young people (11- to 16-year-olds) that are meeting the national milestone in 2021/22 academic year was 90%<sup>cxvii</sup>
  - ✓ This is higher than previous year as 88% was observed in 2019/20 and 2017/18 academic years
  - ✓ With regard to unhealthy eating, this survey found that less than half (45%) of young people reported that they ate fruit or vegetables every day

**Figure 13. Proportion of children engaging in each healthy lifestyle behavior<sup>cxviii</sup>**

Healthy lifestyle behaviour	2017/18	2019/20
Never smoked	95%	94%
Never/rarely drink alcohol	80%	81%
Meet daily physical activity guidelines	18%	18%
Eat 5+ portions of fruit/veg daily	46%	48%

**Figure 14. Percentage of children with “fewer than two” or “three or more” healthy behaviours in Wales, 2013-2020<sup>cxix</sup>**



## Momentum for Change

- Data from Public Health Wales’s Time to Talk Public Health survey on food environments show public support for commercially focused measures to address unhealthy food and drink<sup>cxx</sup>
  - ✓ 63% of people agreed planning laws should be used to restrict the number of fast-food restaurants near schools
  - ✓ 63% of people agreed there should be restrictions on sponsorship of sporting events and teams by companies that market unhealthy food
  - ✓ 81% of people agreed that healthy drink options, such as water or milk, should be the default option for children’s meal deal offers

- ✓ 82% of people agreed there should be age restrictions for buying food and drink labelled as not suitable for children (e.g. high caffeine or sugar)
- ✓ 83% of people agreed governments should use financial tools to reduce the price of healthier foods such as fresh fruit and vegetables

## Welsh Policy Background

- The Well-being of Future Generations Act (Wales) 2015 requires Welsh Government has seven national well-being goals including “a healthier Wales”<sup>cxxi</sup>
- The national milestones on adult and children’s healthy lifestyle behaviours are as follows:
  - ✓ to increase the percentage of adults with two or more healthy behaviours to more than 97% by 2050
  - ✓ to increase the percentage of children with two or more healthy behaviours to 94% by 2035, and to more 99% by 2050
- These healthy lifestyle behaviours include not smoking, never or rarely drinking alcohol, eating fruit or vegetables every day and being physically active for an hour or more per day, over the past seven days
- The University of Sheffield led in research to establish the impact through their modelling study which showed that a Minimum Unit Pricing (MUP) law the potential to curtail affordability and consumption<sup>cxxii</sup>
  - ✓ Based on the 2018 analysis by the University of Sheffield having a MUP of 50p for alcohol was estimated to be worth £783m to the Welsh economy in terms of reductions in illness, crime and workplace absence over 20 years <sup>15,16</sup>
- The Public Health Minimum Price for Alcohol Wales Act 2018 was introduced in Wales on the 2<sup>nd</sup> of March 2020<sup>cxxiii</sup>
  - ✓ Research has already shown the immediate impact in Wales with alcohol sales drop by 8.6% as prices rose by 8.2%
  - ✓ Alcohol-attributable hospital admission rates also decreased by 23% in 2020/21 compared to 2019/20<sup>cxxiv</sup>
- Unhealthy food options have also been restricted in Wales<sup>cxxv</sup>
  - ✓ Meal deals with a high fat, sugar or salt content will be restricted in legislation rolled out in 2025 to tackle obesity and diabetes
  - ✓ Price drops and multi-buy offers on unhealthy foods will be banned
  - ✓ The new rules will also try to curb junk food impulse buys by asking retailers not to promote certain items at the end of aisles or next to checkouts
  - ✓ The legislation will apply to all businesses which employ more than 50 people



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