



*Tackling the harms caused  
by alcohol, tobacco and  
unhealthy food*

Citizens' Jury summary report  
August 2024



THE UNIVERSITY  
of EDINBURGH



University of  
**Strathclyde**  
Glasgow

UNIVERSITY of  
**STIRLING**





# Contents

<b>Executive Summary</b>	<b>2</b>
<b>1. Background to the Citizens' Jury</b>	<b>5</b>
1.2. What are Citizens' Juries?	5
1.3 Project aim	5
1.4 Recruiting members of the Citizens' Jury	6
<b>2. The deliberative process</b>	<b>7</b>
2.1 Workshop one process	8
2.2 Workshop two process	9
<b>3. Perspectives and priorities: Jury-led inputs</b>	<b>12</b>
3.1 Pre-workshop shared images	12
3.3 Top line information from Mentimeter workshop questions	16
<b>4. Jury voting and recommendations</b>	<b>19</b>
4.1 Jury votes in Workshop One	19
4.2 Jury votes in Workshop Two	19
4.2 Values and principles underpinning the recommendations and the votes	21
<b>5. Jury manifestos</b>	<b>23</b>
5.1 Area One manifestos	23
5.2 Area Two manifestos	24
<b>6. Reflection on the process</b>	<b>26</b>
Appendix 1: Selection of Jury members	27
Appendix 2: Jury members description of their communities	29
Appendix 3: Density maps	30
Appendix 4: Policy action cards	35
Appendix 5: Citizens' Jury questionnaire	40



## Executive Summary

The Citizens' Jury on tackling the harms caused by alcohol, tobacco and unhealthy food was commissioned by [SPECTRUM](#): a research consortium funded by the UK Prevention Research Partnership that brings together public health agencies, civil society organisations and academics to generate evidence on preventing non-communicable diseases. In March, SPECTRUM asked [Hopkins Van Mil \(HVM\)](#), a specialist deliberative social research agency, to project manage, co-design and recruit for two placed-based citizens' juries.

The aim of the Citizens' Jury was to explore public views about the impacts on health of commercial activities relating to tobacco, alcohol and unhealthy food, and to consider how governments should respond.

### Recruitment

Two 'mini-publics' were created, broadly representative of the Scottish population, using a process of sortition<sup>1</sup> and by inviting people from households in two distinct areas of Glasgow (see Appendix 1 for the full area breakdown). Twenty-one people were recruited from each area. The final list of attendees for Area One was 17 and for Area Two 20 – a total Citizens' Jury membership of 37 across the two areas.

Each mini-public worked separately for workshops one and two in their deliberative journey. They are coming together as a single Citizens' Jury for their last workshop at the end of August 2024.

### Process

Two sets of workshops were held for each, a process rooted in place from the moment it began, and informed by what Jury members wanted to discuss. Figure 1 sets out the full process.

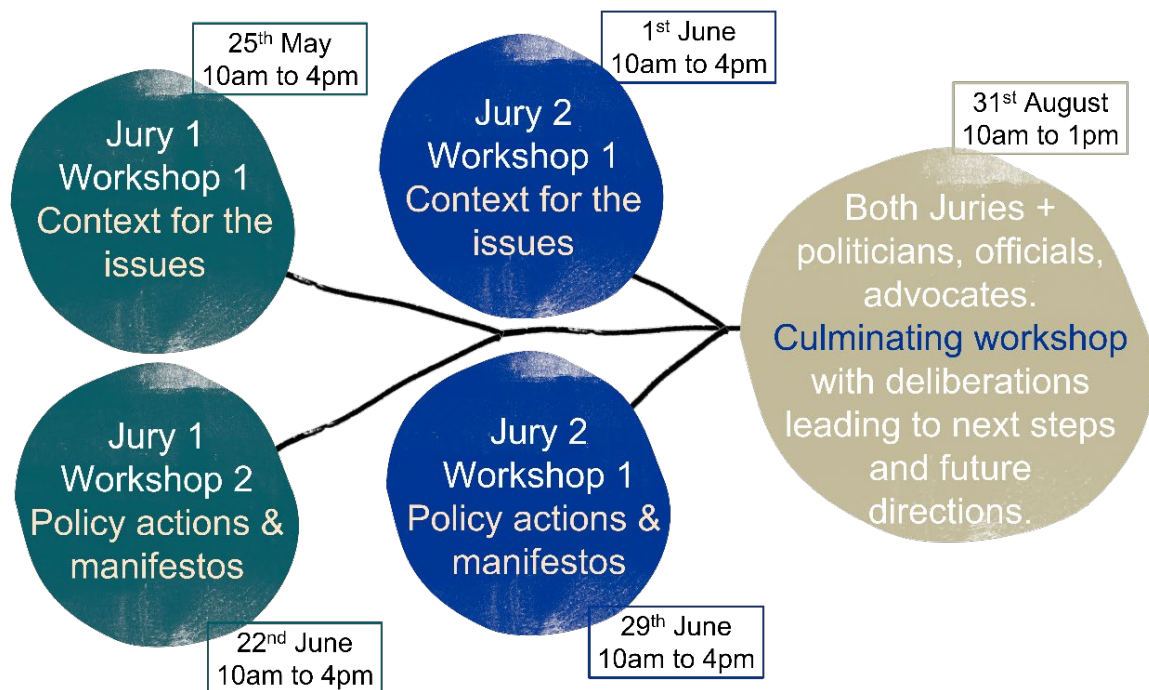


Figure 1: The Citizens' Jury process

<sup>1</sup> [www.sortitionfoundation.org/](http://www.sortitionfoundation.org/)

Each Jury deliberated on the same evidence:

- Speaker presentations
- Filmed presentations from academics and advocates
- Density maps showing outlets for harmful products in each area
- Ten policy action proposals drawn from ongoing policy debates and informed by Jury priorities

Within each area Jury members deliberated in facilitated small groups, coming together as a whole group to reflect on the small group findings and to vote on the outcomes.

This report is being written in advance of the final culminating workshop so that the key findings from each area within the Citizens' Jury can be discussed at that session. It sets out the top results from baseline questionnaires, polling using Mentimeter.com during workshops, Jury voting prioritisation of key issues, and the Manifestos for Change developed by Jury members. An academic analysis of the Jury findings will be produced after the final workshop.

### **Perspectives and priorities: Jury-led inputs to the deliberation**

In Section 3 of the report, we share images provided by Jury members in advance of attending the first workshop. These show members' unprompted concerns about the amount of advertising and retail outlets that exist in their communities for alcohol, tobacco and unhealthy food. They identify targeted marketing activities which appear to promote harmful products in such a way as to be attractive for children and young people. These images also illustrate concerns with the indirect consequences of the availability of these harmful products, including the impact on children and communities of litter, and serious harms from alcohol related violence.

Jury members completed the same questionnaire on arrival at workshop one to provide initial views; and at the end of workshop two to offer final views and allow an exploration of any changes across the workshops. A top-level analysis of these results shows that, in relation to health and inequalities, participants identify the two biggest factors negatively affecting their health as being behaviours (smoking, drinking, poor diets and lack of exercise); and local physical environment (housing, neighbourhood, access to shops). This view increased from workshop one to workshop two. By the end of workshop two, income and wealth was also seen to be one of the three biggest factors.

In both workshops alcohol, tobacco and unhealthy foods were the most frequently selected by Jury members when they were asked which industries most impact health and well-being in their neighbourhood. Alcohol was the most frequently mentioned industry in this context, followed by unhealthy foods. There was a notable difference in the two areas when it came to how many Jury members identified alcohol in answer to this question. At the start, 47% of those in Area One (with fewer alcohol outlets) chose alcohol as a major concern. In contrast, 82% of members selected alcohol (with more alcohol outlets) in Area Two. The number of members citing alcohol as the industry with the biggest impact on health and wellbeing rose in both areas by the end of workshop two.

Support for policies aimed at reducing harm from these industries changed over the course of the workshops. For marketing, an increasing majority of members agreed

that limits should be placed on advertising, promotion and sponsorship for all three products. Support for reducing the availability of these products also grew over the course of the two workshops. In contrast, support for price-based interventions did not increase. Jury members were also asked in the questionnaire to think about the role of the alcohol, tobacco and unhealthy food industries in policymaking. There was a significant drop in the number of members who believed the government should partner with these industries in a policy context. There was strong support for the idea that government healthy policy should be protected from the influence of each of these industries.

During the in-workshop polling using Mentimeter Jury members' concerns in both areas focused on health inequalities. These responses show a concern about the impact of harmful products on children's health. In Mentimeter questions at the end of workshop two members expressed their desire to discuss their manifestos for change with politicians, officials and advocates, and to understand the actions being taken in the policy arena to address their concerns.

### **Jury voting and recommendations**

The top results from the three votes across the two workshops are shared in Section 4 of this report. In both areas Jury members used their votes to prioritise 'Measures to reduce the price of healthy foods.' In Area One, 'Restricting the advertising of alcohol, unhealthy foods and vaping products' was also a popular policy. In Area Two restricting industry involvement in developing health policy was a priority action. In both areas we see more people suggesting through their votes that policies which involve taxation and levies are seen as less likely to work. Jury generated policy actions were supported in both areas such as, 'Local government relief for independent (food) stores to diminish the power of supermarkets' (Area One), and 'Government investment in healthy food education and awareness raising' (Area Two).

### **Jury manifestos for change**

At the end of workshop two Jury members developed 'Manifestos for change', in which they built on the policy actions they felt most strongly would create change in the system. In both areas Jury members highlight the value in reducing the price of healthy foods. They also call for restrictions in advertising and how products are displayed and marketed.

Members in Area One focus on taxes on unhealthy food and alcohol and improving school nutrition as two measures which would have a positive impact on reducing harm. They support a range of tools including stronger government action on these issues overall and a ban or restriction on industry involvement in health policy. In Area Two the focus was on strengthening public protections and the planning and licensing laws in relation to harmful products. They felt that more could be done to restrict availability, including restricting the opening hours of fast food outlets. Area Two members had less of a focus on policymaking than in Area One but they also support the restriction of industry involvement in this area of public health.

Jury members in both areas emphasise communities and a desire to improve things for future generations in Scotland. They refer to public involvement in policymaking as being important, and welcome the opportunity through the Citizens' Jury process to discuss this important issue with those who can influence change.



## 1. Background to the Citizens' Jury

Consumption of tobacco, alcohol and foods high in salt, sugar and fat (HFSS) are important and avoidable causes of non-communicable diseases (NCDs) and of health inequalities in the UK and worldwide. This consumption is driven by complex systems of production, distribution and promotion dominated by transnational companies.

The Shaping Public health policies To Reduce inequalities and harm (SPECTRUM) Consortium is a multi-university, multi-agency research consortium focusing on the commercial determinants of health and health inequalities. It is funded by the UK Prevention Research Partnership. SPECTRUM conducts innovative research into the systems that are constructed by unhealthy commodity producers (UCPs) and through which they operate.

The Citizens' Jury on tackling the harms caused by alcohol, tobacco and unhealthy food is part of SPECTRUM's research programme on governance for health equity. The deliberative social research agency Hopkins Van Mil (HVM) was commissioned in March 2024 to project manage and co-design the Jury process. This included working with the Sortition Foundation on the recruitment of Jury members from two distinct areas of Glasgow.

### 1.2. What are Citizens' Juries?

Citizens Juries are a robust and trusted method for exploring issues that matter to society, finding common ground and understanding different attitudes. The process was developed by the Jefferson Center (now the Center for New Democratic Processes<sup>2</sup>) in the US in the 1970s and has been used widely as a form of democratic public involvement. Citizens' Juries are particularly effective in exploring value-laden and controversial questions, where knowledge is contested and there are important ethical and social repercussions. Citizens' Juries have a number of important features:

- **The Jury members:** The membership is designed to be representative of the wider population, in this case the population of Scotland, focused on two distinct areas of Glasgow.
- **The deliberative process:** Jury members go through a three-stage process of learning, discussion, and decision-making.
- **Evidence and information:** Jury members are presented with balanced, accurate and comprehensive evidence during the learning phase.
- **Independent facilitation:** To ensure that the deliberations are not influenced by those who have a vested interest in the topic and the Jury is properly supported to do their work.

### 1.3 Project aim

The aim of SPECTRUM's Citizens' Jury is to explore public views about the health and social impacts of commercial activities relating to tobacco, alcohol, and unhealthy food and to consider how governments should respond. Jury members have been discussing the issues, considering policy options and making recommendations, in the form of 'Manifestos for change', on approaches to minimise harm from unhealthy commodities.

---

<sup>2</sup> <https://www.cndp.us/about-us/how-we-work/>



## 1.4 Recruiting members of the Citizens' Jury

Members of the Citizens' Jury were recruited using a stratified sampling method which creates a mini-public broadly representative of the population, in this case Scotland. This is a civic lottery method called sortition. The process was delivered by the [Sortition Foundation](#) working to a recruitment specification co-designed by SPECTRUM and HVM. To ensure place-based reflections on the issues, the sortition process focused on two areas of Glasgow for the issuing of invitations to take part in the Jury:

- **Area One:** Parts of Kelvinside, Jordanhill and Knightswood
- **Area Two:** Parts of Calton and Gallowgate, Bridgeton, Parkhead West and Barrowfield, Carntyne West and Hagill, Dennistoun, Gallowgate North and Belgrove.

Each of the mini-publics included a diversity of Jury members based on key demographics such as gender, ethnicity and age. A description of the recruitment process and a breakdown of key demographics is given at Appendix 1.

## 2. The deliberative process

Each Jury member took part in two in-person workshops held in central Glasgow. Those taking part from Area One attended sessions on 25<sup>th</sup> May and 22<sup>nd</sup> June; Area Two Jury members experienced the same workshops on 1<sup>st</sup> and 29<sup>th</sup> June 2024. As such each group had three weeks reflection time in between their first and second workshop. The Citizens' Jury from both areas will come together in a final culminating workshop on 31<sup>st</sup> August 2024.

In both workshops Jury members worked in small groups, supported by a facilitator, and as a whole group to deliberate on the stimulus materials, ask questions and to vote on key priorities. The groups were also supported by two Jury Friends who were available during workshops to help Jury members to interrogate and challenge the evidence and to answer their questions. Two things are important to highlight about the process and approach:

### 1. The Citizens' Jury deliberations were rooted in place

This began by asking Jury members, before attending workshop one, to take images which show how they and their families see tobacco, alcohol and/ or unhealthy foods as they are out and about in their communities. These images were used to inform the group's deliberations.

In workshop two, Jury members were shown a set of maps describing the density of outlets selling alcohol, tobacco and unhealthy foods in the areas they live in: Areas One and Two. These maps were produced by SPECTRUM researchers working in health geography at the University of Edinburgh (Prof J Pearce, Prof N Shortt, Dr R Valiente). Through this Jury members could see visually that there is a notably higher density of these outlets in Area Two than in Area One. Figure 2 and Figure 3 shows a comparison of the maps drawn from each area on alcohol outlet density. The full set of maps is in Appendix 3.

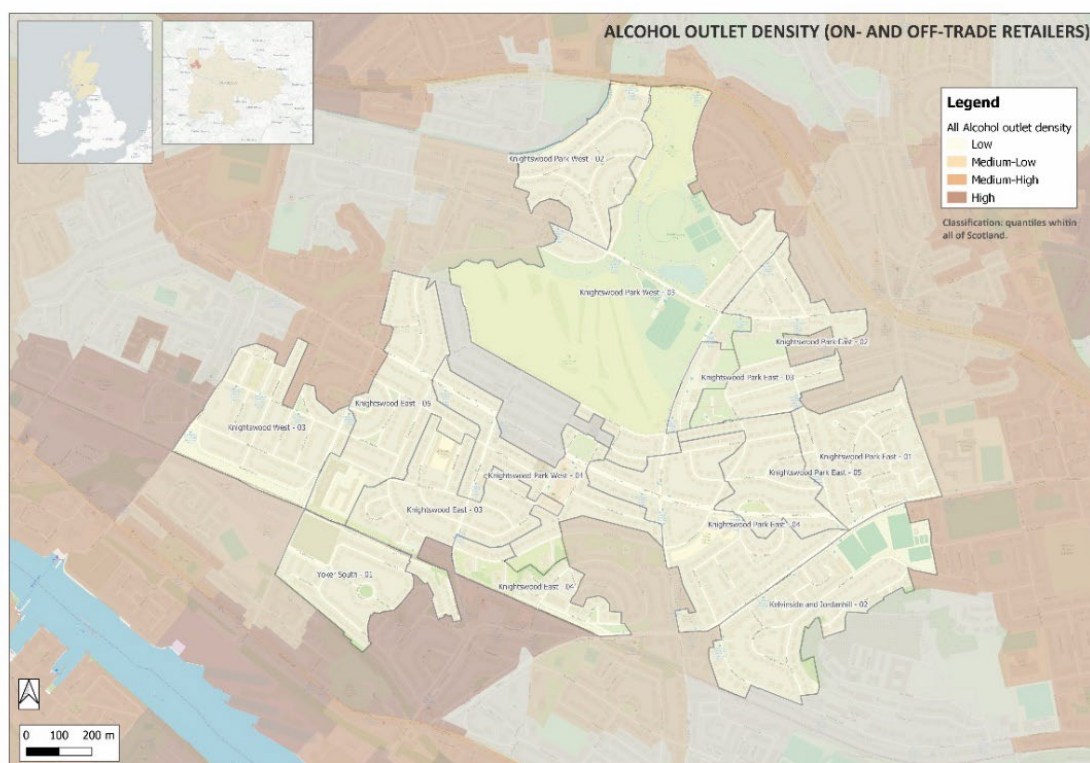


Figure 2: Area One alcohol outlet density

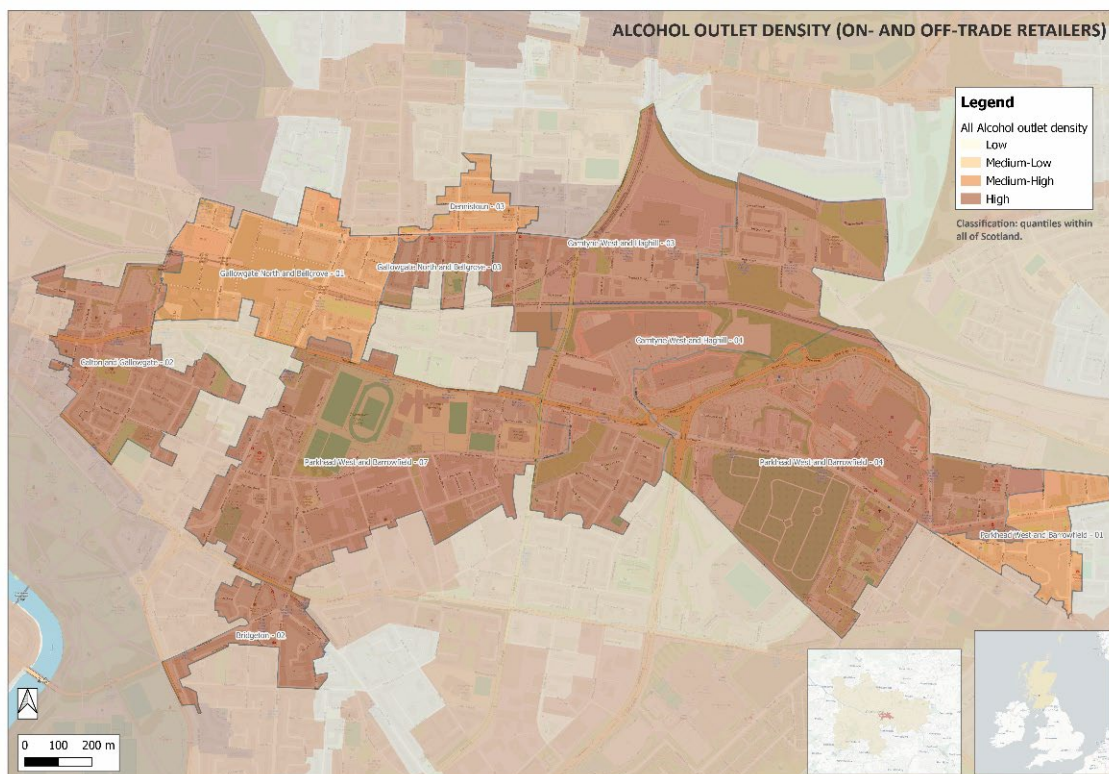


Figure 3: Area Two alcohol outlet density

## 2. The selection of specific issues on which to focus was led by the Jury

The Citizens' Jury was co-designed by SPECTRUM and HVM – with the focus of discussions being determined by the Jury members. Jury members completed a baseline questionnaire on arrival at workshop one and for a second time at the end of workshop two. We discuss the results of the questionnaire in Section 3.2 of this report. We also used Mentimeter.com (an online polling tool) during the workshops to gain a snapshot of Jury members views, particularly at the beginning and end of workshops. Towards the end of workshop one we asked Jury members what they would like to discuss in workshop two, and at the end of workshop two we explored what they would like to deliberate on with politicians, officials and advocates during the final culminating workshop (see Section 3.3). The co-design team reflected on Jury responses to all these elements, which had significant influence on the shape of the workshop design and stimulus materials.

In addition, the discussions in small groups also influenced where the focus should be in workshop two. It was clear from these deliberations and data sources that many Jury members were more interested in prioritising discussions on the harmful effects of alcohol and unhealthy foods than on tobacco, and in trying to find policy actions which would address these challenges. While one small group focused on vapes and tobacco during workshop one, they also said they would rather focus their deliberations on alcohol and unhealthy food in workshop two.

### 2.1 Workshop one process

Jury members began workshop one by reflecting in small groups on the images each of them had brought to the workshop showing the sale and advertising of alcohol, tobacco and unhealthy food. In this way Jury members began to consider the issues before the start of workshop one. Live presentations were then given on health inequalities and the challenges of health in Glasgow (Prof G McCartney, U of Glasgow); and on the role and significance of commercial determinants in poor

health and inequalities in Scotland (Prof J Collin, U of Edinburgh). These topics were chosen because SPECTRUM wanted the Citizens' Juries to consider the commercial determinants of health alongside broader drivers of health inequalities.

Having discussed the presentations with the speakers, Jury members then discussed the issues that they consider most important when thinking about harmful products in relation to place. Each group drew up a list of key issues they believe are important for policy makers to tackle. The workshop one vote took place in late morning using this long-list of issues. Jury members were asked to review the full set of points made, and to use three votes to identify which issues they believe that society should be taking action on in the longer term. They then had a second set of three votes to identify the issues that they find both important and urgent for more pressing action.

After the vote Jury members were shown three filmed presentations created by the SPECTRUM consortium outlining the relationships between health inequalities and alcohol, tobacco and unhealthy foods

Having asked questions about these films, the Jury then spent time at the end of the workshop reflecting on the key issues as they understood them at this point; actions that they would like to be taken to tackle the issues, and reflections on their priorities. The process flow is set out in Figure 4.

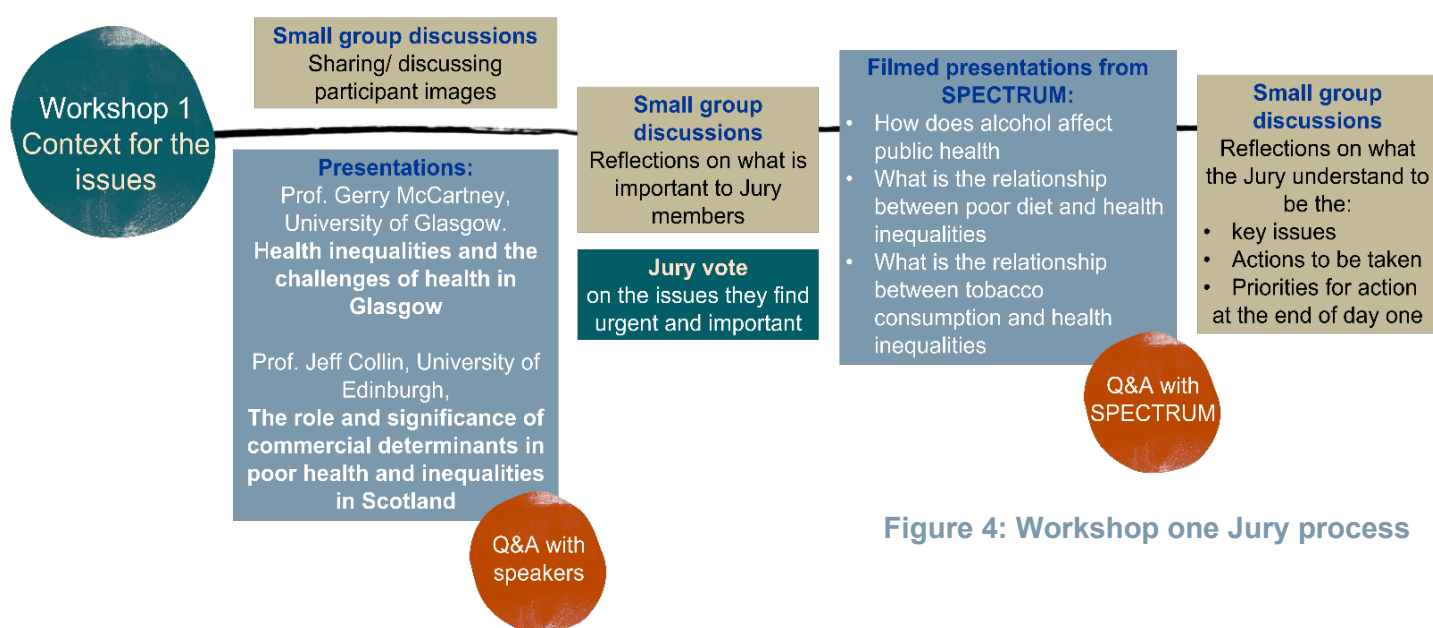


Figure 4: Workshop one Jury process

## 2.2 Workshop two process

When the Citizens Jury met again for workshop two, they were reminded of their discussions at workshop one with a presentation from HVM on the challenges and policy actions they had discussed. This was followed by a presentation from SPECTRUM on how Jury workshop one discussions had shaped workshop two. Jury members then saw a SPECTRUM film on the commercial determinants of health

The outlet density maps (Appendix 3) were then introduced to the group via a filmed presentation from [Prof. Niamh Shortt, University of Edinburgh](#); these were then discussed in small groups and Jury questions on them were answered.



Jury members were provided with further stimulus materials. Given the workshops were being held just before the General Election Jury members were told what each of the main political parties had included on alcohol, tobacco and unhealthy food in their party manifestos.

The SPECTRUM team then went on to explain a set of policy action cards which were written by the SPECTRUM team. Decisions on what to include in these policy action cards were informed by actions advocated by organisations working in the commercial determinants of health space, and by what the Jury members wished to focus on. They covered ten policy areas themed around price, marketing, availability and policy making are listed in Box 1. Each policy action was printed on to cards for the Jury members to work with. These are given in full at Appendix 4. In addition Jury members were given blank cards on which they could write their own policy proposals – based on their small group deliberations.

## Policy actions

**Price**

1. Introduction of an alcohol harm prevention levy
2. Extension of the Soft Drinks Industry Levy
3. Scottish government to advance case for increased taxation of alcohol and unhealthy foods
4. Measures to reduce the price of healthy foods

**Marketing**

5. Restrict price and location promotions for unhealthy foods
6. Restrict the display and location of alcohol in shops
7. Restrict the advertising of alcohol, unhealthy food and vaping products

**Availability**

8. Strengthening public health protections in alcohol licensing
9. Strengthen planning and licensing of Out of Home sector to limit provision of unhealthy food

**Policy making**

10. Restrict industry involvement in developing health policy



### Box 1: Policy action headings

The Jury in both locations also heard from two pre-recorded speakers: [David McColgan](#), Head of British Heart Foundation Scotland & NCD Alliance, Scotland, and [Ewan MacDonald-Russell](#), Deputy Head, Scottish Retail Consortium. Both speakers were sharing their perspectives on policy actions and proposals. It was important to a process which focused on both the social and commercial determinants of health that the Jury heard views from both a health advocacy and a retail perspective to inform their deliberations.

Following these presentations, and a Q&A session with the Jury Friends, Jury members moved into small groups to prioritise the policy proposals, and also generate new policies if desired. Jury members then voted as individuals on the list of policy actions the three groups had prioritised in their discussions, plus new

policies which they proposed. The votes could be placed on the proposals they feel have the most power to make change, or used to express opposition to the policies. This allowed Jury members to view and vote on different policy proposals from other groups. Discussions were held on the voting and then Jury members, in their small groups, created their 'Manifestos for change' in which they outlined where they are calling for policy actions and explaining why the actions are important to them and their communities.

A second vote was then held, again prioritising the policy actions that they felt had the most power to enact change, and those they oppose. The workshop ended with a whole group discussion on the outcomes of the day focused on Jury member reflections on:

- Where their priorities lie
- The extent to which the end voting feels like a fair reflection of their views
- Where there is agreement?
- Where there is disagreement?
- And why they think the agreement/ disagreement exists.

A summary of the workshop 2 process is shown in Figure 5.

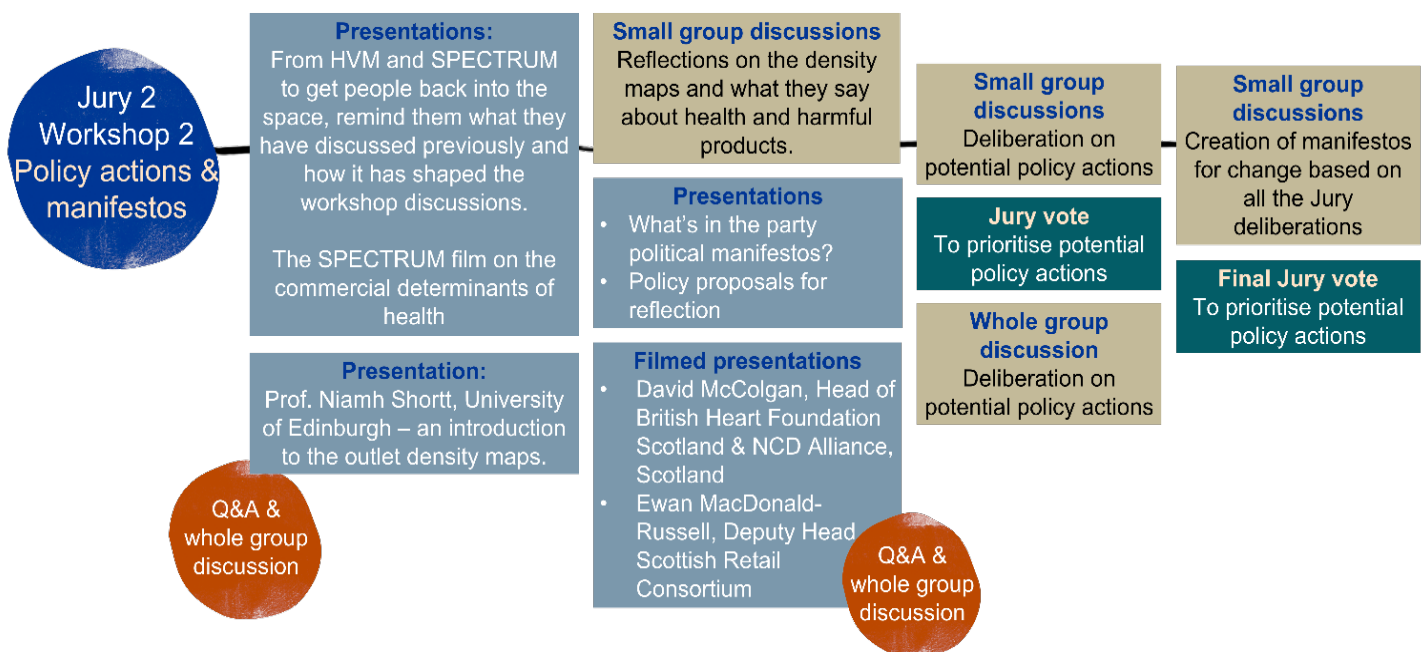


Figure 5: Workshop two Jury process

### 3. Perspectives and priorities: Jury-led inputs

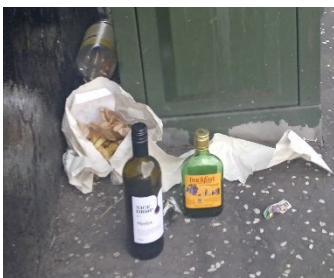
#### 3.1 Pre-workshop shared images

As previously mentioned Jury members were asked to discuss images they had shared of how they and their families see tobacco, alcohol and/ or unhealthy foods as they are out and about in their communities, or when they are online.

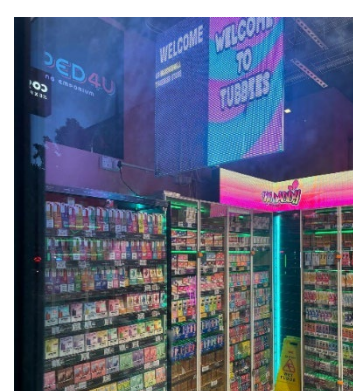
Jury members shared images from the **on-street advertising** they see on large-scale roadside billboards, in public places such as bus stops, and outside shops and restaurants.



Some shared images of **litter** they see on the streets as a result of people discarding cans, take-aways, cigarette packets and bottles of alcohol. One Jury member shared an image of the Sheriff's Court, highlighting the wider impacts of alcohol on violent crime. These images demonstrate the indirect effects of the availability and marketing of these products on communities.



Many Jury members, particularly in Area Two showed products such as **vapes and alcohol being prominently displayed** in shops, often with offers applied and, in the case of vapes, in bright attractive packaging with what might look at first glance like celebrity endorsement. Comments are made here by Jury members on the bright displays of vapes which they feel are intended to attract young people's attention – with many looking more like sweet shops. They also note that in some convenience stores vape liquids are displayed with hand-written money off, or bulk buy offers.





In sharing these images some Jury members share their surprise that in some convenience shops smoking products are displayed next to essential food items such as cooking oil, rice and tea.

A small number shared pictures of **fast food outlets** and the **shop fronts of convenience stores**. Some shared images of **offers shared on social media** and in in-store papers. One Jury member noted how many birthday cards, particularly for men, showed beer and other alcohol options.

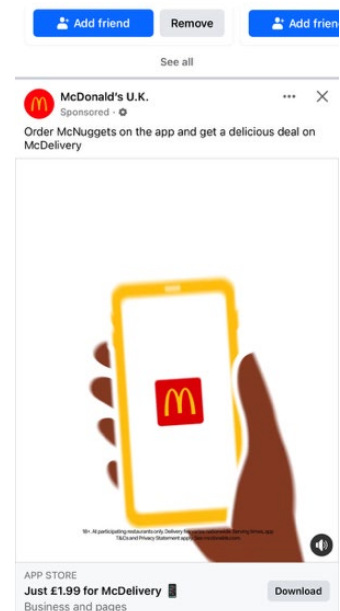
In other images Jury members, particularly in Area Two highlight **convenience stores and take-away restaurants**, noting that these dominate the streets where they live.



They refer to their experience of seeing brightly lit and appealing take-away outlets open for business long after other shops are closed.

By contrast with Area One, Jury members from Area Two shared more images taken from online messaging and social media feeds, which either led them to order food in, or visit the fast-food outlet. One Jury member was shocked by a message she received promoting ‘an ultimate burger challenge’.

These images were all shared with the co-design team before Jury members had attended a workshop. They demonstrate what Jury members considered important when thinking about how tobacco, alcohol and unhealthy food features in their local community when unprompted by evidence or other stimulus materials. Jury members discussed the large presence of tobacco, alcohol and unhealthy food in their daily lives and local communities, with some Jury members noting that it is, ‘overwhelming.’



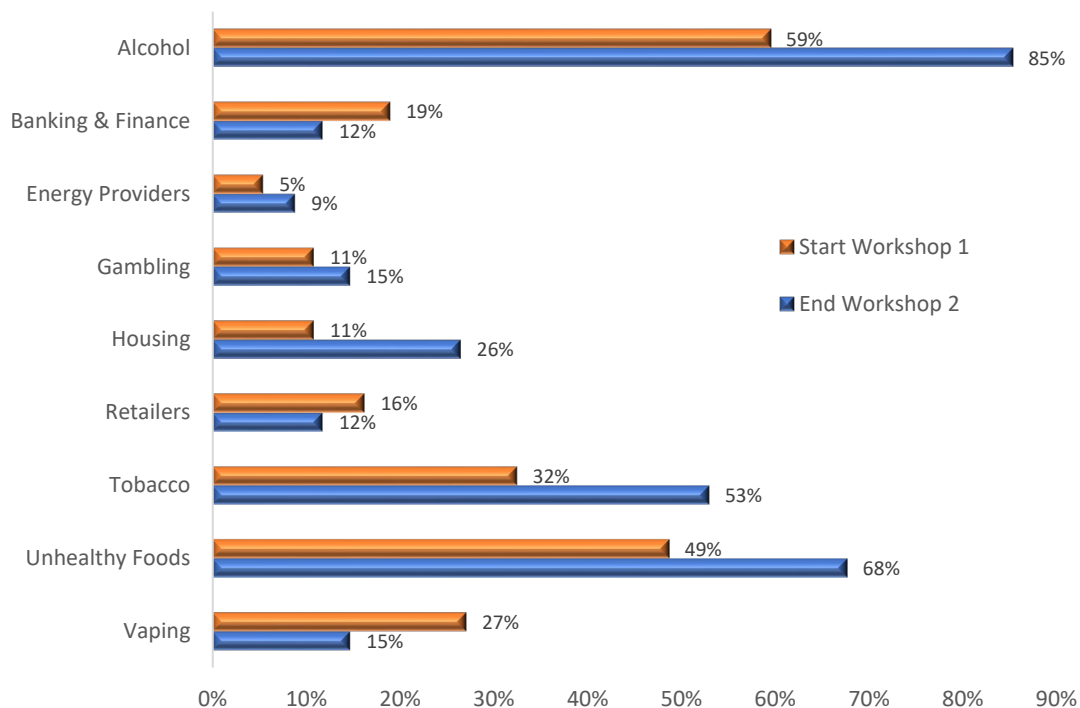
### 3.2 Top line information from the questionnaires

We developed a short survey of seven questions (Appendix 5) to provide an overview of Jury members’ understandings and attitudes to health inequalities; to alcohol, tobacco and unhealthy food industries; and to options for reducing their

health impacts. Jury members were asked to complete this twice: At the beginning of workshop 1, to provide initial views; and at the end of workshop 2, to offer final views and allow us to explore any changes in people’s views across the workshops. Since this is a small survey, with only 37 respondents, we need to interpret results cautiously and we will be looking at the full mix of data alongside the survey results in the final write-up. We are sharing headline findings in this report in case they provide helpful information for the final workshop discussions, alongside Jury votes, recommendations and manifestos.

In discussions about health and inequalities, Jury members were asked to identify the three biggest factors negatively affecting their health. At the start of the first workshop, 46% of participants pointed to behaviours like smoking, drinking, poor diets, and lack of exercise. 41% mentioned their local physical environment, which includes things like housing, neighbourhood, and access to shops. Meanwhile, 35% identified genetics or biology as a major factor. By the end of the second workshop, behaviours were the top concern for 62% of the Jury members. The local physical environment was second most cited factor, mentioned by 47%; while income/wealth became the third most frequently identified issue, rising to 44%.

The Jury was also asked to name the three industries that most impact health and well-being in their neighbourhood. They chose from a list of nine industries, with an option to add others. In both workshops, alcohol, unhealthy foods, and tobacco were the most frequently selected. These industries were even more strongly identified in the second workshop. Across both areas, alcohol was the most frequently mentioned industry, rising from 59% in the first workshop to 85% in the second (Figure 6). Unhealthy foods came next, increasing from 49% to 68%, followed by tobacco, which rose from 32% to 53%, even though tobacco wasn't a main focus in the second workshop.



**Figure 6: Jury member responses when asked to select the three industries that have the biggest impacts on health and well-being of people in their neighbourhoods.**

For context, vaping was the fourth most frequently mentioned industry in the first workshop at 27%, but its importance dropped to 15% in the second workshop. On the other hand, concerns about housing grew from 11% at the start to 26% in the second workshop, and overtaking industries like gambling, retail, banking and finance as well as vaping.

There was a notable difference between the two areas when it came to how many Jury members identified alcohol as one of the top three industries affecting health and well-being in their neighbourhood. This difference was especially clear in the first workshop. At the start, 47% of members in Area One, which had fewer alcohol outlets, chose alcohol as a major concern. In contrast, 82% of members selected alcohol in Area Two, where there are more alcohol outlets. By the end of the second workshop, these numbers increased to 76% in Area One and 94% in Area Two.

Jury members were also asked about their support for three types of policies aimed at reducing harm from these industries: price, marketing, and availability. Support for these policies changed over the course of the two workshops. For marketing, from the outset, clear majorities agreed that limits should be placed on advertising, promotion and sponsorship for all three products (alcohol, tobacco and unhealthy foods). In the first workshop, 82% supported limits for alcohol, 91% for tobacco, and 86% for unhealthy foods. By the end of the second workshop, support had increased to 97% for alcohol, 94% for tobacco, and 91% for unhealthy foods. Support for reducing the availability of these products also grew. By the end of the workshops, members increasingly agreed that policies should be in place to reduce the number of outlets selling these products (89% agreed for alcohol, up from 69% at the start of the first workshop; 88% agreed for tobacco, up from 75%, and 89% for unhealthy foods, up from 67%).

In contrast, support for price-based interventions did not increase. At the start, 64% agreed that policies to increase prices should be adopted to reduce the health and social impacts of alcohol, 75% agreed for tobacco and 52% for unhealthy foods. By the end of the second workshop, support for such measures had slightly decreased, with 53% supporting price increases for alcohol, 67% for tobacco and 50% for unhealthy foods.

Finally, Jury members were asked about the role of the alcohol, tobacco and unhealthy food industries in policymaking. There was a significant drop in the number of members who believed that the government should partner with these industries to reduce health and social harms (see Box 2 over the page). At the start of the first workshop, a majority agreed with this idea (71% for alcohol, 67% for tobacco and 71% for unhealthy foods). By the end of the second workshop, these numbers had fallen to 37% for alcohol, 34% for tobacco, and 43% for unhealthy foods.

There was also strong support for the idea that government health policy should be protected from the influence of these industries. This support grew over time, with most members agreeing and very few disagreeing by the end of the workshops

**“Government should partner with this industry to develop collaborative approaches to reducing health and social impacts.”**

	Alcohol		Tobacco		Unhealthy Foods	
	Start WS1	End WS2	Start WS1	End WS2	Start WS1	End WS2
	%	%	%	%	%	%
Strongly Agree	30	6	35	9	30	9
Agree	41	31	32	25	41	34
Neither Agree nor Disagree	14	9	10	6	14	16
Disagree	8	28	13	31	8	19
Strongly Disagree	8	25	8	28	8	22

**“All government health policy should be protected from the influence of this industry.”**

	Alcohol		Tobacco		Unhealthy Foods	
	Start WS1	End WS2	Start WS1	End WS2	Start WS1	End WS2
	%	%	%	%	%	%
Strongly Agree	47	63	47	66	41	53
Agree	31	22	33	25	35	25
Neither Agree nor Disagree	14	13	11	9	11	19
Disagree	8	3	8	0	14	3
Strongly Disagree	0	0	0	0	0	0

**Box 2: Jury member responses to statements regarding the role of alcohol, tobacco and unhealthy food industries in developing policy responses across workshop one (WS1) and workshop two (WS2)**

### 3.3 Top line information from Mentimeter workshop questions

In workshop two, Jury members were asked “When I say health inequalities, what comes to mind?”. Table 1 presents Menti.com responses to this question from Jurors in both Area One and Area Two.

Area 1	Area 2
Price of unhealthy food vs unhealthy food	No real choice between healthy/unhealthy products. Lack of education and knowledge
Poverty	The Glasgow effect
Differences in services to help people based on where they live, their gender, financial situation or educational background	Rich and poor
Some people have less access to healthcare – POC, women and plus sized women are regularly denied healthcare	Inability to have equal access to health services due to living environment or financial factors
Poverty creates poor health	Areas of deprivation and environmental issues
Good health care not available in Glasgow	Impact of upbringing and socio-economic environment. Restrictions/barriers on a persons ability to address or take positive change
Differences between genders	The differing scale of obstacles to overcome to have a healthy, happy life

Inequalities between income groups – e.g. access to healthy food/healthcare	Different lifestyles and cultures
The divide between affluent and poorer people	Poverty
Differences in rates of healthy population between different countries. Differences between genders. Differences between those on different incomes	Different/poorer access to good quality health care due to income/race/gender/location etc.
Affordable accessibility for healthy options. Whilst balancing the right to choose the unhealthy option	How people in deprived areas have a lower life expectancy than those in more affluent areas.
Different peoples standards of living due to lack of money and education	Price of health stuff being higher results in the increase in intake of unhealthy stuff
Lack of support and access to health services, people from different backgrounds and status	Certain demographics have less access to good healthcare in a timely manner
	Easy access to cheap food for people due to high costs in organic/healthy food

**Table 1: Menti.com responses to health inequalities**

We see in these responses Jury members’ concerns in both areas about health inequalities. In this context, it was felt that public health policy should address the challenges arising from the marketing and sale of alcohol, tobacco and unhealthy foods. This is evident in where their manifestos (described in Section 5) focus their attention and in the issues they wish to explore with politicians, officials and advocates in the final workshop.

### **Jury led focus on the issues for Workshop 2**

At the end of session 1, Jury members used Menti.com to respond to the question, “What particular issues would you like us to clarify or focus on when we meet next time?”. Jury members from Area 1 wanted to hear more about what (if anything) the Scottish Government is doing to tackle obesity. They also raised a concern about the ease of access to recreational drugs in Glasgow, which they linked to discussions on tobacco. Jury members in Area One wanted to see some examples of initiatives that have worked well to tackle the impact of harmful products. They were interested in whether other countries had been able to tackle them more successfully than Scotland.

In Area Two, Jury members asked for a focus on practical solutions to problems caused by harmful products. They wanted more clarity on how advertising of harmful products on social media is being monitored and tackled. They showed particular concern for the impact of harmful products on children, and wanted to know more about efforts to educate children on their potential consequences. Jury members in Area Two also wanted more clarity on the health impacts of vaping, with concerns about nicotine, tobacco and associated products remaining important to them.

The SPECTRUM team used these answers, and details of other deliberations during workshop one to inform the focus in workshop two on alcohol and unhealthy foods.

### **Looking forward to the final culminating workshop**

At the end of workshop two, Jury members used Menti.com to respond to the question “What do you want to happen at the session in August to make it worthwhile for you to attend?”.

Jury members in Area One wanted to present their manifestos to policy makers, clearly communicating their key concerns and priority actions. They want to be able to interact with policy makers and hear them talk about how they plan to take the findings from this Citizens' Jury forward. Area One Jury members were also interested in hearing where there was difference and where there was consensus between the two areas when it comes to key concerns and priority actions.

In Area Two, Jury members expressed a desire to work together with policy makers, advocates and officials to create a list of key concerns. They also sought an opportunity to interact with policy makers and ask them questions about their plans to tackle the impacts of harmful products in Glasgow. In addition, they were keen to hear more about what citizens can do in their local community to promote healthy habits, and to reflect back on the information presented in earlier sessions.



## 4. Jury voting and recommendations

A full academic analysis of the Jury votes, recommendations and manifestos will be conducted after the final workshop in August. In this Section we summarise key points in the process of voting, identifying what was seen as important and highlighting recommendations on next steps which informed the Jury's creation of manifestos for change described in the next Section.

### 4.1 Jury votes in Workshop One

As explained in the process summary, Jury members voted on the issues they found needed long-term action or urgent action in the vote that was held in workshop one.

#### Area One results for vote one in workshop one

Jury members in Area One saw the need for long-term strategies to address both fast, cheap and unhealthy food being easy to access (11 votes), and the availability of such foods (10 votes). Co-ordinated government action was seen as the most urgent and important action (9 votes). This was closely followed by addressing the impact of harmful products on health, that fast, cheap and unhealthy food is sometimes the only option for people in certain communities, and special offers mostly being applied to cheaper food, issues which all received 8 votes.

#### Area Two results for vote one in workshop one

In Area Two Jury members prioritised addressing of advertising of harmful products targeted, they believe, at children and young people. This issue received 32 votes as an urgent and important action. Urgent action on special offers on tobacco, alcohol and unhealthy food was seen as important with 14 votes. In terms of longer-term strategy, the group prioritised proactive campaigns to support change to positive habits (14 votes), and reducing the high number of unhealthy food outlets (on and offline) (11 votes) as key topics. Some Jury members also felt that reversing the culture shift in recent years away from multi-generational living would improve people's food choices (11 votes).

### 4.2 Jury votes in Workshop Two

In workshop two, two votes were conducted where Jury members prioritised policy actions. Each vote was separated by the Jury formulating their manifestos for change (see Section 5). Table 2 sets out the results of these two votes for Area One, and Table 3 for Area Two. The policies that received the highest number of votes in the 'Power to make change' column are listed first in both cases, followed by those which Jury members used their vote in the 'Would not work' column.

Policy	First vote on policy actions		Second vote on policy actions	
	Power to make change	Would not work	Power to make change	Would not work
Measure to reduce the price of healthy foods+	11 votes	0 votes	13 votes	0 votes
Restrict the advertising of alcohol, unhealthy foods and vaping products+	9 votes	0 votes	11 votes	0 votes
Local government relief for independent stores e.g. butchers, bakers and greengrocers to thrive and diminish the power of supermarkets*	7 votes	2 votes	5 votes	2 votes



Stronger government intervention on harmful products*	5 votes	0 votes	8 votes	0 votes
Restrict industry involvement in developing health policy+	5 votes	0 votes	3 votes	1 vote
Strengthen planning & licensing of out of home sector to limit provision of unhealthy foods+	4 votes	0 votes	2 votes	0 votes
Change the culture around alcohol and food so that healthy eating and not drinking alcohol is normalised*	2 votes	5 votes	0 votes	12 votes
Scottish government to advance case for increased taxation of alcohol and unhealthy foods+	0 votes	10 votes	0 vote	8 votes
Introduction of an alcohol harm production levy+	0 votes	8 votes	0 votes	4 votes
Improve the quality of school meals*	2 votes	3 votes	3 votes	2 votes
Restricting the display and location of alcohol in shops+	2 votes	2 votes	2 votes	5 votes
Limit on sugar in drinks*	1 vote	3 votes	0 votes	5 votes
Advertise healthy food options e.g. extend Buy One Get One Free (BOGOF) to healthy foods and incentivise their sale*	1 vote	3 votes	0 votes	2 votes
No political party should benefit or receive money from health harming industries (no boards)*	2 votes	1 vote	1 vote	0 votes
Extension of the soft drinks industry levy+	0 votes	2 votes	0 votes	1 vote
Strengthen public health protections in alcohol licensing+	0 votes	3 votes	1 vote	0 votes
Restrict the price and location of promotions for unhealthy foods+	0 votes	0 votes	1 vote	0 votes
+ = policies shared with Jury members based on their deliberations				
* = policies developed by Jury members listed in their own words				

**Table 2: Area One, workshop two first and second vote results**

Policy	First vote on policy actions		Second vote on policy actions	
	Power to make change	Would not work	Power to make change	Would not work
Measures to reduce the price of healthy foods+	9 votes	0 votes	10 votes	0 votes
Government investment in healthy food education and awareness raising*	8 votes	0 votes	11 votes	0 votes
Restrict industry involvement in developing health policy+	8 votes	0 votes	8 votes	0 votes
Progressively raise the age for accessing tobacco and vapes*	7 votes	1 votes	3 votes	1 vote
Strengthen planning & licensing of out of home sector to limit provision of unhealthy foods+	6 votes	0 votes	7 votes	0 votes
Reverse advertising positively promoting healthy foods*	3 votes	0 votes	1 vote	0 votes
Strengthen public health protections in alcohol licensing	1 vote	0 votes	3 votes	0 votes
Introduction of an alcohol harm production levy+	1 votes	12 votes	0 votes	9 votes

Scottish government to advance case for increased taxation of alcohol and unhealthy foods+	0 votes	5 votes	0 votes	12 votes
Progressively raise the age for drinking alcohol*	0 votes	5 votes	1 vote	10 votes
Extension of the soft drinks industry levy	2 votes	4 votes	1 vote	4 votes
Restrict the opening hours of retail outlets for harmful products so they can't be sold 24/7*	2 votes	4 votes	4 votes	0 votes
Improve sponsorship options for sports*	2 votes	3 votes	1 vote	0 votes
Restrict price and location of promotions for unhealthy foods+	1 vote	3 votes	1 vote	2 votes
Restrict the display and location of alcohol in shops+	0 votes	3 votes	0 votes	3 votes
Restrict the advertising of alcohol, unhealthy foods and vaping products+	0 votes	1 vote	0 votes	0 votes
+ = policies shared with Jury members based on their deliberations				
* = policies developed by Jury members listed in their own words				

**Table 3: Area Two, workshop two, first and second vote results**

In both areas Jury members prioritised the policy 'Measures to reduce the price of healthy foods' above other policies with the power to create change. In Area One restricting advertising was also a popular policy action. Two policies which had been developed by Jury members: to diminish the power of supermarkets on the high street, and for more government intervention on harmful products were felt by Jury members to have the power to create change. There was also support in both areas for restricting industry involvement in developing policy related to health-harming products.

In both areas we also see more people suggesting through their votes that policies which involve taxation and levies are less likely to work. In Area Two in the second vote we also see an increase for a Jury-led policy to progressively increase the age at which young people can drink alcohol. The votes for the policy, 'Government investment in healthy food education and awareness raising' created by Jury members also increased from 8 to 11 votes in the second vote.

## 4.2 Values and principles underpinning the recommendations and the votes

In both areas Jury members demonstrate a strong sense of injustice around who has power and influence over the alcohol, tobacco and unhealthy food environment. They associate this with industry power for profit and those who live in the most deprived communities being faced with, and impacted by, these products more substantially as they live out their lives. Jury members described more deprived communities as being more exposed to tobacco, alcohol and unhealthy food products through their availability, advertising and low price.

In Area One Jury members identified a need for urgent government action, and believe this is long overdue. Education and awareness raising was seen as important so that people do not fall into the trap of believing unhealthy foods and harmful products based on tobacco and alcohol are the only options. They call for:

- Transparency around the role of industry in policy making and on how this should change in the future

- Addressing what the Jury see as ‘corporate greed’ at the expense of public good
- Legislation with teeth to control industries place in the high street
- Implementing policies that are known to work robustly at a local and national level
- A greater public voice on these issues – including in deliberations such as this one
- More local services to combat the outcomes of dependency on these products

In Area Two Jury members focused on accessibility and availability of harmful products. The call for better regulation of, for example, vapes which they feel should not be sold as if they were sweets. They believe that improved planning for high street licenses would make a significant difference.

They also call for advertising to be turned on its head, so that it is profitable for industry and beneficial for citizens to have advertising which promotes healthy food and does not promote harmful products. As with Area One, penalties which change how industry operates are seen as important and in need of urgent implementation. For some Jury members setting a target for change, for example 2044, is a way of ensuring successful implementation of new public health policies to combat the harms from these products.

## 5. Jury manifestos

Through their manifestos Jury members are calling for change in the price, marketing and availability of alcohol, tobacco and unhealthy food. They want to see a pivot in policy making away from profitmaking towards policies which better serve the needs of people across society. They are concerned about the inequalities that seem to be perpetuated, as seen in the density maps and reflected in the images they shared from their daily lives.

### 5.1 Area One manifestos

The group from Area One emphasised in their manifesto titles a desire for people in their communities to live longer, healthier lives – and for action to be taken now. The titles used by each small group are set out in Figure 7

Area One Jury members included the following policy actions in their manifestos for change. These are set out using Jury members' own words in Box 3.

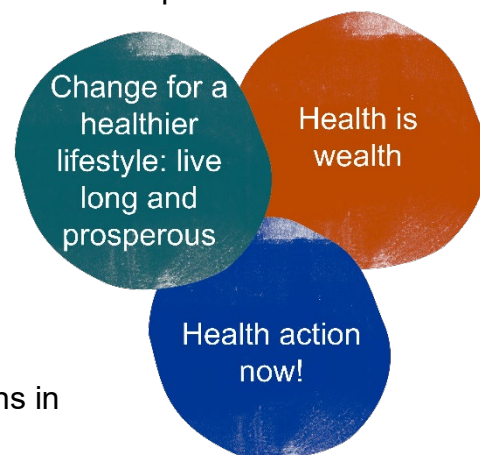


Figure 7: Area One manifesto titles

**1. Price**

- Reduce the prices of healthy foods

**2. Marketing**

- Restrict advertising of alcohol, unhealthy food and vapes
- Replace such advertising with the promotion of healthy foods and lifestyles using tools such as BOGOF
- Restrict the display and location of alcohol and vapes in shops
- Change the packaging of unhealthy products.

**3. Availability**

- Increase taxes on unhealthy foods and alcohol
- Improve nutrition in schools by improving school meals and banning unhealthy snacks

**4. Policy making**

- Stronger government action on health harming industries
- Ban or restrict industry involvement in health policy
- No political party benefitting financially from health harming industries
- Local government support (such as rent caps, gas and electricity subsidies) for specialised fresh food shops i.e. butchers, green grocers, fish mongers)
- Create a culture change – raising awareness of the harms from alcohol, tobacco and unhealthy foods and the benefits of healthy foods.

Box 3: Area One manifestos for change

The reasons Jury members in Area One gave for believing these policy actions are important can be grouped under four main themes, listed over the page in the Jury members' own words:

## Change is needed

- (Change) is long overdue
- People over profits



## Co-ordination and a joined-up approach to policy

- (These actions together) create a joined-up complementary approach
- These have the power to create real positive change



## Empowering citizens to create the conditions for change

- To reduce inequalities, to empower people to make better choices and learn how to eat
- Communities should have a voice on these policies

## The status quo is bad for Scotland

- Change Scotland's reputation
- We want to create better health in Scotland
- The health of the nation is embarrassing.



## 5.2 Area Two manifestos

Jury members in Area Two also emphasised health in their manifesto titles with a focus on 'people' including communities and future generations. The titles used by each small group are set out in Figure 12.

Area Two Jury members included the following policy actions in their manifestos for change. These are set out using Jury members' own words in Box 4, Some proposed policies in the manifestos cut across the themes of price, marketing, availability and policy making, but were grouped by Jury members under one main theme.

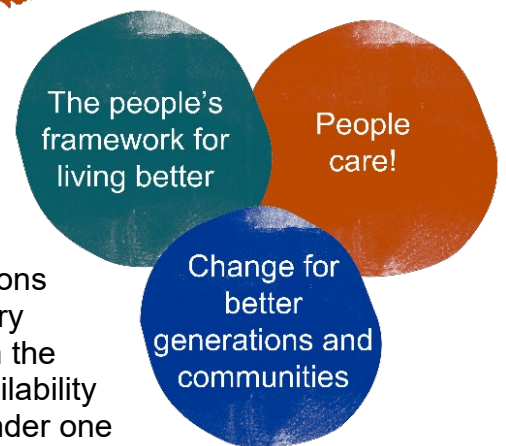


Figure 8: Area Two manifesto titles

### 1. Price

- Measures to reduce the price of healthy food



### 2. Marketing

- Stronger public health protections in alcohol advertising
- Restrictions on the advertising of alcohol, unhealthy foods and vaping products
- Restrict the advertising, promotion and use of vouchers on unhealthy foods.



### 3. Availability

- Strengthen public protections in alcohol licensing
- Strengthen planning and licensing of takeaways and unhealthy food outlets
- Quality not quantity (in relation to food)
- Progressively raising the age for purchasing tobacco and vapes
- Improve access to healthy foods via positive advertising and lower costs
- Restrict the opening hours of fast food outlets to create a balance between access to unhealthy/ healthy foods out of hours



### 4. Policy making

- Restrictions on industry involvement in health policy development
- Create a movement of education in communities on sourcing, preparing and engaging with healthy food options.



The reasons Jury members in Area Two gave for believing these policy actions are important have been grouped under two main themes. These are stated below with the manifesto action points set out in the Jury members' own words:

### **Change will improve people's health and improve the NHS**

- We want the pressure on the NHS to be reduced
- Less pressure on the NHS
- A healthier nation (mental and physical)
- We want people to have fewer health harms



### **Putting people and communities at the heart of the change**

- People matter
- People need equal access to healthy foods & the skills to make informed choices
- They (these manifesto actions) provide sustainability in local communities
- They motivate/ empower people and communities to a better lifestyle



Jury members in both areas emphasise communities and a desire to improve things for future generations in their manifestos. In Area One there is a greater emphasis on the health of the Scottish nation and in joined up policy making at a local, regional and national level. In Area Two the focus is on improving the NHS and enabling people to help themselves towards a better lifestyle.

## 6. Reflection on the process

At the end of each workshop we asked Jury members to share the key things they had learnt and experienced during the process. We also asked them to think about what had valued from being a Jury member, and what they found less valuable.

A top-level review of the responses to this evaluation process show that Jury members felt they learnt and experienced:

- The impact of austerity measures on health and well-being
- A frustration and sadness about ongoing health inequalities
- A fear that there will be a continued lack of policy action
- Shocked and saddened at the particular challenges of the social and commercial determinants of health in Glasgow
- A view that discussion can lead to change
- A growing understanding of policies and measures to solve the challenges identified.

People shared very practical issues that they had found less valuable in the experience such as the bus journey to the venue, being late, not liking the food served at lunchtime and missing out on being in the sunshine in a six-hour workshop.

Jury members said they had valued the experience of being part of the Citizens' Jury, particularly feeling:

- Welcomed
- Informed about the issues
- Pleased to have met other people
- Rewarded by taking part in something where people are equally passionate, and therefore not feeling so alone.
- That their views can make a difference
- A shared enthusiasm for positive change
- It was an important opportunity to share their experience of the impacts of alcohol, tobacco and unhealthy food on their lives and those of others in their community

Overall, Jury members in both areas shared that they welcomed this process. They discussed a Citizens' Jury process as valuable, informative, a learning opportunity and something that policy makers should embed in their work more routinely. As one Jury member put it,

*"I felt at ease and welcomed throughout these workshops. The public have more power to affect change than we realise. We should exercise that power more."* Area Two Jury member



## Appendix 1: Selection of Jury members

Members of the Citizens' Jury were recruited using a stratified sampling method which creates a mini-public broadly representative of the national population of Scotland. This is a civic lottery method called sortition. The process was delivered by the [Sortition Foundation](#) working to a recruitment specification co-designed by SPECTRUM and HVM. To ensure place-based reflections on the issues, the sortition process focused on two areas of Glasgow for the issuing of invitations to take part in the Jury. These are set out in Tables four and five.

<i>Area One</i>	
<b>Datazone2011</b>	<b>Datazone2011_Name</b>
S01010409	Kelvinside and Jordanhill - 02
S01010437	Yoker South - 01
S01010449	Knightswood West - 03
S01010452	Knightswood East - 03
S01010453	Knightswood East - 04
S01010454	Knightswood East - 05
S01010456	Knightswood Park West - 02
S01010457	Knightswood Park West - 03
S01010458	Knightswood Park West - 04
S01010460	Knightswood Park East - 01
S01010461	Knightswood Park East - 02
S01010462	Knightswood Park East - 03
S01010463	Knightswood Park East - 04
S01010464	Knightswood Park East - 05

Table four: Area One data zones from which Citizens' Jury members were

<i>Area Two</i>	
<b>Datazone2011</b>	<b>Datazone2011_Name</b>
S01010038	Calton and Gallowgate - 02
S01010043	Bridgeton - 02
S01010049	Parkhead West and Barrowfield - 01
S01010052	Parkhead West and Barrowfield - 04
S01010055	Parkhead West and Barrowfield - 07
S01010244	Carntyne West and Haghill - 03
S01010245	Carntyne West and Haghill - 04
S01010250	Dennistoun - 03
S01010254	Gallowgate North and Bellgrove - 01
S01010256	Gallowgate North and Bellgrove - 03

Table five: Area Two data zones from which Citizens' Jury members were recruited

The sortition process had three stages:

### Stage 1

The Sortition Foundation randomly selected 7,640 addresses from both areas (just under 200 addresses per participant). Each of these addresses received a letter in the post inviting adult members of the household to register their interest in taking part in the Citizens' Jury.

### Stage 2

As part of the sign-up procedure, all potential participants were required to share some basic demographic information including address, date of birth, gender, ethnicity and information about their educational attainment. We also asked if they describe themselves as having a disability, if the household contains children, and how they would vote if there was a general election tomorrow.

### Stage 3

This information was then used as input into a "sortition algorithm". This is a process of randomly selecting participants for each area from the pool of 425 people who expressed an interest. This is done in such a way as to create a representative sample (e.g., the age profile of participants in the Citizens' Jury is broadly similar to the age profile of the adult population of Scotland as a whole). In this case the Sortition Foundation did this twice - once for each area. Details of the specific algorithm used, including information about the fairness of the algorithm, can be found [here](#).

Through a data sharing agreement Sortition Foundation shared the details of 21 Jury members for each area. HVM then conducted onboarding calls with each Jury member, to ensure all their participation needs were taken into account and to allow for people to change their mind about their participation. In the end 17 people from Area One and 20 people from Area Two attended the Jury sessions. The demographic breakdown is shown in Figure 9.

37 people took part in the Citizens Jury from the 42 selected



Figure 9: Summary of the key demographics of Jury members

## Appendix 2: Jury members description of their communities

In Session 1, Jury members used Menti.com to share 3 words that describe the area of Glasgow in which they live. Words chosen by Jurors in Area One (Figure 10) include quiet, leafy, green and affluent. In contrast, Jurors described Area 2 as busy, working class and deprived (Figure 11).



Figure 10: Area One members' description of their community

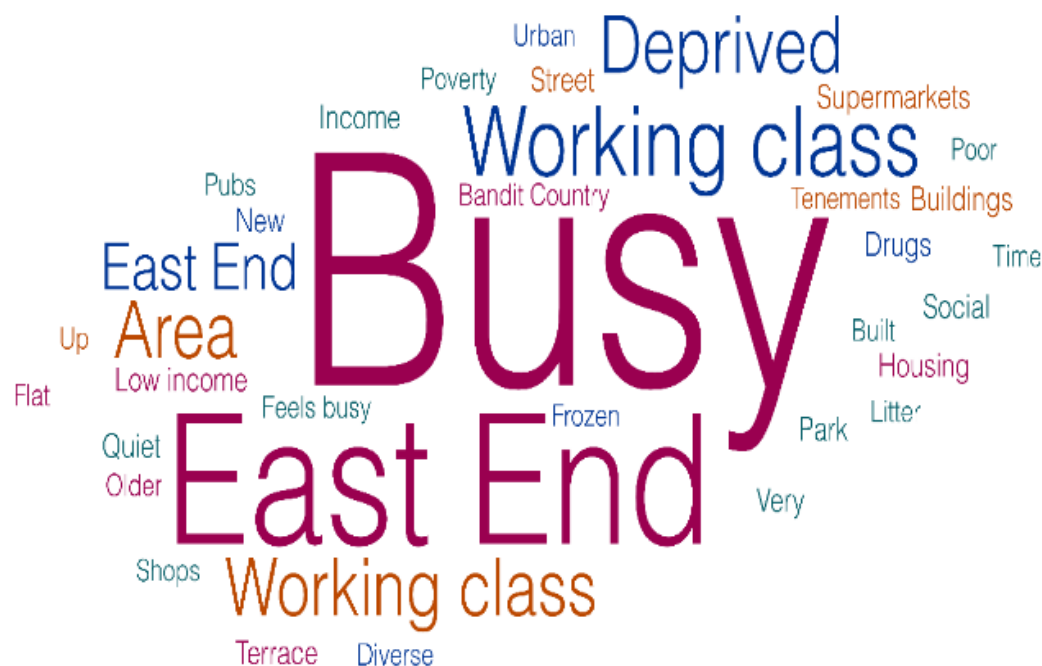
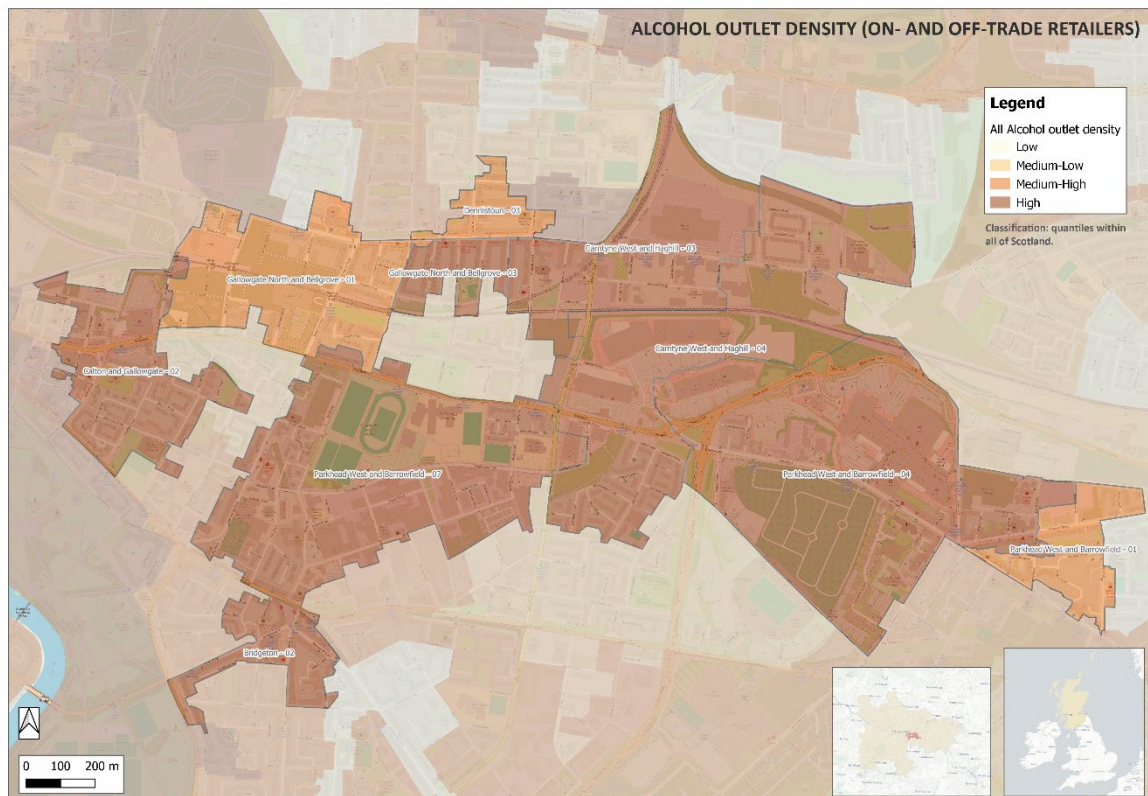
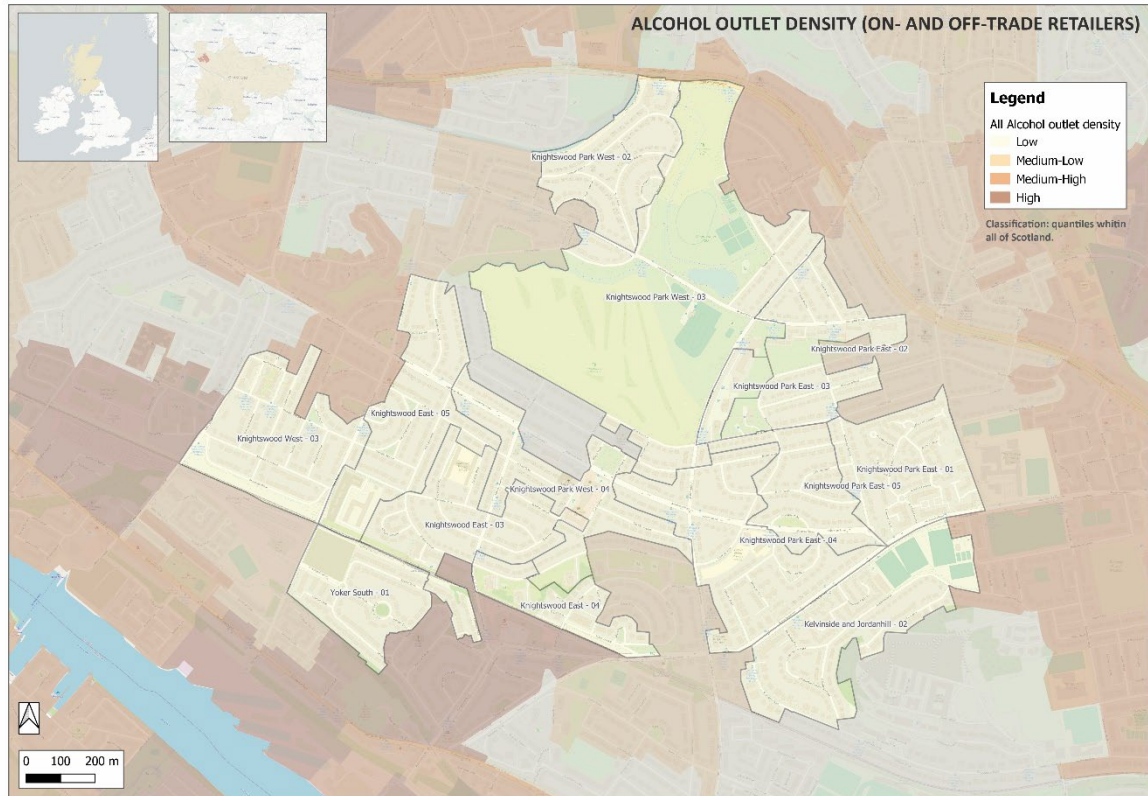


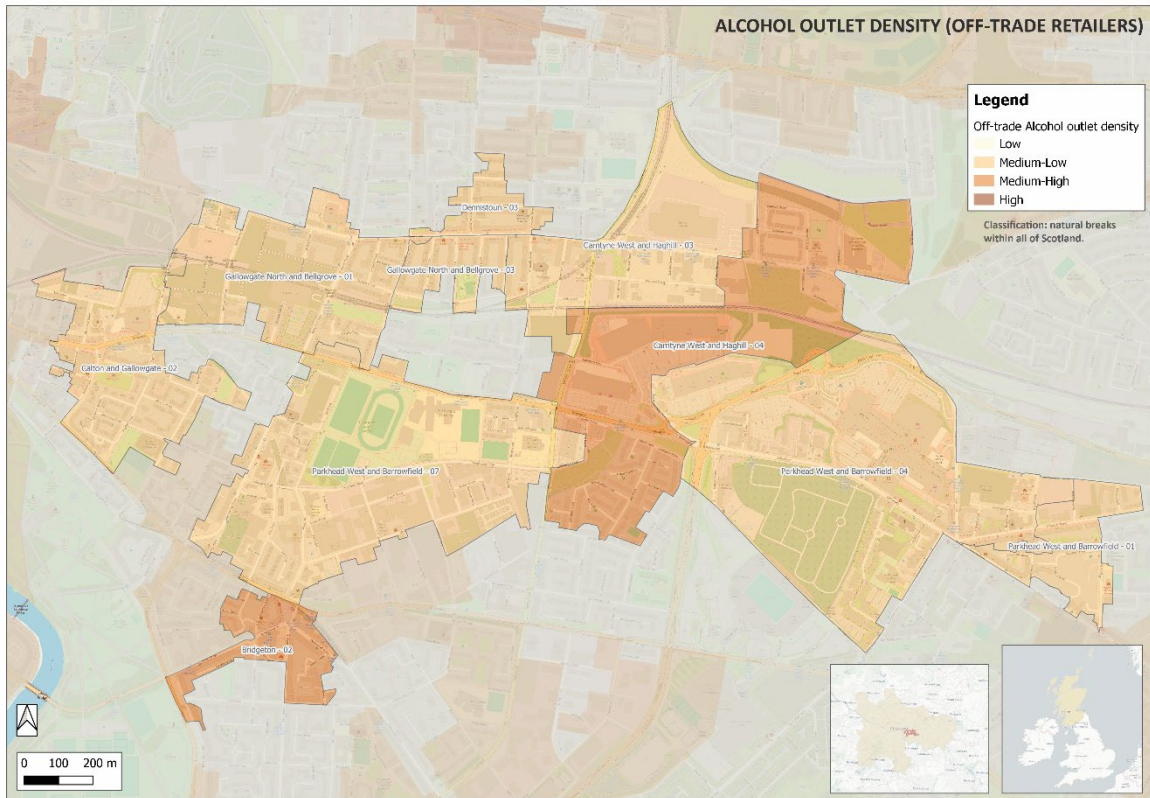
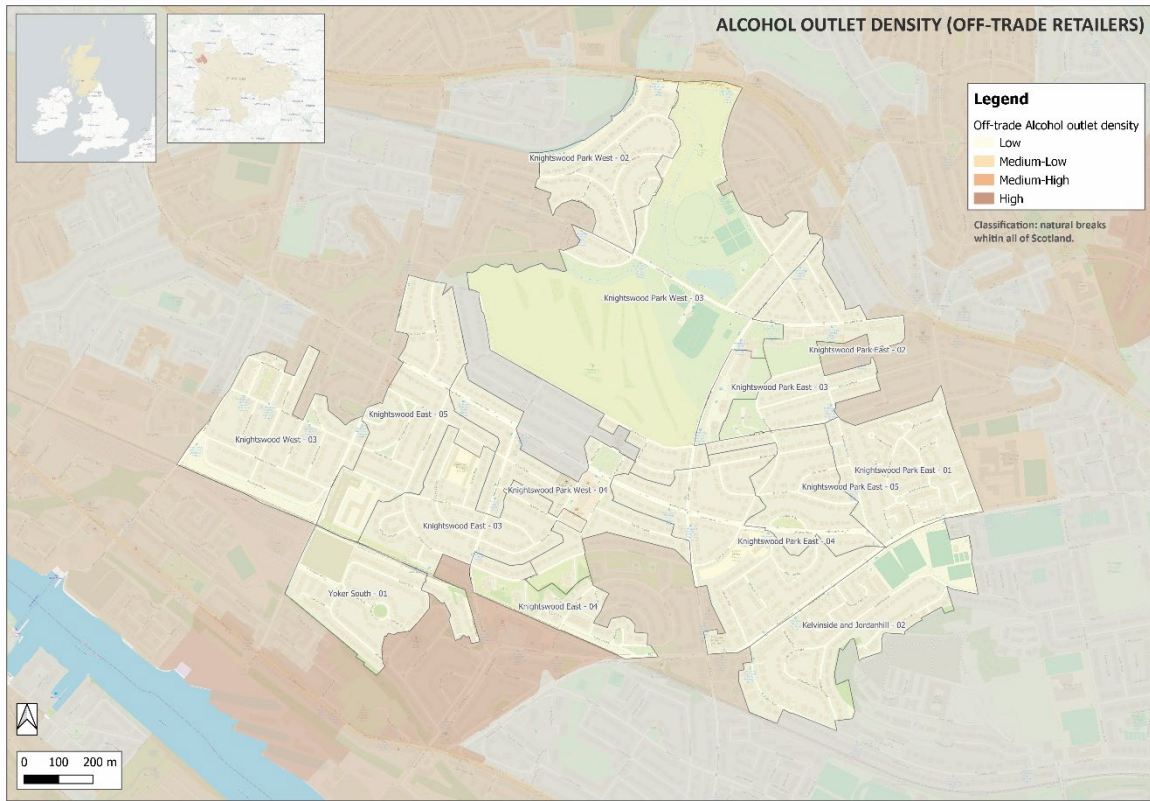
Figure 11: Area Two members' description of their community



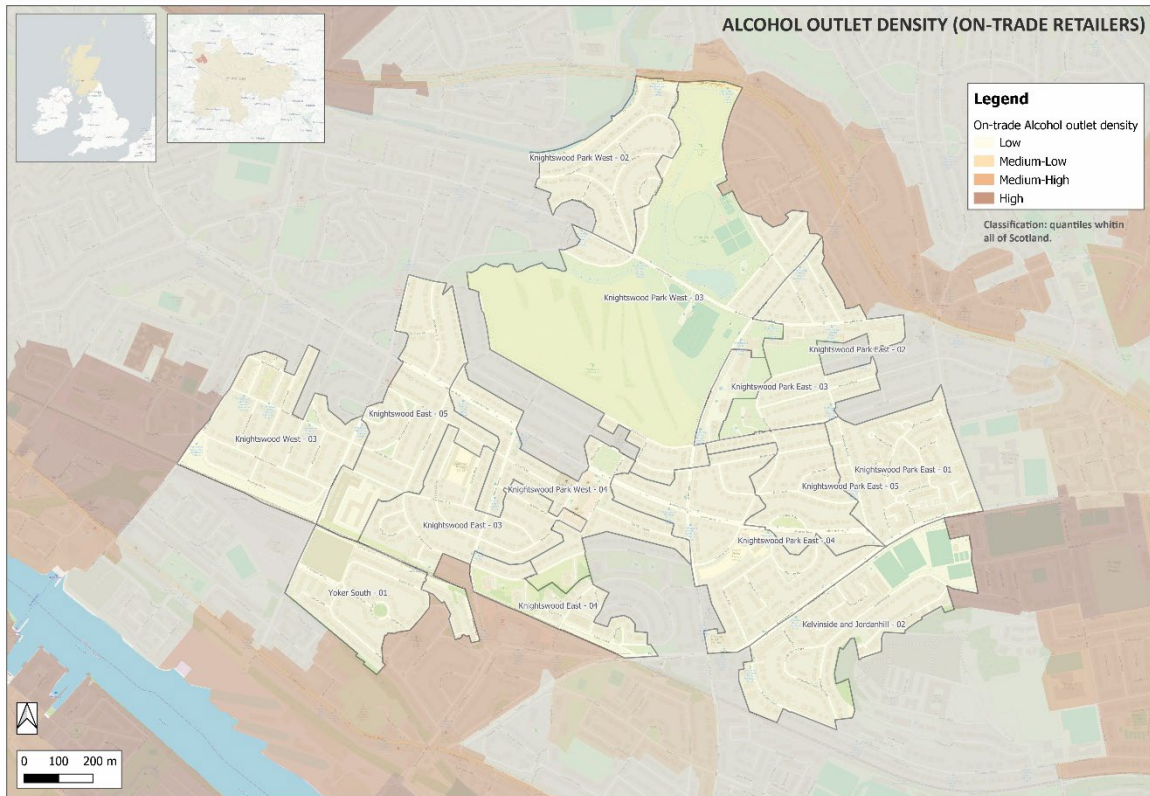
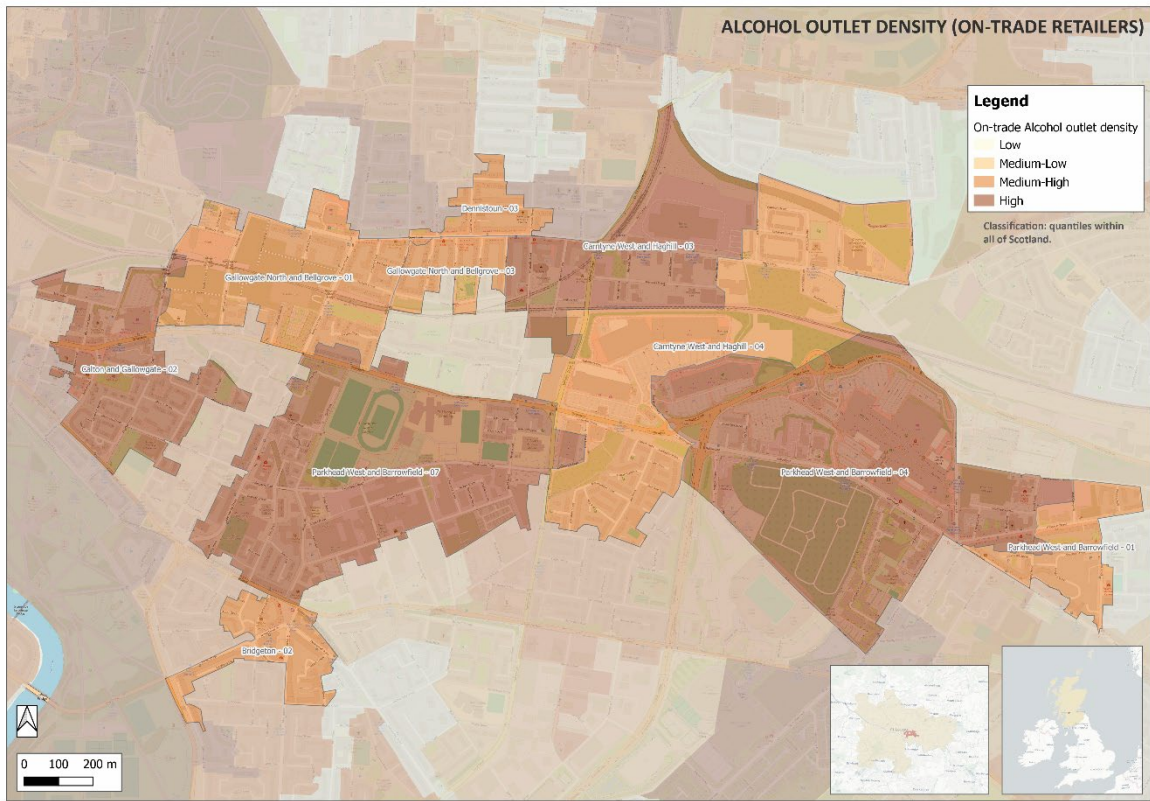
# Appendix 3: Density maps



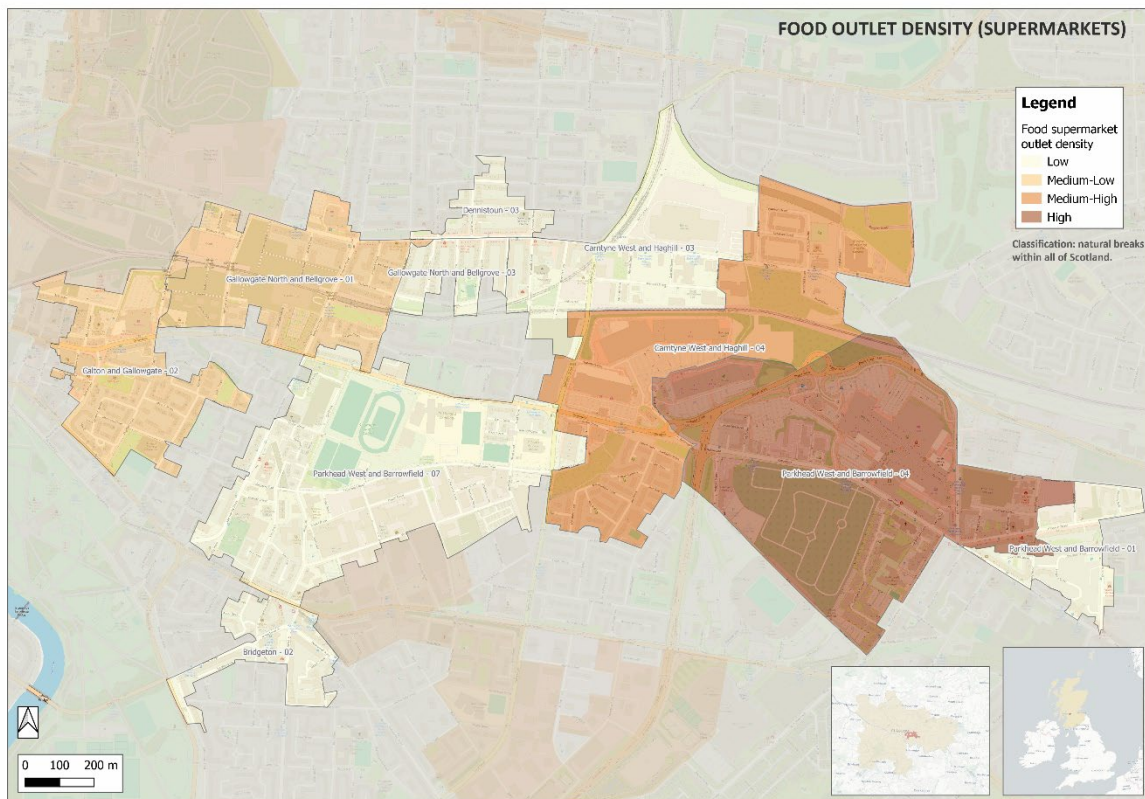
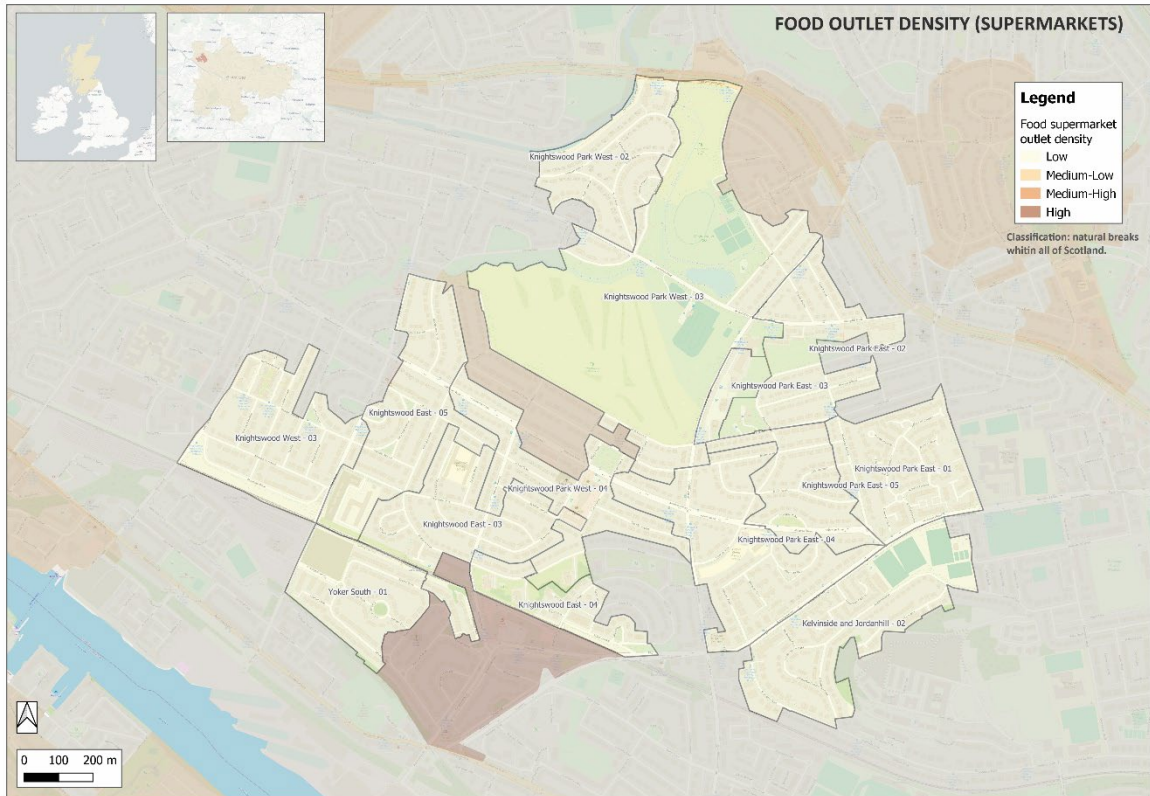




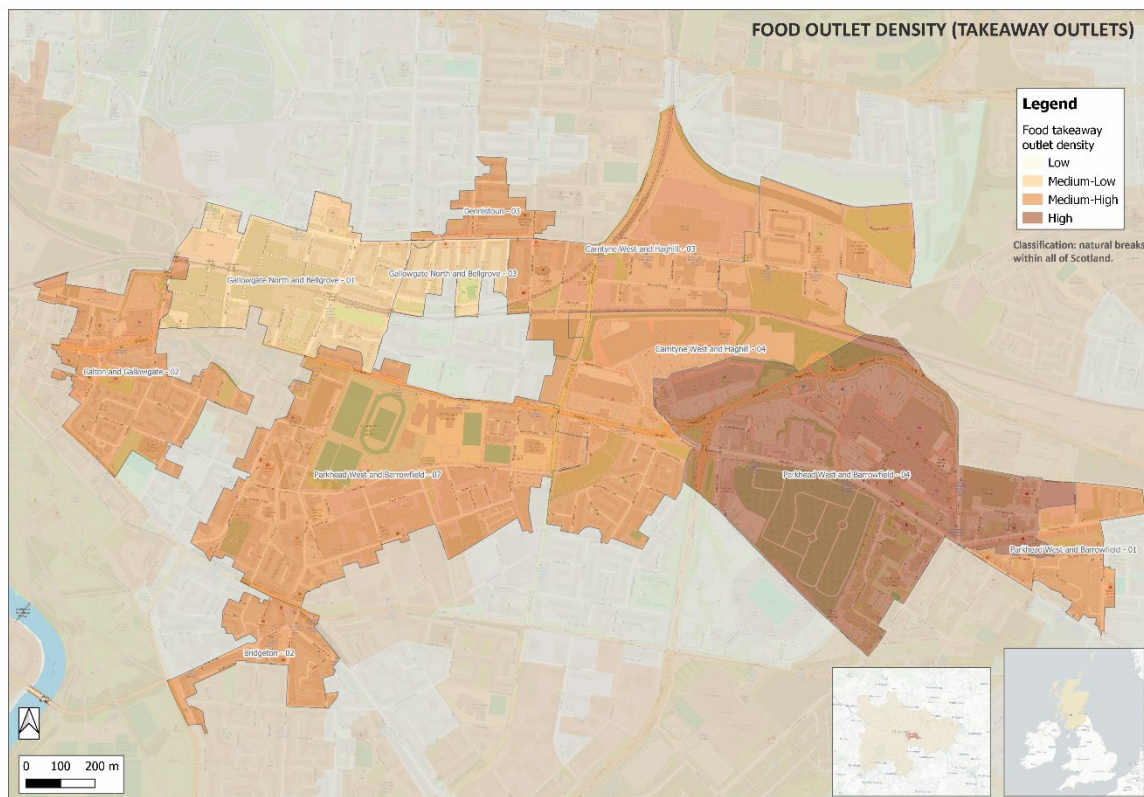
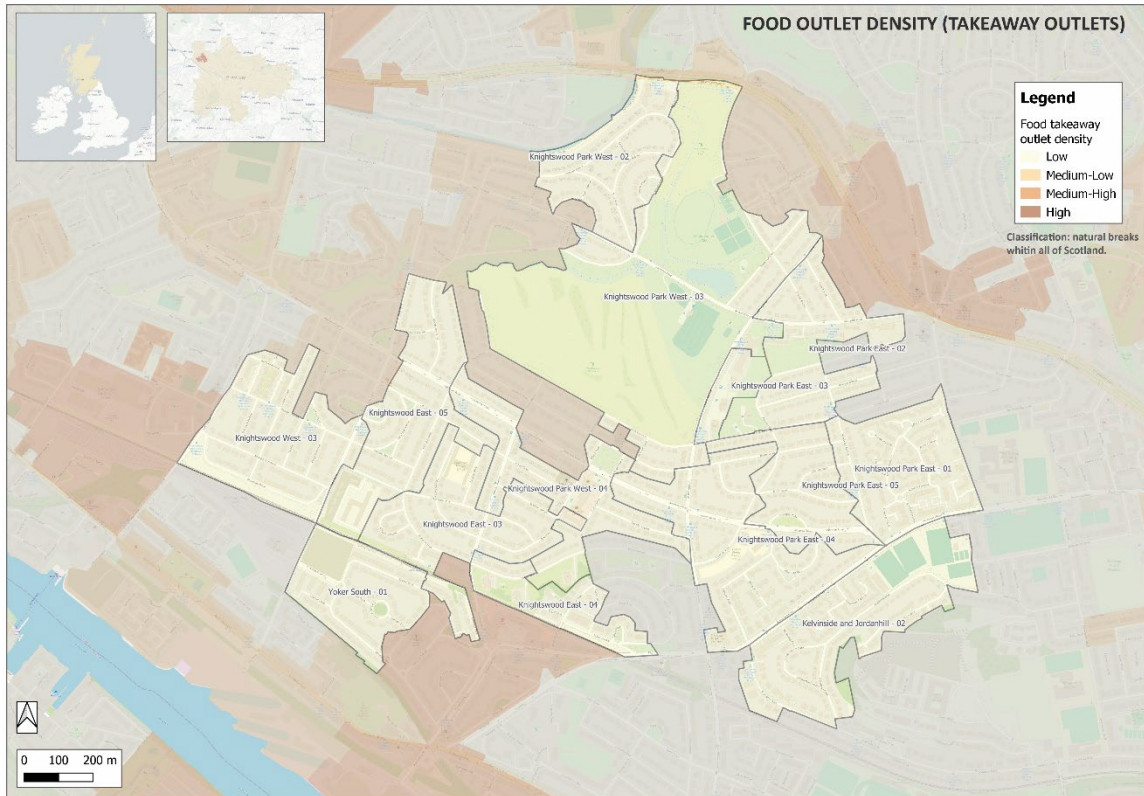












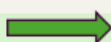
## Appendix 4: Policy action cards

### Policy Proposal 1: Introduction of an alcohol harm prevention levy

#### What is the policy?

A form of tax to be introduced by the Scottish Government. Businesses licensed to sell alcohol for consumption off the premises would have to pay some extra tax (i.e. shops, but not pubs or restaurants).

#### What type of action is it?



Price

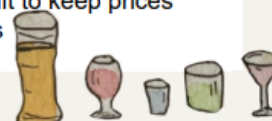
#### What's the evidence for doing this?

- Minimum Unit Pricing has generated additional profits for retailers, and this measure would generate funds for alcohol prevention, treatment, and care services and ease burden on NHS
- Using the same rate as a policy used in Scotland a decade ago (the Public Health Supplement) this would generate an estimated £57 million per year
- Significant boost to resources given that Scottish Government's core budget for alcohol and drugs totalled £35.4m in 2022-23



#### What's the case against doing this?

- More likely to generate revenue than to change consumption
- A money grab rather than a public health measure
- Unintended consequences in terms of costs and the knock on effect to jobs, low income families and increased child poverty
- Challenging for businesses when rates are rising and difficult to keep prices down for consumers



Proposed by: NCD Alliance Scotland

### Policy Proposal 2: Extension of the Soft Drinks Industry Levy

#### What is the policy?

The Soft Drinks Industry Levy is a tax paid by the producers and importers of soft drinks containing added sugar. An extension of the levy would include fruit juices, and ready to drink milk-based drinks and yoghurt drinks, all of which are currently not included. This could also be extended to other food categories.

#### What type of action is it?



Price

#### What's the evidence for doing this?

- The Soft Drinks Industry Levy has shown to reduce the amount of sugar in drinks, with the percentage of drinks with sugar over 5 grams per 100mL falling by 34% between 2015 and 2019.
- People are eating less sugar, which has led to a reduction in the number of childhood tooth extractions (this is across most areas regardless of income and especially in younger children).
- Raises revenue for the general tax pot



#### What's the case against doing this?

- The levy will mean that sugary drinks become more expensive (only by one third of the levy amount)
- The levy was originally proposed to raise revenue for programmes designed to tackle childhood obesity, however after the first year it has been moved into the general tax pot
- Placing a new tax burden on businesses could result in job losses and increase inequalities



Proposed by: Obesity Alliance Scotland



## Policy Proposal 3: Scottish government to advance case for increased taxation of alcohol and unhealthy foods

### What is the policy?

Scottish Government to call on the new UK Government to increase taxes on alcohol and unhealthy food products

### What type of action is it?



Price

### What's the evidence for doing this?

- Evidence suggests that increasing the price of unhealthy products is one of the most effective ways of getting people to buy fewer unhealthy products
- Money raised through these taxes can be spent on public services, including the NHS
- Taxing products means people can still choose to buy them but they have to contribute more towards the costs of dealing with the harms

### What's the case against doing this?

- Some people will still buy these products, spending more money on alcohol and unhealthy food and leaving less for essentials
- Because increasing the price of unhealthy products makes more of a difference to people with less money, these taxes could seem unfair
- There is no guarantee that the government will spend the taxes in the way they say they will

Proposed by: World Health Organisation



## Policy Proposal 4: Measures to reduce the price of healthy foods

### What is the policy?

Governments reduce the cost of healthy food by investing revenues from taxes (e.g. sugary drinks) into policies such as removing VAT from healthy restaurant and fast foods. They should also consider the cost of healthy diets when setting benefits levels and the minimum wage.

### What type of action is it?



Price

### What's the evidence for doing this?

- Today it is thought that the most deprived 1/5 of the Scottish population would have to spend 50% of their disposable income on food to meet the Government's recommended healthy diet
- Evidence suggests high levels of public support for reducing the cost of healthy food
- Ensuring people can afford a healthy and sustainable diet will improve health in the short, medium and long term which will in turn reduce pressure on the NHS

### What's the case against doing this?

- Removing VAT from healthy food would remove money from the public purse
- Places a financial burden on manufacturers (e.g. farmers) to ensure healthy food is cheaper
- Manufacturers and retailers might not pass tax reductions onto consumers

Proposed by: The Food Foundation



## Policy Proposal 5: Restrict price and location promotions for unhealthy foods

### What is the policy?

Scottish Government has been considering banning multi-buy promotions (e.g. buy one get one free) and restricting displays of unhealthy food in locations including checkouts and shop entrances

### What type of action is it?

Marketing

### What's the evidence for doing this?

- Cancer Research UK found that high-promotional purchasers were 53% more likely to be overweight or obese than low promotional shoppers
- Supermarkets that removed snack products from checkouts saw 76% fewer purchases of sugary confectionary, chocolate and crisps
- The majority of price promotions in Scotland are on unhealthy foods

### What's the case against doing this?

- Scottish Rail Consortium argues that a ban on temporary price promotions would harm Scottish food and drink businesses whilst putting up prices for shoppers
- Rules around which businesses would be include or excluded are unclear and will confuse both businesses and consumers
- Incompatible with Scottish Government prioritising economic growth

[NCD Alliance Scotland](#)



## Policy Proposal 6: Restricting the display and location of alcohol in shops

### What is the policy?

Scottish Government introduce legislation that restricts the display of alcohol products in retail outlets so that these are less prominent

### What is the focus of the action?

Marketing

### What's the evidence for doing this?

- Currently retailers place alcohol strategically throughout a store to increase its visibility, including at the end of the aisles and beside essential items. Displays at the end of aisles have increased sales by 46%
- Children in Scotland regularly see alcohol products promoted in shops, and this is causing youth drinking
- Other countries have implemented these restrictions successfully

### What's the case against doing this?

- Convenience is valued by customers and important to retailers
- Limited evidence of the effectiveness of such measures
- Such measures could impose significant costs, particularly on small businesses



Reference: NCD Alliance Scotland

## Policy Proposal 7: Restrict the advertising of alcohol, unhealthy food and vaping products

**What is the policy?**  
 Scottish Government to introduce tighter restrictions on advertising unhealthy products outdoors, in public spaces and sponsoring of sports, event and festivals

**What is the focus of the action?** →

Marketing

**What's the evidence for doing this?**

- Obesity is much higher among young people who are exposed to daily HFSS food and drink advertising on billboards, social media and TV
- Vaping companies have partnered with leading football clubs and targeted children using flavours and packaging
- Children aged 10–11 years old strongly associate football clubs and tournaments with the beer brands that sponsor them



**What's the case against doing this?**

- Restrictions on businesses having a negative impact on employment and economic growth
- Damaging to Scottish business within UK context (not a level playing field)
- Restrictions on marketing need to be more comprehensive and UK-wide to be effective



Reference: NCD Alliance Scotland

## Policy Proposal 8: Strengthening public health protections in alcohol licensing

**What is the policy?**  
 Scottish Government to require alcohol licensing Boards to prove that their decisions do not negatively impact public health

**What type of action is it?** →

Availability

**What's the evidence for doing this?**

- Alcohol-related death rates in Scottish neighbourhoods with the most alcohol outlets were double those in neighbourhoods with the least
- In Scotland, there are 40% more alcohol outlets in the most deprived neighbourhoods than in the least deprived neighbourhoods
- Given this evidence, it should be made difficult for local alcohol licensing Boards to approve more licences if they are required to provide evidence that it will not negatively impact public health

**What's the case against doing this?**

- The Scottish Government already requires alcohol licensing Boards to be 'mindful' of 'protecting and improving public health' and the evidence that this is making a difference to licensing decisions is limited
- Local alcohol licensing boards are unlikely to prioritise public health if they are also considering local economic impacts



Proposed by: Alcohol Focus Scotland



## Policy Proposal 9: Strengthen planning and licensing of Out of Home sector to limit provision of unhealthy foods

### What is the policy?

Scottish government to use planning legislation and guidance to decrease the clustering of takeaway outlets in deprived areas, particularly areas around schools

### What type of action is it?



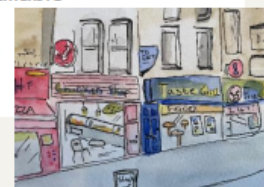
Availability

### What's the evidence for doing this?

- Studies consistently find that fast food outlets and takeaways are clustered in more deprived areas
- Living in close proximity to takeaways is associated with increased consumption of unhealthy foods
- Planning policy has been used successfully by several local authorities in England to restrict fast food outlets near schools

### What's the case against doing this?

- Impacts on local businesses
- While controlling the density and/or clustering of new fast-food outlets may be important to improving food environments, it ignores the range of unhealthy foods available in supermarkets, convenience stores etc.



Proposed by: Obesity Action Scotland

## Policy Proposal 10: Restrict industry involvement in developing health policy

### What is the policy?

Scottish Government to extend existing measures that restrict tobacco industry influence on health policy to also limit interactions with alcohol, vaping and unhealthy food industries

### What type of action is it?



Policymaking

### What's the evidence for doing this?

- Alcohol and food policies have often been developed in partnership with industry, or relied on voluntary measures by manufacturers. Evidence suggests that such measures tend to be ineffective and avoid impacting on core business priorities around price, marketing and availability
- Health campaigners argue that managing conflict of interest and restricting industry involvement in policymaking is necessary to developing effective approaches to tackling harms from alcohol, unhealthy foods vaping.

### What's the case against doing this?

- Voluntary or collaborative approaches are quicker ways to adopt new measures
- Involving businesses in policymaking is necessary since they can be part of the solution
- There is limited evidence that measure to restrict tobacco industry involvement have been successfully implemented
- Alcohol, unhealthy foods and vaping industries are very different to tobacco



Proposed by: [Obesity Health Alliance](#), [Alcohol Health Alliance](#), [Action on Smoking and Health \(ASH\)](#)

## Appendix 5: Citizens' Jury questionnaire

### Questionnaire: Business Activities that Impact on Health and Potential Policy Responses

#### Anonymised ID

What are the first 3 letters of your month of birth?	
What are the last 3 digits of your phone number?	



# SPECTRUM

SHAPING PUBLIC HEALTH POLICIES  
TO REDUCE INEQUALITIES AND HARM

## 1. Impacts on health

- a) Of the factors listed below, which **three** do you consider have had the greatest positive impact on your health? Use '1' to indicate the **greatest positive impact**, '2' to indicate the **second greatest positive impact**, and '3' to indicate the **third greatest positive impact**.

Factors having greatest positive impact on health?	Rank 1, 2, 3
Luck/chance/fate	
Genetics/biology	
Behaviours (for example, not smoking, drinking within limits, healthy diet, exercise etc)	
Income/wealth	
Employment/unemployment status	
Work-related issues (if employed)	
The physical environment you live in (housing, neighbourhood, access to food shops, etc)	
Social issues (friends/family, etc)	
Healthcare	
Other public services, such as public transport, dentists, GPs (please state, if willing)	
Other (please state, if willing)	

- b) Of the factors listed below, which **three** do you consider have had the greatest negative impact on your health? Use '1' to indicate the **greatest negative impact**, '2' to indicate the **second greatest negative impact**, and '3' to indicate the **third greatest negative impact**.

Factors having greatest negative impact on physical health?	Rank 1, 2, 3
Luck/chance/fate	
Genetics/biology	
Behaviours (for example, smoking, drinking, unhealthy diets, limited exercise, etc)	
Income/wealth	
Employment/unemployment status	
Work-related issues (if employed)	
The physical environment you live in (housing, neighbourhood, access to food shops etc)	
Social issues (friends/family, etc)	
Healthcare	
Other public services, such as public transport, dentists, GPs (please state, if willing)	
Other (please state, if willing)	

## 2. Industries that impact on health and well-being

Of the industries listed below, which **three** do you consider to have the biggest impact on the health and well-being of people in your neighbourhood? Use '1' to indicate the **biggest impact**, '2' to indicate the **second biggest impact**, and '3' to indicate the **third biggest impact**.

	Rank 1, 2, 3
Alcohol	
Banking and finance	
Energy providers (gas, electricity and fuel)	
Gambling (apps/online, betting shops, lotteries)	
Housing (landlords, housing associations, developers)	
Retailers, including supermarkets	
Tobacco	
Unhealthy foods	
Vaping	
Other (please specify)	

## 3. Responsibility and harmful impacts

- a) Of the people and organisations listed below, which **three** do you consider most **responsible for causing the harmful health and social impacts** of alcohol, tobacco and unhealthy foods? For each of these product categories, please use '1' to indicate the **most responsible**, '2' to indicate the **second most responsible** entity, and '3' to indicate the **third most responsible** entity.

	Alcohol	Tobacco	Unhealthy Foods
Individuals/consumers			
Parents/families			
Schools			
Health professionals (NHS, GPs, Public Health)			
Retailers			
Manufacturers			
Marketing and advertising companies			
Government			

- b) Of the people and organisations listed below, which **three** do you consider most **responsible for reducing harmful health and social impacts** of alcohol, tobacco and unhealthy foods? For each of these categories please use '1' to indicate the **most responsible**, '2' to indicate the **second most responsible** entity, and '3' to indicate the **third most responsible** entity.

	Alcohol	Tobacco	Unhealthy Foods
Individuals/consumers			
Parents/families			
Schools			
Health professionals (NHS, GPs, Public Health)			
Retailers			
Manufacturers			
Marketing and advertising companies			
Government			

#### 4. Support for policies to reduce harm

Please indicate the extent to which you agree or disagree with the following statements

- a) Price: Policies to increase prices should be adopted to reduce their health and social impacts:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					

- b) Marketing: Measures should be introduced to limit advertising, promotion and sponsorship

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					

- c) Availability: Policies should be adopted to reduce the number of outlets selling these products in my neighbourhood

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree



Alcohol					
Tobacco					
Unhealthy foods					

### 5. Comparing industries

Thinking about alcohol, tobacco and unhealthy foods, do you think governments should tackle the health and social impacts of these different products similarly or not? Please select the statement that best reflects your view

Statements	Please tick preferred option
Yes, alcohol, tobacco and unhealthy food should be treated as <b>similar, health-harming products.</b>	
Alcohol and tobacco should be treated similarly but <b>unhealthy food is different.</b>	
Alcohol and unhealthy food should be treated similarly but <b>tobacco is different.</b>	
Tobacco and unhealthy food should be treated similarly but <b>alcohol is different.</b>	
No, <b>all three products need to be treated differently.</b>	
Don't know.	

### 6. Assessment of government activity

For each of alcohol, tobacco and unhealthy foods, do you think that government is doing too much, doing about right or not doing enough to reduce health and social impacts?

	Doing too much	Doing about right	Not doing enough	Don't know
Alcohol				
Tobacco				
Unhealthy foods				

### 7. Should alcohol, tobacco and unhealthy food industries be involved in developing government responses to the harms caused by their products?

- a) Please indicate the extent to which you agree or disagree with the following statements:

Government should partner with this industry to develop collaborative approaches to reducing health and social impacts.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					

b) All government health policy should be protected from the influence of this industry

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Alcohol					
Tobacco					
Unhealthy foods					





# Citizens' Jury: Tackling the harms caused by alcohol, tobacco and unhealthy food

For further information:  
[www.hopkinsvanmil.co.uk](http://www.hopkinsvanmil.co.uk)  
<https://spectrum.ed.ac.uk>

August 2024



THE UNIVERSITY  
of EDINBURGH



University of  
**Strathclyde**  
Glasgow

UNIVERSITY of  
**STIRLING**

