

Availability of Unhealthy Commodities



SPECTRUM

SHAPING PUBLIC HEALTH POLICIES
TO REDUCE INEQUALITIES AND HARM

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Reducing the availability of unhealthy commodities is increasingly recognised by public health advocates as a policy priority to address health behaviours, decrease NCD prevalence, and address health inequalities.

The UK government and devolved administrations have ambitious targets around reducing the consumption of unhealthy commodities, including **reducing smoking prevalence to less than 5% over the next decade.**

Whilst progress has been made in the UK on the price and promotion of unhealthy commodities, retail availability has received comparatively little policy attention. Policy progress in addressing retail availability depends on effective arguments for change based on robust evidence and public support.

Whilst there is strong evidence internationally that greater availability is linked with greater harm, studies have failed to explain those links clearly or evaluate whether current UK regulation is effective. The focus of recent policymaking has been on relatively minor tweaks to existing regulations, rather than innovative policies to effectively address availability. Industry actors use considerable discursive and financial powers to undermine reforms through arguments about unintended consequences on retailers by stymying local authority decision-making through legal action. SPECTRUM research has made important contributions to these debates, particularly in relation to tobacco and alcohol products.

Impacts

Policy approaches to reducing the availability of unhealthy commodities are [highly variable](#) across different nations and products. Nonetheless, progress is being made and SPECTRUM research across multiple work packages and linked projects has directly informed progressive policy debates and proposals designed to reduce availability and therefore contribute to addressing behaviours and improving NCDs.

We have worked alongside policy makers at the UK and devolved administration levels as well as key advocacy organisations to integrate SPECTRUM research on the availability of unhealthy commodities into key policy developments.

Our research helped to shape the [10-year strategy](#) for the NCD Alliance Scotland, a coalition of health organisations aiming to reduce the health burden of non-communicable diseases. The strategy addresses **5 key principles** one of which aims to restrict the availability of health-harming products.



In terms of policy impact, our work has contributed to discussions with the four UK nations around the utility and future potential of a tobacco licensing system, including different conditions under which such a licensing system would operate, and lessons learned from alcohol licensing. The Scottish Government has identified reductions in the availability of tobacco as a potential focus for the next phase of its tobacco control strategy. We contributed to [parliamentary hearings on alcohol licensing in Northern Ireland](#) and led a [major statutory review of the licensing system there](#) which recommends substantial reforms.

We were invited to contribute to a review on a policy paper relating the existing Tobacco and Nicotine Vapour Product (NVP) Register and have provided evidence on the value and limitations of a public health objective for alcohol licensing directly to several UK government departments.

Most recently, The Tobacco and Vapes Bill, which was introduced into UK Parliament on 5 November 2024 (Tobacco and Vapes Bill - Parliamentary Bills - UK Parliament), has four key features, including extending the retailer registration scheme for tobacco outlets in Scotland to include a wider range of products. [Our work](#) using data from the registration scheme highlights the benefits of this in other contexts and we are able to advise on improvements and adjustments to the existing scheme.

About the research

SPECTRUM research aimed to support policy progress by providing targeted evidence with a focus on the policy feasibility, public support, impacts on smaller retailers and potential benefits for public health. We utilised data available through the Scottish Tobacco Register and other secondary datasets to examine the social and spatial distribution of [tobacco](#) and [alcohol](#) retailing across Scotland. Building on these data we employed robust longitudinal study designs to consider impacts on behaviours and related health harms.

Our key stakeholder-informed scenario modelling has [examined the likely impacts of different policies](#) (e.g. restrictions around schools, minimum distances between retailers) on the provision of unhealthy commodities as well as outcomes.

Similarly, we completed work [evaluating opportunities for introducing a tobacco licensing system](#) with fees designed to encourage retailers to cease selling tobacco. Questions we added to the Smoking Toolkit Study on a new and innovative public health policy measures found [overwhelming public enthusiasm](#) for availability reduction strategies, particularly where these are targeted at restricting availability amongst children.



Finally, we examined industry arguments that tobacco is essential to the business model of smaller retailers (who are a key component of the tobacco market, particularly for younger consumers).

We found that the number of tobacco products sold by smaller retailers dropped markedly over the **past 5 - 6 years and that these products have decreasing utility as a driver of store footfall.**

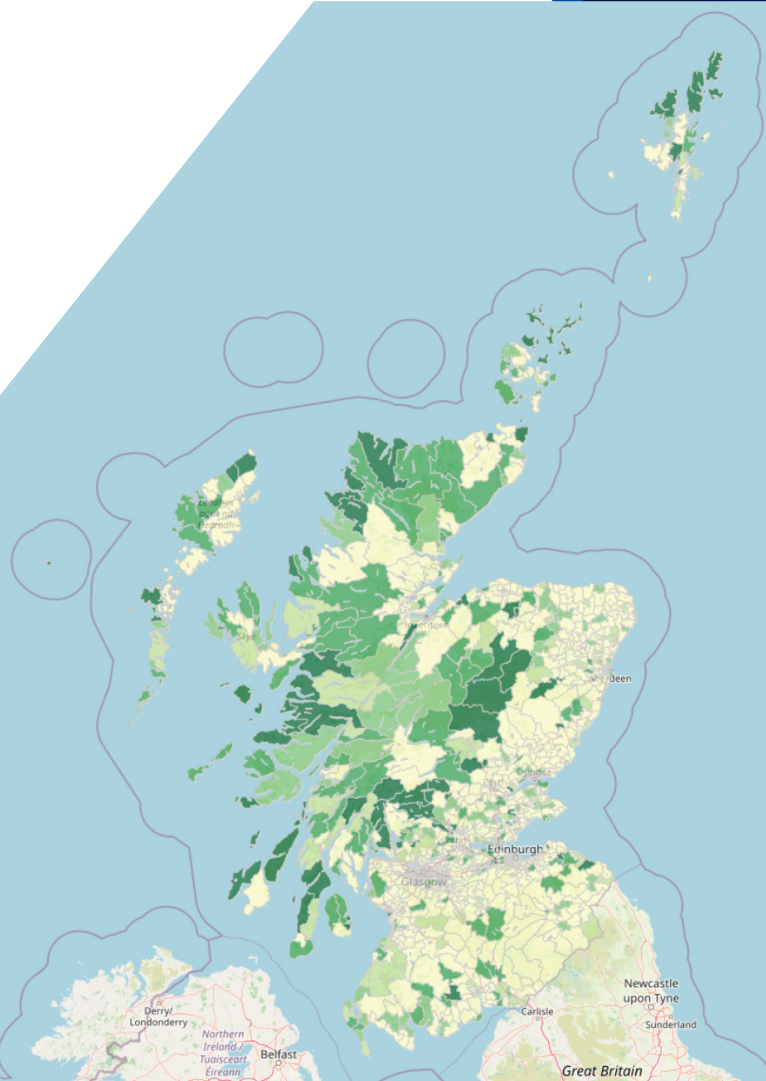
This included a follow-on [report commissioned by ASH](#) which provided an update on the earlier work and extended the analyses across the country. Further work has explored the harm from health harming products and availability over time, at the individual level, finding strong evidence of a causal relationship.

In additional alcohol availability projects, we identified [diverse mechanisms by which alcohol availability impacts on harms](#), developed [a new tool for measuring public health input to licensing](#), and demonstrated the [ineffectiveness of the current licensing system](#) from a public health perspective. We identified how lack of a public health objective for licensing in England and Wales [impedes public health input](#).

Our comprehensive review of the licensing system in Northern Ireland included stakeholder interviews, in-depth community case studies, premises and harms mapping and two literature reviews.

It demonstrated deep-seated flaws in the system, with detailed recommendations for reform based on the evidence gathered, to which the Minister for Communities must respond by mid-2025.


In addition to this programme of research, we have also created an [online mapping platform](#) to ensure the unhealthy commodity retailer data we have collected is freely available and can be utilised by public health practitioners, policy advocates and the wider public.



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SPECTRUM is funded through the UK Prevention Research Partnership (grant reference MR/S037519/1), an initiative funded by UK Research and Innovation Councils, the Department of Health and Social Care (England) and the UK devolved administrations, and leading health research charities.





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