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ELECTED MEMBER BRIEFING NOTE

Marketing and promotion of Health Harming Commodities - what action can Local Government take?



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About this briefing note

This briefing note provides a high level overview of how local government can act to reduce the harms linked to the marketing of health harming commodities (HHC) and tackle inequalities. It aims to raise awareness and encourage discussion on this issue. HHC are products that, when consumed or used, contribute significantly to poor health outcomes and exacerbate health inequalities. These include:

- Tobacco and nicotine products
- Alcohol
- Foods high in fat, salt, and sugar
- Gambling and gambling products

[Scotland's Population Health Framework](#) sets out a long-term approach to reducing health inequalities, tackling key challenges such as obesity, and positioning local government as central to delivering prevention and health improvement.

These products are harmful to health for a variety of reasons, including:

- Health risks (physical and mental)
- Social and family impact
- Financial impact
- Cost to society (including costs to healthcare and social services)

These products are not evenly marketed. Evidence shows that advertising is more concentrated in more deprived communities and along routes used by children and families. This reinforces health inequalities and undermines the prevention work councils already invest in.

Marketing is not just about individual choice. It normalises harmful consumption, shapes social norms, and increases demand particularly among the more vulnerable in society including children and young people.

This paper explores the issues surrounding the marketing of HHC, and what can be done at a local level to tackle this.

What is the challenge?

Elected members are increasingly asked to respond to rising pressures on health, public services, and local budgets. One major driver of these pressures is the everyday marketing of products that are known to damage health and widen inequalities.

Non-Communicable Diseases (NCDs)

The total economic cost of ill health and disability caused by tobacco, alcohol, and HFSS in Scotland is estimated to be between £5.6 billion and £9.3 billion per year¹. HHC are key drivers of health inequalities in the UK², and play a central role in the rise of non-communicable diseases (NCDs), including cardiovascular disease, cancer, diabetes, and mental health disorders³. In 2023, NCDs were responsible for over 52,000 deaths, accounting for 83% of all deaths in Scotland⁴.

Without stronger population-level intervention, the burden of NCDs is projected to increase by 21% by 2043, further straining Scotland's health and social care systems⁵.

This briefing also considers the harm caused by gambling with data from 2016 estimating that gambling harm costs Scotland between £20 and £60 million annually, although these figures are likely to be underestimates due to limitations of available data⁶. Harms from gambling have been categorised as financial, relationship/conflict, emotional and psychological, physical health, employment/education, cultural and criminal activity⁷, and those experiencing harm may be accessing various local authority services, eg social work, financial services and housing/homelessness.

The Intention of Marketing

Marketing refers to the strategic and integrated activities used by industries producing HHC to promote the desirability, acceptability, and consumption of their products. These include:

- Advertising (e.g. billboards, digital ads, sponsorships)
- Product placement (e.g. shelf positioning, in-store promotions)
- Pricing strategies (e.g. discounts, multi-buy offers)
- Branding and packaging
- Promotion through influencers or events

The aim of marketing is to increase demand, which in this case is to increase demand for products or services which cause harm to public health.

The industries behind these commodities also use similar strategies to promote their products and undermine public health policy, including:

- Lobbying and political influence
- Misinformation and doubt creation
- Corporate social responsibility (CSR) as a distraction
- Framing harms as individual responsibility

These tactics are well-documented across sectors and often coordinated to resist regulation⁸.

Learning from tobacco

When considering the marketing of HHC, it can be helpful to look back at past examples of advertising restrictions on tobacco. In 1992 a UK Government commissioned review into the advertising of tobacco products found that “the balance of evidence supports the conclusion that advertising does have a positive impact on consumption.” The same review also found that in countries that had banned tobacco advertising this “was followed by a fall in smoking on a scale which cannot reasonably be attributed to other factors.”⁹ After the Tobacco Advertising and Promotion Act 2002¹⁰ was introduced, research conducted showed that awareness of tobacco marketing declined significantly following the ban¹¹. Smoking rates amongst young people have continued to fall since restrictions on tobacco advertising were introduced¹². Research from the area of tobacco demonstrates the importance of advertising, both to consumption and awareness, and provides an encouraging example when considering the marketing of other HHC.

Recent Evidence on Marketing

A [2025 Public Health Scotland Evidence Review on alcohol marketing and advertising](#) and its effect on behaviour regulation supported this: “Our synthesis of evidence allows us to conclude with confidence that alcohol marketing and advertising is pervasive and persuasive, and frequent exposure to it drives alcohol consumption and related harms, including among children and young people”.¹³

Gambling marketing and promotional incentives significantly increase the likelihood of gambling participation and contribute to its normalisation, particularly among vulnerable groups. The Gambling Commission’s 2023–2024 Annual Report showed that 34% of online gamblers cited free bets and bonuses as a key reason for choosing a gambling site, while 21% of respondents said promotional offers directly influenced their decision to gamble more frequently. The Commission also found that 66% of children aged 11–16 had seen gambling advertisements in the past month, primarily via television and social media, reinforcing perceptions of gambling as a normal and low-risk activity.¹⁴

Evidence shows that the attitudes of young people are influenced by advertising. Critical reasoning ability is not fully developed until later in adolescence meaning that children and young people are more susceptible to the persuasive nature of advertising. Research recommends that policymakers should ensure regulations to restrict marketing of unhealthy commodities protects adolescents as well as younger children¹⁵.



What does this mean for Elected Members?

Local government can reduce health harms and inequalities by aligning council advertising, planning and sponsorship decisions with the same health objectives they already support using powers they already have. There is growing public support for bold, preventative measures that protect health policy from industry influence and promote healthier communities.¹⁶

Local government can support wider national action and help their own communities in several ways to promote public health.

Community leadership

As an elected member you will be interacting with community members and will be in the position to better understand the impact of HHC, and how they cause health inequalities in your area. For example, this could be the proliferation of billboards promoting gambling companies, or bus shelter adverts for High Fat, Sugar and Salt (HFSS) products.

Policy making and scrutiny

Research by Adfree Cities¹ has shown billboards are disproportionately placed in areas of multiple deprivation, with residents more likely to see adverts for products such as HFSS, alcohol and gambling¹⁷. A Scottish study highlighted that the issue is not simply the volume of HHC product advertising, but its strategic placement—particularly near bus stops, transport hubs, and along school and work routes which children and families are most likely to use in their everyday lives¹⁸.

As an elected member you may be involved in policy areas including planning and licensing. This may include the drafting of Local Development Plans that that may impact on applications for advertising, for example outdoor billboards proposals. Local authority policies on advertising can be updated to look at opportunities to restrict the promotion of HHC. These policies provide an opportunity to demonstrate a positive step towards prioritising the health of the local community and addressing health inequalities.



What Does 'Good Practice' Look like in the Area?

What good looks like in practice means:

- setting clear standards for what can and cannot be advertised on council-owned or managed assets
- protecting children and communities from disproportionate exposure
- avoiding conflicts of interest
- ensuring policy coherence across health, planning, and economic development.

Many local authorities that have taken this approach have shown that health protection and financial sustainability are not in conflict.

City of Edinburgh Council

Within Scotland, the City of Edinburgh Council has updated their advertising and sponsorship policy which already included a ban on gambling advertising, and now extends to ban adverts which promote high carbon products and fossil fuel companies on assets directly owned or contracted by the council¹⁹. This move recognised that other areas across the UK had introduced policies which use local government powers to restrict advertising of products or services considered environmentally or socially irresponsible.

Wider UK examples

Some local authorities in the UK have developed policies to specifically tackle the proliferation of advertising of a range of HHC in their area.

Bristol City Council introduced a new advertisement policy in 2021/2022 which included prohibiting the advertising of unhealthy food and drink, alcohol, gambling and payday loans across council-owned advertising spaces. Implementation of the policy was driven by “an existing supportive environment following the ‘health in all policies’ initiative and a focus on reducing health inequalities across the city”. Unhealthy product advertisements, particularly for unhealthy food and drinks, were observed more by younger people and those living in more deprived areas within this council area. It is hoped that the policy restricting these adverts could potentially help lessen health inequalities²⁰.

In 2024 Sheffield City Council announced a ban on adverts for alcoholic drinks (including low/zero alcohol), gambling, junk food, vaping and airlines on all authority-

owned hoardings. The policy states that introducing this will “safeguard and steward the image, environment and health of the city”.²¹

Southwark Council introduced an advertising ban in 2019, which included HFSS, alcohol and gambling. The policy stated that “banning the advertising of unhealthy foods will reduce demand, de-normalise unhealthy foods and create a healthier urban environment”. It asserted that the advertising policy aligned with their delivery of the Health and Wellbeing Strategy, the Healthy Weight Strategy, the Tobacco Control and Smoking Cessation Strategy, the Mental Health and Wellbeing Strategy and the Early Years Foundation Stage Framework²².

In considering local action on restricting marketing, local authorities may be concerned about financial impacts and income generation. However, Transport for London (TfL) stated there has been “no impact to our advertising revenue since the introduction of the HFSS policy as in most instances clients are able to find a compliant product to enable their campaign to run on our network”²³. A health economic modelling study demonstrated that the TfL advertising policy was estimated to “save £218 million in NHS and social care costs over the lifetime of the current population”²⁴.

Another key consideration around good practice in this area is to be aware of conflicts of interest where they might arise. Research on the alcohol industry demonstrates the “dangers of industry partnership and potential conflicts of interest for government agencies, and the ineffectiveness of the campaigns they run at local and national levels. They demonstrate the need for caution in engaging with industry-associated bodies at all levels of government and are thus of potential relevance to studies of other health-harming industries and policy contexts”²⁵.



Key issues/questions for Elected Members to consider

Advertising Policy

- What advertising policy does your local authority have, and when is it due to be updated?
- Does the policy include restrictions on the promotion of HHC on council-owned property. If not, can the policy be developed or updated?
- Does the policy include council owned billboards and outdoor advertising? How many belong to the council?
- Is there a policy around sponsorship of events, to prevent these being sponsored by companies that promote health harming products?

Planning and Licensing Policy

- Are there policies around applications, for example, of new gambling premises/off license?
- Consider the cumulative effect on public health (through methods such as health impact assessments, local area profiles, overprovision assessments, spatial analyses, licensing evidence packs) – can objections be raised if a planning proposal would add another premises contributing to health harms in the area?
- Is there a policy around planning applications for outdoor advertising on private land? Can action be taken around this to prevent promotion of HHC?
- What stage is your local authority at in developing their 10 year Local Development Plans? These [plans are to be adopted by 2028](#) and run for 10 years, offering a timely opportunity to embed evidence-based policies that tackle health inequalities and restrict the marketing of health-harming commodities.

Consider these resources, and how much could you potentially take forward within your local authority:

- [Local Policymakers toolkit from Badvertising](#)²⁷
- [Healthier Food Advertising Policy Toolkit from Sustain](#)²⁸
- [Association of Directors of Public Health Good Governance Toolkit](#)²⁹
- [Planning for healthier communities: opportunities in the Scottish planning system](#)



Summary

The question is how councils use the powers they already have to shape healthier places. There are practical, preventative actions that councils can take to:

- support national public health priorities,
- demonstrate visible leadership on inequalities,
- protect children and vulnerable groups,
- help reduce long-term demand on local services

A coordinated prevention approach is effective and supported by the public³⁰. Taking action creates an opportunity to challenge and shift the perception that unhealthy commodity industry actors are legitimate partners in policy-making, while refocusing priorities on public health and wellbeing rather than profit and economic interests³¹.

It is important to address HHC collectively to avoid restricting one product only for advertisers to shift toward promoting another health harming product.

This briefing has introduced the importance of restricting marketing of HHC and an overview of the local levers which are available to you as elected members within local authorities in Scotland. Local government has a vital role to play in using available powers to protect the health and wellbeing of their local community.



Further support

For further information on these topics please contact: PHS.hhc@phs.scot

End notes

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West Lothian Civic Centre
Howden South Road
Livingston
EH54 6FF

Email: info@improvementservice.org.uk
www.improvementservice.org.uk

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