

## Creating a Healthier Scotland for Everyone workshop –

Engagement with children and young people on  
health-harming products and the commercial  
determinants of health

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Children in Scotland would like to thank children and young people who attended and shared their views as part of the Creating a Healthier Scotland for Everyone workshop. We’d also like to extend our thanks to staff at NCD Alliance Scotland and the University of Stirling who supported us to deliver the workshop.



## About Children in Scotland

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Giving all children in Scotland an equal chance to flourish is at the heart of everything we do. By bringing together a network of people working with and for children, alongside children and young people themselves, we offer a broad, balanced, and independent voice. We create solutions, provide support, and develop positive change across all areas affecting children in Scotland.

We do this by listening, gathering evidence, and applying and sharing our learning, while always working to uphold children's rights. Our range of knowledge and expertise means we can provide trusted support on issues as diverse as the people we work with and the varied lives of children and families in Scotland.



## Introduction

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Non-Communicable Disease (NCD) Alliance Scotland is a coalition of health organisations who are working together to reduce the health burden of non-communicable diseases through action on alcohol, tobacco and high fat, salt and sugar (HFSS) foods – products referred to as “health-harming products”. Non-communicable diseases (NCDs) are the leading cause of death and ill-health in Scotland, and around a fifth of this can be linked to the consumption of health-harming products.<sup>1</sup>

Following the development of their 2023 Cross-Party Inquiry into NCD prevention and their 8 Public Health Calls, NCD Alliance Scotland began developing a 10-year vision for policy and law makers to reduce the burden of NCDs on Scotland's health through action on the commercial determinants of health.<sup>2 3</sup>

As part of the strategy development, NCD Alliance Scotland commissioned Children in Scotland to deliver a one-day engagement workshop with children and young people on health-harming products, NCDs and the broader commercial determinants of health.

This workshop contributes to and builds upon previous engagement work with children and young people on health-harming products, the role of the commercial interests in determining health and the impact of both on the lives of children, young people and families in Scotland.

In combination with views already shared by children and young people, the workshop findings have contributed to the development of the NCD Alliance Scotland's 10-year strategy by helping to ensure that the voices of children and young people have been heard and considered on key health and social issues that have a significant impact on their lives.

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<sup>1</sup> British Heart Foundation (2022), *NCD Trends Report*.

<sup>2</sup> NCD Alliance Scotland (2023), *Cross-Party Inquiry into Non-Communicable Disease Prevention and Health Harming Products*.

<sup>3</sup> NCD Alliance Scotland (2022), *Our 8 Public Health Calls*.



## Context

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### *Diffley Partnership Research*

In 2023, NCD Alliance Scotland commissioned the Diffley Partnership to deliver a deliberative research report to explore public attitudes towards the commercial determinants of health.<sup>4</sup> This work was carried out between July and December 2023 and published in 2024. The report's key findings reflected increased support for government interventions to address health-harming products and NCDs over the course of the deliberative sessions with participants. It also noted adults' concern about children and young people's behaviour in relation to using and accessing vapes.

While the findings of the Diffley Partnership report have provided valuable insights to inform the NCD Alliance Scotland's 10-year strategy, children and young people did not participate in the deliberative research process.

### *Evidence from children and young people*

NCD Alliance Scotland recognised a gap in its engagement with children and young people and commissioned Children in Scotland to deliver the one-day workshop.

The Creating a Healthy Scotland for Everyone workshop builds upon previous engagement work with children and young people exploring health inequalities, the role of the commercial influences on health, the use of health-harming products and how these impact ideas of choice, and responsibility and rights in relation to health.

A range of these projects engaging with children and young people are presented in Appendix A. The workshop findings also bring into focus the short and long-term interventions that children and young people believe would be most appropriate to protect their health from health-harming products, and that could support children, young people and their families to make healthy choices.

### *Children's rights and the UNCRC*

In July 2024, the Scottish Government incorporated the United Nations Convention on the Rights of the Child (UNCRC) into Scots Law. This legislative change means that all public authorities in Scotland have a legal duty to not act incompatibly with the rights laid out in the UNCRC. Incorporation also aims to establish a culture of children's rights in Scotland where rights are respected and upheld by all members of society.

Article 12 of the UNCRC outlines children's right to have their voice heard on all matter that affect their lives. As existing engagement demonstrates, health-harming products have a clear impact on the lives of children and young people. Their voices and views on what action decision makers should take to address NCDs and the use of health-harming products are necessary to uphold children's rights and create a healthier Scotland for everyone.

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<sup>4</sup> Diffley Partnership, NCD Alliance Scotland, (2023), *Commercial Determinants of Health and Public Attitudes: A Deliberative Research Approach*.



## Methodology

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Children in Scotland's approach to engagement is framed around the UNCRC, with a focus on Article 12 of the convention, which states children and young people have the right to have their views heard on the issues that affect their lives.

Our engagement work is informed and supported by our **Participation and Engagement Principles and Guidelines** to ensure we design and deliver robust and meaningful engagement with children and young people.<sup>5</sup>

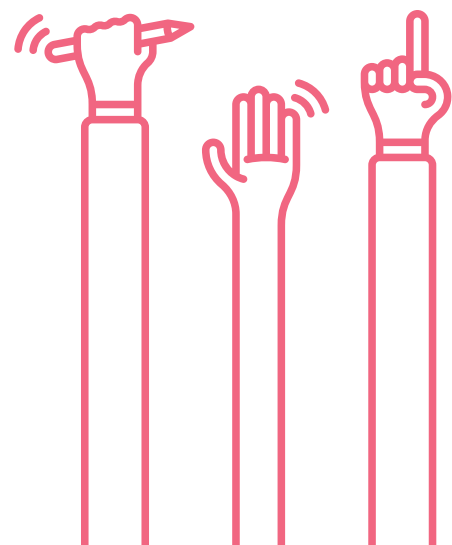
Findings from both elements of our engagement activity have been synthesised and key themes have been identified in relation to the consultation questions.

### Planning and recruitment

Following initial discussions between NCD Alliance Scotland and Children in Scotland, it was agreed that a one-day workshop would be delivered with children and young people aged eight to 17 years old during July 2024. The scope and outcomes of the one-day workshop were agreed as follows:

1. Establishing a positive vision of what a healthy Scotland means for children and young people, especially in relation to health-harming products.
2. Supporting children and young people to understand what was heard through the Diffley Partnership research and capturing their perspectives about priorities and framing in relation to the 10-year strategy.
3. Establishing risks associated with children and young people's exposure to health-harming products and understanding what children and young people need to help them make healthy choices.
4. Gathering ideas about the short- and long-term actions that could be taken to protect children and young people's rights from the threats presented by health-harming products.

Children in Scotland recruited participants through our member network, NCD Alliance Scotland's network and an open call on social media. We also conducted a range of targeted recruitment activity. Children in Scotland covered participants' lunch and transport costs, in order to remove financial barriers and support children and young people to attend the session. All children and young people who attended the session also received a £30 voucher as a thank-you in recognition of their time and participation.



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<sup>5</sup> Children in Scotland (2022), *Meaningful Participation and Engagement of Children and Young People: Children in Scotland's Principles and Guidelines*.

## Participant data

A total of 14 children and young people from five different local authorities attended the one-day workshop.

**Table 1:** Project participants by local authorities

Local authority	Number of children and young people
East Renfrewshire	3
Edinburgh	5
Glasgow	2
Moray	2
West Lothian	2

**Table 2:** Project participants by age

Age group (years)	Number of children and young people
8-10	3
11-14	5
15-17	6

## Approach

A session plan was developed by Children in Scotland with input from NCD Alliance Scotland to ensure that the engagement with children and young people supported delivery of the agreed outcomes.

The session focused on facilitating interactive activities including role play, decision-making and open discussions to allow participants to explore the evidence on health-harming products and develop shared understandings of what actions they believed were necessary to protect people’s health.

To support the meaningful participation of children and young people in the workshop, accessible and child-friendly information on the topic was provided ahead of the engagement activities. Appropriate time was allocated to explaining the language and ideas associated with NCDs, commercial determinants of health and health-harming products that may come up in discussion.

Notes from the session were recorded in a number of ways. Participants gave written contributions to discussions by completing physical templates and creating posters. Children in Scotland staff supporting the delivery of the workshop also made notes to ensure our findings captured an accurate account of children and young people’s views.

## Limitations

Due to the short planning period and duration of the workshop, the research scope of the workshop is limited. Multiple workshop sessions would have allowed more time for reflection and consideration of a complex topic. As the Diffley Partnership research highlighted, public attitudes changed over time as participants considered more evidence.

As outlined in this report, however, the workshop findings are a valuable contribution to the existing research activity with children and young people highlighted in Appendix A.

Engaging children and young people as early as possible and offering ongoing opportunities for engagement is necessary to ensure their views meaningfully inform policy and strategy development. Early engagement also supports children and young people to fulfil their right to be heard as outlined under Article 12 of the United Nations Convention on the Rights of the Child.<sup>6</sup>

Participants recruited to join the workshop represented only six local authorities, almost all of which are in the central belt. The research would have benefited from participants with a wider range of geographic backgrounds and experiences.



## Findings

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The sections below present key findings from each facilitated discussion or activity delivered in the workshop. Recommendations for NCD Alliance Scotland are also included in the report findings. A full list of recommendations is available following the conclusion.

### Initial conversations and talking points

During initial conversations at the workshop, children and young people said they interacted with health-harming products regularly within the community via advertisements in shops, buses, train stations, TV adverts and via peers using these products. This was particularly the case for vapes and vaping.

*“Every single corner shop has a poster of a vape.”*

When presented with current statistics on children and young people’s use of health-harming products, the majority of participants said that they were surprised, and that in their experience use was more prevalent than the statistics implied.

### Activity 1: Who’s responsible for my health?

We began the workshop by discussing who was responsible for people’s health. At the start of the workshop, a majority of children and young people viewed the individual as most responsible for maintaining good health, with the family second most responsible. Government and businesses were viewed as somewhat responsible but less so than the individual or the family.

By the end of the session, following all the discussion and activities, participants’ perspectives had changed. The children and young people continued to believe that the individual was ultimately most responsible for their own health. However, they felt that the government had a greater responsibility for people’s health, ahead of family members and ahead of businesses.

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<sup>6</sup> United Nations Convention on the Rights of the Child (1989).



This change came after reviewing evidence associated with the marketing of health-harming products and encouragement to reflect on their own experiences of interacting with health-harming products in the community.

The shift in who participants believed to be most responsible for individual health suggests that reviewing a range of policy options and considering alternative approaches to the factors that motivate use of health-harming products changed their views on the major stakeholders in individual health outcomes.



▲ *Staff and participants at the Creating a Healthier Scotland for Everyone workshop in Glasgow*

This increased awareness of the role of commercial determinants and government regulation in the use of health-harming products motivated participants to see the government as holding a greater responsibility for individual health than at the start of the workshop.

Participants were clear, however, that this responsibility lay firmly with the government as a regulator and not with businesses to self-regulate.

***“[When discussing the marketing of health-harming products] The government filters what we see.”***

### *Recommendations*

- 1. Future engagement work with children and young people on the commercial determinants of health and health-harming products should invest in long-term and deliberative approaches that allow for views to develop and change as evidence is considered.**
- 2. Children and young people continued to consider the individual as having a clear choice over their health, thus making them most responsible for individual health outcomes. Future engagement work should further explore children and young people’s views around the idea of choice in relation to health outcomes and the factors that influence or motivate healthy and unhealthy choices.**



## Activity 2: Evidence safari

During the 'evidence safari', participants were presented with three packs of evidence relating to tobacco/vapes, alcohol and HFSS foods (referred to as unhealthy foods in the workshop). They were asked to consider the evidence and select one of two policy options that they believed would help reduce harm. Ultimately, participants broadly agreed that across all policy interventions, to reduce the impact of health-harming products, ***"not just one single thing would be enough"***.

### Tobacco and vapes

For tobacco and vapes, all groups favoured restrictions on the marketing of vapes, including a ban on "sweet shop flavours" rather than an outright ban on disposable vapes. This reflected the amount of vape advertisements participants see on a daily basis and their feeling that the flavours on offer directly appeal to children and young people. Many shared that an outright ban on single use vapes would not adequately address the problem of children and young people using vapes and would motivate users to purchase non-disposable products. An outright ban was also seen as negatively restricting choice.

In terms of tobacco and smoking, two groups supported a reduction in the number of shops that could sell tobacco, including supermarkets and corner shops. One group supported a ban on smoking cigarettes in public spaces including town centres and parks.

### Alcohol marketing

After reviewing the evidence on alcohol marketing, all groups favoured an introduction of physical barriers in shops that sell alcohol to prevent children and young people from viewing alcohol brands and products. This was selected ahead of options to limit alcohol brand sponsorship of live events. Participants believed that it was important to limit children and young people's awareness of alcohol brands, and for product accessibility in the community to be prevented as much as possible. Many shared experiences of shops in their community where alcohol was displayed in a prominent space where they would see it regularly while shopping.

***"I see alcohol in the ice cream aisle of smaller shops."***

► **Participants review health-harming products evidence during the Evidence Safari activity**



### *Foods high in fat, salt or sugar*

All groups supported subsidising healthier foods as a means to reduce the harm caused by HFSS foods, as opposed to restrictions on the locations of fast-food outlets in areas of deprivation. Children and young people viewed the lack of affordable healthy options as the main factor in motivating people to consume unhealthy foods. Reflecting the views shared earlier in the workshop, individual choice was considered as a primary factor in someone's diet, however, they acknowledged that the cost of healthier foods could limit the ability to make a choice.

***“Choices about food will always just come down to affordability.”***

Across all options to reduce harm in vaping/smoking, alcohol and HFSS foods, participants tended to support approaches that did not outright ban health-harming products but rather reduced exposure to them or increased the availability of healthy alternatives (e.g. subsidising healthy foods).

Whilst recognising the impact that marketing that appeals to children and young people can have in encouraging the use of health-harming products, the belief in an individual's right to make their own choices about their health remained an important factor in decision-making.

### *Recommendations*

- 3. An individual's choice to make decisions around their use of health-harming products was important to workshop participants. Approaches that limit choice should be considered carefully with further views from children and young people sought.**
- 4. Children and young people did not believe that a single policy intervention would be sufficient to address the impact of health-harming products. A combination of approaches to regulation should be supported in addition to other factors that promote healthy choices.**



▲ Participants review health-harming products evidence during the Evidence Safari activity



### Activity 3: Sam's story

The Sam's story activity presented participants with four scenarios in which Sam was exposed to health-harming products in different ways. For each scenario, participants were asked to consider what Sam was learning about health-harming products and how this might impact future choices about his health.

#### Scenario 1

*Sam is at a senior age in school where he is allowed to leave the school grounds for lunch, his school is within a short walk of a supermarket and a fast-food outlet.*

Participants shared that Sam might be learning that fast food is an easier option than going to the supermarket as he will be quickly served hot food. Many noted that fast food is often cheaper and that he might get a better deal in the fast-food outlet. Some also noted that smells associated with fast food outlets are usually more enticing than a supermarket.

Some participants highlighted that Sam might be forming new habits. One said **"fast food could just become his normal lunch"**. They also shared that the addictive nature of fast food may cause Sam to rely on it as a part of his regular diet.

#### Scenario 2

*A corner shop near the school has a window display that displays colourful disposable vapes. His friend regularly uses vapes and talks about how his older friends sell to him. His friend says his favourite flavour is cola.*

The majority of participants noted that Sam would be learning about the vast range of available flavours and options of vapes which might encourage him to try them to find a favourite. They also pointed out that the advertising methods and lack of health warnings may teach Sam that vapes do not have associated health risks. Many pointed to the use of vapes by a peer as a significant motivating factor for Sam **"if he knows his friends are doing it, he might think it's cool."**

Most said that the frequent exposure would probably normalise vapes and vaping, encouraging him to use the product as part of his daily life. They said this would most likely result in Sam forming an addiction to the nicotine and relying on vapes to support his habit.

#### Scenario 3

*At the weekend, Sam goes to the Scotland rugby match with his family. The rugby game is sponsored by an alcohol brand, with merchandise bars all around the stadium. His dad buys and drinks alcohol during the game.*

Participants drew particular attention to the fact that because his dad was buying alcohol as part of the day's activities, Sam may interpret this as aspirational. As Sam witnesses more people drinking alcohol at the game, this might further consolidate his learning that buying and drinking alcohol is a component of a fun and exciting occasion.

They highlighted that Sam's interactions with alcohol and adults drinking at the game would likely encourage Sam to look forward to the day he could also purchase an alcoholic drink or motivate him to try to access alcohol in the short term. **"He might ask his dad to try it"**.

## Scenario 4

*On the way home from the Rugby match, Sam is getting the train home. There are lots of queues outside the entrance to the station. Beside the queues outside the station, people are smoking. Sam has to walk through these groups to enter the station and get their train home.*

Participants acknowledged that if no one in Sam's life smoked, Sam might be learning what cigarettes are and how people use them for the first time. The smell of cigarettes may be something that Sam likes or that intrigues him to find out more. Seeing people smoking on the way home from the rugby match may mean that Sam associates cigarette smoking with the enjoyable day he had just experienced. ***"If he's seeing it regularly, he might think it's a normal part of life".***



▲ Participants discuss policy options to reduce the impact of health-harming products on children and young people in Scotland

Sam may aspire to try cigarettes and attempt to access them now or when he is older. Much like vapes, the addictive nature of cigarette smoking may mean that Sam develops a habit of smoking that would be damaging to his long-term health.

Across all scenarios, participants believed that Sam was learning that health-harming products are affordable, available, and presented a variety of options. They felt that exposure to health-harming products was normalising them, and that Sam would begin to associate these products with leisure activities. They also believed that Sam would learn that health-harming products were desirable, and he may aspire to use them as an adult.

Scenarios where Sam witnessed notable people in his life using health-harming products (a friend or his father) encouraged a greater response from participants in terms of what Sam would be learning.

All participants believed that frequent exposure to health-harming products through advertising and peer interactions could negatively impact Sam's future choices about his health. Participants felt that Sam would be more likely to use health-harming products as a result of this.

## Recommendations

5. NCD Alliance Scotland should work with decision makers and other stakeholders to restrict the marketing of health-harming products that children and young people see in their daily lives.
6. The use of health-harming products by children and young people's peers is seen to have a significant impact in normalising and encouraging their use. Approaches that promote behaviour change among children and young people using health-harming products should be considered in addition to regulatory action.

## Activity 4: Charter for a healthier Scotland

Participants were firstly asked to select four rights (Articles) from the UNCRC that they believed are particularly threatened by commercial influences on health and the associated use of health-harming products. These rights were identified as:

- Article 2 – The right to non-discrimination
- Article 24 – The right to be free from harm to health
- Article 28 – The right to education
- Article 31 – The right to play.

Participants were then asked to write a list of commitments for decision makers to protect these rights from the risks posed by health-harming products. The short- and long-term commitments identified by the participants to protect each right formed the basis of their Charter for a Healthier Scotland.

Participants were asked to not just consider the regulatory policy actions that had been discussed in previous activities, but also any changes they believed were necessary to protect rights from the risks posed by prevalent use of health-harming products and the wider commercial determinants of health.

### Article 2 – the right to non-discrimination

To protect the right to **non-discrimination**, participants recognised the need for advertising to in no way appeal to children and young people. The marketing of vapes was viewed by the participants as specifically targeting children and young people, which participants believed was unfair.

Reducing the price of healthier foods and ensuring that everyone has access to adequate support to stop using health-harming products were also identified as important. Participants recognised that the higher cost of healthy foods discriminated against those on lower incomes, often pushing them to purchase and consume cheaper, unhealthy foods. Following discussions on access to healthy foods and adequate support, several participants also spoke of the need to address broader inequalities in health that contribute to poorer health outcomes.

***“[We should] tax products that harm our health and use it for good.”***



### *Article 24 – the right to be free from harm*

Measures suggested to protect the right to be **free from harm to health** included fast food buffer zones around schools. Participants recognised that fast food outlets near schools presented a significant risk to the right to health. Ensuring that fast food outlets were an appropriate distance from schools could prevent children and young people from purchasing and potentially relying on fast food as part of their diet.

Increasing the cost of health-harming products to fund healthier alternatives or provide adequate support for people to quit using health-harming products was identified as a potential option to protect one's right to health. Implementing heavier restrictions on vapes, including reducing places people can purchase vapes and making them prescription-only were also identified as potential measures to protect the right to health.

While reducing access to health-harming products was supported by the majority of children and young people, other participants did question whether increasing the costs for people who may be addicted to health-harming products would further increase costs for people who may already be on low incomes.

***“They [vapes] should be sold at a special shop for vapes only.”***

### *Article 28 – The right to education*

Clearer labelling of nutritional content on foods and warnings on vapes (similar to those used on tobacco products) were identified as ways that decision makers could protect children's **right to education**. Participants all agreed that they didn't currently know the detailed facts about how harmful vaping and unhealthy foods were for them. They felt they had a sound knowledge of the health risks associated with smoking but that this did not extend to other health-harming products.

They also noted the impact that unhealthy or “junk foods” had on some pupils' ability to learn in school and believed that restrictions on unhealthy food sales near schools could further protect children's right to education.

The rights-based approach to selecting policy actions on health-harming products elicited a more interventionist response from participants. Children and young people in the workshop arrived with a well-developed understanding of their rights and were clear in their view that their rights must be protected as fully as possible.

This demonstrates the value in offering different approaches to assessing risks and the appropriate responses to health-harming products. Participants in this workshop responded particularly well to a rights-based approach and this offered them a tool to understand and assess the various ways that health-harming products impact the lives of children and young people in Scotland.

### *Article 31 – The right to play*

Restricting the use of health-harming products in public spaces was included by most participants as means to protect the **right to play**. Several participants shared experiences of alcohol bottles and discarded vapes littered in the public parks children visit to play. They said this created an unpleasant environment and also meant children could be seeing or recognising health-harming products from a very young age.



Similar restrictions to drinking alcohol on the streets outside pubs and restaurants, where alcohol brands could be viewed by children and young people passing by, were suggested.

***“We should be clamping down on cigarette littering in public places.”***

### *Recommendations*

- 7. Future engagement with children and young people on NCDs and health-harming products should make effective use of rights-based approaches to support children and young people to assess risks and offer appropriate interventions and changes.**
- 8. Policy options to protect the health of children and young people from health-harming products would benefit from being rights-based and embedded in broader action to realise children’s rights.**



## **Conclusion**

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Children and young people face additional barriers to having their right to be heard fulfilled across a range of issues that affect them. Health-harming products and the wider commercial determinants of health have a clear and long-term impact on children and young people. Children and young people must be supported to learn and engage in discussions about the development of all strategy and policy aimed at addressing health inequalities in Scotland.

Children and young people in this workshop had a sound understanding of the role that industry plays in marketing health-harming products and generally support interventions that would restrict commercial influences. They do, however, view this as a key responsibility of government and decision makers and not for businesses to self-regulate in the interests of population health.

Children and young people in this workshop believed a range of policy interventions should be deployed by Scottish Government and decisionmakers. Options considered most important have been outlined in this report, however, children and young people are clear that single-policy interventions alone will not be enough to meaningfully improve health by reducing the impact of health-harming products. In addition to reducing harm, the Scottish Government should invest to ensure people are provided with the opportunity to make healthy choices.

Children and young people’s vision for a healthy Scotland, free from the harm caused by health-harming products, was one where their rights were ultimately respected and protected above all.

The majority of participants were persistent in their view that the individual holds the most responsibility for their health. While those at the session were supportive of a range of measures to reduce the negative impact of health-harming products, they were generally reluctant about interventions that would limit an individual’s choice to make decisions about their health.



While choice remained a key component in participants understanding of who has responsibility for health, they were also clear that their vision of a healthier Scotland was ultimately one where their rights were protected and respected to the maximum extent possible.

The views of children and young people evolved over the course of the workshop, as they were provided with evidence and alternative perspectives to consider the commercial determinants of health and health-harming products. This was particularly evident when we explored these issues through a children's rights-based lens.

Ideas about government responsibility and the role of industry changed throughout the day as participants shared their views with their peers and challenged prompt questions shared by facilitators. Ultimately, this demonstrates the value in funding longer-term deliberative engagement with children and young people to further explore how they view a range of issues impacting their health and wellbeing. This would allow researchers to understand how children and young people's views change over time and what actions they believe are necessary to protect and improve public health.



## Full list of recommendations

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- 1. Future engagement work with children and young people on the commercial determinants of health and health-harming products should invest in long-term and deliberative approaches that allow for views to develop and change as evidence is considered.**
- 2. Children and young people continued to consider the individual as having a clear choice over their health, thus making them most responsible for individual health outcomes. Future engagement work should further explore children and young people's views around the idea of choice in relation to health outcomes and the factors that influence or motivate healthy and unhealthy choices.**
- 3. An individual's choice to make decisions around their use of health-harming products was important to workshop participants. Approaches that limit choice should be considered carefully with further views from children and young people sought.**
- 4. Children and young people did not believe that a single policy intervention would be sufficient to address the impact of health-harming products. A combination of approaches to regulation should be supported in addition to other factors that promote healthy choices.**
- 5. NCD Alliance Scotland should work with decision makers and other stakeholders to restrict the marketing of health-harming products that children and young people see in their daily lives.**
- 6. The use of health-harming products by children and young people's peers is seen to have a significant impact in normalising and encouraging their use. Approaches that promote behaviour change among children and young people using health-harming products should be considered in addition to regulatory action.**

7. Future engagement with children and young people on NCDs and health-harming products should make effective use of rights-based approaches to support children and young people to assess risks and offer appropriate interventions and changes.
8. Policy options to protect the health of children and young people from health-harming products would benefit from being rights-based and embedded in broader action to realise children's rights.

## A

### Appendix A

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The below outlines a non-exhaustive list of recent research and evidence delivered with or developed alongside children and young people about health-harming products, health inequalities and factors including the commercial determinants of health.

#### Ongoing

- Alcohol Focus Scotland (Ongoing), **Confronting Alcohol in Digital Youth Spaces – project exploring alcohol digital marketing.**
- Fast Forward (Ongoing), **Going Forward project – sessions delivered with young people on core themes of health, wellbeing and risk-taking behaviours.**

#### 2024

- ASH Scotland, Young Scot (2024), **The Truth About Vaping.**

#### 2023

- Alcohol Focus Scotland (2023), **“In Your Face” children and young people’s experience of alcohol marketing – video animation and accompanying summary paper.**
- Changing Our World, Children in Scotland (2023), **Changing Our World and Children in Scotland: Vaping Evidence Paper.**
- Children in Scotland (2023), **Alcohol Marketing in Scotland – Youth Engagement Project.**
- Obesity Action Scotland (2023), **“Adverts, adverts everywhere”: Capturing young people’s voices on junk food marketing – animation with young people presenting the key findings from research on young people’s exposure to junk food marketing.**

#### 2021

- ASH Scotland, YouthBorders, LAYC (2021), **Smoking, Young People and Mental Health: Report for ASH Scotland.**

#### 2019

- Alcohol Focus Scotland, Children’s Parliament (2019), **Children’s Parliament investigates: an alcohol-free childhood for Alcohol Focus Scotland.**