

# Non-Communicable Disease Prevention

A collaborative manifesto for the next Assembly:  
Addressing Northern Ireland's biggest killers  
and supporting people to live healthier lives  
by tackling health-harming products.



# Introduction

**Non-communicable diseases (NCDs) such as heart disease, cancer, stroke, diabetes, lung disease and liver disease are some of the leading causes of mortality and morbidity in Northern Ireland. In 2020, NCDs were responsible for over 14,000 deaths in Northern Ireland<sup>1</sup> — more than 4 in every 5 deaths, even during the global coronavirus pandemic.**

NCDs are chronic health conditions that are not passed from person to person. They place a huge burden on society and our health and social care system. Disability-adjusted life years (DALYs) is a metric used to estimate how much disease affects ('burdens') the life of the population. Each year over four-fifths of all DALYs<sup>i</sup> in Northern Ireland are attributable to NCDs.<sup>2</sup>

NCDs disproportionately affect the most deprived in our communities. Death and disability from NCDs are causes and outcomes of social and economic inequalities and play a substantial role in widening health inequalities. In Northern Ireland, those who live in the least deprived areas are expected to be 'healthy' for nearly 15 years longer than those who live in the most deprived areas.<sup>3</sup>

As research progresses, we are understanding that many of these deaths and lost years of healthy life can be prevented through actions

to address modifiable and societal risk factors — such as, reducing the number of people who smoke, population levels of overweight and obesity, and how much alcohol people drink.

That is why eight charities dedicated to addressing NCDs and their risk factors in Northern Ireland have come together to set out our collective recommendations for the next Northern Ireland Assembly, to improve population-level health and reduce the pressure of NCDs on our health service.

With the Northern Ireland Assembly elections planned for May 2022, we are collectively calling on all political parties to commit to taking bold action on NCDs by tackling health-harming products and working to end preventable death and disease.



i. DALYs are a time-based statistical measure of the burden of disease that combines years of life lost due to premature mortality (YLLs) and years of healthy life lost due to disability (YLDs). (World Health Organization. (2022). *Disability-adjusted life years (DALYs)*. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158>.)

# Endorsements

The following groups and organisations wish to endorse this report and its call for action to reduce the impact of health-harming products.



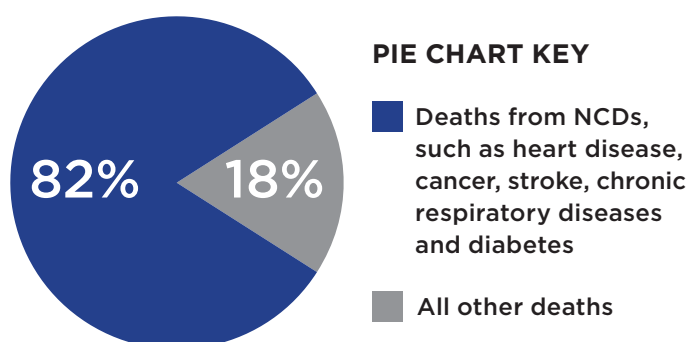
Primary Care Respiratory Society



# The Human and Economic Cost of Health-harming Products

NCDs include heart disease, cancer, stroke, diabetes, lung disease and liver disease. In 2020, 82% of all deaths were caused by NCDs, and before the coronavirus pandemic, the proportion was even higher.<sup>4</sup>

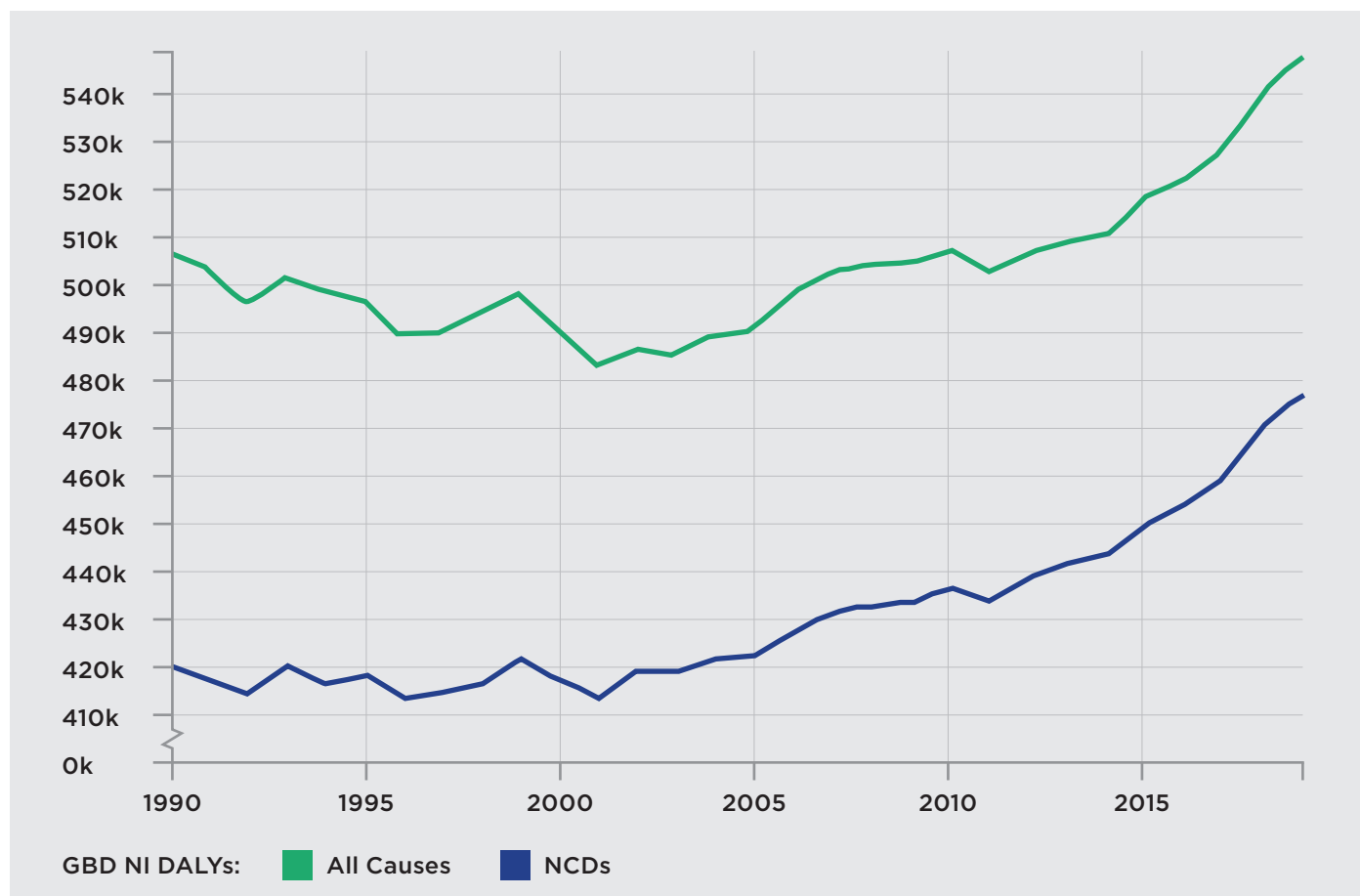
## Causes of death in Northern Ireland




In addition to mortality, these diseases have a significant impact on quality of life in Northern Ireland. Department of Health figures published in 2021 reveal that both male and female healthy life expectancy (HLE) in 2017-19<sup>5</sup> was considerably below the UK average.<sup>6</sup> Figures also reveal an alarming HLE inequality gap between the most and least deprived areas.<sup>7</sup>

**NCDs play a significant role in creating inequalities and the overall burden of disease. In 2019, an estimated 87% of all disability-adjusted life years (DALYs) in Northern Ireland were attributable to NCDs.<sup>8</sup>**

## DALYs (Disability-adjusted life years), number





**Around**  
**2,300**  
people in Northern  
Ireland die each year  
from smoking-related  
illnesses.



Obesity has  
been linked to  
**1 in 8**  
premature deaths  
from NCDs in  
Northern Ireland.



Alcohol is  
associated with  
**1,500**  
deaths in Northern  
Ireland each year.

However, much of this human cost is preventable. We have known for a long time that there is a direct link between NCDs and smoking, excessive alcohol consumption, and living with overweight and obesity. All three have been shown to increase the risk of NCDs, and all three are responsible for preventable death and disease in Northern Ireland.

Tobacco, for example, is the single greatest cause of preventable illness and premature death in Northern Ireland<sup>9</sup> and has been linked to the development of many NCDs, including heart disease, cancer, and lung disease. In Northern Ireland, around 2,300 people die each year from smoking-related illnesses.<sup>10</sup>

Obesity has been linked to 1 in 8 premature deaths from NCDs in Northern Ireland.<sup>11</sup> Having excess weight or living with obesity is a significant risk factor for the development of numerous NCDs including heart disease, type 2 diabetes,<sup>12</sup> stroke,<sup>13</sup> and cancers such as breast and bowel.<sup>14</sup>

Alcohol misuse is a further preventable risk factor for premature death and disease. This includes type 2 diabetes,<sup>15</sup> stroke, heart disease, and seven different types of cancer.<sup>16</sup> Worryingly, the number of alcohol-specific deaths in Northern Ireland almost doubled between 2001 (178 deaths) and 2020 (351 deaths).<sup>17</sup> In addition, alcohol as a risk factor is associated with 1,500 NCD deaths in Northern Ireland each year.<sup>18</sup>

The links between NCDs and tobacco, alcohol, and high fat, salt and sugar (HFSS) food and drink are clear. Furthermore, we know that the health risks of each of these health-harming products increase when consumed in combination. Alcohol enhances the harmful effects of tobacco, and evidence shows that combining obesity with smoking increases the risk of NCD mortality, particularly from circulatory diseases.<sup>19</sup> Evidently, urgent action is needed to address these health-harming products to improve public health.

## Cost to the Economy

More widely, this ill-health and disability caused by tobacco, alcohol and overweight and obesity, places enormous demands on Health and Social Care (HSC). Around 18,000 hospital admissions are attributed to smoking each year in Northern Ireland.<sup>20</sup> Our economy is impacted through lost productivity. Heart and circulatory disease cost to the UK economy (including premature death, disability and informal costs) is estimated to be £19 billion each year.<sup>21</sup>

**The total estimated direct and indirect costs in Northern Ireland of overweight and obesity in 2015/16 was estimated at around £457 million.<sup>22</sup>**

As our economy and health service continue to deal with the Covid-19 pandemic and rebuild, tackling the issues of alcohol use, tobacco use, and overweight and obesity, through population-wide interventions and greater use of support services, is an extremely cost-effective way to recover and invest in the longer-term resilience of our health service.

**Northern Ireland's political parties must commit to taking bold action to tackle preventable mortality and morbidity from NCDs.**

# Covid-19 and the Current Landscape

**Emerging evidence has revealed that obesity,<sup>23</sup> smoking<sup>24</sup> and alcohol misuse<sup>25</sup> are not only key NCD risk factors but can also increase the risk of worse Covid-19 health outcomes and complications. The prevalence of obesity and overweight, tobacco consumption and harmful alcohol consumption in Northern Ireland exposes that we did not go into the Covid-19 pandemic fighting fit.**

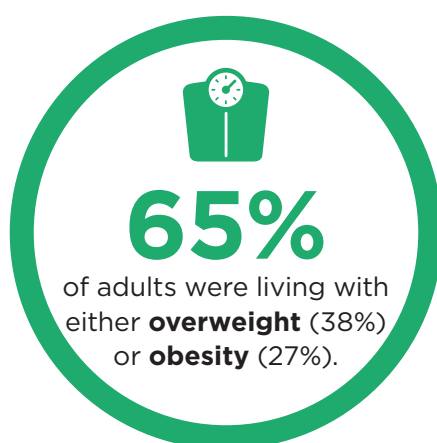
**The 2019/2020 Northern Ireland Health Survey<sup>ii</sup> detailed that 17% of adults smoked cigarettes, 65% of adults were living with overweight (38%) or obesity (27%), and more than one in six adults regularly exceeded national guidelines for weekly alcohol intake.<sup>26</sup>**

It is essential that action on prevention of NCDs is not lost within dealing with the ongoing pandemic and recovery. In 2019, the Department of Health announced a feasibility assessment on Northern Ireland's first bariatric surgery service. Evidence suggests that over ten years, bariatric surgery reduces health costs for the majority of patients,<sup>27</sup> and is an effective intervention for people with obesity, and brings about remission in up to 60% of cases of type 2 diabetes.<sup>28</sup> This assessment was paused because of the need to respond to the demands of the Covid-19 pandemic. We encourage the Department of Health to recommence this work as soon as is practicable.

Public health must form a key part of any planned economic recovery to support the creation of a healthier future environment. Reducing the pressure on our health and social care system is more vital than ever, and bold action on health-harming products would not only tackle NCDs but also increase Northern Ireland's resilience to infectious disease.

## Existing Strategies

In 2016, the landmark report, 'Systems, Not Structures', was published by a panel led by Professor Bengoa and outlined the need for transformation in Northern Ireland's health and social care system. 'Systems, Not Structures' identified preventing ill-health as a crucial component of transformation. It highlighted the importance of finding "the right balance between investing in strategic transformation and day-to-day firefighting"<sup>29</sup> in the health system.



ii. Source: Health survey Northern Ireland: first results 2019/20. <https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-201920>. The latest Health Survey Northern Ireland, published in December 2021, was limited in scope and compiled during the pandemic using a different methodology, so data are not comparable with previous editions.

The Department of Health in Northern Ireland has strategies for tobacco control, obesity prevention, and most recently published a new ten-year substance use strategy to tackle alcohol-related harm. 'A Fitter Future for All', the obesity prevention strategy expires in early 2022, work is underway to develop the new strategy. The '10 Year Tobacco Control Strategy for Northern Ireland' was also due to expire in early 2022 but has been extended by two years until 2024.

The Executive's strategic framework for public health, 'Making Life Better', is also due to end in 2023. It is critical that these strategies are evaluated and new strategies developed without delay, with the prevention of NCDs as a key priority.

Establishing an ambitious smokefree target must also be a priority. Currently, the Executive's aim is for a tobacco-free society, however, no target date has been set to measure progress towards this ambition. This is unlike other parts of the UK, where England has a smokefree target by 2030, in Scotland it is 2034, and in Wales the Welsh government have committed to a smokefree target of 2030 in their draft tobacco control strategy. Modelling by Cancer Research UK projects that if current smoking prevalence trends continue, average adult smoking prevalence in Northern Ireland will not reach the 5% 'smokefree' target until the late 2040s.<sup>30</sup>

## Statistics

**The 2019/20 Health Survey for Northern Ireland is the most recent health survey detailing adult BMI prevalence and alcohol consumption above weekly limits. The survey reveals that rates of overweight and obesity, smoking and harmful alcohol consumption are still high. In Northern Ireland, one in six adults smoke cigarettes, an estimated 65% of adults are either living with overweight (38%), obesity (24%) or morbid obesity (3%),<sup>iii</sup> and more than one in six adults regularly exceed national guidelines for weekly alcohol intake.<sup>31</sup>**

Key government targets to reduce the rate of these problems have been missed or are on track to be missed. For example, target rates for reducing adult overweight and obesity by 2022,<sup>32</sup> are not only due to be missed if trends continue, but rates are currently worse than when the targets were set in 2010/11.<sup>33</sup>

Moreover, Northern Ireland's life expectancy at birth is below the UK average<sup>34</sup> and the average for Western Europe<sup>35</sup> — despite increasing in recent years. A lack of progress in tackling lifestyle risk factors such as alcohol and tobacco use, and overweight and obesity are crucial contributors to this.<sup>36</sup>

# Strategies and Targets

## Recommendations

1. Establish a smokefree target date and develop a new Tobacco Control Strategy to achieve a smokefree Northern Ireland. This should use the learning from the 2012–2022 strategy evaluation whilst looking ahead to the future challenges in tobacco control.
2. Develop and publish, in 2022, a new evidence-based obesity prevention strategy that takes a system-wide approach.
3. Fully implement the Preventing Harm, Empowering Recovery — Substance Use Strategy (2021–2031).

iii. In adults, a BMI of 25kg/m<sup>2</sup> to 29.9kg/m<sup>2</sup> means that person is considered overweight, a BMI of 30kg/m<sup>2</sup> or higher means that person is considered to have obesity. A BMI of 40kg/m<sup>2</sup> or higher means that person is considered to have morbid obesity.



# Addressing Health Inequalities Through Action on Health-harming Products

**The prevention of NCDs presents a great challenge but should also be seen as a great opportunity to help save thousands of lives every year, tackle health inequalities, and vastly improve quality of life for everyone, regardless of income, race, gender or background.**

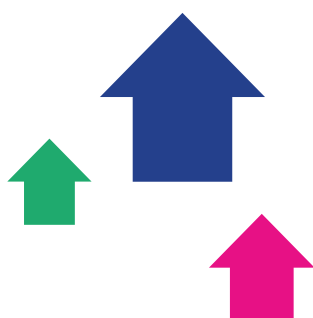
In Northern Ireland, stark and significant health inequalities exist. This is evidenced by the alarming gap in healthy life expectancy, with those who live in the least deprived areas expected to remain 'healthy' for nearly 15 years longer than those who live in the most deprived areas.<sup>37</sup> Furthermore, in 2015–19, preventable mortality in the most deprived areas was almost three times that in the least deprived, including huge inequality gaps in mortality from circulatory disease, respiratory disease, and cancer.<sup>38</sup>

Such disparities are significantly influenced by differences in rates of smoking, overweight and obesity, and harmful alcohol consumption across Northern Ireland (see bar chart below). The prevalence of adult cigarette smoking is significantly higher in the most deprived areas (27%) compared to the least deprived (10%),<sup>39</sup> and similar trends exist for obesity. In 2019/20, the prevalence of childhood obesity for example, was found to be 127% higher amongst Year 8 students in the most deprived areas than those in the least deprived areas.<sup>40</sup> Adult obesity rates were 6% higher in the most deprived areas compared to the least deprived.<sup>41</sup>

Trends for alcohol misuse however is more complex. Although the alcohol-specific death rate in the most deprived areas in 2015–19 was three times higher than the least deprived,<sup>42</sup> the Northern Ireland Health Survey 2019/20 estimates that alcohol consumption above recommended weekly limits is highest in the least deprived quintile.<sup>43</sup>

This demonstrates the need for population-wide measures to tackle health-harming products. The conditions in which we are born, grow, live, work and age are primary social determinants of health and health inequalities. These conditions directly influence our choices and overall health and wellbeing.<sup>44</sup> We must therefore ensure that everyone in our society has the opportunity to make healthier choices.

To have the most significant impact, we must ensure that all public health interventions to tackle the prevention of NCDs have a focus on making a difference in the communities that need them most and will not further exacerbate existing gaps in health inequalities. The Mid Term Review of the current Tobacco control strategy identified people with mental health issues as a priority group.



**In Northern Ireland, those who live in the least deprived areas are expected to be 'healthy' for nearly 15 years longer than those who live in the most deprived areas.**



**If current trends continue, it will be the late 2040s before Northern Ireland is smokefree.**



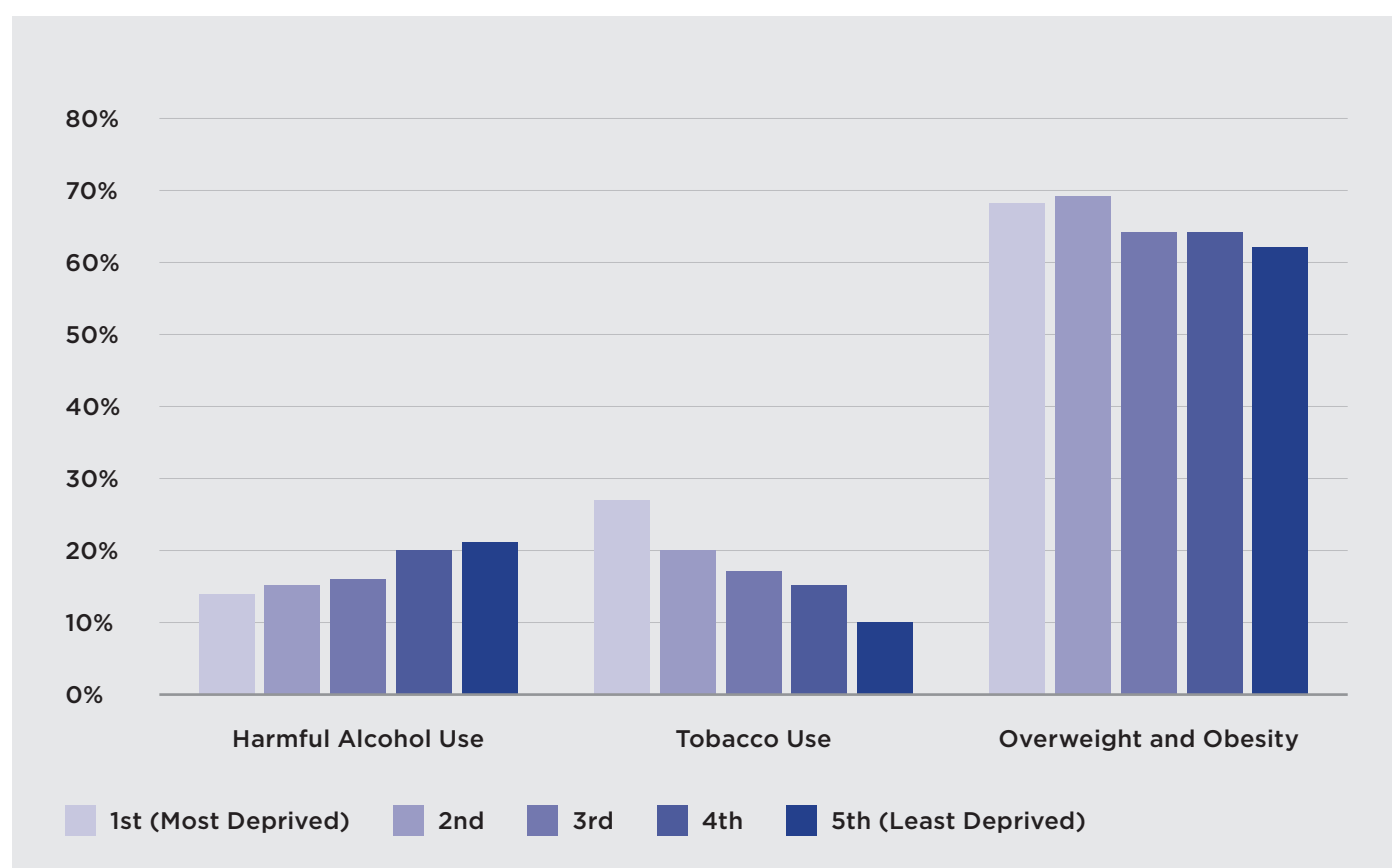
It's also important that we improve our understanding of the impact of NCD risk factors among Northern Ireland's minority ethnic groups. While we know that the prevalence of some NCDs is higher in some minority ethnic groups,<sup>45</sup> there is little data around health-harming products and data on rates of smoking, overweight and obesity, and harmful alcohol consumption by ethnicity. It is key that this data is compiled to allow for any links to be studied, and to ensure that all interventions improve the health of everyone in Northern Ireland.

While interventions focused on individual action can work in certain circumstances, it has been shown that they are less effective amongst those with low health literacy and within more deprived

groups, sometimes exacerbating inequalities in health. Action at a population level, however, can help to tackle inequalities.

This is why, as informed by the World Health Organization's recommendations for NCD prevention and control,<sup>46</sup> focus must be placed on population-level measures based on the regulation of common environmental factors which help drive harmful consumption of tobacco, alcohol and high fat, salt and sugar (HFSS) food and drink. There must also be greater investment in targeted support services to assist those already affected by harmful consumption of health-harming products. This includes the need for particular focus on reaching those who have not previously engaged with the relevant support services.

### **Percentage rates of harmful alcohol use, tobacco use, and overweight and obesity by deprivation quintile in Northern Ireland (2019/20)**



# Urgent Action on Health-harming Products is Needed

**Bold and decisive population-level action from the next Northern Ireland Assembly and Executive is required to tackle preventable NCD deaths and ill-health from health-harming products. To do this, we have identified four more key areas for action:**

**Availability**

**Pricing and Promotion**

**Marketing**

**Treatment Services**

## Availability

**To empower people in Northern Ireland to make healthier choices, urgent action is needed to better regulate the availability of alcohol, tobacco, and high fat, salt, and sugar food and drink.**

Ready availability of health-harming products, including tobacco, alcohol, and high fat, salt, and sugar (HFSS) food and drink means we are more likely to buy and consume them. Consequently, their use becomes normalised.

To minimise harm, we need to better regulate the availability of HFSS food and drink, especially in the most deprived areas of Northern Ireland where the density of fast-food outlets is higher.<sup>47</sup> Evidence shows a clear link between the density of fast-food outlets in an area and worse health outcomes, including childhood obesity.<sup>48</sup>

### Recommendations

**The Northern Ireland Assembly and Executive should:**

- 4. Empower and encourage local government to regulate access to unhealthy food through improved planning and registration arrangements for the out of home sector.**
- 5. Commit to tackling the availability of alcohol through the lens of harm reduction, including implementation and delivery of the new Substance Use Strategy 2021–31.**

# Marketing

**The marketing of health-harming products drives consumption and harm. As we have seen with tobacco over many years, regulating the content and the extent of marketing is a vital part of a whole systems approach to de-normalising use and supporting healthier living.**

There is strong evidence to show that children are particularly influenced by marketing techniques and that marketing of unhealthy food and drink influences children's food attitudes, preferences, and consumption.<sup>49</sup>

Marketing also leads children and young people to begin drinking at an earlier age, and to drink more. Evidence shows that exposure to alcohol marketing is a cause of drinking onset and binge drinking among young people.<sup>50</sup> To counter this, the World Health Organization has encouraged countries to implement comprehensive controls on alcohol marketing as part of its SAFER alcohol control initiative.<sup>51</sup>

The Northern Ireland Assembly and Executive should use whatever devolved powers it has to protect children and young people from the harmful influence of health-harming products marketing and advertising. A recent survey suggested that over three in five (63%) people in Northern Ireland are in agreement.<sup>52</sup>

It has been several years since the Public Health Agency has run a general population campaign encouraging smokers to quit, utilising all mass media, including television. Effective mass media campaigns are an important tool to reduce smoking rates and improve public health.

## Recommendations

- 6. The Northern Ireland Assembly and Executive should restrict the advertising of alcohol and high fat, salt and sugar food and drink where they have the powers to do so.**
- 7. The Northern Ireland Executive and the Public Health Agency should create and launch yearly, unique mass media campaigns that encourage smokers to quit, targeted at communities where smoking rates are highest. These campaigns should promote the use of smoking cessation services to enable people to engage with effective support to quit smoking.**

# Pricing and Promotion

**A key lever in supporting people to live healthier lives is to encourage people to make healthier choices. This can be done by making the price of health-harming products less attractive and making healthier choices more affordable.**

The Department of Health must act swiftly to deliver on its commitment to bring forward a consultation on the introduction of Minimum Unit Pricing (MUP) for alcohol in Northern Ireland by September 2022.<sup>53</sup> This is also in line with the duty placed on it within the Licensing and Registration of Clubs (Amendment) Act (Northern Ireland) 2021.

MUP is a population health measure that would set a minimum price to be charged per unit of alcohol. The intention is to reduce the harm caused by alcohol and especially targets low-cost products as evidence suggests that drinkers at the greatest risk of harm tend to consume the cheapest alcohol.<sup>54</sup> MUP for alcohol has already been implemented in Scotland and Wales, and evidence shows this has led to reduced alcohol consumption.<sup>55</sup>

Most recently, MUP has been introduced in the Republic of Ireland from 4 January 2022. The absence of MUP in Northern Ireland may temporarily encourage additional cross border alcohol sales.

Action on the use of price promotions on high fat, salt and sugar food and drink is also crucial. Promotions can lead people to buy more food or drink than they need or plan to buy and has been shown to influence levels of overweight and obesity. Shoppers who buy the largest proportion of their shopping on promotion are 28% more likely to be living with obesity compared to shoppers who don't use price promotions.<sup>56</sup>

In Northern Ireland, surveys show that 47% of people are more likely to purchase unhealthy food and drink when it is on price promotion.<sup>57</sup> Limiting promotions on food and drink that offers limited nutritional benefits could help to tackle levels of overweight and obesity.

## Recommendations

**The Northern Ireland Assembly and Executive should:**

- 8. Legislate to restrict the use of price promotions on high fat, salt and sugar food and drink, to help make the healthiest choice the easiest choice.**
- 9. Introduce a minimum unit price for alcohol, to reduce alcohol harm. This minimum unit price should be continuously reviewed to account for price inflation to optimise the effectiveness of the policy.**
- 10. Gather evidence and consider the introduction of minimum/maximum unit pricing for tobacco products which would deter the supply of the cheapest products whilst also preventing the tobacco industry from shifting price increases from cheap to premium products. It is important that such an intervention would be supported with appropriate treatment services and support to help people quit smoking.**

# Treatment Services

**Treatment services are the most effective way to help people quit smoking or reduce harmful alcohol consumption. However, current services in Northern Ireland are not reaching everyone who needs them.**

During the Covid-19 pandemic, many in-person treatment services such as smoking cessation, alcohol treatment and weight management services were halted. As the health service recovers, person-centred treatment services must become part of the core services available as part of healthcare in Northern Ireland. Active efforts should be made to identify and support those in our poorest communities who are most at risk.

Third sector organisations that play a vital role in providing these services need to be protected at a time when their income is facing a significant challenge.

Such measures and actions would allow people to reduce their risk of NCDs and related complications, as well as increase Northern Ireland's resilience to disease.

## Recommendations

- 11.** Place the restoration of support services for weight management, alcohol treatment and smoking cessation at the heart of HSC recovery. This should include sharing learning on how technology can provide flexible and accessible options for people in need of support.
- 12.** Enable the health and social care system to provide smoking cessation support to ensure that all smokers are offered services in primary and secondary care, as well as utilising community pharmacies and the third sector for local service delivery. This support should especially target more deprived communities with higher smoking rates.
- 13.** Ensure equitable access to effective weight management services across all HSC Trusts.
- 14.** Recommence feasibility study into the establishment of Northern Ireland's first bariatric surgery service as soon as is practicable.

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