Clare Haughey MSP
Health, Social Care and Sport Committee
Scottish Parliament
Edinburgh
EH99 1SP

Date: 20 March 2026

Dear Ms Haughey

Public Health Scotland Session – additional information

As Chair and Chief Executive of Public Health Scotland we are writing to thank the Committee for exploring the work of PHS on 10 March 2026, a session that we enjoyed contributing to.

We feel the case for prevention has now been accepted with a collective focus now needed to secure the delivery of sustainable services. The Population Health Framework, if implemented in full, will drive progress in population health.

Some of the main themes that arose in the session included:

- **Policy and legislative opportunity:** strong potential for progress next parliamentary term on food systems, tobacco legislation and clearer accountability to embed prevention.
- **Prevention and systemwide public health action:** long-term, whole-system approaches across food environments, physical activity, tobacco control and early years.
- **Inequalities and local government capacity:** recognition that many preventative levers sit with councils and community partners, who face structural and resource challenges.
- **Substance use, tobacco and vaping harms:** continued concern about tobacco use in deprived areas, youth vaping, and discussed a need for four-nations approaches.
- **Budget pressures and the case for prevention:** acknowledgement that preventative work competes with acute pressures, alongside evidence that long-term investment in prevention would reduce future fiscal strain.

During the session we agreed to send additional information to the Committee to follow-up on questions that arose on the day. Please see the attached document for further information.

We are committed to supporting national priorities and the ambition set out in Scotland's Population Health Framework.

We look forward to continuing our engagement with the Committee and would be pleased to provide further evidence following the outcome of the election in May.

Yours sincerely

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Public Health Scotland

Public Health Scotland session of the Health, Social Care and Sport Committee

Additional information

Date: 20/03/2026

Contents

1. Evidence on height

Committee request: Emma Harper MSP asked: We have heard that 5-year-olds in the UK are up to 7cm shorter than their counterparts in Europe, but that evidence has been contested by some who suggest the Covid pandemic disrupted data collection. It has been suggested that austerity is a cause of this height difference, but childhood obesity is also an issue. Do you have any further information or evidence on these issues?

PHS is currently undertaking some exploratory analysis of child height (from Primary 1 measurements) but this is not yet published. We would be happy to share this information with the Committee when it is available.

More broadly:

- There is evidence that average height of 5-year-olds in the UK has been gradually increasing over the past 15 years.
- There is evidence of socioeconomic inequality in child height, with those living in more deprived areas being on average slightly shorter and having a higher proportion of children with short stature, indicating that there a likely to still be structural and environmental factors acting to limit the growth of some children.
- Children with obesity are, on average, taller than children with a healthy weight.
- There is evidence that the COVID-19 period was associated with an increase in both average child height and the proportion of children at risk of obesity.
- The relationship between height gain and healthy weight is quite complex, meaning a more nuanced interpretation is likely to be required of child height data at population level in the modern era.

Further information:

- The **Broken Plate Report in 2023** included data on child height compared with European comparators. The source of this data is **NCD RisC**. The “7cm” comes from a comparator with the Netherlands which was highlighted in the Broken Plate report explainer **document**, where the correlation is also made between the introduction of austerity policies and reported changes in child height.

- Looking at this data, there are a couple of elements to consider:

    - There are multiple original sources for the UK data seen in NCD RisC (as seen in the Appendix of the original **Lancet paper** which reported height findings from this dataset). This includes including NCMP data as well as the Scottish Healthy Survey and Health Survey for England. It is not clear how these datasets (including their age-standardisation methods) were combined in the analysis.

    - Looking at the NCD RisC data, we see a stagnating and then decreasing trend in mean height at age 5. However, the confidence intervals also become much wider at this point where the decreasing trend begins, suggesting uncertainty when drawing general conclusions. Similar findings and graphs are made in the **Moscrop et al** paper.

    - Overall, while it is important to note the Broken Plate report and its source, data from NCMP in England and the Moscrop et al paper, confirm that children in the UK are generally continuing to grow taller. What is more important and relevant is the differences in height growth among deprivation levels given the implications this has for health inequalities and will also be contributing to overall population height growth trends.

- Published data from the National Child Measurement Programme in England on child height aged 5 and 11 years is available **here.**

  This shows in England:

    - Gradual small increase in height over the period 2009-2019

- A more marked increase in height 2020/21 and 2021/22 associated with the COVID-19 pandemic (when there was also an increase in the proportion of children at risk of obesity), with a subsequent return to levels in keeping with the pre-pandemic trajectory.
- Children who are at risk of obesity are, on average, taller than those of a healthy weight.
- The prevalence of short stature is low (<2% at age 4-5 years) and has reduced slightly between 2009 and 2024 (with larger decreases during the COVID-19 period)
- There are socioeconomic inequalities in the prevalence of short stature at age 4-5 years (2.3% in the most deprived areas, compared with 1.4% in the least deprived).
- Similar data are not yet published for Scotland but are available through the Primary 1 child health reviews, and exploratory analysis is currently being undertaken by PHS.

- A recently published paper 'British children are not shrinking', but child height is increasing for the wrong reasons: trends and inequalities in child measurement programme data for England, Scotland and Wales can be read **here.**
  - This confirms trends similar to those noted above were observed in England, Wales and Scotland.
  - It also shows socioeconomic inequalities in child height in both England and Scotland, but with a narrowing gap in this over time.
  - It has a particular focus on the increase in height observed during the COVID-19 period, and the association of this with the increase in obesity.

2. Quit Your Way

Committee request: Emma Harper MSP asked: Are you aware of any work being undertaken to expand Quit Your Way Scotland to address vaping or work specifically with 12–16-year-olds?

- Quit Your Way is a confidential NHS service providing personalised advice and support to help people stop smoking. It does not currently include vaping cessation. We are not aware of plans to change its remit at this point. We will raise this issue with Scottish Health Promotion managers and Directors of Public Health, particularly in the context of rising levels of youth vaping.

3. Monitoring of SNUS

Committee request: Emma Harper MSP asked: Are you monitoring the use of 'snus'? We are hearing reports that young people in schools are using this. (You suggested you would check if the Health Behaviour in School Age Children survey asks about snus).

- Oral tobacco, otherwise known as SNUS, is not captured in the Health Behaviour in School Age Children survey. The survey currently explores the use of cigarettes, vaping, alcohol, and cannabis. SNUS has been banned in the UK and the European Union since 1992. The forthcoming Tobacco and Vapes Bill will re-enact the existing ban. As an illegal tobacco product SNUS comes under the jurisdiction of Police Scotland. We will liaise with Police Scotland to identify the extent of SNUS in Scotland.

- **Additional background on HBSC Survey:** HBSC is a World Health Organisation (WHO) Regional Office for Europe coordinated cross-national study that investigates the health and wellbeing of school children in 50 countries and regions in Europe and North America. It has been running for over 40 years, with HBSC Scotland running for over 30 years. In addition to the time trend data HBSC Scotland provides us, it allows direct comparison with other countries. As such it is the main source of data on children's health

and wellbeing for several key metrics. It is run every four years with the first half of 2026 being an active survey phase for Scotland and reports from this due in 2027. Therefore, the first opportunity to consider whether there should be a question included on Snus will be the 2030 survey.

4. MUP evaluation

Committee request: In response to a question from Sandesh Gulhane, you undertook to provide the Committee with additional background information and supporting data regarding the impact of minimum unit pricing of alcohol on the rate of alcohol-related hospitalisations.

- The MUP evaluation estimated statistically significant reductions in wholly alcohol-attributable deaths overall which was driven by a reduction in deaths from wholly alcohol-attributable chronic causes, such as alcoholic liver disease.

- We estimated a reduction in wholly alcohol-attributable hospital admissions, and while this did not reach the level required for statistical significance, the confidence interval shows that the overall effect was most likely a reduction or, at worst, no change. We estimated a statistically significant reduction in wholly alcohol-attributable hospital admissions due to chronic causes.

- As part of our approach to the evaluation, where appropriate, we reported p-values, which help to determine whether the estimated effects were likely due to MUP rather than chance. However, our assessment was not limited to statistical significance. We also examined the robustness of our study design using a wide range of scenario analyses, and interpretation of effect sizes and confidence intervals. This broader approach allows us to identify areas where meaningful differences (positive or negative) arise, without relying on a a single p-value as an indicator of impact.

- Overall, the MUP evaluation found strong evidence of reductions in wholly alcohol-attributable deaths and admissions due to chronic causes, in men and in the most deprived areas of Scotland, as a result of the implementation of MUP.

- The PHS ‘Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence’ report can be read in full **here.**

5. PHS contribution to national drugs work

Committee request: You undertook to provide further information on the range of work currently underway in Public Health Scotland to tackle drug harms and deaths.

PHS plays a crucial role in monitoring and responding to drug related issues in Scotland. We have listed several key areas below which may be of interest to the Committee.

RADAR

- PHS and local partners co-produced RADAR, Scotland's drugs early warning system during the very high levels of drug deaths recorded in 2020 and 2021:
    - The system was launched in 2022. PHS has been able to communicate the rapidly changing drug supply in Scotland and its implications for harm reduction, treatment and prevention.
    - PHS have mobilised its expertise in responding to public health incidents and produced guidance for managing drug clusters in 2024.
    - In 2025, PHS coordinated the response to clusters of drug related harms associated with the emergence of a new synthetic opioid in Scotland.
- PHS role in the evaluation of the safer consumption facility
    - PHS provided £200k (£100k in 2023 and £100k in 2024). This investment enabled the necessary preparatory and bespoke baseline data for an on-going evaluation of the SDCF in Glasgow. Specifically, this allowed the design and conduct of a baseline survey of community views and attitudes.
    - The National Institute of Health Research awarded a £3.3 million grant for the evaluation. PHS are principal investigators and collaborators.

- PHS role is to hold Survey and administrative data on people who use and inject drugs as part of ongoing public health surveillance and our work to develop linked administrative data for **substance use surveillance and research.** We make this available for the researchers and it will also be available through recognised research access channel, in future, for others who wish to replicate or use the data.

Naloxone

- Naloxone is a drug which reverses the effects of a potentially fatal opioid overdose:
    - Since 2011, Scotland's National Naloxone Programme (the first of its kind in the world) has been providing this life-saving medication to people who may experience or witness an opioid overdose.
    - PHS publishes a quarterly monitoring bulletin on take-home naloxone (THN) supply by drug treatment services, pharmacies, prisons, and by the Scottish Ambulance Service.

    The most recent naloxone monitoring **bulletin** (to end June 2025) states that:

    - Approximately 9,700 THN kits were supplied between April and June 2025 (the highest quarterly number on record).
    - As part of the programme, peers (trained lived experience champions / mentors) supply around 600 kits per quarter.
    - Around two thirds (63%) of supplies each quarter are of intramuscular naloxone (the remainder are intranasal).
    - We estimate that 84% of people who would be considered "at risk of an opioid overdose" have been provided with a THN kit.
    - PHS does not monitor impact or estimate the number of deaths averted by the programme. Future areas of programme improvement will likely

focus on improving carriage (people having naloxone with them in the event of an emergency).

PHS support to Alcohol and Drug Partnerships

- The MAT Standards Implementation Support Team (or MIST) provides operational oversight and tailored advice to Scotland's 29 (local authority based) Alcohol and Drug Partnerships (or ADPs):
    - The over-riding objective of support for ADPs in relation to MAT standards is to facilitate the development of ADP capacity to be able to monitor and implement their own ongoing improvements for the substance use services that they commission and provide.
    - The experiential component of MAT evidence is how ADPs can demonstrate their alignment with human rights-based principles using recognised international frameworks. Obtaining and documenting experiential evidence has been a central feature of support to ADPs from 2024/25 onwards and we have worked closely with third sector (Scottish Recovery Consortium) to provide this.
    - Support to ADPs has become more facilitative in the current reporting year (2025/26) as they move towards greater autonomy and we increasingly focus on MAT implementation in prisons.
    - To improve the quality of information available from DAISy, in 2025 PHS implemented a wraparound service of support and training for ADPs and service providers.
    - In 2024, PHS collaborated with Healthcare Improvement Scotland (HIS) to develop a network for ADP chairs. This work is now being taken forward by HIS.
    - PHS coordinates annual benchmarking. ADPs submit three strands of evidence (across process, numerical and experiential components), which are scored to reflect levels of implementation using a RAGB rating scale.

In 2024/25

- MAT standards 1–5 (which deal with treatment access, choice, pro-active outreach and retention, alongside harm-reduction), 91% were assessed as fully implemented representing an increase from 90% in 2023/24, 66% in 2022/23 and 17% in 2021/22.

- MAT standards 6–10 (which deal with psychological and trauma informed treatment as well as shared care, advocacy, and mental health co-morbidity), 75% were assessed as fully implemented, 16% as implemented but pending full experiential evidence. This is an improvement from 2023/24 when 91% did not have experiential evidence. MAT standards 6 to 10 were only benchmarked from 2023/24.

Areas for scale up

Primary prevention of substance use harms

- In September 2025 PHS published its '**Consensus approach'** which describes the key themes that contribute to a national approach to substance use harm prevention among children and young people in Scotland.

- This was co-produced with partners working in the field and young people. There were between 40-90 professional stakeholders and between 20 – 170 children and young people involved over the phases of the work.

- Wider work to support engagement and impact of the consensus with local planning structures is now the focus of the Preventing Health Harms Service.

- As part of prevention focused system there is a need to address known levels of vulnerability for developing substance use problems through selective prevention efforts that strengthen protective factors to build resilience and create opportunity in the lives of children and young people who experience disadvantage and this is reflected in the priorities set out in Scottish Government's forthcoming Drug & Alcohol Strategy.

- Key learning points from PHS evaluation of the National drugs mission and future areas for improvement. The PHS evaluation of the National Mission will report its final synthesis report in 2026:
    - **Participation of people with lived experience**: emerging evidence suggests the National Mission may have had some positive impacts, particularly relating to strengthened treatment systems. For example, around 7 in 10 lived experience survey respondents reported in 2024 that support from services had improved over the last two years. The number of individuals starting a publicly funded residential rehab placements is estimated to have about doubled between 2019/20 and 2024/25. However, positive impacts are not reported consistently across Scotland or across all National Mission programmes to the same extent.
    - **Addressing unintended consequences:** there is emerging evidence of some unintended negative consequences, including increased pressure on frontline staff, an overfocus on targets and a perceived loss of focus on alcohol treatment and support. Stakeholders report outstanding gaps including unmet mental health needs, growing need for focus on non-opioid drugs (e.g. benzodiazepines and cocaine/stimulants), the need for an increased role for other sectors (housing, employment), prevention work, and an ongoing need for workforce support.
    - **Governance and delivery:** stakeholders report some positive developments in relation to governance, such as having a Minister with responsibility for substance use, alongside room for further improvement, such as the need for more coordinated and strategically focused accountability structures for local Alcohol and Drug Partnerships (ADP).

6. Mental Health Audit

The Scottish National Audit Programme is run by Public Health Scotland; how many audits are carried out in relation to treatment for mental illness?

- The Scottish National Audit Programme conducts 12 national audits, which includes one for mental health treatment, namely the Scottish Electroconvulsive Therapy Audit Network (SEAN).

Can you update the Committee with the outcome of Public Health Scotland's decision regarding whether to step back from the Scottish ECT Audit Network (SEAN) once it is made?

- No decision has been made. The issue is being considered as part of PHS's prioritisation process and will include consultation with relevant stakeholders.

Can you provide the Committee with further information about any impact assessments undertaken that have informed any decision on whether or not to step back from SEAN?

- Impact and risk assessments will be undertaken as part of the prioritisation process.