Scottish Government
Riaghaltas na h-Alba

Scottish Social Attitudes Survey 2021/22: Public attitudes on alcohol and tobacco use and weight

HEALTH AND SOCIAL CARE

social research

SCOTTISH SOCIAL ATTITUDES SURVEY 2021/22:

PUBLIC ATTITUDES ON ALCOHOL AND TOBACCO USE AND WEIGHT

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Executive Summary

Introduction

The Scottish Social Attitudes (SSA) survey is run annually by ScotCen Social Research, with the aim of collecting objective data about public attitudes on issues relevant to Scotland. In 2021/22, 1,130 randomly selected people aged 16+ from 1,043 addresses were interviewed. The data has been weighted to be representative of Scotland's adult population in terms of age, sex and area deprivation.[1]

The questions covered in this report are about public attitudes towards people with harmful alcohol use, high tobacco use and those living with overweight or obesity, see Appendix A.

The findings of this 2021/22 survey can be used to inform future policies for the Scottish Government and other organisations in Scotland, which support the reduction of stigmatising attitudes.

Findings

Attitudes (individual versus societal) around responsibility for harmful alcohol use, high tobacco use and in relation to those living with overweight or obesity

Of the three health issues, the public were most likely to agree that people who smoke heavily (44%) 'have only themselves to blame'.

- Around a quarter (27%) agreed that 'people who are overweight or obese have only themselves to blame'.
- A smaller proportion thought that 'people with serious drinking problems have only themselves to blame' (17%).

Attitudes varied between men and women, by age and level of education:

- Men were more likely than women to agree that people who are heavy smokers (48% compared with 39%) and people who are overweight or obese 'have only themselves to blame' (34% compared with 22%).
- Older adults (age 65+) were more likely to agree (35%) than younger adults aged 16-34 (20%) that people who are overweight or obese 'have only themselves to blame'.
- Those with no qualifications were more likely than those educated to at least degree level to agree that people have only themselves to blame across all three health issues:

[1] Area deprivation on SSA 2021/22 is measured using the Scottish Index of Multiple Deprivation (SIMD) 2020 divided into quintiles. SIMD 2020 measures the level of deprivation across Scotland – from the least deprived to the most deprived areas. It is based on 38 indicators in seven domains of: income, employment, health, education skills and training, housing, geographic access and crime. Further details are included in the separate technical report.

- Those with serious drinking problems (47% with no qualifications versus 15% with degree-level)
- Those who are heavy smokers (70% with no qualifications versus 42% with degree-level)
- Those who are overweight or obese (49% with no qualifications versus 26% with degree-level)

- For the most part, those who were understanding of people with harmful alcohol use were also more understanding of those with high tobacco use. This was also found in relation to problem drug use[2].

- Large majorities agreed that it's in all our interests to give help and support to 'people who have serious drinking problems' (91%) and 'people who are overweight or obese' (84%).[3]

Respondents were asked who, if any, from a list of seven options should be responsible for reducing the number of people who are overweight or obese in Scotland. Respondents could select as many options as they wished. The most commonly selected options were:

- 'individuals who are overweight and obese themselves' (88%)
- 'parents and carers' (84%)
- 'food and drink manufacturers' (70%)
- 'doctors and nurses' (68%).

A smaller percentage (60%) thought that 'supermarkets and food retailers' should be responsible.

Further analysis reveals that a large majority (78%) in both 2021/22, and previously in 2016 for a similar question, feel that a combination of society and individuals should be responsible for trying to reduce the number of people who are overweight or obese.

Those from the least deprived areas felt it was a combined societal and individual responsibility (85%) compared to those from the most deprived areas (68%), with those from the most deprived areas also the group more likely to think it should just be a societal responsibility (14% compared to least deprived 1%).

[2] Scottish Social Attitudes Survey 2021/22: Public Attitudes Towards People with Problem Drug Use - gov.scot (www.gov.scot)

[3] This question was not asked about heavy smokers.

Chapter 1: Introduction

Addressing stigma is considered a policy priority for the Scottish Government as it is seen as a barrier to health improvement agendas, including around weight, alcohol use and smoking. It is recognised that stigma comes in many guises, including self-stigmatisation and workforce stigma.

This report presents findings from the 2021/22 Scottish Social Attitudes Survey (SSA) conducted between the 21st of October 2021 and the 27th of March 2022. The aim of the questions for this module within SSA 2021/22 was to explore population level attitudes around stigma towards people with harmful alcohol, high tobacco use and those living with overweight or obesity. The survey also provided an opportunity to compare attitudes over time, with certain similar questions asked in previous years of SSA. The following key questions are addressed:

- To what extent do people think that the responsibility lies with the individuals themselves or society?
- Who should be responsible for helping people with these issues?

Policy context

Alcohol use

In 2021, adults in Scotland self-reported consuming on average 11.3 units of alcohol per week which continues the downward trend since 2003[4]. The latest Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) study using sales data found that in 2021, 9.4 liters of pure alcohol were sold per adult in Scotland, equivalent to 18.1 units per adult per week[5]. Apart from 2020, this is the lowest level seen in Scotland since the time series started in 1994. However, Scotland has consistently had the highest rates of pure alcohol sold per adult compared to England and Wales. However, the gap in volume of pure alcohol sold per adult in the off-trade between Scotland and England and Wales has narrowed substantially since 2013 with sales in England and Wales at 9.0 liters per adult in 2021.[6]

Regularly consuming alcohol over the recommended number of units increases the risk of physical and mental ill-health[7]. In 2021, Scotland had the highest rate of alcohol-specific deaths out of all four UK nations at a rate of 22.4 deaths per 100,000 people, compared to Wales (19.3%) and England (13.9)[8].

[4] The Scottish Health Survey 2021 - volume 1: main report - gov.scot Chapter 8 (www.gov.scot)
[5] Monitoring and Evaluating Scotlands Alcohol Strategy (MESAS), 2022 (publichealthscotland.scot)
[6] MESAS monitoring report 2022 - Publications - Public Health Scotland
[7] Alcohol Factsheet (who.int) ; The Scottish Health Survey 2021 - volume 1: main report - gov.scot Chapter 8 (www.gov.scot)
[8] Alcohol-specific deaths in the UK - Office for National Statistics (ons.gov.uk) (for 2021)

Alcohol-related policy in Scotland is aimed at addressing the affordability, availability and attractiveness of alcohol and has included introducing a 50p minimum price per unit of alcohol, banning multi-buy discounts and targeting prevention and early intervention[9]. The Scottish Government has elected to take a public health approach to alcohol by diverting those with problematic alcohol use away from the justice system and into treatment and support services[10]. Removing the stigma attached to problem drug use and harmful drinking in Scotland is a key part of the alcohol and drug strategy and in December 2021, they initiated a campaign to challenge the stigma which too often negatively impacts upon those who use alcohol and drugs. In addition, the Scottish Government has recently published a Stigma Action Plan to address the negative impact that stigma has on people accessing health services across Scotland https://www.gov.scot/publications/drug-deaths-taskforce-response-cross-government-approach/pages/23/.

Scotland's relationship with alcohol is widely perceived as harmful by the general public. An Ipsos Mori poll of adults in Great Britain in August 2022 highlighted that the public believes that the nation's drinking culture is one of its worst attributes[11]. In 2013, 84% of respondents to a previous SSA survey stated they felt that alcohol caused 'a great deal' or 'quite a lot of harm' in Scotland and the majority of people felt that hazardous and binge drinking was problematic[12]. In addition, around four in ten drinkers of all ages felt that others would find it odd if they were not drinking alcohol at all and over four in ten non-drinkers felt the same way[13]. Numerous studies since have shown that there is a culture of pressuring non-drinkers to consume alcohol in the UK, influencing those who do not drink to break their abstinence to participate in social activities, among both younger and older age groups[14].

NHS Scotland advises that the stigma faced by people struggling with an alcohol problem may prevent them from getting treatment and support as they feel judged[15].

Tobacco Use

There has been a significant reduction in the proportion of adults in Scotland who smoke over time. The 2021 Scottish Health Survey (SHeS) reported that smoking

[9] Alcohol and drugs - gov.scot (www.gov.scot)

[10] Chapter 7: A Public Health Approach to Justice - Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot)

[11] What makes us proud to be British? | Ipsos

[12] Attitudes towards alcohol in Scotland: results from the 2013 Scottish Social Attitudes Survey June 2014

[13] Attitudes towards alcohol in Scotland: results from the 2013 Scottish Social Attitudes Survey June 2014

[14] Peer pressure and alcohol consumption in adults living in the UK: a systematic qualitative review | BMC Public Health | Full Text (biomedcentral.com); Older and wiser? Men's and women's accounts of drinking in early mid-life - PubMed (nih.gov); Negative Experiences of Non-Drinking College Students in Great Britain: an Interpretative Phenomenological Analysis | SpringerLink; 'Man up!': Discursive constructions of non-drinkers among UK undergraduates - Dominic Conroy, Richard de Visser, 2013 (sagepub.com)

[15] Challenging drug and alcohol stigma | NHS inform

prevalence among adults continued its fall, from 28% in 2003 to 11% in 2021[16]. Scotland, in early 2020 however, was shown to have the highest proportion of smokers in the UK, with 16% of adults reporting smoking cigarettes in Scotland compared to 15.3% in Wales, 13.9% in England and 13.2% in Northern Ireland[17]. Smoking tobacco is a well recognised risk factor for poor health[18].

Smoking policy in Scotland aims to have its first tobacco-free generation by 2034 through encouraging current smokers to quit, reducing the visibility of smoking around children, making indoor smoking less acceptable, raising awareness of support services to stop smoking, and preventing young people from taking up smoking[19]. This is the latest in a series of smoking-related policies introduced over the past two decades in efforts to reduce smoking rates, which have included banning smoking in indoor public spaces in 2006, raising the minimum age of sale for tobacco to eighteen in 2007, and banning the display of cigarettes in shops in 2013[20]. More recently, in 2016, the minimum age of sale for vape products of eighteen was introduced, alongside banning the sale of vape products from vending machines and the advertisement or promotion of vape products[21]. In 2021, Scotland introduced a 15 meter smoking ban perimeter around NHS hospital buildings to further reduce smoking rates[22].

Over the past half century, smoking has become less socially acceptable and there is an increase in the intolerance of smoking, particularly in public spaces[23]. Around the world, narratives around tobacco consumption have changed from those of glamour to ones of dependence, poor health and undesirability[24]. In fact, studies suggest that stigma has been used as a public health tool to discourage smoking in efforts to reduce rates[25]. Not only has this stigma led to people who smoke feeling shunned in social spaces but has also resulted in a self-imposed stigma by people who smoke, caused by feelings of disgust, shame and guilt at their inability to quit[26].

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16 The Scottish Health Survey 2021 - Volume 1: Main Report (www.gov.scot) Chapter 7

17 Smoking prevalence in the UK and the impact of data collection changes - Office for National Statistics (ons.gov.uk)

18 The Scottish Health Survey 2021 - Volume 1: Main Report (www.gov.scot) Chapter 7

19 Adult smoking in Scotland - ScotPHO; Raising Scotland's Tobacco-free Generation: Our Tobacco-Control Action Plan 2018 (www.gov.scot)

20 Adult smoking in Scotland - ScotPHO

21 Adult smoking in Scotland - ScotPHO

22 Smoking banned near hospital buildings - gov.scot (www.gov.scot)

23 Smoking, Stigma and Social Class | Journal of Social Policy | Cambridge Core; "But it just has that sort of feel about it, a leper"—Stigma, smoke-free legislation and public health | Nicotine & Tobacco Research | Oxford Academic (oup.com)

24 Tobacco smoking: From 'glamour' to 'stigma'. A comprehensive review (wiley.com); "But it just has that sort of feel about it, a leper"—Stigma, smoke-free legislation and public health | Nicotine & Tobacco Research | Oxford Academic (oup.com)

25 Smoking, Stigma and Social Class | Journal of Social Policy | Cambridge Core; "Smoking-Related Stigma: A Public Health Tool Or A Damaging Force ?" by Paula A. Lozano (sc.edu).; Smoking, stigma and tobacco 'denormalization': Further reflections on the use of stigma as a public health tool. A commentary on Social Science & Medicine's Stigma, Prejudice, Discrimination and Health Special Issue (67: 3) - PubMed (nih.gov)

26 Tobacco smoking: From 'glamour' to 'stigma'. A comprehensive review (wiley.com); "But it just has that sort of feel about it, a leper"—Stigma, smoke-free legislation and public health | Nicotine & Tobacco Research | Oxford Academic (oup.com)

In Scotland, support is strong for reducing the availability and advertising of cigarettes and other tobacco products with the majority of the public agreeing that tobacco advertising should be banned, that cigarettes should not be sold near schools and cigarette sales limited in deprived areas, and that a minimum and maximum price should be set[27]. In Britain as a whole, three in five people support the outright ban of the sale of cigarettes and two in five support this happening within the next two years[28].

Weight

Scotland has one of the highest rates of adults living with overweight and obesity among the OECD nations[29]. In 2021, 67% of adults in Scotland were living with overweight and 30% with obesity[30]. The proportion of overweight adults in Scotland has remained relatively stable since 2008 but there has been a small increase in the mean BMI of adults from 27.1kg/m^2 in 2003 to 28.0kg/m^2 in 2021[31].

Overweight and obesity can increase the likelihood of a person developing serious health conditions, substantially increasing the risk of diseases such as type 2 diabetes, cancer, cardiovascular disease and Alzheimers[32]. Evidence that people who are living with overweight or obesity are highly stigmatised and face discrimination is well-documented in research[33]. This shows that stigma towards those who are living with overweight or obesity may impact employment opportunities and promotions[34]. For example, the British Social Attitudes Survey 2015 (BSA 2015) indicated that three quarters of Britons think that someone who is not very overweight would be more likely to be offered a manager's position than someone who was very overweight[35].

Weight stigma is associated with significant physiological and psychological consequences, such as depression and anxiety[36] and can lead to 'maladaptive' practices that cause further harm, such as emotional eating and social isolation[37]. The World Health Organisation also highlights that the stigmatisation of people who

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[27] Survey Report (yougov.com) (2022)
[28] Most Britons want to ban cigarettes – and half want to ban vaping products | YouGov (2021)
[29] Public attitudes to reducing levels of overweight and obesity in Scotland (healthscotland.scot)
[30] Scottish Health Survey (shinyapps.io), accessed 16/11/2022
[31] The Scottish Health Survey 2021 - volume 1: main report - gov.scot (www.gov.scot) Chapter 5
[32] Obesity and overweight (who.int)
[33] International comparisons of weight stigma: addressing a void in the field - PubMed (nih.gov); Obesity Discrimination in the Recruitment Process: "You're Not Hired!" - PubMed (nih.gov); Changing attitudes towards obesity – results from a survey experiment | BMC Public Health | Full Text (biomedcentral.com); Blatant Dehumanization of People with Obesity - Kersbergen - 2019 - Obesity - Wiley Online Library
[34] UK adults' implicit and explicit attitudes towards obesity: a cross-sectional study | BMC Obesity | Full Text (biomedcentral.com)
[35] attitudes-to-obesity.pdf (natcen.ac.uk)
[36] WeightBias.pdf (who.int)
[37] Pervasiveness, impact and implications of weight stigma - eClinicalMedicine (thelancet.com); Changing attitudes towards obesity – results from a survey experiment | BMC Public Health | Full Text (biomedcentral.com)

are living with overweight or obesity can lead to avoidance of medical care[38] with potential for wide-ranging consequences for the health of those affected.

Many studies have examined the views of people towards those living with overweight or obesity and found a tendency for the public to perceive them as lacking willpower, and that their condition is the result of individual choice rather than symptomatic of wider societal structures[39]. For example, BSA 2015 found that 53% of Britons felt that most people who are very overweight could lose weight if they tried[40]. In SSA in 2016, 85% of adults in Scotland felt that individuals who are obese themselves should be responsible for reducing the number of people who are obese in Scotland, although reducing obesity levels in Scotland was seen largely as both an individual and a collective responsibility[41].

'A healthier future: Scotland's diet and health weight delivery plan'[42] was the latest strategy published in 2018 to address obesity in Scotland. This included an action to develop consistent and accessible healthy weight information and appropriate training, including on weight bias and stigma. In 2021 Public Health Scotland launched the Challenging Weight Stigma Learning Hub[43], aimed primarily at those who work in health and social care, public sector, third sector and community-based organisations. The hub is evidence based, aimed at raising awareness of weight stigma, its impact on individuals and what actions can be taken to address it. In addition, Public Health Scotland are working with FrameWorks UK to empower and upskill key stakeholders in Scotland to communicate confidently about health and obesity in ways which will reduce stigma, build understanding and drive action on health.

The evidence on the extent of stigma relating to harmful alcohol use, smoking and overweight / obesity to date is mixed and it is not clear to what extent people in Scotland currently hold stigmatising attitudes toward individuals experiencing these. The aim of these questions within SSA 2021/22 was to explore current public attitudes around stigma towards people with harmful alcohol use, high tobacco use and those living with overweight or obesity. This survey also provided an opportunity to compare attitudes over time, with certain questions having been asked in previous years of SSA.

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[38] WeightBias.pdf (who.int)

[39] UK adults' implicit and explicit attitudes towards obesity: a cross-sectional study | BMC Obesity | Full Text (biomedcentral.com); The Stigma of Obesity: A Review and Update (wiley.com); Why the government's new strategy for obesity needs to avoid weight stigma | British Dietetic Association (BDA); Pervasiveness, impact and implications of weight stigma - eClinicalMedicine (thelancet.com)

[40] attitudes-to-obesity.pdf (natcen.ac.uk)

[41] Public attitudes to reducing levels of overweight and obesity in Scotland (healthscotland.scot)

[42] A healthier future: Scotland's diet and healthy weight delivery plan - gov.scot (www.gov.scot)

[43] Challenging Weight Stigma – New Learning Hub Launched - News - Public Health Scotland

Chapter 2: The Study

The Scottish Social Attitudes Survey

The Scottish Social Attitudes (SSA) survey has been run annually by the Scottish Centre for Social Research (ScotCen) since 1999. This report presents findings from the Scottish Government module of questions concerning the public's attitudes towards people with harmful alcohol or high tobacco use and those living with overweight or obesity.

A random sample of all those aged 16 and over living anywhere in Scotland (including the Highlands and Islands) were interviewed. Fieldwork for SSA 2021/22 began on 21st October 2021 and ceased on 27th March 2022.

SSA 2021/22 was completed by telephone by a random sample of respondents invited by post. Previously the survey was administered face to face by interviewers who knocked on doors of randomly selected addresses. The change was due to the Pandemic. Further details are in the accompanying Technical Report.

Letter invitations to take part were issued to 21,775 addresses, of which 1,349 households opted-in and 1,043 provided at least one interview. A maximum of two adults per household were invited to take part in the survey. A total of 1,130 interviews were achieved in total. Assuming 10% of addresses were vacant, derelict or ineligible for other reasons[44], these figures equate to an opt-in rate of 7% and a response rate among opted-in households of 77%. Data are weighted in order to correct for non-response bias and differential selection probabilities due to deliberate over-sampling of rural areas and those living in the most deprived areas, and to ensure that they reflect the age-sex profile of the Scottish population. Further details about the SSA survey are available in the Technical report referred to earlier.

Question design

This 2021/22 module included six questions aimed at capturing stigmatising views towards those experiencing harmful alcohol or high tobacco use, or those living with overweight or obesity. They included perceptions of the level of societal and individual responsibility concerning these health issues. The questions formed part of a wider module that also included questions on attitudes towards problem drug users.

A question on the extent people think that the responsibility lies with the individuals themselves or society in relation to those experiencing harmful alcohol use was previously asked in the 2013 Scottish Social Attitudes survey. Similarly, a question was asked in the 2016 survey about who should be responsible for reducing the numbers with overweight or obesity in Scotland. All questions are presented in full

[44] This includes empty / derelict addresses, buildings under construction, holiday homes, businesses, other non-residential (such as schools, offices and institutions), and addresses that had been demolished. Based on other similar surveys it was assumed that 10% of addresses would fall into this category.

in Appendix A. Where relevant, views are compared to those expressed in previous surveys to gauge change over time, although with some caution, see Analysis section.

All six questions were either based on previously established questions or were cognitively tested and/or piloted between July and September 2021 to check that respondents understood and were able to answer the questions proposed (see **Appendix A** *or SSA Technical Report*).

Cognitive testing involved asking a sample of 14 respondents a sub-set of the full survey questions being proposed, and included 1 question on views towards people who are living with overweight or obesity. This was followed by asking respondents a selection of probes to check whether they were interpreting the questions and associated answer options consistently.

The survey pilot involved asking some of the questions being proposed for the main survey of a sufficient sample to establish whether the questions were understood in the context of the survey; whether respondents raised any issues with any of the questions; and to look at the distribution of answers. The pilot included three questions on attitudes towards alcohol and tobacco use and weight. The pilot sample consisted of 83 respondents out of a sample of 167 selected randomly from ScotCen panel members living in Scotland[45].

Analysis

Most of the statistics presented in this report show the percentage of respondents who selected particular answer options. All percentages cited in this report are based on the weighted data and are rounded to the nearest whole number. A percentage may be quoted in the text for a single category that aggregates two or more of the percentages shown in a table. The percentage for the single category may, because of rounding, differ by one percentage point from the sum of the percentages in the table. Differences between figures shown in the tables are calculated using unrounded figures and may differ from the rounded figures shown in the text.

All differences described in the text (between different groups of people or different years) are statistically significant at the 95% level or above, unless otherwise specified. This means that the probability of having found a difference of at least this size, if there was no actual difference in the population, is 5% or less. The term 'significant' is used in this report to refer to statistical significance; this is not intended to imply substantive importance. Further details of significance testing and analysis are included in the accompanying Technical Report and full data tables for each question are available as 'supporting files' to this publication.

[45] ScotCen Panel members are recruited from the Scottish Social Attitudes survey (SSA) which interviews those aged 16 and over across Scotland (including the Highlands and Islands). Those interviewed as part of SSA in 2015, 2016, 2017 and 2019 were asked to join the Panel at the end of the SSA interview. Further information on the sample is included in SSA 2021/22 Attitudes on alcohol, tobacco use and weight Technical Report.

This report presents comparative data for one question on harmful alcohol use from SSA 2013, and one on views on who should be responsible for reducing the numbers living with overweight or obesity in Scotland from SSA 2016. Caution is required in making these comparisons due to change in methodology of data capture. In previous years, these views were captured by a self-completion survey on a computer at the end of an interview conducted face-to-face, thus response rates differ. In 2013 there were a relatively high number of non-applicable responses (149) because some did not reach that point of the survey or opted not to answer the self-complete section or certain questions from it. Those who opted not to answer the self-completion section in 2013 were excluded from this report and the annex table in order to compare as closely as possible to 2021. The sampling approach has remained comparable with previous years and the 2021/22 data have been carefully weighted to reduce risk of bias as a result of this. Also to note that the questions were within surveys with a different mix of questions. Data from these earlier questions is also included in the supporting files.

Annex tables provides the full tables for this report cross-tabulated by the background analysis variables[46] as well as the comparative overall figures where available for previous years. These can be referred to alongside the relevant analysis in this report. The annex table numbers do not directly match the tables within the report as the tables provide a full breakdown of each of the questions asked in relation to attitudes on alcohol, tobacco use and weight cross-tabulated by each of the sub-groups.

[46] See SSA 2021/22 Attitudes to alcohol, tobacco use and weight:Technical Report for details of the background analysis variables. Where appropriate descriptions of these are appended as footnotes within this report.

Chapter 3: Attitudes (individual versus societal) around responsibility for harmful alcohol use, high tobacco use and in relation to those living with overweight or obesity

Perceptions of individual versus societal responsibility

SSA 2021/22 included six questions examining public attitudes towards who is considered responsible in relation to those experiencing harmful alcohol and high tobacco use and those living with overweight and obesity. The questions asked were:

How much do you agree or disagree that most people with serious drinking problems have only themselves to blame?

How much do you agree or disagree that people who are heavy smokers have only themselves to blame?

How much do you agree or disagree that most people who are overweight or obese have only themselves to blame?

The same question was asked in relation to problem drug use which has been reported on separately.

Alcohol use

Around two thirds (65%) either ‘disagreed’ or ‘disagreed strongly’ that those with serious drinking problems have only themselves to blame, while 17% ‘agreed’ or ‘agreed strongly’, see Figure 1.

Attitudes appear to have shifted over time. In 2013, 33% disagreed and 43% agreed.

Tobacco use

One third (33%) either ‘disagreed’ or ‘disagreed strongly’ that people who smoke heavily have only themselves to blame, while 44% agreed.

Weight

Less than half (46%) either ‘disagreed’ or ‘disagreed strongly’ that people who are overweight or obese have only themselves to blame, with just over a quarter (27%) in agreement.

Figure 1: Agreement or not with whether people 'have only themselves to blame' with respect to harmful alcohol use, high tobacco use or those living with overweight or obesity, 2021/22

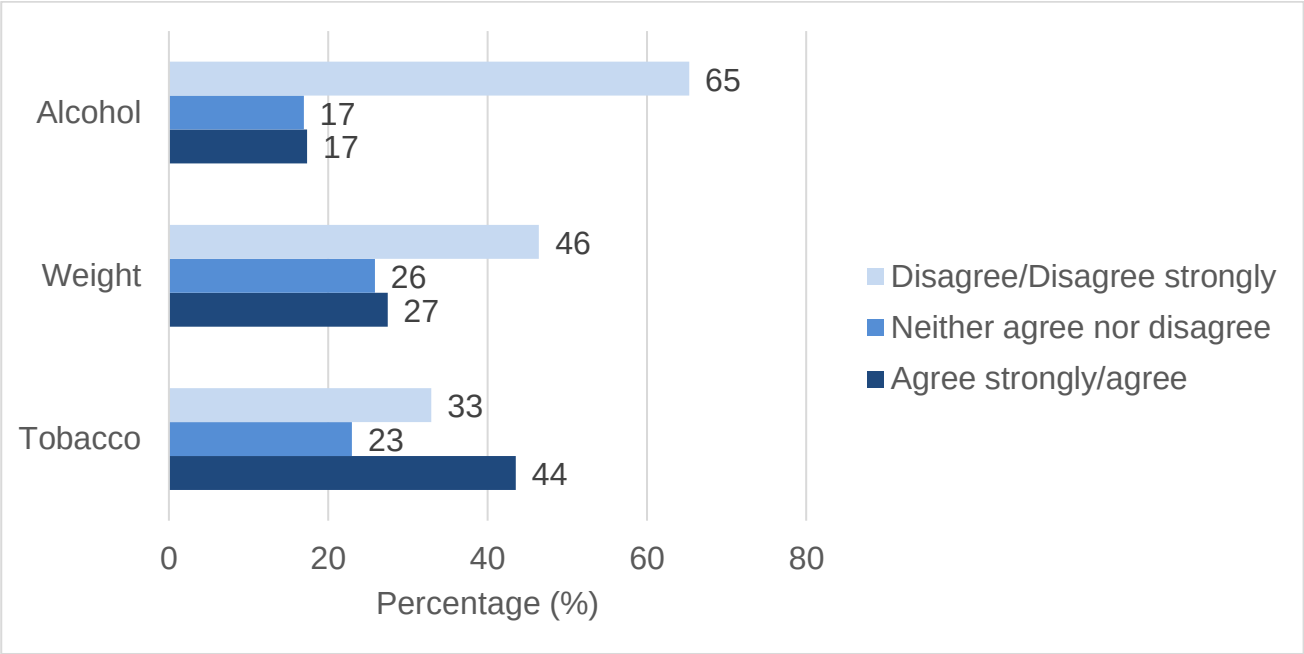


Figure 1 shows that a clear majority disagree that harmful alcohol use is the result of individual choices. This is similar to the views expressed in relation to problem drug use with 62% disagreeing and 19% agreeing[47]. In contrast, views around high tobacco use are much more mixed with a tendency towards agreeing that high tobacco use is about personal choice.

The public tended to consider that those living with overweight or obesity did not only have themselves to blame but around a quarter did not express a view either way (26%).

Variation in attitudes between different sub-groups

Patterns of response towards the questions differed by sex, age and educational attainment.

Sex

Men were more likely than women to agree that people have only themselves to blame with respect to those who 'smoke heavily' (48% versus 39%) and those who 'are overweight or obese' (34% versus 22%).

Age

[47] Scottish Social Attitudes Survey 2021/22: Public Attitudes Towards People with Problem Drug Use - gov.scot (www.gov.scot)

Views were consistent across age groups with respect to those with ‘serious drinking problems’ and ‘heavy smokers’.

Older people were more likely than younger people to agree that ‘those who are overweight or obese have only themselves to blame’ (35% among those aged 65+ years compared to 20% of those aged 16-34).

Educational attainment

People in Scotland with no formal qualifications were consistently more likely than those with at least a degree-level qualification to agree that the health issues considered were the result of individual choices, see Table 1.

Table 1: Attitudes on individual responsibility by educational qualification, 2021/22

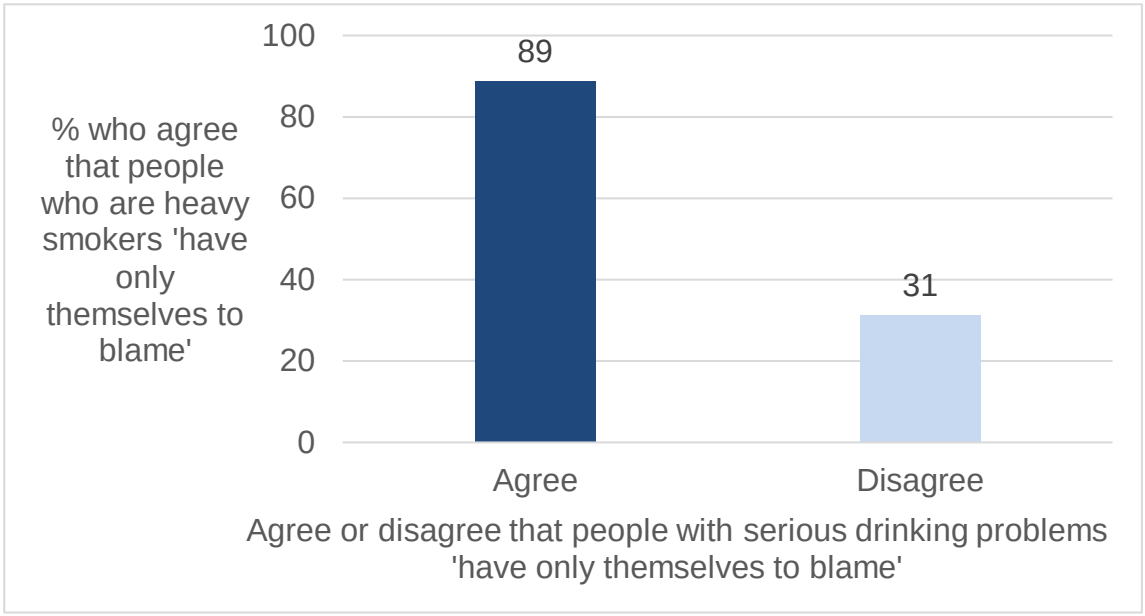
	No qualifications % agree	At least degree level % agree
Those with serious drinking problems only have themselves to blame	47	15
Those who are heavy smokers only have themselves to blame	70	42
Those who are overweight or obese only have themselves to blame	49	26

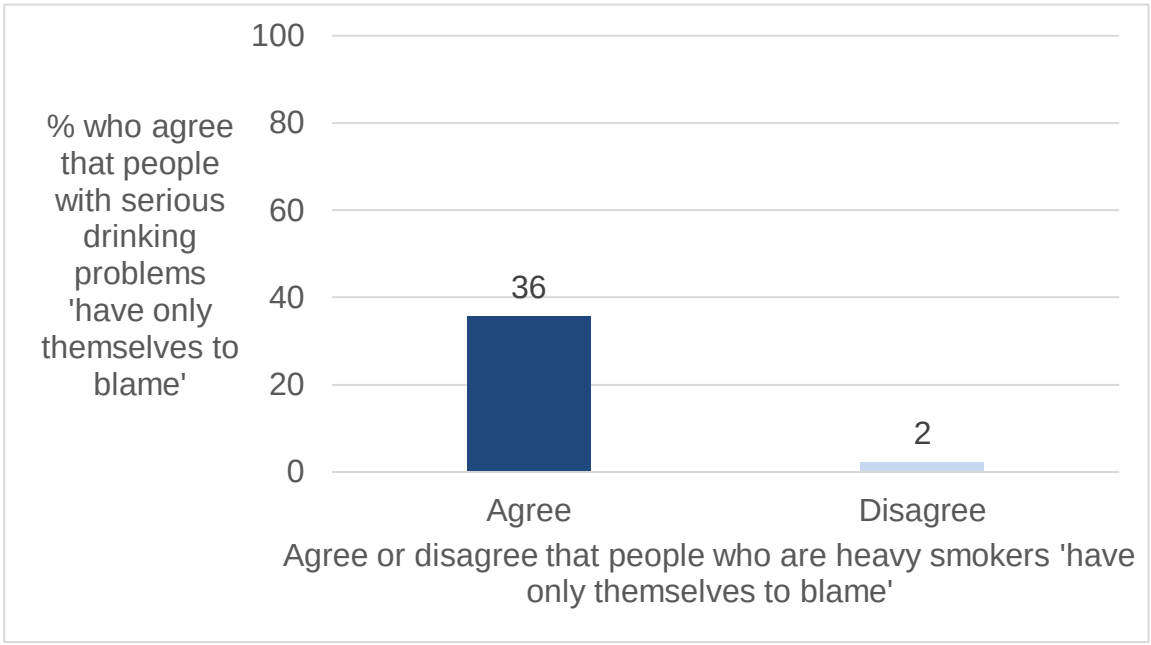
The pattern of responses to each item on personal responsibility also suggests that individual perspectives on whether people are personally to blame for problems stemming from specific health behaviours or in relation to weight are remarkably consistent. Figure 2 shows that those who agreed that people with problem alcohol use ‘have only themselves to blame’ were also more likely to feel that people who smoke heavily ‘have only themselves to blame’ when compared with their counterparts who disagreed with the sentiment relating to alcohol. 89% of those who felt people with serious drinking problems ‘have only themselves to blame’ also felt that heavy smokers ‘have only themselves to blame’. This compares to 31% of those that disagreed that people with serious drinking problems are personally to blame but agreed that heavy smokers were personally responsible.

Similarly, those who believed that people who smoke heavily ‘have only themselves to blame’ for their situation were also more likely to agree the same for those who drink heavily (36%) compared to only 2% for those who disagreed people who

smoke heavily ‘have only themselves to blame’. A similar consistency of view was also found in respect of problem drug use (see separate drug report)[48].

Figure 2: Attitudes towards personal responsibility in relation to high tobacco use and harmful alcohol use comparing those who agree people ‘have only themselves to blame’ with those that disagree, 2021/22





[48] Scottish Social Attitudes Survey 2021/22: Public Attitudes Towards People with Problem Drug Use - gov.scot (www.gov.scot)

Attitudes towards whether it is in all our interests to help people with harmful alcohol use, high tobacco use or living with overweight or obesity

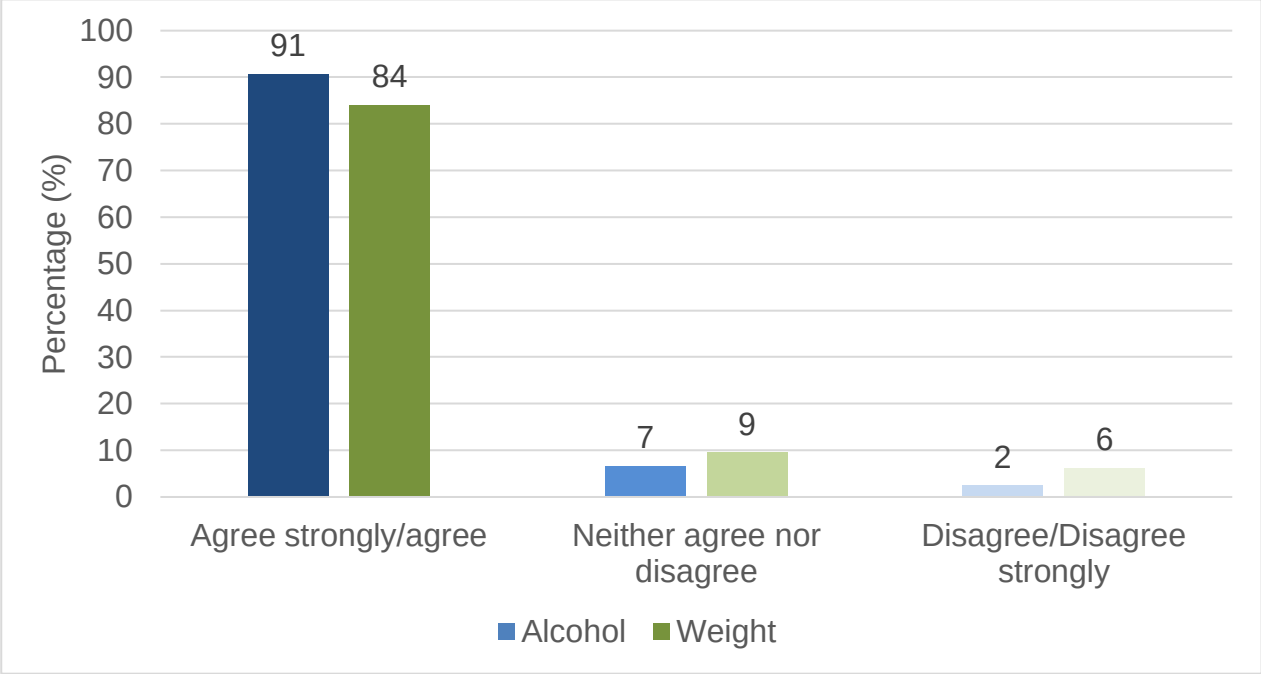
Respondents were presented with two statements designed to explore attitudes towards giving help and support to people experiencing harmful alcohol use or those living with overweight or obesity:

How much do you agree or disagree that it's in all our interests to give help and support to people who have drink problems?

How much do you agree or disagree that it's in all our interests to give help and support to people who are overweight or obese?

Figure 3 shows that large majorities are in agreement that 'it's in all our interests to give help and support to people 'who have drink problems' (91%) or 'who are overweight or obese' (84%); 7% and 9% were neutral respectively and only 2% disagreed in relation to alcohol use and 6% in respect of weight.

Figure 3: Attitudes towards providing help and support to people experiencing harmful alcohol use or who are living with overweight or obesity 2021/22



In SSA 2013 a statement was included which asked if people agreed or disagreed whether 'it's in all our interests to help people who have drink problems'. Since 2013, attitudes appear to have changed. In 2013, 64% of people agreed compared to 91% in 2021/22, 8% disagreed and 19% neither agreed nor disagreed.

Variation in attitudes between different sub-groups

Variance was observed in relation to harmful alcohol use according to whether or not the public felt that people experiencing these issues 'have only themselves to blame'. A larger proportion (96%) of those who disagreed that people with harmful alcohol use have only themselves to blame, felt that 'it's in all our interests' to help people with harmful alcohol use, compared to 79% of those who agreed that people with problem harmful alcohol use were individually responsible.

Attitudes towards who is responsible for reducing levels of overweight and obesity in Scotland

A question was asked to assess public attitudes on who should be responsible for reducing levels of overweight and obesity in Scotland. The question was accompanied by a list of answer options from which respondents were instructed to select all that apply:

Which, if any, of the following people do you think should be responsible for trying to reduce the number of people in Scotland who are overweight or obese?

Table 2 shows the most commonly-selected option was 'individuals who are overweight themselves', with almost nine in ten (88%) selecting this option. Over eight in ten (84%) said that 'parents and carers' should be responsible, seven in ten (70%) selected 'food and drink manufacturers' and a similar proportion (68%) opted for 'doctors and nurses'. Slightly fewer (64%) indicated that 'the government' should be responsible, while six in ten (60%) selected 'supermarkets and other food retailers'.

Table 2: Attitudes towards who is responsible for trying to reduce levels of overweight and obesity in Scotland, 2021/22

	%
Individuals who are overweight themselves	88
Parents and carers	84
Food and drink manufacturers	70
Doctors and nurses	68
The government	64
Supermarkets and other food retailers	60
Other	19
None	-

Weighted base 1130; unweighted base 1130

A similar question was asked in SSA 2016 survey, although some caution is advised in making comparisons due to question wording differences and a different number of options to choose from, see Appendix A. The findings are also not statistically tested. That said, the proportion who felt that individuals who are overweight themselves are responsible has remained relatively similar at 85% in 2016 and 88% in 2021/22. Meanwhile the proportion who felt the government is responsible has potentially increased from 44% in 2016 to 64% in 2021/22. The proportion who hold food and drinks manufacturers at least partly responsible has also potentially increased from 58% in 2016 to 70% in 2021/22.

Further analysis was conducted to see to what extent people felt there was both societal and individual level responsibility or just societal or just individual. The responses were grouped into:

- Only individual responsibility – those who selected just one or more of the following: “individuals who are overweight themselves”, parents/carers and/or “doctors and nurses”

- Only societal responsibility - those who selected just one or more of the following: “government”, “food and drinks manufacturers”, “supermarkets and other food retailers”, schools and the media

- Shared responsibility - those who selected a mixture of the above two types of categories

A large majority of people (78%) felt it was the responsibility of both society and individuals to reduce the number of people ‘who are overweight or obese’ in Scotland. Of the remainder, a larger percentage (16%) felt it was just up to individuals compared to 4% who felt it was just up to society.

SSA 2016 found the same large majority (78%) considered responsibility to lie at both the individual and societal level. Some change has perhaps taken place though, with an increase in the proportion who feel that only individuals are responsible (from 7% to 16%) and a decrease in the proportion who think that only society are responsible (from 15% in 2016 to 4% in 2021/22).

Variation in attitudes between different sub-groups

Some variation by different subgroups was observed. For example, the youngest age group (age 16-34 years) appear a bit more inclined to regard reduction of obesity prevalence as just a societal responsibility (10%) compared to those age 65+ years (2%).

Those from the least deprived areas felt it was a combined societal and individual responsibility (85%) compared to those from the most deprived areas (68%), with those from the most deprived areas also the group more likely to think it should just be a societal responsibility (14% compared to least deprived 1%).

Chapter 4 – Conclusions

This module of questions on the Scottish Social Attitudes Survey 2021/2022 aimed to explore levels of stigma and compassion towards people in society experiencing harmful alcohol use, high tobacco use, and people who are living with overweight and obesity. Questions also sought views on who should be responsible for helping them. As some of the questions have previously appeared on SSA surveys, we were also able to explore how attitudes have changed over time.

Since 2013, the Scottish public has become more likely to perceive harmful alcohol use as a societal rather than individual issue. The proportion agreeing that people with 'serious drinking problems have only themselves to blame' dropped from 43% to 17% between 2013 and 2021/22. The proportion of those who agreed that 'it's in all our interests to give help and support to people with drink problems' rose from 64% to 91% over the same period. This could be due to on-going work to raise awareness of the harms from alcohol and wider engagement around support available to those who need help.

Over the past two decades, Scotland has made considerable efforts to reduce smoking rates and has seen a substantial fall in smoking prevalence during this time. Smoking-related policy in Scotland has sought to make smoking less acceptable and health campaigns have focused on encouraging people who smoke to quit by publicising routes that can be used to support this. This may explain the more stigmatising views held towards those with high tobacco use compared with the attitudes towards problem drug or harmful alcohol use. The public were most likely to agree that people who smoke heavily (44%) 'have only themselves to blame' compared to 17% for people with harmful alcohol use.

It is encouraging that large majorities felt that 'it's in all our interests to give help and support to' people experiencing harmful alcohol use (91%) or people living with overweight or obesity (84%).

Views on who should be responsible for trying to reduce the number of people in Scotland who are living with overweight or obesity showed a large majority consider it is the responsibility of both individuals and society. This is consistent with the range of policies within the Scottish Government's 'A healthier future' policy plan.

There was some variation in attitudes by demographic characteristics. Those with the lowest level of educational attainment tended to consider that people 'only had themselves to blame' across all three health issues. Men viewed those with high tobacco use or those living with overweight or obesity as having 'only themselves to blame' more than women. Those over 65 years felt those living with overweight or obesity had 'only themselves to blame' more than those aged 25-34 years. Research has demonstrated that stronger beliefs that weight is controllable (the

individual is responsible) is associated with higher weight stigma attitudes[49]. This may mean that targeted efforts are required to address stigma in certain groups.

Those who held views about individual responsibility were shown to be consistent in their views across alcohol and smoking behavior, and drugs. Thus there may be some benefit across the different health issues if one area implements policy that addresses stigmatising views.

The evidence presented here can help to inform future policy direction for the Scottish Government and other organisations in Scotland which support the reduction of stigma towards people with harmful alcohol use, high tobacco use and those living with overweight and obesity. Repeating these questions in future surveys would allow us to continue to track changes in stigmatising attitudes in Scotland over time and measure the effectiveness of policy changes in these health areas.

[49] UK adults' implicit and explicit attitudes towards obesity: a cross-sectional study | BMC Obesity | Full Text (biomedcentral.com); Weight stigmatization and bias reduction: perspectives of overweight and obese adults - PubMed (nih.gov)

Appendix A - Questions

The following are the questions asked on SSA 2021/22 in relation to alcohol and tobacco use and weight:

How much do you agree or disagree that 'Most people with serious drinking problems have only themselves to blame.'?

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

How much do you agree or disagree that 'It's in all our interests to give help and support to people who have drink problems.'?

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

How much do you agree or disagree that 'People who are heavy smokers have only themselves to blame.'?

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

How much do you agree or disagree that 'Most people who are overweight or obese have only themselves to blame.'?

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

How much do you agree or disagree that 'It's in all our interests to give help and support to people who are overweight or obese.'?

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

Which, if any, of the following people do you think should be responsible for trying to reduce the number of people in Scotland who are overweight or obese?

1. Doctors and nurses
2. The government
3. Supermarkets, and other food retailers
4. Individuals who are overweight themselves
5. Food and drink manufacturers
6. Parents and carers
7. Other (SPECIFY)

The following are the questions asked in SSA 2013 in relation to alcohol use[50]:

Most people with serious drinking problems have only themselves to blame. (How much do you agree or disagree?)

1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

'It's in all our interests to help people who have drink problems.'
(How much do you agree or disagree?)
1. Agree strongly
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Disagree strongly

The following is the question asked in SSA 2016 in relation to weight:

Which, if any, of the people on this card do you think should be responsible for trying to reduce the number of people in Scotland who are very overweight, sometimes referred to by doctors as 'obese'?

1. Individuals who are very overweight (obese) themselves
2. Healthcare professionals (e.g. doctors or nurses)
3. Food and drink manufacturers
4. Schools
5. Family and friends of people who are very overweight (obese)
6. The media
7. The government
8. Supermarkets
9. Gyms or local leisure centers
10. Companies that help people diet (e.g. WeightWatchers)
11. Other

[50] A reminder that these two questions on alcohol in 2013 were asked in a self-completion section of the survey (i.e. in private on a laptop) which affects comparability to responses to the questions asked again in 2021/22 which were asked on the phone.

How to access background or source data

The data collected for this <statistical bulletin / social research publication>:

☐ are available in more detail through Scottish Neighbourhood Statistics

☒ are available in tables in accompanying documents to this report

☐ may be made available on request, subject to consideration of legal and ethical factors. Please contact <email address> for further information.

☐ cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

social research

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