Tobacco & Alcohol as Industrial Epidemics

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Content

- Framing and industry
- Harm
- Evidence
- Similarities and differences
- The North East Approach
- Impact
“If our company is to strive and prosper over the long term we must get our share of the youth market …”

***** seeking “more light users that they can move up the consumption scale”

“Today’s teenage is tomorrow’s potential regular customer”
Victim of industry promoting an addictive product

Irresponsible idiot who needs to be educated and/or punished
Reframing the problem

Both problems are wide scale health and social problems – with an environmental impact
Alcohol & Tobacco Harm

- Smoking is the primary cause of preventable illness and premature death
- Smoking is the biggest single cause of inequality in mortality
- Alcohol is the leading risk factor for ill-health, early mortality and disability amongst those aged 15-49
- Average age of death from alcohol is 54
- £1bn - cost of alcohol harm in NE
- £784m – cost of tobacco harm in NE
UK mortality trends

Figure 6: Movements in mortality 1971–2007 (Deaths per million of population)\textsuperscript{83}

![Graph showing trends in mortality rates from 1971 to 2007 for various causes including liver, diabetes, cancer, respiratory, road, heart, and stroke. The graph illustrates the percentage change from 1971 for each category.]

British Liver Trust / ONS 2009
Smoking greatest cause of health inequalities

Smokers from the highest social class have a lower life expectancy than non-smokers in the lowest social class.

Richer smokers have a lower life expectancy than poorer non-smokers.

The life expectancy between rich and poor smokers is similar.
Evidence – What Works

The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies
An evidence review
## Similarities and differences

### Tabs vs Booze

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale of problem</td>
<td>Different trends/prevalence</td>
</tr>
<tr>
<td>Addiction forming</td>
<td>Intoxication/judgement</td>
</tr>
<tr>
<td>Direct &amp; passive harm</td>
<td>Antisocial</td>
</tr>
<tr>
<td>Cost to society</td>
<td>behaviour/violence</td>
</tr>
<tr>
<td>Revenue generating</td>
<td>Public perception</td>
</tr>
<tr>
<td>Affordability key</td>
<td>Professional perception</td>
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<tr>
<td>Concern re youth</td>
<td>Policy response</td>
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</tbody>
</table>

Both cause significant preventable harm
NE EAST APPROACH
California Model

Shift social norms

Working at population level more effective than simply targeting individuals

Make products and behaviours less desirable, affordable, accessible
Changing alcohol social norms

- Education and training
- Developing and promoting evidence
- Profiling harm (JSNA)
- Informing strategy development
- Advocating change – reframing issues
- Advocacy campaigns
- PR
- Mass media
  - Inform
  - Nudge
  - Galvanise public support
Changing tobacco social norms

- Vision and leadership - 5% by 2025
- Advocacy campaigns
- Training and development
- System wide approaches e.g. Smoke free NHS
- Support for effective nicotine and tobacco regulation
- Reducing supply and demand of illegal tobacco
- Research and monitoring e.g. public opinion tracking
- Effective media and communications key
Reasons for media campaigns

- Individual behaviour change
- Right to know
- Challenging positive perceptions
- Building support for effective policies

“Advertising aims to influence not just consumption, but also to influence awareness, attitudes and social norms; this is because advertising is a system level intervention with multiple objectives.”

Alcohol advertising and public health: systems perspectives versus narrow perspectives; M Petticrew et al
“Don’t be the 1” case study

9/10 North East smokers under-estimate the 1 in 2 risk:

- Using TV, digital, PR, social media
- 7/10 smokers recalled the campaign
- 31% smokers (est 92,000 people) took a quit-related action and 125% increase in awareness of 1 in 2 risk
- Working together across media boundaries saves money - in the NE 12 localities got a campaign for average of £12k each

Karen Raine Lincoln When I first saw this advert it made me want to quit I’ve now been smoke free for 3 weeks 😊
March 1 at 1:33pm · 18
“Spot of Lunch” (2015-16)

• Seen by 1.5m adults
• 34k visits to campaign website
• 12% increase in those aware of links between alcohol and breast cancer
• ¼ said it made them feel they should cut down
• http://reducemyrisk.tv/
Measuring Impact – Smoking progress

Change in regional smoking prevalence rates (2005-2014)

North East: -9.1%
North West: -4.9%
Yorkshire and The Humber: -5.1%
East Midlands: -5.1%
West Midlands: -5.0%
East of England: -5.4%
London: -6.0%
South East: -8.1%
South West: -6.0%
England: -6.0%
# Measuring Impact – Alcohol Hospital Admissions by Region

<table>
<thead>
<tr>
<th>Area</th>
<th>2011/12-2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>-5.1%</td>
</tr>
<tr>
<td>North West</td>
<td>6.1%</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>9.6%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>8.4%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>9.3%</td>
</tr>
<tr>
<td>East of England</td>
<td>6.5%</td>
</tr>
<tr>
<td>London</td>
<td>4.2%</td>
</tr>
<tr>
<td>South East</td>
<td>6.1%</td>
</tr>
<tr>
<td>South West</td>
<td>4.7%</td>
</tr>
<tr>
<td>England</td>
<td>5.8%</td>
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</tbody>
</table>
Changing alcohol social norms at the local level

- Support to localities for Dry January – NE has double national sign up rate
A NE Public Health perspective

- Tobacco & alcohol collectively top priorities
- Economies of scale – more for your money
- Reach and Impact – Population level action
- Practical arrangements
- Strength in numbers
- Advocacy
- Credibility