

Building awareness and changing behaviour through alcohol and cancer campaigns

Lessons from running cancer campaigns in the NE of England



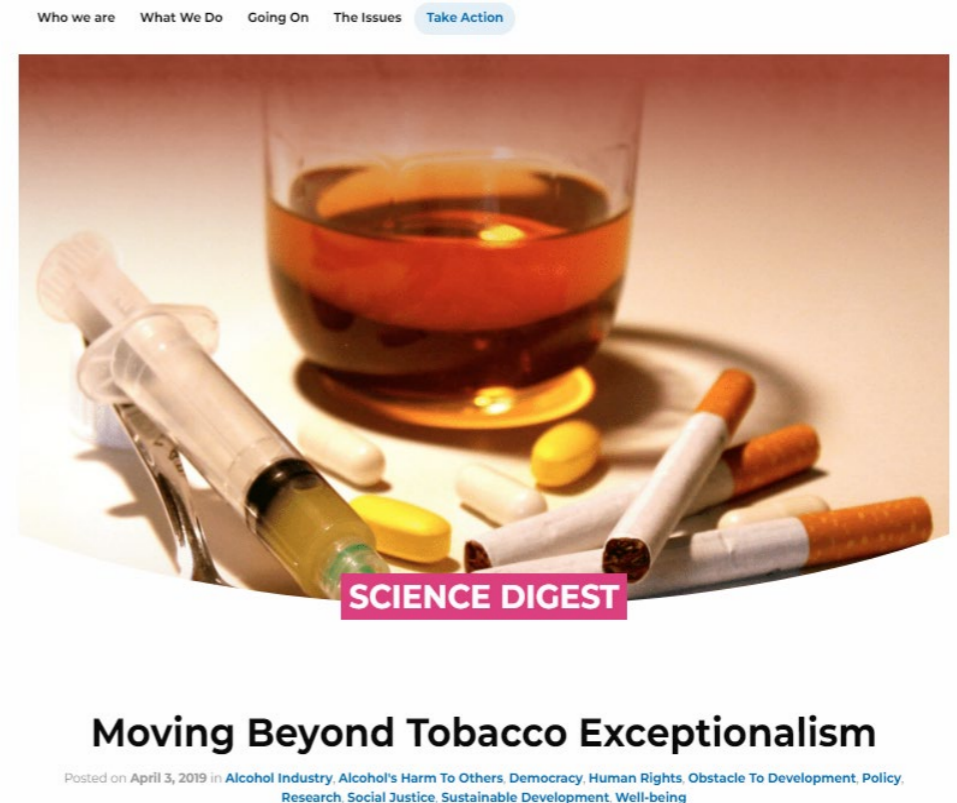
Introduction to Balance

- **Balance is a regional alcohol programme based in the NE of England**
- **The region suffers disproportionately from alcohol harms - highest rates of alcohol-related hospital admissions and deaths in England**
- **1m people drinking over low risk weekly guidelines**
- **2020 / 21 - largest increase in rate of alcohol deaths – impact of pandemic**
- **Work at population level to address these issues – learn from tobacco experience**
- **Campaigns a core part of delivery – aims = awareness raising & behaviour change**



What will this presentation cover?

- Learnings from tobacco and the evidence base around campaigns
- Tobacco, alcohol and the cancer narrative
- The Balance approach
- Can alcohol campaigns build awareness and change behaviour?



Tobacco

- Addictive product ✓
- Harmful to health/ causes 16 cancers ✓
- Cost of £12.6bn a year to UK ✓
- Industrial epidemic for profit ✓
- Industry part of the solution ✗
- Action on effective policy ✓
- Warning labels ✓
- Moderation ✗
- Widespread knowledge of health risks ✓

Alcohol

- Addictive product ✓
- Harmful to health/ causes at least 7 cancers ✓
- Cost of £27bn a year to UK ✓
- Industrial epidemic for profit ✓
- Industry part of the solution ✓
- Action on effective policy ✗
- Warning labels ✗
- Moderation ✓
- Widespread knowledge of health risks ✗



Lessons from tobacco control

- Campaigns are effective
- Hard-hitting and visceral works
- Not just about individual behaviour
- Build understanding of harm to public, partners and politicians
- Frame the problem as an addictive and harmful product – *not* about individual behaviour
- Expose industry tactics
- Tell stories of harm and hope as well as providing evidence and facts



Evidence for tobacco campaigns

“Campaigns...are important investments... to educate about harms of smoking; set agenda for discussion among community members and policy-makers; change smoking beliefs and attitudes; increase quitting intentions and quit attempts; and reduce youth and adult smoking prevalence”

“Messages concerning negative health effects are most effective at generating increased knowledge, beliefs, higher perceived effectiveness ratings, or quitting behaviour. Sufficient population exposure is vital, both in terms of campaign intensity and duration”

“Campaigns can perform optimally when there is less competition from tobacco marketing, such as price discounting and promotion of attractive tobacco imagery”

The discovery of harm - tobacco

1946

He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day. The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMEL THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine—113,997 in all—were queried in this nationwide study of cigarette preferences. These leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

The brand named next was Camel!

The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.

Your "T-Zone" Will Tell You...

T for Taste...
T for Throat...
That's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."

CAMELS

1954

LINK BETWEEN SMOKING AND CANCER

Government Acts: Tobacco Firms' Research Offer

BY OUR MEDICAL CORRESPONDENT

Two important announcements were made yesterday on the debated relationship between smoking and cancer of the lung. In the Commons the Minister of Health, Mr. Iain Macleod, said that the relationship between the two must now be regarded as established. And a group of eight leading tobacco manufacturers have already offered £250,000 for research into the true cause or causes of lung cancer.

In answer to a question by Mr. A. E. Cooper (C. Ilford South), the Minister said "It is desirable that young people should be warned of the risks apparently attendant on excessive smoking." He had been asked if he had received the advice of the Standing Committee on cancer and radiotherapy on the question of the relationship between smoking and cancer. The committee's opinion, he went on, was that there is a strong presumption that the relationship is causal. It was not, however, a simple one.

There is, in the committee's opinion, no definite evidence proving that there is an agent in tobacco smoke which causes cancer of the lung. Furthermore, the statistical evidence indicates that it is unlikely that the increase in the incidence of lung cancer is entirely due to increases in smoking. In fact, the differences in incidence between urban and rural areas and between different towns suggest that other factors, such as atmospheric pollution and occupational risks, may be operating.

If Smoking Ceased—
No immediate dramatic fall in death rates could be expected if smoking ceased, the committee says, since the development of lung cancer may be the result of factors operating over many years. Nor can any reliable quantitative estimate be made on the effect of smoking on the incidence of cancer of the lung, but it would appear that the risk increases with the amount smoked. This applies particularly to cigarettes.

The Minister said that the Standing Advisory Committee had had this matter under consideration for three years. In 1952 it set up a panel under the chairmanship of the Government actuary, Sir George Maddox, which had reviewed the available evidence. The Minister accepted, he said, the committee's view that the statistical evidence points to smoking as a factor in lung cancer, but he drew attention to the fact that there is so far no firm evidence of the way in which smoking may cause lung cancer or of the extent to which it does so. Research into the cause of lung cancer had been pressed forward by the Government and other agencies. The results of that research would determine future action.

Mr. Macleod announced that before the committee's recommendations were considered by the Government the tobacco companies had offered to give £250,000 for research. This money is to be offered to the Medical Research Council.

Warning to "Alarmists"
At a press conference attended by the Minister and Sir Harold Himsworth, secretary of the Medical Research Council, a statement was issued on behalf of the Minister saying: "In view of the public interest and concern over this question it is of very great importance that uninformed and alarmist conclusions should not be drawn from the committee's advice and that the qualifications mentioned by the committee in their advice should be fully realised."

What is already known on this matter is that there has been an increase in deaths from lung cancer in this country which began in 1918 and has continued ever since. That increase is much greater in males than in females. In 1951 the number of deaths attributed to lung cancer in England and Wales was 1,558 for males and 222 for females. In 1932 there were 11,981 male and 2,237 female deaths from this cause. The highest mortality from lung cancer in males occurred in the 60-74 age group while in females the highest rate occurred in the 75 and over age group.

Comparable increases have been reported in all countries from which reliable statistics are available. Tobacco smoking plays some part in this increase but it is certain that it cannot be the only factor since the disease occurs in non-smokers. All that can be said at present is that there is a presumption that smoking may cause lung cancer. Furthermore, although the risk of contracting the disease appears to increase with the amount smoked, particularly of cigarettes, no reliable estimate can be made of the precise effect of smoking.

1964

"All the News That's Fit to Print"

The New York

NEWS SUMMARY AND INDEX, PAGE 95

VOL. CXIII, No. 38,704. NEW YORK, SUNDAY, JANUARY 12, 1964

CIGARETTES PERIL HEALTH, U.S. REPORT CONCLUDES; 'REMEDIAL ACTION' URGED

SIX-PHASE INQUIRY ON ASSASSINATION CHARTED BY PANEL

U.S. AND BORDEAU PLEDG

Funeral Procession

By ANTHONY LEWIS

WASHINGTON, Jan. 11—The staff of the commission investigating President Kennedy's assassination has divided its job into six broad areas of inquiry. One covers every detail of Lee Oswald's activities on the day of the assassination, Nov. 22. Oswald was charged with the crime.

A second topic is the life and background of Oswald—an attempt to reconstruct his associations and ideas and psychology. Oswald's career in the Marine Corps and his stay in the Soviet Union will be handled separately as a third.

His murder in the Dallas police station will be the fourth subject, including all the controversial questions of how it was allowed to happen.

Fifth will be the story of Jack Ruby, the nightclub operator who slipped, into the police station and shot Oswald. This will be a particularly delicate subject because of possible conflict with Ruby's trial.

Study of Agencies
Finally, the staff will inquire exhaustively into the procedures used to protect President Ken-

DISCUSSES SMOKING REPORT: Dr. Luther Terry, the Surgeon General, at news conference held in Washington.

Johnson Chides the G.O.P. For Opposing His Budget

CANCER LINK CITED
Smoking Is Also Found 'Important' Cause of Chronic Bronchitis

Committee's summary of its findings, Pages 64 and 65.

By WALTER SULLIVAN
Special to the New York Times
WASHINGTON, Jan. 11—The long-awaited Federal report on the effects of smoking found today that the use of cigarettes contributed so substantially to the American death rate that "appropriate remedial action" was called for.

The committee that made the report gave no specific recommendations for action. But health officials said that possible steps might include educational campaigns, the requirement that cigarette packages carry warnings and control of advertising.

The report dealt a severe blow to the rear-guard action fought by some members of the tobacco



The discovery of harm - alcohol

- **1988: Alcohol was classified as a carcinogen by the International Agency for Research into Cancer - “conclusively demonstrated to contribute to the development of cancers of the mouth, throat, oesophagus, breast, liver and bowel”**
- **2016: UK Chief Medical Officers’ Low Risk Guidelines recognised the link:**
 - That drinking alcohol increases the risk of developing a range of cancers. The [Committee on Carcinogenicity recently concluded](#)² that ‘drinking alcohol increased the risk of getting cancers of the mouth and throat, voice box, gullet, large bowel, liver of breast cancer in women and probably also cancer of the pancreas’. These risks start from any level of regular drinking and then rise with the amounts of alcohol being drunk. This was not fully understood when the last guidelines were drawn up in 1995.
- **November 2016: Buykx et al – 12.9% of respondents, unprompted, identified cancer as a potential health outcome from drinking alcohol**

Mixed messages around alcohol

8 ways alcohol can actually be good for you

Let's start being 'glass half full', shall we?

by CATRIONA HARVEY-JENNER 7 APR 2017



Heart Benefits of Red Wine:

- Improves Total Cholesterol Levels
- Increases HDL Cholesterol
- Prevents formation of blood clots
- Prevents plaque in arteries
- Prevents heart diseases



Drinking a small glass of red wine a day could help avoid age-related health problems like diabetes, Alzheimer's and heart disease, study finds

- Chemical compound called resveratrol is found in skin of grapes and red wine



Denial and disbelief

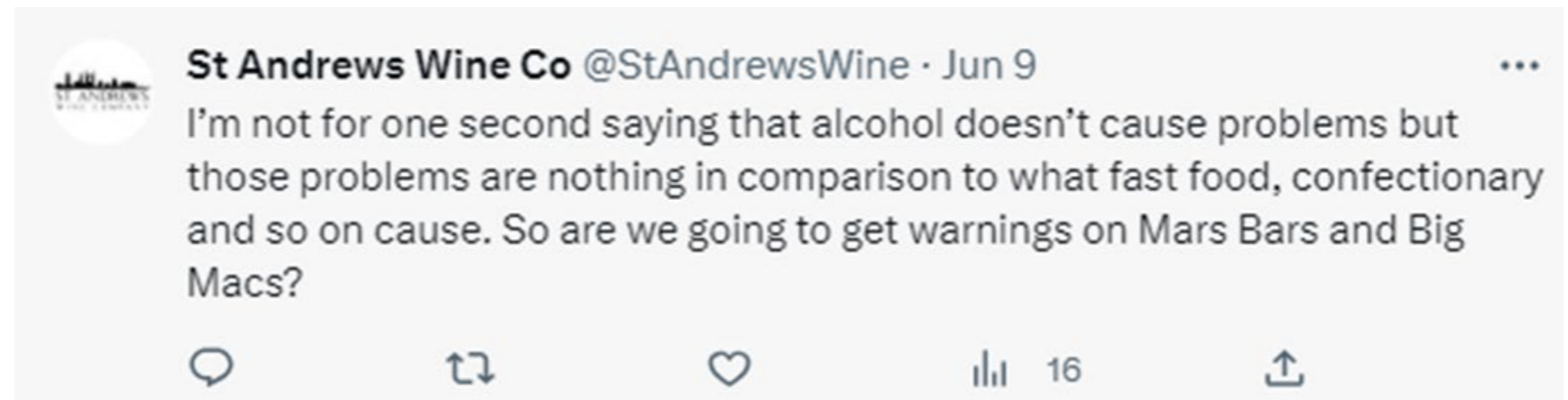
We're happy with the "at the end of the day" line, but there's an issue with "And just like tobacco alcohol is a class 1 carcinogen."

A class 1 carcinogen is anything that has been proved to cause cancer in humans. Tobacco certainly is a class 1 carcinogen, but so is bacon and sunlight. People will interpret this line to mean that drinking is as bad as smoking when it comes to cancer. There's a risk that this kind of messaging will lead to a challenge from alcohol producers, and we believe such a complaint would likely be upheld.

Kind regards,

Simon

RadioCentre clearance



Smoking and cancer



Alcohol and cancer

• This article is more than 4 years old

Warning drinkers of cancer risk could reduce consumption, survey finds

Drinkers were asked to read a number of advisory messages and say which might persuade them to drink less



• A poster by Drinkaware informing people how many units of alcohol are in each vessel.
Photograph: Courtesy of Drinkaware

Labels warning drinkers that they risk seven different forms of cancer could make some people re-think their alcohol consumption, according to a survey.

- **Global Drugs Survey studied impact of health warnings (2018)**
- **Evidence that a cancer warning could encourage people to reduce alcohol consumption**
- **3,600 people responded in the UK – 40% said it would or might affect the amount they drank**
- **People have the “right to know” that alcohol causes cancer**

The Balance approach



Any level of regular drinking increases your risk of developing cancer, including bowel, breast, throat and mouth cancer.

Reduce your risk. Go to reducemyrisk.tv
Concerned about your drinking?
Call Drinkline 0300 123 1110



Any level of regular drinking increases your risk of developing breast cancer. If you reduce your drinking you can reduce your risk.
Find out how at reducemyrisk.tv
Concerned about your drinking? Call Drinkline 0300 123 1110



Balance has run numerous alcohol and cancer campaigns since 2013:

- Graphic, visual, factual
- TV and radio led within the NE of England
- Focus on the product - not the individual
- Not about abstinence - cutting down reduces the risks

Aims:

- Raising awareness of links between alcohol and cancer (public and partners)
- Changing behaviour and encouraging people to reduce consumption
- Build up support for key advocacy goals



LIKE TOBACCO, ALCOHOL CAN CAUSE CANCER.



Any level of regular drinking increases your risk of developing cancer, including bowel, breast, throat and mouth cancer.

Reduce your risk. Go to [reducemyrisk.tv](https://www.reducemyrisk.tv)

Concerned about your drinking? Call Drinkline 0300 123 1110



Campaign evaluation November 2021

- 6/10 recalled the campaign – 7/10 saw TV
- 1/5 recalled news coverage
- 33% recalled digital and social
- 84% found it “important to have campaigns like this” and 7/10 said it caught their attention
- 1 in 3 more concerned as a result
- Almost half (47%) took action:
- 1 in 6 cut down how often they drank
- 1 in 8 cut down on volume

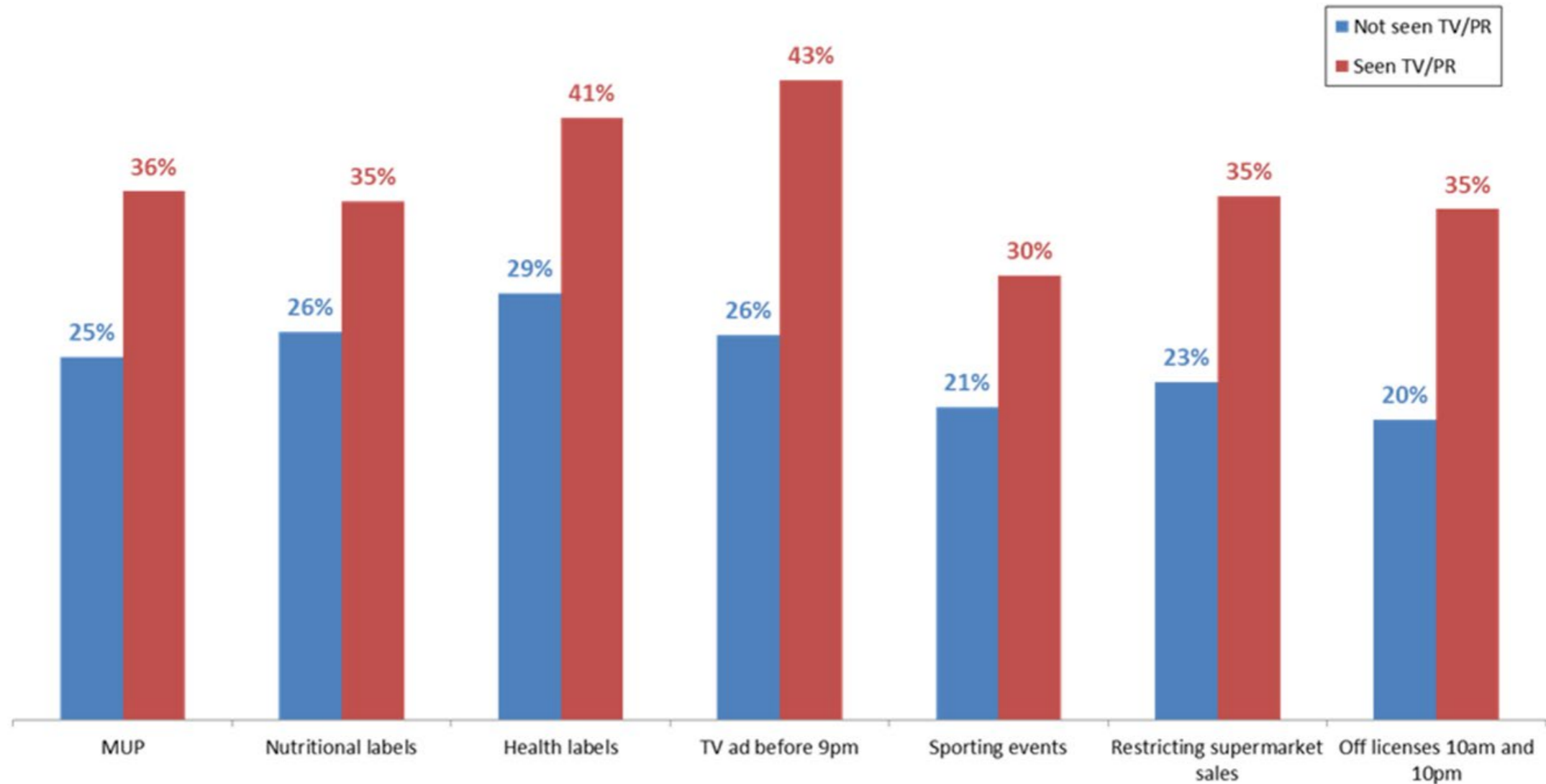


Campaign evaluation (cont.)

- **Over 1/4 who saw were more motivated to take time off alcohol for Dry January**
- **Positive impact on older and IHR drinkers**
- **Drinkers who saw were more likely to recognise link between alcohol and all cancers**
- **Hospital healthcare professionals said the campaign had made alcohol a bigger priority**
- **But nearly half felt the campaign overstates the link between alcohol and cancer**



Recall and support for advocacy measures



Base: Not seen TV or PR (223) Seen TV or PR (329)



Summary

- **Campaigns are not silver bullets – they work alongside other measures**
- **Harm is an important part of the journey – hope and practical advice also important**
- **Don't always expect people to like you!**
- **Evidence of temporary change but not long term on drinking rates – the “spring effect”?**
- **Higher awareness of risks in the NE**
- **Media channels must be tailored to our audience – TV and digital play different roles**
- **Campaigns not just about individual behaviour – they frame issue as important, build policy support, engage health professionals and counteract alcohol marketing**



Contact Us



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