

Learning from the tobacco experience in the North East of England

The need for national and international action and a Framework Convention on Alcohol Control

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Introduction to Balance

- Balance is a regional alcohol programme based in the North East of England
- The region suffers disproportionately from alcohol harms: the highest rates of alcohol-related hospital admissions and deaths in England
- 1 million people drinking over low risk weekly guidelines (14 units per week)
- 2020/21: largest increase in rate of alcohol deaths – impact of the Covid pandemic
- Work at population level to address these issues – learn from tobacco experience



The similarities and differences between tobacco and alcohol

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 ✗

Striking similarities between how the two industries operate

Lobbying: influencing government policymaking and action.

Media campaigns: to influence voting on legislation

Providing alternative solutions: to reduce the pressure for effective/enforceable legislation in favour of less-effective/unenforceable 'voluntary agreements'

Challenging unfavourable science: funding research that supports favourable results; tending to highlight benefits and omit evidence of negative effects.

Creating a positive image: corporate social responsibility; framing issues around personal choice and individual responsibility; developing 'less harmful' products

Legal challenges: to dilute, delay and derail public health policy

[Strategies to expand corporate autonomy by the tobacco, alcohol and sugar-sweetened beverage industry, BMC Journal, February 2022](#)



Both industries know the risks – and carry on regardless

“Doubt is our product, since it is the best means of competing with the ‘body of fact’ that exists in the mind of the general public”

- Brown and Williamson Tobacco Co. 1969

*A “great place to create excitement and drive recruitment is within the student community”,
- Smirnoff presentation*

*Carling agrees: a “greater focus on students
as core recruitment audience”.*



We have a global Framework Convention on Tobacco Control

First global public health treaty: “reaffirms the right of all people to the highest standard of health.”

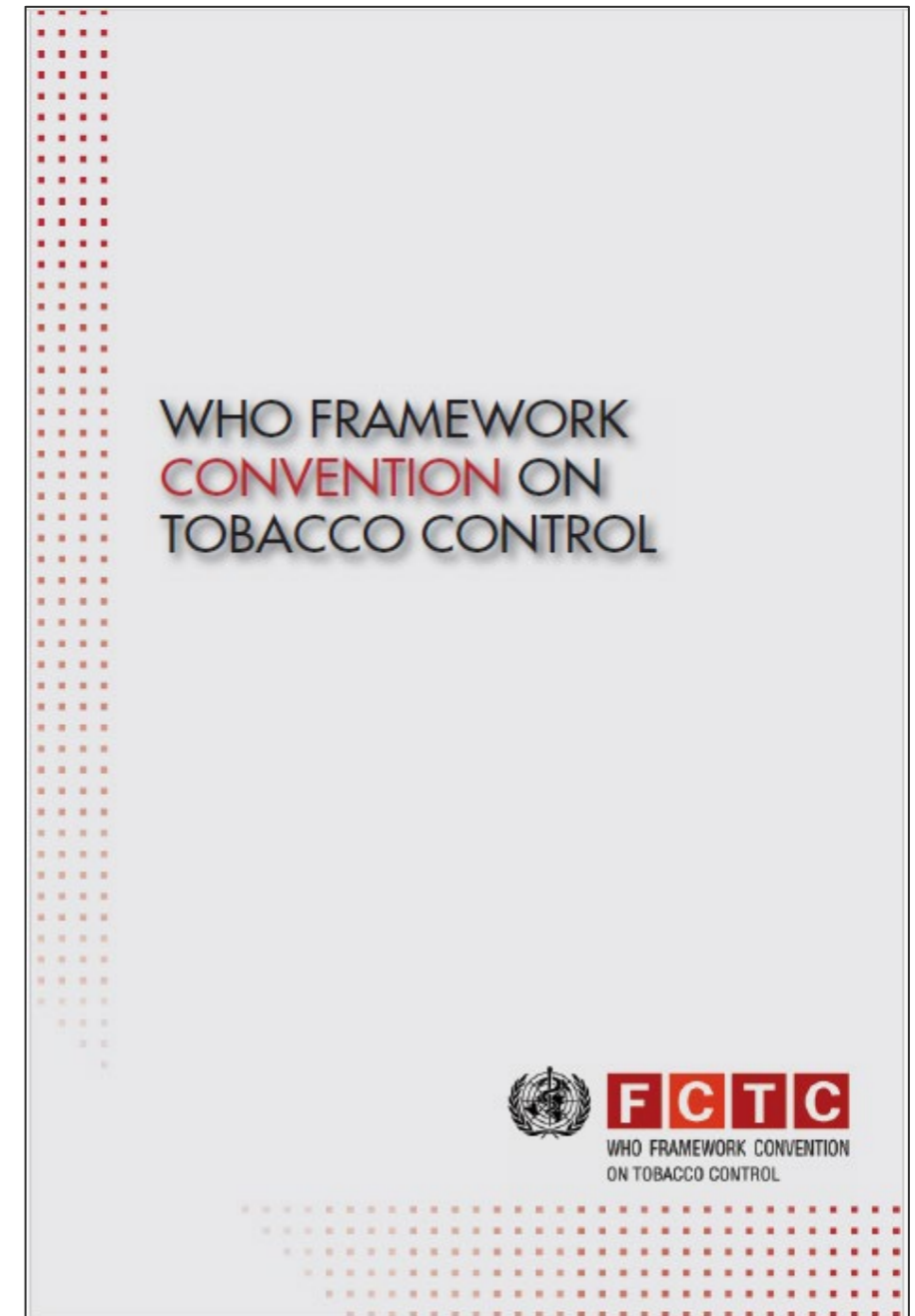
Demand-side measures including price, packaging, labelling, advertising, campaigns

Supply-side measures including illicit trade, sales to minors

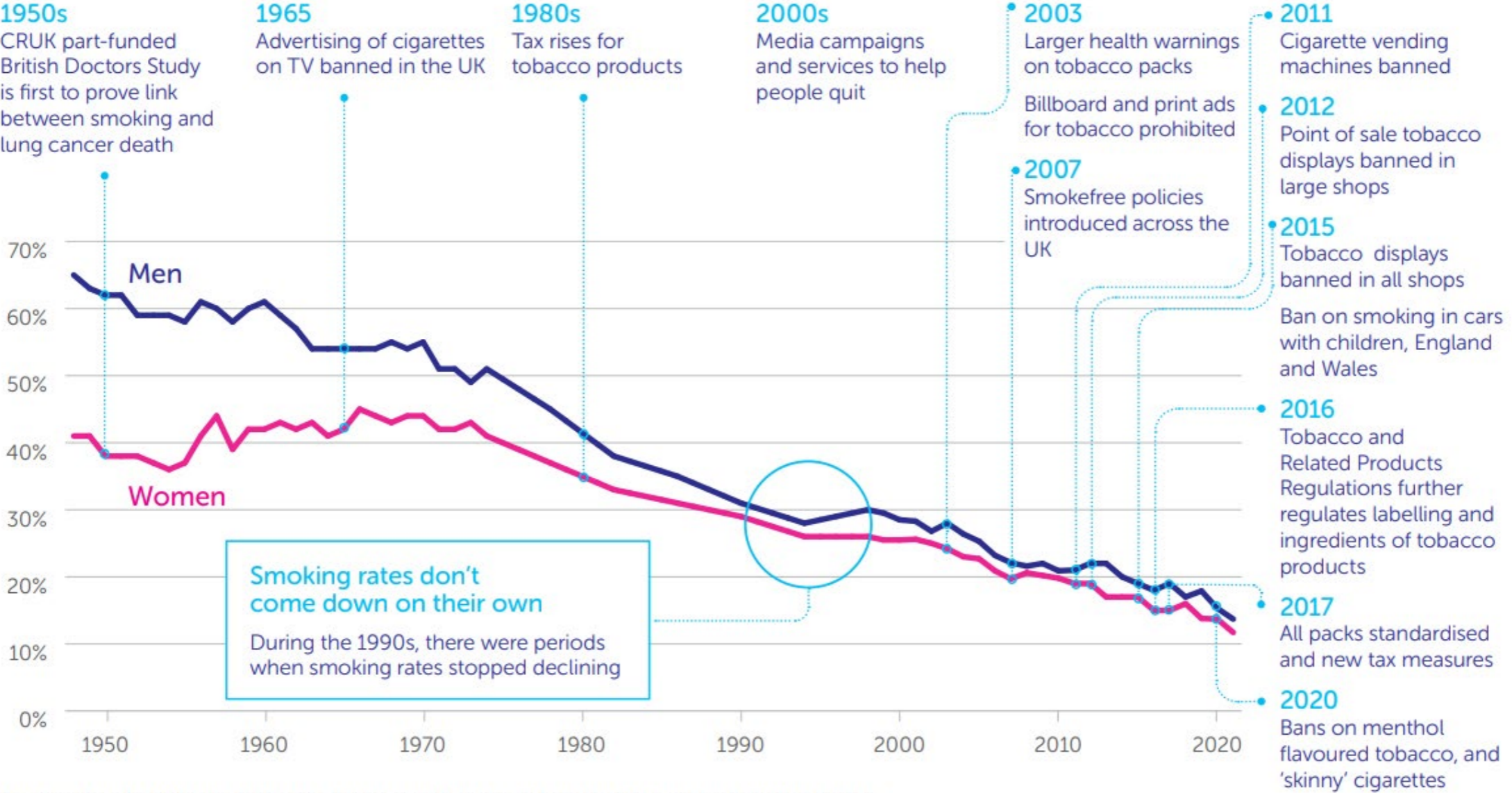
Provides framework for action on tobacco

Entered into force in 2005. Currently 183 Parties covering more than 90% of the world population.

Still more to do...



National action has led to reductions in smoking rates - (but still a long way to go...)



Sources: Data for 1948-1973: PN Lee Statistics and Computing Ltd. International Smoking Web Edition. Available from <http://www.pnlee.co.uk/ISS.htm>. Accessed December 2022. Data for 1974 onwards: Office for National Statistics. Adult smoking habits in Great Britain. Accessed December 2022.

cruk.org
Together we will beat cancer



From global to regional on tobacco: the Fresh programme

Fresh – the first (and now only) regional tobacco control denormalisation programme in UK. Funded by local authorities and NHS

Based on international evidence:

- Supporting smokers to stop
- Discouraging uptake
- Protecting from harm

Established 2005 to address the highest smoking rates in England – 29% adult prevalence

2022: 13.1% adult prevalence

Health inequalities persist – lots more to do

National ambition: to create a smokefree generation



Lack of global or national action on alcohol – the North East has the Balance programme

Balance – the first and only alcohol denormalisation programme in the UK

Established 2009

Based on the Fresh model – recognising the similarities between alcohol and tobacco (harms) – multi strand approach

Funded by local authorities

No national alcohol strategy





ACHIEVING OUR VISION



The problems we address:

POOR HEALTH/
HEALTH
INEQUALITIES

COST TO
ECONOMY

CRIME &
DISORDER

LIMITED LIFE
CHANCES

ROLE AND
INFLUENCE OF
INDUSTRY

PRODUCT
ACCEPTABILITY

OUR VISION:

A healthier, safer, happier future for all free from tobacco and alcohol harm.

OUR MISSION:

Working in partnership to lead positive social change around tobacco and alcohol.

OUR VALUES:

passionate • objective • independent • expertise
• responsive pioneering • professional • transparent
• value for money • collaborative • ethical • innovate from evidence.

Our desired achievements:

OUTPUTS:

- Number of activities delivered successfully
- Getting our messages across to politicians, partners and public

OUT-TAKES:

- Raising awareness, changing attitudes, building understanding and support

OUTCOMES:

- Changing policies, guidelines and laws
- Reducing unhealthy behaviours
- Reducing mortality, morbidity and second hand harm to help deliver a safer, healthier, more productive society

EVIDENCE INFORMED ACTIVITIES

Decreasing desirability

Building infrastructure, skills and capacity for change

Improving regulation

Protecting individuals & communities from second-hand harm

Inform and educate

We provide:

- World-class media and PR campaigns
- Training and professional development for partners
- Research and analysis solutions
- Whole system approaches to develop solutions for complex problems

Decreasing affordability

We provide:

- Advocacy campaigns
- Networks and partnerships
- National leadership and influence
- Multi-disciplinary expertise and advice

Decreasing availability

Helping individuals to reduce harm

Influencing decision making



Similar approaches needed for tobacco and alcohol – regional, national, international

Engage with stakeholders and provide strategic support

Advocate for effective policies

Deliver effective, evidence based campaigns to raise awareness of harm

Challenge the industry

Support regulation

Monitor the data and track public opinion

Reduce impact on children



Harms, harms, harms



NHS

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
 Concerned about your drinking?
 Call Drinkline 0300 123 1110

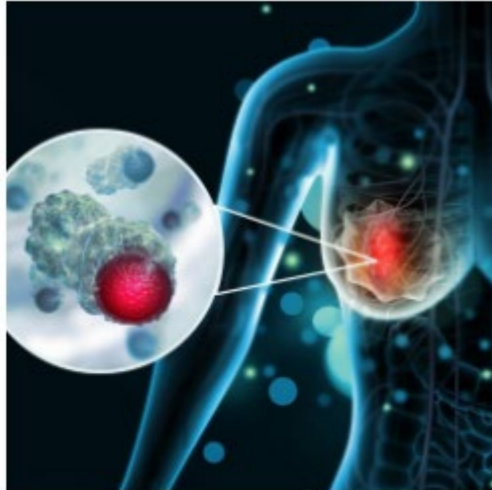
Supported by **CANCER RESEARCH UK**

BALANCE
 Getting the measure of alcohol

Alcohol causes seven types of cancer

Alcohol increases the risk of at least seven different types of cancer. The more you drink, the higher the risk.

[Alcohol causes cancer](#)



Alcohol can worsen our mental health

It's a myth alcohol helps with stress, anxiety or depression. It can make them all worse.

[Alcohol's effect on our mental health](#)



ALCOHOL CAN CAUSE AT LEAST 7 TYPES OF CANCER INCLUDING BREAST CANCER.

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

breast cancer now

BALANCE
 Getting the measure of alcohol



ALCOHOL CAN CAUSE 7 TYPES OF CANCER.


Reduce your drinking. Reduce the risk.



A couple of drinks a night can harm your health

It's not just heavy drinkers at risk. Find out more about alcohol units to keep risks low.

[Units](#)




Key outcomes from the Balance programme

Increased awareness of health harms

High levels of public support for national policies

Emerging behaviour change

Effective engagement with key partners

****These outcomes could be so much bigger if there was national action on alcohol****



Key messages

Tobacco harms are recognised globally – alcohol harms need to be similarly recognised.

WHO FCTC covers vast majority of global population – we need to move towards a Framework Convention for Alcohol Control.

We've had success with tobacco (still more to do...) - tobacco denormalisation evidence base needs to be more fully utilised within alcohol denormalisation.

Action is needed at all levels – local, regional, national and international.

“Alcohol policy makers may look to tobacco control, and the range of policy measures implemented in this area, as a source of effective and justifiable regulatory approaches (eg on pricing, promotion and availability) and a basis for global level action approximating the FCTC.”

[Dr Benjamin Hawkins, London School of Hygiene and Tropical Medicine](#)



For more information

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www.fresh-balance.co.uk

www.reducemyrisk.tv

www.fresh-quit.co.uk

@BalanceNorthEast

@FreshSmokeFree

