Symposium on the Commercial Determinants of Mental Health

29 September 2023, 13:00 - 16:00

Welcome and introductions

Dr Peter Byrne

Joint Clinical and Strategic Director

RCPsych Public Mental Health Implementation Centre

Housekeeping

- Audio/video recording – the event will be livestreamed, recorded and shared on the PMHIC website (following the event)

- Photography – a photographer will be onsite to take photos of the speakers and the audience

- Toilets are located on Level 1 and on the ground floor (accessible via lift)

- Room 1.1 (adjacent to the main auditorium) has been allocated as a Quiet Room

- Fire alarm – in case of a fire alarm, please follow a member of staff to be ushered to a safety haven

Time	Speaker	Affiliation	Topic
13.45-14.00	Dr Peter Byrne and Professor Mark Petticrew	PMHIC and LSHTM CDRG	Welcome The Commercial Determinants of Mental Health: where to start
14.00-14.15	Professor Mark Petticrew	LSHTM CDRG	Commercial Determinants of Health, the cross-industry playbook and mental health
14.15-14.30	Dr May van Schalkwyk	LSHTM CDRG	Moving from products to producers: understanding the gambling and pharmaceutical industries as commercial determinants of mental health
14.30-14.45	Dr Peter Rice	Institute of Alcohol Studies / Alcohol Health Alliance	Commercial Interference in Health Improvement: Why the Scottish Parliament wanted Minimum Unit Price for Alcohol and why there was five years delay in implementation
14.45-15.00	Hazel Cheeseman	Action on Smoking and Health (ASH)	Tobacco and vaping industries
15.00-15.10	**Break**		
15.10-15.25	Alfred Slade	Obesity Health Alliance	The role of industry in our broken food environment
15.25-15.40	Dr Emma Lawrence	Imperial College London/Climate Cares	The deep interconnections between the climate crisis, climate action, and mental health determinants
15.40-16.00	Dr Peter Byrne and Professor Mark Petticrew	PMHIC and LSHTM CDRG	Thank you and closing remarks

X/Twitter

- We will be live tweeting this event
- Please use the following Twitter Handles for any tweets during the event:

  @rcpsychPublicMH

  @rcpsych #PMHIC

  @rcpsych #CDoMH

- We encourage use of X/Twitter and social media throughout the event
- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission

Thank you!

WHERE TO START?

- DEATH (AN AGREED OUTCOME IN PH).. <u>YEARS OF LIFE LOST</u> IN PEOPLE WITH MH CONDITIONS. WHY?

- INTERACTING PHYSICAL HEALTH RISK FACTORS, INEQUALITIES, INTERSECTIONAL DRIVERS OF HEALTH

- IN 30 YEARS, WHY HAVE WE MADE SO LITTLE PROGRESS ON SOCIAL DETERMINANTS OF HEALTH?

- RISK OPPROBRIUM AS AN ADVOCATE OF EVIDENCE-BASED PUBLIC HEALTH A.K.A "THE NANNY STATE"

- WORKED EXAMPLES: OHID (3 SLIDES), A CDOMH APPROACH: CALL OUT THE BAD ACTORS, MAKE CHANGE

- GOING TO SHOW YOU COMPLEX MODELS TO MAKE A PLEA FOR SIMPLICITY: FOLLOW THE MONEY
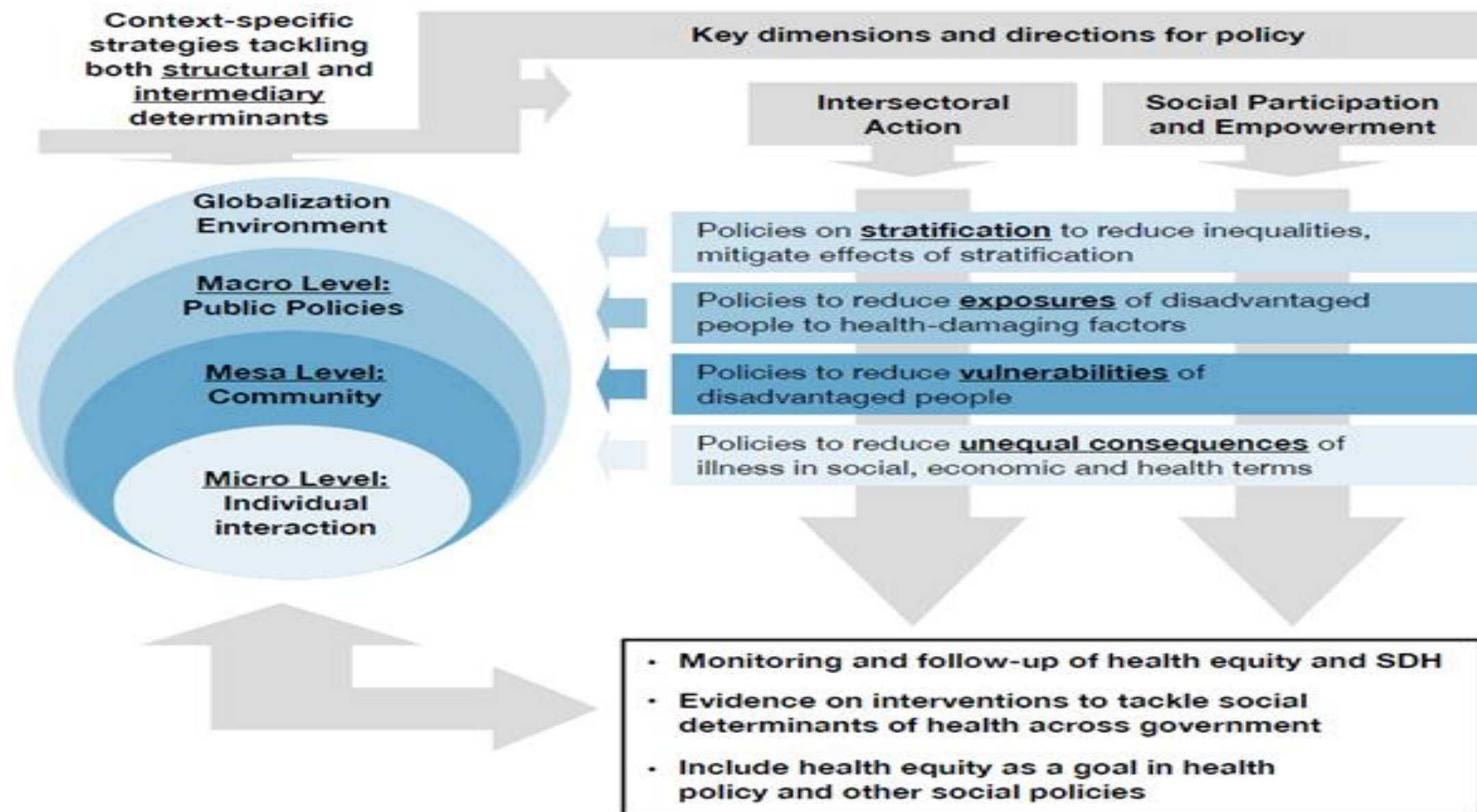
- 5 WAYS TO PREVENT SUICIDE THAT LINK TO CDOMH.

REFRAME AS YEARS OF LIFE LOST (STOLEN YEARS)

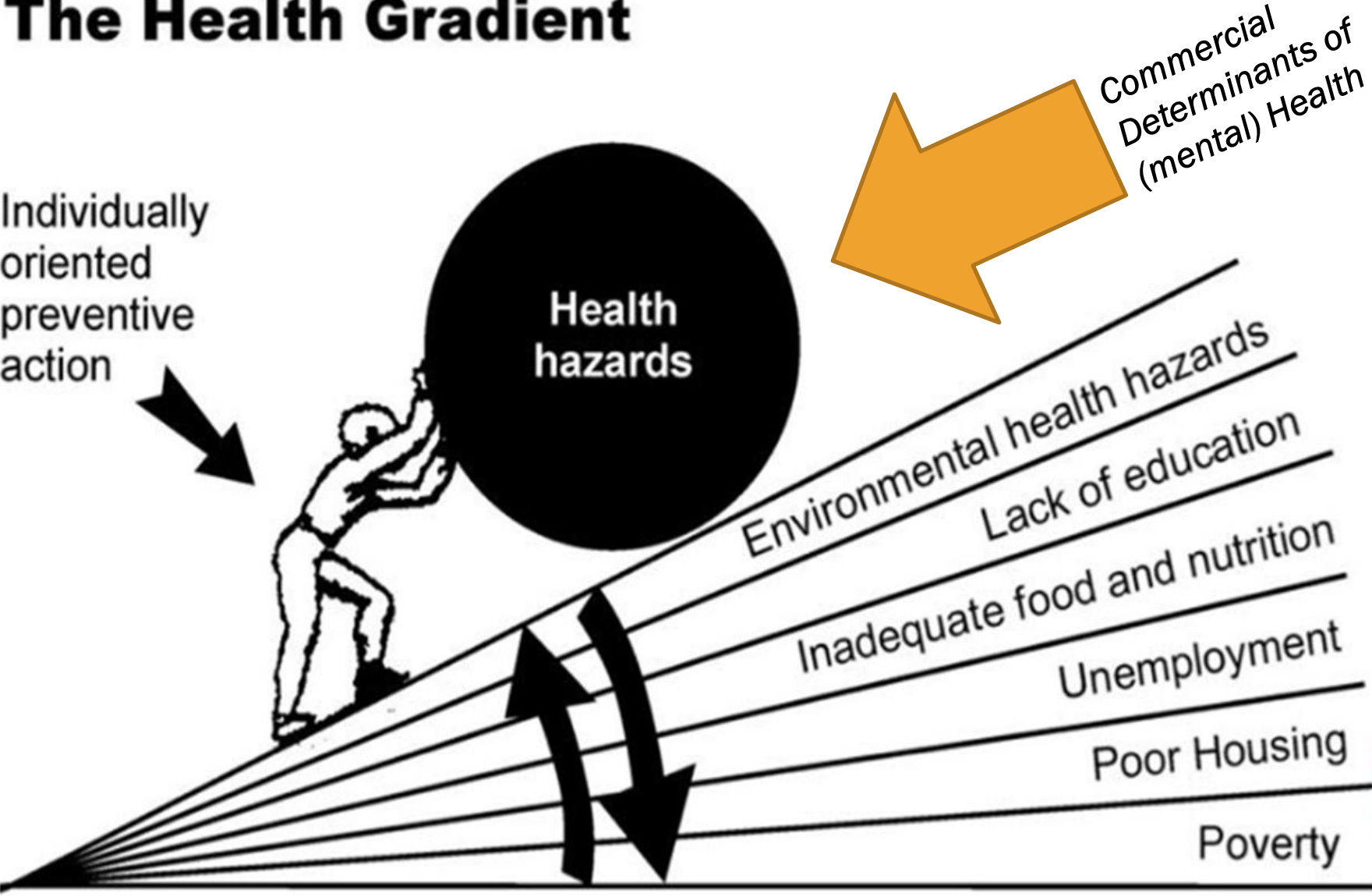Olson 2015: US study, 35 states, 1.14m <u>insured</u> people with schizophrenia

- 38.3 years from suicide (more likely in first five years of illness – therefore ↑ years of life lost)

- 29 years from liver diseases

- 27.3 diabetes

- 25.6 ischaemic heart disease

- 24.9 stroke, and

- 24 years from <u>each</u> of COPD and lung cancer

Study authors		Chang et al, 2011; south London GP	TK Laursen et al, 2013: – Scandinavia case register study of ppl with ANY service contact – some NOT be in treatment		
Subjects (n=)		32,164 *GP	66, 088 schizophrenia + 39,375 bipolar		
Location		London	Denmark	Finland	Sweden
Schizophrenia	Men	14.6	20	17.1	18.9
	Women	9.8	16.5	15.6	16.9
Bipolar	Men	10.1	16.5	15.5	16.9
	Women	11.2	11	16.2	12.6
Substance use	Men	13.6	NA	NA	NA
	Women	14.8	NA	NA	NA

Figure B. Framework for tackling SDH inequities

Context-specific strategies tackling both <u>structural</u> and <u>intermediary</u> determinants

Key dimensions and directions for policy

Intersectoral Action

Social Participation and Empowerment

Globalization Environment

Macro Level: Public Policies

Mesa Level: Community

Micro Level: Individual interaction

Policies on **<u>stratification</u>** to reduce inequalities, mitigate effects of stratification

Policies to reduce **<u>exposures</u>** of disadvantaged people to health-damaging factors

Policies to reduce **<u>vulnerabilities</u>** of disadvantaged people

Policies to reduce **<u>unequal consequences</u>** of illness in social, economic and health terms

- **Monitoring and follow-up of health equity and SDH**
- **Evidence on interventions to tackle social determinants of health across government**
- **Include health equity as a goal in health policy and other social policies**

The Health Gradient

Individually oriented preventive action

Health hazards

Commercial Determinants of (mental) Health

Environmental health hazards

Lack of education

Inadequate food and nutrition

Unemployment

Poor Housing

Poverty

Source: adapted from Making Partners: intersectoral action for health.

Condition specific deaths and excess deaths

Conditions specific breakdown - premature and excess premature mortality in adults with SMI
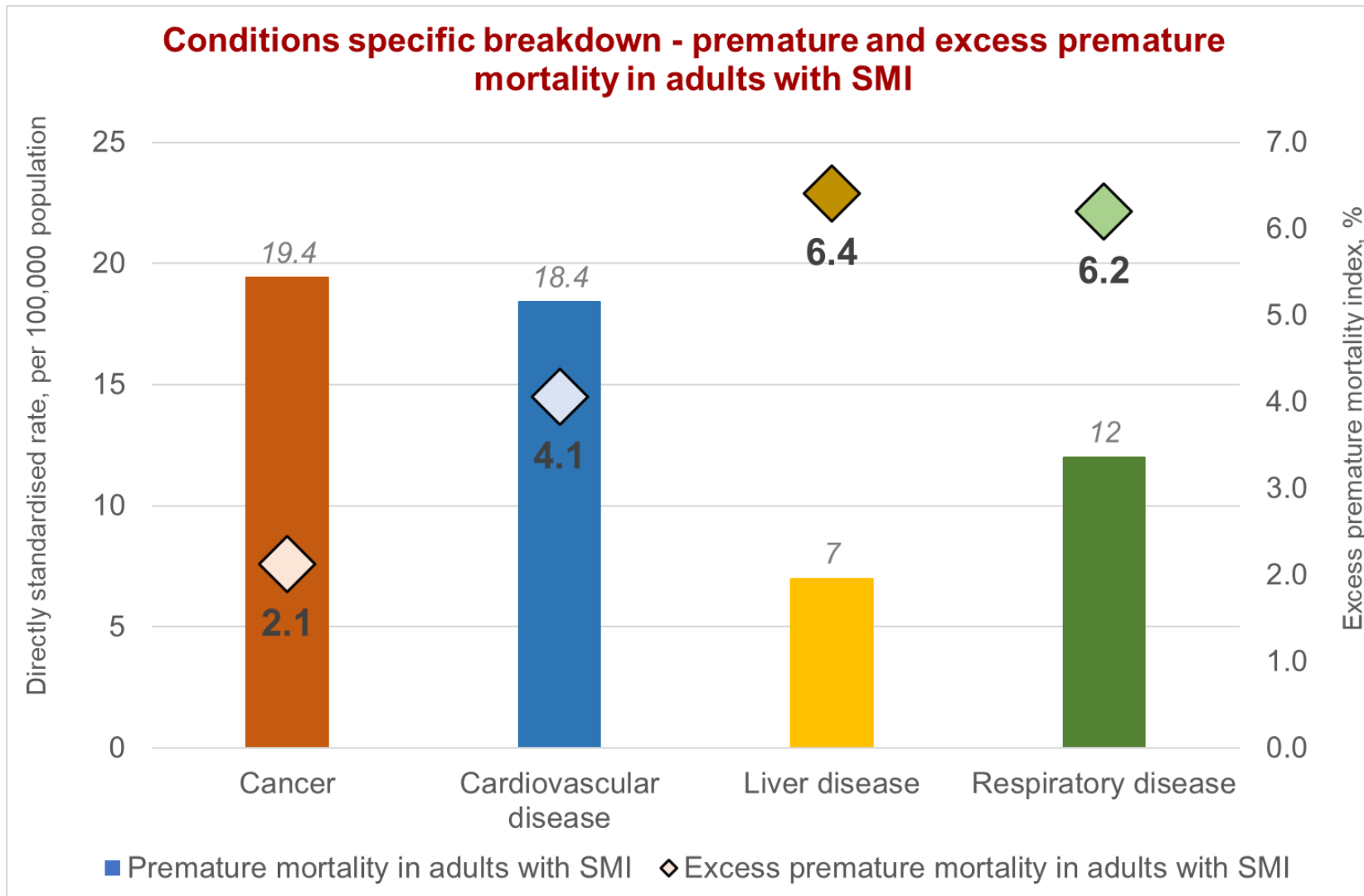
Premature deaths from liver disease and respiratory disease in adults with SMI occur at over 6 times the rates seen in adults without SMI.

People with SMI are more likely to have one or more physical health condition than those without SMI.

Those aged 15 to 34 with SMI are around 5 times more likely to have 3 or more physical health conditions than those without SMI.

For data go to SMI profile

Map of factors influencing premature mortality

Legend
- – – – – Opposite
- ● Outcome
- ● Primary cause
- ● Secondary cause
- ● Social
- ● Structural/ services
- ● Interventions/ approaches

An interactive version can be viewed at:
https://nickcavill.kumu.io/factors-influencing-premature-mortality-among-people-with-severe-mental-illness

Office for Health Improvement and Disparities
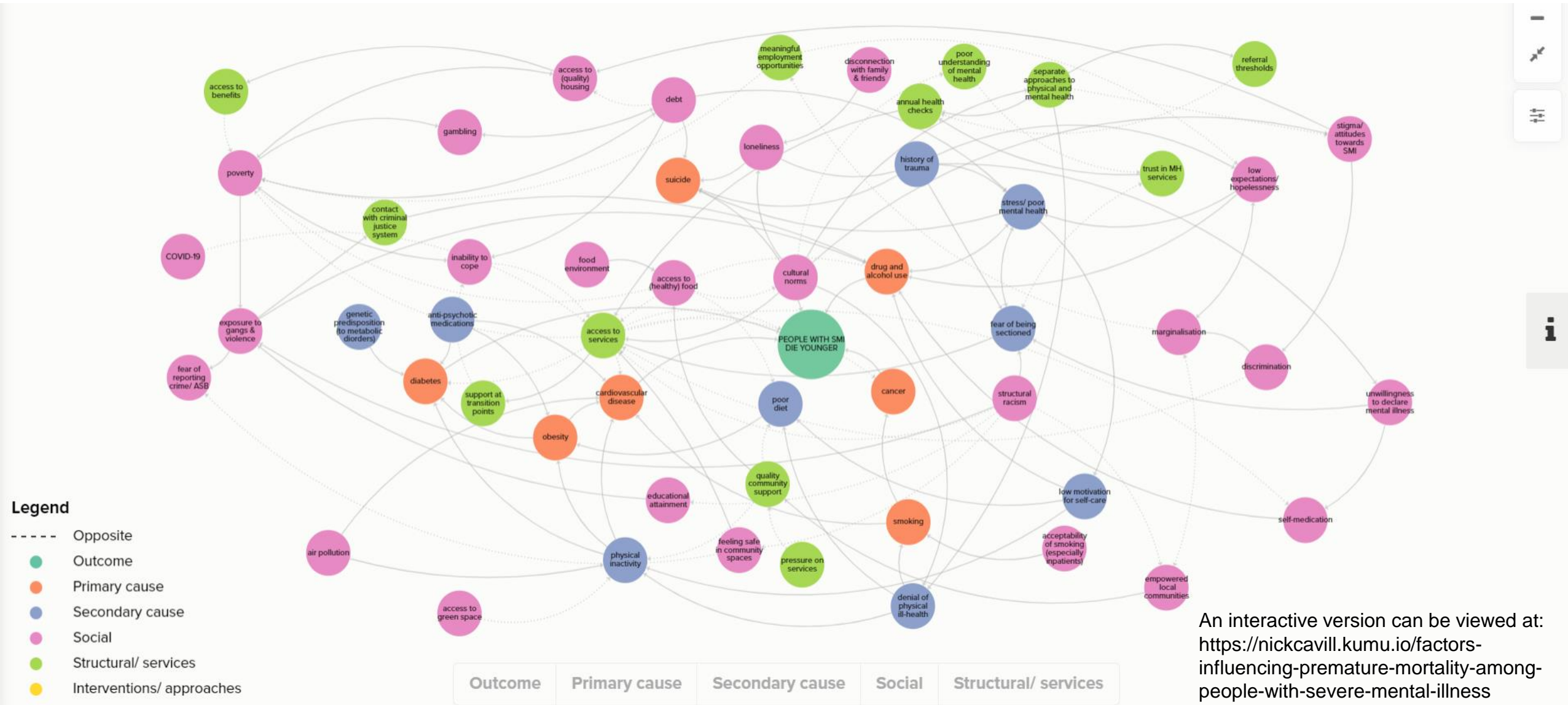
CAUSAL PATHWAY OF SMI PREMATURE MORTALITY

STRUCTURAL FACTORS
- Policy, legislation, social protection
- Socioeconomic & environmental factors
- Cultural & social values inc. racism, stigma

SOCIAL & WELLBEING FACTORS
- Employment, housing, financial security
- Social inclusion & community resilience
- Peer and family support
- Lifecourse factors* e.g. ACEs, abuse

SERVICE LEVEL FACTORS
- Access to prevention services
- MH treatment service access and outcomes*
- Integrated & continuity of care
- Workforce capacity & capability

INDIVIDUAL FACTORS
- Mental wellbeing
- Health behaviours & addictions
- SMI Disorder-specific issues*
- Medication impacts*

MECHANISMS
1. Economic, physical, social, cultural and environmental barriers prevent those with SMI to thrive
2. Services not meeting needs of those with SMI
3. Reduced capability, opportunity and motivation to maintain health and wellness

IMPACT ON MORBIDITY
1. Onset and worsening of physical health conditions
2. Worsening of SMI
3. Worsening social conditions and wellbeing

IMPACT ON CAUSES OF DEATH (Proportion of total)
1. Cancer (19%)
2. Cardiovascular disease (18%)
3. Liver disease (7%)
4. Respiratory disease (12%)
5. Other conditions (44%)

Office for Health Improvement and Disparities

Mental wellbeing = sense of coherence and control, self efficacy, motivation, problem solving
Health behaviours = substance misuse, nutrition, physical activity, sexual & reproductive health, gambling, self harm;
MH=Mental Health; **SMI**=Severe Mental Illness   *not in scope

Seven drivers of Premature Mortality in people with severe mental illness. (SMI)

Smoking

Direct cause of cardiovascular diseases
& chronic obstructive lung disease (COPD)
#1 preventable cause of cancer

Alcohol excess / dependence

Excess = weekly consumption above 14 units
associations with accidents, hypertension etc
major preventable cause of cancer

Inequalities worsen health effects

Risk taking behaviours

Accidents, violence (to / by)
sexually transmitted infections
e.g US hepatitis rates are 1% in the
general population; 20% in SMI (x)

Poverty-Inequality

e.g.
Chronic stressors: food/fuel poverty, housing insecurity
Specific: Adverse Childhood Experiences, bullying

Obesity-Diabetes

= unhealthy diet + low levels exercise
Inequalities drive childhood overweight
Hidden effects e.g. "diabetes in the liver

Substance misuse

(nicotine and cannabis as gateway drugs)
Organ damage higher if liver impairment
Interactions with prescribed medication

Prescribed / Illegal Opioids

Strong links to poverty – taken for
chronic pain despite lack of efficacy;
most deaths are due to respiratory arrest

Obesogenic prescribing

Antipsychotics (APs), antidepressants,

mood stabilisers; polypharmacy; excess or
inappropriate use: e.g. APs in intellectual
disability, personality disorder & dementia
in the absence of psychotic symptoms

A is for Alcohol

Alcohol is the most widely used substance in the UK. Current guidelines recommend <14 units a week over >3 days, but any amount is harmful to physical and mental health and it increases violence and suicide.

Cost: 100 UK deaths every day: 26 alcohol-specific, 70 alc-related. Costs to UK healthcare £8.1b / year

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Public Mental Health
Implementation Centre

Cameron, 2012: (on MUP): "sometimes it's more important to do the right thing than the popular thing"

"We have to tackle the scourge of violence caused by binge drinking... And that means coming down hard on cheap alcohol."

The Government's Alcohol Strategy, 2012

How ministers 'caved into the alcohol lobby': 130 meetings with supermarkets and drinks firms - then they shelved plan for minimum alcohol price

- **Former health minister Anna Soubry met with Heineken to discus policy**
- **Health Secretary Jeremy Hunt discussed options with Asda chief executive**
- **Policy to target cheap alcohol was abandoned in July**

By DANIEL MARTIN FOR THE DAILY MAIL

PUBLISHED: 23:28, 8 January 2014 | UPDATED: 12:58, 10 January 2014

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View comments

Campaigners have accused ministers of caving in to pressure from the drinks and supermarket industries to drop plans to impose a minimum price for alcohol.

David Cameron had pledged to target cheap alcohol, saying a minimum price of 40p per unit could mean 50,000 fewer crimes and save 900 lives by the end of the decade.

The Prime Minister even acknowledged the policy would not be popular, but insisted the responsibility of being in government meant doing 'the right thing' rather than the popular thing.

However, the policy was abandoned in July, with the Government claiming there was not enough evidence minimum pricing would be effective without penalising responsible drinkers.

Now an investigation has found industry lobbyists had at least 130 meetings with ministers and officials in the run-up to the u-turn

STALLING UK LIFE EXPECTANCY, FALLING IN POOREST

- Institutionally slow release of data from OHID (formerly PHE): 2020 fingertips

- ONS (Office of National Statistics) released England mortality data to January 2023:

- Mortality: 769 / 100K least deprived areas…. 1430/ 100K most deprived areas

- Mortality: 1079 / 100K higher earners…. 1884/ 100K long term unemployed

- (Largest ethnicity differences in Diabetes deaths: Bangladeshi 422 versus 119 white)

- Analysis per BMJ 2023; 382: p2011: COPD, then lung cancer & asthma <DIFFS++>

- Two are caused by, with asthma made worse by smoking: WHY still this bad?

➢ Do we present Death Graphs in a way to engage ppl and change the systems?
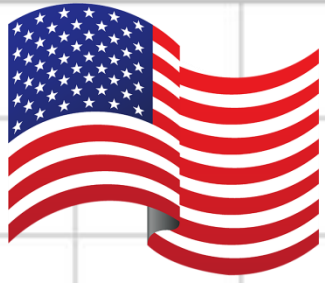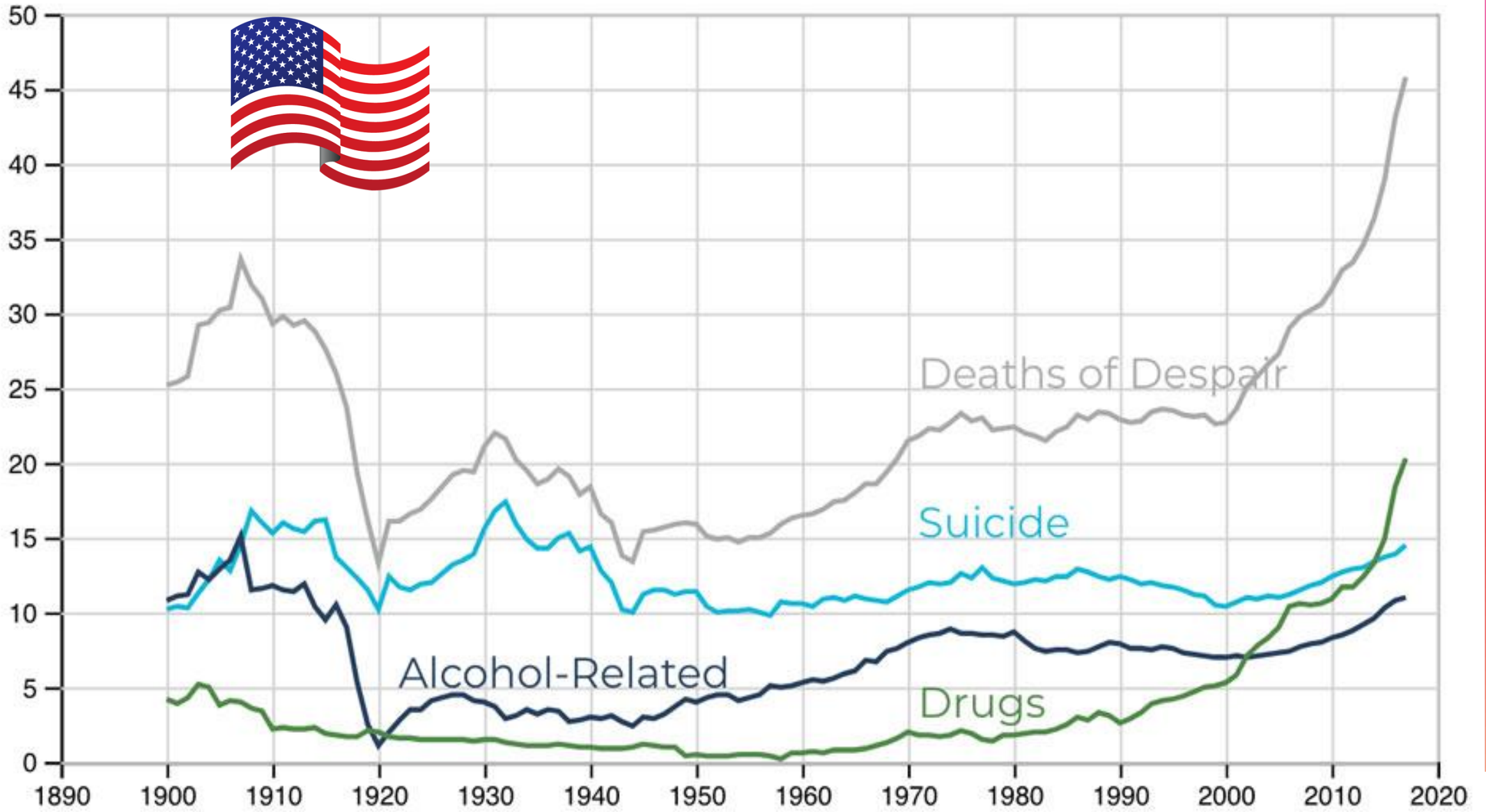
The other epidemic

United States, drug overdose deaths*

By year, '000

Fentanyl and synthetic opioids

Prescription opioids

Heroin

Cocaine

Methadone

1999   2005   10   15   20†

50
40
30
20
10
0
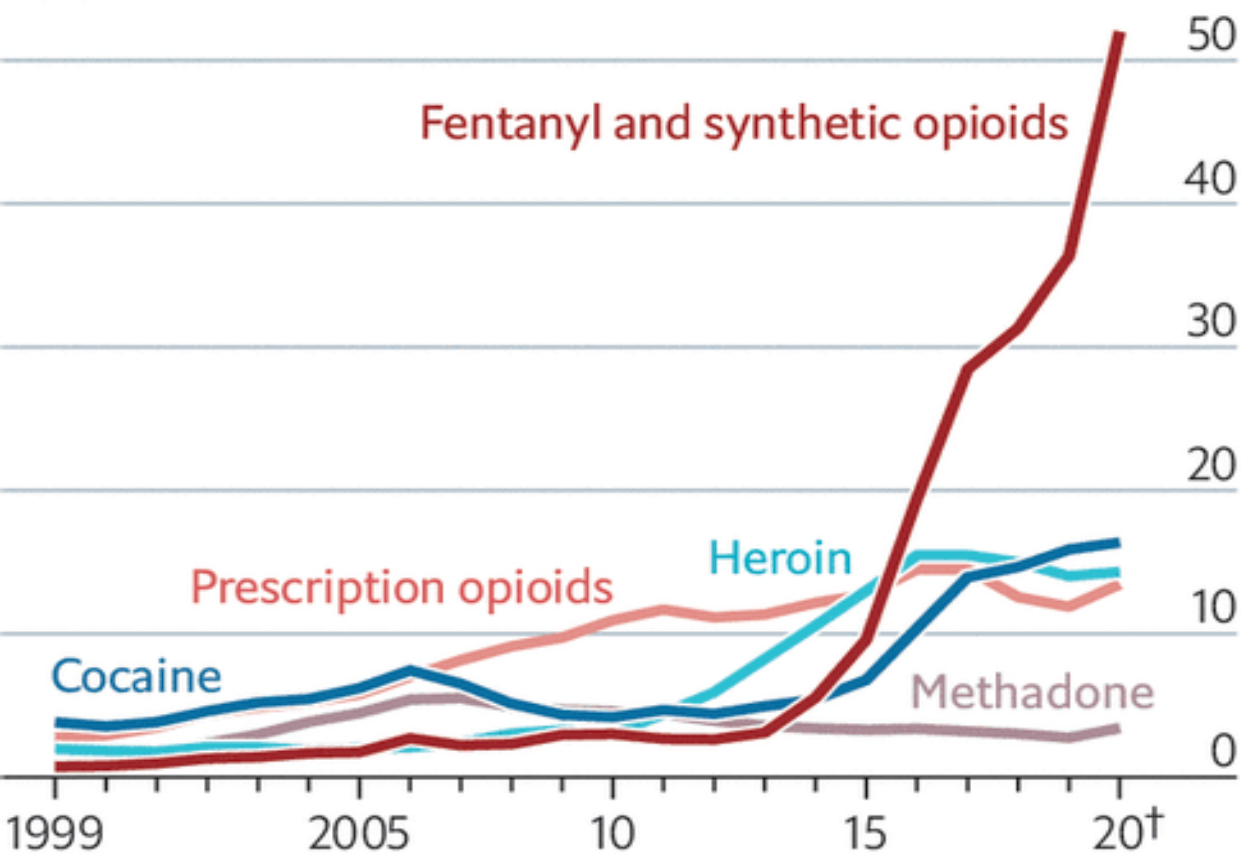
By state, 2020†, % change on a year earlier

1.4   10   20   30   40   50   61.4

AK

WI

ME

VT   NH

WA   ID   MT   ND   MN   IL   MI   NY   MA

OR   NV   WY   SD   IA   IN   OH   PA   NJ   CT   RI

CA   UT   CO   NE   MO   KY   WV   VA   MD   DE

AZ   NM   KS   AR   TN   NC   SC   DC

OK   LA   MS   AL   GA

HI   TX   FL
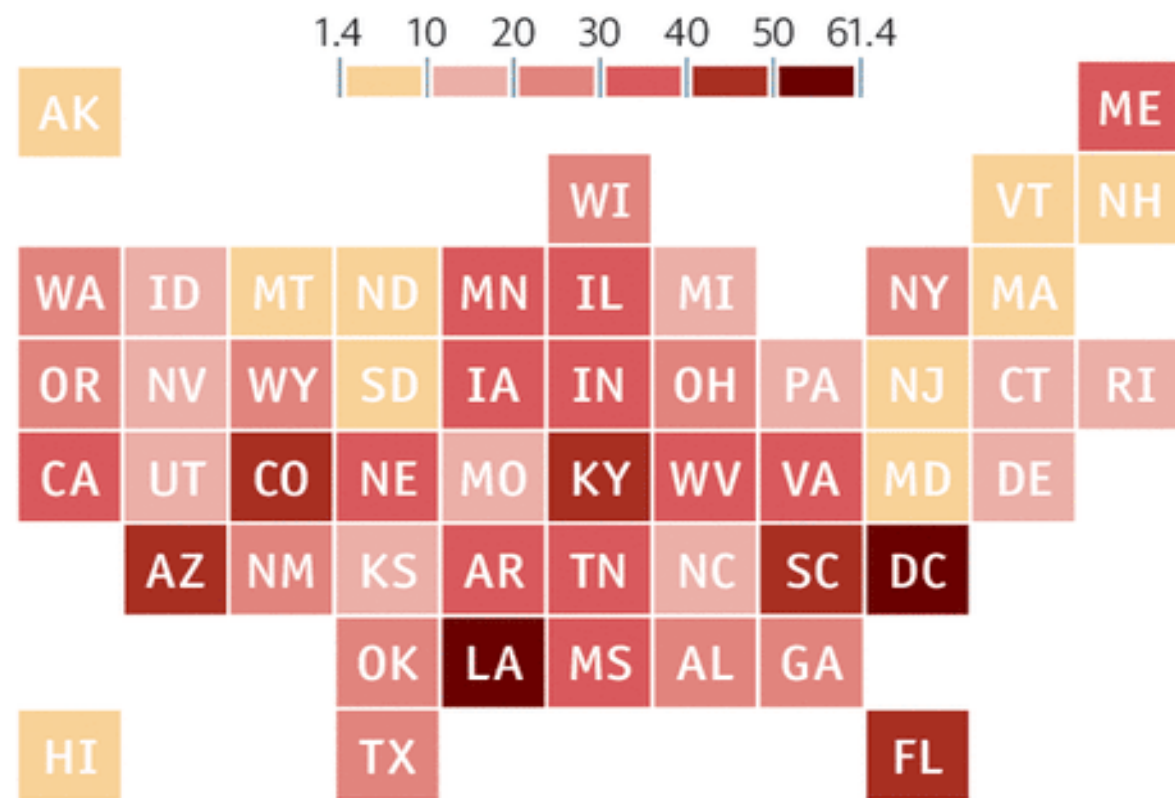
*Deaths involving multiple opioids counted in each category
†12-month ending August 2020, predicted

The Economist

Big Pharma: 1% of RCPsych Income
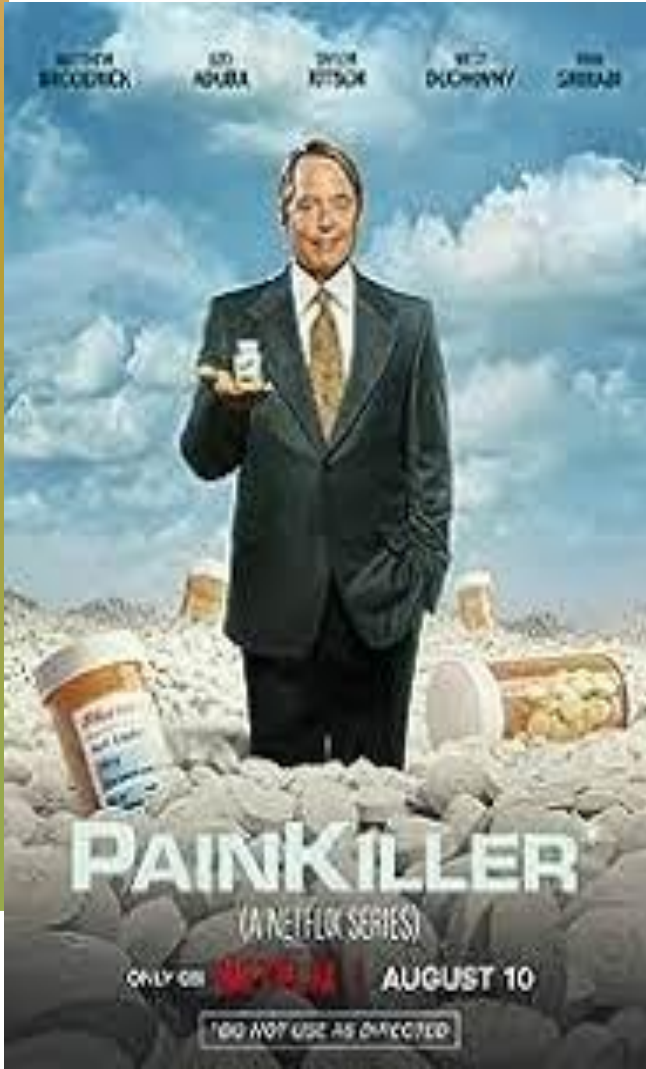
Unhealthy commodity industries (UCIs): Big Tobacco, drinks / hospitality, processed foods, sugar sweetened beverages, Big Tech…
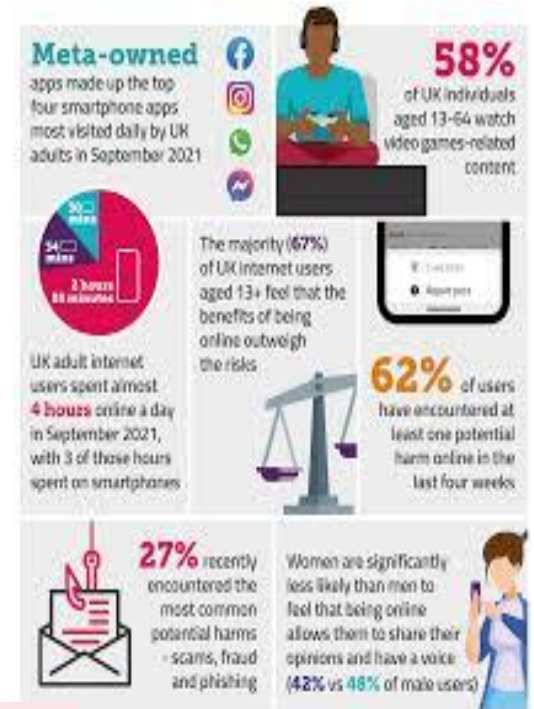
Five things that need to change (**STOP**) to reduce suicide rates

1. Return of adequate benefits (scrap UC) and the Safety Net
2. Minimum. Alcohol. Pricing. (to catch up with Scot, Ireland)
3. Sanctions on Gambling / Gaming industries reflecting profits
4. Where other drugs (opioids, THC, illegals) are implicated, narrative coroners' verdicts of complex ppt are essential
5. Extent of social media harms complex: Citizens' Assembly

POSSIBLE OUTCOMES OF TODAY

- Nothing. Not convinced or it's too difficult... bribed into inaction
- Defining the component of CDoMH for key areas: mental disorders (e.g. eating disorders) and their associated harms
- Consensus on where best to intercept upstream risk factors
- Addictions: alcohol, nicotine delivery: cigs or vapes, cannabis
- Nutrition Psychiatry (in its infancy) making key alliances
- Smuggle CDoMH into existing work: Climate, suicide prevention

Questions from the audience (5min)

CDOH, the cross-industry playbook, and mental health

Mark Petticrew
@petticrewmark

SPECTRUM
SHAPING PUBLIC HEALTH POLICIES
TO REDUCE INEQUALITIES AND HARM

Commercial
Determinants
Research Group

What are the alcohol industry's aims?

1. To defend and expand the market nationally and internationally

2. To actively displace public health from the alcohol space (hence it funds **alternatives** like charities and 'education' campaigns and interventions)

3. To promote and sustain an unregulated/self-regulated industry

What are their strategies for achieving those aims?

- Policy substitution
- Lobbying
- Promoting public misinformation about the health harms
- 'Education' campaigns
- Corporate Social Responsibility campaigns
- Undermining science
- Normalisation (including among children)
- Legal threats and other measures used to produce a 'chilling effect'

What are the framings and arguments that they use?

- 🔟 "It's a normal product"
- 🔟 Responsibility framings ("Drink/smoke responsibly")
- 🔟 "Harmful use" in subgroups
- 🔟 Behavioural framings ("drinking behaviour")
- 🔟 Need for "Targeted" interventions (especially underage drinking) vs population-level
- 🔟 Problem deflation: "The problem is declining"
- 🔟 Focus on "Peer pressure" as the problem
- 🔟 Focus on Parents and teachers as the solution (rather than marketing)
- 🔟 Mixed messages
- 🔟 ***Outsourced to industry-funded groups and charities which claim to be "independent"***

Alcohol misinformation strategies: manufacturing doubt about alcohol harms

- Cancer denialism
- FASD denialism and denial of harms of drinking in pregnancy
- CVD denialism
- ...Distortion of the evidence base
- **Positive framings** of alcohol consumption

Alcohol industry and cancer denialism

❿ We collected and analysed publicly available information from 27 industry or industry-funded "social aspects public relations organisations" from around the world

ଔ Included websites, documents, other health guidance they disseminate to the public

Petticrew M et al. Drug and Alcohol Rev **2018;37(3):293-303**

Three main industry strategies were identified:

- **Denial/Omission**
  - Denying or disputing any link with cancer, or selective omission of the relationship
- **Distortion**
  - Mentioning some cancer risk, but misrepresenting or obfuscating the nature or size of that risk
- **Distraction**
  - Focusing discussion away from the independent effects of alcohol

Breast and colorectal cancer risk appeared to be the most frequently misrepresented cancers (...*why?*)

Petticrew M et al. Drug and Alcohol Rev 2018;37(3):293-303
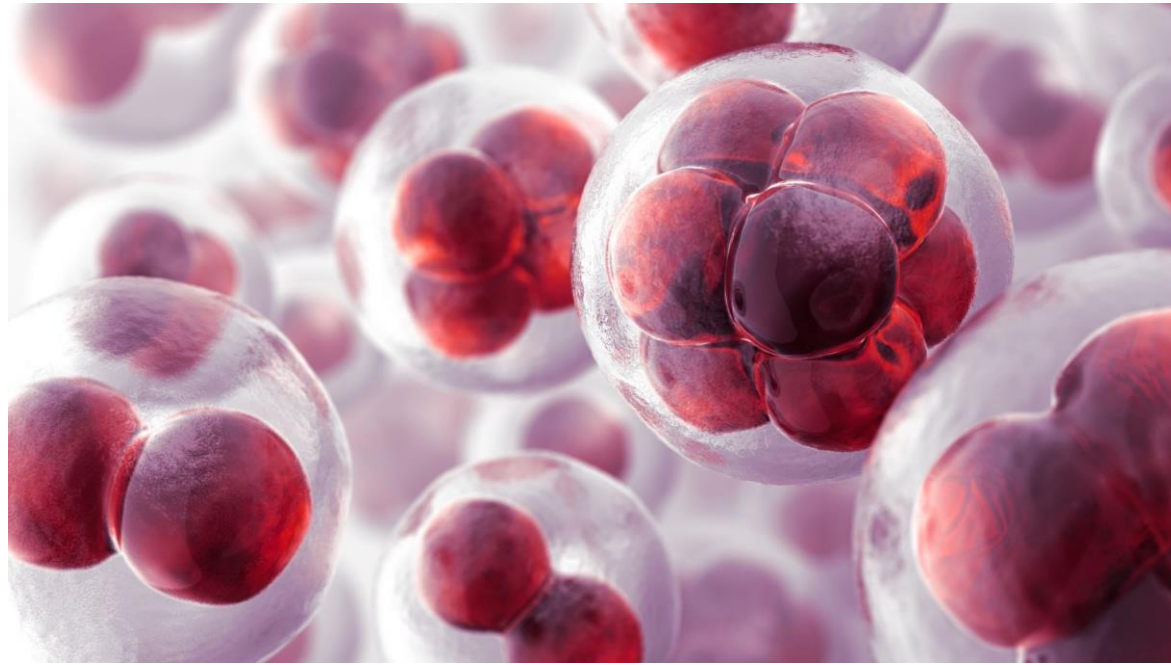
Pregnancy, Fertility, Breastfeeding, and Alcohol Consumption: An Analysis of Framing and Completeness of Information Disseminated by Alcohol Industry–Funded Organizations

AUDREY W. Y. LIM, M.A., (CANTAB), M.P.H.,[a,†] MAY C. I. VAN SCHALKWYK, M.B.B.S., M.P.H.,[b]
NASON MAANI HESSARI, M.SC., PH.D.,[a] & MARK P. PETTICREW, B.A., PH.D.[a,*]

⑩ E.g., Drinkaware's school lessons on "understanding" the risks and harms associated with alcohol included a range of short- and long-term harms, **but omitted pregnancy and Foetal Alcohol Spectrum Disorders (FASD).**

PLOS ONE

RESEARCH ARTICLE

Distilling the curriculum: An analysis of alcohol industry-funded school-based youth education programmes

May C. I. van Schalkwyk[1]*, Mark Petticrew[1,2], Nason Maani[1,2], Ben Hawkins[1], Chris Bonell[1], Srinivasa Vittal Katikireddi[3], Cécile Knai[1,2]

1 Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London, United Kingdom, 2 SPECTRUM Consortium (Shaping Public Health Policies to Reduce Inequalities and Harm), London, United Kingdom, 3 MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, United Kingdom

* may.vanschalkwyk@lshtm.ac.uk

Check for updates

How to read alcohol industry 'education' materials:

Q: What's going on here?

Worrying number of people drinking to cope with day-to-day pressures

Blue Monday research shows that many drink alcohol to forget their problems, cheer themselves up when in a bad mood and because it helps when they feel depressed or nervous.

Date Published

11th January 2018

Topics

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This Blue Monday new Drinkaware research shows that a large proportion of people who drink alcohol do so to forget their problems, cheer themselves up when in a bad mood and because it helps when they feel depressed or nervous.

New research reveals that almost three in five (58%) of all people (aged 18-75) who drink alcohol are doing so because it helps them to cope with the pressures of day to day life.

According to a new Drinkaware/YouGov survey, which looks at adult drinking patterns in the UK, 38% of men and women who said they had drunk alcohol in the last year had done so to forget their problems at least some of the time. 47% said they had done so to cheer themselves up when in a bad mood.

41% said that they had drunk alcohol because it helps when they feel depressed or nervous, with 54% of these people having done so at increasing levels of risk.

View the full survey findings

A classic tobacco industry tactic: sowing doubt by claiming there's uncertainty about the causes, and the mechanisms

- Fossil fuel industry: Disputing climate change
- Alcohol industry: Sowing uncertainty about alcohol and cancer
- Sugar industry: sugar consumption and obesity
- Asbestos industry: asbestos and mesothelioma
- Gambling industry: disputing causality, demanding perfect evidence
- …and many others

NAOMI ORESKES & ERIK M. CONWAY

'Anyone concerned about the state of democracy in America should read this book'
AL GORE

MERCHANTS OF DOUBT

HOW A HANDFUL OF SCIENTISTS OBSCURED THE TRUTH ON ISSUES FROM TOBACCO SMOKE TO GLOBAL WARMING

BLOOMSBURY
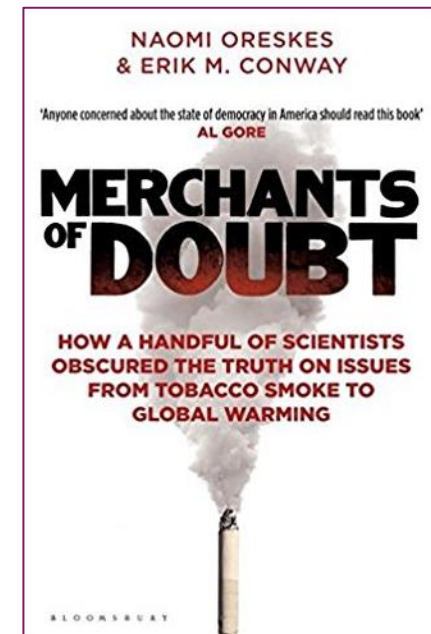
What to do?

- Recognise the *real* purpose of such organisations :
- (i) alcohol industry PR; (ii) to protect the industry from scrutiny, prevent and delay tighter regulation; (iii) to actively <u>replace</u> genuine health expertise - at a real cost to the public's physical and mental health
- So...
- Harmful industries rely on partnerships with clinicians to give them credibility. Don't fall for it.
- We urgently need to increase awareness among others, including our colleagues, policymakers, and the wider public.

Mark.Petticrew@lshtm.ac.uk
@petticrewmark
@CDRG_LSHTM
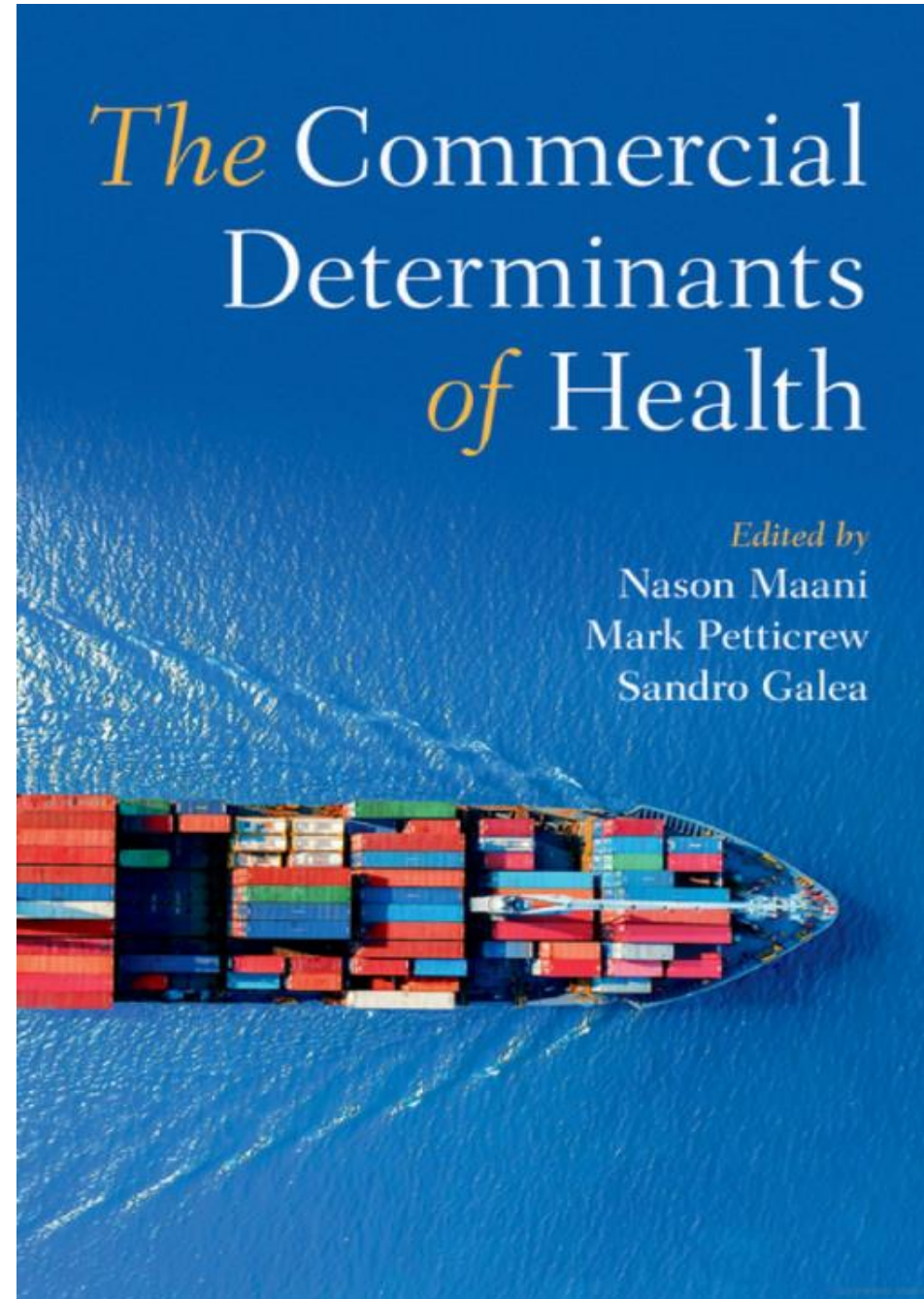
Questions from the audience (5min)

Moving from products to producers: understanding the gambling and pharmaceutical industries as commercial determinants of mental health

PMHIC Symposium on the Commercial Determinants of Mental Health (in collaboration with LSHTM CDRG), Friday 29th September 2023

May van Schalkwyk, Public Health Specialty Registrar and Honorary Research Fellow, London School of Hygiene and Tropical Medicine

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Commercial Determinants Research Group

No causes are themselves uncaused

"No causes are themselves uncaused, however, which means that when we think about what causes lung cancer or even smoking, we should think not just in terms of how individuals 'decide' to start smoking, but rather in terms of larger, more weblike threads of causation.

We have to look at the cigarette epidemic—and therefore lung cancer—as facilitated by long causal chains of a sociopolitical, technical, molecular and agricultural nature. If cigarettes cause cancer, then so do the machines that roll cigarettes and the companies that supply the 'filters', 'flavourants' and paper.

We have to realise that adverts can be carcinogens, along with the convenience stores and pharmacies that sell cigarettes. The executives who work for cigarette companies cause cancer, as do the artists who design cigarette packs and the PR and advertising firms that manage such accounts. Farmers who grow tobacco are part of this network, as are the politicians who take money from 'Big Tobacco', and those chemists and breeders who favour the nicotine molecule. So too must we include those many hundreds of experts who testify for the industry in court. We need to better understand such webs or networks if we are to be more creative in finding ways to reduce the toll from this, the world's deadliest malignancy." **Robert Proctor, 2011**

Proctor RN The history of the discovery of the cigarette–lung cancer link: evidentiary traditions, corporate denial, global toll *Tobacco Control* 2012;**21**:87-91.

What **IS** the problem?

➢ Much progress in the understanding and clinical management
➢ Often overlook the role of the commercial actor
➢ The products do not design, market, and defend themselves.
➢ Commercial practices

When we put 50 slot machines in, I always consider them 50 more mousetraps. You have to do something to catch a mouse. It's our duty to extract as much money as we can from customers.

Bob Stupak, CEO of Las Vegas Stratosphere, 1995

quoted in Schüll, *Addiction by Design*, 2012

The gambling industry

van Schalkwyk MC, Maani N, McKee M, Thomas S, Knai C, Petticrew M. "When the Fun Stops, Stop": An analysis of the provenance, framing and evidence of a 'responsible gambling' campaign. *PLOS ONE* 2021; **16**(8): e0255145.

van Schalkwyk MCI, Hawkins B, Petticrew M. The politics and fantasy of the gambling education discourse: An analysis of gambling industry-funded youth education programmes in the United Kingdom. *SSM - Population Health* 2022: 101122.

Pharmaceutical Industry

➢ "but the pharmaceutical industry is different"

➢ Influence policy and research

➢ Shape public and professional understanding

➢ Expand the uses and markets for their products, irrespective of the consequences

Bad Pharma™

How medicine is broken, and how we can fix it

'This is a book to make you enraged – properly, bone-shakingly furious ... a work of brilliance'
Daily Telegraph

Ben Goldacre
The *Sunday Times* bestseller

4th

400+ pages

'Mesmerizing'
Observer

'Superb'
New York Times

'Magnificent'
Daily Mail

The **BAILLIE GIFFORD PRIZE FOR NON-FICTION 2021** WINNER

BUSINESS BOOK OF THE YEAR 2021 SHORTLISTED
FT Financial Times McKinsey & Company

THE SECRET HISTORY OF THE SACKLER DYNASTY

EMPIRE OF PAIN

PATRICK RADDEN KEEFE

FACT OR FICTION

What Healthcare Professionals Need to Know about Pharmaceutical Marketing in the European Union

HAI HEALTH ACTION INTERNATIONAL
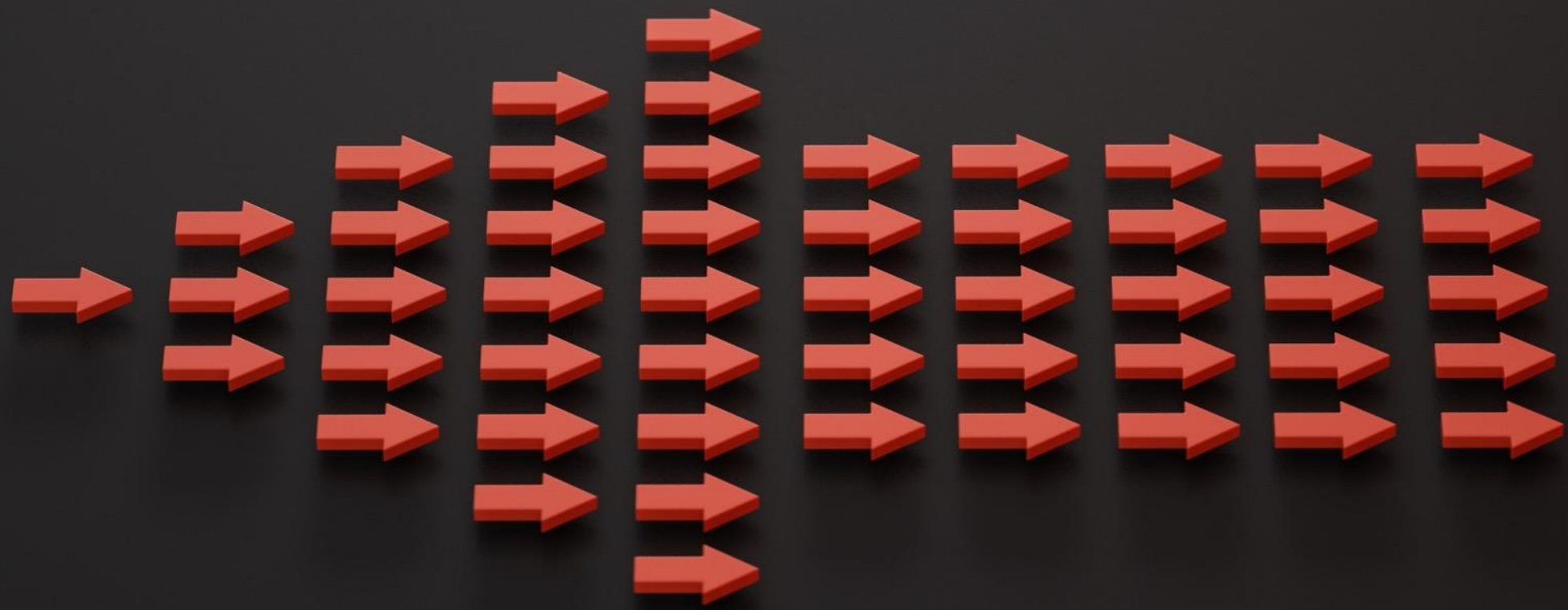
Reflections

1) Adopting a commercial determinants of health perspective is core to an upstream approach that recognises the causes of the causes

2) Avoid reproducing industry-favourable discourses

3) Recognise the competency and expertise of industries and how their interests often conflict with public mental health goals.

4) The importance of protecting science, policymaking, public education and clinical practice from undue industry influences.

Thank you!

Questions?

may.vanschalkwyk@lshtm.ac.yk

@maizie333

No causes are themselves   uncaused

"No causes are themselves uncaused, however, which means that when we think about what causes lung cancer or even smoking, we should think not just in terms of how individuals 'decide' to start smoking, but rather in terms of larger, more weblike threads of causation.

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Questions from the audience (5min)

Why the Scottish Parliament wanted Minimum Unit Pricing for Alcohol. And why there was a 5-year delay in implementation

Peter Rice, FRCPsych FRCP (Edinburg)

President , European Alcohol Policy Alliance

Chair, Institute of Alcohol Studies

Past Chair, RCPsych Scotland

Why action on alcohol price in Scotland?
Liver Disease mortality rates 1950-2002
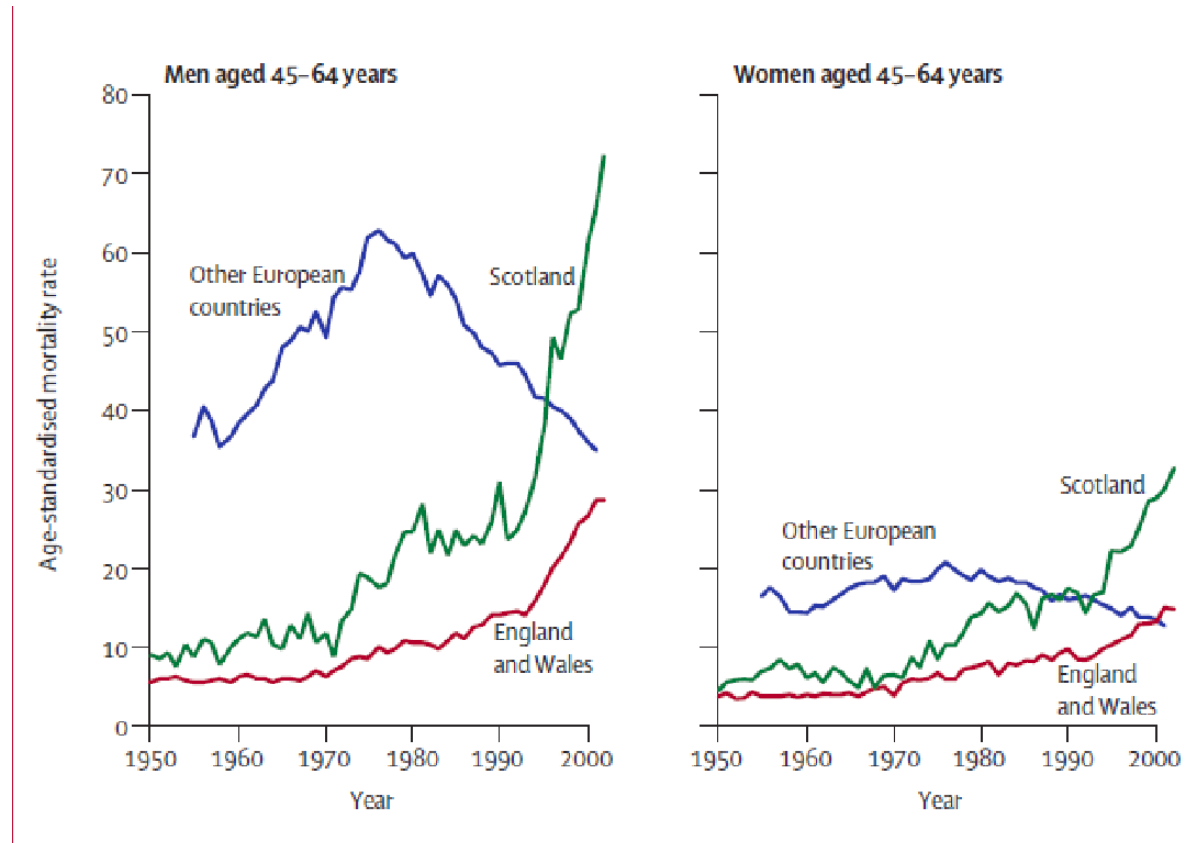
Figure: Time trends in age-standardised mortality rates for liver cirrhosis per 100 000 by age-group, sex, and country between 1950 and 2002

-Alcohol related liver disease rates, a reliable indicator of broader harm from alcohol, were increasing in Scotland

- Falling elsewhere in Europe

- Not historical or inevitable.

- Rise in men, middle aged and older, home drinkers, cider and vodka.

Leon and McCambridge, Lancet 367 (2006) p 53

Sunday Mail

FREE DVD INSIDE

SCOTLAND'S BIGGEST-SELLING SUNDAY

£1   January 15, 2006   4572

Only An Excuse? Volume 1

ONLY AN EXCUSE? Volume 1

Shockerooni! Nae tokens, nae coupons, nae fuss... **it's inside**

£15 RETURN Rail travel anywhere in Scotland

OUR BOOZE IS CHEAPER THAN WATER

Vittel BOTTLED WATER 59p

TENNENTS' CAN OF LAGER 37p

EXCLUSIVE: Investigation lifts the lid on the drinks plague killing 2000 Scots a year

---

HOW PRICES HAVE DROPPED

The price of booze has dropped dramatically over the last 30 years when taken as a proportion of the average earnings. These are the prices adjusted to take account of rises in inflation and earnings.

1976		**2006**	
Tennent's Lager:	£1.36	Tennent's Lager	£0.37
Wine (average bottle):	£14	Wine (average bottle)	£4.99
Famous Grouse whisky:	£31.12	Famous Grouse whisky:	£13.99
Gordon's Gin:	£30	Gordons Gin	£8.59
Smirnoff Vodka:	£29.52	Smirnoff Vodka	£11.99
Bristol Cream sherry:	£14.32	Bristol Cream sherry:	£7.09

(All prices taken from leading supermarkets)

The adjusted price of a pint of beer was £2.96 compared to £2.20 today. The average person's consumption has gone up in the same period from an average seven litres a year to 11.1 litres.

The figures take account of children so adult consumption is far higher in real terms. But the most worrying statistic is the number of alcohol-related deaths. Latest figures show 2052 Scots suffered alcohol-related deaths in 2004 – a rise of 250 per cent from the 1970s.

Sunday Mail 15th Jan 2006

Why Minimum Unit Price?

- Targeted and substantial effect on alcohol consumed by those experiencing greatest harm.

- Had reliable effect on shelf price

- Health benefits were greatest for lowest income groups so beneficial inequalities impact.

- A novel policy measure with international academic interest was politically appealing.

The Role of The Professions

BBC NEWS SCOTLAND POLITICS

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Scotland Politics | Scotland Business | Edinburgh, Fife & East | Glasgow & West | Highlands & Islands | NE, O

24 May 2012 Last updated at 17:24

Share

Scottish minimum alcohol pricing passed by parliament

Scotland will become the first place in the UK to introduce minimum drink pricing, after MSPs passed new laws.

The SNP government will set the price of alcohol at 50p per unit, to tackle Scotland's historic alcohol abuse problems.

Under the plans, the cheapest bottle of wine would be £4.69 and a four-pack of lager would cost at least £3.52.

The move won broad political backing, although Labour refused to support the legislation at the Scottish Parliament.

From Democracy Live: Health Secretary Nicola Sturgeon says the bill will have a "significant and historic impact".

Related Stories

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Scotland Politics | Scotland Business | Edinburgh, Fife & East | Glasgow & West | Highlands & Islands | NE, O

19 July 2012 Last updated at 18:05

391 Share

Scotch Whisky Association challenges Scotland's minimum alcohol price law

The Scotch Whisky Association (SWA) has said it will challenge legislation on a minimum price for alcohol.

The law, which was overwhelmingly backed by MSPs earlier this year, would increase the price of some cheaper drink brands in Scotland.

The SWA said it had lodged a formal complaint to the European Commission over the legislation.

The Scottish Whisky Association lodges a formal complaint with the European Commission

It will also seek a judicial review of minimum unit pricing for alcohol in the Court of Session in Edinburgh.

Industry Statements 2008-12

"I can give you a guarantee that, if Scotland goes ahead with a health-based justification for a minimum price, jurisdictions around the world will use that precedent discriminately against Scotch whisky. We calculate that we would lose **14.5%** of our exports - **£500 million-worth** - over a number of years."

Scotch Whisky Association CEO (former)

Whyte & Mackay CEO (former)

"The bottling facility that we have in the Grangemouth constituency would be severely impacted by the introduction of a 50p minimum price, as would our main grain distillery in the Highlands, near Inverness. It is on that basis that we calculated that we could lose 300 jobs."

IS MINIMUM PRICE A PLOT TO HELP…?

COMPECON

10. The evidence indicates that discount retailers such as Aldi and Lidl, which are non-UK owned, sell higher proportions of alcohol below the minimum price threshold than UK retail multiples. This reflects the discounters' commercial strategy of importing cheaper non-UK brands which sell at a discount relative to more established UK brands. Thus the legislation would affect such retailers and their suppliers to a much greater extent than it would affect UK retailers and their suppliers.

May 2012
MUP Act passed in Scottish Parliament.
Legal challenge from Scotch Whisky Association   and others.

May 2013
Court of Session ruling in favour.
Appealed by SWA

April 2014
Referral to European Court Justice for advice on appeal

Dec 2015
ECJ Ruling. Back to Scottish Court

Oct 2016
Court of Session rules in favour.
SWA seek appeal to UK Supreme Court

July 2017
Supreme Court Hearing

Nov 2017
Supreme Court Verdict in favour

May 2018
MUP implementation

ANALYSIS, INSIGHT, OPINION

Sub standard
Rusting nuclear subs cost £30m a year
PAGE 5

GENIUS KEEPS ROLLING
Rosemary Goring turns spotlight on new Bob Dylan film
PAGE 13

LOAN RANGER
Sheyi Ojo signs from Liverpool

The Herald

235TH YEAR NO. 123 www.heraldscotland.com WEDNESDAY JUNE 19, 2019

Sales of alcohol plunge to lowest in 25 years

Drinking drops to record low in the year minimum pricing introduced

HELEN McARDLE
HEALTH CORRESPONDENT

And then there were five...

Our next Prime Minister

Stewart feels the heat for ruling out no-deal Brexit

MICHAEL SETTLE
UK POLITICAL EDITOR

Round two results

Boris Johnson	126
Jeremy Hunt	46
Michael Gove	41
Rory Stewart	37
Sajid Javid	33
Dominic Raab (eliminated)	30

INSIDE
Alison Rowat review Page 6

NEWS
Autumn views at risk from spread of tree disease

GRADUATIONS
Today's ceremonies at universities of Glasgow and Strathclyde
PAGE 12

BUSINESS
FirstGroup war of words with activist intensifies

UK alcohol mortality trends

Figure 1: Alcohol-Specific (Underlying Cause) ASMRs per 100,000 2001-2018/19, 15-74 Years
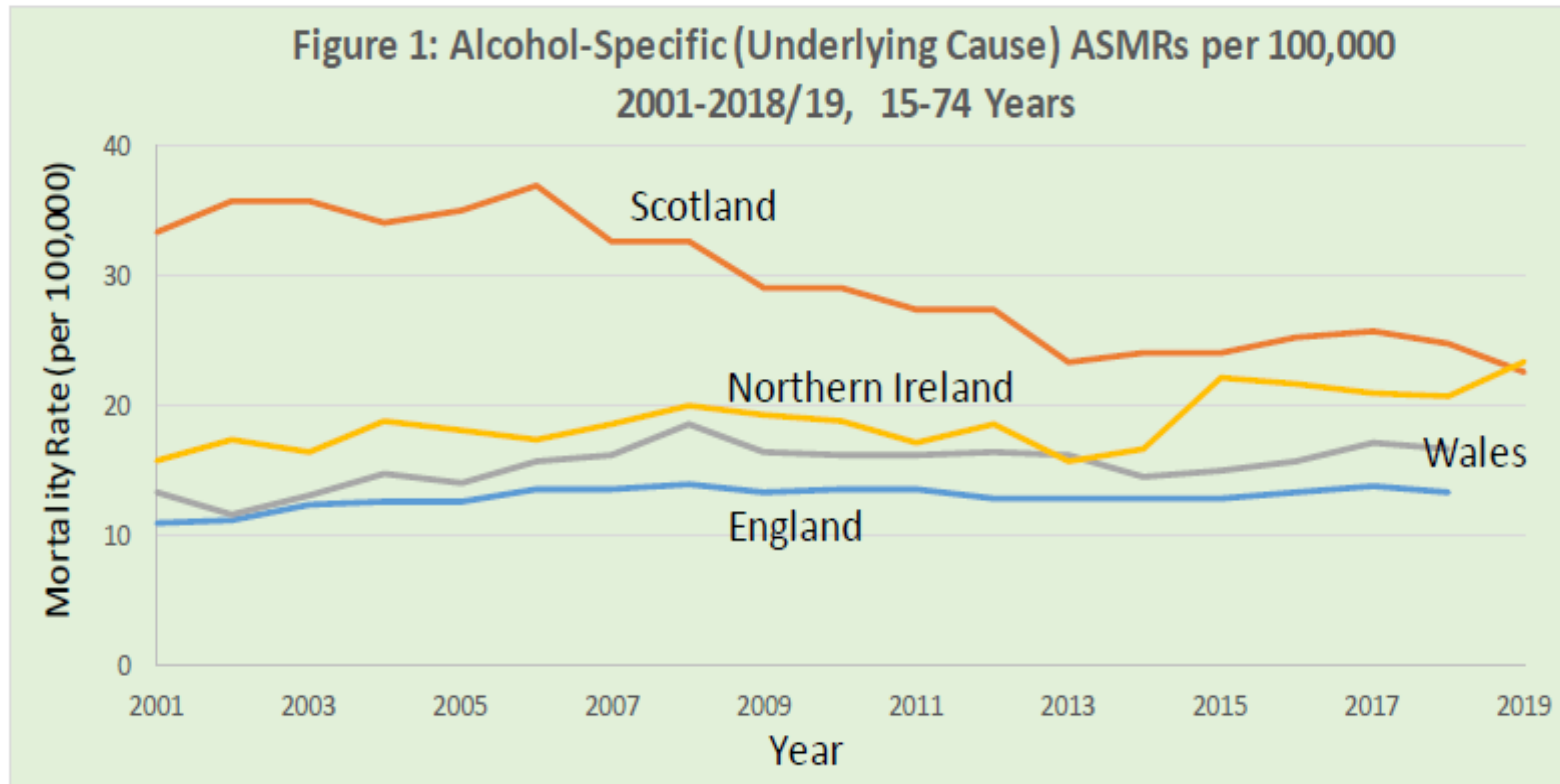
Alc Specific Mortality EASR per 100k

	2001	2019
Scotland	26.1	18.6
N Ireland	12.9	18.8
Wales	10.1	11.8
NE England	10.9	16.6
NW	12.7	14.4
West Mid	10.5	12.1
London	9.2	7.9
SW	7.5	8.7

ONS 2021

Peter Rice
@peterricev2
@SHAAPALCOHOL

Alcohol Prevention, Harm and Inequalities Scottish Mortality Trends
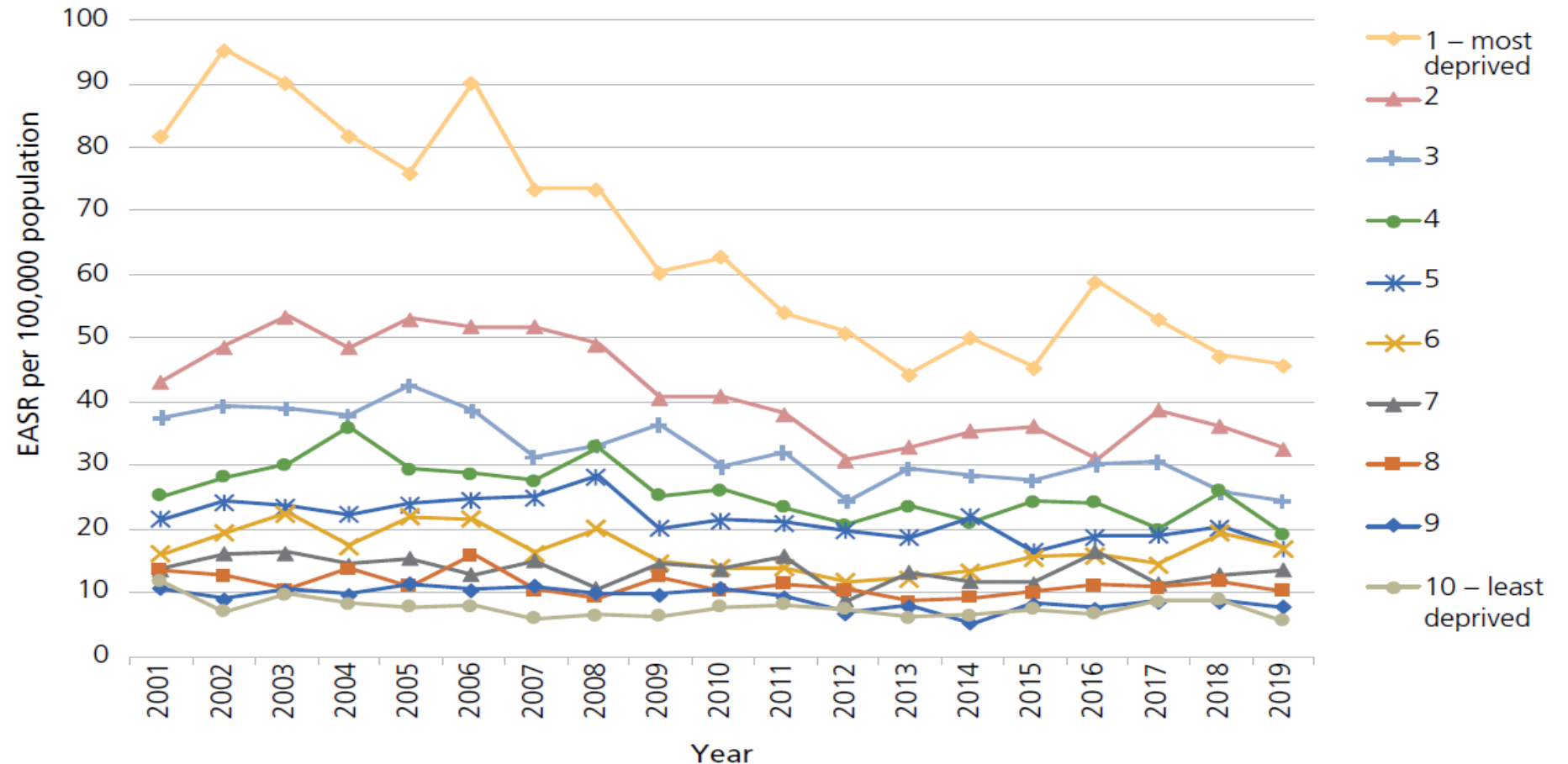
Source: National Records of Scotland. EASR = European Age-sex Standardised Rate. RII = Relative Index of Inequality. SII = Slope Index of Inequality. SIMD = Scottish Index of Multiple Deprivation. SIMD1 = 10% most deprived areas of Scotland, SIMD10 = 10% least deprived areas of Scotland). See **Appendix 1** for a definition of SII and RII.

What Else Has Happened ?

- MUP introduced in Wales , Jersey, Ireland, Australia (NT)

- Scottish Govt announced intention to increase MUP level from 50p to 65p per 10mls from May 24

- Some progress with UK Govt restructuring alcohol duties and increasing levels with inflation in 2023

- Pandemic related increase in alcohol deaths globally

- Reminder that MUP is part of multi component strategy

- Alcohol treatment services need urgent attention across UK

Questions from the audience (5min)

The tobacco and vaping industries

Hazel Cheeseman

Deputy Chief Executive, Action on Smoking and Health

Hazel.Cheeseman@ash.org.uk
@hazelcheeseman

Action on Smoking and Health (ASH)

➤1962 Royal College of Physicians report on Smoking and Health set out the evidence

➤Government did little or nothing so in 1971 RCP set up ASH, + a second report

➤Set up as stand-alone advocacy charity to campaign for evidence-based policy development and implementation

Outline of session

Tobacco

- ⑩ Impact on mental health
- ⑩ Industry behaviour
- ⑩ Policy response: model for others?

Vaping

- ⑩ Impact on health
- ⑩ Issues of concern: addiction, the environment
- ⑩ Role of tobacco industry

Tobacco industry and it's impact

Smoking attributed deaths — % of all deaths (all ages)
© R Peto and H Pan, University of Oxford
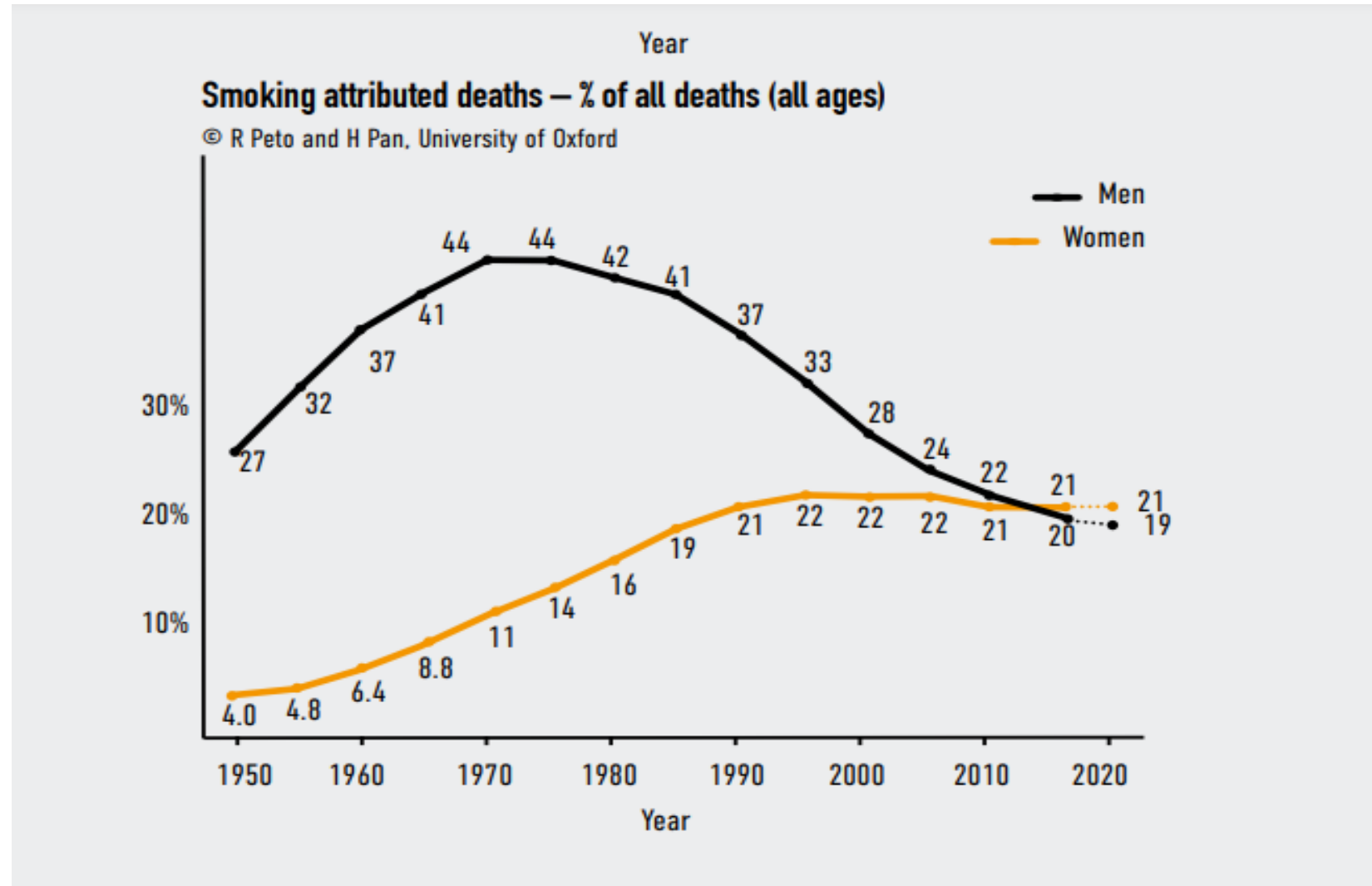
Tobacco industry and it's impact

Tobacco industry and it's impact
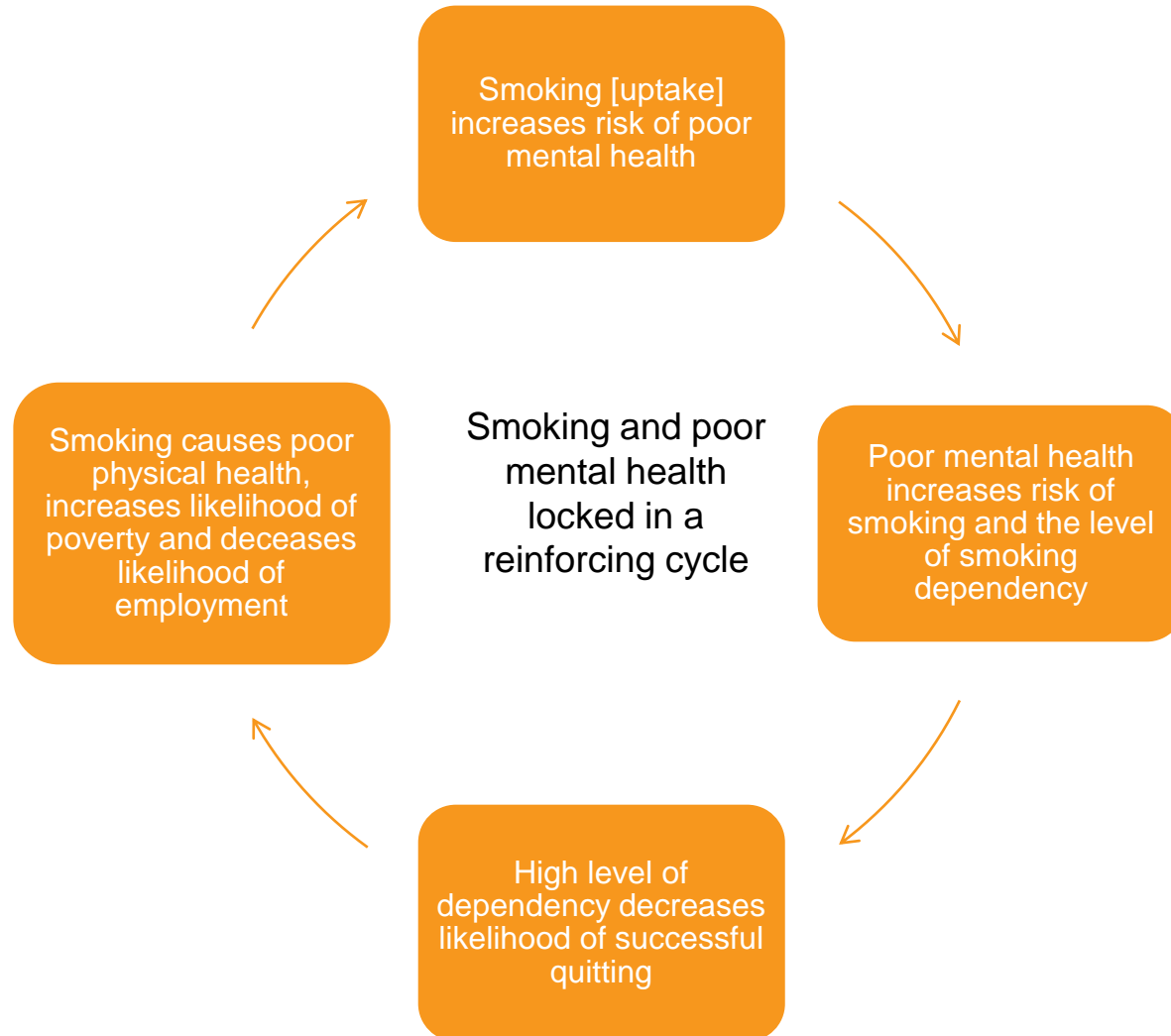
Inequalities likely to grow
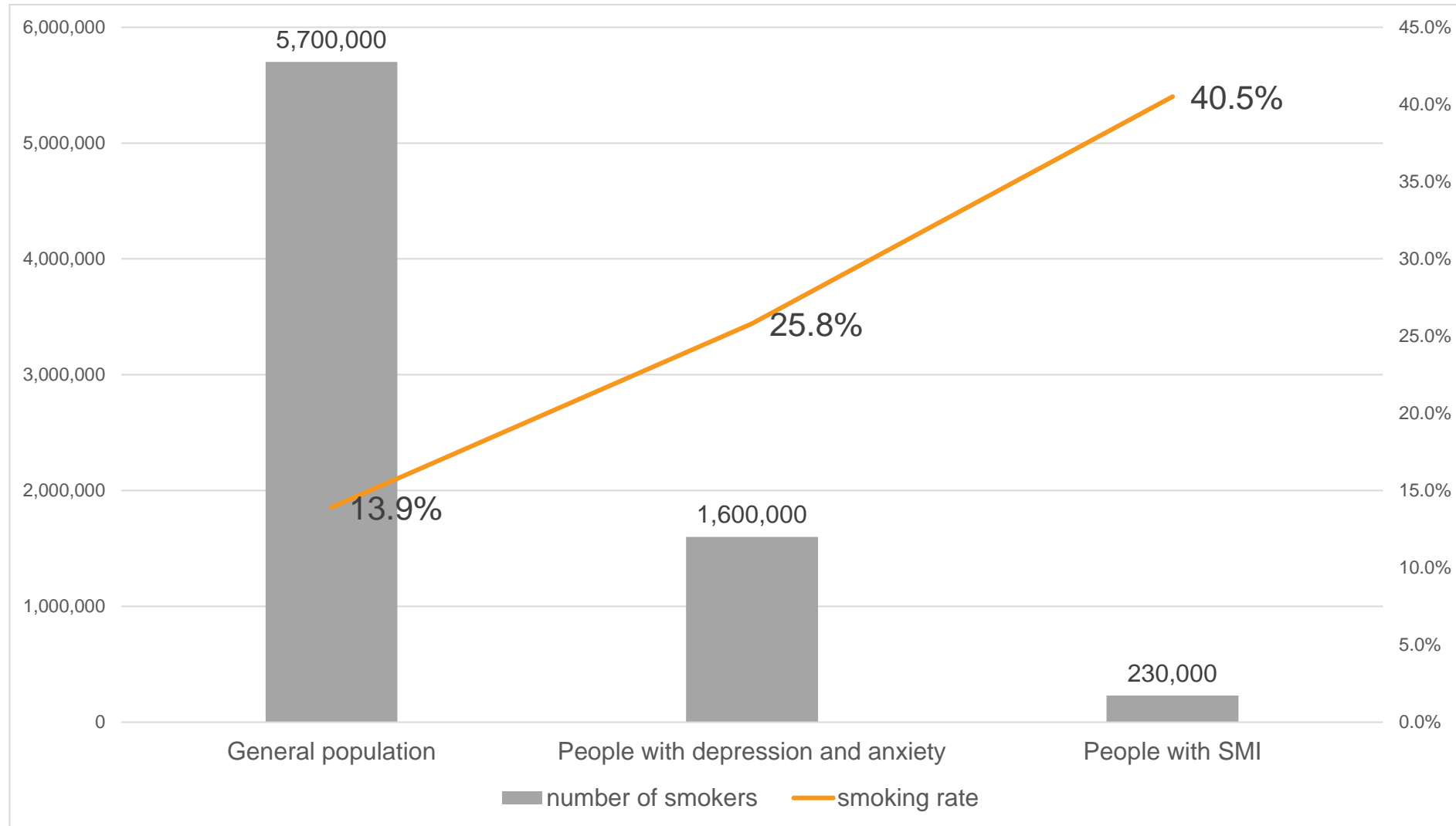
Industry influence has been limited

Guidance

Guidance for government engagement with the tobacco industry

Updated 19 June 2023

Contents

Purpose

Background

UK government approach

Meetings and events

Finance

Consultations

Publication

Support offered

Purpose

This document sets out how the Department of Health and Social Care (DHSC) limits interactions with the tobacco industry, in line with the requirements of article 5.3 of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) and in accordance with the WHO Guidelines for implementation of article 5.3.

Also, since DHSC is the custodian of the FCTC for the UK government, we are providing guidance to all UK government officials on what action they should take to adhere to article 5.3. This guidance should be read and followed by all UK government officials

Tactics

- Front groups – openly funding e.g., Forest, TMA
- Front groups – funding but not opening e.g., IEA, Adam Smith etc.
- Legitimacy through proximity e.g., green washing
- Illicit and regulatory positioning
- Harm reduction

Vaping industry: always harmful to health and mental health?

- UCL estimate vaping supported thousands of additional quits each year
- Cochrane estimate most effective available aid on UK market
- Actively used to support smokefree policies in MH settings
- Particularly useful for highly addicted

Addicting young people

Figure 2. Level of use of e-cigarettes, GB youth (11-17), 2013-2023

Legend:
- Tried vaping once or twice
- Occasional use (less than once a week)
- Regular use (more than once a week)

Tried vaping once or twice: 2013=3.1%, 2014=5.6%, 2015=9.3%, 2016=7.7%, 2017=9.0%, 2018=10.0%, 2019=8.0%, 2020=8.1%, 2021=7.2%, 2022=7.7%, 2023=11.6%

Occasional use: 2013=0.5%, 2014=0.8%, 2015=1.7%, 2016=1.3%, 2017=1.7%, 2018=1.6%, 2019=2.9%, 2020=2.4%, 2021=2.0%, 2022=3.9%, 2023=3.9%

Regular use: 2013=0.3%, 2014=0.6%, 2015=0.5%, 2016=0.8%, 2017=1.1%, 2018=1.5%, 2019=1.5%, 2020=1.7%, 2021=1.2%, 2022=3.1%, 2023=3.7%

ASH Smokefree GB Youth Surveys. 2014-2023. *Unweighted base: All 11-17 year olds (2013=1,895, 2014=1,817, 2015=1,834, 2016=1,735, 2017=2,151, 2018=1,807, 2019 =1,982, 2020 =2,029, 2021=2,109, 2022=2,111, 2023=2,028)*

Addicting young people

- Two thirds of those who have ever smoke go on to be daily smokers – takes an average of 30 attempts to quit

- Young people who vape but don't smoke are much less likely to be strongly nicotine dependent than those who smoke

Environmental impact

Cigarette butts are the single most littered item in England, making up 66% of all littered items. Our research shows that smokers often believe that cigarette butts are biodegradable. In fact, cigarette butts are made of a type of plastic (plasticised cellulose acetate), and are not biodegradable. A cigarette butt can take 14 years to break apart, its toxins seeping into the earth. The cigarette butt breaks apart into microplastics which stay in the environment for an unknown period of time.

Harms of misperceptions

DEADLY RISK Urgent warning as vapes contaminated with flesh-eating drug found in Britain

If you think that your teen vaping is better than them smoking – think again

'Vaping is the crack cocaine of tobacco': Experts say ultra-concentrated hit of nicotine makes devices WORSE than smoking - as data shows cigarette use at historic low

Teen vaping becoming an 'epidemic' across UK

Vaping: E-cigarettes have ruined my life, woman says

Vape tongue symptoms to look out for as e-cigarettes spark fear for new health condition

QUIT IT Any nicotine in pregnancy 'increases risk of sudden infant death', scientists warn

Role of the tobacco industry

Evening Standard

BUSINESS   EVENTS   CULTURE   INSIDER

BUSINESS

Top level shake-up pivots to vaping

THE REVELLER   THE OPTIMIST   COMMENT   TEC

British American Tobacco PLC

...nt BAT as it

+ Add to myFT

New British American Tobacco chief calls for 'better' vaping

Summary

- Tobacco industry has done incalculable harm to society for more than hundred years

- Vaping industry is part of the solution to the smoking epidemic but there remain commercial conflicts of interests

- The vaping industry without the tobacco industry may have positive role to play BUT regulation must always act to limit bad actors

Further information

ASH: www.ash.org.uk

Mental Health and Smoking Partnership: www.ash.org.uk/about/who-we-work-with/mental-health-smoking-partnership

Tobacco Tactics: www.tobaccotactics.org

Questions from the audience (5min)

The role of the Food Industry in our broken food environment

Alfred Slade

Obesity Health Alliance

A 30-year recap

- 689 UK Government obesity policies since 1992

- 63.8% of UK adults living with excess weight in 2021 (25.9% obesity, 37.9% overweight)

- 2 in 5 children leaving primary school above a healthy weight
  - Deprived children twice as likely to be impacted than richer children

Soft Drinks Industry Levy

- Introduced in 2016

- Led to a 34% fall in the amount of sugar consumption from soft drinks by 2020

- Revenue raised used to create the National School Breakfast Programme & double the School Sport Premium

Marketing Mix

- Product

- Price

- Place

- Promotion

2020 Obesity Strategy

- Led by Boris Johnson in response to Covid

- Focussed on marketing of food and drink high in fat, salt and sugar (HFSS)

- 9pm advertising watershed on TV and total ban online

2022 Timeline

- May 2022 – Health & Care Act becomes law

- June 2022 – Johnson Government announces delay to planned policies

- September 2022 – Truss Government attempts to repeal existing policies

- December 2022 – Sunak Government confirms delay to planned policies

Industry Tactics - Deny

- Cast doubt on evidence

- Create alternative explanations

- Claim regressivity and negative economic impact

Industry Tactics – Dilute

- Call for exemptions

- Create loopholes

- Cast doubt on enforceability, economic impact & "unintended consequences"

Industry Tactics – Delay

- Demand long implementation timelines

- Exploit crises

- Legal challenges

Questions from the audience (5min)

What **needs** are we hearing?

Source:
Financial Times
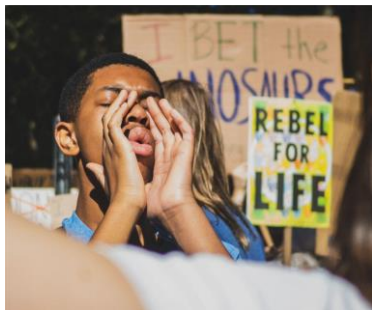
Source:
National Geographic

I BET the
MOSQUES...
REBEL
FOR
LIFE

THE EARTH IS IN A
CRITICAL CONDITION

GOVERNMENT
INACTION IS KILLING
THE EARTH

extinction
rebellion

"We cannot close our ears or turn our eyes away from all the pain."

*Christiana Figueres
& Tom Rivett-Carnac*

CLIMATE CARES
Mental health in the climate crisis
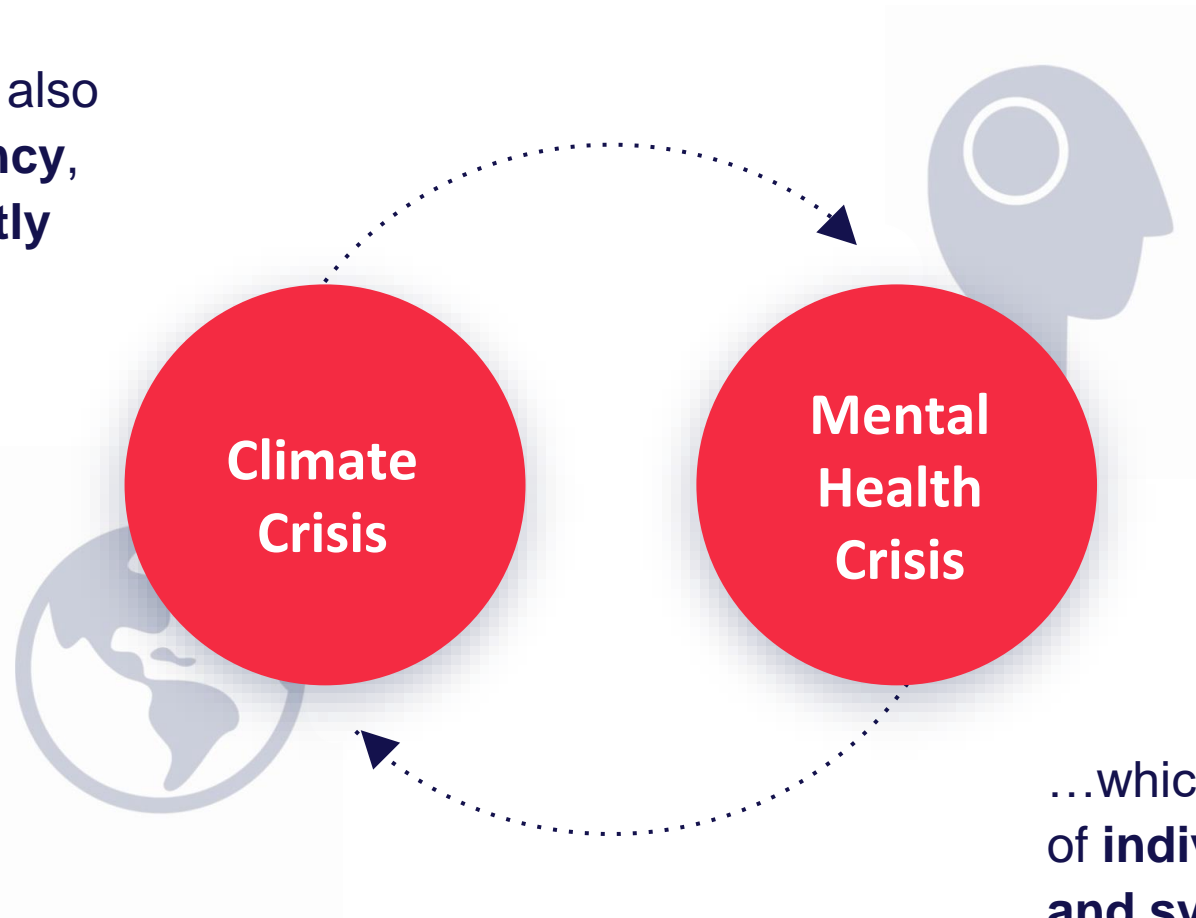
twitter:
@climatecares

website:
climatecares.co.uk

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INSTITUTE OF GLOBAL HEALTH INNOVATION

Grantham Institute for Climate Change

Current Vicious Cycle

The climate emergency is also a **mental health emergency**, both **directly and indirectly** impacting mental health outcomes…

Climate Crisis

Mental Health Crisis

…which in turn limit the capacity of **individuals, communities and systems** to cope with and act on climate change.

Why are we here?

Shell reports highest profits in 115 years

2 February · Comments

GETTY IMAGES

Paramedics say people are getting ill because their homes are so cold

25 January

Crews have reported finding people in homes that feel ice cold

World on brink of five 'disastrous' climate tipping points, study finds

Giant ice sheets, ocean currents and permafrost regions may already have passed point of irreversible change

The collapse of the Greenland ice cap is one of the tipping points that may already have been passed. Photograph: Ulrik Pedersen/Getty Images

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Zooming out on crises

Traditionally we have approached these crises in silos, but they are **deeply and intrinsically linked.** It's essential we hold this perspective.
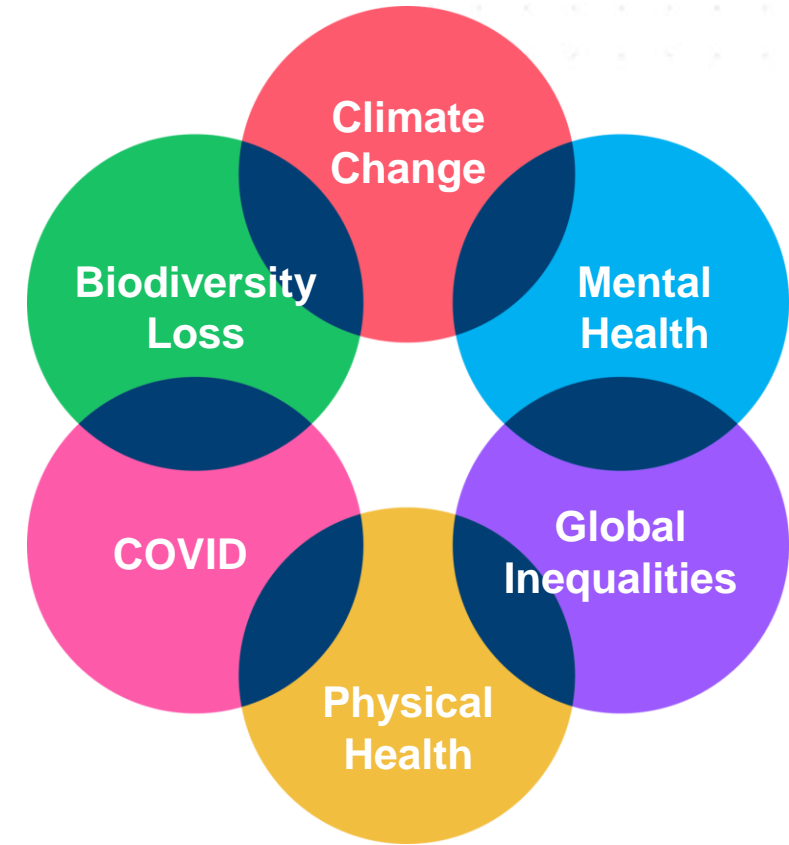
People who live in places with
poor air quality are more likely to…

…die from **COVID-19** *(Harvard)*

…experience **depression, anxiety and higher suicide risk**
(Braithwaite 2018)

…experience **physical health problems** *(Manisalidis et al 2020)*

…be from **low income groups** *(Ferguson et al 2021)*

Climate Change

Mental Health

Biodiversity Loss

Global Inequalities

COVID

Physical Health

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Who are the most vulnerable?

Children and Young People

In 2000, **88% of the increased burden of global disease** attributable to climate change fell on children.

(Sheffield and Landrigan 2011)

Women

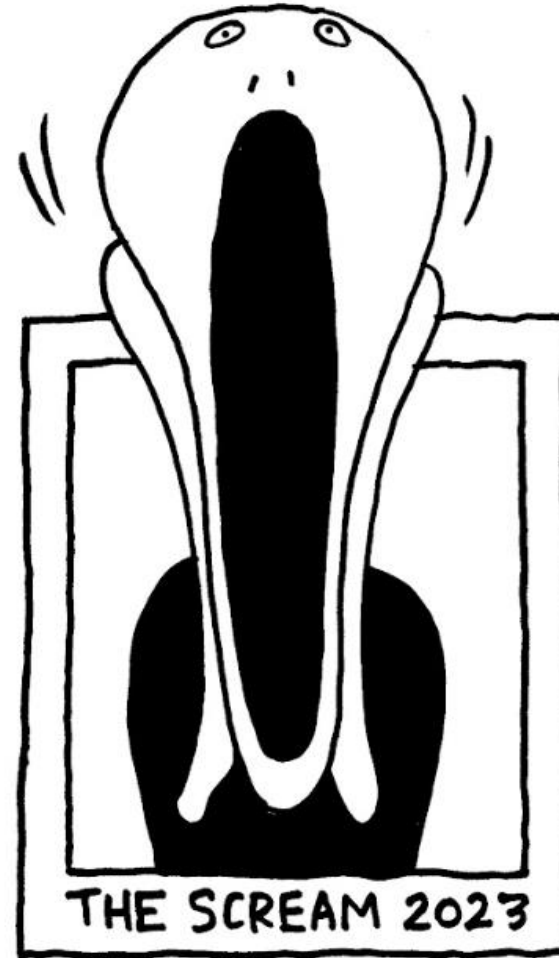**Indigenous Communities**

People with **pre-existing mental illnesses** or vulnerabilities

2-3 times more likely to die in a heatwave

(Thompson et al 2018, Page et al 2012)

People experiencing more **direct climate impacts** and those with limited capacity to adapt

People whose livelihoods and cultures are **strongly connected to the land**

Attribution: Hameed "Ham" Khan and Eugenia Rojo 2023

What narratives **do the public** hold about climate change?
What narratives **do you** hold about climate change?

Techno-optimism

Doomism

I'm too small to make a difference

No-one else cares

We will win or lose when it comes to climate change

We find a form of pluralistic ignorance that we describe as a *false social reality*: a near universal perception of public opinion that is the opposite of true public sentiment.

80–90% of Americans underestimate the prevalence of support for major climate change mitigation policies and climate concern.

While 66–80% Americans support these policies, Americans estimate the prevalence to only be between 37–43% on average.

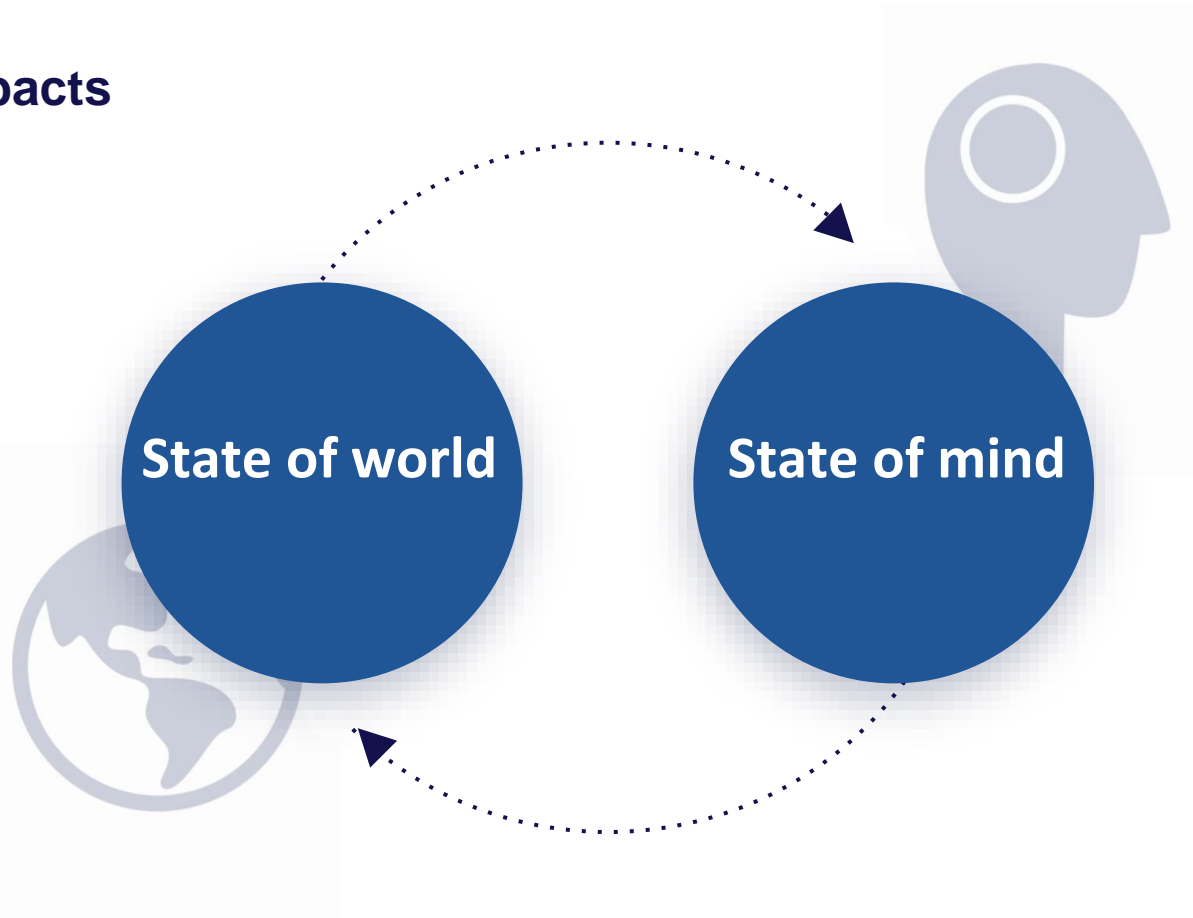**Sparkman et al 2022, Nature Communications**

Potential for a **Virtuous** Cycle

Our state of mind also **impacts** the state of our world.

The climate and ecological crises are fundamentally attributable to **human behaviours and psychology.**

State of world

State of mind

Generating individual and system change requires an awareness of the **interaction between our psychological response to crises and taking action.**

We need **social tipping points** before geophysical tipping points.

*Source: **SustyVibes***

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Common causes and common solutions

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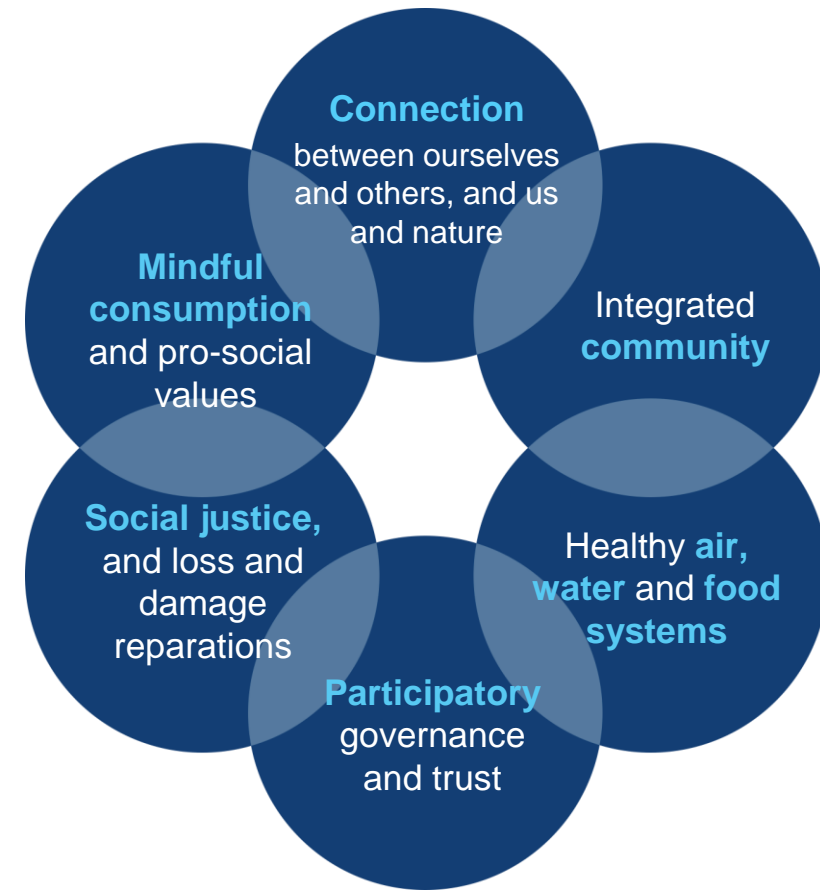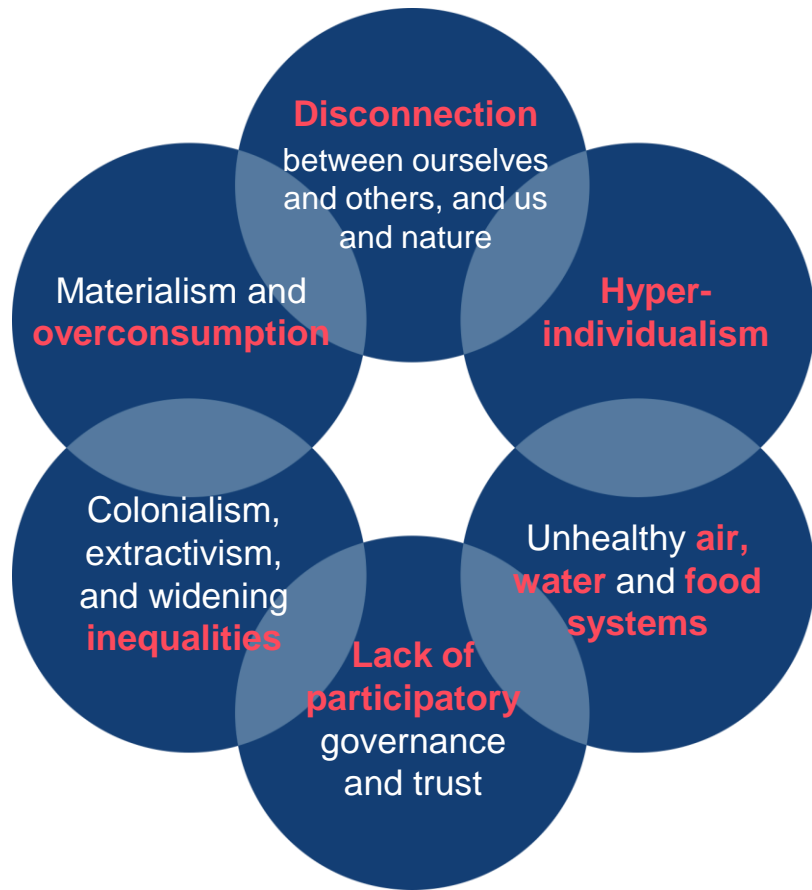
What is possible?

"Climate change is the greatest global health threat facing the world, but it is also **the greatest opportunity to redefine the social and environmental determinants of health**"

The Lancet Countdown

"**A vision is needed that the world is worth fighting for.** We need to rethink the way the world works now.

So how do we change minds? **A change in feelings changes minds**"

Brian Eno 2022

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Questions from the audience (5min)

Thank you and closing remarks

Dr Peter Byrne and Professor Mark Petticrew

Feedback

We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you.

Please use the QR code to access the online form.

Paper copies are also available on your tables.

Feedback Form: Symposium on the Commercial Determinants of Mental Health