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SCPN

Scottish Cancer Prevention Network

Newsletter

Editorial

Welcome to 2010 and the first quarterly newsletter of the Scottish Cancer Prevention Network (SCPN). The network is made up of people from all walks of life who want to enhance action to reduce the risk of cancer in Scots and help maintain the health of those who have had successful treatment for the disease. The network aims to facilitate the exchange and sharing of knowledge and understanding about **what** can be done to reduce the risk of all types of cancer.

Our knowledge on cancer prevention is based on scientific research and we already know a good deal about this in terms of statistics. For example, current estimates tells us that around 40% of breast and bowel cancer can be prevented with the best possible diets and activity levels (and that is before we even consider tobacco). For non-smokers, efforts to move towards a healthier diet (food *and* drink intake) and active life need to be put to the top of the prevention agenda.

However, the focus of our agenda is the challenge of **how** to change lifestyles to try and optimise diet and activity choices (and other cancer risk behaviours like excess sun exposure) for overall cancer prevention. The exchange of knowledge that the network wishes to promote is about **what** is going on **where**, **how** and with **what** effect. Many, many agencies, organisations, communities and groups support efforts for cancer research but what is needed alongside this effort is personal, professional, public, private and third sector action for reducing cancer risk. Clearly we need to learn from each other what can help to make a difference.

The SCPN is supported by The Scottish Cancer Foundation, a small Scottish cancer agency which has facilitated cancer research activities. Some of the SCPN members are University researchers who are not only eager to pass on the findings of their work, but more importantly recognise that they have had too little impact on the health of Scots. Greater insight is needed on moving evidence into practice. In the current climate, researchers, practitioners, voluntary agencies and policy makers need to know more about each others work in order to make a greater collective effort. This work includes getting the message right (and consistent) but must include moving beyond education and awareness raising to understanding more about the contexts within which people live their lives and helping to identify community, local and national actions to help reduce cancer risk in Scotland.

In 2009, Scotland has led the United Kingdom in rolling out the bowel cancer screening programme. SCPN would like to see Scotland leading in more areas of cancer prevention activities. The responsibility for this rests with us all and we hope the network can facilitate "joined up action" that can create a greater support for creating healthier ways of life.

In this issue:

Editors

Annie S. Anderson
Bob Steele

Tackling Health Inequalities and Cancer Prevention

NHS Tayside have completed a draft Health Equity Strategy called “Communities in Control” which NHS Tayside board agree is as fairly radical and ambitious as it could be. The draft strategy lays out that tackling health inequalities is the highest single priority for NHS Tayside. It sets out the aim to dramatically reduce the inequalities gap: to aim for Health Equity within a generation. The main methods advocated are to:

- improve access to services in the most deprived areas
- support people to lead healthier lives
- give control of health back to communities as a tool to build social capital and resilience.

Control doesn’t just mean control of health service decisions through involvement, it means handing back health roles which are better carried out by caring communities than by institutions.

This agenda is highly relevant to cancer prevention efforts such as screening as incidence and mortality rates are far higher in deprived populations than in affluent. However, the strategy concludes that the answer is not to send more screening units or invitation letters to people in deprived areas. The answer is to adopt a community collaborative approach which puts local communities in control of these efforts.
We must work with small communities in the ways described throughout the strategy: within the context of a community development programme; to involve people in the understanding of why these efforts are helpful; to find out what would motivate them to attend screening; and to involve them in the programmes we might then develop, both in their design and their delivery.

As highlighted in the strategy this approach has been used successfully in a range of topics, including cancer screening and needs to be adopted across Scotland. Communities in Control can be accessed and commented on until January 29th 2010 at www.taysidepublichealth.com.

Health Inequalities and Smoking
The application of social marketing to behaviour change

Smoking prevalence is very closely linked to social disadvantage. People from disadvantaged communities are less likely to engage with smoking cessation services and are less likely to successfully stop smoking when they do engage. In the highly disadvantaged communities found in Dundee, smoking is part of the normative culture and engaging with smokers requires more innovative approaches.

One innovative approach involves the use of social marketing methodology. Social marketing is the "systematic application of marketing – alongside other concepts and techniques – to achieve specific behavioural goals for social and public good." (Jeff French and Clive Blair-Stevens, 2006). For social marketing to be successful it has to gain a deep insight and understanding about the client, their knowledge, attitudes, beliefs and the social and economic context in which they live. The social marketer has to be able to see the world from the client's perspective.

In Tayside we have applied social marketing to a wide range of projects including two ground-breaking initiatives on smoking. The first 'Give it up for Baby' (GIUFB) was introduced in 2007 following an insight focused research with community groups. This initial research, coupled with evidence on the use of disposable income as an incentive to motivate behaviour change, led to the development of the GIUFB initiative. This initiative

Continued from page 2.

provides financial incentives (grocery vouchers of £12.50 per week for 12 months) to pregnant mothers who have quit smoking (verified by weekly CO tests). The success rate of GIUFB is much greater than was previously achieved, with figures in September 2009 indicating that 59% of women maintained their quit attempt at 4 weeks and 41% at 12 weeks. Comparative Scottish figures are 38% at 4 weeks and 17% at 12 weeks.

As a result of the success of GIUFB the Scottish Government funded NHS Tayside to apply its social marketing model to Dundee smokers from deprived communities (36,000 people). This pilot project is similar to GIUFB but vouchers are given out for a maximum of 3 months rather than 12. The project is funded for 2 years and is subject to a major evaluation led by Edinburgh and Aberdeen Universities. Since its launch in March 2009, early results indicate that 800 people have joined the scheme and there is a 49.6% quit rate at 4 weeks. Given the fact that the target audience is from dep. cats. 5, 6 and 7, then this quit rate is very impressive. Figures for 3 month quit rates will be available in the near future. The eventual target at the end of 2 years is 1800 quitters and the project is on course to achieving that goal.

Paul Ballard
Deputy Director of Public Health, NHS Tayside

Cancer Survivorship..

Pollard A et al (2009) Health behaviour interventions for cancer survivors: An overview of the evidence and contemporary Australian trials

"Lifestyle modification is an increasingly important component of cancer survivorship to ameliorate the effects of treatment, minimise the risk of associated co-morbidities and promote longer term health. Translational research that systematically implements and evaluates evidence-based interventions targeting health enhancing behaviours is an important challenge for researchers and clinicians.....

Cancer Forum (2009) Vol 33 Special issue on Survivorship

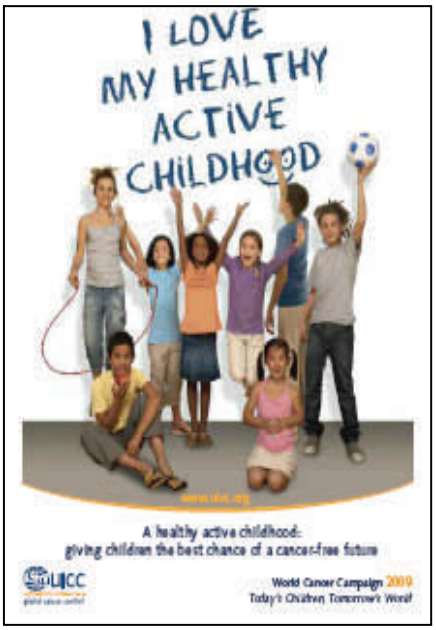
Have a look at what other countries are doing about Cancer Prevention

Australia ...communicating a not so sunny message
http://www.youtube.com/watch?v=QIcTDHvbvIs
http://twitpic.com/pk1yh

USA.....promotion for creating healthy communities
http://www.cancer.org/docroot/subsite/greatamericans/content/Create_a_Healthy_Community.asp

Canada... safe sun message for kids a practical resource
http://www.cancer.ca/~/media/ccs/canada%20wide/files%20list/english%20files%20heading/library%20pdfs%20-%20english/fortune%20teller%20-%20complete%20document%20-%20english_71667591.ashx

Internationaly.. have you seen the UICC publication- Giving children the best chance of a cancer-free future
http://www.uicc.org/templates/uicc/pdf/special%20reports/scientific%20report.pdf



Tobacco and Primary Medical Services (Scotland) Bill

The above Bill is currently progressing in the Scottish Parliament and includes measures to:

- Ban Point of Sale displays of tobacco products
- Ban tobacco vending machines
- Introduce a register of tobacco retailers with a new enforcement regime

The Health Committee has also agreed some additional measures for inclusion including to:

- Ban the proxy purchase of tobacco for under 18s
- Criminalise the purchase of tobacco by under 18s.

Much of the debate has focused on the need to protect children from tobacco advertising and to 'denormalise' tobacco. The final parliamentary vote should take place later this month. There are plans to phase in the Point of Sale display ban, with supermarkets starting in 2011 and smaller shops in 2013.

These measures have been supported by the Scottish Coalition on Tobacco, whose members include ASH Scotland, The British Heart Foundation, Cancer Research UK and the British Medical Association. There has been significant advocacy work in support of these measures, focusing on members of the Health Committee, Ministers and officials.

SEE ALSO

Australian research suggest that tobacco displays cause quitters to relapse. A news release from the Australian cancer Council reports that *"Seeing cigarettes for sale increases the likelihood of a person smoking within a four hour period by more than 25 per cent"* , http://www.cancer.org.au//Newsmedia/mediareleases/mediareleases2009/9October2009.htm

Sunbeds

On 1st December, the sunbed regulations contained in the 2008 Public Health Act came into force across Scotland. These regulations mean that it is now illegal for an operator to allow anyone under 18 to use a sunbed, that sunbed salons must be staffed, and that health information must be provided to all customers to advise them of the dangers of using sunbeds.

With Wales and Northern Ireland now looking to take similar action we can again claim to be leading the way in cancer prevention in Scotland. This has been the result of extensive advocacy work over a number of years from various NGOs, researchers, clinicians and environmental health, as well as the work of a very dedicated and determined MSP.

Cancer prevention in Scotland – want to get involved in SCPN activities?

If you have 10 minutes a week, 10 hours a month or anytime at all let us know. Help is needed with wee things like typing, filing, phone calls and bigger things like organising visits, preparing materials.....

If you have something interesting to pass on to the SCPN Newsletter about Cancer prevention in Scotland let us know e.g.

- An interesting newspaper article
- Your questions and queries about advice and actions
- Your views and experience
- A report
- Update of work in progress

Dont worry about the writing style or length – we can edit!

a.s.anderson@dundee.ac.uk

Processed meat and bowel cancer- some perspectives

Millions of pounds have been spent on research to identify what causes cancer including longitudinal work from very expensive cohort studies, laboratory investigations and experimental intervention work. In 2009 The World Cancer Research Fund (WCRF) published the most comprehensive review of diet and physical activity and the prevention of cancer providing a robust evidence base to inform prevention strategies. Having spent so much on research to identify the causes it now seems unethical not to act on that evidence.

One area in which evidence has been mounting over the years is the relationship between red and processed meat and bowel cancer. The evidence base is more than just one of statistics but also draws on laboratory evidence about the process of cancer development.

In a recent press release, WCRF described the benefit to the population of decreasing intake of processed meat "*about 3,700 of the 37,000 cases of bowel cancer diagnosed every year in the UK could be prevented if everyone ate less than 70g of processed meat* ***per week****. This is roughly the equivalent to three rashers of bacon*".

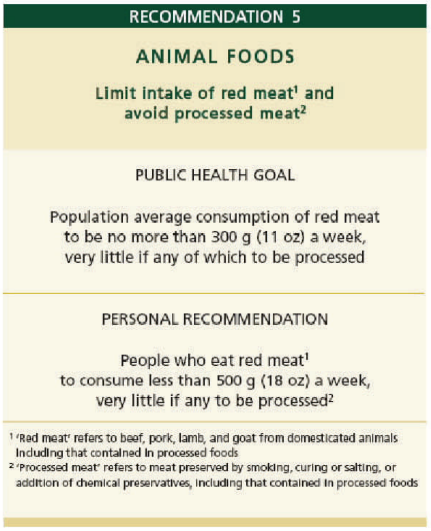
Great to know that NOT everyone who ever eats a bacon roll on a Sunday should be on alert! However, it is worth thinking about the amount of processed meat that is consumed. Our current intake in Scotland is about 23g per day (161g per week) more than double that highlighted by WCRF above. Intake also varies by area of deprivation status with the least well off eating significantly more (220g per week).

Sceptics always say that vegetarians still get bowel cancer whilst the biggest sausage devotees escape and live to a ripe old age. The reality is that most bowel cancer (like many other cancers) arises from a gene- environment interaction. Sadly, we cannot yet pin point every last genetic component of risk and say with confidence that there is NO genetic risk when gene testing is undertaken. Importantly, we can do nothing about our genetic heritage. The old phrase "*genes load the gun and the environment pulls the trigger*" is worth remembering when trying to weight up risk reduction.

Changing intake of processed meat is not going to be easy in Scotland, where meat of all sorts has been an important part of our food production (livelihoods, jobs and economy), a notable part of our food culture and often perceived as a value for money option. Whilst agencies responsible for evidence based health policy consider how best to facilitate this dietary change it is interesting to observe awareness of this evidence among the general public.

WCRF recently undertook a cross sectional survey of awareness of cancer risk and key health behaviours. It was heartening to see that the Scottish sample seemed to fare better than the overall UK sample on most items (e.g. 94% for a link between smoking and cancer compared to 90% for the rest of the sample) except for the item on processed meat where only 37% of Scots reported having heard this message. WCRF also report that men were less likely to be aware of this message than women which is a bit worrying given intakes of processed meat in men are almost double that of women.

Animal Foods (WCRF, 2007)


RECOMMENDATION 5

ANIMAL FOODS

Limit intake of red meat[1] and avoid processed meat[2]

PUBLIC HEALTH GOAL

Population average consumption of red meat to be no more than 300 g (11 oz) a week, very little if any of which to be processed

PERSONAL RECOMMENDATION

People who eat red meat[1] to consume less than 500 g (18 oz) a week, very little if any to be processed[2]

[1] 'Red meat' refers to beef, pork, lamb, and goat from domesticated animals including that contained in processed foods
[2] 'Processed meat' refers to meat preserved by smoking, curing or salting, or addition of chemical preservatives, including that contained in processed foods

- 300g cooked (40g/day) = 400-450g raw per week
- 500g cooked (70g/day) = 700-750g raw per week
- Red meat need not be a daily food
- One average portion red meat every other day
- Poultry, fish and eggs- little risk

Clever Communication – US Style

In a bid to inform consumers' choices when dining out, the United States is moving towards providing calorie information on menus. If you are hesitant about menu labelling when dining out you are not alone, in many US states the restaurant industry have attempted to prohibit legislation making calorie menu labelling mandatory. However a communication strategy from New York City (NYC) Department of Health and Mental Hygiene[1] stresses the need for clearer information when dining outside the home.

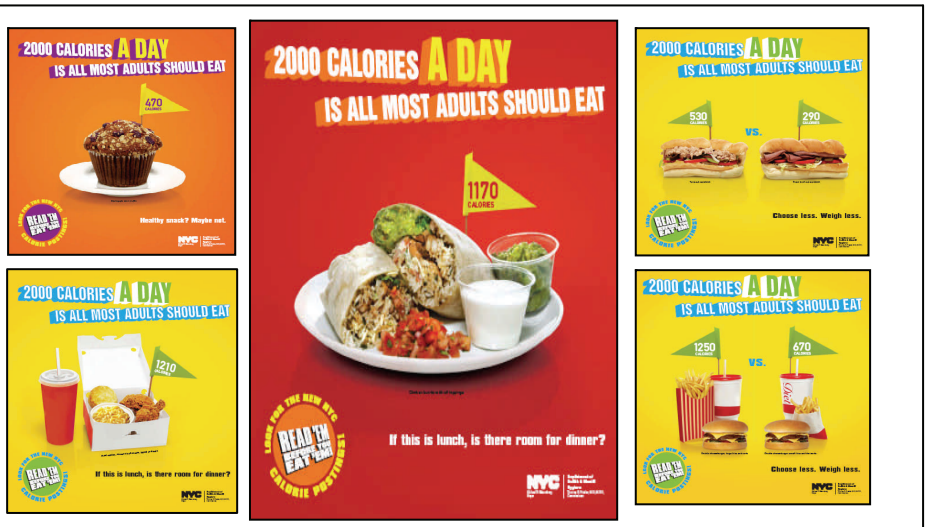


Figure 1 – Posters taken from NYC "Read 'em before you eat 'em" campaign[1]

The eye catching images in Figure 1 highlight the value of menu labelling and when we consider the calorific value of everyday foods the necessity for providing this information to consumers is clear. Additionally reports indicate that consumers who see calorie labelling are more likely to consume less calories[2] (figure 2[2,3]), thus the potential public health benefits are considerable.

But for those of you not lucky enough to be visiting the US this holiday season do not despair - help is on hand. The Food Standards Agency have compiled a handy selection of top tips for healthy eating away from home[4].

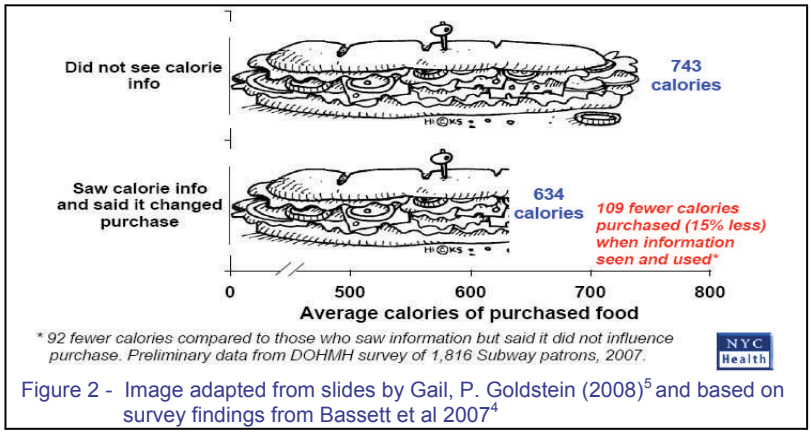


Figure 2 - Image adapted from slides by Gail, P. Goldstein (2008)[5] and based on survey findings from Bassett et al 2007[4]

1. New York City Department of Health and Mental Hygiene (2008) "Read 'em before you eat 'em" campaign. Accessed on 2nd of December 2009, Available at: http://home2.nyc.gov/html/doh/downloads/pdf/calories/Calorie-Posters.pdf

2. Bassett MT, et al. (2007) Purchasing Behavior and Calorie Information at Fast-Food Chains in New York City, 2007. *American Journal of Public Health*, 2008;98:1457-1459.

3. Goldstein, GP. (2008). PowerPoint presentation entitled "Calorie Labeling in New York City Restaurants: An Approach to Inform Consumers."Accessed on: 4th of November 2009, Available at: http://www.cspinet.org/canada/2008conference/presentation/Goldstein_CalorieLabeling.ppt#312,25, For more information, visit www.nyc.gov/calories

4.Food Standards Agency. Eating out healthily. Accessed on 2nd of December 2009, Available at: http://www.eatwell.gov.uk/healthydiet/eatingouthealthily/

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