Volume 2 Issue 1 January 2011

SCPN Scottish Cancer Prevention Network Newsletter

Editorial

New Years Resolutions? Every year we take stock of what looks like a rosy new future as we set visions for the year ahead. The New Year starts (as always) with celebrations to mark the exit of the past 12 months with humour, warmth, laughter and the quintessential nip/dram/bubbly/vino to help one and all to party.

It wouldn't quite be Hogmanay in Scotland without a glass of something. In my childhood, Hogmanay was, in fact, the only night of the year that there would definitely be an alcoholic drink served. The obligatory purchase of a bottle of whisky (to provide a nip for male visitors who came over the doorstep in January) and bottle of sherry (to provide the ladies with a glass the size of a tiny medicine cup) were high on the list of seasonal preparations. The remains of the bottle were for medical purposes- the toddy for winter chests and the teaspoonful dose for the toothache. Birthdays and anniversaries were unmarked by alcoholic celebrations. Tea, scones, shortbread, clootie, laughter and mirth were in good supply but no sign of a bottle.

My parents approach to alcohol relaxed in my teens when my New Zealand brother in law requested beer to drink. This was assumed to be related to his upbringing in a warm climate where cold beer would have been considered a staple. New bottles started appearing. Advocaat (with its medicinal properties as a tonic) and something vaguely Martini-like brought by an aunt to symbolise modern ways of life. I introduced wine (Mateus Rose and the like) and over the space of three decades the glasses cupboard became rather busy with the addition of foreign bottles and cans. When I cleared the family home there was, however, little in the way of bottles to remove... drinking had never really caught on!

As New Years day 2011 approached I took stock of the bottles in our cupboard(s), the bottles in the garage and the selection in the fridge and then I thought of my New Years resolution. Last year I succeeded in having 3 alcohol free nights per week, this week it will be more. This won't be done without effort, comments from friends and notes of disbelief. I won't revert to a dram only in January but I will revert to thinking hard about the increased risks for my health of even relatively low levels of consumption, notably breast cancer. I will also think about the role model I am to my teenage offspring. I also know that many of my professional colleagues will also be considering their bottle collection and I bet the most common health conversation we will have this year will not be about how much we managed to drink but our success at drinking less. Starting that conversation is also part of the resolution.....

Cheers !

In this issue:

We need contributions for the newsletter... send on details to a.s.anderson@dundee.ac.uk
See also www.cancerpreventionscotland.co.uk/

Editors
Annie S. Anderson
Bob Steele

Time For Increased Alcohol Awareness Amongst Students?

A paper entitled *Changes in undergraduate student alcohol consumption as they progress through university (Bewick et al (2008) BMC Public Health 19, 8:163) reported that* alcohol consumption declines over the years of undergraduate studies. However weekly levels of consumption at Year 3 remain high for a substantial number of students. One key strategy in combating this problem is to challenge the promotion of alcohol at fresher events and other student targeted events that encourage excessive drinking. Another key strategy is education and raising awareness of the associated dangers. Reports have shown students may be informed of the risks of intoxication but are rather less informed on the long term health implications of excessive drinking.

There are however, examples of how to engage students in alcohol reduction messages including actions around Mouth Cancer Awareness Week. Professor Graham Ogden (Professor of Oral Surgery, University of Dundee) has provided a few examples

"What used to be Mouth Cancer Awareness Week has now become Mouth Cancer Action Month. Every November a series of initiatives are planned throughout the country. For a number of years staff and students in the Dundee Dental School have run a series of initiatives, that have included speaking to local schools about alcohol and mouth cancer, running a drop in mouth screening clinic, and other activities within the dental hospital and Ninewells hospital.

After the 2009 campaign, Dundee University Student Association officers asked us for an Oral Health campaign which was held earlier in 2010 and covered issues concerning mouth care, how to find an NHS dentist and the effects of alcohol and tobacco on the mouth. This proved to be very popular with the students in the Union and was actively supported by the Dundee dental students".

Clearly, such initiatives help students to raise awareness through peer education and other novel routes. However, the bigger influence of alcohol marketing and cheap sales remain a major deterrent for promoting lower alcohol intakes amongst student groups.

Public Health In England

Public Health in England- directions for change?
The English white paper on Public Health (Healthy lives, Healthy people) was launched on 30th November (http://www.official-documents.gov.uk/document/cm79/7985/7985.pdf). The buzz words are local government, tackling health inequalities and building the Big Society. The government now plans to work collaboratively with business and the voluntary sector through the Public Health Responsibility deal with five networks on food, alcohol, physical activity, health at work and behavior change. This approach has attracted considerable scepticism (see http://www.guardian.co.uk/politics/2010/nov/12/government-health-deal-business),not least because putting the food industry in a key role for promoting dietary change that fundamentally needs us all to eat and drink less seems more than just a little counterintuitive. Critics have warned it will be the tobacco industry running tobacco control next.

The white paper puts considerable emphasis on the "intervention ladder" where enabling and guiding choice occupy 50% of the rungs, with choice restriction and elimination (e.g. regulation) given rather less obvious footage. Indeed the government places great store on the latest techniques of behavioral science that is "nudging people in the right direction rather than banning or significantly restricting choices". Let's hope Scotland sees what "the nudge" approach achieves or DOES NOT achieve before accepting with a wink.

Alcohol Promotion In Soaps

Soaps have recently come under fire for their portrayal of alcohol consumption. They have been criticised because young people make up a large portion of soap viewers (around 47 percent are 11-17 years old) and can be influenced by what they see on their screens. If alcohol consumption is shown through rose tinted glasses we are clearly on the dangerous path of promoting consumption amongst a group already drinking much more heavily than their predecessors. On average, alcohol consumption is given over 38 percent of air time although the negative effects of high consumption are hardly ever depicted, according to new research by alcohol awareness charity Drinkaware. There is concern that the lack of emphasis on the adverse effects of excess drinking fails to communicate the negative consequences experienced by so many people. The Drink Aware study examined the representation of alcohol in the UK's top four soap operas - Coronation Street, Eastenders, Emmerdale and Hollyoaks. Consistent with real life, the report found many characters use alcohol as a way to socialise and relieve stress, but the absence of the portrayal of after effects of consumption misses the opportunity to provide an insight to the consequences of alcohol misuse

Other observations from the research include:
Nearly one fifth of soap coverage features 'active' depictions of alcohol consumption, where a character is drinking, buying or accepting an alcoholic drink.

More than two fifths of adults would turn to a cup of tea to relax after a stressful day, while a third would have an alcoholic drink. In soaps however, 15% of scenes featuring alcohol represent it as an aid to relaxation but only 9% of all scenes feature tea.

A total of 836 drinks (equivalent to more than 3000 units of alcohol) were consumed on soaps during the six week monitoring period, including 188 pints of beer, 286 glasses of wine and champagne and 84 servings of spirits.

http://www.drinkaware.co.uk/features/having-fun/alcohol-in-soaps

A Sweet Thought…..

Following the run up to Christmas and with the excitement of the January sales around the corner, few of us can avoid the high street at this time of year.

As many consumers are tempted to splash out on bargains, retailers are creatively attempting to maximise sales and profits across the board and for many this includes increasing point of purchase confectionery sales.

After spending numerous Saturday afternoons shopping for gifts, It is clear that many clothing stores currently stock confectionery items at till points and check-outs. Various clothing retailers boast an array of family and snack size confectionery products at check-outs and queuing areas - increasing the consumer's vulnerability to consume high calorie snacks (and lots of them).

In contrast, the positioning of confectionery products at check outs in food supermarkets has declined in recent years[1]. In light of such positive developments in food retail outlets, is the recent introduction of point of purchase confectionery positioning in clothing stores a step backwards for public health?

[1] WHICH? (2009) *Hungry for Change? Which? Healthier Choices Progress Report 2009* [Online]. Available: http://static.which.net/static/html/pdfs/hungry_for_change.pdf [Accessed 30th December 2010].

Dr Dionne Mackison

Alcohol In Scotland….Some Figures

Q 1. In 2006-2007 how many children (aged under 18 years) were admitted to acute hospitals for an alcohol related diagnosis?

a) 109 b) 545 c) 1094 d) 2188

Q 2. In 2007-2008, NHS Tayside spent how much treating the 26,463 people who presented at A&E with an injury after drinking?

a) £0.4m b) £1.2m c) £1.8m d) £2.4m

Q 3. In 2006-2007, how many people were treated in Scottish hospitals after binge drinking?

a) 30,125 b) 35,357 c) 40,626 d)42,262

http://www.bma.org.uk/health_promotion_ethics/alcohol/humancostalcohol.jsp?page=6

Q 4. In the UK, what is the estimated % of cancer of the oesophagus which might be prevented if alcohol intake was neglible?

a) 10% b) 22% c) 39% d) 51%

Q 5. In the UK, what is the estimated % of cancer of the breast which might be prevented if alcohol intake was neglible?

a) 12% b) 16% c) 22% d) 42%

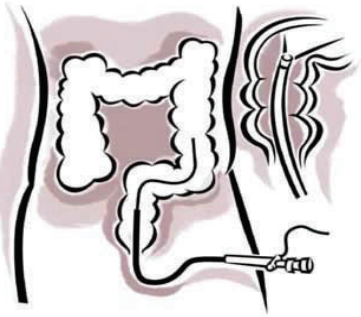
Reference: WCRF (2009) Policy and Action for Cancer Prevention

Answers: 1) c 2) d 3) d 4) d 5) c

Office For National Surveys Reveal A Sad Scottish Profile:
In November, ONS (http://www.statistics.gov.uk/pdfdir/ukhealth1110.pdf) latest health bulletin across the four home countries reported that cancers are the largest cause of death for **women**, responsible for 159 deaths per 100,000 population and this figure reaches 181 deaths per 100,000 in Scotland. Heart and circulatory disease is responsible for more male deaths and again this is highest in Scotland. It is interesting to speculate on possible causes. Few are offered by the data collected by ONS, although one relevant observation is that 24% of Scottish women smoke compared to 20% in England.

Flexible Sigmoidoscopy Screening…….Is Scotland Ready?

In a recent multi-centre trial, a one off flexible sigmoidoscopy carried out between the ages of 55 and 65 was shown to significantly reduce both deaths from colorectal cancer and the incidence of the disease, presumably owing to the removal of pre-malignant adenomatous polyps. The follow up period for this trial was 12 years and the effects on both mortality and incidence was maintained throughout the entire time period. These results are impressive and confirm that screening for colorectal cancer can be preventative as well as reducing deaths by early diagnosis. This trial has prompted a very strong call, channelled through the National Screening Committee, to introduce flexible sigmoidoscopy screening. Indeed, the Government has announced that funding will be made available to carry out pilots in England with a view to complete roll out. It has been suggested that flexible sigmoidoscopy should be carried out between the ages of 55 and 60 prior to the introduction of the English Faecal Occult Blood Test Programme.



In Scotland, however, there are no plans to introduce flexible sigmoidoscopy at present, although the matter is receiving very serious consideration by the Bowel Screening Programme Board. The main cause for concern realtes to uptake of flexible sigmoidoscopy as a screening test. Although uptake in the recently reported trial was 71%, only those who had already expressed an interest in being screened were randomised and this accounted for only half of the eligible population. In other words, this trial was an efficacy rather than an effectiveness trial and does not give us reliable information on how flexible sigmoidoscopy would perform at a population level.

Interestingly, a paper written in 2002 on the uptake of flexible sigmoidoscopy in Glasgow (one of the centres participating in the trial) indicated a total uptake of 24% and an uptake of 12% in the most deprived quartile of the population. It is also of interest that a recent Norwegian trial of flexible sigmoidoscopy screening which was population based and achieved an impressive uptake of 67% showed no effect on colorectal cancer mortality or incidence, suggesting that an unselected population may respond less favourably to flexible sigmoidoscopy than a population selected on the basis of positive intention.

The other major issue surrounding flexible sigmoidoscopy is that it has never been compared directly with a programme of faecal occult blood testing. In addition, most of the evidence that we have on the performance of faecal occult blood testing is based on the guaiac test and the relatively recent introduction of quantitative faecal immunological testing (FIT) offers an opportunity to further refine screening based on faecal testing. Currently in Scotland an evaluation is being carried out of quantitative FIT and the results, which should be available in the Spring of next year, will inform this debate.

In summary, before Scotland is ready for flexible sigmoidoscopy screening there are a number of unanswered questions that need to be addressed. The ideal approach to these questions would be to carry out a randomised trial of flexible sigmoidoscopy superimposed on the current faecal screening programme, preferably with FIT. It is to be hoped that this can be carried out so that any decision regarding the introduction of flexible sigmoidoscopy screening for the Scottish population can be made in the light of robust and relevant evidence.

RJC Steele

Scotland Remains Proud Of Smoke-Free Public Places

The Netherlands have recently changed their smoke-free legislation from a full ban on smoking in all cafes, bars and restaurants (introduced on 1 July 2008) to an exemption for bars up to 70sq metres which don't employ any staff other than the owner, ie they are run by the proprietor.

UKIP MEP for North West England, Paul Nuttall, praised the Dutch government and said he hoped the Westminster Government would follow suit. I am pleased to say that Mr Nuttall will be disappointed as the smoke-free legislation in the UK remains robust with both the public and the governments of the four nations strongly supporting public places smoking bans.

In Scotland as we near five years of smoke-free public places, not only is the law widely supported in terms of both public opinion and compliance, but we are also beginning to feel real health benefits. A number of research studies have evaluated the impact of smoke-free public places and demonstrated excellent health outcomes for Scotland. These include a 39% reduction in second-hand smoke (SHS) exposure amongst non-smoking adults and 11 year olds; an 86% improvement in air quality in bars; an 89% reduction in SHS exposure in bar workers and improvements in their respiratory health; and a 17% reduction in hospital admissions for acute coronary syndrome, and a reduction in the rate of hospitalisation for asthma, including amongst children.

Research has also shown that more people are introducing smoke-free practices into their homes and that there has not been a displacement of smoking from public places into the home.

This is all great news for those who campaigned for smoke-free public places and for the MSPs who voted in favour of this legislation. It is often cited as one of the best laws the Scottish Parliament has passed and one that MSPs are most proud of. Jack McConnell, Scotland's First Minister, who brought forward the legislation in 2005, often cites this as his best achievement in office and his proudest moment. He has said he knew it was the right thing to do to tackle Scotland's terrible health record and he was right. 13,300 adult deaths every year – a quarter of all deaths – is a terrible indictment for our nation.

The Netherlands have taken a backwards step in relaxing their laws which protect people from the harmful effects of tobacco smoke. In Scotland, we remain proud of our smoke-free public places, and of the major step forward we took in tackling Scotland's biggest killer.

Sheila Duffy
Chief Executive
ASH Scotland

The World Cancer Research Fund (WCRF) have recently commissioned a YouGov survey on awareness and behaviours related to cancer development and have provided some interesting insights to barriers perceived by Scots to being more physically active (http://www.wcrf-uk.org/audience/media/press_release.php?recid=137). The greatest reported challenge remains time pressures (from work or family or home) reported most by 34% , followed by the financial cost (30%) of gyms, leisure centres and so on. The next barrier (reported by 27%) was bad weather . Predictably the UK average response was 18%. The question is then what can we recommend for those long winter, wet and icy days? The standard recommendation is to try and achieve at least 30 minutes brisk walking per day but we really need to think beyond this and have a pool of ideas for indoor movement. Home exercise DVD's, indoor stepper, home based workouts are some low cost options. More novel approaches include hula hoops and dance routines (clear the living room first). For those that venture out, a good brisk extended window shopping trip can be quite energetic (especially of the coffee shops are avoided). One thing for sure is that , in Scotland, we can't just wait for the good weather.

Breakthrough Generations Study

In each issue of the newsletter we ask cancer agencies working in Scotland to tell us something about the work they are doing in relation to prevention. Audrey Birt at Breakthrough Breast Cancer provides an insight to the **Breakthrough Generations Study**

Over 4,000 women are diagnosed with breast cancer each year in Scotland. Many of these could, in principle, be prevented, but to do so we need to gain a better understanding of the causes of breast cancer.

Scientific evidence indicates that the causation of breast cancer involves a complex mixture of factors – some to do with behaviour, such as lack of exercise, some to do with environment and some genetic (inherited). These factors act at many different stages of life, probably starting before birth, and continuing to the menopause and beyond.

To find out what these factors are and how they combine with each other to cause breast cancer, the Breakthrough Generations study was established.

This is the world's largest, most comprehensive study into the causes of breast cancer and 7,000 of the 10,000 women taking part in the study are from Scotland. In addition, 42 of the 45 female MSPs in the Scottish Parliament are also involved in the study.

The Breakthrough Generations Study will make links between lifestyle, hormonal, environmental and genetic factors that cause breast cancer. It is hoped that women can be offered tailor-made health advice based on new insights into the causes of breast cancer. It may even be possible to identify women at high risk of breast cancer and give them preventative treatments.

Ultimately, we want to eradicate breast cancer. And to do that, we need to know its causes. That's why the Breakthrough Generations Study plays such a significant role in preventing breast cancer in the future for women in Scotland, the UK and across the world.

Audrey Birt
Director for Scotland
Breakthrough Breast Cancer

For more information on the work of the Generations Study please visit:
http://www.breakthroughgenerations.org.uk/

For more information on breast cancer risk factors please visit:
http://breakthrough.org.uk/breast_cancer/breast_cancer_facts/risk_factors_general_information/index.html

For more information on the work of Breakthrough Breast Cancer in Scotland please visit:
www.breakthrough.org.uk

Women and Waists

Recent data from the health survey for Scotland show that 41.9% of women have a waist circumference greater than 88cms (equivalent to obesity risk) and this has increased from 34.3% in 2003. This is important for cancer prevention because excess central fat stores increases cancer risk. A large waistline is thought to increase risk for cancers of the bowel, pancreas, breast (postmenopausal) and endometrium .

WCRF provide helpful guidance on this topic noting that a healthy waist measurement is less than 31.5"/80cm for women; less than 37"/94cm for white and black men; and less than 35"/90cm for Asian men.
For more details see Women's Health Guide that can be downloaded at www.wcrf-uk.org/publications

Vitamin D Update 2011

The long awaited Institute of Medicine (IOM) report on Dietary Reference intakes for calcium and Vitamin D is now available (http://www.iom.edu/Reports/2010/Dietary-Reference-Intakes-for-Calcium-and-Vitamin-D.aspx). This review supports the importance of vitamin D in bone health but says the evidence for benefits , or that it is causally related to other health outcomes (including cancer) is not yet compelling.

The report suggests that existing evidence shows that nearly all individuals meet their needs at RDA intake levels , and for vitamin D at 25OHD levels of at least 20nmol/litre, (even under conditions of minimal sun exposure). It is notable that the committee report that higher levels have not been shown consistently to confer greater benefits, despite an often held view that "more is better". They also note that the prevalence of vitamin D inadequacy in the North American population has been overestimated by some groups due to inappropriate cut-off points. The committee pointed out that once intakes of vitamin D surpass 4000IU's (100 µg) per day the risk for harm begins to increase. Serum concentrations of 25OHD above 125nmol/litre have also been reported with increased risks. The committee stressed the need for urgent clinical and public health consensus cut points for serum 25OHD to avoid under and over treatment

It is worth noting that in the UK , The Scientific Advisory Committee on Nutrition (SACN) reviewed vitamin D and health in 2007. The current Dietary Reference Values (DRVs) in the UK do not set a Reference Nutrient Intake for vitamin D for adults or children over four years of age who receive adequate sunlight exposure. This issue is an important one for Scotland where plasma 25(OH)D concentration less than 25nmol/l is indicative of low vitamin D status.

The current Reference Nutrient Intake (RNI) for pregnant and breastfeeding women is 10µg (400 IU)3 vitamin D per day. For children under the age of four years it is 7-8.5µg (280-340 IU)per day and for those in the population aged over 65 years or confined indoors is 10µg vitamin D per day.
Importantly, SACN has also agreed to review vitamin D and a scoping paper for future work has now been discussed

http://www.sacn.gov.uk/pdfs/SACN1017%20-%20Draft%20Scope%20for%20Vitamin%20D%20review.pdf

SCPN Update 2011

The next newsletters are scheduled for April, June and October, 2011.
Please feel free to pass these on to anyone who may be interested in cancer prevention.

Individuals who would like their names added to the mailing list should contact Annie Anderson at a.s.anderson@dundee.ac.uk.

SCPN hope to host three events during 2011 (depending on interest)

Workshop 1- May 2011
For nurse specialists
Brief interventions for helping patients (post treatment) change diet, activity and body weight(and how to broach the topic)

Workshop 2- September 2011
Cancer survivorship and health inequalities

Confrence- November 2011
Cancer prevention in Scotland- where are we now?

If you or your colleagues are interested in attending any of these please contact us asap (a.s.anderson@dundee.ac.uk)

Please see updated Website (http://www.cancerpreventionscotland.co.uk/)
for further updates and new information

Thanks to Amos Woro (graduate intern who has assisted in the preparation of the current newsletter and website)