

Submission to  
Seanad Public Consultation Committee

*Changes in lifestyle can prevent approximately one third of cancers. How does Government and Society respond to this challenge?*

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## Introduction

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for population health.

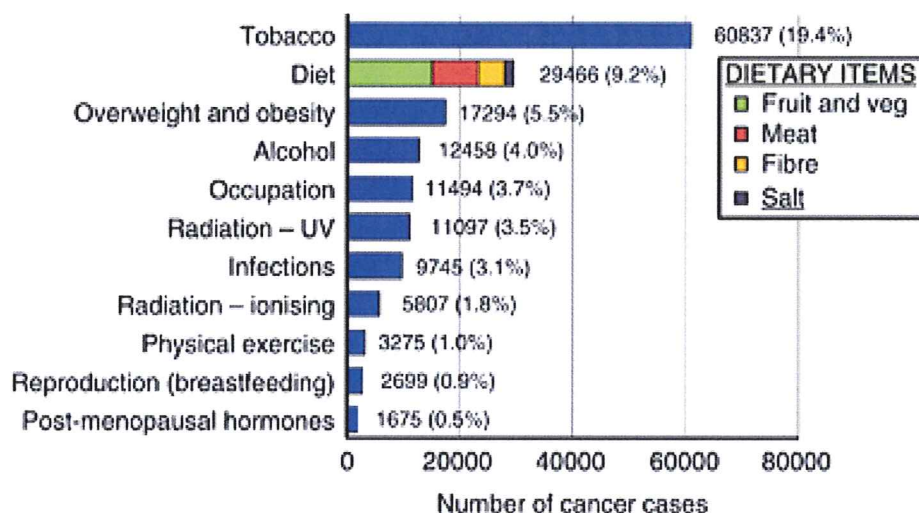
IPH welcomes the opportunity to contribute a written submission to the Committee's consideration of this public health priority. Our submission presents recommendations based on the international evidence-base as well as national cancer data and research. Recommendations are made from the context of the current national policy and legislative frameworks. Our findings show the substantial scope for enhanced cancer prevention in Ireland. However, to say that cancer is preventable does not mean that it can be eliminated, rather it means that the age at which someone gets cancer can be substantially delayed and that overall cancer mortality rates can be reduced. The recommendations herein are restricted to primary prevention, meaning the maintenance and promotion of external factors that can protect against cancer and the reduction of exposure to factors known to play a role in causing cancer. The control of cancer by means of screening and elimination of early cancers and precancerous lesions is not dealt with in this submission.

IPH has a significant portfolio of work relevant to cancer prevention, including (i) policy submissions to a range of policies relevant to obesity, diet, active travel, smoking, alcohol (ii) health impact assessment training (iii) health information resources such as the Obesity Hub on the HealthWell (iv) the development of practical tools to support health promotion practitioners (v) evaluations of health promotion projects. Further details can be found at [www.publichealth.ie](http://www.publichealth.ie).

### Lifestyles and cancer in Ireland – a snapshot of our challenge

- Between 2010 and 2020 the total number of cancers in Ireland is projected to increase by 40% for women and by just over 50% for men.<sup>1</sup>
- Between 2005 and 2035, the overall number of invasive cancers is projected to increase by 6% annually for females and 7% annually for males. This is equivalent to 41,872 *additional* cancers over this time period.<sup>2</sup>
- These increases in cancer incidence are driven by two factors (i) population ageing and (ii) statistically significant increases in age-standardised cancer incidence rates. Cumulative lifetime risk for invasive cancer in Ireland is now estimated at 1 in 3 for men and 1 in 4 for women.<sup>3</sup>
- In keeping with other European countries, cancer in Ireland is a significant contributor to health inequalities. People in lower socio-economic groups experience a dual burden in that they are more likely to get cancer as well as experience reduced survival times.<sup>3</sup>
- Survival times and the efficacy of medical and surgical treatment of cancer have improved for *some* cancers in recent years but these developments are unlikely to substantially reduce the population health burden of cancer in the long-term.
- Lifestyle factors are highly significant in the causation of cancers. The impact of different lifestyle factors on cancer incidence was neatly summarised in a recent analysis of

population attributable fractions for cancer cases in the United Kingdom<sup>4</sup>, as depicted in the graph below:



Source: The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. D. M. Parkin, L. Boyd and L. C. Walker. British Journal of Cancer. 2010.

- The average age of death from cancer in 2006 was 71.3 years for women and 71.0 years for men – at these ages the average women would expect 14.5 more years of life and the average man 12.3 years. Lung cancer was responsible for the most significant premature cancer mortality in 2006 accounting for nearly 23,500 years of life lost. Female lung cancer incidence and mortality in Ireland are high relative to other European countries.<sup>5</sup>
- The lifestyle of a significant proportion of the Irish population is placing it at increased risk of developing cancer. The following estimates of risk factors for cancer are derived from nationally representative data on the Irish population:

#### ***Smoking***

- 29% of adults smoked in 2007.<sup>6</sup>
- People with lower levels of education are more likely to smoke and smoke more heavily.

#### ***Overweight and obesity***

- Half of all adults are overweight or obese.<sup>6</sup>
- Adult obesity is estimated to have increased by 6-7% between 2001 and 2007.<sup>7</sup>
- Around one in every five of Ireland's 3 year olds is overweight or obese.<sup>8</sup>
- Misperceptions exist among Irish people in terms of what constitutes a healthy weight. 54% of parents of overweight 9 year olds consider their child to be 'about the right' weight for their height.<sup>9</sup>

#### ***Fruit and vegetables***

- 35% of adults consume less than 5 servings of fruit or vegetables a day.<sup>6</sup>

#### ***Energy dense/high fat foods and high sugar drinks***

- 86% of adults consume more than 3 servings of foods high in fat, sugar or salt on a daily basis.<sup>6</sup>
- Children consume excessive quantities of energy-dense foods. 74% of 9 year olds consumed at least one portion of biscuits/cakes/chocolate and 53% of them at



least one non-diet soft drink in the last 24 hours.<sup>9</sup> Over one quarter of secondary school children (10-17 years) drink soft drinks at least once a day.<sup>10</sup>

#### ***Exposure of children to advertising of HFSS\* foods***

- The balance of food advertising currently viewed by Irish children is consistent with an obesogenic, and thus a carcinogenic, diet. On average, 4 – 17 year olds watch around 134 minutes of television per day. Food advertising is the category of advertising most watched by this age group and this is dominated by prepared and convenience foods, dairy products/substitutes and confectionery.<sup>11</sup>

#### ***Physical activity***

- 22% of adults reported being physically inactive and a further 24% were active but below the recommended level.<sup>6</sup>
- 19% of adults take no exercise in an average week.<sup>6</sup>
- Half of all car owners in the Greater Dublin Area drive for trips of less than one mile.<sup>12</sup>
- 57% of parents of 9 year olds consider that there was no suitable recreational facility for their child in the local area.<sup>13</sup>

#### ***Alcohol***

- Of adults who consumed alcohol in the previous 12 months, 8% drank above the recommended number of units per week<sup>9</sup>, while international estimates suggest 1 in 10 of all male cancers and 1 in 33 of women's cancers were caused by past or current alcohol intake.<sup>14</sup>

#### ***Sunbeds***

- 137,000 people in Ireland use sunbeds on a regular basis. Sunbed use is declining in popularity but around one third of current sunbed users first used a sunbed under the age of 20 and a similar proportion report receiving no guidance on usage from the supplier.<sup>15</sup>
- 88% of sunbed users in Ireland are women.<sup>15</sup> The incidence of invasive melanoma in Irish women is one of the highest in Europe. A 44% increase in incidence for women under 35 was observed between the time periods 1994-1998 and 2004-2009.<sup>16</sup>

### **Cancer prevention in Ireland – the policy context**

#### ***A Strategy for Cancer Control in Ireland***

Published in 2006, this strategy proposed a comprehensive national cancer control programme encompassing prevention, screening, diagnosis, treatment and supportive and palliative care. The prevention strand of the cancer control strategy, was principally based on the implementation of recommendations made in the following policy documents

*The National Health Promotion Strategy* (now allied to the *2010 HSE Health Promotion Strategic Framework*)

*National Taskforce on Obesity 2005* (now allied to the *HSE Framework for Action on Obesity (2008-2012) and Promoting Physical Activity in Ireland 2009*)).

*Towards a Tobacco Free Society* (now allied to the *HSE Tobacco Framework (2010)*)

*The Report of the Strategic Taskforce on Alcohol* (now *Substance Misuse Strategy 2009-2016*)

The strategy, now monitored by the HSE National Cancer Control Programme, includes a small indicator set relevant to prevention. Primary care is a recognized element of managed cancer control networks with a health promotion role relating to lifestyle risks for cancer.

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\* HFSS foods refer to foods and drinks that contain fat, trans-fatty acids, salt and sugar, in particular foods with high levels of each.

## **Recommendations**

### ***General approach***

1. Solutions must focus not just on effective health education interventions promoting healthy choices but also on developing social, economic and built environments that support these healthy choices. A health in all policies approach coupled with robust structures for intersectoral working and monitoring is required and this is central to the forthcoming public health policy, expected to be published by the Dept of Health in the coming months. This strategy should be championed by all government departments and appropriately resourced.
2. The excess burden of cancer experienced by lower socio-economic groups in Ireland is critical to addressing cancer mortality and premature cancer mortality in particular. Public health interventions such as changes in policy, legislation and changes in service development must prioritise the reduction of health inequalities in tandem with the goal of improving population health overall.
3. Children must be prioritized in public health/ health promotion policy and practice if the population health burden of cancer is to be effectively reduced. This is based on evidence that lifelong lifestyle choices generally stem from patterns of diet, smoking and physical activity adopted in childhood and adolescence. Furthermore, children may lack the maturity to take informed healthy choices– for example, children have a limited capacity to meaningfully interpret the direct marketing of HFSS foods while systematic review level evidence shows this advertising affects childrens food preferences, food requests and intake.<sup>17</sup>
4. Leadership is critical. Evidence-based cancer prevention interventions must be transformed on a par with recent developments in cancer treatment services. Long-term prevention programmes must be embedded in service and business plans and linked to performance management within all health services allied to the national cancer control programme. Brief interventions and evidence-based approaches to cancer prevention should become core competencies integrated with professional development in primary care.
5. Decisions in respect of cancer prevention priorities and interventions should be based on international evidence of best practice and on up-to-date national data on cancer trends and lifestyles. The vital role played by the National Cancer Registry of Ireland should be preserved and developed. Similarly, regular, standardised collection of data on the lifestyles of children and adults through appropriate lifestyle surveys is required and should be resourced appropriately.

### ***Tobacco***

6. Ireland should commit to 100% implementation of the World Health Organisation Framework Convention on Tobacco Control.
7. Enhance current activity through a programme of investment in a comprehensive national Tobacco Dependence Treatment programme with appropriately resourced structures for monitoring, evaluation and practice development. Smoking cessation services should focus on identified special risk groups and be coupled with support and practice development for brief interventions in primary care.
8. Increase taxes/prices of tobacco products significantly above the rate of inflation

9. Completely ban the sale of tobacco from vending machines.
10. Control the flow of illicit low price cigarettes through strengthening of multi-sectoral cross-border trade regulations.
11. The Minister for Health should be supported in respect of his stated intention to introduce legislation in respect of smoking in cars with children and the commitment to introduce new EU- approved graphic warning images for cigarette packaging in 2013.

### ***Healthy diets***

12. Intensify efforts to implement the recommendations of the National Taskforce on Obesity 2005 (now allied to the HSE Framework for Action on Obesity (2008-2012). International estimates of the preventability of cancer by appropriate diet, physical activity and body composition (fatness) concluded that a major proportion of the cancers attributable to food, nutrition, physical activity and body fatness could be prevented by avoiding overweight and obesity alone.<sup>18</sup>
13. Support the Broadcasting Authority of Ireland to take decisions in respect of the Children's Commercial Communications Code which allows for a meaningful restriction of the advertising of HFSS foods to children in the interests of cancer prevention.
14. A Health Impact Assessment on the introduction of a tax on sugar sweetened drinks in Ireland should be undertaken.

### ***Physical activity***

15. Support the implementation of Promoting Physical Activity in Ireland (Dept of Health, 2009). Optimise opportunities for physical activity through regional and local planning of the built environment and amenities such as green space, sports facilities and play grounds. Support the development of skills in local planning and health impact assessment in the built environment sector.
16. Appropriately resource policies known to support active travel including the Smarter Travel policy and National Cycle Policy Framework and protect them from budgetary cuts.

### ***Alcohol***

17. Support the implementation of the recently published Substance Misuse Strategy (Dept of Health, 2012). In particular, support the implementation of evidence-based interventions (including policy changes and legislation) known to reduce alcohol consumption and harm – these would include regulations on alcohol pricing, promotion and marketing.

### ***Sunbeds***

18. Publish and enforce the Public Health (sunbeds) Bill in 2012 with broad cross-party support.



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- <sup>14</sup> Schutze, M; Boeing, H et al (2011) Alcohol attributable burden of cancer in 8 European countries based on results from prospective cohort study. *British Medical Journal* 2011 342:d1584.

<sup>15</sup> Behaviour and Attitudes Barometer Report on Sunbed Use on behalf of the Irish Cancer Society based on data from the Telebarometer Survey 2003-2010.

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<sup>17</sup> World Health Organization, *Set of recommendations on the marketing of food and non-alcoholic beverages to children*. 2010, World Health Organization: Geneva. Also, Cairns, G. Angus, K. and Hastings, G, *The extent, nature and effects of food promotion to children: a review of the evidence to December 2008*. 2009, World Health Organization: Geneva.

<sup>18</sup> World Cancer Research Fund & American Institute for Cancer Research, *Policy and Action for Cancer Prevention. Food, Nutrition and Physical Activity: a Global Perspective*. 2009, World Cancer Research Fund & American Institute for Cancer Research: Washington DC.