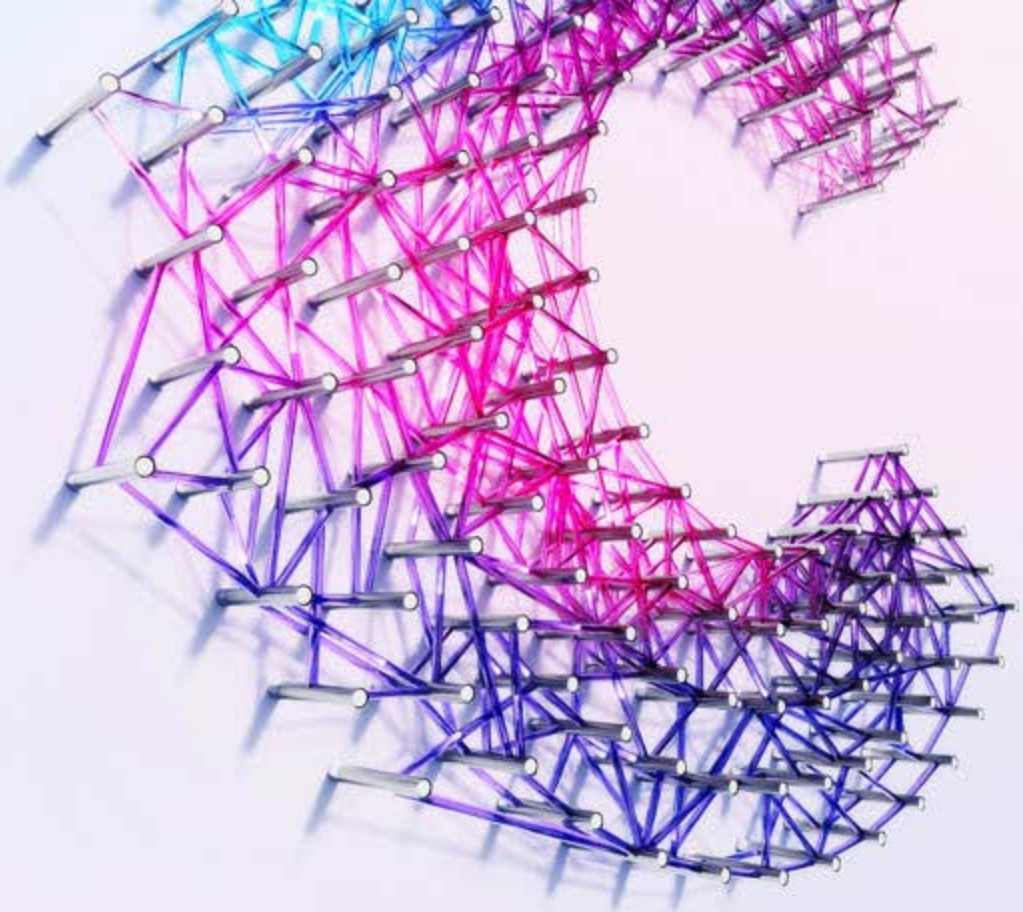
INFLUENCING ALCOHOL POLICY WHEN THE DOOR IS SHUT



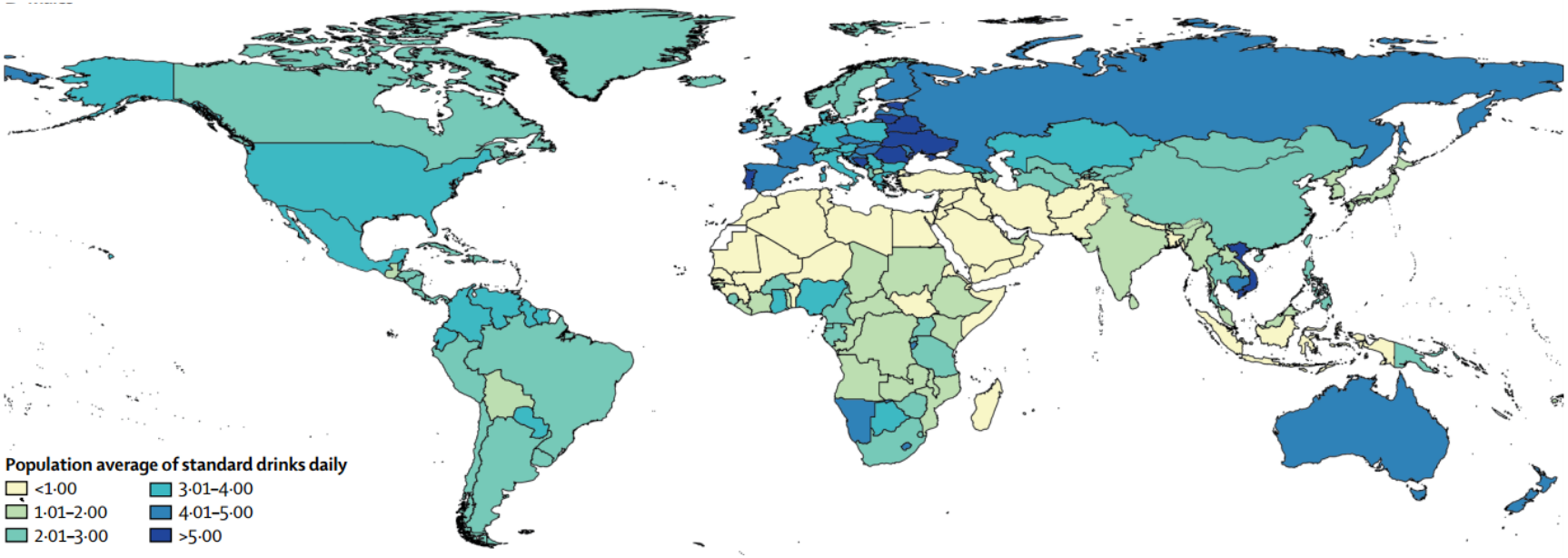
Dr Jyotsna Vohra

WCC 2018

CANCER RESEARCH UK

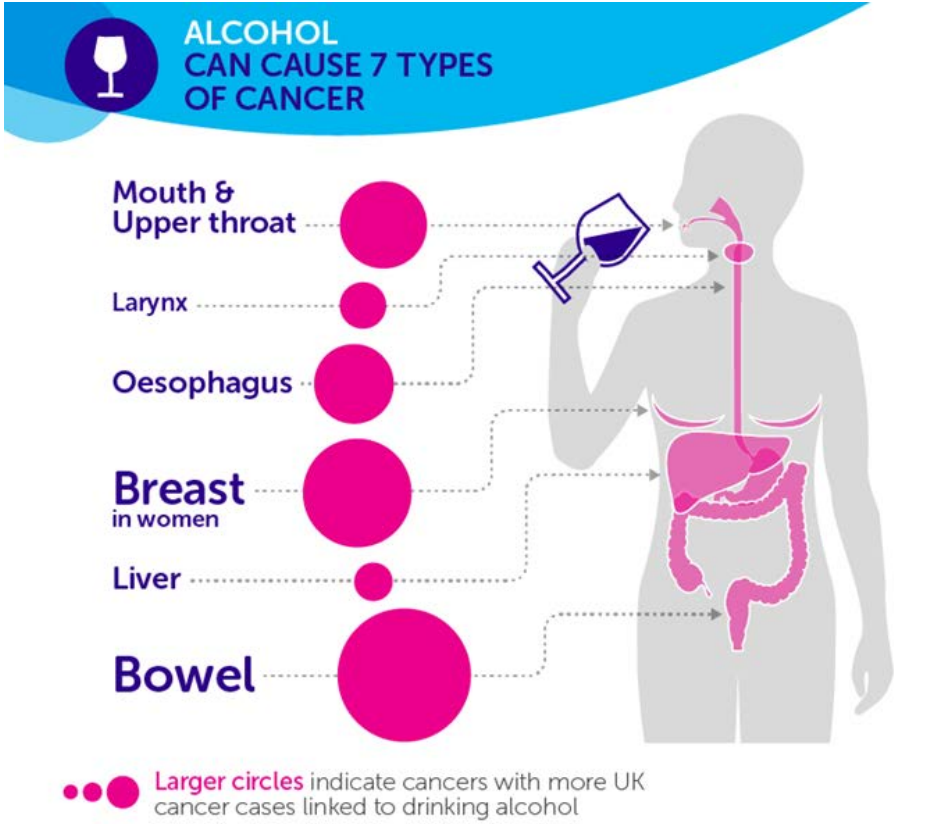
GLOBAL ALCOHOL PROBLEM

Population Average of Drinks consumed by males



(Lancet August 2018)

ALCOHOL AND CANCER



WE WILL BEAT CANCER SOONER
cruk.org

CANCER RESEARCH UK

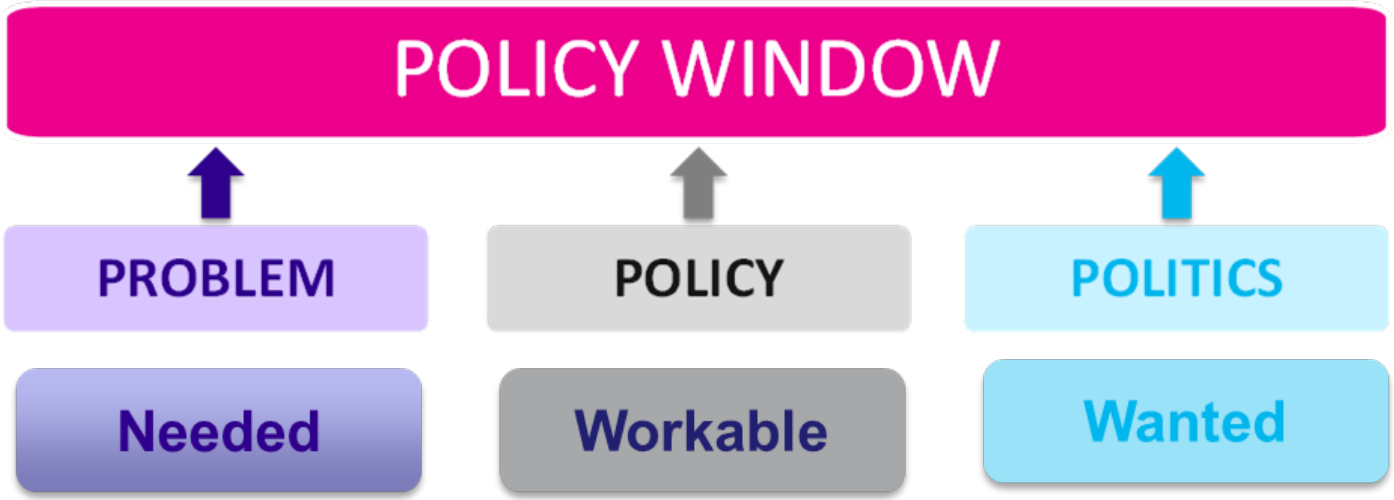
SIMPLE POLICY MEASURES

"……findings strongly suggest that **alcohol control policies** should aim to reduce total – **population level** consumption ……a need for countries to revisit their alcohol control policies….."

(Lancet 2018)

GOVERNMENT CLOSED DOORS

WHAT CAN WE DO?



Kingdon, J. W. (1995). *Agendas, alternatives, and public policies* (2nd ed.). New York: Longman.

BUILDING THE EVIDENCE 1

BUILDING THE EVIDENCE 1

Scenario		In 20 years with no change (baseline)	Effect of decrease in alcohol consumption in 2015				
			1%	5%	10%	20%	50%
Health outcomes: mortality							
All deaths from alcohol-related conditions	Absolute	12,778	-300	-1,283	-2,684	-4,436	-10,122
	Relative		-2.3%	-10.0%	-21.0%	-34.7%	-79.2%
All deaths from alcohol-related cancers	Absolute	7,097	-55	-228	-468	-1,009	-2,398
	Relative		-0.8%	-3.2%	-6.6%	-14.2%	-33.8%
All admissions for alcohol-related cancers	Absolute	65,005	-468	-2,067	-3,992	-8,493	-20,030
	Relative		-0.7%	-3.2%	-6.1%	-13.1%	-30.8%

BUILDING THE EVIDENCE 2

“That’s appealing to me because, its like bright, and the packaging is nice”

“Also yeah, you see it everywhere [American lager] is heavily advertised, so that’s probably why I grabbed it”.

“They taste really nice; taste like sour sweets”

(14-16 year olds)

POPULARITY OF PREVENTION

135,000 alcohol-related cancer deaths predicted by 2035

FRIDAY 18 NOVEMBER

EXPRESS

Alcohol-linked cancer deaths: Around 135,000 people will die 'over next 20 years'

AROUND 135,000 people will die from cancer caused by alcohol over the next 20 years, costing the NHS £2 billion, figures show.

INDEPENDENT

Alcohol-linked cancer deaths could reach 7,000 a year by 2035, study suggests

Of those, 3,674 will be oesophageal cancer, 1,369 will be bowel cancer and 835 will be breast cancer

THE HUFFINGTON POST

TOP NEWS AND OPINION

CHANNEL 5

theguardian

Alcohol-related cancer to kill 135,000 in England by 2035 – study

Mail Online

More than 135,000 UK drinkers 'will die of cancer caused by alcohol by the year 2035'

- Excessive drinking will cause 7,100 cancer deaths a year by 2035
- Researchers estimate alcohol will cost the NHS £53 billion in next decade
- Survey of 2,100 Brits found nine in ten didn't associate drinking with cancer

The Northern Echo

THE Sun

DRINKING DANGER Booze to kill 135,000 Brits through cancer over the next two decades

REPORT suggests an average of 7,100 people will die each year by 2035 costing the NHS £2billion

BY SHAUN WOOLLER | 18th November 2016, 1:44 am

Mirror

Deaths from cancer caused by booze will cost NHS £2BILLION over the next 20 years

Analysis from Cancer Research UK shows that, by 2035, the UK could see 7,097 cancer deaths every year linked to drinking

itv NEWS

Alcohol-linked cancer deaths 'will hit 130,000 by 2035'

THE WALL STREET JOURNAL.

BUSINESS | HEALTH CARE | HEALTH

Report Warns of Alcohol-Related Cancer Deaths in England

If current drinking trends continue, England could suffer 135,000 cancer deaths over next 20 years

talkRADIO

Good Morning Britain

Weekdays 6-8.30am itv

sky NEWS

THE WEEK

THE YORKSHIRE POST

NATURE WORLD NEWS

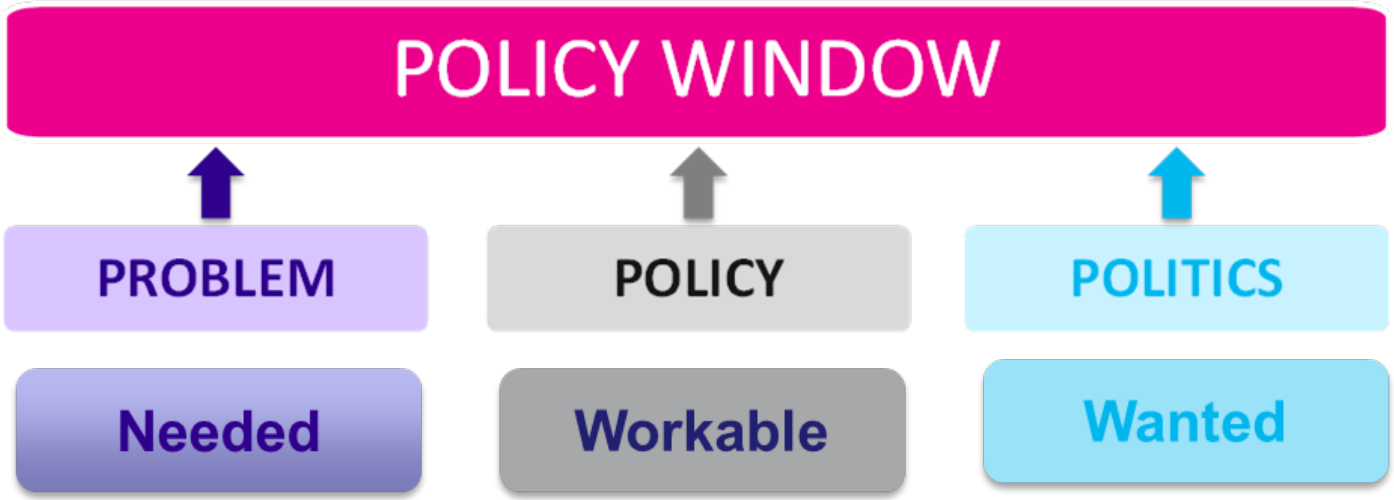
CANCER RESEARCH UK

WORKING TOGETHER

MOVEMENT FROM GOVERNMENT

- Minimum Unit Pricing in Wales –
- England – want to understand unintended harm + Evaluation
- Public Health England – campaign (but with Drinkaware)
- Alcohol strategy discussions have begun

CONCLUSIONS



Kingdon, J. W. (1995). *Agendas, alternatives, and public policies* (2nd ed.). New York: Longman.

AS THE WORLD'S LARGEST INDEPENDENT FUNDER OF CANCER RESEARCH, WE ARE COMMITTED TO ACCELERATING PROGRESS IN CANCER OUTCOMES

COME AND JOIN US IN THE GLOBAL FIGHT AGAINST CANCER

THANK YOU

JYOTSNA.VOHRA@CANCER.ORG.UK

CANCER RESEARCH UK

TO LEARN MORE ABOUT OUR WORK GLOBALLY AND EXPLORE NEXT STEPS, PLEASE EMAIL INTERNATIONAL@CANCER.ORG.UK

obesity policy coalition

Obesity Prevention Policy in Australia: Tipping the Scales

Jane Martin
Executive Manager
@JaneMartinOPC

Implementation Science to Prevent Cancer
World Cancer Congress, Kuala Lumpur
2 October, 2018

Cancer Council Victoria
diabetes victoria
DEAKIN UNIVERSITY
WHO Collaborating Centre for Obesity Prevention

Role of Research

Research

- Utilising and synthesising existing research
- Filling in the gaps, particularly in relation to policy orientated research
- Orientation should be focussed on the question “What would it take?” from decision maker’s perspective

obesity policy coalition

POLICY BRIEF

THE CASE FOR A HEALTH LEVY ON SUGAR-SWEETENED BEVERAGES

SUMMARY

A health levy on sugar-sweetened beverages[1] (SSBs) to increase their retail price and reduce consumption has been advanced as a potentially powerful policy intervention to improve diets and reduce the burden of chronic disease in Australia. Revenue raised by such a levy could be used to support healthy eating initiatives and subsidies on healthy foods, particularly for low socioeconomic position (SEP) households.

A health levy on SSBs is proposed here as a viable and recommended policy initiative, forming part of a comprehensive suite of measures to address diet-related disease. This is because there is evidence that a levy on SSBs has the potential to:

1. Effectively discourage consumption of a product that contributes substantially to the poor diets and chronic disease risk of Australians;[1]
2. Decrease sales of unhealthy beverages and influence demand for healthier alternatives, such as water and low fat milk;
3. Encourage beverage manufacturers to reformulate their beverages to reduce sugar content;
4. Convey the message that the government recognises that these products are a matter of concern for public health; and
5. Raise considerable revenue which may contribute to health promotion initiatives.

is argued that consideration of a health levy on SSBs should be a priority for the Australian Government as an effective intervention to reduce obesity and chronic disease.

BACKGROUND

Australians consume large volumes of SSBs, and suffer high rates of overweight, obesity and chronic disease. The Australian Government has acknowledged the need to improve the diets and health of Australians; however few economic policies have been implemented in pursuit of that objective.

The need to consider economic and pricing strategies to reduce consumption of unhealthy products was underscored in 2013 by Australia's endorsement of the World Health Organization (WHO) *Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020* (GAP). The GAP recommends that member states consider economic tools justified by evidence, including taxes and subsidies, to promote the consumption of healthier food products and discourage the consumption of less healthy options.[23]

The introduction of a healthy levy on SSBs is vigorously opposed by the beverage industry, which argues that a levy on SSBs will not improve health, will unfairly single-out the SSBs sector, will cost jobs, will disadvantage Australians on lower incomes and will curtail personal freedoms.[4] However there is strong evidence of the potential efficacy of an SSB health levy, particularly for lower income groups, and growing international policy impetus to include this policy as

NATIONAL PREVENTIVE HEALTH
RESEARCH STRATEGY 2013-2018

A PRIORITY-DRIVEN RESEARCH AGENDA FOR OBESITY PREVENTION

April 2014

promoting a healthy australia

Australian Government
Australian National Preventive Health Agency

Government of Western Australia
Department of Health

PLOS | ONE

RESEARCH ARTICLE

The Impact of a Tax on Sugar-Sweetened Beverages on Health and Health Care Costs: A Modelling Study

J. Lennert Veerman[1]*, Gary Sacks[2], Nicole Antonopoulos[3], Jane Martin[3]

1 School of Public Health, The University of Queensland, Brisbane, Australia, 2 WHO Collaborating Centre for Obesity Prevention, Deakin University, Melbourne, Australia, 3 Obesity Policy Coalition/Cancer Council Victoria, Melbourne, Australia

* l.veerman@uq.edu.au

Citation: Veerman JL, Sacks G, Antonopoulos N, Martin J (2016) The Impact of a Tax on Sugar-Sweetened Beverages on Health and Health Care Costs: A Modelling Study. PLoS ONE 11(4): e0151460. doi:10.1371/journal.pone.0151460

Editor: Christopher M Doran, Central Queensland University, AUSTRALIA

Received: September 11, 2015

Accepted: February 28, 2016

Published: April 13, 2016

Data Availability Statement: The appendix details the data sources, which are all from published research papers or publicly available sources. The model is available in the Supporting Information files.

Funding: This work was supported by the Obesity Policy Coalition and by NHMRC funding for the Centre for Research Excellence in Obesity Policy and Food Systems (APP1041020). GS is the recipient of an Australian Research Council Discovery Early Career Researcher Award (project number DE160100307). Two of the authors (JM, NA) are employed by the Obesity Policy Coalition. The

Abstract

This paper aims to estimate the consequences of an additional 20% tax on sugar-sweetened beverages (SSBs) on health and health care expenditure. Participants were adult (aged > = 20) Australians alive in 2010, who were modelled over their remaining lifetime. We used lifetable-based epidemiological modelling to examine the potential impact of a 20% valoric tax on SSBs on total lifetime disability-adjusted life years (DALYs), incidence, prevalence, and mortality of obesity-related disease, and health care expenditure. Over the lifetime of adult Australian alive in 2010, seemingly modest estimated changes in average body mass as a result of the SSB tax translated to gains of 112,000 health-adjusted life years for men (95% uncertainty interval [UI]: 73,000–155,000) and 56,000 (95% UI: 36,000–76,000) for women, and a reduction in overall health care expenditure of AUD609 million (95% UI: 368 million– 870 million). The tax is estimated to reduce the number of new type 2 diabetes cases by approximately 800 per year. Twenty-five years after the introduction of the tax, there would be 4,400 fewer prevalent cases of heart disease and 1,100 fewer persons living with the consequences of stroke, and an estimated 1606 extra people would be alive as a result of the tax. The tax would generate an estimated AUD400 million in revenue each year. Governments should consider increasing the tax on sugared drinks. This would improve population health, reduce health care costs, as well as bring in direct revenue.

Introduction

Unhealthy diets (11%) and high body mass index (9%) are the risk factors that contribute most to the burden of disease in Australia [1]. In order to reduce diet-related diseases, overweight, and obesity, focus should be placed on creating healthy food environments, whereby foods and beverages that contribute to a healthy diet are more readily available, affordable, and physically accessible, compared to unhealthy foods [2]. Food taxes have been frequently identified as a powerful tool to improve population diets [3], with evidence indicating that taxes are an effective intervention to improve the healthiness of consumption patterns [4]. The World Health Organization (WHO) recommends that country-level programs to combat obesity should

Australian sugary drinks tax could prevent thousands of heart attacks and strokes and save 1,600 lives

April 14, 2016 6.18am AEST

Sugary drinks are high in energy and lead to weight gain and obesity. Justin C./Flickr, CC BY-NC-ND

Last month the United Kingdom announced a sugar tax on soft drinks. The tax will come into effect in 2018, with the funds to be used to address childhood obesity.

The move has been applauded by public health groups internationally. Unsurprisingly, the tax is strongly opposed by powerful groups in the food industry, and the announcement resulted in shares in Coca-Cola temporarily plunging.

In our new research published today in PLOS ONE, for the first time we have modelled the impact of such a tax in Australia. Over 25 years, a 20% rise in the price of soft drinks and flavoured mineral waters would save 1,600 lives. It would also prevent 4,400 heart attacks and 1,100 strokes.

Overall, the savings to the health-care system would add up to A$609 million.

Authors

Gary Sacks
Senior Research Fellow, WHO Collaborating Centre for Obesity Prevention, Deakin University

Jane Martin
Executive Manager of the Obesity Policy Coalition; Senior Fellow, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne

Lennert Veerman
Senior Research Fellow, School of Population Health, The University of Queensland

Disclosure statement

Gary Sacks receives funding from the Australian

A 20% sugary drinks tax in Australia could save

1,600+ lives

The impact of a tax on sugar-sweetened beverages on health and health care costs: a modelling study. Published in PLOS ONE on 14 April 2016.

obesity policy coalition

Obesity
Evidence
Hub

Find key evidence on obesity trends, impacts & prevention in Australia

Trends

Trends in Australia and globally non mollis. Vivamus mattis ipsum at ex hendrerit, vel ultricies nisi porta.

LEARN MORE

Impacts

Impacts in Australia and globally non mollis. Vivamus mattis ipsum at ex hendrerit, vel ultricies nisi porta.

LEARN MORE

Prevention

Prevention in Australia and globally non mollis. Vivamus mattis ipsum at ex hendrerit, vel ultricies nisi porta.

LEARN MORE

Treatment

Treatment in Australia and globally non mollis. Vivamus mattis ipsum at ex hendrerit, vel ultricies.

LEARN MORE

Environmental

Environment in Australia and globally non mollis. Vivamus mattis ipsum at ex hendrerit, vel.

LEARN MORE

Obesity
Evidence
Hub

Environmental

In Australia, Overweight and Obese consectetur adipiscing elit. Pellentesque lobortis scelerisque elit non mollis. Vivamus mattis ipsum at ex hendrerit, vel ultricies nisi porta. Cras dignissim elementum feugiat. Sed placerat eleifend blandit. In blandit purus sem, ut vestibulum quam vestibulum eu. Duis nec mauris diam.

30
NUMBER OF JUNK FOOD ADS A CHILD SEES EVERY DAY
SEE EVIDENCE

$1.10 M
COST OF CHILDHOOD LOREM IPSUM DOLOR SIT AMET
SEE EVIDENCE

43%
LOREM IPSUM DOLOR SIT AMET CONSECTUR
SEE EVIDENCE

FILTER

- MARKETING TO CHILDREN
- FOOD LABELLING
- TAX AND PRICING

WHO recommendations on the marketing of food and non-alchoholic beverages to children
MARKETING TO CHILDREN

Reducing childrens exposure to food marketing
MARKETING TO CHILDREN

Understanding promotional channels and techniques
MARKETING TO CHILDREN

The way forward: Policies to reduce children's exposure to junk food advertising
MARKETING TO CHILDREN

The nutrition information label
FOOD LABELLING

What's next for packaged food labelling?
FOOD LABELLING

KJ labelling in chain food outlets
FOOD LABELLING

The case for government-mandated front of pack labelling

WHO recommends

Role of Partnerships

TIPPING THE SCALES

8 critical actions Australia must take to tackle obesity

1

Toughen restrictions on TV junk food advertising to kids

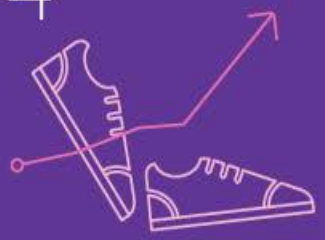
2

Set food reformulation **targets**

3

Make **Health Star Ratings** mandatory

4



Develop an **active transport** strategy

5

Fund public **health education campaigns**

6

Add a **20%** health levy to sugary drinks

7

Establish a **national obesity taskforce**

8

Monitor diet, physical activity, weight **guidelines**

opc.org.au/tippingthescales
#TippingTheScales

Endorsed by

Australian Chronic Disease Prevention Alliance

Partnerships to oppose a sugary drink tax

INDUSTRY SEEKS CONSTRUCTIVE RESPONSE TO OBESITY

The Australian retail, farming, grocery and beverage sectors contribute more than $311bn to the economy each year, and account for approximately 15% of the total workforce in Australia.

Our industries understand that obesity is a public health problem in Australia, and that it is appropriate for calls to be made for Australians to modify and improve their dietary intake.

However, it is not beneficial to blame or tax a single component of the diet.

Obesity is a serious and complex public issue with no single cause or quick-fix solution. A new tax is not the way to make our nation healthier.

The McKinsey Global Institute, for instance, classifies taxation as one of the least effective obesity interventions, with 'No direct evidence for change in weight or change in consumption or physical activity levels.'[1]

- In fact, consumption trends show that the change such a tax seeks to effect is already happening.
- Recent Australian Bureau of Statistics (ABS) data indicates a decline in added sugar intake over time, yet obesity rates continue to climb.[2]

As a food supply sector, we recognise that we have a role to play in improving the food choices available for the Australian consumer.

We will continue to:

- Promote and support healthy balanced lifestyles that involve responsible eating habits and

Jane.Martin@cancervic.org.au

OPCAustralia

JaneMartinOPC

www.opc.org.au

Diet and Nutrition – a global Perspective

International Agency for Research on Cancer

World Cancer Research Fund

Dr Inge Huybrechts

Nutrition and Metabolism Section, IARC, Lyon

World Cancer Congress
Kuala Lumpur, Malaysia
1—4 Oct 2018

Strengthen
Inspire
Deliver

uicc
global cancer control
WORLD CANCER CONGRESS

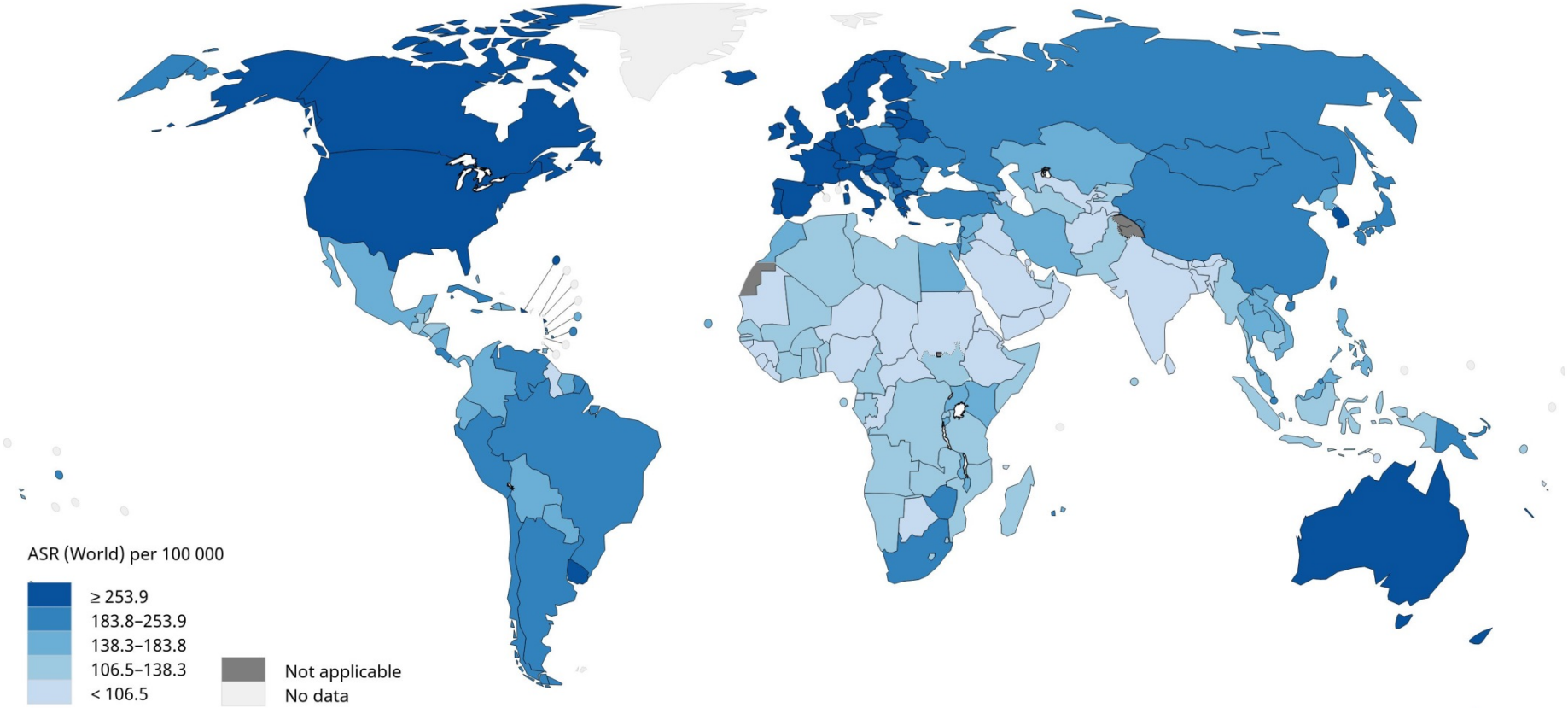
Track T1-21. IMPLEMENTATION SCIENCE TO PREVENT CANCER GOBALLY

Disclosure of interest: no conflicts of interests to declare

Outline

- Global cancer incidence & the nutrition transition
- Evidence based cancer prevention recommendations from WCRF
- Nutrient profiling to help consumers make healthier food choices
- Need of capacity building in LMIC
- Summary

Estimated age-standardized incidence rates (World) in 2018, all cancers, both sexes, all ages

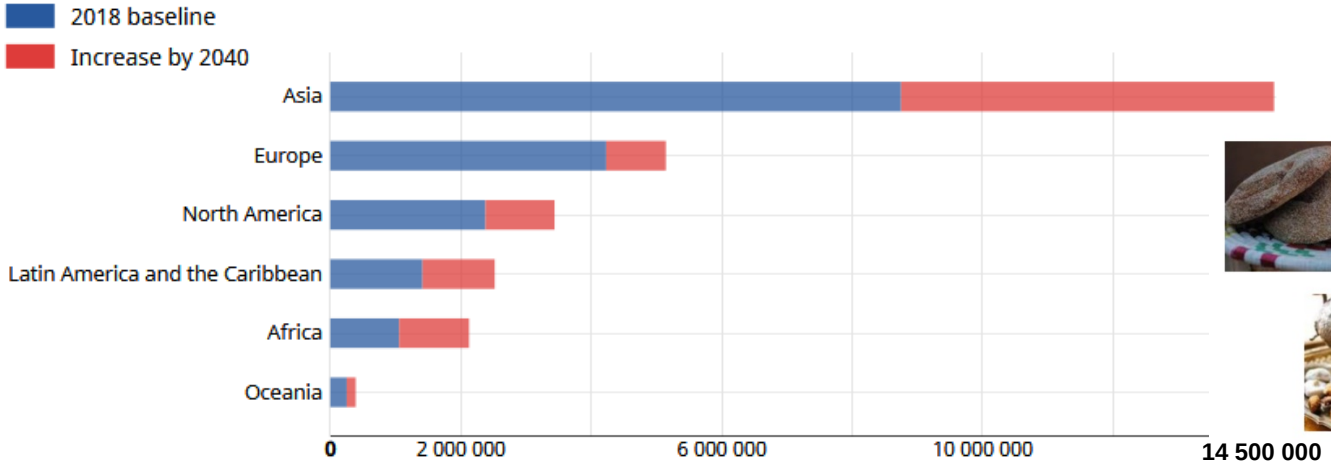


Data source: GLOBOCAN 2018
Graph production: IARC
(http://gco.iarc.fr/today)
World Health Organization

World Health Organization

Global cancer incidence & the nutrition transition

Estimated number of incident cases from 2018 to 2040, all cancers, both sexes, all ages



Data source:Globocan 2018
Graph production: Global Cancer Observatory (http://gco.iarc.fr/)
© International Agency for Research on Cancer 2018

ow - IARC, 150 Cours Albert Thomas, 69372 Lyon CEDEX 08, France - Tel: +33 (0)4 72 73 84 85 - Fax: +33 (0)4 72 73 85 75

https://gco.iarc.fr/tomorrow/

Be a healthy weight

Keep your weight within the healthy range and avoid weight gain in later life

Balancing your weight

Move more

Be physically active as part of everyday life – walk more and sit less

Getting active

Enjoy more grains, veg, fruit & beans

Eat a wide variety of wholegrains, vegetables, fruit and pulses such as beans

Reshape your plate

For cancer prevention, don't drink alcohol

If you do, limit alcoholic drinks and follow national guidelines

Tips for cutting down

Don't rely on supplements

Eat a healthy diet rather than relying on supplements to protect against cancer

Learn more

Breastfeed your baby

If you can, breastfeed your baby for six months before adding other liquids and foods

Benefits of breastfeeding

Avoid high-calorie foods

Limit consumption of fast foods and other processed foods high in fat or sugar

Stay full for longer

Limit consumption of red and processed meat

Eat no more than three portions of red meat a week and eat little, if any, processed meat

What counts as processed?

Limit consumption of sugar-sweetened drinks

Drink mostly water and unsweetened drinks

What counts as sugar-sweetened?

Cancer survivors

After a cancer diagnosis, follow our recommendations, if you can

Get more advice

- Based on the latest science available
- Only evidence that strongly links a risk factor to cancer is used
- 10 Recommendations for cancer prevention & cancer survivors

Adherence to WCRF/AICR recommendations and CRC risk in Morocco		**Colon cancer** ORa (95%IC); N=729	**Rectal cancer** ORa (95%IC); N=724	**CRC overall** ORa (95%IC); N=1453
Body fatness	<0.5	1	1	1
	0.5-<1	0.74 (0.50-1.09)	0.46 (0.30-0.69)	0.59 (0.44-0.77)
	1	0.51 (0.34-0.75)	0.45 (0.29-0.68)	**0.48 (0.36-0.63)**
	p-trend	0.001	<0.001	<0.001
Physical activity	<0.5	1	1	1
	0.5-<1	0.56 (0.38-0.81)	0.34 (0.23-0.50)	0.44 (0.33-0.57)
	1	0.45 (0.28-0.70)	0.24 (0.15-0.37)	**0.33 (0.24-0.45)**
	p-trend	0.002	<0.001	<0.001
Food and drinks that promote weight again	<0.5	1	1	1
	0.5-<1	0.72 (0.54-0.96)	0.91 (0.67-1.22)	0.81 (0.66-1.00)
	1	0.71 (0.45-1.13)	0.51 (0.32-0.82)	**0.59 (0.43-0.82)**
	p-trend	0.076	0.018	0.004
Plant foods	<0.5	1	1	1
	0.5-<1	0.47 (0.21-1.04)	0.34 (0.13-0.88)	0.41 (0.22-0.76)
	1	0.27 (0.11-0.63)	0.15 (0.05-0.43)	**0.21 (0.11-0.40)**
	p-trend	<0.001	<0.001	<0.001
Animal foods (red/processed meat)	<0.5	1	1	1
	0.5-<1	2.00 (0.93-4.30)	3.55 (1.51-8.38)	2.74 (1.55-4.82)
	1	0.42 (0.29-0.61)	0.54 (0.36-0.81)	**0.48 (0.37-0.62)**
	p-trend	<0.001	<0.001	<0.001
Alcoholic drinks	<0.5	1	1	1
	0.5-<1	-	0.81 (0.08-8.39)	0.37 (0.05-2.39)
	1	0.66 (0.20-2.17)	1.07 (0.35-3.26)	0.96 (0.44-2.12)
	p-trend	0.794	0.968	0.556

Nutrient profiling

Figure1. Nutri-Score

Helping consumers make **healthier food choices** → key to prevention of cancer

Political authorities consider the implementation of a **simplified labelling system** to reflect the nutritional quality of food products

Nutrient profiling is a scientific method for assessing the nutritional quality of foods & beverages → can be used to promote public health dietary goals

Associations between Nutri-Score & cancer risk

Multivariable Cox proportional hazards models, EPIC 1992-2014

Nutri-Score range* (men/women) (n=471,495)	Per 2-point increment	Q5 vs. Q1	P-trend
Total cancer			
All (cases/person-years)	49,794/6,635,062		
Sex-adjusted model - HR (95% CI)	1.04 (1.03-1.05)	1.12 (1.08-1.15)	<0.001
Multi-adjusted model - HR (95% CI)	1.02 (1.01-1.03)	1.07 (1.03-1.10)	<0.001
Colorectal cancer			
All (cases/person-years)	5,806/6,639,343		
Sex-adjusted model - HR (95% CI)	1.03 (1.00-1.06)	1.11 (1.01-1.21)	0.03
Multi-adjusted model - HR (95% CI)	1.03 (1.00-1.06)	1.11 (1.01-1.22)	0.03
Breast cancer			
Women (cases/person-years)	12,063/4,659,777		
Unadjusted model - HR (95% CI)	1.03 (1.01-1.05)	1.08 (1.01-1.15)	0.01
Multi-adjusted model - HR (95% CI)	1.02 (1.00-1.04)	1.06 (0.99-1.14)	0.05

***Higher score → lower nutritional quality**

Associations between Nutri-Score & health

Results derived from cohort studies in France

Figure1. Nutri-Score

Weight gain in men (SU.VI.MAX)

+16% risk for becoming obese for 1 point increase in Nutri-score

+91% risk for becoming obese (Q4 vs. Q1)

Metabolic syndrome (SU.VI.MAX)

+43% risk of developing MetS (Q4 vs. Q1)

Cardiovascular disease (NutriNet-Sante & SU.VI.MAX)

+40 to +61% risk of CVD (Q4 vs. Q1)

Cancer (SU.VI.MAX & NutriNet-Sante)

Overall cancer: +7 to +34% risk (Q5 vs. Q1)

Breast cancer: +52% risk (Q5 vs. Q1)

- *Julia, Kesse-Guyot et al., Prev Med 2015;81:189-94*
- *Julia, Kesse-Guyot et al., J Nutr, 2015;145(10):2355-61*
- *Deschasaux, Touvier et al., BMJ Open. 2017;7(6):e013718*
- *Adriouch, Fezeu, Touvier et al., Int J Cardiol. 2017;234:22-27*
- *Adriouch, Fezeu, Touvier et al., Eur J Prev Cardiol. 2016;23(15):1669-76*
- *Donnenfeld, Touvier et al, Br J Nutr 2015;1-9*

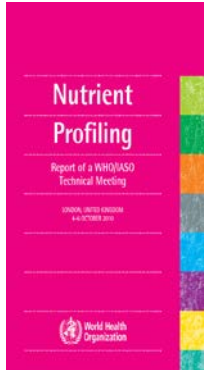
WHO Nutrient profiling project

Development of an internationally recognized method for nutrient profiling?

- **beneficial for a number of applications**
- **criteria might not be applicable to all cultures, settings and applications**

A procedure for systematic validation & comparison of different approaches required

WHO developed a Guiding Principles and Framework Manual to assist member states **globally** in developing & adapting NP models



http://www.who.int/nutrition/topics/profiling/en/

Need for capacity building in LMIC

UICC-IARC-WCRF fellowship

To help answering the need for capacity building in LMIC to boost the generation of good quality evidence in LMIC

Dr Francis Zotor from the University of Health and Allied Sciences, Ghana, joined IARC (2016) to receive training in the area of nutrition and cancer:

- **how to set-up studies on nutrition & cancer in Ghana, & the wider African region**
- **discuss gaps & needs (e.g. obesity & cancer)**

Words from Dr Francis Zotor *“My experience with the team at IARC was an honour for me as it opened my eyes to the need for research on cancer studies in LMIC”*

Summary

Cancer incidence increasing in LMIC → partly due to nutrition transition

Need for preventive actions:

- WCRF → evidence based cancer prevention recommendations
- Political authorities → encouraged to implement simplified labelling system to reflect the nutritional quality of food products

Need for capacity building → UICC-IARC-WCRF fellowship for capacity building in Africa

Acknowledgements

Nutritional Epidemiology Research Team (EREN), Paris

Mélanie Deschasaux Serge Hercberg

Chantal Julia Mathilde Touvier

International Agency for Research on Cancer (IARC), Lyon

Neil Murphy Corinne Casagrande

Marc Gunter Joseph Rothwell

Pietro Ferrari

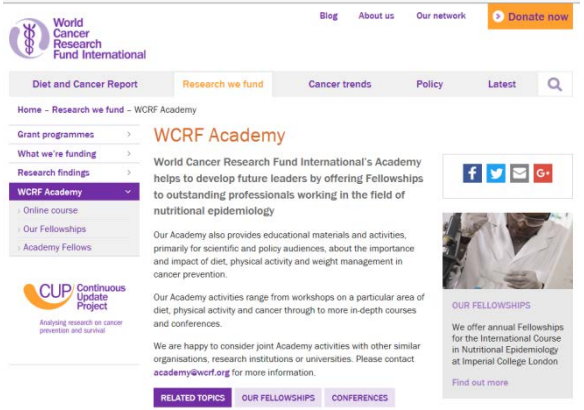
University of Health and Allied Sciences, Ghana

Francis Zotor

Faculty of Medicine, Sidi Mohamed Ben Abdillah University

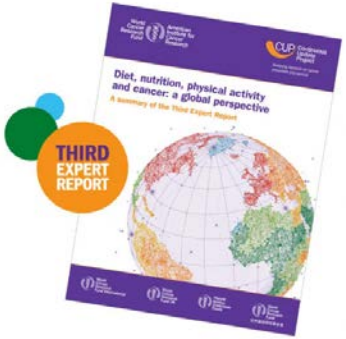
Fez, Morocco

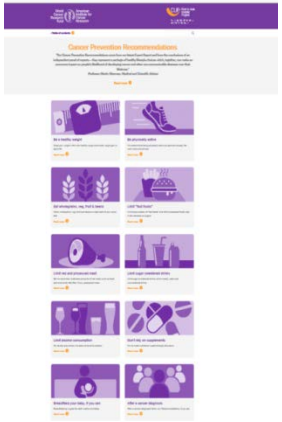
Karima El Rhazi



https://www.wcrf.org/int/research-we-fund/wcrf-academy

World Cancer Research Fund International





dietandcancerreport.org https://www.wcrf.org/dietandcancer/cancer-prevention

IUNS International Task Force on Nutrition and Cancer

WCRF & UICC stands

IMPLEMENTATION SCIENCE TO PREVENT CANCER – THE GLOBAL PICTURE

INFLUENCING TOBACCO CONTROL IN AN LMIC

Prof. Ravi Mehrotra
ICMR-National Institute of Cancer Prevention and Research (NICPR)
Noida, Uttar Pradesh 201301
directornicpr@gmail.com

World Cancer Congress
Kuala Lumpur, Malaysia
1—4 Oct 2018
Strengthen
Inspire
Deliver
uicc global cancer control WORLD CANCER CONGRESS

Track 1 - Motivating prevention and healthy behaviour

FCTC WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL SECRETARIAT·KNOWLEDGE HUB

NICPR NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH राष्ट्रीय कैंसर रोकथाम एवं अनुसंधान संस्थान

Disclosure of interest: None declared

Prevalence & Burden of Tobacco use

- More than 7 million people die every year due to tobacco use related illness
- More than 80% of these deaths occur in LMICs
- LMICs also bear the double burden of both smoking and smokeless tobacco
- LMICs also have high rates of adolescent smoking, particularly among boys where rates in some countries is as high as 46%
- Even SLT use among adolescents are high in LMICs
- There is a clear shift in the product preference from smoking to smokeless tobacco products

Use of Non-combustible tobacco products

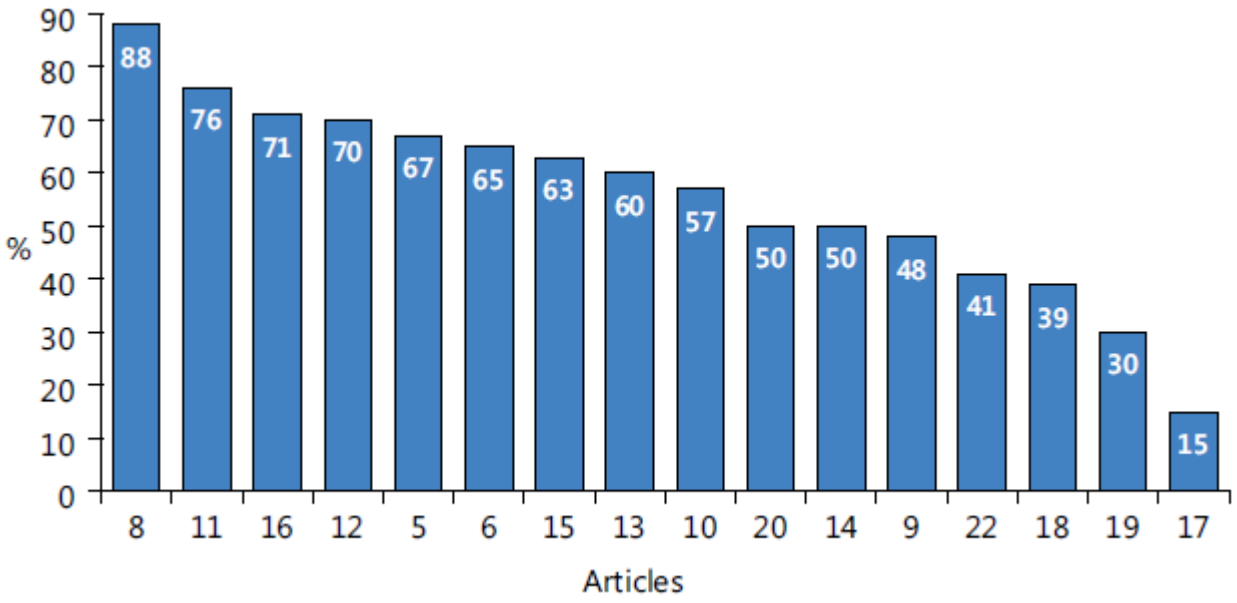
1. Smokeless tobacco is used in several ways in different parts of the world
2. Its use is highest in the Southeast Asia region
3. Nearly 360 million people use SLT products in 140 countries with more than 90% of the burden in LMICs
4. In SEAR and African region, SLT use is higher in rural areas and poorest communities
5. India alone is home to more than 60% of the global SLT users
6. SLT use is responsible for the 90% of oral cancers in India
7. SLT is also responsible for several other cancers, heart diseases and other chronic diseases and kills more than 0.65 million people every year.
8. Several efforts have been taken to curb SLT use in the region
9. Implementation science have been effectively used to influence SLT control in LMIC

Use of Areca Nut

- More than 600 million people use areca nut globally.
- It has been classified as group-1 carcinogen.
- Majority of the users are in the Asia-Pacific region.
- It is the fourth-most-used stimulant after caffeine, alcohol and tobacco.
- Aggressive marketing and advertisement of areca nut based products and their sale with attractive and appealing taste, scents, additives, flavourings besides attractive packaging have further increased its use globally, especially among young and vulnerable.

FCTC an evidence based treaty

1. FCTC provides for both demand and supply reduction measures to curb tobacco use.
2. About 4.7 billion people – 63% of the world's population – are covered by at least one comprehensive tobacco control measure, which has quadrupled since 2007 when only 1 billion people, and 15% of the world's population, were covered.
3. The Global Progress Report on implementation of the WHO FCTC & the WHO report on the global tobacco epidemic provide the global update on implementation of effective tobacco control measures.

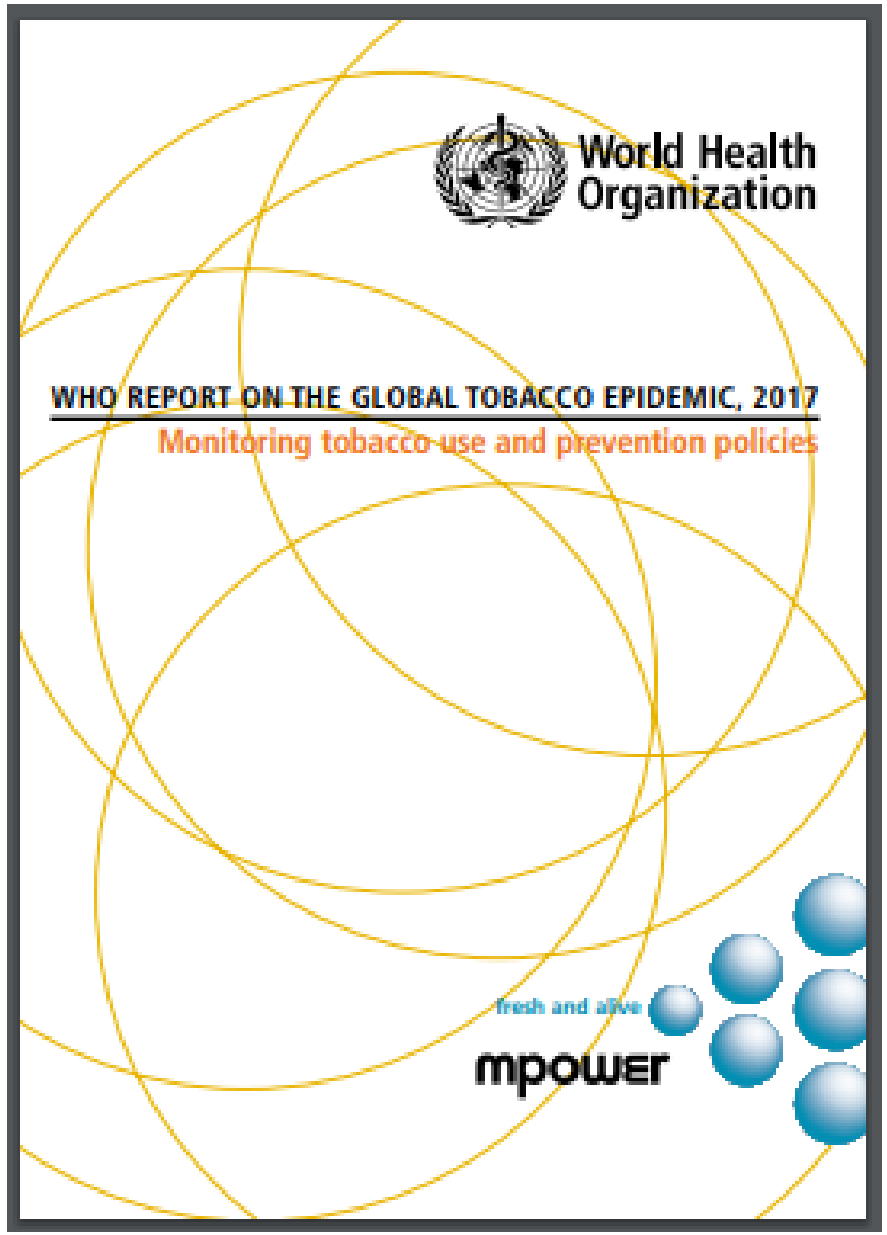


Average implementation of substantive articles of the Convention in 2016

All FCTC Provisions apply to SLT Products

- Article 6: Republic of Korea have highest taxes on SLT products.
- Article 11: Larger 85% mouth cancer warnings in India.
- Article 12: Mukesh and Sunita mass media campaigns in India and betel nut campaign in Myanmar.
- Article 13: complete ban on direct and indirect advertisement
- Article 14: cessation services
- Article 15: prohibit illicit trade - governmental licensing including of retail sale
- Article 16: Prevent minor access - Age of sale increased to 21 years
- Article 20: collect data on SLT under GTSS and other national and international surveillance systems

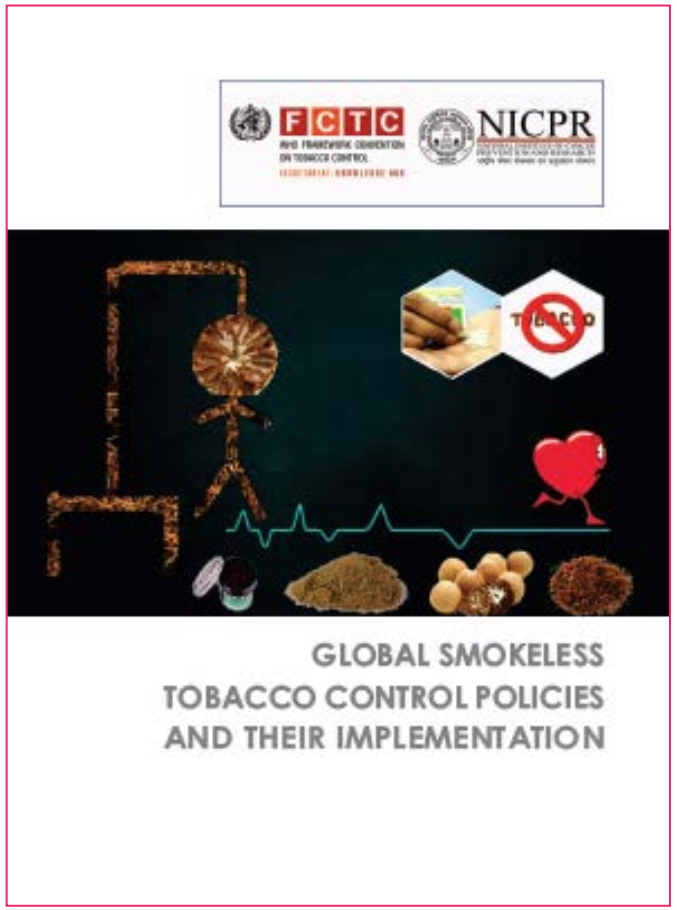
Status Report 2016



MPOWER Report 2017

Global Progress Report on SLT Control

- Governmental sale licenses: 26 countries require license for sale of SLT products
- Several countries regulate the production, distribution, and sale of cottage industry manufactured SLT products as well.
- Age restrictions: Several countries have raised age of access to 21 years.
- Reduce the appeal of SLT products by banning or regulating sweeteners and flavouring substances.



Link: http://untobaccocontrol.org/kh/smokeless-tobacco/wp-content/uploads/sites/6/2018/04/Global-smokeless-NICPR-19418-1.pdf

Publications from the KH-SLT

1. Ruchika Gupta, Sanjay Gupta, Shashi Sharma, Dhirendra N Sinha, Ravi Mehrotra; Risk of Coronary Heart Disease Among Smokeless Tobacco Users: Results of Systematic Review and Meta-Analysis of Global Data, Nicotine & Tobacco Research, , nty002, https://doi.org/10.1093/ntr/nty002.
2. Dhirendra N Sinha, Prakash C Gupta, Amit Kumar, Deeksha Bhartiya, Naveen Agarwal, Shashi Sharma, Harpreet Singh, Mark Parascandola, Ravi Mehrotra; The Poorest of Poor Suffer the Greatest Burden From Smokeless Tobacco Use: A Study From 140 Countries, Nicotine & Tobacco Research, , ntx276, https://doi.org/10.1093/ntr/ntx276
3. Suzanne Nethan, Dhirendra Sinha, Ravi Mehrotra, Non Communicable Disease Risk Factors and their Trends in India, Asian Pac J Cancer Prev, 18 (7), 2005-2010. DOI:10.22034/APJCP.2017.18.7.2005
4. Devika Bhatt, Shashi Sharma, Ruchika Gupta, Dhirendra N. Sinha, and Ravi Mehrotra. Predictors of Hypertension among Nonpregnant Females Attending Health Promotion Clinic with Special Emphasis on Smokeless Tobacco: A Cross-Sectional Study. BioMed Research International, vol. 2017. doi:10.1155/2017/8765217. Article ID: 8765217, 5 pages, 2017.
5. Sinha DN, Kumar A, Bhartiya D, Sharma S, Gupta PC, Singh H, Mehrotra R. Smokeless Tobacco Use Among Adolescents in Global Perspective. Nicotine Tob Res. 2017 Jan 19. doi: 10.1093/ntr/ntx004. PubMed PMID:28180905.
6. Sinha DN, Bhartiya D, Kumar A, Singh H, Mehrotra R. Men in Myanmar submerged in tobacco; women following. Nicotine Tob Res. 2016 Dec 7. pii: ntw314. PubMed PMID: 27928049.
7. Sinha DN, Suliankatchi RA, Gupta PC, Thamarangsi T, Agarwal N, Parascandola M, Mehrotra R. Global burden of all-cause and cause-specific mortality due to smokeless tobacco use: systematic review and meta-analysis. Tob Control. 2016 Nov 30. pii: tobaccocontrol-2016-053302. doi: 10.1136/tobaccocontrol-2016-053302. PubMed PMID: 27903956.
8. Deeksha Bhartiya, Amit Kumar, Jasmine Kaur, Suchitra Kumari, Amitesh Kumar Sharma, Dhirendra N. Sinha, Harpreet Singh, Ravi Mehrotra. In-silico study of toxicokinetics and disease association of chemicals present in smokeless tobacco products Regul Toxicol Pharmacol. 2018 Jun;95:8-16. doi: 10.1016/j.yrtph.2018.03.002. Epub 2018 Mar 2. PMID: 29505798
9. http://www.ijmr.org.in/currentissue.asp?sabs=n

KH-SLT Session on 3-4th October on Areca Nut

15:20 TO 16:50	Room
WEDNESDAY 3 OCTOBER 2018	
Prioritizing research and policy interventions to prevent oral cancers – Targeting the Betel Quid & Areca Nut Users Track 1 - Motivating prevention and healthy behaviours Organised by ICMR - National Institute of Cancer Prevention and Research (NICPR) (India) and National Cancer Institute (United States)	301

KH-SLT Session on SLT and FCTC on 4th October

13:50 TO 14:50	Room
THURSDAY 4 OCTOBER 2018	
Full Implementation of the WHO FCTC Demand and Supply Reduction Measures to Mitigate the Global Smokeless Tobacco Burden Track 1 - Motivating prevention and healthy behaviours Organised by National Institute of Cancer Prevention and Research (India)	403

Q & A!

THANK YOU

Prof. Ravi Mehrotra
ICMR-National Institute of Cancer Prevention and Research (NICPR)
Noida, Uttar Pradesh 201301
directornicpr@gmail.com

Behavioural Science Research for Cancer Prevention: The NCI Story

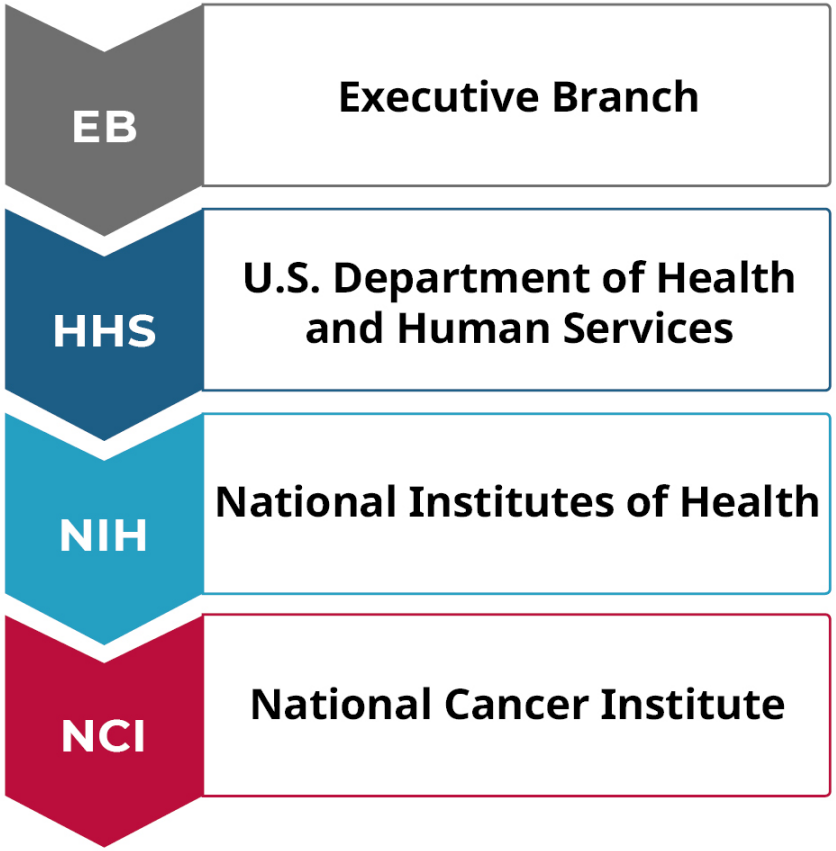
2018 World Cancer Congress

William Klein, PhD
Associate Director
Behavioral Research Program
Division of Cancer Control and Population Sciences
National Cancer Institute

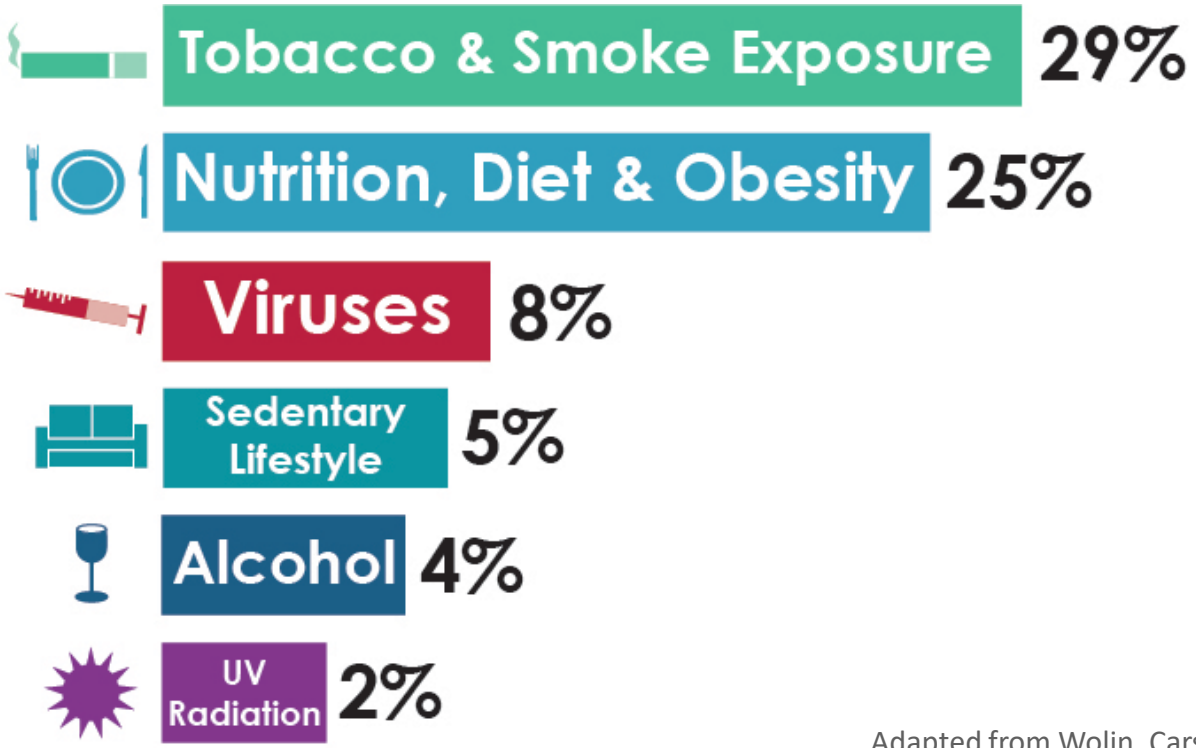
NIH NATIONAL CANCER INSTITUTE

2 October 2018

Organizational Structure



Behaviors account for a large proportion of cancer risk.



Adapted from Wolin, Carson, and Colditz, 2010

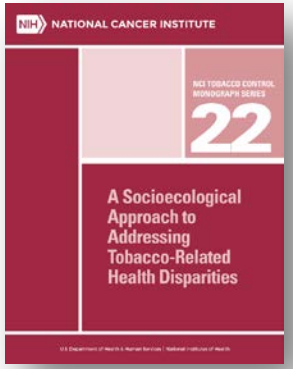
Public health policy examples

- Taxes on products that contribute to cancer risk
- Regulation of tobacco products and messaging
- Smoke-free air laws
- Menu labeling and ingredient restrictions
- School nutrition and activity policies
- Tanning bed regulations
- Institutionalized HPV vaccinations

Evidence-based research to inform tobacco control

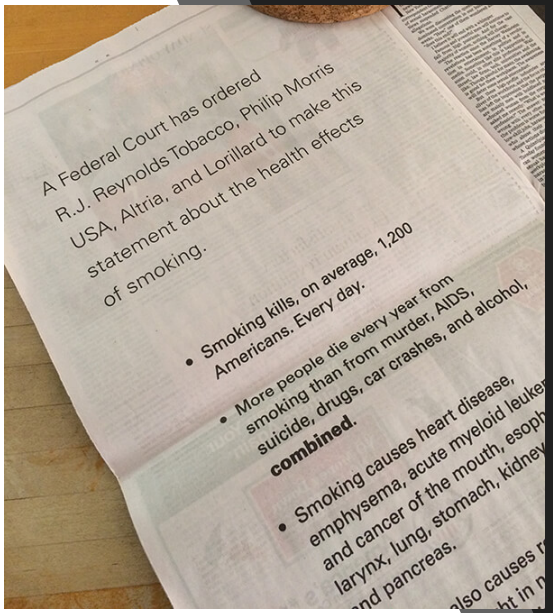
- Tobacco Control Monograph 21 (produced in collaboration with WHO)
  - Examined evidence of use, growth, manufacturing, and trade; tax and price; and policies and interventions to reduce use and health consequences of tobacco.

- Tobacco Control Monograph 22
  - Examined health disparities in initiation, secondhand smoke exposure, frequency and intensity, cessation, morbidity, and mortality.



https://cancercontrol.cancer.gov/brp/tcrb/monographs/index.html

Experimental study to evaluate corrective statements



Corrective statements explaining the harms inflicted by tobacco products and addressing common misconceptions about cigarettes began running in newspapers on November 26, 2017.
Credit: National Cancer Institute

- The tobacco industry was ordered to issue corrective statements on:
  - Adverse health effects of cigarette smoking
  - Addictiveness of cigarette smoking & nicotine
  - No health benefit from smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes
  - Tobacco companies’ manipulation of cigarette design and composition to enhance nicotine delivery
- Study involved empirical message testing for corrective statements, with specific audience segmentation to reflect subpopulations disproportionately targeted by tobacco industry advertising.

Tobacco Centers of Regulatory Science (TCORS)

- Research resulting from the TCORS initiative has informed FDA's regulatory activities in several ways.
- FDA cites TCORS studies in rulemaking activities, including the recent Advance Notices of Proposed Rulemaking on:
  - Regulating flavors in tobacco products
- TCORS researchers formally submit their research to FDA calls for public comment on their proposed regulations.

. 83, No. 55 / Wednesday, March 21,

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Parts 1100, 1140, and 1143

[Docket No. FDA–2017–N–6565]

RIN 0910–AH60

Regulation of Flavors in Tobacco Products

AGENCY: Food and Drug Administration, HHS.

ACTION: Advance notice of proposed rulemaking.

Smoke-free housing

- Without interventions, smoke exposure can be high in public housing (Levy, 2013)
- Households in buildings with smoke-free policies have better air quality than those in buildings without (regardless of whether the household has a smoker) (Russo, 2015)
- Common areas also see fewer particulates, less nicotine (MacNaughton, 2016)
- Smoke-free policies in public housing are found to be acceptable (Rokicki, 2015)

Newsweek

U.S.

ALL PUBLIC HOUSING COMPLEXES SOON COULD BE SMOKE-FREE

BY MICHELE GORMAN ON 11/13/15 AT 12:15 PM

seeking to ban residents of

PBS NEWSHOUR

SUBSCR

THE RUNDOWN

A BLOG OF NEWS AND INSIGHT

HEALTH SUPREME COURT VOTE 2016

NATION

HUD seeks smoke-free public housing

32

EMAIL

BY JENNIFER C. KERR, ASSOCIATED PRESS *November 12, 2015 at 12:09 PM EDT | Updated: Nov 12, 2015 at 3:37 PM*

Cigarette butts in an ashtray in Los Angeles, California. The Department of Housing and Urban Development proposed a rule Thursday that would ban smoking in more than 3,100 public housing agencies in the country. Photo Jonathan Alcorn/Reuters

WASHINGTON — Smoking could soon be banned in the nation's public housing.

Smoking could soon be banned in public housing nationwide — even inside people's apartments.

The Department of Housing and Urban Development proposed a rule Thursday that

Welcome to the Tobacco Control Policy tool

This website provides decision-makers and health professionals with estimates of the projected impact of four specific tobacco control policies on public health in the United States.

The estimates were derived from simulations of over **2,200 policy scenarios**, with **30 million people per scenario**, and calibrated for each state and Washington, DC. Read more about the tool or go directly to one of the policy pages below and explore the results.

Updates

3/24/2018: A detailed study protocol describing the methods behind the TCP tool is now freely available. Find out more at *BMJ Open*.

12/18/2017: Smoke-free air law coverage in restaurants, bars, and workplaces have been updated to reflect recent data compiled by the CDC & NCI State Cancer Profiles and American Nonsmokers' Rights Foundation (as of October 2, 2017). The percent of the population in non-smoking work environments now reflects survey data from the 2014-2015 Tobacco Use Supplement to the Current Population Survey (TUS-CPS)

Cigarette Taxes — Explore >

Smoke-free Air Laws — Explore >

Tobacco Control Expenditures — Explore >

Minimum Age — Explore >

Time-sensitive obesity policy evaluation – Evidence for policy makers about behavior

- Evaluation of policy and programs outside investigator control (e.g. transportation, taxation, retail, labeling)
- “Rapid” funding mechanism launched in 2012 to allow pre-test–post-test study designs
- Cooperative across multiple NIH institutes
- $25M in grants over 7 years

Lessons learned

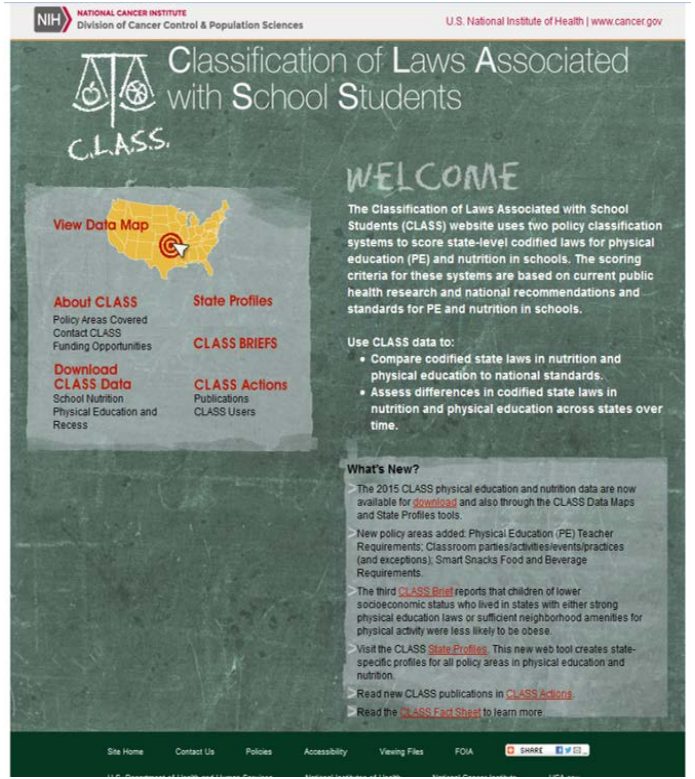
- Requires flexibility – sometimes policies don’t happen
- Key challenge: adequate efforts to create “as-if-randomized” comparisons across time and space

TRAIN Study
Travel Related Activity In Neighborhoods

PHRESH: Pittsburgh Hill/Homewood Research on Neighborhood Change and Health

Sugar Alert - Evaluating San Francisco’s Sugar-Sweetened Beverage Advertising Warning Label Ordinance

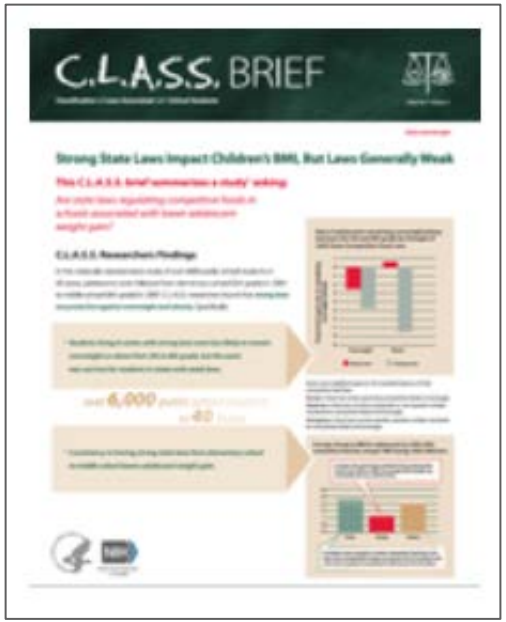
Classification of Laws Associated with School Students (CLASS)



Strong State Laws Impact Children's BMI, But Laws Generally Weak

This CLASS brief summarizes a study asking:

Are state laws regulating competitive foods in schools associated with lower adolescent weight gain?




WARNING:
TOBACCO SMOKE CAN HARM YOUR CHILDREN.
1-800-QUIT-NOW
BRAND
WARNING: Cigarettes are addictive.
1-800-QUIT-NOW
BRAND
1-800-QUIT-NOW
WARNING: Cigarettes cause fatal lung disease.
BRAND


ALCOHOL CAN CAUSE 7 TYPES OF CANCER
INCLUDING BREAST CANCER.
The more you drink, the more you increase your risk.
Reduce your risk of developing breast cancer.
Go to reducemyrisk.tv for the facts.
Concerned about your drinking? Call Drinkline: 0300 123 1110
7cancers
breast cancer now
BALANCE
Getting the measure of alcohol

Relevant research tools

cancercontrol.cancer.gov/brp

Family Life, Activity, Sun, Health, and Eating (FLASHE) Study

https://cancercontrol.cancer.gov/flashe

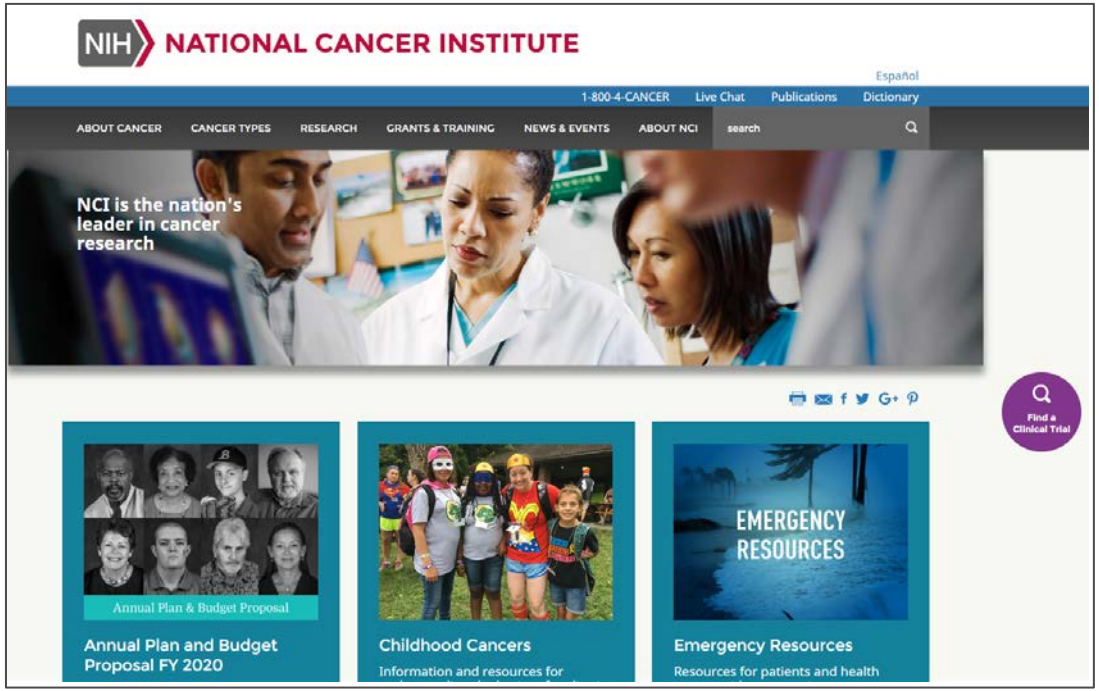
Health Information National Trends Survey (HINTS)

https://hints.cancer.gov

Classification of Laws Associated with School Students (CLASS)

https://class.cancer.gov

Stay connected



Website
www.cancer.gov
www.cancer.gov/espanol
https://cancercontrol.cancer.gov/brp

Twitter
@theNCI
@NCIbehaviors

Facebook
www.facebook.com/cancer.gov

Meet the Experts

National Cancer Institute

Wednesday, 3 Oct

Exhibit Booth #E17-18

Behavioral Research

10:00 - 11:00

Implementation Science Research

11:00 - 11:30

Susan Czajkowski

Bill Klein

Sudha Sivaram

NATIONAL CANCER INSTITUTE

www.cancer.gov

www.cancer.gov/espanol

ADDITIONAL SLIDES

The Cancer Control Continuum

FOCUS

Etiology
- Environmental factors
- Genetic factors
- Gene-environment interactions
- Medication (or pharmaceutical exposure)
- Infectious agents
- Health behaviors

Prevention
- Tobacco control
- Diet
- Physical activity
- Sun protection
- HPV vaccine
- Limited alcohol use
- Chemoprevention

Detection
- Pap/HPV testing
- Mammography
- Fecal occult blood test
- Colonoscopy
- Lung cancer screening

Diagnosis
- Shared and informed decision-making

Treatment
- Curative treatment
- Non-curative treatment
- Adherence
- Symptom management

Survivorship
- Coping
- Health promotion for survivors

CROSS-CUTTING AREAS

Communications

Surveillance

Health Disparities

Decision-Making

Dissemination of Evidence-Based Interventions

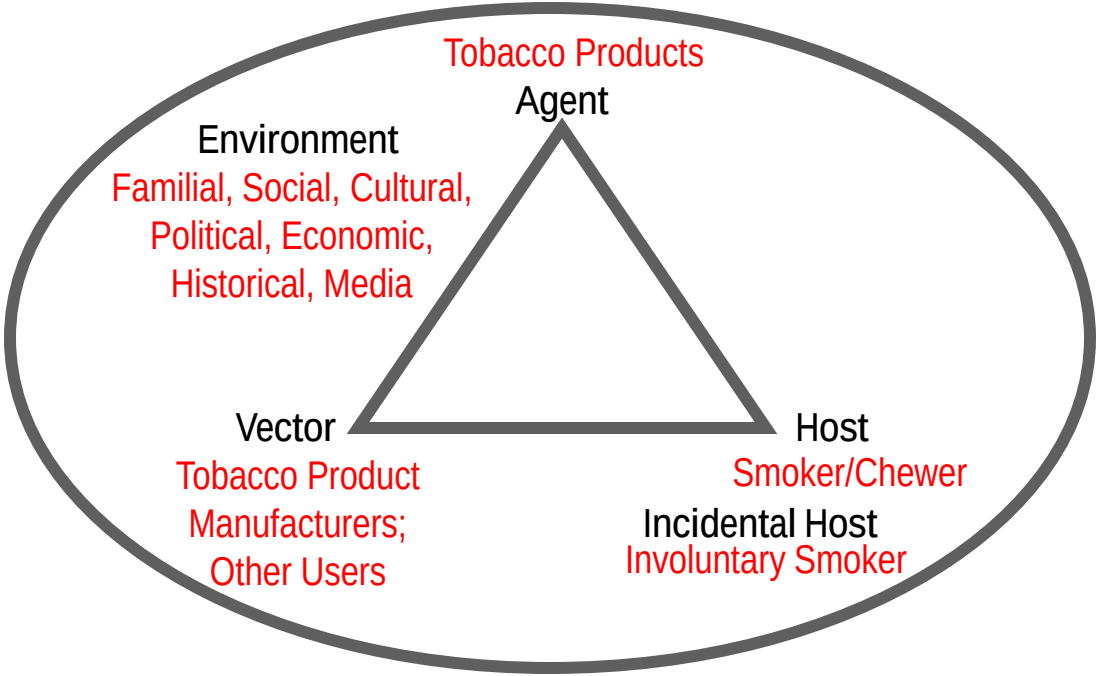
Health Care Delivery

Epidemiology

Measurement

Adapted from David B. Abrams, Brown University School of Medicine

Epidemiologic model of tobacco use



Source: Orleans & Slade, 1993; Giovino, 2002