1.1. **Executive Summary**

1.2. In 2013-14, Cancer Research UK spent £386 million on research in institutes, hospitals and universities across the UK – this includes the £351 million spent on research carried out and a £35 million contribution we made to the Francis Crick Institute last year. We have also spent £21 million on providing information to people affected by cancer, raising awareness of risks and symptoms, and influencing health policies.

1.3. **Cancer Research UK would like to raise two overarching issues relevant to the inquiry and make three recommendations to the Committee:**

1.4. Firstly, around 141,000 cases of cancer in the UK every year can be attributed to lifestyle or environmental factors which are potentially preventable. This amounts to 42% of all cases of cancer each year in the UK. Not eating a healthy and balanced diet, overweight and obesity, alcohol consumption, and too little physical activity results in around 60,000 preventable cases of cancer in the UK every year.

1.5. Secondly, there are worryingly low levels of awareness amongst the public that not eating a healthy and balanced diet, overweight and obesity, alcohol consumption and too little physical activity are factors which can increase a person’s risk of cancer.

1.6. To address both diet and obesity, Government should develop a comprehensive strategy that creates an environment where healthier choices become the norm. This includes:

- Policies to reduce the promotion and availability of unhealthy food to children, including a pre 9pm watershed ban on unhealthy food marketing
- A review of online marketing of unhealthy food products to children
- Examining the case for fiscal measures on foods high in sugar, salt and fat, including a duty on sugar sweetened beverages
- Measures to improve dietary behaviours in schools

1.7. Government should develop a comprehensive strategy for alcohol based on the ‘Health First’ report to reduce drinking in the UK to levels where risks are minimal. This includes:

- Introducing a minimum unit price across the UK
- Restrictions on young people’s exposure to alcohol marketing

1.8. Local authorities should encourage physical activity by ensuring:

- Appropriate access to sports facilities and open space, particularly for deprived groups
- Greater funding is devoted to promote active travel as the default mode for short journeys and create neighbourhoods where physical activity is an accessible option for all residents
2.1. **Major preventable causes of cancer and the overall cost to NHS and society**

2.2. The major preventable causes of cancer which are also implicated in the development of some other illnesses are tobacco, not eating a healthy, balanced diet, being overweight or obese, alcohol consumption, and too little physical activity.¹

2.3. NHS cancer services were estimated to cost a total of £6.3bn in 2008/09.² The costs of cancer to society were £18.3bn in 2008 and are predicted to rise to £24.7bn by 2020.³

3.1. **Not eating a healthy, balanced diet**

3.2. An estimated 29,700 cases of cancer in the UK each year are linked to people not eating a healthy, balanced diet.¹ Specifically, these cases of cancer can be attributed to eating too few vegetables and fruit, eating too much red and processed meat, eating too little fibre or eating too much salt. Diet-related cancers are estimated to have cost the NHS £1.7bn in 2006/7.⁴

3.3. Consuming lower than the government guideline of 5 vegetable and fruit portions a day could increase the risk of several different types of cancer, including mouth, oesophagus, lung, larynx, and some types of stomach cancer.¹ If everyone consumed the target of 5 portions (400g) of vegetable and fruit per day, it is estimated that 15,100 cases of cancer each year in the UK could be prevented.² Low vegetable and fruit consumption occurs more in lower income groups. Adults in England in the lowest income quintile consumed an average of 3 portions of vegetable and fruit per day in 2011, while those in the highest quintile averaged 4.3 portions.⁵ Evidence also shows household spending on vegetable and fruit is lower among the lowest income decile compared to the highest income decile.⁵

3.4. A diet that is high in red and processed meat is responsible for 3% cancer cases in the UK each year, and leads to an additional 8800 cases of bowel cancer in the UK every year.¹

3.5. A balanced diet that is high in vegetable and fruit, high in fibre, and low in red and processed meat and salt is the best way to reduce the risk of developing cancer through dietary means. It is crucial that this health message is conveyed to the public and they are not distracted by terms like ‘super-foods’ which have very little evidence base. Increasing the accessibility of healthy foods and communicating the benefits of a healthy diet are key to progress in this area.

4.1. **Overweight and obesity**

4.2. Overweight and obesity causes a conservatively estimated 5% of UK cancer cases each year and keeping a healthy weight could prevent around 18,100 cases of cancer in the UK each year.¹ Part of the reason this figure is an underestimate is that aggressive prostate cancer has recently been classified as a bodyweight-associated cancer, but is not included in this top-line figure.⁶ The proportion of bodyweight-associated cancer cases is higher in women.

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(7%) than men (4%) as some cancers linked to bodyweight occur in females only. Uterine, kidney and oesophageal cancers have the highest proportion of UK cases linked to overweight and obesity. Successful long-term sustained weight loss is also known to reduce the risk of developing obesity related cancers. Overweight and obesity related cancers are estimated to have cost the NHS £204m in 2006/7. Again, this is likely to be an underestimate.

4.3. We are concerned about low awareness of overweight and obesity among the UK population. CRUK-funded research showed that in 2012, 7% of obese men and 11% of obese women self-identified as ‘obese’. Only 8% of women and 7% of men were able to correctly identify the BMI threshold for obesity. If any communications on obesity to the public are to be successful, they should look to address these barriers.

4.4. Health and Social Care Information Centre (HSCIC) data for England shows that in 2012, 24% of men and 25% of women were obese, 42% of men and 32% of women were overweight, and 28% of children were overweight or obese. The mean BMI (body mass index) for men was 27.3kg/m$^2$ and 27.0kg/m$^2$ in women. The proportion of men and women with a healthy BMI decreased between 1993 and 2012, and the proportion of obese men and women markedly increased.

4.5. If current trends in BMI continue unabated, there will be a predicted increase of 87,000-130,000 cases of cancer over in the UK between 2010 and 2030, whilst a 1% reduction in BMI for every UK adult could avoid 32,000–33,000 cases of cancer over this period.

4.6. Children of lower socioeconomic status are more likely to be obese, with childhood obesity prevalence nearly double among the most deprived year 6 children compared with the least deprived year 6 children in 2012/13.

4.7. Comparisons of overweight and obesity rates over time should be made with caution, as information is not adjusted for population characteristics including age and ethnicity which may have also changed over time. The accuracy of BMI as an indicator of overweight- and obesity-related health outcomes may also vary by ethnicity.

4.8. For both poor diet and obesity, we are particularly concerned by the promotion, availability and pricing of unhealthy products to children. Food marketing and advertising influences children’s food preferences, and may encourage them to ask their parents to purchase foods they have seen advertised. It can also affect their consumption and other diet related behaviour. Current restrictions on advertising of foods high in sugar, salt, and fat have been shown to have had no effect on children’s exposure. This appears to be primarily due to the fact that children watch family shows and sports events which are not explicitly targeted at them, notably before the 9pm watershed. Ensuring that such advertising is not shown when children are likely to be watching can reduce their exposure. These rules also do not address the rapid growth of online marketing of unhealthy foods.
4.9. We welcome the introduction of the UK’s front of pack nutritional labelling scheme. This scheme uses colour coded (traffic light) labelling alongside reference intakes to help inform consumers of the relative nutrient values of food products at-a-glance, enabling consumers to take greater personal responsibility for their food choices. We are disappointed that the UK’s scheme is being challenged by the European Commission.

4.10. Research shows an integrated hybrid model of nutritional labelling, including colour-coding, guideline daily amounts (now reference intakes) and the words ‘high’, ‘medium’ and ‘low’ best meets the needs of UK consumers across all socio-economic groups. 81% of UK consumers use the Government’s recommended voluntary scheme at least some of the time, and 70% state that they find this type of nutritional label easy to understand. To maximise the benefits, such labelling should be used on as many products as possible across product ranges, including online shopping. This labelling may also encourage manufacturers to reformulate their products and reduce the levels of sugar, salt and fat in everyday foods.

4.11. Price has been identified as a factor that affects the purchasing of unhealthy food, with growing evidence that the targeted taxation of unhealthy products could be effective. Sugar sweetened beverages (SSBs), such as a 330ml can of Coca-Cola which contains 35g of sugar, offer little nutritional value and are associated with weight gain. A duty of 20% on SSBs is estimated to reduce the number of people who are overweight by about 285,000 in the UK. France, Mexico and Hungary have all enacted a tax on SSBs, with some evidence from France indicating that the duty can halt the growth in sales of SSBs.

4.12. We welcome local initiatives to promote a healthy diet, including in and around the school environment. We support the proposals for nutritional standards based on the School Food Plan and believe that these should be implemented consistently across all schools. There is some evidence to suggest that primary school children who eat school lunches improve their overall diets, yet take-up of school meals in England remains low at 43%.

4.13. As behaviours related to diet and obesity can be interlinked, Government should develop a comprehensive strategy that creates an environment where healthier choices become the norm. This includes:

- Policies to reduce the promotion and availability of unhealthy food to children, including a pre 9pm watershed ban on unhealthy food marketing
- A review of online marketing of unhealthy food products to children
- Examining the case for fiscal measures on foods high in sugar, salt and fat, including a duty on sugar sweetened beverages
- Measures to improve dietary behaviours in schools

5.1. **Alcohol**

5.2. Alcohol is the most important modifiable risk factor for cancer after tobacco, diet and overweight and obesity. The International Agency for Research on Cancer classified alcohol as a group 1 substance, meaning that is it is known to cause cancer in humans. Around
12,800 cases of cancer each year in the UK are attributable to alcohol. Alcohol can cause seven cancers - mouth, pharyngeal, laryngeal, oesophageal, breast, bowel and liver. Current evidence shows that the less alcohol people drink the lower their risk of cancer. Importantly, there is no level of ‘safe’ drinking.

5.3. Alcohol is also an important risk factor for overweight and obesity, with evidence showing that alcohol can represent almost 10% of calorie intake among adults who drink in the UK.

5.4. Alcohol related cancers are estimated to have cost the NHS £728m in 2006/7. The personal, social and economic cost of alcohol has been estimated to be up to £55bn per year for England and £7.5bn for Scotland. A sustained reduction in alcohol consumption can provide significant benefits to individuals’ health and help reduce the incidence of alcohol-related cancers at the population level. Currently 52% of adults in Great Britain report drinking above recommended guidelines on their heaviest drinking day in the last week.

5.5. The affordability and ubiquity of marketing of alcohol in the UK are two issues of particular concern. There is overwhelming evidence from a meta-analysis that increasing the price of alcohol through taxations reduce average per-capita consumption, and in turn translates into reductions in alcohol-related harm. Measures which are population-wide are most impactful. UK trends between 1960 and 2004 show that as the affordability of alcohol has increased so too have consumption levels.

5.6. We believe the introduction of a minimum unit price (MUP) for alcohol is necessary, as outlined in our part-funded report ‘Health First’. Unlike a duty which can raise the price of all alcoholic drinks within a category a MUP addresses cheap alcohol, which has been shown to be particularly attractive to harmful and dependent drinkers, binge drinkers and young drinkers. We welcome the decision by the Scottish Government to introduce MUP and the Northern Irish and Welsh Government’s plans to also introduce legislation for MUP.

5.7. The case for a MUP is justified by real world experience. Research shows that a 10% increase in the minimum price of alcohol in Saskatchewan, Canada led to an 8.43% reduction in alcohol consumption. Modelling of a MUP of 50p per unit could lead to a 6.7% reduction of alcohol consumption in the UK, and could avoid 3,000 premature deaths after 10 years in England. The measure could also lower health inequalities without penalising moderate drinkers, with a spending increase of less than 23p per week estimated for moderate drinkers.

5.8. There is good evidence that alcohol advertising influences the behaviour of young people. One option to reduce the desirability of alcohol is to explore restrictions on the promotion of unhealthy products through advertising and marketing, alongside restrictions on alcohol sponsorship of sporting and cultural events. One example of international practise to consider is France’s ‘Loi Evin’, which provides a clear definition of alcoholic drinks, regulates advertising in the media, and requires health warning labels.
5.9. Government should develop a comprehensive strategy for alcohol to reduce drinking in the UK to levels where the risks are minimal. This includes:

- Measures to reduce the affordability of alcohol as set out in the ‘Health First’ report
- Restrictions on young people’s exposure to alcohol advertising

6.1. **Physical Activity**

6.2. Too little physical activity (less than 30 minutes of at least moderate-intensity activity on at least 5 days per week) is linked to an estimated 3,400 cases of cancer in the UK each year.¹ Uterine, breast and colon cancers are linked to physical activity. ⁴⁵ A high level of physical activity helps food move through the digestive system quicker and therefore reduces the time that the bowel is exposed to potential sources of irritation and inflammation. Physical activity has an impact on post menopausal breast cancer risk independent of bodyweight, and this is seen within 4 years of starting to be active. ⁴⁶

6.3. HSCIC data for England shows that in 2012, 67% of men and 55% of women aged 16 and over met the new UK recommendations for aerobic activity (at least 150 minutes per week in moderate intensity physical activity, or a combination of the two); 19% of men and 26% of women were classed as inactive.⁹ The proportion of people meeting physical activity guidelines increases as household income increases.

6.4. **Local authorities should seek to encourage people to increase their physical activity to both prevent cancer and maintain a healthy weight, including:**

- Appropriate access to sports facilities and open space, particularly for deprived groups
- Devoting greater funding to promote active travel as the default mode for short journeys and create neighbourhoods where physical activity is an accessible option for all residents

7.1. **Cross-cutting topics**

7.2. Firstly, there are worrying low levels of awareness amongst the public that overweight and obesity, not eating a healthy, balanced diet, alcohol consumption and too little physical activity are factors which can increase a person’s risk of cancer. Around 60,000 preventable cases of cancer in the UK every year are attributable to these four factors.

7.3. CRUK research through the Cancer Awareness Measure shows that in 2010, when asked to spontaneously recall cancer risk factors, smoking is the only factor that the majority of respondents (83%) mentioned.⁴⁷ 43% recalled the links between drinking alcohol and cancer. Just 15.3% mentioned low exercise with cancer risk, 10% mentioned overweight, 6% mentioned low vegetable and fruit intake, and 4% mentioned eating red or processed meat.

7.4. Secondly, CRUK believes that Responsibility Deal has not demonstrated an improvement in practise which would reduce the risk of cancer or improve public health. We support the principle of industry actors taking action to reformulate their products and reduce in store
promotions, such as removing unhealthy foods from supermarket checkouts. However, we believe these actions fall well short of sufficient commitments to improve public health. We also note the limited evidence of the health impact of these measures. Across all areas, we believe the role of the industry is in the implementation of policy, and not its formulation.

7.5. Thirdly concerning data, although the UK nations all collect data on overweight and obesity, diet and alcohol in their individual health surveys, they do so using different methodologies. This makes it complicated to obtain a whole-UK picture obesity, physical activity and diet.

7.6. Finally, we believe that government leadership with the potential for regulatory action is needed to address the issues of obesity, diet and physical activity, because of its substantial current and potential future impact on public health and cancer incidence.

8.1. Conclusion

8.2. Not eating a healthy, balanced diet, overweight and obesity, alcohol consumption and too little physical activity results in around 60,000 preventable cases of cancer in the UK every year. Despite this substantial number, we are concerned about low levels of public awareness that these factors can increase a person’s risk of cancer.

8.3. To address both diet and obesity, Government should develop a comprehensive strategy that creates an environment where healthier choices become the norm. This includes:
   - Policies to reduce the promotion and availability of unhealthy food to children, including a pre 9pm watershed ban on unhealthy food marketing
   - A review of online marketing of unhealthy food products to children
   - Examining the case for fiscal measures on foods high in sugar, salt and fat including a duty on sugar sweetened beverages
   - Measures to improve dietary behaviours in schools

8.4. Government should develop a comprehensive strategy for alcohol based on the ‘Health First’ report to reduce drinking in the UK to levels where the risks are minimal. This includes:
   - Introducing a minimum unit price across the UK
   - Restrictions on young people’s exposure to alcohol marketing

8.5. Local authorities should encourage physical activity by ensuring:
   - Appropriate access to sports facilities and open space, particularly for deprived groups
   - Greater funding is devoted to promote active travel as the default mode for short journeys and create neighbourhoods where physical activity is an accessible option for all residents

9.1. Contact Details

9.2. For any queries relating to this submission please contact Dan Hunt, Prevention Policy Adviser at Cancer Research UK, on 020 3469 6137 or daniel.hunt@cancer.org.uk.
References


23. All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2,037 adults. Fieldwork was undertaken between 13th - 14th November 2014. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).


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