

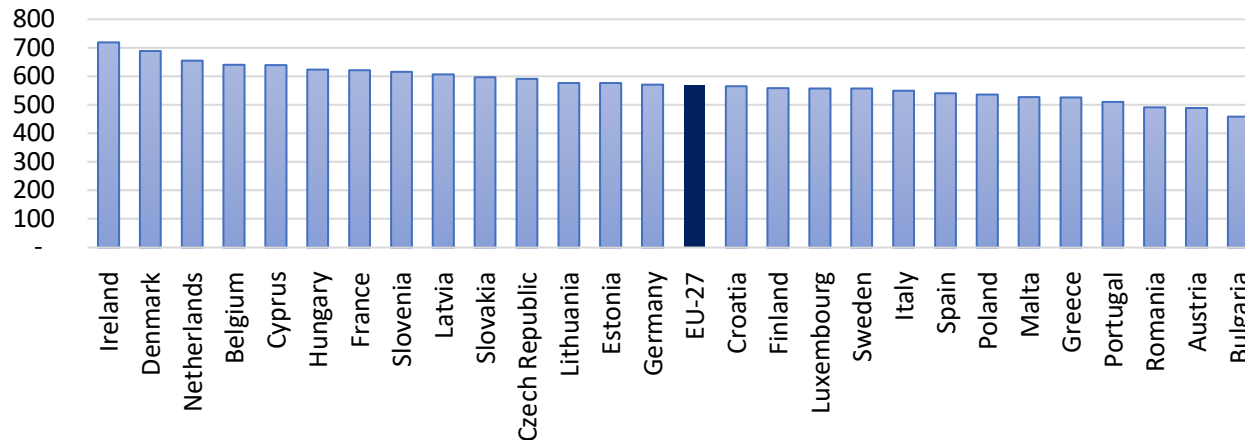
BEST PRACTICE TOOLS TO PREVENT CANCER ACROSS EUROPE

**Could harm reduction policies play a
pivotal role?**

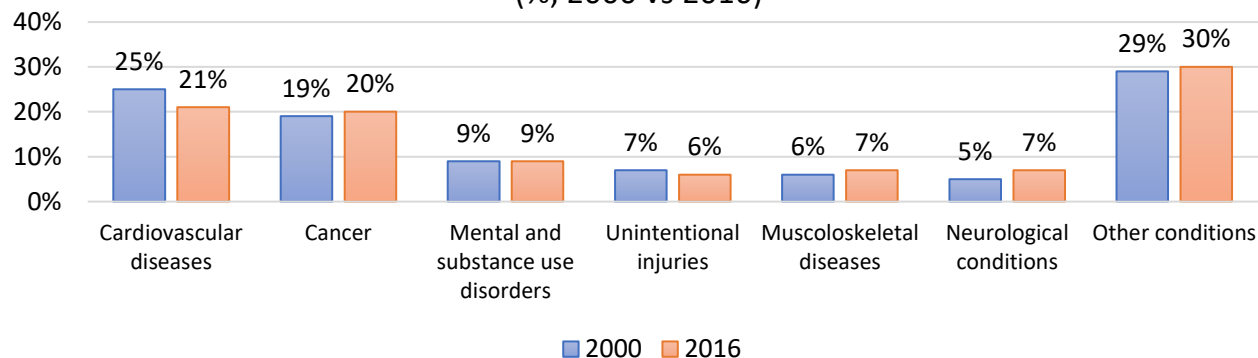


Disease burden of cancer in Europe

Estimated incidence rate for all cancers, EU 27, 2020 (age standardised rate per 100,000 population)



Disease burden of the largest groups of disease groups in Europe (% , 2000 vs 2016)



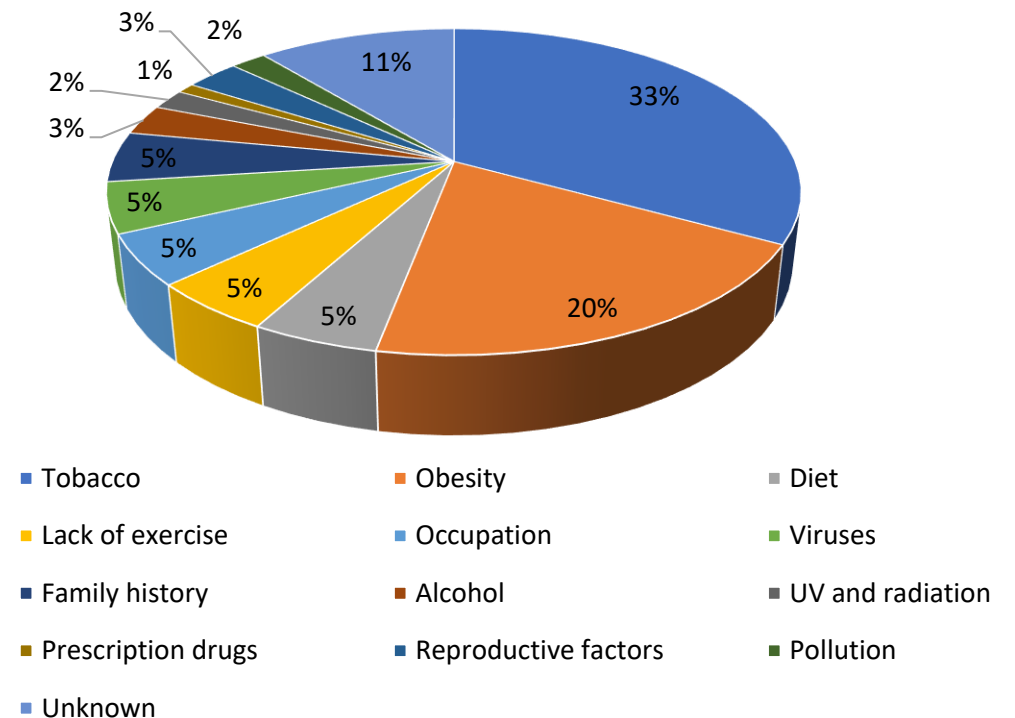
- Difference among countries reflect **not only variations in the real number of new cancers** occurring each year, but also **differences in national policies regarding cancer screening** to detect different types of cancer as early as possible, as well as **differences in the quality of cancer surveillance and reporting**.
- DALYs (disability-adjusted life years) show the morbidity aspect (the impact of a disease on people's daily lives) and the mortality aspect (premature death due to the disease). One DALY represents one year of a healthy life lost;
- **Cancer (defined as malignant neoplasms) caused the second-greatest share of DALYs, increasing from 19% to 20% of the total.** Cancer could soon surpass cardiovascular diseases as the disease group causing the greatest societal burden and it has already done so in many wealthy countries



More than half of the cancers occurring today could be prevented if we applied the knowledge we already have and promoted primary prevention policies. The growing field of implementation science has clearly demonstrated that the cancer burden could be reduced by introducing changes in individual and population behaviors, and by increasing **public health efforts based on robust scientific knowledge** and a **social commitment to change**.

- **Tobacco consumption** is the **largest avoidable health risk** in the EU and it is a major risk factor for at least two of the leading causes of mortality, circulatory diseases and cancer;
- **Alcohol-related harm** is another **major public health concern in the EU**. **High alcohol consumption** is associated with increased risk of heart diseases and strokes, as well as liver cirrhosis and certain cancers. Moreover, it contributes to the increase in cancer mortality due to coexisting causes.
- **Obesity** is a well-known risk factor leading to numerous health problems, including hypertension, high cholesterol, diabetes, cardiovascular diseases and some forms of cancer. Moreover, it **contributes to the overall cancer mortality as it is linked to worse clinical outcomes**.

Distribution of preventable cancer-related factors
(Comparator report on cancer in Europe, IHE 2019)



Preventable cancer risks, including unhealthy lifestyle choices and consequent health outcomes, are prevalent particularly among people of lower socio-economic groups, lower education and limited access to information and health services.

**HEALTHY LIFESTYLES ARE NOT ONLY A MATTER OF WILLINGNESS,
BUT ALSO OF OPPORTUNITY**

1. Public authorities and national governments intervening to define **cross-sectoral strategies and implementing active policies that provide citizens with incentives to choose healthier lifestyles;**
2. Emphasis on the importance of **education and information to influence the population's general behavior and consumption patterns to lower cancer morbidity**, and to help patients living with cancer;
3. Early detection of cancer.

- Harm reduction can be as a **strategy directed at individuals or groups** that aims **to reduce the harm associated with certain behaviors**;
- The aim is to **maximize the health benefits**, minimize the costs to public health and **lower health inequalities**;
- Harm reduction strategies should be **personalized, patient-centered and included in prevention, assistance and monitoring programs**;
- Harm reduction is a **complementary strategy** that is intended to complement demand reduction and supply control interventions;
- A distinction is usually made between **harm reduction initiatives, which aim to minimize harm once it has actually been caused, and risk reduction initiatives, which aim to prevent harm being caused.**

ALCOHOL - Studies have shown that harm reduction approaches to excessive alcohol consumption are at least as effective as abstinence-oriented approaches.

- **Reducing the availability of alcohol** – mean tested interventions to most deprived neighborhood
- **Screening and brief intervention** – Sweden, Finland and Spain but need to tailor treatment strategies to the education level of the target population
- **Education and awareness campaigns** – responsible drinking, evidence of awareness raising

TOBACCO – Countries around the world have been considering policies to improve negative tobacco-related health outcomes by regulating the alternative tobacco product market in order to reduce harm and addiction.

- **Policy-making based on evidence** – Haut Conseil de la Santé Publique (HSCP), the role of data, information and monitoring in reducing the risk toward the use of alternative products
- **Smokeless tobacco products, e.g., Swedish snus** - tobacco-related mortality in Sweden being among the lowest in Europe for many years. WHO data from 2018 confirms this information.
- **Promotion of e-cigarettes by public authorities** - E-cigarettes are recognized as effective smoking cessation tools by public authorities in the UK, with the National Health Service providing information on how using e-cigarettes can help people quit smoking

OBESITY – it is the result of a complex interplay of biological, genetic, environmental, cultural and psychosocial factors.

- **Establish policy, systems and/or environmental change** - about 11-20% of obesity-related cancers could be prevented if everyone had a healthy weight. No individual programs.
- **Advertising campaigns promoting healthier lifestyles** – strong evidence media campaigns work
- **Infrastructure promoting physical activity** – strong evidence cities' design policies work
- **Holistic education programs** - organized participatory programs

Europe's Beating Cancer Plan: recommendations from the public consultation

EC CONSULTATION

On February 4, the European Commission launched the first public consultation on Europe's Beating Cancer Plan. Citizens, patients, healthcare workers, researchers, employees in the pharmaceutical sector and policy-makers all contributed to the consultation on the Cancer Plan Roadmap, with a record number of **384 submissions**.

ANALYSIS

Nearly 20% of all contributions supported the definition of harm reduction plans for alcohol or tobacco. One in every six submissions recommended policies which encourage the use of reduced risk nicotine products by smokers, such as e-cigarettes. At the same time, **approximately 15% called for guidelines and provisions on consumption and labelling for alcohol products**. Just under 5% (25 submissions) highlighted the impact of pollution and chemicals and, similarly, 23 submissions focused on nutrition.

CROSS SECTORAL

The submissions including harm reduction suggestions often include more than one risk factor. **It is widely recognized that modifiable risk factors are best addressed through cross-sectoral, population-based policies and legislation creating health-enabling living environments, and not by measures placing the burden on individuals.** This cross-sectoral strategy requires taking into account public health and social costs as benefice for regulatory action (as avoided costs) during the socio-economic analysis performed.

- PROMOTE A BALANCED DIET AND RESPONSIBLE DRINKING
- GATHER INFORMATION ON CITIZENS' KNOWLEDGE ABOUT EXCESSIVE ALCOHOL CONSUMPTION
- INTRODUCTION OF CROSS – BORDER MARKETING AND COMMERCIAL COMMUNICATION MEASURES
- REGULATING ON-SALE AND OFF-SALE HOURS
- EDUCATION PROGRAMS
- SCREENING AND BRIEF INTERVENTIONS

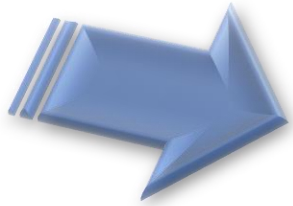




- SUPPORT POPULATION-SUBGROUPS TO PROMOTE SMOKING CESSATION
- INCLUDE ALTERNATIVE PRODUCTS IN NATIONAL SMOKING CESSATION PROGRAMS
- EDUCATE PRACTITIONERS ABOUT POTENTIAL OF ALTERNATIVE PRODUCTS
- HARM REDUCTION AS A TOOL TO SUPPORT CONSUMERS' HEALTH



- PROMOTE HEALTHY FOOD
- BAN ADVERTISEMENTS TARGETING CHILDREN
- PREVENT MALNUTRITION
- IMPLEMENT DIETARY GUIDELINES IN PUBLIC CANTEENS
- DELIVER HOLISTIC FRAMEWORK FOR HARMONIZED NATIONAL OBESITY PLANS



Europe's Beating Cancer Plan provides an unprecedented opportunity for the EU to formulate an effective strategy for drastically reducing cancer's extreme health impact across its **Member States**. We believe that our research and analysis effectively show that the way to fight cancer is to, at all stages, be guided by harm reduction policies and work across both private and public sectors in cooperation with all stakeholders. Legislators must work keeping to the fore of their mind's patients and Europe's most vulnerable, at-risk citizens.

It is now the responsibility of European legislators to listen to the submissions to the Beating Cancer Plan and be receptive to them – only by working together at all levels can we effectively fight cancer and secure a better future for all European citizens.