Agenda

Chair
• Katie Dain, NCD Alliance

Alcohol & Cancer Risk
• Terry Slevin, Cancer Council Western Australia

Physical Activity – the Global Movement
• Trevor Shilton, International Society for Physical Activity & Health

Nutrition – SMART Commitments
• Alena Matzke, NCDA & Simone Bösch, WCRF Int

Tobacco Control & COP7
• Francis Thompson, FCA
Alcohol consumption increases cancer risk: What should Cancer organisations do about it?

Terry Slevin, Cancer Council Western Australia
Alcohol consumption increases cancer risk: What should Cancer organisations do about it?

Terry Slevin
Cancer Council Western Australia

Terry@cancerwa.asn.au
Action on alcohol and cancer Summary

1. What does the evidence say?
2. What action should we take about it?
   1. Get our house in order
   2. Tell people what the evidence says
   3. Find like minded collaborators and work with them
   4. Focus on policy reform and apply advocacy strategies – this is political and Industry will not give up without a fight
   5. Persistence and hard work
1. WHAT DOES THE EVIDENCE SAY? ALCOHOL AND CANCER
THE POSSIBLE ASSOCIATION OF THE
CONSUMPTION OF ALCOHOL WITH
EXCESSIVE MORTALITY FROM
CANCER.

BY ARTHUR NEWSHOLME, M.D., F.R.C.P.LOND.,
Medical Officer of Health of Brighton.

Part II of Dr. Tatham's decennial supplement to the 55th
report of the Registrar-General, published in 1897, contained
extremely valuable statistics relating to the relative death-
rates and what are known as the "comparative mortality
figures" of men engaged in different occupations. These
statistics dealt not only with deaths from all causes in con-
junction, but also from certain diseases; and the latter
figures throw important light upon the influence of occupa-
tion on the mortality, for instance, from tuberculosis and
cancer.

The death-
rate from all causes in the three years 1891, 1896, and 1901 was
17.13 among the abstainers and 29.52 per 1,000 lives at risk among
the non-abstainers; while the death-rate from malignant disease
was 0.95 among the former and 1.32 per 1,000 among the latter.
In other words, if the death-rate among non-abstainers in each in-
bance be stated as 100, that of abstainers from all causes was 72.8,
and from cancer was 72.0.
Doll and Peto (1980)

- “That alcohol is involved in the production of cancer has been suspected for 60 years…”
- Sites:
  - Mouth
  - Pharynx
  - Larynx
  - Esophagus
  - Liver
- Attributable fraction:
  - 3% (2-4%) of all deaths of both sexes
Alcohol and cancer

- IARC (1988)
  - “Alcoholic beverages are carcinogenic to humans (Group 1).”
  - Sites:
    (same as Doll and Peto)
    - Oral cavity
    - Pharynx
    - Larynx
    - Esophagus
    - Liver
Alcohol and cancer

• WCRF (2007)
  – “…the evidence is that alcoholic drinks are a cause of cancers…”
  – Sites:
    • Mouth
    • Pharynx
    • Larynx
    • Esophagus
    • Liver
    • Female breast
    • Colorectum
Alcohol and cancer

- IARC (2010)
  - There is sufficient evidence in humans for the carcinogenicity of alcoholic beverages.
  - Sites:
    - Oral cavity
    - Pharynx
    - Larynx
    - Oesophagus
    - Liver
    - Colorectum (bowel)
    - Female
How much cancer does alcohol cause?  
Australian estimates

Table 1. Cancers in Australia linked to alcohol use

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>Population attributable fraction</th>
<th>Total incidence (2010)</th>
<th>Incidence attributed to alcohol use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth, pharynx</td>
<td>41%</td>
<td>25-44%</td>
<td>16.9-37.3%</td>
</tr>
<tr>
<td>Larynx in men</td>
<td>44%</td>
<td>27.3%</td>
<td>657</td>
</tr>
<tr>
<td>Larynx in women</td>
<td>25%</td>
<td>12.2%</td>
<td>69</td>
</tr>
<tr>
<td>Oesophagus in men</td>
<td>41%</td>
<td>25.3%</td>
<td>517</td>
</tr>
<tr>
<td>Oesophagus in women</td>
<td>25%</td>
<td>11.3%</td>
<td>397</td>
</tr>
<tr>
<td>Bbowel in men</td>
<td>17%</td>
<td>15.8%</td>
<td>7,982</td>
</tr>
<tr>
<td>Breast in women</td>
<td>22%</td>
<td>6.4%</td>
<td>1,668</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>2,182-6,620</td>
</tr>
<tr>
<td>% of all cancers</td>
<td></td>
<td></td>
<td>1.9-5.8%</td>
</tr>
<tr>
<td>Cancers linked to alcohol use by probable evidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel in men</td>
<td>7%</td>
<td>4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Liver in men</td>
<td>17%</td>
<td>11.4%</td>
<td>536</td>
</tr>
<tr>
<td>Liver in women</td>
<td>18%</td>
<td>5.0%</td>
<td>368</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>362-825</td>
</tr>
<tr>
<td>Percentage of all cancers</td>
<td></td>
<td></td>
<td>0.3-0.7%</td>
</tr>
<tr>
<td>Total cancers linked to alcohol use by convincing and probable evidence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td>2,564-7,445</td>
</tr>
<tr>
<td>Percentage of all cancers</td>
<td></td>
<td></td>
<td>2.2-6.5%</td>
</tr>
</tbody>
</table>

Abstract

**Objective:** To estimate the proportion and numbers of cancers occurring in Australia in 2010 that are attributable to alcohol consumption.

**Methods:** We estimated the population attributable fraction (PAF) of cancers causally associated with alcohol consumption using standard formulae incorporating prevalence of alcohol consumption and relative risks associated with consumption and cancer. We also estimated the proportion change in cancer incidence (potential impact fraction [PIF]) that might have occurred under the hypothetical scenario that an intervention reduced alcohol consumption, so that no one drank >2 drinks/day.

**Results:** An estimated 3,208 cancers (2.8% of all cancers) occurring in Australian adults in 2010 could be attributed to alcohol consumption. The greatest numbers were for cancers of the colon (868) and female breast cancer (830). The highest PAFs were for squamous cell carcinomas of the oral cavity/pharynx (31%) and oesophagus (25%). The incidence of alcohol-associated cancer types could have been reduced by 1,442 cases (4.3%) – from 33,537 to 32,083 – if no Australian adult consumed >2 drinks/day.

**Conclusions:** More than 3,000 cancers were attributable to alcohol consumption and thus were potentially preventable.

**Implications:** Strategies that limit alcohol consumption to guideline levels could prevent a large number of cancers in Australian adults.

**Key words:** population attributable fraction, cancer, risk factor, alcohol, potential impact fraction

Cancers in Australia in 2010 attributable to the consumption of alcohol

The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010

• WHO 2007
  – “Consequently, from both the public health and clinical viewpoints, there is no merit in promoting alcohol consumption as a preventive strategy.
“But red wine prevents heart disease?”

**For**

2. Meta-analysis showing the J-shaped relationship between cardiovascular mortality and alcohol intake based on 84 studies involving over a million people

**Against**

1. Misclassification error
2. Confounding
3. Self-report, recall bias and drinker ‘drift’
4. Drinking patterns

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**Commentary**

A healthy dose of scepticism: Four good reasons to think again about protective effects of alcohol on coronary heart disease

TANYA CHIKRITZHS1, KAYE FILLMORE2 & TIM STOCKWELL3

1National Drug Research Institute, Curtin University of Technology, Perth, Australia, 2Department of Social and Behavioural Sciences, University of California, San Francisco, USA, and 3Center for Addictions Research of British Columbia, University of Victoria, Victoria BC, Canada
2. WHAT DO WE DO ABOUT IT?
2.1 GETTING OUR OWN HOUSE IN ORDER
Alcohol and cancer: a position statement from Cancer Council Australia

Margaret H Winstanley, Iain S Pratt, Kathryn Chapman, Hayley J Griffin, Emma J Croager, Ian N Olver, Craig Sinclair and Terry J Slevin

ABSTRACT

- The Cancer Council Australia (CCA) Alcohol Working Group has prepared a position statement on alcohol use and cancer. The statement has been reviewed by external experts and endorsed by the CCA Board.
- Alcohol use is a cause of cancer. Any level of alcohol consumption increases the risk of developing an alcohol-related cancer; the level of risk increases in line with the level of consumption.
- It is estimated that 5070 cases of cancer (or 5% of all cancers) are attributable to long-term chronic use of alcohol each year in Australia.
- Together, smoking and alcohol have a synergistic effect on cancer risk, meaning the combined effects of use are significantly greater than the sum of individual risks.

- Alcohol use may contribute to weight (fat) gain, and greater body fatness is a convincing cause of cancers of the oesophagus, pancreas, bowel, endometrium, kidney and breast (in postmenopausal women).
- The existing evidence does not justify the promotion of alcohol use to prevent coronary heart disease, as the previously reported role of alcohol in reducing heart disease risk in light-to-moderate drinkers appears to have been overestimated.
- CCA recommends that to reduce their risk of cancer, people limit their consumption of alcohol, or better still avoid alcohol altogether.
- For individuals who choose to drink alcohol, CCA recommends that they drink only within the National Health and Medical Research Council guidelines for alcohol consumption.

MJA 2011; 194: 479–482
Alcohol and cancer

National Cancer Prevention Policy
Alcohol and cancer

About this chapter

This chapter was developed by Cancer Council Australia's expert Nutrition and Physical Activity Committee, endorsed by its principal Public Health Committee, peer-reviewed in December 2011 and January 2012 by Professor David Reidor (University of South Australia) and Professor Mike Dedo (Oxford University) and published in April 2012. In October 2012, World Cancer Research Fund and American Institute for Cancer Research analyses were added to Impact Alcohol and cancer (see Table 1), along with more recent findings from the European (EPIC) and UK studies (as cited throughout). These statistical additions were endorsed by the Public Health Committee in October 2012.

Recommended citation:

Contact: Paul Grogan

Contents
1. Overview
2. Impact: Alcohol and cancer
3. Link between alcohol and cancer
4. Policy context
5. Effective interventions
6. Policy priorities
7. References
8. Related position statements

This page was last modified on 11 November 2012, at 23:54.
Drug and alcohol policy.

“Practice what you preach”

Cancer Council WA

4.6. Public Health -
   4.6.1. Under *usual circumstances*, anyone on official Cancer Council business should not consume alcohol;
   4.6.2. Cancer Council does not accept funds from companies that produce alcohol;
   4.6.3. Alcohol must not be given as a corporate gift or prize;
   4.6.4. Alcohol must not be served or consumed on Cancer Council premises or at activities under the control of Cancer Council, unless written approval has been sought from the CEO. Approval must include the following:
      4.6.4.1. Cancer Council will not hold the liquor license; and
      4.6.4.2. Alcohol will be available for purchase under the conditions of the licence of the venue, in accordance with the *Liquor Licensing Act 1988* (WA).

But what about fund raising?
2.2 TELL PEOPLE WHAT THE SCIENCE SAYS
Alcohol and cancer campaign: A partnership with WA Drug & Alcohol Office

Spread

Stains

To see more campaigns on the health effects of alcohol

Conclusions

Results indicate a population-based mass media campaign can reach the target audience and raise awareness of links between alcohol and cancer, and knowledge of drinking guidelines. However, a single campaign may be insufficient to measurably curb drinking behaviour in a culture where pro-alcohol social norms and product marketing are pervasive.
Phase one posters

Alcohol causes cancer in more places than you think.

To stay at low risk of developing alcohol-caused cancer and other diseases, health experts recommend having no more than two standard drinks on any day. To find out more, visit alcoholthinkagain.com.au
Alcohol and cancer information

What can I do?

- Stop smoking
- Move your body
- Stay in shape
- Eat for health
- Be SunSmart
- Avoid alcohol
- Talk to your doctor about cancer

Alcohol and cancer

Cancer Council Helpline
13 11 20
www.cancervic.asn.au

Reducing your risk of cancer

Funded by
Community Donations

For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a confidential service. Available Statewide for the cost of a local call Monday to Friday 8 am – 6 pm.

NCDAlliance
2.3 FIND COLLABORATORS AND WORK WITH THEM
Alcohol Action Alliances

- Organisations with an interest in
- Public Health (Public Health Association, Medical Association, Health Promotion Association, Emergency Physicians etc)
- Disease Specific Heart, Diabetes, kidney,
- Drug and Alcohol organisation
- Social Welfare organisations (Salvation Army,
- Injury Prevention
- Law and order groups (policy, Crime prevention)
National Alliance for Action on Alcohol Australia: NAAAA

Home

National Alliance for Action on Alcohol is a national coalition of over 70 health and community organisations from across Australia that has been formed with the goal of reducing alcohol-related harm.

The National Alliance for Action on Alcohol is a national coalition of health and community organisations from across Australia that has been formed with the goal of reducing alcohol-related harm.

Currently comprising major organisations with an interest in alcohol and public health, the formation of the National Alliance for Action on Alcohol represents the first time such a broad-based alliance has come together to pool their collective expertise around what needs to be done to address Australia’s drinking problems.

The National Alliance for Action on Alcohol aims to put forward evidence-based solutions with a strong emphasis on action.

This site is currently undergoing redevelopment, and some pages may be temporarily unavailable. We apologise for any inconvenience.

News Update

Time for all political parties to ban alcohol advertising to kids
26/06/2016
29 June 2016: There is still time for all major parties to commit to closing

Latest Tweets

http://actiononalcohol.org.au/
2.4 POLICY AND ADVOCACY
WHAT DO WE WANT TO CHANGE WHEN IT COMES TO ALCOHOL?
What works to reduce alcohol consumption in populations?

- Reduce promotion - Controls on marketing – firstly aimed at children, but more widely
- Control access. Liquor licencing laws restrict access to alcohol to certain people (e.g. children) at certain times (e.g. mandatory closing times).
- Drink driving laws also control when people can drink alcohol (not while in charge of cars or heavy machinery)
- Tax – increasing alcohol taxes increases price and reduces consumption
- Community education - This is important to drive all of the above
# Support for Legislation

- The strongest level of support exists amongst the community for displaying a Nutrition Information panel or a health warning on alcohol labels. Increasing price remains the least supported proposed measure.

<table>
<thead>
<tr>
<th>Measure</th>
<th>2011</th>
<th>2012</th>
<th>2011</th>
<th>2012</th>
<th>%</th>
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<tbody>
<tr>
<td>Displaying a Nutrition Information Panel on alcohol labels</td>
<td>2011 n/a</td>
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<tr>
<td>Displaying health warnings on alcohol labels</td>
<td>2011 n/a</td>
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<td>Banning alcohol advertising on public transport vehicles &amp; property</td>
<td>2011</td>
<td>2012</td>
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<tr>
<td>Displaying cancer warnings on alcohol labels</td>
<td>2011 n/a</td>
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<td>Banning alcohol advertising during live sport coverage</td>
<td>2011</td>
<td>2012</td>
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<tr>
<td>Increasing the price of a standard drink by 20c</td>
<td>2011</td>
<td>2012</td>
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</tbody>
</table>

- Q25. Would you support or oppose the following measures to reduce alcohol-related issues in the community?

- Base: Total respondent 2011: n=419, 2012: n=400
### Potential Impact of Legislation

- Displaying a Nutrition Information Panel or a health warning on alcohol labels are perceived to be the measures which will have the greatest impact on reducing alcohol-related issues. Increasing price remains the measure the community feels will have the least impact.

<table>
<thead>
<tr>
<th>Measures</th>
<th>2011</th>
<th>%</th>
<th>n/a</th>
<th>2012</th>
<th>%</th>
<th>n/a</th>
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</thead>
<tbody>
<tr>
<td>Displaying cancer warnings on alcohol labels</td>
<td>2011</td>
<td>36</td>
<td>41</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displaying health warnings on alcohol labels</td>
<td>2011</td>
<td>34</td>
<td>36</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banning alcohol advertising on public transport vehicles &amp; property</td>
<td>2011</td>
<td>30</td>
<td>35</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banning alcohol advertising during live sport coverage</td>
<td>2011</td>
<td>37</td>
<td>30</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displaying a Nutrition Information Panel on alcohol labels</td>
<td>2011</td>
<td>52</td>
<td>29</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increasing the price of a standard drink by 20c</td>
<td>2011</td>
<td>52</td>
<td>29</td>
<td>15</td>
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<tr>
<td></td>
<td>2012</td>
<td>48</td>
<td>25</td>
<td>20</td>
<td></td>
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</tr>
</tbody>
</table>

- Q26. How much impact would each of these have on reducing alcohol-related issues in the community?

- Base: Total sample 2011, n=419; 2012, n=400
Alternative alcohol advertising code

Preamble

Alcohol is an ordinary commodity, it is associated with harm to health, violence, crime, social disruption and economic cost. Per capita alcohol consumption in Australia has been rising over the past two decades and alcohol-related harm has reached critical levels, with especial concerns about drinking patterns among young people. Alcohol companies spend hundreds of millions of dollars promoting their products, and their advertising is highly effective. Alcohol and advertising industry involvement in the regulation of their advertising is seen as both biased and ineffective. Current definitions of advertising used in Australia exclude major forms of advertising, including sponsorship. Current definitions of advertising used in Australia exclude major forms of advertising, including sponsorship.

Acknowledging the remaining need for responsible regulation of alcohol advertising and promotion in Australia, the alcohol advertising review board reviews complaints from the community about alcohol advertising.

Alcohol and harm:

There is an urgent need for action to challenge Australia’s harmful drinking culture. The social costs of alcohol-related harm to Australians are high. One in five Australians aged 14 years and above drinks at high-risk levels at least once a month. Alcohol and advertising industry involvement in the regulation of their advertising is seen as both biased and ineffective. Current definitions of advertising used in Australia exclude major forms of advertising, including sponsorship. Current definitions of advertising used in Australia exclude major forms of advertising, including sponsorship.

Alcohol also causes considerable harm to health. Heavy drinking at a young age can adversely affect brain development and is linked to alcohol-related problems in later life. On average, one in four hospitalisations of young people aged 15-24 years occurs because of alcohol. Alcohol impairment by the mother is associated with harm to embryos and breast-feeding infants. Excessive alcohol consumption is a major risk factor for a variety of health problems such as stroke, coronary heart disease and high blood pressure. Alcohol is a risk factor for cancer of the mouth, pharynx, larynx, oesophagus, breast and bowel, with 5% of all cancers in Australia linked to long-term alcohol consumption.

References:

Alcohol Advertising Review Board

+ FebFast
+ Hello Sunday Morning
Dionysos

Greek God of Wine

“Three kraters [cups] do I mix for the temperate: one to health, which they empty first, the second to love and pleasure, the third to sleep. When this bowl is drunk up wise guests go home. The fourth bowl is ours no longer but belongs to hubris, the fifth to uproar, the sixth to prancing about, the seventh to black eyes, the eighth brings the police, the ninth belongs to vomiting, and the tenth to insanity and the hurling of furniture.”

Global Advocacy for Physical Activity 2016-2017

Trevor Shilton, ISPAH
Fiona Bull, ISPAH
Global Advocacy for Physical Activity
2016-2017

Trevor Shilton
Chairman, GAPA

Fiona Bull
President, ISPAH
Adj. Prof. Trevor Shilton

- Director Cardiovascular Health, National Heart Foundation of Australia (WA)
  - National Lead, Active Living
- Adjunct Professor, School of Public Health, Curtin University.
- Adjunct Associate Professor, School of Population Health, University of Western Australia
- Board Member, International Society for Physical Activity and Health (ISPAH)
  - Chairman, Global Advocacy for Physical Activity (GAPA)
- Life Member, Australian Health Promotion Association.

Prof. Fiona Bull

- Director of the Centre for Built Environment and Health at The University of Western Australia.
- President of the International Society for Physical Activity and Health.
- Prior to this she worked at Loughborough University in the UK, the Division of Nutrition and Physical Activity at the Centers for Disease Control and Prevention in Atlanta, USA, and at the World Health Organization, Geneva.
- Fiona has a strong focus on application and she seeks to translate research into practical solutions and policy
- In 2014 her contribution to research and policy was recognised with the award of an MBE.
About ISPAH
International Society for Physical Activity and Health

- Founded in 2009
- **Vision**
  
  A healthy active world where the opportunities for physical activity and active living are available to all.
- **Mission**
  
  To advance and promote physical activity as a global health priority through excellence in research, education, capacity building and advocacy
1. Support **communication of** and excellence in research and practice on physical activity and public health

2. Develop **capacity in** research and practice on physical activity and public health world wide

3. Lead **advocacy actions to** advance research and knowledge dissemination into policy and practice

4. Partner in global **collaborations to advance** physical activity and public health research and practice

5. Be a world leading global **professional society for** researchers and practitioners in physical activity and public health
Priority advocacy strategies 2016-2017:

1. **Advocate** for the development and funding of National Physical Activity Action Plans and scaling up their implementation

2. **Develop global consensus documents**, advocacy tools and products to support global advocacy for physical activity

3. Use the occasion of the biennial ISPAH conference to promote and extend the **Global Physical Activity Movement** and proactive roles for conference partners (e.g. 2016 – ThaiHealth, Thai Ministry of Health).

4. **Maximise effective coalitions** and partnerships with like-minded global, regional and national agencies to advance physical activity

5. **Continue to support and expand GlobalPAnet** as a primary communication to the physical activity workforce and to ISPAH members

6. **Advance evidence dissemination and translation** as a mechanism to support advocacy objectives.
Advocacy

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.

(Health Promotion Glossary. WHO, 1998)

Six imperatives for effective advocacy

1. Evidence
   Advancing evidence dissemination and translation to support advocacy objectives

2. Policy fit
   Advocating for a prominent place for physical activity policy – in health and across sectors

3. Solutions
   The agenda
   Developing global consensus on physical activity policy and investments

4. Partnerships
   Maximizing effective coalitions and partnerships with like-minded global, regional and national agencies to advance physical activity

5. Advocacy strategy
   Advocacy actions/strategies to achieve advances in physical activity
   - Political advocacy
   - Media advocacy
   - Professional mobilization
   - Community mobilization
   - Advocacy from within your organization

6. Persuasive communications and message Framing
   Developing persuasive communication strategies and tools including new media
Goal 2: Develop global consensus documents, advocacy tools and products to support global advocacy for physical activity

The Toronto Charter for Physical Activity: A Global Call for Action

Physical activity promotes wellbeing, physical and mental health, prevents disease, improves social connectedness and quality of life sustainably. Communities should provide safe and affordable ways across the city.

The Toronto Charter for Physical Activity is a call for all countries, regions and communities to strive for greater political and social commitment to support healthy living.

Why a Charter on Physical Activity?

Guiding principles for a population-based approach to physical activity

A framework for action

A call to action

Physical activity – a powerful investment in people

For health, physical inactivity is the leading cause of chronic disease mortality such as heart disease, stroke, diabetes, and cancer; contributing to over 3 million preventable deaths annually worldwide. Physical activity also contributes to the increasing levels of childhood and adult obesity. Physical activity can benefit people of all ages. It leads to healthy growth and social development in children and reduces risk of chronic disease and improved mental health in adults. It is never too late to start physical activity. For older adults the benefits include functional independence, less risk of falls and fractures and protection from age related diseases.
The Toronto Charter for Physical Activity: A Global Call for Action

Physical activity promotes wellbeing, physical and mental health, prevents disease, improves social characteristics and quality of life, provides economic benefits and contributes to environmental sustainability. Communities that support health enhancing physical activity, in a variety of accessible and affordable ways, across different settings and throughout life, can achieve health improvement.

The Toronto Charter for Physical Activity outlines four actions based upon eight key areas of action.

Why a Charter on physical activity?

The Toronto Charter for Physical Activity is a call for action and an advocacy for sustainable opportunities for physically active lifestyles for all. Organizations interested in promoting physical activity can use this Charter to influence policies and programs at national, regional and local levels, to achieve a shared goal. These organizations include healthcare providers, environmental, education, urban design and as government, civil society and the private sector.

Physical activity – a powerful investment in health, the economy and sustainability

Throughout the world, technology, urbanization, increasing sedentary work and automobile-focused community design have engineered much physical activity out of busy lifestyles, competing priorities, changing family structures and lack of social support. At the same time, it may also be contributing to inactivity. Opportunities for physical activity continue to decrease in many countries, increasing the prevalence of sedentary lifestyles in increasing to meet countries, resulting in negative health, social and economic consequences.

For health, physical inactivity is the fourth leading cause of chronic disease mortality, driving diabetes, stroke, heart disease and cancer, contributing to over three million preventable deaths worldwide. Physical inactivity also contributes to the increasing levels of childhood and adult obesity. Physical activity enriches people of all ages, leads to healthy growth and development in children and reduces risk of chronic disease and improved mental health. It is never too late to start physical activity, for older adults the benefits include increased independence, lower risk of falls and fractures and protection from age-related disease.
Translations: undertaken through volunteer networks

Available in 23 languages:

- Arabic
- Castilian
- Catalan
- Chinese
- Czech
- Dutch
- English
- Finnish
- French
- German
- Greek
- Italian
- Japanese
- Korean
- Norwegian
- Persian
- Polish
- Portuguese (2)
- Russian
- Spanish
- Thai
- Turkish
Evidence on Actions
7 investments for physical activity and NCDS

- ISPAH guide for countries on where to invest in actions aimed at increasing physical activity
- Based on the best available evidence
How we see physical activity

1. Whole-of-school’ programs

2. Transport policies and systems that prioritise walking, cycling and public transport

3. Urban design regulations and infrastructure that provides for equitable and safe access for recreational physical activity, and recreational and transport-related walking and cycling across the life course

4. Physical activity and NCD prevention integrated into primary health care systems

5. Public education, including mass media to raise awareness and change social norms on physical activity

6. Community-wide programs involving multiple settings and sectors & that mobilize and integrate community engagement and resources

7. Sports systems and programs that promote ‘sport for all’ and encourage participation across the life span
ISPAH Advocacy tools
Taken to the 2011 UN High Level meeting on NCDs
Post the 2011 NCD High Level Meeting
GAPA’s advocacy work continues
Goal 5: Continue to support and expand GlobalPANet as a primary communication to the physical activity workforce & to ISPAH members

www.globalpanet.com

- Initiated and led by Adrian Bauman and Trevor Shilton
- Core Team: Rona MacNiven, Beth Goodall
- Global Editorial Board and “Regional Correspondents”

A **free** e-News **every two weeks** that includes:
- Latest key research findings summarized
- News on PA policies and programs
- Updates and introductions to people in PA
- Job opportunities
- Conferences and events calendar
- Searchable database ‘The Knowledge Base’

- Good subscription: n=1,600 in 3 yrs but could be much higher
Welcome to the Global Physical Activity Network (GlobalPANet) where we provide you with a world-first dedicated global physical activity communication network. GlobalPANet rapidly communicates the latest research around the globe via its unique e-News and this website. GlobalPANet users are guaranteed to be informed about recent physical activity developments, careers and events, as well as being linked to a Global network of those with professional and personal interests in physical activity. GlobalPANet is brought to you by the International Society of Physical Activity and Health (ISPAH). Learn more about us.

**LATEST NEWS**

**18 October 2012**
**Designed to Move: A Physical Activity Action Agenda**
More than 70 experts from a wide range of disciplines contributed to the development of the fact base and this framework.

**11 October 2012**
**A physical activity response to the NCD [non communicable disease] prevention series in Science**

**25 September 2012**
**Parking Day 2012**
Providing temporary public open space... one parking spot at a time.
Knowledge Base

The knowledge base allows you to easily browse articles and reports by category, keyword and topic. Use the tabs on the side or the keyword function to locate specific articles according to your field and interest.

LATEST ARTICLES

Rodrigo Ren, Pedro Hallal, James F Sallis, Harold W Kohl, Ronn C Brownson, Gregory Health, Min Lee, Michael Pratt, Adrian Bauman (Australia) - Research Article
446. A physical activity response to the NCD [non communicable disease] prevention series in Science

This is a "special communication" in GlobalHealth. The most recent issue (September 21st, 2011) of the respected journal, Science, is focused on non-communicable disease prevention, but makes little mention of physical activity. This is a response to Science, written by a group of senior physical activity and public health academics. This response is comprised of their own personal views, but challenges us to stay on the case to continue to advocate for physical activity in global efforts at disease prevention! Although we have made some gains, physical activity is still the 'elephant' in the room.

N. V. Christensen, S. Kohlmeier, F. Racioppi (Denmark) - Research Article
445. Sport promotion policies in the European Union: results of a contents analysis

Read about 25 quality sport promotion policies from across Europe.

Leigh Cable, Nicole A. Proudfoot, Joyce Obeid, Maureen J. Macdonald, Steven R. Bray, John Carney, and Brian W. Timmons (Canada) - Research Article
444. Step Count Targets Corresponding to New Physical Activity Guidelines for the Early Years

See how perimeter step count targets related to the new Canadian physical activity guidelines for preschoolers.

ARTICLE TYPES

19 Case Study
28 Epidemiological Report
54 Guideline
12 Newsletter
22 Policy Document
0 Professional Profile
216 Research Article
37 Strategy Document

BROWSE BY TOPIC

Advocacy
Age
Behaviour
Country
Diseases/Conditions
Economics
Environments
Interventions
Measurement
Policy
Population
Region
Rehabilitation
Schools
Sector
Setting
Goal 4: Maximise effective coalitions & partnerships with like-minded global, regional & national agencies to advance physical activity.
Key message: Trevor Shilton and Laurent Huber

It is a leading cause of global deaths & the costs are staggering. How can governments urgently scale up action on reducing physical inactivity, to accelerate progress on NCDs? It’s time to Move For Health.
Goal 1: Advocate for the development and funding of National Physical Activity Action Plans & scaling up their implementation

- Advocacy
- Implementation
- Scaling up
- Professional development
- Support
2016-2017 Advocacy strategy
Global Physical Activity Movement
There are 4 key milestones of PA movement (2016-2017)

I. **PA Side Event @WHA 69th**: to set tone for PA and gain the support from member states to mainstream PA agenda.

II. **The 6th ISPAH Congress (16-19 Nov 2016 in Bangkok)**: serve as a platform to elevate PA scientific knowledge and mobilize PA network.

III. **PA Framework Report**: serve as supplement of the resolution and to urge the countries to support WHO data use for producing PA regular report.

IV. **Resolution**: to accelerate PA implementation in all countries.
Towards Achieving the Physical Activity Target 2025 (10x25): Are We Walking the Talk?

Technical Side Event at WHA69
Wednesday 25 May 2016,
12:30-14:00 hrs
Room 7, Building A
131 delegates from 46 member states
- **ISPAH**: scientific evidence of PA and global PA movement
- **Canada**: strong children PA program
- **USA**: integrate program on diet and PA

- **Finland**: multi-sectoral national policy
- **Iran**: leaders as example and innovative financing for PA
- **WHO**: show by example, healthy cities linkage
Consensus was reached on the need to encourage PA champions at all levels, fostering country actions, and regular country and global monitoring on PA.

“We plan to table an agenda item and a draft resolution for a revitalized and energized Global Strategy and action plan on PA in the next (World Health) Assembly through the EB. But we will start of act now, not to wait for the plan.”

-- Closing Remark by: Prof. Dr. Piyakol Sakolsatayadorn, Minister of Public Health, Thailand
Proposal for a
2017 WHA Resolution on Physical activity

- Proposed by Thailand
- Calling for two things:
  - A physical activity implementation plan
  - Reporting on physical activity implementation
    - over and above current reporting already in place by WHO
    - more detailed reporting (periodically) such as the global atlas
Goal 3: Use the occasion of the biennial ISPAH conference to promote and extend the **Global Physical Activity Movement** and proactive roles for conference partners (e.g. 2016 – ThaiHealth, Thai Ministry of Health).

**Early-bird date 31 July 2016**
Dr. Suwit Wibulpolprasert
Policy

Dr. Poonam Singh
Policy

Dr. Oleg Chestnov
Policy (TBC)

Prof. Billie Giles-Corti.
Environment

Mr. Gordon Price
Environment

Mr. Lloyd Wright
Economics

Dr. Eric Finkelstein
Economics

Prof. Kevin Patrick
Technology
The Bangkok Declaration on Physical Activity for Sustainable Development

- A conference output document providing a lasting contribution to the PA field post congress
- A landmark document that provides a consensus statement on a selected key issue
- An advocacy tool to assist countries in their work on PA
- A document that can inform / be cited in the PA Resolution proposed for 2017
Proposed focus of Bangkok Declaration

The Bangkok Declaration on Physical Activity for Sustainable Development

- to inform on the “co benefits” of investing in actions on PA
  - meaning the multiple positive outcomes and benefits to society of implementation of actions to create the supportive policies, places and programs* that can increase physical activity (particularly walking - cycling, public transport use)
- These benefits extend the established benefits in the health sector (NCD) to areas outside health sector
  - Reducing traffic congestion
  - Improving air quality
  - Creating safer streets
  - Revitalising / Supporting local economies
  - Reducing urban sprawl
- To highlight these actions and interventions that support increased PA also align with and support efforts to achieve other agreed goals and targets set for achieving SUSTAINABLE DEVELOPMENT - the SDG’s
  - > 6 SDG targets
2030 Sustainable Development Goals

1. No Poverty
2. Zero Hunger
3. Good Health and Well-being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation, and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace, Justice and Strong Institutions
17. Partnerships for the Goals
Our challenge

How do we continue to use our capacity and influence as a professional society and NGO to support and scale up implementation of National Physical Activity Policies and Action Plans?

- Advocacy
  - Political. Media, professional and community mobilization
- More tools?
  - Help to use existing tools?
- Case studies as examples?
- Technical advice “in practice”
- Conferences and training (Including advocacy training)
- Partnerships
- Other?
SMART commitments to address NCDs, overweight & obesity

Alena Matzke, NCD Alliance & Simone Bösch, WCRF International
The challenge: Malnutrition in all its forms

A UNIVERSAL CHALLENGE:
MALNUTRITION AFFECTS EVERY COUNTRY

A THIRD OF THE WORLD’S POPULATION IS AFFECTED by one or multiple forms of malnutrition.

800 million PEOPLE are UNDERNOURISHED

159 million CHILDREN under 5 are STunted

50 million WASTED

41 million CHILDREN under 5 and more than

1.9 billion ADULTS are OVERWEIGHT or OBESE

2.8 million DEATHS worldwide CAUSED by MALNUTRITION every year

Annual global economic impact of obesity is estimated at $2 trillion, and of undernutrition at $2.1 trillion.
The opportunity: UN Decade of Action 2016-2025

A global effort to set, track and achieve SMART policy commitments to end all forms of malnutrition worldwide:

• **Policy-focused and Member States driven**, builds on existing national, regional and global plans
• Based on agreed **ICN2 Rome Declaration and Framework for Action** and within the SDGs
• Encompasses **all countries in all regions**
• Addresses all forms of malnutrition, incl. **NCDs / overweight & obesity**
• **UN-wide**: FAO and WHO-led, in collaboration with WFP, IFAD, UNICEF
• Open to involvement of all relevant stakeholders
The opportunity: UN Decade of Action 2016-2025

The six pillars of the UN Decade of Action on Nutrition

- Food systems for healthy, sustainable diets
- Aligned health systems providing universal coverage of Essential Nutrition Actions
- Social protection and nutrition education
- Trade and investment for improved nutrition
- Enabling food and breastfeeding environments
- Review, strengthen and promote nutrition governance and accountability
Ambitious, SMART commitments to address NCDs, overweight & obesity

www.wcrf.org/SMART
Calls on governments to make SMART commitments:

• Set ambitious national food & nutrition targets
• Align national agriculture, nutrition, & NCD strategies for greater policy coherence
• Make SMART financial and political commitments
• Develop robust accountability mechanisms to review, report on and monitor SMART commitments with the involvement of civil society
• Prioritise double-duty actions
How to use the brief?

Structure

- Background and call for action
- What are SMART commitments?
- Example SMART commitments / case studies
How to use the brief?

**Structure**

<table>
<thead>
<tr>
<th>ICN2 Framework for Action Recommendation</th>
<th>Example SMART Commitment</th>
<th>Case studies</th>
</tr>
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<tbody>
<tr>
<td><strong>16:</strong> Establish food or nutrient-based standards to make healthy diets and safe drinking water accessible in public facilities such as hospitals, childcare facilities, workplaces, universities, schools, food and catering services, government offices and prisons, and encourage the establishment of facilities for breastfeeding.</td>
<td><strong>(Double-duty action)</strong> The Ministries of Education and Health develop nutrition standards for public schools adhering to WHO recommendations by June 2017, and ensure implementation in schools by December 2018.</td>
<td><strong>Iran:</strong> the &quot;Guideline for healthy diet and school buffets&quot; includes a list of healthy and unhealthy foods based on their content of sugar, salt, fat, and harmful additives, and guidance on proper food preparation and catering as well as maintenance of the physical environment in which food is prepared.(^{46})  <strong>Jordan:</strong> the Ministry of Health has set food standards regulating which foods may be sold to students in school canteens as part of the National School Health Strategy 2013-2017.(^{48})  <strong>Mauritius:</strong> unhealthy snacks and soft drinks, including diet soft drinks, are banned from canteens of pre-elementary, elementary and secondary schools.(^{56})  <strong>Slovenia:</strong> school meals must follow dietary guidelines as set out by Slovenia’s School Nutrition Law, complemented by a list of foods that are not recommended, and recipe books.(^{57})</td>
</tr>
<tr>
<td><strong>20:</strong> Build nutrition skills and capacity to undertake nutrition education activities, particularly for frontline workers, social workers, agricultural extension personnel, teachers and health professionals.</td>
<td><strong>(Double-duty action)</strong> The Ministries of Education and Health incorporate food and nutrition literacy, including nutrition-related NCDs, in the mandatory school curriculum by developing (or revising) and disseminating course materials by June 2018.</td>
<td><strong>Japan:</strong> the Basic Law on Shokuiiku (Shoku = diet, iku = growth and education) promotes dietary education, including in schools and nursery schools.(^{58})  <strong>Slovenia:</strong> mandated by the national nutrition policy, nutrition education in primary schools is mainly delivered through science subjects, but also in home economics, and is designed to both aid knowledge and skills acquisition.(^{59})  <strong>Vietnam:</strong> the Ministry of Education and Training is responsible for incorporating nutrition education into the school curriculum at all levels and provides capacity building for teachers as part of the Vietnam National Nutrition Strategy 2011-2020.(^{60})</td>
</tr>
</tbody>
</table>
How to use the brief?

Food and nutrition-based standards in public schools

*Example SMART commitment:*

The Ministries of Education and Health develop nutrition standards for public schools adhering to WHO recommendations by June 2017, and ensure implementation in schools by December 2018.

✓ *Double-duty action:* potential to address undernutrition/overweight & obesity
✓ *SMART:* commitment is **Specific, Measurable, Achievable, Relevant, Time-bound**

✓ **Specific:** Actors and action are identified
✓ **Measurable:** Action can be tracked and content of standards measured against WHO recommendations
✓ **Achievable:** Various countries have demonstrated that nutrition standards can be successfully implemented
✓ **Relevant:** Nutrition standards improve the quality of school food
✓ **Time-bound:** Concrete timeframe is included

*NCDAlliance*  
*based on: SMART Guidance Note 2016 Global Nutrition Report*
How to use the brief?

Food and nutrition-based standards in public schools

Case studies

• **Brazil**: Emphasis on the availability of fresh, traditional and minimally processed foods – weekly minimum of fruits and vegetables, limits to sodium content and restriction on available sweets in school meals. A school food procurement law limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks.

• **Iran**: The “Guideline for healthy diet and school buffets” includes a list of healthy and unhealthy foods based on their content of sugar, salt, fat, and harmful additives, and guidance on proper food preparation and catering as well as maintenance of the physical environment in which food is prepared.

• **Mauritius**: A 2009 regulation banned soft drinks, including diet soft drinks, and unhealthy snacks from canteens of pre-elementary, elementary and secondary schools.

• **Slovenia**: School meals must follow dietary guidelines as set out by Slovenia’s School Nutrition Law, complemented by a list of foods that are not recommended. Recipe books are provided to support the implementation of the guidelines by schools.
How to use the brief?

Advocate for SMART commitments on NCDs, overweight & obesity

• Identify commitments most relevant to your national context based on (but not limited to) our example SMART commitments

• Lobby your government to make public commitments to ensure accountability – at Nutrition for Growth, WHO/FAO commitment conference etc.

• Ensure commitments are SMART (use Global Nutrition Report guidance)

• Focus on policy coherence: advocate for alignment of agriculture, food, trade, education and health/NCDs policies and plans

• Promote double-duty actions: actions to address stunting, wasting and micronutrient deficiencies while simultaneously protecting against overweight & obesity (e.g. Breastfeeding promotion/protection, school-feeding programmes etc.)

• Monitor government performance, advocate for keeping commitments
THANK YOU!

GOOD NUTRITION MAKES A DIFFERENCE: BE A LEADER IN THE DECADE OF ACTION ON NUTRITION

Learn more in our advocacy brief at wcrf.org/SMART

...or contact us directly at amatzke@ncdalliance.org or s.bosch@wcrf.org
Q & A
Action on Tobacco Control, 2016

Francis Thompson
Executive Director
11 July 2016
A bit of good news

- Decision announced Friday in trade/investment case between Philip Morris (manufacturer of Marlboro etc.) and Uruguay.
- Total victory for Uruguay, both on large warnings on cigarette packs and requirements for a single version of each brand.
- So even a trade arbitration panel says public health more important than private profits.
- Read the whole thing at: http://www.presidencia.gub.uy/comunicacion/comunicacionnoticias/laudo-ciadi-uruguay-phillip-morris-vazquez
What tobacco has: a treaty

• Framework Convention on Tobacco Control (FCTC) adopted in 2003, in force since 2005; now up to 180 Parties.

• Convention itself includes quite a number of detailed obligations (e.g. health warnings have to occupy at least 30% of both front and back of cigarette packs, ban on “light”, “mild”, other deceptive terms and devices).

• Guidelines on individual articles provide lots more detail – and we now have guidelines on all the demand-side articles (tax, smoke-free spaces, product regulation, packaging and labelling, advertising and promotion, education/communication, cessation).

• The question is now what to do, now that guidelines are largely finished.
Tobacco also has a dedicated forum

• As you know, World Health Assembly in 2013 adopted voluntary global targets for NCDs – including one for tobacco (30% relative reduction in tobacco use prevalence by 2025).

• You may not know: FCTC Conference of the Parties adopted the 30% target as its own and will discuss progress every two years until 2025.

• COP brings together most governments of the world, solely to discuss tobacco.
COP7 is being held in India (New Delhi)

KEY DATES

• 8 September: all official COP documents must be made available
• September/October: official pre-COP regional meetings
• 7-12 November: COP7
Treating the 30% target as a real objective

• There are a limited number of population-level interventions in tobacco control with a track record of impact – and we know fairly well how large the impact is, particularly for tax/price.

• Thus, it is possible to calculate what is needed to achieve a 30% reduction in a given country/region, even if you don’t know the baseline prevalence.
Treating the 30% target as a real objective (2)

- For COP7, we want to focus governments’ minds on the need to take the target seriously as a planning tool and a political commitment.

- That means not just boasting about progress achieved on individual FCTC articles, but taking a realistic look at overall progress, and what it would mean to take the tobacco epidemic seriously.
Related initiative: reporting / implementation review

- Under the FCTC (as with many other treaties), Parties are obliged to file individual reports on implementation – in the case of the FCTC, every two years.

- At the moment, nothing much happens with these reports, except that they are posted online. (See [http://www.who.int/fctc/reporting/en/](http://www.who.int/fctc/reporting/en/).)

- We need a system under which Parties review each others’ reports and seek action to correct problems, as exists under many human rights and environmental treaties.
Not resolved: lack of money

• In the NCD arena, tobacco is seen as the “successful” risk factor, because we have a treaty and a whole apparatus to deal with it.

• But in terms of funding, tobacco control is almost entirely dependent on domestic resources and private philanthropy (Bloomberg and Gates).

• This issue will come up again at COP7 – hope to have a more productive discussion than in the past.
Not resolved: lack of money (2)

Past discussions ran more or less as follows:

– *Some poor countries:* “We need a global fund for FCTC implementation! We want to do the right thing, but we don’t have the money or the technical expertise.”

– *Most rich countries:* “No way will we agree to a global fund. There’s lots of development money available for health – you just need to include tobacco control in your national development priorities, and ask for it along with everything else.” (i.e. take the money away from communicable diseases...
Not resolved: lack of money (3)

This time round, things may be different:

– NCDs in general, and FCTC in particular, are part of the Sustainable Development Goals

– FCTC COP has had a working group on “sustainable measures” for several years.

– FCA hopes the COP will give the FCTC Secretariat the mandate to advocate systematically for increased resources for implementation.
How would Secretariat/FCTC COP advocate for more resources?

• Prioritize needs, and relate to outcomes (“top three kinds of assistance countries need to get to the target we’ve all agreed on”).

• Emphasize the evidence base and the legal underpinnings for the priority interventions.

• Point to private/public imbalance: why should Bloomberg and Gates pay for implementation of an international treaty while rich governments pay next to nothing?
A successful COP7

- Will focus on implementation, accountability and results: we know in great detail *what* works at the country level, the question is how to scale up.

- Should make the case for greater public-sector involvement in funding tobacco control
Q & A
Thank you!

Please visit our websites:

www.ncdalliance.org  @ncdalliance

www.uicc.org  @uicc