

# Cross-Party Group on Cancer

Tuesday 23<sup>rd</sup> April 2024, 18:00-19:30, Virtual Meeting via Microsoft Teams

Minute

Present

MSPs

Jackie Baillie MSP (Co-Convener)  
Miles Briggs MSP (Co-Convener, Chair)  
Finlay Carson MSP (Member)

Invited guests

Annie Anderson, Scottish Cancer Foundation (incorporating the Scottish Cancer Prevention Network)  
Alison Douglas, Alcohol Focus Scotland  
Sorcha Hume, Cancer Research UK  
Daniel Jones, University of Stirling

Non-MSP Group Members

Sandra Auld, Healthcare Public Affairs  
Denise Calder, University of Edinburgh & University of Glasgow  
Jennifer Cameron, Royal College of Occupational Therapists  
Anna Campbell, Edinburgh Napier University  
Laura Conaghan, Cancer Research UK  
Dawn Crosby, Pancreatic Cancer UK  
Jessica Cuddy, Cancer Research UK  
Sally Darnborough, Beatson West of Scotland Cancer Centre  
John Greensmyth, CLL Support  
Gillian Hailstones, Beatson Cancer Charity  
Peter Hastie, Macmillan Cancer Support  
Michael Heggie, Cancer Research UK (Secretariat)  
Emily Hindmarch, Cancer Research UK (Secretariat)  
Jude Kilbee, AMLo Biosciences  
Neil MacDonald, Merck Sharp & Dohme (MSD)  
John Macgill, Ettrickburn Ltd  
Lorna May, Lilly UK  
Kira McDiarmid, Breast Cancer Now  
Heather McVicars, NHS Lothian  
Doreen Miller, Cruse Scotland Bereavement Support  
Noelle O'Rourke, Scottish Cancer Network

David O'Sullivan, Young Lives vs Cancer  
Lorna Porteous, Scottish Primary Care Cancer Group  
Norman Pratt, NHS Tayside  
Jill Rennie, Individual member  
Penny Richardson, Individual member  
Douglas Rigg, Scottish Primary Care Cancer Group  
Lesley Shannon, Individual member  
Johnstone Shaw, Fight Bladder Cancer UK  
Edwin van Beek, University of Edinburgh  
Laura Wilson, Royal Pharmaceutical Society

## Apologies

Ahsan Akram, University of Edinburgh  
Martin Coombes, Opened Door Ltd  
Fiona Fernie, Clan Cancer Support  
Jennifer Forsyth, Obesity Action Scotland  
Georgina Geibner, British Dietetics Association  
Josh Hill, Blood Cancer UK  
Janis McCulloch, Myeloma UK  
Ian Pirrie, Cancer Card  
Jo Williamson, Individual member

## 1. Welcome & Minutes

Chair, Miles Briggs MSP (MB) opened the meeting and welcomed members. MB briefly described the meeting etiquette and the agenda. Minutes for the previous meeting on 18<sup>th</sup> December 2023 were then approved without any amendments.

## 2. Alcohol and Cancer: What Are the Risks and How Can We Reduce Them?

MB explained that the first session of the meeting will focus on alcohol and cancer. He then handed over to Emerita Professor Annie Anderson (AA), Director at The Scottish Cancer Foundation, who presented on the links between alcohol and cancer in Scotland. AA began by giving some background to the World Health Organisation's (WHO) International Agency for Research on Cancer. She then highlighted the changing in messaging regarding alcohol and cancer and compared the European Code Against Cancer 3rd and 4th Edition. AA noted that the messaging was much stronger in the 4th Edition because the evidence is clearer that limiting your intake and not drinking alcohol is better for cancer prevention. AA added that in 2016 the UK Chief Medical Officers (UK CMOs) produced their Low Risk Drinking Guidelines. In the guidelines, UKCMOs acknowledge that the risk of a range of cancers, especially breast cancer, increases directly in line with consumption of any amount of alcohol. In 2018, the World Cancer Research Fund (WCRF) reviewed the evidence again. AA noted that their findings showed there is

strong evidence that: 1) alcoholic drinks increase the risk of cancers of the mouth, pharynx, larynx, oesophagus, and breast, 2) two or more drinks a day increases the risk of colorectal cancer, 3) and three or more drinks a day increases the risk of stomach and liver cancers. The WCRF states that alcoholic drinks are the cause of various cancers, irrespective of the type of drink consumed and the causal factor is ethanol. AA noted that the WCRF message is to limit alcohol consumption for cancer prevention and that it's best not to drink alcohol. AA then highlighted the global attributable fractions and new cancer cases related to alcohol. She noted that it's estimated that about 4% of cancer is related to alcohol which is 741,300 cases worldwide. AA highlighted some specific cancers linked to alcohol including oesophageal cancer, female breast cancer, and colorectal cancer. She noted that some of these cancers are among the most common in Scotland. AA then flagged a further WHO paper published in 2022 which looked at low levels of consumption, which they say is associated with 8500 cancer cases in Europe. AA noted that the WHO concluded that no safe amount of alcohol consumption for cancers can be established, so there is now much more clarity on this issue. AA then highlighted the findings of a further paper which looked at the mechanisms of how alcohol increases cancer risk, as well as the benefits of cessation. AA discussed the awareness of the risk between alcohol and breast cancer. She noted that WCRF does a series of studies looking at awareness of cancer prevention and in 2022 they reported that only 1 in 2 over 55s are aware alcohol increases cancer risk. However, younger people (25–34 year old) were more likely to know about the risk factor, so there is a gap in awareness. In summary, AA said that alcohol is a human carcinogen, consuming alcoholic drinks increases the risk of seven types of cancer, there is no safe level of alcoholic drink consumption for cancer risk, alcoholic drinks of all types have a similar impact on cancer risk, and for cancer prevention it is best not to consume alcohol. She also noted that there are communication challenges particularly around the ambiguous messaging relating to safe the use of alcohol.

Alison Douglas (AD), Chief Executive of Alcohol Focus Scotland (AFS), then presented on effective alcohol policies. AD explained that AFS is a national charity working to prevent and reduce alcohol harm. AD said that Scotland has a huge problem with alcohol and that we are a nation of home drinkers, with 85% of alcohol purchased in off-sales. She added that the amount of alcohol that we consume has doubled since the 1980s and the consequences of that are being seen in the levels of health harm, with alcohol deaths having increased by 25% over the last three years. AD noted that cancer is the single biggest cause of death from alcohol in Scotland. She also explained that public understanding of the risks of alcohol is very low and noted the importance of finding ways of raising people's awareness. AD highlighted the) UK CMO Low Risk Drinking Guidelines, which the alcohol industry has strongly contested. This has impacted on the public's understanding of them. The Guidelines Development Group to the UK CMOs recommended that 1) the Government run social marketing campaigns for the public and 2) that health warnings appear on all alcohol products, advertising, and sponsorship. AD noted that this hasn't happened although the Scottish Government (SG) did fund a brief awareness campaign. She added that improving education and awareness raising is necessary, but it is not sufficient to reduce levels of harm. AD stated that if we are going to reduce alcohol harm then we have a road map which the WHO has created in its Global Alcohol Action Plan and the Global Strategy that sits behind that. She added that it's clear that we need population level measures. Particularly increasing

the price of alcohol, reducing the availability, and controlling how it's marketed. AD noted that the Scottish Parliament has approved the renewal of the Minimum Unit Pricing of alcohol and increased the rate to 65p, which will take effect in September. AFS has welcomed this move as it will make a difference in terms of the number of lives lost, the number of people being hospitalised, as well as the wider social harm over time. Regarding MUP, AD noted that it was implemented in Scotland in 2018 and the policy has had a significant impact on health harms. Regarding next steps, AFS have highlighted the need for an automatic uprating mechanism, and they are also calling on retailers to pay a levy to be used for treatment and support. However, AD noted that more work is needed regarding the marketing and availability of alcohol. On alcohol marketing, AD noted that there's strong evidence that exposure to alcohol marketing is a cause of young people starting to drink, as well as causing them drinking more if they already drink. She noted that this is why the WHO recommends strong restrictions on alcohol marketing. AD added that alcohol marketing affects all of us and normalises alcohol consumption. AD noted the SG have committed to consulting on specific restrictions on alcohol marketing by the end of this year. Regarding availability, AD highlighted the changes in the availability of alcohol, as well as flaws in the alcohol licensing system for retailers. She also noted the need to tackle emerging challenges such as online sales. AD finished by highlighting what attendees could do to help, which included getting the message out there about the scale of the harm, supporting proposals to introduce alcohol marketing restrictions via the SG's upcoming consultation, and supporting the call for better labelling and for health warnings.

MB then handed over to Dr Daniel Jones (DJ), Research Fellow at the Institute for Social Marketing and Health, University of Stirling, who presented research on alcohol labelling. DJ explained that his PHD focused on the role of alcohol packaging from both marketing and a social marketing perspective. DJ gave an overview of key alcohol and health statistics. He noted that globally alcohol is attributable for approximately 3 million deaths per year, including over 400,000 from cancer. Alcohol is a group 1 carcinogen with links to seven cancers. DJ noted that alcohol use is an increasingly important public health issue in the UK with recent ONS statistics showing that there were over 10,000 alcohol-specific deaths in 2022, with highest rates in Scotland (22.6 deaths per 100,00). DJ said that alcohol packaging can influence product perceptions, purchase decisions, and consumption. He further noted that alcohol packaging, particularly labelling, can also be used to communicate health information, messages, and warnings. DJ added that there is evidence that well-designed alcohol warnings can capture attention, increase awareness and knowledge of harms such as cancer warnings, and support a reduction in consumption and alcohol-related harms. He noted that generally there is low awareness internationally that alcohol causes cancers and referenced some recent international examples. In the USA only a quarter of women were aware that alcohol use increased the risk of breast cancer. Most Europeans do not know which cancers may be caused by alcohol use, with low knowledge particularly for female breast cancer. In Ireland there is low public awareness of the carcinogenic effects of alcohol, however planned warnings should help improve this. In the UK there is low unprompted awareness of cancer as a potential health outcome of alcohol consumption. DJ noted that design, content, and self-regulation in the UK is suboptimal. He also noted that there was a missed opportunity during the Covid lockdowns due to the increased at-home consumption and high exposure to

warnings. DJ then focussed on a Scottish study which looked at health information, messaging, and warnings on alcohol packaging. The study was funded by AFS and consisted of eight focus groups with the discussions taking place in 2019. Participants were current drinkers segmented by age (18–24, 25–35), gender, and social grade. Almost all participants had consumed alcohol in the past week. One of the focusses of the study was health messaging: awareness/use of packaging, front-of-pack warnings, and message content. This included a range of mocked up health warnings on bottles of alcohol. Regarding the key findings of the study, DJ firstly highlighted the limited engagement the participants had with current packaging, as well as responsible drinking messages being considered unhelpful. The second key finding was participants were sceptical of companies' motivations regarding on-pack messaging and thought that they wanted to keep them unnoticeable. The third key finding was participants in the focus group were surprised to see warnings on alcohol, yet generally supported their inclusion. The final finding was that large image-and-text warnings on the front of alcohol packaging were considered most engaging and effective. To summarise, DJ noted that; 1) alcohol packaging could be an important messaging tool for public health, 2) there is a clear need for effective policy and interventions, 3) the current UK packaging does not adequately inform consumers, 4) cancer warnings resonate with consumers, 5) warnings could help increase awareness of alcohol-cancer risks, 6) and large image-and-text warnings may help counteract appeal of alcohol products.

MB then opened to questions from attendees. Anna Campbell (AC) referenced a paper which found that binge drinking increases the risk of breast cancer and questioned whether young people are aware of this risk. AC asked the speakers where we stand on binge drinking and the link to cancer from the evidence. AA said she wasn't aware of that paper, but it will have been reviewed as part of the overall evidence. AA noted the problem with messaging, as the evidence is showing that even very low amounts of alcohol can lead to the risk of breast cancer in women.

MB asked a question relating to behavioural changes during the Covid pandemic in relation to an AFS report which focussed on younger people and increased rates of cancer amongst younger women, but with rates going the opposite direction for younger males. He asked what is potentially driving this trend particularly the increase for younger females. AD noted that what's happening with young people's drinking is confusing and it's difficult to make generalisations. She said there are more young people who are choosing not to drink for various reasons, however those who are drinking are more vulnerable groups. Regarding less young people drinking AD said this was welcome but we can't take anything for granted and we need to be vigilant to ensure this trend continues.

Heather McVicars (HMcV) explained that she is the lead cancer research nurse at Edinburgh Cancer Centre and noted that messages regarding alcohol from healthcare professionals can be mixed to patients who have had a cancer diagnosis. HMcV noted that it's difficult for health professionals to give the right advice to patients regarding alcohol consumption ahead of treatment. She noted that an abstinence message would be clearer for health professionals and for patients. HMcV queried whether there was any possibility of doing research around how health professionals speak to cancer patients about their use of alcohol. Sally Darnborough (SD) queried whether calorie content of alcohol would have any impact

on young people not drinking and if any statistics were available on this. Denise Calder (DC) noted the importance of introducing policies for reducing cancer risk in the population, but that it must go hand in hand with a focus on early detection so that people can benefit from curative treatments. DC asked whether the Scottish Government should adopt the more ambitious early detection targets alongside the work that's been done around policies for risk reduction in the population. Douglas Rigg (DR) echoed some of earlier the points, particularly from HMcV about what healthcare professionals are advising patients regarding alcohol. DR suggested that it could be linked in with some of the prehabilitation work. Regarding DC's point, DR also noted that the cancer targets in Scotland are slightly different in terms of reduction of late-stage diagnosis as opposed to achieving early-stage diagnosis.

AA noted that health professionals have a key role to play in communicating lifestyle factors and there's too little training in relation to how they advise people with a cancer diagnosis and prehab work is an excellent opportunity to do that. Regarding the impact of alcohol for people going through treatment and beyond, AA said that we don't know as there haven't been any trials but it's unlikely to have any benefit. She added that the message must be that it's best not to have any alcohol while receiving treatment because there are no benefits and there may be harm. AD noted the importance of ensuring that people are given helpful and actionable information on all aspects of their health. She also noted that SHAAP have produced a leaflet on alcohol and cancer for healthcare professionals. Regarding calorie content and whether that motivates people, she said that it does motivate some individuals but noted her concerns of the potential risk of implying that the only thing to be worried about is that you might put on weight by drinking alcohol rather than thinking about the alcohol content, which is the greatest health risk. DJ highlighted a study which had some discussion of nutritional information on packaging and that there was moderate support for this among participants in the study.

MB thanked Annie, Alison, and Daniel for their presentations and for an excellent session. MB also suggested the CPG return to this topic in the future.

### 3. Update from Cancer Research UK on the Tobacco & Vapes Bill

MB introduced the second session which was an update from Cancer Research UK (CRUK) regarding the Tobacco and Vapes Bill which will introduce age of sale of tobacco legislation, which progressed through Westminster the previous week. MB then handed over Dr Sorcha Hume (SH), Public Affairs Manager for CRUK in Scotland who presented to the group. SH began by highlighting why the age of sale of tobacco legislation is needed. She noted that smoking is the biggest cause of cancer in the UK. Smoking is responsible for 150 cancer cases a day in the UK. SH added that smoking damages the cells in our body and causes at least 15 different cancer types with lung cancer being the most common. SH noted the importance of being smoke free with regards to cancer prevention. SH noted that we know that smoking is bad for our health, but it's also bad for the economy. SH highlighted that currently the Treasury receives around £10 billion income from taxes on tobacco products. This is dwarfed by the direct cost of smoking to the public finances of £21 billion each year, resulting from NHS and social care costs, social security payments

and tax loss. SH noted that because we know from recent history that smoking rates decline with action and that Scotland/the UK has a strong history of this. This has been a mixture of introduction of new legislation such as banning adverts and displays of tobacco in shops, introduction of health warnings, mass media campaigns, and increased investment in quitting smoking services. She highlighted that in the 1990s smoking rates stopped declining due to a lack of action and noted that smoking rates will not continue to come down on their own unless we take further action. Regarding smoking prevalence in Scotland, SH noted that current projections show that Scotland will miss our tobacco-free target of 5% population smoking prevalence by 2034 unless further action is taken. She added that smoking rates increased in some age groups during the pandemic, by as much as 25%. SH highlighted a quote from Dr Ian Walker, Executive Director of Policy, Information and Communication at CRUK: "Nothing would have a bigger impact on reducing the number of preventable deaths in the UK than ending smoking". Regarding what is being proposed in the Bill, SH noted that in October last year the Prime Minister committed to creating the first ever smoke free generation which would be achieved by raising the legal age of sale of tobacco by one year every year, preventing anyone born on or after 1st January 2009 from ever legally being sold tobacco. She noted that there is no safe way to use tobacco, so it is important that the legislation applies to all types of tobacco products, including combustible, smokeless and heated. SH briefly covered the other measures in the Bill including enforcement powers, increased funding for stopping cessation services, and tackling youth vaping. SH also noted that the Scottish Government plans to introduce separate legislation to ban the sale of disposable vapes. SH gave an overview of where we are currently regarding the passage of the Bill. SH stated that some of the proposals in the Bill are reserved to the UK Government, whilst others are devolved to the Scottish Government. In this case, all four UK Governments have worked together on consulting on this Bill with the public and then drafting the legislation itself. SH explained that the Scottish Parliament will also be asked to vote on whether they are happy to introduce the legislation via a Legislative Consent Memorandum (LCM). SH then gave an overview of the passage of the LCM through the Scottish Parliament. SH noted some of CRUK's planned campaigning activity in Scotland regarding the age of sale of tobacco legislation. She also highlighted to CPG members how they can support the CRUK smoke free campaign. SH finished by noting that the Tobacco and Vapes Bill is a once in a generation opportunity and the importance of the UK being the first country in the world to have a smoke free generation. MB thanked SH for the update on the legislation and welcomed the cross-party progress.

## 4. AOB

Dawn Crosby (DCr) updated the group regarding funding for the National Pancreatic and Hepatocellular Cancer Pathway Improvement Project which was discussed at the previous CPG meeting on 18th December 2023. DCr noted that the CPG's MSP Co-Conveners had written to the Cabinet Secretary for Health in support of an extension of funding back in December. DCr stated that the project was successful in gaining an extra year of funding and thanked the CPG for its support on this issue.

Jackie Baillie (JB) explained she and MB were copied into a letter that was sent by every head and neck cancer consultant oncologist in NHS Scotland to the Chief

Medical Officer and Chief Scientist with concerns that they were unable to participate in the upcoming proton beam therapy trials. JB noted that this will have a detrimental impact for head and neck cancer patients in Scotland and she wondered whether this is something that the CPG would lend its weight to. MB suggested that he and JB send a letter to the Cabinet Secretary for Health on this issue to raise their concerns and to try to get an explanation on how this has happened. SH said that it's a CRUK funded trial and noted that it was part of a much wider issue. SH handed over to DC, who is Chair of the Equity of Access to Cancer Clinical Trials Working Group, to provide some more background on the issue. DC noted that this is all about how specialist services are commissioned, funded, and then delivered for the people of Scotland. DC explained that clinical trials that operate in England attract excess treatment costs that providers must pay to send patients to England. DC noted that the problem with proton beam therapy is that it's only available in England and when that service was commissioned, the excess treatment cost for trials were never taken into consideration. DC added that this issue has been going around in circles now for about four years and it's been escalated through NSD, Chief Scientist's Office, and the Equity of Access to Cancer Trials Committee, but we're at an impasse. DC noted that head and neck oncologists across Scotland have now written to the Cabinet Secretary via the Chief Medical Officer and Chief Scientist to escalate the issue in the hope that a solution can be found. MB noted that the situation is concerning, and it would be worthwhile for the CPG to add its weight via a joint letter from him and JB or a wider roundtable discussion in Parliament.

SD noted that she is clinical lead of the pelvic radiation late effects service at the Beatson West of Scotland Cancer Centre in Glasgow, which has been running since 2018. SD explained that the service is for patients who have had successful treatment of pelvic cancers but are now suffering from the long-term consequences. She explained that as cancer survival improves and more patients are surviving cancer treatments, they are living with life changing consequences. SD further explained that the service has faced closure in the past and it is currently threatened with closure due to lack of ongoing funding. SD added that she wanted to raise awareness of this issue as it's the only specialist service in Scotland. She also asked if any attendees could help point her towards anyone who can help. MB asked SD to provide more details via the secretariat and that he and JB would be happy to raise this with the Cabinet Secretary for Health in writing. MB also noted the relevance of this work to the Cancer Strategy.

## 5. Close of Meeting

MB noted the next meeting date is still to be confirmed but will likely take place in June. The secretariat will be in touch with more details on the next meeting agenda and how to register.

MB noted that secretariat is also developing a CPG workplan for the year ahead and beyond and asked members who have ideas for topics for future meetings to get in touch with Michael Heggie via the CPG mailbox.



MB added that the CPG will be writing to the new Cabinet Secretary for Health, Neil Gray MSP, to invite him to speak to the group. The secretariat will provide members with details of that once we've been able to secure a date and time for this.