

Ministry of Health's Cancer Action Plan 2019 – 2029

13 October 2019

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Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu. NMH appreciates the opportunity to comment from a public health perspective on the Ministry of Health's Cancer Action Plan 2019 – 2029.
2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. This submission sets out particular matters of interest and concern to NMH.

General Comments

1. NMH fully supports the Cancer Action Plan 2019 – 2029 and applauds the Ministry for taking a holistic view to reduce cancer rates in New Zealand. NMH supports the approach taken to address the needs of groups of individuals e.g. those in rural and highly deprived areas, Māori and Pacific peoples, those with mental illness or with disabilities, who have had worse cancer outcomes than the general population. The combined effect of these changes will, it is hoped, lead to better overall wellness for all New Zealanders.
2. NMH supports the three overarching principles of the Action Plan: equity, knowledge-driven and outcomes focused.
3. NMH welcomes the Ministry's commitment to honouring the Treaty within the scope of the Action Plan. It has been long established that Māori have the poorest overall health status in New Zealand. It is appropriate that the focus of this Plan is to enable Māori to flourish.
4. NMH supports the proposed four outcomes for this plan. NMH recommends that the outcomes are reordered with prevention at the forefront as this will then cascade down to the other outcomes.
 1. New Zealanders have a system that delivers consistent and modern cancer care (Outcome 1 becomes Outcome 3)
 2. New Zealanders experience equitable cancer outcomes (Outcome 2)
 3. New Zealanders have fewer cancers (Outcome 3 becomes Outcome 1)
 4. New Zealanders have better cancer survival (Outcome 4)

Outcome 1: New Zealanders have a system that delivers consistent and modern cancer care

5. NMH is pleased to see the establishment of a Cancer Control Agency aimed at providing system-level leadership and accountability.
6. NMH is pleased to see that prevention, screening and early detection are part of the plan.
7. New Zealand has an ageing population and as a result the number of those diagnosed with cancer will increase. In order to manage this increase, it is vital to ensure that there is suitable workforce planning, infrastructure and training measures within oncology, radiology, medical imaging, allied health and palliative care to ensure the delivery of quality cancer care.
8. The new Cancer Action Plan does not make specific mention of plans to provide funding for pathology testing. Pathology plays a crucial role in the diagnosis of all cancers. In order for the Action Plan to meet its objectives for providing better cancer care it is important that pathology receives appropriate resourcing to cover the increased complexity of testing needed to deliver appropriate services.¹
9. NMH supports the inclusion of routine monitoring of workforce needs assessment across the cancer continuum including the need to increase the number of Māori and Pacific people into the cancer health workforce.
10. NMH supports increasing kaupapa Māori research and evaluation capacity and capabilities and developing advice on how to achieve equitable access. It is hoped that these actions can improve health outcomes for Māori.

Outcome 2: New Zealanders experience equitable cancer outcomes:

11. NMH supports the objective to achieve equity in cancer survival for Māori compared with non-Māori.
12. NMH recognises the importance of providing support for those cancer patients in rural areas to have access to services especially as stated in the Action Plan. Internationally, evidence shows that cancer outcomes are poorer for rural populations. It is pleasing to see that the Ministry has commenced a programme

¹ <https://www.nzdoctor.co.nz/article/undoctored/rcpa-expresses-concern-governments-new-cancer-action-plan>

to improve the National Travel Assistance Scheme as this will assist people in rural areas.

Outcome 3: New Zealanders have fewer cancers

13. There is a large body of evidence that shows that a large proportion of cancers are due to environmental factors and can be prevented by improvements to people's lifestyles especially in regards to smoking, alcohol consumption, obesity and physical activity.² Therefore health promotion and prevention through primary care services must be a priority area for the Cancer Action Plan.

Smoking

14. Reducing smoking rates is essential. Smoking causes the death of 5,000 New Zealanders each year and the link between smoking and cancer is very clear.

15. NMH supports the development of a Smokefree 2025 Action Plan to provide guidance towards achieving the goals of Smokefree 2025.

16. NMH supports the legislation to ban smoking in vehicles carrying children. This was a key recommendation of the *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori*.³

17. NMH supports the Ministry's position to promote vaping to support smokers to switch from tobacco. NMH is pleased to the introduction of legislation to ensure vaping is regulated appropriately. The Cancer Society's nationwide survey⁴ shows that nearly 90% of secondary schools who responded are aware of students vaping, and over half describe vaping as a problem. It is important that there are more restrictions in place that protect young people.

18. NMH supports the implementation of good practice guidance for stop-smoking services.

19. It is disappointing to see that this Action Plan does not include the promotion of smokefree outdoor areas. There is a lot of work that is occurring at a local level between health boards and councils to create smokefree outdoor places such as

² Song, M., & Giovannucci, E. (2016). *Preventable Incidence and Mortality of Carcinoma Associated With Lifestyle Factors Among White Adults in the United States*. *JAMA oncology*, 2(9), 1154–1161. doi:10.1001/jamaoncol.2016.0843 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5016199/>

³ Ball, J., Edwards, R, Waa, A., et al (2016) *Is the NZ Government responding adequately to the Māori Affairs Select Committee's 2010 recommendations on tobacco control?* A brief review. NZMJ 8th January 2016, Volume 129 Number 1428: <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1428-8-january-2016/6789>

⁴ <https://www.tvnz.co.nz/one-news/new-zealand/cancer-society-demands-vaping-restrictions-survey-shows-widespread-problem-in-nz-schools>

smokefree central business districts, outdoor dining, beaches, buses. (Refer to Appendix 1 for more details). Smokefree outdoor public places can help reduce the uptake of smoking, particularly by children and young people. Increasing evidence from New Zealand and international studies shows that the normalisation of smoking at a neighbourhood or community level is related to the likelihood of an uptake in smoking and people finding it hard to quit smoking. Some evidence suggests that smokefree outdoor policies increase quit attempts at a population level.⁵

20. Denormalising smoking via smokefree outdoor policies could raise adults' consciousness and awareness of potential harms, especially around children and non-smokers. Concerns about the health of children may then provoke cessation attempts. If parental smoking reduces after a ban, then decreases in youth uptake might be expected to follow.⁶
21. Increasing the number of smokefree public places provides non-smokers with a positive basis on which to speak up, either from concerns for the smoker, or for themselves and the people around the smoker. Smokefree outdoor policies can minimise the environmental risks from cigarette litter and reduce fire risk.
22. Currently there is a groundswell of work occurring between Councils and DHBs but policy change in each district takes a lot of resource. A national approach is now needed so smokefree outdoor policies and spaces become the norm.
23. **Recommendation:** that the Smokefree 2025 Action Plan includes a national rollout of smokefree outdoor policies which include smokefree outdoor dining, CBDs, beaches, recreation areas, and civic spaces

Obesity and Physical Activity

24. NMH supports the commitment of the Ministry to the Healthy Active Learning initiative to better support children make positive lifestyle choices, and supports the creation of nutrition health promotion roles that focus on the education sector.
25. NMH notes that the document sets schools as a priority area which is appropriate but further direction in regards to creating supportive food environments across a range of settings would be useful.

⁵ <https://www.otago.ac.nz/wellington/departments/publichealth/research/smokefree-outdoor-area-research/>

⁶ Anyanwu, P., Craig, P. Katikireddi, S., Green, M. (2018) *Impacts of smoke-free public places legislation on inequalities in youth smoking uptakes*. BMJ Volume 8, Issue 3

Alcohol

26. NMH supports the recognition in the consultation document that alcohol can increase the risk of certain types of cancers. There is no safe level of alcohol consumption⁷ therefore the enactment of evidence based legislation that controls alcohol is essential for cancer prevention.
27. There are inequalities in hazardous drinking rates with statistically higher rates of hazardous drinking among men and women compared to non-Māori men and women.⁸
28. There are likely to be a wide range of root causes that contribute to high levels of hazardous alcohol consumption and disparities in harm among Māori. These may include inter-generational and personal trauma, structural inequalities, and financial hardship.⁹ Social and fiscal policies that address the social determinants of alcohol use are urgently required.
29. However it is disappointing that within the Action Plan there are no specific actions have been taken to minimising harm from alcohol. The NMH Position Statement¹⁰ on Alcohol has a list of actions that our Board has committed to in order to reduce alcohol related harm. NMH advocates that the Ministry uses similar evidence based policies and interventions:
1. Increasing alcohol prices (through minimal unit prices, excise taxes and pricing policies)
 2. Strengthening restrictions on alcohol availability (including raising the purchase age / reducing trading hours / restricting density and location of alcohol outlets)
 3. Strengthening restrictions on alcohol advertising, sponsorship and promotion
 4. Increasing the purchase age for alcohol
 5. Advancing and reinforcing drink driving measures
30. In relation to advertising, a reduction in the amount of alcohol advertising should also include restrictions on its placement as well as a ban on all alcohol

⁷ Griswold MG, Fullman N, Hawley C, et al. *Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016*. The Lancet 2018; 392: 1015–1035.

⁸ Ministry of Health. Tier 1 statistics 2017/18: New Zealand Health Survey [Internet]. Wellington; NZ, 2018 <https://www.health.govt.nz/publication/tier-1-statistics-2017-18-new-zealand-health-survey>

⁹ Paradies Y. (2016) Colonisation, racism and indigenous health. *Journal of Population Research* 2016; 33: 83–96.

¹⁰ <https://www.nmdhb.govt.nz/dmsdocument/88-alcohol-position-statement>

sponsorship as was recommended by the Ministerial Forum on Alcohol Advertising and Sponsorship 2014.¹¹

31. NMH supports the proposed mechanisms to increase awareness of the risks of alcohol; for example, effective warning labels, community education initiatives and social marketing campaigns. NMH submits that to ensure adoption, any warning labels should be mandatory on all alcohol products. NMH further submits that education and marketing campaigns, if implemented, should not be relied on alone and must be accompanied by the implementation of evidence based strategies that increase price, reduce availability and restrict advertising and sponsorship.

32. NMH submits that the coordination of the evidence-based strategies and policies to minimise harm from alcohol and reduce cancers, should be part of a national alcohol action plan that is in addition to the Cancer Control Agency Plan. The responsibility for this action plan should lie with the Ministry of Health.

33. In addition, to ensure that the most effective strategies are implemented, the process of developing alcohol policies should be free from alcohol vested interests.

34. **Recommendation:** that the Cancer Action Plan includes mechanisms that will enable the interventions listed above in order to reduce alcohol related cancers.

Prevention cancers related to infection

35. NMH supports the initiatives listed that will increase uptake of HPV vaccination, reduce HIV transmission and ensure people maintain treatment.

Reduce the incidence the impact of skin cancer

36. NMH supports the continuation of health promotion campaigns relating to reducing sun exposure.

37. NMH supports the regulation of primary sunscreens as a therapeutic product in order that people are able to access quality products. It is important this will not result in any price increases for sunscreens. Sunscreen New Zealand advises¹² that people use 35mL for one full body application, and sunscreen prices range between \$4.50 to \$21 per 100mL¹³, therefore it can be costly for people on lower

¹¹ Ministerial forum on Alcohol Advertising, Sponsorship. Recommendations on alcohol advertising and sponsorship. (2014) <http://www.health.govt.nz/publication/ministerial-forum-alcohol-advertising>

¹² <http://sunscreens.org.nz/sunscreens-faq/>

¹³ <https://www.stuff.co.nz/business/money/101158583/slip-slap-slop-kaching-the-outrageous-cost-of-sunscreens>

incomes to afford sunscreen therefore resulting in people not using sunscreen which affects their risk of skin cancer.

Outcome 4: New Zealanders have better cancer survival

38. NMH supports initiatives that are aimed to reduce barriers to accessing primary health care as early detection and appropriate intervention for cancer is important in improving outcomes.
39. NMH supports the development of programmes that would increase public awareness of possible signs and symptoms of cancer. Given the language diversity within New Zealand, it is important that programmes are available in a multitude of languages to make the information more accessible.
40. Early access to diagnostic tests and timely access to effective treatment has made a big difference for patient outcomes overseas. Specialist cancer centres for complex cancer surgery and better access to clinical trials had also helped other countries improved their survival rates.¹⁴ Furthermore, access to familial cancer services would help people with an increased risk of cancer through identification and monitoring.
41. NMH supports the extension of the breast screening age from 70 to 74 years. Consideration should also be given to screening women at younger ages, in particular Māori women as they have a higher rate of mortality from breast cancer than non-Māori.¹⁵ Consideration should also be given on the structure of screening services. There is currently no national system in place that identifies and enrolls eligible women for breast screening. Participation in breast screening relies on motivated, well-informed patients and a commitment from general practices to encourage and assist in enrolling all eligible women. Māori women are less likely to attend mammographic breast screening and are likely to be diagnosed with more advanced disease. In addition Māori women are more likely to experience delay in receiving treatment, are less likely to receive radiotherapy, and are more likely to be treated with a mastectomy.¹⁶ Therefore in order to

¹⁴ <https://www.stuff.co.nz/national/health/115702162/kiwis-cancer-survival-rates-improving-at-slower-rate-than-comparable-countries-study-shows>

¹⁵ Curtis, E., Wright, C., Wall, M. (no date) The epidemiology of breast cancer in Maori women in Aotearoa New Zealand: implications for screening and Treatment, NZ Medical Journal Vol 118 No 1209. Retrieved from <https://www.nsu.govt.nz/system/files/resources/epi-of-breast-cancer-in-maori-implications.pdf>

¹⁶ Lawrenson, R., Seneviratne, S. (2016) Breast cancer inequities between Māori and non-Māori women in Aotearoa/New Zealand, Eur J Cancer Care Mar 25 (2) Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26918687>

improve outcomes, there needs to be increased participation in breast screening and greater standardisation of treatment through the Cancer Control Agency.

Conclusion

42.NMH thanks the Ministry for Health for the opportunity to comment on Cancer Action Plan 2019 – 2029.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Peter Bramley', with a long horizontal flourish extending to the right.

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Appendix One:

MAPPING NEW ZEALAND COUNCILS

SMOKEFREE OUTDOOR POLICIES AND SPACES

