

## Scottish Government consultation on new Cancer Strategy for Scotland

### Response from Obesity Action Scotland

Closing date: 7 June 2022

***Question 1a – What are the most important aspects of the cancer journey you would like to see included in a long-term strategy? (Think about, for example, prevention, screening, diagnosis, treatment, support for people with or affected by cancer, other care).***

We would like to see prevention included in a long-term strategy. A significant proportion of cancer cases are linked to factors such as poor diet and having overweight and obesity. As the consultation document acknowledges, around 4 in every 10 cases of cancer could be prevented through improved population health, including addressing unhealthy weight and improving diet. Research from Cancer Research UK highlights that this equates to around 2,500 cases of cancer each week, or around 41.5% of all cancer diagnoses in Scotland each year (based on 2018 figures)<sup>1</sup>. Therefore, focusing on prevention will make a significant contribution to reducing incidence of cancer over the long-term.

Data from our recently published The Weight of the Nation report shows that average adult weight in Scotland has risen steadily since 1995, and the average adult in Scotland is now classified as having overweight or obesity. These trends have been particularly stark over the last decade. Currently, two-thirds of adults have overweight and obesity in Scotland<sup>2</sup>.

Obesity is the largest preventable risk factor for cancer after smoking, and is linked to 13 different types of cancer, including two of the most common – bowel and breast – and two of the hardest to treat – pancreatic and oesophageal<sup>3</sup>. Recent research conducted by Cancer Research UK found that if current overweight and obesity prevalence trends continue, average adult overweight and obesity prevalence in Scotland is projected to increase to 68% by 2040, which equates to around 3.2 million people<sup>4</sup>. Excess weight costs the NHS in Scotland an estimated £600 million a year, with wider societal and economic costs of up to £4.6 billion<sup>5</sup>. This highlights the importance of taking action to prevent overweight and obesity, which in turn can help contribute to cancer prevention.

To prevent overweight and obesity, and reduce incidence of cancer, actions should be focused at population level public health measures which address the environmental and other wider social

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<sup>1</sup> <https://news.cancerresearchuk.org/2018/03/23/more-than-2500-cancer-cases-a-week-could-be-avoided/>

<sup>2</sup> Obesity Action Scotland (2022) The Weight of the Nation: An in-depth analysis of Scotland's weight between 1995 and 2008 [https://www.obesityactionsotland.org/media/1763/weight\\_of\\_the\\_nation\\_report-final-website-version.pdf](https://www.obesityactionsotland.org/media/1763/weight_of_the_nation_report-final-website-version.pdf)

<sup>3</sup> Cancer Research UK. (2016) Bodyweight facts and evidence <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/obesity-weight-and-cancer/does-obesity-cause-cancer>

<sup>4</sup> Cancer Research UK (2022) Overweight and obesity prevalence projections for the UK, England, Scotland, Wales and Northern Ireland (based on data from 2019/20)

[https://www.cancerresearchuk.org/sites/default/files/cancer-stats/adult\\_overweight\\_and\\_obesity\\_prevalence\\_projections\\_18-05/adult\\_overweight\\_and\\_obesity\\_prevalence\\_projections\\_18-05.pdf](https://www.cancerresearchuk.org/sites/default/files/cancer-stats/adult_overweight_and_obesity_prevalence_projections_18-05/adult_overweight_and_obesity_prevalence_projections_18-05.pdf)

<sup>5</sup> Scottish Parliament Information Centre (SPICe) (2015) Briefing: Obesity in Scotland

[http://www.parlmaid.scot/ResearchBriefingsAndFactsheets/S4/SB\\_15-01\\_Obesity\\_in\\_Scotland.pdf](http://www.parlmaid.scot/ResearchBriefingsAndFactsheets/S4/SB_15-01_Obesity_in_Scotland.pdf)

determinants of overweight and obesity. This includes action on the availability, affordability and acceptability of unhealthy high in fat, salt and sugar (HFSS) food and drink. We will discuss this further later in our response.

***Question 1c – What do you think we should prioritise over the short-term? (Consider what needs addressed in the first 3 years)***

As with our response to question 1a, we believe prevention should also be prioritised in the short-term. Over the last 2 years, it has been impossible to ignore the impact of the pandemic and the impact it has had on many aspects of our lives. The pandemic brought into sharp focus the importance of having a healthy population for the country to respond in a resilient manner to pandemics, and that the poor health of the population as a whole meant we experienced worse outcomes from the pandemic, including high rates of death and serious illness.

The pandemic has had a negative impact on our already poor diet in Scotland. It has changed our relationship with food and consumption patterns, and has exacerbated existing problems with diets and unhealthy eating and weight, with many people reporting eating more unhealthy foods on a more regular basis, and has exposed weaknesses and vulnerabilities of our food system. The pandemic has highlighted how important healthy weight is to the overall health of the population and for our response to this and future pandemics. A healthy diet is key for improving immunity, and the interconnectedness between the pandemic (outcomes) and the food system cannot be ignored.

To better understand the impact of the pandemic on people's food consumption behaviours, we commissioned polling activity in May 2020 and March 2021 to track changes over the course of the pandemic, and found a clear indication that the pandemic had changed the lifestyles of people in Scotland. The survey found two thirds (66%) of respondents reported changing bodyweight since the outbreak of the pandemic. The majority of these people saw an increase in their bodyweight since lockdown restrictions began (47%), with only 19% of people self-reporting their bodyweight as much or a little lower than pre-March 2020<sup>6</sup>. The initial survey in May 2020 found that 54% reported eating more out of boredom, with people reporting more snacking on cakes and biscuits (49%), confectionery (47%) and savoury snacks (48%)<sup>7</sup>. These changes indicate a worrying trend towards worse dietary patterns. Given that overweight and obesity is the second biggest risk factor for cancer, worsening dietary outcomes resulting from the pandemic are likely to have an impact on cancer incidence. Therefore, in the immediate short-term, a focus on prevention should be prioritised, focused on ensuring a recovery from the pandemic which puts public health first and prioritises access to healthy food and healthy food environments for all.

***Question 4a – Do you agree with these goals? Do you agree with the proposed goals 52. a-h), please respond yes or no***

Yes

***Question 4b – Please explain your answer and provide any additional suggestions.***

Whilst we agree with the proposed goals outlined in paragraph 52, we would like to see prevention added to or better reflected in them. For example, goal a) should be amended by adding 'through a focus on prevention' on the end. Alternatively, a goal specifically focused on prevention should be added to the start of the list, ahead of the current goal a), to reflect the importance of prevention and its role as the first step in the cancer journey e.g. 'Focus on preventing as many cases of cancer

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<sup>6</sup> Obesity Action Scotland (2022) Impact of Covid-19 control measures on health determinants an overview <https://www.obesityactionscotland.org/media/1712/oas-lockdown-polling-further-analysis-2022-final.pdf>

<sup>7</sup> Obesity Action Scotland (2020) Healthy Diet, Healthy Weight and Resilience <https://www.obesityactionscotland.org/media/1497/resilience-oas-final.pdf>

as possible, through supporting population-level public health measures designed to address the leading risk factors for cancer’.

**Question 6a – Do you agree with these themes? Do you agree with the proposed themes (54.), please respond yes or no?**

Yes

**Question 6b – Please explain your answer and provide any additional suggestions.**

It is welcome that prevention is included in the proposed themes, recognising its importance in the cancer pathway. We will comment more on this in response to questions 8a and b.

**Question 8a – In your experience, what actions do you think would be most effective for helping to stop people getting cancer and reducing inequalities in cancer incidence? (Please focus your response on the prevention of cancer and inequalities in cancer incidence).**

We note that paragraph 51 in the consultation document makes reference to some population level public health measures, such as mandatory calorie labelling and restricting promotions and advertising of HFSS foods. It is welcome that this is included in the consultation and being considered for inclusion in the cancer strategy.

The most effective actions for the prevention of cancer and reducing inequalities in cancer incidence are population-level public health interventions. From the perspective of overweight and obesity, these are measures which address the availability, affordability and acceptability of unhealthy food, and which make healthier food cheaper and more easily accessible. We will expand on this in our response to question 8b.

Another important consideration is to remove the focus on unhelpful individualist narratives which suggest that the main risk factors for cancer are the fault of individuals. Instead the focus should be on addressing the wider social and economic factors which influence the environments and conditions people experience which heavily influence these risk factors. A focus on population-level public health measures will be helpful in this regard.

**Question 8b – Please explain your answer and provide any additional suggestions**

Further to our response to question 8a, we would like to see actions focused on addressing the availability, affordability (price and promotions) and acceptability (marketing and advertising) of unhealthy food and drink.

In relation to incidence of cancer, there is a clear pattern of inequality with the most deprived experiencing greater incidence than their least deprived counterparts. The latest statistics show that people living in the most deprived areas have a 26% higher incidence rate of cancer than those in the least deprived areas<sup>8</sup>. This pattern is also replicated for obesity, with those in the most deprived quintile significantly more likely to have overweight and obesity than those in the least deprived quintile. The trend for females is particularly stark, with 40% of those in the most deprived quintile having overweight or obesity, compared to only 18% in the least deprived quintile<sup>9</sup>. These figures show a clear link between experiencing inequality and obesity and cancer incidence.

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<sup>8</sup> Public Health Scotland (2021) Cancer Incidence and Prevalence in Scotland (to December 2019) <https://publichealthscotland.scot/media/7753/2021-05-11-cancer-incidence-report.pdf>

<sup>9</sup> Scottish Government (2020) Diet and Healthy Weight Monitoring Report Data tables. Table 2

With a growing body of evidence, it is becoming increasingly urgent that we address the factors that are creating an obesogenic environment and worsening inequalities in both weight and cancer incidence in Scotland.

### Availability

Evidence shows there is a clear link between poorer health outcomes, including greater incidence of NCDs such as cancer, and areas and population groups with increased availability of unhealthy HFSS foods. For example, there is a greater clustering of fast food takeaways and convenience stores in more deprived areas<sup>10</sup>, which significantly impacts on health inequalities, including inequalities in cancer incidence.

Action in this area would include making changes to planning and licensing systems to control what type of premises are able to open in an area. The planning system has a significant role to play in determining what types of products are available in an area through the planning decisions it makes. Currently, under Scottish planning policy, local authorities are unable to control planning decisions on the basis of health; instead, other reasons such as the impact of littering and anti-social behaviour are used. To overcome this challenge, health also needs to be included as one of the material considerations of the planning system. It is our understanding that these material planning considerations are the only things that can be considered in relation to a planning application i.e. the grounds on which to approve or refuse an application. It is therefore essential that health is added to the list of material planning considerations for the planning system in Scotland, to ensure health is at the heart of decision-making processes. In doing so, health must have equal weight to the other material considerations. Ensuring health is a core function of the planning system is a first critical step to tackling the availability of unhealthy HFSS food and is a key contributing factor to both preventing cancer and reducing inequality in incidence of it.

### Affordability (price and promotions)

A key action in supporting people to live healthier lives is to make it easier and cheaper to access healthier options. In other words, the healthiest option should also be the easiest and most cost-effective option. This can be achieved through a series of pricing mechanisms to make unhealthy food products more expensive, such as a ban on multi-buy discounts and promotions and simple price discounts on HFSS and other unhealthy products, and making healthier food options affordable. Such action would help to prevent/reduce diet and weight-related risk factors for cancer and reduce inequality.

Heavily discounted or price (and non-price) promoted HFSS food and drink make a significant contribution to our poor diet, which is driving the high rates of overweight and obesity. Price promotions increase the amount of food purchased by around a fifth, and in Scotland 40% of all food and drink purchases are made on items on promotion – this is twice as high as levels seen in other European countries<sup>11</sup>. Evidence from a recent study which looked at price promotions in the 4 main UK supermarkets (Asda, Morrisons, Tesco and Sainsbury's) over a 5-week period in 2021, found that over 43% of promotions appeared to promote HFSS products. Price promotions – including simple price promotions and volume-based price promotions - can lead to a 14% and 22% respective increase in consumption of promoted products<sup>12</sup>, many of which are HFSS products.

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<sup>10</sup> Macdonald, L, Olsen J. R, Shortt, N. K and Ellaway, A (2018) Do 'environmental bads' such as alcohol, fast food, tobacco, and gambling outlets cluster and co-locate more in deprived areas in Glasgow City, Scotland? Health and Place 51, 224 – 231

<sup>11</sup> <https://www.obesityactionsotland.org/blog/obesity-and-cancer-awareness-week-price-promotions/>

<sup>12</sup> Superlist UK Health 2021. Supermarkets and the promotion of unhealthy food 76335340-81f7-4dc4-b3bf32c49bef0a4f\_QM-Superlist-UK\_Health\_FINAL-perpage.pdf (prismic.io)

Taking action to tackle price promotions and heavy discounts for unhealthy HFSS foods is essential for addressing increasing rates of overweight and obesity, which in turn will help to contribute to preventing weight-related risk factors for cancer.

### Acceptability (advertising and marketing)

Marketing and advertising of products drives purchase and consumption of them, and also increases their acceptability in society. For HFSS foods and other health harming products, it also drives harm, and this harm is most acutely experienced in more deprived communities. Regulating the content and extent of marketing is vital and forms a key part of a whole systems approach to diet and healthy weight, de-normalising the purchase and consumption of HFSS foods. The reach of food and drink advertising is extensive, with the UK food and drink industry spending more than £780 million on advertising and marketing, with £256 million spent on promoting unhealthy 'junk' food<sup>13</sup>.

Action in this area would include regulation and control of marketing across all forms of media, including TV, and online. Regulation of TV and online remains a reserved power held by the UK government. The Scottish Government does have some powers to control advertising and they should take action to tackle the advertising of HFSS foods in the areas where they do have devolved powers.

### Other actions

To further tackle the obesogenic environment and help to prevent diet and weight-related risk factors for cancer, action also needs to focus on the out of home sector. Evidence shows that the out of home sector plays a significant role in the food we consume. On average a person in the UK will visit the out of home sector around 200 times per year, and it accounts for between a fifth and a quarter of all calories consumed<sup>14</sup>. Further, the top 10 food items purchased in the out of home sector in Scotland are predominantly unhealthy products, such as soft drinks, confectionary, and cakes<sup>15</sup>. Additionally, evidence shows that portion sizes are increasing, and this has the effect of normalising what people deem as being an appropriate amount to eat (i.e. what is a standard portion size)<sup>16</sup>.

Actions in this area should include the following:

- Introduction of calorie caps, varying container sizes and a greater price differential between large and small portions
- Adopting 'front of packet' food labelling, ensuring that portion sizes are standardised, clearly labelled and easy to understand
- Promote consumption of appropriate portion sizes by matching size of single portions with the recommended ones, marking on the side of packaging or other clear labelling

Given the contribution the out of home sector makes to diets in Scotland, taking the actions outlined above could make a significant impact to reducing rates of overweight and obesity, and in turn help reduce weight-related risk factors for cancer. As evidence of the links between obesity and cancer get stronger, we can no longer continue to perpetuate environments that encourage and facilitate unhealthy lifestyles that can lead to overweight and obesity.

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<sup>13</sup> <https://www.obesityactionscotland.org/blog/obesity-and-cancer-awareness-week-advertising-marketing/>

<sup>14</sup> Obesity Action Scotland (2019) The out of home sector and its impact on the obesogenic environment <https://www.obesityactionscotland.org/media/1202/eating-out-briefing2-002.pdf>

<sup>15</sup> Food Standards Scotland (2020) The Scottish Diet: It needs to change [https://www.foodstandards.gov.scot/downloads/Situation\\_Report\\_The\\_Scottish\\_Diet\\_It\\_Needs\\_to\\_Change\\_%282020\\_update%29.pdf](https://www.foodstandards.gov.scot/downloads/Situation_Report_The_Scottish_Diet_It_Needs_to_Change_%282020_update%29.pdf)

<sup>16</sup> <https://www.obesityactionscotland.org/blog/obesity-and-cancer-awareness-week-portion-size/>

We are a member of the NCD Prevention Coalition<sup>a</sup> and along with other partners in the Coalition we are advocating for these measures to be introduced in Scotland as part of the forthcoming Public Health Bill, which is expected to begin its parliamentary journey in 2023. Such measures are essential to address the obesogenic environment that is a key driver of increasing rates of overweight and obesity in Scotland, which will in turn help to limit diet and weight-related risk factors for cancer.

**Question 17 – What other comments would you like to make at this time?**

We note that stigma is not mentioned in the consultation document, which is a significant omission. This is particularly relevant for people living with overweight and obesity, with many people reporting weight stigma being a significant barrier to accessing services and healthcare. Evidence has found that 64% of women and 67% of men have reported being stigmatised by their healthcare provider. Women have reported delaying screening for breast, cervical and colorectal cancer, as they were embarrassed at being weighed, expressed concern over experiencing negative attitudes from healthcare professionals, and receiving unsolicited advice to lose weight<sup>17</sup>. Stigma also discourages people from engaging in behaviours that are known to promote health and reduce cancer risk, regardless of BMI, such as physical activity and eating healthy food.

It is therefore important that the strategy acknowledges stigma, actively references addressing stigma (particularly weight stigma), and that stigma is recognised as a barrier to accessing services, and the subsequent impact this could have on cancer prevention and inequalities in cancer incidence.

**About us**

Obesity Action Scotland provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland.

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<sup>17</sup> Amy, N., Aalborg, A., Lyons, P. *et al.* (2006) Barriers to routine gynaecological cancer screening for White and African-American obese women. *International Journal of Obesity* **30**, 147–155.  
<https://doi.org/10.1038/sj.ijo.0803105>