

**During the term of the next South Australian Government over 36,000 South Australians will be diagnosed with cancer at a cost to the community of nearly \$1.5 billion.**



**How will the next South Australian Government reduce the impact**

# Priorities for cancer control in SA—2010 and beyond

**Cancer Council SA wants support from all political parties to reduce the impact of cancer. We want you to include the following initiatives in your policies.**

Cancer is a leading cause of death in South Australia. One half of all community members will be diagnosed with some form of cancer by the age of 85. This translates into enormous health, emotional and financial impacts.

**No other single health or social issue affects such a significant proportion of the community.**

In South Australia, nearly 10,000 people are diagnosed with cancer every year. Furthermore, the state has an ageing population, and with this demographic shift the human, community and financial costs will increase.

Cancer control must be multi-faceted in its approach. Cancer prevention programs and services have made progress, but without policy change they will never be as effective.



[www.cancersa.org.au](http://www.cancersa.org.au)

## **Vision**

To beat cancer in South Australia

## **Statement of purpose**

Through advocacy, research, education and support, we will minimise the impact of all cancers for all South Australians

## Executive summary

### Cancer Council SA wants the next South Australian Government to:

#### Cancer research

- 1 Commit at least \$2.15 million per year for five years to fund a South Australian Cancer Research Collaborative

#### Cancer support

- 2 Improve the Patient Assistance Transport Scheme (PATS) by:
  - decreasing the distance threshold from 100 km to 65 km
  - increasing the private vehicle reimbursement rate from 16 cents per km to 75 cents per km
  - increasing the rebate for accommodation from \$30 per single/\$60 per couple to at least \$85 per room, indexed annually
- 3 Establish waiting time standards for all patients with suspected cancer

#### Cancer prevention

##### *Help South Australians to quit smoking*

- 4 Increase quit campaigns to \$2.5 million per year to achieve a decrease in the number of smokers to 17% by 2013
- 5 Eliminate tobacco displays at point-of-sale
- 6 Make alfresco hospitality settings smoke-free

##### *Promote healthy weight in the community*

- 7 Extend and enforce the Right Bite program in all schools
- 8 Regulate television food advertising to protect children by:
  - prohibiting unhealthy food and beverage advertising during the hours of 7–9 am and 4–9 pm weekdays and 7 am–9 pm on weekends
  - establishing statutory mechanisms and sanctions to ensure compliance
  - using the Food Standards Australia New Zealand nutrient profiling model to establish criteria for the advertising of healthy foods
- 9 Ensure all future infrastructure developments promote physical activity

##### *Promote skin cancer prevention activities*

- 10 Develop and enforce comprehensive sun protection policy and practices for all schools
- 11 Invest \$600,000 per year in skin cancer prevention campaigns
- 12 Monitor and report upon compliance with SA solaria regulations

**The above points are in line with the Statewide Cancer Control Plan.**

## Research

# 1 Will you commit at least \$2.15 million per year for five years to fund a South Australian Cancer Research Collaborative ?

### The Statewide Cancer Control Plan (SCCP) calls for the establishment of a South Australian Cancer Research Collaborative.

This will be comprised of policy makers, researchers, service providers, community representatives and commercial partners to take a statewide approach to the implementation of research components of the SCCP. Through this approach, the capacity of South Australia to compete effectively for national and international research funding will be greatly increased.

The Collaborative could be integrated with the South Australian Health and Medical Research Institute (SAHMRI) to increase South Australia's research capacity and credentials, as well as improve its ability to attract a skilled workforce. The Collaborative will also foster research that is linked to clinical and other service and health policy delivery, thus having a positive impact on health and cancer outcomes. The Collaborative will be the main governance body through which Cancer Council SA will provide its research funding.

## Support

# 2 Will you commit to improving the Patient Assistance Transport Scheme (PATS) ?

### The Patient Assistance Transport Scheme (PATS) needs improving by:

- decreasing the distance threshold from 100 km to 65 km
- increasing the private vehicle reimbursement rate from 16 cents per km to 75 cents per km
- increasing the rebate for accommodation from \$30 per single/\$60 per couple to at least \$85 per room and indexed annually.

Australians living in rural and remote areas have significantly worse cancer outcomes, including increased mortality.<sup>1</sup> The further patients live from a major treatment centre, the poorer their rates of survival. Patients and their families living in these areas need adequate support for transport and accommodation to ensure they can access specialist treatment and services.

In response to the difference in cancer outcomes, it has long been recognised that Australia urgently needs a national plan to reduce the inequity in cancer treatment outcomes between metropolitan and regional areas. Until this is achieved, government must provide adequate transport and accommodation support.

The next South Australian Government must ensure that all South Australians have equitable access to specialist treatment—no matter where they live.

The current criteria and rates of reimbursement are as follows:

- the patient must reside more than 100 km (one-way) from the nearest specialist treatment centre
- 16 cents per km for private vehicle costs
- accommodation reimbursement is \$30 for a patient and \$30 for a carer.

This varies greatly from the ATO reimbursement rate\* for work related car expenses which are:

- 63 cents per km – 75 cents per km.

Expecting patients to find a clean, safe hotel room in SA for \$30 per night is unrealistic and the amount per kilometre is inadequate. Furthermore, patients travelling, for example, 98 km for treatment and who often feel very unwell, will need accommodation or assistance to return home. However, they receive nothing.

\*[www.ato.gov.au/individuals/content.asp?doc=/content/33874.htm](http://www.ato.gov.au/individuals/content.asp?doc=/content/33874.htm)



### Rose's point of view

I was diagnosed with breast cancer in February 2007 but was forced to wait over two months for treatment. Since I was a public patient there wasn't really any choice. When I went for surgery I was diagnosed with high-grade cancer requiring chemotherapy and radiotherapy after the surgery. They say it wasn't because of the wait but I have read that two months can make a difference.

There were other problems, too. Financial problems. I live less than 100 kilometres from my treatment, which is the cut-off point for reimbursement but it's still a long drive. My husband had to take time off work to drive me and we didn't get any reimbursement. Luckily my husband didn't mind driving me to chemo and then back home that night. Of course I was far too sick after chemo to drive myself home.

About three months ago, my husband was killed in an accident at work. My cancer hasn't come back but if I need more treatment, I'll be in difficulties. Adelaide is too far to drive when you're sick, and I can't afford the petrol or accommodation.

## Support

### 3

## Will you commit to establishing waiting time standards for all patients with suspected cancer?

**Timely referral from suspected cancer diagnosis to the appropriate cancer service is a common marker of quality cancer care.**

Cancer-specific waiting times are not monitored in South Australia. Internationally, waiting time targets are set and data are collected. For example, the UK Government has a two-week waiting time target from GP referral to first

specialist appointment for all patients with a suspected cancer. There is also a one-month target from diagnosis to treatment for all cancer types. The UK National Health Service (NHS) monitors compliance with waiting time targets and thus progress against targets set within the NHS Cancer Plan can be assessed and interventions applied accordingly.

## There are three ways you can help South Australians to quit smoking.

Tobacco smoking continues to be Australia's largest preventable cause of death and disease, causing 15,000 deaths nationally each year including 1,130 South Australians. One in every five South Australian adults smoke and smoking causes approximately 78,000 hospital bed days each year. The cost of smoking to the community is estimated at \$1.7 billion per year representing a significant drain on the state's health resources.<sup>2</sup>

The South Australian Government target, as set out in the *SA Tobacco Control Strategy 2005–2010*, is to reduce adult smoking rates to 17% by 2010. At 19.9% we are currently far behind that target.

While smoking prevention and cessation services have made progress, without policy change, we are undermining the impact of these services.

The Australian Medical Association's infamous 'Dirty Ashtray Award' compares states' and territories' tobacco control progress. In 2009 it was presented to South Australia for its lack of progress in tobacco control.



### Prevention – smoking

## 4

**Will you commit to increasing quit campaigns to \$2.5 million per year?**

#### **Social marketing is a highly cost-effective means of reducing smoking prevalence.**

Australian data demonstrate that the level of spending on campaigns determines the extent of changes in smoking prevalence. Social marketing is most effective when it reaches a specific level of awareness in the target audience.<sup>6</sup>

The National Preventative Health Taskforce recommends commercially realistic funding to a level of 700 target audience rating points (TARPS) per month. South Australian campaigns currently invest less than half of this recommendation.

Cancer Council SA recognises the importance of road safety campaigns and applauds the government's efforts. For the sake of comparison, these campaigns have budgets that are more than six times greater than that of current quit campaigns with a target of having fewer than 90 road deaths in 2009.

There are over 1,100 tobacco related deaths every year in this state. If preventing death is the core aim, then tobacco control should receive appropriate funding levels.

If the South Australian Government invests \$2.5 million per year, the community will achieve 17% smoking rates by the end of 2013.

## Prevention – smoking

# 5

## Will you commit to eliminating tobacco displays at point-of-sale?

**Advertising works. Point-of-sale displays of tobacco products are one of the last remaining forms of tobacco advertising.**

Furthermore, they are most often displayed near sweets and lollies and other items appealing to children. Most new smokers are young people. Quitters often relapse at point-of-sale.<sup>3</sup>

The days of tobacco advertising should be over. Removing tobacco displays at point-of-sale is one of the last steps in this process.

South Australia needs regulations, such as those in other Australian states, to put tobacco products out of sight. No exceptions.



## Prevention – smoking

# 6

## Will you commit to making alfresco hospitality settings smoke-free?

**Exposure to second-hand smoke in settings where people congregate, such as alfresco eating and drinking settings, poses a real health risk to patrons and staff.<sup>4</sup>**

Staff working in alfresco settings deserve the same level of occupational health and safety protection as other workers.

Knowledge that smoking causes cancer does not translate directly into quitting. Physical and social

environments are key drivers of behaviour change. Currently alfresco eating and drinking environments promote smoking.

Smoke-free environments support smokers trying to quit, reduce cigarette consumption and are popular with the community.<sup>5</sup> They influence adolescents' perceptions of smoking prevalence and the social acceptability of smoking, which are significant predictors of taking up the habit.

## There are three ways you can promote healthy weight in the community.

One of the greatest public health challenges confronting South Australia is the obesity epidemic. Many cancers are linked to being overweight or obese. Approximately 56% of South

Australians aged 15 years and over are overweight or obese and this has been increasing steadily over time.<sup>7</sup> Political commitment is required to reverse this trend.

### Prevention—obesity

# 7

## Will you commit to extending and enforcing the Right Bite program in all schools?

**In recognition of the important social, cultural and practical role schools play, governments are introducing healthy eating programs as part of the prevention plan for overweight and obesity.**

The Right Bite program is a healthy eating strategy for schools. Its guidelines have been mandatory in all South Australian Government schools since January 2008. Catholic education and

independent sites are only encouraged to use the Right Bite guidelines.

We call on the next South Australian Government to:

- extend the Right Bite program to non-government schools by making it mandatory through the registration process
- enforce the Right Bite program in all schools
- restrict unhealthy food fundraising and sponsorship in schools.



### Rachel's point of view

“ I am a teacher at a government school and we have the Right Bite program there. It's great. Teachers know exactly what to do and so do the kids. I think it really works and will keep working as the kids who are exposed to it get older.

The problem is that my child goes to a non-government school and they don't have to follow Right Bite. My son regularly has pizza and chips for lunch and special events—this is really unhealthy. And they happen pretty often, so my son has 'special' food, I call it party food, far more often than he should. As a teacher, I know that non-government schools have to register. Why can't participation in Right Bite be a condition of registration? ”

## Prevention – obesity

# 8

## Will you commit to regulating television food advertising to protect children ?

### Protect children from becoming obese by:

- **prohibiting unhealthy food\* and beverage advertising during the hours of 7–9 am and 4–9 pm weekdays and 7 am–9 pm weekends**
- **establishing statutory mechanisms and sanctions to ensure compliance**
- **using the Food Standards Australia New Zealand nutrient profiling model to establish criteria for the advertising of healthy foods.**

Advertising works. And children have limited defences against the aggressive tactics employed by food marketers. Research demonstrates that Australian parents want governments to tackle this problem and reduce what has come to be known by parents as 'pester power'. This undermines their efforts of promoting healthy eating in the home and while attending school or other activities.

In Australia all three tiers of government have initiatives to fight obesity—from playground strategies in local government to the South Australian Obesity Prevention and Lifestyle program. Allowing unhealthy food advertising to saturate children's television is undermining the tax dollars and efforts spent on all programs and strategies.

Furthermore the World Health Organization (WHO) and the Institute of Medicine in the US have urged governments to take action regarding childhood obesity. They have specifically recommended interventions to restrict advertising of unhealthy foods to children as part of a multi-strategy prevention approach.

The evidence abounds. Parents want restrictions and credible health organisations call for them.



\*Unhealthy foods are defined as 'energy dense and nutrient poor' foods.

## Prevention—obesity

# 9

## Will you commit to ensuring that all future infrastructure developments promote physical activity ?

### Ensure that physical and social environments enable and promote active living.

Physical activity is a major factor in preventing and reducing the risk of many health conditions such as heart disease, diabetes and cancer.

Physical and social environments can impact upon people's ability to be active in their local area. It is important that roads be shared equitably between pedestrians, cyclists and motorists. It is also important to ensure that there is a mix of

destinations within walking distance of people's homes. Equally important is that these journeys are safe.

These factors together create active communities. Urban design and planning that create such environments require an integrated approach to planning that involves cross-sector collaboration between those disciplines responsible for structural environmental change, such as urban design, land use and transport, as well as health.<sup>8</sup>



# There are three measures you can use to help South Australians to prevent skin cancer.

## Prevention—skin cancer

# 10

## Will you commit to developing and enforcing sun protection policy and practices for all schools?

**The majority of skin cancers are due to ultraviolet (UV) radiation exposure and are determined to a significant degree by exposure in the first 10 years of life.**

Evidence suggests that approximately 16% of primary schools<sup>9</sup> and over 50% of secondary schools do not have a written sun protection policy.<sup>10</sup>

Cancer Council SA calls for government to introduce a policy mandating all schools to protect all staff and students on their sites from overexposure to UV radiation.



### Di and Glen's point of view

Our kids go to a school in the southern suburbs. Certain aspects of the school policy are good about skin protection. The kids have to wear broad brimmed or legionnaire style hats and they can't play outside without them.

They provide SPF30+ sunscreen in all the classrooms, but the kids have to remember to put it on. This just isn't realistic, especially for the little ones.

Another thing we worry about is that outdoor events are often held during peak UV hours and while hats are compulsory, shade is limited. A good example is the Sports Day held on the oval in 4th term and there's no shade. And I can think of at least three play equipment areas without shade.

We don't understand why any school is allowed to ignore what the health department says is SunSmart. Our friends' kids go to a school and it complies with all the rules.

## Prevention—skin cancer

## 11

**Will you commit to investing \$600,000 per year in skin cancer prevention campaigns ?**

***Skin cancer prevention: a blue chip investment in health, by Melbourne's Deakin University, was published in February 2009.***

This report concludes that for every dollar that government invests in skin cancer prevention campaigns it can save \$2.32 in reduced health costs, with net gains to the general economy of \$90 million.

It also makes a compelling case for governments to commit to ongoing skin cancer prevention campaigns. Other state governments commit between \$460,000 and \$2,000,000 annually for skin cancer prevention but the South Australian Government makes no such contribution.



## Prevention—skin cancer

## 12

**Will you commit to monitoring and reporting upon compliance with SA solaria regulations ?**

**South Australia has shown leadership by regulating the solaria industry.**

The World Health Organization (WHO) recently classified solaria in the highest category for cancer

risk along with tobacco and asbestos. We want the next South Australian Government to collect data to monitor industry compliance with these regulations and to make the findings public.

## References

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- <sup>3</sup> Wakefield M, Germain D and Henriksen L. 'The effect of retail cigarette pack displays on impulse purchase.' *Addiction*, 103, 2 (2008), 322–328.
- <sup>4</sup> Klepeis NE, Ott WR and Switzer P. 'Real-time measurement of Outdoor Tobacco Smoke Particles.' *Journal of the Air and Waste Management Association*, 57 (2007), 522–534.
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- <sup>6</sup> Wakefield M, et al. 'Impact of Tobacco Control Policies and Mass Media Campaigns on Monthly Adult Smoking Prevalence: Time Series Analysis.' *American Journal of Public Health*, 98, 8 (2008), 1443–1450.
- <sup>7</sup> Ettridge K. *Cancer risk factors in South Australia: Results of the 2008 Health Omnibus Survey*. Report prepared for Cancer Council SA. Cancer Council SA, 2009.
- <sup>8</sup> Dunn S, et al. *Creating Supportive Environments for Physical Activity: Encouraging Walking in the 21st Century*, presented at *Walking in the 21st Century*. Perth, Australia, 2001.
- <sup>9</sup> Jones S, Beckmann K and Rayner J. *Sun protection practice and policy in South Australian primary schools. Trends from 1998-2005*. Cancer Council SA, 2006.
- <sup>10</sup> Beckmann K and Conor P. *Sun protection policies and practices in South Australian secondary schools: comparing 1999 and 2002 survey results*. Cancer Council SA, 2004.

# Cancer Council SA wants you to impl

## The priority

### Cancer research

**1**

Commit at least \$2.15 million per year for five years to fund a South Australian Cancer Research Collaborative

### Cancer support

**2**

Improve the Patient Assistance Transport Scheme (PATS) by:

- decreasing the distance threshold from 100 km to 65 km
- increasing the private vehicle reimbursement rate from 16 cents per km to 75 cents per km
- increasing the rebate for accommodation from \$30 per single/\$60 per couple to at least \$85 per room and indexed annually

**3**

Establish waiting time standards for all patients with suspected cancer

### Cancer prevention

**4**

Increase quit campaigns to commercially realistic levels—\$2.5 million per year

**5**

Eliminate tobacco displays at point-of-sale

**6**

Make alfresco hospitality settings smoke-free

**7**

Extend and enforce the Right Bite program in all schools

**8**

Regulate television food advertising to protect children by:

- prohibiting unhealthy food and beverage advertising during the hours of 7–9 am and 4–9 pm weekdays and 7 am–9 pm weekends
- establish statutory mechanisms and sanctions to ensure compliance
- using the Food Standards Australia New Zealand nutrient profiling model to establish criteria for the advertising of healthy foods

**9**

Ensure all future infrastructure developments promote physical activity

**10**

Develop and enforce comprehensive sun protection policy and practices for all schools

**11**

Invest \$600,000 per year in skin cancer prevention campaigns

**12**

Monitor and report upon compliance with SA solarium regulations

# Implement these costed priorities:

## Government resource commitment

- At least \$2.15 million per year for five years

- Increase rebates from 16 cents per km to 63–75 cents per km in line with ATO's rates for work related car expenses
- Increase rebate for accommodation from \$30 per single/\$60 per couple to at least \$85 per room and indexed annually
- Minister for Health directs SA Health to undertake an audit, set waiting times and implement monitoring systems

- Increase media buy to 700 Target Audience Rating Points (TARPs) per month
- Increase annual spend to \$2 million for media buy plus \$500,000 for new creative and Quitline staffing
- Introduce regulations
- Government staff time
- Amend legislation
- Government staff time
- Include participation in the Right Bite program as a requirement to the school registration process for Independent and Catholic schools
- Government staff time
- Enact legislation to restrict advertising
- Government staff time
- Adopt the SA Government's 'Health in All Policies' approach
- Exact cost determined during planning phase for each new construction
- Introduce Education Department policy
- Potential cost to some schools for shade provision
- \$600,000 per year
- Government staff time



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