

The impact of tobacco and alcohol control and dietary promotion in preventing oral cancer

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Oral cancer – two aspects

- The individual aspect :
the individual's behavior and lifestyle,
individual preventive measures
- The societal aspect:
rules and “technical” surrounding
environment, community-based interventions,
structural preventive measures

Preventing oral cancer

- **Individual prevention**
- Campaigns to tackle a change in individuals behavior
- Educational measures for groups and individuals
- **Structural prevention**
- Change the laws regulation the harmful substances (tobacco)
- Put up taxation, technical rules (smoke-free environment)

Oral cancer – risk factors

- **Tobacco:** cigarettes, smokeless tobacco, snuse, e-cigs, risk for OC is consumption related
- **Alcohol:** all forms of alcohol, although hard liquor and beer have a higher associated risk
- **Diet**
- HPV
- Age, gender
- Socio-economic factors

Tobacco



Alcohol



Diet

- Dietary factors have been identified as having a possible association with oral cancer
- Preparation of food: Wood stove cooking / charcoal grilled meat / ...
- Tobacco / alcohol far outweighs a deficient diet
- Across multiple cultural settings: high fruit consumption has a protective effect, high alcohol consumption has a carcinogenic effect

Co Risk-Factors

- In oral cancer tobacco AND alcohol exert a synergistic effect:
- A combination of "heavy" smoking and "heavy" drinking results in odds ratios (ORs) for oral cancer of up to 38 for men.
- An OR of 38 in men indicates a multiplicative effect, because the OR for "heavy" smoking alone among men is 5.8; for "heavy" drinking alone it is 7.4.

Individual Prevention via health professionals

- Individual programs on tobacco use cessation
- In the United States 70% of smokers see a physician each year and 52.6% visit a dentist, the potential for the health care community to affect smoking prevalence is very large; unfortunately, it is substantially underutilized
- Every health professional can be active in counselling !!!

Health professional have a high credibility



Campaigns - without intervention of health professionals

- Billboard – based information
- Internet-based programs
- school / high school based interventions
- Peer group interventions
- Worksite programs

Structural preventive measures

- Smoke-free policies in public places
- Taxes on alcohol and tobacco
- Tobacco / alcohol selling limitations (age limits)
- Limiting vending machines
- Restricting advertising
- Regulating second-hand smoke

Structural prevention

International example:

- Framework Convention on Tobacco Control (FCTC), WHO, 2003
- Political debate in to how best prevent cancer

National examples:

- Plain packaging, Australia
- Divestment strategies
- Regulations for the respective industries

Oral cancer – a paradigm for Non Communicable Diseases (NCDs)

- Oral Cancer and NCDs: Share similar risk factors
- Risk factors are preventable and available for early detection
- OC and NCDs: Go along with an ageing population

NCDs at New York UN meeting!



What we all agree upon:

- NCDs are a major health problem of both **high level income countries** AND of **low and middle income countries**
- NCDs need a whole system approach given their multifactorial nature

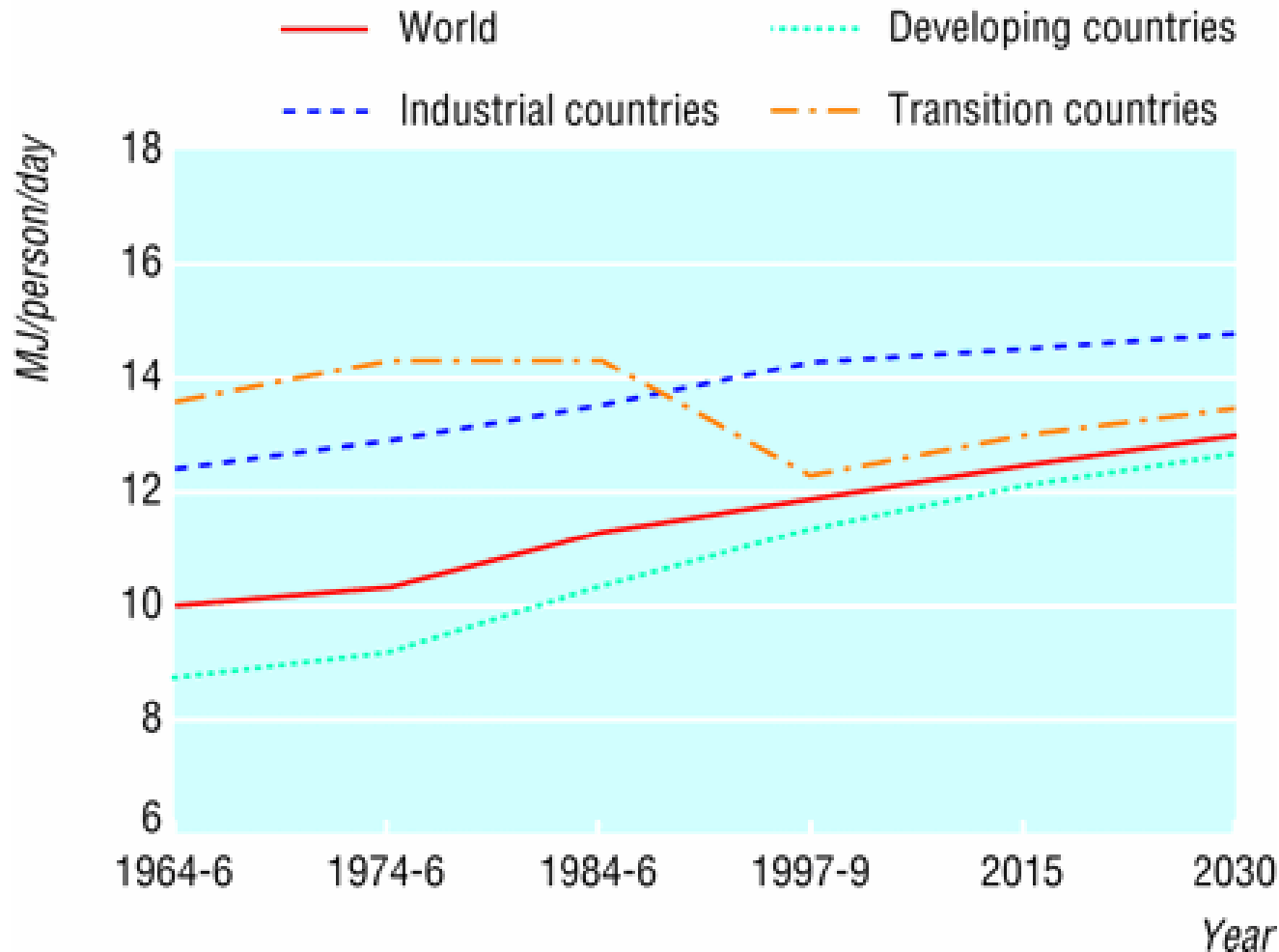
What we all agree upon:

- NCDs demonstrate clearly that health systems strengthening and especially the **strengthening of public health is needed**
- NCDs also show that there are strong influences beyond individual control

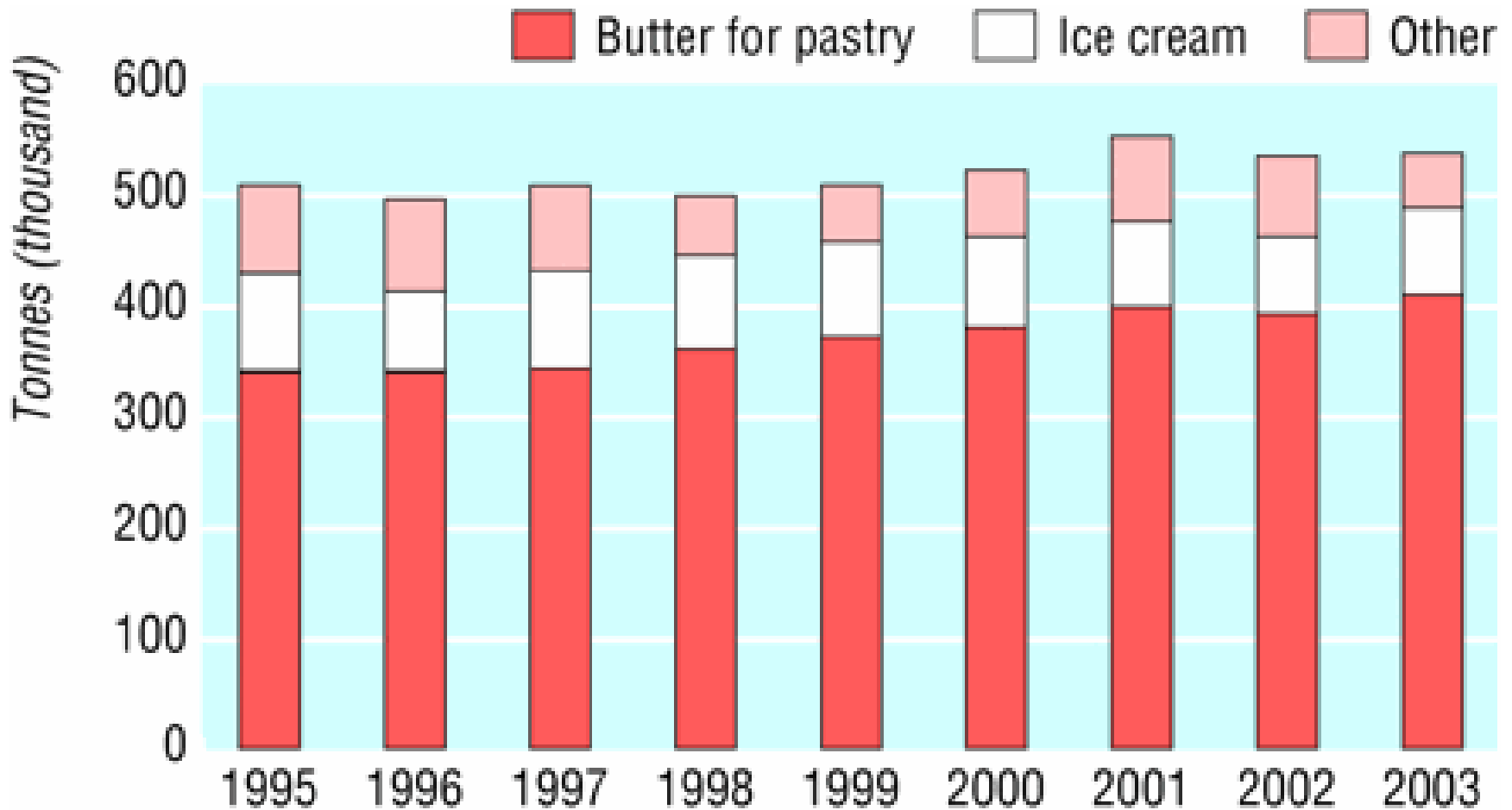
NCDs pose wicked problems:

- Food is both leading to AND preventing NCDs
- Globally, we are producing more food than the population needs
- The damaging role of subsidies:

Development of per capita dietary energy supply from 1963 until 2030



Quantities of EU butter receiving subsidies from 1995 to 2003



International equity

- Overproduction of food by developed countries (and export subsidies)
 - ➔ serious obstacle for growth of the agricultural sector in developing countries
- Agricultural growth in LMIC ➔ creates employment, alleviates poverty and malnutrition, reduces the cost of food for poor consumers

Lessons learned:

- State subsidy in other than the health sector may influence the development of NCDs in a whole population
- State subsidy such as aid to farmers in one country may distort and influence the economy, life style and finally health of populations in far away countries

NCDs are a global challenge

- And need a global answer
- Should be global regarding “health in all policies”: involve economy, environment, all other sectors
- Global on the international level: there is no solutions that is adequate for only one country

The mind is like a parachute.
It doesn't work unless it's open.

