Our campus is going smoke-free from 1 January next year. If you smoke and want help to quit, please visit www.otago.ac.nz/smokefree or call Quitline on 0800 778 778.
Our Vision
A unit which provides quality social and behavioural cancer research
– Strategic Plan 2010-2015
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>3</td>
</tr>
<tr>
<td>SBRU Staff and Students</td>
<td>4</td>
</tr>
<tr>
<td>SBRU Collaborators</td>
<td>6</td>
</tr>
<tr>
<td>Project reports</td>
<td>9</td>
</tr>
<tr>
<td>Tobacco Control</td>
<td>9</td>
</tr>
<tr>
<td>Psycho-Social-Spiritual (PSS) Cancer Research</td>
<td>15</td>
</tr>
<tr>
<td>Ultraviolet Radiation (UVR) related studies</td>
<td>17</td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>21</td>
</tr>
<tr>
<td>Alcohol</td>
<td>23</td>
</tr>
<tr>
<td>Contributions to Teaching</td>
<td>24</td>
</tr>
<tr>
<td>Contributions to Student Supervision</td>
<td>25</td>
</tr>
<tr>
<td>External Representation</td>
<td>26</td>
</tr>
<tr>
<td>2014 Publications</td>
<td>28</td>
</tr>
</tbody>
</table>
As we were preparing this report, high profile media stories emerged about how most cancers are due to the ‘bad luck’ of random mutations. Suggested implications of this were that healthy behaviours have little influence on cancer incidence and that the promotion of such behaviours (and creation of the social and physical environments that help support them) may be wasted effort.

However, in their published research paper and subsequent media release, the authors of the original study focus on distinguishing between those cancer types which are most likely to be potentially preventable and those that are not. They acknowledge that their results “could have important public health implications”, that “one of the most promising avenues for reducing cancer deaths is through prevention,” and that “the best way to prevent some cancer types is by eliminating environmental factors and by changing lifestyles.”

For researchers and health promoters involved in primary prevention it is important to clearly identify the evidence that supports our efforts. Tobacco smoking, alcohol use, being overweight and experiencing excessive exposure to ultraviolet radiation are each strongly related to negative cancer outcomes.

The American Association for Cancer Research argues that more than half of cancer deaths are related to potentially preventable causes. Since the landmark 1981 report by Doll and Peto, estimates have varied about the proportions of cancers potentially preventable through social, environmental and behavioural change, but it is likely to be substantial, with most cancers considered to have their roots in environment and lifestyle. A recent WHO report estimated that around one third were potentially preventable, many attributable to tobacco use. For the UK, a total population-attributable fraction calculated was 43%, overall, although acknowledged uncertainties limited conclusions about how many were currently preventable (Parkin et al. 2011). However, around 90% of skin cancers in NZ are potentially preventable, and around 70% of some other specific cancers could potentially be prevented by healthy nutrition, body weight and physical activity (Roberts & Jackson, 2013).

As cancer is the leading cause of death in NZ, accounting for around 30% of all deaths, the impact of primary prevention on population health could be significant. However, we found that, whereas the potential preventability of many cancers is acknowledged by most New Zealand adults, far fewer appreciated the links between cancer and alcohol consumption or being overweight, indicating the potential value of our current research into changes in cancer perceptions since our 2001 baseline survey. That survey and more recent qualitative research (Reeder 2012) also identified widespread underestimation of how common some potentially preventable cancers are, in particular, bowel cancer.

The optimal application of scientific evidence requires an understanding that this knowledge and its practical implementation occurs within a social context where decisions are made about protection, treatment and care; and where public health stewardship may be constrained by economic, political and other factors. Although those affected by cancer may be treated as individuals, cancer is a ‘community disease’, not only in its origins and potentially modifiable risk factors, but also in the care provided by communities of health professionals (Purushotham et al. 2013). Decisions are made at both the collective and individual levels and these decisions are best informed by carefully targeted social and behavioural research – something that the SBRU has practiced for 24 years. We report our recent and current work in this document.

March 2015

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1 Tomasetti C., Vogelstein B. Variation in cancer risk among tissues can be explained by the number of stem cell divisions. Science, 2015, 347 (6217):78-81.
2 hopkinsmedicine.org/news/media/releases/bad_luck_of_random_mutations_plays_predominant ROLE_IN_CANCER_STUDY_SHOWS
FTE = Full Time Equivalent

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1. Tobacco Control

New Zealand has an ambitious goal of becoming a smokefree nation by 2025. To achieve this goal a combination of traditional tobacco control measures as well as innovative endgame strategies are required. The SBRU works towards this goal through research priorities identified by the smokefree national working party. SBRU project research, conference and workshop presentations, and advocacy continued to make significant contributions to this area in 2014. While maintaining a broad interest in all aspects of tobacco control, our research team focused on youth smoking issues.

Many of the research projects which were undertaken in 2013 have now been published in peer reviewed journals and presented at national and international conferences. This included research on the state of smokefree outdoor areas in New Zealand, including council policies and staff and students’ perceptions of smokefree tertiary institutions, a systematic review of Point of Sale (POS) display bans, portrayal of tobacco control policies in the media, and smoking cessation and weight gain.

A number of new projects were able to be developed during the year following successful funding applications. Reports about these are now either accepted for publication or under review for publication. These include research into the paired behaviours of smoking and drinking among university students; the development, implementation and enforcement of tertiary smokefree policies; and a study using the Health Promotion Agency's youth lifestyle survey to examine the associations between media use, an orientation towards consumer culture, and smoking.

Four new research projects are underway examining tobacco and alcohol imagery on New Zealand television: interviews with tobacco control stakeholders regarding tobacco retailing interventions; a meta-analysis of point-of-sale tobacco promotion and smoking; and a study examining characteristics of non-daily and low-rate daily smokers.

Lindsay Robertson is continuing her Asthma Society funded PhD research into tobacco retailing in New Zealand, making excellent progress with data collection and analysis.

1.1 Smokefree outdoor areas in New Zealand

Smokefree outdoor policies have been successfully implemented, internationally, to cover a range of public areas including parks, playgrounds, beaches, bus shelters, sports fields, building entrances and outdoor dining areas. In New Zealand there is significant support for restricting smoking in various outdoor settings. However, only half of New Zealand local authorities have voluntarily enacted smokefree outdoor policies, and it is unknown what areas these cover.

Study aims

The aim of this study was to undertake a stocktake of smokefree outdoor areas policies for all territorial local authorities in New Zealand.

Progress

This research has been published by the New Zealand Medical Journal (2014) and presented as a poster at the International conference on public health priorities: The Endgame for Tobacco, India, September 2013, and an oral presentation at Oceania Tobacco Control Conference: A Smokefree Oceania: Getting There Together, Auckland, in October 2013.

Project team: Louise Marsh, Lindsay Robertson, Martin Witt, and Heather Kimber.

Funding: University of Otago, and Cancer Society of New Zealand.
1.2 Smokefree tertiary Institutions

In New Zealand, young adults aged 20 to 29 years have the highest prevalence of smoking, and recent New Zealand research has found that substantial initiation of smoking occurs among older youth and young adults. As young adults, university students are at higher risk of smoking initiation and subsequent addiction than many other population groups. In 2010, approximately 506,000 students aged 15 and older were enrolled in tertiary education in New Zealand, and around 28,000 full-time equivalent staff were employed by tertiary education institutions. Smokefree outdoor areas help to de-normalise smoking, as well as reducing exposure to secondhand smoke, but only half of the tertiary education institutions in New Zealand have a policy restricting smoking on outdoor campus areas.

Study aims
This research involved two projects:

Project 1: This study examined the level of support for a completely smokefree campus policy and other smokefree policy initiatives amongst staff and students at a New Zealand University.

Project 2: The aim of this research was to undertake a stocktake of smokefree policies at NZ tertiary institutions and to explore how these institutions have developed, implemented, enforced and evaluated their smokefree campus policies.

Progress
Reports on Project 1 have been published by the New Zealand Medical Journal (2014) and presented as a poster at the International Conference on Public Health Priorities: The Endgame for Tobacco, India, September 2013.

Project 2 has been accepted for publication by Health Education Research (2014). This research was also presented as a poster at the International Conference on Public Health Priorities: The Endgame for Tobacco, India, September 2013.

Project team: Louise Marsh, Lindsay Robertson, and Claire Cameron.

Funding: Department of Preventive and Social Medicine PBRF internal grant, University of Otago. Cancer Society of New Zealand.

1.3 The association of smoking with drinking may provide opportunities to reduce smoking among students

Alongside smoking experimentation, many New Zealand university students binge drink. Although international evidence suggests many university students smoke when consuming alcohol, evidence from New Zealand would be of value because its restrictive tobacco marketing environment contrasts starkly with the liberal alcohol marketing and consumption environment. These regulatory disconnections make it possible for promotion of one product to foster uptake of another.

Study aims
To estimate current daily and non-daily smoking among university students in New Zealand, and associations with drinking patterns, demographics and the smokefree status of the university attended.

Progress
A paper reporting this research is currently under review by The Australian and New Zealand Journal of Public Health.

Project team: Louise Marsh, Kim Cousins, Andrew Gray, Kyp Kypri, Jennie Connor, and Janet Hoek.

Funding: University of Otago, and Cancer Society of New Zealand.
1.4 Media portrayal of tobacco control policies in New Zealand

The media represents a powerful source of influence in modern society, and media coverage can help determine what readers perceive as the 'norm', what we view as being "good", "bad", "important" or "insignificant". The media have a powerful role in determining the effectiveness of public health policies such as tobacco control through influence on individuals and policymakers. The types of events and issues published in newspapers are ones which journalists and news editors have deemed to be newsworthy. In addition, issues can be portrayed in specific ways, expressing support in varying degrees, and this can greatly influence their public perception.

**Study aims**

This study examined the media portrayal of tobacco issues over a one year period, focussing on proposed actions to achieve the Smokefree 2025 goal.

**Progress**

This research is now completed and results have been presented at the Oceania Smokefree Conference in Auckland 2013. A paper describing the findings has been published in the *Australian and New Zealand Journal of Public Health* (2014).

**Project team:** Sophie Bang, Louise Marsh, and Rob McGee.

**Funding:** Health Sciences Summer Student Scholarship, University of Otago. Cancer Society of New Zealand.

1.5 Tobacco smoking, media and consumer orientation among New Zealand adolescents

Until relatively recently, tobacco use by young people was explained in terms of concepts relating to deviance and peer pressure. Tobacco smoking was viewed as part of a general adolescent tendency towards misbehaviour, while at the same time, young people were unduly influenced by their smoking peers. From a public health perspective, the examination of determinants of early smoking has shifted the debate upstream to a consideration of the role of mainstream media and advertising. Smoking has long been a part of youth culture around the world, and rather than through peer pressure, smoking is transmitted to young people through cultural mechanisms, including media. Social learning theory indicates that media effects may operate through modelling and normalising behaviours. The media constitutes a powerful source of influence in modern society, and media coverage can determine what we perceive as the norm. These normalising and modelling effects may also apply to behaviours, such as tobacco use.

**Study aims**

1. To develop models of media use and consumer orientation based on extensive measures of these constructs in a national survey of Year 10 New Zealand high school students.

2. To use these constructs to examine the associations between media use and an orientation towards consumer culture, and current cigarette smoking, and intention to smoke among those not currently smoking, using structural equation modelling.

**Progress**

A paper has been submitted to *Journal of Adolescence*, and was presented at the Australasian Epidemiological Association conference in Auckland in October 2014.

**Project team:** Ella Iosua, Rob McGee, Louise Marsh, and Claire Cameron

**Funding:** Cancer Society of New Zealand. Ella Iosua was funded by a University of Otago Department of Preventive and Social Medicine Postdoctoral Fellowship.
1.6 Tobacco and alcohol imagery on New Zealand television

One third of young people in New Zealand are spending more than three hours a day watching television, and daily television viewing has increased among youth between 2001 and 2007. Levels of tobacco use portrayed on New Zealand television remained stable between 2002 and 2004 and most of these portrayals were neutral or positive. Similarly, in 2004 an image involving alcoholic beverages was shown on New Zealand television every 9 minutes, and these portrayals of alcohol rarely focused on the negative health outcomes associated with alcohol. More recent New Zealand research found that 20% of music videos on New Zealand television contained alcohol imagery; only 4% of these videos were negative towards alcohol. Research in the UK found that young people believed television provided a selective image of alcohol use and that a more balanced view of alcohol use should be shown. New Zealand has had a ban on tobacco marketing and sponsorship on TV for many years, but despite this tobacco smoking is still shown on children’s television, prime-time television, and popular films.

**Study aims**
The objectives of this research are to examine changes in the frequency and context of alcohol and tobacco imagery on NZ television from 2004 to 2014.

**Progress**
One week of evening television imagery (programmes, advertisements and trailers) was recorded in 2014 using ETV and this is currently being coded for tobacco and alcohol imagery. This will be compared with results from 2004. It is anticipated that two papers will be submitted to scientific journals during 2015.

**Project team:** Louise Marsh, Rob McGee, Ella Iosua, Brett Maclennan, Rebecca Llewellyn, and Matthew Ward.

**Funding:** University of Otago Research Grant, and Cancer Society of New Zealand.

1.7 The impact of point of sale tobacco promotion on smoking

As restrictions on tobacco advertising in traditional media have increased, the industry has become more reliant on the retail environment as a marketing medium. The vast majority of the tobacco industry’s expenditure on advertising and promotion is in the form of retail incentives and tobacco promotion at the point-of-sale (POS). In 2009 a systematic review found evidence of a positive association between exposure to point-of-sale (POS) tobacco promotion and increased smoking and smoking susceptibility. However, the review also identified limitations in the evidence base and, given the implementation of bans on POS tobacco displays in several jurisdictions, there is a need to update the evidence in this area.

**Study aims**
This research involved two projects:

**Project 1:** Systematic review. The aim was to review and critically appraise recent evidence on the influence of POS tobacco promotion, and of POS tobacco display bans, on smoking-related behaviour and cognitions. We reviewed original quantitative and qualitative research that examined the relationship between POS tobacco promotion and smoking prevalence, individual-level smoking, quitting, and tobacco purchasing behaviour, smoking susceptibility, and smoking-related cognitions.

**Project 2:** Meta-analysis. We aim to combine the evidence identified in the 2009 and 2014 systematic reviews to provide an estimate of the effect size of the association between POS tobacco promotion and smoking. The meta-analysis will focus exclusively on smoking amongst children and youth.

**Progress**
Project 1: This research has been published in *Nicotine and Tobacco Research* (2014), and was named ‘Editor’s Choice’ in the online Table of Contents.

Project 2: This project is progressing and it is anticipated that a manuscript will be submitted to a peer-reviewed journal by the end of 2015.

**Project team:** Lindsay Robertson, Louise Marsh, Rob McGee, Claire Cameron, and Janet Hoek.

**Funding:** NZ Lottery Health PhD Scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.
1.8 Perceptions of tobacco retailing policies

A growing body of research suggests widespread retail availability of tobacco may be associated in a number of ways with increased risk of smoking. Greater density of tobacco outlets in a neighbourhood is associated with higher rates of smoking amongst both adults and youth. This may be due to increased exposure to cigarette advertising in jurisdictions without a point-of-sale display ban, greater chance of relapse after a quit attempt, and the creation of a more competitive local market, possibly driving cigarette prices down and increasing sales to minors. The density of tobacco retail outlets tends to be higher in areas of socioeconomic deprivation, which may contribute to a higher smoking prevalence amongst socioeconomically disadvantaged groups. Research also suggests that a higher density of tobacco retail outlets around a school is associated with higher levels of experimental smoking. Various policy interventions have been put forward by tobacco control advocates, however, research regarding attitudes to tobacco retail interventions is scarce, both in New Zealand and internationally. This is an important area of research because the views of stakeholders can be influential in the policy-making process.

**Study aims**

This qualitative research project aims to assess attitudes towards a range of policy options (e.g. licensing or registration of tobacco retailers) amongst key stakeholders in New Zealand.

**Progress**

Interviews have been undertaken with Smokefree Enforcement Officers, tobacco retailers, and tobacco control stakeholders. These interviews will be analysed and two papers will be written and submitted to scientific journals during 2015. Preliminary findings have been presented at the UICC World Cancer Congress in Melbourne, and the regional Health Promotion Agency Tobacco Control seminar series in Dunedin.

**Project team:** Lindsay Robertson, Louise Marsh, Rob McGee, Richard Egan, and Janet Hoek.

**Funding:** NZ Lottery Health PhD Scholarship, NZ Asthma Foundation, and Cancer Society of New Zealand.

1.9 Price of tobacco in New Zealand

The ubiquitous nature of tobacco retailing represents a major form of tobacco promotion, particularly in countries like New Zealand which restrict other forms of industry marketing. Recent evidence from Australia shows that cigarette prices are lower in areas with more price sensitive smokers, consistent with targeted discounts being used as a tobacco marketing strategy. Price increases are the most likely intervention to reduce inequalities in smoking as there is a greater responsiveness to price and tax increases among those with low socio-economic status and greater price elasticity among young people. Research in the UK suggests that tax increases are not being added to ‘discount’ brands, but tax increases are being differentially shifted between brands. This undermines the effect of tobacco tax policy. Price is one of the few marketing tools left for tobacco companies in New Zealand, however, there is little research on the price of tobacco in New Zealand, and the effect of the annual tobacco tax increases on the price of tobacco to consumers.

**Study Aims**

This research involved two projects:

Project 1: The New Zealand government has legislated annual 10% excise tax increases for tobacco products to 2016. This study examines the extent to which the 10% excise tax increase on January 1st 2014 was applied consistently to the retail price of tobacco.

Project 2: The aim of this research was to examine variation in price of three partitions of cigarettes and roll your own (RYO) (premium, mainstream and value) by deprivation, proximity to school, percentage of population under 18 years, whether alcohol is sold, type of outlet, and remoteness.

**Progress**

Project 1: This research will be submitted to Tobacco Control in early 2015. This research was also presented as an electronic poster at the UICC World Cancer Congress, Melbourne 2014.

Project 2: Data has been collected and this will be analysed and submitted to a scientific journal during 2015.

**Project Team:** Louise Marsh, Claire Cameron, Robin Quigg, Rob McGee, Crile Doscher, and Janet Hoek.

**Funding:** Department of Preventive and Social Medicine PBRF internal grant, University of Otago, and Cancer Society of New Zealand.
1.10 Low frequency social smoking

While daily tobacco consumption is declining in New Zealand and other countries, social smoking is becoming increasingly prevalent. Social smoking is particularly common amongst young adults (18 – 29 years old), and appears to be a long-standing pattern of behaviour amongst some smokers. Social smokers tend to self-identify as non-smokers when asked, they show fewer signs of nicotine dependence, may be more motivated to quit smoking, and make more quit attempts than daily smokers. Therefore, these smokers may be an important group for cessation efforts, though certain methods to screen for nicotine dependence may under-identify them, and NRT may not be the most appropriate approach for this group. Existing research into the characteristics of social smokers is limited and much of the available evidence is based on samples of US college students rather than population-based samples. Data for this study comes from the Dunedin Multidisciplinary Health and Development Study.

**Study aims**

The aims of this research are:

1. To examine the demographic and smoking-related characteristics of social smokers;
2. Analyse how social smoking at age 21 progresses over time.

**Progress**

A draft manuscript has now been completed and it is anticipated that the manuscript will be submitted to *Nicotine and Tobacco Research* in early 2015.

**Project team:** Lindsay Robertson, Ella Iosua, Rob McGee, and Bob Hancox.

**Funding:** Department of Preventive and Social Medicine PBRF internal grant, University of Otago.

1.11 Smoking cessation and weight gain

People who quit smoking tend to gain more weight over time than those who continue to smoke. Previous research using clinical samples of smokers suggests that quitters typically experience a weight gain of approximately 5 kg in the year following smoking cessation, but these studies may overestimate the extent of weight gain in the general population. The existing population-based research in this area has some methodological limitations.

**Study aims**

To examine data from the Dunedin Multidisciplinary Health and Development Study, a longitudinal study of health and behaviour in a New Zealand birth cohort. We compared changes in weight following smoking cessation relative to continuing smokers and to never-smokers.

**Progress**

This research was published in *Nicotine and Tobacco Research* (2014). A media release was also published which resulted in quite a large number of citations in the news.

**Project team:** Lindsay Robertson, Rob McGee, and Bob Hancox.

**Funding:** Department of Preventive and Social Medicine PBRF internal grant, University of Otago.
2. Psycho-Social-Spiritual (PSS) Cancer Research

Supportive care in cancer has a broad brief, defined as “The essential services required to meet a person’s physical, social, cultural, emotional, nutritional, informational, psychological, spiritual and practical needs throughout their experience with cancer.” The SBRU psycho-social-spiritual (PSS) team aims to add evidence for those working in supportive care in cancer to work more effectively. In 2014 we had a very successful launch of our co-design project ‘Cancer Stories’ which included a lay A5 booklet version which has been repeatedly reprinted due to its popularity. In 2014 our major projects included a qualitative study as input to the CSNZ 0800 Phone Service Model Review, an investigation of oncologists’ perceptions regarding the role of GPs in supportive care of cancer patients, and work regarding men’s supportive care needs. Presentations and workshops were provided on a range of topics at national conferences including: spirituality and cancer care, the ‘Cancer Stories’ supportive care project, euthanasia, and spirituality and education.

2.1 0800 Phone Service Model Review

Telephones have been used as a conduit for the provision of information and psycho-social-spiritual (PSS) support to people with, and those affected by, cancer, in Australia, Europe, Canada and the United States since as early as 1998. A national cancer helpline was established in New Zealand in 2006. These telephone ‘helplines’ or ‘hotlines’ currently provide a central pathway for those affected by cancer to access support as a means in itself, or as a contact point for referral to other services. Despite their widespread use throughout the world, little work has been conducted regarding ‘best practice models’. SBRU conducted a literature review and qualitative study as part of the wider CSNZ 0800 Phone Service Model Review.

Study aims

The overall aim of the 0800 Phone Service Model Review was to clarify the service requirements of a cancer information service and the associated risks & benefits. The qualitative arm, done by SBRU, aimed to gain CSNZ staff opinion across the six divisions about the 0800 information line service, including expectations, current experiences and suggested improvements.

Progress

The full 0800 Phone Service Model Review has been completed, including SBRU’s literature review and qualitative study that employed focus groups across the six CSNZ Divisions. A full report on the qualitative findings has been submitted to CSNZ National Office and a paper is being prepared for publication.

Project team: Dr Richard Egan, Rebecca Llewellyn, and Sarah Wood (The wider project team also included the six Cancer Society’s Division Supportive Care Managers and the CSNZ National Manager Supportive Care).

Funding: CSNZ National Office.
2.2 Investigation of oncologists’ perceptions regarding the role of GPs in supportive care of cancer patients

Cancer patients in New Zealand frequently report that provision of supportive care is disjointed and inconsistent. The Ministry of Health has made this a priority issue. One contributing factor is the lack of clarity about the type and level of care provided by general practitioners (GPs) to cancer patients and their whānau after completing specialist treatment. Led by Paul Kane (Radiation Therapy, University of Otago, Wellington), in 2013 we gathered GP perspectives on their role in cancer care using qualitative methods. Building on the GP project, this study captured the views of oncologists regarding the role of GPs.

Study aims
To describe how medical and radiation oncologists view the type and level of supportive care GPs should provide to cancer patients and their whānau after they complete specialist oncology care.

Progress
Twelve interviews with medical and radiation oncologists were done in Wellington and Otago. The transcripts have been coded and a paper is being drafted.

Project team: Paul Kane (Radiation Therapy, University of Otago, Wellington), Dr Lyndell Kelly (Consultant Radiation Oncologist, Southern District Health Board, Dunedin), and Dr Richard Egan.

Funding: University of Otago Research Grant.

2.3 Cancer Society of New Zealand supportive care programme for men with prostate and testicular cancer: literature review

A comprehensive literature review in 2004, conducted by Eileen McKinlay of the Wellington School of Medicine and Health Sciences, Otago University, provided a thorough assessment of the status of men’s health in New Zealand. New Zealand men have a lower life expectancy than women, utilise health services less, and are more likely to die from avoidable causes. Poorer outcomes for morbidity were also reported, as well as ethnicity (Māori, regardless of gender, had poorer life expectancy, mortality and morbidity outcomes) and socioeconomic gradients.

In response to the demand for more ‘male friendly’ access to healthcare in New Zealand, CSNZ developed the Get the Tools programme launched in 2012. With the redevelopment of an innovative website, it aimed to raise men’s health awareness as well as ultimately decrease cancer morbidity and mortality, with a particular focus on prostate cancer.

In the context explained above, this literature review aimed to help inform CSNZ responsiveness to men’s supportive care needs.

Study aims
To help inform the development of CSNZ’s supportive care programme for men with prostate and testicular cancer through a focused literature review.

Progress
This literature review is completed.

Project team: Jamie Sinclair (4th Year Medical student), Dr Richard Egan; John MacBeth and Marie Daly (CSNZ National Office).

Funding: CSNZ National Office.
3. Ultraviolet radiation related studies

In August 2014, the US Department of Health and Human Services released the landmark Surgeon General’s Call to Action to Prevent Skin Cancer. This report identified skin cancer as “a major public health problem”, but noted that “with adequate support and a unified approach, comprehensive, communitywide efforts to prevent skin cancer can work” and “significant reductions in illness, deaths, and health care costs related to skin cancer can be achieved.” In the Foreword to that report, it is stated that “The word prevention cannot be emphasised enough.” An editorial in the UK medical journal the Lancet backed up this call, stating that “with a cure still a long way away, all efforts should be concentrated on prevention.”

The irony of this for NZ residents is that the US and UK melanoma incidence rates are less than half those experienced in NZ (see Figure 1), and non-melanoma rates are likely to be proportionate, yet there is apparently no identifiable staff appointment in the NZ Ministry of Health with primary responsibility for coordinating and addressing skin cancer prevention. This responsibility is considered to be delegated to the Health Promotion Agency, but with an accompanying budget that cannot cover the cost of seasonal skin cancer prevention reminders in the media, let alone assist with the development, implementation and oversight of a comprehensive programme, including interventions in workplace and recreational settings.

In NZ, the challenge of responsibility for skin cancer primary prevention efforts has to a large extent been taken up by NGO’s, such as the Cancer Society, which has implemented a comprehensive SunSmart Schools programme and commissioned accompanying curriculum resources that set a world standard. However, it would be appropriate for significantly more public funding to be targeted towards the development, implementation, coordination and evaluation of a comprehensive skin cancer prevention programme in multiple settings. Since most skin cancers are potentially preventable, primary prevention should be a NZ priority, particularly given good evidence from the US Centres for Disease Control and Prevention that a range of primary prevention interventions can be effective in increasing UV radiation protective practices and reducing sunburn.

To help promote primary prevention goals, the SBRU team continues to work with the CSNZ SunSmart and SunSmart Schools Operational Groups, the SunSmart Schools Coordinator (Aliki Westrate), the National Health Promotion Advisor Skin Cancer Control (Louise Sandford), as well as staff of the HPA and other organizations, such as MelNet (Betsy Marshall).

![Figure 1](image-url)
3.1 Quantifying the association between sun exposure and vitamin D status

Some New Zealanders are at risk of low vitamin D levels. Since the primary source of vitamin D is exposure of the skin to solar ultraviolet radiation (UVR), this can have also negative implications for skin cancer control. Achieving both positive vitamin D and skin cancer outcomes requires protection against excess UVR exposure.

**Study aims**

1. To relate sun exposure, measured by electronic UVR dosimeters, to changes in blood vitamin D levels among 500 NZ adults (330 in Auckland, 170 in Dunedin);
2. To determine the wavelength dependence of UVR that produces vitamin D, and the extent to which vitamin D levels may be influenced by artificial UVR sources;
3. To estimate how much UVR exposure is required by major ethnic groups in the adult NZ population to maintain vitamin D levels considered necessary for good health.

**Progress**

Analysis and writing up of this complex dataset continued throughout 2014 and a key paper *(Sun exposure and 25-hydroxyvitamin D3 levels in a community sample: Quantifying the association with electronic dosimeters)* was submitted for publication in December 2014. Another paper *(Factors associated with clothing coverage in non-summer months among a New Zealand community sample)* is in preparation and will be submitted for publication in 2015.

**Project team:** Tony Reeder (with Andrew Gray, Vanessa Hammond, Jan Jopson, Kenneth Gibbs, and Nathalie Huston), in collaboration with teams led by co-principal investigators Richard McKenzie (NIWA) and Robert Scragg (Auckland University) whose full teams were named in our 2007 Annual Report.

**Funding:** Health Research Council of New Zealand (to end of 2010), CSNZ, Otago University.

3.2 Sunburn in a New Zealand urban population 1994–2006

Skin cancer health promotion programmes have been supported in NZ since 1988. The Cancer Society of New Zealand (CSNZ) initiated the Triennial Sun Protection Survey series in 1994 in order to better understand the target audiences for primary prevention messages. Data from five survey waves (1994, 1997, 1999/00, 2002/03, 2005/06) were analysed for this project, including those commissioned by the Health Sponsorship Council (now Health Promotion Agency).

**Study aims**

1. To describe patterns of sunburn and their association with demographic variables across the survey years;
2. To investigate predictors of sun protection and sunburn using multivariable modelling and addressing potential confounding by climatic factors.

**Progress**

A paper on public perceptions regarding sun tanning was published in the *Journal of Skin Cancer*, in early 2014. A further publication, which takes climatic data into account, is in preparation. It will identify factors associated with three outcomes: time spent outdoors, sun protection worn and sunburn experience.

**Project team:** Geraldine McLeod, Tony Reeder, Andrew Gray, Rob McGee, Jean-Luc Bulliard (advisor for initial PhD project).

**Funding:** Health Sponsorship Council (SunSmart scholarship to 2010), CSNZ, Otago University.
3.3 Systematic review of interventions for the primary prevention of skin cancer

**Study aims**
1. To update the previous review published in 2004;
2. To provide timely, evidence-based recommendations to help guide health promotion practice and identify research priorities.

**Progress**
The SBRU team was invited to join the Atlanta CDC-led international review team in 2010 and this collaboration continued through 2014. To date, draft updates of reviews of six intervention types or settings have been posted on the Community Guide website. A combined review of two intervention types (mass media campaigns, alone, and multicomponent communitywide interventions) has been cleared by CDC for submission to peer review and journal publication.

**Project team:** Tony Reeder and Bronwen McNoe in collaboration with an international team coordinated through the US Centers for Disease Control and Prevention (Atlanta) and reporting to the US Community Preventive Services Task Force.

**Funding:** CSNZ grant, University of Otago.

3.4 Skin cancer primary prevention in NZ public secondary schools

The CSNZ has developed and implemented a high profile SunSmart Schools Accreditation Programme and commissioned quality curriculum-linked resources for primary and intermediate schools. However, relatively little is known about skin cancer primary prevention in secondary school contexts, either in NZ or overseas. Evidence from our site visits to 50 schools throughout NZ in 2004 indicated that many young NZ adults lacked sun-protective attitudes and failed to practice appropriate sun protection, while schools often did not have policies and practices in place to reinforce sun protection.

**Study aims**
1. To document the current sun protection policies and practices of NZ secondary schools in order to provide a baseline against which any future changes can be compared;
2. To identify factors associated with the reporting of appropriate sun protective policies and practices.

**Progress**
The survey questionnaire was developed and mailed out to the principals of 448 eligible state or state-integrated NZ secondary schools. By the end of 2014, 197 responses (44%) had been received. Some schools which were unable to be contacted by telephone during 2014 will be telephoned in early 2015.

**Project team:** Tony Reeder, Bronwen McNoe, and Ella Iosua.

**Funding:** CSNZ grant, University of Otago.
3.5 Adolescent sports events: an observational study

Excessive UVR exposure and sunburn in adolescence is an important risk factor for the development of skin cancer later in life. Adolescents are often resistant to using adequate sun protection, make little use of sunscreen and spend long periods out in the sun. The school environment may offer a convenient place to reach this population, however because the curriculum is already very crowded, getting sun exposure included on the agenda is problematic. Organised outdoor sporting events provide an alternative setting to target adolescents at high risk of excessive UVR exposure.

**Study aims**
To observe and record the sun protective behaviour of adolescents (and officials) engaged in specific organised outdoor recreational activities, by activity type, gender and other factors.

To observe the physical environment in which these activities take place in terms of accessibility to shade and sunscreen, time spent exposed to the sun and adult role modelling.

To investigate whether the sporting organisations’ policies and management practices explicitly address minimisation of the risks of excessive UVR exposure.

**Progress**
The instrument to be used during the observational study has been developed and piloted. Data collection will begin at the start of the new school year in February 2015 when the secondary school summer sports calendar begins.

**Project team:** Bronwen McNoe, Tony Reeder, and Ella Iosua.

**Funding:** Department of Preventive & Social Medicine, University of Otago.

3.6 Validity and reliability of measures of photosensitivity and skin colour

Skin colour is related to population patterns of disease, in particular, light skin colour is associated with elevated skin cancer risk, whereas dark skin colour is associated with increased risk of vitamin D deficiency, particularly at high latitudes. Acceptable, valid and reliable measures of skin colour are required for population based studies of these issues. Personal perceptions of skin colour may influence the adoption of practices that protect against the risk of either insufficient or excessive UVR exposure.

**Study aims**
To investigate the acceptability, validity (against spectrophotometer) and reliability of:

1. Self-report questionnaire items;
2. Munsell™ visual standards for assessing skin colour and photosensitivity.

**Progress**
In 2010 we had a paper published which reported that the survey questionnaire item commonly used in NZ to assess skin colour demonstrated acceptable validity and reliability. However, we found that there was a bias towards overestimation of skin colour, a phenomenon which we named “the Dark Shift.” In 2014, we published another paper demonstrating the validity and reliability of the Munsell™ Soil Color Charts for assessing human skin colour. A tendency towards assessor overestimation of the extremes of pigmentation was observed, particularly for the “brown” and “dark” Del Bino skin categories. In 2014, Tony Reeder was a visiting scientist at the CSIR in Pretoria, South Africa where, in collaboration with Dr Caradee Wright and her team, he helped to develop and progress a number of studies, including among the local population where dark skin types predominate. The latter studies are intended to further test hypotheses about self-perceptions of skin colour and the applicability of using existing instruments among people with darker skin colours.

**Project teams:** Tony Reeder, with the NZ team: Ella Iosua, Andrew Gray and Vanessa Hammond; and the SA projects team: Caradee Wright, Patricia Albers, Maria Oosthuizen, Marcus Wilkes, and Johan du Plessis.

**Funding:** (In NZ) Cancer Society of New Zealand and University of Otago; (in SA) CSIR Parliamentary Grant, National Research Foundation and Cancer Association of South Africa. Marcus Wilkes received funding from the USAID Research and Innovation Program.
4. Hauora Māori

The Cancer Awareness in Aotearoa New Zealand (CAANZ) research programme is focused on raising awareness and uptake of cancer protective behaviours, at an individual/whanau level, and interventions to support these at organisational, community and policy levels. Awareness is a broad term that encompasses knowledge, attitudes and beliefs about cancer risk and the cancer journey. Understanding and being able to modify awareness is an important part of encouraging uptake of healthy behaviours, both among individuals and also within the organisations which create the physical and policy environments that support or discourage healthy lifestyles.

4.1 Cancer awareness in Aotearoa New Zealand – changes in adult perceptions of factors influencing cancer risk over 13 years.

The NZ Cancer plan (2015-2020), sets the goal of ‘More people being aware of cancer risks and will be doing something about them.’ Specific behaviours mentioned in the plan include physical activity, nutrition, healthy weight, tobacco smoking, early detection for lung cancer, awareness of prostate cancer and screening for bowel, breast and cervical cancer. The CAANZ project will explore these factors and also include CSNZ priority areas of ultraviolet radiation and avoiding or limiting alcohol consumption. The CAANZ study will explore changes in these factors since the last SBRU cancer awareness study in 2001 and provide a new baseline for monitoring change and progress on the NZ Cancer plan goals.

Study aims
The aim of the current project is to describe prompted and unprompted awareness of cancer protective factors among adults.

Progress
Interviews for this project are underway and due to be completed in early 2015.

Project team: Rose Richards, Bronwen McNoe, Tony Reeder, Brett Maclellan, Richard Egan, Louise Marsh, Anna Dawson, Robin Quigg, Lindsay Robertson, Ella Iosua, Claire Cameron.

Funding: Cancer Society New Zealand.

4.2 Patterns of cancer information seeking, awareness of cancer support services and beliefs about early detection and treatment among NZ adults

Access to high quality information about cancer and supportive care is an important part of empowering individuals and families through the cancer journey. Relatively little, however, is known about why and how NZ adults seek information about cancer, their awareness of what support services are available and the prevalence of negative beliefs about cancer survival and treatment which may act as a barrier to early detection and treatment.

Study aims
The aim of the current project is to describe cancer information seeking, awareness of support services and beliefs about early detection and treatment among NZ adults.

Progress
Interviews for this project are underway and due to be completed in early 2015.

Project team: Rose Richards, Bronwen McNoe, Tony Reeder, Brett Maclellan, Richard Egan, Louise Marsh, Anna Dawson, Robin Quigg, Lindsay Robertson, Ella Iosua, Claire Cameron.

Funding: Cancer Society New Zealand.
4.3 Reflections on responsiveness to Māori within the Cancer Society Social and Behavioural Research Unit: using the CAANZ as a case study

For some time the SBRU has wanted to produce research which makes a greater contribution to reducing the cancer burden among Māori communities. As part of this ongoing reflective process we will describe some of the changes that have occurred in the strategic goals, structure and day to day operation of the Unit. In addition, we'll describe some of the key enablers of this change. The CAANZ study is being used as a case study for this as there have been two studies, in 2001 and 2014/15.

**Study aims**

To describe changes in SBRU structure, research process and practices which have increased the contribution of SBRU to Māori research development and reducing inequities in cancer outcomes.

**Progress**

An oral presentation of this study was presented at the 2014 Cancer Society Health Promotion Hui. The ongoing goal of this project is to work in partnership with Kōhatu – Centre for Hauora Māori, Dunedin School of Medicine to further develop the content and methods of the cancer awareness study to better reflect the information needs and aspirations of Māori stakeholders.

**Project team:** Rose Richards, Bronwen McNee, Tony Reeder, Brett Maclennan, Richard Egan, Louise Marsh, Anna Dawson, Robin Quigg, Lindsay Robertson, Ella Iosua, Claire Cameron, Anne-Cathrine Petersen.

**Funding:** Cancer Society New Zealand.
5. Alcohol

Alcohol is the most widely used psychoactive substance in New Zealand. Over half the population aged 16-64 years consume alcohol at least weekly and 15% percent of adults aged 15 years and over (530,000 New Zealanders) drink in a way that is hazardous to their health. This has important implications for cancer control. Alcoholic beverages are classified as a Group 1 carcinogen by the International Agency for Research on Cancer. Scientific evidence for a causal relationship between alcohol use and cancer is strong. Any amount of alcohol increases the risk of developing cancer and the level of risk increases with the amount consumed. Even if used in moderation, the volume of alcohol one drinks in a lifetime contributes to the risk of developing cancer. It was recently estimated that, among New Zealanders aged less than 80 years, 242 (30%) of the 802 alcohol-attributable deaths in the year 2007 were due to cancer. This equated to 4% of all cancer deaths recorded in this age group that year. Reducing the amount of alcohol people consume is an important cancer prevention strategy.

5.1 Evaluation of New Zealand’s alcohol laws

Hazardous drinking and alcohol-related harm are most effectively reduced by policies that limit the availability and promotion of alcohol, however, starting with the 1989 Sale of Liquor Act, successive New Zealand governments have liberalised alcohol policy. These changes have been associated with an increase in alcohol-related harm. Public concern over this increase was the catalyst for a comprehensive review of alcohol laws by the Law Commission. The Government’s response was to amend the Land Transport Act (1998), reducing the legal alcohol limit for driving from 0.08 mg/ml to 0.05 mg/ml, and pass the Sale and Supply of Alcohol Act (2012).

The object of the Sale and Supply of Alcohol Act is to “minimise the harm caused by the excessive consumption of alcohol.” Its major focus is on giving communities more say on where and when alcohol is sold in their area. This is to be facilitated by broader criteria for objecting to applications for a license to sell alcohol and the development of Local Alcohol Policies (LAPs) by Territorial Authorities (i.e., city/district councils). LAPs can be introduced voluntarily by Territorial Authorities and provide for them to regulate outlet density and hours of sale, important determinants of hazardous drinking and alcohol-related harm.

Alcohol-related harm is a serious public health concern and there are evidence-based policies available that are simple and inexpensive to implement. Research is critical to establish whether the new law changes are meeting their important public health objectives. Findings will inform future alcohol policy development and implementation and will contribute to an international evidence base on the effects of alcohol policy.

Study aims

To evaluate the effectiveness of the new alcohol laws in:

1. Improving public input into local licensing decisions;
2. Reducing the availability of alcohol;
3. Reducing hazardous drinking and alcohol-related harm in New Zealand communities.

Progress

A national survey of New Zealand residents randomly selected from the general and Māori electoral rolls has been completed to obtain baseline measures of participation in local alcohol decision-making, drinking behaviour and experience of alcohol-related harms. Analyses are currently being undertaken on this data and a paper on survey response is being written for publication in a scientific journal. A paper outlining the protocol for the evaluation is also being prepared for publication.

Project team: Brett Maclennan, Kypros Kypri, Jennie Connor, Tuari Potiki, and Robin Room.

Funding: Health Research Council project grant and CSNZ.
Contributions to Teaching

Ms Anna Dawson
Centre for Hauora Māori, University of Otago, Advanced Learning in Medicine (ALM) 5 – Convenor of the Haoura Māori Vertical Module.

Centre for Hauora Māori, University of Otago, Advanced Learning in Medicine (ALM) 5 – Lecture Māori Child Health: An Overview.

Centre for Hauora Māori, University of Otago, Advanced Learning in Medicine (ALM) 4 – Lecture Māori Public Health.

Centre for Hauora Māori, University of Otago, Advanced Learning in Medicine (ALM) 4 – Lecture Māori Mental Health.

Centre for Hauora Māori, University of Otago, Early Learning in Medicine (ELM) 2 – Lecture into the Haoura Māori Vertical Module.

Dr Richard Egan
Preventive & Social Medicine, University of Otago, HEAL 202 Health Promotion – presentations on Mental health promotion, planning and evaluation.

Preventive & Social Medicine, University of Otago, PUBH 705 Health Promotion – teaches the whole post graduate course on Health Promotion.

Spirituality in health. Lecture presented to the School of Nursing, Otago Polytechnic, 22 Aug 2014.


Professor Rob McGee
Preventive & Social Medicine, University of Otago, HEAL 202 Health Promotion – presentations on Tobacco Control and Sun Protection.

Preventive & Social Medicine, University of Otago, MICN4 Public Health Attachment – presentations on Tobacco Control 2012-13.

Dr Robin Quigg

Dr Rosalina Richards

Supervision of 5th Year Trainee Intern Research project: Media Reporting of Health Interventions in New Zealand.

Ms Lindsay Robertson

Course tutor for HEAL 202 Health Promotion.
### Contributions to Student Supervision

<table>
<thead>
<tr>
<th><strong>Dr Richard Egan</strong></th>
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<tbody>
<tr>
<td>Lisa Pohatu (Masters)</td>
<td>Iron Māori, a positive health promotion initiative that increases the awareness of Māori Health</td>
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<tr>
<td>Kay Berryman (Masters)</td>
<td>Motivational Interviewing as an oral health intervention for early childhood caries utilizing a Kaupapa Maori Methodology</td>
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<tr>
<td>Donovan Clarke (MBA thesis)</td>
<td>Māori access to Primary Care health services: A qualitative analysis study of Māori access to primary care health across Otago and Southland</td>
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<tr>
<td>Rebecca Ahmadi (Masters)</td>
<td>Evaluation of the Otago/Southland School Dental Service</td>
</tr>
<tr>
<td>Rebecca Llewellyn (Masters)</td>
<td>Health activism in the field of child poverty: pathways forward in times of economic and political constraint.</td>
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<tr>
<td>Lindsay Robertson (PhD)</td>
<td>Regulation of tobacco retailing</td>
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<tr>
<td>Emily Hill</td>
<td>University of Otago Summer Studentship. New Zealand Defence Forces and Spirituality: What does it mean? What are their spiritual needs? How is spiritual health care practised?</td>
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<tr>
<td>Harriet Teague</td>
<td>University of Otago PGDip student</td>
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<td>Brittany Davidson</td>
<td>University of Otago PGDip student</td>
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<tr>
<td>Zoe Bristowe (PhD)</td>
<td>Evaluating the impact of a targeted intervention to improve learner and equity outcomes for Māori Health Sciences First Year students at the University of Otago</td>
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<tr>
<td>Maria Peach (Masters)</td>
<td>Assessing prisoner health care using various Pacific health model frameworks</td>
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<tr>
<td>Katherine Graham (Masters)</td>
<td>Developing a National Strategy for reducing community-acquired skin infection in NZ</td>
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<tr>
<td>Ala Teu</td>
<td>HRC Summer Intern Student</td>
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External Representation

Ms Anna Dawson
Member of CSNZ Haepapatanga ki te Māori – Responsibility to Māori Plan Group
Board Member of Te Kura Kaupapa Māori o Ōtepoti
Chairperson of Te Manaaki Nga Tāmariki Kohanga

Dr Richard Egan
Board member of the Health Promotion Forum of New Zealand
Past President Public Health Association of New Zealand
Advisor to Age Concern New Zealand “policy skills bank”
Ian and Elespie Prior Trust for Health and Well-being (founding Trustee)
Trustee – The New Zealand Institute for Cancer Research Trust.
Member Psycho-oncology New Zealand
Member Psycho-oncology Cooperative Research Group (Australia/New Zealand)
Chairperson – Spirituality and Well-being Strategy Group
Examiner: Master’s thesis for Otago, Auckland and Massey Universities
Reviewed papers submitted to: Journal of Primary Health Care; NZ Medical Journal; Health & Social care in the Community; Focus on Health Professional Education

Dr Brett Maclennan
Member of Cancer Society NZ Physical Activity, Alcohol and Nutrition Operational Group
Reviewed papers submitted to: Drug and Alcohol Review, Contemporary Drug Problems, Health Education Research, Social Psychiatry and Psychiatric Epidemiology, Alcohol and Alcoholism

Dr Louise Marsh
Member of CSNZ Tobacco Operational Group
Member of ASPIRE 2025

Professor Rob McGee
Member of Board, Cancer Society NZ Otago & Southland Division
Member of Research Coordinating Group, New Zealand Youth Tobacco Monitor, Health Promotion Agency
Member of ASPIRE 2025

Mrs Bronwen McNoe
Member of Coordination Team for the Community Guide Skin Cancer Review update (convened by the Centers for Disease Control and Prevention, Atlanta)
Dr Robin Quigg
Research leader/Co-Principal Investigator, Environment and Health, Iwi-led Research with Raukawa, University of Otago
Te Poutama Māori, University of Otago

Associate Professor Tony Reeder
Coordination Team for the Community Guide Skin Cancer Review update (convened by the Centers for Disease Control and Prevention, Atlanta)
International scientific advisory panel for 3rd International Conference on UV and Skin Cancer Prevention, Melbourne, 2015.
Consensus Statement on Vitamin D and Sun Exposure in NZ (consulting group convened by ACC & MoH)
The NZ Skin Cancer Primary Prevention and Early Detection Steering Committee (co-ordinated by HPA with CSNZ, MelNet etc.)
NZ Skin Cancer Prevention and Early Detection Research Advisory Group (HPA & CSNZ)
NZSCSC Sub-Committee for the 2015 Melanoma Summit primary prevention stream (CSNZ, HPA, Melanoma Foundation)
National Health Promotion Advisory Committee (CSNZ)
SunSmart Operational Group (CSNZ)
SunSmart Schools Accreditation Programme Operational Group (CSNZ)
Research Coordinating Group for the NZ Sun Exposure Survey (HPA)
Sun Safety Primary Care Project Working Group (HPA) - from 03/09/2014
Reviewed papers submitted to: Journal of Medical Internet Research, Photodermatology, Photoimmunology & Photomedicine, British Journal of Dermatology, Australasian Journal of Dermatology (2), South African Journal of Science, American Journal of Preventive Medicine, BMC Family Practice
Provided project advice and peer reviewed report for: Dept. Public Health, Wellington School of Medicine: Signal, L., Barr, M., Duignan, M., Bowers, S. Sun protection in teacher-led early childhood centres: exploring the development of a toolkit to support teachers to implement effective sun protection practices. (For Health Promotion and Policy Research Unit, 2014)
Was Visiting Scientist based at the Natural Resources and the Environment Unit Centre for Scientific and Industrial Research (CSIR), Pretoria, South Africa., 17-31 July 2014

Dr Rosalina Richards
Member of CSNZ Physical Activity & Nutrition Operational Group
An extensive backlist of publications is produced separately and available from our website, where further information is also available about our staff and postgraduate students.

Referred papers


Reports


Richards, R. (2014). Exploring the role and potential for the Dunedin School of Medicine in Pacific health research: A working paper. Dunedin School of Medicine, University of Otago, Dunedin.


Conference contributions (published proceedings)


Conference presentations


Egan, R. (2014, February). *Cancer stories project: Community participatory research process*. Verbal presentation at the Department of Preventive and Social Medicine In-House Convention, Dunedin, New Zealand


Reeder, A. I. (2014, February). *Have attitudes towards sun tanning changed among the NZ population since 1994?*. Verbal presentation at the Department of Preventive and Social Medicine In-House Convention, Dunedin, New Zealand


Workshop presentations


Richards, R. (2014, August). *Health promotion and community development*. Invited presentation to Pacific Island Student Health Professionals Association, University of Otago, Dunedin, New Zealand
Richards, R. (2014, October). *Department of Preventive and Social Medicine: Health promotion and community development*. Invited presentation to Pacific Island Foundation Year Health Science Students, University of Otago, Dunedin, New Zealand


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**Public seminars and lectures**

Egan, R (2014, September). *Can we live with the way we are dying?* Charing a panel discussion at NZ Association of Gerontology Conference, St David Lecture Theatre, Dunedin, New Zealand


Quigg, R. (2014, May). *Effect of accelerometer epoch length on MVPA*. Seminar at School of Physiotherapy, University of Otago, New Zealand

Reeder, T. (2014, September). *Are we there yet? Primary prevention of skin cancer: Policies, perceptions and protective practices*. Public Health Seminar, Department of Preventive and Social Medicine, University of Otago in association with the Public Health Association Otago/Southland, New Zealand

Reeder, T. (2014, April). Facilitated Dunedin visit and introduced public seminar by Dr David Buller, Research Director, Klein Buendel Inc., Colorado, U.S.A. *Work (Sun) safe: Designing effective programs and policies to mitigate high UV exposure*, Public Health Seminar, Department of Preventive and Social Medicine, University of Otago, New Zealand

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**Professional publications**

Egan, R. (2014, November). *Positivity can help with cancer experience?* Link Newsletter, Cancer Society Otago and Southland Division, New Zealand


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**Media Releases**


Robertson, L. *Tobacco display bans protect youth and quitters: Otago research*, Otago University media release, 2 September 2014

Maclennan, B. *Funding granted to study New Zealand’s new alcohol laws*, Otago University media release, 9 June 2014

McGee, R. *Study analyses NZ newspapers’ coverage of tobacco control issues*, Otago University media release, 2 July 2014

Robertson, L. *Quitting smoking unlikely to cause long-term weight gain: Otago research*, Otago University media release, 27 January 2014

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**Submissions to government agencies**

Marsh, L., McGee, R., & Robertson, L. *Tobacco control in New Zealand: Where does plain packing fit?* Submission on Smokefree Environments (Tobacco Plain Packaging) Amendment Bill (pp. 1-9), 26 March 2014
### Media Reports 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>27-01-14</td>
<td>No huge weight gain from quitting smoking, NT News</td>
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<tr>
<td>27-01-14</td>
<td>No huge weight gain from quitting smoking, NZN NZ City</td>
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<tr>
<td>27-01-14</td>
<td>Quitting smoking unlikely to cause long-term weight gain, Press Trust of India, Melbourne</td>
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<tr>
<td>27-01-14</td>
<td>No huge weight gain from quitting smoking, SBS</td>
</tr>
<tr>
<td>27-01-14</td>
<td>Smoking has little effect on weight – study, The NZ Herald</td>
</tr>
<tr>
<td>27-01-14</td>
<td>Quitting smoking doesn't lead to weight gain – study, ONE News</td>
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<tr>
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<td>A University Study has found that cigarettes do not stop long-term weight gain, New Zealand's Rhema, Auckland, Newsreader</td>
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<td>27-01-14</td>
<td>A study by the University of Otago has found that people who quit smoking tend to gain, RadioLive, Wellington</td>
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<td>New Research from Otago University indicates that smoking does not prevent long-term, Newstalk ZB, Christchurch</td>
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<td>A new Dunedin study has found that people who quit smoking often gain, RadioLive, Wellington</td>
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<td>A study of around 1000 people has found that people who quit smoking do not gain long, MORE FM, Auckland</td>
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<td>28-01-14</td>
<td>Dunedin researchers have discovered that people who stop smoking gain 5 kg on, MORE FM, Auckland</td>
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<td>Lighten up, quit smoking, ODT</td>
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<td>Quitters do not pile on weight, Wairarapa Times Age</td>
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<td>03-02-14</td>
<td>Smoking won't keep you thin, Newcastle Herald, Newcastle NSW</td>
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<td>Weight Off mind if you're a quitter, Oamaru Mail, Oamaru Otago</td>
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<td>Greater effort needed to change attitudes to harmful sun-tanning</td>
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<td>NZ' new alcohol legislation to be studied, Radio NZ – National</td>
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<td>Tobacco display bans protect youth and quitters: research, Scoop</td>
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Our campus is going smoke-free from 1 January next year. If you smoke and want help to quit, please visit www.otago.ac.nz/smokefree or call Quitline on 0800 778 778.