

Breast Cancer UK response to the Department of Health & Social Care call for evidence on England Cancer Strategy

Executive Summary

Breast Cancer UK supports the establishment of a new 10-year cancer strategy by the Department of Health & Social Care and is pleased to respond to this call for evidence.

The National Strategy for Cancer has led to improvements in cancer diagnosis and treatments and higher survival rates, which Breast Cancer UK welcomes. However, we believe far more can be done to help prevent people from getting cancer and our submission will focus on the 10-year cancer strategy's first priority, cancer prevention. In the past, prevention measures have focused on promoting healthier lifestyles. Whilst we support such measures, urgent action must be taken to reduce the impact of environmental pollutants and harmful chemicals on cancer development.

Breast Cancer UK is calling for **an explicit primary prevention commitment** within the new cancer strategy with measures to **enhance and improve public education on prevention, enhance prevention research funding and deliver ambitious prevention policy interventions**. It is estimated that 40% of all cancers and over 1 in 4 breast cancers are preventable. We must rebalance the focus of cancer prevention policy, tackling both lifestyle and environmental causes of cancer, to reduce incidence and mortality rates. This includes increasing investment in education and research into the role harmful chemicals play in increasing our vulnerability to breast cancer.

Breast Cancer UK is calling on the Cancer Strategy to:

- **Prioritise the primary prevention of cancer.**
- **Strengthen research funding to improve our understanding of the causes of cancer and acknowledge the links between cancer incidence and environmental pollutants.**
- **Adopt a cross-governmental approach through a Ministerial board on prevention to drive action across government, local government, and the NHS to support cancer prevention.**
- **Ensure the Department of Health, UK Health Security agency and NHS England commit to promoting a healthier environment as part of the strategy's strategic priorities.**
- **Introduce an endocrine disrupting chemical (EDC) action plan which encourages phasing out of known or suspected EDCs in consumer products and their replacement with safer alternatives.**
- **Ensure NHS advice services publish guidance for pregnant women and other vulnerable groups on reducing *in utero* exposures to harmful chemicals**

About Breast Cancer UK

Breast Cancer UK is dedicated to the prevention of breast cancer by tackling the environmental and lifestyle causes of the disease including exposure to carcinogenic and endocrine disrupting chemicals found in everyday products that enter our environment.

Breast Cancer UK works to prevent breast cancer through scientific research, collaboration, education, and policy change. We educate and raise awareness of the preventable risk factors for breast cancer and provide practical information to help the public reduce their risk. We campaign for policy changes to strengthen public health and environmental protections and fund research to understand and address environmental and chemical causes of breast cancer. Breast Cancer UK is an accredited stakeholder of the Health & Safety Executive and member of the UK Chemicals Stakeholder Forum.

We welcome the cancer strategy's recognition of the need to look at all stages of the cancer pathway from prevention, vaccines to diagnosis and treatmentsⁱ. We are particularly supportive of the strategy's explicit commitments to "address the environment factors which increase our risk of cancer" and to build on commitments in the NHS Long-term plan and existing strategies to tackle key lifestyle drivers of cancer including smoking, alcohol and obesity.

1. Developing a cancer strategy that reduces breast cancer incidence and mortality rates

1.1 Cancer incidence rates in the UK have increased by 12% since the early 1990s with rates in females increasing by 16% and in males by 3%ⁱⁱ. Breast Cancer is the most common cancer worldwide. In 2020, 2.3 million women were diagnosed and there were 685,000 deathsⁱⁱⁱ. In the UK, incidence rates of breast cancer have increased by 24% since the 1990s with a woman's lifetime risk increasing from 1 in 12 to 1 in 7 in the same period. Over 55,500 women and 370 men are diagnosed every year^{iv}. However, it is estimated around 1 in 4 breast cancers are preventable^{vi}.

1.2 Whilst Breast Cancer UK accepts that the NHS must be prepared for the consequences of rising incidence rates, we do not accept that such a scenario is inevitable. More can be done to help prevent people getting cancer in the first place.

1.3 Breast Cancer remains a devastating and traumatic disease with long-term effects for patients and their loved ones. The financial costs of care are significant. One UK study estimated that breast cancer cost £12,500 per patient^{vii} representing 3% of the total cost of hospital care equivalent to £1.5 billion every year^{viii}.

1.4 Covid -19 has had a devastating impact on people affected by breast cancer. Between April and November 2020, 90,000 patients did not see a specialist within 14 days of urgent referral. Over 1.5 million women had screening delayed^{ix} and breast checks fell

by 20,000 between 2020 and 2021^x. These factors led to 12,000 people living today with undiagnosed breast cancer^{xi}.

1.5 The NHS is under immense pressure to address the Covid backlog (standing at 6.1 million people^{xii}) and will find it difficult to cope with the rising numbers of people being diagnosed and living long with long-term disease. That is why we need to boost prevention interventions to address the cancer crisis, relieve pressure on the NHS - and reduce the incidence rate of the disease.

1.6 Dr Christopher Wild, Director of the International Agency for Research on Cancer (IARC), has stated “we cannot treat our way out of the cancer problem”. More commitment to prevention... is desperately needed to complement improved treatments and address the alarming rise in the cancer burden globally^{xiii}. This is equally relevant to supporting the covid recovery and there is an urgent need for the Department of Health (DofH) and NHS bodies to rebalance the scope of cancer policy towards prioritising prevention to maximise the public health and economic benefits estimated at around £14 of social benefit for every £1 spent across public health^{xiv}

1.7 This cancer strategy is an opportunity to deliver on the government’s commitments in the prevention green paper^{xv} and levelling-up white paper^{xvi} to shift the focus on cancer policy towards prevention to reduce health inequalities, protect the NHS and save lives.

2. Prioritising the primary prevention of breast cancer by acknowledging the environmental and lifestyle causes of the disease

Breast Cancer UK calls on the cancer strategy to:

- **Acknowledge the public health risks of exposure to low levels of carcinogenic and endocrine disrupting chemicals used in products that enter our environment.**
- **Take full account of the human health impacts of chemicals and chemicals mixtures.**
- **Develop a biomonitoring programme to measure the chemical burden on our bodies and publish exposure information as part of the Health Survey for England.**
- **Implement the recommendations of former Chief Medical Officer, Dame Sally Davies and Environmental Audit Committee report on Toxic Chemicals in Everyday Life without delay.**

2.1 If we are to succeed in preventing cancers and reducing incidence rates, cancer strategies must expand beyond their focus on lifestyle, behaviour, and genetics. The prevention approaches prioritised in the cancer strategy include low alcohol consumption, active lifestyles, discouraging smoking, and addressing genetic predispositions to cancer. Whilst these are important steps, this incomplete approach fails to address environmental risk factors and thus has so far only had a limited impact on incidence rates. It is vital therefore that the forthcoming cancer strategy addresses the impact of environmental risk factors with the same attention and urgency.

2.2 There is growing scientific evidence on the links between exposure to harmful chemicals and cancer. However, the national cancer plans, prevention green paper^{xvii}, NHS Long-term^{xviii} plan and the UK Health Security Agency all fail to acknowledge this as a cancer risk factor. This is a significant gap in cancer policy which is holding back our battle to prevent breast cancer.

2.3 EDCs are substances that mimic, block or interfere with natural hormones in the body's endocrine system, resulting in harm to the health of the individual or subsequent generations^{xix}. Exposure to EDCs, even at low concentrations can trigger chemical reactions in the body that increase our chances of suffering from lethal diseases and health disorders. These include hormone dependant cancer such as breast, prostate and ovarian cancer^{xx}.

2.4 It is widely accepted that biological and environmental factors contribute and interact with one another to increase cancer risk. In the case of breast cancer, known biological factors which increase risk include sex, age, reproductive status, genetic predisposition and lifetime exposure to elevated levels of oestrogens, due principally to their ability to increase breast cell division^{xxi}.

2.5 Lifestyle factors, including diet, alcohol and obesity, together with reproductive and post-menopausal hormones, ionising radiation, lack of physical activity and occupation exposures account for around a quarter to a third of breast cancers^{xxii}. Whilst lifestyle choices, genetic predisposition and family history play a key part in breast cancer risk, these factors do not explain why many women develop breast cancer. According to the WHO, approximately half of breast cancers develop in women who have no identifiable breast cancer risk factor, other than being female and over 40 years of age^{xxiii}.

2.6 The hormone, oestrogen, is known to be a key factor in breast cancer development and growth. Women with elevated levels of endogenous (naturally occurring) oestrogen have over twice the average risk of developing breast cancers^{xxiv}. Synthetic oestrogens including those used in Hormone Replacement Therapy (HRT), the oral contraceptive pill and the now banned anti-miscarriage drug diethylstilbesterol (DES), increase breast cancer risk^{xxv}. Scientists are concerned exposure to other sources of synthetic oestrogens such as bisphenols used in plastics, and other types of EDCs that affect oestrogen pathways, could be associated with rising breast cancer rates^{xxvi}. Evidence suggests EDC exposure adversely impacts the breast, its development, density, and breast cell proliferation in a way that may increase breast cancer risk^{xxvii}.

2.7 Without any commitment to improve our understanding of the body burden of chemicals, it is difficult for authorities to know how the population is exposed and what the health risks are. To support the development of measures to reduce exposure to harmful chemicals, the strategy must commit to develop a biomonitoring programme to support cancer prevention efforts. Human biomonitoring measures specific chemicals or their metabolites and subsequent health effects in body fluids or tissues as a result of

exposure. We believe the Health Survey for England could form the basis for such a biomonitoring programme.

2.8 Promoting a healthier environment requires a cross governmental approach with the DoH and UK Health Security Agency (UKHSA) working with DEFRA and Health & Safety Executive. Without action to tackle the chemical causes of cancer, cancer prevention approaches will be insufficient. This has been recognised by the former Chief Medical Officer^{xxxviii} the Environmental Audit Committee^{xxxix} and the Environment Agency^{xxx}. The UK public are also demanding action with one survey suggesting 85% worried about the impacts of harmful chemicals on human health^{xxxi}.

2.9 A key test for the success and credibility of this strategy will be what measures it takes to strengthen our understanding of environmental pollutants such as EDCs and carcinogens. This will help identify and tackle the chemical causes of cancer. Only when we have done this will we be able to reduce the wave of cancer cases that will swamp the NHS over the next decade.

3. Reducing public exposure to harmful chemicals to prevent breast cancer

Breast Cancer UK Calls for the cancer strategy to:

- **Ensure the Strategy aligns with commitments contained within the UK Chemicals Strategy and other chemical policy frameworks to rationalise and simplify chemicals and pesticides regulations for substances that cause cancer, to support a non-toxic environment.**
- **Develop a remit to address public exposure to carcinogens and EDCs within the Department of Health, appointing a Minister to oversee the work**
- **Introduce an EDC action plan which ensures the phasing out of harmful chemicals in consumer products and supports their replacement with safer alternatives.**
- **Set out timelines and binding targets to phase out harmful chemicals added to everyday products which are linked to breast cancer. These include Bisphenols, Phthalates, Parabens, PFAS and Organic flame Retardants.**
- **Give the UK Health Security Agency a formalised role, under UK REACH, to research, monitor and recommend restrictions on harmful chemicals to protect the nation's health.**

3.1 The Cancer strategy must urgently address the adverse impacts of exposure to harmful chemicals on the nation's health. Chemical pollution in our homes, workplaces and the environment is increasing our chances of suffering from cancer and other lethal diseases and has resulted in 2 million lives lost in 2019, according to the World Health Organisation (WHO)^{xxxii}.

3.2 Harmful chemicals are now “ubiquitous in humans and the environment”, we ingest them through food and drink, inhale them in the air we breathe and absorb them through our skin^{xxxiii}. The “critical windows of sensitivity” to chemical exposure include

development in the womb, early infancy, childhood, and pregnancy where breast cancer risk may increase^{xxxiv}.

3.3 We are exposed to a daily cocktail of chemicals. Studies have shown that exposure to chemicals such as bisphenols in plastics^{xxxv}, phthalates in personal care products^{xxxvi}, parabens in cosmetics, flame retardants in furniture^{xxxvii}, per and polyfluoroalkyl substances in food packaging^{xxxviii} and pesticides such as glyphosate^{xxxix} may be associated with increased breast cancer. The Endocrine Society lists over 1000 known, or suspected EDCs^{xl} whilst a recent *in vitro* study identified nearly 300 chemicals in consumer products that could increase breast cancer risk^{xli}. These chemicals not only impact our health, but also that of subsequent generations.

3.4 A joint report from the UN and WHO concluded: *‘Worldwide, there has been a failure to adequately address the underlying environmental causes of trends in endocrine diseases and disorders... healthcare systems do not have mechanisms to address the contribution of environmental risk factors to endocrine disorders... the benefits that can be reaped by adopting primary prevention measures...remain unrecognised’^{xlii}.*

3.5 The impacts of EDCs have been known for decades. Yet regulatory action has been a case of too little too late. In 2020, the EU published its ‘Beating Cancer Action Plan’^{xliii} and ‘Chemicals Strategy for sustainability’, committing to ban EDCs in products and reduce exposure of consumers and professionals to carcinogens^{xliv}. In contrast, the UK has failed to acknowledge exposure to harmful chemicals as a cancer risk factor, relying instead on EU protections to safeguard public health. Post-Brexit, the UK no longer benefits from these protections.

3.6 The new UK REACH Chemicals regime has now come into force. The Government pledged this regime “would be consistent with the fundamental aims of the principles of EU REACH” including retaining a high level of protection for human health and the environment. However, the UK is now falling behind EU protections. Despite assurances the UK would not “diverge for divergence’s sake”^{xlv}, the UK public now receives less protection than EU residents.

3.7 The UK is not keeping up to speed with the EU’s Substance of Very High Concern (SVHC) candidate list. Ten new substances^{xlvi} have recently been added to the EU list, including three flame retardants with carcinogenic properties and bisphenol B^{xlvii}, an EDC linked to breast cancer. Without any legislative commitment to keep pace with the EU, UK chemicals controls will rapidly diverge and weaken, allowing harmful chemicals linked to cancers to be found in everyday products.

3.8 Crucially, no UK public health body is tasked with formal decision-making or assessing the health impact of chemicals within UK REACH. This is unacceptable and undermines our efforts to prevent breast cancer. The DoH must not deflect its responsibilities to tackle the impact of harmful chemicals on the basis that the science is inconclusive. The DoH must accept that strengthening our knowledge of chemicals and how they interact

with our bodies should be a core component of cancer prevention. The Cancer and Chemicals Strategy are key opportunities for the UK to develop an action plan to address the impact of harmful chemicals on human health to support cancer prevention. The World Cancer report in 2020 concluded that “in the absence of preventative interventions and communications strategies, vulnerable groups may experience hazardous exposures^{xlviii}”.

3.9 Such a plan must deliver binding targets for reducing and eliminating exposures and reflect the 2030 commitments set out in the UN sustainable development goals to “substantially reduce the number of deaths and illnesses from harmful chemicals”^{xlix}.

4. Enhancing research funding into prevention of cancer

Breast Cancer UK calls on the cancer strategy to commit by 2032 to:

- **an increase in research funding by NCRI research partners such that 10% of all research funding is spent on “Cancer Prevention” (CSO-3)**
- **an increase in research funding by NCRI research partners such that 5% of all research funding is spent on “exogenous causes of cancer” (CSO-2.1), for breast cancer and other cancers which are linked to environmental causes (e.g. prostate and thyroid cancers). This will help identify interventions that reduce breast cancer risk.**
- **Establish an independent taskforce to review national research efforts to address the environmental and chemical causes of cancer.**

4.1 To ensure successful cancer prevention measures are in place we are reliant on a good understanding of cancer aetiology. In short, when the underlying cause of a disease is identified, steps can be taken to reduce its incidence. This has been the case for interventions where there are strong associations between cancer and infectious agents (e.g. introduction of human papilloma vaccine to reduce cervical cancer), or established environmental pollutants (e.g. reducing asbestos exposure and the incidence of mesothelioma).

4.2 Today the percentage of UK cancer research funding that goes towards the aetiology of cancer (including genetic, environmental and lifestyle) has decreased significantly. According to the National Cancer Research Institute (NCRI), in 2002/03, over £52 million (18% of total research funding) went towards identifying the causes or origins of cancer. Over almost two decades, this dropped to £41 million (6% of total research funding) in 2020/21.

4.3 Whilst breast cancer is one of the most well-funded cancers with research more than doubling between 2002/03 and 2020/21, investment into aetiology and prevention has significantly decreased. According to the National Cancer Research Institute (NCRI) in 2002/03, out of a total of £22.5 million spent on breast cancer research, £5.2 million (23%) went towards identifying the causes or origins of breast cancer whereas in 2020/21, out of a total spend of £51.5 million, only £4.5 million (8.7%) went towards aetiology¹.

4.4 Within this classification, only a small percentage goes towards research into the exogenous factors that contribute to cancers. The NRCI estimates that funding into the exogenous causes of the disease (CSO2.1) accounted for just 0.18% in 2020/21 down from 1.3% in 2002/03. Furthermore, the proportion of NCRI funding allocated to the prevention of breast cancer has also fallen from 4.3% in 2002/03 to 3.3% in 2020/21.

4.5 The cancer strategy is an important opportunity to incorporate measures to tackle the environmental causes of cancer by increasing research funding into the role harmful chemicals play in increasing our vulnerability to breast cancer and other public health conditions.

5. Strengthening Public awareness of harmful chemicals

Breast Cancer UK Calls on the Cancer Strategy to commit to:

- **Launch a public awareness campaign on the health impact of harmful chemicals to improve knowledge and promote actions to reduce exposure.**
- **Provide training to Directors of Public Health, Public Health professionals and Clinicians on the health risks of exposure to harmful chemicals.**
- **Publish a comprehensive guide for pregnant and breastfeeding women explaining the risks of *in utero* exposures to EDCs and their effects on unborn children.**
- **Ensure public information on the health impacts of chemical pollution is made available on the NHS Website and in public health settings such as GP surgeries and pharmacies.**
- **Work with the Office for Product Safety and Standards to introduce a warning label on products and packaging containing SVHC, ensuring the consumer’s right to know is fulfilled.**

5.1 There is increasing concerns amongst scientists^{li} and clinicians about the adverse and long-term health effects of early exposure to harmful chemicals. Evidence suggests that the “critical windows of sensitivity” are during development in the womb, early infancy or into puberty and early childhood¹⁶. Exposure to harmful chemicals could also be increasing cancer risk in later life. In 2015, 100 national societies of obstetricians and gynaecologists called on policymakers to prioritise action to reduce public exposure as a means of supporting cancer prevention^{lii}.

5.2 Despite these concerns, there is no public information available in health settings (e.g. NHS Website & GP surgeries) on steps individuals can take to reduce their exposure to harmful chemicals. To address this, in 2021, Breast Cancer UK developed [a prevention hub](#) providing the public with practical information and guidance on environmental and lifestyle risk factors and steps we can take to reduce our risk^{liii}. We call on NHS and DoH to endorse this resource, signpost to it through NHS.UK and provide guidance to the public on how to avoid harmful chemicals in our everyday lives.

5.3 The Royal College of Obstetricians and Gynaecologists has also specifically warned that there is no antenatal advice or guidance available for women who are pregnant on managing the potential risks that chemical exposure could pose to their baby's health^{liv}. Baskut Tuncak, the former UN Special Rapporteur on Toxins, has stated that babies are born pre-polluted with toxic chemicals, as studies have discovered flame retardants in the umbilical cord of new-borns and breast milk^{lv} which could increase their risk of developing diseases and cancers in later life.

5.4 It is essential that consumers have access to the necessary information they require to make informed purchasing decisions. Current protections from harmful chemicals in products are completely "inadequate". Little information is provided on Substances of Very High Concern used in products and manufacturers are only required to share information if a consumer writes to request this information. This relies on consumers having knowledge of their right to do this, but also of the chemical in question. Consumers then wait up to 45 days to receive this information. Acknowledging the need to strengthen labelling laws will empower the public to take action and ensure the consumer's right to know is fulfilled under the strategy.

6. Tackling Air Pollution

Breast Cancer UK calls on the cancer strategy to:

- **Introduce legal limits for air pollutants in line with WHO guidelines.**
- **Strengthen the regulations of chemicals found in household goods to address indoor air pollution, such as phasing out the use of toxic flame retardants in furniture.**

6.1 Air Pollution is the UK's leading environmental health risk and is believed to be a breast cancer risk factor^{lvi}. Common air pollutants such as particulate matter (PM) may contain carcinogens, such as benzene or EDCs, which may increase breast cancer risk^{lvii}. Road traffic fumes, industrial emissions and pesticides used in agriculture are known as the main outdoor contributors to poor air quality. Indoor air pollution is also a health hazard: for example, EDCs are found in everyday items such as cleaning products, air fresheners and furniture and furnishings.

6.2 The scale of the air pollution crisis is having a devastating impact on public health contributing to 40,000 early deaths every year^{lviii}. Public Health England forecast that without any change in the law, air pollutants will cause a further 2.4 million cases of disease by 2035^{lix}.

6.3 The Clean Air Strategy commitments to reduce exposure to PM, legislate to ban the most polluting fuels and regulate to reduce ammonia emissions are most welcome^{lx}. However, the strategy failed to provide the binding targets, accountabilities, and ambitious timelines necessary to reflect the urgency of our toxic air crisis. If the Government is serious about protecting public health, it must strengthen air quality legislation, and this should be recognised within the cancer strategy.

7. Maintaining A Healthy Weight

Breast Cancer UK calls on the cancer strategy to:

- **Deliver a comprehensive programme to reduce sugar in food with ambitious targets set for the food industry.**
- **Create healthier retail environments by removing multi-buy and location-based promotions of high fat, sugar and salt (HFSS) food and drinks in all retail outlets.**
- **Support healthier food choices by introducing a mandatory colour coded, front of pack labelling scheme on all processed food and drinks for retailers and manufacturers.**

7.1 Excess weight is associated with multiple diseases, including cancer, type 2 diabetes, and heart disease. Higher body fat and adult weight gain are well-recognised breast cancer risk factors in post-menopausal women and in men. Greater body fat is also associated with higher oestrogen levels, which partly explains why an estimated 8% of female breast cancer cases in the UK can be attributed to being obese or overweight^{lxi}.

7.2 For post-menopausal women, one study found Breast Cancer is 13% higher per-5-unit body mass index increase^{lxii}. Breast Cancer risk is 50% higher in those with the highest waist-to hip ratio and may be higher in pre-menopausal women who gain weight during middle adulthood (40-50)^{lxiii}. One study estimated that Breast cancer risk is 30% higher in men with the highest body mass index^{lxiv}.

7.3 We welcome the strategy's references to promoting measures to enhance physical activity and the new guidelines published by the Chief Medical Officer^{lxv}. One study found breast cancer risk was 13% lower in women with the highest level of physical activity^{lxvi} and there is convincing evidence that physical activity boosts survival rates and reduces the risk of post-menopausal breast cancer^{lxvii}. Being active improves the capacity of the immune system to protect us from cancer and reduces metabolic processes such as oxidative stress and inflammation, which increase cancer risk^{lxviii}.

7.4 Given the association between weight, physical activity levels and breast cancer risk, we call on the Government to implement the recommendations of the Obesity Health Alliance to address the environmental factors that encourage over-consumption and inactivity^{lxix}. Bold action is required to ensure we transform our obesogenic environment into a health supporting one.

8. Tackling Alcohol consumption

Breast Cancer UK calls on the cancer strategy to:

- **Deliver a comprehensive evidence-based Alcohol Strategy which implements the recommendations of the Alcohol Health Alliance's Health First Strategy^{lxx} and the World Health Organisation's Global Strategy to reduce the harmful use of alcohol^{lxxi}.**

- **Review the suitability of national guidelines for alcohol consumption which recommend limiting alcohol intake to as much as 14 units a week for women and men.**

8.1 Drinking alcoholic beverages is a risk factor for breast and many other forms of cancer, as it is metabolised into acetaldehyde, a cancer-causing compound and increases levels of circulating hormones including oestrogen^{lxxii}. Alcohol consumption is attributed as the cause for more than 100,000 cases of breast cancer worldwide every year^{lxxiii}.

8.2 A woman drinking a daily average of two units of alcohol has an estimated 8% increased risk of developing breast cancer compared to a woman who drinks an average of one unit per day^{lxxiv}. One study found that breast cancer risk is 28% higher in those who have the highest intake of alcohol over their lifetime, compared to those with the least intake^{lxxv}. Drinking alcohol during pregnancy may also raise the lifetime risk of breast cancer in daughters^{lxxvi}.

8.3 We welcome the strategy's commitment to work with the Chief Medical Officers to review the alcohol guidelines and its explicit reference to the Committee of Carcinogenicity 2012 report which found that alcohol consumption is carcinogenic to humans. We need to improve consumer protections to address the harm caused by alcohol as over 24% of adults drink over Government's official guidelines^{lxxvii}.

9. Promoting Breastfeeding

Breast Cancer UK calls on the cancer strategy to:

- **Fully implement the Global Strategy for Infant and Young Child Feeding^{lxxviii} developed by the World Health Organisation and UNICEF which aims to revitalise efforts to promote, protect and support appropriate infant and young child feeding.**
- **Take action to promote breastfeeding across cancer prevention policy including wellbeing in the workplace and environmental sustainability.**
- **Include breastfeeding into the educational curriculum at primary and secondary levels.**
- **Support evidence-based initiatives on breastfeeding such as UNICEF UK's Baby Friendly Initiative⁵⁹.**
- **Legislate for breaks and suitable facilities in workplaces to enable and encourage breastfeeding.**

9.1 According to UNICEF, breast cancer risk is 16% lower in women who breastfeed^{lxxix} and studies have shown the more woman breastfeed the less likely they are to develop breast cancer^{lxxx}.

9.2 The UK has one of the lowest breastfeeding rates in the world^{lxxxii}. Only 34% of babies are receiving any breast milk by six months compared to 49% in the US and 71% in Norway^{lxxxii}. The prevalence of breastfeeding is low among young mothers and

disadvantaged socio-economic groups. There are multiple reasons why UK women do not breastfeed including cultural norms that discourage longer-term breastfeeding and a lack of postnatal care/trained support. Studies demonstrate however that interventions can increase the uptake and length of time women breastfeed^{lxxxiii}.

9.3 Studies indicate that breastfeeding could prevent over 20,000 breast cancer deaths worldwide a year^{lxxxiv}. The government, communities and families all have a crucial role to play in removing the educational and social barriers inhibiting breastfeeding.

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