

Public Health in the News

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A briefing of public health in the news compiled by Drs Aamir Bharmal (U of Toronto, PGY-4) and Fareen Karachiwalla (U of Toronto, PGY-4)

[Soda companies targeting young people in low- and middle-income countries, says report](#)

The claims, made in a new global soda marketing report published by the Center for Science in the Public Interest (CSPI), document how Coca-Cola and PepsiCo use cartoon characters, social media messages and product placement on television shows to market their products to children and adolescents in a number of countries, notably Brazil, China, India and Mexico.

In Canada, per capita consumption of carbonated soft drinks declined 14 per cent.

In other countries, the pace is picking up. Latin America is now the leading consumer of sugar-sweetened beverages in terms of dollar sales, the report found.

Although soft-drink makers have pledged not to market to young people, the CSPI report notes that there are loopholes in those promises that make them easy to break. They are calling for more regulation to enforce a marketing ban on sugary drinks to young people.

Mexico, one of the world's biggest consumers of sugar-sweetened beverages, introduced a steep soda tax and after one year, sales declined 12 per cent

[Supervised injection facilities save lives](#)

(Op-Ed by Fareen Karachiwalla, PGY4 Toronto published in the Baltimore Sun)
In this Baltimore Sun Op-Ed, Dr Fareen Karachiwalla makes a case for supervised injection facilities (SIFs) in the state of Maryland. SIFs are non-judgmental, safe spaces where trained medical personnel can immediately administer rescue medications at the first sign of an overdose and ensure hygienic practices.

"Beyond helping people with addictions, SIFs act as a harm reduction measure, protecting the rest of society from the dangers of substance use," Karachiwalla said. Based on a modeling study and the Vancouver experience with Insite, SIFs

prevent overdose-related deaths, decrease the number of cases of HIV, and lower rates of public injection drug use.

[Ontario's uncounted homeless dead](#)

According to Ontario's chief coroner, Dr. Dirk Huyer, there is no mechanism to track all homeless deaths under current legislation. The province and most municipalities do not track homeless deaths fully. As a result, they are unable to accurately assess the scope and inform action to prevent future deaths from occurring.

Anti-poverty advocates are calling on the province to change homeless death reporting. From their perspective, not tracking deaths leads to underreporting, which downplays the problem and prevents the government from addressing root causes.

"We measure the unemployment rate, we measure inflation, we measure all kinds of things we feel are important to track and keep our eyes on both as the general public and as policy-makers and politicians . . . How can you keep your focus on that if you don't track it on a regular basis?," said Dr. Stephen Hwang, director of the Centre for Research on Inner City Health at St. Michael's Hospital.

Locally, the City of Toronto has kept track of deaths occurring in city-administered shelters or occurring shortly after leaving a shelter, but deaths unrelated to the city-administered shelters are not officially tracked.

The two main reasons why homeless deaths are not counted by the province is because the coroner has no mandate to track homeless deaths and social agencies are not required to report all deaths to a central provincial registry.

Dr. Hwang said the tracking of homeless deaths could be useful in monitoring whether government programs are working to prevent certain causes of death, such as drug overdoses. To be useful, reporting of deaths by hospitals and other agencies would have to be mandatory, he said.

[New lung cancer screening guidelines released for high-risk Canadians](#)

The Canadian Task Force on Preventive Health Care released a recommendation for lung cancer screening in Canadians at high-risk for developing lung cancer yesterday. The recommendation suggests that current and former smokers between the ages of 55 and 74, who are at high risk of developing lung cancer, should be screened annually for up to three years with low-dose CT scans. The guideline applies those who have at least a 30 pack-year smoking history who are current smokers or who have quit within the last 15 years.

Dr. Heather Bryant, vice president of cancer control at the Canadian Partnership Against Cancer, told CTV News that the new guideline is aimed at identifying people "at substantially high risk" and offering them a screening tool. The screening test is not for people who smoked "for a couple of years as teenagers," she said.

Lung cancer is the most common cancer in Canada and the number one cause of deaths from cancer. In 2015, approximately 26,600 Canadians were diagnosed with lung cancer, and almost 21,000 died from it, the Task Force says.

The Task Force hopes that its new guidelines will help doctors catch more lung cancers at earlier stages before they become incurable.

[Senate report warns of obesity crisis in Canada](#)

A Senate committee report on obesity released in early March calls for a drastic overhaul of Canada's Food Guide. "Canada's dated food guide is no longer effective in providing nutritional guidance to Canadians," the report said. "Fruit juice, for instance, is presented as a health item, when it is little more than a soft drink without the bubbles."

The committee chair, Senator Kelvin Ogilvie, called for critical action by the federal government to act on the obesity epidemic. "We can't sugar-coat it any longer," he said. "The obesity crisis is real."

Since 1980 the number of obese adults has doubled while the number of obese children has tripled. The Senate committee findings suggest that without government action, obesity in Canada will only continue to get worse.