

# STATES OF JERSEY



## **RADON GAS LEVELS AND CANCER RATES IN JERSEY (P.144/2011): COMMENTS**

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**Presented to the States on 15th September 2011  
by the Minister for Health and Social Services**

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**STATES GREFFE**

## COMMENTS

This is an interesting proposition. I welcome the concerns of Deputy P.V.F. Le Claire of St. Helier and his practical suggestions as to how we could improve our understanding of the causes of cancer. However, I am unable to support it in its entirety.

### **Part 1**

Part 1 of this proposition calls for a radon gas survey. There are valid concerns about the link between radon gas and cancer. As pointed out by the Deputy, a previous survey undertaken in Jersey has shown some incidences of radon gas levels being at, or above, the recommended action level.

It is for this reason that the Health and Social Services Department (HSSD) has already committed to taking part in a major national study of radon gas levels being undertaken by the UK Health Protection Agency. The work is already underway, so therefore this part of the proposition is redundant.

### **Part 2**

Part 2 of the proposition calls for a public awareness campaign relating to the risks associated with radon gas. Such a campaign could potentially bring benefits, but we do not believe that it would be appropriate to proceed until we know the findings of survey. If no risk is identified, the need for a campaign is significantly reduced. My Department would review the position after the survey has been completed.

### **Part 3**

Part 3 of the proposition calls for an in-depth epidemiological study of cancer rates in Jersey.

It is the case that in Jersey we have high rates of certain cancers when compared to most areas of the UK, most notably lung cancer and cancers of the head and neck. This is almost certainly the legacy of very high rates of tobacco-smoking in the 1960s. As smoking rates continue to decline we would, in time, expect to see the rates of smoking-related cancers also decline. Exposure to tobacco can take many years to cause cancer and our current high rates are the result of this 'time-lag' effect.

HSSD is working on a number of other measures related to cancer prevention, for example improving the coverage and effectiveness of our existing screening programmes for cervical and breast cancer.

Our next priority is to introduce bowel cancer screening. Every year approximately 15 Islanders die of bowel cancer and another 60 are diagnosed with the disease. Bowel cancer screening has the potential to reduce the number of deaths by about 50% and, as a result of early detection, significantly reduce the need for surgery and medical intervention.

Deputy Le Claire calls for an expert report into Jersey's cancer rates – with a focus on individuals with cancer and their past exposure to risk. Whilst such a survey would have merit, the starting cost would be £35k to £40k. To better understand the real costs of the survey, we would need to seek and pay for expert advice.

If this Assembly was to adopt this proposition and require HSSD to identify funding from within current resources, our proposed bowel screening programme would be put on hold. Given that all the evidence shows that bowel screening saves both lives and money, we believe this must be the priority.

Therefore, whilst myself and my officers applaud the conviction that underpins this proposition, I must recommend that it is rejected.

**Statement under Standing Order 37A [Presentation of comment relating to a proposition]**

I apologise for the lateness of this comment. This proposition was originally scheduled for debate on 20th September and then brought forward. Due to previous commitments, HSSD staff were unable to finalise until 14th September.