Alcohol and cancer
A recent review of the evidence and interventions

PRESENTED BY:
Heather Bryant, Isabelle Soerjomataram, Frank Chaloupka, and Terry Slevin

Congress Track #: 1
Disclosure of interest: None declared
Affiliated organisation: Canadian Partnership Against Cancer
Recent publicity of data known for several years

Cancer Doctors Cite Risks of Drinking Alcohol

By RONI CARYN RABIN  NOV. 7, 2017
Meta-analyses have confirmed relationship between alcohol and several cancers

Alcohol consumption and site-specific cancer risk: a comprehensive dose–response meta-analysis

V Bagnardi*1,2, M Rota3,4, E Botter2, I Tramacere5, F Ismail6,7,8, V Fedirko9, L Scotti1, M Jenab10, F Turati4,11, E Pasquali12, C Pelucchi6, C Galeone6, R Bellocco1,12, E Negri4, G Corrao1, P Boffetta6 and C La Vecchia13
Is alcohol is the new tobacco?

But many other contenders.......
Is sugar is the new tobacco?

Sugar is the new tobacco. Here’s why
Maybe tanning is the new tobacco
Or is meat the new tobacco?

MEAT IS THE NEW TOBACCO
Reduce Your Risk of 23 Types of Cancer and Other Chronic Disease by Ditching These Two Things…

MEAT
- Bladder Cancer
- Breast Cancer
- Colorectal Cancer
- Esophageal Cancer
- Gastrointestinal Cancer
- Kidney Cancer
- Leukemia
- Lung Cancer
- Non-Hodgkin’s Lymphoma
- Pancreatic Cancer
- Prostate Cancer

TOBACCO
- Acute Myeloid Leukemia
- Bladder Cancer
- Cancer of the Cervix
- Esophageal Cancer
- Kidney Cancer
- Cancer of the Larynx (Voice Box)
- Lung Cancer
- Cancer of the Oral Cavity (Mouth)
- Pancreatic Cancer
- Cancer of the Pharynx (Throat)
- Stomach Cancer
Or is it just sedentary behavior?
The six surprising health benefits of drinking alcohol
No amount of alcohol is good for your overall health, global study says

By Sandee LaMotte, CNN

Updated 1:09 PM ET, Fri August 24, 2018
Stay tuned for an interesting session!

FOR MORE INFORMATION:

Dr. Heather Bryant
heather.bryant@partnershipagainstcancer.ca
Global burden of cancers related to alcohol drinking

Isabelle Soerjomataram
Alcohol consumption, male

Total alcohol per capita (15+ years) consumption, in litres of pure alcohol, 2010

Per capita consumption (litres)
- > 12.5
- 10 - 12.5
- 7.5 - 10
- 5 - 7.5
- 2.5 - 5
- < 2.5
- No data
- Not applicable

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: World Health Organization
Map production: Health Statistics and Information Systems (HSI)
World Health Organization

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Alcohol consumption, female

Total alcohol per capita (15+ years) consumption, in litres of pure alcohol, 2010

Per capita consumption (litres)

- > 12.5
- 10 - 12.5
- 7.5 - 10
- 5 - 7.5
- 2.5 - 5
- < 2.5
- No data
- Not applicable

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Data source: World Health Organization
Map production: Health Statistics and Information Systems (HSI)
World Health Organization

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Alcohol consumption

Share of males vs females (15+ years) who drank alcohol in the last 12 months, 2010
Long-term alcohol trends

Alcohol Consumption

![Graph showing long-term alcohol consumption trends for different countries over the years from 1970 to 2010. The graph compares the consumption of France, Spain, Germany, Italy, Poland, United Kingdom, and Netherlands. The trend lines indicate a decrease in consumption for most countries over time.]

Source: European Health Information Gateway
Cancers related to alcohol

• Oral cavity and pharynx
• Larynx
• Oesophagus
• Breast
• Liver
• Colorectum
Alcohol & Oesophageal cancer

Decreasing pattern

Sources: European Health Information Gateway, CI5plus
Alcohol & Oesophageal cancer

Stable pattern

![Graph showing alcohol consumption over time in liters per capita for different countries including Poland, United Kingdom, and Netherlands.](image-url)

Sources: European Health Information Gateway, CI5plus
Alcohol-attributable cancers, male
Alcohol-attributable cancers, female

New cancer cases attributable to alcohol consumption, 2012
Attributable cancers by sex and site

Men

- Colon and rectum: 25.5%
- Oesophagus: 22.5%
- Liver: 21.9%
- Lip and oral cavity: 13.1%
- Other pharynx: 10.6%
- Larynx: 6.4%

298,000 New cases

Sources: IARC's Section of Cancer Surveillance, Global Status Report on Alcohol and Health 2018 WHO
Attributable cancers by sex and site

Men

- Colon and rectum: 25.5%
- Oesophagus: 22.5%
- Liver: 21.9%
- Lip and oral cavity: 13.1%
- Other pharynx: 10.6%
- Larynx: 6.4%

Total: 298,000

Women

- Breast: 40.7%
- Liver: 24.1%
- Colon and rectum: 17.6%
- Oesophagus: 7.4%
- Lip and oral cavity: 6.6%
- Other pharynx: 2.6%
- Larynx: 1.0%

Total: 79,000

Sources: IARC’s Section of Cancer Surveillance, Global Status Report on Alcohol and Health 2018 WHO
Attributable cancers by amount of alcohol consumption, and sites

Sources: IARC's Section of Cancer Surveillance, Global Status Report on Alcohol and Health 2018 WHO
Acknowledgement

• Kevin Shield
• Jérôme Vignat
• Melina Arnold
• WHO – GISAH - Global Status Report on Alcohol and Health 2018
• IARC - GLOBOCAN – Cancer Registries
Supplementary
Alcohol-attributable cancers, male

Cancer deaths attributable to alcohol consumption, 2012

Mortality ASR (World) per 100,000

World Health Organization

International Agency for Research on Cancer
Alcohol-attributable cancers, female

Cancer deaths attributable to alcohol consumption, 2012
The Economics of Alcohol and Cancer/Chronic Disease

Frank J. Chaloupka, University of Illinois at Chicago
World Cancer Congress
Kuala Lumpur, Malaysia, 2 October 2018
Overview

• Economic Costs of Excessive Drinking
• Alcohol Control Policies
• Impact of Alcohol Taxes and Prices
• Alcohol Taxation Globally
• Economic Myths & Facts
Economic Costs of Excessive Drinking
Categories of Costs

• Direct costs: reduction in existing resources
  – Direct health care costs
  – Direct non–health care costs
    • Include law enforcement costs, property damage and other costs

• Indirect or productivity costs: reduction in potential resources
  – Lost productivity due to morbidity and premature mortality

Source: Ross, 2007
Categories of Costs

• External costs
  – costs that drinkers impose on others (e.g., costs to non-drinking victims of traffic crashes, violence)

• Internal costs
  – costs paid for by drinkers incurred as a result of their excessive consumption (e.g., out of pocket costs for health care to treat diseases caused by drinking)

Source: Adapted from Ross, 2007
Estimates of Economic Costs

• Rehm and colleagues (2009) review:
  – Total Economic Costs:
    • Equivalent to 2.5% of GDP in High-Income Countries
    • Equivalent to 2.1% of GDP in Middle-Income Countries
      – Limited evidence for MICs (Thailand and South Korea)
    • Health care costs account for relatively small share (12.8% in HICs, 5.8% in MICs)
    • Other direct costs significant (28.3% in HICs, 15.6% in MICs)
    • Indirect costs account for largest share (49% in HICs, 79% in MICs)
    • Likely underestimate of total costs

Source: Rehm, et al., 2009
Alcohol Control Policies
Evaluated 47 different alcohol control policies across four domains:
  – Overall and youth binge drinking
  – Overall and youth drinking and driving
Table 2. Ratings of alcohol control policy efficacy within four policy domains, M (SD)

<table>
<thead>
<tr>
<th>Policy type</th>
<th>General population</th>
<th>Youth population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Binge drinking</td>
<td>Alcohol-impaired driving</td>
</tr>
<tr>
<td>All</td>
<td>2.5 (0.9)</td>
<td>2.5 (0.9)</td>
</tr>
<tr>
<td>Pricing</td>
<td>4.0 (0.5)</td>
<td>3.8 (0.6)</td>
</tr>
<tr>
<td>Physical availability</td>
<td>2.6 (0.5)</td>
<td>2.5 (0.5)</td>
</tr>
<tr>
<td>Drinking and driving</td>
<td>2.1 (0.5)</td>
<td>2.8 (0.5)</td>
</tr>
<tr>
<td>Promotion</td>
<td>1.8 (0.3)</td>
<td>1.6 (0.3)</td>
</tr>
</tbody>
</table>

Note: Pricing policies include alcohol excise tax (state); wholesale price restrictions; and retail price restrictions. Physical availability policies include outlet density restrictions; minimum legal drinking age laws; keg registration laws; social host laws (civil liability); house party laws (social host, criminal liability); dram shop liability laws; minimum age of server/seller; state alcohol control systems (monopoly); false ID laws; hours of sale restrictions; days of sale restriction (Sunday sales); responsible beverage service training; restrictions on alcohol consumption in public places, events; bans on alcohol sales; sales or service to intoxicated patrons prohibited; public consumption laws; direct shipment of alcohol to consumers restricted; compliance checks (enforcement of MLDA laws); furnishing alcohol to minors prohibited; public intoxication prohibited; local authority to regulate retail alcohol availability (preemption/conditional-use permits); ABCs present, functional, and adequately staffed; local option permissible; credit card sales of alcohol prohibited; and retail alcohol license policy. Drinking and driving policies include zero-tolerance laws, graduated driver license laws; administrative license revocation; use alcohol-lose license (youth); ignition interlock laws for DUI offenders; BAC 0.08/per se laws; sobriety checkpoints; open container laws; automobiles; mandatory substance abuse assessment for DUI offenders; place of last drink information collection and reporting; and lowering BAC to 0.05/per se. Promotion policies include retail signage restrictions, warning labels on alcohol products, counter-marketing campaigns for alcohol, restrictions on mass media alcohol advertising exposure; nutrition information labels; FAS warning signs; promotional material and giveaway restrictions; and outdoor advertising restrictions.
“Best Buys” (CEA ≤ I$100 per DALY averted in LMICs)

– Increase excise taxes on alcoholic beverages

– Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising

– Enact and enforce restrictions on the physical availability of retailed alcohol

Source: WHO 2017
Effective Interventions (CEA > I$100 per DALY averted in LMICs)

- Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints
- Provide brief psychosocial interventions for persons with hazardous and harmful alcohol use

Source: WHO 2017
Other Interventions (No CEA information available)

- Carry out regular review of prices in relation to the level of inflation and income
- Establish minimum prices for alcohol where applicable
- Enact and enforce appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets

Source: WHO 2017
Other Interventions (No CEA information available)

- Restrict or ban promotions of alcoholic beverages with sponsorships and activities targeting young people
- Provide prevention and treatment, and care for alcohol use disorders and comorbid conditions in health and social services
- Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol

Source: WHO 2017
Case Study: Russian Federation

- Implemented comprehensive set of alcohol control measures beginning in 2005 and strengthened over time, including:
  - Tax increases
  - Stronger controls on distribution
  - Minimum pricing policies
  - Zero-tolerance drink-driving laws
  - Limits on advertising and promotion
  - Improved treatment and prevention programs

Source: WHO 2017
Alcohol Taxation
Why Tax?

• Efficient Revenue Generation
  – Historically and still the most important rationale

• To Improve Public Health
  – Given evidence on effects of taxes on drinking and its consequences

• To Cover the Social Costs of Excessive Drinking
  – Given extensive economic costs from excessive drinking, particularly external costs
U.S. Federal Beer Tax and Tax Revenues
1945-2013, Inflation Adjusted

Source: Brewers Almanac, 2013, ATTTB, 2014, and author’s calculations
Economic Costs of Excessive Alcohol Consumption & Alcohol Tax Revenues
United States, 2010

- Total Costs: $249.0 billion
- Government Costs: $100.7 billion
- Tax Revenues: $15.7 billion

Sources: Tax Policy Center, 2018; Sacks et al., 2015
Alcohol Prices & Drinking

- Extensive econometric and other research shows that higher prices for alcoholic beverages significantly reduce drinking:
  - 10 percent price increase would reduce:
    - Beer consumption by 1.7 to 4.6 percent
    - Wine consumption by 3.0 to 6.9 percent
    - Spirits consumption by 2.9 to 8.0 percent
    - Overall consumption by 4.4 percent
    - Heavy drinking by 2.8 percent
    - Generally larger effects on youth and young adults

Source: Wagenaar et al., 2009
Beer Tax and Binge Drinking Prevalence  US States, 2010

Source: Xuan et al., 2013
Alcohol Prices & Consequences

- Extensive econometric and other research shows that higher prices for alcoholic beverages significantly reduce:
  - Drinking and driving, traffic crashes, and motor-vehicle accident fatalities

Source: Xu & Chaloupka, 2011; Wagenaar et al., 2010
Alcohol Prices & Consequences

• Econometric and other research shows that higher prices for alcoholic beverages significantly reduce:
  • Deaths from liver cirrhosis, acute alcohol poisoning, alcohol-related cancers, cardiovascular diseases, and other health consequences of excessive drinking
  • Violence (including spouse abuse, child abuse, and suicide) and other crime
  • Other consequences of drinking, including work-place accidents, teenage pregnancy, and incidence of sexually transmitted diseases

Source: Xu & Chaloupka, 2011; Wagenaar et al., 2010
Alcohol Taxation Globally
Alcohol Taxation Globally

- Taxes on alcoholic beverages are low and rarely increased
  - Excise taxes account for relatively modest share (17.3%) of prices
    - 74 reporting countries, 2012
    - Less than half of cigarette excise tax share
  - Taxes generally lowest on beer, highest on distilled spirits
    - Some countries tax some beverages but not others
  - Mix of different tax structures (specific, *ad valorem*, and mixed)
  - Specific tax base varies (volume, ethanol)
  - Tax increases are infrequent and generally small
Alcoholic Beverage Excise Taxes by Beverage Type

Source: WHO 2017
U.S. State Cigarette & Beer Tax Increases, 2000-2015

Sources: Campaign for Tobacco Free Kids; NIAAA Alcohol Policy Information System; Brewers Almanac
Note: Does not show the multiple reductions in beer taxes and the few reductions in cigarette taxes
Decade of Last Permanent Beer Tax Increase

bridging the gap

www.bridgingthegapresearch.org
Common Oppositional Arguments

• Alcohol industry uses several common arguments in opposition to tax increases:
  • Won’t have the intended impact in terms of reducing use and consequences
  • Won’t generate the anticipated revenues
  • Will lead to extensive tax avoidance and tax evasion
  • Will harm poor and working class consumers
  • Will lead to massive job losses
Employment impacts of alcohol taxes

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\textsuperscript{c} Health Policy and Administration, School of Public Health, University of Illinois at Chicago, Chicago, IL 60608, United States
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\section*{ARTICLE INFO}

\textbf{Keywords:}
Alcohol taxes
Excise taxes
Sales taxes
Employment

\section*{ABSTRACT}

There is strong scientific evidence supporting the effectiveness of increasing alcohol taxes for reducing excessive alcohol consumption and related problems. Opponents have argued that alcohol tax increases lead to job losses. However, there has been no comprehensive economic analysis of the impact of alcohol taxes on employment. To fill this gap, a regional macroeconomic simulation model was used to assess the net impact of two hypothetical alcohol tax increases (a 5-cent per drink excise tax increase and a 5\% sales tax increase on beer, wine, and distilled spirits, respectively) on employment in Arkansas, Florida, Massachusetts, New Mexico, and Wisconsin. The model accounted for changes in alcohol demand, average state income, and substitution effects. The employment impact of spending the new tax revenue on general expenditures versus health care was also assessed. Simulation results showed that a 5-cent per drink additional excise tax on alcoholic beverages with new tax revenues allocated to general expenditures increased net employment in Arkansas (802 jobs); Florida (4583 jobs); Massachusetts (978 jobs); New Mexico (653 jobs); and Wisconsin (1167 jobs). A 5\% additional sales tax also increased employment in Arkansas (789 jobs); Florida (4493 jobs); Massachusetts (898 jobs); New Mexico (621 jobs); and Wisconsin (991 jobs). Using new alcohol tax revenues to fund health care services resulted in slightly lower net increases in state employment. The overall economic impact of alcohol tax increases cannot be fully assessed without accounting for the job gains resulting from additional tax revenues.
Consumer Costs and Job Impacts from State Alcohol Tax Increases

See how a tax increase could affect your state...

Step 1: Choose state:
Alabama

Step 2: Choose a tax increase:
- $0.05
- $0.10
- $0.25
- 5%

TAX PER DRINK  →  SALES TAX

GET RESULTS

Social and Health Effects of Changes in Alcohol Prices - A research collaboration between:
University of Florida
University of Illinois at Chicago
Boston Medical Center
Johns Hopkins Bloomberg School of Public Health

This web tool was supported by Contract Number 200-2011-40800 from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Methodology (PDF)

http://www.camy.org/research-to-practice/price/alcohol-tax-tool/
Summary
Summary

• Economic costs of excessive drinking are considerable
• Alcohol tax increases reduce drinking and its consequences
• Alcohol taxes are generally low and increased infrequently
• Counterarguments about negative economic impact of tax increases are false or greatly overstated
Thank You!

Tobacconomics

http://www.tobacconomics.org

@tobacconomics

fjc@uic.edu
National guidelines and Public awareness

Terry Slevin
CEO
Public Health Association of Australia
@terryslevin
What do we tell people? International guidelines on consumption of alcohol

- Source is the international alcohol industry group the International Alliance for Responsible drinking (IARD)
- Standard drink measures vary from 8g to 14g of alcohol in a standard drink
- Some in number of drinks, some in grams of pure alcohol
- Recommendations vary on gender lines
- Some recommended “safe” limits per day, some say “no safe level”
- Some recommend “Alcohol Free Days” (ADFs). There are differences in how many are recommended
- Some Define “problematic”, “Binge” or “Harmful drinking” or recommend maximum consumptions
- Some vary recommendation due to age categories (eg 18 – 21 or 65+)

http://www.iard.org/resources/drinking-guidelines-general-population/
## Drinking Guidelines (1)

<table>
<thead>
<tr>
<th>Country</th>
<th>Recom* Men</th>
<th>Recom* Women</th>
<th>Standard drink =</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>2 drinks</td>
<td>1 drink</td>
<td>14g</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>Up to 20g</td>
<td>Up to 20g</td>
<td>10g</td>
<td>No more than 4 per day + 1AFD</td>
</tr>
<tr>
<td>Austria</td>
<td>Up to 24g</td>
<td>Up to 16g</td>
<td></td>
<td>Problematic = 60g (men), 40g (Women)</td>
</tr>
<tr>
<td>Belgium</td>
<td>21 drks/wk</td>
<td>14 drks/wk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Up to 16g</td>
<td>Up to 8g</td>
<td>8g</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>15 drks/wk</td>
<td>10drk/wk</td>
<td>13.5g</td>
<td>No more than 4 on 1 occas (3 women)</td>
</tr>
<tr>
<td>Chile</td>
<td>14g</td>
<td>14g</td>
<td>14g</td>
<td>Binge = 5 drinks or more 1 occasion</td>
</tr>
<tr>
<td>China</td>
<td>25G</td>
<td>15g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denmark</td>
<td>168g/wk</td>
<td>84g/wk</td>
<td>12g</td>
<td>No more than 5 drinks 1 occasion</td>
</tr>
</tbody>
</table>

* Recommendation of no more than x per day
Drinking Guidelines (2)

<table>
<thead>
<tr>
<th>Country</th>
<th>Recom Men</th>
<th>Recom Women</th>
<th>Standard drink =</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiji – Health Food and Nutrition</td>
<td>30g 60g</td>
<td>20g 40g</td>
<td></td>
<td>2 AFDs</td>
</tr>
<tr>
<td>Estonia</td>
<td>40g</td>
<td>20g</td>
<td>10g</td>
<td>At least 3 AFDs/wk No completely safe</td>
</tr>
<tr>
<td>Finland</td>
<td>20g</td>
<td>10g</td>
<td>12g</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>20g/day 100/wk</td>
<td>20/day 100/wk</td>
<td>10g</td>
<td>No consumption without risk Some AFDs per week</td>
</tr>
<tr>
<td>Germany</td>
<td>24g</td>
<td>12g</td>
<td>12g</td>
<td>2 ADFs, Low, risky, dangerous, over cons</td>
</tr>
<tr>
<td>Guyana</td>
<td>8g</td>
<td>8g</td>
<td>8g</td>
<td>Best to not drink at all</td>
</tr>
<tr>
<td>India</td>
<td>16g</td>
<td>8g</td>
<td>8g</td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>170g</td>
<td>110g</td>
<td>10g</td>
<td>2 AFDs, increased risk &amp; high risk defined</td>
</tr>
<tr>
<td>Italy</td>
<td>24g</td>
<td>12g</td>
<td>12g</td>
<td>Lower for under 18 and over 65 yrs</td>
</tr>
</tbody>
</table>
## Drinking Guidelines (3)

<table>
<thead>
<tr>
<th>Country</th>
<th>Recom Men</th>
<th>Recom Women</th>
<th>Standard drink</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malta</td>
<td>168g/wk</td>
<td>112g/wk</td>
<td>8g</td>
<td>Some AFDs. 16g per occasion 18 – 21 yrs</td>
</tr>
<tr>
<td>Mexico</td>
<td>13-26g</td>
<td>13-26g</td>
<td>13g</td>
<td>2 levels, 2 organisations different recs</td>
</tr>
<tr>
<td>New Zealand</td>
<td>30g/day up to 150g/wk</td>
<td>20g/dy up to 100g/wk</td>
<td>10g</td>
<td>No more than 50g 1 occas (40g women)</td>
</tr>
<tr>
<td>Peru</td>
<td>2 drnks</td>
<td>1drnk</td>
<td>10g</td>
<td>“At social gatherings..”</td>
</tr>
<tr>
<td>Romania</td>
<td>32 – 40g</td>
<td>15 – 20g</td>
<td>10</td>
<td>“Consume alcohol in moderation or not at all...”</td>
</tr>
<tr>
<td>Spain</td>
<td>up to 40 g/day or 280 g/week</td>
<td>up to 20 g/day or 170 g/week</td>
<td>10g</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>112g/wk</td>
<td>112g/wk</td>
<td>8g</td>
<td>“War &amp; Peace”</td>
</tr>
<tr>
<td>USA</td>
<td>28g</td>
<td>14g</td>
<td>14g</td>
<td>3 agencies, diff for older (60+)</td>
</tr>
<tr>
<td>Uruguay</td>
<td>40g</td>
<td>30g</td>
<td>10g</td>
<td>“Drinking is never completely safe”</td>
</tr>
</tbody>
</table>
CONFUSED?

Me too!

Clearly we need to get our story straight...BUT

What role is the Alcohol industry playing in this confusion?
Different interpretation of same data?

What role our own drinking behaviour?
So what is going to work to reduce alcohol related harm?

1. Reshape consumer DEMAND towards safer drinking through:
   - economic availability (Changes to the current taxation regime so as to influence price).
   - social marketing and public education and
   - the marketing of alcoholic beverages is restricted

2. Reshape SUPPLY towards lower-risk products through:
   availability (access) and enforcement of current legislative and regulatory measures (Liquor Licensing provisions).
So what is going to work to reduce alcohol related harm? (part 2)

3. Train primary health care professionals to help people in making healthy choices:
   • Supporting brief interventions etc

4. Close the gap for disadvantaged communities

5. Improve the evaluation of interventions
Starting point – Evidence, policy and education – and get our house in order

• Establish internal policies on how CCWA “deals” with alcohol (eg HR, catering, sponsorship)

• Community education on link between alcohol and cancer

• Initiate and contribute to the research and policy development (Winstanley et al, Med J Aust. 2011 May 2;194(9):479-82)
So when it comes to cancer prevention, how do we decide what is a priority?

1. What is the evidence (amount, strength) for a “risk factor” and its contribution to cancer?

2. How many people does it effect?

3. Is there prospect for influencing the risk factor?

4. Are others already doing it – what can we add?
Our contribution?

In partnership with WA Drug and Alcohol Office

Phase One - SPREAD AND STAINS

Phase One of the Alcohol and Cancer campaign was launched on Sunday 16 May 2010 and focuses on the long-term consequences of harmful drinking and in particular, the increased risk of a range of alcohol-caused cancers.

The campaign was developed in partnership with the Cancer Council Western Australia.

Alcohol and Cancer Campaign

Phase Two - COULD HAPPEN TO YOU

Phase Two of the Alcohol and Cancer campaign was launched on Tuesday 28 March 2012. The campaign aims to increase personal relevance of the link between alcohol and cancer.

Phase Two of the campaign features a television advertising strategy as well as a planned unpaid media strategy.

Could happen to you
Are people aware of the link between alcohol and cancer without being prompted?

- A significantly higher proportion of the total sample identified red wine as increasing cancer risk (52%) compared to 2011 (42%). This increase was driven by higher mention amongst females.

- Significant increases have been noted across all categories in comparison to baseline results.

<table>
<thead>
<tr>
<th>% answering ‘Increases Cancer Risk’</th>
<th>Baseline (n=400)</th>
<th>Post-Campaign 2010 (n=400)</th>
<th>Post-Campaign 2011 (n=419)</th>
<th>Post-Campaign 2012 (n=400)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Sample</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>61</td>
<td>75</td>
<td>80</td>
<td>82</td>
</tr>
<tr>
<td>Beer</td>
<td>46</td>
<td>64</td>
<td>71</td>
<td>68</td>
</tr>
<tr>
<td>Red Wine</td>
<td>19</td>
<td>33</td>
<td>42</td>
<td>52</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>62</td>
<td>62</td>
<td>76</td>
<td>80</td>
</tr>
<tr>
<td>Beer</td>
<td>47</td>
<td>52</td>
<td>69</td>
<td>65</td>
</tr>
<tr>
<td>Red Wine</td>
<td>21</td>
<td>27</td>
<td>46</td>
<td>51</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>61</td>
<td>79</td>
<td>84</td>
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<tr>
<td>Beer</td>
<td>45</td>
<td>68</td>
<td>73</td>
<td>71</td>
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<tr>
<td>Red Wine</td>
<td>18</td>
<td>35</td>
<td>38</td>
<td>54</td>
</tr>
</tbody>
</table>

Significantly higher than previous year
Significantly lower than previous year

NOTE: 24% Still report red wine reduces risk of cancer
Conclusions
Results indicate a population-based mass media campaign can reach the target audience and raise awareness of links between alcohol and cancer, and knowledge of drinking guidelines. However, a single campaign may be insufficient to measurably curb drinking behaviour in a culture where pro-alcohol social norms and product marketing are pervasive.
+ FebFast
+ Hello Sunday Morning
Dionysos

Greek God of Wine

“Three kraters [cups] do I mix for the temperate: one to health, which they empty first, the second to love and pleasure, the third to sleep. When this bowl is drunk up wise guests go home. The fourth bowl is ours no longer but belongs to hubris, the fifth to uproar, the sixth to prancing about, the seventh to black eyes, the eighth brings the police, the ninth belongs to vomiting, and the tenth to insanity and the hurling of furniture.”

DID YOU KNOW?
Alcohol advertising in Australia is currently self-regulated by the alcohol and advertising industries – the system is voluntary, there are no penalties for breaching the Code and it excludes major forms of advertising, such as event sponsorship.

WELCOME
Fed up with the way alcohol is being promoted? Concerned about the content or placement of an alcohol ad you’ve seen?

The Alcohol Advertising Review Board considers and adjudicates complaints from the community about alcohol advertising.

We recognise the need for responsible regulation of alcohol advertising and promotion in Australia, and aim to make it easier for the community to engage in the complaints process and voice their concerns.

DETERMINATION REPORTS
There are no articles available yet.
Conclusion

Analysis in 2017 of the websites for national cancer societies in Australia, Canada, Ireland, New Zealand, the United Kingdom and the United States—including Cancer Council Australia, the Canadian Cancer Society, the Irish Cancer Society, Cancer Society New Zealand, Cancer Research UK and the American Cancer Society—shows that only the American Cancer Society and Canadian Cancer Society websites fail to state that alcohol is a group 1 carcinogen and can cause cancer at low doses, and that there is no safe threshold for cancer risk.
We have the skills and the technology
Do we have the will?
Questions?

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