



9 February 2018

Ministerial Drug and Alcohol Forum

By email: nationaldrugstrategy@health.gov.au.

Dear Ministers

Consultation Draft of the National Alcohol Strategy 2018-2026

Thank you for the opportunity to comment on the Consultation Draft of the National Alcohol Strategy 2018-2026. We attach Cancer Council Victoria's submission.

Please contact Sarah Jackson on (03) 9514 6463 or at sarah.jackson@cancervic.org.au if you have any questions about the submission.

Yours sincerely

A handwritten signature in black ink that reads "Harper".

Todd Harper
CEO
Cancer Council Victoria



Consultation Draft of the National Alcohol Strategy 2018-2026

Cancer Council Victoria submission

About Cancer Council Victoria

Cancer Council Victoria's mission is to prevent cancer, empower patients and save lives.

We reduce cancer deaths and improve quality of life for people living with cancer while empowering the community by leading and integrating research with our prevention and support work.

Introduction

Cancer Council Victoria welcomes the opportunity to make a submission to the Consultation Draft of the National Alcohol Strategy 2018-2026 (Draft NAS).

Alcohol has been classified by the World Health Organization's International Agency for Research on Cancer as a Group 1 carcinogen. This is the highest classification available and means that alcohol causes cancer in humans. Alcohol is a proven risk factor for cancer of the mouth, pharynx, larynx, oesophagus, bowel, breast and liver,ⁱ and stomach.ⁱⁱ The level of risk increases with the level of consumption.^{iii,iv,v,vi} Long-term alcohol consumption is responsible for more than 3200 (or 2.8 per cent) of the cancers in Australia each year.^{vii}

Cancer Council Victoria commends the Ministerial Drug and Alcohol Forum (Forum) for taking action to develop and release the Draft NAS. A new National Alcohol Strategy (NAS) is urgently needed to provide clear strategic direction for implementing national alcohol policy that will be effective in reducing the contribution of alcohol to the burden of cancer in Australia, and to ensure Australia meets its commitments to the *World Health Organization Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020* and the *United Nations 2030 Agenda for Sustainable Development Goals*.

Cancer Council Victoria supports the submissions of Cancer Council Australia, the National Alliance for Action on Alcohol (NAAA) and the Foundation for Alcohol Research and Education (FARE), and the Alcohol Policy Coalition on the Draft NAS.

Support for the NAS

Cancer Council Victoria welcomes and supports the inclusion in the Draft NAS's 'Priority areas of focus' and 'Opportunities for action' of a range of evidence-based policies that have been proven to be effective in preventing and reducing alcohol-related harm. These policies largely align with the World Health Organization's *Global Strategy to Reduce Harmful Use of Alcohol*, and implementation would have substantial impact in reducing the contribution of alcohol to Australia's burden of disease, including alcohol's contribution to Australia's cancer burden.

We support the strategic principles laid down by the Draft NAS. We agree strongly with the need for the policy approach to be evidence-based and practice informed, and coordinated and collaborative, and with the need for whole-of-population as well as targeted responses.

We strongly support the commitment in the Draft NAS that the alcohol industry will not be eligible for membership of the new Alcohol Reference Group, and will not have an ongoing role in setting or developing national alcohol policy. We recommend strongly that this remain as a firm commitment in the final NAS.

Changes to the Draft NAS

We recommend, however, the following changes to the Draft NAS to ensure the final NAS leads to implementation of effective policies, and has substantial effect in reducing the contribution of alcohol to the burden of disease in Australia.

The NAS should set out:

- clear recommendations for implementation of policy actions,
- responsibility for actions by levels of government, departments or agencies,
- timeframes for actions, and
- accountability measures to enable monitoring of progress.

We support adoption of the approach recommended by the NAAA and FARE for strengthening the Draft NAS and ensuring the NAS is effective in achieving substantive change.

Priority actions in the NAS

Our organisation strongly supports the following policy measures and recommends that these should be elevated to priority actions for implementation in the first three years of the NAS:

1. Public education on the health impacts of long-term alcohol consumption

As discussed in the Draft NAS, there is significant lack of public awareness in Australia of the health impacts of long-term alcohol consumption. In particular, there is low awareness of the link between alcohol consumption and cancer. Recent data collected by Cancer Council Victoria found that only 39 per cent of Australian adults surveyed were aware that regular alcohol consumption increases the risk of cancer, with lower levels of awareness in relation to specific cancers. For example, only 19 per cent of respondents were aware that regular alcohol consumption increases the risk of breast cancer, and only 20 per cent were aware that it increases the risk of mouth cancer, and throat cancer.^{viii}

There is a need for a multi-faceted campaign to help Australians understand more about the consequences of long-term alcohol consumption, and empower them to reduce their cancer risk. A Cancer Council Victoria study in BMJ Open identified an Australian advertisement which warns drinkers of the link between alcohol and cancer as the most effective advertisement internationally for motivating drinkers to reduce their alcohol consumption.^{ix}

Cancer Council Victoria strongly recommends that the NAS include an initial action to fund a national multi-faceted campaign to educate the public about the health impacts of alcohol, with a focus on the link between alcohol and cancer, and to motivate behaviour change.

2. Health warning labels on alcohol products

There is a need to raise Australians' awareness of the range of health impacts caused by long-term alcohol consumption, including the risk of cancer. Mandatory health warnings on alcohol products would have the unique capability to raise awareness of the health impacts of alcohol consumption at the points of sale and consumption. International evidence indicates that a rotating series of warning labels on alcohol products would have greater continuing effect than a single static label.^x

Cancer Council Victoria recommends that the NAS should include an initial action that the Forum on Food Regulation initiates investigation of a mandatory range of rotating health warning labels on alcohol products.

3. Reform of alcohol taxation and pricing

Evidence establishes that alcohol taxation is the most effective measure for preventing alcohol harm,^{xi} and that there is an inverse relationship between the price of alcoholic beverages and levels of consumption and harms.^{xii} Alcohol taxation is also one of the most cost-effective measures for improving population health. The *Assessing cost-effectiveness in prevention: ACE-prevention* project found that a volumetric tax on alcohol in Australia (at a level 10 per cent above the current excise on spirits) would have a large impact on improving population health as well as delivering cost savings.^{xiii} Another Australian analysis estimated that a volumetric tax on wine would result in a 24% reduction in alcohol consumption and an increase in taxation revenue of \$3 billion.^{xiv}

We support the recommendation of the NAAA and FARE that the Australian Government should agree in principle to the introduction of a volumetric tax on wine and other fruit- and rice-based alcohol products. We also support the recommendations that the Forum should establish an expert intergovernmental taskforce to provide advice on alcohol taxation reform, and that the taskforce should prepare a Green Paper setting out options for reform of alcohol taxation and introduction of a minimum price of alcohol.

4. Regulation of alcohol advertising and promotion

Alcohol is advertised heavily in Australia through a variety of channels. Children and adolescents are exposed to huge volumes of this advertising.^{xv}

There is a strong body of evidence clearly establishing that young people's exposure to alcohol advertising increases the likelihood that they will start drinking, or drink more frequently and heavily if they already drink.^{xvi}

Cancer Council Victoria strongly supports the goal of reducing alcohol promotion and recommends that the primary objective should be to reduce children and young people's exposure to alcohol promotion.

Our organisation recommends that the NAS commit to an initial action of removing the alcohol advertising exemptions in the Commercial Television Industry Code of Practice, so that no alcohol advertising can be shown on free-to-air commercial television before 8:30pm.

We also support the NAAA and FARE's recommendation that the NAS include as an initial action the establishment of an intergovernmental committee to review alcohol advertising regulation across all forms of media, and to identify options for transitioning to nationally consistent, legislated controls on all forms of alcohol advertising.

In addition, our organisation recommends introduction of liquor licensing laws in each state and territory that prevent discounted/low priced alcohol from being promoted in ways which create strong incentives for people to buy and consume hazardous quantities of alcohol.^{xvii, xviii}

5. Regulation of alcohol availability

The availability of alcohol in Australia has increased dramatically in recent decades through the proliferation of alcohol outlets and extensions in alcohol trading hours. Research shows that increases in alcohol outlet density, particularly packaged liquor outlet density, are associated with a higher incidence of long-term health problems.^{xix}

Cancer Council Victoria strongly supports regulatory measures to limit the excessive availability of alcohol.

The NAS should include an initial action that liquor licensing laws in each state and territory include the following measures:

1. Prevent new alcohol outlets in areas with high numbers of existing alcohol outlets
2. Require liquor licensing processes to give effective consideration to alcohol outlet density, cumulative impact, trading hours, and level of alcohol-related harm in local areas.
3. Prohibit the sale of alcohol for off-premises consumption after 10pm, and for on-premises consumption after 2am.

Thank you for the opportunity to provide a submission on the Draft NAS. We commend the Forum for releasing the Draft NAS, and urge the Forum to make the recommended changes to the final NAS to ensure it has substantial effect in reducing the significant contribution of alcohol to Australia's disease burden and cancer burden.

ⁱ Cancer Council Victoria. (2016) *Alcohol and cancer risk fact sheet*. Melbourne: Cancer Council Victoria.

ⁱⁱ World Cancer Research Fund. Summary of global evidence on cancer prevention. In: London, UK: World Cancer Research Fund; 2017.

ⁱⁱⁱ World Cancer Research Fund, American Institute for Cancer Research. (2007) *Food, nutrition, physical activity, and the prevention of cancer: a global perspective*. Washington DC: AICR; 2007.

^{iv} Corrao G, Bagnardi V, Zamboni A, La Vecchia C. (2004) A meta-analysis of alcohol consumption and the risk of 15 diseases. *Preventive Medicine*, 38(5), 613-9.

^v Collaborative Group on Hormonal Factors in Breast Cancer, Hamajima N, Hirose K, Tajima K, Rohan T, Calle EE, et al. (2002) Alcohol, tobacco and breast cancer--collaborative reanalysis of individual data from 53 epidemiological studies, including 58,515 women with breast cancer and 95,067 women without the disease. *British Journal of Cancer* 2002, 87, 1234-45.

^{vi} Million Women Study Collaborators, Allen NE, Beral V, Casabonne D, Kan SW, Reeves GK, et al. (2009) Moderate alcohol intake and cancer incidence in women. *Journal of the National Cancer Institute*, 101, 296-305.

^{vii} Pandeya N, Wilson LF, Webb PM, Neale RE, Bain CJ, Whiteman DC. (2015). Cancers in Australia in 2010 attributable to the consumption of alcohol. *Australian and New Zealand Journal of Public Health*, 39, 408-413.

^{viii} Wakefield M, Dunstone K, Brennan E. 'Unpublished national data from NHMRC Project grant, November 2017.

^{ix} Wakefield, M, Brennan, E, Dunstone, K, Durkin, SJ, Dixon, HG, Pettigrew, S, Slater, MS 2017, 'Features of alcohol harm reduction advertisements that most motivate reduced drinking among adults: an advertisement response study', *BMJ Open* 2017;7:e014193. doi:10.1136/bmjopen-2016-014193.

^x Wilkinson, C., Room, R. (2009) Warnings on alcohol containers and advertisements: international experience and evidence on effects. *Drug and Alcohol Review* 28:426-435; Wilkinson, C., Allsop, S., Cail, D., Chikritzhs, T., Daube, M., Kirby, G., Mattick, R. (2009). Report 1 Alcohol Warning Labels: Evidence of effectiveness on risky alcohol consumption and short term outcomes. Perth: National Drug Research Institute, Curtin University. <http://www.foodstandards.govt.nz/code/applications/documents/Alcohol-warning-labels-report-1.pdf>

^{xi} Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, L., Magnus, A., Cobiac, L., Bertram, M. & Wallace, A. (2010). *Assessing cost-effectiveness in prevention: ACE-prevention September 2010 final report*. University of Queensland.

^{xii} Wagenaar, AC, Salois, MJ & Komro, KA 2009, 'Effects of beverage alcohol price and tax levels on drinking: A meta-analysis of 1003 estimates from 112 studies', *Addiction*, vol. 104, no. 2, pp. 179-190.

^{xiii} Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, L., Magnus, A., Cobiac, L., Bertram, M. & Wallace, A. (2010). *Assessing cost-effectiveness in prevention: ACE-prevention September 2010 final report*. University of Queensland.

^{xiv} Byrnes JM, Cobiac LJ, Doran CM et al. Cost-effectiveness of volumetric alcohol taxation in Australia. *MJA* 2010; 192:439-443.

^{xv} Faulkner A, Azar D & White V 2017 'Unintended'

audiences of alcohol advertising: exposure and drinking behaviors among Australian adolescents' *Journal of Substance Use*, vol 22, no 1, pp. 108-112; Jones, SC & Magee CA 2011, 'Exposure to alcohol advertising and alcohol consumption among Australian adolescents' *Alcohol and Alcoholism*, vol 46, no. 5, pp. 630-637.

^{xvi} Jernigan D, Noel J, Landon J, Thornton N & Lobstein T 2016, 'Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008', *Addiction*, vol 112 (Suppl 1), pp. 7-20; Anderson, P, de Bruijn, A, Angus, K, Gordon, R & Hastings, G 2009, 'Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies', *Alcohol and Alcoholism*, vol. 44, no. 3, pp. 229-43; Smith, LA & Foxcroft, DR 2009, 'The effect of alcohol advertising and marketing on drinking behaviour in young people: Systematic review of prospective cohort studies', *BMC Public Health* (online), vol. 9, no. 51.

^{xvii} Jones SC, Barrie L, Gregory P *et al.* The influence of point-of-sale promotion on bottle shop purchases of young adults'. *Drug and Alcohol Review* 2015; 34:170-176.

^{xviii} Jones SC, KM S. The effect of point of sale promotions on the alcohol purchasing behaviour of young people in metropolitan, regional and rural Australia. *Journal of Youth Studies* 2011; 14:885-900.

^{xix} Livingston M. Alcohol outlet density and harm: Comparing the impacts on violence and chronic harms. *Drug and Alcohol Review* 2011; 30:515-523.