National Alcohol Strategy 2018-2026

Submission from Cancer Council Australia

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Cancer Council Australia is the nation's peak non-government cancer control organisation. Cancer Council Australia welcomes the opportunity to provide a submission on the draft National Alcohol Strategy.

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Introduction

The International Agency for Cancer Research classifies alcohol as a Group 1 carcinogen (a known cause of cancer in humans) [1]. It has been estimated that 3,208 cancers (2.8% of all cancers) occurring in Australian adults in 2010 could be attributed to alcohol consumption [2]. There is no safe limit of alcohol consumption in relation to cancer risk. The more alcohol consumed over a lifetime, the greater the risk of developing alcohol-related cancers [3-6]. Alcohol consumption is a cause of cancers of the breast, mouth, pharynx, larynx, oesophagus, liver and bowel [7] and stomach [8]. Liver cancer was the cause of the greatest cancer burden from alcohol use in Australia in 2011 [9]. Reducing high-risk alcohol consumption, particularly over the long term, is an important objective for reducing Australia's cancer burden.

Cancer Council Australia commends the Australian Government for the development of a draft National Alcohol Strategy (NAS) that is collaborative and evidence-based. The draft NAS includes priority areas of focus which are supported by the evidence and are therefore closely aligned with Cancer Council Australia's policy priorities to reduce the nation's alcohol-related cancer burden. In particular, in view of the evidence we strongly support the inclusion of alcohol taxation and pricing reform, regulation of alcohol advertising and public education and health warning labels to increase awareness of alcohol-related health impacts in the draft NAS.

To help ensure the NAS is effective in reducing the burden of cancer in Australia attributable to alcohol consumption, Cancer Council Australia recommends that the draft NAS should be strengthened through the inclusion of clear recommendations for action, timeframes for action as well as measurable targets and accountability mechanisms.

Comments on Priority Areas of Focus

The high community costs of harmful alcohol consumption as acknowledged in the draft NAS show the urgent need for more effective, integrated public policy interventions. As noted, Cancer Council Australia supports inclusion of a number of the objectives and recommendations for action in the draft NAS but believes certain policy areas are particularly

important for reducing the nation's alcohol-related cancer burden. Cancer Council Australia recommends the areas outlined in this submission be prioritised for action in short-term with clear timeframes for implementation.

Priority 2 – Managing availability, price and promotion

In view of the evidence, Cancer Council Australia strongly supports the objectives of strengthening controls on availability of alcohol, and reforming alcohol taxation and pricing. Tax increases have also been identified by the World Health Organization as part of a set of evidence-based "Best Buys" interventions to address harmful alcohol use [10]. Cancer Council Australia also 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.

Objective 2- Pricing and taxation reforms to reduce risky alcohol consumption

The formulation of alcohol taxation policy should acknowledge that alcohol is responsible for major harms in our community including cancer, with the latter being primarily caused by long-term consumption. Increasing the price of alcohol through taxation is one of the most effective ways to minimise alcohol-related harms. Cancer Council Australia strongly supports the introduction of a volumetric tax, as it is highly cost-effective and has the potential to significantly reduce alcohol consumption and related harms at a population level. An Australian analysis estimated that volumetric tax on wine would result in a 24% reduction in alcohol consumption and an increase in taxation revenue of $3 billion [11]. Our organisation supports the recommendations in the National Alliance for Action on Alcohol (NAAA) and the Foundation for Alcohol Research and Education (FARE) submission that the Commonwealth Government agree in principle to introducing a volumetric tax as an initial action to be implemented during the first three years. Furthermore, Cancer Council Australia supports the allocation of revenue from alcohol taxation towards preventative health activities.

In combination with a new volumetric tax, the introduction of a minimum floor price for alcohol could significantly decrease risky drinking behaviour by reducing the supply of cheaper, more harmful drinking options favoured by populations groups which bear the majority of Australia's alcohol-related disease burden [12]. Cancer Council Australia supports the introduction of a minimum floor price for alcohol, as there is evidence it could have a substantial impact both on overall consumption levels and on drinkers at most risk of short and long-term harm [13]. Additionally, we also recommend that the NAS include consistent national collection of wholesale alcohol sales data as a recommendation for action. The NAS should recommend that New South Wales and South Australia follow other jurisdictions in collecting wholesale alcohol sales data, and that all jurisdictions establish consistent reporting requirements to provide a more accurate picture of national alcohol sales. The World Health Organization recommends alcohol sales data as the gold standard for data on per capita alcohol consumption [14]. Data on wholesale sale of alcohol to retailers is a proxy for retail sales and would provide more accurate information on consumption levels and patterns and the impacts of policies such as changes in alcohol taxation and pricing. Currently, the only national data available is the Apparent Consumption of Alcohol data (Australian Bureau of Statistics) which is an estimate based on domestic

sales, excise, imports and an estimated component for home production. Collection of alcohol sales data would align with reporting on Priority 4: Promoting healthier communities (relevant indicator of change- total alcohol consumption per capita). This recommendation was also put forward by NAAA and FARE in their submission.

Objective 3- Minimise promotion of risky drinking behaviours and other inappropriate marketing

As acknowledged in the draft NAS, current alcohol advertising regulation is ineffective for limiting children and young people's exposure to alcohol advertising due to the limited restrictions on alcohol advertising and poor self-regulation by the industry. Regulation of alcohol advertising has been identified as one of the most cost-effective interventions [15, 16] and the introduction of a "single national advertising code" that is developed and enforced by relevant levels of government is strongly supported. The "single national advertising code" needs to be clear and follow a framework that 1) covers all forms of alcohol marketing, 2) establishes clear public policy goals, 3) creates an independent regulatory body for administering the system and 4) introduces meaningful sanctions for non-compliance. A comprehensive national approach is required to reduce alcohol-related harms in the long-term.

As a first step, Cancer Council Australia strongly recommends removing the recently broadened exception in the Commercial Television Industry Code of Practice that permits broadcasting alcohol advertisements during live sporting broadcasts and sports programs on weekends (commencing Friday at 6pm) and public holidays. Children and adolescents' exposure to alcohol advertising is high when viewing sport TV in Australia. For example, there were a total of 3544 alcohol advertisements across AFL (1942), cricket (941) and NRL programs (661) in 2012 with an audience of 26.9 million children and adolescents and 32 million young adults [17]. Implementation of future regulatory measures should focus on protecting children and young people from exposure to alcohol advertising and promotion. Cancer Council Australia advises a staged phase out of alcohol promotions from times and placements which have high exposure to children and young people (aged up to 25 years) including:

- advertising during live sport broadcasts
- advertising during high adolescent/child viewing
- sponsorship of sport and cultural events (e.g. sponsorship of professional sporting codes; youth oriented print media; internet based promotions).

Restricting sponsorships of sporting and cultural events should be included in the NAS as an opportunity of action.

Our organisation also supports regulatory measures to prevent promotion of discounted/low priced alcohol, including bulk purchase discount promotions, which create strong incentives for people to buy and consume hazardous quantities of alcohol [18, 19].

Cancer Council strongly supports more effective regulation of the availability of alcohol in Australia, particularly regulation of liquor outlet density. Research shows that changes in alcohol outlet density, particularly packaged liquor outlet density, are associated with changes in the incidence of long-term health problems [20].

We recommend that the NAS include as a recommendation for action that licensing laws in each state and territory include mechanisms for limiting outlet numbers in local areas, and require effective consideration of liquor outlet density, cumulative impact, trading hours, and risk and level of harm, in liquor licence decisions.

Priority 4 – Promoting healthier communities

Objective 1- Improve awareness and understanding of alcohol harms

Australia's relatively high burden of alcohol-related cancer reflects high levels of alcohol consumption by world standards. Australia ranks within the top 20 highest alcohol consuming nations out of 180 countries on a per capita basis [21]. In a national survey, 32% of men and 9% of women thought three or more alcoholic drinks was safe to drink without putting their health at risk over a lifetime [22]. Moreover, 17.1% of people aged over 14 years are consuming alcohol in amounts that puts them at risk of an alcohol-related disease [16]. The lack of knowledge of safe drinking levels suggests more needs to be done to raise public awareness of the harms. Additionally public awareness of the link between alcohol and cancer is low [23] but can be raised with well-resourced campaigns [24]. Cancer Council Australia supports the development of public health campaigns promoting the risks and harms associated with alcohol consumption with a particular focus on long-term health impacts. A public education campaign using social marketing to raise awareness of the NHMRC Guidelines as well as the link between alcohol and cancer is needed and should be a priority action in the NAS with a timeframe for implementation within the next three years.

General Practitioners (GPs) can also play a significant role in educating patients on the NHMRC Guidelines and the risks associated with short and long term consumption of alcohol. Studies show that advice in general practice consultations can reduce harmful alcohol consumption in men in particular [25, 26]. The primary care sector in Australia receives limited support for implementing preventative healthcare interventions and could be included as an opportunity for action.

Objective 2- Improve communication to target groups

Cancer Council Australia supports implementation of a rotating range of readable, impactful health-related warning labels, including labels warning of the link between alcohol and cancer. Health information and warning labels on alcohol products have the potential to increase public awareness of alcohol harms, notably because they can directly target the people at purchase and during consumption. However, current alcohol labelling requirements are less stringent than those applied to foods and fail to recognise that alcohol is a high-risk product. A more effective approach to alcohol labelling could be based on the approach taken to tobacco under the consumer protection provisions of the Trade Practices Act 1975 (Cth). A rotating series of health warning labels should be compulsory on all alcohol products so consumers can be informed that the product they are purchasing and/or

consuming can have a serious impact on their health and well-being. International evidence shows that a rotating series of health-warning labels would have greater continuing effect than a single stable warning label [27, 28].

General comments

The draft NAS aims for a 10% reduction in harmful alcohol consumption by 2026. The evidence of long-term harms from alcohol consumption particularly in relation to increased risk of several cancers [7, 8] has grown substantially in the last few years. Given the evidence of long-term health impacts, a 10% reduction goal is not ambitious enough. Australian Health Policy Collaboration's report commented on the extent of alcohol-related harms and the need to increase the target to a 20% reduction [29]. Although the 10% goal aligns with the WHO target, the data shows that a 20% goal is justifiable and achievable.

The draft NAS needs clear recommendations for action and measurable targets. Further details on implementation including timeframes for action and mechanisms for accountability are also needed. Furthermore, to encourage collaboration and commitment from government and non-government sectors, recommendations for action should identify the relevant government, organisation and/or community groups responsible.

Cancer Council Australia notes that a new Reference Group will develop a reporting framework which may address some of the issues raised. However, it is important that there is an opportunity for broader consultation on the reporting framework and implementation.

Certain indicators of change identified for the priority areas could be improved or further clarified. For example, priority 2 indicator "proportion of school children (ages 12-17) who drank more than 4 drinks on one day in the past week" could be improved. To better align with the NHMRC Guidelines, more appropriate indicators could be:

- Proportion of school aged children who abstained from drinking alcohol in the past year
- Age of initiation of drinking.

Given that the draft NAS does not include much detail, it is important that there is an opportunity for further comment on the indicators, targets and mechanisms for accountability. This detail is critical to allow effective assessment of progress of the NAS at the mid-point review which is supported by our organisation.

Cancer Council Australia commends the decision that membership of the new Reference Group will not include alcohol industry representation. Cancer Council Australia also does not support any ongoing role for industry in developing national alcohol policy. Indirect influences on policy from the alcohol industry should also be given consideration. As suggested in the NAAA and FARE submission potential influences such as provision of political donations, the direct lobbying of parliamentarians and participation in parliamentary inquiries should be recognised.

Cancer Council Australia appreciates the opportunity to provide feedback on the draft NAS. The draft NAS reiterates the World Health Organization's "Best Buy" interventions for

harmful alcohol use. Tax increases, restricted access to retailed alcohol and bans on alcohol advertising were interventions identified by the World Health Organization as highly cost-effective, feasible and appropriate to implement. However, the NAS could be further strengthened by including clear recommendations of action, measurable targets and mechanisms for accountability to ensure its success.

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