

**Submission
No 597**

SYDNEY'S NIGHT TIME ECONOMY

Organisation: Cancer Council NSW

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The Hon. Natalie Ward MLC
Committee Chair
Joint Select Committee on Sydney's night time economy
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Dear Ms Ward,

SUBMISSION TO THE *INQUIRY INTO SYDNEY'S NIGHT TIME ECONOMY*

Thank you for the opportunity to provide a submission to the *Inquiry into Sydney's night time economy*.

Cancer Council NSW (CCNSW) endorses the NSW ACT Alcohol Policy Alliance's (NAAPA) submission to this inquiry. NAAPA is a coalition of 48 organisations working to reduce alcohol harm by ensuring that evidence-based solutions inform alcohol policy discussions in NSW and the ACT. CCNSW also makes these additional following observations.

CCNSW focuses on cancer research, prevention programs, advocacy and providing information and support for people affected by cancer. CCNSW has a series of evidence-based recommendations aimed at preventing cancer at the population level, one of these includes limiting alcohol consumption to reduce alcohol-related cancers.

Alcohol and Cancer

The International Agency for Cancer Research (IARC) classifies alcohol as a Group 1 carcinogen.(1) This means that IARC are certain that alcohol causes cancer. This classification does not, however, relate to the number of cancers caused.

Alcohol consumption is a cause of cancers of the breast, mouth, pharynx, larynx, oesophagus, liver, bowel and stomach.(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.(2) In NSW, breast and bowel cancer, both linked to alcohol consumption, were 24.8% of cancer cases (2011-2015 data).(3)

The National Health and Medical Research Council (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol state:

- *For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury*
- *For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.(4)*

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. The incidence of alcohol associated cancer types could have been reduced by 1,442 cases (4.3%) if no Australian adults consumed more than two standard drinks per day.(5) In Australia in 2011, liver cancer was the cause of the greatest cancer burden from alcohol use, followed by breast, mouth and pharyngeal cancers. Burden from bowel, laryngeal and oesophageal cancer was attributed to long-term alcohol use.(6) Reducing alcohol consumption, particularly over the long term, is therefore an important objective for reducing Australia's cancer burden.

Body fatness is also a significant risk factor for cancer. Being overweight or obese is the cause of 12 different cancers including cancers of the bowel, kidney, pancreas, liver, oesophagus, endometrium and breast (in post-menopausal women).(2) Alcoholic drinks are generally high in kilojoules and low in nutritional value, especially when mixed with sugar-sweetened mixer drinks. Alcohol consumption in addition to normal dietary intake can lead to weight gain. Alcohol may therefore contribute indirectly to obesity-related cancers. It has been estimated that 3,917 cancers (3.4 % of all cancers) occurring in Australian adults in 2010 could be attributed to overweight and obesity.(7)

CCNSW routinely undertakes the Cancer Prevention Community Survey to measure the behaviours, attitudes and opinions of NSW adults across a range of topic areas related to cancer risk and prevention. The most recent survey was undertaken in 2019 with 3,213 respondents answering questions about cancer risk. Of concern is that only 54% of respondents were aware that alcohol can cause cancer.(8) While increasing awareness of the cancer risks associated with alcohol is necessary, policy that works to reduce the consumption of alcohol is also needed.

The impact of alcohol on the NSW health system

Health Stats NSW data shows that, in NSW in 2016, alcohol was responsible for 1795 deaths. In 2017, 31.1% of the total NSW adult population and 46% of 16-24 year olds drank alcohol at rates that increased their long-term risk of harm. In 2017-2018, alcohol was responsible for 49,356 hospitalisations and 14,741 presentations to hospital emergency departments of which 2,725 were for 18-24 year olds.(9)

Alcohol abuse costs the NSW government more than \$1 billion every year. This does not include the cost of treatment of chronic conditions linked to alcohol use.(10) The NSW Ministry of Health cites alcohol use as one of the leading causes of preventable disease in NSW. They have a priority goal to reduce alcohol-related harm in NSW.(11)

Community responses to alcohol

In the CCNSW 2019 Cancer Prevention Community Survey, 1,601 respondents answered questions about their alcohol consumption and attitudes to alcohol policy.

Sixty percent of respondents reported that they consumed one to two standard drinks on a typical drinking occasion, with 21% consuming three to four standard drinks. Nineteen per cent reported drinking five or more standard drinks on a typical drinking occasion. Most alcohol users reported moderate levels of consumption, within the safe drinking guidelines however around three-in-five alcohol users reported that they 'binge' drink with varying frequency. Maintaining the current reforms that limit the type and quantity of alcohol within set hours works to reduce high risk alcohol consumption.

Cancer Council Australia policy position

The Cancer Council Australia National Cancer Prevention Policy outlines that addressing alcohol availability is an effective intervention to reduce the harms associated with excessive alcohol consumption. Alcohol availability refers primarily to the time (trading days and hours) that alcohol products are available, either for consumption in licensed premises or as takeaways, and the density and number of alcohol outlets. Evidence shows that the availability of alcohol has a direct relationship with the harms caused by excessive drinking; the easier alcohol is to obtain, the greater the harms.(12)

Conclusion

The National Alcohol Strategy 2018 -2026 Consultation Draft aims for a 10% reduction in harmful alcohol consumption over the short and long term. The strategy identifies regulation of the availability of alcohol as a key pillar of harm minimisation and identifies an opportunity for action is to have licensing procedures that include consideration of outlet density and trading hours.(13)

As outlined in the NAAPA submission, there is overwhelming evidence that the comprehensive current reforms that came into effect on 24 February 2014 have reduced alcohol harm in Sydney. We support the continuation of measures that include:

- Limits on the times that alcohol can be served
- Bans on high strength drinks and shots from midnight up to 7am (except small bars)
- Per-person drink sale limits during late trading (except small bars)
- No more than four alcoholic drinks or one bottle of wine between midnight and 2am
- No more than two alcoholic drinks from 2am onwards

These measures act to reduce alcohol consumption, including binge and high risk drinking, which on a population basis would translate to reducing the risk of alcohol-related cancer in Australia.(12)

Thank you once again for the opportunity to raise these important issues with you.

Yours sincerely



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