

PORTFOLIO COMMITTEE NO. 1 – PREMIER AND FINANCE

INQUIRY INTO THE ALCOHOLIC BEVERAGES ADVERTISING PROHIBITION
BILL 2015

HEARING: FRIDAY 5 DECEMBER 2017

CANCER COUNCIL NSW RESPONSE TO QUESTIONS ON NOTICE

The Hon. ADAM SEARLE: In relation to the incidence of cancers attributable to alcohol consumption you have quoted some statistics from 2010. Is there anything more recent or likely to become more recent in the foreseeable future?

Ms HUGHES: Those figures were from 2010. We may have to take that question on notice. I believe there is some work going on—Cancer Council Australia was involved in commissioning the 2010 research—to look at similar analyses. I am not sure if that is to be published very soon but it is looking at more recent data.

Mr MOORE: Perhaps I can help there as well and probably make a declaration of possible conflict of interest. I am on the board of the National Drug Research Institute at Curtin University. At that university Professor Chikritzhs does a tremendous amount of research on alcohol. When they were celebrating their thirtieth birthday on Thursday, I heard her do a presentation on the relationship between cancer and alcohol. She was quoting some quite recent research. I am happy to take it on notice and forward that, but I would strongly recommend that you consider interviewing Tania if you have not had the opportunity to do so. She is an outstanding researcher in this area.

The CHAIR: So you will take that question on notice.

Mr MOORE: I will supply what material I can find from there.

The CCNSW submission quotes “Around 3,208 cases of cancer in Australia in 2010 were attributable to alcohol consumption and were therefore preventable.” This data is taken from research led by Professor David Whiteman and published in the journal article by Pandeya, Cancers in Australia in 2010 attributable to the consumption of alcohol.¹

Professor Whiteman’s group have recently (December 2017) published updated data in the International Journal of Cancer.² The journal article quotes that 1037 (2.4%) cancer deaths and 3496 (2.8%) cancer cases in 2013 were attributable to alcohol. These data were updated using 2013 incidence data and the most recent assessments of causality. When the data was stratified into 0-74 years and 75+ years, it showed that in males under 75 years, alcohol contributed to 5% of premature cancer deaths. Less than 2% of cancer deaths in males 75 years and above were attributable to alcohol.²

A copy of this journal article is attached.

Mr JUSTIN FIELD: I do not want to labour the point but I pick up on your point, Mr Moore: I do not want our report to say the health professionals all said one thing about the link between drinking and cancer or drinking and health, but industry put other evidence in front of us. Lion, in particular, stated in its submission, and I just seek a response if you could: "There is a safe and potentially beneficial level of alcohol consumption. Studies on the benefits of moderate alcohol consumption conservatively estimate that 2,437 deaths and 114,726 hospital bed days are prevented each year", and they quote the study "The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society" in 2004-2005, and Stockwell 2002. Can you very quickly respond to that? I would be interested even in an on-notice response to how reliable that study is. It would be great to get to the bottom of that question.

Ms DESSAIX: I think we would like to take that question on notice.

Cancer Council NSW would like to highlight to the committee:

- The Lion submission quotes death and hospital bed stay prevention data from the 2004/2005 Collins and Lapsley report and does not specifically quote the total deaths and hospital bed days caused by alcohol, which is 3,494 deaths and 1,031,660 hospital bed days.
- Collins and Lapsley specifically caution against using the theoretical death and hospital bed days prevented to inform alcohol policy, compared to the total deaths and hospital bed days caused by alcohol which is more reliably linked to individual patients.
- The proposed protective effects of alcohol relate to cardiovascular disease. However, following separate reviews of the evidence related to alcohol consumption and cardiovascular disease risk, both the World Health Organization (WHO) and Australia's National Heart Foundation (NHF) state unequivocally that they do not recommend alcohol consumption to prevent heart disease.
- Cancer Council NSW advise there is no safe level of alcohol consumption in relation to cancer risk.

Alcohol places a significant cost on the NSW government. The NSW Auditor-General's Report, Performance Audit Cost of alcohol abuse to the NSW Government, published in August 2013 highlighted "We estimate the annual cost of alcohol-related abuse to NSW Government services to be \$1.029 billion in 2010...We also estimate the total societal costs in NSW to be \$3.87 billion per year, or \$1,565 per household".³

The Lion Beer Australia submission quotes a study by Collins and Lapsley from 2004/5⁴ and a report by Stockwell from 2002⁵ to support the claim that "...there is a safe and potentially beneficial level of alcohol consumption."

The Collins and Lapsley report contains the following table:

Table 10, Alcohol attributable deaths and hospital bed days, 2004/05

Male and Female	Deaths	Hospital bed days
Caused	3,494	1,031,660
Prevented	2,437	114,726
Total	1,057	916,934

The Lion Beer Australia submission highlights the deaths and bed days prevented by alcohol however, Collins and Lapsley state the following in their report:

“...when examining the potential benefits of policies designed to prevent alcohol misuse, the relevant number of deaths is 3,494, not the net figure of 1,057. Of particular relevance to alcohol misuse policies is the fact that these deaths and hospital bed days can be more readily linked to actual individuals, while the deaths and hospital bed days prevented are theoretical. As always, interpretation of these data has to be undertaken with care”.⁴

The Stockwell study made their conclusions based on data from the 1990s and the authors highlight the lack of standardised methodologies and the limited availability of Australian data to use in presenting data regarding alcohol-caused mortality and morbidity. The authors state that:

“On its own, the figure of a net saving of... lives per year is a simplistic and potentially misleading picture of alcohol as a net benefit to public health and safety.”⁵

The theoretical benefit of alcohol consumption appears to be for cardiovascular disease. The Collins and Lapsley paper use data based on alcohol having a protective effect on ischaemic heart disease, along with cholelithiasis, heart failure and stroke and hypertension in females.

The protective effect of alcohol on heart disease is now disputed. In particular, the WHO in their Prevention of Cardiovascular Disease Guidelines for assessment and management of cardiovascular risk 2007 reviewed the issue as to whether alcohol consumption reduces cardiovascular risk and found no merit in promoting alcohol consumption for cardiovascular benefits. The report states:

“A meta-analysis of 28 cohort studies of alcohol consumption and coronary heart disease (CHD) showed that risk decreased as consumption increased from 0 to 20 g/day (RR = 0.80, 95% CI 0.78 to 0.83); there was evidence of a protective effect of alcohol up to 72 g/day (RR = 0.96, 95% CI 0.92 to 1.00), and increased risk at consumptions above 89 g/day (RR = 1.05, 95% CI 1.00 to 1.11).

....The benefits of alcohol in light to moderate drinkers may be overestimated in meta-analyses of observational studies, as a result of confounding and reverse causality. The meta-analysis was dominated by a few very large studies, which did not carefully assess the reasons for not drinking, and did not measure multiple potential confounders.

It is primarily the non-drinking group that causes the U-shaped relationship, and this may contain both life-long abstainers and people who stopped drinking because of ill-health; this could result in a spurious association suggesting that there is a safe level of alcohol intake.

A recent meta-analysis of 54 published studies concluded that lack of precision in the classification of abstainers may invalidate the results of studies showing the benefits of moderate drinking. If the authors' claim is correct, it implies that there is no level of alcohol consumption that is beneficial with respect to coronary heart disease; rather, risk increases with increasing consumption in a linear fashion.

..... It is possible that the protective association between light-to-moderate alcohol consumption and coronary heart disease is also an artefact caused by confounding. Light-to-moderate drinkers may be "light-to-moderate" in other behaviours, such as tobacco use which could be responsible for their lower risk of CHD.

...Consequently, from both the public health and clinical viewpoints, there is no merit in promoting alcohol consumption as a preventive strategy." ⁶

In Australia, the National Heart Foundation explicitly advises against the consumption of red wine and other types of alcoholic drinks for the prevention or treatment of heart disease.⁷

The position statement from Cancer Council Australia on alcohol and cancer published in 2011 states:

".. the ongoing debate over the potential impact of uncontrolled confounders on estimates of the size of the cardioprotective effect, and whether or not moderate alcohol consumption should be recommended for protection against heart disease, is difficult to resolve in the absence of randomised controlled trials.

Alcoholic drinks and ethanol are carcinogenic to humans. There is no evidence that there is a safe threshold of alcohol consumption for avoiding cancer, or that cancer risk varies between the type of alcoholic beverage consumed. CCA recommends that to reduce their risk of cancer, people limit their consumption of alcohol, or better still avoid alcohol altogether." ⁸

The CHAIR: You state in your submission, "projections indicate that cancer incidents will be 44 per cent higher in 2021 than 2006, and cancers of the bowel and breast", both linked to cancer, "are already the second and third most common cancers in New South Wales". I particularly refer to the association with women who are affected by cancer of the breast, which seems to be becoming more frequent in Australia. Is that a factor in alcohol consumption?

Ms HUGHES: We need to bear in mind that increases of cancer incidents are for a range of reasons. Different cancer types are caused by a range of different things. Not all of that 44 per cent increase in cancer diagnosis will be associated with alcohol consumption. I am putting that on notice. What it would be indicating is that as cancer rates increase there is likely to be a number of cancers of that 44 per cent increase associated with alcohol consumption.

The CHAIR: You cannot break that 44 per cent down with direct links to alcohol?

Ms HUGHES: That research comes from the cancer institute. We can look at it to see if there are any specific breakdowns. I am not sure whether the report goes to that level of detail.

The CHAIR: Will you take that on notice?

Ms HUGHES: We will take it on notice, yes.

The CCNSW submission quotes that "projections indicate that cancer incidence will be 44% higher in 2021 than 2006. This data is taken from the Cancer Institute's report "Cancer incidence and mortality projections 2011–to 2021".⁹

The report states that:

The population of NSW is growing and ageing. This means that even more people will be impacted by cancer in their lifetime.

Projections are based on estimates of population growth, and historical trends in cancer incidence and mortality.

Projections do not take into consideration factors such as the introduction of a highly effective new treatment or screening program, or cancer risk factors (such as smoking, obesity, or occupational exposure). Projections are not precise predictions of the future and should be used as a guide only.⁹

As the report does not take risk factors into consideration, there is no specific information provided in relation to projected cancer incidence related to alcohol consumption.

Table 1 is an extract from the report and shows cases and proportion of all cases of actual 2006 and projected incidence by cancer type, NSW, 2011–2021 for the cancers associated with alcohol consumption.

Projections show that in 2021 there is expected to be 5,924 cases of breast cancer, 6,777 cases of bowel cancer, 4,345 cases of colon cancer and 2,423 cases of rectal cancer. Alcohol is a significant risk factor for these cancers. However as a proportion of all cancer cases they remain very similar to 2016 figures at 36% of all cancer cases.

Table 1:

Cases and proportion of all cases of actual 2006 and projected incidence by cancer type, NSW, 2011–2021		Persons			
Cancer type	Statistics	2006	2011	2016	2021
		actual	projected	projected	projected
Bowel cancer	Cases	4,714	5,242	5,961	6,777
	Proportion of all cases	13%	13%	13%	13%
Breast cancer	Cases	4,174	4,777	5,337	5,924
	Proportion of all cases	12%	12%	11%	11%
Colon cancer	Cases	3,024	3,326	3,792	4,345
	Proportion of all cases	9%	8%	8%	8%
Head and neck cancer	Cases	975	1,014	1,101	1,188
	Proportion of all cases	3%	3%	2%	2%
Lip cancer	Cases	250	283	304	329
	Proportion of all cases	1%	1%	1%	1%
Liver cancer	Cases	437	550	711	905
	Proportion of all cases	1%	1%	2%	2%
Oesophageal cancer	Cases	410	462	531	612
	Proportion of all cases	1%	1%	1%	1%
Rectal cancer	Cases	1,690	1,892	2,147	2,423
	Proportion of all cases	5%	5%	5%	4%
Stomach cancer	Cases	631	694	738	780
	Proportion of all cases	2%	2%	2%	1%
Grand total ^a	Cases	35,326	40,496	46,940	54,106
	Proportion of all cases	100%	100%	100%	100%
All cancers combined	Cases	35,326	40,261	46,492	53,353
			492.2	504.6	

The Hon. SCOTT FARLOW: Picking up on Mr Franklin's point before about drinking levels and some of the figures we are seeing, are there any studies that you are aware of that you can point us to with respect to the advertising spend of alcohol companies and increased alcohol per capita consumption levels?

Ms HUGHES: Alcohol advertising spending is not our area of expertise.

Ms DESSAIX: We can take that on notice as well to see if there is anything available.

CCNSW does not have data on alcohol advertising spend however we are able to provide further information about the per capita consumption of alcohol.

This table is extracted from the Australian Bureau of Statistics - Apparent Consumption of Alcohol, Australia, 2015-2016.¹⁰ It shows that the total amount of alcohol available for consumption has increased to 189,087L in 2016 from 184,789L in 2011. The per capita consumption of alcohol in litres per person aged 15 years and over has reduced slightly from 10.29L in 2011 to 9.7L in 2016, however has remained fairly level since 2013.

TABLE 1: PURE ALCOHOL AVAILABLE FOR CONSUMPTION

Year ended 30 June	Beer	Wine(a)	Spirits	RTDs(b)	Cider(c)	Total
VOLUME OF PURE ALCOHOL ('000 litres)						
2011	r77 213	68 000	r24 032	r12 812	r2 731	r184 789
2012	75 585	69 044	r23 080	12 490	3 063	r183 263
2013	75 116	68 719	r24 031	12 130	r4 140	r184 136
2014	r75 862	68 890	23 174	11 610	r5 027	r184 563
2015	72 102	70 219	23 436	10 962	6 008	182 728
2016	75 371	70 862	24 280	11 301	7 273	189 087
PER CAPITA CONSUMPTION OF PURE ALCOHOL(d) (litres)						
2011	r4.30	3.79	1.34	0.71	0.15	r10.29
2012	4.14	3.78	1.26	0.68	0.17	10.04
2013	4.04	r3.69	1.29	0.65	r0.22	r9.90
2014	4.01	3.64	1.23	0.61	r0.27	r9.76
2015	3.76	3.66	1.22	0.57	0.31	9.52
2016	3.87	3.64	1.25	0.58	0.37	9.70

r revised (see paragraph 5 to 7 of the [Explanatory Notes](#)).

(a) Due to the changes in survey design between 2013-14 and 2015-16 and the interpolation method applied to calculate 2014-15 domestic wine data, comparisons between these years should be interpreted with caution (for details, see paragraphs 19 to 25 of the [Explanatory Notes](#)).

(b) Ready to Drink (pre-mixed) beverages.

(c) See paragraphs 34 to 37 of the [Explanatory Notes](#) for information on how estimates of cider were calculated.

(d) Litres per person aged 15 years and over.

Note that these figures will overestimate the true level of alcohol consumed as beverages, as adjustments have not been made for storage, wastage and other factors such as for alcohol used in cooking.

This is a crude measure of alcohol consumption. Unlike other states, NSW does not collect wholesale sale of alcohol to retailers which acts as a good proxy for retail sale to the public. The collection of accurate information about alcohol consumption is limited by the methods available and mostly relies on individuals' self-reported consumption in relevant surveys.

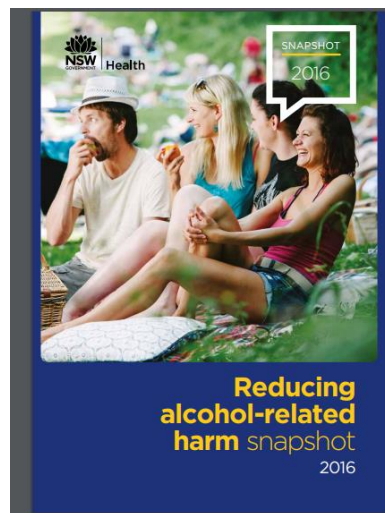
The CHAIR: In its submission the Cancer Council NSW states:

The NSW Ministry of Health cites alcohol use as one of the leading causes of preventable disease in NSW.

I assume there is a source for that quote?

Ms HUGHES: Yes, I believe it is associated with the statistics website of New South Wales Health, but we can provide you with the link to where that has come from. It has been stated clearly a number of times. It is from the "Reducing alcohol related harm snapshot 2016".

This extract from The NSW Ministry of Health's Reducing alcohol related harm snapshot 2016¹¹ shows that the Ministry of Health cites alcohol as one of the leading causes of preventable disease in NSW.



Alcohol use is one of the leading causes of preventable disease in NSW. Overall, it is the leading contributor to burden of illness and deaths in Australia for people up to 44 years of age¹. Economically, it has been estimated that the societal cost in NSW is \$1,565 per household².

There is a clear link between the amount of alcohol consumed, either in the short or long-term, and the level of harm that results³.

The health impacts from alcohol vary for different age groups and include:

- drinking during pregnancy can result in congenital abnormalities and disability
- underage drinking can affect normal development of the brain
- young people, up to the age of 25, are at higher risk of alcohol related harm, particularly due to a greater risk of accident and injury
- older people can be more vulnerable to the effects of alcohol due to physiological changes associated with ageing.

GOAL: to reduce alcohol-related harm in NSW

Priorities:

- provide information, education and referrals to improve awareness around alcohol, reduce stigma and help people make healthy choices
- deliver prevention, early intervention programs and pathways to care to minimise the impact of alcohol on the community, particularly for those at risk of harm
- enhance harm reduction efforts to lessen the burden of disease on individuals and the health system
- provide support for families and carers to help them manage the impact of alcohol on the family and support those in need
- support whole of government priorities to enhance prevention and reduce harms from alcohol

References

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