

PORTFOLIO COMMITTEE NO. 1 - PREMIER AND FINANCE

INQUIRY INTO THE ALCOHOLIC BEVERAGES ADVERTISING PROHIBITION BILL 2015

HEARING: FRIDAY 5 DECEMBER 2017

Supplementary questions for Cancer Council NSW

1. How would you respond to the statement from the Lion Beer Australia submission that (p8): "...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." The statement references a 2004/05 report by Collins and Lapsley and a 2002 report by Stockwell.

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 <u>caused</u> 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".¹

The Lion Beer Australia submission quotes a study by Collins and Lapsley from 2004/5 ² and a report by Stockwell from 2002 ³ 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".²

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. " ³

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 metaanalyses 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." 4

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.⁵

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." ⁶

References

- 1. New South Wales Auditor-General's Report to Parliament Cost of alcohol abuse to the NSW Government. Sydney, Australia; 2013.
- 2. Collins D, Lapsley H. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Canberra, Australia; 2008.
- 3. Chikritzhs T, Stockwell T, Jonas H, Stevenson C, Cooper-Stanbury M, Donath S, et al. Towards a standardised methodology for estimating alcohol-caused death, injury and illness in Australia. Aust N Z J Public Health. 2002;26(5):443-50.
- 4. World Health Organization. Prevention of cardiovascular disease. Guidelines for assessment and management of cardiovascular risk. Geneva; 2007.
- 5. National Heart Foundation of Australia. Position statement Antioxidants in food, drinks and supplements for cardiovascular health. 2010.
- 6. Winstanley MH, Pratt IS, Chapman K, Griffin HJ, Croager EJ, Olver IN, et al. Alcohol and cancer: a position statement from Cancer Council Australia. Med J Aust. 2011;194(9):479-82.