



# Submission on a National Cancer Strategy

July 2015

## **Alcohol Action Ireland**

Alcohol Action Ireland is the national charity for alcohol related issues.

We are an independent voice for advocacy and policy change, working to reduce levels of alcohol-related harm in Ireland and improve health, safety and wellbeing for all.

We focus on evidence-based public health policies that will deliver the widest benefits to the greatest number of people within the population.

Alcohol Action Ireland adheres to the World Health Organisation (WHO) guidance that “the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests” (1), and HSE guidance that “there is an inherent conflict associated with the alcohol industry playing a role in providing public health advice” (2). We therefore do not work with the alcohol industry.

We act as secretariat to the Oireachtas Cross Party Group on Alcohol Harm and are founding members of the Alcohol Health Alliance Ireland.

Our organisation is composed of two full-time and one part-time staff members and is run by a voluntary board. Our CEO is Suzanne Costello and the chairperson of our Board is Carol Fawsitt, Partner, Hayes Solicitors. Other board members include: Professor Joe Barry, specialist in public health medicine with the HSE and senior lecturer in public health at Trinity College Dublin; Dr Declan Bedford, public health specialist; Pdraig Brady, CEO Pioneer Total Abstinence Association; Catherine Brogan, Director, Samaritans Ireland; Pat Cahill, retired teacher; John McCormack, CEO, Irish Cancer Society; Dr Bobby Smyth, Consultant Child and Adolescent Psychiatrist with the HSE and Senior Clinical Lecturer with the Department of Public Health and Primary Care in Trinity College Dublin, and Tadhg Young, Chief Operating Officer, State Street International Ireland.

Alcohol Action Ireland is funded primarily by the HSE and also through individual public donations. Our governance code and annual accounts are available on our website at [www.alcoholireland.ie/about/funders](http://www.alcoholireland.ie/about/funders)

## **Alcohol and Cancer**

Alcohol causes cancer and the more we drink the greater our risk of alcohol-related cancer (3, 4).

Alcohol is classified as a group 1 carcinogen by the International Agency for Research on Cancer (IARC) as there is a proven, causal link between alcohol and several types of cancer (3, 4).

Alcohol consumption can cause cancer of the mouth, pharynx, larynx, oesophagus, liver, bowel and female breast. All these cancers showed evidence of a dose-response relationship - the risk of cancer increases steadily with greater volumes of alcohol consumption (3, 4).

There is no ‘safe’ threshold of alcohol consumption and even low to moderate amounts of alcohol are a risk when it comes to cancer. The risk increases in line with alcohol consumption and therefore the only way to reduce the risk of an alcohol-related cancer is reduce alcohol consumption (3-7).

For example, consumption of just one standard drink per day is associated with a 9% increase in the risk of developing breast cancer, compared to non-drinkers, while consuming 3 to 6 standard drinks per day increases the risk of breast cancer to 41% (8).

The cancer risks from alcohol are the same, regardless of the type of alcoholic beverage consumed (e.g. wine, beer or spirits). It has been established that ethanol, and not any other ingredients of alcoholic beverages, is the ingredient that mainly causes cancer, with acetaldehyde (a toxic chemical produced when our bodies break down alcohol) likely to be the most important biological carcinogen (5).

The risk of cancer of the mouth, pharynx, larynx and oesophagus from alcohol consumption in combination with smoking tobacco is multiplicative (rather than additive) and far greater than either drinking alcohol or smoking alone (3, 9, 10).

Alcoholic beverages are also generally high in calories and can lead to weight gain. Being overweight or obese increases the risk of many types of cancer (11).

In 2010, alcohol-attributable cancer caused 337,400 deaths worldwide - 91,500 deaths among women and 245,900 deaths among men (5). However, deaths from alcohol-related cancers are most common in Europe (5), which is the heaviest drinking region in the world (7).

The main causes of alcohol-related death in European men are cirrhosis (26%), unintentional injury (23%) and cancer (17%). In European women, the main causes of alcohol related death are cirrhosis (37%) and cancer (31%, with breast cancer alone accounting for 21%) (12).

A study of alcohol-attributable cancer in eight European countries found that one in ten of all cancer cases in men and one in 33 of all cancer cases among women are caused by alcohol consumption (6).

The study found that, in Western Europe, an important proportion cancer cases can be attributed to alcohol consumption, particularly consumption higher than the recommended low-risk limits, and concluded that its data “strongly underlines the necessity to continue and to increase efforts to reduce alcohol consumption in Europe, both on the individual and the population level” (6).

### **Alcohol consumption in Ireland**

Cancers caused by alcohol can take many years to develop (often as long as two decades) (12), so the effect of our current harmful drinking patterns in Ireland will be seen well in the future, which is particularly concerning given trends in alcohol consumption in recent decades.

Our current level of alcohol consumption, based on 2014 figures, is 11 litres per capita. If you exclude the 20% of the population aged 15+ who do not drink alcohol, our per capita alcohol consumption rises to 13.75 litres of pure alcohol for every Irish person aged 15 and over.

While average alcohol consumption decreased by 15% in Europe in the 30 years from 1980 to 2010, it increased by 24% in Ireland during the same period and we drink almost 2 litres of alcohol per capita above the OECD average.

OECD figures show how alcohol consumption in Ireland almost trebled over four decades between 1960 (4.9 litres) and 2000 (14.2 litres), when our consumption reached a record high. Consumption then fell by about 8% during 2002 and 2003, with a significant rise in excise duty on spirits leading to a sharp fall in spirits consumption and an overall fall in alcohol consumption.

Our alcohol consumption then remained relatively static from 2003 to 2007, but fell significantly over a two-year period from 2007 to 2009, when there was a reduction of 16%, as the recession began to take its toll on expenditure in Ireland. A significant excise duty increase resulted in a fall of alcohol consumption by almost a litre in 2013, before it increased again in 2014.

Alcohol consumption increased in Ireland in 2014 despite a 5% decrease in the population of the heavy drinking 20 to 29-year-old age group between 2013 and 2014. The Minister for Health has warned that this “is probably related to the upturn in the economy and represents the first increase in alcohol consumption in a number of years. If that is the case, it is a matter of real concern, because it indicates that without policy change, as more people return to work and they have more money in their pockets, they are likely to drink more of it” (13).

At 11 litres of pure alcohol per person every year, we are drinking at very high levels and experiencing unacceptably high levels of alcohol-related harm, a situation that is exacerbated by our unhealthy drinking patterns, particularly the prevalence of binge drinking.

The Health Research Board found that 75% of alcohol consumed in Ireland is consumed as part of a binge drinking session. The HRB research found that we also underestimate our alcohol intake by 61%. Overall, 54% of people who drink, some 1.34 million Irish people, do so in a harmful manner, and over 175,000 Irish people are dependent on alcohol (14).

### **Alcohol and Cancer in Ireland**

The incidence of cancer in Ireland is expected to double by 2040 and although demographic change will be the main factor driving this increase in cancer cases, trends in risk factor prevalence will also have an impact, with alcohol consumption recognised as one of five key risk factors, along with smoking, diet, overweight/obesity, and low physical activity (15).

In Ireland the proportion of alcohol related deaths from cancer is higher than the European average, at 20.7% for men (versus 17%) and 38.8% for women (versus 31%) (16).

Research conducted by the National Cancer Control Programme in 2013 found that alcohol is associated with approximately 900 new cancer cases per year and 500 cancer deaths (17).

The NCCP research found that, between 2001 and 2010, 6.7% of male cancer deaths and 4.6% of female cancer deaths in Ireland were attributable to alcohol – 2,823 men and 1,700 women.

Among men, the majority (63.6%) of alcohol-related cancer deaths were in the upper-aero digestive tract, while among women, four in ten (40.9%) alcohol-related cancer deaths were due to breast cancer (17).

More than half of all head and neck cancers in Ireland during that period were associated with alcohol consumption, while 12% of all breast cancers were associated with alcohol consumption (17).

The NCCP stated that over half of alcohol related cancers in Ireland are preventable by adhering to Department of Health alcohol consumption guidelines (17), which are 17 standard drinks for men and 11 standard drinks for women, spread out over the course of a week, with at least 2/3 days alcohol-free.

Therefore, a reduction in alcohol consumption would lead to a reduction in alcohol-related cancers and a reduction in deaths from alcohol-related cancers in Ireland.

However, even though it is one of the most important causes of cancer after tobacco smoking, obesity and physical inactivity, the public is not generally aware of the risk of cancer from alcohol (17), a situation that is jeopardising public health.

For example, it is important that women who are at higher risk of breast cancer have information on the additional risk from alcohol or those that drink and smoke are made aware of the “huge risk” of upper aero-digestive cancer from alcohol and the synergistic impact of smoking (17).

In a survey of EU citizens, almost all respondents (97%) agreed that alcohol can contribute to liver disease but only two in three agreed that alcohol increased the risk of cancers (67%). The figure for Ireland was 68% in agreement, with 16% disagreeing and 16% saying they didn't know (18).

This lack of awareness around the cancer risk of alcohol is influenced and greatly exacerbated by a situation in Ireland where alcohol is now cheaper and more widely available than ever before and treated, in many respects, as if it were just another grocery, not a toxic substance that causes cancer, among more than 200 health conditions (7).

Beyond the health consequences, the harmful use of alcohol inflicts significant social and economic losses on individuals and society at large, and places a huge burden on our health system, which is already struggling to cope with the growing burden of chronic disease, of which alcohol consumption is a key driving factor (19). Yet every day, in numerous ways and through numerous media, Irish people, including children and young people, are continuously exposed to positive, risk-free images of alcohol and its use, through a barrage of alcohol marketing and advertising.

The Public Health (Alcohol) Bill proposes to address some of the key issues influencing harmful alcohol consumption in Ireland and includes a provision for the introduction of labelling of alcohol products. It is essential that these labels warn about the cancer risk associated with alcohol consumption.

However, labelling alone will not be enough to balance out the barrage of positive, risk-free images of alcohol and its use portrayed in our constant exposure to alcohol marketing, or the other issues, particularly pricing and availability, that are fuelling excessive alcohol consumption in Ireland.

The National Cancer Strategy for 2016-2025 must support those evidence-based public health policies targeting alcohol marketing, pricing and availability, which have been shown to have the greatest impact in reducing alcohol consumption and the related harms (20), particularly with alcohol-attributable cancer claiming 500 lives every year in Ireland (17).

## **Recommendations**

- Reduction of alcohol consumption among the Irish population through evidence-based public health measures must be a key target of the National Cancer Strategy for 2016-2025
- Consumers should be informed that alcohol causes cancer, through simple and highly visible warning labels on alcohol products
- A public information campaign should highlight the cancer risks associated with alcohol

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