



alcohol action  
ireland

the national charity for alcohol-related issues

## **SEANAD PUBLIC CONSULTATION COMMITTEE**

### **CHANGES IN LIFESTYLE CAN PREVENT APPROXIMATELY ONE THIRD OF CANCERS. HOW DOES GOVERNMENT AND SOCIETY RESPOND TO THIS CHALLENGE?**

**FEBRUARY 2012**

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#### ***Introduction and Background***

Alcohol Action Ireland is the national charity for alcohol-related issues. We work to raise awareness of alcohol-related harm and the solutions needed to tackle that harm.

Alcohol consumption is a major risk factor for cancer, with a significant proportion of the most lethal and common cancers attributable to alcohol consumption above low-risk limits. Ireland has second highest rate of cancer in the world. We also have high levels of alcohol consumption with a majority of drinkers engaging in harmful drinking patterns. It is evident that if we are to reduce the levels of cancer in Ireland, we need to take action to reduce alcohol consumption. According the World Health Organisation (2009) the most effective actions a government can take to reduce alcohol consumption are to increase price, reduce availability and to reduce alcohol marketing<sup>1</sup>.

It is for these reasons that Alcohol Action Ireland make the following submission to the Seanad Public Consultation Committee. We would like to make four key recommendations

- Introduce a minimum floor price for alcohol. There is indisputable evidence that the price of alcohol matters and pricing policy remains one of the most effective, evidence-based ways of reducing alcohol-related harms and costs
- Commence Section 9 of the Intoxicating Liquor Act 2008. Following its commencement, amend Section 9 so as to include wine, which is currently excluded from its provisions

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<sup>1</sup> WHO (2009) Evidence for effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm

- Launch a government campaign to provide citizens with information on alcohol use and cancer, and the causal relationship between alcohol and particular cancers
- Introduce legislation so that all packaged alcohol will have to provide health warnings on the link between alcohol and cancer, as well as information on calories (alcohol a factor in obesity which also increases the risk of cancers), the number of standard drinks in the product and a list of ingredients

### ***Alcohol and Cancer***

Alcohol consumption is causally related to a number of cancers; these are cancers of the mouth, pharynx, larynx, oesophagus, liver, colorectum and female breast.

According to the World Health Organisation alcohol is a factor in more than 60 diseases and conditions; it is the third most significant risk factor for premature death and ill health in the EU, after tobacco and high blood pressure. Of alcohol's disease burden, 57% comes from three major categories of NCDs (Non Communicable Diseases) – cancers, cardiovascular disease and liver disease. Reducing levels of alcohol consumption will lead to an attendant decrease in the disease burden in these three categories. One in five of all alcohol-related deaths are due to cancer<sup>2</sup>. The interaction of genes and lifestyle choices make up an individual's risk of cancer. Choices about how much to drink and patterns of drinking impact on the risk of developing alcohol-related cancers, with higher levels of alcohol consumption associated with higher risk.

Last year, the British Medical Journal<sup>3</sup> published research demonstrating that alcohol causes one in ten of all cancer cases in men and one in 33 in women. For selected cancers, the figures for men and women respectively were 44% and 25% for cancer of the upper aerodigestive tract, 33% and 18% for liver cancer, 17% and 4% for colorectal cancer, and 5% for female breast cancer. The research concludes by stating that

*“... a considerable proportion of the most common and lethal cancers is attributable to former and current alcohol consumption in the selected European countries, especially to consumption above the recommended upper limit. This strongly underlines the necessity to continue and to increase efforts to reduce alcohol consumption in Europe both on the individual and the population level.”*

### ***Patterns of Alcohol Consumption in Ireland***

Alcohol is a licensed product due to its harmful properties. It is a drug with toxic and intoxicating effects, as well as a drug of dependence for many. A prevalent view is that alcohol is only harmful to the

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<sup>2</sup> Rehm et al (2004) *Alcohol: Comparative Quantification of Health Risks: Global and regional burden of disease due to selected major risk factors* WHO, Geneva

<sup>3</sup> British Medical Journal 2011; 342:d1584 *Alcohol attributable burden of incidence of cancer in eight European countries based on results from prospective cohort study*

heavy drinker or the 'alcoholic'. The fact is a drinker doesn't need to be dependent on alcohol for it to cause harm - over half of all Irish drinkers reported a harmful pattern of drinking in the most recent SLAN survey<sup>4</sup>. In addition, many Irish drinkers drink heavily when they drink – Ireland topped the EU polls on heavy/binge drinking in 2010 with 44% saying they drank heavily at least once a week compared to a European average of 29%. In 2011, the average Irish drinker consumed the equivalent of 56 bottles of vodka.

Contrary to popular opinion there is no safe level of alcohol consumption. Current low-risk weekly limits are 21 standard drinks for a man and 14 for a woman with a few alcohol free days each week. Daily low-risk limits are 1-2 units for a woman and 2-3 for a man. When it comes to cancers, the more alcohol an individual drinks the greater the risk, most cancers associated with drinking above daily low-risk limits. For example, drinking one standard drink a day is associated with a 9% increase in the risk of developing breast cancer. Drinking 3-6 standard drinks a day increases the risk by 41% - just to put that figure into perspective, there are four standard drinks in a half bottle of wine.

Some Irish statistics below illustrate the extent of the issue in Ireland

- Cancer of the liver has had the highest rate of increase of all cancer types between 1994 and 2003, increasing by 10.7% for females and 7.4% for males, compared to an increase for all cancers of 1.1% for females and 1.1% for males
- Three people in Ireland die from oral and pharyngeal cancer (OPC) every week - which is more than those who die from skin melanoma, hodgkin's lymphoma or cervical cancer. Despite this, the disease remains largely unknown. It is also largely preventable as the two major risk factors for OPC are tobacco and alcohol consumption
- Figures compiled by the World Health Organisation (WHO) and World Cancer Research Fund (WCRF) show that Ireland has the second highest cancer rate in the world. Regular alcohol consumption is listed as one of the factors, along with high-fat diets and lack of exercise, contributing to the high cancer rates

### ***Awareness of the link between alcohol and cancer risks***

Awareness of the cancer risks associated with alcohol is quite low, particularly when compared with the awareness of the effects of alcohol on other health risks such as liver disease. In a survey of EU citizens<sup>5</sup>, 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.

The fact that only seven in ten Irish people are aware that their lifestyle choices in relation to alcohol use have a direct impact on their risk of cancer suggests that there is a need for health warnings on all packaged alcohol to inform consumers about the cancer risks associated with their alcohol use.

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<sup>4</sup> Department of Health and Children (2009) *Alcohol Use in Ireland*

<sup>5</sup> TNS Opinion & Social (2010) EU Citizens' Attitudes Towards Alcohol: Special Eurobarometer 331. Commissioned by Directorate General Health and Consumers, European Commission.

Alcohol Action Ireland also recommend the launch a national government campaign to inform the general public about the link between alcohol use and cancer.

### ***Alcohol Pricing, Availability and Marketing***

Alcohol is sold to consumers by utilising what is termed the ‘marketing mix’: product, price, place and promotion. One of the most effective actions a government can take to reduce alcohol-related harms and costs is to increase price. In the past decade, the price of alcohol, particularly that sold in the off-trade, has fallen. According to the Central Statistics Office, average prices rose by 2.5% in the year to December, while the price of alcohol fell by 0.8% in the same period. In addition, alcohol has become 50% more affordable than it was in 1996. The World Health Organisation (2009) states *“there is indisputable evidence that the price of alcohol matters. If the price of alcohol goes up, alcohol-related harm goes down.”*

Alongside this price drop, the total number of places where people can buy alcohol has increased dramatically in the past 20 years and alcohol is now available from almost every supermarket, convenience store and petrol station. Between 1990 and 2006, the number of off-licences increased five-fold (Butler and Hope, 2010). Despite the fact that it is a licensed product, alcohol is, for all intents and purposes treated like a regular grocery. Alcohol is sold alongside food and other everyday goods, which has the effect of normalising alcohol as just another commodity, another item in the family shopping basket. Alcohol marketing through product placement promotes a risk free perception of alcohol reinforcing the idea that alcohol is a normal and benign consumer good.

It was for this very reason that tobacco marketing through point of sale display has been banned. On July 1, 2009 all advertising of tobacco products was banned in retail shops in Ireland and tobacco products are now stored in closed contained units. Ireland is the first country in the EU to introduce a complete ban on retail tobacco advertising and display. The measures adopted by the State in relation to tobacco are designed to protect the public from exposure to advertising promotion that serves to normalise tobacco products, particularly among young people. Removing advertising will also support adults who are trying to quit.

It has been recognised that the location of prominent tobacco displays in retail outlets, in itself, plays a role in promoting tobacco consumption. This placement of tobacco in close proximity to everyday consumer goods, such as newspapers and sweets, helps tobacco to be seen as another benign consumer product<sup>6</sup>. Independent research carried out by the University of Nottingham, found that recall of tobacco displays among young people fell from 81% before the measure to 22% afterwards<sup>7</sup>. Recall is often used in the type of research to indicate a person’s intention to purchase and/or consume the product.

The question has to be asked: if the role of placement and promotion in relation to tobacco is recognised – then why are the rules around alcohol placement, promotion and accessibility and availability so different for alcohol? After all, alcohol kills more people than all other drugs combined and one person dies every seven hours in Ireland from an alcohol-related illness.

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<sup>6</sup> Office of Tobacco Control, 2009

<sup>7</sup> OTC website, 19.11.10

In Ireland, the government has enacted legislation in the form of Section 9 of the Intoxicating Liquor Act 2008 which creates the conditions and standards that licence-holders in mixed trade premises need to operate within if they wish to display and sell alcohol as a licensed product and in a way that does not market alcohol alongside food and other products. To commence this legislation would entail the use of few resources and its commencement is timely as the voluntary Responsible Retailing of Alcohol in Ireland (RRAI) Code has not achieved its stated aim of structural separation of alcohol from other beverages and food; it has not been effective.

Alcohol Action Ireland calls for the immediate commencement of Section 9 of the Intoxicating Liquor Act 2008 as the voluntary approach has not achieved the same effect the commencement of Section 9 would have achieved.<sup>8</sup> Section 9 is a fair and proportionate response to regulating the marketing of alcohol through product placement/promotion and preventing the normalisation of alcohol as an ordinary product in the shopping basket. Furthermore, Alcohol Action Ireland recommends that following its commencement, Section 9 be amended so as to include wine, which is currently excluded from its provisions.

Policies that regulate the market in which alcohol is marketed and sold are considered internationally to be the most effective in reducing alcohol-related harms. Government has options around licensing that could reduce alcohol-related harm, as outlined by the World Health Organisation: government can restrict the physical availability of alcohol by restricting the number of licences; government can require licence-holders to meet certain standards; government can revoke the licences of those who infringe the law. These are all evidence-based actions a government can take to reduce the harms and costs of our alcohol use (WHO, 2009).

### ***Recommendations***

Alcohol Action Ireland has four key recommendations we would like to make to the Committee

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<sup>8</sup> In the press release announcing the commencement of the Intoxicating Liquor Act it was stated that the Minister had agreed to the introduction of a Voluntary Code of Practice to achieve the same effect as Section 9 but has reserved the option of commencing this section if voluntary approach is not effective.