

## Draft Australian guidelines to reduce health risks from drinking alcohol



### Submission from Cancer Council

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Cancer Council is the nation's peak non-government cancer control organisation. Cancer Council welcomes the opportunity to provide a submission on the revised Draft Australian Guidelines to reduce health risks from drinking alcohol.

*[NHMRC has removed personal information]*

The International Agency for Research on Cancer has classified alcohol as a Group 1 carcinogen (a known cause of cancer in humans) for cancers of the mouth, pharynx, larynx, oesophagus, bowel, liver, stomach and breast (in women)(1,2). The more alcohol consumed over a lifetime, the greater the risk of developing alcohol-related cancers (3-6). An Australian study estimated almost 3,500 cancers (2.8% of all cancers) diagnosed in 2013 could be attributed to alcohol consumption (7). A follow-up study found that around 29,600 cancer cases could be avoided between 2013-2037 if all Australian adults consumed no more than two standard drinks a day (8). Reducing high-risk alcohol consumption, particularly over the long term, is an important objective for reducing Australia's cancer burden.

Cancer Council welcomes the revised Draft Alcohol Guidelines which reflect the best available evidence on the health effects of alcohol consumption. Our organisation strongly supports the changes to Guideline One which recommends a reduction in alcohol limits to reduce lifetime risk of alcohol-related disease to no more than 10 standard drinks per week from what equates to no more than 14 standard drinks per week in the 2009 Alcohol Guidelines. The 2009 Alcohol Guidelines also provided advice on a daily limit of no more than two standard drinks on any day to reduce the lifetime risk of harm from alcohol-related disease. Given that the revised Draft Alcohol Guidelines no longer provide advice on a daily limit, Cancer Council recommends consumer testing to ascertain how Guideline One will be perceived by the community, and how this may influence changes in alcohol consumption behaviours. Our organisation is conducting our own consumer research; however, the timing of this work does not align with the period for this consultation. We will endeavour to share preliminary results with the NHMRC as soon as practicable.

Cancer Council supports the clear advice provided in Guideline Two that children and young people under 18 years of age should not drink alcohol. Given the evidence of the risks of drinking alcohol in adolescence, we strongly support the finding that there is no clear 'safe' level of drinking alcohol for children and young people. We welcome the amalgamation of the previous two guidelines for young people into one that provides clear guidance for all adolescents under 18 years. Similarly, Cancer Council supports the clear advice provided in Guideline Three that women who are pregnant or planning a pregnancy should not drink alcohol and that for women who are breastfeeding, not drinking is the safest option.

Cancer Council welcomes the strong emphasis in the revised Draft Alcohol Guidelines on the association between cancer and low levels of alcohol consumption and that cancer risk increases as more alcohol is consumed. We also support the acknowledgement of uncertainty about the evidence that supports the 'protective effect' of alcohol consumption for coronary heart disease. Our organisation recommends that these messages are communicated more proactively to the community.

Australia's relatively high burden of alcohol-related cancer reflects high levels of alcohol consumption by world standards. Australia ranks within the top 34 highest alcohol consuming nations out of 180 countries on a per capita basis (9). In a national survey, 32% of men and 9% of women thought three or more alcoholic drinks was safe to drink without putting their health at risk over a lifetime (10). The lack of knowledge of low risk drinking levels suggests more needs to be done to raise public awareness of the harms. Additionally, public awareness of the link between alcohol and cancer is low (11) but can be raised with well-resourced campaigns (12).

As noted throughout the Draft Alcohol Guidelines the success of the guidelines in improving health outcomes is entirely dependent on their successful dissemination, public communications and ongoing community awareness raising about the guidelines (including to health professionals), for which the Australian Government is responsible. Cancer Council recommends the development of public awareness campaigns as a key strategy in the dissemination and communication of these guidelines. The campaigns should focus on the long-term health impacts associated with alcohol consumption as well as raising awareness of the revised Alcohol Guidelines (13).

## References

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