

**Cancer Research UK's response to the Department of Health's consultation
"Safe, Sensible, Social – Consultation on further action"
October 2008**

Introduction

Cancer Research UK¹ is the world's largest independent organisation dedicated to cancer research. We funded £333 million of research in 2007/08 and our vision is that together we will beat cancer. We carry out world-class research to improve our understanding of cancer and to find out how to prevent, diagnose and treat different types of the disease. One of our absolute priorities is to reduce the number of people affected by cancer.

We welcome the opportunity to respond to this consultation.

General comments

After smoking and obesity, alcohol is one the most important modifiable risk factors for cancer. The International Agency for Research on Cancer (IARC) classifies alcoholic beverages in its highest risk category – Group I, meaning carcinogenic to humans. It is estimated that 6% of cancer deaths in the UK are caused by alcohol.ⁱ This amounts to at least 9000 deaths each year.

Research consistently shows that the more alcohol an individual consumes, the more they are increasing their risk of a range of cancers including oral, pharyngeal, oesophageal, laryngeal, breast, liver and bowel.ⁱⁱ

Studies show that even light drinking can increase the risk of most associated cancers, and heavy drinking even more so.ⁱⁱⁱ Although more research is needed in order to determine how the pattern of drinking affects an individual's risk, it is clear that the less an individual drinks, the more they reduce their risk of cancer. Stopping drinking has also been shown to reduce the risk of oesophageal cancer and head and neck cancers, compared with current drinkers.^{iv}

Cancer Research UK is therefore concerned about alcohol misuse and supports efforts to reduce alcohol-related harm and population level consumption of alcohol.

Response to consultation questions:

Question 1: How might a new code be effective in stopping licensed premises from engaging in practices that encourage people to drink excessively and irresponsibly?

In principle Cancer Research UK supports a new industry retailing code. We believe that the new code should draw on the existing voluntary code and include alcohol social responsibility practices, the sensible drinking message and marketing and retailing practices for both on and off-trade.

As alcohol has become more affordable and accessible in the UK, so consumption has risen sharply.^v This is a particularly worrying trend, as a large body of evidence shows that incidences of alcohol-related harm to health within the population are strongly linked to levels of drinking.^{vi}

We are therefore calling for a substantial effort by the Government to reduce overall consumption levels of alcohol in the UK. In particular, Cancer Research UK believes the following measures are necessary:

¹ Registered charity no. 1089464

- Increases in taxation on alcohol.
- A review of the impact of the Licensing Act 2003, to ascertain the effect on overall consumption levels and on the accessibility of alcohol.
- Legislation to prevent the irresponsible promotion of alcohol by retailers, including a ban on the sale of alcohol below cost price.

Question 2: If there continues to be slow progress in implementing a voluntary labelling scheme, should the Government take the next steps to make it a legal requirement to include health and unit information on all bottles and cans?

Yes, Cancer Research UK would support the introduction of a legal requirement to include health and unit information on all packaged alcoholic beverages.

Question 4: Should the same restrictions be applied to: all premises selling alcohol; all premises with some exemptions; only certain types of premises (if so, how would you define these?); all premises within an area experiencing problems; or a combination of these?

We believe that in order for an alcohol retailing code to be most effective, it must ensure consistent practices are adhered to in all premises selling alcohol. Cancer Research UK welcomes the prospect of a more detailed consultation on the content of a mandatory code.

Question 5: Should an alcohol retailing code be made mandatory through further legislation? If so, how should it be applied?

Yes, in order for an alcohol retailing code to be as effective as possible, further legislation is necessary to make the code mandatory. As before, the code should apply to all premises selling alcohol.

Question 6: Should a mandatory code, if introduced, cover proportionate and necessary actions to prevent health harm as well as crime and disorder?

Yes, we would strongly support action by the Government and other stakeholders to do more to alert people to the link between alcohol and harm to health, including an increased cancer risk. We believe that more resource must be used to tackle the long-term health risks associated with alcohol consumption, and this requires measures that seek to both reduce the demand for, and the availability of, alcoholic beverages.

Strategies designed to tackle alcohol-related harm have focussed largely on the dangers of binge drinking (acute health risks and societal impact of alcohol), but little attention is paid to the consequences of sustained moderate levels of drinking over a long period. We believe that individuals should be aware of the range of risks associated with alcohol consumption, and call for cancer to be consistently identified as a potential consequence of alcohol consumption.

Not only should individuals be aware of the risks associated with different levels of drinking, but they should also be aware of what constitutes an appropriate level of consumption to minimise risk. Cancer Research UK believes the use of guidelines to inform consumers can be helpful, but we are concerned that many individuals are unaware of what these guidelines are and what these mean in terms of different drinks.^{vii} We urge the Government to make every effort to ensure that there is widespread recognition of drinking information across the UK.

Question 7: Do you think there is enough advice available for those who want to drink less? What other kinds of help are needed and who should provide them?

Cancer Research UK supports sustained high levels of investment in public information campaigns that alert individuals to the long-term risks associated with alcohol consumption.

The Government and other stakeholders should do more to alert people to the link between alcohol and cancer. We believe that more resource must be used to tackle the long-term health risks associated with drinking, and this requires measures that seek to both reduce the demand for, and the availability of, alcoholic beverages.

Question 8: Should alcohol advertising include health and unit information?

Cancer Research UK believes that alcohol advertising should include health information, making specific reference to the link between alcohol consumption and the subsequent long term risks to health.

We also agree that unit information in alcohol advertising could be helpful, but have concerns that in the past, individuals have been unaware of what these unit guidelines are and therefore what these mean in terms of different drinks.^{viii} With this in mind, we believe alcohol advertising should continue to focus on providing health information, and urge the Government to make every effort to ensure that there is widespread recognition of drinking information across the UK.

Continuing efforts such as the *Know Your Limits* campaign would support this, as would campaign and impact evaluations. Such actions would help ensure that any communications activity aimed at improving the public's knowledge of units, uses a message that is clear to all consumers.

Our current health message on alcohol is that:

'Cancer Research UK recommends that the more you cut down on alcohol, the more you reduce your cancer risk. There is limited risk if you only drink a little – such as one small drink a day for women or two small drinks a day for me – but the risk increases the more you drink.'

**For more information contact Cancer Research UK's Policy and Public Affairs team
on 020 7061 8360 or publicaffairs@cancer.org.uk**

ⁱ Doll, R. & Peto, R. (2003) *Epidemiology of Cancer* (eds. Warrell, D., Cox, T., Firth, J. & Benz, E.) (Oxford: OUP)

ⁱⁱ IARC (2003) *World Cancer Report* (eds. Stewart, B. & Kleihues, P.) (Lyon: IARC Press)

ⁱⁱⁱ Boffetta, P., Hashibe, M., La Vecchia, C., Zatonski, W. & Rehm, J. (2006) 'The burden of cancer attributable to alcohol drinking' *International Journal of Cancer* 119, pp. 884-7

^{iv} Rehm, J., Patra, J. & Popova, S. (2007) 'Alcohol drinking cessation and its effect on oesophageal and head and neck cancers' *International Journal of Cancer* 121, pp. 1132-1137

^v Tighe, A. (ed.) (2003) *Statistical Handbook* (London: Brewing Publications Limited)

^{vi} The Academy of Medical Sciences (2004) *'Calling Time: The Nation's drinking as a major health issue'*

^{vii} Gill, J.S. and O'May, F. (2007), 'People seem confused about sensible drinking messages' *British Medical Journal* 332, pp. 302-303

^{viii} *ibid*