



Portfolio Committee 1 – Premier and Finance  
NSW Inquiry into the Alcoholic Beverages Advertising Prohibition Bill 2015  
C/O: [PortfolioCommittee1@parliament.nsw.gov.au](mailto:PortfolioCommittee1@parliament.nsw.gov.au)

22 December 2017

### **Questions on Notice from Hearing on 5 December 2017**

#### **Question 1. No safe level of alcohol consumption when it comes to cancer risk**

*The CHAIR: In your submissions you use language that your aim is to reduce alcohol-related harm.*

*We will be hearing from witnesses today from the Cancer Council NSW. In its submission it says: ... there is no "safe" level of alcohol consumption when it comes to cancer risk. It quotes research after 2007 as a basis for that. Are you aware of that claim?*

*Mr HEFFERNAN: I am aware of a claim that has been made in the past 12 months. I am not aware of that particular research. My understanding is that the desire to conflate alcohol and tobacco is a dangerous area. There have been claims about tobacco in the past that every cigarette is doing you harm. My understanding is that there is no evidence to support the idea that every drink is doing you harm. In terms of being a carcinogen, my understanding is that the risk factors associated with some cancers come into play at the higher end use or misuse of alcohol but at moderate consumption levels, alcohol is a normal part of a healthy lifestyle.*

*The CHAIR: It claims in its submission that 3,208 cancers—nearly 2,000 in men and 1,200 in women—in Australia in 2010 were estimated to be attributable to alcohol consumption.*

*Mr HEFFERNAN: I am not familiar with those numbers. I am happy to take it on notice and have a closer look at it.*

*The CHAIR: I would appreciate that. I was not aware of the strong link between alcohol consumption and cancer.*

*Mr HEFFERNAN: There has been a link made and we do not shy away from that in respect of excessive alcohol consumption. That is well noted. So far as moderate consumption, I believe that case has not been made. But I am happy to have a look at it.*

The Brewers Association of Australia thanks the Committee for the opportunity to follow up on the claims made in the Cancer Council of NSW's submission.

With rapid technological advances in cancer treatment in recent times, all these developments have simultaneously revealed how extremely complex cancer is. The National Cancer Institute has identified more than 100 types of cancer, this large and complex group of diseases are often simplistically viewed as a singular entity. As such, it is impossible to analyse cancer research in isolation without appropriate context.

Having had the opportunity to analyse the research upon which the Cancer Council of NSW made its claims (*Cancers in Australia in 2010 attributable to consumption of alcohol*, Australian and New Zealand Journal of Public Health, Vol. 39, No. 5, 2015) in relation to alcohol use and cancer risk, a couple of key issues stand out.

Firstly, that all of the cancers in the study associated with alcohol are also caused by other factors, some of which are becoming more prevalent than others.

Secondly, the 2010 study's methodology specifies cases above moderate alcohol consumption. That is, assuming reductions in incidences of cancer on the basis that "no Australian adult consumed more than two standard drinks per day".

It is crucial to understand that this same study could not exclude residual confounding by factors such as smoking, poor diet or physical inactivity. This means that these very important causes of cancer could not be taken into account when making conclusions, therefore, the instances of alcohol related cancers would be inflated in the study.

The following paragraph from the study is also illuminating:

*"...we were unable to model possible interactions between smoking and alcohol that are likely to affect cancers of the aero-digestive tract, especially the oral cavity, pharynx and oesophagus. This is because reliable estimates of relative risk are not available for these interactions. As such, some of the effect reported here for alcohol is likely to be due to smoking. In addition, we had no data on the prevalence of binge drinking, nor secure measurement of its cancer-related risks."*

A case in point is highlighted at the beginning of the report, with the authors noting:

*"High alcohol intake (more than about three drinks or 30g ethanol per day) may be associated with a small increase in risk of pancreatic cancer; however, IARC (International Agency for Research on Cancer) noted that residual confounding by smoking could not be excluded."*

The limitation of this study, specifically in relation to confounding factors, is important.

Confounding factors may commonly falsely demonstrate an apparent association between exposure (e.g. alcohol consumption) and an outcome (e.g. cancer risk), resulting in a distortion of the true relationship<sup>1</sup>. The distortion would be present in the form of overemphasising any association between alcohol and cancer risk.

The responsible and moderate consumption of alcohol has been repeatedly proven to be compatible with a healthy lifestyle<sup>2</sup>. We advocate for a sensible approach according to the national drinking guidelines by the National Health and Medical Research Council (NHMRC). The Cancer Council NSW's submission estimates that 3,208 cases of cancer (or 2.8% of all cancers) were attributable to use of alcohol in 2010 in Australia<sup>3</sup>. This means that 97.2% of all cancers in Australia were not attributable to long-term alcohol use.

It is impossible to understand the health impacts of alcohol by looking at the issue through a single lens of cancer outcomes. Instead the issue must be considered holistically. The most appropriate way to do this is to look at alcohol consumption in line with all-cause mortality.

Multiple research has demonstrated the complexities inherent in the study of alcohol consumption. While modest alcohol intake is associated with lower stroke incidence and

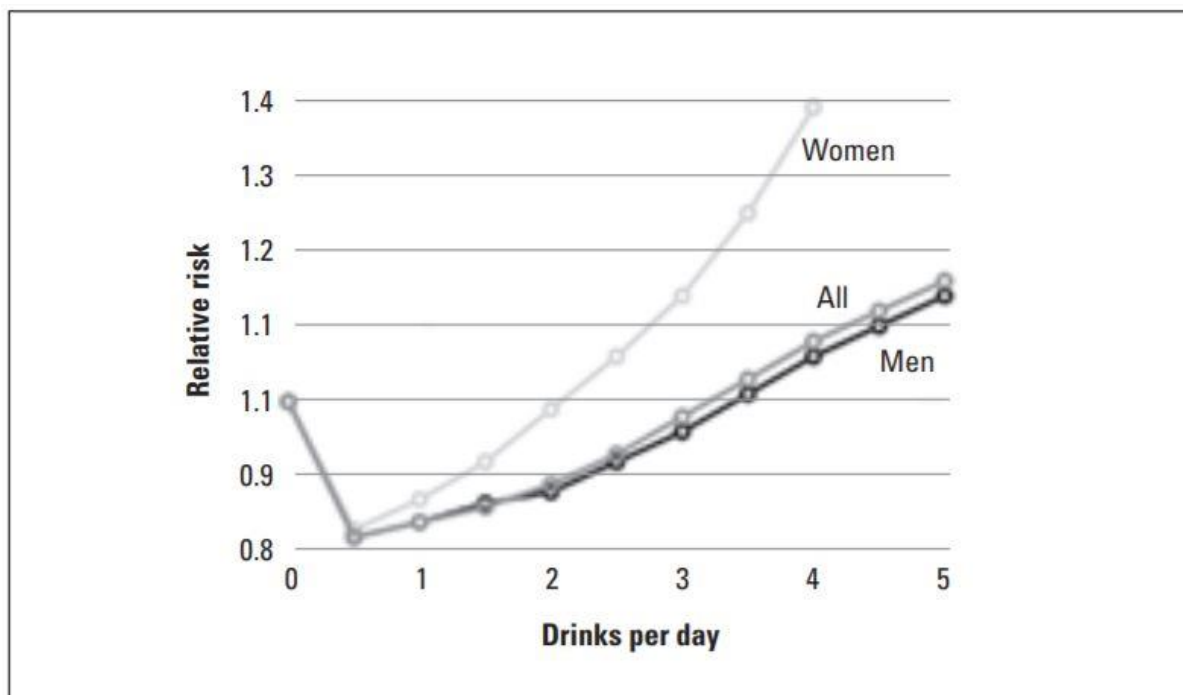
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<sup>1</sup> Skelly, A. C., Dettori, J. R., & Brodt, E. D. (2012). Assessing bias: the importance of considering confounding. Evidence-based spine-care journal, 3(01), 9-12.

<sup>2</sup> Droste, D. W., Iliescu, C., Vaillant, M., Gantenbein, M., De Bremaeker, N., Lieunard, C., ... & Gilson, G. (2013). A daily glass of red wine associated with lifestyle changes independently improves blood lipids in patients with carotid arteriosclerosis: results from a randomized controlled trial. Nutrition journal, 12(1), 147.

<sup>3</sup> Pandeya N, Wilson LF, Webb PM, Neale RE, Bain CJ, Whiteman DC. Cancers in Australia in 2010 attributable to the consumption of alcohol. Australian and New Zealand Journal of Public Health. 2015;39(5):408-13

mortality, the risk increases substantially with heavier drinking (that is, a J shaped relation). Moderate alcohol consumption has been reported to be associated with reduced all-cause mortality<sup>4,5</sup>, cardiovascular disease<sup>6,7</sup> and diabetes<sup>8,9</sup>.



**Figure 1.** Relative risk of all-cause mortality. Subjects consuming one to five alcoholic drinks per day compared with abstainers<sup>10</sup>.

The cardioprotective effects of alcohol has been side-stepped in the debate for cancer control, despite the fact that cardiovascular diseases have long been the number one killer of Australians<sup>11</sup>.

A recent large scale study of 1.93 million adults showed that moderate drinking is associated with a lower risk of several cardiovascular diseases<sup>12</sup>.

Furthermore, multiple risk factors are involved in the development of cancers and the mix is different for each person but they include genetic, environmental and behavioural variables. Of all lifestyle factors related to cancer, the attributable risk for tobacco is approximately 20%; for diet, 20–50%; for physical inactivity, 5.6%. In comparison, the attributable risk for alcohol is 4-

<sup>4</sup> Giacosa A; Barale R; Bavaresco L; Faliva MA; Gerbi V; La Vecchia C; Negri E; Opizzi A; Perna S; Pezzotti M; Rondanelli M. (2016). Mediterranean way of drinking and longevity. *Critical Reviews in Food Science and Nutrition*, 56(4); 635-640.

<sup>5</sup> Castelnuovo A; Costanzo S; Bagnardi V; Donati BM; Iacoviello L; de Gaetano G. (2006). Alcohol dosing and total mortality in men and women: an updated meta-analysis of 34 prospective studies. *Archives of Internal Medicine*, 166(22); 2437-2445.

<sup>6</sup> Ronskley, P. E., Brien, S. E., Turner, B. J., Mukamal, K. J., & Ghali, W. A. (2011). Association of alcohol consumption with selected cardiovascular disease outcomes: A systematic review and meta-analysis. *British Medical Journal*, 342(7795), 479.

<sup>7</sup> Brien, S. E., Ronskley, P. E., Turner, B. J., Mukamal, K. J., & Ghali, W. A. (2011). Effect of alcohol consumption on biological markers associated with risk of coronary heart disease: Systematic review and meta-analysis of interventional studies. *British Medical Journal*, 342, d636.

<sup>8</sup> Costanzo S; Di Castelnuovo A; Benedetta Donati M; Iacoviello L; de Gaetano G. (2011). Alcohol consumption in relation to vascular and total mortality in patients with diabetes, hypertension or history of cardiovascular disease: a meta-analysis. *Journal of Wine Research*, 22(2);119-122.

<sup>9</sup> Koppes, L. L., Dekker, J. M., Hendriks, H. F., Bouter, L. M., & Heine, R. J. (2006). Meta-analysis of the relationship between alcohol consumption and coronary heart disease and mortality in type 2 diabetic patients. *Diabetologia*, 49(4), 648-652.

<sup>10</sup> Andrade, J., & Gin, K. G. (2009). Alcohol and the heart. *British Columbia Medical Journal*, 51(5): 200-205.

<sup>11</sup> Australian Institute of Health and Welfare 2011. Cardiovascular disease: Australian facts 2011. Cardiovascular disease series. Cat. no. CVD 53. Canberra: AIHW.

<sup>12</sup> Bell, S., Daskalopoulou, M., Rapsomaniki, E., George, J., Britton, A., Bobak, M., ... & Hemingway, H. (2017). Association between clinically recorded alcohol consumption and initial presentation of 12 cardiovascular diseases: population based cohort study using linked health records. *bmj*, 356, j909.

6%<sup>13</sup>. Failure to evaluate these other demographic and lifestyle factors as potential confounders can often bias study results and lead to erroneous conclusions.

The challenges in convincing a larger proportion of people in Australia to adopt a healthy lifestyle are daunting. It stands to reason that risk must be carefully communicated to the public in the broader debate of the role of alcohol in our culture and community. Research should not be analysed in isolation and needs to be interpreted within the appropriate context for the best possible outcomes.

Based on the analysis of the research cited by the Cancer Council of NSW, the Brewers Association of Australia is satisfied in submitting to the Committee that the claim that there is “no safe level of alcohol consumption when it comes to cancer risk” is not supported by the study referenced by the Cancer Council of NSW.

## **Question 2. Effectiveness of advertising bans in other jurisdictions**

*The Hon. TAYLOR MARTIN: The Brewers Association submission refers to other jurisdictions that, to differing degrees, looked at banning alcohol advertising and the effect it has had on alcohol consumption. Can you elaborate on the experience that those countries, States and Territories have faced? A previous witness raised the experience of Sweden.*

*Mr HEFFERNAN: I would point to the French example whereby a total ban was introduced in 1991.*

*The Hon. BEN FRANKLIN: Feel free to take it on notice.*

*Mr HEFFERNAN: I am happy to address it. I will just talk to it off the top of my head. While the overall rate of alcohol consumption pretty much plateaued over the period in question, where the core concern came in was that even though the advertising ban had been in place youth alcohol consumption had increased by 10 per cent over the period of the ban. Once again we would contend that the supposed or assumed correlation between alcohol advertising or the banning of alcohol advertising having a direct correlation with uptake or consumer attitudes, particularly among youth—that nexus is well and truly broken.*

*The CHAIR: Could you provide us on notice with that material you are quoting?*

The Brewers Association of Australia welcomes the opportunity to elaborate on the example provided to the Committee.

A 1999 report by the French Parliament evaluating the effectiveness of France’s alcohol advertising ban (the ‘Loi Evin’) concluded that no effect on alcohol consumption could be established<sup>14</sup>.

Further, despite the advertising ban, rates of heavy episodic drinking by French youth (under 18) increased from 30% in 2003 to more than 40% in 2011 and are among the highest levels in Europe<sup>15</sup>.

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<sup>13</sup> Begg, S., Vos, T., Barker, B., Stanley, L., Lopez, A.D. Burden of disease and injury in Australia in the new millennium: measuring health loss from diseases, injuries and risk factors. *Med. J. Aust.* 2008; 188(1): 36-40.

<sup>14</sup> Berger, G. et al. La Loi relative à la lutte contre le tabagisme et l’alcoolisme: rapport d’évaluation. La Documentation Française, 106.

<sup>15</sup> ESPAD, Substance abuse amongst students in 36 European Countries, 2012.

This led the French National Association of Prevention of Alcoholism and Addiction to concede that the effects of the law are “weak”.

Closer to home, another example of ineffective advertising bans is New Zealand, where statistics demonstrate no correlation between inflation-adjusted alcohol advertising expenditure and consumption levels.

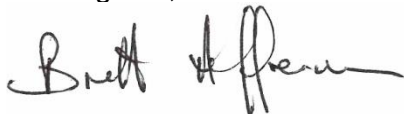
According to the Foundation for Advertising Research, over the past 27 years both NZ advertising expenditure and consumption have varied widely but independently of each other. For example, 1998 was the year of the highest marketing spend and also the lowest consumption. Over the period between 1987 to 2013, per capita consumption for New Zealanders aged 15+ has reduced by 9.8%, from 10.33 litres in 1987 to 9.183 litres.

Per capita consumption in New Zealand began a long period of decline from February 1992 while, at the same time, the previous de-facto ban on radio and television advertising was removed, demonstrating New Zealand’s ban on broadcast advertising had no effect on consumption levels.

Given that TV and radio continue to enjoy the broadest reach of any media, despite the media fragmentation that began in the mid-2000s, the example of New Zealand’s experience underlines the lack of any consistent relationship between levels of advertising and consumption levels<sup>16</sup>.

The Brewers Association of Australia reaffirms that the significant body of evidence from lived experience in multiple jurisdictions around the world where alcohol advertising has been banned demonstrates alcohol advertising and/or sports sponsorship do not target, nor do they influence, young people in their attitudes to drinking and drinking behaviour.

Kind regards,



**Brett Heffernan**  
Chief Executive Officer  
Brewers Association of Australia

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<sup>16</sup> Foundation for Advertising Research, March 19, 2014 – Alert 7/14.