



# **Alcohol use, awareness and support for policy measures**

**NSW Community Survey on Cancer Prevention 2022**

27 June 2023

Dr Lyndal Wellard-Cole, Nutrition Unit

Cancer Prevention and Advocacy

[cancercouncil.com.au](https://cancercouncil.com.au)

Cancer Council NSW conducts an online Community Survey on Cancer Prevention every three years to better understand the community's level of knowledge and behaviours relating to cancer risk factors. This report presents the results of the alcohol questions from the 2022 Cancer Prevention Survey.

## Key findings

- 59% of participants were aware that alcohol use is a cause of cancer.
- Over 70% of participants supported measures to reduce the impact of alcohol on young people, such as restrictions on alcohol advertising on government-owned property.
- There were similar levels of support for measures to improve alcohol labelling, including 77% of participants supporting warning labels on alcohol and cancer on alcohol packaging.
- Participants were supportive of public education campaigns on alcohol and risk of chronic diseases including cancer.

## Why are we interested in alcohol?

The International Agency for Research on Cancer (IARC) classifies alcohol as a Group 1 carcinogen, which means that there is sufficient evidence that alcohol use causes cancer in humans.<sup>1</sup> Alcohol use increases the risk of cancer of the bowel, breast (both pre and post menopause), liver, mouth, pharynx, larynx, oesophagus and stomach.<sup>2</sup> Drinking less alcohol is encouraged to reduce overall risk of cancer.

The NSW Population Health Survey 2021 found 33.5% of adults aged 16 years and over (43.3% of men and 24% of women) drank at levels that increase their long-term risk of alcohol-related disease or injury.<sup>3</sup> This rate has been steadily increasing since 2015.<sup>3</sup> Data from the latest national survey found there were more people who stated they had quit drinking in 2019 (8.9% compared with 7.6% in 2016), and higher levels of younger people are abstaining from alcohol than previous surveys.<sup>4</sup>

An Australian study estimated that 3,496 cancers (or 2.8% of all cancers) occurring in Australian adults in 2013 could be attributed to alcohol use.<sup>5</sup> An international study published estimated that 741,300 cases, or 4.1%, of all cancers globally, were attributable to alcohol use.<sup>6</sup>

Burden of disease is a measure of the impact of living with disease and dying prematurely.<sup>7</sup> Specifically for cancer, 4.9% of the burden of disease in Australia is caused by alcohol use.<sup>7</sup> Besides cancer, alcohol causes a significant burden of disease in Australia. In fact, 4.5% of the total burden of disease (including chronic diseases, accidents, mental health conditions and alcohol use disorders) in Australia could be prevented by reducing alcohol use.<sup>7</sup>

Aside from burden of disease, the social costs of alcohol use in Australia in 2017-18 has been estimated at \$66.8 billion.<sup>8</sup> This includes tangible costs such as workplace costs including absenteeism (\$4 billion), crime (\$3.1 billion), healthcare costs (\$2.8 billion) and road accidents (\$2.4 billion), as well as intangible costs such as lost quality of life (\$20.7 billion).<sup>8</sup>

Given these significant economic, health and quality of life costs associated with alcohol use, as well as the specific contribution to cancer cases, addressing the risks of alcohol use is an important area for education and action for Cancer Council NSW. We aim to empower people to reduce their cancer risk by limiting their alcohol use, as well as advocate for policies and initiatives to reduce the burden of alcohol on the community.

## How was the survey conducted?

The NSW Community Survey on Cancer Prevention was conducted in February and March 2022. The survey has been conducted in 2013, 2016 and 2019. All participants answered questions on demographics, knowledge of cancer risks and changes in behaviour before and during COVID-19 restrictions. Participants were then randomly presented with questions from two of the four cancer risk topics of:

- Sun protection
- Tobacco
- Nutrition and food policy issues; and
- Alcohol.

A total of 3,021 participants completed the 2022 NSW Community Survey on Cancer Prevention. These people completed the questions on their knowledge of cancer risk factors. Of the total sample, 1,513 participants completed the more detailed questions on alcohol. This included questions on alcohol use and attitudes towards various policy options to address alcohol as a health issue. We also looked at how awareness and attitudes have changed over time.

## What did we find?

### How often and how much alcohol were people in the survey drinking?

Of the 1,513 participants who answered questions regarding their alcohol use, 16% reported never drinking alcohol. This is lower than levels seen in the NSW Population Health Survey (24%).<sup>3</sup> On average, those who drank alcohol consumed 6.5 standard drinks a week, which was not significantly higher than 2019 (6.2 standard drinks). Frequency of drinking alcohol has not changed significantly since 2016. Like previous years, men and people older than 60 years drank alcohol at higher levels than women and people younger than 60 years.

National guidelines recommend having less than 10 standard drinks per week, and no more than 4 standard drinks on any occasion.<sup>9</sup> Of the participants who drank alcohol, 56% had 1-2 standard drinks on a typical drinking occasion. In 2022, 18% of participants drank alcohol above the short-term harm guidelines of less than 4 standard drinks on a typical occasion. These results have been stable since 2016.

### Awareness of the link between alcohol and cancer has continued to improve

Participants were asked to identify whether a range of health consequences, such as cancer, Type 2 Diabetes or heart disease, were associated with drinking too much alcohol. Of the 3,021 participants answering this question, 59% answered that they believed cancer was a consequence of drinking too much alcohol. This is significantly higher than in 2019 (54%) and 2016 (47%).

The awareness of the link between alcohol use and cancer was significantly higher in people with higher alcohol use (69%) compared with low/no alcohol use (57%) and people younger than 40 years (64%) compared with people older than 40 (54%). Awareness appeared to increase as household income increased (55% for household incomes less than \$70,000, 60% for household incomes \$70,000-149,999 and 69% for household incomes of \$150,000 or more).

## How easy is it to purchase alcohol?

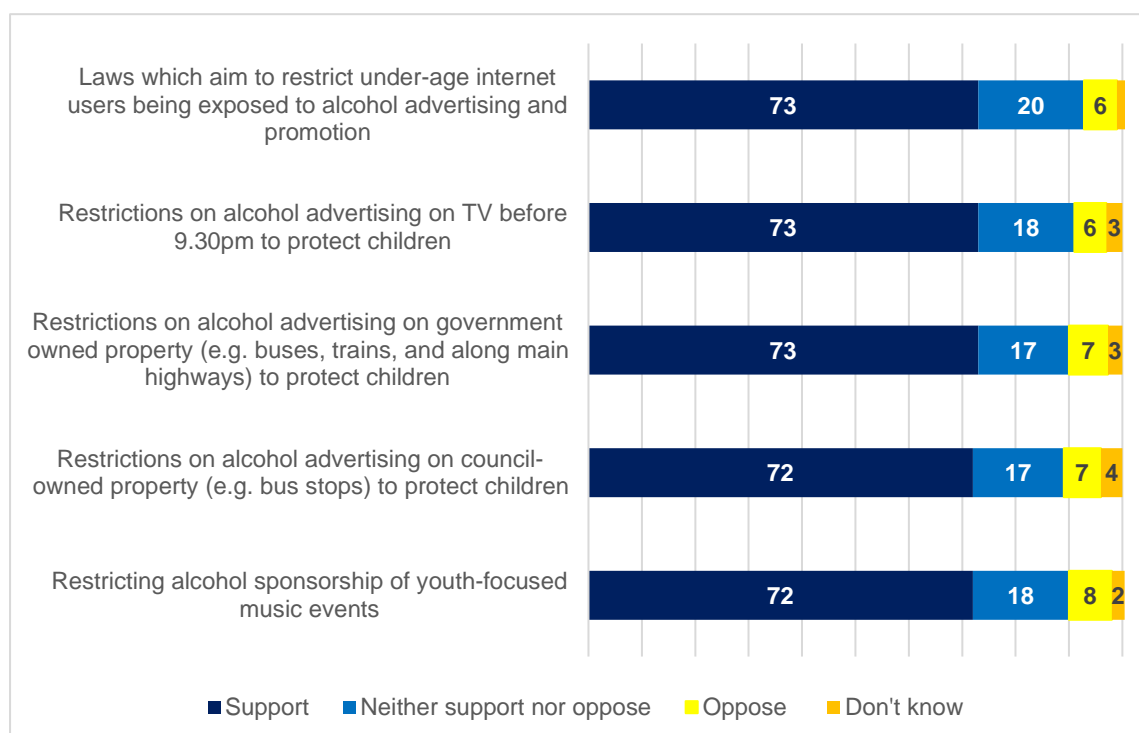
When participants were asked where they most commonly purchased alcohol, 68% said at the shops and 7% did home delivery. Twenty-two percent of participants said they did not purchase alcohol. Eighty-three percent of participants said it was easy to purchase alcohol. Respondents living in higher income areas were more likely than those living in postcodes in lower income areas to say it was easy to buy alcohol.

## People in NSW are supportive of changes in alcohol policy

Participants were asked to rate their level of support for various policy options to address the harms associated with alcohol use. Options included initiatives to restrict the promotion of alcohol, labelling of alcohol products and access to alcohol.

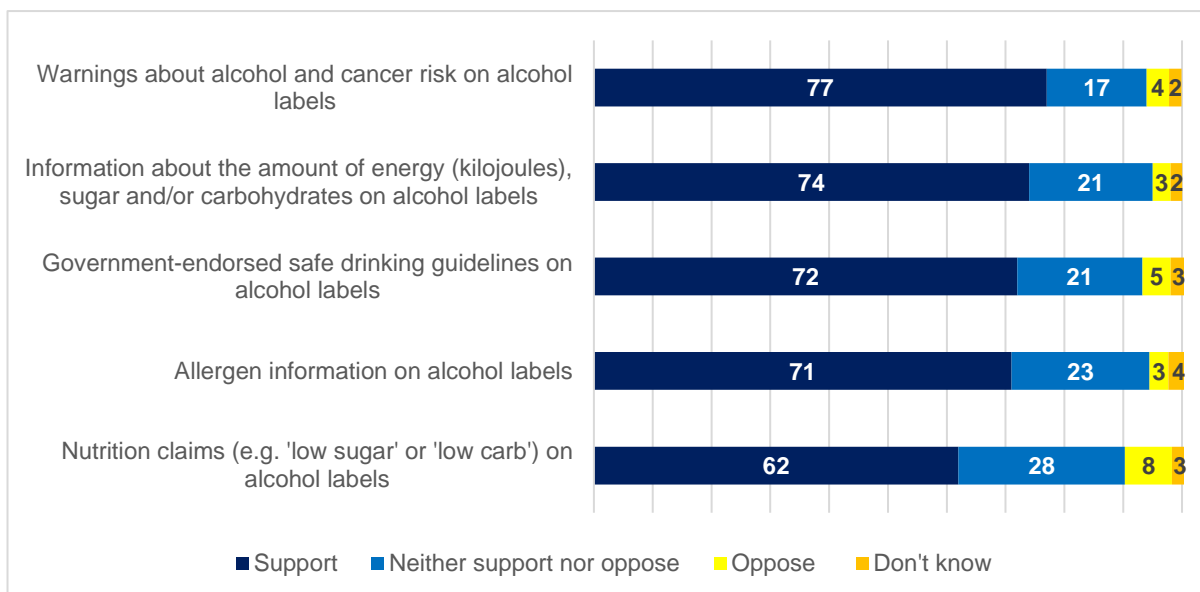
Initiatives relating to protecting younger people from alcohol advertising and promotion received the strongest support. On the other hand, alcohol policy ideas relating to alcohol taxes, price and reducing availability of alcohol received lower levels of support.

Over 73% of respondents supported restrictions on alcohol advertising on council or government-owned property (see Figure 2). This remained steady since 2019. Reducing children's exposure to alcohol advertising will help denormalise alcohol drinking.



**Figure 2: Proportion of participants supporting initiatives to reduce children's exposure to alcohol advertising**

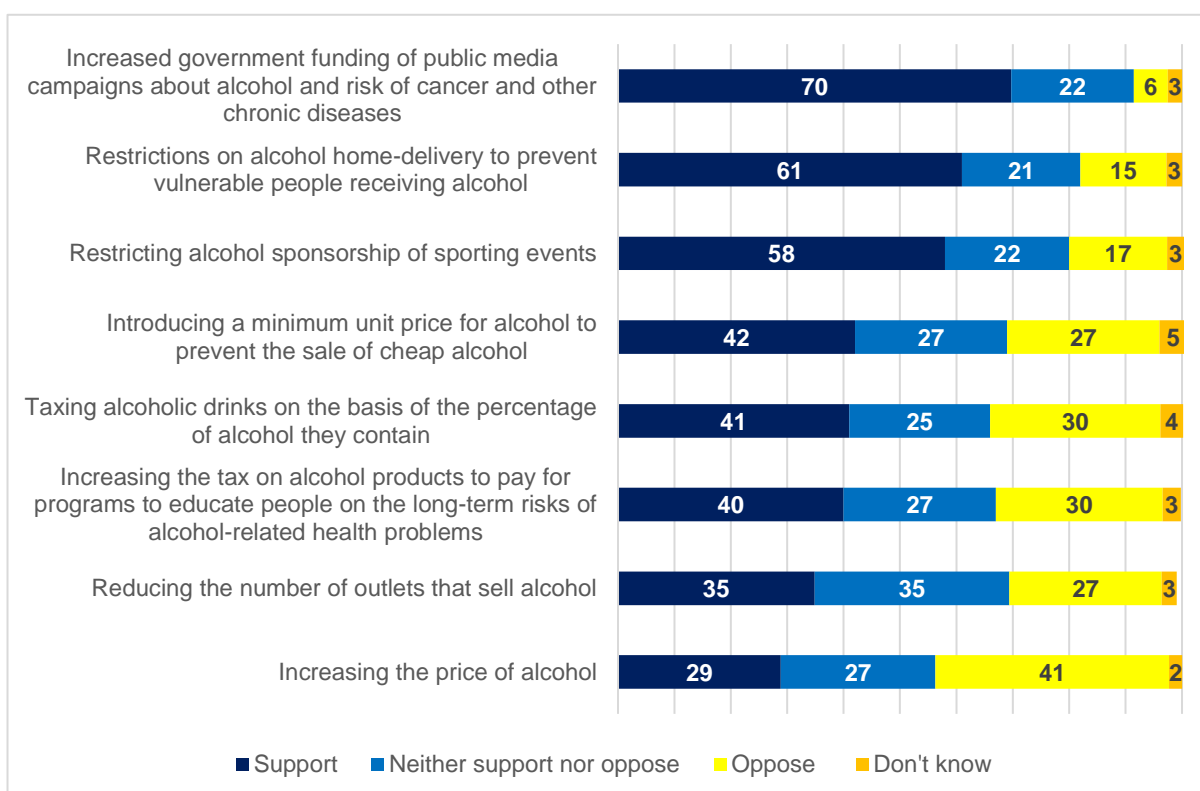
Participants also supported greater disclosure of information on alcohol labels. Warnings about alcohol and cancer risk were the most supported types of labelling (77%), followed by information about the amount of energy (kilojoules), sugar and/or carbohydrates (74%) (Figure 3). These initiatives provide the public with greater information to make informed choices when choosing alcohol.



**Figure 3: Proportion of participants supporting alcohol labelling initiatives**

There was widespread support for increased funding for public education campaigns about alcohol and chronic disease risk (Figure 4). Support for this policy measure has significantly increased in 2022 (70%) compared with 2019 (61%). Combined with the low awareness of alcohol as a risk factor for cancer, this initiative is important to increase knowledge of the community.

Generally, women were more supportive of all the policy measures than men. This is not surprising, considering women use alcohol at lower levels than men.



**Figure 4: Proportion of participants supporting policy initiatives to address alcohol-related health risks**

## What do our results mean?

Data from the 2021 NSW Population Health Survey show that around one-third of adults in NSW drink alcohol at levels that puts them at risk of long-term harms, including cancer.<sup>3</sup> Our results showing that a considerable proportion of participants did not know of the link between alcohol and cancer demonstrates a need for awareness-raising activities in the community.

This lack of knowledge could be addressed by a well-funded and sustained public education campaign. Both traditional mass media and smaller social media campaigns have been shown to improve knowledge, awareness and attitudes relating to alcohol use.<sup>10, 11</sup> Australian research has shown that including the drinking guidelines in campaigns increased the proportion of people who could correctly state the guidelines as well as prompt changes in attitudes towards drinking.<sup>12</sup>

To support a public education campaign, policy measures aimed at reducing the impact of alcohol on the population are warranted. Exposure to alcohol advertising by young people has been associated with alcohol consumption by this group,<sup>13</sup> with greater exposure associated with higher risk of binge drinking and drinking at higher levels.<sup>14</sup> However, current regulations aimed at reducing children's and adolescents' exposure to alcohol advertising are ineffective<sup>15</sup> and often permit advertisements that directly appeal to young people.<sup>16</sup>

One of the World Health Organization's (WHO) Best Buys to prevent non-communicable diseases in a cost-effective way is to 'enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)'.<sup>17</sup> Our results have shown that introduction of such regulations are likely to be well supported by the public. Regulations on traditional and social media, removing alcohol advertising from government-owned property and public transport and prohibiting alcohol sponsorship of music, sporting and other youth-focussed events should be introduced as cost-effective measures to address this issue.

Currently, Food Standards Australia New Zealand (FSANZ) is investigating the addition of energy (kilojoule) labelling on alcohol products, as well as reviewing permissions for alcohol products to carry sugar and carbohydrate claims, such as 'no added sugar' or 'low carb'. Participants in our survey supported improved access to information on alcohol labels. This initiative will allow those choosing to drink alcohol to use energy labelling to inform decisions. Further, removing sugar and carbohydrate claims from alcohol products can remove the 'health halo effect', where a product is perceived to be a healthy option based on the claim, regardless of the product's overall nutrient content.

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