Submission from Cancer Council NSW into the NSW Government Liquor Law Review

4 April 2016

Summary

Cancer Council NSW’s vision is ‘Together we will beat cancer’. Our mission is to defeat cancer by engaging the community. Cancer Council focuses on cancer research, prevention programs, advocacy, and providing information and support for people affected by cancer. Cancer Council has a series of evidence-based recommendations aimed at preventing cancer at the population level, and one of these includes limiting alcohol consumption to reduce alcohol related cancers.

Cancer Council NSW appreciates the opportunity to participate in the NSW Liquor Law Review process. Cancer Council NSW is a member of the NSW/ACT Alcohol Policy Alliance (NAAPA), and as such supports the positions and submissions of NAAPA.

Cancer Council NSW urges the NSW Government to broaden the scope of the evaluation of liquor laws, from simply alcohol harm minimisation and industry burden to consider the long-term implications of risky alcohol consumption, including increased risk of developing alcohol-related cancers. Any measures that change the NSW drinking culture and promote reduced consumption of alcohol across the population will also decrease cancer risk.

Cancer Council NSW recommends that the NSW Government:

- Retains the existing 1.30am lock out and 3.00am cessation of sales continues in the Sydney CBD and Kings Cross Entertainment Precincts.
- Extends the 1.30am lock out and 3.00am cessation of sales be extended across NSW to further reduce risk of long and short-term harms associated with alcohol consumption and ensure that the laws are consistent across all venues in NSW.
- Retains the 10pm take-away liquor sales restriction.

Introduction

The International Agency for Research on Cancer classifies alcohol as a known human carcinogen.\(^{(1)}\) Recent research commissioned by Cancer Council Australia estimated that alcohol is responsible for about 3,200 cancer cases in Australia each year.\(^{(2)}\) This equates to approximately 2.8% of all cancer cases.\(^{(2)}\) Alcohol consumption is a known cause of cancers of the breast, bowel, liver, oesophagus, mouth, pharynx and larynx.\(^{(3)}\) Cancer risk increases with the amount of alcohol consumed, and there is no threshold below which risk is not elevated: that is, there is no ‘safe’ level of alcohol consumption when it comes to cancer risk.\(^{(1, 4)}\) All types of alcohol increase cancer risk.\(^{(4, 1)}\)
Alcohol consumption has been linked to many chronic diseases, including type 2 diabetes, cardiovascular disease, stroke, hypertension, liver disease, pancreatitis and mental health issues.\(^{(5)}\) Additionally, excessive alcohol consumption contributes to weight gain, overweight and obesity, which are independent risk factors for most of the chronic diseases mentioned.\(^{(6)}\) Specifically, overweight and obesity is now linked with 10 different cancer types (oesophageal, pancreatic, kidney, liver, gall bladder, bowel, advance prostate, endometrial, breast (post-menopause) and ovarian cancers). Approximately 3,900 cancer cases in Australia each year are attributed to overweight and obesity, representing 3.4% of all cancer cases.\(^{(7)}\) Although some studies have shown alcohol plays a role in preventing some types of chronic disease, the proportion of the total burden of disease that alcohol prevents (0.9%) is outweighed by the proportion that it causes (3.2%).\(^{(8)}\)

Alcohol abuse costs the NSW government more than $1 billion every year.\(^{(9)}\) This does not include the costs of treatment of chronic conditions linked to alcohol use. It has been estimated that the net impact of alcohol contributes 2.3% of total burden of disease in Australia.\(^{(8)}\)

The burden of cancer is increasing even though survival is improving, because the number of new cancers is rising with population size and population ageing.\(^{(10)}\) Cancer Institute NSW projects that cancer incidence will be 44% higher in 2021 than in 2006.\(^{(10)}\) Cancers of the bowel and breast, both linked to alcohol, are the second and third most common cancers in NSW.\(^{(10)}\)

Cancer Council supports evidence based action to reshape Australian social attitudes towards drinking, and to reduce the burden of morbidity and mortality caused by alcohol use.\(^{(11)}\) The National Preventive Health Taskforce recommended that addressing the cultural place of alcohol in Australian society was important when addressing the issue of alcohol consumption.\(^{(12)}\) Cancer Council believes that changing the public’s alcohol use will require a significant shift in Australia’s cultural beliefs around alcohol and drinking. People must be supported to make healthier drinking choices, and positively influencing the drinking culture can reduce alcohol consumption in the long term, and hence improve people’s future health.

Cancer Council congratulates the NSW Government for the measures introduced in 2014, and acknowledges the significant impact these have had in reducing alcohol-related harms, as well as reframing the issues associated with alcohol consumption. Cancer Council urges the NSW Government to retain these laws, to maintain the gains in changing public discourse and the reductions in harm.

This submission focuses on the areas that Cancer Council believes will have the greatest impact in reducing cancer risk over the long term; namely, the 1.30am lock out and 3.00am cessation of sales and 10pm take-away liquor sales restriction.

**Alcohol consumption in NSW**

Australian guidelines recommend that to reduce their risk of lifetime harm associated with alcohol consumption, people should drink no more than two standard drinks per day.\(^{(13)}\) Additionally, to reduce their risk of short-term harm, people should drink no more than four
standard drinks on any one occasion.\(^{(13)}\) Cancer Council NSW recommends that to reduce cancer risk, people limit their consumption of alcohol.\(^{(11)}\)

Nearly 40% of adult males and 20% of adult females in NSW consume alcohol at levels that put them at risk of lifetime harm.\(^{(14)}\) While these proportions have remained stable in recent years, almost 30% of the NSW population are risking chronic diseases such as cancer as a result of their drinking patterns.\(^{(14)}\)

In NSW, approximately 23% of people aged over 12 years consume alcohol at levels that put them at risk of short-term harm (binge drinking), and as high as 45% in the 18-24 years age group.\(^{(15)}\) In Australia, more than 26% of adults have been the victim of an alcohol-related incident in the preceding 12-months.\(^{(15)}\)

**1.30am lock out and 3.00am cessation of sales**

Increased trading hours for licensed premises are associated with an increase in both consumption of alcohol and alcohol-related harms.\(^{(16)}\) Restricting trading hours for licensed premises is one way to influence the drinking culture to encourage lower levels of consumption, and reduce alcohol-related cancer risk. There is also some evidence that reducing availability of alcohol through licenced premises can positively influence chronic disease rates.\(^{(17)}\)

These measures to reduce alcohol-related violence and anti-social behaviour in the Sydney CBD and Kings Cross Entertainment Precincts came into effect on 24 February 2014. These changes have delivered considerable community benefits, and minimal adverse impact on the local economy.

Expanding these measures across NSW stands to further reduce the toll of alcohol-related harm, including alcohol-fuelled assaults, injury and future disease risk. We support the NAAPA recommendation that the 1:30am lockout and 3am cease alcohol sales measures are extended to cover all venues in NSW.

There is also broad public support for such laws. The National Household Drug Survey showed that a large proportion of the NSW population (more than 54%) either support or strongly support reducing the trading hours of pubs and clubs.\(^{(15)}\)

**Recommendations**

Cancer Council NSW recommends that the NSW Government:

- Retains the existing 1.30am lock out and 3.00am cessation of sales continues in the Sydney CBD and Kings Cross Entertainment Precincts.
- Extends the 1.30am lock out and 3.00am cessation of sales be extended across NSW to further reduce risk of long and short-term harms and ensure that the laws are consistent across all venues.
10pm take-away liquor sales restriction

While the reduction in trading hours of licenced premises is related to the reduction of assault rates, reduction in the availability of packaged liquor has been associated with reduction in assaults, domestic violence, chronic disease and very heavy drinking. (17) Take-away liquor sales contribute significantly to binge drinking in young Australians, (18) therefore any reduction in availability through reduced trading hours is likely to reduce consumption in this group. Reducing alcohol consumption among young Australians will be critical to addressing patterns of harmful drinking in this age group and creating a more responsible drinking culture.

Recommendations

Cancer Council NSW recommends that the NSW Government:

- Retains the 10pm take-away liquor sales restriction.

Conclusion

A comprehensive approach to alcohol policy is required to reduce the burden of both short- and long-term harms caused by alcohol consumption, including the risk of cancer. The health and amenity gains as a result of the implementation of the 1.30am lock out and 3.00am cessation of sales and 10pm take-away liquor sales restriction cannot be overlooked, and should not be revoked.

Cancer Council NSW commends the NSW Government on the existing liquor laws that are the subject of this review. We encourage the NSW Government to retain these measures at the minimum, and consider extending them across the state. Doing so will further reduce risk of short and long-term harms associated with alcohol, including future cancer risk.

For further information about this submission, please contact:

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References


Ref Type: Generic


(13) National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol. Canberra, Australia: National Health and Medical Research Council; 2009.


(17) Livingston M. To reduce alcohol-related harm we need to look beyond pubs and nightclubs. Drug Alcohol Rev 2013 Mar 1; 32, 113-4.