Submission to WHO from Cancer Society New Zealand on the Working Document for Development of an Action Plan for the Global Strategy to Reduce Harmful Use of Alcohol

The Cancer Society of New Zealand (CSNZ) is a non-profit organisation that is committed to reducing the incidence and impact of cancer in the community and reducing cancer inequities. We work across the cancer continuum with a focus on prevention, supportive care, provision of information and resources, and funding of research.

Cancer is the single biggest cause of death in New Zealand and accounts for nearly a third of all deaths.[i] More than 30% of cancers are potentially avoidable.[ii] Alcohol has been classified as a Group 1 carcinogen by the World Health Organisation's International Agency for Research on Cancer.[iii] The risk of cancer increases with the level of consumption of alcohol.

Alcohol consumption has been estimated to be responsible for around 240 cancer deaths each year in New Zealand.[iv] As well as impacts on health, alcohol use also has a huge economic impact including lost productivity and costs to the justice and health systems.

Inequities in harm reflect differences in access to living conditions and opportunities (adequate income, housing, employment), structural and institutional discrimination and differing neighbourhood environments. For example, there are more alcohol outlets in low income neighbourhoods leading to increased competition and availability of cheap alcohol which drives increased consumption and harm[v].

NZ research shows young Māori are five times more exposed to alcohol marketing and Pacific youth three times more exposed, than European youth[vi].

The strong association between exposure to alcohol marketing, heavier drinking and earlier onset of drinking results in young Māori and Pacific men aged 15-24 years suffering more harm from living in areas with high numbers of liquor outlets, compared to European men living in communities with the same number of liquor outlets.

Reducing alcohol consumption is an important and under-emphasised strategy to reduce cancer risk, cancer inequities and other harms. Policies that reduce the affordability (excise tax increases and minimum price), and restrict availability and marketing of alcohol are the most effective and cost-effective strategies for reducing alcohol consumption.[vii]

Overarching comments on the draft strategy

We support the strategy as:

1. Having an action plan for the Global Strategy to Reduce Harmful Use of Alcohol will support cancer charities to be part of the comprehensive civil society and government led action that is needed to reduce alcohol consumption, cancer risk and other alcohol-attributable harms.
2. Tobacco is the leading preventable cause of cancer in New Zealand and CSNZ has a key focus on advocacy for tobacco control policy as well as advocating for 'best buys' in relation to alcohol policies. Without the Framework Convention on Tobacco Control (FCTC) our ability to limit the industry's influence on policy would be greatly reduced. A similarly binding Framework Convention on Alcohol is

urgently needed to reduce the continuing aggressive industry marketing and lobbying which have contributed to almost half the alcohol consumed in New Zealand being drunk in heavy drinking occasions.

3. The affordability, accessibility and industry marketing of alcohol in Aotearoa (NZ), especially in higher deprivation communities has resulted in disparities in alcohol related harm between Maori and non-Maori. A stronger equity focus is needed in the document, especially to protect indigenous people and the lower income communities and countries.
4. Support and resources from WHO are also needed in LMICs to enable government and civil society representatives to take action for effective alcohol policy. WHO Alcohol and Drug Unit needs to be better resourced to be able to offer this support and practical assistance to LMICs.

The Cancer Society New Zealand is pleased to see the 'best buys'/SAFER framework reflected in the document, **however we suggest this needs greater emphasis**, especially in the key areas for global action.

WHO needs to strongly encourage and support countries to implement the five science-based interventions laid out in the SAFER guidance.

- Enforcing bans or comprehensive restrictions on alcohol advertising sponsorship and promotion
- Raising prices on alcohol through excise taxes and pricing policies
- Strengthening restrictions on alcohol availability
- Advancing and enforcing drink driving counter measures
- Facilitating access to screening, brief interventions, and treatment.
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The monitoring indicators should include specific metrics of SAFER implementation, and countries' reporting on the implementation of SAFER policies should be supported, especially in LMICs.

Given the alcohol industries' inherent conflicts of interest and strenuous efforts to undermine effective alcohol policies globally, Cancer Society New Zealand does not support alcohol industry entities being listed as stakeholders with equal standing alongside civil society and other UN organisations. **We strongly recommend this is changed in the document.**

CSNZ would appreciate acknowledgement of the many cultures and communities where alcohol is not normalised and the role of the economic operaters in undermining non drinking cultures with agressive marketing strategies by transnational corporations.

Civil society organisations have a key role in monitoring commercial interests' interference with public health policy. However we need to be strongly supported by WHO and recommend the Secretariat has a key role in monitoring and countering this industry interference.

The World Cancer Research Fund has estimated cancer incidence will increase by 50% over the next decade. This has the potential to overburden health systems even in high income countries. We recommend the Working Document is strengthened as suggested above, so that alcohol attributable cancers can be reduced.

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[i] Ministry of Health. Mortality 2016: data tables (provisional) Ministry of Health 2018. (cited 2019) Available from: https://www.health.govt.nz/publication/mortality-2016-data-tables-provisional

[ii] World Health Organisation. Retrieved October 2018 from: http://www.who.int/cancer/prevention/en/

[iii] International Agency for Research on Cancer. Alcohol drinking Lyon: IARC, 1988.

[iv] Connor J, Kydd R, Maclennan B, Shield K, Rehm J. Alcohol-attributable cancer deaths under 80 years of age in New Zealand. Drug and alcohol review. 2016 DOI: 10.1111/dar.12443.

[v] Alcohol Healthwatch website http://www.ahw.org.nz/Issues-Resources/Harm-to-M%C4%81ori

[vi] Quantifying the Nature and Extent of Children's Real-time Exposure to Alcohol Marketing in Their Everyday Lives Using Wearable Cameras: Children's Exposure via a Range of Media in a Range of Key Places Tim Chambers,James Stanley,Louise Signal,Amber L Pearson,Moira Smith,Michelle Barr,Cliona Ni Mhurchu *Alcohol*

and Alcoholism, Volume 53, Issue 5, September 2018, Pages 626–633, https://doi.org/10.1093/alcalc/agy053 20 July 2018

[vii] Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., ... & Homel, R. (2010). Alcohol: no ordinary commodity: research and public policy. Rev Bras Psiquiatr, 26(4), 280-3.