SCPN Scottish Cancer Prevention Network

Response on the proposed minimum price of 50 pence per alcohol unit which is set out in the draft Scottish Statutory Instrument

The Scottish Cancer Prevention Network (SCPN) is focused on moving evidence on cancer risk reduction into everyday life, practice and policy (https://www.cancerpreventionscotland.org.uk/). Whilst it is recognised that governments do much to support changing behaviours we also recognise that there is a need to increase capacity around cancer prevention and screening, and there is much more that agencies and government work streams can do to help to accelerate change. As an advocacy group we raise the profile of cancer prevention and screening research and action through a range of communication channels (newsletter, conference, workshops, social media and web-based activities) and support ongoing work in reducing the prevalence of cancer risk factors. The SCPN is funded by the Scottish Cancer Foundation charity (SCO28300).

Alcohol and Cancer The evidence base for actions to reduce cancer incidence and improve prognosis is provided by the WHO International Agency for Research in Cancer (IARC) who have also developed the European Code Against Cancer (https://cancer-code-europe.iarc.fr/index.php/en/about-code). The European Code against Cancer message is clear: *If you do drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention.* Further details on the epidemiology and impacts of alcohol and cancer are reported by Scoccianti et al (2016).

Alcohol in Scotland Alcohol intake in Scotland is higher than the rest of the UK, with 17% more alcohol sold per adult in Scotland in 2016 than in England and Wales (NHS Health Scotland, 2017). The higher sales of alcohol in supermarkets and off-licences makes a significant contribution to consumption and it is notable that this is where the cheapest drinks are purchased. Most of Scotland's alcohol is now bought from off-sales for consumption at home, at more affordable prices than in previous decades (Giles & Robinson, 2017), which contributes to current consumption levels and increased cancer risk.

It is recognised that a comprehensive package of work is required to change our drinking culture including raising awareness of intake, harm and the benefits of alcohol reduction. Current evidence suggests that only 18% of adults are aware that alcohol increases breast cancer risk and less than half of adults are aware of the association between alcohol and cancers of the mouth, pharynx, larynx and bowel (Buykx et al 2015). People have a right to know about the health risks associated with alcohol consumption and more needs to be done to inform them.

Raising awareness of cancer risk whilst important, is unlikely to have a major impact on behaviour per se and must be combined with strategies that have been proven to change consumption behaviour. Increasing the price of alcohol is one of the most effective and cost-effective policy measures to reduce alcohol consumption (Babor et al, 2010). The SCPN supports action for minimum unit pricing for alcohol because of the extensive body of evidence that clearly shows that low alcohol prices strongly influence consumption. It is notable that The World Health Organization recommends minimum unit pricing (MUP) as an intervention to prevent and reduce alcohol related diseases including cancer (WHO, 2010; WHO, 2017).

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Minimum pricing targets the kind of drinking most likely to lead to the greatest harm, as it is particularly effective at reducing the amount of alcohol consumed by harmful drinkers. A minimum unit price of 50p per unit is expected to result in a 2.5% reduction in alcohol consumption in hazardous drinkers, and 7% reduction in consumption by harmful drinkers (Angus et al., 2016). However, it is important that the 50p per unit value is reviewed to reflect effectiveness and we would welcome commitment from the Scottish Government to review the minimum unit price per unit within two years, to ensure that the benefits of this policy are fully optimised over time.

Alcohol reduction and cancer reduction Alcohol consumption is related to cancers of the breast, mouth, pharynx, larynx, colon, oesophagus, stomach and liver http://www.wcrf.org/int/cancer-facts-figures/link-between-lifestyle-cancer-risk/alcohol-cancer. It is estimated that 21,000 cases of cancer can be prevented if everyone in the UK stopped drinking alcohol https://www.wcrf-uk.org/uk/preventing-cancer/cancer-preventability-statistics. In Scotland, cancer is the single biggest cause of death due to alcohol, killing an estimated 836 people a year (Angus et al., 2016). NHS Scotland is due to publish a detailed analysis of the burden of disease attributable to alcohol in Scotland, which will provide up-to-date estimates of alcohol-related conditions, including cancer.

Current cancer predictions from ISD http://www.nospg.nhsscotland.com/wp-content/uploads/2015/11/2015-08-18-Cancer-Incidence-Projections-Report.pdf estimate that alcohol related cancers are due to increase by 33% between 2008-2012 and 2023-2027. The projected increase in breast cancer is 27.4%, bowel cancer 37.2% and head and neck cancer 37.2%. In part this reflects an ageing population but it is notable that cancer of the bowel and pre-menopausal breast cancers are also starting to rise at a *younger age* which highlights the need to consider life-course exposures to carcinogens.

Price increases are likely to impact on young people, notably in pre-loading and binge drinking. In young women this is particularly important in relation to breast cancer risk. Current evidence suggests that breast tissue is vulnerable to "carcinogenic insults" from ethanol during mammary development (Jayasekare et al, 2016). However, it is notable that alcohol intake both earlier and later in life in adult life is independently associated with increased breast cancer risk (Chen et al, 2011).

We look forward to the quick implementation of minimum pricing for alcohol, noting that for alcohol-related cancers especially, the full effects of changes in consumption from minimum pricing for alcohol can take up to 20 years to be realised (Angus et al., 2016). At this point, it is estimated that minimum pricing will reduce alcohol-related cancers by around 20% (see Table 7.11 of Angus et al., 2016), which is a significant reduction.

In conclusion The Scottish Cancer Prevention Network welcomes the introduction of evidence based approaches to reduce alcohol consumption. Current data suggests that Minimum Alcohol Pricing will assist in the reduction of alcohol consumption and should be introduced quickly as part of a comprehensive strategy to reduce alcohol harm in Scotland.

References

We are supported by the Scottish Cancer Foundation (SC028300).

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