



Virtual Dialogue mini-series

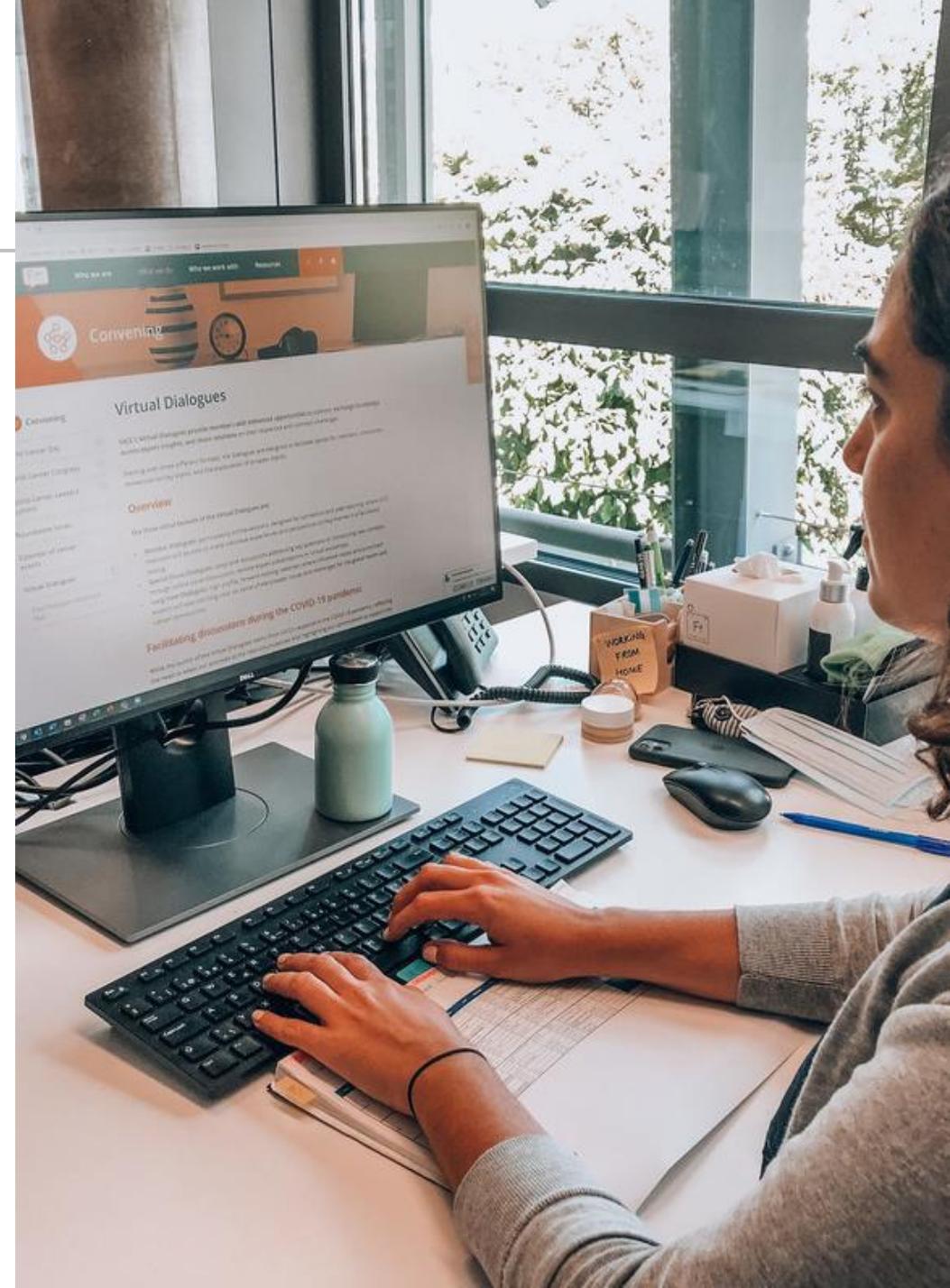
Alcohol and cancer: What's the evidence?

Welcome



Virtual Housekeeping

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- This meeting will be recorded and the recording will be shared with you after.
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- Question for presenters? Use the chat function during the presentations or raise your hand during the Q&A.





Isabelle Soerjomatara

International Agency for Research on Cancer



Terry Slevin

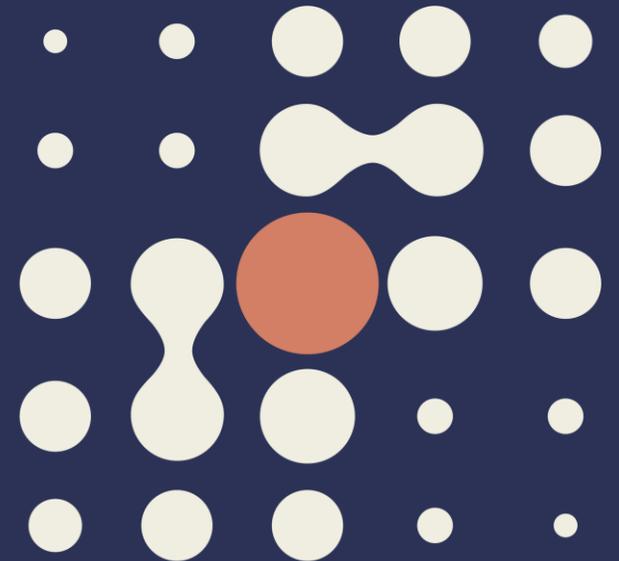
Public Health Association of Australia

Alcohol drinking and cancer: Relationship and population impact

Isabelle Soerjomataram
13 September 2022

UICC Alcohol Virtual Dialogue

International Agency
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Content

1. Alcohol drinking around the world
 - Current drinking in different countries by sex
 - Drinking pattern
2. Relationship to cancer
 - Relation to different cancer types
 - How alcohol causes cancer
3. Population impact of drinking alcohol
 - Global burden of cancer linked to alcohol
 - Cancers linked to alcohol in different countries
4. Summary and Conclusions

Alcohol drinking among adults: Global pattern

46.1%

Current drinkers

Men: 53.8%

Women: 38.3%

44.6%

Lifetime abstainers

Men: 37.8%

Women: 51.3%

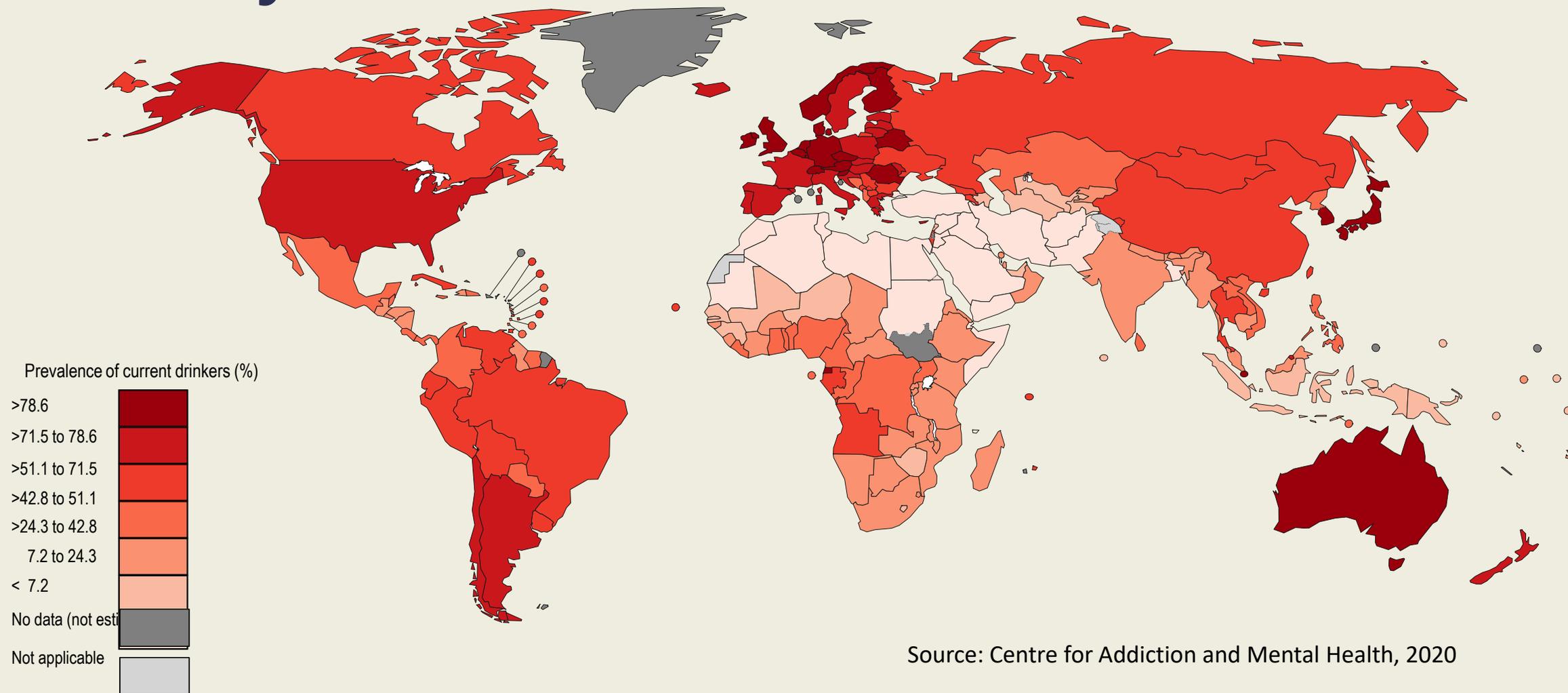
9.3%

Lifetime abstainers

Men: 8.4%

Women: 10.3%

Current drinkers among adults: Pattern by country



Source: Centre for Addiction and Mental Health, 2020

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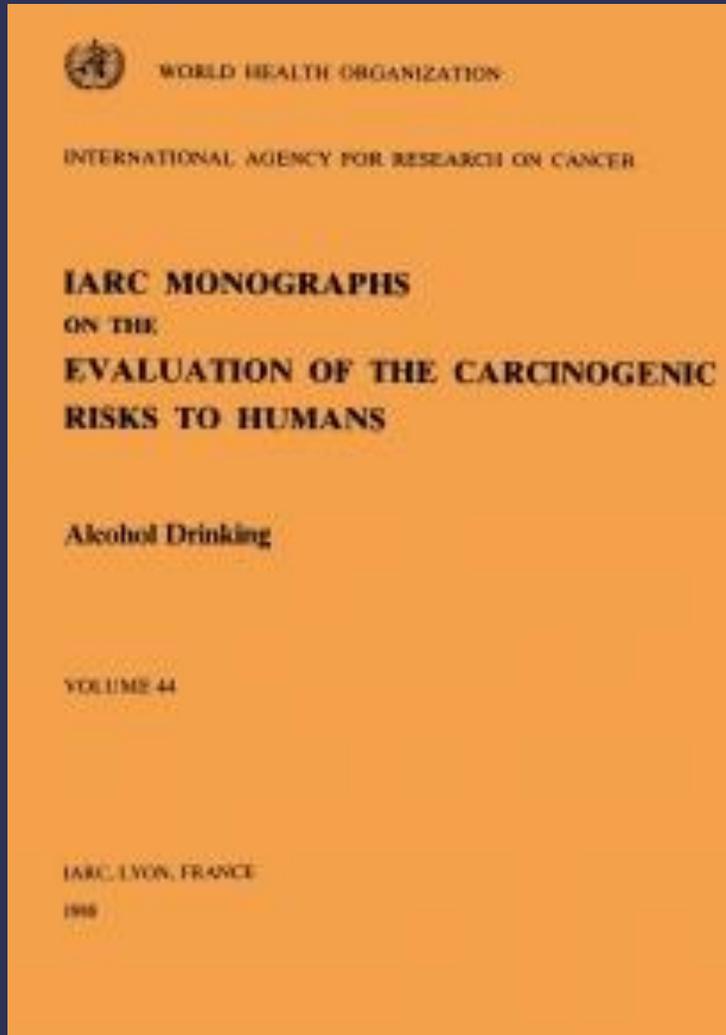


Linking alcohol
drinking to risk
of cancer

Alcohol and
cancer



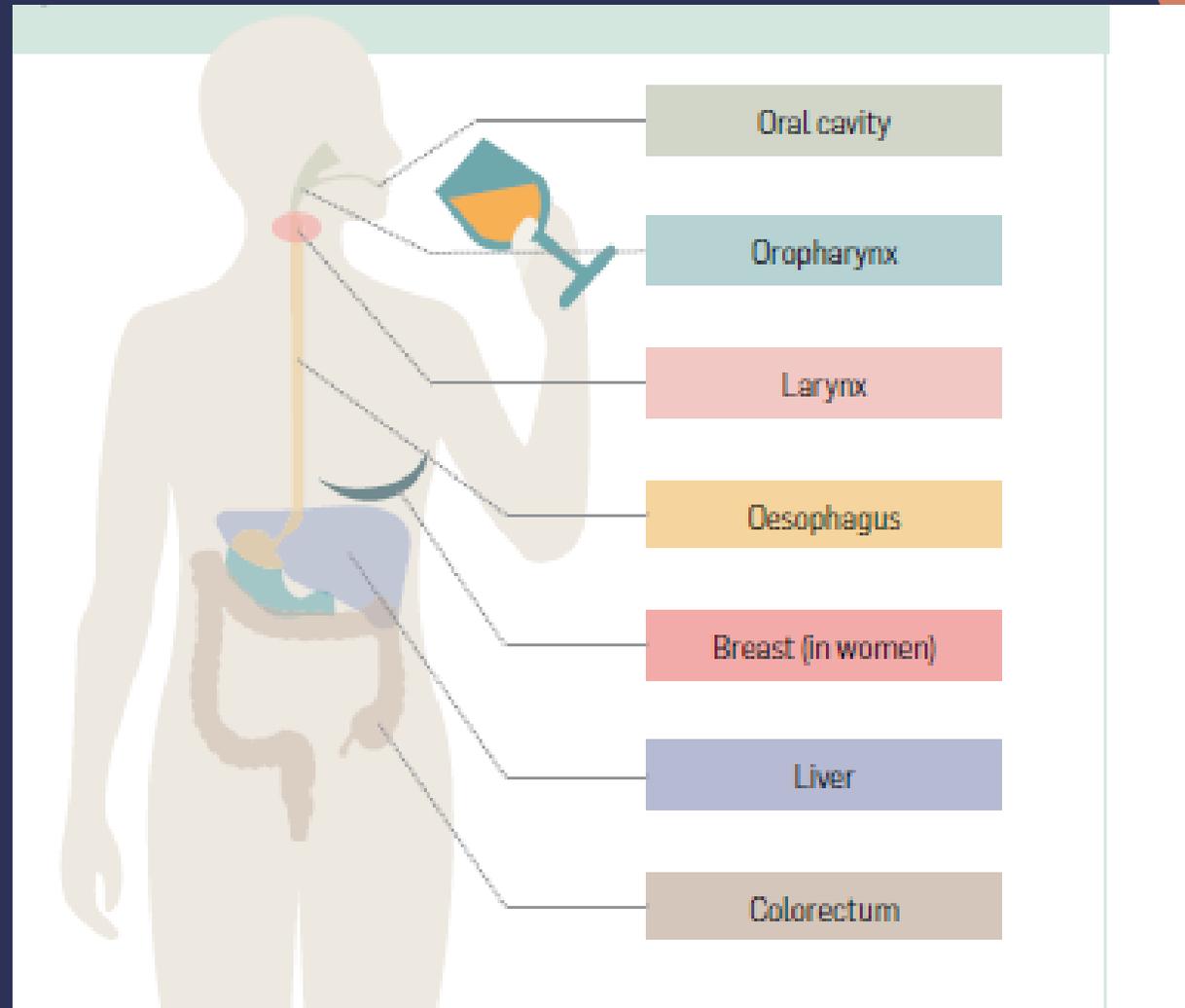
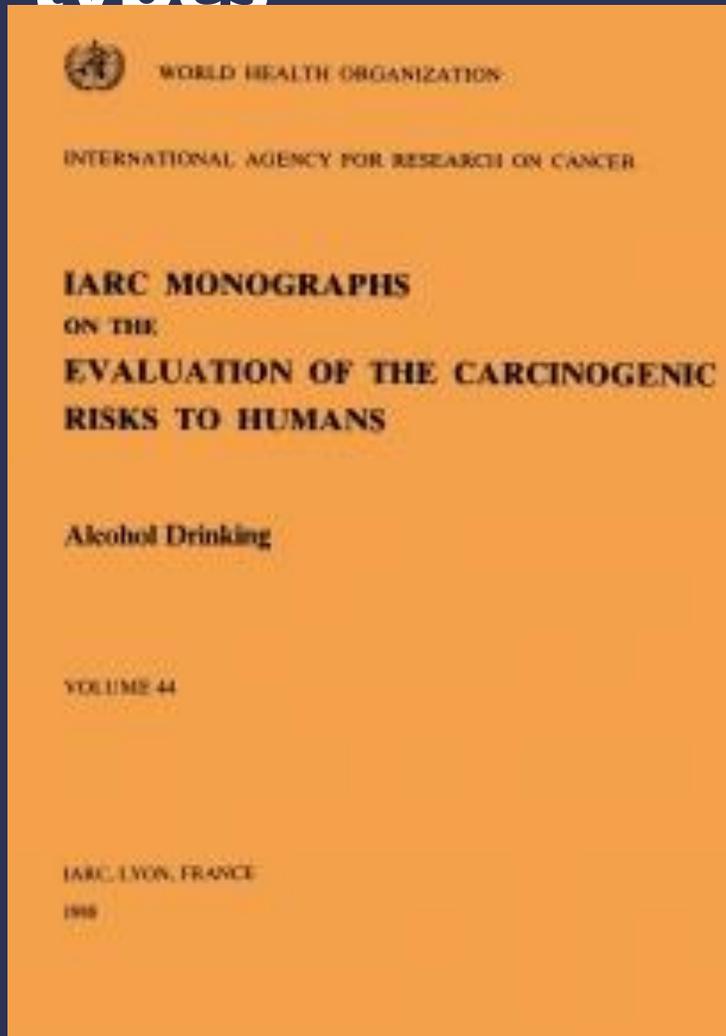
Linking alcohol drinking to cancer risk



Continuous Update Project: WCRF

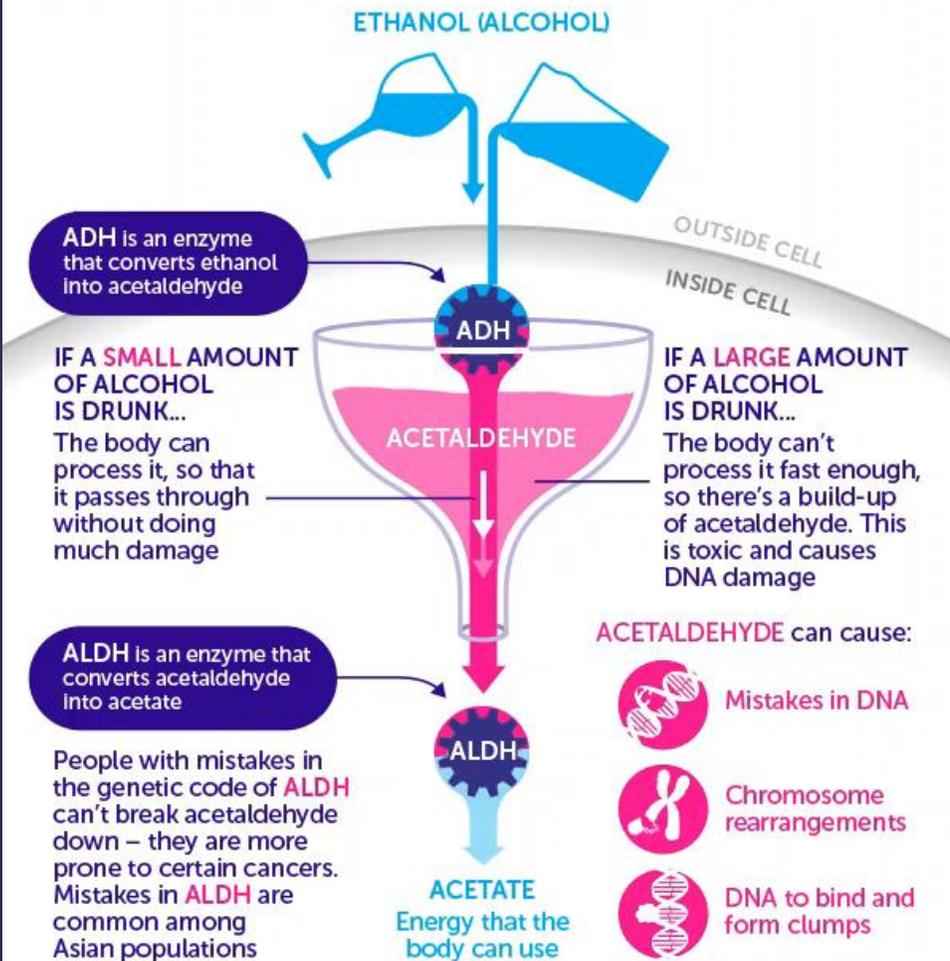
- Liver cancer (2015)
- Oesophageal cancer (2016)
- Stomach cancer (2016, *p*)
- Colon and rectal cancer (2017)
- Breast cancer (2017)
- Mouth, pharynx and larynx (2018)

Alcohol drinking and cancer types



Alcohol and cancer: mechanisms

ONE WAY ALCOHOL CAUSES CANCER



Alcohol → ethanol → Acetaldehyde

- DNA damages
- Blocks DNA repairs and synthesis
- DNA Methylation
- Inflammation and oxidative stress
- Increases sex-hormone levels

Alcohol and cancer: no safe limits

There is **no safe level**
of alcohol consumption.



The risk of cancer increases even with
low levels of alcohol consumption.

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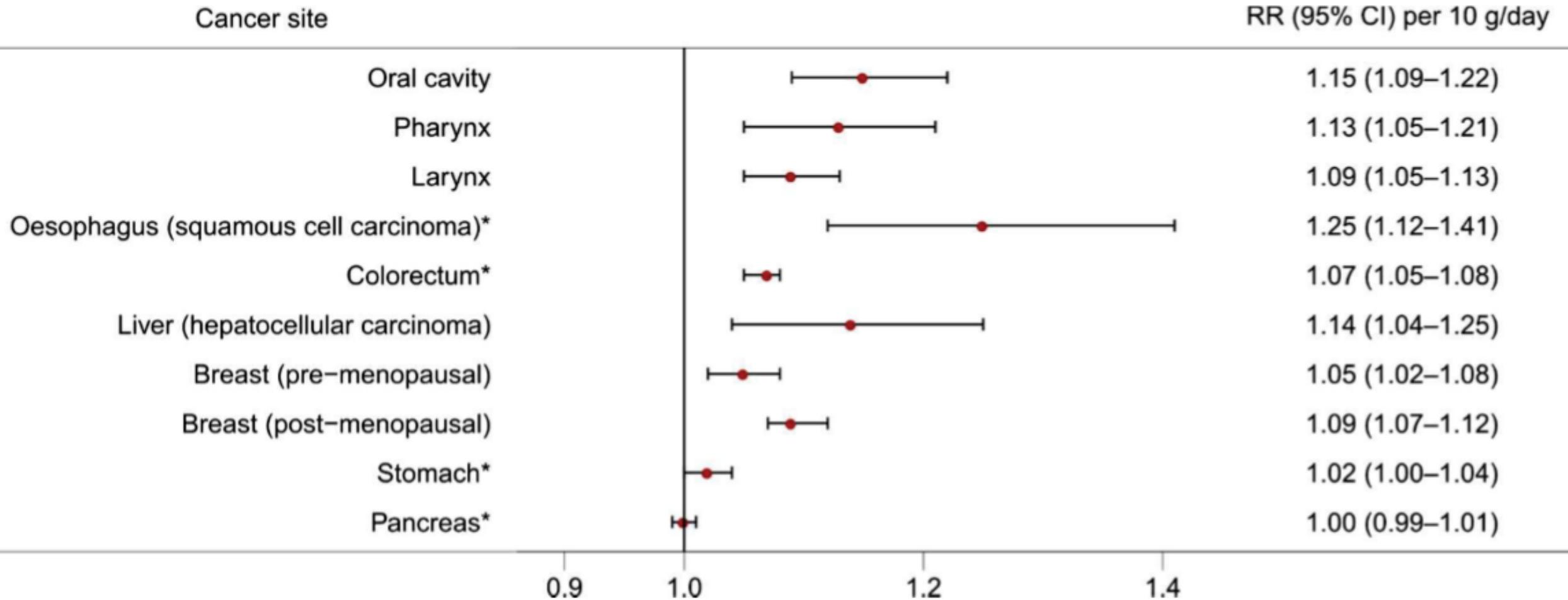


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Europe

Alcohol and cancer: no safe limits



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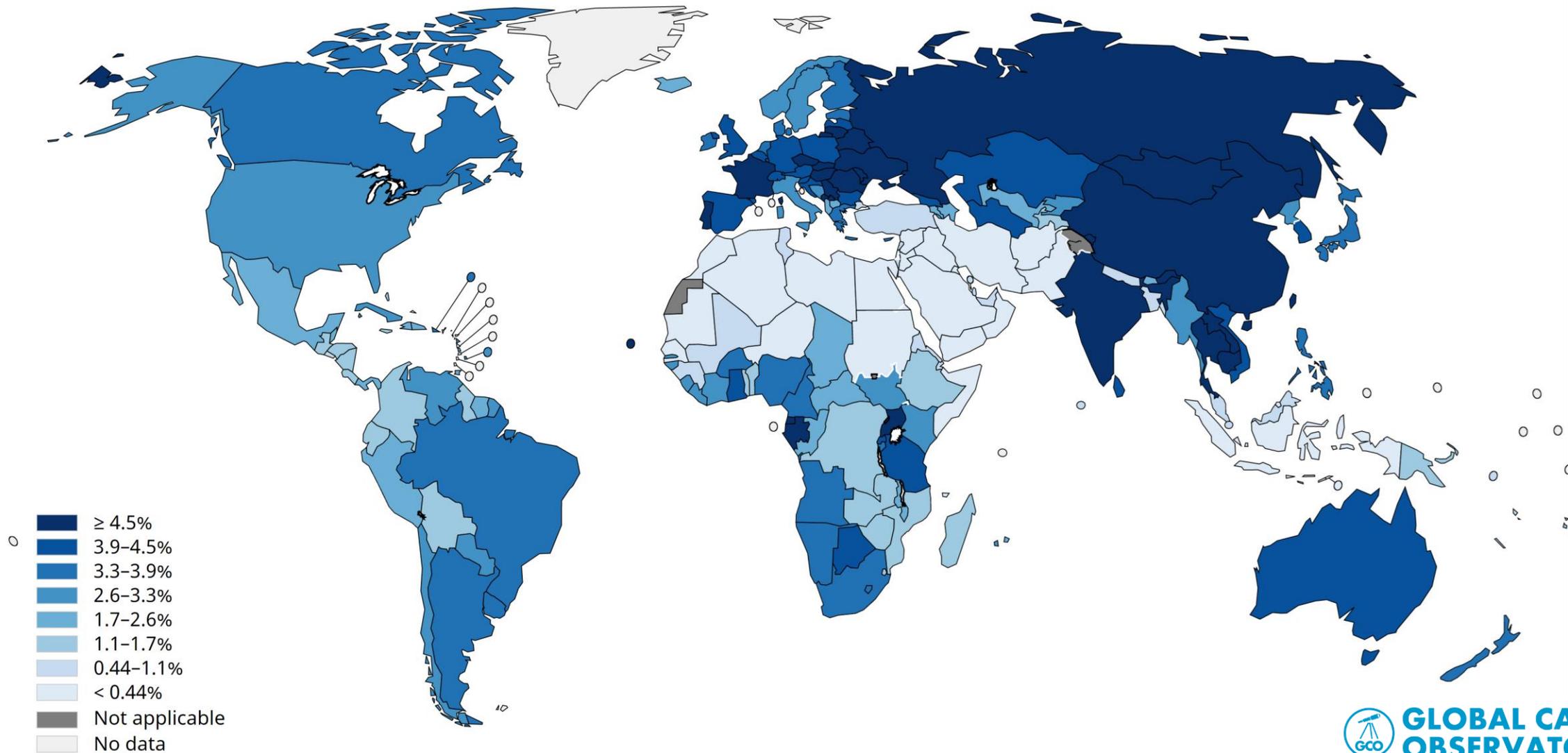
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Impact on Population Health: The Burden of Cancer

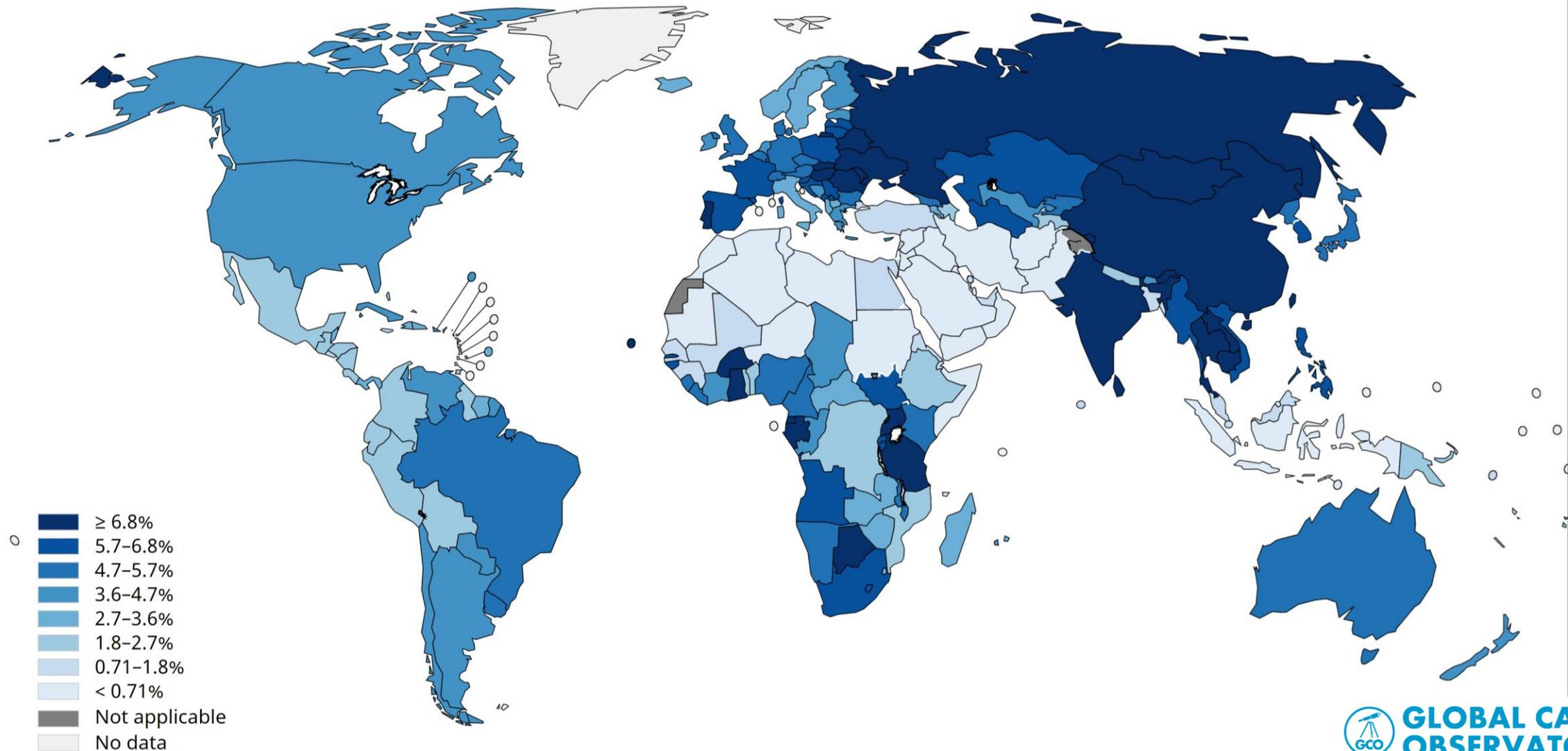
Alcohol and cancer



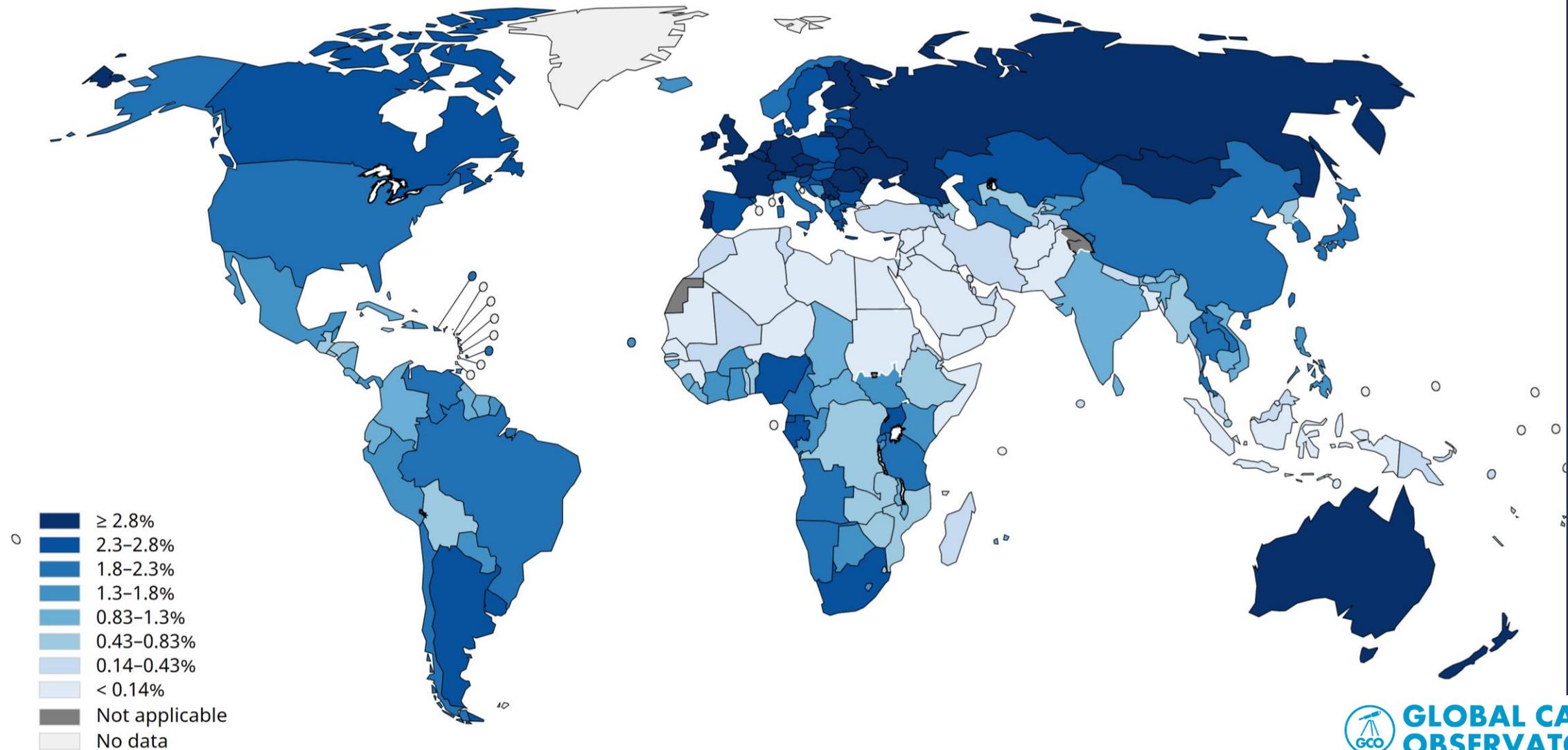
Cancers (%) caused by alcohol drinking: Men,



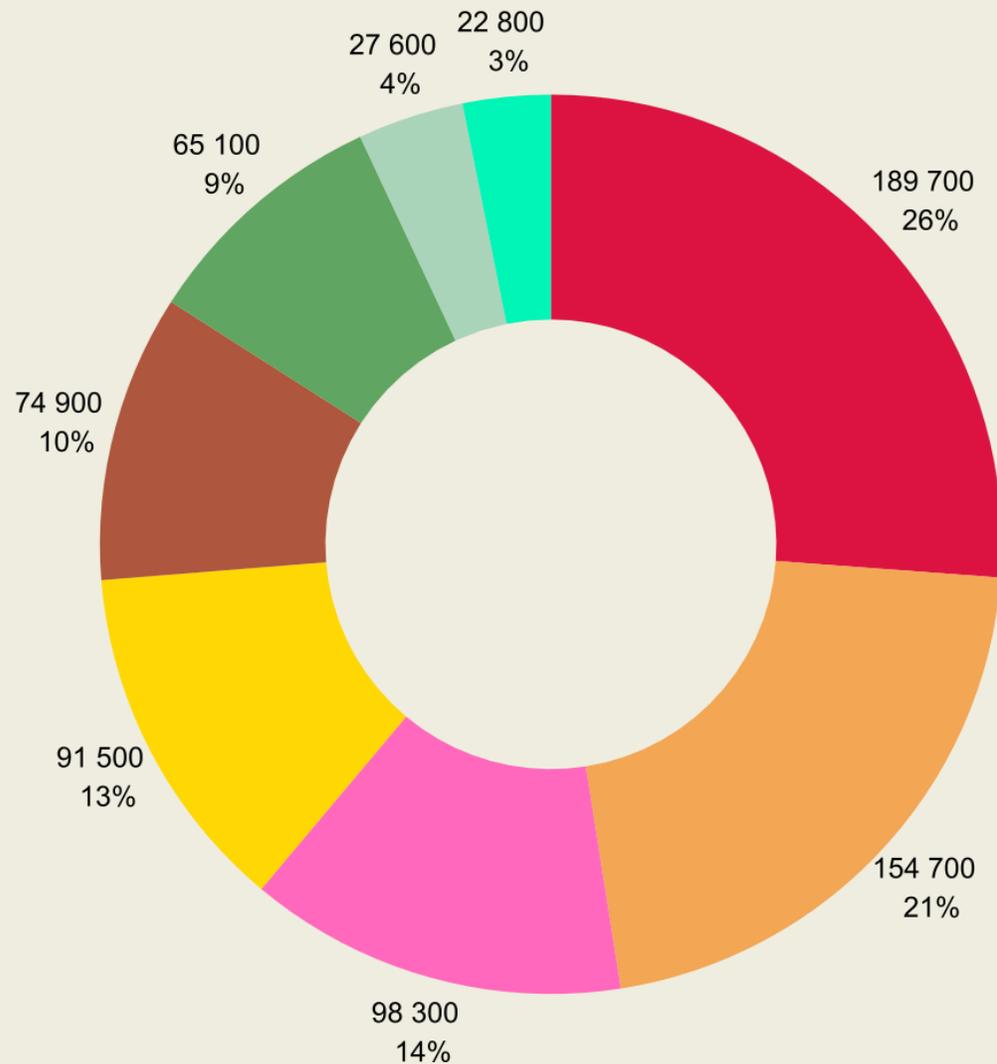
Cancers (%) caused by alcohol drinking: Men



Cancers (%) caused by alcohol drinking: Women



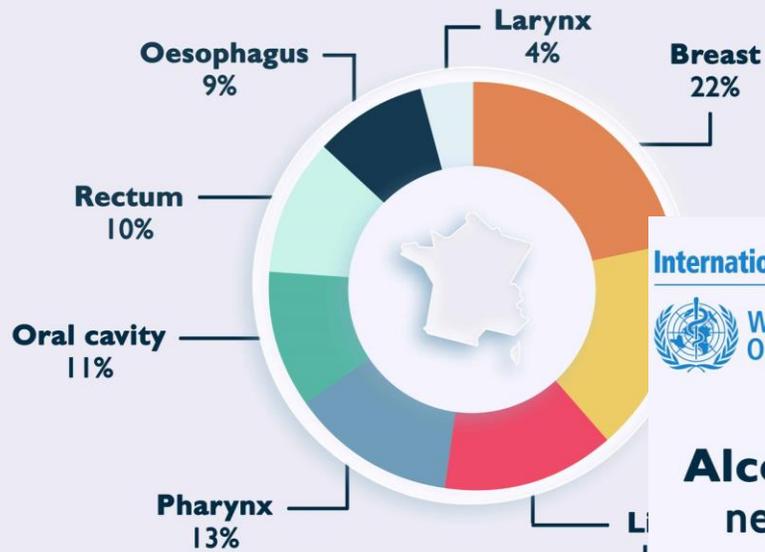
Cancers caused by alcohol drinking: Major cancer sites



Cancer site



Alcohol drinking caused nearly 20 000 cases of cancer in France in 2020.



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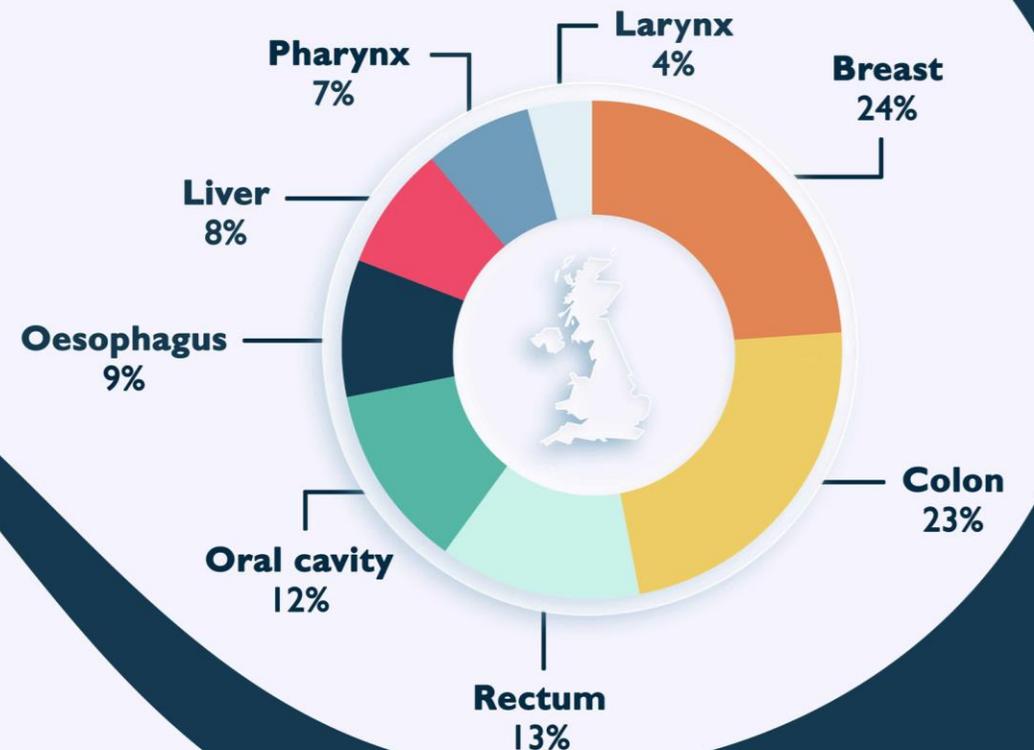


Alcohol drinking caused nearly 17 000 cases of cancer in the United Kingdom in 2020.

Breast cancer made up almost 1 in 4 of the new cases attributable to alcohol.

Breast cancer made up more than 1 in 5 of the new cases attributable to alcohol.

Alcohol consumption and cancer in the United Kingdom



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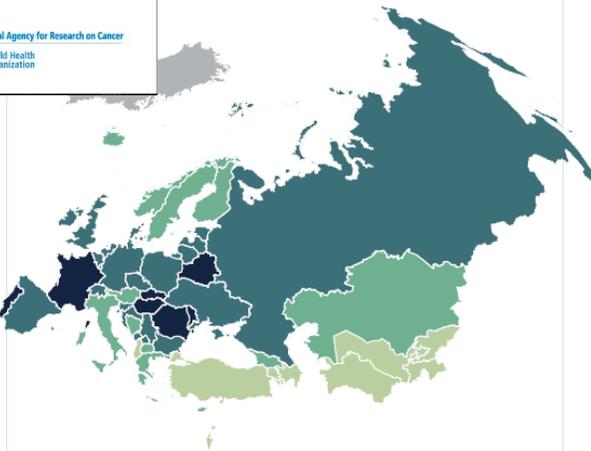
ALCOHOL-ATTRIBUTABLE CANCER IN THE WHO EUROPEAN REGION

3. WHICH CANCERS ARE CAUSED BY ALCOHOL?

...people developed cancer (excluding non-melanoma skin cancer) within the WHO European Region in 2018. 4.3% were attributable to alcohol. Thus, a total of about 180 000 cases of cancer and more than 110 000 cases (in men) were caused by alcohol.* In the same year, alcohol caused almost 92 000 cancer deaths.

...on in alcohol-attributable cancer rates across the WHO European Region, ranging from about 10 000 people in Azerbaijan, Israel, Tajikistan, Turkey and Uzbekistan to almost 20 000 people in Romania and the Republic of Moldova (Fig.1). It is likely that these differences are due to other risk factors (such as tobacco).

...of cancer cases in Europe caused by alcohol, per 100 000, 2018*



A Age-standardized rates of incident cancer cases caused by alcohol in the WHO European Region, per 100 000 people, are presented for 2018. Data were obtained from the International Agency for Research on Cancer. The darker the colour, the higher the age-standardized rate of cancer cases.

* Causality is considered according to the Bradford Hill criteria; for further details, see IARC (2016) and Rothman & Greenland (2005).** For more details on alcohol-attributable fractions of cancer, see the Methodology section at the end of the fact sheet.

An appeal for better prevention

3. WHICH CANCERS ARE CAUSED BY ALCOHOL?

There is an established causal link between alcohol intake and cancer development in the oral cavity, oropharynx, oesophagus, liver, larynx, colorectum and female breast.^{1,2,3,4}

The effect of alcohol as a risk factor, in terms of developing cancer or dying from it, varies across different cancer types. In the WHO European Region, in 2018, the proportion of fatal cancer outcomes due to drinking was highest for cancers of the oral cavity, oesophagus and oropharynx, while cancers of the colorectum and breast caused by alcohol resulted in proportionally fewer deaths (Fig.2).

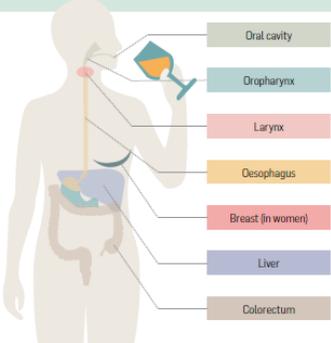
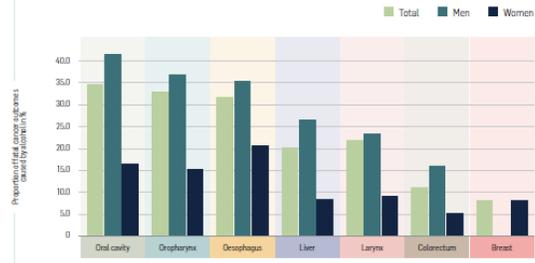


Fig. 2. Proportion of fatal cancer outcomes caused by alcohol in the WHO European Region, by sex and cancer site, 2018*



A Rates of fatal cancer outcomes reflect the alcohol-attributable fractions for the entire WHO European Region. Data were obtained from the International Agency for Research on Cancer.

Conclusions: Alcohol and Cancer

- Alcohol is an established cause of cancer
 - 740,000
- It has multiple biological mechanisms → many cancer sites
 - not widely known
- No safe limit
 - substantial portion of the population
- There are effective strategies to reduce population-level consumption



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Alcohol and Cancer Evidence Dialogue

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Alcohol harms beyond cancer

ALCOHOL USE IS RESPONSIBLE FOR...

- 3 million deaths each year globally
- 5.1% of the global burden of disease (7.1% Males, 2.2% Females)
- The disabilities and poor health of millions of people
- Single highest proportion (10%) of premature mortality among those aged 15 to 49 years – **13.5%** of deaths in people aged 20–39 years
- Even higher rates of death and hospitalization in the disadvantaged and vulnerable populations
- Causing more than 200 disease and injury conditions.

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Drinking alcohol is associated with...

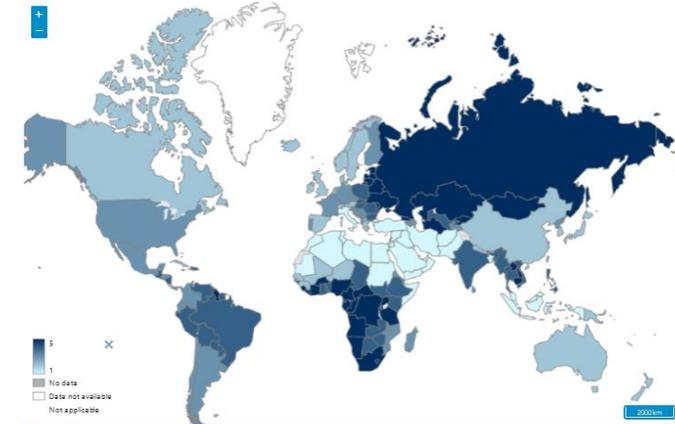
IMMEDIATE ADVERSE EFFECTS *(Linked to high consumption over short time period)*

- Unintentional and intentional injuries, including those due to
 - Road traffic crashes
 - Family and community violence
 - Suicide
- Mental and behavioural disorders, including alcohol dependence

CHRONIC ADVERSE EFFECTS *(Does response - higher consumption = higher risk)*

- Major noncommunicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases
- incidence or outcomes of infectious diseases such as tuberculosis and HIV/AIDS
- Alcohol consumption by an expectant mother may cause fetal alcohol syndrome (FAS) and pre-term birth complications

Alcohol-attributable Years of Life Lost (YLL) score



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World Health Organization
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<https://www.who.int/data/gho/data/themes/global-information-system-on-alcohol-and-health>

The Global Information System on Alcohol and Health (GISAH)

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But alcohol prevents cardiovascular disease – doesn't it ?



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Shield and Rehm The 2016 Global Burden of Disease (GBD) Alcohol Collaborators¹

- Although it is an unfounded conclusion that there is no beneficial individual level of alcohol consumption, the detrimental effects at the population level far outweigh the beneficial effects.¹

Larsen et al 2020 Alcohol Consumption and Cardiovascular Disease

<https://www.ahajournals.org/doi/10.1161/CIRCGEN.119.002814>

- The odds ratios (ORs) per 1-SD increase of log-transformed alcoholic drinks per week were 1.27 ([95% CI, 1.12–1.45] $P=2.87 \times 10^{-4}$) for **stroke** and
- 3.05 ([95% CI, 1.92–4.85] $P=2.30 \times 10^{-6}$) for **peripheral artery disease**
- There was some evidence for positive associations of genetically predicted alcohol consumption with **coronary artery disease** (OR, 1.16 [95% CI, 1.00–1.36]; $P=0.052$), **atrial fibrillation** (OR, 1.17 [95% CI, 1.00–1.37]; $P=0.050$), and **abdominal aortic aneurysm** (OR, 2.60 [95% CI, 1.15–5.89]; $P=0.022$)
- There was no evidence of associations heart failure (OR, 1.00), venous thromboembolism (OR, 1.04 and aortic valve stenosis (OR, 1.03 [95% CI, 0.56–1.90]; $P=0.926$).
- This study provides evidence of a causal relationship between higher alcohol consumption and increased risk of stroke and peripheral artery disease.

THE LANCET

Alcohol and the global burden of disease

Kevin D Shield ✉ • Jürgen Rehm

Published: June 15, 2019 • DOI: [https://doi.org/10.1016/S0140-6736\(19\)30726-3](https://doi.org/10.1016/S0140-6736(19)30726-3)



Alcohol consumption increases the risk of many CVDs



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Many sectors have an interest in reducing alcohol related harm

- Police and law enforcement
- Domestic and family violence
- Accident and emergency responders
- Health insurers
- Addiction specialists
- Road Safety advocates
- Religious and cultural groups



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Global status report
on alcohol and health
2018



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Alcohol causes cancer? Who knew ?

- “The current review suggests that global awareness of this link varies greatly across the world, and is rather modest overall. ...it is relatively higher in the United Kingdom, Morocco, and Australia”
- [French Population](#) (2010 n = 3,359) 60% “acknowledged” (prompted ?) alcohol contributed to cancer risk
- [Australian survey](#) 2012 (N = 2,600) 36.6% saw alcohol as an important risk factor for cancer
- Australian survey (Victoria 2021 n =1,500) 19% of drinkers linked alcohol with cancer risk (unprompted) (Tabbakh T, Brennan E, Ilchenko E, et al. Knowledge of alcohol-related health effects among Victorian (and Australian) adult drinkers. CBRC Research Paper Series No. 51. Centre for Behavioural Research in Cancer, Cancer Council Victoria: Melbourne, Australia, June 2021

Review > [Cancer Epidemiol Biomarkers Prev.](#) 2018 Apr;27(4):429-437.

doi: 10.1158/1055-9965.EPI-17-0645.

Awareness of the Link between Alcohol Consumption and Cancer across the World: A Review

Jennifer K Scheideler ¹, William M P Klein ²

Affiliations + expand

PMID: 29615419 DOI: [10.1158/1055-9965.EPI-17-0645](#)

Abstract

Since 1988, the International Agency for Research on Cancer has classified alcohol as a Group 1 carcinogen, the highest level of risk. Growing evidence suggests that alcohol increases the risk of several types of cancer including breast, bowel, prostate, and liver, and accounts for a significant proportion of preventable cancers. Despite ample evidence of this relationship, public awareness is less clear. Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, we reviewed 32 studies examining lay awareness of alcohol as a risk factor for cancer in 16 countries. Our results show that awareness appears to be low and varies internationally; it is relatively higher in the United Kingdom, Morocco, and Australia. Methodologic differences in assessment obfuscate cross-country and cross-sample comparisons. In general, people are more likely to endorse alcohol as a risk factor when presented with a list of possible risk factors than when asked to list risk factors in an open-ended format. Attempts to increase awareness have been limited and constitute a significant public health need. We provide potential strategies to increase awareness, such as alcohol bottle labeling and fostering patient/physician discussions regarding the link. *Cancer Epidemiol Biomarkers Prev*; 27(4); 429-37. ©2018 AACR.

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2019 AICR Cancer Risk Awareness Survey



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AICR Cancer Risk Awareness Survey

Percentage who answered "Yes"

RANKING	2019	CHANGE FROM 2017	2017	RANKING	2019	CHANGE FROM 2017	2017
Radiation	91%	5% increase	86%	Overweight/obesity	53%	3% increase	50%
Tobacco	89%	4% decrease	93%	Cured (processed) meats	53%	13% increase	40%
Inherited predisposition/cancer genes	84%	3% decrease	87%	Viruses and bacteria	53%	3% increase	50%
Industrial pollution	84%	0	84%	Trans-fat	48%	7% increase	41%
Excessive exposure to sunlight	82%	2% decrease	84%	Diets high in fat	46%	2% increase	44%
Asbestos	81%	1% increase	80%	Alcohol	45%	6% increase	39%
Pesticide residue on produce	80%	6% increase	74%	Diets high in red meat	43%	8% increase	35%
Nuclear power	71%	10% increase	61%	Diets low in vegetables and fruits	42%	3% decrease	45%
Food additives	64%	4% increase	60%	Cell phones	39%	2% increase	37%
Radon	63%	5% increase	58%	Insufficient physical activity	39%	0	39%
Genetically modified foods	60%	6% increase	54%	Plastic bottles	39%	1% increase	38%
Hormones in beef	59%	7% increase	52%	Diets low in fiber	38%	N/A	N/A
Artificial sweeteners	58%	3% increase	55%	Sugar	30%	2% increase	28%
Stress	54%	2% decrease	56%	Grilling meat	26%	3% increase	23%
				Coffee	10%	0	10%

<https://www.aicr.org/assets/can-prevent/docs/2019-Survey.pdf>

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Evaluation outcomes of an alcohol and pregnancy campaign targeting multiple audiences

Simone Pettigrew^{1,2}, Leon Booth¹, Tahnee McCausland³, Kelly Kennington³, Mia Miller¹, Jacqueline Bowden⁴, Julia Stafford⁵

Affiliations + expand
PMID: 36066382 DOI: 10.1111/dar.13541

Abstract

Introduction: The aim of this study was to evaluate the effectiveness of a mass media campaign alerting the public to the potential harms of alcohol to unborn babies and to inform future intervention efforts.

Method: An online survey was administered to 889 adult Western Australians. The survey assessed demographic characteristics, typical alcohol use, recognition and perceptions of the campaign, and behavioural changes resulting from campaign exposure. A multiple regression analysis was conducted to identify factors associated with perceived campaign effectiveness.

Results: Most respondents reported having seen/heard the campaign on at least one form of media (71%). Most considered the campaign to be believable (89%), clear (88%), trustworthy (87%), memorable (82%) and among the best they had seen (78%). As a result of campaign exposure, a large majority reported increased concern about drinking during pregnancy (85%) and most female respondents reported being much less likely to use alcohol during a pregnancy (83%). One-third of female respondents (33%) reported that as a result of being exposed to the campaign they had decided not to consume alcohol while pregnant. Confidence to abstain, awareness of strategies to abstain, lower socioeconomic position, residing in the metropolitan area and recognising the campaign were significantly associated with greater perceived campaign effectiveness.

Discussion and conclusions: Results indicate the campaign was well received by respondents, increased concern about drinking alcohol during pregnancy and positively influenced women's intentions to refrain from drinking while pregnant. Well-designed campaigns on alcohol avoidance during pregnancy can be considered acceptable and effective by target audiences.

Keywords: alcohol; campaign; evaluation; pregnancy.

> [BMJ Open](#). 2015 Mar 11;5(3):e006511. doi: 10.1136/bmjopen-2014-006511.

Using a mass media campaign to raise women's awareness of the link between alcohol and cancer: cross-sectional pre-intervention and post-intervention evaluation surveys

Helen G Dixon¹, Iain S Pratt², Maree L Scully¹, Jessica R Miller³, Carla Patterson³, Rebecca Hood³, Terry J Slevin²

Affiliations + expand
PMID: 25762231 PMID: PMC4360807 DOI: 10.1136/bmjopen-2014-006511
Free PMC article

Abstract

Objectives: To evaluate the effectiveness of a population-based, statewide public health intervention designed to improve women's awareness and knowledge of the link between alcohol and cancer.

Among women who drink alcohol, the proportion expressing intentions to reduce alcohol consumption increased significantly between baseline and wave III (adj OR=2.38, 95% CI 1.11 to 5.12, p=0.026).



“As a result of campaign exposure, a large majority reported increased concern about drinking during pregnancy (85%) and most female respondents reported being much less likely to use alcohol during a pregnancy (83%)”

<https://alcoholthinkagain.com.au/campaigns/alcohol-and-health-spread/>

Alcohol causes cancer in 7 sites of the body.

In Western Australia, one person dies every third day from alcohol-caused cancer.

Mouth, throat and oesophagus
Alcohol damages the cells lining the mouth, throat, pharynx and larynx and oesophagus as it enters the mouth and is swallowed, causing cancer in these parts of the body. Cancers of the mouth, throat and oesophagus combined accounted for almost 40% of all alcohol-caused cancer hospitalisations in 2018.

Female breast
There are a number of potential ways that alcohol causes breast cancer in females, including by increasing the levels of hormones in the blood. Despite alcohol being attributed to more than 230 breast cancer hospitalisations in 2018, only 28% of Western Australians know about the alcohol and breast cancer link.

Liver
The liver is responsible for the conversion of alcohol to acetaldehyde, which is a cell poison. Alcohol also damages the liver by causing a build-up of fat, inflammation and scarring, which can lead to liver cancer. Alcohol is responsible for 40% of all liver cancer cases in Australia.

Colon and rectum
Alcohol can cause cancer in the colon and rectum by multiple pathways, including by acetaldehyde damaging DNA and stopping cells from repairing this damage. In 2018, alcohol-caused colorectal cancer accounted for 1 in 4 cancer-related hospitalisations in WA.

154 Western Australians died from alcohol-caused cancer in 2017.

3 Western Australians were hospitalised due to alcohol-caused cancer each day in 2018.

Alcohol-caused cancer cost WA hospitals \$14m in 2018.

Reduce your drinking to reduce your risk. **alcoholthinkagain**

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Are people aware of the link between alcohol and cancer without being prompted?



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- A significantly higher proportion of the total sample identified red wine as increasing cancer risk (52%) compared to 2011 (42%). This increase was driven by higher mention amongst females.

- Significant increases have been noted across all categories in comparison to baseline results.

% answering 'Increases Cancer Risk'				
Total Sample	Baseline (n=400)	Post-Campaign 2010 (n=400)	Post-Campaign 2011 (n=419)	Post-Campaign 2012 (n=400)
Alcohol	61	75	80	82
Beer	46	64	71	68
Red Wine	19	33	42	52
Males (n=196)	(n=93)	(n=203)	(n=198)	
Alcohol	62	62	76	80
Beer	47	52	69	65
Red Wine	21	27	46	51
Females (n=205)	(n=307)	(n=216)	(n=202)	
Alcohol	61	79	84	84
Beer	45	68	73	71
Red Wine	18	35	38	54

- Significantly higher than previous year
- Significantly lower than previous year

Alcohol & Cancer Campaign Evaluation 2012

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NOTE: 24% Still report red wine reduces risk of cancer

Support for alcohol control policies? Influenced by “What I know” & “What I do”



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- Knowledge of alcohol as a risk factor for cancer was a significant predictor of support for all policies,
- Level of alcohol consumption had a significant inverse relationship with policy support

> [Int J Drug Policy](#). 2015 Apr;26(4):371-9. doi: 10.1016/j.drugpo.2014.08.006. Epub 2014 Aug 21.

Public support for alcohol policies associated with knowledge of cancer risk

[Penny Buykx](#)¹, [Conor Gilligan](#)², [Bernadette Ward](#)³, [Rebecca Kippen](#)⁴, [Kathy Chapman](#)⁵

Affiliations + expand

PMID: 25217801 DOI: [10.1016/j.drugpo.2014.08.006](#)

Abstract

Background: Several options are advocated by policy experts to mitigate alcohol-related harms, although the most effective strategies often have the least public support. While knowledge of tobacco-related health risks predicts support for relevant public health measures, it is not known whether knowledge of alcohol health risks is similarly associated with the acceptability of policies intended to reduce alcohol consumption and related harms. This study aims to gauge public support for a range of alcohol policies and to determine whether or not support is associated with knowledge of a long-term health risk of alcohol consumption, specifically cancer.

Methods: 2482 adults in New South Wales (NSW), Australia, participated in an online survey. Logistic regression analysis was used to examine the association between demographic data, alcohol consumption, smoking status, knowledge of alcohol as a risk factor for cancer and support for alcohol-related policies.

Results: Most participants were supportive of health warnings, restricting access to internet alcohol advertising to young people, and requiring information on national drinking guidelines on alcohol containers. Almost half of participants supported a ban on sport sponsorship, while less than 41% supported price increases, volumetric taxation, or reducing the number of retail outlets. Only 47% of participants identified drinking too much alcohol as a risk factor for cancer. Knowledge of alcohol as a risk factor for cancer was a significant predictor of support for all policies, while level of alcohol consumption had a significant inverse relationship with policy support.

Conclusion: The finding that support for alcohol management policies is associated with awareness that drinking too much alcohol may contribute to cancer could assist in the planning of future public health interventions. Improving awareness of the long term health risks of alcohol consumption may be one avenue to increasing public support for effective alcohol harm-reduction policies.

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“Do as I say, not as I do ?”

- As an Organisation



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- As an individual





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Policy solution to alcohol related harm

- regulating the marketing of alcoholic beverages (in particular to younger people)
- regulating and restricting the availability of alcohol
- enacting appropriate drink-driving policies
- reducing demand through taxation and pricing mechanisms
- raising awareness of the health and social problems for individuals and society at large caused by the harmful use of alcohol
- ensuring support for effective alcohol policies
- providing accessible and affordable treatment for people with alcohol-use disorders; and
- implementing screening and brief intervention programmes in health services for hazardous and harmful drinking.

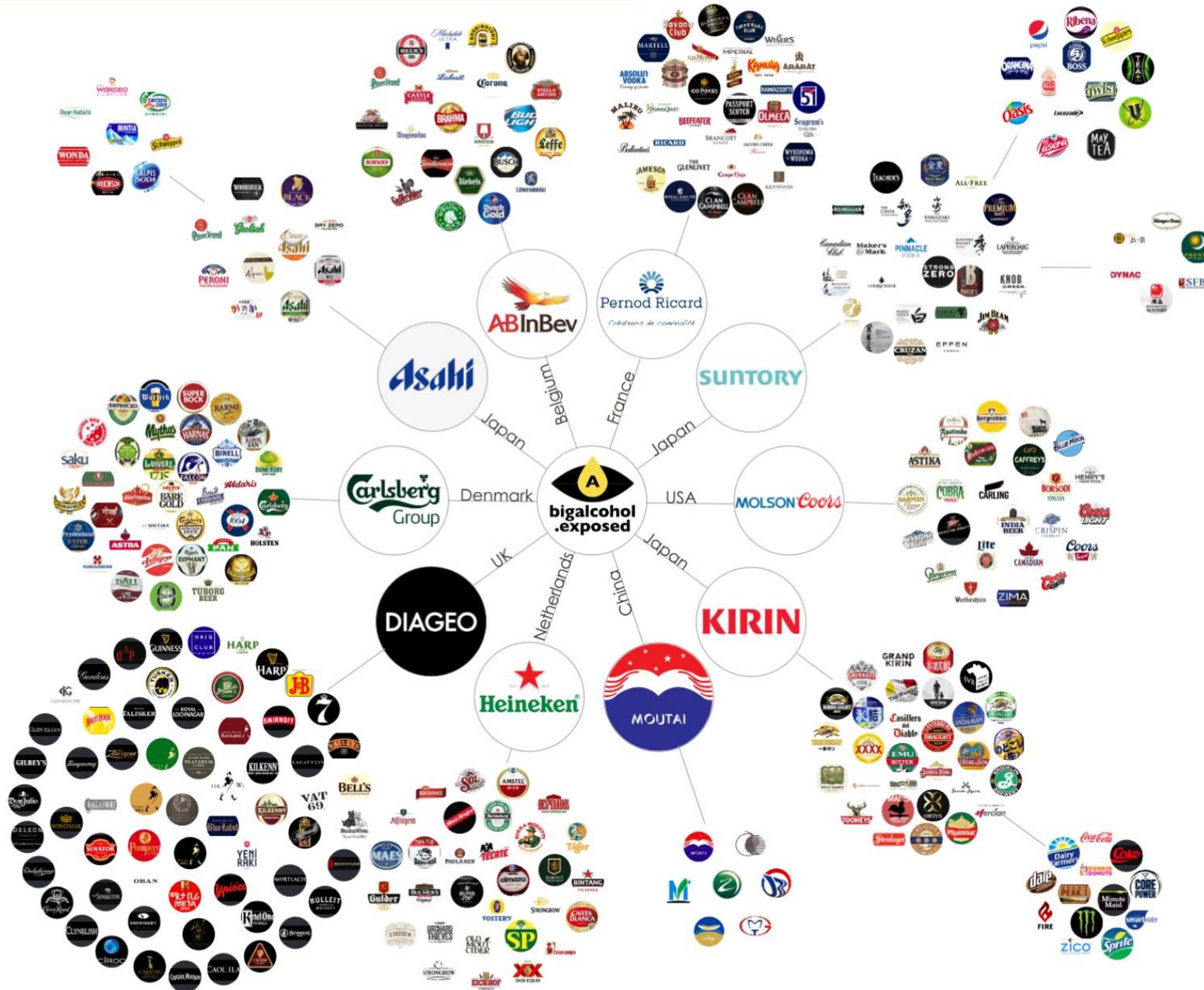
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10 LARGEST ALCOHOL PRODUCERS IN THE WORLD



1. Anheuser-Busch InBev
US\$56.4 billion (up 23.7%)
2. Heineken Holding
\$24.7 billion (up 7.4%)
3. Asahi Group Holdings
\$19.4 billion (up 23.6%)
4. Kirin Holdings
\$16.6 billion (down -13.1%)
5. Diageo
\$15.7 billion (up 3.3%)
6. Suntory Holdings
\$11 billion (up 21.3%)
7. Molson Coors Brewing
\$10.9 billion (up 122.4%)
8. Pernod Ricard
\$10.2 billion (up 5.2%)
9. Carlsberg
\$9.4 billion (up 1.1%)
10. Kweichow Moutai
\$8.5 billion (up 70%)



Public Health Association
AUSTRALIA

Special role for cancer advocates

- 1. Campaigns work:** Make every effort to ensure the audiences we serve know what the science tells us about the link between Alcohol and cancer.
- 2. No hypocrisy:** Ensure our organisations establish internal policies (catering, fund raising, partnerships) reinforce and reflect that position.
- 3. Evidence based policy:** Support and reinforce evidence based policy options to reduce alcohol consumption and therefore alcohol related harm and
- 4. Collaborate:** Join forces with like minded groups and entities to operate at the political and public policy level
- 5. Fight:** Be aware that the alcohol industry is largely more powerful and an enormously influential force who will block us at every turn.

Public Health Association of Australia

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Alcohol and cancer mini series



Join us for the next discussion:

Alcohol and cancer: How can we ensure effective policies?

Tuesday, 28 September 15:00 CEST/ 13:00 GMT

[Register here](#)

Alcohol and cancer: Shaping policies to protect people

Tuesday, 18 October 12:00 CEST/ 13:00

Live at [World Cancer Congress](#) and on the online platform

Thank you



CANADIAN **PARTNERSHIP**
AGAINST **CANCER**

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CONTRE LE **CANCER**

