ALCOHOL AND CANCER TRENDS: INTERVENTION SCENARIOS

PROJECTING TRENDS IN ALCOHOL CONSUMPTION AND ALCOHOL-RELATED HARM IN ENGLAND FROM 2015 TO 2035 AND ESTIMATING THE IMPACT OF POTENTIAL MINIMUM UNIT PRICING AND TAXATION POLICIES USING THE SHEFFIELD ALCOHOL POLICY MODEL VERSION 3.1
EXECUTIVE SUMMARY

Alcohol is a significant contributor to the global burden of mortality and disease. It has been linked to over 200 health conditions, including heart disease, stroke, diabetes and seven types of cancer. In the UK, alcohol is linked to around 12,800 cancer cases annually. It is also implicated in a wide range of social problems, particularly crime and workplace absences. These health and social problems impose a substantial burden on public services.

Prevention has formed a key part of the NHS Five Year Forward View, supporting comprehensive, hard-hitting and broad-based national action for all major health risks, including alcohol use. Furthermore, the 2015 Cancer Strategy for England called for a radical upgrade in prevention and public health to reduce further cancer incidence.

Cancer Research UK commissioned the University of Sheffield to investigate how trends in alcohol consumption would affect future rates of alcohol-related harm, including cancer outcomes, and how alternative policy interventions would reduce this harm. This was undertaken using the Sheffield Alcohol Policy Model (SAPM); an advanced population simulation model designed to forecast the impact of different alcohol policies on alcohol consumption and related harm.

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Alcohol trends were estimated across the whole population for England in 2015-2035. Using a scenario that incorporates both the recent shifts in consumption alongside longer-term trends, the average consumption is estimated to be 14.6 units/week per drinker and the abstention rate 20.7%.

Under this scenario, between 2015 and 2035 alcohol consumption in England is estimated to cause:

- 253,000 deaths, including 135,000 cancer deaths
- 17.5 million hospital admissions, including 1.2 million for cancer
- £53 billion in costs to the NHS, including £2 billion in cancer costs

In both relative and absolute terms, and for both mortality and admissions, the biggest increase in the burden of alcohol-related cancers is for oesophageal cancer. This is followed by bowel, other mouth and throat, breast and then liver cancers.
MINIMUM UNIT PRICING

Different alcohol pricing policies were modelled, to predict their impact on alcohol consumption and therefore on alcohol harm, including a 50p minimum unit price for alcohol. The Scottish Parliament passed a bill in 2012 to bring in this policy in Scotland. The measure has been subject to a legal challenge by the alcohol industry but in October 2016 the policy was found to be compatible with EU law by the Scottish Court of Session. Previous research has shown that this policy will reduce average consumption in Scotland by 3.5% (0.5 units/week) and annual alcohol attributable mortality by 7.4% (121 deaths/year). This research shows that a 50p minimum unit price in England would result in the following over the next 20 years:

- Reduce all alcohol-attributable deaths by 7,200, including cancer deaths by 670
- Reduce all alcohol-attributable hospital admissions by 386,000, including 6,300 for cancer admissions
- Reduce healthcare costs by £1.3 billion

Furthermore the effects on consumption and therefore alcohol-attributable mortality are largest among harmful drinkers and only modest among moderate drinkers.

Therefore minimum unit pricing is an effective approach to reducing alcohol consumption and alcohol-related harm.
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CANCER RESEARCH UK
Cancer Research UK is the world’s largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2015/16, we spent £404 million on research institutes, hospitals and universities across the UK. We receive no funding from the Government for our research.

This project has been commissioned by the Cancer Research UK Policy Research Centre for Cancer Prevention. For more information on this study please contact PRCP-team@cancer.org.uk

Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and the Isle of Man (1103).

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