AN INVESTIGATION OF PUBLIC KNOWLEDGE OF THE LINK BETWEEN ALCOHOL AND CANCER

EXECUTIVE SUMMARY

There is increasing evidence of links between alcohol consumption and specific types of cancer (1, 2). Alcohol is believed to be responsible for approximately 12,800 cancer cases annually in the UK (3). Levels of public understanding of alcohol as a risk factor for cancer is low in England (4) and there is limited recent data about this. The Policy Research Centre for Cancer Prevention, Cancer Research UK (CRUK) commissioned the University of Sheffield to undertake a study to gather evidence relevant to these issues.

KEY FINDINGS

- When prompted, only one in two people are aware of the link between alcohol consumption and cancer. Without prompting, only 13% identify cancer as a potential health outcome of consumption.

CANCER AWARENESS

Only around 1 in 10 people linked cancer as a potential health condition resulting from drinking too much alcohol.*

*When asked "Which, if any, health conditions do you think can result from drinking too much alcohol?"

We must invest more in national health campaigns so that more people are aware of the long term risks of drinking.
• When asked in more detail about specific cancers, levels of awareness range from 18% (breast cancer) to 80% (liver cancer) with uncertainty about the level of drinking at which risk of different cancer types increases.

• Approximately one in five people can correctly identify the maximum number of alcohol units that it is recommended should not be exceeded in a day\(^1\).

• Among drinkers, only 10–15% can correctly identify their own gender drinking guideline and at least sometimes use it to keep track of their alcohol consumption (when surveyed before the release of the new CMO guidelines).

GUIDELINE AWARENESS

Amongst drinkers 11% of men and 15% of women could both accurately identify the maximum daily units and used this guideline to keep track of their own drinking.*

*When asked, “Do you know how many alcohol units it is recommended that men/women should not exceed in a day?” and “Do you use these guidelines to keep track of your own drinking?”

The CMO alcohol guidelines need to be easily accessible and understandable to the public.

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\(^1\) when surveyed before the release of the new CMO guidelines
• Primary **responsibility** for tackling alcohol related harms is seen to rest with **individuals**, the **alcohol industry** and the **national government**

• **Health information labelling** (e.g. standardised display of alcohol by volume percentage) is **supported**, with only 10% or less indicating they oppose or strongly oppose each health information label presented

• **Health warning statements** (e.g. *Warning: Alcohol increases your risk of cancer*) are considered **believable and acceptable** by about half of respondents

• There is a **diversity of opinion** as to which warning statements are the most and least persuasive, suggesting that should health warning labelling be implemented, a **range of messages** may be required

**EVIDENCE**

This report on the results of an online survey of 2100 people conducted in July 2015 provides up-to-date evidence for England concerning: knowledge and use of drinking guidelines; knowledge of the link between alcohol use and various health conditions including specific cancer types, opinions on labelling and health guidance and responsibility for tackling alcohol-related health harms.

**POLICY AND PUBLIC HEALTH**

The data presented in this report give a useful summary of public knowledge of the health risks associated with drinking (particularly in relation to cancer) and public health guidance regarding alcohol consumption. Furthermore, the report includes a detailed examination of public acceptability of labelling and health warning statements. Many of these findings are of immediate relevance to policy and public health practice. For example, many people’s uncertainty about link between alcohol and specific cancer types is an important finding for public health advocates.

**REFERENCES**


