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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of Health
Report: #2024-INFO-60
Date: October 4, 2024

Subject:

Alcohol and Cancer Risk

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the Policy Position Statement entitled: [Alcohol and Cancer Risk](#), a report released by the World Cancer Research Fund International (WCRF) International in September 2024.

2. Background

2.1 Alcohol is linked to at least seven different types of cancer.

2.2 There is no safe level of alcohol consumption for cancer prevention, and therefore there is no such thing as harmless use of alcohol.

2.3 Alcohol poses many other health risks as well as negative social and economic impacts. Health risks beyond cancer include alcohol dependency syndrome, liver disease, hypertensive heart disease, hemorrhagic stroke, pancreatitis, traffic- and violence-related injury (including violence against women and children), and suicide, among others.

2.4 WCRF International is a leading authority on the links between cancer and alcohol, as well as diet, nutrition, and physical activity.

3. Key Policy Recommendations

- 3.1 The Policy Position: Alcohol and Cancer Risk outlines five policy measures needed to reduce alcohol harms.
- a. Fiscal and pricing policies: Increasing excise taxes and setting minimum unit pricing to make alcohol less affordable.
 - b. Restricting availability: Limiting where and when alcohol can be sold and regulating alcohol retail outlets.
 - c. Mandatory health warning labels: Clear, visible labels on alcoholic products to inform consumers about health risks and nutrition information.
 - d. Marketing restrictions: Banning or strictly regulating the promotion and sponsorship by alcoholic products and brands.
 - e. Updated national guidance: Ensuring that public health guidelines in every country reflect the evidence on alcohol and cancer risk.

4. Other Alcohol Control Actions

- 4.1 WCRF International's policy position provides additional guidance on the following topic areas:
- a. Language: Since evidence shows there is no safe level of alcohol consumption, terms like "responsible drinking" or "moderate drinking" can mislead consumers. Instead, messages should emphasize that no level of alcohol consumption is safe for cancer prevention.
 - b. Conflicts of interest: The alcohol industry should not be involved in any policy development processes, as it often misrepresents the risks of alcohol consumption and works to circumvent regulations.
 - c. No and low alcohol (NoLo) products: The impact of NoLo products on overall alcohol consumption is unclear. These products should be monitored to ensure they do not encourage increased alcohol use or mislead consumers.

5. Local Program Initiatives

- 5.1 DRHD provides health information about the risks associated with alcohol use, recommendations for reducing usage and community resources and services for individuals looking for help, available at durham.ca.
- 5.2 DRHD engages youth and young adults to provide age-appropriate health information, prevention and harm reduction strategies and local treatment service options, in collaboration with local schools and post secondary institutions.

- 5.3 DRHD provides support to parents to help prevent substance use during the teen years and to build and maintain strong parent/child connections.
- 5.4 DRHD provides mental health resources and supports, including information on crises, available at durham.ca.
- 5.5 Local health statistics and information on drugs can be found on the [Durham Health Stats](#) webpage.
- 5.6 Information and local trends on the following topics are available on durham.ca:
 - a. [Young Adults in Durham Region: Healthy living behaviours of young adults ages 18 to 24 in Durham Region](#)
 - b. [Alcohol Use Among Durham Region Students Grades 9-12](#)
 - c. [Trends In: Early substance use – alcohol \(December 2017\)](#)
 - d. [Trends In: Past year alcohol use \(December 2017\)](#)
 - e. [Quick Facts: Percentage of secondary school students reporting substance use before Grade 9, 2016-2017\)](#)
- 5.7 DRHD offers consultation and support to municipalities that are interested in taking action to restrict alcohol retail density and/or restrict alcohol licence approvals in a particular geographic area.

6. Previous Reports

- 6.1 Report [2023-INFO-83](#) provided an update on the report: [Characteristics of Substance-Related Toxicity Deaths in Ontario: Stimulant, Opioid, Benzodiazepine, and Alcohol-Related Deaths](#).
- 6.2 Report [2024-INFO-16](#) provided an update on the report: [Prescribing Patterns, Substance Use Disorder Diagnoses, and Access to Treatment Prior to Substance-Related Toxicity Deaths in Ontario](#).

7. Relationship to Strategic Plan

- 7.1 This report aligns with the following strategic goal and priorities in the Durham Region Strategic Plan:
 - a. Goal 2: Community Vitality
 - 2.3: Enhance community safety and well-being
 - 2.4: Influence the social determinants of health to improve outcomes for vulnerable populations

8. Conclusion

- 8.1 Any level of alcohol consumption is usually associated with a detrimental impact on population health and is a significantly important public health issue.
- 8.2 Implementing evidence-based alcohol control policies is an effective strategy to reduce alcohol consumption, decrease the negative health, social and economic impacts of alcohol, and increase public awareness of its harms.
- 8.3 Policymakers play a crucial role in mitigating the health, social, and economic harms caused by alcohol. Governments must recognize and mitigate the influence of the alcohol industry in policy development and health information dissemination.
- 8.4 For governments, reducing alcohol consumption is an excellent investment. WCRF International's recommended policies are effective and include [World Health Organization's \(WHO\) 'best buy' alcohol policies](#) and [SAFER initiative alcohol control interventions](#).
- 8.5 Combining WCRF International's recommended policies into coherent policy packages will offer higher results and return on investment than implementing single interventions in isolation.

Respectfully submitted,

Original signed by

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