

# **Alcohol & Cancer Conference**

**Hosted by  
Alcohol Action NZ  
&  
Cancer Society of NZ**

**Te Papa, Wellington  
Wednesday 17<sup>th</sup> June 2015**

# WELCOME MESSAGE

Dear Colleague

Welcome to our conference at Te Papa Tongarewa.

This is the 6<sup>th</sup> annual Alcohol Action NZ conference here at the heart of Aotearoa New Zealand and it takes a new format. We are delighted this year to be partnering with the Cancer Society of New Zealand, and its new CEO Claire Austin, in hosting the first New Zealand conference addressing the relationship between alcohol and cancer.

It is not known how many of the New Zealand public are aware of the relationship between alcohol and cancer, but it is almost certainly considerably lower than the numbers who are aware of the relationship between cigarette smoking and cancer.

The relationship between tobacco and cancer is now well embedded in the common discourse of New Zealand, but the various downsides of alcohol use, including its direct relationship with cancer, remains a mystery to far too many citizens. Research conducted in Canada shows an increasing public awareness of the association between alcohol and cancer over the last two decades rising from 21% in 1996 to 36% in 2012. You might expect that people with more education would have been more aware but this has not been found. Educational status was not a predictor, nor was age. However, women were more likely to be aware of the association and frequent drinkers less likely. Patterns of awareness in New Zealand are likely to be similar.

Alcohol is a Group 1 carcinogen according to the World Health Organization's International Agency for Research on Cancer (IARC). Group 1 carcinogens are those agents which are definitely known to directly cause cancer.

Which cancers are associated with alcohol consumption, how much drinking is important, and opportunities for prevention will be discussed by experts at this conference. As well as providing reliable information for updating our delegates' understanding, we hope this will clarify some issues that need to be considered when designing healthy policy and deciding what policies we support.

It is notable that the current New Zealand upper limit guidelines for "low-risk" per occasion drinking,

published by the Health Promotion Agency (HPA), are 40g for women and 50g for men. The Canadian Cancer Society has recently (2015) announced new "low risk" drinking guidelines in relation to cancer risk, which are substantially below these official New Zealand guidelines at 14g per occasion for women and 28g per occasion for men. Why this is so will become clearer in the course of the conference.

The conference programme is divided into two main sections. The morning is devoted to exploring the epidemiology, biology, and clinical features of the relationship between alcohol and cancer. The afternoon will focus on forging solutions while taking account of barriers and threats to these solutions being enacted. The conference will wind up with a panel discussion involving all speakers and chaired by Nigel Latta, who has already been courageously outspoken on the unacceptable harm that alcohol is causing New Zealanders, including cancer risk.

We hope you really enjoy this year's meeting. It is shaping up as one of the very best of the current series, particularly with the partnership between the two host organisations. We particularly hope that the interchange between colleagues working in the two areas of alcohol advocacy and cancer prevention will be strengthened in this combined meeting and new relationships will be forged that assist in the hard work that lies ahead in bringing about more effective alcohol reform and reducing the current prevalence of cancer in New Zealand.

Sincerely

Prof Doug Sellman  
Prof Jennie Connor  
Dr Sam McBride  
Dr Jeremy McMinn  
Dr Geoff Robinson

Medical Spokespeople  
Alcohol Action NZ  
[www.alcoholaction.co.nz](http://www.alcoholaction.co.nz)



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Te Papa, Wellington, Wednesday 17<sup>th</sup> June 2015

<b>PROGRAMME</b> Chairperson: Amy Robinson		
8.00 am	<b>REGISTRATIONS</b>	
9.30 am	Mihi Whakataui	Rawiri Evans, Te Atiawa ki Whakarongotai
	Opening Remarks	Dr Geoff Robinson, Wellington
	Opening Address	Nick Leggett, Mayor of Porirua
10.00 am	New Zealand Overview	Prof Jennie Connor, Dunedin
10.30 am	<b>MORNING TEA</b>	
11.00 am	Biological Aspects	Dr Jeff Upton, Christchurch
11.30 am	Clinical Aspects	Dr Chris Jackson, Dunedin
12.00 pm	Epidemiological Aspects	Prof Ann Richardson, Christchurch
12.30 pm	<b>LUNCH</b>	
1.30 pm	Community Response	Jane Martin, Executive Manager, Obesity and Alcohol Programs, Cancer Council Victoria
2.00 pm	National Response	Prof Doug Sellman, Christchurch
2.30 pm	International Response	Prof Jane Kelsey, Auckland
3.00 pm	<b>AFTERNOON TEA</b>	
3.30 pm	Panel of Speakers	Nigel Latta (Introduction & Chair)
4.20 pm	Closing Comments	Claire Austin, Chief Executive, Cancer Society of NZ
	Poroporoaki	Rawiri Evans, Te Atiawa ki Whakarongotai
4.30 pm	<b>CONFERENCE ENDS</b>	

# **SPEAKER BIOGRAPHIES**

(in speaking order)

## **Dr Geoff Robinson**



- Chief Medical Officer, CCDHB
- Physician/Alcohol and Drug Specialist
- Past President, Royal Australian College of Physicians (RACP)
- Chair, Medical Research Institute (MRINZ)
- Medical Spokesperson for Alcohol Action NZ
- Adjunct Professor, VUW

## **Prof Jennie Connor**



Jennie Connor, MBChB, PhD, FNZCPHM is Professor of Preventive and Social Medicine at the University of Otago in Dunedin. She is a public health physician and epidemiologist, whose main research interests are the health impacts of alcohol, sexual health, and injury prevention. She has conducted two studies of alcohol-attributable burden of disease and disability in New Zealand, and is one of the medical spokespeople for Alcohol Action NZ.

## **Nick Leggett**



Nick Leggett was elected Mayor of Porirua City in October 2010, after serving three terms as a city councillor. Born and raised in Porirua, Nick is committed to leading Porirua further on the path towards becoming the vibrant cultural and lifestyle capital of the Wellington region. He believes the key issues facing Porirua City over the coming few years are infrastructural renewal and the need for economic revitalisation of the city centre. In his spare time Nick enjoys making the most of the beautiful scenery in the Porirua Basin by either hill walking or kayaking on Porirua harbour.

## **Dr Jeff Upton**



BSc (Hons.) PhD. I did my doctoral studies with Prof JGT (Sam) Sneyd at Otago Medical School in the mid-1970s. The field of study was intermediary metabolism, with emphasis on lipid synthesis and degradation in the NZO strain of obese mice. A post-doc in Seattle with (later) Nobel laureate Prof. Edwin Krebs followed, and I returned to NZ in 1980. For the past 22 years I have been working in the field of Molecular Diagnostics at Canterbury Health Laboratories, but retain a lively interest in general biochemistry and medicine. My

interest in ethanol and its addictive and metabolic properties has both professional and deeply personal origins.

## Dr Chris Jackson



Dr Christopher Jackson is a Medical Oncologist and Senior Lecturer in Medicine at the Dunedin School of Medicine, University of Otago. His areas of clinical practice are gastrointestinal cancers, melanoma, and urological cancers. Chris holds a number of national leadership positions including on the National Bowel Cancer Work Group, Medical Oncology Work Group, with Cancer Trials New Zealand, the Australasian GI Trials Group, and within the “Healthier Lives” National Science Challenge. His research interests include translational research in GI cancers and melanoma, and health services research for colorectal cancer. As a staunch Otago man, he enjoys pinot noir (in moderation), but sees the relationship between alcohol consumption and cancer in his everyday practice.

## Prof Ann Richardson



Ann Richardson MBChB, PhD, FNZCPHM, is an epidemiologist and public health physician, who has researched and taught in public health and epidemiology since 1989. Ann is Professor of Cancer Epidemiology in the Wayne Francis Cancer Epidemiology Research Group at the University of Canterbury.

## Jane Martin



Jane has spent much of her career developing and advocating for effective policy approaches for prevention of key risk factors, initially in tobacco control and more recently in alcohol and obesity prevention. She leads the alcohol and obesity policy program at the Cancer Council Victoria which collaborates in the Victorian Alcohol Policy Coalition and oversees the secretariat for the National Alliance for Action on Alcohol. Jane also heads up the Obesity Policy Coalition which provides high level policy and regulatory advice around food policy issues and is Vice-President of the Australia New Zealand Obesity Society. She is actively involved in evidence based advocacy through grants, publications, committees and the engagement in the media. In 2013 she completed a Churchill Fellowship travelling to the US and UK to study advocacy strategies to encourage government to adopt obesity prevention policies. Jane completed her Bachelor of Arts (Hons) at University of Western Australia and her Masters in Public Health at Monash University. She is a Senior Fellow at the University of Melbourne, an Honorary Fellow at Deakin University and an alumnus of the Williamson Community Leadership program (2013).

## Prof Doug Sellman



Doug Sellman, MBChB, PhD, FRANZCP, FACHAM, is a psychiatrist and addiction medicine specialist who has been working in the addiction treatment field in

New Zealand since 1985. He has been Director of the National Addiction Centre (NAC), University of Otago, Christchurch, since its inception in 1996, and promoted within the University to a Personal Chair in 2005. His main work focus in recent years has been on alcohol and food, spanning diagnosis, aetiology treatment and prevention of alcoholism and food addiction/obesity. He is currently Chair and one of the medical spokespeople for Alcohol Action NZ.

## Prof Jane Kelsey



Jane Kelsey is a professor of law at the University of Auckland where she specialises in the interface between international economic regulation and domestic law and policy. She has been actively monitoring the TPPA negotiations for the past five years, including research and writing on areas of tobacco and alcohol control.

## Nigel Latta



*Photo Jonathan Suckling*

Nigel has had a varied and colourful career which spans all the way from a brief episode as a busker in the eighties, to over two decades working as a clinical psychologist, and more recently as an author and documentary maker. In his clinical career he worked in sex offender treatment programmes, schools, alcohol and drug treatment programmes, prisons, and with many thousands of families. He also consulted with Police, Child Youth and Family, and Prison Services. In more recent years he has written books on

parenting and his work as a forensic psychologist which have been published in nineteen countries. His television career has included documentaries on subjects ranging from parenting, to inequality, sugar, alcohol, antarctic science, and blowing stuff up. In 2012 Nigel was appointed as an Officer of the New Zealand Order of Merit.

## Claire Austin



Claire has 20 years health sector leadership experience in the New Zealand and Australian health sectors. Her expertise includes strategic leadership, change management, capacity building, policy advice and reform. She has led a range of health workforce and regulation initiatives, developing programmes to improve the attraction and distribution of health professionals across rural and remote Australia. Claire has also provided advice on rural health, disaster management, pandemic planning and population health to the Australian Department of Health.

She has also been a member of:

- The Medical Board of Australia's National Specialist IMG Committee
- The Australia and NZ Nurses and Midwives Accreditation Council International Committee
- The Australian National Health Performance Authority's Primary Health Care Advisory Committee

Claire is a former CEO of the Royal New Zealand College of GPs, Age Concern NZ and Executive Director, Health Workforce Australia. She was a member of the expert reference group that developed the New Zealand Health Strategy in 2000.

Claire has a B.A, Social Policy from Victoria University, Wellington. She is an alumnus of the International Health Leadership Program, University of Cambridge, UK and is an Executive Fellow of the Australia and New Zealand School of Government (ANZSOG).





# ABSTRACTS

## (in speaking order)

### ***New Zealand Overview - The Burden of Cancer Attributable to Alcohol in New Zealanders Under 80 Years of Age***

**Prof Jennie Connor, Dunedin**

Consumption of alcohol contributes to the causation of many types of cancer. The link is well established for seven cancer sites: the mouth and oropharynx, larynx, oesophagus, liver, colon, rectum and female breast, and evidence is accumulating for some other cancers. In a recent study of the alcohol-attributable burden of disease and injury in New Zealand, we found that breast cancer was the leading cause of alcohol-related death in New Zealand women, both Māori and non-Māori, ahead of car crashes and cirrhosis of the liver. Overall, cancer was the cause of 30% of deaths due to alcohol. This talk will provide estimates of the contribution of alcohol to deaths and loss of health from different types of cancer in a single year in New Zealand. I will discuss differences between the health burden for men and women, Māori and non-Māori, and heavy and light drinkers.

### ***Biological Aspects***

**Dr Jeff Upton**

Ethanol ingestion has been associated with an increased risk of malignancy in numerous studies. It is clear that ethanol has a relatively low toxicity, given that many of us enjoy a high level of exposure to this compound without ill-effect. The toxicity and carcinogenicity of ethanol is intimately associated with its metabolism. Ethanol is converted in the body to acetaldehyde (a very reactive and toxic molecule) and, via acetaldehyde, to acetate. There are two routes by which ethanol is converted to acetaldehyde. The first pathway uses the well-characterised enzyme alcohol dehydrogenase (ALD) in all its myriad forms. The conversion of ethanol to acetaldehyde via the endoplasmic reticulum-localised inducible cytochrome P450 system can generate free radicals, which are intrinsically damaging to cellular components. The conversion of acetaldehyde to acetate is normally very efficient. Although several isoforms of aldehyde dehydrogenase (ALDH) are present in the cell, the

mitochondrial low-K<sub>m</sub> enzyme (ALDH2) is the most physiologically relevant. The acute alcohol sensitivity seen in many Asians is due to a mutation in the *ALDH2* gene. Acetate formed by ethanol oxidation is not utilised in the liver and becomes systemically available. It is a preferred metabolic substrate for some tumours, and may have other surprises.

### ***Clinical Aspects***

**Dr Chris Jackson**

Cancer is the leading cause of death in New Zealand, and a major cause of morbidity. Alcohol is a known carcinogen and is strongly associated with an increased risk of several cancers including tumours of the head and neck, oesophagus, liver, breast, bowel, and possibly prostate. Alcohol and tobacco have a strong interaction and result in a multiplicative rather than additive risk for cancer. Due to an aging population structure the burden of cancer is expected to increase significantly. Although it is too reductionist to attribute all cancer to modifiable risk factors, we can as a community reduce the overall burden of cancer by behavioural change. This presentation will review the clinical manifestations, treatment and some of the outcomes for cancers associated with alcohol. It will also review issues relating to long-term cancer survivorship and alcohol use.

### ***Epidemiology Aspects - Alcohol and Cancer***

**Prof Ann Richardson**

International agencies such as the World Health Organization International Agency for Research on Cancer, and the World Cancer Research Fund, have identified alcohol as carcinogenic to humans, with convincing evidence for cancers of the mouth, pharynx, larynx, oesophagus, bowel (men), and female breast, and probable evidence for cancers of the liver, and bowel (women). There is a dose-response relationship between alcohol and cancer, with increasing consumption of alcohol increasing the risk of these cancers, while avoiding alcohol or

decreasing consumption decreases the risk. Epidemiological studies such as case-control and cohort studies have been used to compile this evidence. The design of these studies, and the evidence for a causal association between alcohol and cancer, will be discussed.

## **Community Response**

**Jane Martin**

Alcohol is a significant cause of cancer, however many cancer organisations are not directly engaged in alcohol control policy and advocacy. Some of the barriers are the presence of a range of established groups engaged in alcohol policy issues, as well the focus for cancer prevention being on reducing long term rather than short term health impacts from alcohol.

The Cancer Council Victoria has been involved in the development of two partnerships. The National Alliance for Action on Alcohol is a coalition of over 70 health and community organisations from across Australia that has been formed with the goal of reducing alcohol-related harm. The Alcohol Policy Coalition is a state-based collaboration of health and allied agencies who share a concern about the level of alcohol misuse and the associated health and social consequences for the Victorian community.

This presentation will discuss how to work in partnership with groups in the community who are engaged in advocating for policy objectives that align with those of cancer prevention agencies. It will discuss how to develop a platform, models for engagement and other learnings from working in coalitions.

## **National Response - The 5+ Solution: Has It Been Enacted In New Zealand Yet? If Not, Why Not?**

**Prof Doug Sellman**

The 5+ Solution is a list of the most effective means by which a society can reduce its alcohol-related harm, including cancer risk. It is a summary of the WHO-sponsored publication, "Alcohol: No Ordinary Commodity" (Babor et al 2003, 2010), which reviews

the international peer-reviewed literature on effective alcohol policies. This paper will outline a new easy-to-remember formulation of the 5+ Solution and discuss the progress of its enactment in New Zealand over the past six years.

## **International Response - Implications of the TPPA for Alcohol Policy in Aotearoa NZ**

**Prof Jane Kelsey**

Recent international 'trade and investment' agreements are impacting on domestic policy and regulatory decisions in unprecedented ways. The Trans-Pacific Partnership Agreement that is currently under negotiation would impose new and extensive constraints on the options available to New Zealand governments. This presentation will explain the potential areas of impact and the likely alcohol policies that will be particular targets. It canvasses the various mechanisms that could be available for industry lobbies to influence governments, from more say in decisions on policy and regulation to the chilling effect of threats to litigate and the actual investor-state disputes.





# ALCOHOL ACTION NZ

Alcohol Action was launched at the end of 2009. It is a national group responding to the excessive presence of alcohol and the enormous social, medical and personal damage alcohol misuse is inflicting on our society.

The purpose of the group is effective promotion of evidence-based alcohol policy in New Zealand.

At the current time this evidence is best summarised by a “5+ Solution” primarily based on the World Health Organization sponsored publication “Alcohol: No Ordinary Commodity” [Babor et al 2010]:

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## The 5+ Solution

1. Raise alcohol prices
  2. Raise the purchase age
  3. Reduce alcohol accessibility
  4. Reduce advertising and sponsorship
  5. Increase drink-driving counter-measures
- PLUS: Increase treatment opportunities for heavy drinkers.
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It is important to note that the majority of those involved in Alcohol Action enjoy drinking alcohol, but all are alarmed about the way alcohol dominates many social situations and the scale of the heavy drinking in contemporary New Zealand – a heavy drinking culture that enriches the alcohol industry while causing immense harm to individuals and society as a whole.

The excessive commercialisation of alcohol, which drives the heavy drinking culture, must be brought under greater control so that a new middle ground is achieved between excessive commercialisation at one extreme and prohibition at the other. An important starting point for appropriate regulation of alcohol is recognition of it as a Class B equivalent drug (High Risk to Public Health) according to the Misuse of Drugs Act criteria for classifying recreational drugs.

There are more than 4000 people on the current Alcohol Action NZ email list. If you would like to join and receive regular updates on the progress of the alcohol campaign visit [www.alcoholaction.co.nz](http://www.alcoholaction.co.nz).



The Cancer Society of New Zealand is committed to helping reduce the incidence and impact of cancer on the community. Cancer affects many of us and is a major cause of disease, disability and death in New Zealand. To lessen this impact, we work to reduce the number of people who die from cancer and improve the quality of life of those who are diagnosed.

The Cancer Society:

- provides supportive care and information to people affected by cancer, their families/whanau and carers
- encourages, organises, supports and funds research within New Zealand into the prevention, treatment and cure of cancer
- delivers health promotion programmes focusing on cancer prevention
- leads advocacy across the cancer continuum
- promotes education about cancer for health professionals and publicises progress made in research and treatment
- works collaboratively with other organisations who share similar goals to the Cancer Society.

[www.cancernz.org.nz](http://www.cancernz.org.nz)



# NOTES

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# NOTES

# WAIATA

## WHAKAARIA MAI

WHAKAARIA MAI  
TŌ RIPEKA KI AU  
TIAHO MAI  
RĀ ROTO I TE PŌ  
HEI KŌNĀ AU  
TITIRO ĀTU AI  
ORA MATE  
HEI AU KOE NOHO AI

(repeat)

## KO TENEI TE WA

KO TENEI TE WA  
KA WAIATA AU  
KA WAIATA KIA IHOA

KO TENEI TE WA  
KA INGOI AHAU  
KA INGOI KI TE ARIKI

WAIATA AROHANUI  
WAIATA AROHANUI  
WAIATA AROHANUI  
KI TE ATUA

## TE AROHA

TE AROHA  
TE WHAKAPONO  
ME TE RANGIMARIE  
TATOU TATOU E

**Alcohol causes cancer**