

Conclusions and outcomes of the DEEP SEAS Thematic Capacity Building Workshop 2ⁱ

Alcohol and its relation to Cancer, Socioeconomic inequalities and Nutrition & Obesity

Background to the workshop

Introduction

Europe has the highest level of alcohol consumption and alcohol-related harm in the world.^{1, 2} It also suffers the highest burden of non-communicable diseases (NCDs).³ The GBD 2017 study estimated that over 91% of deaths and almost 87% of DALYs in the EU were the result of NCDs.⁴ Alcohol use is a risk factor for cancer and a causal link has been established between alcohol and a number of cancer sites.^{5, 6, 7, 8} However, awareness of this link is low in Europe and worldwide.⁹

Socioeconomic inequality within and between European countries is reflected in a social gradient in health, with people with low socioeconomic status (SES) experiencing a greater burden of disease and higher mortality than those with higher SES. This gradient is clearly seen in alcohol-related harm — people with low SES suffer greater alcohol-related harm than those with higher SES and similar levels of consumption (the alcohol harm paradox).

As well as being a risk factor for NCDs such as cancer and type II diabetes, alcohol is a likely driver of overweight and obesity given its high 'empty' calorific value and its effects on appetite and metabolism,^{10, 11, 12} although consumer awareness of the contribution of alcoholic beverages to calorie intake is low. This potential relationship between alcohol and weight gain is rarely considered in health promotion or policy making, including agricultural and food-system policy.

Reducing the burden of NCDs by addressing known risk factors, reducing socioeconomic inequalities and promoting sustainable development are priorities at the national, European and global levels.

Workshop 2 - Alcohol and its relation to Cancer, Socioeconomic inequalities and Nutrition & Obesityⁱⁱ

The second DEEP SEAS-FAR SEAS Thematic Capacity Building Workshop brought together 125 policymakers, expert scientists and civil society actors to exchange knowledge and discuss policy options to tackle the role of alcohol in driving concurrent 'epidemics' in inequity, obesity and cancer. Effective policy will need combined approaches in the health-care sector (stepping back from a focus only on alcohol to consider broader determinants of health and links with other areas), population measures and efforts to improve awareness and consumer information. The idea is to facilitate clear communication and exchange of perspectives and priorities and to establish sustainable connections, between member states and with the Commission, which can endure after the events to enhance and promote health in all policy initiatives.

ⁱ The workshop and materials were prepared under the DEEP SEAS service contract (www.deep-seas.eu, Contract No. 20177113) with the Consumers, Health, Agriculture and Food Executive Agency (Chafea), acting under the mandate from the European Commission (DG Santé). The information and views set out in this report are those of the author(s) and do not necessarily reflect the official opinion of the Commission/Chafea. The Commission/Chafea do not guarantee the accuracy of the data included in this study. Neither the Commission/Chafea nor any person acting on the Commission's/Chafea's behalf may be held responsible for the use which may be made of the information contained therein.

ⁱⁱ The workshop was co-hosted and supported technically by the the General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), of the Portuguese Ministry of Health.

The event comprised a series of 3 online sessions, held in March 2021, which address the different thematic topics, while drawing out the interconnections and interactions between these and also the current COVID pandemic situation:

<p>Tues 9th March Alcohol and Cancer (and relationships with nutrition, obesity and inequalities)</p>	<p>Fri 12th March Socioeconomic inequalities in health related to alcohol use</p>	<p>Tues 16th March Alcohol, nutritional impact, obesity and related health issues</p>
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Outcomes of the workshop

The DEEP SEAS Process: During the 3 online sessions (see the agenda of the workshop in Annex 1), panellists presented their knowledge, perspectives and experiences in the area of the session, through short videosⁱⁱⁱ and live question and answer sessions, which set the scene for discussions of key issues in policy decisions. Following small-group discussions, with a pre-assigned moderator and rapporteur, in which participants were instructed to address and reach a level of consensus on a concrete policy-oriented question, responses and points for further consideration were reported back to the whole workshop group and discussed further to arrive at conclusions, points for consideration and suggestions on the next steps to reduce the contribution of alcohol to cancer, inequities in health and obesity and related problems.

The main take-home messages raised and supported by participants over the three sessions are summarized in *Table 1* below. A more detailed account of the presentations and discussions is given in the next section.

Table 1. Main outcomes of workshop sessions

Cancer	<ul style="list-style-type: none"> → The evidence is clear that alcohol causes cancer, and that harms far outweigh any putative health benefits in specific groups, but we need to improve knowledge through consistent health messages - across sectors (health, education, agriculture) and professions (GPs, teachers, policy), but also across the European area. → Go beyond media campaigns to explore the potential of training curricula and digital interventions to improve alcohol and cancer literacy, and implement coherent policy (labelling and taxation) in all areas of government → Europe’s Beating Cancer plan is an opportunity to put alcohol on the political agenda and to build coalitions beyond the alcohol public health field to link with other interest areas – e.g., food, patient groups, mobility.
Socioeconomic inequalities	<ul style="list-style-type: none"> → A combination of upstream and downstream policies can address the uneven impact of alcohol across the socioeconomic continuum. → The 3 WHO best buys, <i>carefully implemented</i>, can address the general population and high-risk groups → Alcohol affordability is key: Pricing policies (taxation and MUP) can be effective, with attention to unrecorded/surrogate alcohol and cross-border issues. → The COVID pandemic has the potential to increase inequalities in alcohol related harm, especially given the potential for alcohol to exacerbate problems of overweight and diabetes.

ⁱⁱⁱ The videos can be seen on the workshop portal web-page, here: <https://ds-fs-thematic-workshop2-alcohol-cancer.siteonsite.es/contenidos>

- Alcohol has a **high calorific value**, yet awareness of the association between alcohol and overweight is low.
- Alcohol is not a basic food, and does not have nutritional or health value. Hence, **dietary guidelines and food pyramids** should not portray alcohol as part of a healthy and regular diet.
- A Health in All Policies approach is important to guarantee that the **food system and health agendas are aligned**, with health at the centre and interacting with environmental and financial considerations.

Presentations and discussions

Each of the 3 sessions of the workshop comprised 3 presentation slots – an introduction, evidence brief and stakeholder perspectives – followed by a discussion in small groups to tackle a specific policy question. Here we give an account of the presentations and feedback from the discussions, session by session.

Session 1 – Tuesday 9th March 2021 – Alcohol and Cancer (and relationships with nutrition, obesity and inequalities)

- Start of the session, welcome and Introduction: Toni Gual (chair) / Portuguese hosts
 - **Antonio Lacerda Sales**, Portuguese Secretary of State for Health, welcomed all to the meeting on behalf of the Portugal hosts and highlighted the importance of tackling alcohol-related harm related to Cancer and nutrition.
 - **Toni Gual**, Director of the Addictions Group of Hospital Clínic Barcelona, gave a brief overview of the series of DEEP SEAS – FAR SEAS Thematic Workshops and background to the topic of this session
 - **Hana Horka**, Technical Officer from the EC Beating Cancer Plan team, welcomed participants and gave a brief overview of the year-long process to reach the stage of development now, with the Cancer Plan adopted on 3 February 2021 and encompassing a holistic range of approaches (from prevention to survivorship) and focusing on equity. The next step will be to work towards an implementation roadmap and put forward evidence-based actions.

- Evidence update - *Key messages from science on the real cancer burden of alcohol* –
 - **Jürgen Rehm**, Executive Director of the Institute for Mental Health Policy Research (TUD). His current work focuses on estimating the avoidable burden and costs of alcohol and conducting comparative risk assessments on the burden of various risk factors. On his speech Jürgen presented the latest research on alcohol as a carcinogen and alcohol-attributable cancer, and draw out links between the topics of this workshop: alcohol, cancer, socio-economic inequalities and obesity.

- Country/EU multi-stakeholder experiences –
 - **France** – *Translating data into policy recommendations* – **Isabelle Soerjomataram**, the Deputy Section Head of the cancer surveillance unit at the International Agency for Research on Cancer (IARC), in France, presented the situation and perspective from her country, the problems and challenges faced in her experience working on translating data into policy recommendations. She also shared her experience of institutions working on the cancer topic in France, and how the coordination and collaboration between these are managed.
 - **Czech Republic** – *A public campaign to raise awareness* – **Mirolsav Bartak**, the Head of the Centre for Alcohol-Related Harm at the First Faculty of Medicine, Charles University and General University Hospital in Prague, presented a coordinated campaign in the Czech Republic to raise awareness about the harms

of alcohol, specifically cancer. He also showed the images they used in the campaign and explained the importance of communicating in the first few seconds of viewing; he reported on the feedback received from the public and the resistance from the industry.

- **Italy** - *National guidelines to counteract “fake science”*- **Emanuele Escafato**, Director of the National Observatory on Alcohol and the WHO Collaborating Centre Research & Health Promotion on Alcohol and Alcohol-Related Health Problems at the Istituto Superiore di Sanità, in Italy, presented examples of the harmful “fake news” surrounding alcohol consumption and the Italian approach to tackling these; and producing evidence-based guidelines around alcohol and nutrition. Talking on the challenges we are facing in the era of social media and internet, Dr Scafato outlined strategies to be able to reduce or prevent the false information on the health. He also talked on the National Committee or *Consulta* on Alcohol that was instrumental in pushing stronger policy; this was dissolved and replaced by the new organ – the ‘permanent table on alcohol’.

Breakout discussions tackled the question: *What are the most important steps towards a set of policies or system for policy development that recognises the cancer burden of alcohol products? (3 top priorities)*

The following points were made by the group rapporteurs and moderators in the feedback and wrap-up sessions:

- Given the clear relationship between alcohol and cancer, there is a **need to increase taxation**, as the most proven effective policy tool to reduce consumption
- **Awareness-raising** needs to include **labelling** and also **campaigns targeted at practitioners** (many remain unaware of the link or do not communicate this to patients), and in schools as part of health literacy efforts.
- **Scientific back-up** for the harm messages, including the cancer burden, is important – for example, an update of the “AMPHORA Manifesto”, which represented the scientific viewpoint on alcohol in Europe.
- Policy back-up should include **international guidance and pressure** – perhaps in the form of a Framework initiative (similar to the WHO Framework Convention on Tobacco Control), treating alcohol products like other carcinogenic products.
- An **EU approach to labelling** and guidelines on this are important.
- It is essential to improve and support **effective national monitoring systems and strategies**, to support evidence-based policy.
- **Agricultural policies** also need to address health (and agricultural sector brought on board).
- The mention of/target of reducing “harmful” alcohol use makes no sense in light of evidence of the risks at all levels of consumption – suggestion to make it explicit that “**harmful use**” refers to **all alcohol consumed**, and not to compromise on EU citizen’s health.
- Consider that good alcohol control will take a long time to reduce the cancer burden (in political terms) – **impacts may be seen in around 10 years** – and that this makes it hard to focus on that end-point for politicians.
- The cancer plan can be seen as an opportunity for the alcohol field not to continue working in silos, but to **combine forces with other public health areas** (nutrition, smoking, physical activity) and move forward faster together.

Session 2 – Friday 12th March 2021 – Socioeconomic inequalities in health related to alcohol use.

- Start of the session 2, welcome back and refreshed messages from the previous session.
 - Welcome from **João Castel-Branco Goulão**, National Coordinator on Drugs and Alcohol in Portugal and head of the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD). He briefly introduced topic of the day, socioeconomic inequalities and alcohol harm, and the situation in Portugal, our hosting Member State.
 - **Toni Gual**, Director of the Addictions Group of Hospital Clínic Barcelona, brought forward some key messages from the first session and gave a brief introduction to the topic of this session

- Evidence update - Key lessons from recent research on inequalities and alcohol
 - **Charlotte Probst**, Group Leader and expert in substance use and mental health at the Heidelberg Institute of Global Health, Germany, spoke about the role of alcohol use and upstream and downstream factors in shaping socioeconomic inequalities in health. Dr Probst mentioned the Minimum Unit Price (in Scotland and Russia) as a good example of policy which seemed to reduce health disparities. She also presented new data on deaths of despair rising in the USA during the pandemic (above COVID mortality) and pointed out that these are closely related to alcohol use and that we are likely to see something similar here in Europe.
 - **Jennifer Boyd**, PhD student at the University of Sheffield and a member of the Scottish Health action and alcohol problems (SHAAP), talked about the 'Alcohol Harm Paradox' – that those in lower SE groups consume the same or less, but experience higher levels of harm. She mentioned a number of countries where the alcohol harm paradox had been found and that the paradox could not be explained away by different consumption patterns, multiple unhealthy behaviours or methodological issues.
 - Both speakers highlighted that policy options could be made more effective by a) tailoring strategies to low SES populations (e.g., addressing access issues), b) addressing risky drinking patterns, and c) simultaneously improving the broader determinants of inequalities – such education, housing and employment-

- Country/EU multi-stakeholder experiences.
 - **Finland** - *Policy options to reduce alcohol-related inequalities* - **Pia Mäkelä**, Research Professor at the Finnish National Institute for Health and Welfare policy (THL), introduced Finnish policy examples to reduce alcohol-related inequalities, and how these were undermined by cheap cross-border alcohol. She also gave her viewpoint on the question why even with well-budgeted welfare system in Finland it is not managed to flatten the health gradient across strata – the answer being alcohol harm in the most deprived groups.
 - **Portugal** - *Multi-sectoral approaches* - **Graça Vilar**, the director of Planning and Intervention at the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) in Portugal, presented the Portuguese multi-sectoral approach to tackling alcohol consumption. She mentioned the Portuguese Alcohol and Health Forum, which includes industry stakeholders (marketing and producers) and explained how all members have to commit to three goals – to reduce drink-driving, consumption under 18 years, and alcohol in pregnancy – showing their actions towards these.
 - **WHO-Europe** - *Policy to tackle inequalities in alcohol harm in Eastern Europe* - **Maria Neufeld**, consultant at the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCD Office), in Moscow, spoke about policy initiatives to address inequalities in alcohol-harm in East European countries and Russia, some of the hardest hit by alcohol. Dr Neufeld talked on the problem of surrogate alcohol undermining good pricing policy in Russia, as it is favoured by the most deprived drinkers because of its low price and has led to an industry in covert alcohol sales; she also mentioned more comprehensive MUP policy and tracking strategies to tackle this problem.

Breakout discussions tackled the question: *How can we balance a need to target interventions at lower socioeconomic groups, with the need to reduce risky alcohol use in the whole population?*

The following points were made by the group rapporteurs and moderators in the feedback and wrap-up sessions:

- For wine-producing countries, the **EU Tax Directive** gives no support for public health to press for higher tax or minimum unit prices for wine, which would impact on SES inequalities in alcohol harm.
- **Access to screening and brief interventions (SBI)** is a priority for many, and requires training of professionals in a cross-sectoral, person-centred approach, combining provision of housing or shelter with interventions for alcohol use disorders (AUD).

- Although the alcohol harm paradox is important and offers insight, some harms, and some groups (e.g., Slovenian high-SES women), don't behave paradoxically, and still shouldn't be ignored – a combination of targeted and population approaches is needed
- **National-level research using established indicators** is needed to present a robust argument for stronger alcohol policy (especially in wine-producing countries)
- **Health literacy** actions and parallel tailored outreach (including e-health) and messages could increase the effectiveness of different interventions and campaigns – these should also not deal with alcohol in isolation, but include a range of behaviours such as tobacco and drug use, nutrition and exercise
- Key point: **SES is on a continuum** and there is a scientific publication bias caused by the tendency to compare the lowest and highest levels for most impactful findings. This overlooks the shape of the association and the steep rise in mortality risk from high to middle SES, especially with education as an indicator.
- **Three levels of action** should be combined for the greatest impact:
 - Upstream social policies to create a buffer against harm (housing, education, security)
 - The WHO best buys – which are still under-used
 - Targeted interventions for the most high-risk groups
- The **COVID pandemic** has the potential to increase these inequalities and attendant harm

Session 3 – Tuesday 16th March – Alcohol, nutritional impact, obesity and related health issues

- Start of the session 3, welcome back and refreshed messages from the previous session.
 - Welcome from **Manuel Cardoso** - the Deputy Director of the General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD) of Portugal. He briefly introduced topic of the day, alcohol and nutrition, and the situation in Portugal, our hosting Member State.
- Evidence update - *Alcohol consumption, nutrition/caloric intake, and obesity*.
 - **Laura Rossi**, researcher on public health and community nutrition at the Center for Food and Nutrition (CREA) in Italy, discussed the science around the calorific impact of alcohol on diet, and health and summarized some public health policy approaches to tackle the issue. She also talked on the evidence that consumers pay attention to calorie values on labelling (for example in choosing between semi- and skimmed milk); and raised the point that actions are needed to reach the medical sector, raise awareness and promote coherent messages.
 - **Pietro Ferrari**, the Group Head Nutritional Methodology and Biostatistics Group at the International Agency for Research on Cancer (IARC), showed ongoing and new research on alcohol, diet, cancer, and inequalities. He also mentioned the EPIC Study, which captures both exogenous factors for cancer, like ethanol intake, and endogenous factors, like acetaldehyde, and clarified why it is so important to monitor both these aspects rather than rely solely on self-reporting. He also presented the LIBERTY Project and gave some recommendations for tailoring public health messages on alcohol and nutrition to different groups (e.g., different SES).
- Country/EU multi-stakeholder experiences:
 - **Netherlands** - *changes to guidelines regarding alcohol* - **Ninette van Hasselt**, a program manager on alcohol projects at the Trimbos institute in the Netherlands. She presented the Dutch approach to developing nutritional guidelines on alcohol and raised some considerations for emerging into the post-COVID era. She mentioned the possibility of shaping a healthier type of partying as we go into our own 'roaring 20s', and, indeed, the Netherlands is leading the way with researching safe partying in terms of infectious diseases. She also gave some advice on what can we do to encourage this healthier and less alcohol-centric in policy terms, taking Icelandic nightlife as an example.
 - **WHO Europe** - *Alcohol, obesity and food systems - considerations for EU-wide to local policy* - **Joao Breda**, a Special Adviser on non-communicable diseases for the WHO Regional Office for Europe, provided an

overview of the interlinks between alcohol, obesity and food systems, and discussed the relevant implications for EU and local policy; and the need to build inter-sectoral food systems with health at the centre. He talked about how one size does not fit all and food systems will need to be monitored and adjusted at the national or even sub-national levels. He shared information on the tools under development by the WHO to support national or local governments in tailoring policy to the context. He also stressed the need for reliable information on labels.

Breakout discussions tackled the question: *It is clear that alcohol is no ordinary commodity – which policy measures must be strengthened or changed to prevent promotion of a harmful product viewed as ‘food’? (2 priorities and 2 processes)*

The following points were made by the group rapporteurs and moderators in the feedback and wrap-up sessions:

- **Labelling** (and careful design and control of these) is key in improving consumers knowledge of the calorific load of alcohol products
- Education and communication efforts also need to target different groups, including GPs and other **health professionals**, to encourage a cascade effect of knowledge
- **Lobbying** against restrictions is a broad problem, and goes beyond those who solely produce alcohol to include **associated industries and economic actors**, e.g., the cork industry and those growing crops for a combination of purposes (food and alcohol)
- Policy contradictions sometimes exist between the **national and regional levels**
- Consumers and patients have a **right to know** about the association between alcohol and obesity

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