

# Improving Knowledge that Alcohol Can Cause Cancer is Associated with Consumer Support for Alcohol Policies: Findings from a Real-World Alcohol Labelling Study

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## BACKGROUND

- Review evidence across 16 countries shows as few as 13% in some jurisdictions are aware of the link between alcohol and cancer<sup>1</sup>
- Restricting availability, marketing and price of alcohol are the most cost-effective and easy-to-implement measures for reducing alcohol consumption and harms across the population, but these measures are often resisted by the public<sup>2</sup>
- Alcohol labels are one strategy for communicating alcohol-related harms, including cancer, to consumers

## OBJECTIVE

- To examine if improving knowledge that alcohol can cause cancer following an alcohol labelling intervention was associated with support for alcohol policies

## METHODS

### Design:

- Alcohol warning labels were applied to alcohol containers at the intervention site (Whitehorse, Yukon), and the comparison site (Yellowknife, Northwest Territories) did not apply these labels (Figure 1)
- Pre-post surveys were conducted among participants at both sites before (Wave 1) and two- and six-months (Wave 2, Wave 3, respectively) after the cancer warning labels stopped being applied due to alcohol industry interference

Figure 1. Intervention alcohol warning labels (actual size 5.0cm x 3.2cm)



Label 1 - Cancer Warning

Label 2 - Canada's National Drinking Guidelines

Label 3 - Standard Drink Information (example for wine)

### Study Population:

- At the time of recruitment, current drinkers ( $\geq 1$  drink in past 30 days) of legal drinking age (19+), residing in intervention and comparison sites, purchased alcohol at the liquor store, and did not report being pregnant or breastfeeding

### Measures:

- Knowledge of alcohol as a carcinogen measured by asking: "Based on what you know or believe, can drinking alcohol cause...?" for each of breast cancer, liver disease, the flu, and [when pregnant cause] harm to unborn babies. (Yes vs. No/Don't know)
- Increases in knowledge that alcohol can cause cancer defined as participants who responded No/Don't know in Wave 1 and Yes in Wave 2 for breast cancer
- Support for alcohol policies measured on a 5-point scale (Figure 2)

### Analyses:

- Using responses from last wave completed, logistic regression examined the association between knowledge of alcohol as a carcinogen and support for alcohol policies
- Limiting data to participants that completed Waves 1 and 2 (n=433), logistic regression examined the association between increases in knowledge and support for alcohol policies

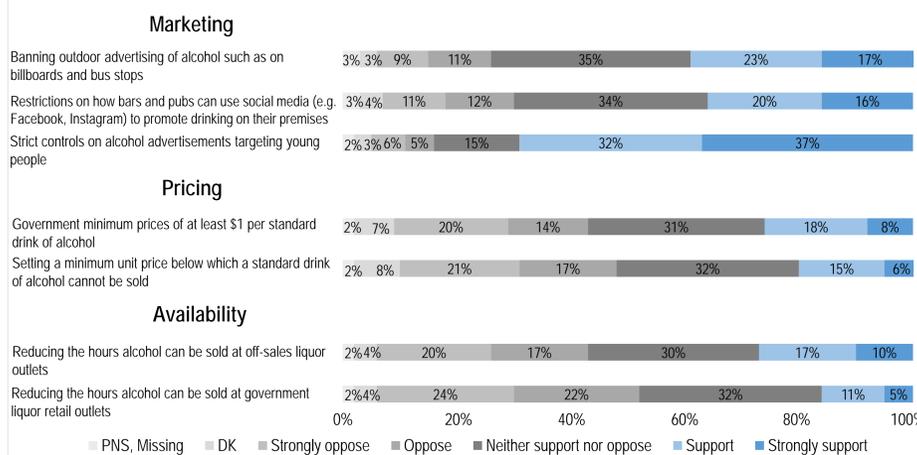
## RESULTS

Table 1. Sample characteristics by knowledge of alcohol-cancer link at time of initial recruitment (n=1,730)

Characteristic	Knowledge of Alcohol as a Carcinogen	
	Not Caused by Alcohol (n=1,177) n(%)	Caused by Alcohol (n=553) n(%)
<b>Site*</b>		
Intervention	697 (59.2)	359 (64.9)
Comparison	480 (40.8)	194 (35.1)
<b>Age</b>		
19-24	92 (7.8)	45 (8.1)
25-44	480 (40.8)	228 (41.2)
45+	605 (51.4)	280 (50.6)
<b>Sex**</b>		
Male	622 (52.8)	255 (46.1)
Female	555 (47.2)	298 (53.9)
<b>Ethnicity</b>		
White	799 (67.9)	386 (69.8)
Aboriginal	225 (19.1)	104 (18.8)
Other	153 (13.0)	63 (11.4)

\* Chi-square p<0.05; \*\* Chi-square p<0.01

Figure 2. Level of support for alcohol policies (at last wave completed, n=1,730)



Note: PNS=Prefer Not to Say, DK=Don't Know



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Table 2. Adjusted odds ratios and 95% confidence intervals of support for policy by knowledge of alcohol as a carcinogen

	Availability	Pricing	Marketing
	Adjusted OR (95%CI)	Adjusted OR (95%CI)	Adjusted OR (95%CI)
<b>Knowledge of alcohol as a carcinogen</b>			
No/Don't Know	1.00 (ref)	1.00 (ref)	1.00 (ref)
Yes	1.62 (1.30, 2.01)	1.87 (1.51, 2.32)	1.44 (1.12, 1.99)

\*Adjusted for age, sex, ethnicity, education level, alcohol use, site and wave

Table 3. Adjusted odds ratios and 95% confidence intervals of support for policy by increase in knowledge of alcohol as a carcinogen

	Availability	Pricing	Marketing
	Adjusted OR (95%CI)	Adjusted OR (95%CI)	Adjusted OR (95%CI)
<b>Increase in Knowledge</b>			
No Change in Knowledge	1.00 (ref)	1.00 (ref)	1.00 (ref)
Increase in Knowledge	1.15 (0.66, 1.99)	1.86 (1.11, 3.12)	1.40 (0.73, 2.71)

\*Adjusted for age, sex, ethnicity, education level, alcohol use, and site

## CONCLUSIONS

- Knowing that alcohol can cause cancer was positively associated with support for policies affecting alcohol availability, marketing, and pricing (Table 2)
- After the alcohol labelling intervention, an increase in knowledge that alcohol can cause cancer was observed among 20% of participants
- Consumers who became aware that alcohol can cause cancer were 1.86 times more likely to support alcohol minimum unit pricing policy relative to those not aware (Table 3)

## REFERENCES

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