

## Communicating alcohol and breast cancer risk - Drinkaware roundtable

### Summary of discussion

The Drinkaware Trust is an independent UK-wide alcohol education charity, funded largely by voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets. The Trust is governed independently and works in partnership with others to help reduce alcohol-related harm by helping people make better choices about their drinking.

In October 2020, Drinkaware convened an expert roundtable to explore issues around communicating alcohol and breast cancer risk. The discussion comprised invited independent participants, who brought expertise in communicating risk, policy, research, clinical practice, and public health, to explore these issues and inform future strategy and communications. The roundtable was chaired by Dr Fiona Sim, Chief Medical Advisor to Drinkaware and Chair of its Independent Medical Advisory Panel.

This report is a summary of this discussion.

### Background

There is an established evidence base demonstrating a causal relationship between alcohol and breast cancer. Yet awareness of this remains low, with fewer than 20% of people aware of the link<sup>12</sup>. Recent insight suggests that some women may reject this message. Importantly, many health professionals are also unaware of this causal relationship.

As part of Drinkaware's first Drink Free Days (DFD) campaign in 2018, in collaboration with Public Health England (PHE), Drinkaware created campaign materials to raise awareness of the causal link between alcohol and breast cancer. The breast cancer message was chosen following research with focus groups in 2018, which showed that many women were unaware of the link between alcohol and breast cancer, and that they would share this information with a friend or family member.

The key message approved by Drinkaware's independent Medical Advisory Panel (MAP), following strong guidance from PHE, was that 'alcohol causes 1 in 13 cases of breast cancer'.

As part of the DFD September 2019 campaign burst, the same key message about alcohol and breast cancer was used in Facebook adverts targeted to women aged 45 to 64. The campaign was predominantly digital via Facebook as this was shown to be the most effective channel for this audience.

In total, there were more than 1,200 negative responses on social media to these adverts, predominantly through comments on the Facebook adverts themselves, with a small number posted on Twitter, and a small number of complaints were made to Drinkaware directly.

Drinkaware strongly believes it is crucial to continue promoting appropriate and impactful messaging around the causal association between breast cancer and alcohol; however, the charity is determined to explore

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<sup>1</sup> <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-3855-6> (England only)

<sup>2</sup> <https://bmjopen.bmj.com/content/9/6/e027371>

thoroughly the most appropriate way of delivering this message, to minimise inadvertent offence or upset to individuals while ensuring the message is effective in raising awareness.

In October 2020, Drinkaware convened an expert roundtable of invited independent participants, who brought expertise in communicating risk, policy, research, clinical practice and public health, to explore these issues in more detail and help inform future strategy and communications.

## Summary of discussion

The discussion was held under Chatham House rules, so no comments are attributed. The following issues were discussed:

- **Reluctance to hear the message and emotional reaction**

Drinkaware began by sharing learning from focus groups which had been held to test breast cancer messages with two groups: women who had recent personal experience of breast cancer, and friends and family of breast cancer patients. These groups were chosen to reflect the experiences of those who had expressed adverse reactions to the social media campaign. In summary, no single message particularly resonated, and emotional reactions highlighted the complexity of the issue.

In the research, some participants had been defensive; some had been shocked and surprised by the message 'alcohol causes breast cancer'. Others criticised the tone of the messages tested as too bold and too strong. For some, the messages made participants feel guilty or defensive for others, e.g. "My friend had cancer and she had a healthy lifestyle". Participants had knowledge of some other causes of breast cancer but did not want to be made to feel guilty about even moderate alcohol use.

- **Use of statistics**

The use of statistics could be challenging as, some noted, numeracy skills in the UK general adult population were lacking. The message that "alcohol causes 1 in 13 cases of breast cancer" statistic was seen as confusing. It was noted that if statistics are not attributed or are without clear explanation, there is risk people disengage and are unlikely to adapt their behaviour if they do not understand why they ought to.

The need for clear and consistent terminology was also mentioned. "Causes", "risk" and "risk reducing" are not the same thing and conflation can also cause confusion.

- **Discussion on prioritisation of behaviour change or awareness of causal association**

Drinkaware was asked whether the charity's priority was to change drinking behaviours, or simply to increase awareness of alcohol risk to breast cancer. It was noted that previous Drinkaware research has suggested that breast cancer risk is a motivating message for reducing alcohol consumption amongst female heavy drinkers.

- **The risk factors of breast cancer are complicated**

A number of participants noted the multiple causal factors for breast cancer, and that alcohol will frequently not be the proven cause of breast cancer; some added that no single lifestyle factor can guarantee that a particular woman will or will not develop breast cancer.

All, however, agreed that reducing alcohol is always a good message in relation to breast cancer, given that the risk to breast health increases with any alcohol consumption, even if drinking within the Chief Medical Officers' low risk drinking guidelines.

- **Differing views on priority age groups**

There was discussion about whether Drinkaware was targeting the correct audience with 40-64-year-old women, as this is an age when breast cancer is more prevalent, and arguably already too late given evidence about how long breast cancer can take to develop. (Although it was noted that this particular campaign has been designed primarily to reduce mid-life drinking using a breast cancer message).

It was noted that the most vulnerable time for women in terms of breast cancer development is when women are approaching their 20s. However, some noted that young people in the main are not concerned about illnesses they perceive as later life issues. On the other hand, others noted that parents may be influenced by advice from their adult children.

Healthy lifestyle messages play out differently at different ages, but it was agreed that both young and older people misunderstand their risk of breast cancer. Typically, it was felt that younger women may over-estimate their risk, whilst older women may perceive that the risk of breast cancer is such that they are no longer at risk in later life.

- **Need for more evidence on the impact of stopping alcohol consumption on breast cancer risk**

It was noted that there is a need for more evidence on the impact of stopping alcohol use, on breast cancer risk. Some commented that we do not yet know the time from any adverse exposure, in this case drinking alcohol, to the time when the risk of breast cancer will 'play out'; in addition, the interplay between different causal factors remains poorly understood.

## **Next steps for Drinkaware**

Drinkaware remains committed to this issue and the discussion will play an important role in informing future message testing and the charity's longer-term communications strategy in relation to alcohol and breast cancer risk.

The charity is keen to explore potential collaborations and partnerships to take this work forward, both specifically in relation to breast cancer messaging and more widely in other areas of health messaging. This could include, for example, collaboration on joint bids for external funding for further research.