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# Alcohol and Cancer: Policies and Public Health Messages from the Canadian Cancer Society

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## Agenda

- CCS process for developing policies and public health messages
- Alcohol and cancer: CCS interpretation of the evidence
- CCS strategic partnerships and directions



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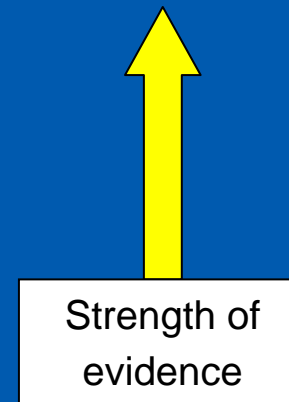
## Policy Development - Considerations

- Informed by scientific evidence
- Conscious of precautionary principle - where evidence is inconsistent or inconclusive but threat of harm to human health exists
- Weighted heavily towards body of evidence versus single studies.



## Evaluating evidence: study design

- Systematic reviews and Meta-analyses
- Randomized control trials
- Non-randomized control trials
- Cohort and case-control studies
- Case study, observational studies
- Expert opinion, including consensus panels
- Individual opinion



### With each study, consider:

- Size of the study population: larger = greater confidence
- Length of follow-up: longer = greater confidence
- Number of centres involved: more = greater confidence
- Ability to control for bias and confounders
- Accuracy of data analysis, conclusions and interpretation of statistical results
- Source of publication/release of results



## Evidence: AICR/WCRF - Nutrition, Food and Cancer Prevention (1997)

- Convincing evidence that alcohol increases the risk of cancers of the:
  - mouth
  - pharynx
  - larynx
  - esophagus
- Alcohol probably increases risk of cancers of the:
  - colon and rectum
  - breast, even at very low levels of consumption
- Possibly increases risk of lung
- Tobacco accentuates risk
- Risk a function of amount of alcohol consumed



## US National Cancer Institute (2005)

- Drinking alcohol increases the risk of cancers of the:
  - mouth
  - pharynx
  - larynx
  - esophagus
  - liver (men)
  - breast (women)
- Risk increases after one daily drink for women and two for men.
- Two drinks per day increase risk of breast cancer by 25%
- Using alcohol with tobacco is riskier than using either one alone



## US Department of Health and Human Health (2006)

- Alcoholic beverage consumption known to be a human carcinogen based on sufficient evidence from human studies
  - Mouth
  - Pharynx
  - Larynx
  - Esophagus

Moderate to strong association

  - Liver
  - Breast

Weaker but probably causal association



## American Cancer Society (2006)

- Strongest associations:
  - mouth – six times more common among alcohol users
  - esophagus
  - larynx
  - pharynx
  - breast
  - liver
- Reducing the amount of alcohol a person drinks will sharply reduce cancer risk
- Quitting smoking will also reduce the effect of alcohol on cancers of the mouth, esophagus, pharynx and larynx



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## International Agency for Research on Cancer (IARC, 2007 – full report to follow)

- Regular alcohol consumption based on studies of different design and in different populations around the world have consistently shown an association with:
  - oral cavity (mouth)
  - pharynx
  - larynx
  - esophagus
  - 50 g of alcohol increases the risk for these cancers two- to three-fold, compared with the risk in non-drinkers.
- Strong/consistent evidence for cancer of the liver, breast (>100 studies), and colon (>50 studies)
- Concurrent tobacco use multiples risk



## Alcohol and Cancer : Best Advice, CAMH (March 2007)

- One standard drink per day (12 grams) is associated with a 10 % increase in breast cancer risk compared to non-drinkers (Ellison et al, 2001)
- Each 10g (1 drink) of alcohol per day increases breast cancer risk by 7% (Hamajima et al, 2002)
- Of all of the deaths attributed to alcohol, cancer accounted for 20% of all of the disease categories
- Drinking is often accompanied by smoking
- When tobacco and alcohol are combined, the risk for certain cancers increases dramatically



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## Effective Policies – Alcohol and Cancer

Alcohol and Cancer - Best Advice, CAMH (March 2007)

- Put alcohol on the agenda of chronic disease and cancer prevention
- Build more effective links with mainstream cancer organizations
- Promote effective interventions
- Develop effective information dissemination strategies
- Promote monitoring, research and prevention planning



## WHO Effective Population level interventions – Alcohol Consumption Reduction (2007)

- Pricing and taxation
- Identify and enforce minimum age requirements for legal purchase
- Restrictions on hours or days of sale

### Considerations:

- Dependence of government on alcohol trade for tax income
- Patterns of alcohol use in different segments of the population
- Knowledge, attitudes and behaviors regarding alcohol use
- Political will/interest

Like most prevention efforts, the combination of population based (public policy) and individual approaches (individual action) are likely to be the most successful



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## CCS Partnerships: Cancer 2020 - Action Plan Priorities, Targets and Recommendations

- To support efforts to develop a comprehensive alcohol strategy for Ontario
- promote policies and interventions that will curtail the current rising level in the overall rate of alcohol consumption and reduce the proportion of Ontarians who drink at high risk.
- 70% males and 86% of females either abstain or follow the low-risk drinking guidelines.
- 98% of Ontarians follow the low-risk drinking guidelines set out by the Centre for Addition and Mental Health



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## CCS Partnerships: Toronto Cancer Prevention Coalition

- prevention action plan includes alcohol reduction
- restricted access:
  - advertising
  - promotion
  - pricing
  - server training
  - partnership with public health to disseminate risk reduction messages

<http://www.toronto.ca/health/resources/tcpc/index.htm>



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## CCS Partnerships: Ontario Ministry of Health Promotion and CAMH

- FOCUS Community Program
  - a five-year, \$12-million program to prevent alcohol and other drug abuse in 22 Ontario communities
  - children and youth
  - Funded projects include:
    - ACTION (alcohol, cannabis, and tobacco health promotion project for youth)
    - Ontario Drug Awareness partnership
    - Family and Youth information program
    - Preventative Education Programs and Information services
    - Alcohol policy network

*(<http://www.health.gov.on.ca/english/public/pub/hpromo/hpromo.html>)*



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## CCS Partnerships: Ontario Chronic Disease Prevention Alliance

- Mission: to provide collaborative leadership to support a comprehensive chronic disease prevention system for Ontario by:
  - planning and coordination
  - public policy
  - advocacy and knowledge exchange
- Resulting in the following outcomes:
  - planned and coordinated chronic disease prevention activities
  - public policies that address the prevention of chronic disease
  - effective creation and exchange of knowledge



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## CCS Partnerships: Chronic Disease Prevention Alliance of Canada (CDPAC)

- Mission: to foster and help sustain a coordinated, countrywide movement towards an integrated population health approach for prevention of chronic diseases in Canada through collaborative leadership, advocacy, and capacity building
- CCS incoming Chair



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## Policy and partnerships

Existing information regarding alcohol and risk BUT:

- AICR/WCRF release will prompt review of diet, nutrition and cancer prevention messaging, including alcohol use
- Release of full IARC monograph will prompt review of alcohol and cancer specific messaging

Commitment to partnerships to advance collective efforts to control cancer and chronic disease



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## Summary

- Acknowledge evidence and invest in research
- Inform Canadians
- Establish and enforce health first public policy
- Create the environment for healthy individual action
- Collaborate to share knowledge, resources, and ideas
- Measure effectiveness of interventions and programs