

Alcohol and Cancer: evidence and implications

Professor Sally Casswell
World Cancer Congress, Melbourne, 2014

Evidence base for action

- International Agency for Research on Cancer (Secretan et al., 2009)
 - Sufficient evidence:
 - Oral cavity, pharynx, larynx
 - Oesophagus
 - Breast (female)
 - Liver
 - Colorectal
- The International Agency for Research on Cancer (IARC) classified acetaldehyde derived from alcohol and ethanol in alcoholic beverages as a Group 1 human carcinogen.

Evidence base for action

analyses of reviews since 2007 – SHORE for Auckland Cancer Society, Health Promotion Team, 2014

- Alcohol and cancer

- Alcohol increases risk for cancers of: oral cavity/pharynx, oesophagus, female breast , colorectum;
 - a dose-response relationship shows an effect of lower levels of drinking.
- Heavy alcohol drinking may be associated with risk for gastric and pancreatic cancer.
- Mixed/uncertain findings in other cancers

Evidence base for action

- What about protective effects from drinking?
 - Should not prevent action
 - Cardio-protective benefits of moderate alcohol consumption have likely been overestimated
 - Increased risk of other CVD harms and cancer at doses which may protect
 - Are other ways (diet, activity) to reduce risk
 - Tobacco protective effects not an argument against action
- Drinking guidelines
 - can't be relied on
 - Alcoholic environment
 - Intoxicant
 - Dependence producing

Awareness raising/social marketing

- Awareness of the causal role of alcohol in a number of cancers relatively low
- A candidate for social marketing.
- The Victorian Cancer Council campaign provided a valuable model:
<http://www.cancervic.org.au/preventing-cancer/avoid-alcohol>

Can't rely on awareness raising

- Reducing disparities a goal
- Socio-economic (SES) inequalities in alcohol-related cancers in high consuming countries
- Increasing awareness impacts higher SES more than lower SES
- Emerging evidence re marketing
 - Heavier drinking by lower SES mediated by liking for alcohol ads

What can be done to reduce alcohol attributable cancers?

- Cancer affected by volume of alcohol consumed across lifetime
 - Delay initiation of onset of drinking
 - Reduce heavy drinking
- De-normalise use of alcohol
 - ‘Alcohol No Ordinary Commodity’

Important policy goal: restrict alcohol marketing

- Alcohol marketing
 - decreases age of onset of drinking
 - increases amounts consumed (Babor et al., 2010; Connolly et al., 1994; Casswell & Zhang, 1998; Lin et al., 2012)
- Precedent in tobacco control to restrict alcohol marketing including buying out sponsorship
 - cancer charities played important role
- Urgent need to address social media

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4 August · Edited

UPDATE: Competition closed.
Congratulations Kali Hoffman, Dan Waite, Lucy Freeman and Jarrod Newby.
PM us your details.

Snappers check back later for another chance to win!

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It's #halloween and time to pick your #potion. #jager or #jagerspice?

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USA Twitter feed; Oct 31, 2014

Left and middle- Jagermeister New Zealand Facebook page; 5 August, 2014

Right- Jagermeister USA Twitter feed; Oct 31, 2014