Alcohol and Cancer Risks
A Guide for Health Professionals

SHAAP
SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS
www.shaap.org.uk
Introduction

Alcohol and Cancer Risks: A Guide for Health Professionals
This guide has been produced to summarise for Health Professionals the links between alcohol consumption and cancers, so that they can use opportunities in their work to intervene to reduce the risks. It was produced following an expert workshop which was convened by SHAAP.

Public and professional awareness of the links between alcohol and cancer is low in Scotland. Elsewhere in Europe and in North America and Australia professional and public awareness of cancer risks from alcohol is higher.

Multiple routes to cancer risk
Strong evidence has emerged of plausible mechanisms whereby alcohol may cause cancers of oral cavity, pharynx, larynx, oesophagus and liver. Ethanol (i.e. alcohol) metabolism generates acetaldehyde. Acetaldehyde itself is a cancer-causing substance in animal experiments and reacts with DNA to form cancer-promoting compounds. In addition, highly reactive oxygen-containing molecules that are generated during certain pathways of alcohol metabolism can damage DNA, thus also inducing tumour development. Together with other factors related to chronic alcohol consumption (e.g. smoking), these metabolism-related factors may increase tumour risk in chronic heavy drinkers. An increase in sex hormone concentrations (i.e. oestrogen) is seen as the most important explanation of a biological mechanism of the alcohol and breast cancer association and is supported by randomized controlled alcohol trials.

The Role of Health Professionals
Some clinicians can feel uncomfortable about raising the issue of alcohol consumption with patients. However, evidence from many sources suggests that patients are accepting of tactful or empathetic inquiry about aspects of their lifestyle which may have an impact on their health. Health professionals are well placed to raise the level of awareness with their patients and clients as part of a comprehensive review of health and lifestyle.

Most patient and clients welcome guidance and support to help them find the motivation to improve their health and wellbeing. Reducing alcohol consumption is often only one of a number of changes that could be made to improve quality of life but it is one that is achievable.
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Some clinicians can feel uncomfortable about raising the issue of alcohol consumption with patients. However, evidence from many sources suggests that patients are accepting of tactful or empathetic inquiry about aspects of their lifestyle which may have an impact on their health. Health professionals are well placed to raise the level of awareness with their patients and clients as part of a comprehensive review of health and lifestyle.

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Key Facts

Many cancers are preventable

- One third of cancers are linked to a number of lifestyle risk factors – smoking, alcohol, diet, overweight/obesity, and physical inactivity.
- Half of the Scottish population have three or more of these lifestyle risk factors.
- Forty-six per cent of men and 38% of women drink alcohol at levels higher than current guidelines for sensible alcohol consumption.
- Drinking alcohol increases the risk of cancer of the breast, head and neck, the oesophagus, bowel and liver.
- Each year, approximately 6% of new cancer cases are estimated to be attributable to alcohol consumption.
- Drinking alcohol, even within the limits of current advice on sensible drinking, may increase the risks of alcohol-attributable oral and pharyngeal as well as breast cancer.
- Reducing alcohol consumption to levels within the current guidance for sensible drinking will reduce the risk of developing an alcohol-attributable cancer.

A change in lifestyle can reduce the risk of cancer

Health professionals can help reduce alcohol-related cancer risks by:

- Informing patients and clients about the risks of cancer from drinking alcohol
- Providing guidance and support to help patients and clients reduce the amount of alcohol they drink
Opportunities for interventions

To improve health and wellbeing, people are already being asked to be more alcohol aware and to drink less. Within current public health improvement programmes that seek to change lifestyle behaviours associated with health harm, there are opportunities to raise the profile of messages focused on alcohol and cancer risk.

The current guidelines for sensible alcohol consumption are

Men: No more than 3 to 4 units a day and no more than 21 units in one week

Women: No more than 2 to 3 units a day and no more than 14 units a week

It is strongly advised to have two days of abstinence to allow the body time to recover, particularly for those who drink heavily. A unit is equal to 8g (or 10ml) of pure alcohol.

Alcohol Brief Interventions

There are now a number of evidence-based brief interventions for a variety of treatment settings that can be used to modify a range of lifestyle habits. An Alcohol Brief Intervention (ABI) is focused on helping clients change their attitudes and behaviour with respect to drinking alcohol through motivational interviewing and counselling. The approach is based upon:

- assessment of drinking behaviour and feedback
- negotiation and agreement of goal for reducing alcohol use
- assisting clients with behaviour modification participation
- reinforcement with self-help materials
- follow up telephone support or further visits

Many health contacts including cancer screening services and dentistry provide the opportunity to screen a patient for alcohol problems and, if appropriate, deliver an ABI.

For further information and support in delivery of ABIs
The Scottish Context
(excluding non-melanoma skin cancer cases)

Approximately 14,000 males and 15,400 females were diagnosed with cancer in 2010. The number of cancers diagnosed in Scotland has increased over the last 10 years from 26,169 cases in 2000 to 29,449 in 2010\textsuperscript{12}.

Each year about 15,000 people die from cancer\textsuperscript{13}.

Over half of all cancers in men are within the prostate, lung and bowel and over half of all cancer cases in women are within the breast, lung and bowel\textsuperscript{12}.

Approximately one in twenty of cancers occur within the tissues of the head and neck (oral cavity, pharynx, larynx and oesophagus). The incidence of cancer within these tissues is higher in men than women and higher in people from deprived or disadvantaged social groups\textsuperscript{12,14}.

Breast cancer is the most common cancer in women and represents over one in four of all cases of cancer in women. The incidence of breast cancer is highest amongst women from the least disadvantaged groups\textsuperscript{12,14}.
Patterns of alcohol consumption: Age and gender

Men drink more alcohol than women. In 2011, 46% of men and 38% of women aged 16 years and over drank outwith the recommended sensible drinking guidelines (both daily and weekly).

The proportion of men exceeding the recommended daily limits has declined from 45% in 2003 to 41% in 2011, and in women from 37% in 2003 to 34% in 2011.

For both men and women the amount of alcohol they consume declines with age with drinking beyond the recommended daily levels becoming less frequent as people get older. Patterns of alcohol consumption tend to change from drinking quantities that exceed sensible drinking limits on one or two occasions per week to drinking less per occasion but more frequently during the week.

Patterns of alcohol consumption and deprivation

Adults in more socio-economically disadvantaged groups tended to be more likely to be non-drinkers or ex-drinkers than their more advantaged counterparts and were less likely to drink outwith the recommended limits.

For men, the prevalence of drinking outwith the guidelines was highest among those living in the least deprived areas (54%) and lowest in the most deprived areas (45%). Among women, 44% of those in the least deprived quintile drank outwith the guidelines compared with 34% in the two most deprived quintiles.
**Alcohol consumption and cancer risk**

Drinking alcohol, *even within the limits of current advice on sensible drinking*, may increase the risks of alcohol-attributable oral and pharyngeal cancers and cancer of the female breast.

Drinking alcohol at levels higher than the guidelines for sensible alcohol consumption can increase the risk of cancer within the

- larynx
- oesophagus (squamous cell carcinoma only)
- liver
- colon
- rectum

In 2010, alcohol was an attributable risk factor in approximately 6%, or 1948 new cases, of cancer in Scotland. The number of cancers in which alcohol was estimated to be an attributable risk factor is greater in women than men\(^{11}\).
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Cancer of the oral cavity and pharynx

In 2010, there were 548 new cases of cancer of the lip, oral cavity and pharynx in men and 275 in women, a 79% and 86% increase, respectively, since 1986.

The incidence of these cancers in men is almost twice that observed in women.

For both men and women approximately half of cancers of the oral cavity and pharynx have been estimated to be attributable to alcohol consumption.

The incidence of cancers of the oral cavity and pharynx increase with increasing levels of deprivation.
Breast cancer is the most common cancer in women\textsuperscript{14}.

In 2010, there were approximately 4457 new cases of breast cancer\textsuperscript{12}, a 70\% increase since 1986\textsuperscript{14}.

It is estimated that at least 700 cases of breast cancer each year may be attributed to drinking alcohol\textsuperscript{11}.

This is greater than the total number of other cancers in women that are attributable to alcohol consumption.
Cancer of the female breast

Breast cancer is the most common cancer in women\textsuperscript{14}. In 2010, there were approximately 4457 new cases of breast cancer\textsuperscript{12}, a 70\% increase since 1986\textsuperscript{14}.

![Cancer of the larynx, by sex 1986-2010](image)

In 2010 there were 252 new cases of cancer of the larynx in men and 58 in women\textsuperscript{14}.

This represents a percentage increase of 24\% for men and 26\% for women since 1986\textsuperscript{14}.

![Alcohol attributable cancer of the larynx\textsuperscript{16}](image)

Approximately one in three of new laryngeal cancer cases in men and women are estimated to be attributable to alcohol consumption\textsuperscript{11}.

The incidence of laryngeal cancer is highest within disadvantaged communities\textsuperscript{14}. Its incidence within disadvantaged communities is also associated with the additional effects of other lifestyle factors such as smoking. In contrast to areas of social and economic affluence, the incidence of tobacco use within the most deprived communities has not shown a significant decrease over the past 30 years.
Cancer of the oesophagus

In 2010, there were 550 cases of cancer of the oesophagus in men and 335 in women. Since 1986, the number of new cases of oesophageal cancer has risen by 92% for men and 48% for women.

More than a third of oesophageal squamous cell carcinomas are estimated to be attributable to alcohol consumption and the proportion of cancers attributable to alcohol is higher in men than women.

Cancer of the liver

Over one in ten of new liver cancer cases are estimated to be attributable to alcohol consumption.

In 2010 there were 269 new cases of cancer of the liver in men and 124 in women; this represents an increase of 176% for men and 95% for women since 1986.
Cancer of the oesophagus

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In 2010 there were 269 new cases of cancer of the liver in men and 124 in women\(^\text{12}\); this represents an increase of 176\% for men and 95\% for women since 1986\(^\text{14}\).

Over one in ten of new liver cancer cases are estimated to be attributable to alcohol consumption\(^\text{11}\).
Cancers of the colon and rectum

In 2010 there were 2177 new cases of colorectal cancer in men and 1790 in women\textsuperscript{12}. This represents an increase of 63\% for men and 17\% since 1986\textsuperscript{14}.

The incidence of colorectal cancer has, over the last decade, become proportionately more common in men than in women.

It has been estimated that about 250 cases per year can be attributed to drinking alcohol and the incidence of alcohol attributable-cancer is higher in men than women\textsuperscript{11}.

The incidence of colorectal cancer does not show significant variance between areas of deprivation\textsuperscript{14}. 
References


(16) Population attributable fraction is based on 2003 alcohol consumption data reported in the Scottish Health Survey and has been applied to 2010 cancer incidence data