



Taking Action on Alcohol and Cancer

In the Fall of 1999, the Toronto Cancer Prevention Coalition (TCPC) invited the Alcohol Policy Network to bring together a small group of researchers and health promoters active in the substance abuse field. Our task: to examine the links between alcohol and cancer and make recommendations for action, building on the final *Report of the Task Force on the Primary Prevention of Cancer* published in 1995.

The Alcohol and Cancer Work Group's draft report was presented at a Cancer Prevention Forum held on March 7-8, 2000 at Metro Hall in Toronto. Coalition staff are currently preparing the proceedings of the day, as well as a final report comprising the research and recommendations of all risk factor work groups, including those focusing on diet, tobacco, early detection and screening, ultraviolet radiation, environmental and occupational carcinogens and physical inactivity.

What follows is an excerpt from the paper prepared by the Alcohol and Cancer Work Group, chaired by CAMH Senior Scientist Norman Giesbrecht. Other members included: Barbara Steep, CAMH Program Consultant, Janet McAllister, member of the London-Middlesex Task Force on the Primary Prevention of Cancer, Paula Neves, Manager of the Alcohol Policy Network and Krista Koch, Work Group Research Assistant.

Alcohol and Cancer

Alcohol has been causally related to cancers of the mouth, pharynx, esophagus, colon, rectum, and liver. It is also causally linked with breast cancer in women. In fact, cancer was the leading cause of alcohol-related death among women in Canada in 1995, ahead of motor vehicle crashes and liver cirrhosis. Among men, it was the second leading cause of alcohol-related death just behind suicide/self-inflicted injury and ahead of motor vehicle incidents and liver cirrhosis.

Cancer is one of the few alcohol-related problems where the association is largely linear and dose-related—that is, the risk of

Table 1. Deaths, potential years of life lost and hospital separations attributed to alcohol for selected cancer sites, Canada, 1995

| Disease (ICD-9 Code) | Mortality | Potential Years of Life Lost | Hospital Separations |
|--|--------------|------------------------------------|-------------------------|
| Breast Cancer (174, 233.0) | 192 | 4,259 | 813 |
| Laryngeal Cancer (161, 231.0) | 190 | 3,093 | 624 |
| Lip & Oropharyngeal Cancer (140-1, 143-6, 148-9, 230.0) | 201 | 3,413 | 735 |
| Liver Cancer (155, 230.8) | 251 | 4,289 | 393 |
| Esophageal Cancer (150, 230.1) | 373 | 5,606 | 657 |
| Total Cancer | 1,207 | 20,660 | 3,222 |
| All Alcohol-related Causes (cirrhosis, injuries, poisonings, suicide, birth defects, etc.) | 6,503 | 172,126 | 82,003 |
| Cancer as % of all causes | 19% | 12% | 4% |

Source: *Canadian Profile: Alcohol, tobacco, and other drugs, 1999*. Toronto: CAMH, 1999.

cancer increases with the amount of alcohol consumed. While observed levels of risk tend to be greatest at the highest levels of alcohol intake, including levels associated with alcohol dependence, breast cancer in particular, appears to be significantly impacted by low levels of consumption.

A dose-reponse relationship generally signals that any measures that control per capita consumption will reduce the risks of alcohol-related cancer in the population. These may take place at the population or individual level, although their impact is greater if used in combination. Such initiatives include: 1) laws, policies and regulations related to the distribution and sale of alcohol; 2) mass media and other population-level health promotion measures; and 3) targeted information and best advice campaigns, including efforts

by health practitioners to inform patients and clients about low-risk drinking or abstinence.

The Miller Rootman *Report on The Primary Prevention of Cancer* published in 1995 supported this perspective and recommended that to prevent alcohol-related cancers: 1) governments resist pressures to reduce prices of alcohol since the societal costs of increased consumption greatly outweigh the economic benefits to the alcohol and hospitality industries; 2) prevention initiatives aimed at reducing excessive consumption be population-based; 3) the provincial government keep its existing system of alcohol distribution and not move toward deregulation of alcohol sales; 4) publicly administered mandatory server training be introduced in Ontario and its efforts and impact evaluated; 4) community mobilization to encourage support for alcohol control measures be increased; and 5) guidelines for low-risk consumption of alcoholic beverages be developed and promoted.

In 1997 the Addiction Research Foundation (now the Centre for Addiction and Mental Health), the Ontario Public Health Association and the Association of Local Public Health Agencies released new *Low-Risk Drinking Guidelines*. Based on a review of the literature by international experts on this topic, the LRDGs balance the risks and benefits of alcohol consumption from a population-based perspective. They advise healthy adults who choose to drink to consume no more than 2 standard drinks on any single day – up to a weekly maximum of 14 standard drinks for men, and 9 standard drinks for women. They further outline instances when it is best to drink less or not at all.

Still, not all of the recommendations in the Miller-Rootman report have been implemented – and there are many opportunities for more extensive promotion of the *Low-Risk Drinking Guidelines*, particularly in connection with policy initiatives and other prevention measures. A review of initiatives under way nationally and internationally indicate a number of avenues for action, including:

- *Policy development.* Research shows that controls on location, density, size, capacity, days and hours of operation and sales, service and promotion practices of places and events where alcohol is sold or served reduce alcohol-related problems among the general population. Yet, in recent years, there has been a move towards de-regulation and industry self-regulation and resources for alcohol education and enforcement have been reduced.
- *Education.* The LRDGs balance the risks and benefits of alcohol from a population-based perspective. Yet many organizations and professionals in the health sector remain unaware of the Guidelines or continue to promote inconsistent or conflicting messages regarding alcohol use.
- *Research.* Both the cancer and alcohol fields suffer from a lack of reliable, standardized or available data, and funding for prevention and policy research.

The Alcohol and Cancer Working Group therefore recommends that the Toronto Cancer Prevention Coalition work collaboratively with other agencies and institutions to:

- 1. Promote healthy alcohol policies by persuading:**
 - a. the Ontario and Canadian governments to retain strong controls on alcohol availability and avoid policies or practices which lower prices of alcohol, increase outlet density, or involve deregulatory steps which expand access to alcoholic beverages.
 - b. the Ontario government to make server intervention training mandatory for all licensees.
 - c. Health Canada, the Ministry of Health, the Canadian Cancer Society, Dieticians of Canada and others to officially endorse the *Low-Risk Drinking Guidelines* and allocate resources to the development and dissemination of clinical practice guidelines and relevant professional development opportunities.
 - d. the Ministry of Health to explicitly recognize alcohol as a risk factor for cancer, particularly cancer of the breast, in the *Mandatory Health Programs and Services Guidelines* for public health service delivery across the province, and outline areas for public health activity in this area.
 - e. the Ministry of Education and Training to officially renew its commitment to the *Drug Education Policy Framework* developed in 1990, and that all school boards review their current practices and take steps to ensure they meet the prescribed standards.
- 2. Support targeted education by working with:**
 - a. Cancer Care Ontario, public health, health promotion and substance abuse prevention groups to educate the public and groups at risk about the links between alcohol and cancer and encourage them to follow the *Low-Risk Drinking Guidelines*.
 - b. medical schools and professional associations to educate health professionals about the links between alcohol and cancer and provide them with the tools and resources they need to screen for risk and intervene at an early stage.
- 3. Expand cancer research by encouraging:**
 - a. Cancer Care Ontario, the Canadian Cancer Society and addictions research organizations to improve data collection related to alcohol-related cancers and that this information be publicly available.
 - b. Ontario-based research institutions to play a lead role in standardizing data collection on alcohol and cancer in order to facilitate sharing and verification of research outcomes in different jurisdictions, both locally and internationally, and that researchers take into account both volume of drinking and drinking patterns in their studies.
 - c. funders of cancer research to support projects that address underdeveloped areas of knowledge and focus on less understood cancers and that Canadian research institutes increase funding for addictions research.

For more info on the recommendations of the Alcohol & Cancer Work Group contact Paula Neves or Dr. Norman Giesbrecht, norman_giesbrecht@camh.net. For info on the Coalition, contact Safoura Moazami, smoazami@city.toronto.on.ca.

Round Up

National survey uncovers heavy drinking on Canadian campuses

On March 29, the Centre for Addiction and Mental Health released the first representative study of alcohol and other drug use among students in 16 colleges and universities across Canada. According to the study, nearly two out of three students reported binge drinking at least once since the beginning of the school year (the survey was conducted in the fall of 1998). On average, students reported consuming 5 or more drinks about twice a month, and 8 or more drinks about once a month. Those who drank to get drunk reported consuming the largest amount of alcohol (8.9 drinks), followed by those who drank to celebrate or "party" (5.7 drinks), forget worries (5.5 drinks) and feel good (5.4 drinks). Students consumed less alcohol when they drank alone (2.1 drinks), in a restaurant (2.7 drinks), around family members (2.6 drinks), and when drinking was unplanned (2.6 drinks). Students who were in their first year of university and/or living in residence were more likely to drink heavily and more often than students in other types of housing. Overall, 86% of drinking occasions occurred off campus. Among the reported negative consequences of drinking were: hangover (38%), missing class (18%), regretting actions (13%) and memory loss (12%). Nearly 10% of students also reported having unplanned or unsafe sex and a further 8% reported driving while drinking, and driving after drinking too much. In terms of prevention, two thirds of students supported responsible service practices on campus such as the refusal to serve intoxicated customers and 65% supported more police/security spot checks for illegal alcohol use. To download the executive summary go to www.camh.net/press_releases/canadian_campus_survey_es.html For more info call CAMH scientist, Ed Adlaf, 416-535-8501 ext 4506.

Health Canada unveils 3-year \$11 million FAS/FAE initiative

On January 28, federal health minister, Allan Rock announced \$11 million in new

funding for public awareness and education, early identification and diagnosis and training and community capacity-building related to fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE). Since then, Health Canada has organized a number of consultation sessions to determine priorities for funding in each province. A workbook with consultation questions has been posted on Health Canada's new FAS/E web site at www.hc-sc.gc.ca/hppb/childhood-youth/cyfh/fas/whatisfas.html. Deadline for feedback is April 25, 2000. No word yet on when the results of the consultation will be released, although groups interested in receiving an RFP are encouraged to contact the Ontario Region office at 705-670-6593. On a related note, the Prairie provinces will host a fetal alcohol conference on **May 11-13** at the University of Manitoba in Winnipeg. The 2000 Manitoba Conference, the second in a series, is part of a joint initiative to deal with the rising problem of FAS/FAE affected children and families in Manitoba, Saskatchewan and Alberta. It will offer families, professionals and community groups the opportunity to share experiences and learn about recent initiatives, research and best practice programs. To register call 204-945-2266 or email childrenfirst@cys.gov.mb.ca.

Brew-on-Premise regulations come into force

On February 2, new regulations governing the operations of brew-on-premise (BOP) facilities across Ontario came into force. Operators now require a BOP licence from the AGCO in order to operate. They must also follow strict guidelines with respect to advertising and managing their affairs. For example, they cannot promote immoderate consumption, sell to individuals who are intoxicated or under the legal drinking age, sell to licensed establishments, allow spirits or fortified wine to be made on their premises, or brew, cork and/or bottle products on behalf of the customer. They must also get pre-approval for promotions and ads that make reference to the price of beer and wine, although they can provide a price list of goods and services they

offer. Premises will be subject to inspections. Licensees found in violation by the AGCO are subject to warnings for a minor infraction, and licence conditions, suspensions or revocations when there are serious or repeat infractions. Individuals convicted of an offense under the *Liquor Licence Act* are subject to fines of up to \$200,000 and a year in prison; while corporations may be fined up to \$500,000. For more info contact the AGCO, 416-326-8700.

Research Corner

For copies of these articles, contact the CAMH-ARF Library, Tel: 416-535-8501 Ext 6144, Fax: 416-595-6601, Email: isd@arf.org. To do further research online visit the APOLNET Resources section, www.apolnet.web.ca.

Aertgeerts, B et al (Jan 2000). The Value of CAGE, CUGE, and AUDIT in Screening for Alcohol Abuse and Dependence Among College Freshmen. **Alcoholism: Clinical and Experimental Research**, 24(1), 53-57.

Johnson (Jan 2000). Sensation seeking and drinking game participation in heavy drinking college students. **Addictive Behaviors**, 25(1), 109-116.

Greenfield, JD (1999). Beer drinking accounts for most of the hazardous alcohol consumption reported in the United States. **Journal of Studies on Alcohol**, 60(6), 732-739.

Mattson, Sarah, et al (Feb 2000). Parent Ratings of Behavior in Children with Heavy Prenatal Alcohol Exposure and IQ-Matched Controls. **Alcoholism: Clinical and Experimental Research**, 24(2), 226-252.

Stewart, S (Mar 2000). Relationships between drinking motives and drinking restraints. **Addictive Behaviors**, 25(2), 269-274.

Wilsnack, Richard W et al (Feb 2000). Gender differences in alcohol consumption and adverse drinking consequences: cross-cultural patterns. **Addiction** 95(2), 251-266.

News & Views

Campaigns

Debunking Alcohol Ads: The Challenge

ARAPO is challenging secondary students to create a counter alcohol ad and slogan which will poke fun at advertisements and at the same time, send a message about responsible drinking. Submissions will be used to create a variety of youth resource materials to be used across Ontario. Deadline is **May 19, 2000**. For more info go to www.apolnet.web.ca/issue14.html or call Kari Sutoski, 416-740-9593, email: arapo@web.ca.

Extreme Attitudes Campaign Launched

On February 8, recording artist Ivana Santilli visited a Toronto high school to launch *Extreme Attitude Against Drinking and Driving 2000*, a public service campaign featuring anti-drinking and driving multimedia messages developed by grade 11 and 12 students across Canada. A panel of judges will award prizes to students whose entries feature the best-presented messages. Winning video psa's will run on CBC Television and Radio-Canada. Winners of the website and banner ad competition will see their entries posted on the Internet between **May and June 2000**. Participating schools will receive Extreme Attitudes posters and quarter cards to encourage graduating students to call for a safe ride home on prom night. The campaign is sponsored by the CBC, the Royal Canadian Mint, as well as numerous police, community and public health groups. For more info visit the CBC web site at cbc.ca/extreme.

Road Safety Campaigns Spring into Action

The fifth annual Road Safety Challenge will take place **April 30-May 6, 2000**. This year, the Ministry of Transportation will provide grants and educational and other resources to help over thirty towns and cities across Ontario to organize a variety of activities related to at least three of the following themes: Aggressive Driving, Children's Safety, Unsafe Driving, Impaired Driving or a local road safety priority. MTO will present awards to selected communities that exhibit exceptional effort, unique local programming and impact on local per capita collision rates. Meanwhile, the Ontario Community Council on Impaired Driving will be launching its Arrive Alive/Drive Sober 2000 Campaign with an MPP Breakfast at Queen's Park on **May 2**. For more info visit the OCCID web site at www.occid.org or call 416-485-4411.

APN News

APN and the Association to Reduce Alcohol Promotion in Ontario (ARAPO) have been awarded a 2-year grant from the Ministry of Citizenship, Culture and Recreation's Volunteer @ction Online Program. The money will be used to expand and update the existing APOLNET site to include: 1) a searchable database of alcohol-related public education materials starting with public service announcements and growing to include brochures, posters, booklets and other resources appropriate for use in Ontario; 2) a searchable and user-updated Networking Database containing contact information for professionals offering services to, or working in the alcohol field; 3) a moderated listserv with searchable online archive; and 4) updated Action Packs on various issues including Alcohol Advertising. Other project partners include the Canadian Association of Broadcasters, the Centre for Addiction and Mental Health and the Health Communication Unit. For more info, contact Paula Neves or Kari Sutoski, ARAPO Coordinator, 416-740-9593.

About Us

Alcohol Policy Update (APU) is a free quarterly fax-newsletter of the Alcohol Policy Network (APN), a project of the Ontario Public Health Association. Our mission is to facilitate the development of policies that prevent problems associated with alcohol use and enhance the health, safety and well-being of individuals and communities across Ontario.

APN fulfills its mission by offering a range of products and services including information and referral, regional workshops and seminars, publications and a comprehensive website called APOLNET.

APN does not take public positions on issues although its members and the Ontario Public Health Association may do so.

Information appearing in this newsletter in no way constitutes an endorsement by OPHA or its members. Submissions are welcome. Printing is subject to space availability.

APU is distributed via fax to over 600 subscribers active in substance abuse prevention, injury prevention and public health. It is also available on APOLNET, the APN website at www.apolnet.web.ca.

For more info on this newsletter or APN's other products and services, please contact Paula Neves, Project Manager apn@web.ca or 800-267-6817 Ext 27.

Alcohol Policy Network

Fax Back

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INFO FOR UPCOMING ISSUE OF *APU* ATTACHED

I would rate this issue of *Alcohol Policy Update* as ...

I will use this information to ...

Excellent **Very Good** **Good** **Fair** **Poor**

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