Research Summary

Date Compiled: December 2017

## Key Takeaways from Included Research:

- Cancer Doctors affirm alcohol use is a major - but underrecognized - factor causing head and neck, liver, colon, and female breast cancers; Same doctors endorse evidence-based alcohol policies for preventing alcohol-related cancers and discourage alcohol-centric breast cancer fundraising strategies like pinkwashing (Article 1).
- Alcohol intake was the third largest contributor to all cancer cases among women (6.4\%; 50,110 cases) and the fourth largest contributor among men (4.8\%; 37,410 cases) (Article 2).
- Between 1999 and 2015, Alcohol deaths in Nebraska increased by 100 percent (Article 3).
- The earlier that kids started to drink, the more likely they would binge drink and drink more delaying first drink is critical (Article 4).
- Beer marketing associated with college logos had special attraction for undergraduate college students, increasing the likelihood of underage drinking (Artlicle 5).


## Alcohol and Cancer: A Statement of the American Society of Clinical Oncology

 November 2017
## Introduction:

The importance of alcohol drinking as a contributing factor to the overall cancer burden is often underappreciated. In fact, alcohol drinking is an established risk factor for several malignancies. As a potentially modifiable risk factor for cancer, addressing high-risk alcohol use is one strategy to reduce the burden of cancer. For example, in 2012, $5.5 \%$ of all new cancer occurrences and $5.8 \%$ of all cancer deaths worldwide were estimated to be attributable to alcohol. In the United States, it has been estimated that $3.5 \%$ of all cancer deaths are attributable to drinking alcohol. Alcohol is causally associated with oropharyngeal and larynx cancer, esophageal cancer, hepatocellular carcinoma, breast cancer, and colon cancer. Even modest use of alcohol may increase cancer risk, but the greatest risks are observed with heavy, long-term use ...

Recognizing that excessive alcohol use can delay or negatively impact cancer treatment and that reducing high-risk alcohol consumption is cancer prevention, ASCO joins the growing number of cancer care and public health organizations to support strategies designed to prevent high-risk alcohol consumption such as the following and those in Table 2.111-129
[List of policies recommended, more detail in full report]

- Clinical strategies of alcohol screening and brief intervention provided in clinical settings
- Regulate alcohol outlet density
- Increase alcohol taxes and prices
- Maintain limits on days and hours of sale
- Enhance enforcement of laws prohibiting sales to minors
- Restrict youth exposure to advertising of alcoholic beverages
- Resist further privatization of retail alcohol sales in communities with current government control
- Include alcohol control strategies in comprehensive cancer control plans

In addition to these strategies, ASCO supports efforts to eliminate pinkwashing in the marketing of alcoholic beverages. Pinkwashing is a form of cause marketing in which a company uses the color pink and/or pink ribbons to show a commitment to finding a cure for breast cancer. Given the consistent evidence that shows the link between alcohol consumption and an increased risk of breast cancer, alcoholic beverage companies should be discouraged from using the symbols of the battle against breast cancer to market their products.

Free full text: http://ascopubs.org/doi/full/10.1200/JCO.2017.76.1155
Source: Journal of Clinical Oncology

## PROPORTION AND NUMBER OF CANCER CASES AND DEATHS ATTRIBUTABLE TO POTENTIALLY

 MODIFIABLE RISK FACTORS IN THE UNITED StATESNovember 2017


#### Abstract

Contemporary information on the fraction of cancers that potentially could be prevented is useful for priority setting in cancer prevention and control. Herein, the authors estimate the proportion and number of invasive cancer cases and deaths, overall (excluding nonmelanoma skin cancers) and for 26 cancer types, in adults aged 30 years and older in the United States in 2014, that were attributable to major, potentially modifiable exposures (cigarette smoking; secondhand smoke; excess body weight; alcohol intake; consumption of red and processed meat; low consumption of fruits/vegetables, dietary fiber, and dietary calcium; physical inactivity; ultraviolet radiation; and 6 cancer-associated infections). ...

Cigarette smoking accounted for the highest proportion of cancer cases (19.0\%; 298,970 cases) and deaths (28.8\%; 169,180 deaths), followed by excess body weight ( $7.8 \%$ and $6.5 \%$, respectively) and alcohol intake (5.6\% and 4.0\%, respectively) ...

\section*{Alcohol intake}

Alcohol intake was the third largest contributor to all cancer cases among women (6.4\%; 50,110 cases) and the fourth largest contributor among men (4.8\%; 37,410 cases). Almost one-half of oral cavity and pharyngeal cancers in men ( $46.3 \% ; 14,670$ cases) and one-fourth of esophageal (28.4\%; 1010 cases) and oral cavity and pharyngeal ( $27.4 \%, 3450$ cases) cancers in women were associated with alcohol; however, the largest burden by far was for female breast cancer (39,060 cases). In general, the proportions of cases attributable to alcohol intake by cancer type were higher in men than in women, except for esophageal cancer.


| Percentage of cancer cases attributable to alcohol |  |  |  |
| :--- | ---: | ---: | ---: |
| Type of Cancer | Men | Women | Both Sexes |
| Oral cavity, pharynx | $44.4 \%$ | $24.6 \%$ | $38.9 \%$ |
| Larynx | $24.5 \%$ | $12.8 \%$ | $22.3 \%$ |
| Liver | $24.0 \%$ | $10.9 \%$ | $20.4 \%$ |
| Esophagus | $15.9 \%$ | $20.6 \%$ | $16.8 \%$ |
| Breast | -- | $15.4 \%$ | $15.4 \%$ |
| Colorectum | $16.3 \%$ | $7.2 \%$ | $12.0 \%$ |

Free full text: http://onlinelibrary.wiley.com/doi/10.3322/caac.21440/full
Source: CA: A Cancer Journal for Clinicians
Additional coverage: American Institute for Cancer Research
http://www.aicr.org/cancer-research-update/2017/11 29/cru-half-of-cancer-deathspreventable.html?referrer=https://t.co/ggPRgVVGxq

## PAIN IN THE NATION: The Drug, Alcohol and Suicide Crises and The Need for A NATIoNAL RESILIENCE StRATEGY <br> November 2017 <br> Introduction

The United States is facing a new set of epidemics - more than 1 million Americans have died in the past decade from drug overdoses, alcohol and suicides (2006 to 2015). Life expectancy in the country decreased last year for the first time in two decades - and these three public health crises have been major contributing factors to this shift.

In 2015 alone, 127,500 Americans died from drug- or alcohol-induced causes or suicide. That equates to 350 deaths per day, 14 per hour and one person dying every four minutes...

|  | ALCOHOL DEATH RATES PER 100,000 IN 1999 AND 2015 AND 2025 PROJECTIONS (CDC WONDER) |  |  |  |
| :--- | ---: | ---: | ---: | :---: |
|  | $\mathbf{1 9 9 9}$ | $\mathbf{2 0 1 5}$ | $\mathbf{2 0 2 5}$ |  |
| Nebraska | 5.3 | 10.5 | 13.2 |  |

Modified chart, from page 20. Rates based on per 100,000, based on analysis of data from CDC's Wide-ranging Online Data for Epidemiologic Research (CDC WONDER). For full methodology see Appendix B on page 160

Top strategies for reducing excessive alcohol consumption include:


Full free text: http://healthyamericans.org/assets/files/TFAH-2017-PainNationRpt-FINAL.pdf

Source: Trust for America's Health
Age of Alcohol Initiation and Progression to Binge Drinking in Adolescence: A PROSPECTIVE COHORT STUDY
November 2017

## Background

Early alcohol initiation is common and has been associated with the development of alcohol problems. Yet, past research on the association of age of initiation with later problem drinking has produced inconsistent findings. Using prospective data from the Australian Parental Supply of Alcohol Longitudinal Study cohort, this study examined age of alcohol initiation, and of first drunkenness, and associations with subsequent drinking in adolescence.

## Methods

A total of 1,673 parent-child dyads recruited through Australian secondary schools completed annual surveys for 5 years (grades 7 to 11). Limiting the sample to those adolescents who had initiated alcohol use by age $17(n=839)$, multinomial logistic regression models were used to examine associations between (i) age of initiation to alcohol use (consuming at least 1 full serve) and (ii) age of first drunkenness, and 2 outcomes: (i) binge drinking (consuming $>4$ standard drinks on a single occasion), and (ii) the total number of alcoholic drinks consumed in the past year, adjusted for a range of potential child, parent, family, and peer covariates.

## Results

Fifty percent of adolescents reported alcohol use and $36 \%$ reported bingeing at wave 5 (mean age 16.9 years), and the mean age of initiation to alcohol use for drinkers was 15.1 years. Age of initiation was significantly associated with binge drinking and total quantity of alcohol consumed in unadjusted and adjusted models. Age of first drunkenness was associated with total quantity of alcohol consumed in unadjusted models but not adjusted models and was not associated with subsequent bingeing.

## Conclusions

Initiating alcohol use earlier in adolescence is associated with an increased risk of binge drinking and higher quantity of consumption in late secondary school, supporting an argument for delaying alcohol initiation for as long as possible to reduce the risk for problematic use in later adolescence and the alcohol-related harms that may accompany this use.

Source: Alcoholism: Clinical and Experimental Research

## University-Affiliated Alcohol Marketing Enhances the Incentive Salience of Alcohol Cues November 2017


#### Abstract

We tested whether affiliating beer brands with universities enhances the incentive salience of those brands for underage drinkers. In Study 1, 128 undergraduates viewed beer cues while event-related potentials (ERPs) were recorded. Results showed that beer cues paired with in-group backgrounds (logos for students' universities) evoked an enhanced P3 ERP component, a neural index of incentive salience. This effect varied according to students' levels of identification with their university, and the amplitude of the P3 response prospectively predicted alcohol use over 1 month. In Study 2 ( $\mathrm{N}=104$ ), we used a naturalistic advertisement exposure to experimentally create in-group brand associations and found that this manipulation caused an increase in the incentive salience of the beer brand. These data provide the first evidence that marketing beer via affiliating it with students' universities enhances the incentive salience of the brand for underage students and that this effect has implications for their alcohol involvement.


Source: Psychological Science


