

Public Health Impact of Alcohol Consumption: ASCO gives a Wakeup Call

In a very significant move, ASCO (American Society of Clinical Oncology) declared alcohol use, whether light, moderate or heavy as significant risk factor for developing various malignancies including breast, colon, esophagus, head and neck. Thus it is important to understand that reducing alcohol intake is the medium of cancer prevention.

Associated Mortality and Carcinogenic Potential

Alcohol is classified by the International Agency for Research on Cancer (IARC) as a group 1 carcinogen. Beyond oncology, according to CDCP (Centres for Disease Control and Prevention) approximately 3.3 million deaths were attributed to the harmful use of alcohol annually.¹ Oncologically 5.8% of all the cancer mortality globally were influenced by alcohol. Alcohol is not only a potential risk factor for primary tumors but also responsible for three fold increased risk of 2nd primary tumors especially in the upper aero-digestive tract.² For some malignancies, alcohol drinking clearly is statistically associated with increased risk. However, it is difficult to conclude if alcohol consumption is truly an independent factor due to several other confounding risk factors. A systematic review by World Cancer Research Fund(WCRF) suggested convincing evidence that alcohol (>30ml)³ consumption was a cause of oral cavity, pharyngeal, laryngeal, esophageal, breast and colorectal cancer.

Conflicting Evidence and Barriers

Light alcohol use has been presumed to be beneficial for treatment-related adverse effects in cancer survivors. A cross-sectional study of patients with head and neck cancer showed that light alcohol drinkers had lower levels of fatigue, pain, dysphagia and dry mouth. However, the cross-sectional design of this study limits this hypothesis. Amidst such controversial evidence, defining risk drinking can be challenging. A meta-analysis concentrating only on light drinkers suggested that one drink daily is still associated with elevated risk of oesophageal, oropharyngeal and breast cancer.⁴ In addition to the controversy of beneficial light drinkers' concept, evidence which supports red wine to be cardioprotective has been a barrier in defining it as a complete risk to health. This practice has led to a systematic underestimation of health risks from drinking and overestimation of its health benefits. However larger studies and meta-analysis failed to conclude its cardioprotective effects.^{5, 6} By arguing otherwise, scientists have given the alcohol lobby and advertisers the opportunity to manipulate the scientific evidence to generate profits. Another eye-opener came with a study which demonstrated knowledge deficit amongst medical students in defining alcohol as head and neck cancer risk. Thus, this lack of knowledge hampers the ability to counsel patients about alcohol-related cancers.

Solution

At primary prevention level, health care providers can screen adults for excessive alcohol use to identify people who are at increased risk of alcohol-related diseases. An effective strategy would be to reduce the number of outlets leading to decreased alcohol consumption. Imposing Alcohol taxes is another way of curbing alcohol sales and consumption though there is a need for robust literature over it. Enhanced enforcement of law prohibiting sales to minors and restricting youth exposure to advertisements of alcoholic beverages may reduce its access at the tender age. Thus, the implementation of evidence-based strategies to prevent the excessive use of alcohol may be instrumental to control alcohol influenced carcinogenesis reducing the cancer risk.

Belarus is an example which adopted strong initiatives and policy strengthening laws on drink-driving, banning alcohol marketing, increasing the excise duty on specific alcohol products, leading to rapid results. It recorded a decrease in Alcohol per capita consumption from 2011 to 2012 by 6.5% and from 2012 to 2013 by 11.4%, and a marked drop in criminal offenses committed while under the influence of alcohol. Similarly, in India, alcohol has been prohibited in the states of Gujarat, Bihar, Nagaland and the Union Territory of Lakshadweep.

Our Responsibility

Being head and neck surgeons, we are the torchbearers in propagating alcohol-associated researches, providing treatment to cancer patients and making common people aware of its carcinogenic potential. Thus, it is time to get together against the wolf in the sheepskin.

Mantra

Our mantra for alcohol-related prophylactic cancer prevention would be “Reduce for Regulars, Stop to Starters and Veto for Teetotallers”.

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