Whereas, Alcohol use is a recognized modifiable risk factor for several common types of cancer, including liver, esophageal, oropharyngeal, laryngeal, breast and colon\(^1\); and

Whereas, Between 2006 and 2010, the Centers for Disease Control and Prevention reported that 88,000 deaths\(^2\) were attributed to excessive alcohol use in the United States; and

Whereas, Although the greatest risk of cancer is associated with high levels of consumption even light alcohol consumption is associated with a higher risk of esophageal, oral cavity and pharyngeal, and breast cancers with relative risks of 1.26, 1.13, and 1.04 respectively\(^3\); and

Whereas, The World Cancer Research Fund/American Institute for Cancer Research estimates a 5% increase in premenopausal breast cancer and a 9% increase in postmenopausal breast cancer per 10 grams of ethanol consumed per day\(^4\); and

Whereas, Drinking of alcohol, without the development of alcoholism or alcohol dependence, is an underappreciated cause of cancer; and

Whereas, Many people engage in excessive drinking without recognition of the risk factors it poses to health, including increased risk of developing cancer; and

Whereas, The International Agency for Research on Cancer classified alcohol as a group 1 carcinogen\(^5\); therefore be it

RESOLVED, That our American Medical Association recognize alcohol use as a modifiable risk factor for cancer (New HOD Policy); and be it further

RESOLVED, That our AMA support research and educational efforts about the connection between alcohol use and several types of cancer (New HOD Policy); and be it further

RESOLVED, That our AMA encourage physicians to counsel patients on the risks of alcohol use and cancer. (New HOD Policy)

\(^2\) Centers for Disease Control and Prevention: Alcohol use and health. [http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm](http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm)
Fiscal Note: Not yet determined

Received: 05/02/18

RELEVANT AMA POLICY

Alcohol Abuse and the War on Drugs H-30.972
Our AMA (1) supports documenting the strong correlation between alcohol abuse and other substance abuse; (2) reaffirms the concept that alcohol is an addictive drug and its abuse is one of the nation's leading drug problems; and (3) encourages state medical societies to work actively with drug task forces and study committees in their respective states to assure that their scope of study includes recognition of the strong correlation between alcohol abuse and other substance abuse and recommendations to decrease the immense number of health, safety, and social problems associated with alcohol abuse.
Citation: (Sub. Res. 97, I-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10)

Alcohol Use Disorder and Unhealthy Alcohol Use Among Women H-30.943
The AMA recognizes the prevalence of unhealthy use of alcohol among women, as well as current barriers to diagnosis and treatment. The AMA urges physicians to be alert to the presence of alcohol-related problems among women and to screen all patients for alcohol use disorder and dependence. The AMA encourages physicians to educate women of all ages about their increased risk of damage to the nervous system, liver and heart disease from alcohol and about the effect of alcohol on the developing fetus. The AMA encourages adequate funding for research to explore the nature and extent of alcohol use disorder and unhealthy alcohol use among women, effective treatment modalities for women with alcohol use disorder and unhealthy alcohol use, and variations in alcohol use among ethnic and other subpopulations. The AMA encourages all medical education programs to provide greater coverage on alcohol as a significant source of morbidity and mortality in women.
Citation: CSA Rep. 5, I-97; Reaffirmed: CSAPH Rep. 3, A-07; Modified: CSAPH Rep. 01, A-17;

Screening and Brief Interventions For Alcohol Problems H-30.942
Our AMA in conjunction with medical schools and appropriate specialty societies advocates curricula, actions and policies that will result in the following steps to assure the health of patients who use alcohol: (a) Primary care physicians should establish routine alcohol screening procedures (e.g., CAGE) for all patients, including children and adolescents as appropriate, and medical and surgical subspecialists should be encouraged to screen patients where undetected alcohol use could affect care. (b) Primary care physicians should learn how to conduct brief intervention counseling and motivational interviewing. Such training should be incorporated into medical school curricula and be subject to academic evaluation. Physicians are also encouraged to receive additional education on the pharmacological treatment of alcohol use disorders and co-morbid problems such as depression, anxiety, and post-traumatic stress disorder. (c) Primary care clinics should establish close working relationships with alcohol treatment specialists, counselors, and self-help groups in their communities, and, whenever feasible, specialized alcohol and drug treatment programs should be integrated into the routine clinical practice of medicine.
Citation: (CSA Rep. 14, I-99; Reaffirmation l-01; Modified: CSAPH Rep. 1, A-11)