

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 516
(A-19)

Introduced by: American Society of Clinical Oncology

Subject: Alcohol Consumption and Health

Referred to: Reference Committee E
(Leslie Secrest, MD, Chair)

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- 1 Whereas, The Global Burden of Diseases, Injuries, and Risk Factors Study 2016¹ found that,
2 despite a protective effect for ischemic heart disease and diabetes, no level of alcohol
3 consumption minimizes the health loss due all-cause mortality and cancer; and
4
5 Whereas, Previous studies suggesting a health benefit for moderate alcohol consumption may
6 have been poorly designed to estimate the full extent of health effects from alcohol due to
7 survival biases, including “sick quitter” hypothesis, and poor study design²; and
8
9 Whereas, the Global Burden of Diseases, Injuries and Risk Factors Study 2016 found alcohol to
10 be the 7th leading global risk factor for deaths and disability-adjusted life-years; and
11
12 Whereas, Alcohol consumption is a recognized modifiable risk factor for several common types
13 of cancer, including liver, esophageal, oropharyngeal, laryngeal, breast and colon³; and
14
15 Whereas, Between 2006 and 2010, the Centers for Disease Control and Prevention reported
16 that 88,000 deaths⁴ were attributed to excessive alcohol consumption in the United States; and
17
18 Whereas, Although the greatest risk of cancer is associated with high levels of consumption
19 even light alcohol consumption is associated with a higher risk of esophageal, oral cavity and
20 pharyngeal, and breast cancers with relative risks of 1.26, 1.13, and 1.04 respectively⁵; and
21
22 Whereas, The World Cancer Research Fund/American Institute for Cancer Research estimates
23 a 5% increase in premenopausal breast cancer and a 9% increase in postmenopausal breast
24 cancer per 10 grams of ethanol consumed per day⁶; and
25
26 Whereas, Consumption of alcohol, without the development of alcoholism or alcohol
27 dependence, is an underappreciated cause of cancer; and
28
29 Whereas, Many people engage in excessive drinking without recognition of the risk factors it
30 poses to health, including increased risk of developing cancer; and

¹ GBD 2016 Alcohol Collaborators. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. 392(10152);22-28: 2018.

² Burton R, Sheron N. No level of alcohol consumption improves health. *Lancet*. 392(10152);22-28: 2018.

³ LoConte, Noelle et al. Alcohol and Cancer: A Statement of the American Society of Clinical Oncology. *J Clin Onc* 2018 36:1, 83-93.

⁴ Centers for Disease Control and Prevention: Alcohol use and health. <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

⁵ Bagnardi V, Rota M, Botteri E, et al: Alcohol consumption and site-specific cancer risk: A comprehensive dose-response meta-analysis. *Br J Cancer* 112:580-593, 2015.

⁶ World Cancer Research Fund: Diet, nutrition, physical activity and breast cancer. http://www.wcrf.org/sites/default/files/CUP_BREAST_REPORT_2017_WEB.pdf

1 Whereas, The International Agency for Research on Cancer classified alcohol as a group 1
2 carcinogen⁷; therefore be it

3
4 RESOLVED, That our American Medical Association recognize alcohol consumption as well as
5 alcohol abuse as a modifiable risk factor for cancer (New HOD Policy); and be it further

6
7 RESOLVED, That our AMA support research and educational efforts about the connection
8 between alcohol consumption and several types of cancer (New HOD Policy); and be it further

9
10 RESOLVED, That our AMA amend policy H-425.993, "Health Promotion and Disease
11 Prevention," by addition and deletion to read as follows:

12
13 "...(4) actively supports appropriate scientific, educational and legislative activities
14 that have as their goals: (a) prevention of smoking and its associated health
15 hazards; (b) avoidance of alcohol consumption, abuse, particularly that which leads
16 to illness, cancer, and accidental injury and death; (c) reduction of death and injury
17 from vehicular and other accidents; and (d) encouragement of healthful lifestyles
18 and personal living habits..." (Modify Current HOD Policy)

Fiscal Note: Minimal - less than \$1,000.

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RELEVANT AMA POLICY

Health Promotion and Disease Prevention H-425.993

The AMA (1) reaffirms its current policy pertaining to the health hazards of tobacco, alcohol, accidental injuries, unhealthy lifestyles, and all forms of preventable illness; (2) advocates intensified leadership to promote better health through prevention; (3) believes that preventable illness is a major deterrent to good health and accounts for a major portion of our country's total health care expenditures; (4) actively supports appropriate scientific, educational and legislative activities that have as their goals: (a) prevention of smoking and its associated health hazards; (b) avoidance of alcohol abuse, particularly that which leads to accidental injury and death; (c) reduction of death and injury from vehicular and other accidents; and (d) encouragement of healthful lifestyles and personal living habits; and (5) strongly emphasizes the important opportunity for savings in health care expenditures through prevention.

Citation: Presidential Address, A-82; Reaffirmed: CLRPD Rep. A, I-92; Reaffirmed: CSA Rep. 8, A-03; Reaffirmed: BOT Rep. 8, I-06; Reaffirmed: CSAPH Rep. 01, A-16

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

⁷ World Cancer Research Fund/American Institute for Cancer Research: Food, Nutrition, Physical Activity, and the Prevention of Cancer: A Global Perspective. Washington, DC, American Institute for Cancer Research, 2007.

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 I-01; Modified: CSAPH Rep. 1, A-11; Reaffirmation: A-18