



**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

Beginning to Tackle Alcohol Use for Cancer Prevention in the U.S.

Thursday, April 25th, 2024

2 – 3pm ET

Welcome from The National Behavioral Health Network Team!



Alex Hurst, MHA
He, him
Project Director



Samantha Sawyer, MPH
She, hers
Project Manager



Coyle Shropshire
She, hers
Project Coordinator

Housekeeping

This session is being recorded.

For audio access, participants can either dial into the conference line or listen through your computer speakers.

You can participate and ask questions by typing them into the chat box or by raising your hand and unmuting.

Closed captioning can be accessed by turning on the closed captioning feature on the zoom dashboard.



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A Note on Language & Terminology

- **Mental wellbeing:** Thriving regardless of a mental health or substance use challenge, which may also be referred to as a mental illness, substance use disorder, addiction or dependence.
- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDS).*
- ***All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**



National Behavioral Health Network for Tobacco & Cancer Control

Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*

Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenges

1 of 9 CDC National Networks dedicated to eliminating cancer and tobacco disparities in priority populations

Visit www.BHtheChange.org and Join Today!

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Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations

State Strategy Sessions

Communities of Practice



Smoking Cessation
Leadership Center



University of California
San Francisco

**National Behavioral
Health Network**

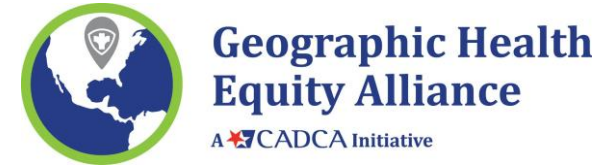
for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
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Networking2Save: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations



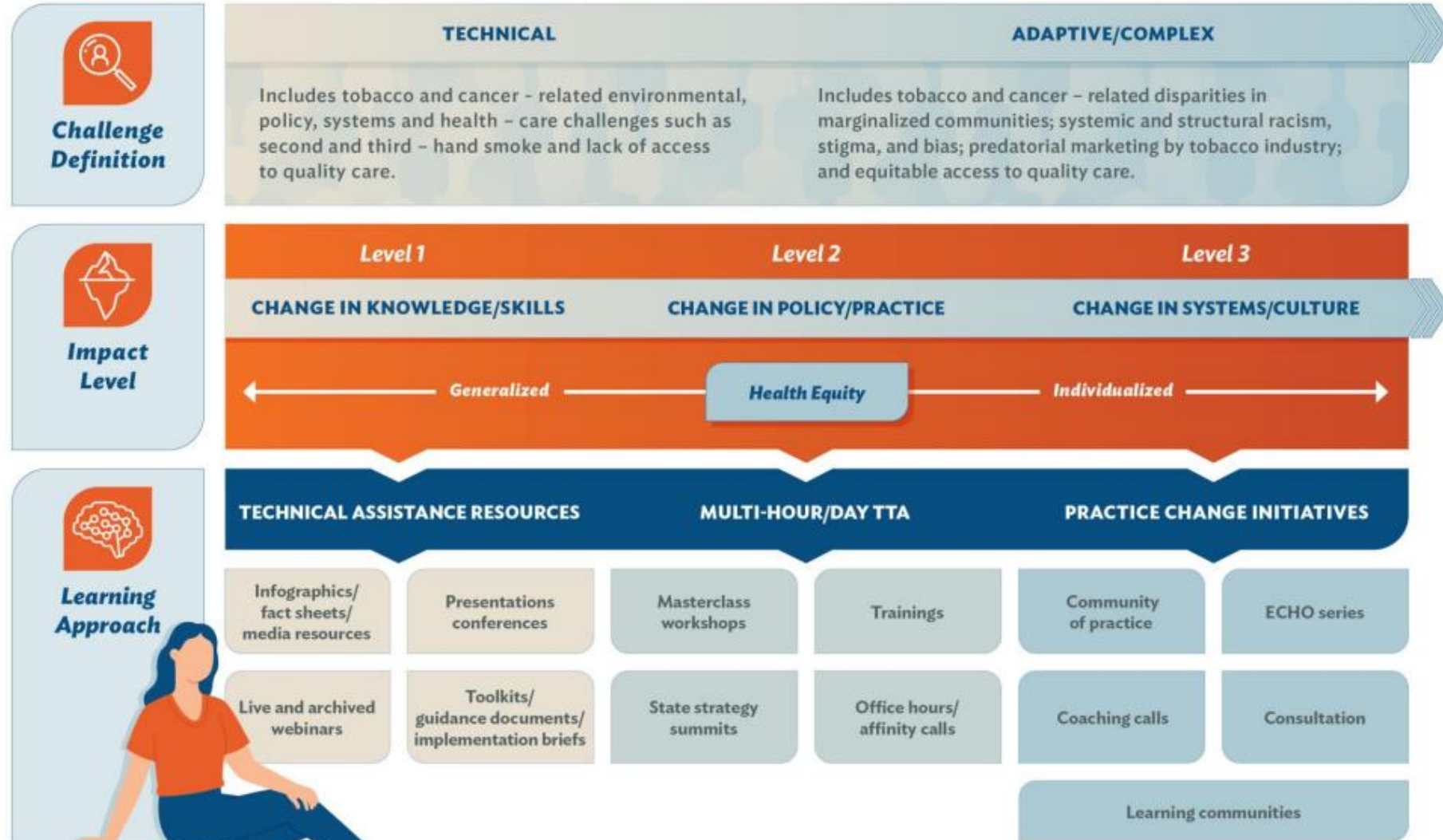
- A consortium of nine national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.
- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.
- <https://www.cdc.gov/cancer/ncccp/related-programs/Networking2Save.htm>



National Behavioral Health Network for Tobacco & Cancer Control



Learning Agenda





National Behavioral Health Network

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR MENTAL WELLBEING

NBHN's learning agenda is designed to advance health equity by...



Reducing tobacco and cancer-related disparities among individuals with mental health and substance use challenges.



Improving the availability, accessibility and effectiveness for cessation and counseling services.



Addressing social and political that influence tobacco and cancer-related disparities.



Implementing trauma-informed resilience oriented prevention and cessation messaging.



Strengthening, supporting and mobilizing communities and partnerships in tobacco control, cancer control and behavioral health.



Building a diverse and skilled tobacco control, cancer control and behavioral health workforce.



Building, championing, and implementing tobacco-free policies, plans and laws.



Promoting the improvement, access, and utilization of tobacco, cancer and behavioral health data.

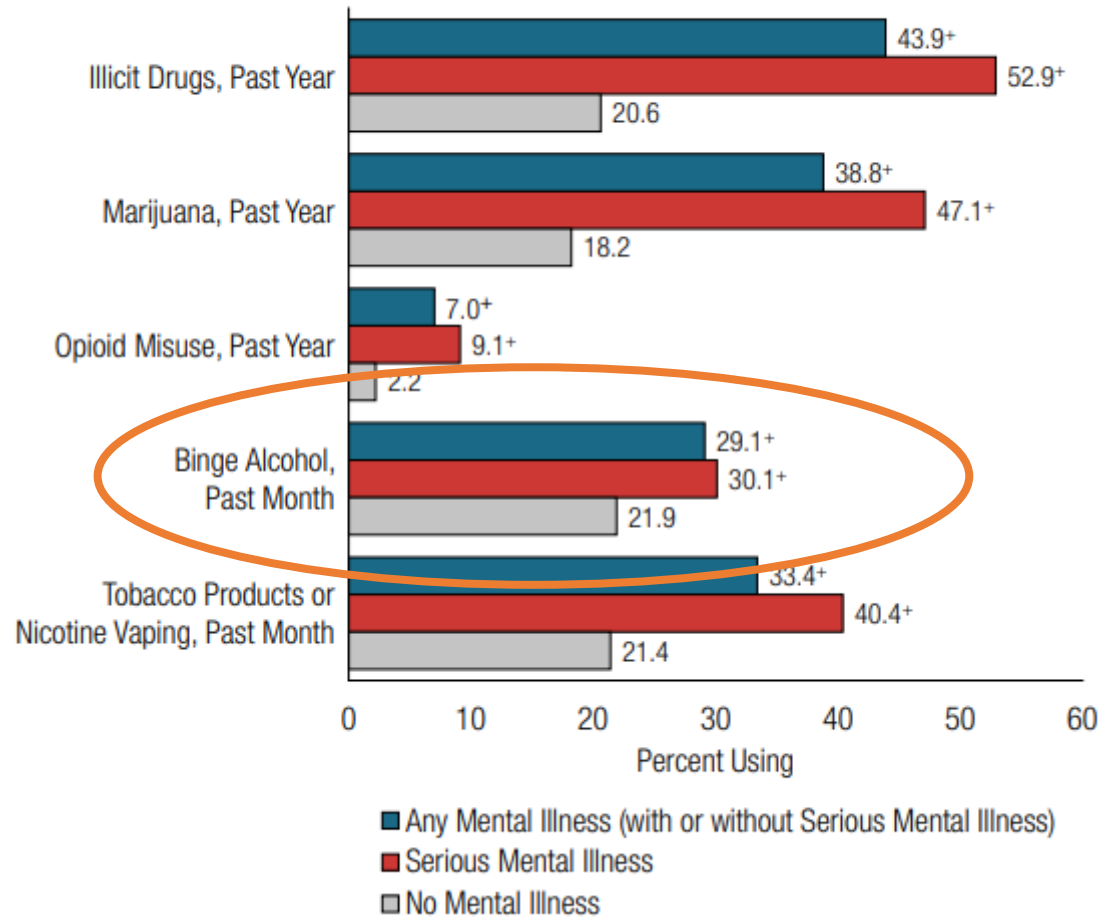
Cancer and Mental Wellbeing

- Nearly **1 in 4** adults had some form of mental illness in the past year
- About **1 in 6** people aged 12 and older had a substance use disorder (SUD) in the past year
- Mental health challenges affect patients in all stages of cancer as a pre-existing condition, during treatment, while in remission, and often throughout the life course. While the evidence is still limited some research shows that:
 - Up to **50%** of patients with terminal cancer have been diagnosed with **at least one psychiatric disorder**.
 - Individuals with a mental illness may **develop cancer at 2.6 times a higher rate** on account of late-stage diagnosis and inadequate treatment and screenings.
 - Individuals with mental health challenges are **30%** more likely to die from cancer



Alcohol Use and Mental Illness Status

Figure 47. Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Past Year Mental Illness Status, 2022



Beginning to Tackle Alcohol Use for Cancer Prevention in the U.S.

April 25, 2024



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion



Presenters



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Poll Question 1

What best describes your professional organization?

- A. National non-governmental organization
- B. Community or state non-governmental organization
- C. State or local government
- D. Federal government
- E. Academic
- F. Other

Overview

- **Background on alcohol and cancer**
- **Estimating deaths from alcohol-attributable cancers**
- **Prevention resources**
- **State spotlight: Integrating alcohol into cancer prevention**
- **Q & A**

Learning Objectives

- 1. Explain new data on alcohol-attributable cancer deaths in the United States.**
- 2. Describe how alcohol-attributable cancer deaths in the United States could be reduced if adults followed the Dietary Guidelines for Americans on alcohol.**
- 3. Explain proven strategies to support people in drinking less alcohol.**
- 4. Describe ways that states can integrate alcohol and cancer prevention initiatives.**

Poll Question 2

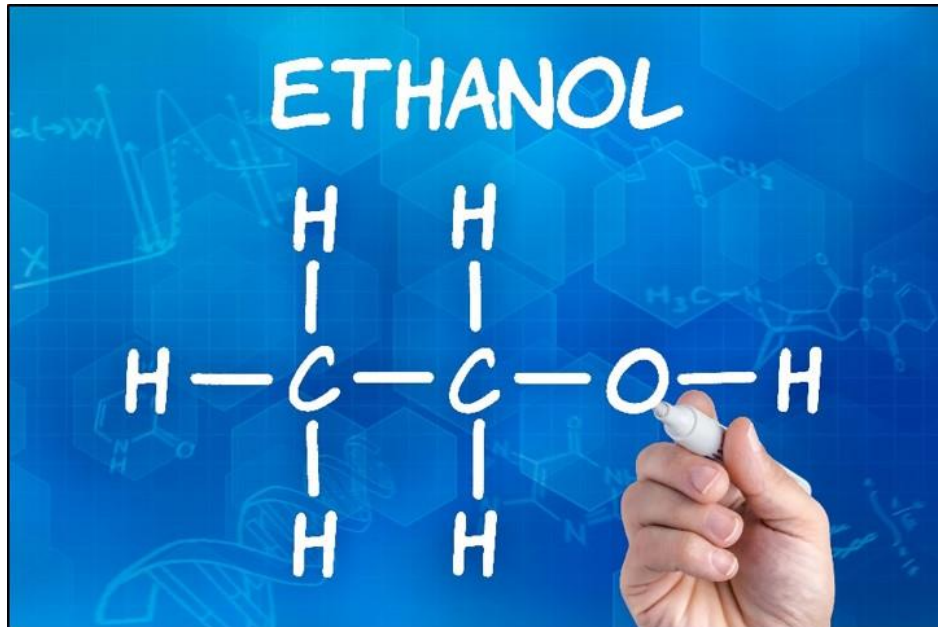
How would you describe your work related to alcohol and cancer?

- A. Not working on alcohol for cancer prevention.
- B. Considering working on alcohol for cancer prevention.
- C. Doing some work on alcohol for cancer prevention.
- D. Doing a lot of work on alcohol for cancer prevention.

BACKGROUND

RELATIONSHIP BETWEEN ALCOHOL AND CANCER AND STUDY BACKGROUND

Drinking alcohol can cause cancer



- When you drink alcohol, your body breaks it down into acetaldehyde.
- Acetaldehyde damages your DNA and prevents your body from repairing the damage.
- DNA controls cell normal growth and function.
- Damage to DNA can lead to a cell growing out of control and creating a cancer tumor.

Cancer risk increases with number of drinks



- Dose-response trend
- Differs by cancer type
- Risk starts at **less than 1 drink** a day for female breast, mouth, throat, esophagus

Source:

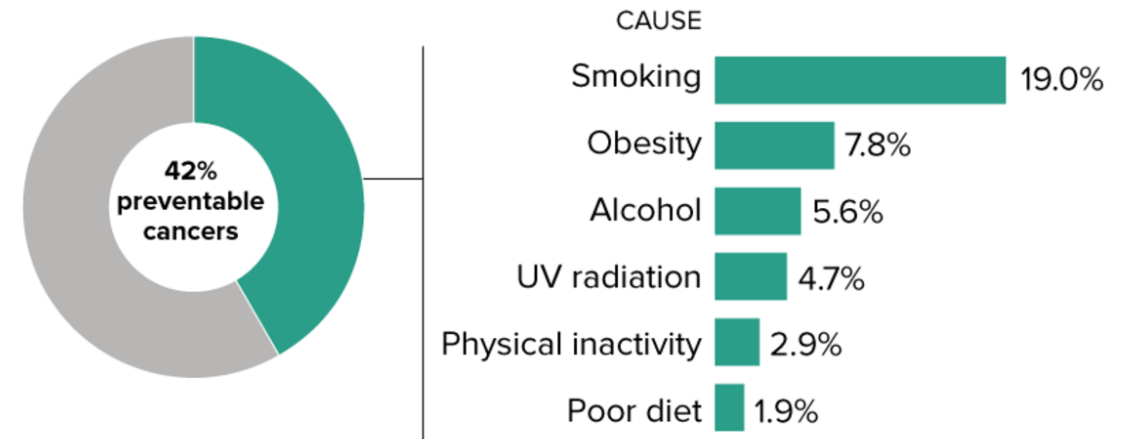
[Bagnardi V et al \(2015\) Br J Cancer](#)

Alcohol use is a key cause of cancer in the US

- Alcohol use is the third leading preventable cause of cancer, after smoking and excess body weight
- Between 5 to 6 out of every 100 cases of cancer in the US are caused by alcohol use
- Among people who have cancer, alcohol can interfere with cancer treatment

Preventable cancers

More than 40 percent of cancer cases can be prevented, the American Cancer Society finds in a new report. Here is a list of things people can change and their share of cancer cases:



Source: [Islami F et al \(2018\) CA Cancer J Clin](#); graphic from NBC [news story](#).

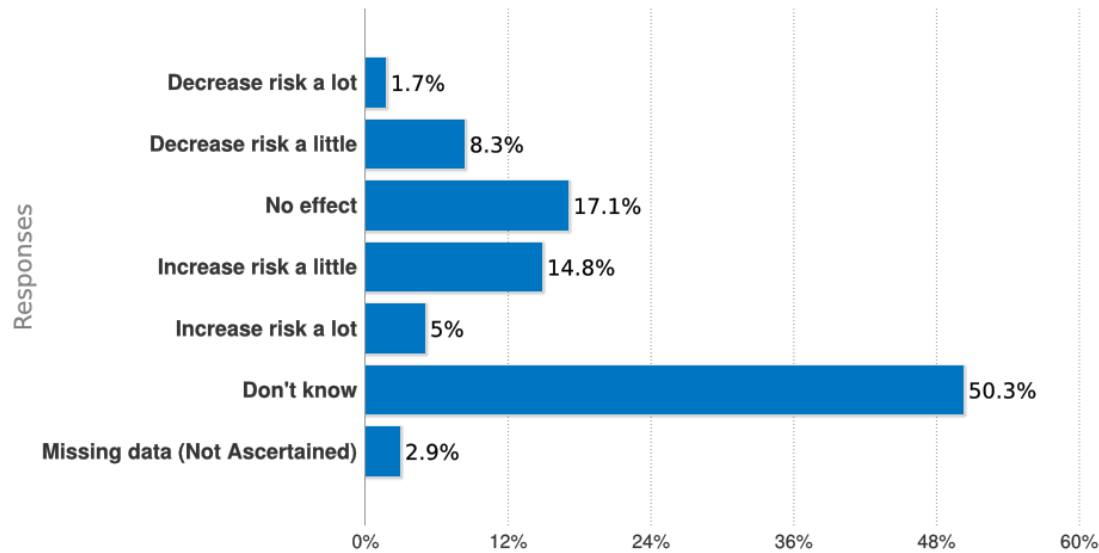
Sometimes people feel fatalistic about cancer. Behavioral health practitioners could help people see that they do have some control over cancer risk by choosing behaviors that are better for their health.

Many people don't know alcohol causes cancer

And their health care providers don't tell them about it

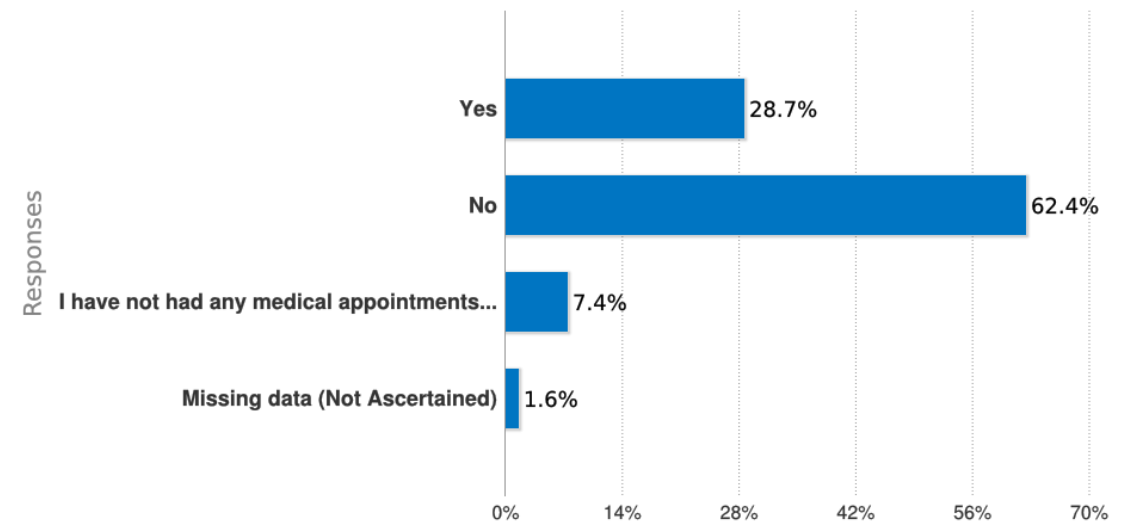
In your opinion, how much does drinking wine affect the risk of getting cancer?

HINTS 5 Cycle 4 (2020), Estimated Population

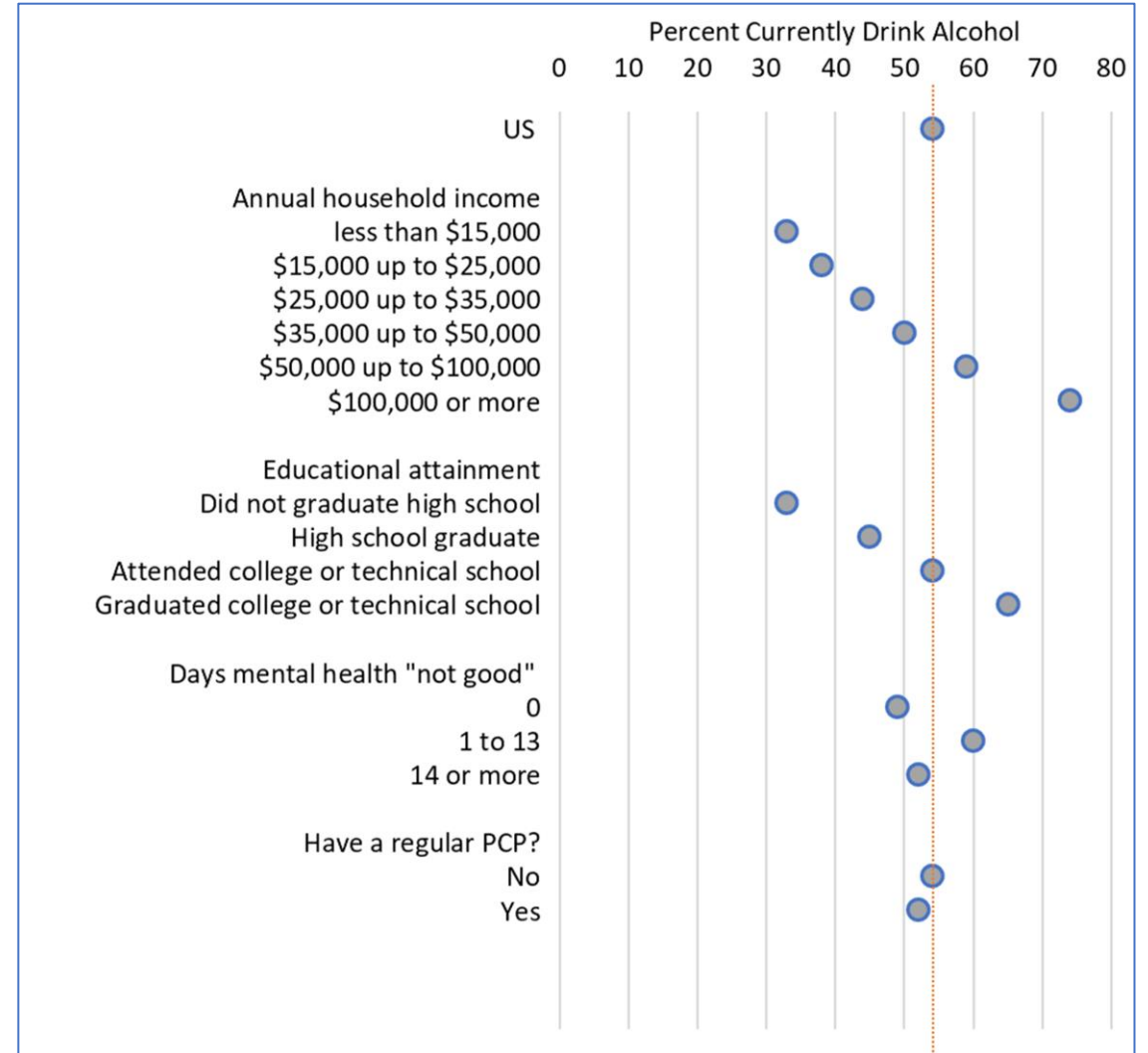
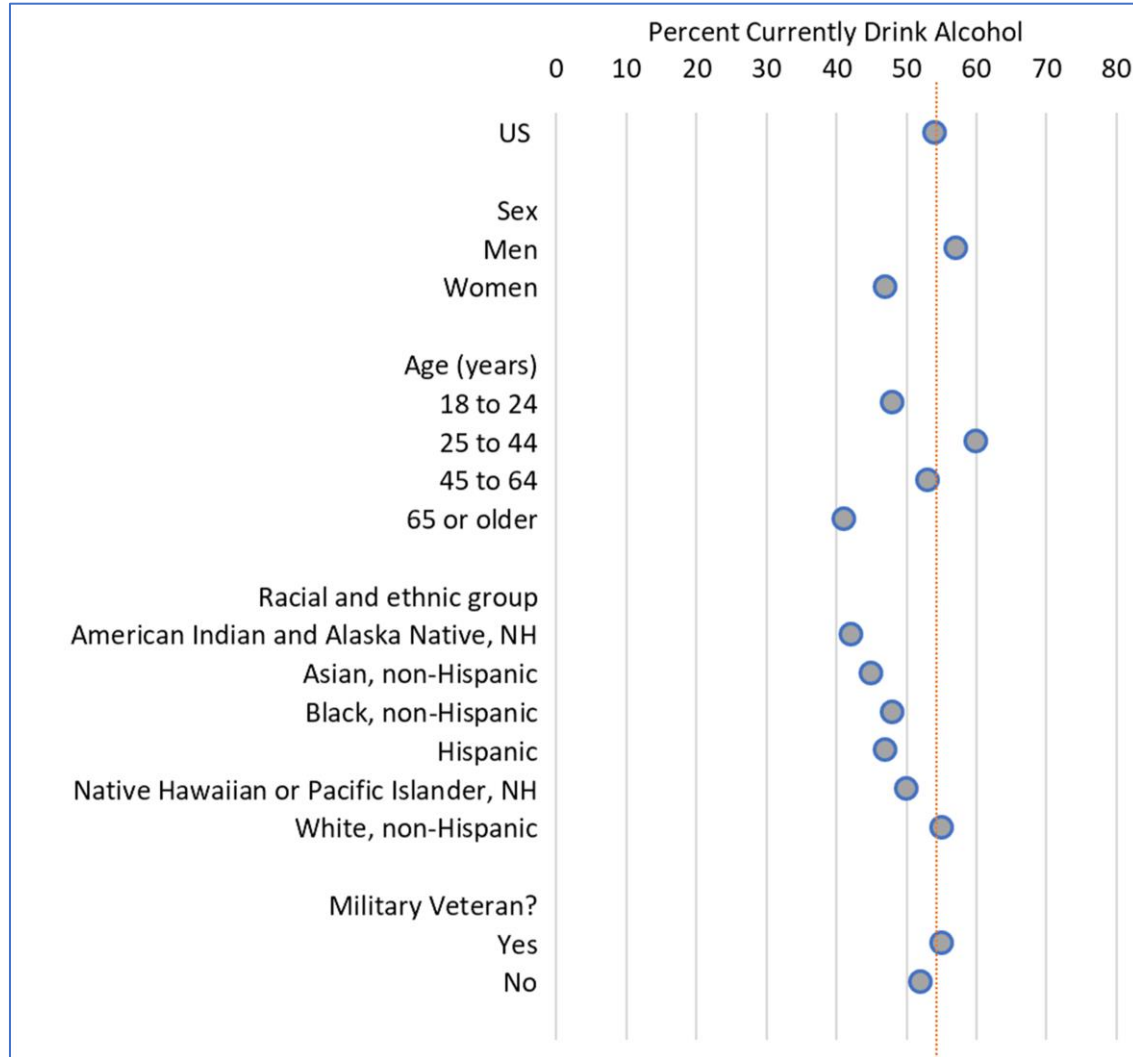


In the past 12 months, have you heard about the negative health consequences of drinking alcohol from doctors or other health care professionals?

HINTS 6 (2022), Estimated Population



Alcohol use is common



Source: [2021 Behavioral Risk Factor Surveillance System](#)

Dietary Guidelines for Americans

Dietary Guidelines for Americans on Alcohol

Limit intake to:



1 drink or less
in a day for women

2 drinks or less
in a day for men

or nondrinking

Don't drink at all if you:

- Are pregnant or might be pregnant.
- Are younger than age 21.
- Have certain medical conditions or are taking certain medications that can interact with alcohol.
- Are recovering from an alcohol use disorder or are unable to control the amount you drink.

www.cdc.gov/alcohol



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Behavioral health practitioners can help communities make the healthier choice the default choice.

Source: [Dietary Guidelines for Americans](#)

Study Questions

- How many alcohol-attributable cancer deaths occurred each year during 2020-2021?
- How many cancer deaths could have been prevented if men and women followed the Dietary Guidelines for Americans?

Source: [Esser et al \(2024\) AJPM](#)

Reducing Alcohol Use to Prevent Cancer Deaths: Estimated Effects Among U.S. Adults



Marissa B. Esser, PhD, MPH,¹ Adam Sherk, PhD,² Yong Liu, MD,¹ S. Jane Henley, MSPH,³
Timothy S. Naimi, MD, MPH²

Introduction: The Dietary Guidelines for Americans, 2020–2025 recommends non-drinking or no more than 2 drinks for men or 1 drink for women in a day. However, even at lower levels, alcohol use increases the risk for certain cancers. This study estimated mean annual alcohol-attributable cancer deaths and the number of cancer deaths that could potentially be prevented if all U.S. adults who drank in excess of the Dietary Guidelines had instead consumed alcohol to correspond with typical consumption of those who drink within the recommended limits.

Methods: Among U.S. residents aged ≥ 20 years, mean annual alcohol-attributable cancer deaths during 2020–2021 that could have been prevented with hypothetical reductions in alcohol use were estimated. Mean daily alcohol consumption prevalence estimates from the 2020–2021 Behavioral Risk Factor Surveillance System, adjusted to per capita alcohol sales to address underreporting of drinking, were applied to relative risks to calculate population-attributable fractions for cancers that can occur from drinking alcohol. Analyses were conducted during February–April 2023.

Results: In the U.S., an estimated 20,216 cancer deaths were alcohol-attributable/year during 2020–2021 (men: 14,562 [72.0%]; women: 5,654 [28.0%]). Approximately 16,800 deaths (83% of alcohol-attributable cancer deaths, 2.8% of all cancer deaths) could have been prevented/year if adults who drank alcohol in excess of the Dietary Guidelines had instead reduced their consumption to ≤ 2 drinks/day for men or ≤ 1 drink/day for women. Approximately 650 additional deaths could have been prevented annually if men consumed 1 drink/day, instead of 2.

Conclusions: Implementing evidence-based alcohol policies (e.g., increasing alcohol taxes, regulating alcohol outlet density) to decrease drinking could reduce alcohol-attributable cancers, complementing clinical interventions.

Am J Prev Med 2024;66(4):725–729. Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

INTRODUCTION

In the U.S., cancer is the second leading cause of death¹ and alcohol is the third leading modifiable cancer risk factor.² To reduce the risk of alcohol-related harms, the Dietary Guidelines for Americans, 2020–2025 (referred to as Dietary Guidelines) recommends non-drinking or consuming no more than 2 drinks for men, or 1 drink for women, on drinking days.³ The Dietary Guidelines indicate that cancer risk also increases at even lower alcohol use levels, consistent with recent World Health Organization (WHO) and Canadian guidance.^{4,5} This study estimated the number

of alcohol-attributable cancer deaths in the U.S., and the cancer deaths that potentially could be prevented if adults who drink alcohol in excess of the Dietary

From the ¹Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia; ²Canadian Institute for Substance Use Research, University of Victoria, Victoria, British Columbia, Canada; and ³Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Georgia

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0749-3797/\$36.00

<https://doi.org/10.1016/j.amepre.2023.12.003>

Population Alcohol-Attributable Fraction (AAF) and Alcohol-Attributable Deaths

The **population attributable fraction** estimates what *percentage* of cancers in a group were caused by a risk factor.

Alcohol-associated cancers are types linked to alcohol use.

Alcohol-attributable deaths measures the *number* of deaths probably caused by alcohol use.

$$AAF_{ANY} = \frac{\sum_{i=1}^3 P_i (RR_i - 1)}{1 + \sum_{i=1}^3 P_i (RR_i - 1)}$$



Study Methods: Alcohol-Attributable Cancer Deaths

1. **Relative risks (RR)** for associations between alcohol use and cancer mortality (by low, medium, or high level of average daily alcohol use, cancer type, sex). The relative risks for the cancer are from a *systematic review* by Bagnardi and colleagues.
2. **Prevalence (P)** of alcohol use (by average daily alcohol consumption level and sex) from the *2020-2021 Behavioral Risk Factor Surveillance System*, adjusted to per capita alcohol sales to address underreporting of drinking.
3. Average annual alcohol-associated **cancer deaths** among U.S. residents aged ≥ 20 years occurring in 2020-2021 (by cancer type and sex) from the *National Vital Statistics System*.

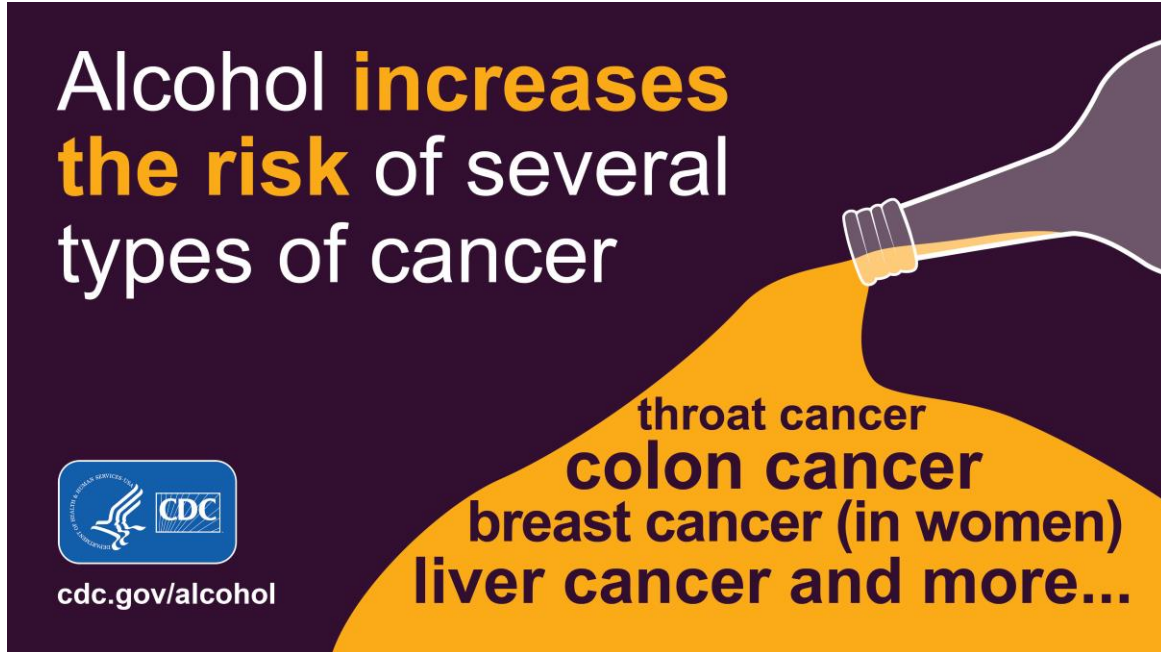
ESTIMATING DEATHS FROM ALCOHOL-ATTRIBUTABLE CANCERS

Alcohol Related Disease Impact (ARDI) Application



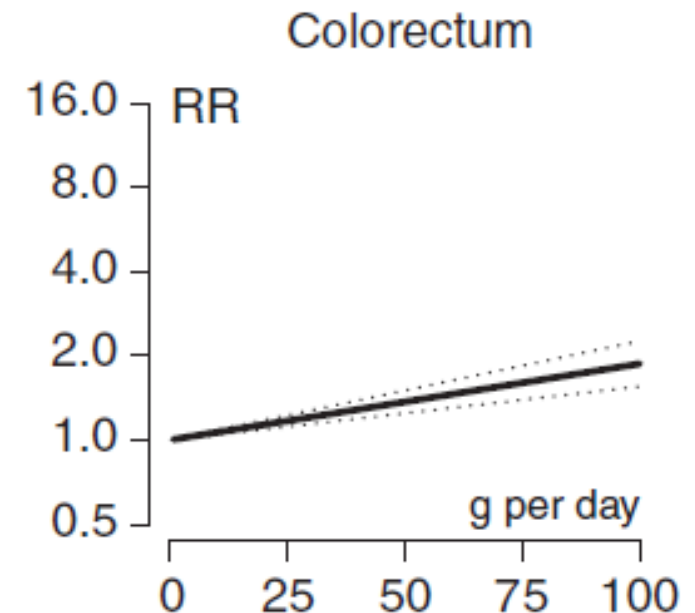
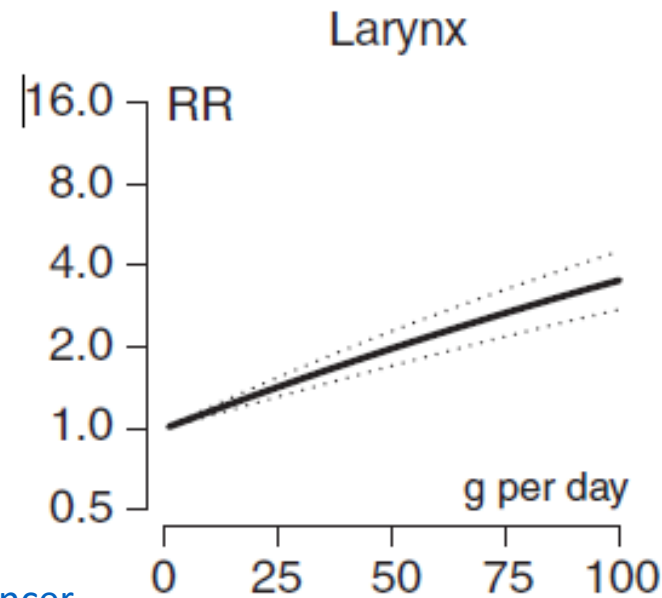
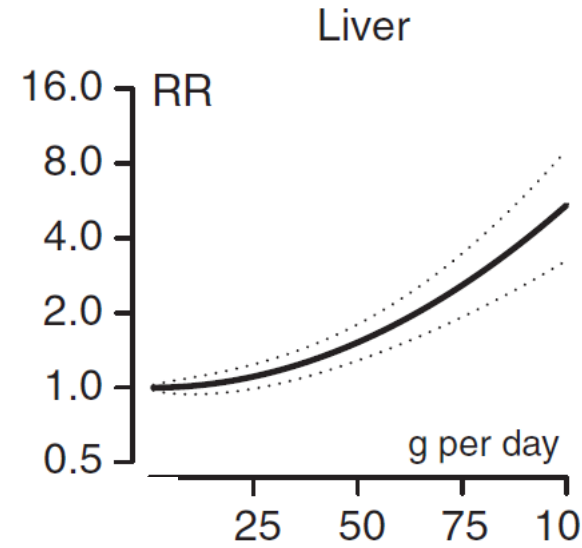
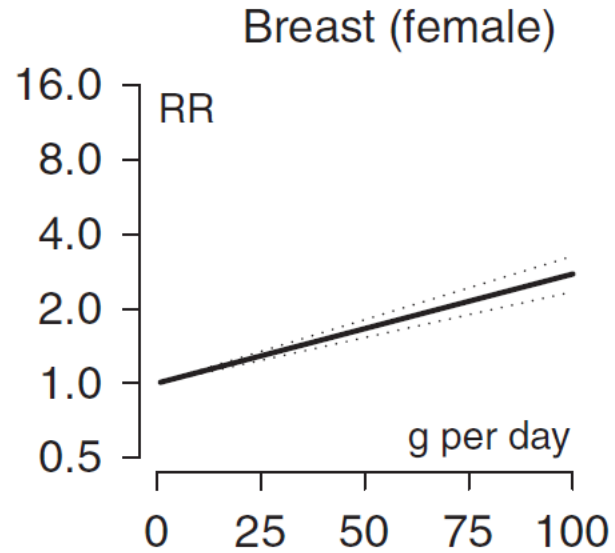
- Free online tool (www.cdc.gov/ardi)
- Assess contribution of alcohol consumption to 58 alcohol-related chronic and acute conditions
 - Several types of cancer (deaths among people 20 and older)
- Data on annual averages during 2020–2021
- Death data from the National Vital Statistics System
 - Underlying cause of death, defined using International Classification of Disease (ICD)-10 codes

Alcohol-Related Cancers in ARDI



- **Breast (females only)**
- **Colorectal**
- **Esophageal:** only squamous cell carcinoma is related to alcohol use
- **Laryngeal**
- **Liver**
- **Oral cavity and pharyngeal**
- ***Pancreatic:** deaths estimated among people consuming high alcohol levels only
- **Prostate (males only)**
- ***Stomach:** deaths estimated among people consuming high alcohol levels only*

Risk of Dying from Alcohol-Attributable Cancers Generally Increases as Average Daily Drinking Increases: Examples



RECENT ESTIMATES OF CANCER DEATHS FROM ALCOHOL USE

Esser MB, Sherk A, Liu Y, Henley SJ, Naimi TS. Reducing alcohol use to prevent cancer deaths: Estimated effects among U.S. adults. *Am J Prev Med.* 2024;66(4):725–729. doi: [10.1016/j.amepre.2023.12.003](https://doi.org/10.1016/j.amepre.2023.12.003)

Prevalence of Average Daily Alcohol Use

- 2 parts of the study: **Actual prevalence** versus **scenarios** to estimate effects on cancer deaths if U.S. adults had consumed less alcohol to correspond with Dietary Guidelines limits (low volume)

Alcohol consumption level	Actual prevalence (%), 2020-2021		Scenarios 1 and 2: hypothetical prevalence (%)	
	Men	Women	Men	Women
Non-drinking	41.9	52.6	41.9	52.6
Low volume consumption	36.8	29.6	58.1	47.4
Medium volume consumption	10.2	7.7	0.0	0.0
High volume consumption	11.1	10.1	0.0	0.0

We Lost More Than 20,000 People Per Year to Cancer from Alcohol Use During 2020-2021

- **72% were males**
 - **Males: ~14,560 deaths per year**
 - **Females: ~5,650 deaths per year**
- **3.4% of all cancer deaths**

Over **20,000** people die from **alcohol-related cancers** each year in the U.S.*

*During 2020-2021.



The graphic features a dark purple background. In the foreground, there are yellow silhouettes of a diverse group of people standing in a line. Behind them, there are several purple silhouettes of various alcohol bottles, including wine, beer, and liquor bottles.

 cdc.gov/alcohol

Percentage of Cancer Deaths Attributable to Alcohol among U.S. Adults, 2020-2021

Cancer site	Males		Females	
	Average total number of cancer deaths per year	% attributable to alcohol	Average total number of cancer deaths per year	% attributable to alcohol
Breast (females only)	NA	NA	42,292	8.1
Colorectal	26,035	11.9	22,510	2.3
Esophageal	3,208	46.0	1,675	26.0
Laryngeal	3,089	25.1	757	11.5
Liver	18,707	25.3	9,724	4.4
Oral cavity and pharyngeal	6,644	44.7	2,623	20.7
Pancreatic	24,595	2.2	22,743	1.0
Prostate (males only)	32,636	2.4	NA	NA
Stomach	6,625	2.6	4,434	0.4

Alcohol Has a Large Contribution to Deaths from Liver Cancer and Breast Cancer

- **Greatest number of deaths**
 - **Overall: Liver cancer**
 - **26% of alcohol-attributable cancer deaths**
 - **Males: Liver cancer**
 - **33% of alcohol-attributable cancer deaths among males**
 - **Females: Breast cancer**
 - **60% of alcohol-attributable cancer deaths among females**

Cancer site	Estimated Cancer Deaths from Actual Alcohol Use in the U.S.		
	Overall	Men	Women
Breast (females only)	3,410	NA	3,410
Colorectal	3,615	3,107	508
Esophageal	1,912	1,477	435
Laryngeal	862	775	87
Liver	5,171	4,740	430
Oral cavity and pharyngeal	3,510	2,968	542
Pancreatic	765	542	223
Prostate (males only)	778	778	NA
Stomach	194	175	19
Total	20,216	14,562	5,654

Far Fewer Alcohol-Attributable Cancer Deaths Per Year If Adults' Hypothetically Reduced Alcohol Use to Within the Dietary Guidelines Recommended Limits

- **16,800 fewer estimated cancer deaths per year:**
 - ~20,200 to ~3,400 alcohol-attributable cancer deaths
 - **83% reduction**
- **Might have prevented 2.8% of U.S. cancer deaths**

Dietary Guidelines for Americans on Alcohol

Limit intake to:

1 drink or less in a day for women

2 drinks or less in a day for men

or nondrinking

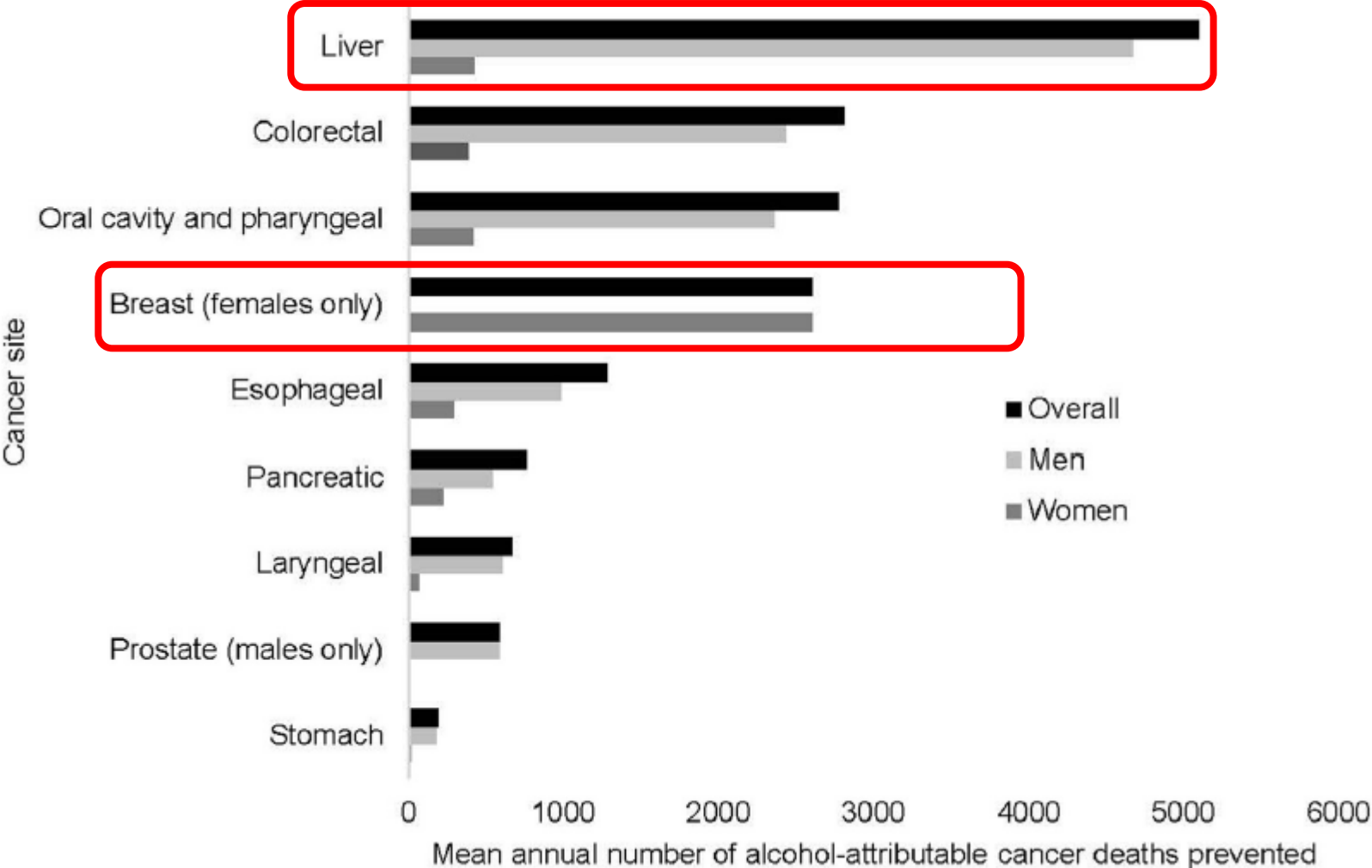
Don't drink at all if you:

- Are pregnant or might be pregnant.
- Are younger than age 21.
- Have certain medical conditions or are taking certain medications that can interact with alcohol.
- Are recovering from an alcohol use disorder or are unable to control the amount you drink.

www.cdc.gov/alcohol

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Types of Alcohol-Attributable Cancer Deaths That Could Have Been Prevented if Adults Limited Their Drinking



Further Reductions in Estimated Cancer Deaths If Males Hypothetically Drank 1 Drink Per Day Instead of 2 Drinks Per Day

- **More than 650 additional cancer deaths could have been prevented each year if men consumed 1 drink or less per day**
- **Total of 17,400 fewer alcohol-attributable cancer deaths compared to actual estimates**
 - **86% reduction**
- **Still more than 2,700 alcohol-attributable cancer deaths per year if all adults who drink had 1 drink or less per day**

Limitations

- **Measure of average daily alcohol use in this study but Dietary Guidelines recommendations on alcohol pertain to drinks in a day**
- **Assessed hypothetical population-level reductions in drinking**
 - **May not reflect an individual's change in cancer risk.**
- **Prevalence of alcohol use data does not include adults who did not drink 30 days prior to the survey**
 - **Some people who formerly drank may have died from alcohol-attributable cancer**

PREVENTION RESOURCES

Deaths from Excessive Alcohol Use are a Leading Preventable Cause of Death



Effective Alcohol Policies to Support People in Drinking Less

Check out the status of these effective strategies for your state in CDC's updated state factsheets on addressing excessive alcohol use:

<https://www.cdc.gov/alcohol/fact-sheets/states/excessive-alcohol-use-united-states.html>






WHAT WORKS











Excessive Alcohol Consumption

Evidence-Based Interventions for Your Community

CPSTF FINDINGS ON EXCESSIVE ALCOHOL CONSUMPTION

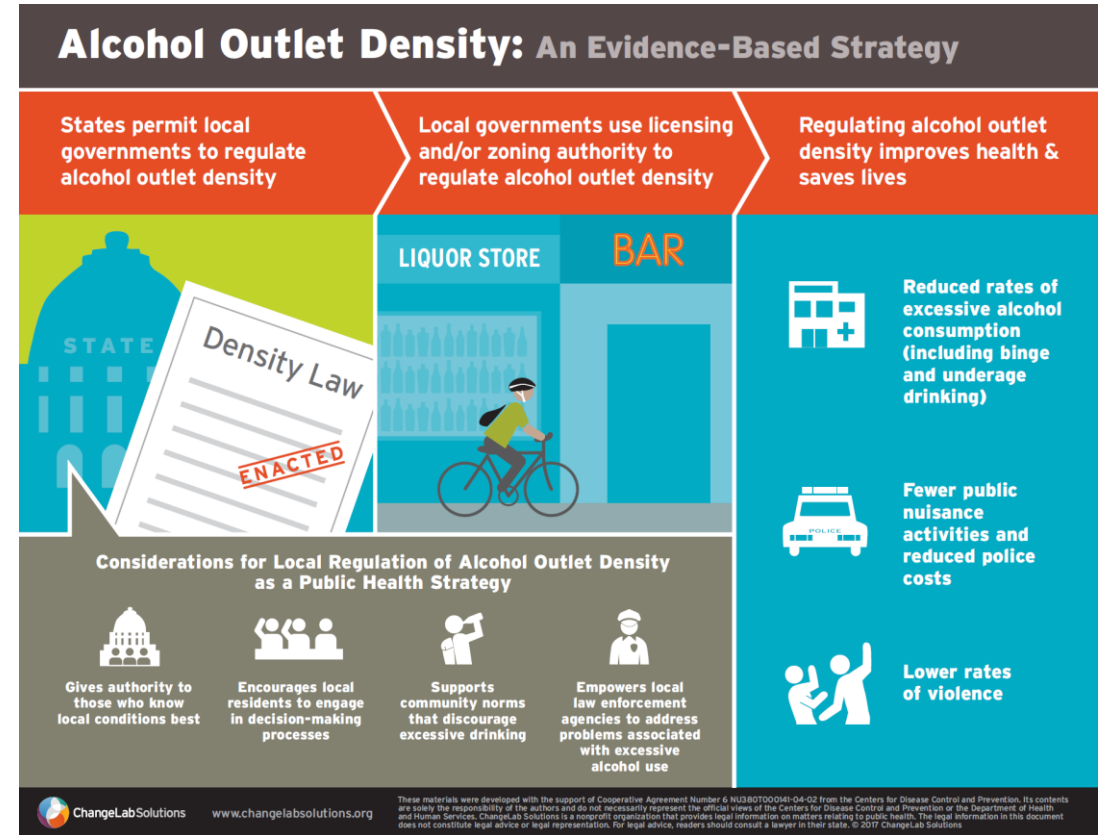
The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to prevent excessive alcohol consumption. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for CPSTF Findings:  Recommended  Insufficient Evidence  Recommended Against (See detailed description on the next page)

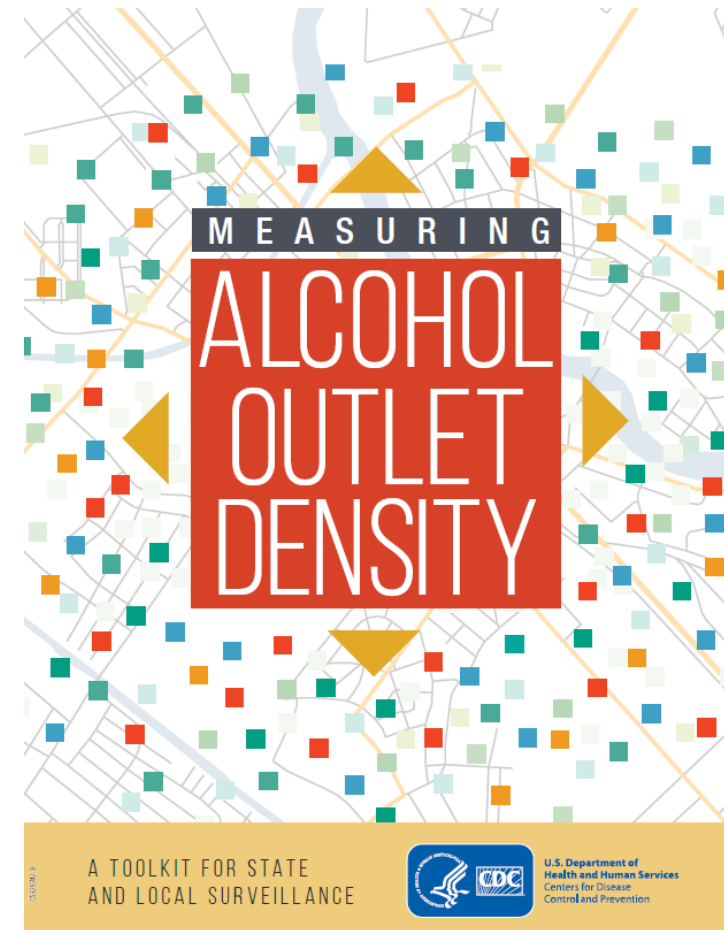
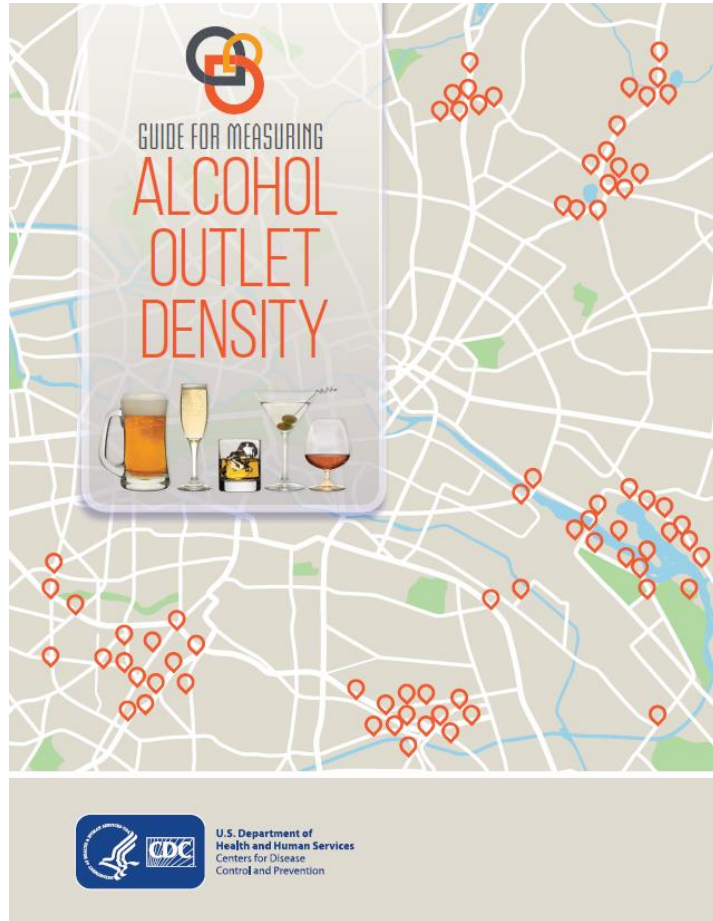
INTERVENTION	CPSTF FINDING
Dram shop liability	
Electronic screening and brief intervention (e-SBI)	
Enhanced enforcement of laws prohibiting sales to minors	
Increasing alcohol taxes	
Maintaining limits on days of sale	
Maintaining limits on hours of sale	
Overservice law enforcement initiatives	
Privatization of retail alcohol sales	
Regulation of alcohol outlet density	
Responsible beverage service training	

Regulating Alcohol Outlet Density

- Concentration of retail alcohol outlets within an area or per population
- Higher alcohol outlet density is associated with increased alcohol consumption and related harms (e.g., violent crime)
- Improve the built environment



CDC Resources for Measuring Alcohol Outlet Density



www.cdc.gov/alcohol/fact-sheets/outlet-density-measurement.htm

Increasing Alcohol Prices: Alcohol Taxes

- **Supports economic development**
 - Reduction in value of alcohol excise taxes due to inflation
 - Relative prices of alcoholic beverages have become cheaper during the past 30 years.
- **Increased revenue can be used for other community services and initiatives**



Increasing Alcohol Prices: Minimum Pricing Policies

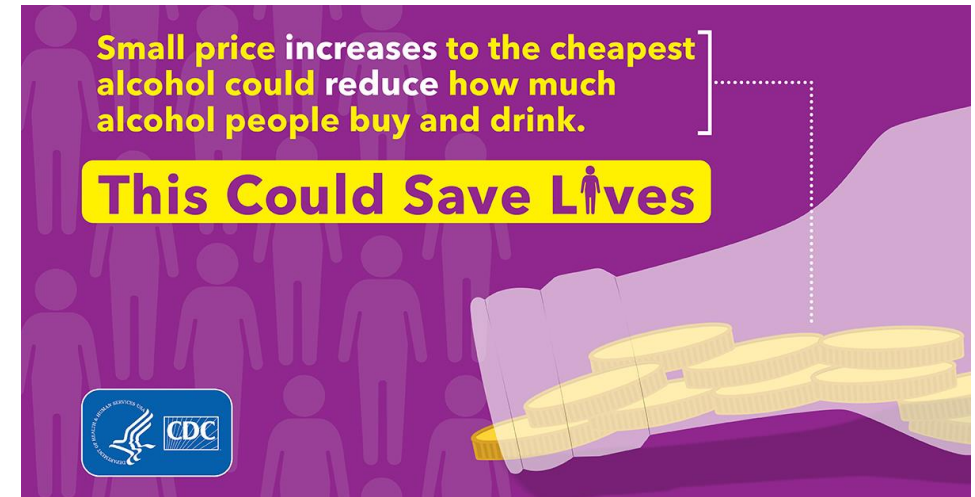
- Can be used with increasing alcohol taxes
- Set prices that alcohol cannot be sold beneath.
- Small increases in the prices of the cheapest alcohol
- Can reduce alcohol-related harm and save lives
- Recommended by World Health Organization



LeClercq et al. 2021 J Stud Alcohol Drugs; Bertin et al. 2024 J Stud Alcohol Drugs;
<https://www.cdc.gov/alcohol/fact-sheets/minimum-pricing-policies.html>

Minimum Pricing Policies: Hypothetical Michigan Example

- **Small price increases – by just 13 cents per standard drink – to the cheapest 8% of liquors sold in a state could:**
 - Lower alcohol consumption per capita in the state by nearly 4%
 - Prevent about 350 deaths in a year, or 8% of the deaths from alcohol use in the state



Learn more at:

<https://www.cdc.gov/alcohol/fact-sheets/minimum-pricing-policies.html>

Drink Less, Be Your Best

Be a ~~memory~~
around for your
grandchildren.

DRINK LESS
BE YOUR BEST

You keep making
excuses progress.

DRINK LESS
BE YOUR BEST


You made your
daughter feel
~~terrified~~ *terrific*
at her 7th
birthday party.

DRINK LESS
BE YOUR BEST


Choosing to drink less alcohol can help you be your best. Being your best could mean enjoying your golden years in good health, feeling refreshed and rested each morning, or having more money in the bank. Drink less and be your best.

Do you want to
spend your golden
years living with
disease?


DRINK LESS
BE YOUR BEST




Check your drinking.
This quick assessment can help.



Make a plan.
Learn how you can drink less.



Why less is more.
Drinking too much impacts your mind, your body, your life.



Get the facts.
How much is too much?

Your son was
~~embarrassed~~ *excited*
when you arrived for
his baseball game.

DRINK LESS
BE YOUR BEST

www.cdc.gov/drinklessbeyourbest

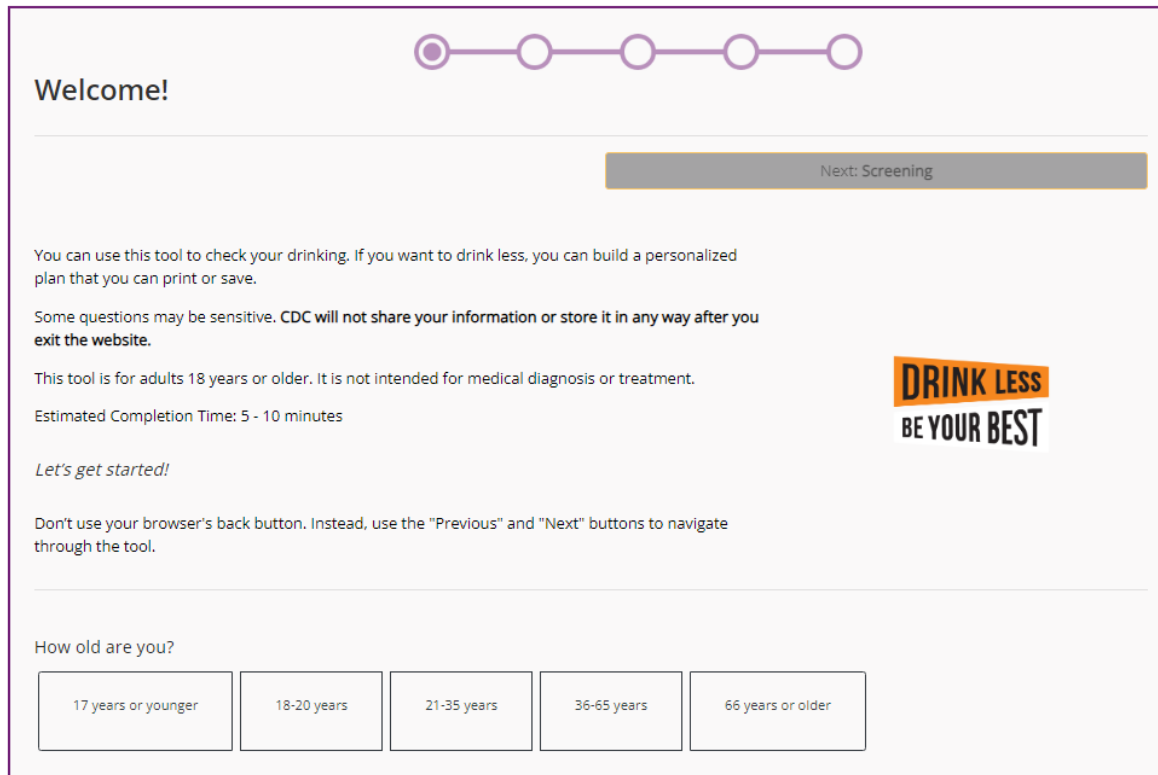
Campaign materials available at:
https://www.cdc.gov/alcohol/onlinemediacommunications_campaign.htm

Tool for Adults to Check Their Alcohol Use and Make a Plan for Drinking Less

Check Your Drinking. Make a Plan to Drink Less.

[Español \(Spanish\)](#) [Print](#)

Alcohol Use Screening Tool



Welcome!

Next: Screening

You can use this tool to check your drinking. If you want to drink less, you can build a personalized plan that you can print or save.

Some questions may be sensitive. CDC will not share your information or store it in any way after you exit the website.

This tool is for adults 18 years or older. It is not intended for medical diagnosis or treatment.

Estimated Completion Time: 5 - 10 minutes

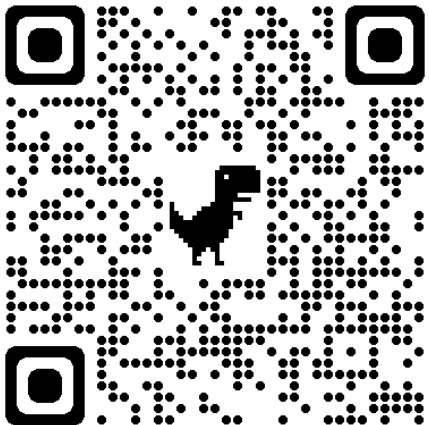
**DRINK LESS
BE YOUR BEST**

Let's get started!

Don't use your browser's back button. Instead, use the "Previous" and "Next" buttons to navigate through the tool.

How old are you?

17 years or younger 18-20 years 21-35 years 36-65 years 66 years or older



www.cdc.gov/alcohol/checkyourdrinking

Now available in Spanish:

<https://www.cdc.gov/alcohol/evalua-su-consumo-de-alcohol/index.html>

Coming this year:
Free mobile app

More Routine Use of Screening and Brief Intervention

- **Clinicians can talk with patients about their alcohol use and provide brief intervention to those who drink excessively**
- **Recommended by U.S. Preventive Services Task Force for clinical settings**
- **Not regularly used, even for patients who report excessive alcohol use**

Check Out Your State Data on Cancer Deaths from Alcohol Use

- Visit www.cdc.gov/ardi
- 3 types of reports:
 - Alcohol-attributable deaths
 - Years of potential life lost
 - Alcohol-attributable fractions
- “Any Alcohol Use” view for cancer estimates



ARDI is an online application that provides national and state estimates of alcohol-related health impacts, including deaths and years of potential life lost (YPLL). These estimates are calculated for 58 acute and chronic causes using alcohol-attributable fractions, and are reported by age and sex.

To begin, choose your report and location below.

View Reports

Choose Report

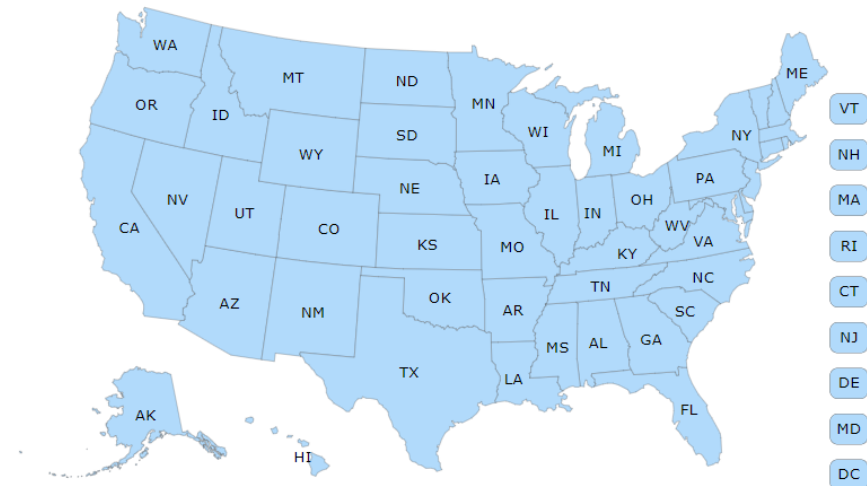
Alcohol-Attributable Deaths
Estimates the total number of deaths attributable to alcohol.

Years of Potential Life Lost
Estimates the total number of alcohol-related years of life lost resulting from premature death.

Alcohol-Attributable Fractions
Estimates the proportion of deaths from various causes that are attributable to alcohol.

Choose Location

[United States](#) or



Change view: Excessive Alcohol Use | [Any Alcohol Use](#)

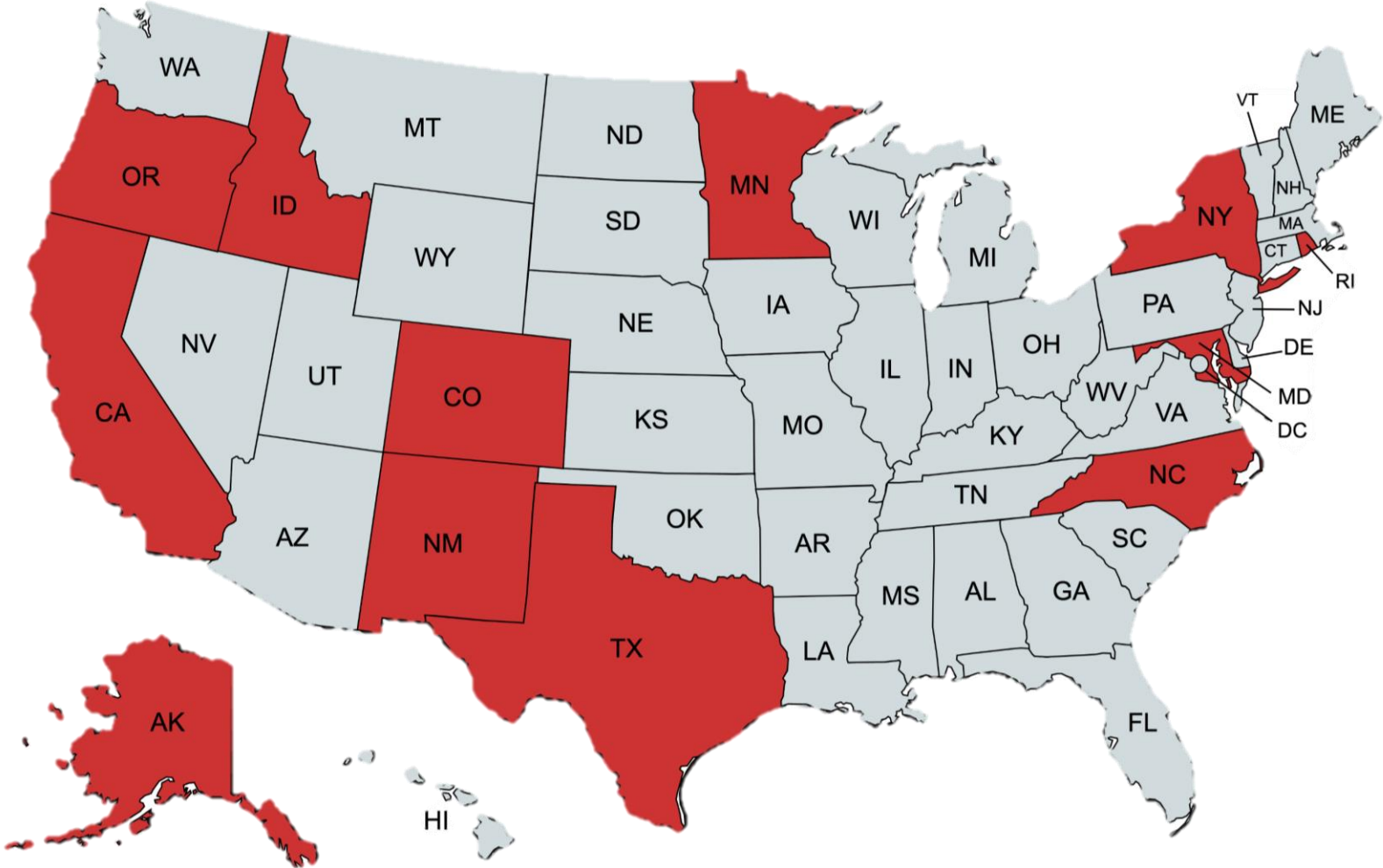
Example State Cancer Death Estimates in ARDI: Texas

- **View data:**
 - Overall
 - By sex
 - By age groups
 - Specific cancers
 - Total cancers attributable to alcohol

Cancer	Total	Males	Females
Cancer, breast (females only)	214	x	214
Cancer, colorectal	291	260	31
Cancer, esophageal *	120	96	24
Cancer, laryngeal	61	-	-
Cancer, liver	490	458	32
Cancer, oral cavity and pharyngeal	265	231	34
Cancer, pancreatic †	49	37	12
Cancer, prostate (males only)	51	51	x
Cancer, stomach †	16	-	-
Cancer Total	1,556	1,204	353

www.cdc.gov/ardi

Partnering with CDC-funded States in Alcohol Epidemiology and Prevention



DP21-2105: Promoting Population Health through Increased Capacity in Alcohol Epidemiology & the Prevention of Excessive Alcohol Use

Conclusion

- **Opportunities to advance prevention efforts with effective alcohol policies, which could help:**
 - Reduce alcohol-related cancers
 - Improve health and well-being
 - Address other harms to young people, family, friends, communities
- **Multi-sector collaborations**
- **Integrate alcohol and cancer prevention efforts**
- **Subscribe to “Alcohol Program” announcements: [CDC News & Updates | CDC](#)**
- **CDC-wide website relaunch: many revised URLs coming soon**

Contact Information

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Acknowledgement of Coauthors

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- **Adam Sherk**
- **Yong Liu**
- **Jane Henley**



Integrating Alcohol Use Findings and Strategies into Cancer Prevention: New York State

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Overview of activities

Alcohol Surveillance and Epidemiology Program

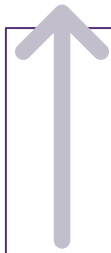
Strategic Planning

Data Dissemination

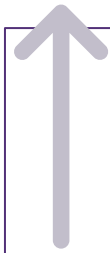
Future Planning for Cancer Initiatives/Cancer Prevention

NYS Alcohol Surveillance and Epidemiology Program

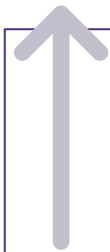
Starting in 2021, NY was funded by CDC Cooperative Agreement: Promoting Population Health through Increased Capacity in Alcohol Epidemiology & the Prevention of Excessive Alcohol Use to:



Number of Essential Public Health Services provided related to excessive alcohol use



Number of partners engaging with the state on the prevention of excessive alcohol use



Dissemination of surveillance data on excessive alcohol use

NYS Alcohol Surveillance and Epidemiology Program

Organizational Structure and Staffing

- Program initially placed within Cancer Surveillance, Evaluation and Research Team
- Hired 1 FTE Alcohol Epidemiologist
- 8-10% time of Comprehensive Cancer and Breast and Cervical Cancer Evaluators (2 staff), Bureau leadership (2 staff)

Activities: Alcohol Surveillance and Epidemiology Program

Alcohol Surveillance and Epi Workgroup in partnership w. NY Office of Addiction Services and Supports

Self-Assessment of Essential Public Health Services related to excessive alcohol use

Data Request Process: AlcoholData@health.ny.gov

Alcohol data source inventory and gaps analysis

Alcohol data web page: https://www.health.ny.gov/prevention/alcohol_surveillance/

New indicators in our surveys, new reports on excessive alcohol use, including cancer content

Developing Alcohol Indicator Dashboard (in process)

Slide deck: Making the Case for Evidence Based Alcohol Policies

Strategic Planning:

New York State Comprehensive Cancer Control Plan

2016: NYS Comprehensive Cancer Control Program and NYS Cancer Consortium drafted the third iteration (2018-2023) of the state's cancer control plan

- Identified excessive alcohol use as an emerging priority area.

Review of evidence-base related to alcohol and cancer

- Cited findings from the International Agency for Research on Cancer, the American Cancer Society Guidelines for Diet and Physical Activity for Cancer Prevention, and the Centers for Disease Control and Prevention

Review of alcohol content in other state cancer plans to identify potential strategies

- Alcohol was mentioned along a continuum of 'not cited at all' to 8 states having a standalone section with specific measurable objectives and strategies.
- Decision that alcohol use should be its own standalone section with measurable objectives and strategies.

Incorporated Alcohol Use into the State's Strategic Cancer Plan

- For 2018-2023, identified statewide surveillance indicators for use in establishing a baseline and to track progress on the prevalence of excessive alcohol use in adults and adolescents.

Adults

- By 2023, decrease the percentage of adults who report **binge drinking** within the past 30 days by at least 10% (Baseline, 2014: 15% [BRFSS])
- By 2023, decrease the percentage of adults who report **heavy drinking** within the past 30 days by at least 10% (Baseline, 2014: 4.9% [BRFSS])

Adolescents

- By 2023, decrease the percentage of youth in grades 9-12 reporting the **use of alcohol on at least one day** within the past 30 days by at least 10% (Baseline, 2015: 29.7% [YRBS])

- Currently in the process of writing the 2024-2029 plan which will continue to include measurable objectives and strategies for action.

Data Dissemination via Dashboard: Alcohol-Related Data Available to Cancer Control Partners across the State

2018-2023 New York State Comprehensive Cancer Control Plan Dashboard

Cancer Dashboard About This Site 2018-2023 NYS Comprehensive Cancer Control Plan







[Home](#) [Data Table](#) [Data Trends](#)

Filter by State Status on: [i](#)

CCC Plan 2023 Objective: Met Not Met [i](#)

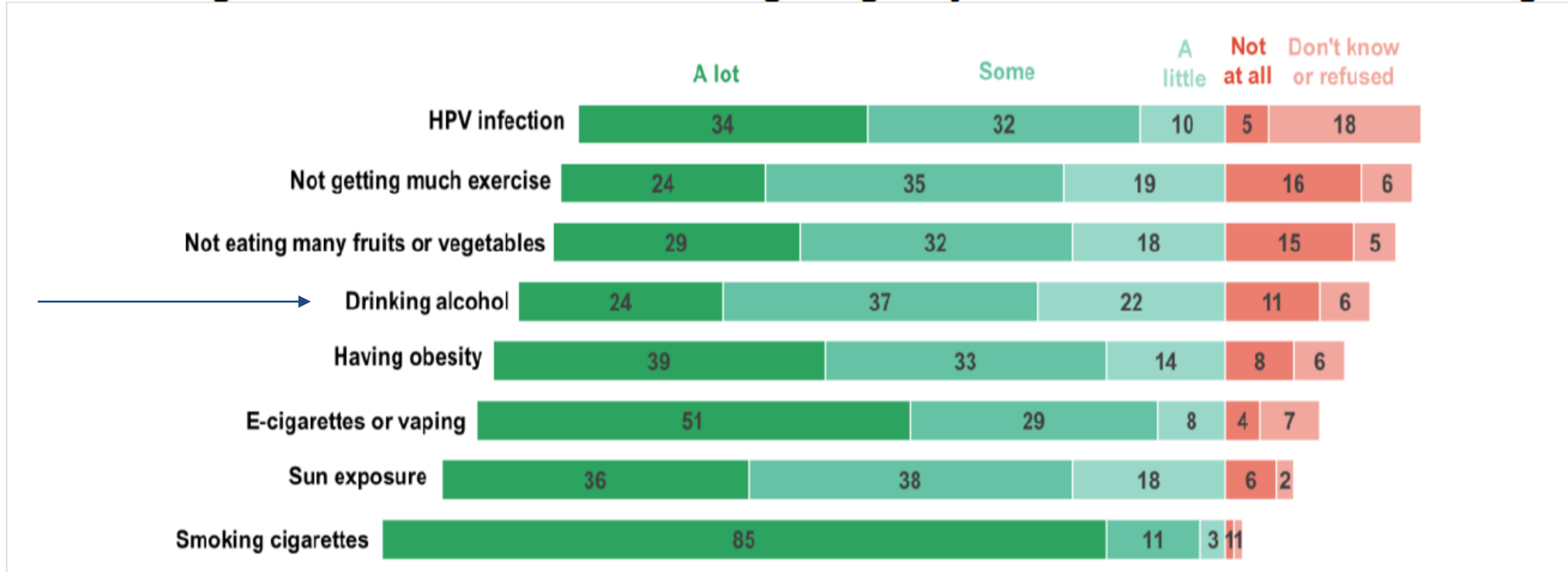
Indicator Performance: Improved No Change Worsened [i](#)

Health Promotion and Cancer Prevention

Cancer Indicator	Baseline	2023 Objective and Most Recent Data i	Annual Progress Status i
1 - Adults who binge drink	17.5 Percent (2016)	NYS  14.9 2023 Objective  15.8	<input type="checkbox"/> NO SIGNIFICANT CHANGE
2 - Adults who heavy drink	5.9 Percent (2016)	NYS  5.5 2023 Objective  5.3	<input checked="" type="checkbox"/> SIGNIFICANTLY IMPROVED
3 - Adolescents (grades 9-12) who use alcohol	29.7 Percent (2015)	NYS  20.0 2023 Objective  26.7	<input type="checkbox"/> NO SIGNIFICANT CHANGE

Data Dissemination via Report: Addressing Gaps in New Yorker's Cancer Prevention Knowledge

Figure 1. Percentage of Adults Who Think the Following Things May Affect a Person's Chances of Getting Cancer



Data Source: NYS Division of Chronic Disease Prevention Chronic Disease Public Opinion Poll 2022

Data Dissemination via Report: Alcohol-Related Cancers in New York State

Dept of Health colleagues drafted the first-ever report detailing incidence of alcohol-associated cancers in New York State (NYS) for 2016-2020 (coming soon).

- Overview of alcohol consumption and cancer risk
- Number of residents diagnosed with an alcohol-associated cancer, overall and by site
- Alcohol-associated cancer incidence by cancer site and sex, NY vs. United States
- Alcohol-associated cancer incidence by cancer site and sex, by NYS region (NYC vs. NYS excluding NYC)
- Trends in alcohol-associated cancer incidence 2005-2020 by race and ethnicity
- Alcohol-associated cancer incidence rates by county

Future Planning: Incorporating Alcohol Use Prevention in Cancer Initiatives

- Department is in the early stages of exploring opportunities and available resources to build alcohol prevention into cancer prevention programming

Ongoing work: Sharing information in support of alcohol prevention policy

Chronic Disease Public Opinion Poll

NYS Alcohol Policy Summit: Local Action, Statewide Solutions

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NYSDOH Bureau of Cancer Prevention and Control

NYSDOH Bureau of Cancer Epidemiology

NYS Office of Addiction Services and Supports

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Please take our post-session survey!

For any questions, please email BHTheChange@thenationalcouncil.org