

New study shows alcohol rehabilitation and abstinence reduce the risk of alcohol-associated cancers

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A new study conducted by the Centre for Addiction and Mental Health (CAMH), Bordeaux University Hospital, France, and the World Health

Organization (WHO) has found that individuals with alcohol dependence who undergo rehabilitation or maintain abstinence experience significantly lower risks of developing alcohol-associated cancers.

The work, titled "Alcohol rehabilitation and [cancer risk](#): a nationwide hospital cohort study in France," was [published](#) in *The Lancet Public Health*. It is the largest of its kind to provide evidence linking reduced or ceased [alcohol consumption](#) with a decreased risk of all alcohol-attributable cancers, including liver and throat cancers.

The nationwide retrospective cohort study analyzed data from more than 24 million French people, all adults residing in mainland France who were discharged from hospitals between 2018 and 2021. The researchers found that approximately 6.3% of men and 1.6% of women had alcohol dependence, which was strongly associated with alcohol-related cancers, including hepatocellular carcinoma, as well as oral, pharyngeal, laryngeal, esophageal, and colorectal cancers, in both sexes.

However, they also found that rehabilitation [treatment](#) or a history of abstinence was associated with significantly lower risks compared to alcohol dependence without rehabilitation or abstinence. This underscores the effectiveness of treatment strategies in combating cancer risks linked to alcohol dependence.

"The research team was surprised at the size of the treatment intervention effect in this study," said Dr. Jürgen Rehm, Senior Scientist at the Institute for Mental Health Policy Research at CAMH and study senior author. "We know that alcohol dependence treatment is effective but the fact that alcohol dependence is a recurring chronic disease often makes us forget that even with relapses, periods of abstinence markedly lower the risk of cancer and other chronic diseases."

"From a public health standpoint, our research highlights a troubling

neglect of alcohol dependence compared to other health issues in both research and policy priorities," added article lead author Dr. Michaël Schwarzingier, Department of Prevention, Bordeaux University Hospital. "Consequently, [alcohol dependence](#) continues to be a silent, dreadful epidemic in countries like France, especially given that the average annual level of adult alcohol consumption per capita in that country is over twice the global average."

"We know that the most effective strategy to reduce the overall burden of harms caused by alcohol, including [cancer](#), lies in population-level policies—measures such as increasing alcohol taxes, reducing alcohol availability, and banning or restricting marketing," said Dr. Carina Ferreira-Borges, Regional Adviser for Alcohol, Illicit drugs, and Prison health at the WHO Regional Office for Europe.

"However, this study underscores that health systems' response is also crucial to lower the risk of alcohol-attributable cancers. By increasing accessibility to interventions for alcohol rehabilitation and abstinence in health care settings, countries could do more to protect their populations from preventable cancers. Therefore, we call for more investment in rehabilitation and treatment services for alcohol use disorders in France and other countries of the WHO European Region."

Dr. Leslie Buckley, CAMH's Chief of Addictions, emphasized the importance of these findings, stating, "In Canada, hospital admissions for alcohol-attributable conditions out-number those for [myocardial infarction](#), and many people face barriers to evidence-based treatment due to stigma and challenges in accessing in-person care. Innovations such as virtual treatment can overcome these challenges by offering flexible and cost-effective solutions. At CAMH, we're conducting research on fully-virtual day programs which show promise, replicating traditional rehabilitation intensity without the need for physical infrastructure, thereby reducing wait times and making treatment more

accessible.

"Given the imminent increase in alcohol availability in Ontario, it's essential to consider how we could make treatment more accessible. Increased alcohol availability is likely to lead to higher consumption, and accessible virtual treatment programs could address this by providing crucial care to those in need."

More information: Alcohol rehabilitation and cancer risk: a nationwide hospital cohort study in France, *The Lancet Public Health* (2024). [www.thelancet.com/journals/lan ... \(24\)00124-5/fulltext](https://www.thelancet.com/journals/lan.../S2468-2667(24)00124-5/fulltext)

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