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Re: Interagency Coordination Committee on the Prevention of Underage Drinking Request for Information on Alcohol Intake and Health methodology to assess relationship between alcohol intake and related health conditions

Dear Administrator Delphin-Rittmon:

Consumer Federation of America appreciates the opportunity to comment on the Interagency Coordination Committee on the Prevention of Underage Drinking (ICCPUD's) planned methodology to assess the impact of alcohol consumption on health.¹ This review will provide a critical check on the alcohol industry's political interference in the Dietary Guidelines for Americans (DGAs) process, and on the lack of transparency, relevant expertise, or adequate controls on conflicts of interest that have characterized the alcohol health effects study at the National Academies of Sciences, Engineering, and Medicine (NASEM). CFA commends ICCPUD for disclosing its review methodology to the public and seeking public comment.² We encourage ICCPUD to maintain a high level of transparency in its review of the science, and a focus on communicating risk to consumers.

Background

Consumers deserve accurate, impartial information about alcohol's health effects. Delivering that information effectively will improve public health. According to the most recent sales data, while per capita alcohol consumption dipped slightly since last year's record increase, drinking rates

¹ The Interagency Coordination Committee on the Prevention of Underage Drinking Requests for Public Comments, 89 FR 55274 (published July 3, 2024). <https://www.federalregister.gov/documents/2024/07/03/2024-14650/the-interagency-coordination-committee-on-the-prevention-of-underage-drinking-requests-for-public>

² ICCPUD Study on Alcohol Intake and Health. Stop Underage Drinking. Retrieved August 1, 2024, from <https://www.stopalcoholabuse.gov/research-resources/alcohol-intake-health.aspx>

remain nearly 20% higher than the lows achieved in the mid-1990s.³ Excessive drinking alone kills an estimated 178,000 consumers each year, a 29% increase from just a few years ago, according to the Centers for Disease Control & Prevention.⁴

Alcohol harms have a disparate impact on historically marginalized and vulnerable populations. Pandemic lockdowns coincided with a spike in alcohol abuse particularly among women, Black consumers, and consumers with minor children in the home.⁵ Researchers estimate that among those who drink in excess of dietary guidelines, Black consumers are at a more than 100% increased risk of breast cancer, and nearly 300% increased risk of colorectal cancer, almost three times the elevated risk of white excessive drinkers.⁶ Alcohol companies expose Black and Hispanic youth to twice as much advertising,⁷ increasing the likelihood that they drink and that they drink excessively.⁸

Alcohol's resurgence over the past two decades partly reflects popular perceptions that “light” or “moderate” alcohol consumption confers cardiovascular and other health benefits. The alcohol industry has gone to great lengths to promote these ideas, including through its influence on the Dietary Guidelines for Americans.⁹ As recently as 2010, the Dietary Guidelines for Americans stated: “Strong evidence from observational studies has shown that moderate alcohol consumption is associated with a lower risk of cardiovascular disease.”¹⁰

In fact, the evidence was not so strong. As the Centers for Disease Control & Prevention explains on its website, “past studies may have masked the health benefits of not drinking at all” because they failed to distinguish “sick quitters” from lifetime abstainers, and to control for other confounders. The consensus among public health authorities today, including the 2020 Dietary Guidelines Advisory Committee (DGAC), is that less alcohol is better for health at any level of

³ Slater, M., & Alpert, H. (2024). Surveillance Report: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–2022 (#121). National Institute on Alcohol Abuse and Alcoholism. <https://www.niaaa.nih.gov/publications/surveillance-reports/surveillance121>

⁴ Facts About U.S. Deaths from Excessive Alcohol Use. (2024, July 8). U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/alcohol/facts-stats/index.html>

⁵ Barbosa, Carolina PhD; Dowd, William N. BA; Barnosky, Alan MA; Karriker-Jaffe, Katherine J. PhD. Alcohol Consumption During the First Year of the COVID-19 Pandemic in the United States: Results From a Nationally Representative Longitudinal Survey. *Journal of Addiction Medicine* 17(1);p e11-e17, 1/2 2023. | DOI: 10.1097/ADM.0000000000001018

⁶ Akinyemiju T, Wiener H, Pisu M. Cancer-related risk factors and incidence of major cancers by race, gender and region; analysis of the NIH-AARP diet and health study. *BMC Cancer*. Aug 30 2017;17(1):597. doi:10.1186/s12885-017-3557-1.

⁷ Martino, S. C., Collins, R. L., Kovalchik, S. A., Setodji, C. M., D’Amico, E. J., Becker, K., Shadel, W. G., & Tolpadi, A. A. (2018). Drinking It In: The Impact of Youth Exposure to Alcohol Advertising. RAND Corporation. https://www.rand.org/pubs/research_briefs/RB10015.html

⁸ Snyder, L. B., Milici, F. F., Slater, M., Sun, H., & Strizhakova, Y. (2006). Effects of alcohol advertising exposure on drinking among youth. *Archives of Pediatrics & Adolescent Medicine*, 160(1), 18–24. <https://doi.org/10.1001/archpedi.160.1.18>

⁹ Golder, S., Garry, J., & McCambridge, J. (2020). Declared funding and authorship by alcohol industry actors in the scientific literature: A bibliometric study. *European Journal of Public Health*, 30(6), 1193–1200. <https://doi.org/10.1093/eurpub/ckaa172>

¹⁰ U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2010). Dietary Guidelines for Americans, 2010 (7th ed.). Retrieved from <https://health.gov/sites/default/files/2020-01/DietaryGuidelines2010.pdf>

consumption, in large part because of alcohol cancer risk.¹¹ Researchers estimate that 4.1% of all cancer deaths in the United States—14,390 cancer deaths in 2019—are attributable to alcohol consumption, the third leading modifiable risk factor behind cigarette smoking and excess body weight.¹² Researchers have found that even “light” drinking—defined as less than a standard drink per day—is associated with an increased risk of several cancers, including breast cancer and esophageal cancer, and accounts for a significant proportion of alcohol-attributable cancers.¹³

Consistent with the science, the 2020 DGAC advised lowering the recommended daily limit for men from two drinks to one.¹⁴ However, the alcohol industry rallied sympathetic members of Congress to push back on the proposed change.¹⁵ The Trump Administration obliged, giving Americans the contradictory advice that “drinking less is better for health than drinking more,” and yet “limiting intakes to 2 drinks or less in a day for men” will “minimize risks associated with drinking.”¹⁶

Presumably seeking to improve upon this messaging, USDA and HHS officials requested that the ICCPUD undertake a study on alcohol consumption and health to inform the next iteration of the Dietary Guidelines in February of 2022. An approval process ensued, culminating in this notice. While the ICCPUD process was underway, the alcohol industry lobbied Congress to direct the NASEM to conduct a review of alcohol’s health effects, designating a \$1.3 million appropriation for that purpose in December of 2022.¹⁷ NASEM then announced a committee of experts specializing in a broad range of fields, many having little direct connection to alcohol and its health effects, which included two members who had received substantial research funding from the alcohol industry.¹⁸ These members stepped down following public outcry, but NASEM replaced them with one of their research colleagues who also has a history of receiving alcohol industry funding.¹⁹

¹¹ No level of alcohol consumption is safe for our health. (2023, January 4). World Health Organization.

<https://www.who.int/azerbaijan/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health>

¹² Islami F, Marlow EC, Thomson B, et al. Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States, 2019. *CA Cancer J Clin.* 2024; 1-28. doi:10.3322/caac.21858.

¹³ Pol Rovira, Jürgen Rehm, Estimation of cancers caused by light to moderate alcohol consumption in the European Union, *European Journal of Public Health*, Volume 31, Issue 3, June 2021, Pages 591–596, <https://doi.org/10.1093/eurpub/ckaa236>.

¹⁴ Dietary Guidelines Advisory Committee. 2020. Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC. Available at: <https://doi.org/10.52570/DGAC2020> (Ch. 11, p. 18).

¹⁵ Letter from Members of Congress to Sonny Perdue, Secretary of the U.S. Department of Agriculture and Alex Azar, Secretary of the U.S. Department of Health and Human Services. (August 12, 2020). Available at: <https://www.distilledspirits.org/wp-content/uploads/2020/08/DGA-House-letter-August-12.pdf>

¹⁶ Dietary Guidelines for Americans. Retrieved August 1, 2024, from <https://www.dietaryguidelines.gov/>

¹⁷ See Consolidated Appropriations Act of 2023, Section 772, <https://www.congress.gov/bill/117th-congress/house-bill/2617/text>.

¹⁸ Rabin, R. C. (2023, December 1). Scientists in Discredited Alcohol Study Will Not Advise U.S. on Drinking Guidelines. *The New York Times*. <https://www.nytimes.com/2023/12/01/health/alcohol-health-guidelines.html>

¹⁹ Siegel, M. (2024, January 5). The Rest of the Story: National Academies Replaces Big Alcohol-Conflicted Researcher on Review Panel with Another Big Alcohol-Conflicted Researcher. <https://tobaccoanalysis.blogspot.com/2024/>

ICCPUD's role in communicating risk to consumers.

As its name suggests, ICCPUD serves a coordinating role across federal agencies. The Committee's authorizing statute provides that “[t]he Committee shall guide policy and program development across the Federal Government with respect to underage drinking.”²⁰ The Alcohol Intake and Health Study, as described in this Notice, falls squarely within the scope of these duties. Any coherent policy on underage alcohol consumption must be rooted in the best possible understanding of how alcohol affects health generally. Most drinkers decide whether to consume alcohol for the first time before they turn 21, and the risk of lifetime alcohol harms rises substantially with underage drinking.²¹

Recently, some congressional members have argued that the NASEM study should displace this one. In letters to HHS Secretary Xavier Becerra and the National Institute on Alcohol Abuse and Alcoholism Director George Koob, these members have asserted that ICCPUD should abandon the Alcohol Intake and Health Study.²² According to one of the letters, “by independently studying the impacts of alcohol intake on health for the purposes of informing the 2025 Dietary Guidelines, HHS is duplicating—and may intend to undermine—the congressionally mandated effort already being carried out by NASEM.”²³ Nothing in the appropriations legislation, or the statute governing the Dietary Guidelines, however, suggests that ICCPUD cannot undertake the public health research contemplated by this study.

This study will not be duplicative. Public confidence in NASEM has eroded. The unresolved conflicts of interests among its expert panel members fit into a long-established pattern. A 2017 study found that six of the twenty members who wrote a 2016 report on genetically engineered crops had conflicts of interest that were not disclosed.²⁴ And back in 2006, the Center for Science in the Public Interest looked at 320 different panel committee members and found that 18% had “direct conflicts of interest” defined as “a direct and recent connection to a company or industry with a financial stake in the study outcome.”²⁵ The NASEM process is also opaque. Unlike federal advisory committees like ICCPUD and the DGAC, the NASEM expert committee is not subject to the Freedom of Information Act. Unlike these comments, comments solicited by NASEM from the

²⁰ Programs to reduce underage drinking, 42 U.S.C. § 290bb–25b (2006).

²¹ The Fight Against Underage Drinking | Stats on Teen Alcohol Use. (n.d.). Responsibility.Org. Retrieved August 1, 2024, from <https://www.responsibility.org/alcohol-statistics/underage-drinking-statistics>

²² Letter from the U.S. House of Representatives Committee on Oversight and Accountability to the Honorable Xavier Becerra, Secretary of the U.S. Department of Health and Human Services (April 4, 2024). Available at: <https://oversight.house.gov/wp-content/uploads/2024/04/Letter-to-HHS-re-alcohol-review.pdf>; Letter from Members of Congress to Dr. George F. Koob, Director of the National Institute on Alcohol Abuse and Alcoholism (July 12, 2024). Available at: <https://wineinstitute.org/wp-content/uploads/2024/07/McGarvey-Barr-DGA-Signed-Updated.pdf>

²³ Letter from the U.S. House of Representatives Committee on Oversight and Accountability to the Honorable Xavier Becerra, Secretary of the U.S. Department of Health and Human Services (April 4, 2024). Available at: <https://oversight.house.gov/wp-content/uploads/2024/04/Letter-to-HHS-re-alcohol-review.pdf>

²⁴ Krinsky S, Schwab T. Conflicts of interest among committee members in the National Academies' genetically engineered crop study. *PLoS One*. 2017 Feb 28;12(2):e0172317. doi: 10.1371/journal.pone.0172317. PMID: 28245228; PMCID: PMC5330472.

²⁵ See Environmental Working Group. “Are the National Academies Fair and Balanced?” (2006) available at: <https://www.ewg.org/news-insights/news/are-national-academies-fair-and-balanced>

public on its expert committee's research questions and make-up are not made available to the public.²⁶ Given these deficiencies in the NASEM process, federal agencies should not cede responsibility to that institution for conducting critical research to protect public health.

Even assuming the NASEM study should be taken seriously, the Alcohol Intake and Health scientific methodology protocol includes unique elements that will help to inform public policy. Substantively, this study will complement, rather than duplicate, the NASEM study on alcohol's health effects. In particular, it promises to generate important insights on how to communicate risk to consumers, it will consider alcohol-related harms ignored by the NASEM expert committee, and it will draw from areas of expertise absent from the NASEM expert committee.

The methodology appropriately maintains an emphasis on guidance to consumers.

As the NASEM website explains, its expert committee on alcohol and health will “produce a report that summarizes the evidence [on various questions regarding alcohol's health impacts] in conclusion statements that have been graded to indicate the strength of evidence, but will not include dietary guidance statements, recommendations, or advice.”²⁷ In other words, the NASEM committee will not translate its analysis into actual guidelines consumption. Rather, it will present findings on, for example, “the relationship between alcohol consumption during lactation and post-partum weight loss,” and indicate the strength of evidence underlying those findings. Some consumers may find this information useful, but others will struggle to apply it to the decisions they make with respect to alcohol. Policymakers, moreover, will face a considerable challenge in translating the NASEM report into actionable advice, likely resulting in continued reliance on the drinking guidelines frozen in place by the Trump Administration.

By contrast, the ICCPUD study will include a review of existing guidelines on alcohol and health, and risk estimates related to different measures of consumption (e.g. weekly, per occasion). Examples like Canada's recently issued Guidance on Alcohol and Health expose both the current Dietary Guidelines' tenuous scientific foundation, and their limitations in assisting consumers to evaluate risk. Rather than simply set a daily “moderate drinking” limit, the Canadian guidelines explain the risks associated with different consumption patterns, distinguishing between the cancer and other health risks associated with consumption of low levels of alcohol on a more frequent basis, versus the injury and other acute risks associated with drinking higher number of drinks on a single occasion.²⁸

The methodology appropriately sets out parameters for the inclusion of diseases and injuries in the modelling of alcohol-attributable deaths and disability.

²⁶ See Thomas Gremillion. “Corporate Capture of the National Academies of Sciences?” (Jan. 12, 2024) *available at*: <https://consumerfed.org/corporate-capture-of-the-national-academies-of-sciences/>

²⁷ Review of Evidence on Alcohol and Health. National Academies. Retrieved August 1, 2024, from <https://www.nationalacademies.org/our-work/review-of-evidence-on-alcohol-and-health>

²⁸ Canada's Guidance on Alcohol and Health. (2023). Canadian Centre on Substance Use and Addiction. <https://www.ccsa.ca/canadas-guidance-alcohol-and-health>

The NASEM review, while including an evaluation of alcohol and all cause mortality, does not include an evaluation of alcohol use and injury risk. Nor does it include mental health risk, beyond “neurocognitive” disorders, even though researchers have found, for example, that “drinking alcohol promotes depression.”²⁹ Why the NASEM study chose to exclude injuries and certain alcohol-related diseases from its analysis, like so much else in the NASEM study, remains a mystery. By contrast, the ICCPUD study’s methodology makes clear that it will consider diseases and injuries in its modeling if, and only if, they meet defined criteria to establish causality.

Members of the Scientific Review Panel (SRP) must meet rigorous conflict of interest standards.

For the ICCPUD to best complement the NASEM study, the public must have confidence in the impartiality of the SRP members. As alluded to earlier, the appointment of expert members with longstanding ties to the alcohol industry has undermined the credibility of the NASEM study. In contrast to NASEM, ICCPUD has published financial disclosures for the SRP members, none of which indicate a conflict of interest. However, should evidence of industry funding or other conflicts arise, ICCPUD should disclose those potential sources of bias, and where appropriate, dismiss the conflicted member.

This is not to say that ICCPUD must staff the SRP with members who lack relevant expertise, or who have never expressed an opinion regarding alcohol risk communication. For example, some members of the SRP have suggested that public health messaging should emphasize that any amount of drinking increases health risk, an assertion well supported by the scientific literature.³⁰ However, this does not present a conflict of interest so long as the member does not have a financial stake in maintaining that position, irrespective of evidence to the contrary that may emerge. We are not aware of any evidence of such financial conflicts for any of the SRP members, but should they arise, ICCPUD should respond to them with the utmost transparency.

Conclusion

Recent drinking trends underscore the need for effective risk communication around alcohol. Alcohol-related harms have severely compromised public health, contributing significantly to the “deaths of despair” that have driven down Americans’ life expectancy since 2014.³¹ By giving consumers and policymakers accurate, impartial information about the risks and benefits associated with alcohol use, ICCPUD will help to reduce alcohol-related harms.

Thank you for your consideration of these comments.

²⁹ Awaworyi Churchill, S., & Farrell, L. (2017). Alcohol and depression: Evidence from the 2014 health survey for England. *Drug and Alcohol Dependence*, 180, 86–92. <https://doi.org/10.1016/j.drugalcdep.2017.08.006>

³⁰ Anderson, B. O., Berdzuli, N., Ilbawi, A., Kestel, D., Kluge, H. P., Krech, R., Mikkelsen, B., Neufeld, M., Poznyak, V., Rekke, D., Slama, S., Tello, J., & Ferreira-Borges, C. (2023). Health and cancer risks associated with low levels of alcohol consumption. *The Lancet Public Health*, 8(1), e6–e7. [https://doi.org/10.1016/S2468-2667\(22\)00317-6](https://doi.org/10.1016/S2468-2667(22)00317-6)

³¹ Gold, M. S. (2020). The Role of Alcohol, Drugs, and Deaths of Despair in the U.S.’s Falling Life Expectancy. *Missouri Medicine*, 117(2), 99–101.

Sincerely,

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Director of Food Policy
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