February 14, 2025

Janet M. de Jesus, MS, RD
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Suite 420
Rockville, MD 20852

VIA ELECTRONIC SUBMISSION

Re: Request for Public Comments on Reports on Alcoholic Beverages and Health to Inform the Dietary Guidelines for Americans, 2025-2030

Dear Ms. de Jesus:

Consumer Federation of America appreciates the opportunity to submit these comments on the above-referenced reports and how they should inform the next iteration of the Dietary Guidelines for Americans. Established in 1968 to advance the consumer interest through research, advocacy, and education, CFA represents over 250 non-profit consumer organizations who participate in the federation and govern it through their representatives on the organization's Board of Directors. As we noted in earlier comments on recommendations from the Dietary Guidelines Advisory Committee, the next Guidelines have the potential to greatly improve public health.[1] This potential arises in large part out of decades of misleading advice regarding alcohol, which the Departments now have the opportunity to correct with science-based information about alcohol's health risks. This information should complement, rather than contradict, the current Guidelines' advice that "drinking less alcohol is better for health," at any level.

Background

The Dietary Guidelines for Americans have assured consumers since 1980 that "one or two drinks daily" are harmless. Many iterations of the Guidelines, which are updated every five years, touted questionable evidence that moderate drinking reduces cardiovascular risk, while largely ignoring the growing body of research confirming that consuming alcohol, in any amount, increases cancer risk.[2] As recently as 2010, the Guidelines touted "strong evidence" that "moderate alcohol consumption is associated" with various health benefits. By then, researchers had already documented

[1] https://consumerfed.org/testimonial/request-for-public-comments-on-the-scientific-report-of-the-2025-dietary-guidelines-advisory-committee/
[2] *See* https://www.foodpolitics.com/2025/01/alcohol-in-the-dietary-guidelines-what-the-fuss-is-about/

how "abstainer bias" and other statistical flaws offer the most plausible explanation for these associations.[3] Nevertheless, while the 2015 Guidelines dropped the happy talk about heart healthy drinking, they also removed the 2010 Guideline's references to "increased risk of breast cancer" and other harms. More importantly, they left in place the 1990 "moderate" drinking limits, recommending "No more than 1 drink/day for women, and 2 for men" for those who choose to drink.

The 2020 Dietary Guidelines Advisory Committee report sought to reform this misleading advice. It concluded that the preponderance of evidence supports "a general rule that drinking less is better for health than drinking more," and accordingly recommended "moderate drinking" limits for both men and women to be one drink per day on days when alcohol is consumed. But the alcohol industry successfully lobbied to keep the 1990 advice unchanged.[4] This resulted in the current Guidelines' internally inconsistent 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."[5]

Understandably dissatisfied with this incoherence, in February of 2022, USDA and HHS officials requested that the Interagency Coordination Committee on the Prevention of Underage Drinking (ICCPUD) conduct a study on alcohol's health effects. Later that year, the alcohol industry succeeded in lobbying Congress to appropriate $1.3 million towards undercutting the ICCPUD study with a rival study from the National Academies of Sciences, Engineering, and Medicine (NASEM). Big Alcohol's champions in Congress then complained that the NASEM study—characterized by a lack of transparency, relevant expertise, or adequate controls on conflicts of interest—should not have to compete with the ICCPUD study.[6]

When the National Academies announced the members of its expert committee to study alcohol's health effects, CFA submitted comments questioning the committee members' relevant expertise, and urging the National Academies to reopen the nomination process to add experts in fields such as cancer epidemiology and injury control. Following public outcry, NASEM had removed from the committee two experts with a history of alcohol industry funding, a decision CFA commended in our comments. To further safeguard the integrity of its process, CFA asked NASEM

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[3] Stockwell et al. (2009). A healthy dose of scepticism: Four good reasons to think again about protective effects of alcohol on coronary heart disease. Drug and Alcohol Review, 28: 441-444. https://doi.org/10.1111/j.1465-3362.2009.00052.x

[4] Letter from members of Congress to Sec'y Sonny Perdue and Sec'y Alex Azar. Aug. 12, 2020 *available at*: https://www.distilledspirits.org/wp-content/uploads/2020/08/DGA-House-letter-August-12.pdf

[5] 2020 Dietary Guidelines for Americans. https://www.dietaryguidelines.gov/

[6] Letter from members of Congress to NIAAA Director George Koob. July 12, 2024 *available at*: https://wineinstitute.org/wp-content/uploads/2024/07/McGarvey-Barr-DGA-Signed-Updated.pdf

to make the nomination process more transparent, so that the public could understand the full extent to which the alcohol industry may have influenced the make-up of the committee.[7]

NASEM declined to offer the public any more information about how it selected the committee members. Just weeks after its comment deadline, NASEM added to its committee Dr. Luc Djousse, an associate professor at Harvard who co-authored several papers with the researchers removed from the committee and who received research funding from the Alcoholic Beverage Medical Research Foundation, an industry group.[8]

Unlike the NASEM committee, the experts assembled by ICCPUD solicited comments on their planned study design.[9] CFA submitted comments encouraging ICCPUD to maintain a high level of transparency in its review of the science, and to focus on communicating risk to consumers. In particular, CFA's comments noted the importance of translating scientific analysis into actual guidelines for consumption, as opposed to the NASEM committee's approach, which sought to merely "summarize[] the evidence."

Key differences between the NASEM and ICCPUD reports

As it promised, the NASEM report declines to offer any actionable advice to consumers on drinking alcohol. It acknowledges that "moderate" alcohol consumption—defined as up to two drinks a day for men or one for women—increases breast cancer risk, and possibly colon cancer risk, but declines to confirm the National Cancer Institute's findings that moderate alcohol consumption also increases esophageal, head and neck cancer risk.[10] By contrast, the NASEM committee concluded "with moderate certainty that compared with never consuming alcohol, moderate alcohol consumption is associated with lower all-cause mortality."[11]

For its part, the ICCPUD study, rather than look at all-cause mortality, focuses on "health conditions causally related to alcohol use."[12] It finds some positive associations between light drinking

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[7] *See* https://consumerfed.org/testimonial/cfa-cautions-against-alcohol-industry-influence-in-national-academies-of-sciences-expert-committee/

[8] Roni Rabin. "U.S. Diet Panel Adds Another Researcher With Alcohol Industry Ties," *N.Y. Times* (Jan. 10, 2024), https://www.nytimes.com/2024/01/10/health/alcohol-health-harvard.html

[9] *See* https://consumerfed.org/testimonial/cfa-urges-federal-agency-to-carry-out-health-study-despite-alcohol-industry-pressure/

[10] *See* National Cancer Institute. "Alcohol and Cancer Risk" https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet

[11] NASEM "Review of Evidence on Alcohol and Health," https://www.nationalacademies.org/news/2024/12/new-report-reviews-evidence-on-moderate-alcohol-consumption-and-health-impacts

[12] ICCPUD. Draft Report: Scientific Findings of the Alcohol Intake & Health Study for Public Comment. https://www.stopalcoholabuse.gov/media/pdf/Report-on-Alcohol-Intake-and-Health.pdf

(1 drink per day) and health, namely lower risk for ischemic stroke and diabetes. However, it finds that "any alcohol use" is associated with increased mortality for seven types of cancer, liver cirrhosis, and injuries. Overall, it concludes that drinking more than 7 drinks per week entails a 1 in 1000 risk of dying from alcohol use and drinking more than 9 drinks per week increases the risk to 1 in 100.

Methodological flaws in the NASEM report

How did the two reports arrive at these seemingly contradictory conclusions? Several aspects of the NASEM report invite skepticism. Most causes of death are unrelated to alcohol, and so relying on "all-cause mortality" to study the relationship between alcohol and health introduces a great deal of statistical "noise." NASEM's reliance on mostly foreign studies—just 2 of the 8 studies on all-cause mortality included U.S. cohorts—dials up this noise. By contrast, the ICCPUD report models risk related to "conditions considered causally related to alcohol consumption," and applies its risk estimates "to the actual distribution of causes of death in the United States."

The NASEM report also excluded a large number of studies.[13] The NASEM committee purportedly relied on a narrow pool of observational studies, mostly with foreign participants, to control for "abstainer bias." Abstainer bias poses a significant challenge to examining alcohol's relationship to mortality. People who do not drink alcohol (abstainers) are not a homogenous group—in particular, they may include individuals who have quit drinking due to health issues, so-called "sick quitters." Lumping together "sick quitters" with "lifetime abstainers" makes "moderate" drinkers seem healthier by comparison. So the NASEM committee was justified in attempting to control this bias. However, it does not appear to have effectively done so.

Many of the studies considered by the NASEM committee failed to properly distinguish between "sick quitters" and actual lifetime abstainers. The NASEM committee included a Dutch study led by Van de Luitgaarden, for example, that classified people who reported being "nondrinkers" at just two points in time, two years apart, as lifetime "abstainers."[14] The inclusion of studies like these, affirming an association between "moderate" drinking and cardiovascular health benefits, calls into question the NASEM committee's decision to exclude many other studies examining the relationship between alcohol consumption and cancer.

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[13] Roni Rabin. "The Battle Over What to Tell Americans About Drinking," *N.Y. Times* (Jan. 1, 2025), https://www.nytimes.com/2025/01/01/health/alcohol-dietary-guidelines.html

[14] *See* van de Luitgaarden IAT, Schrieks IC, Kieneker LM, Touw DJ, van Ballegooijen AJ, van Oort S, Grobbee DE, Mukamal KJ, Kootstra-Ros JE, Muller Kobold AC, Bakker SJL, Beulens JWJ. Urinary Ethyl Glucuronide as Measure of Alcohol Consumption and Risk of Cardiovascular Disease: A Population-Based Cohort Study. J Am Heart Assoc. 2020 Apr 7;9(7):e014324. doi: 10.1161/JAHA.119.014324. Epub 2020 Mar 21. PMID: 32200717; PMCID: PMC7428618. https://pmc.ncbi.nlm.nih.gov/articles/PMC7428618/

Those studies consistently find that even low levels of alcohol consumption increase cancer risk, including colorectal,[15] laryngeal,[16] and oral and pharyngeal cancer risks.[17] And when researchers effectively control for abstainer bias, by using actual lifetime abstainers or very low-volume drinkers as the "control" group, the health benefits of alcohol largely vanish.[18] Indeed, a study last year of 135,103 drinkers in the United Kingdom, which used "occasional drinkers instead of abstainers" as a reference group, found that even the "low risk" drinkers—defined as men drinking less than two standard drinks per day on average (20 grams alcohol/day) and women drinking less than one (10 grams alcohol/day)—had higher all-cause mortality than the reference group, and significantly higher cancer mortality. In general, the researchers found that drinking more, at any level, harmed health.[19]

Using "occasional drinkers" rather than abstainers also addresses another bias that the NASEM study fails to control for, sometimes referred to as "survivor bias." Survivor bias arises when researchers neglect to account for those who may have already died or experienced alcohol-related harms that cause them to be excluded from the study as "sick quitters." The bias, "caused by overrepresentation of healthier drinkers who have survived the deleterious effects of alcohol, can distort comparisons, especially in older age."[20] The ICCPUD study avoids this problem by restricting its analysis to alcohol-related conditions, rather than relying on all-cause mortality. The NASEM report makes no mention of "survivor bias."

Consideration of relevant expertise, conflicts, and bias undermines confidence in the NASEM report.

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[15] Fedirko, V., Tramacere, I., Bagnardi, V., Rota, M., Scotti, L., Islami, F., ... & Jenab, M. (2011). Alcohol drinking and colorectal cancer risk: an overall and dose–response meta-analysis of published studies. *Annals of oncology*, *22*(9), 1958-1972.

[16] Islami, F., Tramacere, I., Rota, M., Bagnardi, V., Fedirko, V., Scotti, L., ... & La Vecchia, C. (2010). Alcohol drinking and laryngeal cancer: Overall and dose–risk relation–A systematic review and meta-analysis. *Oral oncology*, *46*(11), 802-810.

[17] Tramacere, I., Negri, E., Bagnardi, V., Garavello, W., Rota, M., Scotti, L., ... & La Vecchia, C. (2010). A meta-analysis of alcohol drinking and oral and pharyngeal cancers. Part 1: overall results and dose-risk relation. *Oral oncology*, *46*(7), 497-503.

[18] Sarich, P., Gao, S., Zhu, Y., Canfell, K., & Weber, M. F. (2024). The association between alcohol consumption and all-cause mortality: An umbrella review of systematic reviews using lifetime abstainers or low-volume drinkers as a reference group. *Addiction*, *119*(6), 998-1012.

[19] Ortolá R, Sotos-Prieto M, García-Esquinas E, Galán I, Rodríguez-Artalejo F. Alcohol Consumption Patterns and Mortality Among Older Adults With Health-Related or Socioeconomic Risk Factors. JAMA Netw Open. 2024;7(8):e2424495. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2822215

[20] *Id.*

Critics of the ICCPUD report (as well as of the recent Surgeon General's advisory on alcohol and cancer[21]) allege that the report's authors are hopelessly biased and seek to deny the true science on alcohol's health effects. Why? So that they may advance a "neo-prohibitionist" agenda. Why researchers would feel beholden to such an unpopular, unprofitable agenda remains a mystery, although one commentator has suggested that the prospect of big payouts from class action lawsuits against alcohol companies could be driving the push for guideline reform.[22] Nevertheless, these critics cite the involvement of several ICCPUD committee members in previous initiatives to communicate alcohol health risk, such as the development of the Canadian high risk drinking guidelines,[23] as evidence of impermissible bias and the illegitimacy of the ICCPUD report.

Avoiding this sort of "bias" is nonsensical. Scientific researchers may feel motivated to defend past findings. They may even be inclined to interpret new data in a manner that is informed by their previous research. However, insisting that only scientists who are utterly naïve to a field can make an "objective" evaluation undermines the very idea of expertise. ICCPUD sought to "analyze the current scientific evidence on youth and adult alcohol intake and health risks," and so it recruited experts in "in topics that include alcohol epidemiology, alcohol's health effects, cancer epidemiology, biostatistics, meta-analyses, and systematic reviews." Being experts, they are familiar with the science demonstrating that drinking less is better for health. Reaffirming that science in their report is not evidence of bias.

The more important bias relates to financial conflicts of interest. NASEM contracted a wide range of experts in nutrition, medical, and epidemiology fields with little direct connection to alcohol. But it also included a panelist who has published extensively in the relevant field of alcohol epidemiology, Luc Djousse of Harvard. As noted earlier, Dr. Djousse received financial support from the alcohol industry. NASEM might have mitigated this conflict by providing conflict of interest disclosures to the public, similar to those posted online for the ICCPUD committee members. It could have provided more transparency around the study selection process, and how the committee accounted for the risk of bias in the studies selected, many of whose authors also received industry funding.

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[21] Alcohol and Cancer Risk. The U.S. Surgeon General's Advisory (2025) https://www.hhs.gov/surgeongeneral/reports-and-publications/alcohol-cancer/index.html

[22] *See, e.g.* C. Jarrett Dieterle. "The Secret Committee Behind America's Prohibition Comeback," Aug. 10, 2024 https://www.rstreet.org/commentary/the-secret-committee-behind-americas-prohibition-comeback/

[23] Canadian Centre on Substance Use and Addiction. "Canada's Guidance on Alcohol and Health," https://www.ccsa.ca/canadas-guidance-alcohol-and-health

Failing to adjust recommendations on alcohol will undermine confidence in the Dietary Guidelines for Americans and the Make America Healthy Again agenda.

Despite the extraordinary measures taken by the $1.8 trillion alcohol industry, consumers are getting the message: drinking even small amounts of alcohol carries health risks. Encouraged by popular wellness influencers,[24] young people in particular are choosing to drink less.[25] Awareness of alcohol cancer risk will continue to increase as warning label requirements like Ireland's go into effect.[26] But as the alcohol industry has shown throughout this process, it will fight tooth and nail to defend the discredited "moderate" drinking limits in the Dietary Guidelines. If this language goes unchanged, the next Dietary Guidelines will give the public an unambiguous signal that this Administration will not stand up to corporate pressure to protect public health.

Thank you for your consideration of these comments.

Sincerely,

Thomas Gremillion
Director of Food Policy
Consumer Federation of America

[24] *See, e.g.* Peter Attia. "Reassessing the relationship between alcohol intake and cardiovascular disease risk," Dec. 2, 2023, https://peterattiamd.com/alchohol-intake-and-cardiovascular-disease-risk/, Huberman Lab Podcast, "Episode 86: What Alcohol Does To Your Body, Brain & Health," Aug. 25, 2022, https://podcastnotes.org/huberman-lab/episode-86-what-alcohol-does-to-your-body-brain-health-huberman-lab/;
[25] Lydia Saad. "Young Adults in U.S. Drinking Less Than in Prior Decades," *Gallup* Agu. 22, 2023, https://news.gallup.com/poll/509690/young-adults-drinking-less-prior-decades.aspx
[26] Frank Murray. "On-label alcohol beverage warnings in Ireland- setting a standard for Europe," *The Lancet Regional Health*, March 2025, https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(25)00001-8/fulltext