

MARIN INSTITUTE COMMENTS ON 2010 DIETARY GUIDELINES REPORT

Marin Institute appreciates the opportunity to comment on the *2010 Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans*.

Founded in 1987, Marin Institute is a nonprofit organization whose mission is to protect the public from alcohol-related harm. We advance policies to reduce over-consumption and monitor alcohol industry practices that undermine public health and safety. Given this background, Marin Institute is uniquely qualified to comment on the Committee's recommendations for the 2010 Guidelines, and to help ensure that any changes made to the Guidelines are made in the interest of public health and safety.

We are extremely concerned about the alcohol recommendations contained in the Report. They suggest that increased daily consumption is safe; that the uncertain health benefits from alcohol consumption outweigh the known risks; and that public health messages should include alcohol consumption for both patients and the general public. All of these suggestions are not only questionable, but also potentially dangerous. Moreover, they represent a significant departure from previous recommendations but without nearly sufficient scientific basis to justify such a shift.

Shift from Daily to Average Consumption Guidelines

The Report maintains that alcohol consumption guidelines should be based on average weekly consumption, rather than per-day consumption, as the current Guidelines recommend. The Report also states that drinking up to 4 drinks per day for men and 3 drinks for women would constitute "moderate" drinking, as long as the average limits are not exceeded. Recommending consumption thresholds of 4/3 per day will change the consumption guidelines for most men and women who consume an average of ≤ 2 or ≤ 1 drinks, respectively. It's important to note that currently, about 70% of binge drinkers in the U.S. are drinkers whose average consumption is 2/1 drinks or less.

This proposed change indicates that safe consumption for men is 4 drinks, three times a week; and for women, 3 drinks, twice a week. However, this is not low-risk drinking by any reading of the science. Drinking at these new thresholds is associated with increased risk and is potentially dangerous and not scientifically justifiable.

Studies of "Moderate" Drinking are Seriously Flawed

Moderate drinking is associated with myriad health risks, including numerous cancers (e.g. breast and esophageal) and chronic illnesses such as pancreatitis. In addition, the evidence regarding health benefits from drinking alcohol is questionable at best. There have been zero randomized controlled trials—the gold standard for scientific evidence—for low alcohol consumption levels and mortality outcomes to date. Without such evidence, we should remain as conservative as possible when drawing scientific conclusions regarding any alleged health benefits of moderate alcohol consumption.

The evidence base to support health benefits of “moderate” drinking consists of observational studies with severe limitations (e.g. failure to account for patterning, generalizability of drinking patterns in study populations, selection bias, confounding factors, etc.). Because they are not randomized controlled trials, even consistent findings of multiple observational studies can be consistently wrong. For example, observational data relating beta carotene, *Chlamydia* infection, vitamin E, hormone replacement therapy to a variety of health outcomes have been subsequently contradicted by randomized controlled trials. As a result, both recommendations and professional practice have had to change, to protect the general public and millions of patients. Despite these limitations, the Report describes the evidence about the relationship between drinking and coronary heart disease as “strong.”

Alcohol Industry Misuse of Public Health Recommendations

There is no public health organization that recommends starting to drink alcohol for abstainers, or drinking more alcohol for current drinkers, as either a preventive behavior to address specific medical problems, or as a population-level primary prevention strategy. Indeed, federal, state, local and community public health agencies, including Marin Institute, work tirelessly to address the tremendous physical, social, and economic harm caused by alcohol. Yet the Report sounds as if drinking alcohol is not only a suggested therapeutic option to discuss with one’s doctor, but also a general recommendation for all Americans to consider as part of an overall wellness plan.

The Report’s lack of clarity on this issue is very dangerous. The substantial shift to recommending higher per-occasion and per-day alcohol consumption, plus suggestions that the questionable benefits from drinking outweigh the known risks, are gifts to the alcohol industry. *The Committee must be aware that the Report’s messages about alcohol consumption will be misinterpreted by the powerful corporations and trade organizations that sell and promote alcoholic beverages.* The alcohol industry has a long history of exploiting the Dietary Guidelines for their benefit, and the suggestions contained in the Report lend themselves to further misuse.

We are especially concerned that despite the Report’s caveats, the industry will use the new recommendations to promote alcohol consumption and increased consumption. We strongly encourage the Committee to review and reconsider the evidence base regarding the health outcomes from alcohol consumption, with regard to our concerns outlined above. We also ask that the Committee revise the Report and subsequent Guidelines to send a much more cautionary, evidence-based message regarding alcohol consumption to the public. Finally, we recommend that the new Guidelines maintain the formulation of 2/1 per-day consumption of alcohol.

We urge you to err on the side of caution when recommending safe alcohol consumption levels and behaviors to improve health and prevent harm. The Report’s suggestions are not conservative, far from it. We also refer you to comments on this topic from Tim Naimi, MD, MPH, of the Boston Medical Center. Thank you for the opportunity to comment on this important matter.