CENTER FOR Science IN THE Public Interest
Your Food and Health Watchdog

February 14, 2025

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Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

Re: Request for Public Comments on Reports on Alcoholic Beverages and Health to Inform the Dietary Guidelines for Americans, 2025-2030 (Docket HHS-OASH-2024-0019)

Dear Ms. de Jesus,

The Center for Science in the Public Interest (CSPI) respectfully submits these comments to the U.S. Departments of Agriculture and Health and Human Services (the Departments) in response to the request for public comments on The National Academies of Sciences, Engineering, and Medicine's (NASEM's) Review of Evidence on Alcohol and Health report and The Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) Alcohol Intake and Health draft report to inform the *Dietary Guidelines for Americans, 2025–2030*.

CSPI is a non-profit consumer education and advocacy organization that since 1971 has been working to improve the public's health through better nutrition and food safety. CSPI helped to lead efforts to pass the Nutrition Labeling and Education Act, the Healthy, Hunger-Free Kids Act (to improve school food), the Food Safety Modernization Act, and the Food Allergen Labeling and Consumer Protection Act. CSPI has also consistently advocated to uphold the scientific rigor of the Dietary Guidelines for Americans (DGA) and improve alcohol labeling. CSPI publishes *Nutrition Action* (NA) and is supported by the subscribers to NA, individual donors, and foundation grants. CSPI is an independent organization that does not accept any corporate donations.

In this comment, we provide responses to the following questions posed by ICCPUD about its draft report, informed in part by the methods and findings of the NASEM report:

1. Are the topic areas defined in the [ICCPUD] Draft Report on Alcohol Intake and Health sufficient for understanding the relationship between alcohol and health?
2. Are the results and public health outcomes presented clear, understandable, and transparent?
3. Are the risks and benefits identified understandable?
4. Are strategies to minimize bias clearly described?
5. Are there additional data sources or scientific information that should be considered to estimate the risk of alcohol consumption on specific health outcomes or to provide a comprehensive understanding of the burden of alcohol-related diseases?

At the end of this comment, we summarize the methods and findings of the three reports that have recently been published related to alcohol and health: the ICCPUD draft report, the NASEM report, and the 2025 U.S. Surgeon General's Advisory on Alcohol and Cancer Risk, and synthesize their results to provide recommendations to the Departments for alcohol recommendations to include in the *Dietary Guidelines for Americans, 2025-2030*.

Our responses to the following questions posed by ICCPUD about its draft report are as follows:

1. **Are the topic areas defined in the [ICCPUD] Draft Report on Alcohol Intake and Health sufficient for understanding the relationship between alcohol and health?**

   The Scientific Review Panel's (the Panel's) assessment of the evidence on the relationship between alcohol intake and health was limited to the diseases and injuries that the Panel determined to be causally associated with alcohol intake, and in the scientific literature were shown to have a dose-response risk function as well as disease- or injury-specific measures of either death or disability. Additionally, the Panel only evaluated systematic reviews and meta-analyses of alcohol intake and health outcomes published since 2010, and did not conduct any original systematic reviews. As such, the Panel was unable to evaluate the impact of alcohol intake on risk of morbidity or mortality from HIV/AIDS, other sexually transmitted diseases, cervical cancer, or depression as they originally intended, due to a lack of systematic reviews published on these outcomes since 2010. Therefore, the Panel's assessment of the evidence is limited in comparison to its original aims and cannot be said to have captured all relevant research on alcohol intake and health. Lastly, while the Panel collected existing systematic reviews of alcohol intake and these specific health outcomes, their draft report primarily focused on the results of modeling disease- and injury-specific relative risk curves. In the final report, ICCPUD's results and conclusions should be appropriately described as "modeled" and not as actual population health outcomes.

   Unlike the NASEM report, in which the authors graded the certainty of their conclusion statements using a framework derived from the U.S. Preventive Services Task Force,[1] the Scientific Review Panel offered no graded conclusion statements. And although the Panel stated it would follow the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach in its review of the evidence, the draft report lacks any assessment of the quality of the evidence analyzed in the systematic reviews that was subsequently extracted for use in the modeling exercises. The ICCPUD's final report would be strengthened, and the public understanding of the study results enhanced, by including such assessments of quality and certainty of conclusions.

2. **Are the results and public health outcomes presented clear, understandable, and transparent?**

   The final report should adhere to publishing standards for reporting scientific modeling studies, which the draft report does not do.[2] It should also include all model inputs and where those inputs came from for transparency, so that readers can fully understand the modeling results. These inputs are notably absent in the draft report, and the public health outcomes are not understandable or transparent without them. The lack of transparency around model inputs for risk relationships between alcohol intake and each disease or injury in the draft report is especially problematic. In the draft report, the tables are also missing key elements of scientific notation such as adequate labeling for relative risk ratios, 95% confidence intervals, clear reference groups, and labeling for statistical significance. The final report should include these elements.

3. **Are the risks and benefits identified understandable?**

   The final report should present both absolute and relative risks to allow readers to fully evaluate the risks of alcohol consumption. While the draft report includes both relative risks for a variety of outcomes and lifetime risks for alcohol-attributable death at different levels of average alcohol consumption by cause, it is difficult for the reader to understand how to synthesize these findings into a conclusion about the risks and benefits of alcohol consumption. The final report should synthesize

[1] National Academies of Science, Engineering, and Medicine. 2025. *Review of Evidence on alcohol and health.* Washington, DC: The National Academies Press. https://doi.org/10.17226/28582.
[2] Bennett C, Manuel DG. Reporting guidelines for modelling studies. BMC Med Res Methodol. 2012 Nov 7;12:168. doi: 10.1186/1471-2288-12-168.

and explain how readers should collectively interpret these results based on the strength and quality of the evidence underlying each estimate.

4. **Are strategies to minimize bias clearly described?**

   Transparency regarding the organization and decision-making processes of the chronic disease experts participating in the nominal interview panels is severely lacking and prevents the public from assessing all potential risks of bias. The ICCPUD and Scientific Review Panel consulted with unidentified external "experts" "to identify the most appropriate risk relationship between alcohol consumption and each disease or injury." However, these experts are not named in the ICCPUD report, which is problematic because it does not allow the public to understand potential conflicts of interest. In the final report, the names, relevant expertise, and conflicts of interest of all experts consulted should be disclosed.

5. **Are there additional data sources or scientific information that should be considered to estimate the risk of alcohol consumption on specific health outcomes or to provide a comprehensive understanding of the burden of alcohol-related diseases?**

   The draft report does not include studies published before 2010. The final report could be strengthened by incorporating findings from studies published before 2010.

Synthesizing the three reports on alcohol and health to inform Dietary Guideline recommendations

We appreciate that the Departments will need to consider the findings of both the NASEM and ICCPUD reports on alcohol intake and health outcomes in developing the final recommendations on alcohol consumption for the public. **We also recommend incorporating findings from the 2025 U.S. Surgeon General's Advisory on Alcohol and Cancer Risk.**[3] Table 1 summarizes and compares the three reports.

While the reports varied in their conclusions, all three were consistent in their findings that moderate alcohol consumption is associated with an increased risk of breast cancer, and that heavy drinking is associated with many increased health risks. Furthermore, despite favorable associations between drinking one drink a day and lowered risk of ischemic stroke identified in both the NASEM and ICCPUD draft reports, moderate alcohol consumption is associated with increased risk of a variety of other harms, including cancer, road and accidental injuries, violence, and drowning.

Given the collective findings from these expert panel reports on health risks associated with moderate alcohol consumption, **we urge the Departments to recommend that individuals who do not drink alcohol are not recommended to start drinking, and for those who choose to drink, drinking less alcohol is better for health than drinking more.**

Thank you for the opportunity to provide comments on the alcoholic beverages and health reports to support the development of the *Dietary Guidelines for Americans, 2025–2030*.

For more information please contact:

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[3] U.S. Surgeon General. Alcohol and Cancer Risk: The U.S. Surgeon General's Advisory. 2025. https://www.hhs.gov/sites/default/files/oash-alcohol-cancer-risk.pdf

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Table 1. Summary of the NASEM report, ICCPUD draft report, and U.S. Surgeon General's Advisory

	NASEM Report	ICCPUD Draft Report	U.S. Surgeon General's Advisory
Link	https://www.nationalacademies.org/our-work/review-of-evidence-on-alcohol-and-health	https://www.stopalcoholabuse.gov/media/pdf/Report-on-Alcohol-Intake-and-Health.pdf	https://www.hhs.gov/sites/default/files/oash-alcohol-cancer-risk.pdf
Overall methodological approach	**Committee conducted systematic reviews and meta-analyses** (where at least 3 studies were available) on the relationship between moderate alcohol consumption vs. no alcohol consumption and risk of 8 outcomes, including overweight/obesity, certain cancers, cardiovascular disease, neurocognitive health, and all-cause mortality	**ICCPUD convened a Scientific Review Panel (SRP)** to review and analyze the evidence **SRP conducted a systematic scoping review of existing meta-analyses** on relationships between alcohol intake and occurrence of diseases and injuries causally related to alcohol **SRP convened additional panels of anonymous subject matter experts** in CVD, digestive conditions, neuro, and infectious disease to review the meta-analyses and determine the "most appropriate" RR estimates for each condition/disease related to alcohol use **SRP conducted cause-specific modeling** to estimate lifetime risk of alcohol-attributable mortality and morbidity	**Advisory:** Non-exhaustive literature review, includes English-language research and sources suggested by a range of subject matter experts, priority given to meta-analyses and systematic literature reviews **Hazard models** constructed using Australian 45 and Up cohort data (from Sarich 2021), models cumulative absolute risk of alcohol-related cancer in men and women over the lifespan by age 80. Alcohol-related cancer includes breast, colorectum, esophagus, liver, mouth, throat, and voice box
Date range	Studies published from 2019 for all-cause mortality and from 2010 for every other outcome	Risk ratios selected from meta-analyses published from 2010 onwards	Unspecified
Study designs included	Randomized controlled trials, non-randomized controlled trials, prospective cohort studies, retrospective cohort studies, nested case-control studies, case control studies, Mendelian randomization	Systematic reviews and meta-analyses	Unspecified, but priority given to systematic reviews and meta-analyses

Exposure levels reviewed	Moderate consumption (≤1 drink/day for women, ≤2 drinks/day for men) vs. never consuming alcohol. Also compared moderate alcohol consumption to those consuming alcohol	Average 1 drink/day, 2/day, 3/day vs. never consuming alcohol Average 1 drink/week, 2/week, 3/week vs. never consuming alcohol Also compared different levels of drinking	Varying amounts of alcohol consumption
Outcomes examined	• Specific cancers • Cardiovascular diseases • All-cause mortality • Growth, size, body composition, and risk of overweight and obesity • Neurocognitive health For alcohol consumption during lactation: • Postpartum weight loss • Human milk composition and quantity • Infant developmental outcomes	• Specific cancers • Cardiovascular diseases • Alcohol-attributable mortality • Digestive diseases • Diabetes • Epilepsy • Communicable diseases • Injuries	• Specific cancers
Main findings	Conclusions for associations with moderate alcohol consumption vs. never consuming alcohol: Moderate certainty (no high certainty): • Higher risk of breast cancer • Lower risk of cardiovascular mortality in men and women • Lower risk of all-cause mortality Low certainty: • Higher risk of colorectal cancer • Lower risk of nonfatal heart attack, nonfatal stroke No conclusions drawn: • Oral cavity, pharyngeal, esophageal, laryngeal cancers • Alzheimer's disease, dementia • Weight-related outcomes	Conclusions for associations with 1 drink/day vs. never consuming alcohol: Males and females: • Higher risk of esophageal cancer and oral cancer • Higher risk of mortality from alcohol-related causes • Higher risk of mortality from cancers: colorectal, female breast, liver, oral cavity, pharynx, larynx, esophagus [squamous cell type] • Lower risk of ischemic stroke • Higher risk of injuries • Higher risk of liver cirrhosis Females only: • Lower risk of diabetes • Higher risk of liver cancer	• Increased risk of cancer with increased amounts of alcohol consumption • Increased risk of breast, mouth, and throat cancer with moderate drinking