

CSPI Comments to the Dietary Guidelines Advisory Committee on the Consumption of Alcoholic Beverages

In CSPI's view, the current (2005) version of the Dietary Guidelines needs little revision to bring it up to date with recent scientific findings on the role of alcoholic beverages in the diet. Essentially, the current Guidelines provide the appropriate balance of information about: the potential risks of excessive consumption; who should avoid alcohol; the potential cardiovascular benefits of moderate drinking for a limited class of consumers; and advice on moderate or low-risk drinking.

CSPI has found no changes in the scientific literature that suggest relaxing the clear message in the Guidelines that drinking alcohol imposes numerous risks on the user, as well as on society at large. Current research in the alcohol field offers no reason to permit new language providing any encouragement for consumers to “drink for their health.”

Some elements of the Guidelines could be improved to provide more information and better guidance for consumers. Those include: (1) drinking by children and adolescents, (2) drinking among older adults and the elderly, and (3) the Guidelines' definitions of the alcohol and calorie content of standard drinks.

Children and Adolescents

The current Guidelines provide a key recommendation that alcohol should be avoided by some individuals, including children and adolescents. Despite substantial and growing evidence that supports such advice, the recommendation is made without any elaboration or information that might be helpful to parents who are constantly confronted with decisions and questions about whether their teenage children should consume alcoholic beverages or not. In particular, the current broadening discussion surrounding the legitimacy of the minimum legal drinking age of 21 would benefit from Dietary Guidelines that addressed the issue more directly and comprehensively.

We refer the Committee to the thorough summary of the consequences of underage drinking that is found in the September 2003 report of the National Research Council of the Institute of Medicine, “*Reducing Underage Drinking, A Collective Responsibility*.” (pages 60 – 66). That discussion notes numerous risks associated with underage drinking: Youth who start drinking at an early age are more likely to suffer a variety of problems related to alcohol. Studies by Hingson and Kenkel “reveal that youth who started drinking before the age of 15, compared to those who waited until age 21, were 12 times as likely to be unintentionally injured while under the influence of alcohol, 7 times more likely to be in a motor vehicle crash after drinking and 10 times more likely to have been in a physical fight after drinking.”¹ Youth who drink are more likely to experience or commit a sexual assault and more likely to engage in risky sexual behavior.²

New research on adolescent brain development “suggests that early heavy alcohol use may also have negative effects on the actual physical development of brain structure.”³

This is especially important because the brain continues to develop physiologically well into adolescence.^{4 5 6}

In our view, the Guidelines should spell out as strong a rationale as possible to discourage alcohol consumption among children and adolescents, including individuals younger than 21 years. Providing information about the specific risks and new research about the effects of alcohol on the developing brain will help parents and other adults better understand that underage drinking is not simply a “rite of passage,” and will help nurture support and understanding of America’s minimum legal drinking age laws.

Alcohol and Older Adults/Elderly

The current (2005) Guidelines are virtually silent on issues concerning alcohol and the elderly. Given the substantial growth of that population demographic (12% today, 18 % in 2025⁷) and the potential for serious injuries and escalating alcohol-related health care and substance abuse-related costs among older people, more discussion is needed, including a specific recommendation related to “moderate drinking for older adults.”

Research documents a wide variety of risks related to alcohol consumption among older adults: hip fractures and other injuries from falls; traffic crashes; depressive disorders; combining alcohol with various medications; late-stage alcoholism; increased risk of intoxication and adverse effects; and decreased level of tolerance to alcohol.^{8 9} In most instances, risks among older adults exceed those of younger adults.¹⁰

Therefore, we recommend that the Guidelines include the following language: “Older individuals (65+) should limit their consumption of alcohol to no more than one drink per day.” That provision would track the current recommendation of the National Institute on Alcohol Abuse and Alcoholism.¹¹

Definitions of Alcohol and Calorie Content of Moderate Drinking

Currently, Box 26 of the Guidelines provides summary information that defines a drink as either a 12-ounce regular beer, a 5-ounce glass of wine, or a 1.5-ounce serving of 80-proof liquor. The Guidelines suggest that a beer has 150 calories, the wine 100, and the shot of liquor also 100. Although that approximation may be somewhat helpful, it fails to take into account recent trends in alcohol products and in alcohol consumption.

New products, such as Mike’s Hard Lemonade, Smirnoff Ice, Bacardi Silver, Sparks and newer alcoholic energy drinks have recently gained increasing popularity as substitutes for beer – or soft drinks – particularly among younger drinkers, the same consumers who drink most heavily. Those products, although they may contain alcohol derived from spirits sources, are marketed as malt beverages and available where beer is sold. Like beer, they are currently not required to include alcohol or calorie content information on their labels. Although their alcohol content (approximately 5% by volume, and up to 8% by volume for some of the alcoholic energy drinks) resembles that of beer, they usually contain far more calories due to added sugar. Some contain between 230 and 275

calories, or at least 50% more than a regular beer. Generally, consumers are unaware of the high calorie content of those beverages and think they have fewer – or about the same – calories as a regular beer. Other “high-octane” products that are often consumed from large (32- or 40-oz) containers, such as malt liquors, also fall outside the definition of “standard” drinks, and would provide considerably more alcohol and calories than a regular beer. The Guidelines’ definitions of “standard” drinks and calorie content should be revised to take account of these popular, “non-standard” drinks.

Similarly, the Guidelines’ identification of 100 calories in a serving of distilled spirits may not provide consumers with useful information, and may, in fact, be misleading. As defined in the Guidelines, the straight liquor drink is certainly a rarity. More and more, distilled spirits are served and consumed as mixed drinks, with fruit juices, soft drinks, multiple sources of alcohol, cream, sugar, and other more exotic ingredients. What began as a 100-calorie serving could easily metamorphose into a small meal’s worth of calories, or even more. For example, America’s most popular liquor drink, a Margarita (typically a combination of tequila, sweet and sour mix, and triple sec), may have as much as 60 to 65 calories per ounce. An eight-ounce drink would supply 500 calories, yet it’s not unusual to find Margaritas that contain 16 or 20 or even 24 ounces. Often, they’re served in pitchers, along with high-fat foods, such as nachos. Even with a lot of ice, those large drinks could provide a hefty ration of unexpected calories, beyond those contained in the tequila.

Other popular distilled spirits drinks also contain far more calories than consumers might think. For example, a 3.3 oz. serving of a Manhattan (sweet vermouth, bourbon whiskey, angostura bitters, Maraschino cherry, and orange peel) has 206 calories; a rum martini (2.8 oz.) has 180; a 4.5 oz. pina colada 245 calories; a 7 oz. rum and Coke, perhaps 175 to 200. Many sweet liquor drinks, such as crème de menthe or schnapps, by themselves also contain significantly more than 100 calories per serving.

The 2005 edition of the Dietary Guidelines address this issue with a footnote printed in miniscule type. We recommend that the Dietary Guidelines’ chart information on the calorie content of typical drinks be amended to highlight the additional calories derived from other ingredients mixed with or in distilled spirits drinks. This could be done by listing the calorie content of popular mixed drinks, such as Margheritas, screwdrivers, Manhattans, zombies, Jaegerbombs, Red Bull and vodka, etc. Similarly, the chart should contain accurate calorie and serving size information about flavored malt beverages and alcoholic energy drinks that contain caffeine and other stimulants.

¹ R. Hingson and D. Kenkel, "Social and Health Consequences of Underage Drinking," in *Reducing Underage Drinking: A Collective Responsibility, Background Papers* (Washington, DC: The National Academies Press, 2004).

² Grant, BF. Estimates of US children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health*, Vol 90, Issue 1. pp.112-115.

³ Brown, S.A., and Tapert, S. F. Health consequences of adolescent alcohol involvement. In: National Research Council and Institute of Medicine, Bonnie, R.J., and O'Connell, M.E., eds. *Reducing Underage Drinking: A Collective Responsibility*. Washington. DC: National Academies Press, 2004. pp. 383-401.

⁴ Brown, Sandra A. et al. "A Developmental Perspective on Alcohol and Youths 16 to 20 Years of Age." *Pediatrics* Vol. 121 Supplement April 2008, pp. S290-S310.

⁵ Medina KL, Schweinsburg AD, Cohen-Zion M, Nagel BJ, & Tapert SF (2007). "Effects of alcohol and combined marijuana and alcohol use during adolescence on hippocampal volume and asymmetry." *Neurotoxicology & Teratology*, 29, 141-152.

⁶ Zeigler, Donald W. et al. "The neurocognitive effects of alcohol on adolescents and college students." *Preventive Medicine*, Volume 40, Issue 1, January 2005, Pages 23-32.

⁷ Table 2. Projections of the Population by Selected Age Groups and Sex for the United States: 2010 to 2050 (NP2008-T2). Source: Population Division, U.S. Census Bureau. Release Date: August 14, 2008.

⁸ NIAAA Alcohol Alert, No. 40, April 1998.

⁹ NIAAA Alcohol Alert, No. 74, January 2008.

¹⁰ See cited research in: Brody, Jane E. "Query for Aging Patients: How Much Do You Drink?" *New York Times*, Section D pg.7. December 16, 2008.

¹¹ 10th Special Report to Congress, pages 3, 240.