

The Honorable Sonny Perdue
Secretary of Agriculture
1400 Independence Avenue, SW
Washington, DC 20250

The Honorable Alex Azar
Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

November 10, 2020

Dear Secretary Perdue and Secretary Azar:

We, the undersigned consumer and public health organizations, write to express our strong support for the Dietary Guidelines Advisory Committee's (DGAC) conclusions and recommendations regarding alcohol consumption. We ask that you incorporate this evidence-based guidance into the *Dietary Guidelines for Americans, 2020-2025* (DGA). The law requires you to issue Dietary Guidelines that are "based on the preponderance of the scientific and medical knowledge which is current at the time the report is prepared".¹ The available evidence makes clear that the DGAC's recommendations on alcohol consumption meet this standard.

We strongly agree with the DGAC that the preponderance of the evidence supports tightening the guideline for men to limit intake to no more than one drink per day on days when alcohol is consumed. The DGAC report cites three rationales for this recommendation. First, "the preponderance of evidence indicates that consuming 2 drinks per day among men is associated with a modest but meaningful increase in risk compared to consumption of lower amounts, including 1 drink per day."² The DGAC reached this conclusion on the basis of a review of 60 studies published over the last decade - not one or two cherry-picked papers, as suggested by opponents to this provision. Second, the DGAC reported that "emerging evidence suggests the magnitude of risk associated with low volume alcohol consumption may have been underestimated," and that "increased all-cause mortality risk (albeit limited) may begin even at very low levels of consumption."³ The DGAC noted that studies assessing the dose-response relationship between alcohol intake and mortality found that risk increased at levels above 1-1.5 drinks per day for men on average. Finally, the DGAC cited research linking alcohol to cancer.

Research on the connection between alcohol and cancer, the second leading cause of death in the U.S., shows that 4.8 percent of cancer cases and 4.3 percent of cancer deaths in men are due to alcohol consumption, the fourth leading cancer risk factor in men.⁴ The DGAC's review of Mendelian Randomization studies on the connection between alcohol intake and cancer found

¹ 1990 National Nutrition Monitoring and Related Research Act (Section 301 of Public Law 101-445, 7 USC 5341, Title III)

² 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 (Part D, Chapter 11, p. 23).

³ *Ibid.* p. 24.

⁴ Islami F, Sauer AG, Miller K, et al. Proportion and Number of Cancer Cases and Deaths Attributable to Potentially Modifiable Risk Factors in the United States. *CA Cancer J Clin* 2018; 68: 31-54.

that alcohol intake increases the risk of head and neck, esophageal, and colorectal cancers. While the DGAC did not complete the planned systematic review on the connection between alcohol and cancer, systematic literature reviews conducted by the World Cancer Research Fund and American Institute for Cancer Research's Continuous Update Project have found strong evidence that consumption of alcoholic drinks increases the risk of cancers of the mouth/pharynx/larynx, esophagus, liver, colorectum, breast (pre- and post-menopausal), and stomach.⁵ With the exception of breast cancer, men are much more likely to develop these cancers than women. Research has found that **less than one standard serving of alcohol per day is enough to significantly increase risk for cancers of the breast, esophagus, and mouth/pharynx/larynx, and cancer risk increases with increased alcohol consumption for every cancer type associated with alcohol consumption.**⁶ For these reasons, both the American Institute for Cancer Research⁷ and the American Cancer Society⁸ recommend that for cancer prevention, it is best not to drink alcohol.

While the DGAC found limited evidence that low average alcohol consumption, particularly without binge drinking, is associated with a lower risk of all-cause mortality compared with never drinking alcohol, the well-documented methodological issues that have been raised regarding these studies may lead to misinterpretation. As the DGAC notes, "In light of the many scientific and public health issues associated with alcoholic beverages, any conclusions about low average consumption compared to never drinking alcohol require careful consideration."

The impact of the DGA on public health cannot be overstated, as poor diet and alcohol consumption increase the risk for many of the leading causes of death and disability in this country. By law, all federal food, nutrition, and health programs must promote the DGA, and the DGA is also often utilized by state and local governments and the private and non-profit sectors. Recognizing the importance of the DGA being unbiased and scientifically-sound, the National Academies of Sciences Engineering and Medicine report, *Redesigning the Process for Establishing the Dietary Guidelines for Americans*, states, "All stakeholders could provide input into the process; however, only experts as appointed by the secretaries of USDA and HHS ought to be involved in decision-making processes throughout the development of the DGA, including the DGA Policy Report."⁹ We wholeheartedly agree that the DGA should be developed by scientific experts in a transparent, systematic manner without undue influence by industry stakeholders.

We appreciate the DGAC's diligent efforts to review the evidence, and the conclusions in its scientific report appropriately reflect the current research regarding alcohol intake and public health. We strongly urge you to include their sensible, evidence-based guidance in the DGA.

⁵ World Cancer Research Fund/American Institute for Cancer Research. Continuous Update Project Expert Report 2018. Alcoholic drinks and the risk of cancer. Available at <https://www.wcrf.org/sites/default/files/Alcoholic-Drinks.pdf>.

⁶ Ibid.

⁷ American Institute for Cancer Research. Recommendation: Limit Alcohol Consumption. Available at <https://www.aicr.org/cancer-prevention/recommendations/limit-alcohol-consumption/>.

⁸ Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. *CA Cancer J Clin* 2020; 70(4). <https://doi.org/10.3322/caac.21591>.

⁹ National Academies of Sciences, Engineering, and Medicine. 2017. *Redesigning the Process for Establishing the Dietary Guidelines for Americans*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24883>. p. 45.

Please direct any response to this letter to Deirdre McGinley-Gieser, Senior Vice President, Programs & Strategic Planning, at the American Institute for Cancer Research, at d.mcginley-gieser@aicr.org.

Thank you for your consideration.

Sincerely,

Alcohol Justice
American Cancer Society Cancer Action Network
American Institute for Cancer Research
American Medical Association
American Public Health Association
Association of State Public Health Nutritionists
Consumer Federation of America
Fight Colorectal Cancer
Livestrong
Physicians Committee for Responsible Medicine
U.S. Alcohol Policy Alliance
Union of Concerned Scientists