Comments by the Center for Science in the Public Interest on “If You Drink Alcoholic Beverages, Do So in Moderation”

In CSPI’s view, the current (2000) 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 1) the potential risks of excessive consumption; 2) who should avoid alcohol; 3) the potential cardiovascular benefits of moderate drinking for a limited class of consumers; and 4) advice on moderate or low-risk drinking.

CSPI has found no changes in the scientific literature that suggest relaxing the clear message in the guideline 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 additional encouragement for consumers to “drink for their health.”

Some elements of the guideline 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 guideline’s definitions of the alcohol and calorie content of standard drinks.

I. Children and Adolescents

The current guideline lists children and adolescents under the heading “Who should not drink?” However, of all the bullets in that section, that point is the only one without explanation or elaboration. We believe that omission should be corrected to reflect, in part, the comprehensive 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’s, Reducing Underage Drinking: A Collective Responsibility (pages 60 – 66).

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” (Hingson R & Kenkel D. “Social and health consequences of underage drinking.” In Reducing Underage Drinking: Issues and Interventions. Committee on Developing a Strategy to Reduce and Prevent Underage Drinking. Washington, D.C.: National Academy Press, in press). Youth who drink are more likely to experience or commit a sexual assault and are more likely to engage in risky sexual behavior.
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.” (Brown SA & Tapert S. “Health consequences of adolescent alcohol use.” In Reducing Underage Drinking: Issues and Interventions. Committee on Developing a Strategy to Reduce and Prevent Underage Drinking. Washington, D.C.: National Academy Press, in press.) This is especially important because the brain continues to develop physiologically well into adolescence.

In our view, the guideline should spell out as strong a rationale as possible to discourage alcohol consumption among children and adolescents. Including 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.”

II. Alcohol and Older Adults/Elderly

Although the current guideline off-handedly reflects findings that older people may become more sensitive to the effects of alcohol as they age, that information is not included in the “Advice for Today.” We think that it should be.

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 (NIAAA Alcohol Alert, No. 40, April 1998). In most instances, risks among older adults exceed those of younger adults.

Therefore, we recommend that the guideline section, “Advice for Today” 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 (10th Special Report to the U.S. Congress on Alcohol and Health, 2000, pages 3, 240).

III. Definitions of Alcohol and Calorie Content of Moderate Drinking

Currently, Box 26 of the alcohol guideline 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 guideline suggests that a beer has 150 calories, the wine 100, and the shot of liquor also 100 calories. 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, Skyy Blue, and Bacardi Silver, 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 not required to include alcohol or calorie content information on their labels. Although their alcohol content (approximately 5% by volume) resembles that of beer, they usually contain far more calories due to added sugar. They often 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 (see attached poll summary).

Other “high-octane” products, such as malt liquors, which are often consumed from large (32- or 40-oz) containers, 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 contents should be revised to take into account these popular, “non-standard” drinks.

Similarly, the guideline’s identification of 100 calories in a serving of distilled spirits may not provide consumers with useful information. As defined in the guideline, 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 begins as a 100-calorie serving can easily become a small meal’s worth of calories, or 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 – and it’s not unusual to find Margaritas that contain 16, 20 or 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 calories; a 4.5 oz. pina colada has 245 calories; a 7 oz. rum and Coke, perhaps 175 to 200 calories. In addition, many sweet liquor drinks, such as crème de menthe or schnapps, by themselves contain significantly more than 100 calories per serving.

We recommend that the Dietary Guidelines’ information on the calorie content of typical drinks be amended to alert consumers about the additional calories derived from other ingredients mixed with or in distilled spirits drinks. In addition, calorie information for alcoholic beverages should be made more prominent than in the current version of the guideline, either by highlighting calorie content in a box separate from the moderate drinking box or by some other means.