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Dear Ms. Tagtow and Dr. Wright,

The Beer Institute, the Brewers Association, the National Beer Wholesalers Association and the Wine Institute appreciate the opportunity to comment on the recently issued Scientific Report of the 2015 Dietary Guidelines Advisory Committee (DGAC Report). The Beer Institute and the Brewer's Association are both trade associations representing the U.S. brewing industry, including brewers, beer importers, brewpubs and industry suppliers. The National Beer Wholesalers Association represents independent beer distributors. The Wine Institute is a trade association representing the California wine industry, including more than 1,000 wineries and affiliated businesses.

The Dietary Guidelines for Americans is an important consumer-facing document, designed to give consumers sound advice so they can make informed decisions about their diet. To this end, we were pleased to see the DGAC Report recognize moderate drinking as a component of a healthy dietary pattern. However, it is critical that the 2015 Dietary Guidelines for Americans give consumers the information they need to better guide moderate consumption of alcohol. The guidance in the 2010 Dietary Guidelines for Americans does not meet this goal because it presents all drinks as the same and does not explain that the alcohol content of various servings and mixtures of alcohol may vary considerably. See Kerr, W.C. & Stockwell, T. (2012) Understanding Standard Drinks and Drinking Guidelines. *Drug and Alcohol Review*, 31 (2) 200-205. There is a particular problem with the drink definition box on page 21 of the 2010 Dietary Guidelines in its use of the phrase, "one drink contains 0.6 fluid ounces of alcohol." This definition, which presents all drinks as equal, represents a misapplication

of a reference point used for comparative dosing in scientific studies, and has no meaningful connection to the real world consumption patterns of the American consumer. The 2015 Dietary Guidelines should help American consumers better understand there is wide variability in alcohol content depending on the type of alcohol (beer, wine or hard liquor) and the size of the container.

Two recent literature reviews, both submitted to the DGAC, emphasize that to moderate consumption consumers need better advice than an “all drinks are equal” message, and warn that the current definition does not match what consumers customarily encounter in terms of commonly served drinks. See Rutgers Alcohol Literature Review (2013) Piscataway Township, NJ: Rutgers Center of Alcohol Studies. (posted on December 23, 2013 and available at www.health.gov/dietaryguidelines) (“Rutgers Alcohol Literature Review”); Devos-Comby L, Lange, J (2008) “My drink is larger than yours?” A literature review of self-defined drink sizes and standard drinks. *Current Drug Abuse Reviews*: 1:162-176.

These literature reviews also show that given the variability in beverage types and sizes encountered by consumers, it is misleading to define servings of alcohol in terms of fixed amounts of ethyl alcohol (e.g., “one drink contains 0.6 fluid ounces of alcohol”). Other federal agencies, and even another agency within U.S. Department of Health and Human Services (HHS), recognize the problem. It is time for the 2015 Dietary Guidelines to follow suit.

Congress has previously found that clear, non-confusing reminders about the potential effects of consuming alcohol serve the public interest, and that there is a need to avoid the promulgation of incorrect or misleading information in that regard. See 27 U.S.C. § 213. To avoid conflicting with Congressional intent and better inform consumers about alcohol, we respectfully request that your agencies do the following in the 2015 Dietary Guidelines:

1. Omit the drink definition box on page 21 of the 2010 Dietary Guidelines, and in particular, the misleading phrase “one drink contains 0.6 fluid ounces of alcohol.”
2. Avoid including examples that attach ABV (alcohol by volume) to specific serving sizes in order to suggest that beer, wine and hard liquor are always equal or that a beer, a glass of wine or a drink made with hard liquor always contain the exact same amount of ethyl alcohol.
3. Advise consumers that a good way to moderate consumption is to know the alcohol content of their drink, especially when it comes to mixed drinks, where the strength or amount of alcohol in the drink varies.
4. Inform consumers that not all drinks are the same, and that not every commonly served mixed drink contains exactly the same amount of alcohol as a beer or glass of wine.
5. Provide an explanation of the variation in alcohol content consumers may encounter with commonly served mixed drinks.
6. Advise consumers that unless they make it themselves and measure carefully, it can be difficult to estimate how much alcohol is actually in a mixed drink made with hard liquor.

7. Let consumers know that depending on factors such as the type of hard liquor and the recipe, a mixed drink may include the equivalent of several light beers or glasses of wine.
8. Explain that hard liquor and mixed drinks can raise Blood Alcohol Concentration (BAC) more quickly than other alcohol beverages.

A. The 2010 Dietary Guidelines Drink Definition is Fundamentally Flawed.

The 2010 Dietary Guidelines include on page 21 a box that purports to define an alcoholic drink as follows: “[o]ne drink is defined as 12 fluid ounces of regular beer (5% alcohol), 5 fluid ounces of wine (12% alcohol), or 1.5 fluid ounces of 80 proof (40% alcohol) distilled spirits. One drink contains 0.6 fluid ounces of alcohol.” The drafters added this definition to the 2010 Dietary Guidelines at the last minute and without proper opportunity for critical public review and comment.

There are three fundamental problems with this type of absolute drink definition:

- it misapplies for purposes of consumer education a reference point developed for scientific research purposes only;
- it treats all alcohol the same; and,
- it does not translate to typical and customary servings of alcohol encountered by consumers.

1) 0.6 is a Reference Point Intended for Scientific Research Purposes Only.

The definition of a drink as one containing 0.6 fluid ounces of alcohol should never have been included in the 2010 Dietary Guidelines because as the Rutgers Alcohol Literature Review shows, it is a reference point for scientific studies, not a tool for educating consumers. See Rutgers Alcohol Literature Review. Scientific studies, particularly studies involving liquids, need a common reference point for dosing because one common error of such studies involves participants taking different doses. See Gallin, J. and Ognibener, F, Principles and Practices of Clinical Research. This can easily occur when there is confusion between different dose measurements. See, e.g., Turner C. How much alcohol is in a ‘standard drink’? An analysis of 125 studies. British Journal of Addiction. 1990; 85:1171–1175. Confusion between different dose measurements also makes it difficult to make comparisons between studies for scientific research purposes. See, e.g., Duke, A, Giancola, P, Morris, D, Holt, J, and Gunn, R, Alcohol Dose and Aggression: Another Reason Why Drinking More is a Bad Idea. J. Stud Alcohol Drugs. 2011 Jan; 72(1): 34-43.

In 2000 and in order to avoid the problem of differing doses and allow comparisons between studies on alcohol, the nation’s premier research agency on alcohol, the National Institute for Alcohol Abuse and Alcoholism (NIAAA), set the dosing measure as “any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons).” See <http://pubs.niaaa.nih.gov/publications/arh27-1/18-29.htm>. While 14 grams of pure alcohol may roughly equal 12 fluid ounces (355 ml) of beer, 5 fluid ounces (148 ml) of wine, or 1.5 fluid ounces (44 ml) of hard liquor, NIAAA did not develop the reference point for purposes of educating

consumers. *Id.* Indeed, the guide for advising patients about alcohol NIAAA publishes for clinicians acknowledges that 0.6 fluid ounces does not translate as a good reference point for consumers. See <http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf>. A dose is simply not a drink and many typical servings of alcohol beverages are NOT single dose equivalents. They may contain more or less alcohol than is found in a dosing measure of alcohol. NIAAA even cautions clinicians that depending on factors such as the type of hard liquor and the recipe, one mixed drink may contain as much alcohol as from one to three or more drinks. See http://pubs.niaaa.nih.gov/publications/Practitioner/pocketguide/pocket_guide2.htm.

2) Not All Drinks Are Equal.

Not all drinks are equal, and it would be a disservice to the American people for the 2015 Dietary Guidelines to suggest otherwise. While it is true that a 12 fluid ounce serving of 5% “regular” beer, a 5 fluid ounce serving of 12% wine, and a 1.5 fluid ounce serving of 80 proof (40%) hard liquor may contain about the same amount of alcohol, a beer, a glass of wine and a mixed drink do not always contain the exact same amount of alcohol and are not always served in these exact sizes.

First, some liquor is higher than 80 proof and most light beers (4.2%) have 16% less alcohol than a 5% “regular” beer. This is significant because overall, 43.6% of beer sold in this country is light beer. Further, in some states, retail accounts are restricted to selling “3.2” beer, which is 3.2% alcohol by weight and 4.0% alcohol by volume. In Oklahoma, for example, 95% of all beers are “3.2” products. The drink definition in the 2010 Dietary Guidelines does not translate for these consumers.

Second, the above serving sizes themselves also do not translate, because they do not match what a consumer encounters on any given drinking occasion. While most beer comes in a 12 ounce can or bottle, containers and portions of other alcohol don’t necessarily match the definition provided in the 2010 Dietary Guidelines. It is particularly wrong to provide a drink definition without explaining that not every drink is equal, and not every commonly served mixed drink contains exactly 1.5 fluid ounces of hard liquor or exactly the same amount of alcohol as a beer or glass of wine.

3) TTB Recognizes that Not All Drinks Are the Same.

The Alcohol Tax and Trade Bureau (TTB) is the regulatory agency for alcohol beverages. TTB ensures, through its oversight of alcohol labeling, that consumers have information about alcohol content, potential allergens, and health risks related to the consumption of alcohol. TTB recognizes that not all drinks are the same. In May 2013, the TTB issued guidance to the alcohol industry on the voluntary use of label disclosures providing information about servings of alcohol. See <http://www.ttb.gov/rulings/2013-2.pdf>. The TTB ruling is important because it defines how alcohol producers may properly inform consumers about the alcohol content of their products. The TTB guidance does not use 0.6 fluid ounces of ethyl alcohol to define a drink, and does not treat all alcohol as equal:

TTB is also aware that the serving sizes recognized by TTB Ruling 2004–1 for wines, distilled spirits, and malt beverages may not always be representative of how all products in the product category are typically consumed. The serving sizes outlined in TTB Ruling 2004–1 did not take into account non-standard products for which those defined serving sizes may be inappropriate. For example, a 355 ml. (12 fl. oz.) can containing a distilled spirits specialty product with 5 percent alcohol by volume would

rarely be consumed in a 1.5 fl. oz. serving. Thus, the labeling of the calories and carbohydrates contained in such a 1.5 fl. oz. serving might tend to mislead consumers, who would most likely consume the entire can (roughly 8 servings, as defined by TTB Ruling 2004–1) of the product as a single serving.

4) Different Types of Alcohol Products Have Different Rates of Absorption and Inebriation.

Recent scientific research shows that there are different rates of absorption and inebriation between alcohol products, rendering any attempt to equalize alcohol to consumers even more questionable. See Mitchell M, Teigen E, Ramchandani V (2014) Absorption and peak blood alcohol concentration after drinking beer, wine or spirits. *Alcohol Clin Exp Res* 38:1200-1204 (<http://onlinelibrary.wiley.com/doi/10.1111/acer.12355/pdf>). The American consumer needs better advice about differences between beer, wine or spirits. The message is not heard when it is based on the false assumption that all alcohol is the same.

B. The American People Deserve Better Guidance About Alcohol.

The American people deserve better guidance on alcohol than a “one-size-fits-all” drink definition that misleads them into believing that all alcohol and all drinks are equal. In particular, the Dietary Guidelines should inform consumers about the variation they will encounter when it comes to the alcohol content of various beverages. Following NIAAA’s recommendation, which the agency recently submitted to the drafting committee, the 2015 Dietary Guidelines should, at a minimum, tell consumers that:

“It can be difficult to estimate how much alcohol is actually in a commonly served mixed drink made with liquor. Depending on factors such as the type of spirits and the recipe, a mixed drink may include the equivalent of several light beers or glasses of wine.”

1) FDA Agrees That Americans Need Better Information About Alcohol.

NIAAA is not alone in recognizing the variability in how much alcohol is actually in a commonly served mixed drink made with liquor. The Food and Drug Administration (FDA) agrees. On December 1, 2014, the Food and Drug Administration (FDA) issued a final rule on menu labeling. See <https://www.federalregister.gov/articles/2014/12/01/2014-27833/food-labeling-nutrition-labeling-of-standard-menu-items-in-restaurants-and-similar-retail-food>. FDA makes clear that because mixed drink recipes vary so much, advice to consumers cannot present all alcohol as the same or a mixed drink as a simple multiple of a base serving as you might with a scoop of ice cream. FDA notes that in a covered establishment,

“[A] martini recipe might have 2 ounces (oz.) of gin and 0.5 oz. vermouth; a cosmopolitan recipe might have 3.5 oz. vodka, a dash of triple sec, a dash of cranberry juice, 1 tsp of sugar, and 1 oz. of lime juice; and a grasshopper recipe might have 1 oz. white crème de cacao, 1 oz. green crème de menthe, and milk or cream to fill the glass...” *Id.*

The FDA goes on to note that even recipes for well-known drinks like margaritas can differ from one chain or establishment to another, as there is no industry standard for preparation of mixed drinks. *Id.* A definition that does not account for variation is not of service to the American consumer.

2) HHS Provides Better Advice to Federal Employees.

The advice on alcohol HHS provides to federal employees through Federal Occupational Health (FOH), is better than the advice provided to American consumers generally through the 2010 Dietary Guidelines. FOH is a non-appropriated agency within the Program Support Center (PSC) of HHS. FOH works in partnership with federal organizations nationally and internationally to design and deliver comprehensive occupational health solutions exclusively to federal employees.

Among FOH's health campaigns and resources is a website designed to help federal employees understand alcohol. See <https://foh.hhs.gov/calendar/alcohol.html>. FOH does not define a "drink" as equal to exactly 0.6 fluid ounces of ethyl alcohol. Instead, FOH tells federal employees that a "drink" is "usually equal to a bottle of beer, a glass of wine, a shot of distilled liquor, or a cocktail or mixed drink. *Id.* This definition is based on the percentage of alcohol usually found in these different drink categories." FOH also advises federal employees that the percentage of alcohol in drinks can vary widely, and that while a single shot may equal one drink, a single mixed drink "may have multiple shots of liquor." *Id.* This means that a single cocktail may exceed daily recommendations for moderate drinking. FOH puts it simply: "[m]ixed drinks, like martinis, may look like one drink, but have the alcoholic punch of two or three, depending on the size." The guidance American consumers get from the 2015 Dietary Guidelines should equal the guidance HHS, through FOH, provides to federal employees.

C. The 2015 Dietary Guidelines Should Avoid Misinformation About Alcohol Content.

The American people deserve better guidance on alcohol. Instead of misleading consumers into believing that all drinks of beer, wine and those containing hard liquor are the same and all contain 0.6 fluid ounces of ethyl alcohol, the 2015 Dietary Guidelines should provide information regarding alcohol content variability. The 2015 Dietary Guidelines should also provide guidance that is at least on par with the advice provided by NIAAA, FDA, and TTB and, through FOH, to federal employees. NIAAA, FDA, TTB, and FOH recognize the variability in beverage types, sizes and strengths encountered by consumers. The 2015 Dietary Guidelines should not suggest otherwise by defining all servings of alcohol as equal.

To avoid misinforming consumers, we respectfully request that in drafting the 2015 Dietary Guidelines and at a minimum, your agencies omit the drink definition box on page 21 of the 2010 Dietary Guidelines, and in particular, the misleading phrase "one drink contains 0.6 fluid ounces of alcohol." The box and phrase misapply a reference point used for comparative dosing in scientific studies and have no meaningful connection to public health or to the real world experience of most Americans who consume mixed drinks. Including this drink definition box in the 2015 Dietary Guidelines would do a serious disservice to the American consumer.

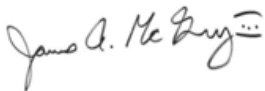
We also believe the 2015 Dietary Guidelines should help consumers understand that the alcohol content of many commonly served mixed drinks can vary greatly. It is also appropriate for the 2015 Dietary Guidelines to advise consumers that depending on factors such as the type of spirits and recipe, a mixed drink may include the equivalent of several light beers or glasses of wine. Simple, straightforward messaging like this would be far more instructive than the current text.

D. Change the Guidance About Alcohol Now.

It is time to change the guidance in the Dietary Guidelines about alcohol. The changes should happen with the 2015 Dietary Guidelines. It is not appropriate for HHS and USDA to wait for the 2020 Dietary Guidelines process to provide consumers with better information about drink variability. Better information means recognizing that not all drinks are the same and that there is a wide variance of alcohol in hard liquor drinks. The drink definition box on page 21, which misses the mark in terms of adequately informing consumers, was a last minute addition to the 2010 Dietary Guidelines. It should have no place in the 2015 Dietary Guidelines.

We appreciate your attention to this critical issue for consumers and look forward to continuing to work with you to ensure Americans have better information about alcohol.

Sincerely,



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