

BUSINESS TECHNICAL ADVISORY PANEL

April 27, 2023

The Honourable David Eby
Premier
Parliament Buildings
Victoria, BC
V8V 1X4

Honourable Adrian Dix
Minister of Health
Parliament Buildings
Victoria, BC
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The Honourable Mike Farnworth
Minister of Public Safety and Solicitor
General
Parliament Buildings
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The Honourable Pam Alexis
Minister of Agriculture
Parliament Buildings
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VIA EMAIL

Dear Premier and Ministers,

We write on behalf of the members of the Business Technical Advisory Panel (“BTAP”) regarding the BC Government’s consideration and use of the recent report issued by the Canadian Centre on Substance Use and Addiction (“CCSA”) entitled, “Canada’s Guidance on Alcohol and Health: Final Report” (the “Report”). BTAP is extremely concerned about the way the Report is being used and relied upon by parts of the BC Government. We are particularly concerned about the apparent endorsement of the report by the Ministry of Health in respect of its “joint initiative” with BC Cancer that relates to a campaign entitled “The Proof.” Given the importance of public health messaging, it is our position that the Report should not be used as part of any official Government communication such as this and should not currently be relied upon for any formulation of Government policy. We set out our concerns below.

Introduction

Since 2017, the government-appointed members of BTAP have represented the various stakeholders in the liquor and hospitality industries in BC. We have worked cooperatively with Government to find solutions to numerous issues facing our sectors, particularly during the pandemic. BTAP’s members have always considered public health issues to be integral to the well-being of our industry. Indeed, BTAP’s original mandate required us to consider such issues and three of the recommendations in our original report (R12-R14) were specifically designed to assist with addressing these issues. We note that, despite support from BTAP, two of these recommendations have not been implemented.

While the vast majority of Canadians enjoy beverage alcohol products in moderation, BTAP's members recognize that a minority consume in excess and, thus, have always supported sensible harm-reduction initiatives to prevent and reduce alcohol harm such as the 2011 implementation of the Low-Risk Drinking Guidelines (LRDGs). With interconnected daily and weekly drink limits¹ based on a standard limit of 2 drinks per female and 3 drinks per male, the existing LRDGs have proven to provide practical guidance for healthcare professionals and adult Canadians who choose to consume alcohol.

The Report

The original goal of the CCSA project, funded by Health Canada, was to update Canada's LRDGs, with recommendations tailored for specific target groups that are particularly at risk, such as youth, women, and those with chronic diseases. Rather than focus on these objectives, the Report has adopted a different approach based on a "continuum of risk" for everyone regardless of overall health status or vulnerability. The Report now recommends that the federal government replace the existing LRDGs with a continuum of risk which advises: low risk is 2 drinks or less per week; moderate risk is 3 to 6 drinks per week; and, high risk is 7 or more drinks per week, regardless of gender. In addition, the public summary infographic now includes a maximum limit of 2 drinks on any day. This is a radical reduction from the existing LRDGs.

It is important to note at the outset that the Report is a set of recommendations by CCSA and that these recommendations have been neither accepted nor rejected by the federal government. At the present time, the Report has no official status as federal government policy and is simply a proposal put forward by a particular group, who were contracted by Health Canada to provide one. The title of the Report, "Canada's Guidance on Alcohol & Health," is misleading in that it implies that it is an official policy of the Canadian federal government, which it is not. Indeed, it is our information that Health Canada has no intention of adopting these recommendations at any point in the near future.

Since the publication of the Report, some of its authors have engaged in a campaign of promotion for it that has resulted in significant coverage by both domestic and international media. Unfortunately, many of those media reports have incorrectly indicated that the

¹ Daily standard drink limit of 2 female / 3 male, single occasion standard drink limit of 3 female / 4 male, interconnected weekly maximum standard drink limit 10 female / 15 male; and, at least two alcohol free days per week.

recommendations of the Report have been adopted by the federal government, which is false². The members of BTAP wish to express their alarm that some members of the BC Government (as well as members of municipal governments) have also been openly stating that the Report is federal government policy and that Canada's LRDGs have been updated as proposed by the Report. Such statements are incorrect and misleading and are an unfortunate result of the strategy adopted by the Report's authors.

The "Proof" campaign repeats this misinformation by referring to "Canada's Guidance on Alcohol & Health," without explaining that it is an unapproved set of recommendations, and by stating that the guidelines were "recently updated." These statements imply that the Report's recommendations have been accepted by the federal government, which is not true.

Changes in the Science?

Any significant change to the existing LRDGs should have been proposed by CCSA on the establishment of a clear change in "the science." Such a change would be established by a preponderance of new evidence and by recognition within the scientific community that such evidence was sufficient to warrant new conclusions and recommendations. While CCSA indicated that, in their view, there have been changes in the science, such a conclusion is not backed up by the contents of the Report.

The Report itself is a review of other scientific studies. In other words, the authors of the Report have examined the work of others to generate conclusions rather than performing any new studies. This means that the validity of the work is dependent upon the quality of the studies that were selected for review as well as upon the subsequent analysis of them. In this respect, the methodology of the Report is concerning. The Report states that it was created as a result of the identification of almost 6,000 new information sources³ that addressed issues related to the health effects of alcohol consumption. However, an examination of the details of the sources reveals that the authors of the CCSA report dis-qualified well over 99% of the sources, settling on the use of *only 16 studies* (12 of which were characterized as "low to very low quality" by the Evidence Review Working Group created by the CCSA).

On its own, this methodology raises some serious questions. There are literally hundreds of earlier studies related to the health effects of alcohol consumption (many of which conclude

² See for example "*Moderate Drinking Has No Health Benefits, Analysis of Decades of Research Finds*" in the NY Times, April 4, 2023 where, after speaking with one of the CCSA authors, the reporter states that "Canada issued new guidelines" and that the "Canadian agency says that consuming even two standard drinks a week is associated with health risks, and seven or more weekly drinks carry a high level of risk". Neither of these statements is correct.

³ The full text of only 239 studies were screened for eligibility meaning that the vast bulk of the sources were not reviewed.

that low to moderate consumption is not harmful or even beneficial). The CCSA's reliance on such a small number of data sources, most of which were of "low quality", raises obvious questions of whether the analysis can be considered to be valid and also raises troubling issues of potential bias in the selection of the studies that were used.

A deeper look into the sources that were used raises even more concerning questions. There is a worrisome lack of diversity within the 16 studies that were picked with the same researchers named frequently as authors of those studies. Seven of them (almost 50%) have the same person named as one of the study's authors. There are multiple other incidences of commonality amongst the researchers including some crossover with the CCSA Panel members. This dramatically reduces the number of perspectives that the "data sources" represent. In addition, while 16 studies were used in total, each particular type of cancer is represented only by a single study.

To change the existing LRDGs, which were based upon decades of scientific research and conclusions, the Report should present a solid foundation of evidence that "the science" has fundamentally changed. The Report does not do that. It presents a very small selection of studies that appear to be chosen from amongst an even smaller group of scientists.

The international scientific community is expressing serious reservations about the Report and about the CCSA's methodology. We have attached an Appendix listing many sources that have done so. Most prominently, the *International Scientific Forum on Alcohol Research* ("ISFAR") (50 university affiliated experts from around the world) issued a very critical analysis of the Report concluding that its methodology was inadequate, its recommendations do not satisfy the objective of the Report, and that the existing LRDGs provide superior and more robust guidance for Canadians:

Forum member R. Curtis Ellison, who has been evaluating scientific data on the relationship of the consumption of alcoholic beverages to health outcomes for more than three decades, wrote: "I am appalled by the conclusions of the authors of this paper. They present a pseudo-scientific amalgamation of selected studies of low scientific validity that fit their preconceived notions and ignore many high-quality studies whose results may not support their own views".

...

Accordingly, the Forum believes that these recommended guidelines do not contribute to their own intention to allow Canadians to make well-informed decisions on alcohol use and how it will affect their health. Furthermore, the evidence base assessing all-cause mortality and the risk of mortality from any cause at the 2011 alcohol level of 135 g/week for women, with no more than 27 g/day most days and 202 g/week for men,

with no more than 40 g/day most days, remains robust and the hence the 2011 guidelines remain relevant to Canadians rather than the 2023 CCSA recommendations.

In addition, the CCSA’s assessment of what is “low risk” is now significantly out of step with most countries in the world. The Report has proposed guidelines that have changed the way that “low risk” is defined and introduced a Canadian definition of “moderate risk,” which is below the low risk levels established for weekly drinking in the UK, Australia, and most other countries around the world. Indeed, the “low risk” guidelines in the UK and Australia would now be characterized as “high risk” in Canada.

Country	Risk tolerance	Guidance	Grams of Alcohol / week
UK (2016)	“ Low ” risk = 1 in 100 chance of dying	14 units / week	14 x 8g = 112g
Australia (2020)	“ Low ” risk = 1 in 100 chance of dying	10 standard drinks / week	10 x 10g = 100g
Canada (2023)	“ Low ” risk = 1 in 1,000 chance of dying “ Moderate ” risk = 1 in 100 chance of dying	2 standard drinks / week 6 standard drinks / week	2 x 13.45g = 27g 6 x 13.45g = 81g

As a result, the CCSA methodology is inconsistent with the international scientific acceptance of what is an appropriate way to measure risk to generate LRDGs. The “science” is determined by acceptance amongst the broad scientific community at the international level: CCSA cannot create its own version of “science” to justify its desired conclusion that there is “no safe level” of drinking.

In this regard, “the Proof” campaign contains similar misleading information. It repeatedly refers to “Canada’s Guidance” and the recommendations of the Report as the proper guidance for Canadians and adopts those recommendations as the accepted LRDGs for Canadians even though the federal government has not adopted them. The conclusions of its “Risk” quiz directly refer to “Canada’s Guidance” and, as such, imply that the measurements and assessments of the quiz are endorsed by the federal government even though that is not the case.

Misleading Presentation of Risk

The Report appears to ignore or misrepresent the actual risks associated with alcohol consumption, particularly as those would apply in the real world. Life is full of risks which we accept every day. Driving to work entails risk as does participating in most sports. Yet, the Report seems to proceed on the basis that *any risk or increase in risk associated with alcohol consumption is unacceptable*. Particularly, the Report contains no examples of the absolute risks that an individual would face at particular levels of consumption, which in respect of low or moderate consumption are generally extremely low.

Instead, the Report focuses on “increased risk” and uses alarmist language to do so, even where those risks might be perceived as minimal or irrelevant by a drinker. This approach is misleading. The EU Food Information Council has criticized the presentation of relative risks, without absolute risks for context, as a key barrier to public understanding. Here are a few examples.

- In respect of breast cancer, the Report states that the relative increase in risk for breast cancer is 27.9% for women drinking 14 drinks per week. However, at that level of consumption, the percentage absolute risk is 0.0173% (17.3 premature breast cancer deaths per 100,000 women in Canada). The increase in absolute risk, expressed as a percentage would be 0.0048%. As such, the focus on relative risk magnifies and distorts the absolute risk numbers which are necessary for a proper understanding of risk.
- The ISFAR critique points out that, *even if one accepts the CCSA’s methodology*, the overall risk for a moderate drinker over their lifetime would only result in a two month reduction in lifespan. Further independent actuarial analysis of this approach indicates that the actual risk would be even lower in real life: about 3 weeks⁴. This type of context is essential to proper understanding and is not presented anywhere in the Report.
- The Report asserts that at one drink per day, “your risk of heart disease or stroke increases” and that each additional drink “radically increases the risk of these alcohol-related consequences.” These are contentious conclusions as many studies have found that the risk of heart disease may be *reduced* by low to moderate alcohol consumption. The use of the words “radically increases the risk” is unnecessary hyperbole that has no scientific meaning. Indeed, the ISFAR critique pointed out that many other studies have found beneficial effects of “25 to 40%” but these studies “were not selected nor evaluated”.
- The Report uses a mathematical model to estimate the number of years of life lost (“YLLs”) for every 1,000 people due to alcohol consumption. However, based on the modelling, the sum of the years of life lost is very close to zero, and not significant until

⁴ This analysis concluded that there is no difference in terms of risk for males until at least 21 drinks per week (or 3 drinks per day) are exceeded, which is much higher than the existing LRDGs weekly limits for males. Gabriel Patterson, Op-Ed, January 29, 2023, Le Soleil.

at least 35 drinks per week which is equivalent to 5 drinks per day – a very high level of consumption that no one would recommend and which is almost quadruple the female, and more than double the male maximum weekly number of drinks under the existing LRDGs.

The Report claims that it “provides accurate and current information about the risks and harms associated with the use of alcohol.” It states that it is “based on the principle of autonomy in harm reduction and a fundamental idea behind it is that people living in Canada have a right to know.” Unfortunately, the Report provides neither accurate nor current information about the risks and harms associated with the use of alcohol and repeatedly uses statements of high relative risk without providing any context so that the public can make informed assessments. This approach to risk communications does not properly reflect the statistical evidence which could lead to a loss of reputation and reduce public trust in future health guidance.

The Proof campaign adopts the same communication strategy with respect to risk. One infographic depicts a wine bottle with a label that states “alcohol causes head and neck, breast, liver, colon and rectum cancer.” Another depicts a bottle of sparkling wine with a label that states “increased risk in every sip.” These depictions are misleading because they imply high levels of risk from minimal consumption. Similarly, the web site’s Risk quiz presents alarming statements of relative risk without providing any absolute risk context, which is misleading and which makes it impossible for Canadians to make informed decisions about their consumption.

Conclusion

The members of BTAP believe that the provision and promotion of LRDGs are an extremely useful tool to provide guidance for those who choose to drink and to help them make responsible choices. However, for any LRDGs to be credible, they must be both accurate and based on credible peer-reviewed science by independent third party experts. The current LRDGs satisfy both of these criteria. The recommendations in the Report do not. They lack the practical evidence-based harm-reduction guidance that the current LRDGs provide. They also seriously misrepresent the levels at which consuming alcohol should be considered low, moderate, or high risk.

British Columbians have a right to accurate information and clear advice about alcohol and the health risks associated with overconsumption, and the government has a responsibility to ensure this information is provided to the public in an open and clear way, so they can make informed choices.

Particularly, BTAP is concerned that: a) the recommendations in the Report are being misrepresented as being the official LRDGs of the federal government, b) the Report is not backed by credible independent peer-reviewed science, and c) the Report makes misleading statements regarding the risks of alcohol consumption.

As a result, and in respect of British Columbia, we believe that the BC Government should not endorse or otherwise participate in any official communications, such as “the Proof” campaign, which misrepresent the status of the Report as official federal government policy and/or which make misleading statements about risk. We also believe that the BC Government should not adopt policies based on the recommendations in the Report until such time as the issues surrounding the scientific validity of the Report have been addressed and until such time as the issues surrounding the misrepresentation of risk assessment have been addressed.

For many British Columbians, drinking alcoholic beverages in moderation is part of their social life and culture. The recommendations in the Report distort the definition of excessive consumption and discourage many Canadians from making informed choices about their alcohol consumption levels. Alleging that there is no safe level is an overly simplistic message that will have a counterproductive effect on consumers and on their capacity to achieve informed and healthier choices when it comes to their beverage alcohol consumption.

We look forward to working with you to address and resolve the issues outlined above. For further details, please contact BTAP Chair Jeff Guignard at jeff@ablebc.ca or 604-499-2566)

Sincerely,

Members of the **Business Technical Advisory Panel (BTAP)**

- **Jeff Guignard**, Alliance of Beverage Licensees (ABLE BC)
- **Ken Beattie**, BC Craft Brewers Guild
- **Ian Tostenson**, BC Restaurants and Foodservices Association (BCRFA)
- **CJ Helie**, Beer Canada
- **Tyler Dyck**, Craft Distillers Guild of BC
- **Pat Bell**, New Wave Wine Society
- **Ted Latimer**, Import Vintners and Spirits Association (IVSA)
- **Mark von Schellwitz**, Restaurants Canada
- **Trent Leggett**, Rural Agency Store Advisory Society
- **Jan Westcott**, Spirits Canada
- **Miles Prodan**, Wine Growers BC

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- **Kim Horn**, Executive Lead, Crown Agencies Secretariat

Appendix 1 – BTAP Letter

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17. [David Sweanor, chairman of the advisory committee for the University of Ottawa’s Centre for Health Law, Policy and Ethics](#)
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1. Augustine Brannigan & Richard Wanner, professors emeriti of sociology at the University of Calgary

Edmonton Journal, 01 February 2023

[Opinion: Let's not abolish the two-drinks-per-day guideline without more fully understanding the facts](#)

The public dissemination of the CCSA's recommendations also has been marked by cherry-picking of results. For example, the evidence suggests that, among males, ischemic stroke is reduced by eight per cent for daily intake of 5-20 grams of alcohol.

For those calling for warning labels to be placed on wine bottles about the adverse effects of moderate consumption on cancer risks, should we not expect a notice that in men moderate daily consumption reduces risks of stroke?

Also, regarding diabetes, an illness of enormous concern in modern societies, the CCSA's data suggest that consumption of alcohol increases the onset of diabetes only one to three per cent for males regardless of consumption levels (but the estimates are non-significant) and actually decreases the risk for females by about a third even at the highest levels of consumption. In fact, according to the CCSA report this month, the protective effects are higher at 50 grams a day than at five — a finding that beggars the imagination.

We should put the risk assessments in context. What are the benefits of moderate alcohol consumption that the CCSA guidelines are designed to eradicate? This is something that the CCSA mentions but never discusses. Hot dogs, bacon and hamburgers are also carcinogenic. Who endorses a policy to have government warnings on these products?

Bottom line: you may minimally reduce your risk of certain illnesses by dramatically reducing your consumption of alcohol. Or you can assume very marginal risks for illness by adhering to the original guideline of two drinks a day.

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2. Bob Burns, a retired doctor from Nanaimo, B.C.

CBC, 25 January 2023

[Just how risky is it to drink more alcohol than Canada's new guide advises?](#)

"If it increases an already-low chance of a cancer, by 0.5, or one, or even five per cent, it would take thousands of cases to have any real significance. I believe that this is vital information to enable people to make informed choices,"

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3. Kiffer George Card, Assistant Professor in Health Sciences

The Conversation, 25 January 2023

[Canada's new drinking guidelines don't consider the social benefits of alcohol. But should they?](#)

However, the authors of the new guidelines and the studies that underlie them [often ignore these benefits](#) arguing that they are inconsequential to health.

However, as the lead researcher on a [national study](#) aiming to develop [Canadian Social Connection Guidelines](#), I would argue that the social benefits of alcohol use are fundamentally important to the development of public health guidelines for alcohol consumption.

Just as [most people](#) do not know that alcohol increases your risk for cancer, [most of us also don't realize](#) that [poor social health is just as, if not more, harmful than smoking, drinking, being obese, sedentary living and exposure to poor air quality.](#)

In fact, the list of diseases and conditions that have been [linked to social disconnection is expansive](#) and includes [depression and anxiety, psychotic disorders, cardiovascular disease, cancer, diabetes, neurocognitive impairments, poorer immune response, inflammation](#) and [poor metabolism.](#)

While decades of research have warned about the dangers of loneliness and social isolation, public health bodies have not fully embraced the need to [prioritize social connection.](#)

Reconciling [the benefits and consequences of alcohol is certainly a challenge.](#) This is especially difficult given that many studies on alcohol risk fail to capture meaningful dimensions of social life.

For example, studies rarely account for [the social context of drinking](#) when measuring the impact of alcohol on poor health. Similarly, the fact that many [drinkers may have been exposed to high levels of second-hand smoke](#) has not been fully accounted for in estimating its health consequences.

Measuring these [potential confounders](#) is especially important given that even if alcohol doubles or triples your risk for a given cancer, [the risk in the first place may have been extremely low.](#) Measuring very small changes in risk is hard. More and better studies are still needed.

This is similar to the estimate calculated from [a synthesis of 83 studies](#), which found that those who drank seven to 14 drinks (100 to 200 grams) per week had shorter life expectancy by just six months, compared to those who drank zero to seven drinks (zero to 100 grams) per week.

Many of us may be willing to make these trade-offs in order to live a happier life overall. Meanwhile, studies on the [functional benefits of alcohol on social health](#) have reported [benefits from moderate drinking](#). These benefits are likely due to alcohol's promotion of [endorphins](#) — which play a key role in social bonding. Considered along with a growing body of research that [emphasizes meaningful social connections as the most important determinant of happiness and well-being](#), these studies suggest that we (at least those of us who feel a little more social after a drink or two) might benefit more from drinking alcohol than abstaining from it.

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4. Sylvain Charlebois, professor in food distribution and policy

C2C Journal, 27 January 2023

[Better Make it a Double: New Anti-Drinking Guidelines Seek Abstinence Through Fear, Part I](#)

And it's not just insiders who have spotted the CCSA's inherent bias towards abstinence. Well-known Canadian economist and frequent food industry commentator Sylvain Charlebois of Dalhousie University has also described the general tone of CCSA's work as, "almost as if alcohol should be outlawed." After reviewing an earlier version of its report, Charlebois quipped that putting CCSA in charge of setting Canada's drinking guidelines, "would be like asking People for the Ethical Treatment of Animals to review guidelines for the beef industry."

Ottawa Citizen, 19 January 2023

[Charlebois: New alcohol guidelines will be tough for Canadians to swallow](#)

These studies, coupled with the CCSA's recommendations, will likely be received by many Canadians with great skepticism. After all, we are living longer, and many seniors drink regularly and responsibly without experiencing any health issues. Alcohol has been around for a very, very long time.

Historians claim that fermented beverages existed in early Egyptian civilization. Some archives also suggest alcohol was drunk by the Chinese more than 9,000 years ago. Intuitively, it's hard to understand why anyone would put alcohol in the penalty box, as we did with cigarettes or other such harmful products in our lives. Besides alcohol, other substances and factors can cause cancer, as put forth by multiple studies. But the risks have now been demonstrated scientifically.

But the CCSA's scientific evaluation is far from perfect. For one, some studies still show the benefits of moderate consumption when considering all the causes of mortality in determining health risks. In other words, drinking may not be the main cause of death, even for a regular consumer of alcohol. These studies are mentioned in the report, but in passing.

Another of the CCSA's most significant oversights is its evaluation of the social and cultural aspects of drinking. Alcohol is part of many celebrations, leisure events, holidays, vacations, end-of-day routines, and more. The CCSA dismissed all research that looked at the social value of alcohol, believing none of it worthy of scientific consideration. Perhaps overlooking such an important piece of behavioural science will only make more Canadians unconvinced. This is a research area which requires more attention, and many Canadians would likely concur.

Ottawa Citizen, 06 September 2022

[Charlebois: Study concludes Canadians are drinking too much. But we may not care](#)

These recommendations are based on improved science, but one can only assume Canadians won't take these recommendations seriously. Notwithstanding the labelling recommendations, which will likely be received by the Canadian public with great apprehension, alcohol is very much part of the daily lives of many Canadians. Watching a hockey game, being with family and friends — it's hard to imagine these moments without alcohol. Alcohol abuse and over-consumption are real issues and need to be dealt with, but most Canadians will probably feel that the proposed guidelines are not realistic.

In addition, governments in Canada rake in millions in tax revenues from alcohol sales every single year. The net income of liquor authorities in total taxes and other revenue in Canada was well over \$13 billion in 2021, according to Statistics Canada. Total tax revenues were over \$6 billion. Provinces and Territories depend on these sales to provide dividends to support public expenditure in various ways. Total revenues from liquor boards from across the country are up 13 per cent since 2016, which really should be considered a reasonable rate. But the balance between strong returns and social benefits for consumers is indeed delicate. The guidelines under study will influence our behaviours around drinking, as well as what health professionals will promote to patients and the community at large.

But what strikes many as strange is the relationship between Health Canada and the CCSA. The Ottawa-based group is supported with funding from Health Canada. The CCSA is essentially a non-governmental lobby which advocates for the reduction of harm caused by alcohol and drugs. When reading reports from the group, it is almost as if alcohol should be outlawed — well, almost. In other words, the CCSA's goal is to raise awareness, reduce the amount of alcohol consumed in Canada and influence policy. It would be like asking People for the Ethical Treatment of Animals to review guidelines for the beef industry. It's simply impossible to overlook potential predispositions and biases.

For Health Canada, to bring more credibility and perspective to the fore, it would have been more beneficial to either conduct consultation on its own or ask several groups to review the literature and come up with different sets of recommendations. It appears CCSA has the monopoly on scientific thought related to alcoholic consumption in Canada, and it should not. This important issue deserves much more consideration from a multitude of perspectives.

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5. Sarah Dermody, assistant professor in the Department of Psychology at Toronto Metropolitan University

The Kit, 17 February 2023

[So, Who's Taking the New Alcohol Guidelines to Heart?](#)

It's true that drinking alcohol is really ingrained into our culture and has been for quite some time, says Sarah Dermody, an assistant professor in the Department of Psychology at Toronto Metropolitan University. "I think it is natural to question these new recommendations as they seem to contradict society's understanding of alcohol as a substance for leisure, bonding, and coping," says Dermody. "That being said, a large research literature has demonstrated that any alcohol use comes with risk. Of course, this risk will depend on the individual, situation, context, and so on. The guidelines are meant to provide a guideline for a level of drinking that will be relatively low risk."

She notes that the two-glasses per week recommendation is a "one-size-fits-all approach" that is unfortunately the standard in public health communications. "On the one hand, some women may have underlying health conditions that suggest they should not drink at all. Other women may have different biology that could make them more or less susceptible to the harms of drinking," Dermody explains. "It is important to keep in mind that these numbers may not apply to everyone. For instance, an issue with the guidelines is that they do not clarify how they should be used for gender diverse people, and this is a major limitation!"

Shor is also dubious about the two-drink limit. "I think we need to take it with a grain of salt. It's like they can't come out and say you shouldn't drink at all, so they came up with this," she says. "It's like telling people it's okay to just have two cigarettes a week. It's unrealistic. For most, you either smoke or you don't."

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6. Colin Farrelly, professor in the department of political studies at Queen's University

National Post, 29 September 2022

[Colin Farrelly: When public health becomes a tool of social control](#)

A new report seeks to usher in a modern-day temperance movement

Just a few weeks ago, a report was published by the Canadian Centre on Substance Use and Addiction, which states that “even very small amounts of alcohol (more than two drinks a week) can be harmful to people’s health.” This is about as trite as saying, “Driving your car can be harmful to your health.” What we really want to know is how risky such behaviour is.

Few things in life have no risks associated with them. And while the report highlights the seven cancers drinking alcohol can increase the risk of, such as breast and colon cancer, it is worth keeping in mind that there are over 200 different types of cancer and the incidence of most cancers increases with age. Abstaining from alcohol does not mean you will not get cancer.

So exactly how risky is having a glass of wine with dinner most nights? Good luck trying to get a clear answer on this question from the report.

By placing what is now considered low-risk levels of alcohol consumption into the highest-risk category, the report gives the impression that the risks of moderate or social drinking can be equated with those of alcoholism, or binge drinking, or drinking and driving, or drinking while pregnant. Rather than targeting those most at risk of the harms of drinking alcohol, these updated recommendations appear designed to try to persuade people not to tolerate any risks at all from alcohol consumption.

To which my response is: yeah, good luck with that! Abstaining from sex would also eradicate the risks of sexually transmitted diseases (as well as the human species). But I suspect few Canadians would be content to sign up for the monastic lifestyle, because the good life is not equated with the life of “maximally optimal health choices.”

Public health and medicine must not only be compatible with individual autonomy, they must also recognize that, for many people, a “life worth living” is not equated with a life of “maximally optimal health choices.” When the sage dictum, “everything in moderation,” is replaced by the untenable dictum, “minimize every possible risk,” public health forgets that we also care about the quality, and not just quantity, of life.

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7. Dr. Richard Harding, a co-author of previous UK guidelines for alcohol consumption

Daily Mail, 09 October 2022

[Drinking just THREE alcoholic beverages a week is bad for your health, controversial study claims, warning punters to limit their intake to just two small glasses of wine - or a pint and a half of beer](#)

Last night Dr Richard Harding, who helped review sensible drinking messages for the UK Government in the mid-1990s, hit out at the report.

He argued the claim that having just three drinks a week harmed health was 'not supported by the medical evidence – in fact, quite the reverse'.

'Fifty years of epidemiological and clinical research points to substantial health benefits – not harms – of daily intakes of small amounts of alcohol,' he said. 'The plain fact is that, if people were to follow the recommendation to reduce their consumption to two small drinks or less a week, it is likely that they would be worse off in health terms.'

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8. International Scientific Forum on Alcohol Research

International Scientific Forum on Alcohol Research, 17 February 2023

[International Scientific Forum on Alcohol Research: Critique 261: Canada's Guidance on Alcohol and Health: Final Report. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction \(2023\).](#)

Accordingly, the Forum believes that these recommended guidelines do not contribute to their own intention to allow Canadians to make well-informed decisions on alcohol use and how it will affect their health. Furthermore, the evidence base assessing all-cause mortality and the risk of mortality from any cause at the 2011 alcohol level of 134.5 g/week for women, with no more than 27 g/day most days and 202 g/week for men, with no more than 40 g/day most days, remains robust and the hence the 2011 guidelines remain relevant to Canadians rather than the 2023 CCSA recommendations.

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9. Martin Juneau, director of prevention at the Montreal Heart Institute

TVA Nouvelles, 21 February 2023

[Consommation d'alcool: l'étude alarmiste ne vaut rien, selon un cardiologue](#)
[Audio: Consommation d'alcool : l'étude alarmiste ne vaut rien, estime un cardiologue](#)

L'étude du CCDUS est basée sur une revue de toute la littérature scientifique liée à la consommation d'alcool. Les chercheurs ont ensuite retenu certaines études pour formuler leurs conclusions sur la nocivité de l'alcool.

«Le choix est douteux. Ils ont éliminé d'excellentes études et en ont gardé d'autres qui étaient plutôt mauvaises sur le plan scientifique», a cependant dénoncé le médecin qui œuvre à l'Institut de cardiologie de Montréal.

Selon lui, les auteurs du rapport du CCDUS pourraient avoir été aveuglés par leur idéologie.

(The CCSA study is based on a review of all scientific literature related to alcohol consumption. The researchers then selected certain studies to formulate their conclusions on the harmfulness of alcohol.)

"The choice is doubtful. They eliminated excellent studies and kept others which were rather bad on the scientific level", however denounced the doctor who works at the Montreal Heart Institute.

According to him, the authors of the CCSA report may have been blinded by their ideology.)

«J'avais été très surpris que le rapport soit accueilli comme ça, comme la vérité, mais dans les milieux scientifiques, je peux vous dire que ça n'a pas été bien accueilli, mais les gens ne sont pas sortis publiquement», a clamé le Dr Juneau.

Ce dernier a donné en exemple le rôle protecteur pour la santé du cœur que l'on associe généralement à l'alcool. «On le sait depuis 50 ans, il y a une centaine d'études qui démontrent que ça diminue le risque d'infarctus du myocarde, si vous buvez un verre de vin par jour», a souligné le spécialiste.

("I was very surprised that the report was received like that, like the truth, but in scientific circles, I can tell you that it was not well received, but people did not come out publicly," he said. proclaimed Dr. Juneau.

He gave the example of the protective role in heart health that is generally associated with alcohol. "We have known for 50 years, there are a hundred studies which show that it reduces the risk of myocardial infarction, if you drink a glass of wine a day", underlined the specialist.)

C2C Journal, 27 January 2023

[Better Make it a Double: New Anti-Drinking Guidelines Seek Abstinence Through Fear, Part I](#)

“As a cardiologist, I can tell you that there are hundreds of well-done studies that repeatedly show a J-Curve,” says Martin Juneau, the former director of prevention at the Montreal Heart Institute and Professor of Medicine at Université de Montréal. Juneau readily admits that alcohol is not beneficial for all heart conditions, including arterial fibrillation or high blood pressure. He also frets about his patients who over-indulge. “But,” he says, “if you want to prevent heart attacks, which is always the number one concern, then alcohol is protective.” He points to several data tables in the CCSA report that actually prove his point on heart health (see Tables 1-4, pages 25-28), despite the overall message being entirely contradictory.

Juneau echoes Malleck’s complaints about the CCSA’s focus on relative rather than absolute risks, calling the report’s deliberate choices in this regard “bad science.” Disputing the notion of a mortal threat arising from every drink taken, Juneau considers the health risks to be “very, very slight until you get to about 14 drinks per week. And after that, it takes off really quickly.” In other words, the real health concern from alcohol is bingeing, not moderate use. But if that’s the case, what explains the CCSA’s extraordinary effort at trying to convince Canadians that any amount of alcohol is deadly?

“In Canada, there is a certain group of researchers, primarily based in Western Canada, who are very opposed to alcohol. I see a lot of moral ideology in their work,” Juneau states. Prodded for specifics, he mentions the work of UVic’s Centre for Addictions Research of B.C. (now known as the Canadian Institute for Substance Use Research, or CISUR) and in particular Tim Stockwell, a psychologist at CISUR, as chief examples of this observed propensity to “always be on the side of no alcohol.” Stockwell and Jinhui Zhao, also of CISUR, are the two Canadian co-authors of the 2017 study the CCSA used to dismiss the existence of the J-Curve. As for how this particular paper came to be chosen out of the thousands considered on coronary heart health, Juneau says, “I think they did a little cherry picking...I think they selected papers that confirmed their theory. There are studies that should be there, but aren’t.”

Juneau’s wisdom on drinking, distilled from his three decades as a practicing cardiologist, is that red wine is better for your health than hard liquor. Drinking with dinner is ideal. Bingeing is always bad. He contrasts the Anglo-Saxon and Scandinavian approach to drinking heavily on weekends with Quebec’s more Mediterranean-style relationship with the grape that emphasizes small amounts daily in social settings. And he observes that most people are far more accepting of small risks than Temperance-minded scientists assume. Significantly, none of these concepts are to be found in the CCSA report. Rather it insists that all alcohol is identical, rigorously ignores any cultural or social component to how we drink and fixates on the puritanical belief that every drop you take brings you closer to death.

“The danger of research like this,” says Juneau, “is that it can make people feel guilty about doing something that is perfectly natural and has been enjoyed by humans for thousands of years. I say, if you drink, don’t panic.”

Cult MTL, 18 January 2023

Montreal cardiologist questions new Canadian alcohol guidelines: “It’s going a bit far”

“I could cite hundreds of studies in cardiology over the past 30 years showing (that light alcohol consumption) has a protective effect,” said Dr. Juneau.

In yesterday’s [interview](#), Dr. Juneau went on to address the cultural acceptance of moderate drinking in Quebec.

“It’s true that Quebecers trivialize the consumption of alcohol. (On the other hand), I think it’s going a bit far to (recommend limiting consumption to) one to two glasses per week.”

TVA Nouvelles, 31 August 2022

“I have read the same studies and I do not come to the same conclusions”

Selon lui, les nouvelles données en matière de consommation d’alcool ne contredisent pas cela, mais les recommandations doivent plutôt être adaptées à chaque cas.

Ainsi, il est beaucoup plus dangereux pour une femme qui a des facteurs de risque de développer un cancer du sein de boire plus d’alcool que les recommandations.

Par ailleurs, les fumeurs sont aussi beaucoup plus à risque de développer des maladies et cancer lorsqu’ils consomment de l’alcool.

«Il y a une synergie épouvantable entre le tabac et l’alcool. Vous multipliez votre risque 30 fois quand vous fumez, d’avoir un cancer de la gorge si vous buvez. Il faut regarder chaque maladie et chaque individu», croit le cardiologue.

(According to him, the new data on alcohol consumption do not contradict this, but rather the recommendations must be adapted to each case.

Thus, it is much more dangerous for a woman who has risk factors for developing breast cancer to drink more alcohol than recommended.

In addition, smokers are also much more at risk of developing diseases and cancer when they consume alcohol.

“There is a terrible synergy between tobacco and alcohol. You multiply your risk 30 times when you smoke, of getting throat cancer if you drink. You have to look at each disease and each individual, ”believes the cardiologist.)

Par ailleurs, il soutient que l’alcool peut amener un bienfait : une certaine protection contre l’infarctus du myocarde, si vous buvez un verre d’alcool ou deux par jour.

«Une protection pour l’infarctus du myocarde, pas pour toutes les pathologies. [...] Les études montrent une diminution du risque, qui augmente par contre si vous dépassez les normes.»

Comment se fait-il que des chercheurs arrivent à des conclusions différentes?

«L’épidémiologie n’est pas une science exacte. [...] C’est loin d’être parfait alors il y a toujours un petit biais chez les chercheurs et c’est clair que des gens en santé publique voudraient qu’on ne boive pas d’alcool. Ce serait bien parce que ça diminuerait les accidents de voiture, la violence conjugale, les cirrhoses du foie, etc», détaille-t-il.

Selon lui, mettre en place des mesures trop strictes pousserait la population à ne plus croire les chercheurs.

«Ils vont se dire : c’est n’importe quoi! Je parlais à des Français ce matin, ils étaient horrifiés d’entendre ça!»

(Moreover, he argues that alcohol can bring a benefit: some protection against myocardial infarction, if you drink a glass of alcohol or two a day.

“Protection for myocardial infarction, not for all pathologies. [...] The studies show a reduction in the risk, which increases on the other hand if you exceed the standards.

How come researchers come to different conclusions?

“Epidemiology is not an exact science. [...] It's far from perfect, so there's always a little bias among researchers and it's clear that people in public health would like us not to drink alcohol. It would be good because it would reduce car accidents, domestic violence, cirrhosis of the liver, etc”, he explains.

According to him, putting in place measures that are too strict would cause the population to no longer believe the researchers.

“They will say to themselves: it's nonsense! I was talking to French people this morning, they were horrified to hear that!”)

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10. Dr. Meldon Kahan, addiction physician at Women’s College Hospital

Toronto Star, 29 January 2023

[Two glasses a week? Why Canada’s new alcohol guidelines have us rethinking our relationship with risk](#)

“When you make a blanket, unnuanced statement that (alcohol) increases your risk of cancer, that is really going to frighten people,” said Dr. Meldon Kahan, an addiction physician at Women’s College Hospital. “It also doesn’t put it into context. There’s a lot of things that have been shown to increase the risk of breast cancer, for example: red meat in the diet, deficiency of vitamin D, obesity, and by far the most important, our family history.”

For those diagnosed with cancer, these guidelines will cause tremendous guilt, said Kahan. And those who are drinking more than two drinks a week and doing just fine, they are just not going to listen.

“People don’t react well to being lectured to and to what feels like an attempt to frighten them.”

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11. Dan Malleck, Professor of Health Sciences

Toronto Life, 9 March 2023

[Toronto Life: “Two drinks a week is practically personal prohibition”: This professor is taking Canada’s new alcohol guidelines to task](#)

I’ve spent a long time researching the beliefs and assumptions underlying drug and alcohol policy, particularly the idea that all drinking will lead to social disaster. So I’ve learned to look out for arguments or instructions that suggest moderation but are not actually moderate. When we look back to the beginning of the Canadian temperance movement in the early 1900s, we see an evolution from promoting moderate consumption of alcohol (which is what the word temperance actually means) to a full-blown prohibition.

And now, with these new guidelines, I’d say two drinks a week is as close as you get to personal prohibition. The CCSA will say, “Oh, we’re just presenting the information so that people can make their own decisions.” But it feels like they’re using scare tactics.

The way that the researchers present relative risk rather than absolute risk can make certain findings sound more alarming than they are. For example, the report states that your risk of

larynx cancer increases by 100 per cent after 3.5 drinks per week, but it doesn't tell you that larynx cancer was diagnosed in only 0.0197 per cent of Canadians and is largely related to smoking. I don't want to give the impression that cancer risk isn't serious—my dad died of cancer—but using it to scare people is not okay.

Look at the report's infographics, which are done in this blood-red shading. Or some of the language: the final report says that eight or more drinks a week “radically” increases your risk of harm.

Right—you would assume scary, frightening levels of risk, but that is actually not what the data in the report is indicating. And, in some cases, such as with heart disease and stroke, a certain amount of alcohol consumption remains protective, meaning that people who consume up to seven drinks a week are less likely to have a heart attack than those who drink nothing. There are quite a few theories as to why this is: with wine, for example, there is the suggestion that it has a thinning effect on blood, but that discussion is really outside of my wheelhouse.

What's important is that the outcome has been measured, yet the report makes no mention of it. So, overall, there's a distortion of the data: we'll present you something that you won't totally understand so that we can tell you what it means in a way that suits our agenda.

I don't think it's necessarily anything nefarious. It's more that the CCSA is looking at the effects of drinking through a harm framework, which is a narrow scope. They are looking for harm, so that's what they're finding. But I would argue that we need to be looking at alcohol consumption—and particularly moderate, responsible consumption—in a more holistic way. Drinking is not just the act of consuming a certain amount of ethanol. It often takes place in a social space, and it's a way for humans to form connections, celebrate, mourn and stave off loneliness and isolation, which we know from the pandemic can have real medical consequences. The CCSA's report does not recognize the ways that harms done by alcohol can be offset by its benefits—ones that aren't necessarily as quantifiable.

I just think we need to be very wary of this idea of health—defined by a very specific set of criteria—as a form of moral measurement. We see this a lot in the shaming of people who are “overweight,” where we look at their diet choices as indications of their goodness or responsibility. The result is increased stigma, which we know is not effective in changing behaviour but tends to drive it underground. So, in terms of the example of someone who isn't going to meet friends at the bar because they don't want to be perceived as over-consuming, are they drinking alone at home instead? In the Victorian period, when it was considered unrespectable for a woman to drink, you ended up with all of these women drinking in secret, which led to problems.

Well, you saw that guy in St. Catharines who was just like, “Yeah, not in this country!” That's gone viral because it's funny but also because so many people agree with him. As a professor of

health sciences, it's troubling to think that people will completely disregard health recommendations, even if I don't support these particular ones.

C2C Journal, 27 January 2023

[Better Make it a Double: New Anti-Drinking Guidelines Seek Abstinence Through Fear, Part I](#)

"It was a reasonable set of guidelines," says Dan Malleck, Professor of Health Sciences at Brock University in St. Catharines, Ontario who studies the history of liquor regulation. "It generally reflected global standards and it was scientifically credible because it recognized both sides of the debate," that is the risks and benefits of alcohol consumption. "It basically said, 'Enjoy in moderation but don't go crazy.'" As Malleck notes in an interview, this sense of equilibrium has disappeared entirely from the new CCSA recommendations. In its place is the notion that every drink you take is a step closer to your grave.

Drawing attention to Butt's claim that the CCSA is merely following the latest science on drinking, the notion that this work is based on almost 6,000 scientific studies has become central to the narrative of the new recommendations. This factoid has been repeated in numerous media reports. The CCSA document itself touts "a total of 5,915 systematic reviews" (emphasis in original) were involved in preparing the final report. And yet, as Malleck notes, of these 5,915 studies, no fewer than 5,899 – or 99.7 percent – were eventually discarded by the CCSA researchers. "They whittled the list down to just 16 studies," Malleck states. Butt acknowledges this fact, claiming the elimination process was meant to ensure only the "best quality" studies were incorporated in the final product. The fact the CCSA's proposals to radically remake how Canadians regard and consume alcohol are ultimately based on just over a dozen studies is not highlighted in bold anywhere in the document.

Yahoo!, 27 January 2023

[Provincial governments not jumping to act on tighter alcohol warning guidelines](#)

Dan Malleck, a professor of health sciences at Brock University who has been critical of the CCSA guidelines, said the provinces are right to be reluctant about adopting the updated guidelines. "I think any reasonable government should ignore the guidelines completely," he said in an email. "It's poor research, ideologically driven, and based upon spurious connections with health harms."

CBC, 25 January 2023

[Just how risky is it to drink more alcohol than Canada's new guide advises?](#)

"My initial impression was, 'You've gotta be kidding!'" said Dan Malleck, a professor of health sciences at Brock University in St. Catharines, Ont., and an internationally recognized historian of alcohol and drug policy.

He suggested that the way the CCSA presented alcohol-cancer risks was overblown, adding that the lack of comparative risks made it difficult for people to absorb. "It was suggesting that somehow we can avoid death," he said.

The CCSA authors point to a 2019 U.K study that compares the cancer risks of alcohol and tobacco. They say while it's not widely cited, and a bit problematic, due to the more addictive nature of tobacco, it's still an interesting comparison.

That study found that a standard drink is equivalent and comparable to one cigarette for men and two cigarettes for women. The summary explains that one bottle of wine per week is associated with an increase in lifetime cancer risk — the same as five cigarettes a week for men, or 10 for women.

But Malleck says there's nothing that clear in the new moderate alcohol-use guidelines, arguing cancer is being used as a scare tactic. He said the authors of the guidelines showed no evidence of a "radical" risk of cancer, except for people with oral cancers, liver diseases and a few other conditions, creating undue stress in the public.

"If you're creating anxiety and worry in people, you're not really doing anyone any favours, because we know that anxiety and worry have ... negative physical health effects," said Malleck.

The Globe & Mail, 20 January 2023

[Canada's drastic new alcohol guidelines demand a closer look](#)

Although reports have suggested that the guidelines are based on nearly 6,000 peer-reviewed studies, strict criteria ruled all but 16 systematic studies out from being used in the mathematical modelling. In other words, the CCSA is basing its recommendations on a relatively narrow understanding of how alcohol functions.

Often, too, these kinds of studies involve looking at a broad cohort of people and seeing if those with a certain condition were more likely to have been drinkers. If researchers are only looking for drinking as a factor, it can be easy to miss other potential contributors. We don't know, for instance, whether they spent their time drinking in smoky bars or restaurants (back when that was allowed), or did so while eating less healthy foods; these factors are often marginalized when alcohol becomes the focus.

The CCSA also presents the relative risk, rather than the absolute risk, of developing the various conditions. According to its data, consuming three and a half drinks a day increases your risk of developing larynx cancer by nearly 100 per cent, which sounds shocking, and is presented in a table with scary red shading. But larynx cancer, which is mostly related to smoking, was diagnosed in roughly 0.0197 per cent of Canadians in 2022. Many of the other cancers the CCSA associates with alcohol also have low incidence rates. And everyone has a different level of risk for various conditions, based on factors including lifestyle and genetics.

Alcohol's association with cancer is important to examine, and the disease should not be disregarded. But it also needs context. After all, life is about making choices – and it helps to be fully informed.

And indeed, the CCSA made its recommendations without consideration of the potential (and well-documented) positive effects of alcohol on the lives of individuals, nor the potential harms caused by excessive and patronizing recommendations in the name of “for your own good” science.

These are important considerations, because human research on a population level (as compared with studies where all complicating factors are controlled in a lab, something you can't do with long-term human research for legal and ethical reasons) is a point of contention among scholars. Although the CCSA does mention, near the end of the report, the considerable limitations to its conclusions, they do not seem to affect the urgency or excessiveness of its recommendations.

Meanwhile, persistent research results suggest that abstinence can cause greater health harm than moderate alcohol consumption. Moreover, alcohol can enhance lives in positive social ways: For many people, it is a way to celebrate or commiserate, to rejoice or mourn, to relax or blow off steam. There is robust research on the benefits of such social connectedness to health, showing that having positive social relationships can be more protective from long-term health harm than quitting smoking. Calling for significant lifestyle changes creates a stigma around something that can contribute to good health.

The CCSA has presented data that are largely removed from actual human behaviour, interactions and experiences – that is, the things that give life meaning. When you reduce human activity to a simplistic interpretation of biological processes, you are no longer looking at humanity. You're just looking at numbers.

Without considering the potential dangers of such advice, and the potential benefits around moderate drinking, the CCSA recommendations seem worse than useless. They're reckless.

The Brock News, 02 September 2022

[Brock prof weighs in on proposed Canadian alcohol guidelines](#)

“In this new report, the CSSA is following the normal distortion the public health industry applies to risk,” Malleck says. “Talking about ‘increased risk’ can be misleading when there’s no balance presented between risk and likelihood.”

For example, if a non-drinker has a one in 100,000 chance of contracting a disease, and a drinker has a two in 100,000 chance, that’s a 100 per cent increase in risk, which “sounds pretty dire,” he says. However, the likelihood of getting that disease is still only 0.002 per cent.

Furthermore, Malleck says the studies viewed for the report look at alcohol consumption and specific health outcomes, but do not consider other behaviours that may be connected, such as the fact that people often eat ‘bad’ food when drinking or that drinking earlier in life may have taken place in a smoky bar.

“This is because it’s much more difficult and costly to do cause-and-effect studies that encompass the actual nuances of everyday life,” he says. “It also doesn’t permit the space for determining if a behaviour helps avoid a negative outcome.”

Not included are any positive benefits to moderate alcohol consumption, including social aspects that can be protective against stress, anxiety and suicidal ideation, Malleck says.

“All of those things are harder to track to a biomedical outcome,” he says. “By assuming there is no positive value of alcohol in people’s lives, the research ignores other potentially lethal or damaging activity that may have been averted due to drinking.”

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12. Associate professor Jessica Mudry, director of the Healthcare User Experience Lab at Toronto Metropolitan University

Toronto Star, 29 January 2023

[Two glasses a week? Why Canada’s new alcohol guidelines have us rethinking our relationship with risk](#)

“More information is always better. And I’m a firm believer in evidence-based medicine,” said associate professor Jessica Mudry, director of the Healthcare User Experience Lab at Toronto Metropolitan University.

“But the second we quantify the consumption of anything ... you create a framework for people to moralize others and to moralize themselves,” even if that one night out is a lifeline for someone craving social contact.

“On a cellular level, is alcohol a toxin? Absolutely. Will it kill you? Yes. So will sugar. So will meat. Life is pretty toxic.”

But, Mudry added, “is (alcohol) also an excuse for human connection? Yes. Is human connection vital to happiness and well-being and longevity? Yes.”

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13. Dr. Harry Rakowski, academic Toronto cardiologist

National Post, 06 February 2023

[Harry Rakowski: New drinking guidelines based on majorly flawed study](#)

The CCSA recommendations, while developed by reputable scientists, were based on estimations of excess risk drawn from observational studies and systematic reviews of the literature. Almost 6,000 studies were reviewed and only 16 reports had adequate data to include in their mathematical risk modelling. Only three studies looked at cancer risk with data sufficient to influence a more restrictive change to guidance. Other studies focused on the risk during pregnancy, cardiovascular risk and societal issues.

The recommendations are based on pooled data from multiple studies that had somewhat similar methods. Only lower quality, that is to say observational studies were included, since higher quality trial data isn't available. People typically self reported their level of alcohol consumption and it is reasonable to assume that many undercounted their consumption. Thus the data for risk for each additional drink a week may lack accuracy.

The major flaw in the study was the focus only on alcohol consumption as a risk factor, thus leading to a confirmation bias. If you only look at alcohol risk that is all you will find. There was no controlling for differences in variables known to affect cancer risk, such as diet, obesity, smoking, exercise and family history.

For example, if more alcohol consumption is associated with more smoking, something not adequately captured in the association study, it is more likely smoking is the major culprit for cancer risk. If people who drink alcohol also eat more processed meat, have a family history of disease and are obese, then these risk factors are the more likely cause of increased rates of colon cancer. If those who drink more do so due to greater stress and depression, they may have a greater degree of inflammation triggering illness.

If we accept that there is a link to cancer risk and alcohol consumption how high is the risk and at what level of consumption is the risk high enough that it overcomes the pleasure you might get from light to moderate drinking?

Dr. Teresa Bevers, medical director of the renowned MD Anderson Cancer Prevention Center in Houston suggests that the breast cancer risk is very low with mild consumption. "You need to be more concerned if it becomes a routine in which you drink more than one drink each day."

We all have to determine what risk level we want to live with. I think the previous recommendations for seven drinks a week for women and 14 for men are more reasonable than the new more restrictive CCSA ones. When we analyze risk we have to look at our own personal additive risks for alcohol consumption and consume with sensible moderation.

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14. Eric Rimm, an epidemiologist at the Harvard T.H. Chan School of Public Health

USA TODAY, 17 February 2023

[Is any amount of alcohol safe? It depends on your taste for risk.](#)

On the flip side, there is some social benefit to relaxing and having a drink – as long as people can control their consumption, said Eric Rimm, an epidemiologist at the Harvard T.H. Chan School of Public Health.

"To have people feel scared and deny them that drink, I think we're doing them a disservice by freaking everybody out," he said.

Rimm's work revolves around analyzing such data. He helped write the USDA Dietary Guidelines for Americans, which recommends that for those who choose to drink, men consume no more than two drinks a day on any drinking day and women no more than one.

He remains convinced, based on 40 years of research, that level is fine – and even healthy.

Yes, people will likely get more benefit from an hour of exercise than a glass of wine, but alcohol will somewhat reduce the risk of blood clots and improve glucose control, he said. That's why you bleed more if you nick yourself shaving the morning after having a drink or two.

That's also why he thinks it's probably better to drink small amounts five nights a week rather than just more on weekends – because it will keep alcohol's benefits consistent in the bloodstream.

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15. Dr. Edward Slingerland, professor of philosophy at UBC

The Ubyyssey, 03 February 2023

[Students, expert have mixed reactions to new CCSA alcohol guidelines](#)

“The medical community is shifting toward a view that from a physiological perspective, alcohol is a net negative,” Slingerland said. “The problem with that, I think, is that it's looking at alcohol consumption solely from a medical perspective.”

Slingerland said humans have continued to consume alcohol despite dangers associated with it for thousands of years, and argued alcohol could be seen as, “as a cultural technology that humans have used in very specific situations to solve very specific problems.”

“[Alcohol] enhances creativity,” he said. “One of the functions of [alcohol] is to downregulate our prefrontal cortex. This is a very important part of the brain — it's what you need to get to work on time and focus on things and be a responsible adult — but it interferes with creative thinking, so turning it down a couple notches can help give you insights.”

“Another really important function is social bonding and social lubrication,” Slingerland said.

“It’s actually a tool for creating social bonds and helping strangers get over awkwardness and be able to feel connected to each other in some way.”

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16. Christopher Snowden, Institute of Economic Affairs (IEA)

C2C Journal, 27 January 2023

[Better Make it a Double: New Anti-Drinking Guidelines Seek Abstinence Through Fear, Part I](#)

Efforts at promoting official abstinence by whatever means may be ascribed to the fact public health officials have great trouble accepting as good something they consider harmful or “sinful.” As Christopher Snowden, director of Lifestyle Economics at the British-based Institute of Economic Affairs, explained in a 2020 essay on the J-Curve in *The Spectator*, “There are people in the temperance and ‘public health’ lobbies who do not want to accept the benefits of alcohol consumption. As a result, this epidemiological finding has been subject to more scrutiny

than anything else in the field of alcohol research. It is precisely because it has been subjected to the greatest scrutiny that we know it to be robust.”

This relentless scrutiny of the J-Curve is how science is supposed to work, of course. [Replication is crucial](#) to the scientific process. Yet the doggedness with which its opponents conduct their campaign against the J-Curve often seems to stray beyond the mere search for knowledge. [In a recent blog post](#), Snowden refers to the authors of that crucial 2017 CISUR study as “neo-temperance zealots.”

Velvet Glove, Iron Fist, 19 January 2023

[Canada's clown world drinking guidelines](#)

Canada is on the brink of making itself an international laughing stock by cutting its drinking guidelines from two drinks a day to two drinks a week. The previous guidelines were only set in 2011 so Canadian drinkers can be forgiven for being suspicious about this dramatic change. The evidence base has not significantly changed in the interim. The evidence for the health benefits of moderate drinking has continued to pile up.

The only source given for the claim about colon cancer is this meta-analysis which claimed that 10 grams of alcohol per day was associated with a seven per cent increase in colon cancer risk. This is a smaller risk than having a portion of red meat a day. It found no statistically significant increase in risk in studies which had data on what happens when people have one 'drink' a day. A Canadian 'standard drink' contains 13.45 grams of alcohol. Three standard drinks equals 40 grams. Four standard drinks equals 53 grams. The meta-analysis has no data on people who drink so little, so the claim that colon cancer risk increases at three or more standard drinks is not supported even by the authors' own preferred source.

This is just a flat out lie. As countless studies have shown, heart disease and stroke risk is substantially reduced among light and moderate drinkers. For example, a meta-analysis of prospective cohort studies (which track people's drinking habits and health status over a number of years and are the most reliable studies in observational epidemiology) found that drinkers were 25 per cent less likely to die from coronary heart disease than teetotallers. The evidence for strokes is similar.

This is main reason why life expectancy is longer for moderate drinkers and the relationship between alcohol consumption and mortality is J-shaped.

The authors of the Canadian report essentially ignore all this evidence and instead focus on a cherry-picked meta-analysis written by Stockwell, Naimi and pals which massively adjusted the figures to arrive at their desired conclusion. This is inexcusable.

The whole thing's a joke and I suspect the public will see it as such. There is a legitimate debate about whether low levels of alcohol consumption slightly increase cancer risk, but this has to put within the context of the reduction in risk for cardiovascular disease. The fact remains that the positive effects of moderate drinking on heart disease and other conditions exceed and outweigh the negative effects on cancer risk.

People want to know what the overall risks of light, moderate and heavy alcohol consumption are. This is what drinking guidelines should tell us. Focusing on small and unproven cancer risks at very low levels of consumption while ignoring the benefits is lying by omission.

Daily Mail, 09 October 2022

[Drinking just THREE alcoholic beverages a week is bad for your health, controversial study claims, warning punters to limit their intake to just two small glasses of wine - or a pint and a half of beer](#)

'A limit of two drinks per week is so ridiculously low that it will be greeted with derision by the public.'

In January, charity the World Heart Federation was accused of 'seriously misrepresenting' evidence to bolster its argument that drinking even small amounts of alcohol is bad for the heart.

Mr Snowden said such reports were part of 'a concerted effort by anti-alcohol academics to reduce drinking guidelines. The goal is ultimately to cut them to zero so they can claim that there is 'no safe level' of drinking.'

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17. David Sweanor, chairman of the advisory committee for the University of Ottawa's Centre for Health Law, Policy and Ethics

City News, 31 January 2023

[Will Canadians really accept two drinks a week?](#)

"If you give people a scary message, but you don't give them clear, actionable steps about what they can do about it, they just cut you out,"

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18. Ronald Worton, former Geneticist-in-Chief at Toronto's Hospital for Sick Children, and former CEO and Scientific Director of the Ottawa Hospital Research Institute

Health Debate, 19 March 2023

[Health Debate: Context matters: Canada's guidance on alcohol and health needs a rethink](#)

As a moderate consumer of wine with dinner, I have examined the full technical report to determine my true risk. Using the report's own data, I conclude that my risk is considerably lower than the high risk conveyed in the public summary – perhaps by a factor of five.

[various stats and calculations]...Taking all this into consideration, I calculate my actual risk in YLL/1000 to be 45 and for my wife 37. This gives us a risk of premature death of about 2.3 per 1,000, one fifth of the generic risk presented in the full technical report. And it should be noted that at our age, our risk of premature death from alcohol is small in comparison to all the other age-related risks we face.

Many people who attempt to estimate their own risk will use their current level of consumption as the starting point, and that would be wrong. The consumption data in the report is all based on lifetime average number of drinks per week, and that is what we used in our risk calculation. So, I can now confess that our current consumption is closer to two glasses of wine with dinner, but our estimated lifetime average is no more than seven standard drinks per week.

I acknowledge the extreme importance for Canadians to know and understand population health risks attributable to alcohol consumption. The report notes its own concern regarding the potential bias of information obtained through self-reported alcohol use. What my analysis shows is that guidance such as this must be accompanied by tools and data that allow individuals to estimate their own risk based on their age, current health, family history and consumption patterns over a lifetime.

Context really does matter, and a one-size-fits-all approach is unhelpful and for some, hurtful.

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