



For Public Health, Is Alcohol the Next Tobacco?

Public health efforts reduced smoking rates. Is alcohol the next undertaking?

By [Kimberly Leonard](#) | Staff Writer Nov. 18, 2016, at 2:48 p.m.

A recent U.S. Surgeon General's office report includes proposals for restricting alcohol access. (Getty Images/Image Source)

The U.S. Surgeon General's office has issued the agency's first-ever report on addiction, which includes proposals for restricting alcohol access that critics say go too far and could end up targeting usage among even casual drinkers.

The report, [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health](#), provides tools for medical providers to help patients struggling with drug or alcohol addiction and points to policy changes communities can consider.

The recommendations are similar to public health efforts implemented after a 1964 surgeon general report on tobacco that were eventually credited with a threefold [decrease in the smoking rate](#), but some say drawing such comparisons is problematic because it's unclear that alcohol use poses such a clear risk to public health.

The report suggests measures that would likely lead to lessening consumption, like raising taxes on alcohol; limiting where, when and to whom alcohol can be sold; reducing advertising and marketing; and increasing enforcement of existing laws. It aims to provide information to states and counties so they can make decisions for their communities and has the potential to impact businesses as well as public attitudes about drinking.

Authors recognize in the addiction report that the policies they cite could impact not only people who are dependent on alcohol but also those who drink to excess. In quantifying American's problem with alcohol, the report cites a statistic about binge drinking at least once during the previous month, finding that 66 million adults and teens – or a quarter of the U.S. population – meet this description. The report defines binge drinking as consuming four drinks or more for women and five drinks or more for men during a single occasion.

“What many people don't recognize is that alcohol causes more deaths and costs us more in terms of financial resources than any other substances,” Dr. Vivek Murthy, the surgeon general, said in a press call Thursday after the report's release. “In the report, we lay out the evidence for various strategies for reducing alcohol misuse and alcohol use disorders.”

Efforts to implement such restrictions likely would face opposition from many members of the general public and from industry groups, which so far this year spent more than \$20 million in lobbying their causes, [according to](#) the Center for Responsive Politics.

The American Beverage Institute, a trade association that represents restaurants, denounced the proposals in the report.

“These read like an anti-alcohol activist Christmas list and are just outright anti-alcohol,” says Sarah Longwell, spokeswoman for the group, adding that such measures would target drinking in the general population rather than focus on those with addictions.

“For the surgeon general to put out something that is not very science-based and have it be this political is shocking,” she says. “It is clear that they were heavily influenced by anti-alcohol advocate groups and probably the Centers for Disease Control, which is more political and has laid the groundwork on some of these issues.”

Indeed, more government studies about alcohol have been published in recent years, raising questions about long-held beliefs on drinking. And while much of the conversation on addiction has centered on the abuse of opioids like [heroin](#) and prescription painkillers – contributing to the increase in mortality observed among middle-aged whites – recent studies also suggest [alcohol overdoses](#) and abuse have [had a similar impact](#).

According to the surgeon general report, the estimated annual economic impact of drug abuse is \$193 billion and for alcohol it is \$249 billion, with both factoring in health care and criminal justice costs as well as lost productivity.

“Alcohol is bigger than opioids, although we have been focusing on opioids,” says Linda Rosenberg, president and CEO of the National Council for Behavioral Health.

After startling opioid trends, Congress passed a law to curb abuse, the Food and Drug Administration sharpened its prescription painkiller guidelines and the Obama administration poured \$1.1 billion to address the problem. Alcohol abuse, meanwhile, didn’t receive similar attention.

Part of the difficulty, Rosenberg notes, is that actions to curb drinking problems are more similar to strategies used to tackle obesity, where moderation and balance are emphasized rather than abstinence, as is the case with tobacco or illegal drugs.

Still, global trends suggest policymakers will be looking at changes. Public health officials in [other countries](#) increasingly are warning that [alcohol is a risk factor for cancer](#). The [latest U.S. dietary guidelines](#) state moderate alcohol use can be part of a healthy diet but no longer tie it to reducing the risk of heart disease for some people, as they have in the past. Earlier this year, the CDC [issued controversial guidance](#) saying women shouldn’t drink alcohol unless they are also on birth control.

“There is a big shift happening where public health officials have been trying to say, ‘Moderation doesn’t have health benefits,’ and, ‘Any drinking is harmful,’” Longwell says.

Dr. Georges Benjamin, executive director of the American Public Health Association, says guidance changes as scientists learn more about alcohol’s impact on society.

“The report is trying to tell people this is a big societal problem and that most people who do have that problem don’t get treated,” he says.

Some industry groups pointed to the fact that one thing hasn’t changed: The surgeon general’s report maintains that “moderate alcohol use can be part of a healthy diet” among people of legal drinking age.

“The overwhelming majority of Americans consume alcohol lawfully and responsibly,” said a joint statement by the Distilled Spirits Council, Beer Institute and Wine Institute.

“The prevailing and widely accepted research shows that one-size-fits-all policies, including advertising bans and tax increases, fail to effectively address the problem of alcohol abuse, divert resources from more targeted approaches, and unfairly and negatively impact moderate and responsible consumers.”

But David Jernigan, director of the CDC-funded Center on Alcohol Marketing and Youth at the Johns Hopkins Bloomberg School of Public Health, says it is necessary for policymakers to look at alcohol use through a wider-population perspective rather than just targeting addiction. Even people who don’t have addictions can consume alcohol in a risky way, he notes.

“The sheer number of them and the frequency in which they engage in this behavior means they are taking a lot of risk to themselves and others,” he says. “That’s why it makes sense to take a population-level approach.”

He notes some studies have suggested even moderate drinking can be associated with breast cancer in women.

“They aren’t addicts or problem drinkers and yet they have an alcohol problem,” he says. “That is a small example of a larger problem. There are a lot of people that use this product in a way they might not know is risky.”

Others, like Steve Schmidt, spokesman for the National Alcohol Beverage Control Association, which tracks state and local alcohol regulations, agree with Jernigan that the approaches the report listed are supported by science. Schmidt also says that during the last 15 years laws on alcohol accessibility have loosened.

“To think the solution is to make [alcohol] available in more places at the cheapest price possible is not good public policy,” Schmidt says. “These laws are created to make certain it’s understood that this product is one that can be abused.”

There is much disagreement over which laws would have the most impact. Wayne Winegarden, senior fellow in business and economics at the free-market Pacific Research Institute, who has done research on alcohol abuse on behalf of the Distilled Spirits Council, says he hasn't found that taxes on alcohol decrease use among people who have addictions.

“The social drinkers are the ones you'll be discouraging,” he says. “It's the exact opposite of what you're trying to do. ... We want to help abusive drinkers. That should be the goal.”

He recommended companies communicate how to use alcohol responsibly, educate bartenders about identifying clients who have had too much to drink and ensure people don't drink and drive.

Given the lack of consensus on the issue, it is likely more studies are needed. Christopher Carpenter, economics professor at Vanderbilt University who has concluded through research that the minimum drinking age of 21 saves lives, says he thinks larger, more high-quality studies must be conducted. People learn to adapt to restrictions, he says, citing the example of stocking up on alcohol during other days of the week when laws prevent it from being sold on Sundays.

“It's not hard to believe that if you're addicted you'll figure out a way to get your alcohol anyway,” he says.

As for the impact of these laws on those who do not have addictions, Benjamin of the American Public Health Association says the policies in the surgeon general's report shouldn't affect people who do, in fact, drink in a moderate way.

“If you go to an athletic event and drink [four or five drinks] you have to ask yourself whether that is healthy,” he says. “If you're doing that with regularity you probably have a problem.”

To many, that description is likely to sound familiar, confusing alcohol guidelines for the general population.

Jernigan from Johns Hopkins says people are “hugely misinformed” about drinking.

“There is a hunger for good information but there isn't a lot of it out there,” he says.