



February 24, 2021

The Honorable Janet Yellen
Secretary of the Treasury
U.S. Department of Treasury
1500 Pennsylvania Ave., N.W.
Washington, D.C. 20220

Re: Request for leadership on improving alcohol labeling to protect public health

Dear Secretary Yellen,

We write to welcome you to the role of Secretary of the Treasury and to request that you champion efforts to improve alcohol labeling to protect public health through the Treasury Department's Alcohol and Tobacco Tax and Trade Bureau (TTB).

For decades, public health advocates, including the Center for Science in the Public Interest,¹ Alcohol Justice,² the American Institute for Cancer Research,³ Breast Cancer Prevention Partners,⁴ Consumer Federation of America,⁵ National Consumers League,⁶ the U.S. Alcohol Policy Alliance,⁷ have called for implementation of mandatory standardized alcohol content labeling as a critical measure for addressing alcohol misuse and alcohol- and diet-related disease. More recently, advocates and researchers submitted a petition to TTB urging the adoption of rotating warning statements, including a cancer warning, on alcoholic beverages.⁸

Under your leadership, we hope TTB will take the necessary steps to ensure Americans have the information needed to avoid the harms of excess alcohol (and concomitant calorie) consumption.

I. Excess alcohol consumption continues to undermine public health during this time of COVID-19 crisis.

We acknowledge that over the next several months, much of your attention will be focused on efforts to bolster our economy crippled by the coronavirus pandemic. The COVID-19 pandemic is severely testing the strength of our nation's health and economy, highlighting the need for efforts to strengthen public health that will make us more resilient in times of crisis. As you take action to build back our economy, we urge you to consider how the TTB can support the health of our nation through policies that curb alcohol- and diet-related health harms.

Alcohol misuse or excessive alcohol intake increase the risk of several conditions such as liver disease, cardiovascular disease, injuries, and alcohol use disorders.⁹ Even drinking within

recommended limits may increase the overall risk of mortality from several types of cancer and some forms of cardiovascular disease.¹⁰

According to the US. Centers for Disease Control and Prevention (CDC), 95,000 lives are lost in the United States each year to alcohol-related causes, and the latest data show that rates of alcohol-induced mortality are on the rise.^{11,12} In 2010, excessive alcohol use cost the U.S. economy \$249 billion, and about 40% of these costs were borne by federal, state, and local governments.¹³

In addition to the crisis of alcohol-related death and disease, the United States is also facing unprecedented rates of chronic diseases such as cardiovascular disease, type 2 diabetes, and cancer, for which obesity is a top risk factor. Results from the 2017-2018 National Health and Nutrition Examination Survey (NHANES) show that 43% of U.S. adults have obesity.¹⁴ In 2008, the estimated cost of obesity to the U.S. health care system was \$147 billion a year.¹⁵

Obesity can result, in part, from an energy imbalance produced by excess calorie intake. On average, alcoholic beverages account for approximately 5 to 7 percent of total calorie intake among adult males and 3 to 4 percent of total calorie intake among adult females (including those who do not consume alcohol), and according to the CDC, almost 20 percent of men and 6 percent of women consume more than 300 calories from alcoholic beverages per day.^{16,17} Reducing energy intake from alcoholic beverages provides an important opportunity to reduce the burden of obesity and related disease.

II. Americans cannot access the information they need to make healthier choices.

The Dietary Guidelines for Americans (DGA) recommend that adults who choose to drink alcoholic beverages should limit intake to two drinks or less in a day for men and one drink or less in a day for women (on the days in which alcohol is consumed).^{18,19} Data from the 2009-2010 NHANES survey suggest that, on a given day, 18% of men and 11% of women exceeded these recommendations.²⁰

Americans are, of course, only able to follow guidelines on drinking to the extent that they are aware of them. Surveys have found low levels of awareness of low-risk drinking guidelines in national samples from multiple countries.²¹ No similar survey has been conducted in the United States to our knowledge, but a survey conducted among colorectal cancer survivors found that 15 percent had never heard of the recommendations to limit to no more than one drink/day for women, two drinks per day for men (an additional 11 percent reported being only 'slightly familiar' with the guidance).²²

In part, this is because current labeling fails to provide the information that would allow consumers to adhere to the DGA's recommendations. TTB regulations do not require that alcohol content in grams or fluid ounces per standard drink, the size of a standard drink, nor the number of standard drinks per container, be declared on the labels of alcoholic beverages.²³

The DGA also recommend that Americans stay within recommended calorie limits, and provide estimated calorie needs for all ages at three physical activity levels. The Guidelines note that the

number of calories in alcoholic beverages varies and should be accounted for within the limits of healthy dietary patterns so that calorie limits are not exceeded. However, since calorie content is currently not required on the labels of alcoholic beverages, Americans have no way of adhering to these recommendations. Among adults who drink, average intakes of calories from alcoholic beverages exceed the calories available after food group recommendations are met.²⁴

While TTB regulations do not require a calorie statement for alcohol beverages, a voluntary disclosure is allowed. However, the voluntary label has not been consistently adopted by the alcohol industry. Many products remain unlabeled, and even some that comply with the voluntary labeling scheme display the information in a format which makes it hard to notice and difficult to use.

For example, the Serving Facts label on the Bud Light can pictured in Figure 1 uses a continuous block of text in thin, condensed, all-caps font with no color contrast between the Serving Facts statement and the can, no statement identifying the information as “Serving Facts,” and Calories appears on the far-right side of the top line. The Coors Light label also presents the information in one continuous block of text, with Calories at the far left of the last line of text, identified only as “Cal.”



Figure 1. Voluntary Serving Facts label on Cans of Bud Light and Coors Light

III. TTB has the authority to mandate standardized serving facts labeling.

The TTB has the statutory authority to mandate a standardized serving facts label on all beer, wine, and distilled spirits product under the federal Alcohol Administration Act. The law

requires that labels of alcohol beverages provide “adequate information” on the identity, quality, and alcohol content of regulated products.²⁵

The Center for Science in the Public Interest and National Consumers League first petitioned TTB to require a standardized “Alcohol Facts” panel on all beer, wine, and distilled spirits in 2003.²⁶ Since then, TTB has requested public comments on alcohol labeling,²⁷ issued draft specifications for a “Serving Facts” panel,²⁸ and published a ruling on voluntary nutrition and calorie labeling.²⁹ Yet the draft specifications were never finalized, and most alcoholic beverages still are not labeled with critical information.

We urge you to direct the TTB to issue a final rule mandating a standardized serving facts label, for all alcoholic beverages, containing the following information (see a potential format below):

- Serving size;
- Amount of alcohol per serving (in fl. oz. or grams);
- Number of calories per serving;
- Percent alcohol by volume;
- Number of standard drinks per container;
- The definition of a “standard drink” (12 fl. oz. regular beer, 5 fl. oz. of wine, or 1.5 fl. oz. of 80-proof distilled spirits);
- The Dietary Guidelines for Americans’ advice on moderate drinking (to be updated based on any changes in the guidelines over time); and
- An ingredients declaration listing each ingredient by its common or usual name and identifying any major food allergens present in the product.

Serving Facts			
Drink Size		12 fl oz (35 ml)	
Alcohol by Volume		5%	
Contains 2 Drinks		Amount per Drink	Amount per Container
	Calories	150	300
	fl oz of alcohol	0.6	1.25
The Dietary Guidelines for Americans recommend that if you drink, limit to no more than 1 drink in a day for women, 2 for men.			
Ingredients: Water, barley malt, rice, hops			

The TTB should also include in its rule specific requirements for font, minimum size, and color contrast to ensure the readability of the label.

IV. TTB can also take steps to increase awareness of the link between alcohol and cancer.

As described in a petition submitted to TTB in October 2020 by public health advocates and researchers, most people in the United States are also unaware of the well-established link between alcohol consumption and cancer.^{30,31,32} The U.S. Surgeon General recognizes that “[e]ven one drink per day may increase the risk of breast cancer,” and that alcohol consumption is associated with “cancers of the oral cavity, esophagus, larynx, pharynx, liver, colon, and rectum.”³³ Yet the American Institute for Cancer Research’s most recent (2019) survey shows that just 45 percent of adults identify alcohol as a cancer risk.³⁴ In the National Cancer Institute’s 2019 Health Information National Trends Survey, only 32 percent of respondents identified cancer as a health condition that can result from drinking too much alcohol.³⁵

Other countries including South Korea and Ireland already require cancer warning labels on alcohol containers.³⁶ The United States only requires the vague advisory statement that alcohol

“may cause health problems.”³⁷ This grossly understates the strong link between alcohol and adverse health outcomes, including several forms of cancer.

The Alcoholic Beverage Labeling Act of 1988 (ABLA) directs the TTB, in consultation with the Surgeon General, to notify Congress of the need to update the advisory statement if “available scientific information would justify a change in, addition to, or deletion of the statement.”³⁸ Specifically, the ABLA provides that TTB “shall promptly report such information to the Congress together with specific recommendations for such amendments to this subchapter as the Secretary determines to be appropriate and in the public interest.”³⁹ In order to initiate the process of updating the health advisory statement and increase awareness of the link between alcohol and cancer, the TTB must report to Congress on the need for a label stating that alcohol consumption may increase the risk of cancer.

In sum, we welcome you to the new role and urge you to champion mandatory Serving Facts labeling and cancer warnings for alcohol products during your time as Secretary of Treasury. We would appreciate the opportunity to meet with you to discuss these important items as your time may allow.

Sincerely,

Center for Science in the Public Interest
Alcohol Justice
American Institute for Cancer Research
Breast Cancer Prevention Partners
Consumer Federation of America
National Consumers League
U.S. Alcohol Policy Alliance

¹ Center for Science in the Public Interest (CSPI) is a nonprofit education and advocacy organization that focuses on improving the safety and nutritional quality of our food supply. CSPI seeks to promote health through educating the public about nutrition; it represents citizens’ interests before legislative, regulatory, and judicial bodies; and it works to ensure advances in science are used for the public good. CSPI is supported by the 500,000 member-subscribers to its Nutrition Action Healthletter and by foundation grants. CSPI receives no funding from industry or the federal government.

² Alcohol Justice, the industry watchdog, promotes evidence-based public health policies and organizes campaigns with diverse communities and youth against alcohol and other drug industries’ harmful practices.

³ The American Institute for Cancer Research (AICR) helps the public understand the relationship between lifestyle, nutrition and cancer risk. AICR works to prevent cancer through innovative research, community programs and impactful public health initiatives.

⁴ Breast Cancer Prevention Partners (BCPP) is a national organization focused solely on preventing breast cancer by reducing exposure to chemicals and radiation linked to the disease. We work with advocates and decision-makers to encourage research and policy initiatives to better understand and reduce exposures to toxic environmental chemicals that contribute to increased rates of breast cancer and other diseases.

⁵ The Consumer Federation of America (CFA) is an association of non-profit consumer organizations that was established in 1968 to advance the consumer interest through research, advocacy, and education. Today, more than 250 of these groups participate in the federation and govern it through their representatives on the organization’s Board of Directors.

⁶ Founded in 1899, National Consumers League (NCL) is the nation’s oldest private, nonprofit education and advocacy organization representing consumers in the marketplace and in the workplace. NCL sponsors education

programs for consumers and provides government, businesses, and other organizations with the consumer's perspective on policy matters and industry practices. NCL also works to shape legislative and regulatory actions affecting consumers, including long advocating for comprehensive food and drug labeling, including alcohol beverage labeling and advertising.

⁷ The U.S. Alcohol Policy Alliance (USAPA) is a nonprofit, nonpartisan organization translating alcohol policy research into public health practice. The Alliance is committed to ensuring that local and statewide organizations engaging in alcohol policy initiatives have access to the science, resources and technical assistance, including support for organizing efforts, required to engage in informed decisions and actions in translating alcohol policy research into public health practice.

⁸ Alcohol Justice, American Institute for Cancer Research, American Society of Clinical Oncology, American Public Health Association, Breast Cancer Prevention Partners, Consumer Federation of America, Center for Science in the Public Interest, and U.S. Alcohol Policy Alliance. *Petition for a Report to Congress Supporting a Label on Alcoholic Beverages Warning the Public that Consumption Can Cause Cancer, Including Breast and Colon*. October 21, 2020. <https://consumerfed.org/wp-content/uploads/2020/10/Citizen-petition-re-alcohol-cancer-warning.pdf>. Accessed February 23, 2021.

⁹ U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 2020. https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf. Accessed February 23, 2021.

¹⁰ U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2020.

¹¹ U.S. Centers for Disease and Control Prevention. *Deaths from Excessive Alcohol Use in the U.S.* January 14, 2021. <https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html#:~:text=Excessive%20alcohol%20use%20is%20responsible,years%20of%20potential%20life%20lost>. Accessed February 23, 2021.

¹² Spillane S, et al. Trends in alcohol-induced deaths in the United States, 2000-2016. *JAMA Network Open*. 2020;3(2):e1921451.

¹³ U.S. Centers for Disease Control and Prevention.. *Excessive Alcohol Use*. September 21, 2020. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm>. Accessed February 23, 2021.

¹⁴ Fryar CD, Carroll MD, Afful J. *Prevalence of Overweight, Obesity, and Severe Obesity Among Adults Aged 20 and Over: United States, 1960-1962 Through 2017-2018*. U.S. Centers for Disease Control and Prevention. n.d. <https://www.cdc.gov/nchs/data/hestat/obesity-adult-17-18/obesity-adult.htm>. Accessed February 23, 2021.

¹⁵ Finkelstein EA, et al. Annual Medical Spending Attributable To Obesity: Payer-and Service-Specific Estimates. *Health Aff*. 2009;28(5):w822-31.

¹⁶ Dietary Guidelines Advisory Committee. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services*. July 2020. <https://www.dietaryguidelines.gov/2020-advisory-committee-report>. Accessed December 17, 2020.

¹⁷ Nielsen S J, et al. *Calories consumed from alcoholic beverages by U.S. adults, 2007-2010*. U.S. Centers for Disease Control and Prevention. November 2012. <https://www.cdc.gov/nchs/products/databriefs/db110.htm>. Accessed February 23, 2021.

¹⁸ U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2020.

¹⁹ For the purposes of these recommendations, a drink is defined as 14 grams (0.6 fl oz) of pure alcohol, equal to 12 fl. oz. of regular beer (5% alcohol), 5 fl. oz. of wine (12% alcohol), or 1.5 fl. oz. of 80 proof distilled spirits (40% alcohol).

²⁰ Guenther PM, Ding EL, Rimm EB. Alcoholic Beverage Consumption by Adults Compared to Dietary Guidelines: Results of the National Health and Nutrition Examination Survey, 2009-2010. *J Acad Nutr Diet*. 2013;113(4):546-50.

²¹ In population-based surveys conducted in Australia, United Kingdom, and Sweden, 43 percent, 29 percent, and 95 percent of participants, respectively, reported that they were unaware of their country's guidelines. Even among those who reported awareness of the guidelines, knowledge of specific recommendations was low. In Australia, United Kingdom, and Sweden, only 31 percent, eight percent, and one percent of respondents, respectively, were able to correctly identify the recommended intake limits. See Foundation for Alcohol Research and Education. *2019 Annual Alcohol Poll Attitudes & Behaviours*. 2019. <https://fare.org.au/wp-content/uploads/FARE-Annual-Alcohol-Poll-2019-FINAL.pdf>. Accessed February 23, 2021; Rosenberg G, et al. New national alcohol guidelines in the UK: public awareness, understanding and behavioural intentions. *J. Public Health*. 2017;40(3):549-556; Bendtsen P., et al. Hazardous Drinking Concepts, Limits and Methods: Low Levels of Awareness, Knowledge and Use in the Swedish Population. *Alcohol and Alcoholism*. 2011;46(5):638-645.

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- ²² Hawkins NA, Berkowitz Z, Rodriguez JL. Awareness of Dietary and Alcohol Guidelines Among Colorectal Cancer Survivors. *Am J Prev Med.* 2015;49(6 Suppl 5):S509-17.
- ²³ U.S. Department of Treasury. Alcohol and Tobacco Tax and Trade Bureau. *Alcohol Beverage Labeling and Advertising.* April 19, 2019. <https://www.ttb.gov/consumer/alcohol-beverage-labeling-and-advertising>. Accessed February 23, 2021.
- ²⁴ U.S. Department of Agriculture and U.S. Department of Health and Human Services, 2020.
- ²⁵ 21 U.S.C. § 205(e)(2). The FAA Act provision prohibiting alcohol content information on labels of malt beverages (unless required by State law) was held unconstitutional by the Supreme Court. *Rubin v. Coors Brewing Co.*, 514 U.S. 476 (1995).
- ²⁶ Center for Science in the Public Interest. *Petition to Improve Mandatory Label Information on Alcoholic Beverages.* December 16, 2003. <https://cspinet.org/new/200312161.html>. Accessed February 23, 2021.
- ²⁷ 70 Federal Register 82. Department of the Treasury, Alcohol and Tobacco Tax and Trade Bureau. Labeling and Advertising of Wines, Distilled Spirits and Malt Beverages: Request for Public Comments.
- ²⁸ 72 Federal Register 146. Labeling and Advertising of Wines, Distilled Spirits and Malt Beverages: Notice of Proposed Rulemaking.
- ²⁹ U.S. Department of Treasury. Alcohol and Tobacco Tax and Trade Bureau. *TTB Ruling Number 2013-2: Voluntary Nutrient Content Statements in the Labeling and Advertising of Wines, Distilled Spirits, and Malt Beverages.* May 28, 2013. <https://www.ttb.gov/images/pdfs/rulings/2013-2.pdf>. Accessed February 23, 2021.
- ³⁰ Alcohol Justice, 2020.
- ³¹ American Institute for Cancer Research. *2019 AICR Cancer Risk Awareness Survey.* 2020. <https://www.aicr.org/assets/can-prevent/docs/2019-Survey.pdf>. Accessed February 23, 2021.
- ³² National Cancer Institute. *Health Information National Trends Survey.* n.d. https://hints.cancer.gov/view-questions-topics/question-details.aspx?PK_Cycle=10&qid=1678. Accessed February 23, 2021.
- ³³ U.S. Department of Health and Human Services. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* November 2016. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>. Accessed February 23, 2021.
- ³⁴ American Institute for Cancer Research, 2020.
- ³⁵ National Cancer Institute, n.d.
- ³⁶ International Alliance for Responsible Drinking. *Health Warning Labeling Requirements.* 2019. <http://www.iard.org/resources/health-warning-labeling-requirements/>. Accessed February 23, 2021.
- ³⁷ 27 U.S.C. § 215(a).
- ³⁸ 27 U.S.C. § 217.
- ³⁹ 27 U.S.C. § 217.