

Canada’s drastic new alcohol guidelines demand a closer look

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Alcohol’s association with cancer is important to examine, but understanding risk of the disease also needs context.

JEFF MCINTOSH/THE CANADIAN PRESS

Two drinks a week. That guidance for low-risk drinking has dominated the headlines around the latest advice Canadians have received about how much alcohol they should consume.

The new [Health Canada-funded guidelines](#), which were released by the [Canadian Centre on Substance Use and Addiction \(CCSA\)](#) this week, recommend revising safe drinking limits, arguing that beyond one to two drinks a week, you are increasingly at risk of a range of conditions, including heart disease, stroke and cancer.

But before you throw out your wine collection, let's try some perspective.

First, a caveat: I am not an anti-public health zealot. I am a scholar who studies alcohol in its social and cultural environment. But I am also wary of generalized recommendations of behaviour change based upon narrowly selected evidence from a cohort that sounds increasingly like the 19th-century temperance movement.

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.

We should also consider researcher perspective. The CCSA is focused on harm-first, which is less a criticism than a fact: Although its name emphasizes “substance use and addiction,” its focus is on the negative side of “use.” Its job is to look for harm in the name of health. Through this lens, potential benefits don't track.

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.

<https://www.theglobeandmail.com/opinion/article-canadas-drastic-new-alcohol-guidelines-demand-a-closer-look/>

Thanks to Dan Malleck for daring to touch this one.

We need public health officials we can have confidence in, and then they do things like this. When we need to be able to trust them—say, you know, if we ever might have a pandemic that tests our nationhood and social cohesion—we struggle to do so because they tend to make such stupid pronouncements.

I know people who would be better, happier, and healthier human beings if they let their hair down regularly, loosened up, and had a drink—maybe two. The benefits of this are known and documented; trouble is, the salubrious effects of the first one or two drinks make the next one or two or three appeal as equally “worthwhile.” Not the case, especially for those who cannot control their drinking and should not get behind the steering wheel, or if they like the puerile “liberties” and the false “license”/excuse (“I was drunk. It was the liquor talking. I didn’t know what I was doing.”) that can be claimed in inebriation.

It seems our leaders—perhaps hamstrung ethically by the dishonesties/sins they know they have committed to get where they are—like to let the Puritans or single-issue zealots have their way in certain matters, thereby appearing moral. There are so many kinds of impairment (e.g. fatigue, medication effects [especially the abuse of prescription ones], brain-injury, tumours, cognitive processing differences, dementia stages) that I wonder if the “science” behind the steadily-more-draconian Driving Under the Influence (DUI) cutoffs determining “impairment” from drinking liquor actually stands up to scrutiny any better than these public health guidelines for alcohol consumption. But question this and you are deplored as a pariah—“You won’t do everything possible to keep drunk drivers from depriving mothers, families, spouses, and children of loved ones?!”—with the insinuation that you must be a serial “offender” yourself with a “problem.”

Sometimes I think we don’t need a “Devil” to explain human folly and failure; if he does exist, he just has to sit back, chuckle, and let societies, and thereby humanity, afflict and sabotage themselves.

TJB