

# Is moderate drinking really good for you?

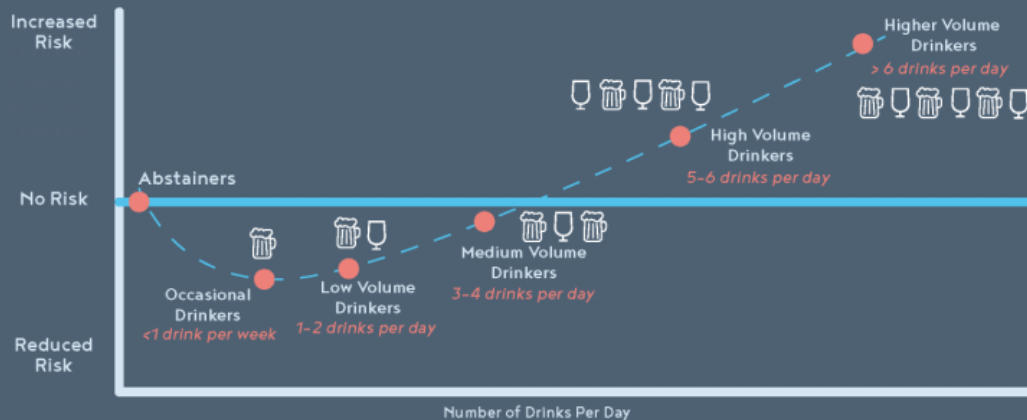
March 22 2016

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## DO “MODERATE” DRINKERS LIVE LONGER?

We analyzed 87 published studies on alcohol and death from all causes.

On the surface, they show that moderate alcohol consumption reduces your risk of dying earlier.



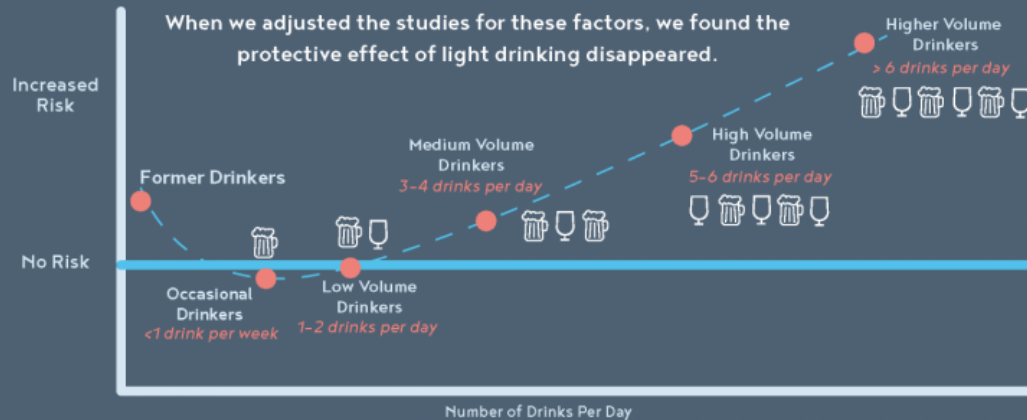
But a closer look at studies revealed that the “abstainer” group included:

Former drinkers

ABSTAINERS

people who didn't drink due to other health issues

This creates an abstainer bias that made light to moderate drinkers look good in comparison.



When we adjusted the studies for these factors, we found the protective effect of light drinking disappeared.

Only 13 of the 87 studies avoided “abstainer bias”.

WE ALSO FOUND...

Only 6 of the 87 studies were considered high quality.

### RECOMMENDATIONS FOR RESEARCH



Studies on alcohol and health should separate both former and occasional drinkers from lifetime abstainers



Using occasional drinkers (less than one drink/week) as the reference group instead of abstainers may give a more accurate comparison.

This research suggests we should be skeptical of claims that alcohol consumption offers health benefits.



University of Victoria

Centre for Addictions Research of BC

Source: Stockwell, T., Zhao, J., Panwar, S., Roemer, A., Naimi, T., & Chikritzhs, T. (March 2016). Do “moderate” drinkers have reduced mortality risk? A systematic review and meta-analysis of alcohol consumption and all-cause mortality. *Journal of Studies on Alcohol and Drugs*, 77(2), 185-198. Available online at <http://dx.doi.org/10.15288/jasad.2016.77185> or via email at [carbc@uvic.ca](mailto:carbc@uvic.ca).



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We analyzed 87 published studies on alcohol and death from all causes. This research suggests we should be skeptical of claims that alcohol consumption offers health benefits. Credit: University of Victoria, Centre for Addictions Research of BC

Many people believe a glass of wine with dinner will help them live longer and healthier—but the scientific evidence is shaky at best, according to a new research analysis. The findings, published in the March 2016 issue of the *Journal of Studies on Alcohol and Drugs*, may sound surprising: Countless news stories have reported on research tying moderate drinking to a range of health benefits—including a lower heart disease risk and a longer life.

But the new analysis took a deeper look at those studies, 87 in all. And it found that many were flawed, with designs suggesting benefits where there were likely none.

A key issue is how studies have defined "abstainers," explained Tim Stockwell, Ph.D., the lead researcher on the analysis and director of the University of Victoria's Centre for Addictions Research in British Columbia, Canada.

Most often, studies have compared moderate drinkers (people who have up to two drinks per day) with "current" abstainers. The problem is that this abstainer group can include people in poor health who've cut out alcohol.

"A fundamental question is, who are these moderate drinkers being compared against?" Stockwell said.

When his team corrected for those abstainer "biases" and certain other study-design issues, moderate drinkers no longer showed a longevity advantage. Further, only 13 of the 87 studies avoided biasing the abstainer comparison group—and these showed no [health benefits](#).

What's more, Stockwell said, before those corrections were made, it was actually "occasional" drinkers—people who had less than one drink per week—who lived the longest. And it's unlikely that such an infrequent drinking would be the reason for their longevity.

"Those people would be getting a biologically insignificant dose of alcohol," Stockwell said.

In addition, he noted, studies have linked moderate drinking to an implausibly wide range of health benefits. Compared with abstainers, for instance, moderate drinkers have shown lower risks of deafness and even liver cirrhosis.

"Either alcohol is a panacea," Stockwell said, "or [moderate drinking](#) is really a marker of something else."

The study did not look at whether certain types of alcohol, such as red wine, are tied to [longer life](#). But if that were the case, Stockwell said, it would be unlikely that the alcohol content itself deserved the credit.

"There's a general idea out there that [alcohol](#) is good for us, because that's what you hear reported all the time," Stockwell said. "But there are many reasons to be skeptical."

**More information:** Stockwell, T., Zhao, J., Panwar, S., Roemer, A., Naimi, T., & Chikritzhs, T. (March 2016). Do "moderate" drinkers have reduced mortality risk? A systematic review and meta-analysis of alcohol consumption and all-cause mortality. *Journal of Studies on*

*Alcohol and Drugs*, 77(2), 185-198.  
[dx.doi.org/10.15288/jsad.2016.77.185](https://doi.org/10.15288/jsad.2016.77.185)

Related Editorials:

Greenfield, T. K. (March 2016) The importance of methodological meta-analyses and a call to assess current and former drinking patterns: A commentary on Stockwell et al. (2016). *Journal of Studies on Alcohol and Drugs*, 77(2), 199-200. [dx.doi.org/10.15288/jsad.2016.77.199](https://doi.org/10.15288/jsad.2016.77.199)

Connor, J. L. (March 2016). Moderate drinkers and mortality risk: A commentary on Stockwell et al. (2016). *Journal of Studies on Alcohol and Drugs*, 77(2), 201-202. [dx.doi.org/10.15288/jsad.2016.77.201](https://doi.org/10.15288/jsad.2016.77.201)

Rehm, J., Roerecke, M., & Room, R. (March 2016). All-cause mortality risks for "moderate drinkers": What are the implications for burden-of-disease studies and low risk-drinking guidelines? *Journal of Studies on Alcohol and Drugs*, 77(2), 203-204.  
[dx.doi.org/10.15288/jsad.2016.77.203](https://doi.org/10.15288/jsad.2016.77.203)

Stockwell, T., Zhao, J., Naimi, T., & Chikritzhs, T. (March 2016). Moderate use of an "intoxicating carcinogen" has no net mortality benefit: Is this true and why does it matter? Stockwell et al. respond. *Journal of Studies on Alcohol and Drugs*, 77(2), 205-207.  
[dx.doi.org/10.15288/jsad.2016.77.205](https://doi.org/10.15288/jsad.2016.77.205)

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