# **Tricks of the Anti-Alcohol Lobby**

For several years now, the WHO and other health organizations have been running an increasingly rigorous campaign against moderate alcohol consumption – with the declared goal of a 'Vision Zero'. This movement, influenced by ideological thinking, does not shy away from spreading sweeping statements, even when high-quality, recent studies point to the positive effects of moderate alcohol consumption.

A key medical study that triggered the WHO's paradigm shift – that 'any amount of alcohol is harmful' – was published in the journal *The Lancet* in 2018. Since then, the media has practically exploded with unbalanced reports that sound almost panicked in their warnings about alcohol consumption. Interestingly, it is usually wine that is demonized – likely because the spirits and beer industries are better organized lobby-wise than the fragmented wine producers in various European countries. Few people are aware that a follow-up study from 2022 in the same journal (*The Lancet*) revised the results of the 2018 study. It has simply been ignored. Similarly, the latest findings of the *National Academies of Sciences, Engineering, and Medicine (NASEM)* from late 2024 have been barely mentioned. Commissioned by the U.S. government, NASEM compiled a scientific review and found lower overall mortality and a reduced risk of cardiovascular disease associated with moderate alcohol consumption. In July 2025, the *American Heart Association* – the world's leading authority on cardiovascular health and prevention – published an evidence-based assessment of the health impacts of moderate alcohol consumption, highlighting potentially positive effects on the risks of cardiovascular diseases, stroke, and sudden cardiac death.

The fact that such weighty voices receive almost no media coverage, are simply ignored, and swept under the carpet casts a questionable light on the alcohol opponents. Instead of engaging with counter-arguments in a factual manner, they seem to be following an ideologically-driven, one-sided agenda. The positive effects of moderate alcohol consumption, as well as the current nuanced body of research, receive almost no attention in public debate, social media, or the press. Some government agencies are even trying to reclassify alcohol in the same category as cigarettes. This would open up additional regulatory domains and increase their overall influence.

Allow me to illustrate the absurdity of this ideological anti-alcohol course with three small examples (among many):

## First Example:

Would you not be puzzled if ski lifts or mountain hiking trails featured large warning signs with dramatic images of serious injuries cautioning about the dangers of physical activity? Something like: 'Sport can lead to serious injuries or even death'. Just as out of touch with reality as such a sign would be, is what the WHO now proposes in its efforts to combat moderate alcohol consumption.

Let me explain in more detail:

In Switzerland, the probability of a working person suffering a leisure-time accident in any given year lies between 11% and 13%, with 3% to 4.5% classified as serious accidents – causing significant emotional and financial burden on society.

Now contrast that with current media headlines about alcohol, which spark sheer panic. The often-cited *Lancet* study from 2018 claims that even one alcoholic drink per day (e.g. a glass of wine) can be dangerous and increase the relative risk of alcohol-related illnesses by around 0.5%.

But relative and absolute risk are two very different things. A closer look at the study reveals the following: among 100,000 *abstainers*, 914 developed a health issue after one year. Among 100,000 people who drank one glass of wine daily, the number was 918. That's only four additional cases – likely within the statistical margin of error. The actual increase in risk is 0.004%. That's right: 0.004% or 1 in 25,000.

For comparison: the lifetime probability [80 years] of being struck by lightning lies between 1 in 15,000 and 1 in 30,000. Or put differently: the risk of suffering harm from leisure activities is about 3,000 times higher than the risk from a daily glass of wine. Even with two glasses per day, the theoretical risk rises to a still modest 0.063.

# **Second Example:**

A clever trick to erase the positive effects of moderate alcohol consumption on cardiovascular diseases is to include third-world or developing countries in the studies. In such countries — with a large share of very young people — it's practically impossible to detect beneficial cardiovascular effects from alcohol, because the population is too young to have developed such conditions. However, they often die young due to poor hygiene, low-quality alcohol, accidents, or violence.

Global studies like *The Lancet* treat all countries as a single unit, regardless of their massive demographic, cultural, and socioeconomic differences. From this chaotic mix of variables and inconsistent study designs, they draw the outlandish conclusion that even a single drink is harmful for everyone. From a scientific standpoint, this generalization across vastly different populations and conditions is highly problematic.

## Third Example:

One reason why older studies that showed positive health effects are now considered invalid is the «abstinence bias». This refers to the possibility that people who stop drinking often do so due to illness or age, thus worsening the health profile of the abstinent group.

That may be true. However, a just as serious, but often concealed error is the so-called *underreporting* or *recall bias* – the systematic underestimation of actual alcohol consumption in studies. Alcohol intake is based on voluntary and subjective self-reporting. Multiple large studies show that consumption is frequently downplayed. Newer studies (except for Mendelian randomization studies, which have other methodological flaws) do not adequately account for this underreporting. It's a persistent, systematic error in estimating alcohol intake.

For instance, a large Canadian survey of 43,371 people estimated underreporting at a staggering 75%. Meaning: if the recorded consumption was 2.5 million litres, the real figure would be 10 million litres!

Another study of 127,176 U.S. participants concluded that the supposed increase in cancer cases with light to moderate drinking was likely due to this very underreporting – leading to a gross overestimation of risk.

Whereas in the past the focus was on excessive alcohol consumption, the new strategy now targets light and moderate drinking. But how does the WHO justify such a drastic policy shift?

Unfortunately, the WHO has not made the composition of its expert panel or the decision-making process transparent. Nor has it communicated which scientific studies were used to support the new guidelines. It is suspected that members of the *Canadian Low-Risk Alcohol Drinking Guidelines Scientific Expert Panel* were involved. These are the same experts behind Canada's current recommendation that any alcohol consumption is harmful. A central figure is Tim Stockwell, who has significantly influenced the WHO's current position.

#### **Conclusion:**

The current anti-alcohol campaign largely lacks a nuanced, scientifically sound foundation. Much of what is presented is sweeping generalization, not carefully evidenced science. Clearer scientific answers are expected from the ongoing UNATI trial, a large-scale, high-quality, randomized prospective study from Spain. First results are expected in about 2028.

What is beyond dispute: excessive and problematic alcohol use is harmful to health, and in severe cases even deadly – the same is true, however, for sports. Likewise, a person can be injured or killed by a kitchen knife or a car. But no one seriously calls for banning these. To do so would be as absurd as the current overblown strategy of demonizing moderate alcohol consumption across the board.

This overview is based on years of research by Prof. em. Dr. med. Joseph Osterwalder, Master of Public Health (Harvard). Detailed information and corresponding medical studies can be downloaded from the Selection Schwander website under Masters of Wine / Alcohol & Health.