



Department
of Health

Consultation questionnaire form

How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines

Introduction

1. At the request of the UK Chief Medical Officers, a group of experts has been looking at the advice the Chief Medical Officers give to the public about how to keep risks to health low from drinking alcohol. The group have looked at the large amount of evidence about the levels and types of health harm that alcohol can cause, depending on how much and how often people drink. They have used this to make some recommendations about how you can limit your own risks from drinking alcohol.
2. The Chief Medical Officers provide scientific, medical advice to their governments and to the public in England, Scotland, Wales, and Northern Ireland. The Chief Medical Officers have accepted the advice from the expert group as the basis for their new guidelines across the UK.
3. The Chief Medical Officers would like to know whether you think their recommendations, and the reasons behind them, are clear and easy to understand. That is the purpose of this questionnaire. We are trying to make sure that the new guidelines are as practical and useful as possible.
4. We are not asking for your thoughts on the scientific evidence or how the expert group has used it to decide on their recommendations, although, if you are interested in knowing more about it, the evidence and more details of the group's thinking are being published at the same time as this questionnaire.
5. This questionnaire is only one of the ways we are testing these guidelines. They will also test them by interviewing people individually and in groups to see what they think.
6. Information explaining alcohol 'units' can be found later in the Annex to this document.
7. We would like to know whether you find the recommendations, and the reasons behind them, clear and helpful. Please read the questionnaire and the separate document "Summary of the proposed guidelines" then fill in the answers to the questions and return your completed questionnaire by 1 April 2016 to:

By email: UKCMOGuidelinesReview@dh.gsi.gov.uk

By post:

Alcohol Policy Team,

6th Floor

Department of Health

Wellington House

133 -155 Waterloo Road

SE1 8UG

Weekly guideline for regular drinking [this applies for people who drink regularly or frequently i.e. most weeks]

The Chief Medical Officers' guideline for both men and women is that:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Question 1

The weekly guideline as a whole

Is the weekly guideline for regular drinking as a whole, along with the explanation in the 'Summary of the proposed guidelines', clear and understandable?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 300 words]

There are a number of reasons that this guidance is not clear and understandable. As well as having an overall negative tone, they include:

a) The evidential basis as to why the weekly rather than daily guidelines, which have been used for over 20 years, were adopted is not clear and there does not appear to be any behavioral studies conducted to provide evidence to support the changes.

b) This consultation focuses on whether the guidelines are clearly communicated to the public. However, given the importance of communication to the effectiveness of the guidelines it is concerning that this was not considered throughout the development of the guidelines, rather than after they have been published.

c) The break with international precedent, by applying the same level of consumption

for men as it does for women, suggests that consumption by men can be matched by women and result in the same levels of risk and of harm. This is a misleading message to communicate given the scientific evidence shows higher levels of consumption lead to higher levels of risk of mortality to women.

Individual parts of the weekly guideline

Guideline: You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level

Explanation (from 'Summary of the proposed guidelines')

Long term health risks arise from regularly drinking alcohol over time – so it may be after ten to twenty years or more before the diseases caused by alcohol occur.

Drinking regularly over time can lead to a wide range of illnesses including cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system.

This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime. This level of risk is comparable to risks from some other regular or routine activities.

The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

Question 2

Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

This guidance is not clearly communicated for the following reasons:

a) They don't place alcohol in context of other lifestyle factors that may impact on the risks associated with alcohol consumption. The combination of drinking and smoking for example has significantly increased risk, yet there is no consideration of these factors suggesting everyone's risk is the same.

b) It is not clear what the 1% lifetime risk is comparable to and will therefore mean little to the public. To be clear the guidance should be compared to a range of other activities that hold the same risk such as driving a car or eating certain foods, so that the public can make an informed choice about the level of risk they are exposing themselves to.

3) The evidence of the protective effects of alcoholic drinks consumption has been downplayed in this guidance meaning that the public are not being provided with the full facts on which to base their decisions.

4) The word 'safest' is alarmist and suggests that drinking alcohol is an unsafe pastime, even although the majority of the population enjoy alcohol responsibly without harm to themselves or others.

Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.

Explanation (from 'Summary of the proposed guidelines')

The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

Question 3

Is it clear what the guideline – along with the explanation – means, for how you can keep your health risks within a low level, if you drink on only a few days each week?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

This advice is confusing and the guidelines are unclear the following reasons:

a) The report suggests that the public are unlikely to follow the guidelines (despite having little evidence to support this), and therefore a simple approach is likely to be the most effective. By focusing on a weekly limit, only to then suggest that this needs to be taken over a number of days, begins to become confusing and appears to be going back to a more daily limit.

b) If the message is that people should drink on lower levels more frequently, then it is difficult to understand how this set of guidelines is an improvement on the last.

Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from 'Summary of the proposed guidelines')

The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units

weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

Question 4

Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long term health risks below the low risk level set by the guideline?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

This guidance is not clear for the following reasons:

- a) The statement that there is no safe level of consumption appears to contradict the evidence provided.
- b) This guidance appears to play down the protective benefits of alcohol consumption, for example the impact of drinks consumption on Ischemic Heart Disease (IHD). Given there is a significant body of evidence to suggest this there can be protective benefits of low levels of consumption it is not clear why the opposite is being communicated.
- c) The evidence of these benefits was dismissed by the Chief Medical Officer as being "old wives tales", which suggests that this has not been considered in detail and should be revisited.
- d) The guidance does not provide responsible messages to consumers and should make clear that there are low risk levels of consumption and that alcohol is compatible with a healthy lifestyle.

Guideline: If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Explanation (from 'Summary of the proposed guidelines')

There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

Question 5

Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

The guidance in this section is not clear for the following reasons:

- a) The statement asserts that alcohol free days are useful for people that wish to moderate their consumption. However, the evidence for this was only applicable to those considered heavy drinkers, which is not made clear in the statement.
- b) This recommendation appears to have been made by the expert group based on their own views rather than on the basis of evidence, which is not clearly communicated.
- c) This statement runs contrary to the evidence provided in the modelling on which the new guidelines are almost entirely based. It is compatible with this statement for a man to drop his consumption from the guideline level of 14 units over 6 days (risk 0.0106) to half that amount of 7 units over 1 day (0.0142) however, rather than helping that person to reduce his risk, this action would actually increase his overall risk.
- d) Therefore the guidance only works in the context of the other guidance, that drinkers should spread their consumption over a number of days, which in itself appears to be contrary to this advice.

Single occasions of drinking [this applies for drinking on any single occasion, not regular drinking, which is covered by the weekly guideline].

Advice on short term effects of alcohol

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water ;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from 'Summary of the proposed guidelines')

This advice for any single occasion of drinking is based on the evidence reviewed by the expert group that clearly identified substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people from any single drinking occasion.

Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

- head injuries
- fractures
- facial injuries and
- scarring

Short term risks from heavy drinking in a short time also include alcohol poisoning and conditions such as heart disease. The risks of short term, or acute, injury to a person recently drinking have been found to rise as much as 2- to 5-fold (or more) from drinking just 5-7 units (over a 3- or 6-hour period).

The proposed advice includes a number of different ways people can keep their risks low. Whilst this does include limiting how much and how fast you drink, it also advises on other actions that people can take to reduce their risk of injury and accident.

Question 6

Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

The guidance is not clear for the following reasons

a) While the guidance makes reference to people with different tolerances for alcohol, the overall guidelines are rigid and misleading, by suggesting that all people of both genders and all sizes will have the same risks through alcohol consumption. Which means the public faith in their practical validity is likely to be low.

b) Previous guidelines that offered a range of between 2-3 for women and 3-4 for men allowed consumers to understand that alcohol consumption can have a differing impact on people within gender groups. It was therefore possible to make a distinction between people that could biologically tolerate a greater level of alcohol.

c) There is no evidence provided that this approach will be understood and accepted by the public and this should have been considered as they were developed.

d) There is some concern that statements such as "risky places", "risky behaviour" and "misjudging risky situations" will mean different things to different people.

[extracted from the above]

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water ;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

Explanation (from 'Summary of the proposed guidelines')

The expert group considered it was important to make the scale of this risk clear to the public, and it is spelled out in their report. But, unlike for the regular drinking guideline, they did not recommend a guideline based on a number of units. There were a number of reasons for this, not least because:

individual variation in short term risks can be significant;

the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, how alcohol tends to affect their skills and inhibitions, how safe their environment is, and any plans they have made in advance to reduce their risks (such as staying around someone they can trust and planning safe transport home).

Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: Specific, measurable and timebound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

Question 7

For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

This guidance is not clear for the following reasons:

a) The expert panel made little attempt to gather evidence of the impact of removing daily guidelines in favour of weekly guidelines, even though these have been in use for over 20 years. To discard this and not consider the impact more fully is unfortunate.

b) Again, to change to weekly guidelines and then attempt further messaging to make this applicable to daily consumption is likely to cause confusion with consumers. The guidelines would already be more complex than previous guidelines and it is unclear as to why the CMO would look to include a daily guideline if she is confident that the overall guidelines are correct.

c) Overall this is something that should have been considered in greater detail, through wider consultation, during the design of the guidelines.

Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:

If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.

Explanation (from 'Summary of the proposed guidelines')

The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy.

Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.

Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

- restricted growth
- facial abnormalities
- learning and behavioural disorders, which are long lasting and may be lifelong.

Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.

Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of

continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.

Question 8

Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant women should do to keep risks to her baby to a minimum?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

The advice on drinking while pregnant is sufficiently clear and is provided on a factual basis and supported by a range of credible evidence.

Question 9

In recommending this guideline, the expert group aimed for:

- a precautionary approach to minimising avoidable risks to babies;
- openness about uncertainties in the evidence, particularly on the effects of low levels of drinking in pregnancy;
- reasonable reassurance for women who may discover they have drunk alcohol before knowing they were pregnant.

Has the guideline met these aims?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

The advice on drinking while pregnant is sufficiently clear and is provided on a factual basis and supported by a range of credible evidence.

ANNEX

What is a unit of alcohol?

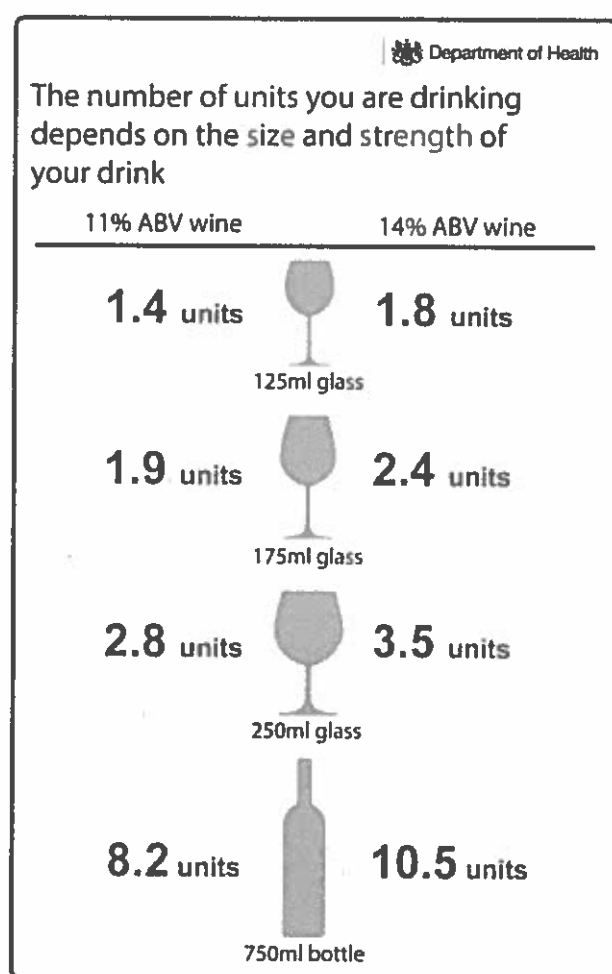
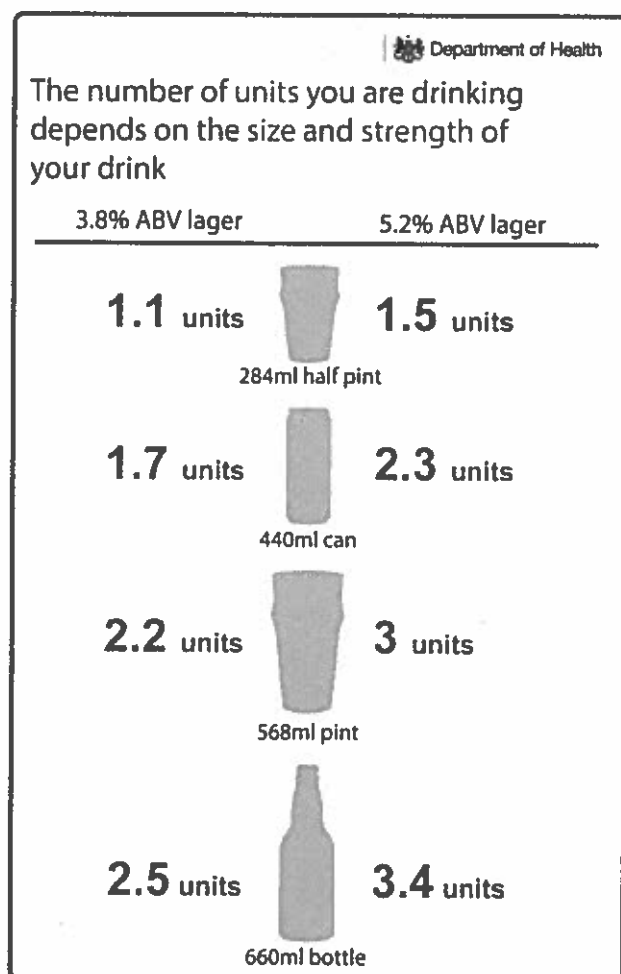
A unit is a measure of the pure alcohol in a drink, that is, the amount of alcohol that would be left if other substances were removed. A unit is 10ml, or one hundredth of a litre of pure alcohol. Units are calculated by reference to:

- the amount or volume of the drink
- the alcoholic strength (Alcohol by Volume, or ABV)

So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [$1000\text{ml} \times 40\% = 400\text{ml}$ or 40 units].

A unit is roughly half a pint of normal strength lager (4.1% ABV). Alcoholic content in beer can vary. Some ales are 3.5%. But stronger continental lagers can be 5% ABV, or even 6% or more.

The following example shows how units in wine vary by the size of the drink (glass or bottle) and the alcoholic strength.





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Introduction

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2. The Chief Medical Officers provide scientific, medical advice to their governments and to the public in England, Scotland, Wales, and Northern Ireland. The Chief Medical Officers have accepted the advice from the expert group as the basis for their new guidelines across the UK.
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Weekly guideline for regular drinking [this applies for people who drink regularly or frequently i.e. most weeks]

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- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Question 1

The weekly guideline as a whole

Is the weekly guideline for regular drinking as a whole, along with the explanation in the 'Summary of the proposed guidelines', clear and understandable?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 300 words]

Individual parts of the weekly guideline

Guideline: You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level

Explanation (from 'Summary of the proposed guidelines')

Long term health risks arise from regularly drinking alcohol over time – so it may be after ten to twenty years or more before the diseases caused by alcohol occur.

Drinking regularly over time can lead to a wide range of illnesses including cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system.

This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime. This level of risk is comparable to risks from some other regular or routine activities.

The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

Question 2

Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.

Explanation (from 'Summary of the proposed guidelines')

The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

Question 3

Is it clear what the guideline – along with the explanation – means, for how you can keep your health risks within a low level, if you drink on only a few days each week?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

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Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from 'Summary of the proposed guidelines')

The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

Question 4

Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long term health risks below the low risk level set by the guideline?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

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Guideline: If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Explanation (from 'Summary of the proposed guidelines')

There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

Question 5

Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

Single occasions of drinking [this applies for drinking on any single occasion, not regular drinking, which is covered by the weekly guideline].

Advice on short term effects of alcohol

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water ;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from 'Summary of the proposed guidelines')

This advice for any single occasion of drinking is based on the evidence reviewed by the expert group that clearly identified substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people from any single drinking occasion.

Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

- head injuries
- fractures
- facial injuries and
- scarring

Short term risks from heavy drinking in a short time also include alcohol poisoning and conditions such as heart disease. The risks of short term, or acute, injury to a person recently drinking have been found to rise as much as 2- to 5-fold (or more) from drinking just 5-7 units (over a 3- or 6-hour period).

The proposed advice includes a number of different ways people can keep their risks low. Whilst this does include limiting how much and how fast you drink, it also advises on other actions that people can take to reduce their risk of injury and accident.

Question 6

Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

[extracted from the above]

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water ;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

Explanation (from 'Summary of the proposed guidelines')

The expert group considered it was important to make the scale of this risk clear to the public, and it is spelled out in their report. But, unlike for the regular drinking guideline, they did not recommend a guideline based on a number of units. There were a number of reasons for this, not least because:

individual variation in short term risks can be significant;

the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, how alcohol tends to affect their skills and inhibitions, how safe their environment is, and any plans they have made in advance to reduce their risks (such as staying around someone they can trust and planning safe transport home).

Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: Specific, measurable and timebound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

Question 7

For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

We support that the low risk drinking guidelines does not advice on a specific number for single occasion drinking. Our position is based on the following:
Best possible communication: We believe low risk drinking guidelines needs to be easy to communicate to make the public aware and understand the guidelines, and should therefore only be one number (14), with the additional information that this amount should be spread on several days. Introducing a number for drinking on a single occasion can confuse the messaging, and as a result disrupt the main message of 14 units per week.

Risk of higher consumption levels perceived as low risk drinking: If a single occasion low risk drinking guideline were introduced, we believe this would be the dominant guideline remembered by the consumers compared to the weekly guideline, and thus confuse consumers on what the limit for low risk drinking is. If for example a single occasion guideline is set to 7 units, we end up risking that consumers think they are within the low risk drinking patterns by never consuming more than 7 units per occasion. If this is repeated several times a week, consumers easily exceed the weekly limit of 14.

Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:

If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.

Explanation (from 'Summary of the proposed guidelines')

The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy.

Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.

Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

- restricted growth
- facial abnormalities
- learning and behavioural disorders, which are long lasting and may be lifelong.

Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.

Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.

Question 8

Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant women should do to keep risks to her baby to a minimum?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

Question 9

In recommending this guideline, the expert group aimed for:

- a precautionary approach to minimising avoidable risks to babies;
- openness about uncertainties in the evidence, particularly on the effects of low levels of drinking in pregnancy;
- reasonable reassurance for women who may discover they have drunk alcohol before knowing they were pregnant.

Has the guideline met these aims?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

ANNEX

What is a unit of alcohol?

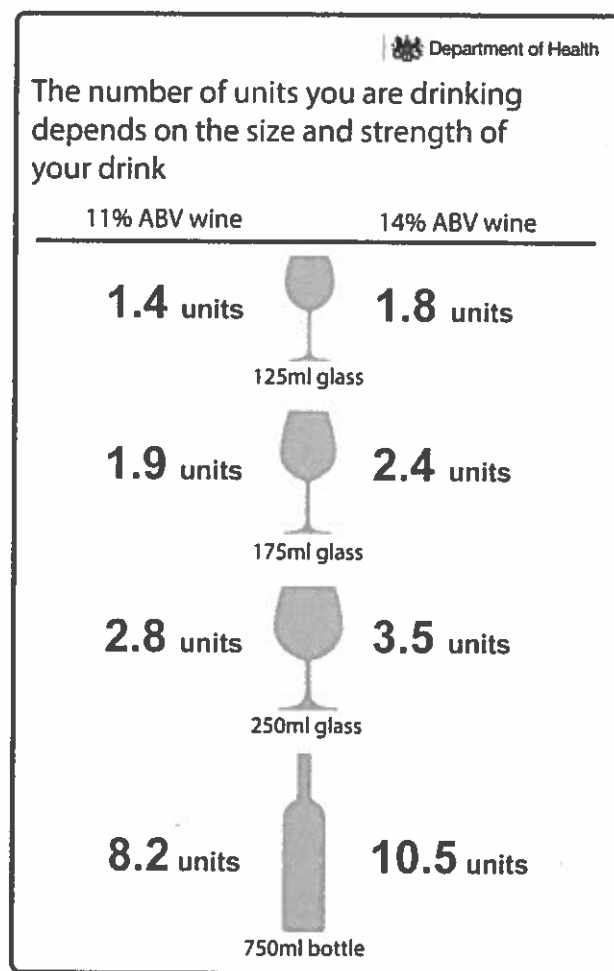
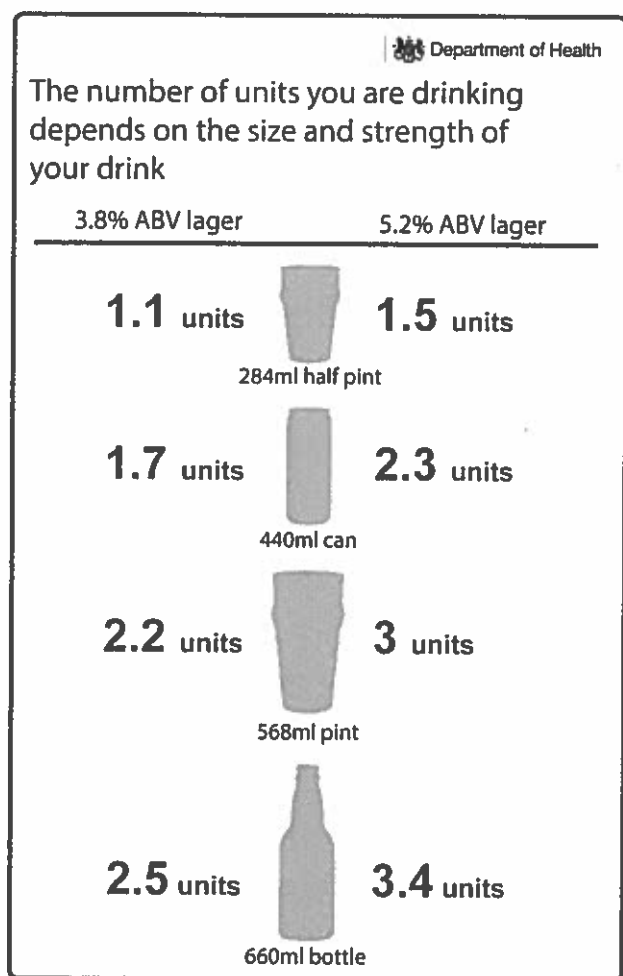
A unit is a measure of the pure alcohol in a drink, that is, the amount of alcohol that would be left if other substances were removed. A unit is 10ml, or one hundredth of a litre of pure alcohol. Units are calculated by reference to:

- the amount or volume of the drink
- the alcoholic strength (Alcohol by Volume, or ABV)

So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [$1000\text{ml} \times 40\% = 400\text{ml}$ or 40 units].

A unit is roughly half a pint of normal strength lager (4.1% ABV). Alcoholic content in beer can vary. Some ales are 3.5%. But stronger continental lagers can be 5% ABV, or even 6% or more.

The following example shows how units in wine vary by the size of the drink (glass or bottle) and the alcoholic strength.





Department
of Health

How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines

January 2016

Introduction

1. At the request of the UK Chief Medical Officers, a group of experts has been looking at the advice the Chief Medical Officers give to the public about how to keep risks to health low from drinking alcohol. The group have looked at the large amount of evidence about the levels and types of health harm that alcohol can cause, depending on how much and how often people drink. They have used this to make some recommendations about how you can limit your own risks from drinking alcohol.
2. The Chief Medical Officers provide scientific, medical advice to their governments and to the public in England, Scotland, Wales, and Northern Ireland. The Chief Medical Officers have accepted the advice from the expert group as the basis for their new guidelines across the UK.
3. The Chief Medical Officers would like to know whether you think their recommendations, and the reasons behind them, are clear and easy to understand. That is the purpose of this questionnaire. We are trying to make sure that the new guidelines are as practical and useful as possible.
4. We are not asking for your thoughts on the scientific evidence or how the expert group has used it to decide on their recommendations, although, if you are interested in knowing more about it, the evidence and more details of the group's thinking are being published at the same time as this questionnaire.
5. This questionnaire is only one of the ways we are testing these guidelines. They will also be tested by interviewing people individually and in groups to see what they think.
6. Information explaining alcohol 'units' can be found later in the Annex to this document.
7. We would like to know whether you find the recommendations, and the reasons behind them, clear and helpful. Please read the questionnaire and the separate document "Summary of the proposed guidelines" then fill in the answers to the questions and return your completed questionnaire either by completing this online or by sending it by post to: Alcohol Policy team, Department of Health, Wellington House, 133 - 155 Waterloo Road, SE1 8UG.
8. **Weekly guideline for regular drinking** [*this applies for people who drink regularly or frequently i.e. most weeks*]

The Chief Medical Officers' guideline for both men and women is that:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

The weekly guideline as a whole

1. *Is the weekly guideline for regular drinking as a whole, along with the explanation in the 'Summary of the proposed guidelines', clear and understandable?*

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 300 words].

Although there might be a clear rationale for each element of the weekly guideline, the number of different elements introduces unnecessary complexity and some conflicting messages when they are presented together. The advice to avoid drinking 14 units over one or two sessions a week is important but it does make the message less clear. This is further compacted by the advice to have several drink free days a week. The result is some potentially conflicting messages to both spread out drinking across more days and also to increase the number of alcohol free days in a week.

We suggest that the guidance would be clearer and have more impact if it were presented as follows:

- There is no safe limit for drinking alcohol.
- If you drink, keep the risks low by drinking less than 14 units a week and no more than 5 units on any one day.
- Have at least 3 alcohol free days a week.

The explanatory notes should also include the rationale for the guidance and should define and explain any terms used. Regular and heavy drinking are subjective terms and many people still equate a unit as a single drink and consequently massively underestimate their consumption levels. A clear definition of these terms in the explanation is essential and further work to explain what a unit is could be undertaken.

A more explicit explanation where this guidance differs from previous recommendations would also be helpful, as would a rationale for the reduction in limits for men and not for women and also the changes to the previous advice for older people would be particularly useful.

Individual parts of the weekly guideline

Guideline: *You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level*

Explanation (from 'Summary of the proposed guidelines')

13. Long term health risks arise from regularly drinking alcohol over time – so it may be ten to twenty years or more before the diseases caused by alcohol occur. Drinking regularly over time can lead to a wide range of illnesses including cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system.

14. This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime. This level of risk is comparable to risks from some other regular or routine activities.

15. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

2. *Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?*

☐ Yes

☒ No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].

The phrase 'you are safest not to regularly drink more than 14 units' is misleading. Evidence shows that most people are safest not to drink at all and therefore including the word 'regularly' in the guideline could give the misleading impression that it is safe to drink more than this, as long as it is not every week.

This could be changed to:

'If you drink, keep the risks lower by drinking less than 14 units a week'.

The following sentence in the explanation is particularly difficult to understand:

"This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime."

It is important to emphasise that there is no safe limit and that the guideline represents a low risk for most people. The wording of this section is complicated and this message does not come across clearly. Although defining a low risk is useful, presenting risk as a percentage over a lifetime will have little meaning for the majority of people.

The rationale for the weekly guideline is clear and the guideline for 14 units a week for both men and women is understandable – although some work does need to be done to ensure that people understand what a unit is. The annex explaining units of alcohol is useful.

Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries

Explanation (from 'Summary of the proposed guidelines')

16. The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

3. *Is it clear what the guideline – along with the explanation – means, for how you can keep your health risks within a low level, if you drink on only a few days each week?*

☒ Yes

☐ No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].

The guideline and the explanation of the need to qualify the weekly limit are clear however consideration needs to be given to how this advice fits with guidance on single occasion drinking and on increasing the number of alcohol free days a week.

Conflict with other messages could be avoided if the guidelines specified a weekly and a daily amount. This could, for example, be to avoid regularly drinking more than 14 units a week and not to have more than 5 units on any one day.

The explanatory notes could include some reference to the social, emotional and criminal justice impacts on individuals that regularly drink heavily.

Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from 'Summary of the proposed guidelines')

17. The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

4. *Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long term health risks below the low risk level set by the guideline?*

☒ Yes

☐ No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].

The guideline and explanation are clear. The fact that no level of drinking can be considered completely safe and that the health risks increase the more you drink, however, is a key message and should be emphasised.

Guideline: If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week

Explanation (from 'Summary of the proposed guidelines')

18. There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

5. *Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking?*

☐ Yes

☒ No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].

The evidence suggests that reducing the amount of alcohol consumed has benefits for both individual and population health. It is disappointing that the guidance does not make a clear recommendation about drinking less as well as advising that having several drink free days a week is a good way to achieve this.

The reference to having 'several' drink free days a week, may be confusing. Some people understand it to mean approximately seven and there are only seven days in a week. There is also the potential for this message to conflict with the advice to spread out your drinking across three or more days.

A recommendation on the exact number of drink free days a week and a statement about the evidence around about the benefits of having some alcohol free days would be useful.

Advice on short term effects of alcohol

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from 'Summary of the proposed guidelines')

19. This advice for any single occasion of drinking is based on the evidence reviewed by the expert group that clearly identified substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people from any single drinking occasion.

20. Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

- head injuries
- fractures
- facial injuries and
- scarring

21. Short term risks from heavy drinking in a short time also include alcohol poisoning and conditions such as heart disease. The risks of short term, or acute, injury to a person recently drinking have been found to rise as much as 2- to 5-fold (or more) from drinking just 5-7 units (over a 3- or 6-hour period).

22. The proposed advice includes a number of different ways people can keep their risks low. Whilst this does include limiting how much and how fast you drink, it also advises on other actions that people can take to reduce their risk of injury and accident.

6. *Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?*

☐ Yes

☒ No

If you answered "No" above, please explain your view here [please keep within 200 words].

The advice in this section is generally well explained, however, it is long and very general. This may reduce the impact of the key messages. There is the need for more detail and depth around some of the specialist groups and for younger and older people in particular. It would be helpful if the explanatory notes defined these groups more clearly and explained how and why the risk increases.

Consideration needs to be given to how this guideline fits with the guidance for regular drinking. There is considerable cross over with the advice about regular patterns of heavy drinking. With separate guidelines targeted at reducing long and short term risk and focussing on regular and single occasion drinking there is the potential for confusion and for messages to be diluted.

In point 21 of the explanatory notes, the word 'just' in the context of 'just 5-7 units' is not helpful as it creates the impression that 5-7 units is a small amount to drink on any one occasion.

7. *For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.*

However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?

☒ Yes

☐ No

Please explain your view here [please keep within 200 words].

Specific guidance is useful not only to support individual behaviour change but also to inform policy and practice in the wider system. Guideline limits, for example, could be incorporated into licensing guidance on drink servings and point of sale information. Guidance suggesting a specific number of units would also make it easier to measure the number of adults that drink within recommended guidelines. This is important for monitoring and research purposes.

The guidance does need to be meaningful and relevant to have an impact. Where there is considerable individual variation a single guideline amount might not be appropriate. If a single guideline amount is not possible then a risk curve graph or some other way of enabling people to visualise how risk increases would be helpful.

Without specifying an amount the guidance is just general advice. This is open to interpretation and may not provide an effective cue for action in prompting people to consider changing their behaviour.

Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:

- If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.

Explanation (from 'Summary of the proposed guidelines')

25. The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy.

26. Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.

27. Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

- *restricted growth*
- *facial abnormalities*
- *learning and behavioural disorders, which are long lasting and may be lifelong*

28. Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.

29. Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

30. The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.

8. *Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant women should do to keep risks to her baby to a minimum?*

☐ Yes

☒ No

If you answered "No" above, please explain your view [please keep within 200 words].

Clear guidance to avoid drinking in pregnancy is welcomed.

The sentence "Most women either do not drink..." is confusing. The percentages should either be combined into a total figure or removed completely. As this is additional information, it may be better if this point was included in the explanatory notes rather than the guidance itself.

9. *In recommending this guideline, the expert group aimed for:*

- *a precautionary approach to minimising avoidable risks to babies;*
- *openness about uncertainties in the evidence, particularly on the effects of low levels of drinking in pregnancy;*
- *reasonable reassurance for women who may discover they have drunk alcohol before knowing they were pregnant.*

Has the guideline met these aims?

☒ Yes

☐ No

If you answered "No" above, please explain your view [please keep within 200 words].

Women who may have drunk before they knew they were pregnant will be concerned and it is difficult to provide reassurance without compromising the recommendation not to drink at all.

The explanation of the precautionary approach and the guidance for women who may have drunk alcohol before they were pregnant is clear and helpful. Some specific explanatory notes designed for health professionals working with pregnant women would be useful.



Department
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January 2016

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The Chief Medical Officers' guideline for both men and women is that:

- **You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.**
- **If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.**
- **The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.**
- **If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.**

The weekly guideline as a whole

1. *Is the weekly guideline for regular drinking as a whole, along with the explanation in the 'Summary of the proposed guidelines', clear and understandable?*

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 300 words].

Individual parts of the weekly guideline

Guideline: You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level

Explanation (from 'Summary of the proposed guidelines')

13. Long term health risks arise from regularly drinking alcohol over time – so it may be ten to twenty years or more before the diseases caused by alcohol occur. Drinking regularly over time can lead to a wide range of illnesses including cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system.

14. This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime. This level of risk is comparable to risks from some other regular or routine activities.

15. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

2. *Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?*

☒ Yes

☐ No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].

Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries

Explanation (from 'Summary of the proposed guidelines')

16. The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

3. *Is it clear what the guideline – along with the explanation – means, for how you can keep your health risks within a low level, if you drink on only a few days each week?*

☒ Yes

☐ No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].

Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from 'Summary of the proposed guidelines')

17. The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

4. *Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long term health risks below the low risk level set by the guideline?*

☒ Yes

☐ No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].

Guideline: If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week

Explanation (from 'Summary of the proposed guidelines')

18. There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

5. *Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking?*

☒

Yes

☐

No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].

Single occasions of drinking [this applies for drinking on any single occasion, not regular drinking, which is covered by the weekly guideline].

Advice on short term effects of alcohol

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from 'Summary of the proposed guidelines')

19. This advice for any single occasion of drinking is based on the evidence reviewed by the expert group that clearly identified substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people from any single drinking occasion.

20. Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

- *head injuries*
- *fractures*
- *facial injuries and*
- *scarring*

21. Short term risks from heavy drinking in a short time also include alcohol poisoning and conditions such as heart disease. The risks of short term, or acute, injury to a person recently drinking have been found to rise as much as 2- to 5-fold (or more) from drinking just 5-7 units (over a 3- or 6-hour period).

22. The proposed advice includes a number of different ways people can keep their risks low. Whilst this does include limiting how much and how fast you drink, it also advises on other actions that people can take to reduce their risk of injury and accident.

6. *Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?*

☒ Yes

☐ No

If you answered "No" above, please explain your view here [please keep within 200 words].

[extracted from the above]

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- **limiting the total amount of alcohol you drink on any occasion;**
- **drinking more slowly, drinking with food, and alternating with water;**
- **avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.**

Explanation (from 'Summary of the proposed guidelines')

23. The expert group considered it was important to make the scale of this risk clear to the public, and it is spelled out in their report. But, unlike for the regular drinking guideline, they did not recommend a guideline based on a number of units. There were a number of reasons for this, not least because:

- *individual variation in short term risks can be significant;*
- *the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, how alcohol tends to affect their skills and inhibitions, how safe their environment is, and any plans they have made in advance to reduce their risks (such as staying around someone they can trust and planning safe transport home).*

24. Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: *Specific, measurable and timebound*. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

7. For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?

☐ Yes

☒ No

Please explain your view here [please keep within 200 words].

Offering "unit" advice is preclusionary whereas more general advice leads the individual to make an informed decision based on facts which resonate with them. This is a powerful factor in actually changing behavior and meeting end goals.

Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:

- **If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.**
- **Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.**

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.

Explanation (from 'Summary of the proposed guidelines')

25. The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy.

26. Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.

27. Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

- *restricted growth*
- *facial abnormalities*
- *learning and behavioural disorders, which are long lasting and may be lifelong*

28. Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.

29. Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

30. The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.

8. *Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant women should do to keep risks to her baby to a minimum?*

☒ Yes

☐ No

If you answered "No" above, please explain your view [please keep within 200 words].

9. *In recommending this guideline, the expert group aimed for:*

- *a precautionary approach to minimising avoidable risks to babies;*
- *openness about uncertainties in the evidence, particularly on the effects of low levels of drinking in pregnancy;*
- *reasonable reassurance for women who may discover they have drunk alcohol before knowing they were pregnant.*

Has the guideline met these aims?

☒ Yes

☐ No

If you answered "No" above, please explain your view [please keep within 200 words].

Annex

What is a unit of alcohol?

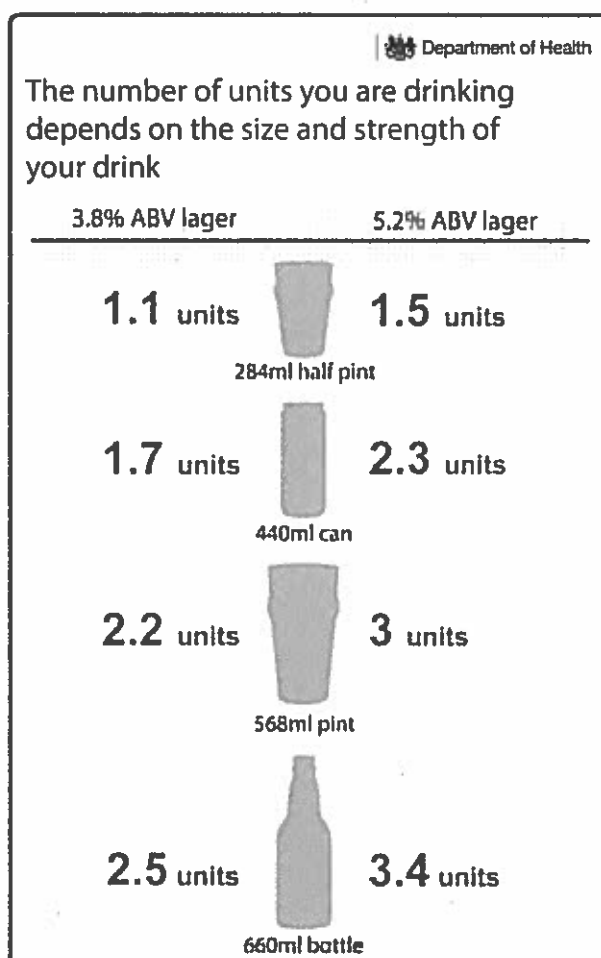
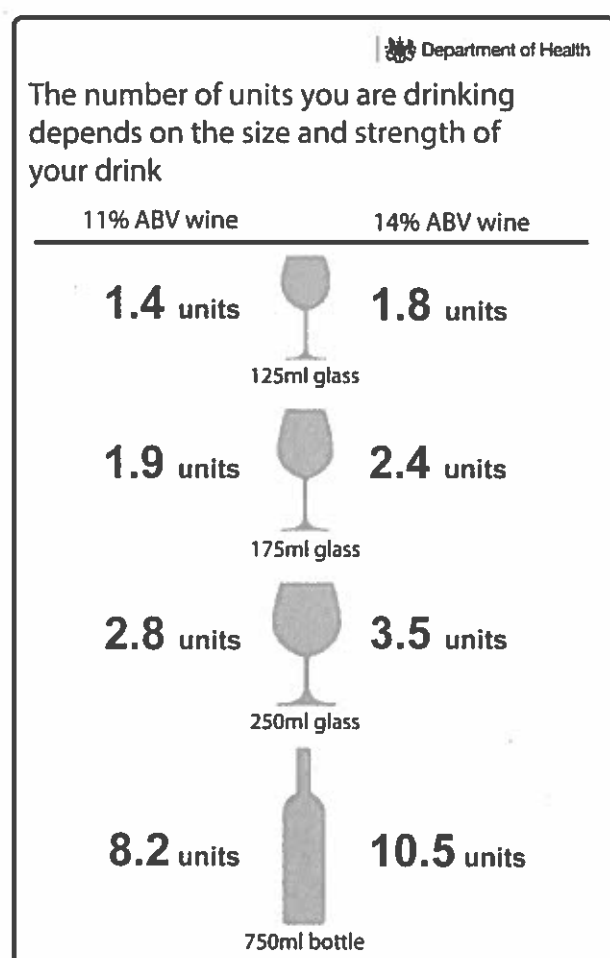
A unit is a measure of the pure alcohol in a drink, that is, the amount of alcohol that would be left if other substances were removed. A unit is 10ml, or one hundredth of a litre of pure alcohol. Units are calculated by reference to:

- *the amount or volume of the drink*
- *the alcoholic strength (Alcohol by Volume, or ABV)*

So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [1000ml x 40% = 400ml or 40 units].

A unit is roughly half a pint of normal strength lager (4.1% ABV). Alcoholic content in beer can vary. Some ales are 3.5%. But stronger continental lagers can be 5% ABV, or even 6% or more.

The following example shows how units in wine and beer vary by the size of the drink (glass or bottle) and the alcoholic strength.





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How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines

Institute of Public Health response, February 2016

Contact Details

Name: [REDACTED]
Position: [REDACTED]
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1. Is the weekly guideline for regular drinking as a whole, along with the explanation in the 'Summary of the proposed guidelines', clear and understandable?

The Institute of Public Health in Ireland (IPH) commends the work of the UK Chief Medical Officers and the evidence review group in their analysis and synthesis of the evidence. IPH welcomes the development of the guidelines on a UK consensus basis, as one component of informing the public about the risks associated with their drinking behaviours.

IPH welcomes the introduction of a single weekly guideline for both men and women, but would suggest that further clarification of the guideline is required. Terms such as 'regularly', 'several' and 'heavy drinking' need to be clearly defined.

Lower income groups are disproportionately affected by alcohol-related harms (NSAPAG, 2014). Alcohol-related deaths in the most deprived areas of Northern Ireland were more than double the Northern Ireland average and four times more than the death rate in the least deprived areas (DHSSPS, 2015).

Communication of the weekly guideline should take account of literacy and numeracy. Almost one fifth of adults in Northern Ireland had low proficiency in reading and a quarter had low proficiency in numeracy (NFER, 2013). Development of a communication plan could support the implementation, ensuring messaging appropriate to lower literacy and numeracy populations, and as a means to address inequalities in knowledge and understanding of risk particularly in deprived communities..

While the limitations of information alone as a means of achieving sustainable behaviour change are acknowledged, consistency of message is one important component of a comprehensive approach to address alcohol-related harm. In NI, agreement and communication of the new guidelines in conjunction with *New Strategic Direction for Drugs and Alcohol Phase 2 (2012-2016)* and *Making Life Better – A Whole System Strategic Framework for Public Health* will be required.

- 2. Is it clear what the guideline - along with the explanation means, for how you can seek to reduce long terms risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?**

The overall guideline is presented clearly, however aspects require further clarification. For example, point 14 in the explanation is complex and difficult to understand. IPH recommends this point is simplified, presented as 2-3 separate points and includes a definition of 'regular or routine activities'.

IPH would also suggest that particular consideration is given to unique situation in Northern Ireland. Legacy issues resulting from armed conflict and sectarianism have contributed to high levels of disability and unemployment, in work and out of work poverty, additional vulnerabilities in terms of mental ill-health, as well disproportionately high prescribing of antidepressants (CVS, 2012). Northern Ireland continues to have the highest level of suicide in the UK (ONS, 2016) and alcohol was involved in almost half (48.6%) of all self-harm incidents in between April 2013 and March 2014 (Public Health Agency, 2014).

There is clear evidence that stress and adverse life events can trigger excessive drinking of alcohol and may further predispose individuals to the development of alcohol dependency (NICE, 2010). IPH would recommend that due cognisance is given to mental health issues and alcohol dependency resulting from specific circumstances and the long terms risks to health and potential harm to others.

- 3. Is it clear what the guideline - along with the explanation means, for how you can keep your health risks within a low level, if you drink on only a few days each week?**

This guideline is clear.

- 4. Is it clear what the guideline - along with the explanation means? Is it clear how you could, if you wish, reduce your long term health risk below the low risk level set by the guideline?**

In further clarifying this guideline, IPH recommends defining 'regular basis'. It is important that the risk of developing a range of illnesses for those who engage in episodes of heavy drinking is also outlined in this guideline and explanation. To strengthen the message that risks to health can be reduced further by 'drinking less' or 'not at all' is an important point, but the closing phrase 'if they wish' lessens the impact of the message. IPH suggests this latter phrase could be removed.

- 5. Is it clear what the guideline - along with the explanation means and how you could use this if you wish to reduce your drinking?**

IPH believes the use of the phrase 'wish to reduce your drinking' is aspirational, and is open to misinterpretation by those drinkers who are currently exceeding recommended guidelines. IPH supports the recommendation for 'drink-free' days, but believe this message should be more specific and targeted at particular population sub-groups. IPH recommends that the guideline makes reference to those who currently engage in binge drinking sessions and those who regularly drink above guideline weekly amounts. The messaging should also take account of the fact that the harmful effects of higher levels of single episode drinking may not be mitigated by instituting drink-free days.

It is also our view that many drinkers do not recognise the need to reduce their alcohol consumption nor are they actively seeking to do so, and therefore, may not consider this message relevant as it is currently presented. For this reason, IPH recommends this message could be rephrased to help individuals who have been advised by a healthcare professional to reduce their alcohol intake.

IPH would recommend that this message should be about reducing overall alcohol consumption as opposed to moderating consumption. 'Moderation' and 'reduction' mean different things and further clarification is needed in terms of what this guidelines is seeking to achieve.

6. Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?

The advice on what could be done to limit health risks from any single occasion of drinking is clear. However, more detail could be given on why some groups of people are likely to be more affected by alcohol.

Older adults who drink alcohol and who take medications are at risk for a variety of adverse consequences. It is important that older adults understand that many medications interact negatively with alcohol. Alcohol can also reduce the effectiveness of medications (Moore, Whiteman, & Ward, 2007).

There is an increased risk of falls among older adults who drink 14 or more drinks per week (Mukamal, Mittleman, Longstreth, Newman, Fried, & Siscovick, 2004).

It is important to inform at-risk groups about the factors that may amplify their risk of harm from alcohol, both for the risks of drinking on single occasions and over longer-term. For example, older people are more at risk from excessive drinking on single occasions due to interactions with medications and risk of falls.

Particular attention could be drawn to younger adults with mental health issues as a high-risk group for drinking excessive amounts of alcohol in a single sitting.

7. For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units.

The unit of alcohol information contained in the Annex to the consultation can be confusing and difficult to keep track of. It should also be noted that in the Republic of Ireland, guidelines on alcohol follow an allocation in terms of “standard drinks” which is the equivalent of 10 grams of pure alcohol (compared to 8 grams of pure alcohol in a “unit” per the UK guidelines). This may lead to confusion in Northern Ireland, particularly for people who regularly travel across the border and are attempting to understand two separate measures of alcohol.

Research among younger adults aged 14-19 has shown that health literacy has an influence on alcohol expectancies and behaviours (Chisolm, Manganello, Kelleher, & Marshal, 2014). It is important that the guidelines take account of health literacy and potential inequalities in terms of different understandings of alcohol units across different socio-economic groups.

8. Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant woman should do to keep risks to her baby to a minimum?

This guideline is clear.

9. In recommending this guidelines, the expert group aimed for:

- A precautionary approach to minimising avoidable risks to babies;
- Openness about uncertainties in the evidence, particularly on the effects of low levels of drinking in pregnancy;
- Reasonable reassurance for women who may discover they have drunk alcohol before knowing they were pregnant.

Has the guideline met these aims?

The guidelines meets the aims in outlining the risks of alcohol to pregnant women and emphasising that the best option is not to drink at all while pregnant.

The guideline places a strong emphasis on risks in terms of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD). More attention could be drawn to recent research which shows that drinking even a moderate amount in pregnancy has been linked to lower child IQ at age 8 (Lewis, et al., 2012).

There is also significant uncertainty in the evidence of links between alcohol consumption while pregnant and child physical and mental health. More specific attention could be drawn to the fact that not enough is known about risks of drinking while pregnant. For example, it could be mentioned that consumption of alcohol increases the risk of miscarriage (Bingham, 2015).

The term “planning a pregnancy” might reasonably be altered to “who may become pregnant, intentionally or otherwise” to account for the high level of unplanned pregnancies. In the Republic of Ireland, a 2010 survey indicated that 35% of pregnancies were unplanned (McBride, Morgan, & McGee, 2010).

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Department
of Health

Consultation questionnaire form

How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines

Introduction

1. At the request of the UK Chief Medical Officers, a group of experts has been looking at the advice the Chief Medical Officers give to the public about how to keep risks to health low from drinking alcohol. The group have looked at the large amount of evidence about the levels and types of health harm that alcohol can cause, depending on how much and how often people drink. They have used this to make some recommendations about how you can limit your own risks from drinking alcohol.
2. The Chief Medical Officers provide scientific, medical advice to their governments and to the public in England, Scotland, Wales, and Northern Ireland. The Chief Medical Officers have accepted the advice from the expert group as the basis for their new guidelines across the UK.
3. The Chief Medical Officers would like to know whether you think their recommendations, and the reasons behind them, are clear and easy to understand. That is the purpose of this questionnaire. We are trying to make sure that the new guidelines are as practical and useful as possible.
4. We are not asking for your thoughts on the scientific evidence or how the expert group has used it to decide on their recommendations, although, if you are interested in knowing more about it, the evidence and more details of the group's thinking are being published at the same time as this questionnaire.
5. This questionnaire is only one of the ways we are testing these guidelines. They will also test them by interviewing people individually and in groups to see what they think.
6. Information explaining alcohol 'units' can be found later in the Annex to this document.
7. We would like to know whether you find the recommendations, and the reasons behind them, clear and helpful. Please read the questionnaire and the separate document "Summary of the proposed guidelines" then fill in the answers to the questions and return your completed questionnaire by 1 April 2016 to:

By email: UKCMOGuidelinesReview@dh.qsi.gov.uk

By post:

Alcohol Policy Team,

6th Floor

Department of Health

Wellington House

133 -155 Waterloo Road

SE1 8UG

Weekly guideline for regular drinking [this applies for people who drink regularly or frequently i.e. most weeks]

The Chief Medical Officers' guideline for both men and women is that:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Question 1

The weekly guideline as a whole

Is the weekly guideline for regular drinking as a whole, along with the explanation in the 'Summary of the proposed guidelines', clear and understandable?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 300 words]

The guidelines only give the reader one side of the argument they repeatedly refer to alcohol as being unsafe which, when consumed in moderate amounts, is not true. Whilst it is understood that guidelines for safe drinking limits are essential, they must be supported by evidence.

A number of key points also seem to be largely ignored. The benefits of drinking alcohol are not declared implying that alcohol can only have negative effects on a consumer.

The guidelines are very vague and they do not provide the specifics of what constitutes heavy drinking nor do the guidelines give any details of how many alcohol free days are recommended.

Individual parts of the weekly guideline

Guideline: You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level

Explanation (from 'Summary of the proposed guidelines')

Long term health risks arise from regularly drinking alcohol over time – so it may be after ten to twenty years or more before the diseases caused by alcohol occur.

Drinking regularly over time can lead to a wide range of illnesses including cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system.

This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime. This level of risk is comparable to risks from some other regular or routine activities.

The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

Question 2

Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

One cannot be absolutely certain of associating long term health risks with a particular lifestyle habit. Over the period of 10 to 20 years there will be a number of factors that affect someones health and to say that certain diseases are caused purely by alcohol consumption is misleading.

Furthermore, there have been a number of independent experts who have expressed a completely opposite view to these guidelines. The studies undertaken are not credible and it seems that one can only be certain about the increased risk when looking at considerably higher levels of alcohol consumption as opposed to moderate levels of drinking. These guidelines suggest that any level of drinking across any time period can have an incredibly negative effect on someones health which is misleading.

Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.

Explanation (from 'Summary of the proposed guidelines')

The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

Question 3

Is it clear what the guideline – along with the explanation – means, for how you can keep your health risks within a low level, if you drink on only a few days each week?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

There is no clear number of units here to define what a 'heavy drinking session' is nor is there a clear number of days off recommended if the consumer is drinking either within or above the guidelines. There is also not enough information for

consumers whose drinking habits fall below the weekly guidance and what effects, if any, this can have on a person's health.

For example, if someone's weekly drinking habits fall below the weekly guideline of 14 units, the guidance implies that this does not need to be spread across a number of days. The guidelines need to be quantified in terms of what constitutes a heavy drinking session and how many alcohol free days a person should have in between.

Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from 'Summary of the proposed guidelines')

The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

Question 4

Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long term health risks below the low risk level set by the guideline?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

This strongly implies that drinking any amount of alcohol can result in a consumer developing health issues. It also implies that, by simply avoiding alcohol, a consumer would completely avoid the risk of developing diseases such as cancer.

The guidelines are misleading and do not represent actual scientific research. It is implied that there is no safe level of alcohol consumption which is not what scientific evidence has shown. Evidence actually suggests that there is a reduced mortality rate when drinking regularly and moderately when compared with someone who does not drink at all.

Guideline: If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Explanation (from 'Summary of the proposed guidelines')

There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

Question 5

Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

This can be confusing to consumers as adopting alcohol free days would only be a positive to those who are drinking in excess of the suggested 14 units per week. Once again, if someone is drinking moderately and regularly, it can have a beneficial effect on their health.

If someone was to have a number of alcohol free days yet continue to drink heavily on other days, then this would have a far more detrimental impact on their health than if they drank a moderate amount every day. This would not be a positive change, nor would it reduce the amount of alcohol consumed overall.

Single occasions of drinking [this applies for drinking on any single occasion, not regular drinking, which is covered by the weekly guideline].

Advice on short term effects of alcohol

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water ;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from 'Summary of the proposed guidelines')

This advice for any single occasion of drinking is based on the evidence reviewed by the expert group that clearly identified substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people from any single drinking occasion.

Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

- head injuries
- fractures
- facial injuries and
- scarring

Short term risks from heavy drinking in a short time also include alcohol poisoning and conditions such as heart disease. The risks of short term, or acute, injury to a person recently drinking have been found to rise as much as 2- to 5-fold (or more) from drinking just 5-7 units (over a 3- or 6-hour period).

The proposed advice includes a number of different ways people can keep their risks low. Whilst this does include limiting how much and how fast you drink, it also advises on other actions that people can take to reduce their risk of injury and accident.

Question 6

Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

The wording of this guidance can come across as being negative and the definition of phrases such as 'risky situations' is completely subjective and can differ from person to person. The advice could be re-phrased in a more positive way to ensure a more constructive response from consumers. The current guidance cannot be applied if it is not specific or clear for everyone.

It is interesting to see that the guidelines make no reference to the physiological or medical differences that so very clearly exist between men and women despite the advice implying a difference between genders. The guidelines make no reference to the difference of how alcohol is absorbed into the body and how it is processed between genders.

Once again, the guidance does not make reference to and ignores the more beneficial effects alcohol can have on a person.

[extracted from the above]

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water ;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

Explanation (from 'Summary of the proposed guidelines')

The expert group considered it was important to make the scale of this risk clear to the public, and it is spelled out in their report. But, unlike for the regular drinking guideline, they did not recommend a guideline based on a number of units. There were a number of reasons for this, not least because:

individual variation in short term risks can be significant;
the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, how alcohol tends to affect their skills and inhibitions, how safe their environment is, and any plans they have made in advance to reduce their risks (such as staying around someone they can trust and planning safe transport home).

Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: Specific, measurable and timebound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

Question 7

For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?

☐ Yes

☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

Internationally, people have become used to daily guidelines of alcohol consumption. It is widely known that the effects that alcohol consumption can have on an individual can differ.

As there are so many factors that can affect the short term risks to a person when drinking alcohol it would be unreasonable to suggest a definitive and final recommended number of units of intake by week or day.

Whilst we support more specific and quantified guidelines to ensure more clarity for consumers, it is difficult to recommend a final daily alcohol intake as the guidelines are unable to back these up with any robust evidence and actual consequences.

Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:

If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.

Explanation (from 'Summary of the proposed guidelines')

The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy.

Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.

Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

- restricted growth
- facial abnormalities
- learning and behavioural disorders, which are long lasting and may be lifelong.

Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.

Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.

Question 8

Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant women should do to keep risks to her baby to a minimum?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

Question 9

In recommending this guideline, the expert group aimed for:

- a precautionary approach to minimising avoidable risks to babies;
- openness about uncertainties in the evidence, particularly on the effects of low levels of drinking in pregnancy;
- reasonable reassurance for women who may discover they have drunk alcohol before knowing they were pregnant.

Has the guideline met these aims?

☒ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]

ANNEX

What is a unit of alcohol?


A unit is a measure of the pure alcohol in a drink, that is, the amount of alcohol that would be left if other substances were removed. A unit is 10ml, or one hundredth of a litre of pure alcohol. Units are calculated by reference to:

- the amount or volume of the drink
- the alcoholic strength (Alcohol by Volume, or ABV)





So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [$1000\text{ml} \times 40\% = 400\text{ml}$ or 40 units].


A unit is roughly half a pint of normal strength lager (4.1% ABV). Alcoholic content in beer can vary. Some ales are 3.5%. But stronger continental lagers can be 5% ABV, or even 6% or more.

The following example shows how units in wine vary by the size of the drink (glass or bottle) and the alcoholic strength.





 Department of Health

The number of units you are drinking depends on the size and strength of your drink

3.8% ABV lager		5.2% ABV lager
1.1 units		1.5 units
	284ml half pint	
1.7 units		2.3 units
	440ml can	
2.2 units		3 units
	568ml pint	
2.5 units		3.4 units
	660ml bottle	

 Department of Health

The number of units you are drinking depends on the size and strength of your drink

11% ABV wine		14% ABV wine
1.4 units		1.8 units
	125ml glass	
1.9 units		2.4 units
	175ml glass	
2.8 units		3.5 units
	250ml glass	
8.2 units		10.5 units
	750ml bottle	

Department of Health**How to keep health risks from drinking alcohol to a low level: public consultation
on proposed new guidelines****PORTMAN GROUP CONSULTATION RESPONSE****31 MARCH 2016**

1. The Portman Group is the responsibility body for UK alcohol producers. We regulate the promotion and packaging of alcoholic drinks sold or marketed in the UK; challenge and encourage the industry to market its products responsibly; and lead on best practice in alcohol corporate social responsibility.
2. We are committed to helping reduce the harms related to alcohol and promoting responsible drinking. In recent years the drinks industry, led by the Portman Group, has worked in partnership with the Department of Health (through the Public Health Responsibility Deal) and voluntarily removed 1.3 billion units of alcohol from the market¹ and labelled 80% of products on shelves with key health information², including the Chief Medical Officers' (CMO) guidelines. This important work, alongside a range of other voluntary initiatives was delivered to help foster a culture of responsible drinking and build on the increasingly positive trends around alcohol during the last decade.^{3 4 5 6}

3. Consultation Scope

3.1 We welcome the opportunity to respond to this consultation. However, we have serious concerns about the clarity and expression of risk to consumers within the proposed guidelines. Many questions have been raised by international and domestic experts regarding the proposed guidelines and the process by which they have been determined (outlined below). We therefore believe this consultation to be too narrow in scope and thus a missed opportunity to improve the effectiveness and the communication of the guidelines.

3.2 The Department of Health has specifically stated it is not asking for comment "*on the scientific evidence or how the expert group has used it to decide on their recommendations*". Whilst we fully acknowledge and accept the international scientific evidence base on alcohol and health, we do not believe the expert group has accurately or appropriately reflected this evidence base in determining the

1 <https://responsibilitydeal.dh.gov.uk/billion-unit-success/>

2 <https://responsibilitydeal.dh.gov.uk/campden-bri-report-on-responsibility-deal-alcohol-labelling-pledge/>

3 Binge drinking has fallen by 20% since 2007 (Office of National Statistics Adult Drinking Habits in Great Britain, 2013)

4 Alcohol related violence has fallen by 34% since 2004 (Office of National Statistics, Crime Survey for England and Wales 2013/14)

5 Children drinking alcohol has fallen by 36% since 2003 (Health and Social Care Information Centre, Smoking Drinking and Drug Use Among Young People in England, 2013)

6 Under 18 admissions due to alcohol have fallen by 41% in the last 6 years (Public Health England, LAPE, 2014)

proposed guidelines and how they are presented. Since the proposed guidelines were announced, a wide range of scientists, academics and expert commentators have made similar assertions. We have detailed these throughout our consultation response.

3.3 Therefore we believe it is both necessary and justified for the consultation to be widened beyond the limited scope of the questionnaire issued by the Department of Health. To this end, we submit here a broad response that details the serious concerns around the proposed guidelines and how they have been arrived at.

3.4 We have included and addressed the Department of Health's specific questions within this document.

4. Executive Summary

4.1 Guidelines are important for helping people consume alcohol safely and sensibly. Guidelines must communicate risk effectively, and be based on an accurate interpretation of the full breadth of international evidence, if they are to help people make informed choices about their drinking and be seen as trustworthy by consumers.

4.2 The vast majority of adults (70%)⁷ in the UK drink sensibly and an increasing majority were drinking within the previous guidelines (3-4 and 2-3 units daily for men and women, respectively).

4.3 The proposed weekly guidelines (maximum of 14 units per week) now recommend the same levels for men and women, breaking with established international practice and implying women can drink at the same level as men – a potentially dangerous message to consumers. The guidelines appear to have been determined by conflating acute and chronic harms and do not consider drinking patterns. This mathematical modelling, produced by Sheffield University, issues irrational and counter-intuitive results and it is of serious concern that this model has been relied upon rather than conducting a full review of the epidemiological evidence.

4.4 There is overwhelming international evidence – and widespread scientific consensus – that total mortality among moderate drinkers is lower than among non-drinkers and that moderate consumption of alcohol can have protective effects against, for example, cardiovascular disease. This evidence has been strengthened since the guidelines were last reviewed in 1995, but these health benefits have been down played in the determination of the new guidelines, and have been dismissed in public as “an old wives tale” by the Chief Medical Officer for England⁸.

4.5 In presenting the new guidelines the link between alcohol and cancer appears to have been simplified and over-emphasised. Consequently, the full picture regarding alcohol and cancer has not been made clear to consumers. We fully accept the evidence on the links between alcohol and certain types of cancer. Different levels of alcohol consumption have a range of effects on cancer risk including no impact on the majority of cancers, and in some cases, an inverse relationship. We believe that in these proposed guidelines the risks are not being openly and accurately communicated to consumers.

⁷ Office of National Statistics, Adult Drinking Habits in Great Britain (2013)

⁸ Drink tea instead of wine, health chief says, Telegraph (January 2016)

- 4.6 We believe the overwhelming epidemiological evidence on the protective effects of alcohol has been downplayed by building illogical assumptions into the mathematical modelling used to determine the guidelines, and as a result the proposed guidelines state there is 'no safe level' of alcohol consumption. This assertion runs contrary to the international evidence base and, according to the Royal Statistical Society⁹, does not reflect the evidence provided to the expert group who determined the guidelines. We believe this message of 'no safe level' does not provide consumers with accurate and contextualised information about the relative risks of alcohol consumption, and will be considered confusing by the public. Consumers will not follow the proposed guidelines, if they are also being told that these guidelines are 'unsafe'. All human behaviour carries an element of risk. International evidence demonstrates that moderate alcohol consumption carries risk that is compatible with a balanced and healthy lifestyle and this should be reflected in the new guidelines.
- 4.7 National media, leading commentators, politicians and members of the public have been overwhelmingly critical of the new guidelines. We believe this reflects the widespread belief that the proposed guidelines are unclear and contradictory. The proposed guidelines therefore run the risk of being dismissed by consumers which could, in turn, generate mistrust in public health advice more broadly.
- 4.8 Comments made in public and recorded in official minutes by the Guidelines Development Group and by the CMO for England, appear to indicate that the (or a) real purpose of the guidelines is to influence government policy rather than consumer behaviour. Furthermore, a number of individuals involved in the formulation of the proposed guidelines have previously taken positions which suggest that they have a pre-determined view about alcohol and regulatory policy interventions. Several members of the Expert Groups have also been active alcohol policy advocates during the time in which the guidelines were developed. We would question the extent to which the views of these individuals would be perceived, by a fair minded and informed observer, as tending to undermine their ability to consider all the evidence dispassionately and impartially.
- 4.9 Due to the serious concerns with both the process and the selective interpretation of evidence, we believe there is need for an urgent review of the proposed guidelines and the surrounding communications by another expert group, independent from any interests in alcohol policy, but with expertise in communicating risk to the public. The CMOs' advice must reliably reflect the international evidence base and provide consumers with accurate and truthful information to make informed choices about their alcohol consumption and we believe the proposed guidelines do not achieve this important goal.

⁹ <http://www.rss.org.uk/Images/PDF/influencing-change/2016/rss-letter-jeremy-hunt-alcohol-guidance-Jan2016.pdf>

The Chief Medical Officers' guideline for both men and women is that:

- You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

5. Q1. Is the weekly guideline for regular drinking as a whole, along with the explanation in the 'Summary of the proposed guidelines' clear and understandable?

5.1 Answer: No.

5.2 The proposed weekly guideline and the explanation are unclear and do not accurately reflect, or put into context, the relative risks of alcohol consumption. We believe the guideline will not be regarded as realistic by consumers and may lead to public mistrust in public health advice.

Adherence to previous guidelines

5.3 The previous guidelines were increasingly understood and adhered to by consumers. 70% of adults in Great Britain drank within the CMO's lower risk daily guidelines (2-3 units and 3-4 units per day for women and men respectively) even on their heaviest drinking day in a week¹⁰. This figure had increased by 19% since 2007¹¹.

5.4 Changing the guidelines without strong evidence seems to run contrary to common sense, particularly when good progress was being made under the previous guidelines. This change may serve to undermine confidence in public health advice among consumers.

Guidelines for men and women

5.5 The proposed weekly guidelines, which set the same recommended limits for men and women may not be viewed by consumers as realistic and may send a potentially dangerous message that women can drink the same amount as men.

5.6 Established international precedent, in 30 countries worldwide, is that men and women are set different guidelines reflecting differences in alcohol metabolism due to body size and weight, as well as lower body water content and higher body fat content of women. Aside from the UK, there are only five other countries that

¹⁰ Office of National Statistics, Adult Drinking Habits in Great Britain (2013)

¹¹ Ibid.

recommend the same guidelines for men and women: Australia, Netherlands, Albania, Guyana and Grenada.¹²

- 5.7 Commenting in the media on the proposed new guidelines, Dr Erik Skovenborg, Scandinavian Medical Alcohol Board and Board Member at the European Foundation for Alcohol Research, stated:

*"I am surprised to see the same limits for weekly alcohol consumption for men and women, in spite of the well-established greater susceptibility of women. The danger is that the new guidelines will give women the false impression they are on a par with men in their ability to tolerate alcohol."*¹³

- 5.8 Furthermore we believe there are serious concerns around how the same guidelines for men and women have been determined.

- 5.9 The Chief Medical Officer for England, in evidence to the House of Commons, stated that the changes to the guidelines have been primarily informed by new evidence on the links between alcohol and cancer stating that:

*"the science has moved on... we know a lot more about the impact of alcohol on the development of cancer and on the risk of cancer."*¹⁴

- 5.10 However, the report from the Guidelines Development Group to the UK CMOs¹⁵ seems to contradict this statement. The report shows that whilst risks for women were assessed on chronic outcomes such as cancers and other diseases (for which weekly guidelines are appropriate), risks for men were primarily based on mathematical modelling of the predicted impact of acute harms such as accidents or injuries. Therefore the proposed weekly guidelines, whilst appropriate for chronic harms, do not represent useful advice to mitigate acute harms, for which a single occasion drinking guideline would be more appropriate. Drinking patterns – such as avoiding heavy drinking occasions – are also an important factor in both short and long term harms but are not taken into consideration.

- 5.11 We believe it is not appropriate that chronic and acute risk levels have been conflated in this way and that the guidelines have not been determined by a combined evaluation of both chronic and acute harms for men and for women.

- 5.12 Considering the above points, it is unclear why the proposed weekly guidelines have been reduced for men but remain the same for women.

- 5.13 Adam Jacobs, a medical statistician and former President of the European Medical Writers Association has written that:

"I find this result surprising. According to table 6 on page 35 of the Sheffield modelling report [¹⁶], deaths from the chronic effects of alcohol (e.g. cancer) are about twice as common as deaths from the acute effects of alcohol (e.g. getting

12 IARD, [Drinking guidelines for the general population](#).

13 Why those killjoy alcohol rules are just plain wrong, Daily Mail (11 January 2016)

14 House of Commons Hansard, Evidence to Science and Technology Select Committee (2 February 2016)

15 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf

16 <https://app.box.com/s/wlludrmim3qd83r28c4qob3upj68cqia/1/5748700525/48901446881/1>

*drunk and falling under a bus). We also know that women are more susceptible than men to the longer term effect of alcohol. And yet it appears that the acute effects dominate this analysis. Unfortunately, although the Sheffield report is reasonably good at explaining the inputs to the mathematical model, specific details of how the model works are not presented. So it is impossible to know why the results come out in this surprising way and whether it is reasonable."*¹⁷

- 5.14 The Sheffield model, used to determine the guidelines, issues surprising and counter-intuitive results, for example, concluding that women who drink 14 units (equivalent to a bottle and a half of wine) on a single day /occasion are classed as 'low risk'.¹⁸ It is of serious concern that a model which produced such results was primarily used to determine the guidelines, rather than a full review of the international epidemiological evidence base.

International comparisons

- 5.15 If the proposed guidelines are finalised in their current form the UK will have one of the strictest guideline levels for male consumption anywhere in the world. UK male guidelines are nearly half of that of comparable countries that have conducted recent reviews of alcohol guidelines, based upon the same international evidence base. We believe this may weaken the credibility of the guidelines among globally connected consumers who are aware of guidance issued to their neighbours in Europe or in America.

- 5.16 On the same day the Chief Medical Officer for England announced the proposed UK guidelines the U.S. government published *Dietary Guidelines for Americans 2015-2020*¹⁹. In contrast to the UK, the expert group advising the U.S. government reached the conclusion that, based on the current international evidence base and taking into account all-cause mortality risks, there was no reason to revise the U.S. alcohol guidelines. These guidelines remain at 14 drinks per week for men and 7 drinks per week for women (UK equivalent: 24 units per week for men and 12 units per week for women.) Whilst the proposed UK guidelines aim to define minimum risk levels for any alcohol consumption, the U.S guidelines focus on reducing harmful consumption patterns.

- 5.17 The expert groups advising the Chief Medical Officers specifically examined evidence from Canadian and Australian guideline models. It is surprising, therefore, that the resulting proposed guidelines are significantly lower than in both Australia and Canada:

- 5.17.1 Canada (review: 2011) - advises that women do not exceed the UK equivalent of 17 units per week and men do not exceed UK equivalent of 25 units per week.²⁰

- 5.17.2 Australia (review: 2009) – advises that men and women do not exceed the UK equivalent of 17.5 units per week.²¹

¹⁷ <http://www.statsgov.co.uk/new-alcohol-guidelines/>

¹⁸ <https://app.box.com/s/wlludrmim3gd83r28c4oqb3upj68cqia/1/5748700525/46679583613/1>

¹⁹ <http://health.gov/dietaryguidelines/2015/guidelines/>

²⁰ <http://www.ccsa.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx>

'No safe level' of alcohol

5.18 We believe consumers are being provided with contradictory advice by placing a weekly guideline of 14 units alongside the advice that there is 'no safe level' of alcohol consumption (or that '*risk of developing a range of illnesses...increases with any amount you drink on a regular basis*'). The determination of the 'no safe level' message and its communication has been widely criticised by domestic and international experts.

5.19 Commenting on the proposed guidelines Dr Augusto Di Castelnuovo, Professor of Statistics and Epidemiology at the Institute for Cancer Research, Italy has stated that:

*"The new recommendation that there is no 'safe' alcohol limit is misleading: low to moderate consumption (up to one-two units a day in women, up to two-three in men) of any type of alcohol - with the possible exception of spirits - significantly reduces the risk of cardiovascular disease. Moderate drinking is associated with a modest excess risk of oral and pharyngeal, oesophageal and breast cancers. But the balance between these two different effects is in favour of drinking in moderation."*²²

5.20 Writing in the BMJ, David M Shaw, Senior Researcher at the Institute for Biomedical Ethics at the University of Basel stated that:

*"...the "no amount is safe" message undermines the new recommended limit for men and the retention of the limit for women. Why should people attempt to adhere to the new limits rather than the old ones if they are also being told that the new recommended levels are not safe? Giving such a mixed message further increases the likelihood that the guidelines will not be taken seriously."*²³

5.21 We believe the message that there is 'no safe limit' of alcohol is misleading, running contrary to the international evidence base (see Qs 2-7 below) and, according to the Royal Statistical Society, does not reflect the evidence provided to the expert group advising the CMO. Professor Sir David Spiegelhalter (President-elect) & Professor Peter Diggle (President) of the Royal Statistical Society wrote to the Health Secretary Jeremy Hunt regarding the proposed new alcohol guidelines, stating:

*"We are concerned that, in their recent communications about alcohol guidelines, the Department of Health did not properly reflect the statistical evidence provided to the Expert Guideline Group, and this could lead to both a loss of reputation and reduced public trust in future health guidance."*²⁴

Furthermore, the letter states:

- *"There was consistent downplaying and even denial of benefit, with the Press release saying that "the protective effect of alcohol against heart disease has*

21 <http://www.nhmrc.gov.au/health-topics/alcohol-guidelines>

22 Why those killjoy alcohol rules are just plain wrong, Daily Mail (11 January 2016)

23 Drunk on risk: how the chief medical officers' alcohol guidelines are demonising drink, BMJ (16 February 2016)

24 <http://www.rss.org.uk/Images/PDF/influencing-change/2016/rss-letter-jeremy-hunt-alcohol-guidance-Jan2016.pdf>

now been shown not to apply to men", which directly contradicts the estimates published in the Expert Group Report

- *The potential harms from cancer were repeatedly emphasised, even though the modellers concluded these were outweighed by the reduction in strokes and heart disease for low consumption in both men and women.*
- *No mention was made of the harms of additional consumption, and that these were higher in women.*
- *Further, the tone of the Department of Health website was very prescriptive, saying men 'should' drink less than 14 units.²⁵*

5.22 The implication that there is 'no safe level' of alcohol consumption appears to have been determined by the suppression of the protective effects of moderate alcohol consumption and the simplification and amplification of the links between alcohol and cancer (further detail is provided in Questions 2-7 below). We believe, to retain this message within the guidelines would be to mislead the public on the relative risks of alcohol consumption, provide seemingly contradictory advice to low risk guidance and may engender mistrust of public health advice among consumers.

Communicating risk to consumers

5.23 Members of the CMOs' advisory group authored a paper in the Lancet in November 2014 stating that:

"Governments need to ensure that guidance they provide on alcohol consumption is useful and meaningful to drinkers, and understand how people use it to inform their behaviour."²⁶

5.24 In addition to the concerns around the accuracy of the 'no safe level' message (see above), we believe the proposed guidelines do not contextualise the relative risk of alcohol in a clear or meaningful way to the public, for example, alongside other everyday activities.

5.25 Matt Field, Professor of Addiction at the University of Liverpool has commented in the media that:

"Any amount of alcohol consumption carries some risk. However, it is important to bear in mind that most activities that people undertake on a daily basis - e.g. driving to work - carry some risk, and people need to make informed choices about the level of risk that they are prepared to accept,"²⁷

5.26 We believe the proposed guidelines do not clearly advise consumers on the relative risks of different levels of alcohol consumption and therefore will not enable members of the public to make informed choices about their drinking. Professor David Spiegelhalter, President-Elect of the Royal Statistical Society & Winton Professor for the Public Understanding of Risk at Cambridge University, has also noted that the risks of moderate alcohol consumption are directly comparable to ordinary, everyday activities:

"These guidelines define 'low-risk' drinking as giving you less than a 1 per cent chance of dying from an alcohol-related condition. So should we feel OK about

²⁵ *Ibid.*

²⁶ Interpretation and use of official drinking guidelines by adults in England and Scotland: a qualitative study, The Lancet (November 2014)

²⁷ Health chiefs attacked over 'nanny state' alcohol guide, Telegraph (8 January 2016)

*risks of this level? An hour of TV watching a day, or a bacon sandwich a couple of times a week, is more dangerous to your long-term health. In contrast, an average driver faces much less than this lifetime risk from a car accident. It all seems to come down to what pleasure you get from moderate drinking."*²⁸

- 5.27 Furthermore, in a recent letter to the Health Secretary about the proposed alcohol guidelines, Professor Sir David Spiegelhalter (President-Elect) & Professor Peter Diggle (President) of the Royal Statistical Society wrote:

"we believe in the principle clearly articulated in the Expert Group Report^[29] itself: "People have a right to accurate information and clear advice about alcohol and its health risks. There is a responsibility on Government to ensure this information is provided for citizens in an open way, so they can make informed choices." In this case it is our view that the communication of the guidelines failed to meet this principle of 'informed choice' and there has been substantial comment in the media along these lines... We are concerned that scepticism concerning the guideline process might apply to future pronouncements concerning arguably much greater health risks associated with inactivity, poor diet and obesity that, unlike alcohol consumption, are increasing problems. Once public trust has been lost, it is extremely difficult to win back, and you will have lost a key tool in managing future behavioural change."

- 5.28 It is concerning that the views of Professor Spiegelhalter have been dismissed by the CMO's advisory group, as stated in the official minutes of the meeting of the Guidelines Development Group on 2 July 2015³⁰, and by the Chief Medical Officer for England in a public letter.³¹

- 5.29 We believe that great care must be taken when using absolutes such as 'safe' and 'unsafe' when issuing health advice on relative risk. Such terms may be seen by consumers as contradictory, particularly when placed alongside low risk guidelines. The message of 'no safe level' of alcohol also appears inconsistent with other public health messages, for example on 'safe sex'. As with all activities 'safe sex' still carries an element of risk. Using condoms does not fully protect against the risk of sexually transmitted diseases or unwanted pregnancy and NHS advice states, *"If used correctly... male condoms are 98% effective"*³².

- 5.30 Clarification to consumers of the relative risks of alcohol consumption, for example through providing comparison with other regular or day-to-day activities, we believe, would support the principles outlined in the Expert Group Report (above) and provide consumers with clear advice to enable informed choices.

- 5.31 David M Shaw, Senior Researcher at the Institute for Biomedical Ethics at the University of Basel, writing in the BMJ has stated that:

"[Dame Sally] Davies also stated that "My job as chief medical officer is to make sure we bring the science together to get experts to help us fashion the best low-risk guidelines." [5] But good guidelines should give information on low, medium and high-risk and let people make their own choices. Focusing on the low-risk

28 <https://fullfact.org/health/understanding-alcohol-health-risks/> (January 2016)

29 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf

30 <https://app.box.com/s/wlludrmim3gd83r28c4qgb3upi68cgia/1/5592646545/45384455161/1>

31 <https://healthmedia.blog.gov.uk/2016/01/22/chief-medical-officers-letter-on-alcohol-guidelines-evidence/>

32 <http://www.nhs.uk/Conditions/contraception-guide/Pages/male-condoms.aspx>

*end risks people not paying any attention to the advice at all because it aims far too high.*³³

- 5.32 There has been significant and continued media coverage of the proposed new guidelines since the CMO's announcement on 8 January 2016. Headlines, leading commentators (from across the political spectrum) and public views expressed have been highly critical of the proposed guidelines^{34 35 36 37 38 39 40 41}, including:

*"Everything we do in life is risky, including much that some people enjoy and others deplore. Most daily risks we assess and accept for ourselves. We would be furious if Whitehall laid down risk and safety limits for riding horses, climbing mountains, eating foreign food and playing rugby. All involve far greater danger than marginal changes in consuming alcohol...Words such as risk, safety, danger and warning are both vague and yet loaded with fear. That is why rulers love using them. They invite the public to submit to a state-ordered pattern of behaviour that should not be the state's business."*⁴²

- Simon Jenkins, The Guardian

*"...my disbelief is because I sense a political motive rather than a medical one. Not party-political...I mean politicised campaigners who see industry as bad, consumers as stupid, government as good, and themselves as legislators to compel the public to behave in certain ways. Since I suspect such people's motives, why should I accept the objectivity of what they say about health?"*⁴³

- Charles Moore, The Telegraph

- 5.33 Furthermore, as demonstrated in the Guardian⁴⁴, there is clear public feeling that the proposed guidelines will not be taken seriously:

"Nicky says she has no truck with the warning that any amount of alcohol consumption increases the risk of developing cancer, particularly breast cancer. "Everything can give you cancer," she said. "You can be a non-drinker and watch all your food and you can still get cancer or have a heart attack."

"It's ridiculous. They keep changing their mind. I don't see how it can be alright one minute and not alright the next." - Paul, 60.

"Who determines what's good or bad for us? I think if you are sensible and live a balanced lifestyle, then it's not a problem.... I just don't like to be told how to live my life." - Graham, 59

33 Drunk on risk: how the chief medical officers' alcohol guidelines are demonising drink, BMJ (February 2016)

34 Health chiefs attacked over 'nanny state' alcohol guide, Telegraph (January 2016)

35 The new drinking guidelines are hyperbolic and puritan, Telegraph (January 2016)

36 Killjoy new rules about how much booze is safe used 'twisted' stats to support health crackdown, Daily Mail (January 2016)

37 March of the killjoys: It's lunacy for the Nanny in Chief to try to terrorise us over every glass of wine, Daily Mail (February 2016)

38 Killjoy health bosses 'twisted booze figures' to get support for new limits, The Sun (January 2016)

39 Top doc's barmy advice: If you want a glass of wine, just think cancer, The Sun (February 2016)

40 You polish your halo. I'll buff my wine glass and pour, Sunday Times (January 2016)

41 Alcohol guidelines: Let's have the facts and decide for ourselves, Independent (February 2016)

42 The state needs to butt out of Britain's drinking habits, Guardian (January 2016)

43 Don't let the public health zealots demonise us innocent drinkers, Telegraph (January 2016)

44 No last orders for lunchtime drinkers despite new alcohol guidelines, Guardian (January 2016)

"Michael, 24, a sharply dressed underwriter, said his response to the new guidelines would be to drink more."

"Belle [23] said she thought the new parity in drinking limits between men and women didn't make sense. "I think it's actually dangerous because women are going to be more laddy," she suggested. "Yeah, it's bad advice," chipped in Kay [25]."

- 5.34 To maintain the message that there is 'no safe level' of alcohol consumption, we believe, would not accurately reflect the international evidence base and the evidence provided to the CMO's advisory group. By including this message the guidelines would not provide an open and accurate reflection of relative risk to consumers. The 'no safe level' message may serve to undermine trust in, and the effectiveness of, public health advice.

Purpose of the guidelines

- 5.35 Statements made by the Chief Medical Officer for England, by a member of the expert group and in the official minutes, appear to indicate that the proposed guidelines have been formulated primarily to influence government policy and not to accurately inform consumers about alcohol. We believe this is of serious concern and goes against the purpose of public health advice. These comments appear to undermine the credibility of the proposed guidelines and how they were determined, potentially generating public mistrust in health advice.

- 5.36 The Chief Medical Officer for England, giving evidence to the House of Commons Science and Technology Committee on the new alcohol guidelines, commented that:

"They [the expert groups] found remarkably little evidence about the impact of guidelines, but we did not do them to have direct impact so much as to inform people and provide the basis for those conversations and for any campaigns that, for instance, Public Health England and others might run in the future."⁴⁵

- 5.37 Writing in the BMJ, Dr Theresa Marteau (a member of the Behavioural Expert Group) stated that the new guidelines *"are unlikely to have a direct impact on drinking. But they may shift public discourse on alcohol and the policies that can reduce our consumption."*⁴⁶ This statement was also covered in the national media.⁴⁷

- 5.38 Minutes from the meeting of the Guidelines Development Group on 8 April 2015 state, it is: *'important to bear in mind that, while guidelines might have limited influence on behaviour, they could be influential as a basis for government policies'*⁴⁸

- 5.39 Guidelines should be primarily and exclusively formed to effectively communicate risk and thus enable consumers to make informed choices about their drinking. The above statements demonstrate that the (or a) real purpose of the proposed

⁴⁵ House of Commons Hansard, Evidence to Science and Technology Select Committee (2 February 2016)

⁴⁶ Marteau, T.M. Will the UK's new alcohol guidelines change hearts, minds – and livers?, BMJ (February 2016)

⁴⁷ New guidelines to drink less alcohol will 'make no difference' to the amount we consume, admits expert who helped write them, Daily Mail (February 2016)

⁴⁸ Alcohol Guidelines Review, Guidelines Development Group, Note of a meeting (8 April 2015)

guidelines is to influence policy rather than to influence consumer behaviour. We believe this has serious implications for the credibility of the proposed guidelines.

Transparency of the Process and Impartiality of the Expert Groups

- 5.40 The proposed new guidelines were developed over the past 3 years by the Health Evidence Group (HEG), the Behavioral Evidence Group (BEG) and the Guidelines Development Group (GDG). We do not believe that the membership of these three groups, distinguished as it might be, included a properly representative and full range of scientific and clinical opinion on the effects of alcohol consumption.
- 5.41 A number of individuals involved in the formulation of the new guidelines hold positions which suggest they may have pre-determined views about any form of alcohol consumption.
- 5.42 A member of the BEG, a member of the BEG and GDG and two consultees to the GDG hold formal roles (as Director, Advisors, and as a Trustee) at the Institute of Alcohol Studies (IAS). The IAS is a subsidiary of, funded by and holds the same legal aims as the Alliance House Foundation (AHF)⁴⁹, the objective of which is "to spread the principles of total abstinence from alcoholic drinks" and "to influence relevant bodies at a national, regional and international level"⁵⁰. The Alliance House Foundation 2014 Directors' report states: "The activities of the Alliance House Foundation are conducted through the projects, which it finances and supports: the Institute of Alcohol Studies and the Global Alcohol Policy Alliance".⁵¹ AHF was formerly known as the "UK Alliance for the suppression of the traffic in all intoxicating liquors". It also appears that formal positions at IAS were not fully disclosed to the Department of Health.⁵²
- 5.43 A member of the HEG and GDG is the founder and Chair of the Alcohol Health Alliance⁵³ - an alcohol policy advocacy coalition⁵⁴ - and President of Alcohol Concern - an alcohol charity with policy focused 'campaign goals'⁵⁵, in part funded by pharmaceutical company Lundbeck Ltd.
- 5.44 Furthermore, members of the Guidelines Development Group have been active alcohol policy advocates during the time in which the guidelines have been developed^{56 57 58 59 60 61 62 63 64 65 66 67} giving rise to an impression that they would not be best able to provide impartial advice to the CMOs.

49 Institute of Alcohol Studies, [website](#)

50 Alliance House Foundation, [2014 Directors Report](#)

51 Alliance House Foundation, [2014 Directors Report](#)

52 Professor Gerard Hastings, Register of Health Evidence and Behavioural Evidence Expert Group Member' Interests

53 <http://ahauk.org/policy/>

54 Thom, B. et al. The Alcohol Health Alliance: The emergence of an advocacy coalition to stimulate policy change (February 2016)

55 <https://www.alcoholconcern.org.uk/what-we-do/campaigns/10-campaign-goals/>

56 Protect children – stop alcohol sponsorship of sport, Guardian (December 2014)

57 Call to restrict alcohol advertising, BBC (February 2015)

58 Alcohol unit pricing will save many lives, Guardian (November 2013)

59 Health campaigners call for tougher regulation of alcohol adverts, IAS (February 2015)

60 Calls for Scotland to lead 'global war' on alcohol, Herald Scotland (October 2015)

61 Minimum price for alcohol: the red-faced ranters have won, Guardian (May 2013)

62 We can no longer afford not to put a minimum unit price on alcohol, Guardian (February 2014)

63 The influence of the alcohol lobby over the Government, Telegraph (January 2014)

64 Campaigners urge George Osborne to stand firm on alcohol taxes, Guardian (February 2014)

65 Chancellor's tax cuts on booze encourage excessive drinking, Conservative Woman (March 2014)

66 Alcohol advertising and sponsorship in Formula One: A dangerous cocktail, IAS (May 2015)

67 Public call for health warnings on alcohol labels, IAS (January 2015)

- 5.45 We believe the above points go against the principle outlined in the Department of Health's guidelines for expert group members that states:

*"It is important to avoid any impression that expert group members are being influenced or appearing to be influenced by their private interests in the exercise of their public duties. All members therefore must declare any personal or business interests relevant to the work of the expert groups, which may or may not be perceived (by a reasonable member of the public) to influence their judgment."*⁶⁸

- 5.46 We do not question the honesty or integrity of any of these individuals. However, we do question the extent to which their campaigning positions will tend, or will be perceived by a reasonable member of the public as tending, to undermine their ability to consider all the evidence dispassionately and impartially.

Guideline: You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level

Explanation (from 'Summary of the proposed guidelines')

13. Long term health risks arise from regularly drinking alcohol over time – so it may be ten to twenty years or more before the diseases caused by alcohol occur. Drinking regularly over time can lead to a wide range of illnesses including cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system.

14. This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime. This level of risk is comparable to risks from some other regular or routine activities.

15. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

6. Q. 2 Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

6.1 Answer: No.

6.2 We do not believe that the proposed guidelines effectively and clearly communicate relative risk to the consumer. To imply any regular consumption of alcohol is associated with an increased risk of illness appears contradictory and confusing when placed alongside the proposed low risk guidelines. The guidelines and the explanation do not to reflect the overwhelming international evidence and widespread scientific consensus that total mortality among moderate drinkers is lower than among non-drinkers and that, therefore, regular moderate consumption of alcohol can have a long term protective effect against, for example, cardiovascular disease. Therefore we believe that the guidelines do not present consumers with the most accurate information to inform their choices about drinking.

⁶⁸ Declaration of Interest for Guidelines Development Group

6.3 The US Government's National Institute on Alcohol Abuse and Alcoholism states:

*"In most Western countries where chronic diseases such as coronary heart disease (CHD), cancer, stroke, and diabetes are the primary causes of death, results from large epidemiological studies consistently show that alcohol reduces mortality, especially among middle-aged and older men and women—an association which is likely due to the protective effects of moderate alcohol consumption on CHD, diabetes, and ischemic stroke."*⁶⁹

6.4 There has been significant criticism, from a range of experts, about the communication of the relative risks and the potential health benefits of moderate alcohol consumption by the proposed guidelines.

6.5 Curtis Ellison, Professor of Medicine and Public Health Boston University School of Medicine and Director of the International Scientific Forum on Alcohol Research, has commented that:

*"Statements suggesting abstinence is better than light drinking in terms of health and mortality are erroneous and do not reflect current scientific literature, with well-conducted studies showing that mortality is lower for light-to-moderate drinkers than for lifetime abstainers....The well-demonstrated benefits of regular light-to-moderate alcohol consumption are primarily in middle-aged and older adults; it tends to lower their risk of most diseases of ageing (including coronary heart disease, stroke, diabetes, and even dementia)."*⁷⁰

6.6 Dr Mladen Boban, Professor of Biomedicine and Public Health at the University of Split Medical School has stated that:

*"The guidelines do not mention the health benefits associated with moderate alcohol (especially wine) intake, thereby ignoring huge scientific evidence - for example, reduced incidence of type 2 diabetes and the strong cardiovascular benefits of alcohol. Moderate intake may even be protective against some cancers."*⁷¹

6.7 A central assertion from the expert group is that the proposed guidelines have been primarily determined by recent changes in evidence on alcohol and health, particularly since the last guidelines review in 1995. This sentiment has been echoed, publicly, by the Chief Medical Officer for England: *"What we are aiming to do with these guidelines is give the public the latest and most up to date scientific information so that they can make informed decisions about their own drinking and the level of risk they are prepared to take."*⁷²

6.8 Furthermore, the Sheffield report states that the scientific literature outlining the cardio-protective effects of alcohol *"has attracted substantial debate regarding*

69 <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>

70 Why those killjoy alcohol rules are just plain wrong, Daily Mail (January 2016)

71 Why those killjoy alcohol rules are just plain wrong, Daily Mail (January 2016)

72 <https://www.gov.uk/government/news/new-alcohol-guidelines-show-increased-risk-of-cancer>

whether evidence is sufficient to conclude that low levels of alcohol consumption have a causal relationship with improved cardiovascular health."

6.9 However, in written evidence submitted to the House of Commons Science and Technology Committee in 2012, Dr Richard Harding (member of the Government's 1995 inter-departmental Working Group on Sensible Drinking) also outlined the changes in available evidence since 1995, including the strengthening of the evidence base around the range of health benefits of moderate alcohol consumption:

- *"Clear evidence that the frequency of drinking is as important as, or even more important than, the amount of alcohol consumed. All epidemiological studies show that the more frequent drinkers, including daily drinkers, have lower risks for many diseases than do individuals reporting less frequent drinking..."*
- *Firmer evidence for the protective effect of moderate alcohol consumption for coronary heart disease, as well as further clarification of the mechanisms for the protective effect.*
- *Evidence for an approximately 30% reduction in risk for type 2 diabetes for moderate drinkers.*
- *Evidence that moderate drinkers have less osteoporosis and a lower risk of fractures in the elderly compared to abstainers.*
- *Evidence that light to moderate drinking is associated with a significantly reduced risk of dementia in older people...*
- *Increasing evidence that moderate drinking should be considered as an important constituent of a "healthy lifestyle"..."*

6.10 Speaking to the BBC, Dr Jurgen Rehm, Director of the Social and Epidemiological Research (SER) Department at the Centre for Addiction and Mental Health stated that:

*"Overall the beneficial effect of alcohol has been the most disputed part of alcohol epidemiology. I would say that the scrutiny that we have given to the beneficial effect on heart disease by far exceeded the scrutiny of any other health effects of alcohol."*⁷³

6.11 Christopher Snowden, Director of Lifestyle Economics at the Institute of Economic Affairs has also pointed out that the epidemiological finding that moderate drinking can have beneficial health effects *"has been subject to more scrutiny than anything else in the field of alcohol research. It is precisely because it has been subjected to the greatest scrutiny that we know it to be robust."*⁷⁴

6.12 There is also significant epidemiological evidence demonstrating additional benefits of moderate alcohol consumption against, for example, cognitive decline^{75 76 77 78 79} and type 2 diabetes^{80 81}. This evidence appears not to have been fully considered by the expert groups or communicated in the proposed guidelines.

73 How harmful is alcohol?, BBC Radio 4: More or Less (January 2016)

74 *The great alcohol cover up: how public health hid the truth about drinking*, The Spectator (February 2016)

75 Anstey et al. Alcohol Consumption as a Risk Factor for Dementia and Cognitive Decline: Meta-Analysis of Prospective Studies(2009)

76 Hoang et al. Alcohol consumption patterns and cognitive impairment in older women. (2014)

77 Almeida et al. Alcohol consumption and cognitive impairment in older men: a mendelian randomization study. (2014)

- 6.13 Moderate alcohol consumption also plays an important role in social interaction. Whilst the expert group report acknowledges that *"many people obtain benefits from drinking alcohol, including social pleasure"* it appears no further consideration was taken to quantify this point. We believe the message of 'no safe level' of alcohol consumption runs contrary to the above sentiment expressed in the expert group report and therefore may not be seen as credible by consumers.

Cardiovascular disease

- 6.14 There are an estimated 17 million deaths each year from cardiovascular disease (CVD) in the world. It is the leading cause of death and disability and represents 37% of all non-communicable diseases, worldwide.⁸²

- 6.15 Whilst heavy alcohol consumption is linked to increased risk of cardiovascular disease (CVD), there is an established causal link between moderate alcohol consumption and reduced CVD based on three decades of biomedical, clinical and epidemiological evidence⁸³. This relationship is evident across all types of alcoholic drinks⁸⁴ and has been placed under significant scientific scrutiny (see above). Therefore, we believe it is of serious concern that this link appears not to have been reflected in the proposed guidelines and that the Chief Medical Officer for England has publicly dismissed the validity of this established scientific evidence base.

- 6.16 The US Government, the most recent administration to review alcohol guidelines (see above), acknowledges the number of lives saved due to moderate alcohol consumption. The US Government's National Institute on Alcohol Abuse and Alcoholism states:

*"It is estimated that 26,000 deaths were averted in 2005 because of reductions in ischemic heart disease, ischemic stroke, and diabetes from the benefits attributed to moderate alcohol consumption."*⁸⁵

- 6.17 We believe the proposed guidelines do not communicate this potential long-term health benefit to consumers and it appears unclear from the explanation of the guidelines why these benefits have not been fully considered. Furthermore, during evidence to the House of Commons Science and Technology Select Committee, the Chief Medical Officer questioned the validity of studies that have demonstrated a protective effect of moderate alcohol consumption against CVD⁸⁶. The CMO for England has also publicly dismissed health benefits linked to wine as *"an old wives' tale"*⁸⁷.

78 Ruitenberg et al. Alcohol consumption and risk of dementia: the Rotterdam Study (2002)

79 Nooyens et al. Consumption of alcoholic beverages and cognitive decline at middle age: the Doetinchem Cohort Study. (2014)

80 Hodge et. al.(2006). Alcohol intake, consumption pattern and beverage type, and the risk of Type 2 diabetes. *Diabetic Medicine*, 23(6), 690-697

81 Baliunas et al. Alcohol as a risk factor for type 2 diabetes: a systematic review and meta-analysis, *Diabetes Care*, Vol 32, No 11, 2009, pp2123-2132

82 *Drinking and Cardiovascular Health*, IARD Health Review p.1

83 *Drinking and Cardiovascular Health*, IARD Health Review p.3

84 *Drinking and Cardiovascular Health*, IARD Health Review p.3

85 <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>

86 House of Commons Hansard, Evidence to Science and Technology Select Committee (February 2016)

87 Drink tea instead of wine, health chief says, *Telegraph* (January 2016)

6.18 In contrast to the proposed guidelines and to the public statements by the Chief Medical Officer for England, a range of experts have explicitly outlined the protective effects of moderate alcohol consumption against CVD.

6.19 Speaking to the BBC about the proposed guidelines, Dr Jurgen Rehm, Director of the Social and Epidemiological Research (SER) Department at the Centre for Addiction and Mental Health said:

*"A glass of alcohol, and it's not only red wine, has protective effects on the [sic] ischemic heart disease and on some other ischemic diseases."*⁸⁸

6.20 Discussing the new guidelines, Dr Alexander Jones, UCL Institute of Cardiovascular Science, told the BBC:

*"There are a lot of prospective studies in many thousands of people in different parts of the world that show that if you drink modest amounts of alcohol up to, let's say 2-3 units of alcohol a day, that you are less likely to develop coronary heart disease or stroke later on in life...There have been a couple of studies which showed that if they randomised either just eating a Mediterranean diet or eating a Mediterranean diet and drinking a glass of red wine a night, they found that those who drank a glass of red wine a night had better cardiac function over time."*⁸⁹

6.21 Science writer Tony Edwards (author of a comprehensive survey of the evidence about alcohol and health⁹⁰) has written about the significant body of evidence showing the biological mechanisms and processes by which the protective effects from alcohol occur:

*"the positive biological effects of moderate alcohol consumption have been clearly demonstrated in terms of increases in HDL ('good') cholesterol and reducing blood clotting and the 'inflammatory markers' associated with heart disease."*⁹¹

6.22 This body of evidence appears not to have been taken into account by the expert groups.

6.23 The expert group cited work by the health services to maintain blood pressure, reduce smoking and the use of statins as explanations for the fall in rates of cardiovascular disease in the UK. During evidence to the House of Commons, the Chief Medical Officer for England questioned, as a result of this work, *"whether people's hearts needed protecting that much"*.⁹²

6.24 In the UK, 155,000 deaths every year are caused by cardiovascular disease.⁹³ Statins are primarily employed to treat those already suffering from cardiovascular disease or given to those who have a high risk of developing related illnesses.

88 How harmful is alcohol?, BBC Radio 4: More or Less (January 2016)

89 Could alcohol be good for your health?, Trust Me I'm a Doctor, BBC (January 2016)

90 <http://tonyedwardsscience.com/the-good-news-about-booze.php>

91 Why those killjoy alcohol rules are just plain wrong, Daily Mail (11 January 2016)

92 House of Commons Hansard, Evidence to Science and Technology Select Committee (2 February 2016)

93 British Heart Foundation [CVD Statistics, UK Factsheet](#)

Moderate drinking, in contrast, is designated as having a 'protective' effect against CVD (see above) and a reduced overall lifetime risk developing heart disease^{94 95 96}. We believe, therefore, that the implication by the expert group and the CMO for England that the potential benefits of moderate drinking are no longer necessary is inaccurate. Moreover, the use of statins, as with many medical interventions, carries risk, some potentially serious, as listed on the NHS⁹⁷ and US FDA⁹⁸ websites.

6.25 The scientific community continues to demonstrate a direct, causal link between moderate alcohol consumption and reduced risk of heart disease. This has been recently illustrated in the 2016 findings from the Atherosclerosis Risk in Communities (ARIC) Study⁹⁹ and most recently in studies from Harvard University¹⁰⁰, covered in the UK media.¹⁰¹

6.26 Christopher Snowdon, Director of Lifestyle Economics at the Institute of Economic Affairs, published analyses in January¹⁰², early February¹⁰³ and late February¹⁰⁴ 2016 outlining the way in which the substantial international evidence base on the protective effects of moderate alcohol consumption appears to have been downplayed in the determination of the proposed guidelines.

6.27 We believe that health benefits of moderate alcohol consumption have not been fully considered in the determination of the proposed guidelines and appear to have been downplayed in order to promote a 'no safe limit' message. Consequently, both the guidelines and the explanation do not provide the public with an accurate or clear expression of risk, particularly in relation to the the long-term effects of moderate alcohol consumption, and may not be seen as credible by consumers.

94 Janssen et al. Moderate wine consumption is associated with lower hemostatic and inflammatory risk factors over 8 years: The study of women's health across the nation (SWAN)(2014)

95 Boffetta et al. Alcohol Drinking and Mortality among Men Enrolled in an American Cancer Society Prospective Study. (1990)

96 Roerecke & Rehm. The cardioprotective association of average alcohol consumption and ischaemic heart disease: a systematic review and meta-analysis (2012)

97 <http://www.nhs.uk/Conditions/Cholesterol-lowering-medicines-statins/Pages/Special-considerations.aspx>

98 <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm293330.htm>

99 Khanh N. Vu et al. Causal Role of Alcohol Consumption in an Improved Lipid Profile: The Atherosclerosis Risk in Communities (ARIC) Study (February 2016)

100 Mostofsky, E. et al. Alcohol and Immediate Risk of Cardiovascular Events: A Systematic Review and Dose-Response Meta-Analysis (March 2016)

101 Moderate Drinking PROTECTS your heart: Up to 6 alcoholic drinks a week 'helps prevent heart attack and stroke', Daily Mail (March 2016)

102 The truth about moderate drinking has been muddled by anti-alcohol militants, Spectator (January 2016)

103 The great alcohol cover-up: how public health hid the truth about drinking, Spectator (February 2016)

104 No wonder Britain's alcohol guidelines are so extreme – just look at who drafted them, Spectator (February 2016)

Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries

Explanation (from 'Summary of the proposed guidelines')

16. The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

7. **Q. 3 Is it clear what the guideline – along with the explanation – means, for how you can keep your health risks within a low level, if you drink on only a few days each week?**

7.1 Answer: No.

7.2 We believe both the guideline and the explanation are unclear and that their communication provides the consumer with conflicting information. No definition of 'heavy drinking session' is provided to the consumer and no specific advice is given on the recommended number of alcohol-free days, or whether these should be consecutive. No indication is given as to what extent risk is increased by 'heavy drinking sessions' compared to other risks or how risk increases among specific gender or age groups. Additionally, no clarification is provided to consumers who may already drink below 14 units per week.

7.3 The Chief Medical Officers' previous guidelines stated that men and women should not regularly exceed 3-4 and 2-3 units per day, respectively. The proposed recommendation to spread 14 units evenly over three days appears to indicate to consumers that regularly drinking 4.67 units per day (a level higher than the previous daily guidelines for both men and women) is acceptable. We believe consumers will find this message confusing, particularly when published alongside a reduction in weekly guidelines and an implication that there is 'no safe level' of alcohol. The potential confusion around this guideline, and the explanation, is liable to generate misunderstanding, a lack of adoption by the public, and potentially a loss of trust in consumer health advice.

7.4 We believe the tone of the guideline '*If you do drink as much as 14 units per week*' is both negative and prescriptive and may discourage public engagement with health advice. Drinking up to 14 units per week is deemed, by the expert groups, to present the same or less relative risk (1%) as many other day-to-day activities and, therefore, should be communicated to consumers in a manner reflecting this risk level. The prescriptive tone of the proposed guidelines, we believe, is therefore likely to foster further negative reaction to public health advice akin to the widespread criticism already voiced in the national media.

Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from 'Summary of the proposed guidelines')

17. The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

8. **Q. 4 Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long-term health risks below the low risk level set by the guideline?**

8.1 Answer: No.

8.2 We believe this element of the proposed guidelines to be misleading and contradictory, as it does not accurately or fully represent the relationship between alcohol and health to the consumer. Not only can moderate alcohol consumption have a protective effect against serious diseases and long-term conditions (see above), but international evidence shows the link between alcohol and cancer is not as straightforward as the proposed guidelines imply. This element of the guidelines and the explanation are, we believe, an inaccurate reflection of the international scientific evidence base on alcohol and all-cause mortality and therefore do not provide consumers with accurate advice to inform their choices about drinking.

Alcohol and Cancer

8.3 The relationship between alcohol consumption and increased risk of certain cancers is clear and we believe it is important consumers are aware of this. However, the evidence detailed in the report from the Committee on Carcinogenicity (CoC)¹⁰⁵ shows either no or a low impact of moderate drinking on the increased risk of many of these cancers. For some cancer types, minimal increased risk is demonstrated even at high levels of alcohol consumption. We believe the guidelines would be strengthened if the relative risks of cancer at different levels of alcohol consumption are openly and clearly communicated to the consumer in order for informed choices to be made about drinking.

8.4 We believe that to state: *'The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis'*, does not make clear the specific 'illnesses' and therefore fails to provide clear and accurate information in order for consumers to make informed choices.

8.5 The implied focus of the guideline is the link between alcohol and all cancer risk. We acknowledge the link between alcohol consumption and an increased risk of a small minority of cancer types. However, we do not believe the proposed guidelines effectively or clearly communicate the relative risks of alcohol consumption to the consumer.

8.6 The guideline appears to oversimplify the relationship between alcohol consumption and cancer. Epidemiological evidence demonstrates that alcohol has a range of

¹⁰⁵ Statement (2015/S2) on consumption of alcoholic beverages and risk of cancer, Committee on Carcinogenicity (2015)

effects on different cancers, including no impact on the vast majority of cancers and in some cases, an inverse relationship (or protective effect). To accurately and fairly communicate risk to consumers, we believe all cancers should be taken into account rather than only highlighting examples where alcohol does increase risk.

- 8.7 International evidence demonstrates increased risk of some cancers is most significantly associated with heavy drinking patterns.¹⁰⁶ However, the relationship between cancer risk and light to moderate drinking appears more complex. There are a range of major cancers including ovarian and urinary bladder cancer¹⁰⁷, brain cancer¹⁰⁸, prostate cancer^{109 110} and lung cancer¹¹¹ where evidence shows no association with alcohol consumption. For certain cancers moderate alcohol consumption has been determined to have an inverse association or possible protective effect, including renal cancer^{112 113 114} and lymphatic cancers (such as non-Hodgkin Lymphoma)^{115 116 117}.

8.8 The U.S National Cancer Institute (NIH) states:

"Numerous studies have examined the association between alcohol consumption and the risk of other cancers, including cancers of the pancreas, ovary, prostate, stomach, uterus, and bladder. For these cancers, either no association with alcohol use has been found or the evidence for an association is inconsistent.

However, for two cancers—renal cell (kidney) cancer and non-Hodgkin lymphoma (NHL)—multiple studies have shown that increased alcohol consumption is associated with a decreased risk of cancer (10¹¹⁸, 11¹¹⁹). A meta-analysis of the NHL studies (which included 18,759 people with NHL) found a 15 percent lower risk of NHL among alcohol drinkers compared with nondrinkers (11¹²⁰). The mechanisms by which alcohol consumption would decrease the risks of either renal cell cancer or NHL are not understood."¹²¹

¹⁰⁶ Drinking and Cancer, IARC Health Review

¹⁰⁷ International Agency for Research on Cancer (IARC). Consumption of alcoholic beverages. In A review of human carcinogens: Personal habits and indoor combustions (IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Vol. 100E, pp. 377-504). Lyon, France: Author. (2012).

¹⁰⁸ Galeone, C., Malerba, S., Rota, M., Bagnardi, V., Negri, E., Scotti, L., et al. A meta-analysis of alcohol consumption and the risk of brain tumours. *Annals of Oncology*, 24(2), 514-523 (2013).

¹⁰⁹ International Agency for Research on Cancer (IARC). Consumption of alcoholic beverages. In A review of human carcinogens: Personal habits and indoor combustions (IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Vol. 100E, pp. 377-504). Lyon, France: Author. (2012).

¹¹⁰ Dennis, L. K. Meta-analysis for combining relative risks of alcohol consumption and prostate cancer. *The Prostate*, 42(1), 56-66 (2000).

¹¹¹ International Agency for Research on Cancer (IARC). Consumption of alcoholic beverages. In A review of human carcinogens: Personal habits and indoor combustions (IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Vol. 100E, pp. 377-504). Lyon, France: Author. (2012).

¹¹² Wozniak, et al. Alcohol consumption and the risk of renal cancers in the European prospective investigation into cancer and nutrition (EPIC), (2015)

¹¹³ Mahabir et al Prospective study of alcohol drinking and renal cell cancer risk in a cohort of finnish male smokers (2005)

¹¹⁴ International Agency for Research on Cancer (IARC). Alcohol consumption and ethyl carbamate (IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Vol. 96). Lyon, France: Author. (2010).

¹¹⁵ Morton et al. Alcohol consumption and risk of non-Hodgkin lymphoma: a pooled analysis (2005)

¹¹⁶ Ji et al. Alcohol consumption has a protective effect against hematological malignancies (2014)

¹¹⁷ Chiu et al. Alcohol consumption and non-Hodgkin lymphoma in a cohort of older women (1999)

¹¹⁸ Bellocco R, Pasquali E, Rota M, et al. Alcohol drinking and risk of renal cell carcinoma: results of a meta analysis. *Annals of Oncology* 2012;23(9):2235-2244.

¹¹⁹ Tramacere I, Pelucchi C, Bonifazi M, et al. A meta-analysis on alcohol drinking and the risk of Hodgkin lymphoma. *European Journal of Cancer Prevention* 2012;21(3):268-273.

¹²⁰ Ibid.

¹²¹ <http://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet>

Increased relative risk from alcohol consumption	Alcohol consumption per week (units) when risk increases (CoC report)	No. of cases per year, UK (CRUK, 2013)	No association to alcohol consumption	No. of cases per year, UK (CRUK, 2013)	Protective effect from moderate alcohol consumption	No. of cases per year, UK (CRUK, 2013)
Breast	<10.5	60,984	Prostate	47,300	Kidney	11,873
Oesophagus	<10.5	8,784	Brain	10,624	Non-Hodgkin Lymphoma	13,413
Oral (oral cavity, pharynx,)	<10.5	7,591	Ovarian	7,029	Hodgkin Lymphoma	1,954
Larynx	>10.5	2,315	Lung	45,525		
Bowel (colorectal)	>10.5	41,112	Bladder	10,341		
Liver	>42	5,413	Myeloma	5,497		
Pancreas	>42	9,408	Leukaemia	9,301		
			Mesothelioma	2,687		
			Ovary	7,284		
			Penis	622		
			Stomach	7,067		
			Testis	2,296		
			Thyroid	3,241		
			Uterus	9,022		
			Vagina	236		
			Vulva	1,313		
			Eye	663		
			Gallbladder	903		
			Cervix	3,207		
			Cervix in Situ	31,318		
			Bone Sarcoma	582		
			Anus	1,233		
			Cancer of an Unknown Primary	9,274		
			Malignant Melanoma	14,509		
		Total: 135,607		Total: 244,571		Total: 27,240

(Sources: Committee on Carcinogenicity¹²², Cancer Research UK¹²³ and IARD¹²⁴)

8.9 We believe the complex relationship between alcohol and cancer has not been accurately reflected in the deliberations or the final communications of the expert group. Equivalent to the apparent downplaying of evidence on the health benefits of moderate alcohol consumption, the full picture regarding alcohol and cancer seems not to have been appropriately examined in the determination of the proposed guidelines.

8.10 In contrast, it appears that the proposed guidelines amplify the small number of cancer types where increased risk is linked to alcohol consumption. Whilst it is important to reflect these risks, we believe the guidelines do not openly or clearly reflect to the consumer that the vast majority of cancer types are not associated with alcohol consumption. Consequently, we believe consumers are not being provided with accurate or clear information to make fully informed choices about their alcohol consumption and are instead being told that simply there is 'no safe level' of drinking.

¹²² Statement (2015/S2) on consumption of alcoholic beverages and risk of cancer, Committee on Carcinogenicity (2015)

¹²³ Cancer Cases in the UK (2013), Cancer Research UK (January 2016)

¹²⁴ Drinking and Cancer, IARD Health Review

8.11 The Chief Medical Officer for England has publicly stated that: *"For every cancer – mouth, bowel, gullet, breast – the risks change. But there is no doubt that the more we drink the bigger our risk."*¹²⁵

8.12 However, Curtis Ellison, Professor of Medicine and Public Health at Boston University School of Medicine, and Director of the International Scientific Forum on Alcohol Research, has commented on the proposed guidelines:

*"As for cancer, studies show that for light regular drinkers, the risk is non-existent or minimally increased. The exception is breast cancer, where there's a slight increase in risk, even for women who have only one drink a day. The risk is primarily among women who binge drink, under-report their intake, have low intake of folate [a B vitamin], or are on hormone replacement therapy."*¹²⁶

8.13 Commenting on the links between moderate alcohol consumption and liver cancer, Professor David Spiegelhalter Winton Professor of the Public Understanding of Risk, University of Cambridge, has said the suggestion that even three drinks a day could cause liver cancer was *"misleadingly sensationalist"*. Furthermore, he stated: *"Liver cancer is rare: about 1 in 100 men and 1 in 200 women get it in their lifetime. So if you already drink a lot, and then drink even more, your risk goes up a small amount."*¹²⁷

8.14 The report from the Committee on Carcinogenicity (CoC) shows that where there is an established link between alcohol consumption and an increased risk of specific cancer types - with the exception of breast cancer – there is either a low or no increased risk from moderate alcohol consumption. For example, drinking within the proposed guidelines carries no increased risk for bowel or liver cancer and according to the report, only *"At high levels of alcohol intake, above approximately 6 units per day (42 units per week), there is an increased risk [of liver and pancreatic cancer]."*¹²⁸

8.15 The CoC report also demonstrates that when drinking within the proposed weekly guidelines (14 units or less), lifetime risks of oral cancers and female oesophageal cancer, for example, are below 1% - a significantly lower risk level than other everyday activities such as watching TV for one hour per day (5%)¹²⁹ or eating bacon (5%)¹³⁰ (see Q.1). Even when drinking around double the proposed guidelines (up to 35 units per week), the report states that the lifetime risk of these cancers remains significantly below 2%¹³¹. Considering the above points, we believe the communication of the proposed guidelines appears to be a simplification and amplification of these relatively low risks and therefore does not accurately or openly inform consumers.

8.16 Furthermore, international evidence demonstrates that the risk of certain alcohol-related cancers increases considerably with tobacco use¹³². This association has not been presented in the proposed guidelines, but would clearly inform consumers that the relative low risk of some cancers from moderate alcohol consumption increases significantly if they also smoke.

125 New tough alcohol guidelines not scaremongering, says chief medical officer, The Guardian (January 2016)

126 Why those killjoy alcohol rules are just plain wrong, Daily Mail (January 2016)

127 Just three alcoholic drinks a day can cause liver cancer, warns new study, The Telegraph (March 2015)

128 Statement (2015/S2) on consumption of alcoholic beverages and risk of cancer, Committee on Carcinogenicity (2015)

129 <http://understandinguncertainty.org/medicine-poison-poison-poison%E2%80%A6%E2%80%A6>

130 <http://understandinguncertainty.org/medicine-poison-poison-poison%E2%80%A6%E2%80%A6>

131 Statement (2015/S2) on consumption of alcoholic beverages and risk of cancer, Committee on Carcinogenicity (2015)

132 European Code against Cancer 4th Edition: Alcohol Drinking and Cancer (June 2014)

8.17 The US National Cancer Institute states that:

*"Epidemiologic research shows that people who use both alcohol and tobacco have much greater risks of developing cancers of the oral cavity, pharynx (throat), larynx, and esophagus than people who use either alcohol or tobacco alone. In fact, for oral and pharyngeal cancers, the risks associated with using both alcohol and tobacco are multiplicative; that is, they are greater than would be expected from adding the individual risks associated with alcohol and tobacco together..."*¹³³

8.18 Dr Xavier Castellsagué et al. have also noted that:

*"Our data show that light-to-moderate drinking (i.e., 1 to 3 drinks per day) without smoking does not substantially increase the risk of esophageal cancer. However, adding cigarette smoking to this moderate drinking, even if a few (i.e., 1 to 8) cigarettes per day may expose the subject to substantially higher risk for the disease (12-fold among men, 19-fold among women)".*¹³⁴

Breast Cancer

8.19 We believe the proposed guidelines and accompanying public messages on the link between alcohol and breast cancer illustrate the way in which relative risk has not been clearly communicated to consumers. A percentage (6%) of all breast cancer cases in the UK is attributable to alcohol¹³⁵ - the links between alcohol consumption and breast cancer are clear and it is right that consumers are made aware of the risks. However, if health advice is to enable consumers to make properly informed choices about their drinking, then the relative risks associated with breast cancer, in the context of everyday life, must be communicated clearly and accurately as part of the guidelines.

8.20 David M Shaw, Senior Researcher at the Institute for Biomedical Ethics at the University of Basel has written in the BMJ:

*"the risk of breast cancer without drinking is 1.1 in 10. The risk with drinking, according to the new guidelines, is 1.3 out of 10; drinking double the guidelines gives a risk of 1.6 in 10. This means that the absolute risk increase of drinking double the guidelines as opposed to not drinking is .5 in 10 – ie, 5%. Or to put it differently: among 1000 women who drink double the guideline amount, only 50 will get breast cancer because of it. So if every woman drank twice as much as recommended by the new guidelines, only 1 in 20 of them would get cancer as a result. If the public were told this message, most of them would probably assume that they will be one of the lucky 19, not the unlucky 1. The message phrased differently could be "you can drink twice what we recommend and there's only a 5% chance that you'll get cancer as a result – and in any case there's a 10% chance you'll get cancer regardless!"*¹³⁶

133 <http://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet>

134 "Independent and joint effects of tobacco smoking and alcohol drinking on the risk of esophageal cancer in men and women (Xavier Castellsagué et al, 1999)

135 [Breast Cancer Risk Factors](#), Cancer Research UK

136 Drunk on risk: how the chief medical officers' alcohol guidelines are demonising drink, BMJ (February 2016)

8.21 Other international experts and breast cancer campaigners have raised concerns about the way in which the relative risks of alcohol consumption and breast cancer have been communicated in the proposed guidelines.

8.22 Writing in the media, Dr Jan B Hoek, Professor in the Department of Pathology, Anatomy and Cell Biology and Vice-Chair for Research at Thomas Jefferson University has asserted:

*"Women with known genetic susceptibilities for breast cancer should consult with their doctor about risk factors and are well advised to avoid overconsumption of alcohol. However, to stop moderate drinking to avoid the risks for cancer may do more harm than good."*¹³⁷

8.23 In a letter to the Telegraph, Samia al Quadhi, Chief Executive of Breast Cancer Care, stated:

"Offering clear information about the increased risk of breast cancer can help people to consider the effect that drinking has on their health, but it has to be seen as part of the big picture. Breast cancer is a very complex disease, and lifestyle changes, such as reducing the amount of alcohol you can drink, can't prevent it completely. The biggest risk factors are outside of our control: being female and getting older. Women must be able to make informed decisions that are right for them."

8.24 It appears the proposed guidelines present a simplistic association between alcohol and breast cancer. We believe, the guidelines neither accurately reflect the complex links between different levels of alcohol consumption and breast cancer, nor do they present advice on the multifactorial risks associated with breast cancer. Cancer Research UK have shown, for example, that significantly fewer cases of breast cancer occur among women from lower socio-economic groups - perhaps due to factors such as prevalence of breast screening and earlier first pregnancy¹³⁸. Overall, common lifestyle factors are considered as a cause in 27% of breast cancer cases: being overweight accounts for 9% of all cases, alcohol 6%, night-shift working 4-5%, HRT 3%, lack of physical activity 3% and oral contraception 1%.¹³⁹

8.25 For consumers, understandably worried about the risks of breast cancer, the guidelines do not seem to be communicated in a holistic and relevant way alongside advice, for instance, about consulting GPs. Consequently the proposed guidelines may be viewed as unrealistic, unclear and unhelpful by consumers.

8.26 Dr Jan B Hoek & Dr Samir Zakhari, have highlighted that:

*"... women with or without a high risk for breast cancer should avoid overconsumption of alcohol and should consult with their physician about risk factors involved in breast cancer. Since studies associating moderate alcohol consumption and breast cancer are contradictory, a woman and her physician should weigh the risks and benefits of moderate alcohol consumption."*¹⁴⁰

8.27 We believe the guideline also appears inconsistent with government advice for other common factors that increase the risks of breast cancer. Whilst drinking alcohol within guidelines raises relative risk by up to 12%, not having children increases

137 Don't believe scientists who say all drinking is bad. Light boozing has strong benefits, Spectator (December 2015)

138 Cancer incidence by socio-economic group (2006-2010), Cancer Research UK

139 Breast Cancer Risk Factors, Cancer Research UK

140 Zakhari, S & Hoek, J. B. Alcohol and Breast Cancer: Reconciling Epidemiological and Molecular Data (2014)

relative risk by up to 30%, Oestrogen-progestogen HRT (listed as a class 1 carcinogen¹⁴¹) by 55-100% compared to non-users, and oral contraception by up to 24%.¹⁴² International evidence has also demonstrated that night shift work¹⁴³ can potentially double breast cancer risk.

8.28 The government provides advice on HRT¹⁴⁴, night shift work¹⁴⁵ and oral contraceptives¹⁴⁶ but does not include a message of 'no safe level'. Instead the government provides clear, relatable and contextualised advice enabling the public to consider the associated risks and thus inform their choices. We believe this approach of balanced and clear advice has not been replicated in the proposed alcohol guidelines.

8.29 Tamoxifen, a treatment for breast cancer and a listed class 1 carcinogen¹⁴⁷, also carries clear NHS advice¹⁴⁸ balancing the associated risks and the beneficial effects of the drug and thus communicating a fuller understanding of relative risk to consumers.

8.30 We believe the guidelines do not accurately reflect the full relationship between alcohol and cancer, including the association between moderate alcohol consumption and breast cancer. Moreover, this element of the guidelines appears to actively downplay relative, comparable risks whilst simplifying and amplifying the cases where alcohol consumption increases cancer risk. Health advice must be (and appear) credible if it is to be deemed trustworthy by consumers, ensuring that it is based upon the full international evidence. We believe that the above points demonstrate the urgent need for an independent group with expertise in communicating risk to consumers to review the proposed guidelines.

Guideline: If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week

Explanation (from 'Summary of the proposed guidelines')

18. There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

9. **Q.5 Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking.**

9.1 Answer: No.

9.2 Whilst we believe suggesting drink-free days represents reasonable advice, this guideline appears unclear as no specific number or pattern of drink-free days is recommended.

141 Known and Probable Human Carcinogens, American Cancer Society

142 Breast Cancer Risk Factors, Cancer research UK

143 <http://www.nhs.uk/news/2013/07/July/Pages/Long-term-night-shifts-can-double-breast-cancer-risk.aspx>

144 <http://www.nhs.uk/Conditions/Hormone-replacement-therapy/Pages/Disadvantages.aspx>

145 <http://www.nhs.uk/news/2013/07/July/Pages/Long-term-night-shifts-can-double-breast-cancer-risk.aspx>

146 <http://www.nhs.uk/Conditions/contraception-guide/Pages/combined-contraceptive-pill.aspx#Risks>

147 Known and Probable Human Carcinogens, American Cancer Society

148 <http://www.nhs.uk/news/2013/09/September/Pages/Stopping-tamoxifen-ups-breast-cancer-risk.aspx>

9.3 Advising an unspecified number of alcohol-free days could be interpreted by consumers who already drink at harmful levels that alcohol-free days, rather than cutting down their overall level of consumption, will mitigate harms to health.

9.4 The Chief Medical Officers' previous guidelines stated that men and women should not regularly exceed 3-4 and 2-3 units per day, respectively. The advice to take 'several' drink free days – for which evidence appears not to have been cited - has been coupled with a weekly guideline and a recommendation to spread 14 units evenly across three days (resulting in a higher daily limit than the previous daily guidelines – see Q.3). Mixing advice on weekly and daily recommendations may be confusing to consumers and this could lead to a loss of engagement with public health advice.

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

The sorts of things that are more likely to happen if you don't judge the risks from how you drink correctly can include: accidents resulting in injury (causing death in some cases), misjudging risky situations, and losing self-control.

These risks can arise for people drinking within the weekly guidelines for regular drinking, if they drink too much or too quickly on a single occasion; and for people who drink at higher levels, whether regularly or infrequently.

Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs

As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from 'Summary of the proposed guidelines')

19. This advice for any single occasion of drinking is based on the evidence reviewed by the expert group that clearly identified substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people from any single drinking occasion.

20. Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

- head injuries
- fractures
- facial injuries and
- scarring

21. Short term risks from heavy drinking in a short time also include alcohol poisoning and conditions such as heart disease. The risks of short term, or acute, injury to a person recently drinking have been found to rise as much as 2- to 5-fold (or more) from drinking just 5-7 units (over a 3- or 6-hour period).
22. The proposed advice includes a number of different ways people can keep their risks low. Whilst this does include limiting how much and how fast you drink, it also advises on other actions that people can take to reduce their risk of injury and accident.

10. Q. 6 Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?

10.1 Answer: No.

10.2 Whilst the guideline makes some important practical points around drinking slowly, eating food and drinking water, we believe that overall the advice is prescriptively phrased and does not accurately communicate the relative risks of alcohol-related accident and injury to the consumer.

10.3 All activity carries some level of risk, regardless of alcohol consumption (see Q.1). We believe that phrases such as *'avoiding risky places and activities'* do nothing to inform consumers about the relative risks of alcohol, have no place in alcohol guidelines and may foster further public disinterest in health advice.

10.4 We are concerned that serious questions have been raised about the suitability of the Sheffield Alcohol Policy Model (SAPM) - used by the expert group to determine the guidelines (see Q1) - and particularly the way in which the model analyses acute harms (risks of accident and injury). Adam Jacobs, medical statistician and former President of the Medical Writers' Association, has examined the Sheffield model and identified key "problems": *"I think the most important one [problem] is that the relationship between alcohol consumption and risk was often assumed to be linear. The strikes me as a really bad assumption."*¹⁴⁹

10.5 SAPM presents the relative risk of acute alcohol-related harms as linear, beginning at a 1% risk for 0 units of alcohol consumed and rising to around 6% when 50 units (the equivalent of 5 bottles of wine) are consumed. These results seem to highlight inherent irrationalities in the model, as Adam Jacobs asserts:

*"The report does not make clear what baseline risk they are using, but let's assume conservatively that the daily risk is 1 in 100, or 1%. That means you would expect to be admitted to hospital 3 times in a year if you don't drink at all... So I think it is safe to assume that 1% is a substantial overestimate."*¹⁵⁰

10.6 We believe that the Sheffield report makes insufficient attempts at sensitivity analyses, only examining linear relationships between alcohol consumption and alcohol-related acute harms – a relationship, as pointed out above, that delivers confusing and irrational results. It appears that some of the sensitivity analyses

¹⁴⁹ <http://www.statsgov.co.uk/new-alcohol-guidelines/>

¹⁵⁰ <http://www.statsgov.co.uk/new-alcohol-guidelines/>

(section 4.5) notably the effect of assuming a threshold for acute risks, was omitted from the Sheffield Report. Furthermore, drinking patterns of different age groups (which vary considerably¹⁵¹) are also absent from the SAPM methodology.

10.7 According to the Sheffield report, the original modelling of the relative risk of alcohol-related hospital admissions began at 3 or 4 units, rather than 0 units – the level used in the final version of the report. It appears that the Sheffield modelling was changed on the explicit request of the report's commissioning body, Public Health England (PHE) and that no substantive evidence is provided for why PHE considered this to be a reasonable assumption. The report states: *"For the present analysis, the commissioners (Public Health England) requested a risk function with no threshold effect be used to reflect evidence that, for motor vehicle accidents, there is increased risk of relative to abstention [sic] at any level of consumption. In previous versions of SAPM, thresholds of 4 units for males and 3 units for females were selected"*¹⁵² We believe this raises serious concerns about the threshold used by SAPM and could explain the resultant inconsistencies, some of which are likely to undermine public trust in the proposed guidelines.

10.8 We support the principle outlined in the expert group report (see Q.1), that the purpose of guidelines is to inform consumers of the relative risks of their alcohol consumption. However, this request from PHE indicates that the proposed guidelines now include the potential risks to the individual from other people's drinking, even if the individual has not consumed any alcohol. We believe this is both irrational and beyond the scope of low risk guidelines and may create confusion among consumers.

10.9 We believe the flaws within the Sheffield model, and the irrational results produced, undermine the accuracy of the guideline and the explanation as to how to reduce the short term risks from drinking. Coupled with the confusing aspects of an unspecified number of alcohol-free days (see Q.5) and advice to spread 14 units evenly across 3 days (see Q.3), the guidelines risk not being understood or considered as credible by consumers. We therefore believe that the guideline fails to clearly inform consumers of their relative risks of alcohol-related accidents or injuries, or at what level of alcohol consumption these risks become significantly more or less likely.

10.10 The guideline states that *'some groups of people are likely to be affected more by alcohol and should be more careful of drinking on any one occasion'*. This advice appears to run contrary to the proposed guideline that assigns men and women the same weekly recommendations (see Q1.) and the advice that both men and women should spread 14 units evenly across 3 days, effectively recommending a daily guideline of 4.6 units for both genders. (see Q.3).

10.11 Furthermore, the guideline cites specific groups such as *'those with low body weight'*, appearing to acknowledge the physiological differences that exist among consumers. This also appears to directly contradict the overall recommendation of

151 Health Survey for England 2014, HSCIC (December 2015)

152 <https://app.box.com/s/wlludmim3gd83r28c4oqb3upj68cqla/1/5748700525/47175990965/1>

the same guidelines for men and women. Established international precedent, in 30 countries worldwide, is that men and women are set different recommended guidelines reflecting differences in alcohol metabolism due to body size and weight as well as lower water content and higher body fat content of women, but the proposed guidelines do not name women among these specific groups. In this respect, we believe, the proposed guidelines are not only unclear but could potentially both set and reinforce a dangerous precedent among consumers for women to match men's drinking levels. (See Q.1).

[extracted from the above]

The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion;
- drinking more slowly, drinking with food, and alternating with water;
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

Explanation (from 'Summary of the proposed guidelines')

23. The expert group considered it was important to make the scale of this risk clear to the public, and it is spelled out in their report. But, unlike for the regular drinking guideline, they did not recommend a guideline based on a number of units. There were a number of reasons for this, not least because:

- *individual variation in short term risks can be significant;*
- *the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, how alcohol tends to affect their skills and inhibitions, how safe their environment is, and any plans they have made in advance to reduce their risks (such as staying around someone they can trust and planning safe transport home).*

24. Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: *Specific, measurable and timebound*. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

11. **Q.7. For advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.**

However there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?

11.1 Answer: No.

- 11.2 We agree that the short-term risks of alcohol are influenced by a significant variety of factors - as stated in the explanation. However, as pointed out above, the Sheffield model used by the expert group to determine the relative risks of acute harms issues surprising and counter-intuitive results. For example, the report concludes that women who drink 14 units (equivalent to a bottle and a half of wine) on a single day /occasion are classed as 'low risk'.¹⁵³ We believe, therefore, that determining advice for single occasion drinking based on the SAPM is problematic and further research is required in this area before any attempt to set a specific level is made.
- 11.3 The UK is now one of only five countries that issues weekly guidelines only (including: Ireland, Luxembourg, Denmark and Malta). In contrast, 30 countries set daily guidelines. Not only is there clear international precedent for daily advice but within the UK adherence to the CMOs' previous daily guidelines was high with 70% of adults drinking within 2-3 and 3-4 units per day for women and men, respectively.¹⁵⁴ The number of UK adults drinking within daily guidelines has increased by 19% since 2007.¹⁵⁵ We believe the evidence must be comprehensive and robust if daily guidelines are to be scrapped, and, as pointed out above, SAPM appears a flawed basis for any such decision.
- 11.4 Importantly, as stated above (see Q.1 and Q.6), we believe the proposed guidelines do not adequately account for the physiological differences between men and women by setting the same weekly limit for both genders. Therefore, also setting the same guideline for single occasion drinking for men and women will reinforce a potentially dangerous and confusing message to consumers that women can drink at the same levels as men.
- 11.5 We do not agree with the sentiment expressed in the official minutes of the Guidelines Development Group meeting on 8 April 2015 that we should be, "*bearing in mind the limits of public numeracy skills*".¹⁵⁶ However, we would support detailed consumer research to determine which presentation of guidelines would provide preferable and useful advice for consumers.

The Chief Medical Officers' guideline is that:

- If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).

The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.

¹⁵³ <https://app.box.com/s/wlludrmim3qd83r28c4oqb3upi68cqia/1/5748700525/46679583613/1>

¹⁵⁴ Office of National Statistics, Adult Drinking Habits in Great Britain (2013)

¹⁵⁵ Ibid.

¹⁵⁶ <https://app.box.com/s/wlludrmim3qd83r28c4oqb3upi68cqia/1/5592549457/45384042565/1>

Explanation (from 'Summary of the proposed guidelines')

25. The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy.

26. Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.

27. Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

- *restricted growth*
- *facial abnormalities*
- *learning and behavioural disorders, which are long lasting and may be lifelong*

28. Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.

29. Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

30. The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.

12. Q.8. Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant woman should do to keep risks to her baby a minimum?

12.1 Answer: Yes.

13. Q.9 In recommending this guideline, the expert group aimed for:

- **A precautionary approach to minimising avoidable risks to babies;**
- **Openness about uncertainties in the evidence, particularly on the effects of low levels of drinking in pregnancy**
- **Reasonable reassurance for women who may discover they have drunk alcohol before knowing they were pregnant.**

Has the guideline met these aims?

13.1 Answer: Yes

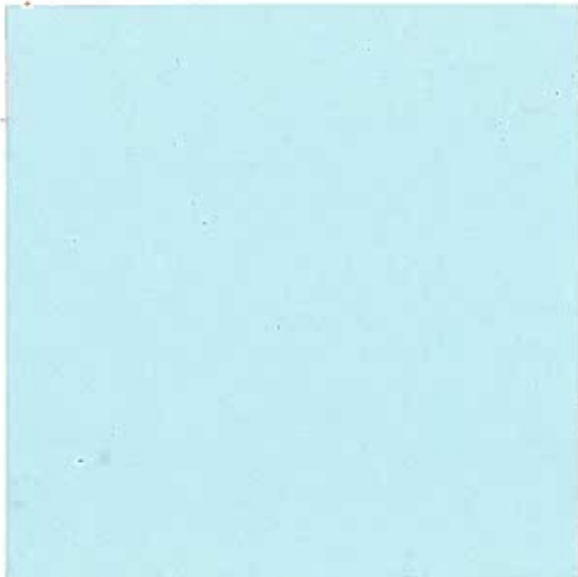
Declaration of Interest

We are a not-for-profit organisation funded by eleven member companies¹⁵⁷ who represent every sector of drinks production and collectively account for more than half the UK alcohol market.

Confidentiality

There are no confidentiality issues and we confirm full public disclosure.

Submitted on 31 March 2016 on behalf of the Portman Group by:



¹⁵⁷ Current member companies: AB InBev; Bacardi Brown-Forman Brands; Beverage Brands; Carlsberg; Diageo; Heineken; Jägermeister; Molson Coors; Pernod Ricard, SAB Miller and Treasury Wine Estates