



Government Response to the  
House of Commons Science and  
Technology Committee Report of Session  
2010–12: Alcohol Guidelines

Presented to Parliament by  
the Secretary of State for Health  
by Command of Her Majesty  
March 2012



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## Introduction

The Government welcomes the Committee's report on alcohol guidelines<sup>1</sup>. The Government is committed to tackling alcohol related harm, as the publication of the Government Alcohol Strategy signals. The Committee's report looks at the alcohol guidelines, a key element of the information people need when making decisions about if and how much they drink.

As the Government has set out in the Alcohol Strategy, our ambition is to radically change the approach to alcohol and reduce the numbers of people drinking to excess. Fifty years ago, the UK had one of the lowest drinking levels in Europe, but is now one of few countries in Europe whose consumption has increased over that period. Alcohol is one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity. Although numbers of school-age children drinking are declining, the levels of binge drinking among 15-16 year olds in the UK still compare poorly with other European countries. Society is paying the costs – alcohol-related harm is now estimated to cost society around £21 billion annually.

Too many people are drinking too much and the Government wants to turn the tide against irresponsible drinking. Over 9 million people in England (22% of adults) reported drinking at levels above the lower-risk guidelines in 2009. 19% of men and 12% of women are binge drinkers (defined as those who in 2010 said they drank more than double the guidelines on their heaviest drinking day in the previous week). It has also become acceptable to use alcohol for stress relief, putting many people at real risk of chronic diseases such as liver disease, diabetes, cardiovascular disease, and cancers of the breast and gastrointestinal tract. Ultimately, individuals need to take control of and change their behaviours – though some may need help to do so.

The Alcohol Strategy sets some health-related ambitions to reduce the number of people (i) drinking above the NHS guidelines (ii) 'binge drinking' and (iii) the number of alcohol related deaths. Reviewing the alcohol guidelines for adults and looking at how they can be best communicated will support these ambitions. Clear and easily understood information is central to ensuring that everyone is aware of the risks of excessive alcohol consumption and can make informed choices about responsible drinking.

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1 House of Commons Science and Technology Committee Alcohol Guidelines (Eleventh Report of Session 2010–12) HC1513

The Alcohol Strategy addresses the wider effects of drinking to excess – on crime and health; and on communities, children and young people – for example, there were almost 1 million alcohol-related violent crimes in 2011. It also sets other ambitions, such as to see a change in behaviour where people think it is not acceptable to drink in ways that could cause harm to themselves or others.

## Government Response to the Committee's conclusions and recommendations

- 1. The UK's alcohol guidelines are about average, compared with those of other developed nations. However, national guidelines can reflect social objectives and cultural differences as well as scientific evidence, and therefore we do not consider that international comparisons should be relied on as an indicator of how appropriate the UK's alcohol guidelines are. (Paragraph 13)**
- 2. There is a lack of consensus amongst experts over the health benefits of alcohol, but it is not clear from the current evidence base how the benefits of drinking alcohol at low quantities compare to those of lifelong abstinence. In addition, it seems likely that the same purported health benefits could be gained through a healthy lifestyle. Therefore we are sceptical about using the alleged health benefits of alcohol as a basis for daily alcohol guidelines for the general adult population, particularly as these benefits would apply only to men over 40 years and post-menopausal women and the guidelines are aimed at all adults. (Paragraph 25)**
- 4. We are content that there is sufficient physiological and epidemiological evidence on health risks to support the retention of lower drinking guidelines for women in general. (Paragraph 31)**
- 5. The UK's Chief Medical Officers (CMOs) reviewed the guidelines for drinking during pregnancy in 2006 and produced updated guidelines that encouraged abstinence but also provided advice for women who chose to drink. We are satisfied that the CMOs have recently reviewed the evidence base and consider that the current guidance adequately balances the scientific uncertainty with a precautionary approach. However, we note that the**

**Scottish CMO has adopted different advice. Consistency of advice across the UK would be desirable.** (Paragraph 33)

1. The Government notes the Committee's conclusions on the above matters.
6. **We have heard sufficient concerns from experts to suggest that a thorough review of the evidence on alcohol and health risks is due. The Department of Health and the devolved health departments should establish a nationwide working group to review the evidence base and use the findings of the review to provide advice on whether the guidelines should be changed. In the meantime, we consider that there does not appear to be sufficient evidence to justify increasing the current drinking guidelines.** (Paragraph 37)
13. **At a time when the Government is putting efforts into encouraging people to drink within guidelines, we consider that a review of the evidence would increase public confidence in the guidelines.** (Paragraph 63)
3. **As the Government provides guidelines for specific population groups such as children and pregnant women already, we consider that there could be merit in producing guidelines for older people, balancing evidence of beneficial effects of alcohol with evidence of increased risks.** (Paragraph 28)
10. **On balance, we consider that introducing guidance for individual drinking episodes could be helpful to inform the public and we invite the Department of Health to consider the suggestion as part of a review of the evidence base, taking into account social science evidence, including evidence from other countries on the impact that similar guidelines have had on drinking patterns. Guidance for individual drinking episodes should only be introduced if guidance is provided in a weekly context again, as having two daily drinking limits would be confusing to the public.** (Paragraph 53)
14. **The review of the evidence base should be conducted by an expert group, including amongst its members civil servants and external scientific and medical experts from a wide range of disciplines, including representatives from the devolved administrations. The group should review: a) The evidence base for health effects of alcohol including risks and benefits;**

**b) Behavioural and social science evidence on the effectiveness of alcohol guidelines on (i) informing the public and (ii) changing behaviour; c) How useful it would be to introduce guidance on individual drinking episodes; d) What terminology works well in public communication of risks and guidelines; and e) Whether further research is needed, particularly for the alcohol-related risks to specific demographic groups (for example, older people). The group should provide a recommendation to Government on whether the current alcohol guidelines are evidence-based, and if they are not, what the guidelines should be changed to.**

(Paragraph 64)

**16. Having explored the complexity around the risks faced by different groups of people, for example women, pregnant women, older people and young people, we consider that while simplicity of advice is preferable for public communication, complexity should not be avoided if it improves public understanding and confidence in the guidelines. For example, the guidelines for children and young people are more complex than for adults but are also clear, concise and leave no room for misinterpretation, and we consider that guidelines for adults could be similarly expressed.**

(Paragraph 67)

2. The current guidelines were developed following a robust review of the evidence and consultation with experts. Officials monitor any major new evidence on risks relating to alcohol consumption so that the guidance remains consistent with scientific knowledge.
3. Given the length of time since the adult guidelines were issued, the Government agrees with the Committee's recommendation to review the clinical evidence in relation to alcohol. The Department of Health will commission a review, led by Dame Sally Davies, as the UK Government's principal medical adviser to look at the current drinking guidelines, and its evidence base. The Department will invite the health departments in the Scottish Government, the Welsh Government and the Northern Ireland Executive Scotland, Wales and Northern Ireland to be part of this review to consider the guidelines on a UK wide basis.
4. The Committee has made a number of recommendations for areas that the review should cover. The Department will consider all of these as it draws up the scope of the review and will publish this once it has been agreed.
5. The Department expects the review to consider for example, whether separate clinical guidance is needed for single drinking occasions and

for older people. It also expects the review to consider the evidence in relation to aspects such as having alcohol free days and health benefits and alcohol.

6. The review should also consider the evidence around public understanding and health communication. People need to understand the information on health risks and what this means in relation to their own drinking. There have been developments in field of public health communications and the review group could look at how best to describe and explain the guidelines to promote public understanding.
- 7. Public awareness of alcohol units appears to be high, but there are problems with public understanding of how many units are in alcoholic beverages. We see no reason why the established concept of alcohol units should be changed. We consider that efforts should be focused on helping people to translate the concept of alcohol units and sensible drinking guidelines into practice.** (Paragraph 44)
  7. The Department agrees that awareness of alcohol units is high - 90% of people say they have heard of measuring alcohol in units and 75% have heard of drinking limits. But many people are unaware that they are drinking above the lower-risk guidelines – over half of those drinking above the guidelines said they drink alcohol to relax and unwind without thinking about how much they drink. The Department welcomes the conclusion that the established concept of units should not change.
- 8. We are concerned that the Government views the guidelines as a tool to influence drinking behaviour when there is very little evidence that the guidelines have been effective at this. The Government should treat the guidelines as a source of information for the public.** (Paragraph 48)
  8. The Department sees the alcohol guidelines as an important source of information for people. It is a way to explain the risks of the harm alcohol can do to a person's health and allow people to assess how much they drink. The Department focuses on three broad levels of consumption – lower risk, increasing risk and higher risk – when giving messages about harm.
  9. The guidelines are also an important tool to allow health professionals to have conversations with people about changing their drinking habits. UK and International evidence shows that health professions framing their conversations on alcohol with patients in the form of a

five minute brief advice session is both clinically and cost effective. Evidence suggest after a brief advice session 1 in 8 people drinking above the guidelines, but not typically seeking help for an alcohol problem, reduce their consumption to below lower risk levels.

10. The guidelines are integral to the recently revised leaflet '*Your drinking and you*'<sup>2</sup>, which is for health professionals to use when delivering brief advice. The leaflet explains the health risks, explains how someone can work out how much they are drinking then sets out a plan with ideas on how to drink less and reduce the risks. In addition, the new '*Don't let drink sneak up on you*' leaflet<sup>3</sup> is available for Change4Life supporters and partners to use in their workplaces (for staff and customers), to help people check if they are drinking above the lower-risk guidelines or not and offers tips and tools to cut down.

9. **It is unclear to us how the term "regular", as applied to all adults who drink, relates to the advice to take a 48 hour break after heavy drinking episodes. We suggest that, if daily guidelines are retained, the Government consider simplifying the guidelines so that, as is the case in Scotland, all individuals are advised to take at least two alcohol free days a week. This would enforce the message that drinking every day should be avoided, and would helpfully quantify what "regular" drinking means to the public.** (Paragraph 52)

11. The current advice, that after an episode of heavy drinking, it is advisable to refrain from drinking for 48 hours to allow tissues to recover, is clear and is distinct from the advice given on regular drinking. The Department expects the review of the guidelines to consider the evidence for adding any recommendation on routinely maintaining drink-free days. The recent Change4life campaign<sup>4</sup> did highlight that most people actually do not drink alcohol every day, but suggested that a simple way for those wishing to cut their drinking is to have some alcohol-free days.

11. **There is clearly a risk that drinks companies could face a conflict of interest as promoting a sensible drinking message could affect profits. However we have heard no evidence to suggest that the alcohol labelling pledges within the Public Health Responsibility Deal could be achieved without the cooperation of drinks companies. Nor have we heard sufficient evidence to suggest that, given the Government exercises proper scrutiny and oversight, a conflict of interest would jeopardise the progress of the alcohol pledges.** (Paragraph 61)

2 [http://www.nhs.uk/Change4Life/supporter-resources/downloads/408723\\_Your\\_Drinking\\_And\\_You.pdf](http://www.nhs.uk/Change4Life/supporter-resources/downloads/408723_Your_Drinking_And_You.pdf)

3 [http://www.nhs.uk/Change4Life/Documents/PDF/C4L\\_alcohol\\_booklet.pdf](http://www.nhs.uk/Change4Life/Documents/PDF/C4L_alcohol_booklet.pdf)

4 <http://www.nhs.uk/Change4Life>

- 18. The cooperation of the drinks industry is essential if the Government wants to achieve the Public Health Responsibility Deal's alcohol pledges. However, the Government should remain mindful that sensible drinking messages may conflict with the business objectives of drinks companies, and should therefore exercise scrutiny and oversight to ensure that any conflicts of interest are mitigated and managed.** (Paragraph 69)
12. The Department notes the Committee's comment that *"We were pleased to find that the Government is promoting sensible drinking messages through initiatives such as the Public Health Responsibility Deal. Public awareness of the guidelines has been improving, although there is a long way to go."* [para 65]. The Department welcomes the recognition of the need for industry cooperation to achieve the alcohol labelling pledge and can confirm that it is fully aware of potential conflicts of interest.
13. The Government not industry sets policy on alcohol. Industry have an important role to play in providing people with information such as the number of units in their drinks but industry is not involved in considering what the guidelines should be.
14. The Responsibility Deal is intended to bring together Government action, with social responsibility on the part of the corporate sector and non-governmental organisations, and personal responsibility from everyone in society for their own lifestyle choices.
15. There is not necessarily any conflict of interest between ensuring that consumers are aware of the lower-risk drinking guidelines and the financial viability of the producers and sellers of alcohol. In practice, most companies recognise sensible practices, which would include providing information in the right way. For the majority of companies producing or selling alcohol it is not in their business interest to be associated with drunken behaviour or harms from alcohol.
- 12. We are concerned that there will not be an independent assessment of the programme until the target date of December 2013. We recommend that the Government immediately set an interim labelling target for December 2012. It should then conduct a preliminary assessment of the progress of the alcohol pledges in the Public Health Responsibility Deal in December 2012. If through the voluntary involvement of the drinks industry, the intermediate target has not been met by December 2012, the Government should review the initiative, including the possible need to mandate compliance with labelling requirements.** (Paragraph 62)

16. Companies are already being asked to report on their progress towards meeting this pledge on an annual basis as part of the Responsibility Deal reporting regime. A full assessment of the pledge will take place in Autumn/Winter 2013, when the Portman Group will appoint independent contractors agreed with the Department, to conduct a formal monitoring exercise. The results of both exercises will be published on the Responsibility Deal website.
17. The Department does not agree that it would be sensible to re-open the agreement with industry at this stage in order to negotiate an interim target.

**15. We consider that the Government, industry and charities should emphasise in public communications: a) The specific risks associated with drinking patterns, that is, (i) the acute risks associated with individual episodes of heavy drinking and (ii) the chronic risks associated with regular drinking; b) That there are situations where it is not appropriate to drink at all, for example while operating machinery; and c) That people should have some drink free days every week.** (Paragraph 66)

18. The Department already provides advice on acute and long-term risks associated with drinking through public communications. We expect the review of the guidelines to consider the evidence on public health communication to help decide how best to provide this advice in future.
19. The Department's research shows that many people who drink do not realise how much they are drinking. In February 2012, a fully integrated Change4Life campaign was launched to communicate the health harms of drinking above the lower-risk guidelines and provide a range of hints, tips and tools to encourage people to drink within the guidelines. The campaign is based on the insights around how people use alcohol to unwind, and what starts off as one glass can all too easily become more.
20. The new Change4Life '*Don't let drink sneak up on you*' leaflet mentioned above is available. It offers tips and tools to cut down and a link to the Change4Life website for those who want to find out more about risks to their health for the amount they drink and how to get professional help for those who need it. The leaflet includes the message "*Units don't work like reward points. You can't store them up for a big night out. Drinking large amounts in one go does additional physical damage.*" In addition, there is the recently revised leaflet '*Your drinking and you*'.
21. Charities are well placed to deliver credible messages to the public in their specific areas, and Government has worked with Cancer Research UK, the British Heart Foundation and the Stroke Association in the Change4Life campaign.

22. The charity Drinkaware is also well placed to deliver some messages, such as how strong drinks are (ie how many units are in each drink), and can reach environments (such as pubs) that no current Government brand can. Their primary target groups are young people (under 18), 18-24 year old 'binge drinkers' and 35-55 year old drinkers.
23. The 2009 Addendum to the Drinkaware Memorandum of Understanding requires a strategic review of their activities in 2012. This review is currently being commissioned and its results will inform Drinkaware's 2013 – 2020 business planning and resources model.

**17. We recommend that there should be an online resource where individuals could obtain more individualised advice where factors such as weight, age, ethnicity and family history of alcohol problems could be taken into consideration. This resource should include links to sources of further information and support, and recommendations on whether to seek further expert medical advice. We consider that this resource could help dispel people's notions that generic alcohol guidance does not apply to them. Charities such as Drinkaware and other organisations should develop methods of increasing access to this type of individualised advice for those who have limited or no access to online resources.**  
(Paragraph 68)

24. The review of the adult drinking guidelines should consider evidence on key risk factors associated with harmful consequences of drinking. This will help decide whether there could be greater use of individualised risk messages online or in leaflets. Whilst such resources are very important in communicating guidance on lower-risk drinking, the Department considers that health professionals are normally best placed to give people properly individually tailored health advice.
25. The Change4life site offers self assessment tools to help people work out if they are drinking at levels that puts their health at increasing or higher risk and gives advice on how and where to get help. In addition, the campaign includes TV, print and online advertising, leaflets and posters and promotes the *Drinkline* phone line<sup>5</sup> for those putting their health at higher risk.
26. Drinkaware offer resources such as a unit & calorie calculator wheel and a unit measure cup. Many voluntary organisations provide detailed information on-line and in print about specific alcohol health harms, such as, for example Cancer Research UK, the British Liver Trust and the National Organisation on Fetal Alcohol Syndrome.

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