From:  
Sent: 31 March 2016 15:04  
To: UK CMO Guidelines Review  
Subject: Individual response to the ‘Health risks from alcohol: new guidelines’ consultation

Alcohol Policy Team  
Department of Health  
Wellington House  
133 - 155 Waterloo Road  
London  
SE1 8UG

Response to the ‘Health risks from alcohol: new guidelines’ consultation

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. think the guidelines are very clear and i have no problem with them at all.

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?

Yes.

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.

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.

Thank you for taking my response into consideration.

Yours sincerely,

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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]

Drink Wise, Age Well consulted with two focus groups of over 50s and our partner agencies. The feedback summarised is that the guideline itself packs a lot of information in which is hard to absorb. If this could be more succinct i.e. 'men and women should not drink more than 14 units a week and spread this over a number of days' it would help. It lays out a number of health risks associated with drinking but no mention of mental health risks, or other societal cost impacts, however we understand that this is aimed at a whole population level. Units are still a remote concept for many people, particularly older adults, and some may find them difficult to calculate. It is helpful to translate this where possible into actual drinks. More positively the language used is easy to understand, not too jargon heavy.
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]

The explanation needs to be read a number of times to grasp its meaning. We feel that the term "regularly" is vague and could be more specific. We assume it is 14 units or more weekly. The explanation around the 1% level of risk feels too complicated and we are worried that members of the public won't understand this, or more likely dismiss it. The '1% over the lifetime' risk of death would strike anyone as rather low, and it seems like the guidelines are trying to put it into context but have
only said that it’s “comparable to risks from some other regular or routine activities”. This sentence is useless unless the other activities are named (crossing the road, eating processed meats??) Examples might be useful to help explain the issues.

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]

People will have different perceptions of what a “heavy drinking session” consists of and may be open to interpretation. Also would be helpful to state that harmful, regular, heaving drinking episodes could also lead to dependency. Would be good to have explanation on why body needs alcohol free days and the positives of this. The guidelines are very focused on the risks and harm factors and there is little on the benefits and positives of reducing alcohol use which may result in better engagement.
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]
There was a mixed response from our focus groups. One group felt this was too extreme and quite a 'nanny state' scare mongering explanation, and people quickly highlighted the number of people who live well into later life in good health whilst drinking alcohol. Recommending people drink below the 14 units or not at all, in order to avoid any health risk associated with alcohol may be rejected by the general public, and there is some frustration that there is no consideration given to the benefits and protective factors of alcohol use, particularly in relation to relaxation and social engagement for older people. However another group felt this needed to be more hard hitting with health warnings made very prominent (like smoking). It was also queried why mental health was not included here.
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]

One focus group found this statement very easy to follow. The group felt that this style should be used for all of the guidelines and explanations. ‘This stops you believing that you can drink a small amount every single day’. However another group did feel that ‘several’ was too vague and would like the number of days specified. Also there may need to be a caveat here for those who are struggling to moderate their drinking e.g. “If you are finding it difficult to adopt a number of alcohol free days then there is a risk you are possibly dependent on alcohol and should seek medical 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]

Drink Wise Age Well welcome that older people and people on medications are specifically recognised as an at risk group in this section however older people are not an homogenous group and there are different perceptions of what old mean. This can purely be age related but may also include health factors. It needs more explanation here, as to why they are more of a risk. The different focus groups found some of the explanation unclear and too heavy on content e.g. "The section about 2 to 5 fold and 5 -7 units over a 3 -6 hour period feels difficult to work out and understand ". Some of the language in this section feels quite moralistic ‘how you drink correctly’ or ‘losing self-control’ and could be rejected. The section giving advice on how to reduce risk is helpful and pragmatic although ‘limiting the total amount you drink’ is open to interpretation. There are plenty of people out there who feel they can ‘hold their drink’ and associate harm with intoxication, yet may be unaware of the acute and long term health risks they are causing their bodies. In this section heart disease is identified as a long term risk and then below it states ‘short term risks ...also includes conditions such as heart disease’. Whilst we understand how alcohol can affect the heart both short and long term this may be confusing to some and might need more explanation.
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]

If people are to follow guidelines at all, they would tend to drink up to the maximum limit. Also there could be confusion with setting a single episodic limit if than people would interpret this as a daily limit! We feel at Drink Wise, Age Well, it is difficult to set a limit on drinking on a single occasion as it can affect different people in different way, particularly older adults. Due to metabolic changes, physical health issues, and impact on medications, even drinking small amounts can be harmful for older people, therefore by setting a limit there is a risk that this will be a 'one size fits all'. It may be helpful to give advice here in other ways e.g. recommending people drink lower strength alcohol in single episodic drinking, avoid topping up glasses etc.
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 woman 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]

Does the message need to be clearer or bolder about not drinking? The reassuring advice feels a little out of place compared with the rest of the guidelines, though we can understand why this section has been worded this way.
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 vary by the size of the drink (glass or bottle) and the alcoholic strength.

<table>
<thead>
<tr>
<th>The number of units you are drinking depends on the size and strength of your drink</th>
<th>The number of units you are drinking depends on the size and strength of your drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8% ABV lager</td>
<td>5.2% ABV lager</td>
</tr>
<tr>
<td>1.1 units</td>
<td>1.5 units</td>
</tr>
<tr>
<td>284ml half pint</td>
<td></td>
</tr>
<tr>
<td>1.7 units</td>
<td>2.3 units</td>
</tr>
<tr>
<td>440ml can</td>
<td></td>
</tr>
<tr>
<td>2.2 units</td>
<td>3 units</td>
</tr>
<tr>
<td>568ml pint</td>
<td></td>
</tr>
<tr>
<td>2.5 units</td>
<td>3.4 units</td>
</tr>
<tr>
<td>660ml bottle</td>
<td></td>
</tr>
<tr>
<td>11% ABV wine</td>
<td>14% ABV wine</td>
</tr>
<tr>
<td>1.4 units</td>
<td>1.8 units</td>
</tr>
<tr>
<td>125ml glass</td>
<td></td>
</tr>
<tr>
<td>1.9 units</td>
<td>2.4 units</td>
</tr>
<tr>
<td>175ml glass</td>
<td></td>
</tr>
<tr>
<td>2.8 units</td>
<td>3.5 units</td>
</tr>
<tr>
<td>250ml glass</td>
<td></td>
</tr>
<tr>
<td>8.2 units</td>
<td>10.5 units</td>
</tr>
<tr>
<td>750ml bottle</td>
<td></td>
</tr>
</tbody>
</table>
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. 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.

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]

These guidelines are not clear for 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.
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 [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 vary by the size of the drink (glass or bottle) and the alcoholic strength.

<table>
<thead>
<tr>
<th>Department of Health</th>
<th>Department of Health</th>
</tr>
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<tbody>
<tr>
<td>The number of units you are drinking depends on the size and strength of your drink</td>
<td>The number of units you are drinking depends on the size and strength of your drink</td>
</tr>
<tr>
<td>3.8% ABV lager</td>
<td>11% ABV wine</td>
</tr>
<tr>
<td>1.1 units</td>
<td>1.4 units</td>
</tr>
<tr>
<td>284ml half pint</td>
<td>125ml glass</td>
</tr>
<tr>
<td>1.7 units</td>
<td>1.9 units</td>
</tr>
<tr>
<td>440ml can</td>
<td>175ml glass</td>
</tr>
<tr>
<td>2.2 units</td>
<td>2.8 units</td>
</tr>
<tr>
<td>568ml pint</td>
<td>250ml glass</td>
</tr>
<tr>
<td>2.5 units</td>
<td>8.2 units</td>
</tr>
<tr>
<td>660ml bottle</td>
<td>750ml bottle</td>
</tr>
<tr>
<td>5.2% ABV lager</td>
<td>14% ABV wine</td>
</tr>
<tr>
<td>1.5 units</td>
<td>1.8 units</td>
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| 3 units |
|  | 3.5 units |
|  | 10.5 units |
RCN response Health risks from alcohol: new guidelines

The consultation provides an opportunity to respond to the UK Chief Medical Officers’ proposed new guidelines to limit the health risks associated with the consumption of alcohol.

With a membership of around 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in both the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

RCN members are employed in a wide array of roles and as such are in an ideal position to support people with lifestyle support and advice on alcohol consumption, as well as providing specialist advice on alcohol and detox.

General Comments on the guidelines:

While the guidelines are clearly written, there is an assumption that the studies that have shown there to be a protective element of alcohol were all misguided, which means that the report feels biased, rather than being open on the harms and potential benefits of alcohol. It would benefit from more detailed references for individuals to be able to check the facts. There is also an assertion that most of the British public drink on two or less days each week. As this is based on self-report, which is notoriously unreliable and underreported in
terms of levels of drinking, we are concerned that it is probably not an accurate reflection of
the drinking patterns of the British population.

Individuals who drink above the recommended levels are unlikely to read this or see that it
refers to them. Invariably people don't understand what units are, or know how many they
are drinking. Although there is some reference to this in the document, we feel far more
needs to be done to advise and support people to understand this. The drink industry,
especially in pubs, bars and restaurants, needs to do more to make the public aware of how
many units are in each drink.

This is a subject that needs to get the attention of the public and health professionals alike.
Adding in more about risks of developing particular illness would help get the public health
message across.

In response to the specific consultation questions:

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?

We feel it is good that the guidelines reinforce the message that there are no completely
safe levels of alcohol consumption. There should be more detail on the long term risks and
the specific related illnesses.

There is the potential for adding in more about risks of developing cancers, particularly of the
throats and tongue, which would make it resonate more with people. The association
between alcohol and cancer, similarly heart disease and alcohol or hypertension and alcohol
is not really known. If the message could come across that alcohol consumption is one of the
reasons why hypertension is not improving it would send a clearer public health message.

In relation to having several drink-free days, we feel this needs to be more specific: 2-3 or 3
of more as opposed to several.

Q2. 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?

This could do with further clarity - it is confusing. It could benefit from the comparable risks of
alcohol to other activities such as smoking or the risks of alcohol in combination with other
risks.
Q3. 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?

We feel this could do with further clarification and explanation on what is meant by ‘heavy’ drinking.

Q4. 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?

We feel there could be more detail on what these risks are, although it is good to see the risks of accidents and injuries through alcohol use included. However, this could be strengthened and made far more explicit on the risks and the impact to the wider health economy.

The association between alcohol and illness are not really understood. Therefore we feel that it would benefit from having more detail on the risks. Providing evidence on the risks of alcohol and cancer, particularly of the throat and tongue, similarly with heart disease and hypertension and alcohol would help people see the benefits of taking the messages on board. If individuals can see that the reason their hypertension is not improving is because of their alcohol intake it sends a clearer public health message and they can also see results if they do reduce their alcohol intake.

Q5. Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking?

We welcome the message that alcohol consumption needs to be a personal choice and that this is reinforced throughout, supporting the principle that people need to be able to make informed choices about their drinking, rather than this being a dictate. As we know these messages are very often ignored in practice. There needs to be more about the help required to support behaviour change in relation to drinking and how to manage this.

Q6. 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?

As for question four this would be strengthened with more detail, although we do feel that the reinforcement that there are no proven safe levels of alcohol consumption are useful.
Q7. 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. 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?

As above the detail would help strengthen this through defining the groups at risk; for example, what is meant by older people; the inclusion of age ranges as well as low body weight and other health problems with some detail of particular health problems which are more likely to be affected by alcohol.

Q8. 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?

The section on pregnancy does give clarity to this issue, and again appears to give a balanced view on this matter which errs on the side of caution but also reinforces the need to make informed choices at such a time.

However, although we know that drinking in pregnancy can lead to long term harm to the baby, many women will find out they are pregnant after already having drunk alcohol. The guidelines should make it clear that in most cases it will be very unlikely that their baby has been affected.

March 2016

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Department of Health

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

Response from

EDRINGTON

30 March 2016
Introduction

Edrington owns some of the leading Scotch whisky and rum brands in the world, including The Macallan Single Malt, Brugal, The Famous Grouse, Cutty Sark, and Highland Park Single Malt. Edrington is headquartered in Scotland and employs nearly 3,000 people worldwide.

We welcome the opportunity to respond to the consultation on the proposed new Chief Medical Officer’s (CMO) guidelines.

Whilst we recognise that the consultation seeks views on whether the guidelines are clear and easy to understand, there are a number of issues we wish to raise in relation to the interpretation of the evidence base that was referenced to generate new guidelines.

The consultation is structured around the three issues set out below:

- The weekly guideline
- Advice on short term effects of alcohol
- Guideline on pregnancy and drinking

Edrington welcomes the clarity in relation to the guidance on pregnancy and drinking.

Context

Guidelines are an important strategic tool to reduce the harmful use of alcohol and to help support those who choose to drink do so in a moderate and sensible way. In the UK the vast majority of the population consume alcohol and, of those that do, the majority do so responsibly on the majority of occasions.

It is important that guidelines are evidence-based and relevant in order to support consumers to make informed choices. Our industry has an important role to play in supporting communication of the guidelines.

Key Concerns

- The new weekly guidelines (14 units per week) now recommend the same levels for men and women. Concerns have been raised that, by equalising the guidelines between men and women it could imply women can drink the same as men.

- Edrington is particularly concerned that, in developing the new guidelines the benefits of moderate consumption appear to have been downplayed, whereas the link between alcohol and cancer has been simplified and emphasised.

- Cancer is clearly a very concerning issue for people. However, the full picture regarding alcohol and cancer has not been made clear. The links and risks between alcohol and cancer are complex. For some cancers there is increased risk for others no impact and in some cases, a protective effect can be observed. This requires to be openly and accurately communicated to consumers.

- In relation to the health benefits, there is overwhelming international evidence 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, type 2 diabetes and cognitive decline.
• The expert group has concluded there is no level of regular drinking that can be considered completely safe i.e. no safe level of alcohol consumption. We believe this conclusion contradicts international evidence. Indeed, according to the Royal Statistical Society, it does not reflect the evidence provided to the advisors who determined the new guidelines.

• We note that comments made by advisors in public and in the official minutes of the advisory group meetings, indicate that the new guidelines were also formulated to influence future government policy. Indeed key members of the advisory panel, separately and in co-ordination, were actively engaged in advocating certain alcohol policy measures during the guidelines review process.

• Following the publication of the guidelines there has been extensive coverage in the media from a range of stakeholders, critical of the new guidelines. These challenges around interpretation of the science behind the guidelines raise concerns about the accuracy of the subsequent communication. It is critical that all those with a role to play in communicating the guidelines have confidence in the interpretation of science used to justify the guidelines.

• The message that there is no safe level of alcohol is of significant concern to Edrington. This is a significant departure from previous messaging. It does not provide consumers with accurate and contextualised information about the relative risks of alcohol consumption, and may not be considered common sense. This has been described as scaremongering.¹

• We therefore urge that when future communication of the guidelines is agreed this is set within the broad context that moderate alcohol consumption is compatible with a healthy lifestyle for those who choose to drink and delivers a tone and emphasis that encourages consumers to engage with the guidance.

• Finally, we are concerned that the UK’s leading position in the provision of alcohol information and guidelines has been undermined by the concerns listed above. Edrington is an international company that takes best practice in national markets and deploys it internationally. It is very concerning that the lack of credibility surrounding the revised CMO’s guidelines, and the process that generated them, prevents us showcasing the new advice to the rest of our international companies.

¹ DM Shaw Drunk on risk: how the chief medical offices’ alcohol guidelines are demonising drink. BMJ 2016: 352
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

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?

No.

This is a significant departure from the presentation style of previous guidelines which were set in a context of sensible drinking and recognised that the majority of the population drinks sensibly.

It assumes there is broad understanding within the population of the concept of risk, but it does not contextualise risk in a way that would be meaningful to a consumer in their daily life and therefore might be easy for consumers to ignore.

The majority of countries that have established guidelines give different guidelines for women and men 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. By having the same guidelines for men and for women, the Chief Medical Officers' guidelines could now be seen as implying that women can drink the same amount as men, which could set a dangerous precedent among female consumers.

The reduction in the guidelines for men is described as a slight reduction in the summary of the proposed new guidelines. A one third reduction is a significant reduction, not slight.

This reduction for men is based primarily on the assessment of risk from accidents and injuries, whereas the risk for women is based on chronic / long-term term outcomes such as cancers and other chronic

\(^2\) IARD, International drinking guidelines for general population.
diseases. It is concerning and confusing that different risks were directly compared in this way. As the Sheffield modelling report notes, deaths from chronic effects are about twice as common as deaths from acute effects\(^3\). Yet the acute affects appear to dominate the analysis.

The Sheffield model used to derive the guideline thresholds uses ‘risk curves’ from a number of original studies that provide information on risk for different disease and injuries at different levels of consumption. Many different studies generate risk curves and these differ. The Sheffield model relies on single studies for each outcome. However no rationale or criteria is given for the selection of these studies. Also, the focus is on risk curves from individual disease. Risk curves for all-cause mortality are not included even though we know from the current scientific literature that mortality for light-to-moderate drinkers is lower than for lifetime abstainers.

Also, we note that in estimating risk at different consumption levels, the Sheffield model assumes that everyone across the entire UK population drinks at the same level over the course of a lifetime, which is a rather broad brush approach which clearly does not reflect different drinking patterns.

Different age groups have different drinking patterns, and these are associated with different levels of risk. The Sheffield approach does not consider these variations. For each level of drinking considered, risk is different at different ages. For example, risk of cancer is likely to be higher for older individuals, while risk of injuries is higher for younger people. This assumption of uniform drinking levels across the entire population has skewed the evidence, and is likely the reason for the conclusion that benefits of moderate consumption apply only to women over the age of 55+ years. It is at odds with the evidence on all-cause mortality, which also identifies benefits for middle-aged and older men, and for postmenopausal women.

The CMO has suggested the changes to the guidelines have been informed by new evidence on alcohol and cancer\(^4\) i.e. long term chronic effects. However, the guideline for women was not changed which implies the evidence reviewed did not warrant a change.

The UK now has one of the strictest guideline levels for male consumption in the world and is nearly half that of countries like the US or Canada - countries that have conducted recent reviews of alcohol guidelines, based on the same international evidence base.

It is interesting to note the US experience; the National Institute on Alcohol Abuse and Alcoholism on its Alcohol Facts and Statistics webpage clearly acknowledges the significant number of lives saved due to moderate alcohol consumption\(^5\).

To state that the risk of developing a range of illness increases with any amount you drink on a regular basis implies that alcohol per se is an unsafe product. Whereas it is the excessive consumption and related consumption patterns which lead to harm. Alcohol is a food product under food law and, as such, it is a requirement for food producers to place only product that is safe for consumption on the market. To state that there is no safe level of alcohol would be in direct contradiction to this.

\(^3\) Mortality and morbidity risks from alcohol consumption in the UK. The University of Sheffield. January 2016

\(^4\) House of Commons Hansard, Evidence to Science and Technology Committee, 2 February 2016

**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?

No.

The use of the word ‘safest’ from an individual consumer perspective is potentially alarming as it suggests that drinking alcohol is an unsafe pastime, even though it is something the vast majority of the population do and enjoy responsibly without harm to themselves or others.

In a time where there are many complicated messages around healthy lifestyle choices it is surely important to keep that perspective in the context of moderation messages and not unnecessarily alarm consumers?

As the summary of the proposed guidelines notes, the advice is based on people drinking at or above the guidelines, with that risk being a 1% increase in the risk of death over a lifetime. This is based on modelling work and it is acknowledged in the summary there are uncertainties in the available research.

The likelihood of developing or dying from any of the diseases referred to as a result of alcohol consumption will only take place at much higher levels of consumption and may not happen at all.
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?

No. This advice is confusing.

'Heavy drinking sessions' are not defined. If a consumer took part in two heavy drinking sessions in a week how much would their risk increase?

For those individuals who drink two units per day they would be complying with this part of the guidance, but would be out of line with the drink-free day's element of the guidance – refer to question 5.
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?

No.

We are very concerned about the ‘no safe level of alcohol’ approach i.e. that there is no level of consumption at which the benefits of alcohol outweigh the harm. This is misleading, runs contrary to the overwhelming international evidence base and, according to the Royal Statistical Society, does not reflect the evidence provided to the CMOs’ Guidelines Development Group.

We believe that in order to justify the message that there is ‘no safe level of alcohol’ the links between alcohol and cancer have been overemphasised, whilst the health benefits and protective effects of alcohol have been downplayed.

The focus on minimising risk implies, at least statistically, some level of risk exists for certain diseases, even below the proposed guidelines. However, this is a mathematical relationship so for example risk can be calculated for certain cancers at very low levels of consumption. However, in real world terms this risk is very small and largely meaningless.

For drinking guidelines to be meaningful they need to be realistic and positioned within the broader context of daily life. No human activity is without risk whether crossing the street, riding a bicycle, eating a bacon sandwich, watching television or driving a car. But we need to understand risk in the context of the benefits from undertaking that activity and therefore individuals need to make informed choices.

The message that there is “no safe limit of alcohol” does not provide consumers with comprehensive and contextualised information about the risks of alcohol consumption, and will not be considered common sense. There is a genuine concern that it could generate indifference and potentially mistrust among the public when it comes to health advice. These concerns were dismissed when raised by Professor David Spiegelhalter during the review.

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6 Letter from Royal Statistical Society to Secretary State for Health, 18 January 2016
7 Alcohol Guideline review. Guideline Development Group Note of Meeting, 2 July 2015
Alcohol and Cancer

We believe that during the formulation and communication of the new guidelines, the links between alcohol and cancer have been simplified and the full picture regarding alcohol and cancer has not been fully and accurately communicated. In the letter from the Royal Statistical Society this point is clearly stated '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 men a women'.

The international evidence base shows that the link between alcohol and cancer is not as straightforward as the new guidelines suggest. Many cancers are not associated with alcohol consumption, certain site specific cancers are, although it is important to note they can also occur in the absence of drinking alcohol and may be related to a number of other potential risk factors. Indeed for some cancers alcohol consumption may offer a protective effect.\textsuperscript{8,9,10} However, in general for those alcohol-associated cancers they are typically linked to higher levels of drinking.

To accurately and fairly communicate risk to consumers, all cancers should be taken into account rather than only highlighting examples where alcohol does increase risk.

For example, the relationship between alcohol and increased risk of breast cancer is highly dependent on a number of other factors, such as age, reproductive history, weight, ethnicity and family history. These risk factors increase the risk for breast cancer even in the absence of alcohol. Indeed the Chief Executive, 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.'\textsuperscript{11}

However, the new UK guidelines fall to put into context the relative risks of alcohol consumption compared to other common factors that significantly increase the risk of breast cancer such as Hormone Replacement Therapy (HRT), shift work, and the contraceptive pill.

International evidence also shows that the risk of certain alcohol-related cancers increases considerably with tobacco use. This association has not been included in the new guidelines, but would clearly inform consumers that the relative low risk of some cancers from moderate alcohol consumption increases significantly with tobacco use.

**Benefits of moderate alcohol consumption**

The letter from the Royal Statistical Society again clearly highlights the downplaying of the benefits of moderate alcohol consumption when the guidelines review was published.

There is extensive and overwhelming international evidence that total mortality among moderate drinkers is lower than among non-drinkers and that moderate consumption of alcohol can have

\textsuperscript{9} T. Psaltopoula et al Alcohol intake, alcoholic beverage type and multiple myeloma risk: a meta-analysis of 26 observational studies. Leuk Lymphoma. 2015 May;56(5):1484-501
\textsuperscript{10} J Ji et al Alcohol consumption has a protective effect against hematological malignancies: a population-based study in Sweden including 420,489 individuals with alcohol use disorders. Neoplasia. 2014 Mar;16(3):229-34,
\textsuperscript{11} The Telegraph 5 February 2016
protective effects against, for example, cardiovascular disease\textsuperscript{12,13,14}, cognitive decline\textsuperscript{15,16} and type 2 diabetes\textsuperscript{17}. There is also clear evidence that low-to-moderate drinking confers protection from death from all alcohol-related causes, the relationship following the J-shaped curve.\textsuperscript{18,19}

Moderate alcohol consumption has an important role in socialisation and relaxation with friends and family. We note in the report of the guidelines review there is an acknowledgement that many people obtain benefits from drinking alcohol, including social pleasure. However, the report does not go on to expand on this point or explain how it was taken in to account.

We would therefore urge that when the final guidelines are communicated to the general public they are placed in the context which reflects the fact the majority of consumers that choose to drink do so responsibly and sensibly and recognises that consumption of alcohol can be compatible with a healthy lifestyle.

\textsuperscript{12} C Huang et al Association Between Alcohol Consumption and Risk of Cardiovascular Disease and All-Cause Mortality In Patients With Hypertension: A Meta-Analysis of Prospective Cohort Studies. Mayo Clinical Proceedings September 2014 Volume 89, Issue 9, Pages 1201-1210
\textsuperscript{13} A Di Castelnuovo et al Alcohol dosing and total mortality in men and women: an updated meta-analysis of 34 prospective studies. Arch Intern Med. 2006 Dec 11-25;166(22):2437-45
\textsuperscript{14} M Roerecke et al BMC Medicine 2014 12:182
\textsuperscript{15} OP Almeida et al Alcohol consumption and cognitive impairment in older men: a mendelian randomization study Neurology. 2014 Mar 25;82(12):1038-44.
\textsuperscript{16} KJ Anstey Alcohol Consumption as a Risk Factor for Dementia and Cognitive Decline: Meta-Analysis of Prospective Studies The American Journal of Geriatric Psychiatry Volume 17, Issue 7, July 2009, Pages 542-555
\textsuperscript{17} DO Bariunas 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
\textsuperscript{18} JR Emberson, et al Alcohol intake in middle aged men and risk of cardio vascular disease and mortality: Accounting for intake variation over time. American Journal of Epidemiology 2005 161 (9) 856-863
\textsuperscript{19} M Bonaccio et al Adherence to the traditional Mediterranean diet and mortality in subjects with diabetes . European Journal of Preventative Cardiology.
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?

No.

The review of the proposed guidelines notes that most of the population do not drink alcohol daily, therefore stating that ‘If you wish to cut down the amount you’re drinking, is a good way to help to achieve this is to have several drink-free days a week’ reflects the current societal norm. Perhaps it would be more effective to reinforce that social norm in messaging e.g. the majority of the population do not drink on a daily basis.

It is unclear from the summary what guidance is being provided. Is it recommending alcohol free days or not? Or is it only recommending alcohol free days for those who regularly drink over the weekly guidelines? The messaging of having several drink free days should be aimed at those drinking excessively, but that should be in conjunction with a moderation message.

Perhaps a more effective message would be around suggesting small steps by drinking one less drink on a night out/drinking occasion?
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 heat 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?

No.

The advice on single occasion drinking and what consumers could do to reduce health risks is clear in parts. However, the reference to ‘risky places and activities’ is unclear.

We note the guidance lists groups of people more likely to be affected by alcohol than others and who should be more careful in their drinking on any one occasion. We assume there is no distinction for gender as a result of the guidelines having been equalised for men and women. However, it is recognised that men and women metabolise alcohol differently due to differences in body size, weight, body water and fat content. Indeed it is the precedent in many countries to set different guidelines for men and women for this very reason.

Having the same weekly guidelines for men and women raises the concern that women may be under the impression can drink the same amount as men. Dr Erik Skovengborg, Scandinavian Medical Alcohol Board has commented on this very issue stating '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.'

*Mail online 11 January 2016*
[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?

We are surprised that the expert group, at the end of an investigative process lasting three years, has failed to make a recommendation on whether or not to recommend a specific number of units not to exceed on any occasion or day.

The drinking pattern is clearly very important not just the quantity consumed.

Edrington does not believe it would be appropriate to comment on this question. However, when considering recommendations for a specific number of units not to exceed on a single occasion it believes
that there should be full consideration given to the epidemiological evidence that is available rather than a reliance on modelling work.
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 woman should do to keep risks to her baby to a minimum?

Yes.

Q9. 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
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 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]

<table>
<thead>
<tr>
<th>The Chief Medical Officers’ guideline for both men and women is that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>
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].

Not enough info on units

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?

[X] 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].
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].
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 \(1000\text{ml} \times 40\% = 400\text{ml} \text{ or } 40 \text{ units}\).

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.

<table>
<thead>
<tr>
<th>Department of Health</th>
<th>Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of units you are drinking depends on the size and strength of your drink</td>
<td>The number of units you are drinking depends on the size and strength of your drink</td>
</tr>
<tr>
<td><strong>11% ABV wine</strong></td>
<td><strong>14% ABV wine</strong></td>
</tr>
<tr>
<td><strong>125ml glass</strong></td>
<td><strong>175ml glass</strong></td>
</tr>
<tr>
<td>1.4 units</td>
<td>1.8 units</td>
</tr>
<tr>
<td>1.9 units</td>
<td>2.4 units</td>
</tr>
<tr>
<td><strong>250ml glass</strong></td>
<td><strong>3.5 units</strong></td>
</tr>
<tr>
<td>8.2 units</td>
<td>10.5 units</td>
</tr>
<tr>
<td><strong>750ml bottle</strong></td>
<td><strong>1400ml bottle</strong></td>
</tr>
<tr>
<td><strong>3.8% ABV lager</strong></td>
<td><strong>5.2% ABV lager</strong></td>
</tr>
<tr>
<td><strong>284ml half pint</strong></td>
<td><strong>440ml can</strong></td>
</tr>
<tr>
<td>1.1 units</td>
<td>1.5 units</td>
</tr>
<tr>
<td>1.7 units</td>
<td>2.3 units</td>
</tr>
<tr>
<td><strong>568ml pint</strong></td>
<td><strong>660ml bottle</strong></td>
</tr>
<tr>
<td>2.2 units</td>
<td>3.4 units</td>
</tr>
<tr>
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</tbody>
</table>
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 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].

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].
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].
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].

*Make guideline easy for all volunteers and healthcare practitioners.*
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:
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- 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.

| 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 125ml glass                         | 1.8 units 175ml glass                         |
| 1.9 units 175ml glass                         | 2.4 units 250ml glass                         |
| 2.8 units 250ml glass                         | 3.5 units                                    |
| 8.2 units 750ml bottle                        | 10.5 units                                   |

| 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 284ml half pint                     | 1.5 units 440ml can                           |
| 1.7 units 440ml can                           | 2.3 units 568ml pint                          |
| 2.2 units 568ml pint                          | 3 units 660ml bottle                          |
| 2.5 units 660ml bottle                        | 3.4 units                                    |
How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines
Introduction

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- 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].

Implies several free days and 14 units/week

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.

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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
- 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].

[Blank space for explanation]
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].
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 drank 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 woman 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 \( [1000\text{ml} \times 40\% = 400\text{ml} \text{ or } 40 \text{ units}] \).

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.

| 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                            | 175ml glass                            |
| 1.9 units                              | 2.4 units                              |
| 250ml glass                            | 250ml glass                            |
| 2.8 units                              | 3.5 units                              |
| 750ml bottle                           | 750ml bottle                           |
| 8.2 units                              | 10.5 units                             |

| 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                        | 284ml half pint                        |
| 1.7 units                              | 2.3 units                              |
| 440ml can                              | 440ml can                              |
| 2.2 units                              | 3 units                                |
| 568ml pint                             | 568ml pint                             |
| 2.5 units                              | 3.4 units                              |
| 660ml bottle                           | 660ml bottle                           |