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,
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Department of Health
Wellington House
133 -155 Waterloo Road
SE1 8UG
Introduction

The National Association of Cider Makers (NACM) represents the makers of over 85% of the cider sold in the UK. As an association, we represent our members, our affiliate members and the cider apple growers who are closely linked to our industry.

We fully support the need for guidelines to help support and educate consumers in how alcohol consumption can be included as a part of a healthy lifestyle. NACM member companies all support responsible drinking initiatives in the UK, have fully engaged in the Responsibility Deal and were the first to fully support the previous CMO guidelines by carrying responsible drinking messages on packs.

We therefore welcome the opportunity to respond to this consultation, as we believe that through consistent communication, consumers have a good understanding of the previous guidelines, reflected in the changes in alcohol consumptions recorded in recent years. We have completed each question in the consultation and have also provided an annex of material to support the points made.
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]
We believe that guidelines are an important mechanism for giving clear advice to consumers about responsible drinking. For consumers to respond to guidance, the messages must be understandable, evidence based and relevant.

There has been significant improvement in consumer understanding and response to the previous responsible drinking guidelines, due to the high level of information, education and support provided over the last 10 years. Consumption levels have fallen consistently over this period and it is essential that this is not undermined when new guidelines are communicated.

Overall the proposed new guidelines do not give a clear direction for consumers who want to understand how to drink in a responsible way. There is conflicting information, unclear consumer messaging and inconsistency with advice in other countries. The advice has been publicly challenged by a number of experts, undermining credibility and as such future communication to engage consumers must be carefully considered.

The high number of reports challenging the evidence base for the new guidelines has the potential to undermine consumer confidence and acceptance. These concerns include the significant variance between UK and other countries in terms of medical advice, consumer reaction to equal guidelines for male/female drinkers and guidelines that are based on less than 1% risk to consumer health over a lifetime. The guidelines promote ‘no safe level’ of consumption which is in direct conflict with the guidance of 14 units per week. The CMO guidelines appear to give equal weight to both, whilst later on it is made clear that the risk of consuming any amount of alcohol is disproportionately low.

(See annex for further details).
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 proposed weekly guideline is not as clear or concise as the existing guidance. Consumers who have changed their approach to alcohol as a result of the previous guidelines will need strong evidence to support a change that aligns male & female drinking levels and is very different to guidelines seen in other countries.

(See annex for further details)

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation (from ‘Summary of the proposed guidelines’)</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

We believe the risk of the consumer misunderstanding and ignoring the new CMO guidelines is high. The decision to highlight the benefits of spreading total recommended unit consumption over several days fits with previous consumer communication. However, when the guidelines begin to outline specific risks it fails to explain or quantify how different drinking levels change the percentage chance of risk.

(See annex for further detail)

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]

The information is not clear and is not provided in a consumer friendly way. The focus on such low levels of risk is not compelling and could undermine the messages around drinking at higher levels.

Given that the evidence base for these statements has not been published it is not possible to understand how this has been quantified and whether this would support credible consumer messages. The guidelines appear to ignore the strong evidence base supporting the benefits of moderate alcohol consumption which is well documented

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

Explanation (from 'Summary of the proposed guidelines')
There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

Question 5

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

☐ Yes
☒ No

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

This advice appears to conflict with earlier guidance and is not clear or compelling for the consumer. The previous guidelines were very clear and consumers have developed a good understanding of moderate drinking patterns from how these were communicated, as can be seen by the consistent reduction in heavy drinking seen in recent years. Changes to the guidelines should take this into consideration.

New guidelines must be simple and concise. Effective ways of communicating the guidelines must be considered as well as the time it will take to replace information already in the public domain.

Evidence appears to vary in other guidelines regarding alcohol free days. However, this wording suggests that alcohol free days are only applicable to those consumers wishing to cut down and is therefore not a clear guideline in terms of a healthy and responsible approach to alcohol consumption.
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]

Consumer messaging needs to be simple, clear and easy to follow. The level of information given to the consumer needs to be credible, evidence based and quantified. It must avoid over simplification or patronising the consumer. Throughout the guidelines the only clear guidance is to remain within 14 units per week, the language around all other guidance is less than clear and on occasion oversimplifies the message, resulting in potential lack of credibility for the consumer.

To oversimplify the types of people at risk from the effects of alcohol and to provide a limited set of guidance in terms of avoiding risks undermines the huge amount of research that has been conducted in the last 10 years around how to better influence the consumer to adopt a healthier approach to life. Given the tremendous success in communicating the previous guidelines, the level of consumer awareness of both units and responsible drinking levels and the overall reduction in alcohol consumption over this time, to put forward such a simplistic approach to advising consumers would seem ill advised.

Whilst the evidence may support much of what is included here, communication needs to be targeted appropriately. This appears to be too general and lacking in credibly supported information.
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 the evidence base supports an actual number then it should be provided. However, previous evidence supports a range rather than a number, which can be communicated effectively with the right language. Providing an absolute number without evidence to support it will risk consumer credibility in the broader guidelines.
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 as written appears clear. In stark contrast to the other sections of the guidance, the advice given in this case appears to be well evidenced and provides objective, balanced and non-judgemental information. This is reassuring and allows women to make informed choices about their drinking habits during pregnancy.

Question 9

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

Has the guideline met these aims?

[ ] Yes

[ ] No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
ANNEX
What is a unit of alcohol?

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

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

So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [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>ABV of 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>1.1 units (284ml half pint) 1.7 units (440ml can) 2.2 units (568ml pint) 2.5 units (660ml bottle)</td>
</tr>
<tr>
<td>5.2% ABV lager</td>
<td>1.5 units (284ml half pint) 2.3 units (440ml can) 3 units (568ml pint) 3.4 units (660ml bottle)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABV of Wine</th>
<th>The number of units you are drinking depends on the size and strength of your drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>11% ABV wine</td>
<td>1.4 units (125ml glass) 1.9 units (175ml glass) 2.8 units (250ml glass) 8.2 units (750ml bottle)</td>
</tr>
<tr>
<td>14% ABV wine</td>
<td>1.8 units (125ml glass) 2.4 units (175ml glass) 3.5 units (250ml glass) 10.5 units (750ml bottle)</td>
</tr>
</tbody>
</table>

RESPONSE FROM NATIONAL ASSOCIATION OF CIDER MAKERS - ANNEX

Executive Summary:

- Guidelines are important for helping people consume alcohol responsibly. These guidelines
must be clear, understandable, relevant and evidence-based if they are to help people make informed choices.

- The number of consumers drinking within the previous guidelines has increased by 19% since 2007 and the vast majority of consumers drink responsibly. (Office of National Statistics)

- The new weekly guidelines (14 units per week) now recommend the same levels for men and women, breaking with established international precedent.

- In formulating the new guidelines the link between alcohol and cancer has been oversimplified. The weighting of information around relatively low level risk could result in the consumer ignoring the greater risks associated with higher drinking levels.

- Alcohol has a range of effects on cancer risk including no impact on certain cancers, and in some cases, a protective effect. This is not being openly and accurately communicated to consumers.

- There is also overwhelming international evidence that moderate consumption of alcohol can have protective effects against other conditions such as cardiovascular disease and cognitive decline. These health benefits have been down played in the determination of the new guidelines.

- The message that there is no safe level of alcohol does not provide consumers with truthful and contextualised information about the relative risks of alcohol consumption, and risks undermining other information contained in the guidelines. This message is based on the suppression of the protective effects of alcohol and an amplification of the links between alcohol and cancer.

- National media, leading commentators, politicians and members of the public have been overwhelmingly critical of the new guidelines. This reflects the significant public feeling that the guidelines are out-of-touch and run the risk of being ignored, potentially leading to mistrust in public health advice on other issues.

- The process of the guidelines review has not been transparent and the evidence base has not been made available, resulting in a high level of media criticism. This will impact credibility and consumer response to the new guidelines.
1. UK Context - alcohol trends and drinking within guidelines

1.1 The majority of adults were drinking within the previous daily guidelines. These guidelines were increasingly understood and adhered to by consumers:

- 70% of adults in Great Britain drank within the CMO’s lower risk daily guidelines even on their heaviest drinking day in a week. (Office of National Statistics)
- The number of adults drinking within the previous daily guidelines had increased by 19% since 2007 (Office of National Statistics)

1.2 During the last decade, harmful drinking and alcohol-related harms have been in decline:

- Binge drinking has fallen by 20% since 2007 (Office of National Statistics)
- Alcohol related violence has fallen by 34% since 2004 (Office of National Statistics)
- The rate of alcohol-related deaths has fallen to its lowest level since 2002. (Office of National Statistics)
- The number of children (11-15) drinking alcohol has fallen by 36% since 2003 (Office of National Statistics)
- Under-18 hospital admissions due to alcohol have fallen by 41% in the last 6 years (Public Health England)
- Drink driving related accidents decreased 47% between 2003-2012 and are currently at a record low (Department for Transport)

1.3 In the UK, alcohol consumption overall is falling and we now drink less than many of our European neighbours:

- Total alcohol consumption has fallen by 19% since 2004 (HMRC and BBPA)
- The UK drinks less alcohol than: Germany, France, Portugal, Ireland, Poland, Slovenia, Luxembourg, Croatia, Finland, Latvia, Serbia, Slovakia, Czech Republic, Hungary, Romania and Lithuania.

(WHO Global Figures - 2014)
2. The same guidelines for men and women

2.1 The established international precedent, in 30 countries worldwide, is that men and women are set different guidelines reflecting differences in alcohol metabolism due to body size and weight, as well as lower body water content and higher body fat content of women.

- Aside from the UK, there are only five other countries that recommend the same guidelines for men and women: Australia, Netherlands, Albania, Guyana and Grenada.

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

- In developing the Guidelines the expert panel advising the Chief Medical Officer examined evidence from Canadian and Australian models to help develop their methodological approach. However, the resulting UK guidelines were much lower than guidelines in either Canada or Australia:
  
  o Canada (review: 2011) - advises that women do not exceed the UK equivalent of 17 units per week and men do not exceed UK equivalent of 25 units per week. o Australia (review: 2009) - advises that men and women do not exceed the UK equivalent of 17.5 units per week.

- In the same week that the Chief Medical Officer announced the new UK revised guidelines, the U.S. published their response to a similar review. In contrast to the U.K. experts, those involved in the U.S. process reached the conclusion that there is no reason, based on available evidence, to warrant a downward revision of previous recommendations, which are higher than those issued in the U.K. - 14 drinks per week for a man and 7 drinks per week for a woman (UK equivalent - 24 units per week for men and 12 units for a woman)

- For a full list, see: IARD, International drinking guidelines for general population.
3. Alcohol & Cancer

3.1 In formulating and communicating the new guidelines, the links between alcohol and cancer have been over-simplified and the full picture regarding alcohol and cancer has not been fully and fairly communicated.

- Increased cancer risk is most significantly associated with heavy drinking patterns. (See IARD Review, Drinking and Cancer: http://www.iard.org/wp-content/uploads/2016/02/HR-Cancer.pdf)

3.2 The international evidence base shows that the link between alcohol and cancer is not as straightforward as the new guidelines and surrounding communications from the CMO suggest. Alcohol has different impacts on a range of cancers including no impact on certain cancers. 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.

- There are a range of major cancers including ovarian and urinary bladder cancer, brain cancer, prostate cancer and lung cancer where the international evidence base shows no association to alcohol consumption.
- For certain cancers, alcohol consumption has been found to have some protective effect, including renal cancer and lymphatic cancers (such as non-Hodgkin’s Lymphoma).


- See Annex B: IARD, Brief Analysis of the evidence on drinking and health underlying the 2016 UK guidelines

3.3 There is a link between alcohol and increased risk of breast cancer. However, the new UK guidelines, and the public language used by the Chief Medical Officer, fail 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.

- The government provides guidance on HRT (a WHO listed class 1 carcinogen), shift work and the contraceptive pill, clearly explaining the links to breast cancer and putting risk into perspective. This is in stark contrast to the new ‘no safe level’ guidance given

Guidelines on the contraceptive pill: http://www.nhs.uk/Conditions/contraception-guide/Pages/combined-contraceptive-pill.aspx#Risks
4. Health benefits and the protective effects of alcohol

4.1 There is overwhelming international evidence - and widespread scientific consensus - that total mortality among moderate drinkers is lower than among non-drinkers and that moderate consumption of alcohol can have protective effects against, for example, cardiovascular disease and cognitive decline.

- **IARD Review, Drinking and Cardiovascular Health:**
  
  o "Cardiovascular disease (CVD) is the leading cause of death and disability in the world, killing over 17 million people each year. CVD is one of the main Non Communicable Diseases (NCDs), accounting for 37% of all NCD-related deaths worldwide, and represents a considerable health, social, and economic burden globally.

  o The relationship between alcohol and CVD is complicated and depends on the pattern of drinking. While heavy consumption is a risk factor for CVD, light to moderate drinking has been identified as protective against several diseases among some groups of individuals.

  o While the findings surrounding the cardioprotective effects of alcohol consumption have been challenged by some research, the biological mechanisms by which drinking affects CVD have been extensively studied and are well documented."

4.2 In the US, the most recent country to review alcohol guidelines, the government clearly acknowledges the significant number of lives saved due to moderate alcohol consumption:

- **The US government's National Institute on Alcohol Abuse and Alcoholism state that:** "It is estimated that 26,000 deaths were averted in 2005 because of reductions in ischemic heart disease, ischemic stroke, and diabetes from the benefits attributed to moderate alcohol consumption."

4.3 International studies show alcohol can also have a protective effect against cognitive decline.

- Almeida et al (2014) - "Abstainers and irregular drinkers had higher odds of cognitive impairment than regular drinkers... Alcohol consumption, including heavy regular drinking and abuse, is not a direct cause of cognitive impairment in later life."

- Hoang et al (2014) - "Increasing consumption over time (>0 drinks/week) was not associated with risk of cognitive impairment. Decreasing consumption by >0.5 drinks/week was associated with increased risk"

- Ruitenbergh et al (2002) - "These findings suggest that light-to-moderate alcohol consumption is associated with a reduced risk of dementia in individuals aged 55 years or older. The effect seems to be unchanged by the source of alcohol. This is a key study as it is a cohort study of nearly 8,000 people and it finds a near halving of risk of dementia among drinkers. Also important is that this effect does not vary by drink type, whereas some of the literature finds effects isolated to red wine drinkers. Finally it discusses the etiology of the protective effect hypothesising that alcohol’s effect on the vascular system which affects dementia risk."
5. 'No safe limit' of alcohol & communicating risk to consumers

5.1 One of the main changes to the guidance is that the Chief Medical Officer is now advising there is no "safe" level of alcohol consumption, i.e. that there is no level of consumption at which the benefits of alcohol outweigh the harm. This statement is misleading, running contrary to the overwhelming international evidence base (see above).

- **Professor Sir David Spiegelhalter (President-elect) & Professor Peter Diggle (President) of the Royal Statistical Society have written to the Health Secretary Jeremy Hunt regarding the new alcohol guidelines, stating:** "We are concerned that, in their recent communications about alcohol guidelines, the Department of Health did not properly reflect the statistical evidence provided to the Expert Guideline Group, and this could lead to both a loss of reputation and reduced public trust in future health guidance."

Furthermore, the letter states:

- "There was consistent downplaying and even denial of benefit, with the Press release saying that "the protective effect of alcohol against heart disease has now been shown not to apply to men", which directly contradicts the estimates published in the Expert Group Report.

- The potential harms from cancer were repeatedly emphasised, even though the modellers concluded these were outweighed by the reduction in strokes and heart disease for low consumption in both men and women.

- No mention was made of the harms of additional consumption, and that these were higher in women.

- Further, the tone of the Department of Health website was very prescriptive, saying men 'should' drink less than 14 units."

that most activities that people undertake on a daily basis - e.g. driving to work - carry some risk, and people need to make informed choices about the level of risk that they are prepared to accept,"

5.3 National media, leading commentators, politicians and members of the public have been overwhelmingly critical of the new guidelines. This reflects the significant public feeling that the guidelines are out-of-touch.

6. Importance of labelling to the communication of the Guidelines

6.1 As part of the Responsibility Deal the industry voluntarily labelled 80% of products on shelves with the previous Chief Medical Officer's Guidelines. The process to date has failed to recognise the need for a reasonable transition to any change of messages. New guidelines were publicly announced without notice, creating uncertainty for businesses.

- An independent audit conducted by Campden BRI in 2014 found that the industry had delivered on its pledge and reported that 83% of products contained the previous Chief Medical Officers Guidelines, this is an increase from just 5.9% in 2008.

- However, Department of Health (DH) provided no prior warning of the significant change and did not consult industry on how the changes may impact them or prepare an economic impact assessment;

- Furthermore, the Department of Health provided no guidance on the validity of the previous guidelines, only stating that they were out of date overnight. Also, DH failed to provide any assurance initially that products labelled with the daily guidance could continue to be sold, whilst communication of the guidelines is still subject to consultation.

- Given the strict law around labelling this created a significant amount of needless uncertainty as to the legality of products and, in the absence of new wording which is still under consultation, threatened to force producers to remove the guidance which would fracture the coalition that delivered the 80% pledge;

6.2 Transition periods are vital for industry

- It is important to note that the voluntary commitment to labelling was made in March 2011 and took nearly two years to complete. It is expensive and takes time for labels to be designed, produced placed on bottles and for those bottles to reach the market.

- Additionally, alcohol is a product that can remain in the supply chain and on shelf for a significant amount of time after they have been produced and labelled. This increases the risk of consumers being confused by multiple different sets of information.

- In the recent EU Reg 1169/2011 on food information to consumers, the transitional measures (art 54) allowed food placed on the market up to the day the Reg was published to be marketed until stocks of the food were exhausted. This legislation was published in Dec 2011 but did not come into force until Dec 2014. The FSA stated that this was required as "The three year transition period allows businesses to make the necessary changes to their processes and labelling designs in order to meet the provisions laid out in the legislation."
https://www.food.gov.uk/science/allergy-intolerance/label
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].

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.

Suggestion: remove 'if you have one or two heavy drinking sessions' to 'Heavy drinking sessions increase your risks of death from long term illnesses and from accidents and injuries' - the guideline is unclear - is this weekly or over a lifetime?

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.

This is an inaccurate statement as it stands if it is not qualified by Dose and is both confusing and contradictory of the CMO low risk guidelines for men and women set at a level where the risk of any alcohol related illness or disease is at or lower than 1% over a lifetime. A lifetime risk could not be set at a lower level than this.

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].

We are happy with points 14 and 15 but point 13 confuses 'regularly' with 'heavily'. Small regular doses of alcohol over time, in line with CMO guidelines of 14 units a week are associated with the best health outcomes in terms of longevity and all cause mortality, so the guidance as it stands is medically inaccurate.

Suggested changes:

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

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].

Change If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries to

Drinking heavily or ‘binge drinking’ increases your risks of death from long term illnesses and from accidents and injuries

the current wording is unclear whether this is from one session or each week.
Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.

Explanation (from 'Summary of the proposed guidelines')

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

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

☐ Yes
☒ No

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

The CMO low risk guidelines are set at a level where the increase in risk of any alcohol related illness or disease is at or lower than 1% over a lifetime, and it will be both confusing and contradictory for a 'no safe level' for some diseases to accompany this message.

There is some evidence of a linear risk of SOME types of breast cancer and of cancers of the mouth and throat among those that also smoke. However the evidence is neither clearcut nor can be generalised in this way. The largest study on cancer and alcohol by The Australian Cancer Institute concluded 'Moderate alcohol consumption - two drinks of alcohol (10g) per day does not increase the risk of cancer in general. However, four drinks per day increases the risk of cancer by 22%. High alcohol consumption (8 daily drinks) increases the risk of cancer at any site by 90%. Evidence is clear, that alcohol is carcinogenic for some types of cancer, and that the risk is dose dependent.' Alcohol As A Cause Of Cancer'. The Australian Cancer Institute

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

Explanation (from 'Summary of the proposed guidelines')

18. There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.
5. Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking?

☐ Yes
☒ No

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

The pattern of drinking conferring the lowest all cause mortality risk is regular low doses of alcohol (up to 10g a day for women and 20g a day for men). However, for those who wish to lower the risk of habitual heavier drinking, alcohol free days are a useful tool in controlling levels of consumption among heavy drinkers. It should be made very clear however that less drinking occasions, if consumers then drink more on those occasions are not more healthful than regular low doses of alcohol (drinking little and often).

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].

Much of the above advise is clear, if rather wordy. However, the phrase

'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' is factually inaccurate as it fails to quantify dose. 'regularly should be changed to 'heavily and habitually'.

Drinking alcohol regularly at low doses (within guidelines) is associated with lower long term risks of heart disease and all cause mortality. An increase in liver disease is associated with consumption levels above the CMO low risk guidelines, and 'cancer' cannot be generalised as it depends on which type.
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].

Advice on single drinking occasions gives an opportunity to differentiate between men and women, which at present is completely lacking from the new guidelines. We advocate keeping the old guidance of 2-3 units for women and 3-4 units for men on any drinking occasion, rather than the higher limit suggested above of 7 units - this equates to 56g of alcohol, a level that is much higher than any study suggests could be a safe level of drinking on any one occasion. The Australian guidelines suggest no more than 4 drinks (40g) on any one occasion for both men and women.

As women have less body water than men and have less of the enzyme ADH which metabolises alcohol in their bodies, BAC levels tend to rise more quickly. At consumption levels above the low risk guidelines, health harms also tend to rise more quickly in women. The maintenance of a well known guideline will help ensure these important health messages continue to be shared. A simple message could explain this well

'women should not regularly exceed 2-3 units and men 3-4 units on any drinking occasion'
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 Disorder (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 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 [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.
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]
Guideline: You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level

Explanation (from 'Summary of the proposed guidelines')
Long term health risks arise from regularly drinking alcohol over time – so it may be after ten to twenty years or more before the diseases caused by alcohol occur. Drinking regularly over time can lead to a wide range of illnesses including cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system. This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime. This level of risk is comparable to risks from some other regular or routine activities. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

Question 2

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

☐ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
Explanation (from 'Summary of the proposed guidelines')
The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

Question 3

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

☑ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
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]
Guideline: If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Explanation (from 'Summary of the proposed guidelines')
There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

Question 5

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

☑ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
Single occasions of drinking [this applies for drinking on any single occasion, not regular drinking, which is covered by the weekly guideline].

Advice on short term effects of alcohol

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

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

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

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

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

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

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

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

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

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

Question 6

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

☑ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
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]
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.
Explanations (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 less amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.
Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.
The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.
Question 8

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

☑ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
Question 9

In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

- [X] Yes
- [ ] No

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


ANNEX

What is a unit of alcohol?

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

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

So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [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>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<td>1.1 units</td>
</tr>
<tr>
<td>284ml half pint</td>
</tr>
<tr>
<td>1.7 units</td>
</tr>
<tr>
<td>440ml can</td>
</tr>
<tr>
<td>2.2 units</td>
</tr>
<tr>
<td>568ml pint</td>
</tr>
<tr>
<td>2.5 units</td>
</tr>
<tr>
<td>660ml bottle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>11% ABV wine</td>
</tr>
<tr>
<td>1.4 units</td>
</tr>
<tr>
<td>125ml glass</td>
</tr>
<tr>
<td>1.9 units</td>
</tr>
<tr>
<td>175ml glass</td>
</tr>
<tr>
<td>2.8 units</td>
</tr>
<tr>
<td>250ml glass</td>
</tr>
<tr>
<td>8.2 units</td>
</tr>
<tr>
<td>750ml bottle</td>
</tr>
</tbody>
</table>
How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines

January 2016
Introduction

1. At the request of the UK Chief Medical Officers, a group of experts has been looking at the advice the Chief Medical Officers give to the public about how to keep risks to health low from drinking alcohol. The group have looked at the large amount of evidence about the levels and types of health harm that alcohol can cause, depending on how much and how often people drink. They have used this to make some recommendations about how you can limit your own risks from drinking alcohol.

2. The Chief Medical Officers provide scientific, medical advice to their governments and to the public in England, Scotland, Wales, and Northern Ireland. The Chief Medical Officers have accepted the advice from the expert group as the basis for their new guidelines across the UK.

3. The Chief Medical Officers would like to know whether you think their recommendations, and the reasons behind them, are clear and easy to understand. That is the purpose of this questionnaire. We are trying to make sure that the new guidelines are as practical and useful as possible.

4. We are not asking for your thoughts on the scientific evidence or how the expert group has used it to decide on their recommendations, although, if you are interested in knowing more about it, the evidence and more details of the group's thinking are being published at the same time as this questionnaire.

5. This questionnaire is only one of the ways we are testing these guidelines. They will also be tested by interviewing people individually and in groups to see what they think.

6. Information explaining alcohol ‘units’ can be found later in the Annex to this document.

7. We would like to know whether you find the recommendations, and the reasons behind them, clear and helpful. Please read the questionnaire and the separate document "Summary of the proposed guidelines" then fill in the answers to the questions and return your completed questionnaire either by completing this online or by sending it by post to: Alcohol Policy team, Department of Health, Wellington House, 133 - 155 Waterloo Road, SE1 8UG.

8. **Weekly guideline for regular drinking** *(this applies for people who drink regularly or frequently i.e. most weeks)*

<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
   - [x] 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].

'If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries'. - this is confusing and unspecific - is this over a lifetime?

Suggestion: change to 'Heavy drinking sessions 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.

This is an inaccurate statement as it stands if it is not qualified by dose and is both confusing and contradictory of the CMO low risk guidelines for men and women set at a level where the risk of any alcohol related illness or disease is at or lower than 1% over a lifetime. A lifetime risk could not be set at a lower level than this.

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].

Point 13 confuses 'regularly' with 'heavily'. Small regular doses of alcohol over time, in line with CMO guidelines of 14 units a week are associated with the best health outcomes in terms of longevity and all cause mortality, so the guidance as it stands is medically inaccurate. Suggested changes:

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

☐ Yes
☒ No

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

the current wording is unclear whether this is from one session or each week or over a lifetime

Suggested change: Drinking heavily or 'binge drinking' increases your risks of death from long term illnesses and from accidents and injuries
Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from 'Summary of the proposed guidelines')

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

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

☐ Yes
☒ No

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

The CMO low risk guidelines are set at a level where the increase in risk of any alcohol related illness or disease is at or lower than 1% over a lifetime, and it will be both confusing and contradictory for a 'no safe level' for some diseases to accompany this message.

There is some evidence of a linear risk of SOME types of breast cancer (mitigated in many studies by adequate folate in the diet)and of cancers of the mouth and throat, but only among those that also smoke. However the evidence is neither clearcut nor can be generalised in this way. It is a false hope to tell consumers drinking within the guidelines that if they stop drinking they will mitigate their risk of cancer. The term 'a range of diseases' is also medically inaccurate, the number of diseases where low levels of alcohol consumption (within the current guidelines) have a detrimental effect is limited to some forms of breast cancer.

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].

For those who wish to lower the risk of habitual heavier drinking, alcohol free days are a useful tool in controlling levels of consumption and potential dependency. However, the pattern of drinking conferring the lowest all cause mortality risk is regular low doses of alcohol (up to 10g a day for women and 20g a day for men).

It should therefore be made very clear that less drinking occasions, if consumers then drink more on those occasions are not more healthful than regular low doses of alcohol (drinking little and often).

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].

"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' is factually inaccurate as it fails to quantify dose. 'regularly should be changed to 'heavily and habitually'.

Drinking alcohol regularly at low doses (within guidelines) is associated with lower long term risks of heart disease and all cause mortality. An increase in liver disease is associated with consumption levels above the CMO low risk guidelines, and 'cancer' cannot be generalised as it depends on which type.

We suggest the guidance is changed to: 'drinking regularly above the low risk guidelines of 14 units a week increases your long term risk of many illnesses including heart disease, some cancers, liver disease and epilepsy with risks increasing the more you drink'
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].

Advice on single drinking occasions gives an opportunity to differentiate between men and women, this is important as women have less body water than men and have less of the enzyme ADH which metabolises alcohol in their bodies, BAC levels tend to rise more quickly. At consumption levels above the low risk guidelines, health harms also tend to rise more quickly in women.

We therefore advocate keeping the old guidance of 2-3 units for women and 3-4 units for men on any drinking occasion, rather than the higher limit suggested above of 7 units - this equates to 56g of alcohol, a level that is much higher than any study suggests could be a safe level of drinking on any one occasion. The Australian guidelines suggest no more than 4 drinks (40g) on any one occasion for both men and women.

The maintenance of a well known guideline will help ensure these important health messages continue to be shared. We suggest:

'women should not regularly exceed 2 -3 units and men 3-4 units on any drinking occasion'
Guideline on pregnancy and drinking

The Chief Medical Officers’ guideline is that:

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

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

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

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

Explanation (from ‘Summary of the proposed guidelines’)

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

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

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

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

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

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

30. The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.
8. Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant women should do to keep risks to her baby to a minimum?

☐ Yes

☐ No

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

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

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

Has the guideline met these aims?

☐ Yes

☐ No

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

What is a unit of alcohol?

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

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

So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [1000ml × 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                                   | 1.8 units                                   |
| 125ml glass                                 |                                             |
| 1.9 units                                   | 2.4 units                                   |
| 175ml glass                                 |                                             |
| 2.8 units                                   | 3.5 units                                   |
| 250ml glass                                 |                                             |
| 8.2 units                                   | 10.5 units                                  |
| 750ml bottle                                |                                             |

| The number of units you are drinking depends on the size and strength of your drink |
|---------------------------------------------|---------------------------------------------|
| 3.8% ABV lager                              | 5.2% ABV lager                              |
| 1.1 units                                   | 1.5 units                                   |
| 284ml half pint                             |                                             |
| 1.7 units                                   | 2.3 units                                   |
| 440ml can                                   |                                             |
| 2.2 units                                   | 3 units                                     |
| 568ml pint                                  |                                             |
| 2.5 units                                   | 3.4 units                                   |
| 660ml bottle                                |                                             |
RESPONSE TO THE CHIEF MEDICAL OFFICER'S ALCOHOL GUIDELINES REVIEW

MARCH 2016

Introduction

Action to tackle alcohol abuse has been identified by partners and local people in Wirral as key to tackling health inequalities within the borough. The Wirral Plan, the strategic partnership plan for the Borough sets out the actions we believe are required to help people reassess their relationship with alcohol, one of the key actions we believe we need is clear and consistent messages on the dangers of drinking alcohol to excess. The new Chief Medical Officers' (CMO) low risk drinking guidelines will help shape people's attitude and drinking behaviour. In this response, we would like to expand on some of the issues addressed in both the expert group report as well as the CMO recommendations.

In Wirral alcohol is estimated to cost the local economy £131 million annually. These costs include costs to the NHS of £29 million; to employers and businesses of £61 million; and costs due to crime at £30.5 million. We believe that these updated alcohol guidelines will help to reduce harmful consumption patterns, overall consumption and begin to change norms within society, improving health and reducing costs to our communities.

Low awareness among UK citizens about the health risk from consuming alcohol

The evidence review which formed the basis of the new CMO drinking guidelines identified two key research developments relating to alcohol's impact on health: (i) the acknowledgement of stronger evidence linking alcohol consumption with increased cancer risk and (ii) weaker evidence of health protective effects from alcohol.

Public opinion polling indicates a lack of awareness of the link between alcohol consumption and cancer. Survey data collected on behalf of the Alcohol Health Alliance (AHA) and Tobacco Free Futures (TFF) across Merseyside, which includes Wirral, in November 2015 found that, when prompted, only 53% were aware of an association between alcohol and cancer, and of those respondents, 33% associated alcohol with breast cancer, 55% associated alcohol with mouth or throat cancer and 57% associated alcohol with increased risk of developing bowel cancer1.

This low level of public awareness implies there is a need for better information for consumers about the health risks associated with drinking alcohol. Today’s consumers are seemingly not equipped to make informed choices about their drinking and their health.

Strong public support for more information and better labelling

Another important finding from public opinion surveys is that there is strong support amongst UK citizens for better public information on alcohol and health risks. A large majority of respondents to the AHA/TFF survey in Merseyside (89%) agreed to the statement that it is important that people know how alcohol can affect their health, and 4 out of 5 (86%) support the introduction of alcohol labels which include information on how alcohol can affect health. Similarly high levels of support

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1 Alcohol Health Alliance/Tobacco Free Futures, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015
were reported for the introduction of a warning that, when pregnant, the safest option is to avoid alcohol completely.

Communication of the guidelines

The CMO report states the following principles for the guidelines:

- People have a right to accurate information and clear advice about alcohol and its health risks.
- There is a responsibility on Government to ensure this information is provided for citizens in an open way, so they can make informed choices.

We fully support these principles, and would like also to support the expert group's recommendations about campaigns, health professionals and labelling:

- Recommend that the Government should run supportive social marketing campaigns for the public. There should be a well funded Big Launch campaign
- Recommend that the Department of Health works with health professionals and experts to review its guidance on higher risk drinking levels, in light of the new evidence underlying this report
- Recommend that health warnings and consistent messaging appear on all alcohol advertising, products and sponsorship

Given the low levels of public awareness regarding the health risks associated with drinking outlined above, and the strengthened evidence base around the health harms linked to alcohol, we recommend that the communication of the new CMO guidelines is prioritised and given appropriate resources as per the recommendations of the expert group.

Mass Media & Social Marketing Campaigns

It is imperative that the decisions which individuals make are based on the latest information relating to the risks associated with drinking alcohol.

Taking evidence from tobacco control which says that hard hitting TV based campaigns are effective in changing the public discourse around a harmful product, Balance North East ran a campaign in 2015 highlighting the links between alcohol and breast cancer. After two waves of the TV-led campaign the awareness amongst the general population of the link between alcohol and breast cancer had risen from 33 per cent to 45 per cent. Replicating this approach at the national level would mean that more people were making informed choices when it came to how much alcohol they chose to consume.

Evidence to support alcohol labelling

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2 Alcohol Health Alliance/Tobacco Free Futures, Alcohol Health Alliance ‘National attitudes and behavior survey’ December 2015
3 UK Chief Medical Officers’ Alcohol Guidelines Review Summary of the proposed new guidelines (2016)
4 Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers (2016)
5 Balance Breast Cancer Campaign Evaluation 2015
There is evidence that the inclusion of health warnings on alcohol products increases consumers’ knowledge and awareness of the adverse health impacts of alcohol\(^7\). Several countries currently mandate that alcohol producers include health warnings on all product labels, including France, Portugal, US, Australia and South Africa.

In the US public awareness of the health warning labels has steadily increased, and there is evidence of increased public support for alcohol labelling by the US public, following its introduction in 1989\(^8\). In 2006, France introduced a mandatory message, either a pictogram or a set written text, informing about the risk of drinking alcohol during pregnancy. Furthermore, France has found evidence of positive results of public awareness regarding the dangers of drinking alcohol during pregnancy help change of the social norm towards ‘no alcohol during pregnancy’\(^9\).

**Health professionals**

In order to deliver accurate information to the public it is essential that healthcare professionals are equipped with the most up to date evidence and guidance. We recommend that a comprehensive engagement programme with healthcare professionals including GPs, midwives, health visitors, dentists, community pharmacists and others is conducted to educate and inform about the new low risk drinking guidelines and how they relate to existing identification, screening and brief advice tools such as AUDIT-C. In addition, information on the new guidelines should be included in CPD modules for healthcare professionals, and incorporated into the education and training programmes completed by healthcare professionals in training.

**Conclusion**

We believe The Chief Medical Officers’ low risk drinking guidelines have effectively considered the evidence on the health effects of alcohol in order to subsequently form clear and understandable recommendations. However thorough dissemination and communication of the new guidelines is essential to ensure the guidelines are successful in educating the public about the known health risks of different levels and patterns of drinking.

Investment in social marketing campaigns, training of health care professionals and health warning labels will be crucial to ensuring the new guidelines allow citizens to make an informed choice.

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CONSULTATION QUESTIONS AND RESPONSES

The weekly guideline as a whole

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. 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

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

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

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

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
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.

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

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.

QUESTION 5. 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

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.

**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

**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 (page 8 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489796/CMO_alcohol_guidelines.pdf).

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?

- No

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

We support that the low risk drinking guidelines does not advise on a specific number for single occasion drinking. Our position is based on the following:

Best possible communication: We believe low risk drinking guidelines needs to be easy to communicate to make the public aware and understand the guidelines, and should therefore only be one number (14), with the additional information that this amount should be spread on several days. Introducing a number for drinking on a single occasion can confuse the messaging, and as a result disrupt the main message of 14 units per week.

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

**Guideline on pregnancy and drinking**

*The Chief Medical Officers’ guideline is that:*

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

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

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

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

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

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
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]
Individual parts of the weekly guideline

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

Explanation (from ‘Summary of the proposed guidelines’)
Long term health risks arise from regularly drinking alcohol over time – so it may be after ten to twenty years or more before the diseases caused by alcohol occur. Drinking regularly over time can lead to a wide range of illnesses including cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system. This advice on regular drinking is based on the evidence that if people did drink regularly at or above the low risk level advised, overall any protective effect from alcohol on deaths is overridden, and the risk of dying from an alcohol-related condition would be expected to be around, or a little under, 1% over a lifetime. This level of risk is comparable to risks from some other regular or routine activities. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

Question 2

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

☒ Yes
☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
Explanation (from 'Summary of the proposed guidelines')
The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

Question 3

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

☑ Yes

☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
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]
Guideline: If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.

Explanation (from 'Summary of the proposed guidelines')
There is evidence that adopting alcohol free days is a way that drinkers who wish to moderate their consumption can find useful.

Question 5

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

☐ Yes
☐ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
Single occasions of drinking [this applies for drinking on any single occasion, not regular drinking, which is covered by the weekly guideline].

Advice on short term effects of alcohol

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

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

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

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

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

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

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

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

Short term’ risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:
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 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
We support that the low risk drinking guidelines does not advice on a specific number for single occasion drinking. Our position is based on the following:

Best possible communication: We believe low risk drinking guidelines needs to be easy to communicate to make the public aware and understand the guidelines, and should therefore only be one number (14), with the additional information that this amount should be spread on several days. Introducing a number for drinking on a single occasion can confuse the messaging, and as a result disrupt the main message of 14 units per week.

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

| 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                      |

| 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 750ml bottle          |
| 8.2 units 750ml bottle          | 10.5 units                     |
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?

☑ 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.
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>3.8% ABV lager</th>
<th>5.2% ABV lager</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 units</strong></td>
<td><strong>1.5 units</strong></td>
</tr>
<tr>
<td>284ml half pint</td>
<td></td>
</tr>
<tr>
<td><strong>1.7 units</strong></td>
<td><strong>2.3 units</strong></td>
</tr>
<tr>
<td>440ml can</td>
<td></td>
</tr>
<tr>
<td><strong>2.2 units</strong></td>
<td><strong>3 units</strong></td>
</tr>
<tr>
<td>568ml pint</td>
<td></td>
</tr>
<tr>
<td><strong>2.5 units</strong></td>
<td><strong>3.4 units</strong></td>
</tr>
<tr>
<td>660ml bottle</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11% ABV wine</th>
<th>14% ABV wine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.4 units</strong></td>
<td><strong>1.8 units</strong></td>
</tr>
<tr>
<td>125ml glass</td>
<td></td>
</tr>
<tr>
<td><strong>1.9 units</strong></td>
<td><strong>2.4 units</strong></td>
</tr>
<tr>
<td>175ml glass</td>
<td></td>
</tr>
<tr>
<td><strong>2.8 units</strong></td>
<td><strong>3.5 units</strong></td>
</tr>
<tr>
<td>250ml glass</td>
<td></td>
</tr>
<tr>
<td><strong>8.2 units</strong></td>
<td><strong>10.5 units</strong></td>
</tr>
<tr>
<td>750ml bottle</td>
<td></td>
</tr>
</tbody>
</table>