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
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]

Whilst clear there may be a perverse norming effect if phrased in this way. I.e Those who have plenty of alcohol free days may think there is no risk as long as they only have several... Suggest replace 'several' with 'additional'
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]
Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:
If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.
Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).
The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.
Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.
Explanation (from 'Summary of the proposed guidelines')
The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy. Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.
Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:
- restricted growth
- facial abnormalities
- learning and behavioural disorders, which are long lasting and may be lifelong.
Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.
Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

The proposed guideline takes account of the known harmful actions of alcohol on the fetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.
Question 8

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

☐ Yes

☐ No

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

In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

☐ Yes

☐ No

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

What is a unit of alcohol?

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>11% ABV wine</th>
<th>14% ABV wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4 units 125ml glass</td>
<td>1.8 units</td>
</tr>
<tr>
<td>1.9 units 175ml glass</td>
<td>2.4 units</td>
</tr>
<tr>
<td>2.8 units 250ml glass</td>
<td>3.5 units</td>
</tr>
<tr>
<td>8.2 units 750ml bottle</td>
<td>10.5 units</td>
</tr>
</tbody>
</table>
How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines

AB InBev North Europe (UK & Ireland) Consultation Response

31 March 2016

Introduction

1.1 AB InBev is the world’s leading brewer with brands in the UK including Budweiser, Corona and Stella Artois. We employ nearly 1,000 people in our two breweries and local headquarters around the country.

1.2 We take our role in providing accurate and valuable information to our consumers very seriously. Since December 2013, our global brands in the UK – which together account for over 90 per cent of our sales volume – have carried the five labelling elements set out in the Responsibility Deal that the industry agreed to in 2011.

1.3 As the leading global brewer, we also take the issue of responsible drinking and education for our consumers very seriously and we have recently launched a 10-year global initiative known as our “Global Smart Drinking Goals”.

1.4 The Smart Drinking goals mark our commitment as a company to implement effective and collaborative solutions to reduce the harmful use of alcohol around the world and an approach that moves from raising awareness of alcohol responsibility to positively changing behaviour by investing in longer-term, evidenced-based approaches to reduce harmful drinking, including underage drinking, binge drinking and drink driving.

1.5 As a company, by 2025 we aim to:

- Reduce the harmful use of alcohol by at least 10% in six pilot cities by 2020 and implement the best practices globally by end 2025.

- Influence social norms and individual behaviours to reduce harmful alcohol use by investing at least 1 billion USD across our markets in dedicated social marketing campaigns and related programs by the end of 2025.

- Ensure No- or Lower-Alcohol beer products represent at least 20% of AB InBev’s global beer volume by end 2025.

- Place a guidance label on all of our beer products in all of our markets by end 2020 and significantly increase alcohol health literacy by end 2025. The guidance label will be implemented in those markets where there is not
already government mandated labelling in place, and where it is permissible by local regulation.

1.6 In the UK we also have a strong track record on responsible drinking, which has built on the foundations laid by our first set of global smart drinking goals that an independent auditor confirmed we had reached in 2014. Some of the additional initiatives we have in the UK include:

- Working in partnership with the industry to reduce alcohol-related harm. We are a founder member of the Portman Group, the responsibility body for drinks producers in the UK and are supporters of the independent charity Drinkaware, which aims to reduce alcohol-related harm by helping people to make better choices about their drinking. We are also a signatory to a number of pledges as part of the Public Health Responsibility Deal, which has seen more than 1.3 billion units of alcohol voluntarily removed from the market since 2011.

- Investing in alcohol education through our partnership with the Alcohol Education Trust to help more parents talk to their children about alcohol and increase understanding.

- Leading the industry in pledging to provide full ingredient and nutritional information about our beers on our packaging by the end of 2017, in addition to the wealth of information we already make available online at tapintoyourbeer.com.

1.7 We believe that this activity reflects our commitment to the cause of education of all of our consumers about how they can drink in a smart way and continue to enjoy our beers. We, of course, believe that consumer guidance on products pays a significant role in this process and, as we have outlined, are already taking steps to provide more information to consumers based on independent research that will help widen their knowledge about what they are drinking and ultimately offer them more choice.

1.8 With this in mind we believe that it is vitally important that succinct and accurate information is provided to consumers to help them make the most informed decisions about the risks of drinking alcohol. AB InBev, and the industry as a whole, has made strong progress in recent years in this area and, as such, we welcome the opportunity to respond to this consultation.

1.9 The consultation however, does not provide the scope for comment on the accuracy of the suggested revisions to the guidelines – which is of significant importance and has been strongly contested within the industry. For guidelines to be useful for consumers they must be credible and trusted and we share the opinion of many of our peers in the industry, as well as the BBPA and the Portman Group, and other outside the industry, that proposals do not meet these criteria to a satisfactory level for our consumers.
1.10 We acknowledge and accept the international scientific evidence base on which the expert group has based its proposed guidelines, but we do not believe that the breadth of this evidence has been accurately reflected in how the proposed guidelines have been developed. It is of primary concern to us that the suggestion that there is 'no safe level' of alcohol consumption is misleading.

1.11 When weighed against the body of scientific information available, as highlighted by the Royal Scientific Society, which continues to demonstrate a positive association between moderate alcohol consumption and overall mortality and the well-established links between moderate consumption and reduced risk of cardio-vascular disease, it is confusing and unhelpful to not acknowledge in the guidelines that moderate alcohol consumption can be very much part of a balanced diet and healthy lifestyle. The dismissal of such evidence as an 'old wives tale' by the Chief Medical Officer is unhelpful in contributing to a well-informed public debate and does not appropriately serve consumers when wanting to understand the levels of risk.

1.12 We share the Portman Group's position and believe that, with the level of uncertainty and concern in the industry, and the absence of understanding in the broader public about the information that the new guidelines are disseminating, there is the need for an urgent review of the current guidelines and both an extension and expansion of this current consultation process. It is with these concerns in mind that we have chosen to limit our response to questions 1, 7, 8 and 9 of the consultation questionnaire.

1.13 It is our opinion that the CMOs' advice must reliably reflect the international evidence base that is available and, most importantly, must accurately relay correct information to consumers about the risks that they are taking in consuming alcohol and provide them with the best opportunity to make an informed choice. We do not believe that the proposed guidelines achieve this.

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?

No.

It is the opinion of AB InBev that there is a clear problem created for consumers in the contradictory advice provided that suggests there is a weekly guideline of 14 units consumption, but at the same time that there is "no safe level" – the latter of which runs contrary to the international evidence base. Such a contradiction risks undermining public confidence in the credibility of public health advice, placing limits on its future effectiveness and damaging the positive work that the industry has carried out in informing consumers about the risks of alcohol.

Further, there is little recognition of the difference in health outcomes between light to moderate and heavy drinking patterns, which adds to the lack of clarity for consumers when seeking to understand the levels of risk which they wish to undertake. An
approach that makes this distinction and makes the difference in health outcomes clear would be substantially more helpful for consumers looking to understand the outcomes of their drinking.

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?

No

However, we note that daily drinking guidance is recognised internationally as best practice to help consumers understand risk associated with heavy episodic drinking or binge, yet it needs to be contextualised to take into account longer term drinking patterns.

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

Yes

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
Department of Health

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

Response from the
Scotch Whisky Association

31 March 2016
Introduction

1. The Scotch Whisky Association (SWA) is the trade association for the Scotch Whisky industry. We represent 95% of the industry’s production and our members include distillers, blenders, and bottlers. Our aim is to advance the global interests and profile of Scotch Whisky, our members and of the industry as a whole.

2. One of those interests is trying to reduce harmful drinking and to ensure that Scotch Whisky is consumed responsibly. We therefore welcome the opportunity to respond to the consultation on the proposed new Chief Medical Officers’ (CMO) guidelines.

3. We recognise the main purpose of the consultation is to “seek views on whether the[ir] recommendations, and the reasons behind them, are clear and easy to understand” and that it is “not asking for your thoughts on the scientific evidence or how the expert group has used it to decide on their recommendations”.

4. However, this distinction is not easy to make in practice. If the underlying evidence is weak or not interpreted appropriately, the conclusions are also likely to be both hard to communicate and unlikely to have credibility among those they are aimed at.

5. It is also important that communication is objective and balanced. We noted with concern the view of the President and President-Elect of the Royal Statistical Society that the Department of Health’s communication of the Guidelines “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.” It is important this be rectified in the final version.

6. In short, guidelines are an important tool in any alcohol strategy, to reduce the harmful use of alcohol and to help support those who choose to drink to do so in a moderate and sensible way (and of course in the UK the vast majority of the adult population do consume alcohol and most do so responsibly on most occasions). So all those with an interest must have confidence in the interpretation of the scientific evidence behind what is being communicated. It is therefore important that guidelines are evidence-based and relevant if they are to be communicated fairly, objectively, and in a balanced fashion. Only then can they effectively support consumers to make informed choices.

7. Our main concerns are as follows.

“No safe level”

8. We are concerned by the consequences of the conclusion of the expert group advising the CMO that there is no level of regular drinking that can be considered completely safe i.e. that there is no safe level of alcohol consumption. We believe its very specific interpretation of the evidence base is what has led them to this conclusion, and it is a conclusion which does not accurately reflect the international evidence. Moreover, it does not provide consumers with accurate and contextualised information about the risks of alcohol consumption, and may indeed not be considered common sense. This has been described as scaremongering.¹

9. We are also at a loss to understand how this conclusion sits with the broader, and very important, efforts to encourage responsible drinking by Government. If the guidance says that there is no safe level, how can any drinking be considered “responsible”? This will be

¹ DM Shaw: Drunk on risk: how the chief medical officers’ alcohol guidelines are demonising drink. BMJ 2016:352
a very difficult message to communicate effectively and could have the unintended effect of undermining wider public health messaging.

10. We therefore urge that, in communicating the guidelines in the future, they should be situated within the broad context of a clear statement that moderate alcohol consumption is compatible with a healthy lifestyle for those otherwise reasonably healthy adults who choose to drink, and with a tone and emphasis that encourages consumers to engage with the guidance.

Benefits of moderate consumption

11. This is all the more so since the benefits of moderate consumption appear to have been downplayed, whereas the link between alcohol and cancer has been simplified and emphasised.

12. The full picture regarding alcohol and cancer remains a subject of considerable independent scientific and medical research. The links and risks between alcohol and cancer are complex. For some cancers increased risk has been reported, for others no impact and in some cases an inverse (protective) effect has been reported. This requires the full picture to be openly and accurately communicated to consumers.

13. In relation to the health benefits, there is extensive international evidence that total mortality among moderate drinkers is lower than among non-drinkers. Also, independent scientific research has shown that moderate consumption of alcohol can have protective effects against, for example, cardiovascular disease, and there is increasing evidence to support similar protective effects for type 2 diabetes and cognitive decline.

14. Since this information is well known and commented upon in the public domain, guidelines which do not appear to reflect it are unlikely to command broad support or be easy to communicate.

Same guideline for men and women

15. We are concerned by the implications of the fact that the new weekly guidelines (14 units per week) are now the same for men and women. This appears to put the UK in a unique position in the world in that it is the only country to take such an approach. Again this appears to be at odds with the evidence and common sense, and may therefore be hard to communicate. Moreover, concerns have been raised that, by equalising the guidelines between men and women, it could imply women can drink the same as men.

Consuming alcohol while pregnant

16. We welcome the clarity in relation to the guidance on pregnancy and drinking, and support it.

Practical communication: Labelling

17. We find it surprising that no consideration was apparently given, before announcement of the new proposed guidelines, to whether the new guidelines should be included on the label or whether the existing ones should be used pending this consultation, but we welcome the clarification by the FSA on this point.

18. But it is very important, for reasons of space on a label and elsewhere, that the essence of the guidelines can be captured in a simple and clear way that consumers will understand. Achieving this while being rigorous about the science and risks is not straightforward, but it
is the essence of clear communication. The very wordy and at times self-contradictory nature of the new guidelines does not make this easy.

19. Our answers to the specific questions in the consultation are set out below.

The Chief Medical Officers’ guideline for both men and women is that: You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.

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

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

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

Question 1

The weekly guideline as a whole

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

No.

The overall tone of the guidance is negative. It is a significant departure from how the previous guidelines were presented and communicated in terms of the context of sensible drinking or recognising that the majority of the population drinks sensibly.

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

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

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

Moreover, the message that there is “no safe limit of alcohol” does not provide consumers with comprehensive and contextualised information about the risks of alcohol consumption, and will not be considered common sense. There is a genuine concern that it could generate
indifference and potentially mistrust among the public when it comes to health advice. These concerns were dismissed when raised by Professor David Spiegelhalter during the review².

Furthermore, to state there is ‘no safe level of drinking’ and then publish low risk drinking guidelines has a high likelihood as being perceived as being contradictory and confusing to consumers.

It is also not consistent with the evidence. We know from the current scientific literature that mortality for light-to-moderate drinkers is lower than for lifetime abstainers. The US National Institute on Alcohol Abuse and Alcoholism on its Alcohol Facts and Statistics webpage clearly acknowledges the significant number of lives saved due to moderate alcohol consumption³. The graphic in the letter from the Presidents of the Royal Statistical Society makes this point abundantly clear. Yet the Sheffield model used to derive the guideline thresholds uses ‘risk curves’ from a number of original studies that provide information on risk for different disease and injuries at different levels of consumption. Many different studies generate risk curves and these differ. The Sheffield model relies on single studies for each outcome, but no rationale or criteria is given for why particular studies have been chosen. Also, the focus is on risk curves from individual disease, and risk curves for all-cause mortality are not included even though this would illustrate that mortality for light to moderate drinkers is lower than for abstainers.

Moreover, in estimating risk at different consumption levels, the Sheffield model assumes that everyone across the entire UK population drinks at the same level over the course of a lifetime, a rather broad-brush approach which clearly does not reflect different drinking patterns. This matters because different age groups have different drinking patterns, and these are associated with different levels of risk. The Sheffield approach does not consider these variations. For example, risk of cancer is likely to be higher for older individuals, while risk of injuries is higher for younger people. This assumption of uniform drinking levels across the entire population has skewed the evidence, and is likely the reason for the conclusion that benefits of moderate consumption are viewed as applying only to women over the age of 55 years. It is at odds with the independent evidence on all-cause mortality, which also identifies benefits for middle-aged and older men, and for postmenopausal women.

The CMO has suggested the changes to the guidelines have been informed by new evidence on alcohol and cancer⁴ i.e. long term chronic effects. However, the guideline for women was not changed, which is not consistent with the argument that new evidence required a change.

The equalisation of the guidelines for men and women also puts the UK in a unique position⁵.

First, the UK now has one of the strictest guideline levels for male consumption of anywhere in the world and is nearly half that of countries like the US or Canada - countries that have conducted recent reviews of alcohol guidelines, based on the same international evidence base. The reduction in the guidelines for men is described as a “slight” reduction in the summary of the proposed new guidelines. A one third reduction is a significant reduction, not slight.

Second, the majority of countries with established guidelines have different guidance for women and men, reflecting differences in alcohol metabolism due to body size and weight, as well as lower body water content and higher body fat content of women. By having the same guidelines for men and for women, the Chief Medical Officers’ guidelines could now be seen as implying that women can drink the same amount as men, which could set a dangerous

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² Alcohol Guideline review. Guideline Development Group Note of Meeting, 2 July 2015
⁴ House of Commons Hansard, Evidence to Science and Technology Committee, 2 February 2016
⁵ IARD, International drinking guidelines for general population.
precedent among female consumers. Dr Erik Skovenvorg of the Scandinavian Medical Alcohol Board has commented on this very issue stating 'The danger is that the new guidelines will give women the false impression they are on a par with men in their ability to tolerate alcohol.'

The reduction in the guideline level for men appears to be based primarily on the assessment of risk from accidents and injuries, whereas the risk for women is based on chronic / long-term term outcomes such as cancers and other chronic diseases. These are completely different kinds of risks and it seems likely to give rise to serious confusion to compare different risks in this way. Even allowing for that, the Shefield modelling report notes that deaths from chronic effects are about twice as common as deaths from acute effects, yet the acute effects appear to dominate the analysis.

**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.

**Question 2**

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

No.

See the discussion above. The use of the word 'safest' from an individual consumer perspective is potentially alarming as it suggests that drinking alcohol is an unsafe pastime. At a time when there is an ever greater number of changing and complicated messages around healthy lifestyle choices, we would suggest that it is important to keep that perspective in the context of moderation messages without unnecessarily or unduly alarming consumers.

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6 Mail online 11 January 2016
7 Mortality and morbidity risks from alcohol consumption in the UK. The University of Sheffield. January 2016
As the summary of the proposed guidelines notes the advice is based on people drinking at or above the guidelines, with that risk being a 1% increase in the risk of death over a lifetime. This is based on modelling work, and as is acknowledged in the summary, there are uncertainties in the available research. Independent third party research suggests the likelihood of developing or dying from any of the diseases referred to result from long term heavy drinking at much higher levels than the weekly guidelines.

**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.

**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.

Reference is made to 'heavy drinking sessions' but these are not defined. If a person was to have two heavy drinking sessions in a week how much is their risk increased?

For those individuals who drink two units per day they would be complying with this part of the guidance, but would be out of line with the drink-free days element of the guidance - refer to question 5. Communicating the reason for this apparent contradiction will not be straightforward.

**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.
Question 4

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

No.

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

To justify the message that there is ‘no safe level of alcohol’, it would appear that the links between alcohol and cancer have been overemphasised, whilst the health benefits and protective effects of alcohol confirmed in independent studies have been downplayed, and the full picture regarding alcohol and cancer has not been fully and accurately communicated. In the letter from the Royal Statistical Society this point is clearly stated ‘The potential harms from cancer were repeatedly emphasised, even though the modellers concluded these were outweighed by the reduction in strokes and heart disease for low consumption in men and women.

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

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

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

Studies have indicated there is a link between alcohol and increased risk of breast cancer. This relationship is highly dependent on a number of other factors, such as age, reproductive history, weight, ethnicity and family history. These risk factors increase the risk for breast cancer even in the absence of alcohol. Indeed the Chief Executive, Breast Cancer Care stated ‘Offering clear information about the increased risk of breast cancer can help people to consider the effect that drinking has on their health, but it has to be seen as part of the big picture. Breast cancer is a very complex disease, and lifestyle changes, such as reducing the

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8 Letter from Royal Statistical Society to Secretary State for Health, 18 January 2016
10 T. Psaltopoula et al. Alcohol intake, alcoholic beverage type and multiple myeloma risk: a meta-analysis of 26 observational studies. Leuk Lymphoma. 2015 May;56(5):1484-501
11 J Ji et al. Alcohol consumption has a protective effect against hematological malignancies: a population-based study in Sweden including 420,489 individuals with alcohol use disorders. Neoplasia. 2014 Mar;16(3):229-34,
amount of alcohol you can drink, can’t prevent it completely. The biggest risk factors are outside of our control: being female and getting older. Women must be able to make informed decisions that are right for them.\textsuperscript{12}

However, the new UK guidelines 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.

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

**Benefits of moderate alcohol consumption**

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

There is clear evidence that low-to-moderate drinking confers protection from death from all alcohol-related causes, the relationship following the j-shaped curve\textsuperscript{13,14}. Independent research has also shown that moderate consumption of alcohol for some individuals can have protective effects against cardiovascular disease\textsuperscript{15,16,17}. Whilst other studies have also shown a protective effect against cognitive decline\textsuperscript{18,19} and a reduced risk of developing type 2 diabetes\textsuperscript{20,21}.

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

We would therefore urge that when the final guidelines are communicated to the general public they are placed in the context which reflects the fact the majority of consumers that

\textsuperscript{12} The Telegraph 5 February 2016
\textsuperscript{13} JR Emberson, et al. Alcohol intake in middle aged men and risk of cardiovascular disease and mortality: Accounting for intake variation over time. American Journal of Epidemiology 2005 161 (9) 856-863
\textsuperscript{14} M Bonaccio et al. Adherence to the traditional Mediterranean diet and mortality in subjects with diabetes . European Journal of Preventative Cardiology 2015
\textsuperscript{15} C Huang et al. Association Between Alcohol Consumption and Risk of Cardiovascular Disease and All-Cause Mortality in Patients With Hypertension: A Meta-Analysis of Prospective Cohort Studies. Mayo Clinical Proceedings September 2014 Volume 89, Issue 9, Pages 1201-1210
\textsuperscript{17} M Roerecke et al. BMC Medicine 2014 12:182
\textsuperscript{19} KJ Anstey. Alcohol Consumption as a Risk Factor for Dementia and Cognitive Decline: Meta-Analysis of Prospective Studies The American Journal of Geriatric Psychiatry Volume 17, Issue 7, July 2009, Pages 542-555
\textsuperscript{20} DO Baliunas et al. ‘Alcohol as a risk factor for type 2 diabetes: a systematic review and meta-analysis’, Diabetes Care, Vol 32, No 11, 2009, pp2123-2132
choose to drink do so responsibly and sensibly and recognises that consumption of alcohol can be 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’)**

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

**Question 5**

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

No.

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

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

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.

Question 6

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

No.

This is a very lengthy and complicated guideline but in many ways simply stating the obvious. The advice on single occasion drinking and what you could do to reduce health risks is clear in parts. However, the reference to ‘risky places and activities’ is unclear as to what is actually meant and would benefit from further clarification.

We note the guidance lists some groups of people are likely to be affected more by alcohol than others and should be more careful in their drinking on any one occasion. There is no distinction for gender, we assume as a result of the guidelines having been equalised for men and women, and we have already set out the difficulties with this approach.
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.

Explaination (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.

Question 7

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

However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?
We do not have a view on this question, though we do find it unusual that after almost three years the expert group has failed to make a recommendation either way on whether or not to recommend a specific number of units not to exceed on any occasion or day.

The drinking pattern is clearly very important, not just the quantity consumed. However, in the interests of clear communication it is desirable for it to be clear whether the guideline is weekly or daily - otherwise there could be real confusion for consumers.

When considering making recommendations for a specific number of units not to exceed on a single occasion/day we would suggest full consideration be given to the epidemiological evidence that is available rather than a reliance on modelling work.
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.
Question 8

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

Yes.

Q9. In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

Yes.
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]

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

**Question 2**

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

☐ Yes
☒ No

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

The explanation contains a large volume of information to process. The language used plus format and layout may be improved if set in line with Plain English guidelines and presented in bullet points.
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]

Using the measure of 'a small number of days' could be open to interpretation and could additionally be viewed as contradictory to previous advice contained in this guideline. Specifying '1 or 2' would be clearer.
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 call to action is clear however as noted previously the large volume of text may be more accessible if presented in user friendly format. The text does not explain why some people are more affected. The explanation "2- to 5-fold" might be easier to understand as "2 to 5 times more likely".
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 would make it far easier to understand and visualise. The examples should use drinks that people will recognise.
Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:
If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.
Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%).
The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.
Women who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking, but should be aware that it is unlikely in most cases that their baby has been affected. If you are worried about how much you have been drinking when pregnant, talk to your doctor or midwife.
Explanation (from 'Summary of the proposed guidelines')
The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy.
Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.
Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:

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

Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.
Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.

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

Question 8

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

☐ Yes

☒ No

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

The sentence "most woman either do not drink (19%)...." might be easier to understand if "Most women do not drink alcohol during pregnancy (19% do not drink before becoming pregnant and a further 40% stop drinking during pregnancy)

We note that this guidance does not represent a policy change for Scotland.
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 guideline could be improved by making reference to drink driving legislation and limits
ANNEX

What is a unit of alcohol?

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

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

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

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

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

<table>
<thead>
<tr>
<th>The number of units you are drinking depends on the size and strength of your drink</th>
<th>Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.8% ABV lager</td>
<td>5.2% ABV lager</td>
</tr>
<tr>
<td>1.1 units</td>
<td>1.5 units</td>
</tr>
<tr>
<td>284ml half pint</td>
<td></td>
</tr>
<tr>
<td>1.7 units</td>
<td>2.3 units</td>
</tr>
<tr>
<td>440ml can</td>
<td></td>
</tr>
<tr>
<td>2.2 units</td>
<td>3 units</td>
</tr>
<tr>
<td>568ml pint</td>
<td></td>
</tr>
<tr>
<td>2.5 units</td>
<td>3.4 units</td>
</tr>
<tr>
<td>650ml bottle</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Introduction

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

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

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

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

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

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

7. We would like to know whether you find the recommendations, and the reasons behind them, clear and helpful. Please read the questionnaire and the separate document “Summary of the proposed guidelines” then fill in the answers to the questions and return your completed questionnaire by 1 April 2016 to:

By email: UKCMOGuidelinesReview@dh.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]

There is no clear evidence to support the adoption of a weekly guideline rather than a daily guideline. Existing daily guidelines have been well established in the UK over the past 20 years and are currently communicated to the public on the back of bottles and cans of alcoholic drinks. The vast majority of adults in the UK drink sensibly and an increasing majority were drinking within the previous guidelines (3-4 and 2-3 units daily for men and women, respectively). Given the importance placed on accurately communicating information to the public it is of concern that the expert group appear to have selected a weekly guideline approach on the basis that it fitted the model's conclusions, rather than because it could be clearly communicated to the public. Leaving all work on communication to happen after the review of evidence is not credible given the nature of guidelines. The new weekly guidelines (14 units per week) now recommend the same levels for men and women, breaking with established international precedent and implying women can drink the same as
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 because:
a) They do not 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.

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

Guideline: If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
Explanation (from ‘Summary of the proposed guidelines’)
The expert group believes that a weekly guideline on regular drinking requires an additional recommendation, concerning the need to avoid harmful regular heavy drinking episodes, as there is clear evidence that such a pattern of heavy drinking on a small number of days increases risks to health.

Question 3

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

☐ Yes
☒ No

If you answered "No" above, please explain here how you think the guideline or the explanation could be improved [please keep within 200 words]
We consider that the new guidelines will make for a very confused message particularly as daily guidelines are imbedded in UK culture. In order to get the message across, the overall unit guidance has to be accompanied by additional advice that this should be spread over at least 3 days (4.67 units per day) and further advice that drinkers should also consider several alcohol free days. Effectively this creates a daily guideline of between 2.8 units (5 days) and 4.67 units (3 days). This is remarkably similar to the old guidelines (greater for women and, over three days, greater for men), and with a higher upper limit of 4.67 units. There is no evidence presented that this approach, of multiple messages, will have greater clarity or impact with the public than the previous guidelines. The fact a person could drink a greater amount in one sitting without breaching the overall guidelines is possible as a person can consume 14 units if they drink once a week and 7 units if they drink twice a week and still remain within the overall guidelines. This would not have been possible under the old guidelines as any consumption above 3 units for a woman and 4 for a man would be considered as hazardous. To ensure this does not happen the public need to understand the unit guidelines as well as the additional messaging and we believe that this will be virtually impossible to translate into anything meaningful given the space constraints on labels.

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 reasons set out below:

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 that 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”, suggesting that this had 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 advice is complicated and confusing with little or no evidence provided in support of the claims. The guidance suggests that alcohol free days are useful to people who wish to moderate their consumption. The evidence for this only applies to those considered heavy drinkers but this is not made clear in the statement. The recommendation for this advice from the expert group seems to have been provided without having the evidence to support the more general statement. We believe the statement is likely to mislead moderate drinkers into thinking it is based on scientific evidence rather than the opinion of the group. The statement appears to contradict other evidence provided by the expert group. It is consistent with the advice for a man to reduce his consumption from the guideline level of 14 units over 6 days to 7 units over 1 day but clearly this would increase his overall risk. The guidance should be clear and consistent but this statement is incompatible with the guidance at question 3 above which encourages drinkers to spread their units over a greater number of days.
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 overall unit guidelines has no flexibility to consider consumers' differing tolerances. With varieties in height, size and weight, the previous guidelines offered a range of between 2-3 for women and 3-4 for men which 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. Now the guidelines are the same for an 18 year old petite woman and a 50 year old 6.6ft man. While this does state that there may be some difference on individual drinking occasions, this is likely to be less clear than previous guidelines and its language still vague. Statements such as "risky places", "risky behaviour" and "misjudging risky situations" will mean different things to different people and are thus ambiguous. While this approach to overall unit guidelines may fit the rigid economic-focused modelling, the reality is that the public may see this as being an unrealistic assessment and this will damage public confidence in the guidelines. In that context this information is confusing and contradictory as no evidence on the impact of risk for different people has been provided. By providing this type of advice in further explanatory guidance, rather than as part of the overall unit guidelines, it risks being lost.
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]

In the absence of any evidence on the impact of removing daily guidelines in favour of weekly guideline it is difficult to answer this question meaningfully. As stated earlier the daily guideline has been used in the UK for over 20 years and so a daily guideline is likely to resonate better with the public. This would have to fit with the weekly guidelines to minimise confusion. However, to change to a weekly guideline alone and then to add a daily guideline of any type is likely to be confusing. 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. This is something that should have been considered in greater detail through wider consultation during the development 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 clear and a factual basis has been provided. We have worked with our trade association, the WSTA and Government through the Responsibility Deal pledge and include a warning about drinking using the internationally recognised symbol on over 90% of our lables.
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 how you think the guideline or the explanation could be improved [please keep within 200 words]

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The advice on drinking while pregnant is sufficiently clear.

General Comments

The process of the guidelines review has not been transparent and modelling which influenced the determination of the new guidelines has not been made public. Furthermore, members of the CMO advisory group hold formal positions in campaigning groups (including temperance groups) and have vested interests in alcohol policy. Key members were actively involved in public campaigning during the guidelines review.

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.

As a responsible retailer of alcohol we signed up to the Responsibility Deal including the labelling pledge that 80% of labels on alcohol drinks sold in shops and supermarkets contain the CMO's guidelines, unit information and a warning not to drink while pregnant. Over 95% of our products have this information. The information is also included in the catalogues we send our customers. We support the work of Drinkaware through an annual contribution and include prominent links to Drinkaware on our website and in our marketing communications.

The wider industry, promoted and supported by the WSTA (our trade association), has ensured that 80% of lables of alcoholic drinks sold in shops, supermarkets and online contain the CMO's guidelines. This meant that the guidelines have been communicated directly to millions of consumers on millions of bottles of wine and spirits. This has been achieved on a voluntary basis in partnership with the Department of Health. This has happened at the same time as public recognition of
units have risen to 90% (up from 79% in 1997), alcohol consumption has declined by nearly a fifth since 2004 and the number of people drinking above the previous guidelines and binge drinking has significantly reduced.

It was therefore very disappointing that following a review of the guidelines, conducted over a three year period, both the CMO and the Department of Health chose deliberately to avoid any advance discussion with industry, despite immediate repercussions for labelling and its vital role in communicating these messages. Announcing immediate changes to CMO guidance created significant uncertainty overnight, including the legality of existing labels, all future labelling of CMO information; and the impact this may have on the voluntary pledge to label 80% of products on shelf. After six weeks we were pleased to see the government accepted its error in issuing advice issued through the Food Standards Agency that no changes to labels were required. This has taken up valuable time, and created uncertainty and could have been avoided by the most basic prior consultation of the drinks trade.
ANNEX

What is a unit of alcohol?

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

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

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

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

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

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

Response to Chief Medical Officer’s Alcohol Guidelines Review

April 2016

Introduction

The Wine and Spirit Trade Association (WSTA) is the UK organisation for the wine and spirit industry representing over 300 companies producing, importing, transporting and selling wines and spirits. We work with our members to promote the responsible production, marketing and sale of alcohol.

We also work to reduce alcohol related harm through initiatives such as Challenge 25¹, which was developed by the WSTA’s Retail of Alcohol Standards Group; Community Alcohol Partnerships² which have proven successful in reducing alcohol related crime and anti-social behaviour; and with the UK Government through the Public Health Responsibility Deal.

The role of industry

The wine and spirit industry takes its role in providing consumers information about the products they are consuming very seriously, particularly in relation to the harm caused by excessive or irresponsible alcohol consumption. This is why the WSTA has been at the forefront of promoting the Responsibility Deal labelling pledge which seeks to ensure that 80% of labels on alcohol drinks sold in shops and supermarkets contain the Chief Medical Officer’s (CMO) guidelines, unit information and a warning not to drink while pregnant³.

This work has meant that the CMO’s guidelines have been communicated directly to millions of consumers on billions of bottles of wine and spirits. This has been achieved on a voluntary basis in partnership with the Department of Health. This has happened at the same time as public recognition of units have risen to 90% (up from 79% in 1997)⁴, alcohol consumption has declined by nearly a fifth since 2004⁵ and the number of people drinking above the previous guidelines and binge drinking has significantly reduced. Further to this, the trade’s role in publicising these guidelines has extended far beyond labelling, with the guidelines regularly featuring in a range of literature including retailer magazines, industry websites and responsible drinking schemes.

It was therefore of great disappointment that following a review of the guidelines, conducted over a three year period, both the CMO and the Department of Health chose deliberately to avoid any advance discussion with industry, despite immediate repercussions for labelling, and more widely, and its vital role in communicating these messages. Announcing immediate changes to CMO guidance created significant uncertainty overnight, including the legality of existing labels, all future labelling of CMO information; and the impact this may

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¹ See http://www.wsta.co.uk/challenge-25
² See http://www.communityalcoholpartnerships.co.uk/
³ Read the independent evaluation of the labelling pledge at https://responsibilitydeal.dh.gov.uk/camden-bri-report-on-responsibility-deal-alcohol-labelling-pledge/
⁵ British Beer & Pub Association, 2014 Figures, March 2015
have on the voluntary pledge to label 80% of products on shelf. After six weeks, the WSTA was pleased to see the government accepted its error in issuing advice and communicated through the Food Standards Agency that no changes to labels were required. However, this has needlessly taken valuable time, affected businesses and would have been avoided by the most basic prior consultation with the drinks trade. Given the changes to guidelines that have served everyone well for 20 years and the important role that the industry has in delivering this information to consumers, we would have hoped for a greater level of consultation from the outset.

The consultation, evidence and interpretation

The CMO has noted publicly that the public has a right to accurate information and clear advice, and that it is the responsibility of the Government to ensure this is provided in an open way. The WSTA considers the current consultation on proposed new guidelines has failed in both respects. In addition, it fails to meet the majority of the Cabinet Office's consultation principles. And the role of Parliament – who prompted the CMO to review the guidelines – is absent or unexplained.

Beyond this, the consultation's narrow scope and purpose, lack of information or engagement with industry and absence of scrutiny of the underpinning evidence and its interpretation are of significant concern. The frequency and volume of both public and expert criticism, from a number of independent medical experts, (See Annex 1) of the approach to the use and interpretation of evidence signals the widespread nature of that concern. It is vitally important that consumers and the industry have confidence that any messages being communicated are accurate and based on robust scientific evidence and sound interpretation. A fuller consultation would allow the Department of Health to address the criticisms that the guidelines downplay the proven protective effect of alcohol consumption and the level of risk that can sensibly be attached to moderate consumption, for example. Without this the public may never have confidence in revised guidelines, which would undermine their very purpose and, perhaps, the progress achieved in the UK in recent years.

Furthermore, the new approach by the current CMO which places significant emphasis on 'risk' raises questions, including about the long-term validity of the guidance. As highlighted in the research, these risks have changed over time and will continue to do so, and this – rather than epidemiological factors – dictates the changes to the levels of consumption in the model now being used to advise on new guidelines. It is important to acknowledge that the Sheffield model which underpins this approach, developed to support its preferred policy of Minimum Unit Pricing, has already been subject to a number of revisions since its introduction, including significant reductions in the suggested effectiveness of that policy (See Annex 2). An approach that requires regular revision to remain accurate would be new and untested and so is likely to undermine consistency and public understanding of CMO guidelines. Public understanding of guidelines based on risk and of how risk is quantified and measured (e.g. comparisons) will significantly impact their public communication.

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This submission

In this response we address the key questions asked by the Department of Health in relation to the communication of the new guidelines. However it is not possible to do this effectively without addressing some of the broader issues pertaining to the approach of the CMO and Department of Health. We would have hoped for, and still believe it is possible, to conduct a broader consultation that allows full and proper scrutiny of the evidence base, risk analysis and modelling; likely impact on consumer behaviour and how new guidelines are communicated.

Regrettably, there is clear evidence that the approach of some to reviewing existing CMO guidelines was not motivated by the provision of evidenced information or with a view to changing or influencing the behaviour of drinkers. Instead the CMO’s review was used – and allowed to be used - as a vehicle for influencing government health policy directly. This was evidenced in comments by Professor Theresa Marteau who stated “The new alcohol guidelines are unlikely to cut drinking directly, but they may shift public discourse on alcohol and the policies that can reduce our consumption”.

The WSTA is deeply disappointed with the approach to date, but stands ready to support a non-partial, evidence-based approach leading to a credible outcome for consumers, which its members could continue to support actively. We also remain committed to providing consumers with factual information to support them making informed choices.

Response to consultation questions

<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>

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

Answer: No

There is no clear evidential basis to support why the expert group adopted a model focused on weekly guidelines as opposed to daily guidelines. Existing daily guidelines have been embedded in UK culture over the past 20 years and are currently communicated across billions of bottles and cans of alcoholic drinks. Yet, there appears to be little UK consumer research conducted on the impact of attempting to change this to providing guidelines over a week, only to state that there is some evidence there may be “confusion” with the existing guidelines. There has been no provision of evidence that this hypothesis has been tested with empirical research.

Given the review group used resources in developing the supporting model, there is a question as to why they did not consider what impact the new guidelines would have on behaviour or test consumer attitudes towards weekly guidelines through specific research such as focus groups, polling or wider behavioural research that was specific to UK consumers. Given the importance placed on accurately communicating information to the public it is of concern that the expert group appear to have been drawn to this approach as it fitted the model’s conclusions, rather than because it was the result of evidenced behavioural research. Additionally, ignoring the impact this new approach had on the clarity of communication to the public to after the review of evidence, is not credible given the nature of guidelines.

It is equally concerning the guidelines break with international precedent and apply the same level of consumption for men as it does for women. It is hard to overlook the impression that this has again been done for expediency in order to fit with the model commissioned to inform the changes. The new guidelines suggest that consumption by men can be matched by women and result in the same levels of risk and of harm. By departing from a focus on the medical impact of alcohol consumption to one of ‘risk’ and the entailing multiple factors, the Chief Medical Officer is sending a dangerous signal that biologically, women and men can consume similar amounts and face the same level of risk. This is untrue (see Annex 3); it is clear from the evidence that higher levels of consumption lead to higher levels of risk of mortality to women. Suggesting, as these guidelines do, that risks are the same for men and women is likely to be considered unrealistic and risks undermining public confidence in the guidelines as advice to the consumer.

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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.

Q2. Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

Answer: No

This statement fails to take into account a wide range of environmental and lifestyle choices that impact on the likelihood of getting an illness such as cancer or heart disease. Although it accurately refers to the proven protective effect of low levels of alcohol consumption, it does not accurately reflect that alcohol is only one of a number of factors that influence these risks and that the impact of alcohol consumption is not sufficiently put into context. For example there is no mention of the significant impact of combining alcoholic drink consumption with smoking (See Annex 4), where risks are greatly compounded and exacerbated. It is not clear why such advice was not included in the guidelines, as this suggests that the risk applies equally to smokers and non-smokers.

It is concerning that having attempted to portray moderate consumption as having a significant impact on the risk of suffering from a range of illness, particularly cancer, that the guidance only briefly mentions how this compares to other “routine activities”. It is clear that the level of risk associated with moderate levels of consumption is no greater than many of these routine activities, as highlighted by a number of medical experts (See Annex 5). Yet the Chief Medical Officer publically claimed that women should “think about their risk of cancer every time they drink”*. It appears statements like this and the overall guidance is designed to shock the public into drinking less, rather than provide them with factual and contextual information about their consumption habits.

* Chief Medical Officer’s evidence to the House of Commons, Science and Technology Committee evidence session, 2nd Feb 2016
The guidelines were produced on the basis of a 1% lifetime risk, yet there is no context for the public to set this in and the rigid modelling makes this as a generalised assumption. The guidance should therefore include a range of example comparators that this is equivalent to, for example the risk of driving a car, eating certain foods or watching TV, so that the public can make an informed choice about the level of risk they are exposing themselves to, as currently this explanation is too technical.

Finally, there is clear evidence that the expert group attempted to downplay evidence of the protective effects of alcoholic drinks consumption to the extent that a member of the expert group raised this publically. This would seem to be inconsistent with the statement in section 15 which claimed that all factors were considered. The guidance should reflect the evidence that alcohol consumption can have protective effects and reduce the risk of getting certain illnesses.

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.

Q3. Is it clear what the guideline—along with the explanation—means, for how you can keep your health risks within a low level, if you drink on only a few days each week?

Answer: No

In terms of communication, it is difficult to argue that this is an improvement from the previous guidelines. In order to get the message across, the overall unit guidance has to be accompanied by further advice that this should be spread over at least 3 days (4.67 units per day) and further advice that drinkers should also consider several alcohol free days.

Effectively this creates a daily guideline of between 2.8 units (5 days) and 4.67 units (3 days). This is remarkably similar to the old guidelines (greater for women and, over three days, greater for men), but presented in a more convoluted way and with a higher upper limit of 4.67 units. Again, there is no evidence presented that this approach, of multiple messages, will have greater clariy or impact with the public than the previous guidelines.

The ability to drink a greater amount in one sitting without breaching the overall guidelines is possible as a person can consume 14 units if they drink once a week and 7 units if they drink twice a week and still remain within the overall guidelines. This would not have been possible under the old guidelines as any consumption above 3 units for a woman and 4 for a man would be considered as drinking in excess of the guidelines.
To prevent this, this approach relies not only on the public taking on board the overall unit guidelines, but the secondary messaging as well. Again, it is not possible to consider this an improvement as no evidence has been provided, in fact the report argues that these messages are often ignored - which would be a good reason not to attempt a more complicated approach to messaging of this kind.

**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.

Q4. Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long term health risks below the low risk level set by the guideline?

**Answer: No**

As outlined in the introduction there are considerable concerns about this statement which implies that there is no safe level of consumption, which is contradicted by the evidence. Responsible messages to consumers should make clear that there are low risk levels of consumption and that alcohol is compatible with a healthy lifestyle.

It is very disappointing that there has been criticism by independent experts that in communicating the new guidelines the Department of Health has played down the protective benefits of alcohol consumption\(^\text{10}\). For example, in developing the guidelines the researchers discounted the protective effects of alcoholic drinks consumption on Ischemic Heart Disease (IHD) stating that as the number of deaths had reduced dramatically, the benefits respectively had been reduced\(^\text{11}\). But this fails to consider that moderate alcohol consumption may have played its part in helping to reduce those deaths, as has been evidenced on numerous occasions. It seems bizarre and indefensible that, by helping to reduce IHD deaths, the protective effects of drinking alcoholic drinks could be reduced\(^\text{12}\).

We would have hoped to see a balanced approach to reviewing the evidence around the protective effects of alcohol, which is backed up by a significant body of international evidence (See details in Annex 6). This partisan approach, and the dismissal of these

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\(^\text{11}\) Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officer. Page 14

\(^\text{12}\) Speaking to the BBC about the new UK guidelines, Dr Jurgen Rehm, Director of the Social and Epidemiological Research (SER) Department at the Centre for Addiction and Mental Health said: “A glass of alcohol, and it’s not only red wine, has protective effects on the ischemic heart disease and on some other ischemic diseases.”
benefits by the Chief Medical Officer as being "old wives tales"\textsuperscript{13}, shows this evidence has not been considered seriously and has led many independent experts, including a prominent member of the expert group, to say publically that the protective effects have been downplayed\textsuperscript{14}.

Furthermore, the Sheffield University model itself does show that there are some examples where at a low level there is a net protective benefit, accepted by the Chief Medical Officer in relation to women,\textsuperscript{15} to low levels of alcoholic drinks consumption, yet this is dismissed. It is disappointing that this statement has been included in the guidance when it can be misleading and not representative of the evidence. The WSTA would urge the CMO to review this statement to reflect that alcohol can be enjoyed as a part of a normal lifestyle and that drinking at low levels pose no greater risk than other everyday activities.

![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](image)

**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.

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

**Answer:** No

This advice is confusing and little or no evidence is provided to support the claims. It also risks creating confusion over the impact of alcohol free days on the level of risk associated with alcohol consumption.

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 clearly in the statement\textsuperscript{16}. The recommendation for this advice appears to have been provided by the expert group without having the evidence to support the more general statement. It is highly likely to mislead moderate drinkers into thinking this is based on scientific evidence, rather than just to opinion of the group. Unless this fact is clarified to reflect the evidence considered, or further evidence is provided to support its general use, it is difficult to understand why guidance would be given without an evidential basis.

There are other concerns regarding this statement. It appears to contradict other evidence provided by the expert group. For example, 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

\textsuperscript{13} See http://www.theguardian.com/society/2016/jan/08/tough-drinking-guidelines-not-scaremongering-says-chief-medical-officer
\textsuperscript{15} See http://www.theguardian.com/society/2016/jan/08/tough-drinking-guidelines-not-scaremongering-says-chief-medical-officer
\textsuperscript{16} Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officer. Page 22.
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.

It is important that the guidance is clear and consistent and therefore this statement seems
incompatible with the model and with the guidance set out in question 3, which encourages
drinkers to spread their units over a greater number of days. As outlined above there is no
evidence of correlation between alcohol free days and cutting down (except for heavy
drinkers) and, given the concern raised by the group that consumers are focusing their
drinking on just a few days each week, this appears to be contradictory and is likely to cause
confusion.
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 those 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

Q6. Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?

Answer: No

While this section recognises the diversity of consumers, the overall unit guidelines has no flexibility to consider consumers’ differing tolerances. With varieties in height, size and weight, the previous guidelines offered a range of between 2-3 for women and 3-4 for men which 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.

Now the guidelines are the same for an 18 year old petite woman and a 50 year old 6.6ft man. While this does state that there may be some difference on individual drinking occasions, this is likely to be less clear than previous guidelines and its language still vague. While this approach to overall unit guidelines may fit the rigid economic-focused modelling, the reality is that the public may see this as being an unrealistic assessment and this will damage public confidence in the guidelines. In that context this information is confusing and contradictory as no evidence on the impact of risk for different people has been provided. Again, by attempting to provide this type of advice in further explanatory guidance, rather than as part of the overall unit guidelines, risks being lost.
There is also 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”)

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.

Q7. For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn’t drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

Answer: No

It is difficult to respond to such an approach when the expert panel made little attempt to gather evidence of the impact of removing daily guidelines in favour of weekly guidelines. As outlined in the introduction, the UK has been using the daily guidelines for over 20 years and this is imbedded in the public understanding of units. It is likely that any daily guideline would be seen in this context, and this would have to fit with the weekly guidelines, so as not to be confusing. However, to change to a weekly guideline alone and then to supplement this with
a daily guideline of any type 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.

As this section highlights, it is important to accept that there are a wide range of factors that impact on the level of risk associated with a person’s personal alcohol consumption on one occasion. Without sufficient evidence to support a new daily guideline it is understandable that this was not included. It is by-product of having weekly guidelines that should have been considered by the expert group before making a decision and something a full consultation could have supported before any guidelines were announced. It also highlights the necessary vagaries of adopting a new risk-based approach.
The Chief Medical Officers' guideline is that:

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

(Explanatory note: Summary of the proposed guidance)

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 on 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 anomalies
- 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 wish to stay below these 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.

Q8. Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant woman should do to keep risks to her baby to a minimum?
Answer: Yes

Unlike the other guidelines the advice on drinking while pregnant is sufficiently clear and a factual basis has been provided, which is supported by a range of evidence. This evidence covers a wide range of sources and has not been subjected to discounting or modelling which has been applied elsewhere. Therefore the public will have greater confidence in this statement.

The WSTA has supported the delivery of the Public Health Responsibility Deal pledge to include a warning about drinking while pregnant on labels. This internationally recognised symbol now appears on over 90% of labels on shelves in the UK and is fully in line with the advice provided by the Chief Medical Officer.

Q9. In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

Answer: Yes

As with the answer in Q.8 above, this guidance appears sufficiently clear and based on a fair analysis of the available evidence.
Annex 1


- Adam Jacobs, leading medical statistician and former President of the European Medical Writers Association, has written: "I find it surprising. According to table 6 on page 35 of the Sheffield modelling report, deaths from the acute effects of alcohol (e.g. cancer) are about twice as common as deaths from the acute effects of alcohol (e.g. getting drunk and falling under a bus). We also know that women are more susceptible than men to the longer term effect of alcohol. And yet it appears that the acute effects dominate this analysis. Unfortunately, although the Sheffield report is reasonably good at explaining the inputs to the mathematical model, specific details of how the model works are not presented. So it is impossible to know why the results came out in this surprising way and whether it is reasonable."

- Dr Erik Skovsenborg, Scandinavian Medical Alcohol Board, has stated in the media: "I am surprised to see the same limits for weekly alcohol consumption for men and women, in spite of the well-established greater susceptibility of women. The danger is that the new guidelines will give women the false impression they are on a par with men in their ability to tolerate alcohol."

- Curtis Ellison, Professor of Medicine and Public Health Boston University School of Medicine, and Director of the International Scientific Forum on Alcohol Research, commenting in the media: "Statements suggesting abstinence is better than light drinking in terms of health and mortality are erroneous and do not reflect current scientific literature, with well-conducted studies showing that mortality is lower for light-to-moderate drinkers than for lifetime abstainers. The well-documented benefits of regular light-to-moderate alcohol consumption are primarily in middle-aged and older adults; it tends to lower their risk of most diseases of ageing (including coronary heart disease, stroke, diabetes, and even dementia)."

- Curtis Ellison, Professor of Medicine and Public Health Boston University School of Medicine, and Director of the International Scientific Forum on Alcohol Research, has commented on the new UK guidelines in the media: "As for cancer, studies show that for light regular drinkers, the risk is non-existent or minimally increased. The exception is breast cancer, where there's a slight increase in risk, even for women who have only one drink a day. The risk is primarily among women who binge drink, under-report their intake, have low intake of folate [B vitamin], or are on hormone replacement therapy."

- Dr Jan B Hoek, Professor in the Department of Pathology, Anatomy and Cell Biology and Vice-Chair for Research at Thomas Jefferson University, has written in the media regarding the new UK guidelines and the links between alcohol and breast cancer, commenting: "Women with known genetic susceptibilities for breast cancer should consult with their doctor about risk factors and are well advised to avoid overconsumption of alcohol. However, to stop moderate drinking to avoid the risks for cancer may do more harm than good."

- Dr Jan B Hoek and Dr Samir Zakhari have shown that links between alcohol and breast cancer should be interpreted with caution, and noted that: "It is advised that women with or without a high risk for breast cancer should avoid overconsumption of alcohol and should consult with their physician about risk factors involved in breast cancer. Since studies associating moderate alcohol consumption and breast cancer are contradictory, a woman and her physician should weigh the risks and probabilities of moderate alcohol consumption."

- Dr Mladen Boban, Professor of Biomedicine and Public Health, University of Split Medical School, Croatia, has stated in the media: "The guidelines do not mention the health benefits associated with moderate alcohol (especially wine) intake, thereby ignoring huge scientific evidence - for example, reduced incidence of type 2 diabetes and the strong cardiovascular benefits of alcohol. Moderate intake may even be protective against some cancers."

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Annex 2

Sheffield University modelling revisions between 2009 and 2013

<table>
<thead>
<tr>
<th>Factor</th>
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<th>2013 - predicted impact</th>
<th>Reduction from 2009 to 2013 model</th>
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<tr>
<td>Consumption</td>
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<td>↓ 2.7%</td>
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<tr>
<td>Total Societal value of harm reduction</td>
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</tbody>
</table>

**Annex 3**

In the report from the Guidelines Development Group to the UK CMOs, the risks for women were assessed primarily on chronic / long-term term outcomes such as cancers and other chronic diseases; however risks for men centred on the impact of acute harms such as accidents or injuries. It is of serious concern and confusion that different risks were directly compared in this way, and that this led to weekly guidelines remaining the same for women (14 units), but significantly reduced for men (from 21 to 14 units).

- Adam Jacobs, leading medical statistician and former President of the European Medical Writers Association has written that: “I find this result surprising. According to table 6 on page 35 of the Sheffield modelling report, deaths from the chronic effects of alcohol (e.g. cancer) are about twice as common as deaths from the acute effects of alcohol (e.g. getting drunk and falling under a bus). We also know that women are more susceptible than men to the longer term effect of alcohol. And yet it appears that the acute effects dominate this analysis. Unfortunately, although the Sheffield report is reasonably good at explaining the inputs to the mathematical model, specific details of how the model works are not presented. So it is impossible to know why the results come out in this surprising way and whether it is reasonable.”

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**Annex 4**

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

See: European Code against Cancer 4th Edition: Alcohol drinking and cancer
On the topic of the new UK guidelines, Dr Erik Skovenvborg, founder member of the Scandanavian Medical Alcohol Board, has stated in the media: "I am also surprised that smoking is not mentioned as a possible factor in the alcohol-cancer association. In a recent U.S. study of over 135,000 doctors and nurses, moderate male drinkers who had never smoked had no appreciably raised risk of alcohol-related cancer."

Annex 5

British Medical Journal, February 2016
http://www.bmj.com/content/352/bmj.i704/rr-0

Drunk on risk: how the Chief Medical Officers’ alcohol guidelines are demonizing drink
David M Shaw, Senior Researcher, Institute for Biomedical Ethics, University of Basel, Bernoullistrasse 28, 4056 Basel, Switzerland

Theresa M Marteau comments favourably on the new proposed guidelines from the Chief Medical Officers, which reduce the “safe” drinking level for men to 14 units and also state that there is no safe level of alcohol [1]. But this mixed message and others in the guidelines will only serve to confuse the public. The first issue with the new guidance is the claim that “no alcohol is safe” [2]. Except for the strong-willed minority who will quit drinking entirely as a result of it, this warning is likely to be counterproductive as people might be happy to cut down but not to eliminate alcohol completely. Setting the unrealistic target of zero will result in people carrying on as before, or even indulging more because they think that there is no safe amount anyway, so they might as well have more and enjoy themselves, (There is a parallel here with overambitious new year resolutions of exercise.[3])

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

A closely related point is that the selection of the new limits seems to be based on arbitrary criteria: "The 14-unit limit has been chosen because at that point, your drinking leads to a 1% risk of dying from alcohol-related causes.”[4] But this is essentially meaningless to members of the public. Why is a 1% risk deemed acceptable? Sally Davies, CMO for England, tried to explain things in terms the public can understand:
If you take 1,000 women, 110 will get breast cancer without drinking. Drink up to these guidelines and an extra 20 women will get cancer because of that drinking. Double the guideline limit and an extra 50 women per 1,000 will get cancer... That’s not scaremongering, that’s fact and it’s hard science.[5]

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

Davies also stated that “My job as chief medical officer is to make sure we bring the science together to get experts to help us fashion the best low-risk guidelines.”[5] But good guidelines should give information on low,
medium and high-risk and let people make their own choices. Focusing on the low-risk end risks people not paying any attention to the advice at all because it aims far too high. Furthermore, as the analysis above shows, drinking twice the guidelines would also keep the risk low—as would not drinking at all. It is scaremongering to say that there’s no safe amount when having a small or even moderate amount increases the risk only marginally.

Welcoming the new guidelines, Prof Sir Ian Gilmore, chair of the Alcohol Health Alliance has stated that “Only with accurate and transparent information are people able to make an informed choice about how much alcohol they consume.”[4] But the right to know is useless if the facts aren’t explained properly. The new guidelines send a counterproductive mixed message that miscommunicates the risks of drinking to the public; the Chief Medical Officers appear to be drunk on risk, and demonizing drink.


Annex 6

Dr Mladen Boban, Professor of Biomedicine and Public Health, University of Split Medical School, Croatia has stated in the media that: “The guidelines do not mention the health benefits associated with moderate alcohol (especially wine) intake, thereby ignoring huge scientific evidence - for example, reduced incidence of type 2 diabetes and the strong cardiovascular benefits of alcohol. Moderate intake may even be protective against some cancers.”

Further examples of studies showing a protective effect of alcohol against certain cancers:

- **Woznisk et al (2015)** – “In conclusion, moderate alcohol consumption was associated with a decreased risk of renal cancer.” (It should be noted that light drinkers had a 32% lower risk of renal cancer than abstainers.)
- **Sen et al (2015)** – “Our study provides some support to the hypothesis that moderate alcohol consumption may be associated with a lower risk of papillary and follicular thyroid carcinomas.”
- **Mahabir et al (2005)** – “These data suggest that alcohol consumption is associated with decreased risk of RCC [renal cell carcinoma] in male smokers.” (Authors warn of caution in interpretation as alcohol and smoking together increase the risk of throat cancers.)
- **Psaltopoulou et al (2015)** – “In conclusion, contrary to most solid tumors, alcohol intake may confer protection in terms of MM [multiple myeloma] risk among females, with wine being particularly beneficial.”
- **Rota et al (2014)** – “We did not find an increased risk of leukemia among alcohol drinkers. If any, a modest favorable effect emerged for light alcohol drinking, with a model-based risk reduction of approximately 10% in regular drinkers.”
- **Je et al (2014)** – “This study provides prospective evidence for an inverse association between light alcohol intake (~half drink per day) in the long term and endometrial cancer risk, but above that level no significant association was found.”
- Ji et al (2014) – “Our data suggest that alcohol consumption has a protective effect against hematological malignancies [leukaemia and lymphoma].”
- Chiu et al (1999) – “These data suggest that moderate alcohol consumption is inversely associated with the risk of NHL in older women and the amount of alcohol consumed, rather than the type of alcoholic beverages, appears to be the main effect determinant.”

Further to this:

- Leading science writer Tony Edwards (author of a comprehensive survey of the evidence about alcohol and health) commented in the media stating: “the positive biological effects of moderate alcohol consumption have been clearly demonstrated in terms of increases in HDL (‘good’) cholesterol and reducing blood clotting and the ‘inflammatory markers’ associated with heart disease.”
- Discussing the new guidelines, Dr Alexander Jones, UCL Institute of Cardiovascular Science, told the BBC: “There are a lot of prospective studies in many thousands of people in different parts of the world that show that if you drink modest amounts of alcohol up to, let’s say 2-3 units of alcohol a day, that you are less likely to develop coronary heart disease or stroke later on in life” He continued: “There have been a couple of studies which showed that if they randomized either just eating a Mediterranean diet or eating a Mediterranean diet and drinking a glass of red wine a night, they found that those who drank a glass of red wine a night had better cardiac function over time.”
- The scientific community continues to demonstrate a direct, causal link between alcohol consumption and reduced risk of heart disease (see examples below). This is most recently illustrated in the latest (2016) findings from The Atherosclerosis Risk in Communities (ARIC) Study.
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 2013 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.

1. There appears to be little clear new evidence to suggest changing the approach of the last 20 years which focussed on daily guidelines and moving to a weekly guideline.

2. Such a fundamental change should have had the impact of consumer communication at the heart of deliberations while the guidelines were being developed, not after they have been published.

3. International guidelines maintain the difference between men and women and to suggest men and women can consume the same tends to suggest they are exposed to the same risks.
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 because it doesn't place alcohol in context with other lifestyle factors that may impact on the risks associated with
alcohol consumption. The combination of drinking and smoking, for example, has an identified increased risk, yet there is no consideration of this in the new guidelines. The 1 per cent lifetime risk is an obscure point and most members of the public will not understand what this means. There is no attempt to clearly describe actual risk compared to relative risk and this means consumers will not be making an informed decision based upon these guidelines.

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]

In the drive to disuade people from "binge drinking" on a small number of days in the week, the weekly guidelines almost resort to being daily guidelines and therefore become confusing. The guidance suggests that nearly 5 units a day for men and women is acceptable - contrary to the current guidelines of 2-3 or 3-4 units.
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]
These proposed new guidelines deviate from the past recommendations in that they abandon the notion that there can be "safe" or "sensible" levels of consumption. This premise appears to be arrived at having ignored much research carried out across the world that suggests there can be beneficial outcomes from moderate alcohol consumption.
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]

Alcohol free days, according to the research used to support the new guidelines, are useful for people who wish to moderate heavy consumption. However, that this does not relate to moderate consumption is not made clear in the statement.

The conclusions of the review group appear to be at odds with the research used to support the new guidelines - halving a week-long consumption but having it all on one day will reduce consumption but increase risk.
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]

Here the complexity of relative and absolute risk have been glossed over to the extent that consumers will be incredulous that everyone will be affected by the same risk factors, whether it is speed of consumption, amount of consumption and different scenarios and attendant activities. This is very confusing.
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]

To change to weekly guidelines and then attempt to finesse the guidance to be applicable to daily consumption is likely to cause consumer confusion.

An already complicated series of recommendations would only become more complex with any attempt to work back from the 14 units a week position for men and women.

Whether the public was open to a weekly guidance sitting alongside daily guidance should have been tested during the formulation of the new guidelines through appropriate consultation.
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
Question 8

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

☑️ Yes

☐ No

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

In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

☑ Yes

☐ No

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

What is a unit of alcohol?

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

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

So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [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          |                                |

| 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 750ml bottle         |