DATE: 01/04/2016

Submission of: THE ROYAL COLLEGE OF PSYCHIATRISTS

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

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

We are pleased to respond to this consultation. Our response was approved by [redacted] and [redacted]

For further information please contact the Policy Unit on
Royal College of Psychiatrists

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

General comments

We welcome the new government guidelines on weekly drinking; in particular, the reduction in the threshold for low risk drinking to 14 units per week. Special caution in pregnancy and an increased vigilance in older people, especially those with ongoing health problems, are also to be commended.

It is clear that regular drinking is associated with a range of acute and chronic mental health problems such as depression, suicidal behaviour and alcohol related brain damage, all presenting a significant public health and clinical burden. However, we would urge caution if people decide to make a sudden reductions in their alcohol consumption as a result of the guidelines, and further medical advice may be necessary.

We consider that the Department of Health should seek to investigate further the range of mental disorders health associated with drinking above low risk guidelines, collate the acute and chronic effects of alcohol related harm, and make a clearer definition of the term 'older' people. This will also serve to catalyse improvements in training and education on alcohol related harm for health professionals and the wider public to enhance the effectiveness of the guidance.

We also recommend that all other brief intervention advice on government sites be updated (e.g. http://www.alcohollearningcentre.org.uk/). A broad government strategy which on how this information is to be presented consistently is crucial.

Developing a narrative that draws on the well known story of the harmful effects of smoking tobacco may also be useful. Journals may have carried adverts for brands of tobacco in the early 20th century, but epidemiological study (on doctors) showed the link with lung cancer, and gradually the health message has got across. The story with alcohol may be no different, with equivalent battles with vested interests in industry and the sheer difficulty of changing entrenched behaviours.
Questions

While we generally consider the guidelines to be clear, we have provided specific comments on some of the guidelines below, in accordance with the questions.

**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**

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?

More elaboration is needed here. The 'risk of 1% over a lifetime' is hard to interpret for most people. Stating that 'this is comparable to risks from other regular or routine activities e.g. driving' is helpful, but needs more elaboration.

**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**

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. This guideline does a good job of trying to dispel the idea that, for example 'a glass of wine is good for you'.

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, we would favour specific advice. A lot of time and effort has been spent educating the public on what units of alcohol are, and this information is gradually being assimilated. It would therefore be counterproductive to abolish this specific advice and replace it with more general information.
How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines

Introduction

A group of experts has been looking at the advice the UK’s Chief Medical Officers give to the public about how to keep risks to health low from drinking alcohol. They have looked at a 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.

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 new guidelines across the UK.

We 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.

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.

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

Information explaining alcohol ‘units’ can be found later in the Annex to this document.
We would 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 2015 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.

The weekly guideline as a whole

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

☐ Yes
☐ No

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

The Guideline is clear in its content. However, the Royal College of Midwives believe that information provision about the risks of alcohol is key. It is also important to be precise that people should consume less alcohol in order to minimise the associated risks. The use of the word “safest” could be misinterpreted by those who regularly consume alcohol and they may take this to mean that they are “safe” as long as they confine alcohol consumption to a certain number of units. It is uncertain that those who consume alcohol on a regular basis will consider modifying their drinking by counting the units. In addition, the recommended “safe” units of alcohol may affect different people differently.
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.

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?

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This is a much better way of advising those who consume alcohol on a regular basis about reducing their risks. I am not certain that many of them will diligently measure the units they are consuming on a weekly basis. The use of the words "Safe" and "Safer" is concerning, as we know of the cumulative effects on a person who consumes alcohol regularly. Whilst the RCM understands the need to use "units" and terms like "safe" in this guidance, we remain concern about problem drinking which does not always manifest itself to health professionals. Alcohol consumption does not only impact on the individual's health; there is good evidence of the negative consequences on children in particular.
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]

The message about "drink-free days" is good but perhaps risks the "binge drinking" effect on alcohol days. In particular, many young people may abstain on weekdays and then drink heavily on weekends. There may be a risk of binge drinking on the 3 non-dry days, especially if the individual is trying to reduce their risks. There is always
How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines
Introduction

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

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

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

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   - [x] No

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Individual parts of the weekly guideline

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

**Explanation (from 'Summary of the proposed guidelines')**

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

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

15. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.
2. Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

☒ Yes
☐ No

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

☒ Yes
☐ No

If you answered “No” above, please explain here how the advice could be made clearer [please keep within 200 words].
Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from ‘Summary of the proposed guidelines’)

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

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

☑ Yes
☐ No

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

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

Explanation (from ‘Summary of the proposed guidelines’)

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

☐ Yes

☐ No

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

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

Advice on short term effects of alcohol

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

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

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

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

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

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs
As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from 'Summary of the proposed guidelines')

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

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

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

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

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

☐ Yes
☒ No

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

Too much information - needs to be simplified.
The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

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

Explanation (from "Summary of the proposed guidelines")

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

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

24. Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: Specific, measurable and timebound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.
7. For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

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

☐ Yes
☒ No

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

DRINKS \text{ instead or } UNITS
Guideline on pregnancy and drinking

The Chief Medical Officers’ guideline is that:

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

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

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%). The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

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

Explanation (from ‘Summary of the proposed guidelines’)

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

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

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

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

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

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

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

☐ Yes
☐ No

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


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

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

Has the guideline met these aims?

☐ Yes
☐ No

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


Annex

What is a unit of alcohol?

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

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

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

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

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

<table>
<thead>
<tr>
<th>Department of Health</th>
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The number of units you are drinking depends on the size and strength of your drink

<table>
<thead>
<tr>
<th></th>
<th>11% ABV wine</th>
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<tbody>
<tr>
<td>1.4 units</td>
<td>1.8 units</td>
<td></td>
</tr>
<tr>
<td>125ml glass</td>
<td>175ml glass</td>
<td></td>
</tr>
<tr>
<td>1.9 units</td>
<td>2.4 units</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>8.2 units</td>
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<td></td>
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<tr>
<td>250ml glass</td>
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<td>1.1 units</td>
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<tr>
<td>284ml half pint</td>
<td>440ml can</td>
<td></td>
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<td>1.7 units</td>
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<td>440ml can</td>
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<td></td>
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<td>2.2 units</td>
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How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines

January 2016
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The weekly guideline as a whole

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

☐ Yes
☐ No

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

---

Individual parts of the weekly guideline

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

**Explanation (from 'Summary of the proposed guidelines')**

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

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

15. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.
2. Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

☐ Yes
☐ No

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

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

Explanation (from ‘Summary of the proposed guidelines’)

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

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

☐ Yes
☐ No

If you answered “No” above, please explain here how the advice could be made clearer [please keep within 200 words].
Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from ‘Summary of the proposed guidelines’)

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

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

☒ Yes
☐ No

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

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

Explanation (from ‘Summary of the proposed guidelines’)

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

☑ Yes

☐ No

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

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

Advice on short term effects of alcohol

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

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

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

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

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

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs
As well as the risk of accident and injury, drinking alcohol regularly is linked to long term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from "Summary of the proposed guidelines")

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

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

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

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

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

☐ Yes
☐ No

If you answered "No" above, please explain your view here [please keep within 200 words].
The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

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

*Explanation (from 'Summary of the proposed guidelines')*

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

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

24. Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: *Specific, measurable and timebound.* Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.
7. For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn’t drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

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

☑ Yes
☐ No

Please explain your view here [please keep within 200 words].
Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:

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

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

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

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

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

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

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

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

☐ Yes
☐ No

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

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

*Has the guideline met these aims?*

☐ Yes
☐ No

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

What is a unit of alcohol?

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

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

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

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

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

<table>
<thead>
<tr>
<th>Department of Health</th>
<th>Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of units you are drinking depends on the size and strength of your drink</td>
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</tr>
<tr>
<td>11% ABV wine</td>
<td>3.5% ABV lager</td>
</tr>
<tr>
<td>1.4 units</td>
<td>1.1 units</td>
</tr>
<tr>
<td>125ml glass</td>
<td>284ml half pint</td>
</tr>
<tr>
<td>1.9 units</td>
<td>1.7 units</td>
</tr>
<tr>
<td>175ml glass</td>
<td>440ml can</td>
</tr>
<tr>
<td>2.8 units</td>
<td>2.2 units</td>
</tr>
<tr>
<td>250ml glass</td>
<td>568ml pint</td>
</tr>
<tr>
<td>8.2 units</td>
<td>2.5 units</td>
</tr>
<tr>
<td>750ml bottle</td>
<td>660ml bottle</td>
</tr>
<tr>
<td>14% ABV wine</td>
<td>5.2% ABV lager</td>
</tr>
<tr>
<td>1.8 units</td>
<td>1.5 units</td>
</tr>
<tr>
<td>140ml glass</td>
<td>266ml half bottle</td>
</tr>
<tr>
<td>2.4 units</td>
<td>2.3 units</td>
</tr>
<tr>
<td>175ml glass</td>
<td>410ml can</td>
</tr>
<tr>
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<td>3 units</td>
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How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines
Introduction

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>The Chief Medical Officers’ guideline for both men and women is that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.</td>
</tr>
<tr>
<td>• If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.</td>
</tr>
<tr>
<td>• The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.</td>
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<tr>
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</table>
Individual parts of the weekly guideline

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

Explanation (from 'Summary of the proposed guidelines')

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

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

15. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.
2. Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

☐ Yes
☒ No

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

Same explanation as question.

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

Explanation (from 'Summary of the proposed guidelines')

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

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

☒ Yes
☐ No

If you answered "No" above, please explain here how the advice could be made clearer [please keep within 200 words].
Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis

Explanation (from 'Summary of the proposed guidelines')

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

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

☐ Yes
☐ No

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

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

Explanation (from 'Summary of the proposed guidelines')

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

☑ Yes
☐ No

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

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

Advice on short term effects of alcohol

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

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

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

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

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

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs
As well as the risk of accident and injury, drinking alcohol regularly is linked to long-term risks such as heart disease, cancer, liver disease, and epilepsy.

Explanation (from 'Summary of the proposed guidelines')

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

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

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

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

6. Is the advice — along with the explanation — on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?
   - Yes
   - No

If you answered "No" above, please explain your view here [please keep within 200 words].
The Chief Medical Officers advise men and women who wish to keep their short term health risks from a single drinking occasion to a low level that they can reduce these risks by:

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

Explanation (from 'Summary of the proposed guidelines')

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

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

24. Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: Specific, measurable and timebound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.
7. For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn’t drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box.

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

☑ Yes
☐ No

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

drinks should be expressed more specifically.
Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:

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

Most women either do not drink alcohol (19%) or stop drinking during pregnancy (40%). The risk of harm to the baby is likely to be low if a woman has drunk only small amounts of alcohol before she knew she was pregnant or during pregnancy.

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

Explanation (from 'Summary of the proposed guidelines')

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

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

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

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

☑ Yes  
☐ No

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

---

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

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

_**Has the guideline met these aims?**_

☐ Yes  
☑ No

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

"Should be simplified - drunk not uni..."
Annex

What is a unit of alcohol?

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

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</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>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>
CMO Alcohol Guidelines CONSULTATION

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

About Us

NHS Health Scotland is a national Health Board working with public, private and third sectors to reduce health inequalities and improve health.

Our corporate strategy, A Fairer Healthier Scotland, sets out our vision of a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

Our mission is to reduce health inequalities and improve health. To do this we influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

Contact Details

We are content for our response to be made available to the public and to be contacted in the future.

QUESTION 1: Is the weekly guideline for regular drinking as a whole, along with the explanation in the ‘Summary of the proposed guidelines’, clear and understandable?

Yes

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
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

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

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

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

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

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

QUESTION 9: In recommending this guideline, the expert group aimed for:
• a precautionary approach to minimising avoidable risks to babies;
• openness about uncertainties in the evidence, particularly on the effects of low levels of drinking in pregnancy;
reasonable reassurance for women who may discover they have drunk alcohol before knowing they were pregnant. Has the guideline met these aims?

Yes