



Department  
of Health

## Consultation questionnaire form

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

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#### 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](mailto:UKCMOGuidelinesReview@dh.gsi.gov.uk)

**By post:**

**Alcohol Policy Team,**

**6th Floor**

**Department of Health**

**Wellington House**

**133 -155 Waterloo Road**

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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]

More information is still required to help people understand what a unit of alcohol is as simply as possible so they can easily track their alcohol consumption on a weekly basis.

It would be useful to define what "regularly" means.

## 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]

It would be helpful to define what "regularly" means - weekly?

**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]

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**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]

We should be more explicit about the element of risk. i.e evidence has shown that risks of cancer attributable to alcohol are normally low if drinking is within the proposed guidelines. Long term health risks to be emphasised more.

**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]

[extracted from the above]

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: Specific, measurable and timebound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

## Question 7

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

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

☒ 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]

Agree, but clear guidance again is needed on what a unit is and with the caveat that effects from alcohol can vary from individual to individual.

## 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]

We welcome this guideline as previous advice has been inconsistent.

### 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?

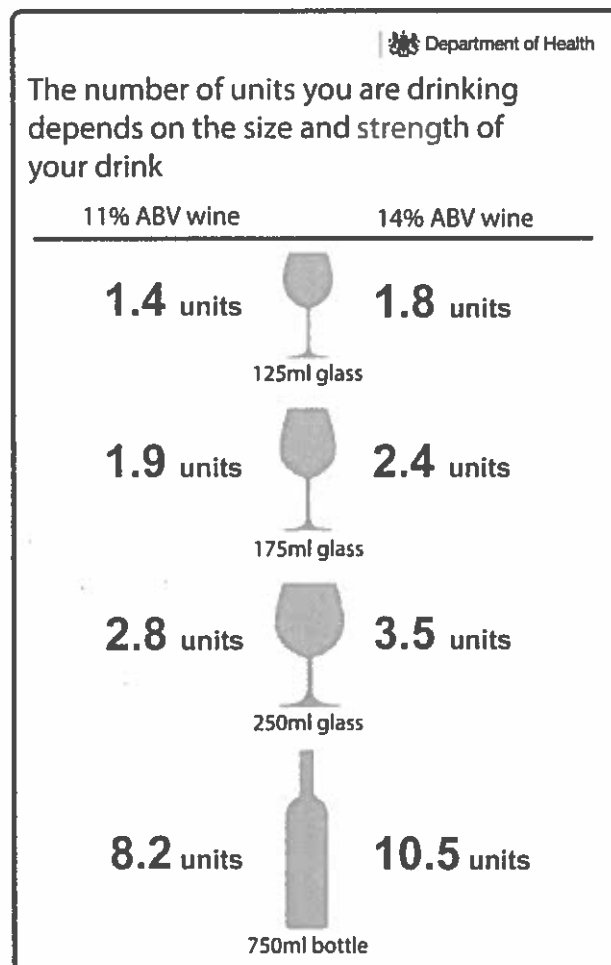
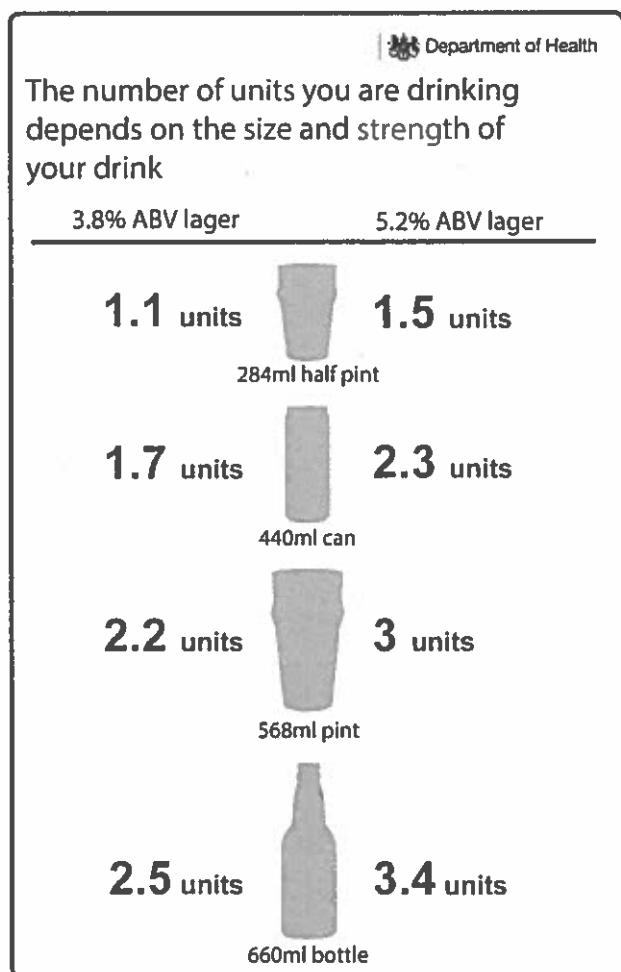
A unit is a measure of the pure alcohol in a drink, that is, the amount of alcohol that would be left if other substances were removed. A unit is 10ml, or one hundredth of a litre of pure alcohol. Units are calculated by reference to:

- 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.



## How to keep health risks from drinking alcohol to a low level: public consultation on proposed new guidelines – A response from the Association of Licensed Multiple Retailers

The ALMR welcomes the opportunity to submit evidence to the Chief Medical Officer's public consultation on proposed new alcohol guidelines.

The ALMR's membership is primarily pubs and bars but we are also the largest representative body for restaurants, representing over 6,600 outlets. Between them, our member companies operate just under 22,000 outlets including some of the largest high street operators such as JD Wetherspoon, Deltic Group, YO! Sushi and Harvester and two-thirds of our members are small independent companies operating 50 outlets or fewer under their own branding, predominantly high street and community pubs.

As the only national trade body dedicated to representing licensed hospitality operators, the ALMR is well-placed to comment on the impacts of the proposed new guidelines. We are actively engaged with efforts to reduce both the harms from alcohol consumption and harmful alcohol consumption itself, working with sector and industry bodies such as Drinkaware, the Portman Group, PASS, the Institute of Licensing and others to ensure that consumers are given relevant and accurate information about risk.

### Overview

The ALMR agrees that Government alcohol consumption guidelines can be a useful tool for consumers, equipping them with relevant, accurate and impartial information on which they can assess the risks of their own behaviour. The proposed new guidance, however, deviates from this approach and so threatens to alienate consumers and discredit the concept of government alcohol guidance more generally. The guidelines as proposed present consumers with a distorted picture of alcohol consumption designed to emphasise the risks and obscure any benefits that may be derived alongside them.

The overwhelming majority of drinkers drink alcohol responsibly and within the existing guidelines. Figures for 2015 show that "63 per cent of men and 64 per cent of women" drank within their separate guidelines and just 15% of people "binged" (8+ units for men, 6+ for women). It is notable that the 2015 figures show, for the first time, that binge drinkers represented a smaller proportion (15%) than teetotallers of the total sample. Reductions in binge drinking and increases in responsible consumption have been chiefly driven by younger drinkers, especially those in the 16-24 age group – just 18% of young people report binge drinking now, compared to 29% 10 years ago – and alcohol harms are increasingly driven by unchanging consumption in older age groups which have shown themselves more resistant to public health messaging.

A wealth of compelling international scientific evidence demonstrates that alcohol can be consumed safely, in contrast to the stark claim in the proposed new guidance that "there is no level of regular drinking that can be considered as completely safe". Lifelong abstainers exhibit higher mortality rates than all groups of drinkers except those consuming over 20 units a week (Knott, BMJ 2015;350:h384) so



while it is strictly correct to point out that drinking, like all activities, can never be “completely safe”, it misleads consumers by not informing them that abstinence can be similarly risky.

The conclusions of the expert group overstate the link between alcohol and cancer while downplaying protective effects, creating a disingenuous impression that moderate alcohol consumption has a proven link with more illnesses than is really the case. While alcohol has been shown to be a risk factor for many forms of cancer, for the vast majority of these it is only for drinkers consuming an average of 6 or more units every day that the association is definite and clear-cut. While moderate alcohol consumption can play a role in increasing the risk of certain cancers such as breast cancer and colorectal cancer, the link between responsible alcohol consumption and most cancer is speculative and not borne out by systematic, large-scale studies such as the World Cancer Research Fund’s most recent Expert Report which found that alcohol is a risk factor for “mouth, pharynx, larynx, oesophagus, breast (in women) and bowel (in men)” cancers, as well as probably being a risk factor for bowel cancer in women and liver cancer. This list is far from an exhaustive list of cancers but the guidance suggests to consumers that all alcohol consumption increases the risk of developing all cancers, which clearly runs contrary to the evidence.

Given the stated and entirely justified importance of “evidence-based policy” in determining public health aims, it is especially concerning that the setting of guidelines for alcohol consumption appears to have been exploited as a tool to propagate contentious and misleading messages about the alleged dangers of moderate alcohol consumption. It is clear from the minutes of the expert group that the group has been dominated by temperance campaigners with ideological interests in reducing alcohol consumption for its own sake (for example, in the most recent meeting it was agreed that “[t]he accompanying narrative and messages would be important. This should include avoiding any suggestion that abstinence from alcohol is problematic”, in flagrant contrast to the evidence, while as long ago as 2013 “Members discussed approaches that have been successful in reducing smoking”). The credibility and hence practical value of the guidelines rests on their being recognised as impartial and factual, but this impartiality has clearly been compromised in favour of a speculation-driven view that reducing aggregate population alcohol consumption is the best way to reduce the health harms of alcohol.

This one-sided co-optation of the alcohol guidelines by temperance campaigners reveals the flaws in the government’s non-consultative approach to setting them, as these serious issues would have been raised much earlier in the process had alcohol-retailing businesses been able to contribute. Instead the guidelines are presented as a fait accompli, the science obscured as far as possible and the vast and varied benefits of alcohol consumption – both social and economic – are completely absent from the guidelines and the expert group’s considerations. The sale of alcohol is worth an estimate £38bn to the UK economy and supports a number of interconnected industries such as licensed hospitality, which itself generates over £57bn in revenue and contributes £28bn to UK GDP. Our industry is growing, particularly driven by growth in food-led outlets as the industry is rapidly adapting to the shifting habits of consumers – restaurant turnover is expected to grow faster than the rest of the industry at 15% a year and reach £39bn by the end of 2018. Our industry is an important employer, particularly of young people, and created 1 in 7 net new jobs for 18-24 year-olds in the last year. These benefits should be

considered alongside the costs of alcohol to avoid presenting a distorted picture which focuses solely on the negative aspects of alcohol consumption.

Guidelines have an important role to play in ensuring that consumers are able to make informed choices on the basis of the best available evidence. The proposed new guidelines risk discrediting themselves by misrepresenting the evidence in furtherance of an ideological agenda, a point that was recently made emphatically by the outgoing and incoming Presidents of the Royal Statistical Society who claimed in a recent letter to the Secretary of State for Health that the new proposed guidelines deny consumers “an informed choice”. While it is of course right to highlight the risks of alcohol consumption in order that consumers can make informed decisions about their behaviour, the new guidelines present a distorted view of the international evidence to misleadingly tell consumers that all alcohol consumption is necessarily risky without also informing them of the health impacts of teetotalism and abstinence. As currently formulated, the guidance risks alienating those responsible consumers it should be seeking to assist.

**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.

The proposed guideline risks confusing consumers and counterproductively diminishing the esteem in which the guidelines should be held. It falsely suggests that the risk profiles for men and women are identical despite the document acknowledging that “short term risks [are] greater for men and long term risks [are] greater for women on average” and the message that risk “increases with any amount you drink” contradicts clear evidence of the “cardio-protective effects of moderate alcohol consumption”. The guideline as proposed presents a distorted picture of the health risks of alcohol consumption which emphasises every risk however slight while failing to acknowledge benefits or quantify the risks. By suggesting that men and women can drink the same amounts and will experience the same effects, the guidance risks being dangerously misunderstood.

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

No.

The explanation in fact confuses matters further, by suggesting that the risk of “drinking regularly at or above the low risk level advised” would be “a little under 1% over a lifetime” which it states is “comparable to risks from some other regular or routine activities”. This suggests both that consumption is always dangerous and that drinking within the guidelines can be as dangerous as exceeding them, both statements that are likely to deter people from moderating their consumption rather than encouraging them. The explanation also suggests that all regular drinking causes definite

health problems and so overlooks the evidence for the benefits of moderate consumption. Greater explanation is needed of the finding that the same limits should apply to men and women as this is likely to be the most contentious and confusing recommendation for consumers.

**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. The guideline could be interpreted as suggesting that it is better to drink on multiple occasions every week rather than only one. The recommendation against binge drinking is one of the most important and we believe that it should be as clear as possible, but the guideline does not define a “heavy drinking session” or quantify the risks involved. While we do not believe that a firm daily recommendation is desirable, the guidance would be significantly more useful to consumers if it explained what constitutes a heavy or binge drinking session.

Pls consider the alternative response below

No.

The guideline could be interpreted as suggesting that it is better to drink on multiple occasions every week rather than only one. The recommendation against binge drinking is one of the most important and we believe that it should be as clear as possible, but the guideline does not define a “heavy drinking session” or quantify the risks involved. Without defining what a heavy drinking session constitutes it might be possible for people to think they are following the guidance whereas they are in fact binge drinking over a period of several days rather than just one day.

**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

Considering that the expert group “judge the risks to be low”, it is not at all clear how someone could further reduce their long-term health risks to below the expert group’s assessment of the risks of moderate drinking.

For those consumers who are worried about a specific illness or condition it is misleading to simply say that you are at greater risk of a ‘range of illnesses’. It would be better to say please check with your doctor if you are concerned.

Plus given that total mortality among moderate drinkers is lower than among non-drinkers it is misleading to suggest that non-drinkers will automatically lead longer lives (or, indeed, better quality) lives than those who drink responsibly.

**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.

If people interpret the guidance as the number of drinks they should consume over a weekly period and also suggests they have a number of drink free days then it might be that they try to hit their weekly tally by consuming more than they would otherwise do in the days remaining available to them to drink.

**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

The advice and explanation are clear. The quantification of the increase in injury risk from alcohol consumption is especially welcome and stands in stark contrast to much of the guidance.

**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?**

If the evidence justifies such a guideline we would support it, but we agree that a weekly guideline is a more effective tool and believe that the potential clash between daily and weekly guidelines could confuse consumers and so is best avoided.

**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.

**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; and 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 CONSULTATION**  
**“HOW TO KEEP HEALTH RISKS FROM DRINKING ALCOHOL**  
**TO A LOW LEVEL: PUBLIC CONSULTATION ON PROPOSED**  
**NEW GUIDELINES”**

**SUBMISSION OF PERNOD RICARD UK**

**1 April 2016**

Pernod Ricard UK is the UK sales and marketing company of Pernod Ricard S.A., an international wines and spirits company based in Paris. Our sister UK company, Chivas Brothers Limited, owns and operates 15 distilleries in Scotland for the production of Scotch whisky and two distilleries in England for the production of gin.

Pernod Ricard UK is a corporate sponsor of the Portman Group, the responsibility body for UK producers of alcoholic beverages. PR-UK also provides financial support for the Drinkaware Trust and has worked with a project partners on a number of responsible drinking initiatives in the UK.

PR-UK is grateful for this opportunity to comment on the consultation document. As a company, Pernod Ricard is committed to marketing and promoting its portfolio of beverages in a responsible manner. Working together with our competitor companies in the UK and around the world, we work with government bodies and officials and other interested stakeholders to reduce alcohol-related harm and to promote responsible drinking.

This submission will address each of the questions posed in sequence. As a general comment, however, it is our contention that the scope of the consultation is too narrowly devised in order to answer the consultation's questions and to provide appropriate support to the intended aims of the consultation.

The Department of Health has been quite specific in its instructions that consultation participants should not comment “on the scientific evidence or how the expert group has used it to decide on their recommendations”. This demand is a curious one given that the last time the guidance on alcohol consumption was considered (in the mid-1990s), there was a fairly extensive consultation on the proposed Guidelines following their announcement in December 1995. Comparisons of these two quite different approaches can be expected.

Since the announcement of the CMOs' revised Guidelines on 8 January of this year, there has been a fair amount of discussion on the new Guidelines. Much of this commentary has focussed on the reduced recommendations for men, the setting of equal targets for both men and women and the confusing assessments and messaging of how to manage the risks associated with alcohol consumption.

Pernod Ricard UK believes that the UK Government Guidelines on alcohol need to be credible to consumers and that these guidelines present and communicate risk in context with other normal day-to-day activities such as operating a motor vehicle or watching television. The draft Guidelines announced in January do not meet the common sense test and will be very confusing for consumers. A number of experts have already commented that these draft guidelines will not provide consumers with clear and specific advice that will enable them to make intelligent and informed drinking decisions.

As mentioned above, PR-UK is a corporate sponsor of the Portman Group. The extensive submission made by the Portman Group has been reviewed and endorsed by its members and the Portman Group commentary is commended to you for your consideration.

## **RESPONSES OF PERNOD RICARD UK TO THE DEPARTMENT OF HEALTH CONSULTATION**

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.

***CONSULTATION 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?***

**ANSWER: No**

There is no clear and understandable reasoning provided on the deficiencies of the daily benchmarks or why weekly drinking levels are preferable to daily benchmarks. All that is mentioned is that "there may be some confusion with the existing guidelines." However, no evidence is presented that weekly guidelines will banish this confusion.

Secondly, the wording states: "You are safest not to drink regularly more than 14 units per week..." Yet, this statement is undermined later in the CMOs Guidelines with the words "...this means there is no level of regular drinking that can be completely safe." One guideline appears to be working at cross purposes with another guideline. Thus, clarity in messaging is not achieved.

The CMOs are attempting to provide guidance on alcohol consumption while, at the same time, trying to provide consumers with a crash course in assessing risk and risky behaviour. It appears that the CMOs want to convey that drinking within the 14 units per week is a low level of risk, but even that is not really clear.

This language is further complicated by the decision to equate the drinking levels for both men and women. The supporting analysis of risk factors that led the CMOs to this decision somewhat explains the decision on a universal weekly guidance of 14 units, but this analysis will not be read – and easily understood - by a great many people.

The take away conclusion will be that women can drink as much as men. That is what will be "clear and understandable". The CMOs appear to have ignored the vast majority of international evidence and experience and go with a single guideline for men and women. It is to be expected that consumers will make their own judgements.

***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.

***CONSULTATION 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?***

***ANSWER: No.***

There is no “guidance” on “...how you can seek to reduce long term risks to your health from alcohol”. Rather the guideline in question advises consumers that they “...are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level”. This guidance is about managing the risk and not about reducing long term risks.

More importantly, this guideline states that consumers “...are safest not to drink regularly more than 14 units per week...”. This statement is later contradicted by statements that there is no safe level of alcohol consumption. So it is fair to say that clarity has not yet been achieved.

Again, the CMOs, through these draft guidelines, are seeking to communicate not only advice on recommended levels of drinking but also on the risks associated with alcohol consumption. To complicate this message further, the CMOs have drafted a one-size-fits-all guidance that also seeks to embody two different risk components: one for men and one for women. Consequently, the Guideline and explanation in question are a muddle and are not clear at all, even to experienced persons in the field.

With regards to the second question in the consultation question, it is not clear at all what group of words are intended to serve as an “explanation for how the weekly guideline was chosen”. There is no discussion of why 14 units have been selected versus another level. There is also no “explanation” as to why the advice on drinking for men was reduced but the one for women has remained the same.

What is provided are a few paragraphs on overall risk that, in their presentation, will have little relevance to most consumers. If this is to be the explanation, then it quite seriously fails the common sense test. There is no attempt to place the 1% risk of death from an alcohol-related condition in a context that is easily understood by consumers.

***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.

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

**ANSWER: No**



In one guideline, the CMOs suggest that it is "safest not to drink regularly more than 14 units per week, to keep health risks from drinking to a low level." In the next guideline, the wording of the guideline, i.e., "[i]f you do drink as much as 14 units per week..." suggests that the CMOs find that drinking to this level is worthy of caution.

This confusion will only dilute the effectiveness of the messaging. The communication of the guidelines should be succinct and clear. Having one guideline second-guessing another will not be very helpful in communicating a clear message.

This guideline then strays into a baffling numbers game by suggesting that consumers spread their alcohol consumption over 3 days or more. Why 3 days? If a man or a woman were to choose to drink their 14 units over three days, this means a consumption level of perhaps 4.67 units per day (if spread evenly). Such a consumption level would be in excess of the previous drinking guidelines for both men and women.

Just as importantly, it is reasonable to expect that consumers will not drink just 0.67 of a unit. So, if the 4.67 units are rounded up to 5 units per day (over three days) we are now into the territory of binge drinking, which has been defined as 5 or more units in a single drinking occasion. Have the implications of such a guideline been considered?

**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.

**CONSULTATION 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?**

**ANSWER: No.**

There are considerable concerns by many about the statement made in this guideline that there is no safe level of consumption. This is an unfortunate statement which is contradicted by a significant body of evidence. Again, the CMOs are undermining their own guidance. If there is no safe level of alcohol consumption, why are the CMOs providing any guidance to UK consumers on alcohol consumption?

The language in the guideline differs remarkably from the wording in the explanation. In the guideline, it speaks of "[the risk of developing a range of illnesses...increases with any amount you drink on a regular basis". In the explanation, it states: "[t]he 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;...".

Clarity on this point would be helpful. Are the CMOs and their panel of experts asserting that there is a direct causal link between alcohol consumption and certain diseases? Or is this a drafting error and the explanation should reflect the potentially heightened risk of developing certain diseases?

***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.

***CONSULTATION 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?***

***ANSWER: No.***

At a superficial level, this guideline can be seen as stating the obvious. However, without more, the guideline and its supporting explanation are useless.

Drink-free days have been part of the Government's advice on alcohol for some time now. No doubt more could be done to promote the concept.

With this proposed guideline, however, no distinction is made between a person drinking within the guidelines and those who consistently drink in excess of the guidelines. Advising heavy drinkers to have drink-free days is not appropriate advice when the consumer should be seeking to reduce his or her overall alcohol consumption. Government advice should be aiming to encourage consumers to drink within the stated guidelines and not to encourage drink-free days in the context of heavy drinking.

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.

**CONSULTATION 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?**

**ANSWER: No.**

Precision would be helpful on this advice. Members of the public may not completely understand the definition of “A single occasion of drinking”. References to “risky places” and “risky situations”, without being placed into context, may be lost completely.

The explanation begins to address the diversity of consumers, but it provides no specifics in order to alert consumers about particular situations that will have relevance to their daily experience.

This advice is not written in words that are easily conveyed to the general public. Again, the wording is attempting to communicate important advice on how to drink responsibly, but the advice is now cloaked in the baggage of managing risk which, for the majority of consumers, will not have any immediate relevance to them or, at least, not in the language presented here.

*[extracted from the above]*

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

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

*Explanation (from ‘Summary of the proposed guidelines’)*

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.

**CONSULTATION 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.**

**ANSWER: It is not clear at all what question is being posed. Are respondents being asked to react to a proposal for a daily drinking guideline as well as a weekly drinking guideline? Or would this proposal be for a one-off guideline on an isolated drinking occasion? The actual question appears to have been lost.**

Since the expert panel and the CMOs have offered little in the way of a rationale on the preference for a weekly guideline versus a daily drinking guideline, it is a bit difficult to understand the second guessing on the part of the expert panel on why they would want to employ an additional daily guideline on isolated occasions. If the CMOs are determined to switch to weekly guidelines, the public re-education on this point should not be confused by suggesting supplementary and, perhaps, conflicting advice on single drinking occasions.

Furthermore, the mind boggles that a suggestion would be made for a single drinking occasion guideline of 7 units. Where did this number appear from? Such a suggestion would only serve to undermine the communication of the new weekly drinking guidelines. Do the CMOs really wish to recommend binge drinking as a one-off recommendation?

The discussion in the explanation of the many factors that can influence a person's reaction to alcohol consumption and, thereby, the attendant risks associated with such consumption are important considerations for consumers to understand. These circumstances have certainly been communicated in past versions of the Government's Sensible Drinking Message and they should be included in future versions as well and not discussed only in supplementary "explanations".

**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.

**CONSULTATION 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?**

**ANSWER: Yes.**

The advice on drinking during pregnancy is straight forward and clear, albeit quite detailed as befits the seriousness of the issue.

Of course, the particulars of the guidance and the explanation are best communicated to prospective parents (and especially the women) through their doctors.

Pernod Ricard made the decision in 2006 to start providing information on drinking during pregnancy on our product labels and these new labels began appearing on our products in 2007. This information was passed on to Department of Health officials at that time.

**CONSULTATION 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?***

**ANSWER: Yes.**

**This response is submitted on 1 April 2016 on behalf of Pernod Ricard UK by;**

## **Consultation: How to keep health risks from drinking at a low level**

### **Overview**

Cancer Research UK welcomes this guideline and the opportunity to comment on how it is communicated to the public. We agree with the Chief Medical Officer that people are entitled to clear and actionable advice to help them understand the health risks associated with alcohol, so that they can make an informed choice about their own drinking. Overall we think these guidelines are a positive step in informing the public of the risks from alcohol consumption reflecting the latest evidence on the health impact of alcohol.

However, this advice must be communicated clearly and effectively in order to be useful. While we support the changes to the guidelines we believe improvements can be made so that they are better understood by the public. We also agree that social marketing campaigns are needed to increase public understanding of the health risks of drinking.

In responding, we have drawn from our range of expertise in communicating health messages to the public, including the results of a survey into public understanding of the new guideline, which we would be happy to share with you. We have also consulted our Cancer Awareness Roadshow nurses, who have a wealth of experience in communicating with the public face-to-face about health and especially cancer prevention.

We continue to include the drinking guidelines in our information for the public, and would be happy to support their communication. Please contact us if we can provide any further information.

### **Question 1. Is the weekly guideline for regular drinking as a whole clear and understandable?**

No.

Preliminary findings from a CRUK study showed that whilst the health messages were resonating with the general public, there was very poor knowledge of the 14 unit per week limit, or that the guidelines were now a weekly, and not a daily, limit.

Data from adults attending the Cancer Research UK Cancer Awareness Roadshow (see *Improving cancer control through a community-based cancer awareness initiative. Smith et al (2014) Preventive Medicine*) also indicates that alcohol consumption was a noticeably difficult behaviour to influence. Lower socio-economic groups were well represented among this audience.

The guideline may benefit from a simple explanation of what constitutes one unit, along with the graphic. We recommend including the units graphic with the guideline information wherever possible.

It could be made clearer that the reason for recommending spreading drinking evenly over three or more days is to avoid regular heavy drinking sessions, and that three is a minimum could be emphasised more heavily. Otherwise, it could seem that what is being advocated is concentrating consumption across a few days (e.g. over three days rather seven).



Cancer Research UK recommend further consideration is given to accessibility of the guidelines and the needs of specific groups, including health literacy levels, and barrier and health determinant recognition. The discrepancy in health literacy among the UK public compounds existing inequalities in access to and understanding of cancer control information.

**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.

Preliminary findings from a CRUK study showed that the concept of a 1% risk, as related to an activity like driving a car, was poorly understood.

The 'protective effect from alcohol' is acknowledged but not explained and as a result this could be confusing for people. People may assume that regularly drinking less than 14 units per week could confer a protective effect.

The language in this section is also quite complicated and is likely to be difficult to understand and apply, especially for people with lower literacy and numeracy.

**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.

It could be made more explicit that this does not mean drinking up to 14 units on each of the three days, as our research suggests people may not be aware the guidance has changed from a daily to a weekly limit.

This section could also signpost people to the advice on drinking on single occasions. We also note that as 14 is not evenly divisible by three, and units information tends to be given to the nearest half unit, people may have difficulty in applying this advice. Additional advice, for example that people should aim to be within the 14 unit limit, in preference to roughly equal to it, would be useful. If a single occasion limit is introduced it would be useful to refer to it here, especially if it is greater than 14/3, to clarify how the two fit together.

Additionally, this advice is in tension with the idea of drink-free days, so it may be useful to clarify which is the priority for health – having drink-free days or minimising the amount drunk on any one occasion.

**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.

Preliminary findings from a CRUK study showed a good understanding that there is no completely safe level of drinking, and there are long term health conditions associated with drinking.

**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.

This guidance is very clear and concise and can be relayed to the public easily.

Preliminary findings from a CRUK study showed a good agreement that having drink free days is a good way to cut down on drinking.

It may also be useful to signpost people to other reputable information on cutting down on drinking, or to include some additional advice. In particular for people who do not wish or find it difficult to not drink alcohol at all on some days of a given week.

**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.

Overall, this is very long winded and the take home messages are unclear. Some of the wording used is complex and not easy to interpret or understand.

We would recommend changing the information about 'short term health risks' of drinking so that it appears earlier – for example these could appear as a bulleted list at the beginning of this section. Also remove reference to judging the risks from how you drink correctly as it could feed into individual's beliefs that they can 'handle their drink'.

We recommend explicitly mentioning being drunk in the main advice - it is currently only mentioned in the explanation. While some people may then decide the advice does not apply to them as they 'don't get drunk', in our opinion it would be better to be clear as to the context to help people understand when this advice is relevant – the same wording 'often linked to drunkenness' from the explanation could be used.

The sentence quantifying risks is unclear and people are likely to find it difficult to follow, especially those with lower health literacy and/or numeracy. We recommend simplifying this information to include fewer numbers and exploring alternative ways to present it, perhaps visually.

**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.**

In our experience use of units greatly assists interactions with the public in relation to alcohol consumption, when supported by a clear definition of what a unit it is (for example, the infographic provided). Interactive tools are a huge support to health community engagement activity.

**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.**

Preliminary findings from a CRUK study showed a high agreement that it was safest not to drink at all during or when planning a pregnancy.

However, as this guideline is lengthy, we recommend making the key message at the start ('the safer option is not to drink at all during pregnancy') more prominent – for example by use of bold text.

**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 are pregnant**

**Has the guideline met these aims?**

**Yes.**

**For further information please contact**

**March 2016**

## **SHS Drinks Response**

**Q1: Is the weekly guideline for regular drinking as a whole, along with the explanation in the summary of proposed guidelines clear and understandable?**

No.

Your guideline indicates on one hand there really aren't any safe limits versus you can drink your units over a several day period if you like. There is confusion with the proposal and potentially (in the consumer's eyes) could endorse binge episodes. Is it ok if every week do they drink their units over 3 days? (this could be endorsing weekend binge drinking)

Relating to the risk of death or illness, are you saying "if you have one or two heavy drinking sessions" in 1 week....1 month....1 year?

Government, industry and medics have spent many years educating the consumer on units per day per week- this hard work will all be destroyed. Trends have been moving in the right direction so current messaging is getting through.

The same guidelines for males and females is contra to global best practice and sends the wrong message to consumers.

**Q2: is it clear what the guideline – along with 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.

Decoupling the risk from alcohol alone is challenging and you risk disengaging consumers from making positive choices about how they can moderate day to day. The new guidelines seeks to demonise what is currently viewed as moderate consumption and risks alienating a wide part of the population that are today making common sense decisions about their alcohol consumption.

Demonising runs the risk of reducing credibility and any messaging being discredited and ignored.

**Q3: is it clear what the guideline – along with 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.

There is a real danger that the new guidelines create a half way house that are not clear. The existing guidelines are clear and allow consumers to makes sensible choices on a daily basis which is more consistent with other life choices they make around health and lifestyle, such as calorie intake.

**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 level risk set by the guideline?**

No.

This is contra to everything else consumers read and hear about moderation in life of alcohol and food, where safe limits are commonly used and accepted. There is a real danger that consumers will disengage with the guidelines as a whole and view them as not relevant in the 'real world'.

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

No.

The wording here seems to be directed at heavy drinkers.

**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?**

No.

The advice calls out various groups that could be affected differently by alcohol consumption but confusingly ignores the most common of all – gender. It also completely ignores the message that has been the bed rock of single occasions drinking guidance – the daily unit guidance. This is clear, precise and measurable versus the list of ambiguous statements in the new guidance such as 'avoiding risky places'.

**Q7: for the advice on single drinking 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 do 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 that to follow general advice. If the health evidence justifies it would you prefer advice on single occasions to be expressed in units?**

No.

Consumers are likely to find it odd and then disregard the new guidance based on the fact it is so different to existing. Consumer's recall of units will be daily, as currently displayed, so the increased number could risk increase in consumption. Consumers make decisions daily, in the moment, not always in advance so a daily guideline is a usable, meaningful and important tool in moderate alcohol consumption for people leading busy lives in the real world. We have to make it easy for them to make informed choices.

**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?**

Yes.

This is clear and consistent with the evidence.

Consumers understand the roundel. Again after years of educating consumers, the message is cutting through.

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

- A precautionary approach to minimising avoidable risk 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 are pregnant

**Has the guideline met these aims?**

Yes.



## Department of Health

### Consultation questionnaire form

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

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##### 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](mailto: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]

At Molson Coors we believe any guidelines provided on alcohol consumption levels should be relevant to consumers' lives and should reflect their actual drinking habits and be based upon robust scientific data.

While we are not experts in scientific data and research, we are aware of much publicly available information which evidences health benefits associated with moderate consumption of alcohol. The guidelines provided here do not address how moderate consumption may positively impact some health issues or the positive role that responsible consumption of alcohol plays in society through employment, the economy and social wellbeing.

As they are laid out, the guidelines risk alienating consumers, jeopardising the decades of work done and progress made by the alcohol industry to educate

consumers on how to enjoy alcohol responsibly and as part of a healthy lifestyle.

We believe that the wording and complexity of the guidelines do not make it possible to define a level of acceptable risk due to the implication that alcohol is not safe to consume at any level. The guidelines over-simplify the relationship between alcohol and selected cancers and ignore other published evidence outlining positive effects of moderate alcohol consumption on health.

Furthermore, changes to the guidelines suggesting the same recommended level of alcohol units per week for both men and women is a confusing message for consumers, who widely accept and understand the physiological differences between men and women. With the majority of countries adopting different alcohol guidelines for men and women, additional consumer communication will be required to avoid confusion at best, and ambivalence at worse.

### 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]

We feel that explanation for the long term health risks from alcohol are misleading, confusing and inaccurate.

The explanation should make it clear that the alcohol-related health risks mentioned are associated with adults drinking heavily over a long period of time, rather than adults who drink regularly.

Long-term health risks should not be attributed to alcohol in isolation. There are multiple other lifestyle factors that should be noted, such as diet, exercise, smoking.

Widely published evidence supporting the health benefits of moderate, long term alcohol consumption are not taken into consideration in this guideline and explanation. Drinking regularly over time can help prevent certain illnesses; the guidelines should be reflective of the health benefits of alcohol when consumed in moderation.

Finally, there is no explanation given to the statement that 'the risk of dying from an alcohol-related condition would be expected to be around...1% over a lifetime'. The meaning and implications of this statement are unclear and lack context.

We would recommend clarity, context and explanation are required to provide a common sense explanation for this guidance.

**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]

Clarity of messaging to engage and educate the consumer is essential, as demonstrated through our commitments to the UK Governments Responsibility Deal supporting on pack labelling. In contrast we believe that the proposed guidelines and explanation fail to outline the definition of a 'heavy drinking session'.

It also jumps to a conclusion of increasing risk of death through illness and accident, without further explanation.

At best this is misleading, but carries a risk of being considered as a scare tactic, and disengages consumers.

Finally, the guidance provided here is only for drinking the recommended limit of 14 units per week. There is no guidance offered for consuming fewer units per week - and correspondingly over how many days it is recommended the units be spread.

We would suggest a review of the explanation, especially improving clarity of the messaging, and a common sense approach to consumer engagement.

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

Explanation (from 'Summary of the proposed guidelines')

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

#### Question 4

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

☐ Yes

☒ No

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

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Although not experts in alcohol or medical research, at Molson Coors we are aware of the wide and significant body of evidence published on the health benefits of moderate alcohol consumption. The guideline explanation that 'there is no level of regular drinking that can be considered as completely safe' contradicts this widely accepted truth.

The guidelines do not taken into account this commonly accepted field of research. Given how widely this research is available, it is not logical to conclude in these new guidelines that there is no safe level of alcohol consumption. By not addressing this research, the public are not being provided with the comprehensive and accurate information they require to make their own informed choice about alcohol consumption.

The guideline also overplays the association between cancer and consumption of any level of alcohol. There are numerous other factors such as environment, lifestyle, diet and genetic pre-disposition that can contribute to such illnesses and it is misleading to isolate alcohol as a sole contributing factor.

We would strongly urge that more appropriate language is used within the explanation and communicated with a more common sense approach to alcohol and risk.

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

Explanation (from 'Summary of the proposed guidelines')

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

#### Question 5

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

☐ Yes

☒ No

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

This guideline does not recognise that a way of cutting down the amount people are drinking is to switch from higher strength products to lower strength alternatives like beer or specifically produced lower strength drinks. Neither does it, in this instance, acknowledge widely accepted education around balancing alcohol consumption with soft drinks as a way of moderating consumption.

Furthermore, this guideline could be made more relevant to consumers by targeting the advice at those who have undertaken a particularly heavy drinking session over the course of one or several days.

Molson Coors would encourage a review of the wording to include education around lower strength and alternative products, and clarification of the incidents where it would be necessary to moderate consumption.

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

Advice on short term effects of alcohol

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

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

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

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

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

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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



- head injuries
- fractures
- facial injuries and
- scarring

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

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

### Question 6

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

☐ Yes

☒ No

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

We believe that the guidance and explanation offered here lacks relevance to the majority of people who already drink alcohol responsibly. Some of the language in the guideline and explanation could be interpreted as severe and prescriptive; phrases such as 'risk of death' and 'risk of developing a range of illnesses'.

The inclusions of examples of short-term risks also seem out of context, for example, 'head injuries, fractures, facial injuries'. Such examples are not linked to the more relevant previous statements of 'misjudging risky situation, and losing self-control' but sit in isolation which may result in consumer indifference.

Whilst the advice offered highlights how alcohol affects different populations, it ignores the widely understood and accepted body of evidence that men and women simply do not process alcohol in the same way, leaving this important indicator open to (mis)interpretation.

Molson Coors while supporting the need to prevent heavy drinking episodes would require the wording within the explanation and guidelines to be simplified and made more realistic and familiar to the majority of the alcohol drinking public.



[extracted from the above]

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: Specific, measurable and timebound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

## Question 7

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

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

☐ 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 here shows the multitude of factors that can contribute towards associations of harm as a result of alcohol consumption. It therefore makes sense to provide advice on recommended weekly units of alcohol consumption, rather than single occasion unit advice.

Within the explanation there is again the phrase 'risky places and activities' which is open to wide interpretation and will mean different thing to different people, and risk indifference.

Molson Coors would recommend communicating weekly guidelines, but with a common sense, simple approach which consumers will understand and engaged with.

## 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]

No further comments.

## 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]

No further comments.

## 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.





 Department of Health

The number of units you are drinking depends on the size and strength of your drink

3.8% ABV lager		5.2% ABV lager
1.1 units		1.5 units
	284ml half pint	
1.7 units		2.3 units
	440ml can	
2.2 units		3 units
	568ml pint	
2.5 units		3.4 units
	660ml bottle	

 Department of Health

The number of units you are drinking depends on the size and strength of your drink

11% ABV wine		14% ABV wine
1.4 units		1.8 units
	125ml glass	
1.9 units		2.4 units
	175ml glass	
2.8 units		3.5 units
	250ml glass	
8.2 units		10.5 units
	750ml bottle	



## **RESPONSE TO THE CHIEF MEDICAL OFFICER'S ALCOHOL GUIDELINES REVIEW**

**MARCH 2016**

### **Introduction**

Halton Council welcomes and supports the new Chief Medical Officers' (CMO) low risk drinking guidelines which will help shape people's attitude and drinking behaviour. In this response, we would like to expand on some of the issues addressed in both the expert group report as well as the CMO recommendations.

In Halton alcohol is estimated to cost the local economy £57.9 million annually. These costs include costs to the NHS of £12 million; to employers and businesses of £24.1 million; and costs due to crime at £17.8 million. We believe that these updated alcohol guidelines will help to reduce harmful consumption patterns, overall consumption and begin to change norms within society, improving health and reducing costs to our communities.

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

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

Public opinion polling indicates a lack of awareness of the link between alcohol consumption and cancer. Survey data collected on behalf of the Alcohol Health Alliance (AHA) and Tobacco Free Futures (TFF) across Merseyside, which includes Halton, in November 2015 found that, when prompted, only 53% were aware of an association between alcohol and cancer, and of those respondents, 33% associated alcohol with breast cancer, 55% associated alcohol with mouth or throat cancer and 57% associated alcohol with increased risk of developing bowel cancer<sup>1</sup>.

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

### **Strong public support for more information and better labelling**

Another important finding from public opinion surveys is that there is strong support amongst UK citizens for better public information on alcohol and health risks. A large majority of respondents to the AHA/TFF survey in Merseyside (89%) agreed to the statement that it is important that people know how alcohol can affect their health, and 4 out of 5 (86%) support the introduction of alcohol labels which include information on how alcohol can affect health. Similarly high levels of support (86%) were reported for the introduction of a warning that, when pregnant, the safest option is to avoid alcohol completely<sup>2</sup>.

### **Communication of the guidelines**

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<sup>1</sup> Alcohol Health Alliance/Tobacco Free Futures, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

<sup>2</sup> Alcohol Health Alliance/Tobacco Free Futures, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

The CMO report states the following principles for the guidelines<sup>3</sup>:

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

We fully support these principles, and would like also to support the expert group's recommendations about campaigns, health professionals and labelling<sup>4</sup>:

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

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

### **Mass Media & Social Marketing Campaigns**

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

Taking evidence from tobacco control which says that hard hitting TV based campaigns are effective in changing the public discourse around a harmful product, Balance North East ran a campaign in 2015 highlighting the links between alcohol and breast cancer. After two waves of the TV-led campaign the awareness amongst the general population of the link between alcohol and breast cancer had risen from 33 per cent to 45 per cent<sup>5</sup>. Replicating this approach at the national level would mean that more people were making informed choices when it came to how much alcohol they chose to consume.

### **Evidence to support alcohol labelling**

There is evidence that the inclusion of health warnings on alcohol products increases consumers' knowledge and awareness of the adverse health impacts of alcohol<sup>6</sup>. Several countries currently mandate that alcohol producers include health warnings on all product labels, including France, Portugal, US, Australia and South Africa.

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<sup>3</sup> UK Chief Medical Officers' Alcohol Guidelines Review Summary of the proposed new guidelines (2016)

<sup>4</sup> Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers (2016)

<sup>5</sup> Balance Breast Cancer Campaign Evaluation 2015

<sup>6</sup> Wilkinson, C., & Room, R. (2009). Warnings on alcohol containers and advertisements: international experience and evidence on effects. *Drug and Alcohol Review*, 28(4), 426-435.

<sup>7</sup> Agostinelli, G., & Grube, J. W. (2002). Alcohol counter-advertising and the media. *Alcohol Research & Health*, 26(1), 15-21.

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

### **Health professionals**

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

### **Conclusion**

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

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

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<sup>8</sup> Greenfield (1997) in Stockwell T. (2006) A Review of Research Into The Impacts of Alcohol warning Labels On Attitudes And Behaviour, University of Victoria, Canada

<sup>9</sup> Guillemont J. (2009) Labelling on alcoholic drinks packaging: The French experience. Presentation to the CNAPA meeting, February 2009 retrieved from: [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/ev\\_20090217\\_co08\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/ev_20090217_co08_en.pdf)

## CONSULTATION QUESTIONS AND RESPONSES

### The weekly guideline as a whole

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*The Chief Medical Officers' guideline for both men and women is that:*

- *You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.*
- *If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.*
- *The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.*
- *If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.*

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

- Yes

### Individual parts of the weekly guideline

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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*

**QUESTION 2.** Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

- Yes

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

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

- Yes

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

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

- Yes

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

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

- Yes

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#### **Advice on short term effects of alcohol**

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

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

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

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

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

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

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

**QUESTION 6.** Is the advice – along with the explanation – on single occasions of drinking clear? Do

you understand what you could do to limit health risks from any single occasion of drinking?

- Yes

**QUESTION 7.** 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 8.** 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 9.** 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 10.** For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box (page 8

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489796/CMO\\_alcohol\\_guidelines.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489796/CMO_alcohol_guidelines.pdf)).

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

- No

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

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

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

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

### Guideline on pregnancy and drinking

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*The Chief Medical Officers' guideline is that:*

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

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

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

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

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

**QUESTION 11.** 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 12.** 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

## Consultation questionnaire form

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

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#### 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](mailto: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]

Our response to this consultation is drawn from the experiences and views of older people.

Most people thought that the core message of drinking moderate amounts for long-term health and wellbeing is clear.

They thought the guideline on levels of alcohol use is clear enough for people who understand about units of alcohol, but it is hard for people to apply that to their situation if they are unsure about what this means.

People thought it would make more sense to people who have grown up with hearing about units of alcohol, but it is important to remember that not everyone does understand 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]

People thought it would help to make this a simpler message, and then have more advice on what it means for people in different situations as examples.

**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]

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**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]

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**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]

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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]

This is a very important part of the guidelines, and we worry that it is being missed when all the publicity focusses on the weekly levels.

The way it is described here is hard for most ordinary people to understand.

We would like to see the CMOs follow up the general guidelines with more detailed advice for older people. This can cover the issues that we have been discussing such as medication and risk of falls for older people. There could be similar information for people in these other higher risk groups and situations.

One of the points that was identified in our project is that many GPs and other health professionals do not seem to be aware of the risks for older people. They do not raise the issue in ways that lead to helpful conversations, while many older people are reluctant to ask for advice because they feel they will be judged. Official advice aimed at older people would make it easier for people to have the conversations about their own situation, and as a result get the advice that would help reduce risks and harm.



[extracted from the above]

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: Specific, measurable and timebound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

## Question 7

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

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

☐ 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]

It is more important to have general advice and encourage people to be aware and careful around what they drink, and to talk to their doctor or someone they trust about what is the best approach for them.

## 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 older people who were part of our project thought that families could do a lot more to support people to drink less, and drink in ways that were safe for them. Sometimes this is as much about when and where they drink as the amount for older people who live alone, for exmaple. Similar issues apply for women who are pregnant or trying for a baby.

The advice for women should be matched with advice on what their friends and family can do, such as not putting pressure on people to drink to be sociable, having soft drinks whensomeone is pregnant, and so on.

### 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.





 Department of Health

The number of units you are drinking depends on the size and strength of your drink

3.8% ABV lager		5.2% ABV lager
1.1 units		1.5 units
	284ml half pint	
1.7 units		2.3 units
	440ml can	
2.2 units		3 units
	568ml pint	
2.5 units		3.4 units
	660ml bottle	

 Department of Health

The number of units you are drinking depends on the size and strength of your drink

11% ABV wine		14% ABV wine
1.4 units		1.8 units
	125ml glass	
1.9 units		2.4 units
	175ml glass	
2.8 units		3.5 units
	250ml glass	
8.2 units		10.5 units
	750ml bottle	



## **RESPONSE TO THE CHIEF MEDICAL OFFICER'S ALCOHOL GUIDELINES REVIEW**

**MARCH 2016**

### **Introduction**

Warrington Strategic Drug and Alcohol Team (DAAT) Group welcomes and supports the new Chief Medical Officers' (CMO) low risk drinking guidelines which will help shape people's attitude and drinking behaviour. In this response, we would like to expand on some of the issues addressed in both the expert group report as well as the CMO recommendations.

In Warrington alcohol is estimated to cost the local economy £92.4 million annually. These costs include costs to the NHS of £17.8 million; to employers and businesses of £44.8 million; and costs due to crime at £24.9 million. We believe that these updated alcohol guidelines will help to reduce harmful consumption patterns, overall consumption and begin to change norms within society, improving health and reducing costs to our communities.

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

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

Public opinion polling indicates a lack of awareness of the link between alcohol consumption and cancer. Survey data collected on behalf of the Alcohol Health Alliance (AHA) and Tobacco Free Futures (TFF) across Cheshire, which includes Warrington, in November 2015 found that, when prompted, only 50% were aware of an association between alcohol and cancer, and of those respondents, 34% associated alcohol with breast cancer, 55% associated alcohol with mouth or throat cancer and 58% associated alcohol with increased risk of developing bowel cancer<sup>1</sup>.

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

### **Strong public support for more information and better labelling**

Another important finding from public opinion surveys is that there is strong support amongst UK citizens for better public information on alcohol and health risks. A large majority of respondents to the AHA/TFF survey in Cheshire (86%) agreed to the statement that it is important that people know how alcohol can affect their health, and 4 out of 5 (83%) support the introduction of alcohol labels which include information on how alcohol can affect health. Similarly high levels of support (85%) were reported for the introduction of a warning that, when pregnant, the safest option is to avoid alcohol completely<sup>2</sup>.

### **Communication of the guidelines**

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<sup>1</sup> Alcohol Health Alliance/Tobacco Free Futures, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

<sup>2</sup> Alcohol Health Alliance/Tobacco Free Futures, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

The CMO report states the following principles for the guidelines<sup>3</sup>:

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

We fully support these principles, and would like also to support the expert group's recommendations about campaigns, health professionals and labelling<sup>4</sup>:

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

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

### **Mass Media & Social Marketing Campaigns**

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

Taking evidence from tobacco control which says that hard hitting TV based campaigns are effective in changing the public discourse around a harmful product, Balance North East ran a campaign in 2015 highlighting the links between alcohol and breast cancer. After two waves of the TV-led campaign the awareness amongst the general population of the link between alcohol and breast cancer had risen from 33 per cent to 45 per cent<sup>5</sup>. Replicating this approach at the national level would mean that more people were making informed choices when it came to how much alcohol they chose to consume.

### **Evidence to support alcohol labelling**

There is evidence that the inclusion of health warnings on alcohol products increases consumers' knowledge and awareness of the adverse health impacts of alcohol<sup>6,7</sup>. Several countries currently mandate that alcohol producers include health warnings on all product labels, including France, Portugal, US, Australia and South Africa.

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<sup>3</sup> UK Chief Medical Officers' Alcohol Guidelines Review Summary of the proposed new guidelines (2016)

<sup>4</sup> Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers (2016)

<sup>5</sup> Balance Breast Cancer Campaign Evaluation 2015

<sup>6</sup> Wilkinson, C., & Room, R. (2009). Warnings on alcohol containers and advertisements: international experience and evidence on effects. *Drug and Alcohol Review*, 28(4), 426-435.

<sup>7</sup> Agostinelli, G., & Grube, J. W. (2002). Alcohol counter-advertising and the media. *Alcohol Research & Health*, 26(1), 15-21.

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

### **Health professionals**

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

### **Conclusion**

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

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

## **CONSULTATION QUESTIONS AND RESPONSES**

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<sup>8</sup> Greenfield (1997) in Stockwell T. (2006) A Review of Research Into The Impacts of Alcohol warning Labels On Attitudes And Behaviour, University of Victoria, Canada

<sup>9</sup> Guillemont J. (2009) Labelling on alcoholic drinks packaging: The French experience. Presentation to the CNAPA meeting, February 2009 retrieved from: [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/ev\\_20090217\\_co08\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/ev_20090217_co08_en.pdf)

## The weekly guideline as a whole

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*The Chief Medical Officers' guideline for both men and women is that:*

- *You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.*
- *If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.*
- *The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.*
- *If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.*

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

- Yes

## Individual parts of the weekly guideline

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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*

**QUESTION 2.** Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

- Yes

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

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

- Yes

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

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

- Yes

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

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

- Yes

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#### Advice on short term effects of alcohol

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

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

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

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

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

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

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

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

- Yes

**QUESTION 7.** For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box (page 8

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489796/CMO\\_alcohol\\_guidelines.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489796/CMO_alcohol_guidelines.pdf)).

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

- **No**

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

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

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

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

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#### **Guideline on pregnancy and drinking**

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*The Chief Medical Officers' guideline is that:*

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

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

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

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

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

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

- Yes

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

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

Has the guideline met these aims?

- Yes



Department  
of Health

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

January 2016



## Introduction

1. At the request of the UK Chief Medical Officers, a group of experts has been looking at the advice the Chief Medical Officers give to the public about how to keep risks to health low from drinking alcohol. The group have looked at the large amount of evidence about the levels and types of health harm that alcohol can cause, depending on how much and how often people drink. They have used this to make some recommendations about how you can limit your own risks from drinking alcohol.
2. The Chief Medical Officers provide scientific, medical advice to their governments and to the public in England, Scotland, Wales, and Northern Ireland. The Chief Medical Officers have accepted the advice from the expert group as the basis for their new guidelines across the UK.
3. The Chief Medical Officers would like to know whether you think their recommendations, and the reasons behind them, are clear and easy to understand. That is the purpose of this questionnaire. We are trying to make sure that the new guidelines are as practical and useful as possible.
4. We are not asking for your thoughts on the scientific evidence or how the expert group has used it to decide on their recommendations, although, if you are interested in knowing more about it, the evidence and more details of the group's thinking are being published at the same time as this questionnaire.
5. This questionnaire is only one of the ways we are testing these guidelines. They will also be tested by interviewing people individually and in groups to see what they think.
6. Information explaining alcohol 'units' can be found later in the Annex to this document.
7. We would like to know whether you find the recommendations, and the reasons behind them, clear and helpful. Please read the questionnaire and the separate document "Summary of the proposed guidelines" then fill in the answers to the questions and return your completed questionnaire either by completing this online or by sending it by post to: Alcohol Policy team, Department of Health, Wellington House, 133 - 155 Waterloo Road, SE1 8UG.
8. **Weekly guideline for regular drinking** [*this applies for people who drink regularly or frequently i.e. most weeks*]

**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].

Public Health Wales welcomes and supports this new evidence based guidance on low risk drinking. The misuse of alcohol is a key public health issue and it is important that health and other professionals working with the public are able to provide accurate information and clear consistent advice about alcohol and its health risks. This can be difficult as advice needs to take account of long and short term health risks relating to different drinking patterns for a range of individuals.

The guidance is, in general, clear and understandable. It would, however, benefit from further work to make the messages more concise. In practice, long sentences will be shortened to create key bullet points and it is likely that some of the subtleties in the messages will be lost. It would also be helpful to review the language used to ensure that the guidance has authority and avoids the subtle normalisation of drinking. We will highlight each example as it arises in the relevant section.

Although there is a clear rationale for each element of the weekly guideline, the number of different elements introduces complexity and some conflicting messages when they are presented together. The advice to avoid drinking 14 units in one or two sessions every week is important but it does make the message more complex. This is further complicated by the advice to have several drink free days a week resulting in some potentially conflicting messages to both spread out drinking across more days and also to increase the number of alcohol free days in a week. The guidance may be clearer and have more impact if it were presented as follows:

- There is no safe limit for drinking alcohol.
- If you drink, you can keep the risks low by drinking less than 14 units a week and no more than 5 units on any one day.
- Have at least \* alcohol free days a week. (\* = a specific number to be determined based on the evidence)

It would be helpful if the explanatory notes included the rationale for the guidance and defined and explained any terms used. Regular and heavy drinking are subjective terms and many people still equate a unit as a single drink and underestimate their consumption levels. A clear definition of these terms in the explanation would be helpful for both the public and professionals.

A more explicit explanation where this guidance differs from previous recommendations would be helpful. A rationale for the reduction in limits for men and not for women and also the changes to the previous advice for older people would be particularly useful.

## 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].

The rationale for the weekly guideline is clear and the guideline for 14 units a week for both men and women is understandable. The annex explaining units of alcohol will be useful to help people understand what a unit is.

The wording of the guidance could be improved. The phrase '*you are safest not to regularly drink more than 14 units*' may conflict with the message that there is no safe limit. Including '*regularly*' in the guideline could give the misleading impression that it is ok to drink more than this, as long as it is not every week. This could be changed to '*If you drink, keep the risks low by drinking less than 14 units a week*'.

It is important to emphasise that there is no safe limit and that the guideline represents a low risk for most people. The following sentence in the explanation, however, is particularly difficult for both professionals and the public to understand:

*"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."*

Communicating risk is challenging and some work is needed to improve the wording of this section to ensure that the message comes across clearly. Although defining a low risk is useful, presenting risk as a percentage over a lifetime will have little meaning for the majority of people.

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

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

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

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

☒ Yes

☐ No

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

The guideline and the explanation of the need to qualify the weekly limit are clear however consideration needs to be given to how this advice fits with guidance on single occasion drinking and on increasing the number of alcohol free days a week.

Conflict with other messages could be avoided if the guidelines specified a weekly and a daily amount. This could, for example, be to avoid regularly drinking more than 14 units a week and not to have more than 5 units on any one day.

The explanatory notes could include some reference to the social, emotional and criminal justice impacts on individuals that regularly drink heavily.

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

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

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

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

☒ Yes

☐ No

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

The guideline and explanation are clear. The fact that no level of drinking can be considered completely safe and that the health risks increase the more you drink, however, is a key message and could be emphasised more strongly.

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

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

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

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

☐ Yes

☒ No

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

The evidence\* suggests that reducing the amount of alcohol consumed has benefits for both individual and population health. A clear recommendation about drinking less would be helpful alongside the advice that having several drink free days a week is a good way to achieve this.

The reference to having 'several' drink free days a week, could be confusing. Some people may understand this to mean seven drink free days, which would be a whole week. There is also the potential for this message to conflict with the advice to spread out your drinking across three or more days.

A recommendation on the exact number of drink free days a week and a statement about the evidence around about the benefits of having some alcohol free days would be useful.

\*Paper D – Overview of Evidence on Alcohol Consumption and Related Harms

## 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 advice in this section is generally well explained, however, it is long and very general. Some work is needed to ensure that messages presented to the public are clear and relevant. Professionals working with young or older people and some of the specialist groups would find more specific detail about how the guidance applies to these groups useful. It would be helpful if the explanatory notes defined these groups more clearly and explained how and why the risk increases.

Consideration needs to be given to how this guideline fits with the guidance for regular drinking. There is considerable cross over with the advice about regular patterns of heavy drinking. With separate guidelines targeted at reducing long and short term risk and focussing on regular and single occasion drinking there is the potential for confusion and for messages to be diluted.

In point 21 of the explanatory notes, the word 'just' in the context of 'just 5-7 units' is not helpful as it creates the impression that 5-7 units is a small amount to drink on any one occasion.

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].

Specific guidance is useful not only to support individual behaviour change but also to inform policy and practice in the wider system. Guideline limits, for example, could be incorporated into licensing guidance on drink servings and point of sale information. Guidance suggesting a specific number of units would also make it easier to measure the number of adults that drink within recommended guidelines. This is important for monitoring and research purposes.

The guidance does need to be meaningful and relevant to have an impact. Where there is considerable individual variation a single guideline amount might not be appropriate. If a single guideline amount is not possible then a risk curve graph or some other way of enabling people to visualise how risk increases would be helpful.

Without specifying an amount the guidance is just general advice. This is open to interpretation and may not provide an effective cue for action in prompting people to consider changing their behaviour.

## 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].

Clear guidance to avoid drinking in pregnancy is welcomed.

In general the guideline is clear and understandable. It could benefit from some minor changes to improve the wording of the messages.

The sentence "*Most women either do not drink...*" may be confusing. The percentages could either be combined into a total figure or removed completely. As this is additional information, it may be better if this point was included in the explanatory notes rather than the guidance itself.

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].

Women who may have drunk before they knew they were pregnant will be concerned and it is difficult to provide reassurance without compromising the recommendation not to drink at all.

The explanation of the precautionary approach and the guidance for women who may have drunk alcohol before they were pregnant is clear and helpful. Some specific explanatory notes designed for health professionals working with pregnant women would be useful.

**From:**  
**Sent:**  
**To:**

01 March 2016 12:58

**Cc:**  
**Subject:**

RE: Welsh Dental Committee - Actions

Proposed guidance is here:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489795/summary.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf)

Consultation .pdf is here:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489796/CMO\\_alcohol\\_guide\\_lines.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489796/CMO_alcohol_guide_lines.pdf)

Suggested responses to consultation. Comments on this please:

While we agree with the detailed content section by section, Welsh Dental Committee feel that the presentation of the content could be improved by re-ordering the content. The key underlying messages this guidance should put across include:

- Alcohol is harmful
- The more alcohol you drink the more harmful it is, therefore you should either abstain or drink as few drinks as you can
- Regular intake of more than 14 units a week is harmful
- Binge drinking is harmful - keep your day/session intake low
- Drinking while pregnant can harm the unborn child

By putting the 14 units advice first the emphasis on both harm and avoidance is to some degree lost. A simple re-ordering of the content could address this and is the most important thing that could be done to improve this guidance.

Specific responses to the consultation questions follow.

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

4. *Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long term health risks below the low risk level set by the guideline? Yes*
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*
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*
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 – the general advice should be “as few drinks as possible” rather than a number. A related parallel issue is drinking and driving. Similarly there the risk of adverse events increases with alcohol intake. The recommendation should be not to drink and drive, with emphasis that those over the legal limit will be prosecuted.*

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*
  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*
-