



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].

### Individual parts of the weekly guideline

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

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

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

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

15. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

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

☒ Yes

☐ No

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

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

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

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

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

☒ Yes

☐ No

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

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

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

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

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

☒ Yes

☐ No

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

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

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

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

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

☒ Yes

☐ No

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

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

## Advice on short term effects of alcohol

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

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

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

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

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

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

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

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

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

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

- head injuries
- fractures
- facial injuries and
- scarring

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

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

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

☒ Yes

☐ No

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

*[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.



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

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

☒ Yes

☐ No

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

## Guideline on pregnancy and drinking

**The Chief Medical Officers' guideline is that:**

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

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

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

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

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

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

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

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

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

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

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

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

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

☒ Yes

☐ No

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

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

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

*Has the guideline met these aims?*

☒ Yes

☐ No

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

# Annex

## What is a unit of alcohol?

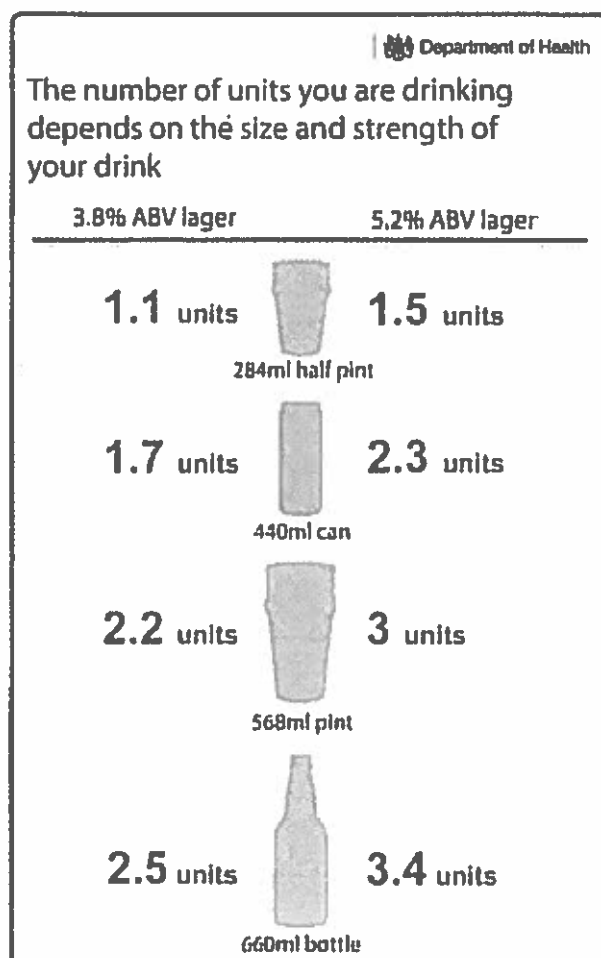
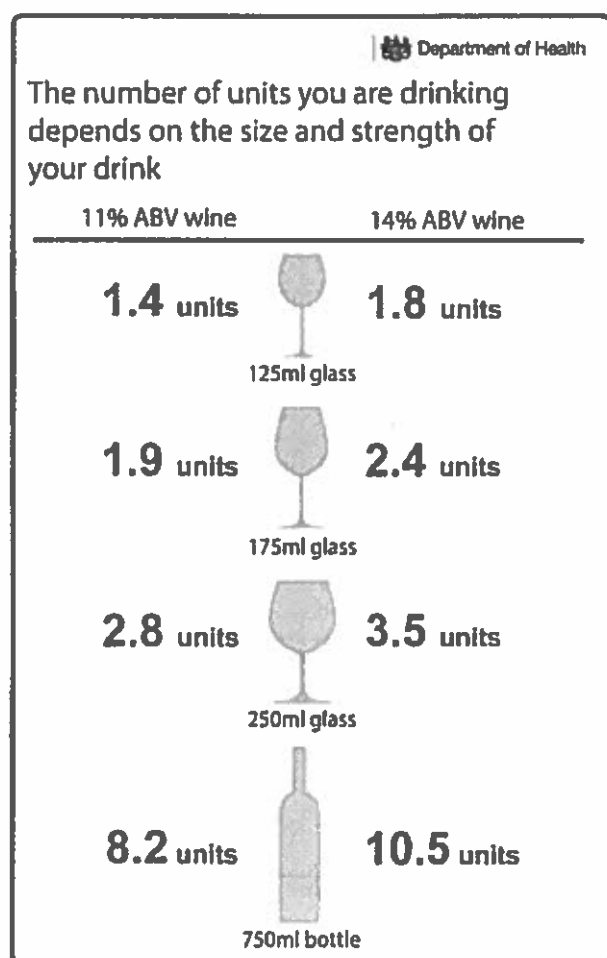
A unit is a measure of the pure alcohol in a drink, that is, the amount of alcohol that would be left if other substances were removed. A unit is 10ml, or one hundredth of a litre of pure alcohol. Units are calculated by reference to:

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

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

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

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





Department  
of Health

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Produced by Williams Lea for the Department of Health





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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:

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- 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
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- those with other health problems
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**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.**

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- *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].

*[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:

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

☒ Yes

☐ No

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

## Guideline on pregnancy and drinking

**The Chief Medical Officers' guideline is that:**

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

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

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

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

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

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

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

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

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

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

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

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



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

- ☒ Yes  
☐ No

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

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

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

*Has the guideline met these aims?*

- ☒ Yes  
☐ No

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

# Annex

## What is a unit of alcohol?


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

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





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


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

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





 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	

 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	





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Department  
of Health

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

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].

NOT CLEAR WITHIN UNIT 18.

### Individual parts of the weekly guideline

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

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

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

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

15. The expert group took account not only of the risk of death from drinking regularly but also the risk of suffering from various alcohol-related chronic diseases and cancers. The group also carried out analyses to test the robustness of their conclusions and considered carefully the uncertainties in the available research. They took account of all these factors in their advice.

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

☒ Yes

☐ No

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

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

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

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

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

☒ Yes

☐ No

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



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

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

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

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

☒ Yes

☐ No

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

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

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

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

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

☒ Yes

☐ No

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

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

## Advice on short term effects of alcohol

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

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

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

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

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

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

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

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

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

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

- head injuries
- fractures
- facial injuries and
- scarring

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

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

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

☐ Yes

☒ No

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

TOO MUCH INFORMATION - NEEDS TO BE  
SIMPLE.

*[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.

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

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

☐ Yes

☒ No

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

DRINKS INSTEAD OF UNITS

## Guideline on pregnancy and drinking

**The Chief Medical Officers' guideline is that:**

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

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

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

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

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

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

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

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

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

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

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

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

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

☒ Yes

☐ No

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

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

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

*Has the guideline met these aims?*

☒ Yes

☐ No

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

# Annex

## What is a unit of alcohol?

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

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





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

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

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





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	

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	





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

January 2016

## Introduction

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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.
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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

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

C&C is committed to ensuring a long-term sustainable relationship between consumers and alcohol. As such, we welcome guidance that helps ensure consumers understand how drinking excess alcohol could affect their health. Guidance that states 14 units per week for men and women is clear and ambiguous therefore, we would not seek to adjust this guidance.

There has been significant time and investment made in educating consumers on the "old" guidelines, this means adopting the new guidelines will require some period of adjustment. So, it is important that the switchover from one set of guidelines to another is carefully planned and coordinated. An agreed switchover date is required.

## 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

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

The proposed weekly guideline is not as clear or concise as the existing guidance as it contains more elements than the current guidelines. As the communication is developed it is important to be clear which are the most important elements of the guidelines in order to ensure consumers are not confused. Whilst we support these new guidelines is important to be clear that consumers may find it more difficult to handle more than one message.

**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

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

C&C agrees that the guidelines are clear when properly understood/communicated. The industry and Government needs to work together to understand how best to implement these new messages in order to avoid consumers becoming confused by multiple safer drinking messages.

**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

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

The advice is clear when properly understood. As highlighted above, work will need to be undertaken to ensure these messages land effectively with consumers.

**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

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

The proposal that consumers should have several days off alcohol each week is very clear. However, in line with the comments made in previous sections it is important to be clear to consumers what the important messages are. It is probably not realistic to put all of the messages on packaging. Therefore, work needs to be done to understand how this could be communicated/consumers educated. The role for Drinkaware would seem to be pivotal here.

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

## Advice on short term effects of alcohol

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

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

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

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

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

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

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

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

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

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

- *head injuries*
- *fractures*
- *facial injuries and*
- *scarring*

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



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

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

YES

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

This individual piece of advice is clear. However, as highlighted in previous sections in this questionnaire, consideration needs to be given into how this piece of guidance fits with the other elements of the new guidelines. It is important that consumer messaging is simple, clear and easy to follow. Multiple pieces of information can make this more difficult. Government, industry and other interested parties need to work together to finalise in the communication/education plans.

*[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.

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

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

If there is clear evidence that supports an actual number then that guidance should be provided. However, if the evidence is unclear then we should not add additional elements to the new guidelines as they would create further consumer confusion.

## 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

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

This guidance is completely clear and we have no concerns/issues with it.

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

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



## Department of Health

### Consultation questionnaire form

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

#### Introduction

1. At the request of the UK Chief Medical Officers, a group of experts has been looking at the advice the Chief Medical Officers give to the public about how to keep risks to health low from drinking alcohol. The group have looked at the large amount of evidence about the levels and types of health harm that alcohol can cause, depending on how much and how often people drink. They have used this to make some recommendations about how you can limit your own risks from drinking alcohol.
2. The Chief Medical Officers provide scientific, medical advice to their governments and to the public in England, Scotland, Wales, and Northern Ireland. The Chief Medical Officers have accepted the advice from the expert group as the basis for their new guidelines across the UK.
3. The Chief Medical Officers would like to know whether you think their recommendations, and the reasons behind them, are clear and easy to understand. That is the purpose of this questionnaire. We are trying to make sure that the new guidelines are as practical and useful as possible.
4. We are not asking for your thoughts on the scientific evidence or how the expert group has used it to decide on their recommendations, although, if you are interested in knowing more about it, the evidence and more details of the group's thinking are being published at the same time as this questionnaire.
5. This questionnaire is only one of the ways we are testing these guidelines. They will also test them by interviewing people individually and in groups to see what they think.
6. Information explaining alcohol 'units' can be found later in the Annex to this document.
7. We would like to know whether you find the recommendations, and the reasons behind them, clear and helpful. Please read the questionnaire and the separate document "Summary of the proposed guidelines" then fill in the answers to the questions and return your completed questionnaire by 1 April 2016 to:

By email: [UKCMOGuidelinesReview@dh.gsi.gov.uk](mailto:UKCMOGuidelinesReview@dh.gsi.gov.uk)

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

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

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

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

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

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

## Question 1

The weekly guideline as a whole

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

☐ Yes

☒ No

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

We are concerned that the implication that there is no safe level of drinking is not a broadly supported scientific principle<sup>1</sup> and therefore this does not present a balanced view of the impact of moderate alcohol consumption. Also the advice does not enable consumers to use the guidelines to make an informed choice about their drinking habits. So it could mislead consumers implying absolute link of alcohol consumption and diseases such as cancer.

We understand links between alcohol and cancer are typically only found within the scientific literature at excessive levels of consumption<sup>2</sup> and many other factors have significant impact including environmental, dietary or lifestyle factors plus hereditary and genetic factors<sup>3</sup>.

We strongly believe that guidelines are important to help consumers make sensible and responsible choices about their drinking habits. Guidance however must be based on sound relevant evidence and we consider the guidance is not representative of the wealth of scientific evidence which relates to alcohol and health. In particular, the new guidance is an over simplification of the relationship between alcohol and cancer risk<sup>4</sup> and broadly appears to ignore the positive links with other diseases such as the protective effects of moderate alcohol consumption associated with cognitive decline<sup>5</sup> and cardiovascular<sup>6</sup> disease as well as the link with overall reduced mortality risk.

The guidance indicates there is no safe level of consumption, then gives guidance on units per week but it doesn't provide any indication of what constitutes 'heavy drinking' or indeed the extent to which risk further increases, associated with disease, accident or injury, as a result of drinking at or above the guidelines. In this way, the guidelines offer mixed messages and may be read that risk becomes likely immediately above the 14 unit weekly limit.

The guidance references alcohol-free days, but there is no indication given to consumers that they might also reduce their alcohol intake by choosing to switch from higher to lower strength products.

The positive association between moderate alcohol consumption and reduced risk of cardiovascular diseases<sup>7</sup> means that the use of the word 'safest' in the first line is inappropriate and in particular given that there is ultimately no global consensus on a standard unit definition<sup>8</sup>.

The overall tone of the guidance is highly negative and prescriptive and we consider it will lead to consumers feeling that they are being provided with ill informed, subjective information.



## 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 seem misleading to associate the onset of diseases listed to be associated with alcohol consumption in isolation<sup>10</sup>. We know that lifestyle or environmental factors play a very significant role in long term health risks and to associate this to any one is simply misleading.

Indeed the 'modelling' used, the determination of studies selected and the assumptions undertaken mean to provide this level of certainty regarding a 1% increase in risk at 14 units of consumption per week does not seem credible. This level of certainty around increased risk only seems plausible at significantly higher levels of alcohol consumption.

We are aware of extensive and current reporting in the media from independent experts and scientific professionals that has opposite views to the one within the explanation. We see evidence of reduced mortality risk and regular, moderate alcohol intake<sup>11,12,13</sup>.

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

Explanation (from 'Summary of the proposed guidelines')

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

### Question 3

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

☐ Yes

☒ No

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

We cannot see any definition for heavy drinking sessions within the guidance.

The above is not clear on how many, if any, days off the CMO advises if drinking within or indeed above the new guidelines.

We cannot see how you propose to define heavy drinking, and cannot see information to enable consumers to understand how to apply the new guidance if their drinking habits fall below the weekly limit.

It is not clear what guidance is being given on spreading drinking occasions over multiple days if weekly consumption falls below the 14 unit limit.

The whole section is very unclear

**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 consider that these guidelines are fundamentally misleading and do not represent the scientific understanding of the concept of responsible alcohol consumption.

The guidance make it seem that there is no safe limit of consumption. This cannot be correct when you take into account the current weight of evidence that shows unequivocally that there is a reduced overall mortality risk associated with regular, moderate consumption when compared with non drinkers<sup>14</sup>.

Benefits resulting from regular, moderate alcohol consumption is one of the most widely proved associations between moderate alcohol consumption and human health<sup>15</sup>. This link, the J-Shaped curve, continues to be acknowledged by alcohol and health research studies<sup>16,17</sup>.

We have seen significant evidence between reduced risk of cardiovascular disease and moderate alcohol intake. This has been researched and evidence provided over the last decade and continues with research today<sup>18,19</sup>.

Whilst increased risks for some diseases are shown to be associated with alcohol consumption, it is typically only possible to show such links at excessive levels of alcohol consumption.

We understand breast cancer is the only disease where it has been possible to show any relationship between increased risk and alcohol consumption at moderate intake levels. However, we understand that this is far from clear and can be influenced by many other factors.

Given factors of environment, diet and lifestyle and genetic predisposition<sup>20</sup>, we consider that the guidance should encourage women concerned about developing breast cancer to discuss alcohol consumption with a medical professional as part of a broader assessment of their diet, lifestyle and environmental factors in order to more fully understand and balance risk.

This section of the guidance risks confusing wider public health messages regarding the development of disease through the implication that diseases, including cancer, could be prevented simply by avoiding alcohol<sup>21</sup>.

**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]

We consider that this should be more focused and clear for consumers who have undertaken heavy drinking on individual days and/or are drinking significantly above the weekly guidelines.

There seems to be less evidence to support alcohol-free days if consumers drink 14 units or less but over a seven-day period. Taking alcohol free days as a means of reducing overall consumption only works within the context of the new advice if consumers also reduce their weekly intake. Adopting alcohol free days but continuing to drink in excess of 14 units per week may then lead consumers to drink at harmful levels on the days where they choose to drink. We continue to support the current guidelines based on units per day which has had a significant impact in the reduction of 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]

Although this section has some strong and relevant messages it is in part subjective and negatively phrased

We have seen studies that show how information can be communicated in different ways depending on whether this information is provided by academic or medical professionals<sup>22</sup>. Rephrased to provide consumers with more balanced and objective advice around the responsible use of alcohol, the wording of the guidance may ensure a more positive response from consumers.

The words 'risky places and activities' means very different things to different people depending on a range of things that could including but not limited to age, socioeconomic background, geographical location, education and social lifestyle. In our opinion drinking in a regulated environment such as a Pub is far less risky than at an unsupervised "house party". It is unclear how the guidance can be applied on this basis and appears to contradict the point made subsequently that the guidance needs to be specific and precise.

Although this section covers differences in both physical make up, age and medical differences the guidance itself makes no reference to this. We again refer to physiological differences that exist between men and women which affect how alcohol is absorbed and processed within the body<sup>23,11</sup>.

This section of the guidance could also be strengthened by encouraging consumers to switch from higher strength to a lower strength drinks as a way of reducing overall intake. This is in line with the Portman Groups philosophy of Responsible Retailing

**[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]

Clearly there are many reasons that can contribute towards associations of harm as a consequence of alcohol consumption, in particular when assessing short term risk, which is why we can understand why a daily amount was not identified alongside weekly guidance limits.

However daily guidelines are the norm internationally<sup>5</sup> and research shows that our consumers understand and have been adopting daily guidelines. However, many of the factors that influence individual variation in short term risk bear similar significance on the assessment of the longer term impact of alcohol consumption and consequent determination of weekly guidance limits.

As in Question 6, this section of the guidance also relies on a rather subjective concept of risk associated with location and/or activities as perceived by individuals. It would not be appropriate for industry, on this basis, to recommend what an appropriate figure would be for a single-drinking occasion.

Whilst we support daily drinking guidelines on the basis of strong research and evidence, we do not consider that the model presented by Sheffield University provides an appropriate tool to define daily guidelines in this way.

## 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]

This section is clear, well explained and giving clear guidance The advice appears to provide objective, balanced and non-judgemental information. This will allow pregnant women to make informed choices about their drinking habits during pregnancy.

This section is so well constructed it is disappointing that it is in stark contrast to the other sections of the guidance

### 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	

## Punch Response References:

1. <http://www.bu.edu/alcohol-forum/critique-134-comments-on-section-2-3-alcohol-consumption-from-the-world-cancer-report-2014-issued-by-the-world-health-organization-11-february-2014/>
2. <http://www.iard.org/wp-content/uploads/2016/02/HR-Cancer.pdf>
3. Annex B: IARD, Brief Analysis of the evidence on drinking and health underlying the 2016 UK guidelines
4. Document Annex 1.
5. Document Annex 2.
6. Document Annex 3.
7. Alcohol and cardiovascular diseases: Where do we stand today? 2015, <http://dx.doi.org/10.1111/joim.12390>
8. <http://www.iard.org/wp-content/uploads/2016/02/Drinking-Guidelines-General-Population.pdf>
9. <https://www.food.gov.uk/enforcement/regulation/foodlaw>
10. Alcohol and breast cancer: reconciling epidemiological and molecular data, 2015, [http://dx.doi.org/10.1007/978-3-319-09614-8\\_2](http://dx.doi.org/10.1007/978-3-319-09614-8_2)
11. Document Annex 4.
12. <http://www.dailymail.co.uk/health/article-3394679/Why-killjoy-new-alcohol-rules-just-plain-wrong-devastating-critique-award-winning-writer-alcohol-affects-health.html>
13. <http://health.spectator.co.uk/no-wonder-britains-alcohol-guidelines-are-so-extreme-just-look-at-who-drafted-them/>
14. A 32-year longitudinal study of alcohol consumption in Swedish women: Reduced risk of myocardial infarction but increased risk of cancer, 2015, <http://dx.doi.org/10.3109/02813432.2015.1067515>
15. Di Castelnuovo A. et al., Arch Intern Med. 2006 Dec 11-25;166(22):2437-45
16. Bergmann MM, Rehm J, Klipstein-Grobusch K, et al (38 authors). The association of pattern of lifetime alcohol use and cause of death in the European Prospective Investigation into Cancer and Nutrition (EPIC) study. Int J Epidemiol 2013;42:1772-17902.
17. Banks E. Commentary: Lifetime alcohol consumption and mortality: have some, but not too much. Int J Epidemiol 2013;42:1790-1792; doi:10.1093/ije/dyt218
18. Alcohol consumption and risk of heart failure: A dose-response meta-analysis of prospective studies, 2015, <http://dx.doi.org/10.1002/ejhf.228>
19. Alcohol, drinking pattern and all-cause, cardiovascular and alcohol-related mortality in Eastern Europe, 2015, <http://dx.doi.org/10.1007/s10654-015-0092-8>
20. Alcohol and breast cancer: reconciling epidemiological and molecular data, 2015, [http://dx.doi.org/10.1007/978-3-319-09614-8\\_2](http://dx.doi.org/10.1007/978-3-319-09614-8_2)
21. 'Cancer & Wine' - [www.telegraph.co.uk/comment/letters/12141341/Letters-Camerons-attitude-to-Eurosceptic-Tories-bodes-ill-for-a-fair-EU-debate.html](http://www.telegraph.co.uk/comment/letters/12141341/Letters-Camerons-attitude-to-Eurosceptic-Tories-bodes-ill-for-a-fair-EU-debate.html)
22. <http://tonyedwardsscience.com/the-good-news-about-booze.php>
23. Kent, W. (2012). The Pharmacokinetics of Alcohol in Healthy Adults. WebmedCentral Pharmacology 2012;3(5): WMC003291

## Other Research references

### Annex 1. Research demonstrating positive associations between moderate alcohol intake and reduced cancer risk:

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

## **Annex 2. International research demonstrating reduced risk of cognitive decline associated with alcohol consumption.**

- Almeida et al (2014) – “Abstainers and irregular drinkers had higher odds of cognitive impairment than regular drinkers... Alcohol consumption, including heavy regular drinking and abuse, is not a direct cause of cognitive impairment in later life.”
- Hoang et al (2014) – “Increasing consumption over time (>0 drinks/week) was not associated with risk of cognitive impairment... Decreasing consumption by >0.5 drinks/week was associated with increased risk”
- Arntzen et al (2014) – “Moderate wine consumption was independently associated with better performance on all cognitive tests in both men and women.”
- Ruitenberg et al (2002) – “These findings suggest that light-to-moderate alcohol consumption is associated with a reduced risk of dementia in individuals aged 55 years or older. The effect seems to be unchanged by the source of alcohol.” This is a key study as it is a cohort study of nearly 8,000 people and it finds a near halving of risk of dementia among drinkers. Also important is that this effect does not vary by drink type, whereas some of the literature finds effects isolated to red wine drinkers. Finally it discusses the etiology of the protective effect hypothesising that alcohol’s effect on the vascular system which affects dementia risk.
- Anstey et al (2009) – “Our results suggest that alcohol drinkers in late life have reduced risk of dementia.” Note that this is a meta-analysis of cohort studies and so is strong evidence of a causal effect rather than merely an association. Furthermore comparing risk of any dementia between drinkers and non-drinkers the reduction in risk for drinkers is large at 34%.
- Truelsen et al (2002) – “Average weekly total alcohol intake had no significant effect on risk of dementia. Monthly and weekly intake of wine was significantly associated with a lower risk of dementia.”
- Mukamal et al (2003) – “Compared with abstinence, the adjusted odds for dementia among those whose weekly alcohol consumption was less than 1 drink were 0.65 (95% confidence interval [CI], 0.41-1.02); 1 to 6 drinks, 0.46 (95% CI, 0.27-0.77); 7 to 13 drinks, 0.69 (95% CI, 0.37-1.31); and 14 or more drinks, 1.22 (95% CI, 0.60-2.49; *P* for quadratic term = .001).” These results show a clear J-shape in the relationship between alcohol consumption and risk of dementia with those consuming around 10 units a week (6 ‘drinks’ in this study) having half the dementia risk compared to abstainers.
- Luchsinger et al (2004) – “Consumption of up to three servings of wine daily is associated with a lower risk of AD in elderly individuals without the APOEε-4 allele.”
- Moussa et al (2015) – “No evidence was found to support the idea that long-term moderate alcohol consumption in older adults exacerbates age-related cognitive decline.”
- Nooyens et al (2014) – “Regarding the consumption of different types of alcoholic beverages in men and women together, red wine consumption was inversely associated with the decline in global cognitive function (*P* for trend < 0.01) as well as memory (*P* for trend < 0.01) and flexibility (*P* for trend = 0.03).

### Annex 3. Research demonstrating positive associations between moderate alcohol intake and reduced risk of cardiovascular disease:

- Di Castelnuovo et al (2006) – “*Low levels of alcohol intake (1-2 drinks per day for women and 2-4 drinks per day for men) are inversely associated with total mortality in both men and women. Our findings, while confirming the hazards of excess drinking, indicate potential windows of alcohol intake that may confer a net beneficial effect of moderate drinking, at least in terms of survival.*” This is a meta-analysis of 34 studies so is high quality evidence.
- Huang et al (2014) – “*Findings of this meta-analysis suggest that low-to-moderate alcohol consumption was inversely significantly associated with the risk of CVD and ACM in patients with hypertension.*”
- Roerecke & Rehm (2014) – “*With regard to average alcohol consumption in relation to lifetime abstainers, the relationship is clearly J-shaped, supported by short-term experimental evidence and similar associations within strata of potential confounders, except among smokers... Epidemiological evidence for a beneficial effect of low alcohol consumption without heavy drinking episodes is strong, corroborated by experimental evidence.*” This study was looking at IHD risk.
- Roerecke & Rehm (2012) – “*Although some form of a cardioprotective association was confirmed in all strata, substantial heterogeneity across studies remained unexplained and confidence intervals were relatively wide, in particular for average consumption of one to two drinks/day.*” This is a begrudging acknowledgment of a cardioprotective effect seen across 44 studies.
- Petrone et al (2014) – “*In conclusion, our data showed a J-shaped association between alcohol intake and mortality in patients with HF.*”
- Zhang et al (2014) – “*Low alcohol intake is associated with a reduced risk of stroke morbidity and mortality, whereas heavy alcohol intake is associated with an increased risk of total stroke. The association between alcohol intake and stroke morbidity and mortality is J-shaped.*” This study included 27 studies and nearly 1.5 million people.
- Leong et al (2014) – “*In most participants, low levels of alcohol use are associated with a moderate reduction in the risk of MI; however, the strength of this association may not be uniform across different countries.*”
- Ruf et al (2014) – “*Multivariable-adjusted HRs for moderate alcohol consumption versus no consumption were 0.74 (95% confidence interval (CI): 0.58-0.94) in men and 0.87 (95% CI: 0.66-1.16) in women. In men, moderate drinkers had a significantly lower all-cause mortality risk than non-drinkers or heavy drinkers (p=0.002) even after multivariable adjustment. In women, moderate alcohol consumption was not associated with lowered risk of death from all causes.*”
- Lima et al (2013) – “*Lifetime abstainers (OR = 2.22) and former drinkers (OR = 2.42) had greater CHD risk than those who consumed up to 19g pure alcohol per day, with no binge... Our findings suggest a lower risk for CHD among moderate drinkers.*” This was part of the GENACIS project, Jurgen Rehm is a co-author.
- Rimm & Moats (2007) – “*To address the issue of residual confounding by healthy lifestyle in drinkers, in a large prospective study we restricted analysis to only “healthy” men (who did not smoke, exercised, ate a good diet, and were not obese). Within this group, men who drank moderately had a relative risk for CHD of 0.38 (95% CI, 0.16–0.89) compared with abstainers, providing further evidence to support the hypothesis that the inverse association of alcohol to CHD is causal, and not confounded by healthy lifestyle behaviors.*”



- Arriola et al (2009) – “Alcohol intake in men aged 29–69 years was associated with a more than 30% lower CHD incidence. This study is based on a large prospective cohort study and is free of the abstainer error.”
- Janssen et al (2014) – “In conclusion, moderate wine consumption may protect against CVD via inflammatory and clotting pathways.”
- Ronksley et al (2011) – “Light to moderate alcohol consumption is associated with a reduced risk of multiple cardiovascular outcomes.”
- Holahan et al (2010) – “However, even after adjusting for all covariates, abstainers and heavy drinkers continued to show increased mortality risks of 51 and 45%, respectively, compared to moderate drinkers... However, even after taking account of traditional and nontraditional covariates, moderate alcohol consumption continued to show a beneficial effect in predicting mortality risk.”
- Schroder et al (2007) – “Moderate alcohol consumption, independent of the type of alcoholic beverage, was associated with non-fatal MI [myocardial infarction] risk reduction.”
- Corrao et al (2000) – “Risk decreased from 0 to 20 g/day (RR = 0.80; 95% CI: 0.78, 0.83); there was evidence of a protective effect up to 72 g/day (RR = 0.96; 95% CI: 0.92, 1.00) and increased risk above  $\geq 89$  g/day (RR = 1.05; 95% CI: 1.00, 1.11).”  
This study looked at CHD risk.
- Boffetta et al (1990) – “These data indicate an apparent protective effect of moderate alcohol intake on CHD mortality that cannot be attributed to the inclusion of subjects with CHD or related diseases into the nondrinker category.”
- Doll et al (1994) – “The consumption of alcohol appeared to reduce the risk of ischaemic heart disease, largely irrespective of amount.”
- Rimm et al (1991) – “These findings support the hypothesis that the inverse relation between alcohol consumption and risk of coronary disease is causal.”
- Sacco et al (1999) – “Moderate alcohol consumption was independently associated with a decreased risk of ischemic stroke in our elderly, multiethnic, urban subjects, while heavy alcohol consumption had deleterious effects. Our data support the National Stroke Association Stroke Prevention Guidelines regarding the beneficial effects of moderate alcohol consumption.”
- Juilliere et al (2014) – “Moderate wine consumption decreases cardiovascular mortality.”
- Muntwyler et al (1998) – “Men with previous myocardial infarction who consume small to moderate amounts of alcohol have a lower total mortality.”

#### **Annex 4. Media coverage of the new guidelines (January - February 2016):**

- *Health chiefs attacked over 'nanny state' alcohol guide* (Telegraph)
- *Ordering people to 'think of cancer' when they drink is utterly senseless* (Telegraph)
- *The new drinking guidelines are hyperbolic and puritan* (Telegraph)
- *Don't let the public health zealots demonise us innocent drinkers* (Telegraph)
- *Why those killjoy new alcohol rules are just plain wrong* (Daily Mail)
- *New guidelines to drink less alcohol will 'make no difference' to the amount we consume, admits expert who helped write them* (Daily Mail)
- *Killjoy new rules about how much booze is safe used 'twisted' stats to support health crackdown* (Daily Mail)
- *March of the killjoys: It's lunacy for the Nanny in Chief to try to terrorise us over every glass of wine* (Daily Mail)
- *It's absurd to say a drink a day is a risk* (Daily Mail)
- *New alcohol advice 'ignores benefits of having a small tipple'* (Daily Mail)
- *No last orders for lunchtime drinkers despite new alcohol guidelines* (Guardian)
- *The state needs to butt out of our drinking habits* (Guardian)
- *I had alcohol-related breast cancer. Here's why I still drink* (Guardian)
- *Inanity and incoherence on safe alcohol levels* (Guardian)
- *Killjoy health bosses 'twisted booze figures' to get support for new limits* (The Sun)
- *Are the UK's booze limits the world's toughest?* (The Sun)
- *Top doc's barmy advice: If you want a glass of wine, just think cancer* (The Sun)
- *The great alcohol cover up: how public health hid the truth about drinking* (Spectator)
- *Don't believe scientists who say all drinking is bad. Light boozing has strong benefits* (Spectator)
- *The truth about moderate drinking has been muddled by the anti-alcohol militants* (Spectator)
- *You polish your halo. I'll buff my wine glass and pour* (Sunday Times)
- *New booze warning for Hunt: Keep off the Spin* (Metro)
- *Alcohol guidelines: Let's have the facts and decide for ourselves* (Independent)
- *Drinking unlikely to be affected by advice* (Independent)
- *Alcohol can help your heart – so why is the CMO ignoring this?* (City AM)



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]

whilst we agree with the evidence base and rationale for the guidance, the wording is very long and the order of the words could be changed to read better

the wording overall needs to be made clearer and more simple to convey accurately what the message is

## 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]

need to define what is meant by 'regularly exceed 14 units per week' as this is not clear.

**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]

the lack of clarity over what constitutes a 'heavy drinking session' could make the population dismiss this advice as they deem it not relevant to themselves. the lack of a timeframe for 'heavy drinking sessions' to occur within implies that one or 2 of these sessions in a lifetime is problematic

**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]

it should be made clear and explicit that this refers to reducing alcohol consumption

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

Advice on short term effects of alcohol

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

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

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

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

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

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

- head injuries
- fractures
- facial injuries and
- scarring

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

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

### Question 6

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

☐ Yes

☒ No

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

what constitutes single occasion drinking and at what level this becomes problematic is very unclear. a figure need to be attached to this to help with understanding it.

again, refernces to death are extreme and unnecessary.

the list of short term risks are very exclusive and do not include other areas of risk such as violence and sexual health.

clarity on a definition of heavy drinking is required

if the listed risks are extreme and too exclusive, the messages lose credibility and become unrealistic

[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]

setting a figure would be helpful as otherwise the guidance is too vague and open to interpretation. people need something tangible on which to measure their own behaviour to help make an informed choice on any changes they may wish to make

## 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 guidance is difficult to follow. it should be made very clear that not drinking during pregnancy is the best option

### 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.

