Department of Health
Consultation Response

A consultation on how to keep health risks form drinking alcohol at a low level

Response from Carlsberg UK Limited

Introduction

Carlsberg UK Limited (Carlsberg UK) is the UK subsidiary of Carlsberg Breweries A/S, one of the major global brewers. Carlsberg UK produces and distributes a number of premium quality beers and lagers including Carlsberg, Carlsberg Export, San Miguel, Somersby cider and Tetley's bitter. The company, based in Northampton, brews on site and distributes through a network of 11 further UK locations. In total, Carlsberg UK employs around 1,900 people in the United Kingdom.

Carlsberg UK is totally committed to working with all stakeholders to tackle alcohol related harm and has previously set out/gone on record as stating where we believe further action is required. This includes our work with The Portman Group, who have demonstrated world-class self-regulation and we are also a major supporter of the work of the Drinkaware Trust. In addition, Carlsberg UK has been a key contributor to the Public Health Responsibility Deal.

Carlsberg UK believes interventions like education and encouraging greater personal responsibility will always have far greater impact than total-population measures that fail to target those individuals who misuse alcohol. We believe that initiatives that seek to engage with business, rather than restrict or control, are those which result in the most positive outputs. In addition, we believe that all initiatives should be evidence based and focused on constructive collaboration between the trade, government and other stakeholders.

We therefore welcome the opportunity to respond to this consultation. However we would like to make some broader points which we feel are important before responding to the individual questions.

Our main and fundamental contention relates to the interpretation of the current scientific evidence-base by the guidelines development group which, as the Royal Statistical Society contends, is not accurately reflected by the new guidelines. To suggest to consumers that there is "no safe level" of alcohol consumption is misleading when the overwhelming body of international evidence continues to shows a positive association between moderate alcohol consumption and overall mortality and now well established causal links between moderate alcohol consumption and reduced risk of cardio-vascular disease. We believe it is important for the credibility of the guidelines, that for the majority of population groups it is explicitly acknowledged that moderate alcohol consumption can be very much part of a balanced diet and healthy lifestyle.

In summary the points we would make are as follows:

1. Guidelines are important for helping people consume alcohol safely and sensibly. These guidelines must be evidence-based, credible and relevant if they are to be accepted by the public and help people make informed choices and particularly to help those drinking too much to moderate their drinking.

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

3. In formulating the new guidelines the link between alcohol and cancer appears to have been simplified and amplified. Our understanding of the current evidence is that alcohol has a range of effects on cancer risk including no impact on certain cancers, and in some cases, a protective effect at certain moderate levels of consumption.

4. There is overwhelming international evidence – and widespread scientific consensus – that total mortality among moderate drinkers is lower than among non-drinkers and that moderate consumption of alcohol has protective effects against, for example, cardiovascular disease and cognitive decline. These health benefits appear not to have been given proper consideration in the determination of the new guidelines, and dismissed in public as "an old wives' tale" by the Chief Medical Officer.

5. The consequence of the above two points is that the Chief Medical Officer is now advising that there is no safe level of alcohol consumption. This runs contrary to the international evidence base

and, according to the Royal Statistical Society, does not reflect the evidence provided to the advisors who determined the new guidelines.

6. Given the above concerns, the national media, leading commentators, politicians and members of the public have been overwhelmingly critical of the new guidelines. There is a real risk that the new guidance will create mistrust in public health advice and will therefore be ignored by consumers.

7. Comments made by advisors and in the official minutes of the advisory group meetings acknowledge that the new guidelines were not only intended to help consumers make informed choices about drinking, but have also been formulated to influence future government policy. Indeed some on the group were actively involved in public campaigning on alcohol policy during the guidelines review.

8. There also remains a lack of transparency over aspects of the Sheffield University model and associated assumptions which are central to the findings of the advisory panel.

Question 1

The weekly guideline as a whole

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

☐ Yes

☒ No

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

The proposed weekly guideline and the explanation are unclear and lack clarity. They do not accurately reflect, or put into context, the relative risks of alcohol consumption. We believe the guideline will not be regarded as realistic by consumers and may lead to further public mistrust in public health advice. As a result, there is a real risk that the public will ignore the advice, eroding the enormous amount of work done by the Department of Health and the industry over the last 15 years.

The previous guidelines were increasingly understood and adhered to by consumers. 70% of adults in Great Britain drank within the CMO's lower risk daily guidelines (2-3 units and 3-4 units per day for women and men respectively) even on their heaviest drinking day in a week. This figure had increased by 19% since 2007.

Changing the guidelines without strong evidence seems to run contrary to common sense, particularly when good progress was being made under the

previous guidelines.

The break with international precedent, by applying the same level of consumption for men as it does for women, suggests that consumption by men can be matched by women and result in the same levels of risk and of harm. There are differences in physiology and alcohol metabolism between men and women resulting in differences in the effects of drinking. This is a misleading message to communicate given the scientific evidence that shows higher levels of consumption lead to higher levels of risk of mortality to women.

Individual parts of the weekly guideline

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

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

Question 2

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

☐ Yes

☒ No

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

This guidance is not clearly communicated for the following reasons and is likely to confuse and alarm consumers. According to the CMO background reports, the majority of UK consumers drink at lower levels, yet no differentiation is made between risky and non-risky drinking patterns. It is not clear what the 1% lifetime risk is comparable to and will therefore mean little to the public. To be clear the guidance should be compared to a range of other activities that hold the same risk such as driving a car or eating certain foods, so that the public can make an informed choice about the level of risk they are exposing themselves to.

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

Overall we do not believe that the proposed guidelines effectively and clearly communicate relative risk to the consumer. To imply that the regular consumption of alcohol is associated with an increased risk of illness appears contradictory and confusing. The guidelines and the explanation do not to reflect the overwhelming international evidence and widespread scientific consensus that total mortality among moderate drinkers is lower than amongst non-drinkers and that regular moderate consumption of alcohol can have a long term protective effect against, for example, cardiovascular disease.

Therefore we believe that the guidelines do not present consumers with the most accurate information to inform their choices about drinking.

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]

These guidelines are not clear for the following reasons:

The report suggests that the public are unlikely to follow the guidelines (despite having little evidence to support this), and therefore a simple approach is likely to be the most effective. By focusing on a weekly limit, only to then suggest that this needs to be taken over a number of days, begins to become confusing.

The Chief Medical Officers' previous guidelines stated that men and women should not regularly exceed 3-4 and 2-3 units per day, respectively. The proposed recommendation to spread 14 units evenly over three days appears

to indicate to consumers that regularly drinking 4.67 units per day (a level higher than the previous daily guidelines for both men and women) is acceptable. We believe consumers will find this message confusing, particularly when published alongside a reduction in weekly guidelines and an implication that there is no safe level of alcohol.

The potential confusion around this guideline, and the explanation, is liable to generate misunderstanding and potentially a loss of trust in consumer health advice.

If the message is that people should drink on lower levels more frequently, then it is difficult to understand how this set of guidelines is an improvement on the last.

Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
Explanation (from 'Summary of the proposed guidelines')
The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

Question 4

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

☐ Yes

☒ No

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

The statement that there is no safe level of consumption appears to contradict the evidence provided. Again, the statement that the risk of cancers increase "with any amount you drink on a regular basis" is likely to cause alarm with consumers.

This guidance appears to play down the protective benefits of alcohol consumption, for example the impact of drinks consumption on Ischemic Heart Disease (IHD). Given there is a significant body of evidence to suggest this there can be protective benefits of low levels of consumption it is not clear why the opposite is being communicated.

The evidence of these benefits was dismissed by the Chief Medical Officer as being "old wives tales", which suggests that this has not been considered in detail and should be revisited.

The guidance does not provide responsible messages to consumers and should make clear that there are low risk levels of consumption and that alcohol is compatible with a healthy lifestyle.

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

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

Question 5

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

☐ Yes

☒ No

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

This recommendation appears to target heavy users only? This distinction is not made clearly and will cause confusion. This advice should be targeted more clearly at those who have undertaken heavy drinking on individual days and/or are drinking significantly above the weekly guidelines.

Our understanding is there is less evidence to support alcohol-free days if consumers drink 14 units or less but over a seven-day period. Indeed, adopting 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.

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

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

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

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

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

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

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

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

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

- head injuries
- fractures
- facial injuries and
- scarring

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

Question 6

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

☐ Yes

☒ No

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

The guidance is not clear for the following reasons

a) While the guidance makes reference to people with different tolerances for alcohol, the overall guidelines are rigid and misleading, by suggesting that all people of both genders and all sizes will have the same risks through alcohol consumption. Which means the public faith in their practical validity is likely to be low and therefore ignored

b) Previous guidelines that offered a range of between 2-3 for women and 3-4 for men allowed consumers to understand that alcohol consumption can have a differing impact on people within gender groups. It was therefore possible to make a distinction between people that could biologically tolerate a greater level of alcohol.

c) There is no evidence provided that this approach will be understood and accepted by the public and this should have been considered as they were developed.

d) There is some concern that statements such as "risky places", "risky behaviour" and "misjudging risky situations" will mean different things to different people.

[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]

This guidance is not clear for the following reasons:

Again, to change to weekly guidelines and then attempt further messaging to make this applicable to daily consumption is likely to cause confusion with consumers. The guidelines would already be more complex than previous guidelines.

The explanation behind this section of the guidance clearly shows that a significant amount of factors can contribute towards associations of harm as a consequence of alcohol consumption, in particular when assessing short term risk.

Daily guidelines are the norm internationally and consumers in the UK have been getting used to daily guidelines for the last decade. 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 are supportive of daily drinking guidelines on the basis of appropriate, robust epidemiological research and evidence, we do not believe that the model presented by Sheffield University provides an appropriate tool to define daily guidelines in this way.

Overall this is something that should have been considered in greater detail, through wider consultation, during the design of the guidelines.

Guideline on pregnancy and drinking

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

Question 8

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

☒ Yes

☐ No

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

Question 9

In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

☒ Yes

☐ No

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

ANNEX

What is a unit of alcohol?

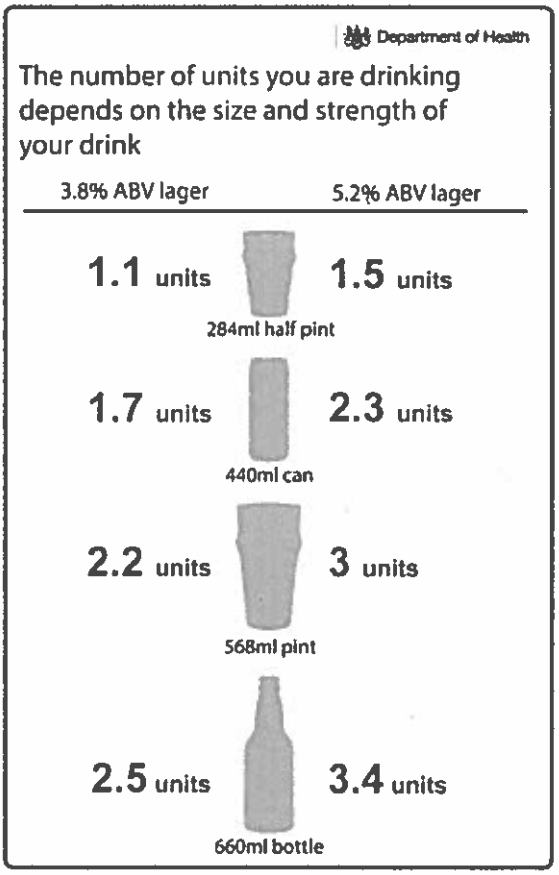
A unit is a measure of the pure alcohol in a drink, that is, the amount of alcohol that would be left if other substances were removed. A unit is 10ml, or one hundredth of a litre of pure alcohol. Units are calculated by reference to:

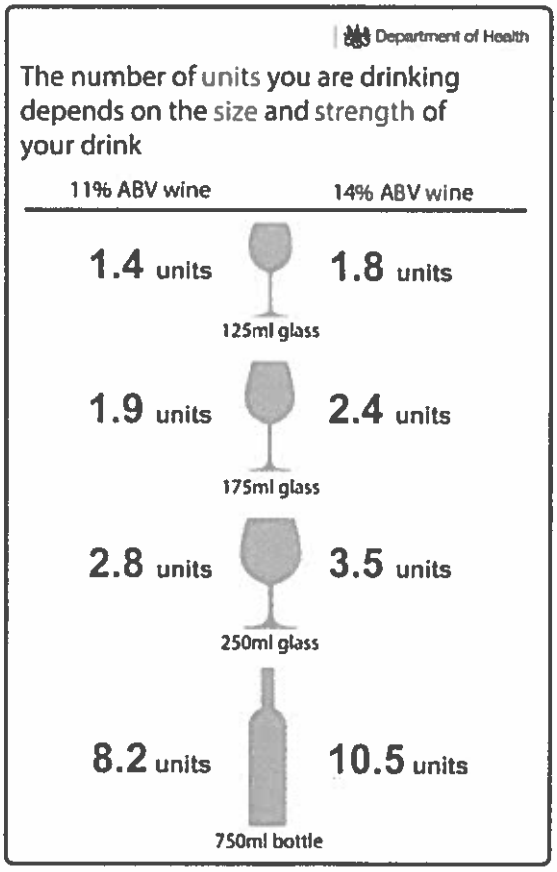
- the amount or volume of the drink
- the alcoholic strength (Alcohol by Volume, or ABV)

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

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

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





Turning Point response on *HOW TO KEEP HEALTH RISKS FROM DRINKING ALCOHOL TO A LOW LEVEL: PUBLIC CONSULTATION ON PROPOSED NEW GUIDELINES*

March 2016

Introduction

Turning Point is a health and social care organisation with over 50 years' experience of supporting people with complex needs, including those affected by substance misuse, mental health issues and people with a learning disability.

We are a member of the Alcohol Health Alliance and support their response.

Consultation questions

The weekly guideline as a whole

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

1.1 Yes, we think the guidelines are clear and easier to understand than previous iterations. An accessible version would be beneficial, to support people with learning disabilities and / or mental health issues who often drink and do not understand the risks to their health and wellbeing.

Individual parts of the weekly guideline

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?

2.1 Yes, these are also clear.

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?

3.1 Yes, this is clear.

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?

4.1 Yes, it is.

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?

5.1 Yes, this was clear.

Advice on short term effects of alcohol

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?

6.1 Yes, the advice is clear.

QUESTION 7: If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?

7.1 No.

7. 2 We support that the low risk drinking guidelines does not base advice on a specific number for single occasion drinking. Our position is based on the following:

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

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

Guideline on pregnancy and drinking

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

8.1 Yes, this was very clear.

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?

9.1 Yes, the guidance has achieved these aims.

If you have any questions or require any further information, please contact [redacted] on [redacted]

BMA House
Tavistock Square
London WC1H 9JP

BMA

Dame Sally Davies
Alcohol Policy Team
6th Floor
Department of Health
Wellington House
133-155 Waterloo Road
SE1 8UG

31 March 2016

Consultation on the health risks from alcohol: new guidelines

Dear Dame Sally

The BMA (British Medical Association) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 170,000 which continues to grow every year.

The Association welcomes the opportunity to respond to this consultation as we have long been concerned about the levels of alcohol-related harm in the UK. Our members witness first-hand the harmful effects of excessive consumption which is a contributing factor in millions of hospital admissions and thousands of deaths each year.[1] It is a significant source of physical, mental and social harm. Excessive alcohol consumption is causally linked to over 60 different medical conditions including liver damage, brain damage, poisoning, stroke, abdominal disorders and certain cancers.

Over 50 per cent of the UK population regularly drink at least once a week, and 10 per cent do so on five or more days a week.[1,2] Over 35 per cent of the UK adult population regularly drink more than the pre-existing recommended guidelines.[3,4,5] We therefore support the proposed new guidelines set out as part of the UK Chief Medical Officers' Review and would call for a public awareness campaign to ensure they are communicated and presented clearly, including ensuring that healthcare professionals are aware and understand the new guidelines. This campaign should be supported by the use of digital interventions such as health apps.

Updating the weekly guideline for drinking for men, to bring it in line with the guideline for women, will help provide clarity on the overall public health message. There is good evidence that drink-free days can have a positive impact on drinking patterns,[6,7] and we therefore strongly support the advice on this in the new guidelines. It is also important that there is a clear and consistent message on drinking in pregnancy. As highlighted in our recent publication, *Alcohol and pregnancy*, we believe the safest approach is for women to be advised not to drink during pregnancy.[8] We therefore welcome that the same message is being promoted in the new guidelines.

Our responses to the consultation questions on which we have a view are as follows.

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?**

   We welcome the decision to bring the guidelines for safe levels of drinking for men in line with the guideline for women. We believe the guideline explanation is necessary as it provides the detail on drinking across the course of the week and emphasises that steps should be taken to minimise impact if drinking up to 14 units per week. The explanation in the summary of the proposed guidelines also refers to 'cancer' directly as one of a range of illnesses that may be developed when drinking on a regular basis. While we recognise that the reference in the guidelines to cancer has been criticised,[9] it has been proven to be highly effective in smoking warnings[10] and we support its inclusion in the guidelines.

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?**

   We support the inclusion of the drink-free guideline. There is good evidence to suggest that drink-free days can have a positive impact and support a change in drinking behaviour in the long term.[6,13] This guideline provides a weekly, as opposed to daily target, which may be important for some groups. There is evidence to suggest that the scientific basis for drink-free days is limited for light to moderate drinkers,[11] and that a daily guideline could imply that drinking on a daily basis is being recommended. It is important that the guideline stresses that alcohol free days should be the norm rather than the exception. The guideline could be clearer by providing specific advice, highlighting the importance of help groups and providing details on techniques to reduce alcohol intake.

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?**

   The guideline clearly states that it is 'best' to spread drinking, up to the maximum of 14 units per week, over three or more days. However the guideline and the accompanying explanation do not define what level of drinking represents a 'heavy session', which it will be important to convey in messaging as well as the extent of the increased risk of illness. While we recognise that the purpose of making reference to a heavy session is to make the guidance more relatable, we would encourage greater clarity in the guideline on these two definitions.

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?**

   We welcome the guideline on the increased risk of developing illnesses. The use of the word 'cancer' is also welcomed. Only around one in two people are aware that drinking alcohol increases risk of cancer.[12] Including cancer warnings on labelling has proven to be effective in smoking warnings.[10] As there is no level of drinking that can be considered completely safe, a precautionary public health message that generally advises people to drink less is important. Greater clarity in the messaging would be welcomed on what constitutes a 'low risk' level of drinking.

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?**

   We support the inclusion of the guideline on drink-free days. This is a measure that has been encouraged for a number of years since the RCP (Royal College of Physicians) became the first of the established public health bodies to call for it in the 1980s.[13] The existing available evidence suggests that this can have a positive impact on moderating consumption.[5,13] It will be important to ensure

that the messaging on drink-free days clearly conveys that they should be normalised and encouraged on the majority of days of the week.

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?**

   While we support the guideline on the short-term effects of drinking, and agree with the measures that can be taken to reduce short-term health risks, it is important that the list of groups, included in the guideline, that are identified as being likely to be disproportionately affected by alcohol is extended to include mental health. People with mental health problems are at an increased risk of alcohol problems and vice versa. A number of psychiatric conditions are associated with alcohol dependence, including major depression, dysthymia, mania, hypomania, panic disorder, phobias, generalised anxiety disorder, personality disorders, any drug-use disorder, schizophrenia and suicide.[14,15] The guideline would be strengthened by recognising this. We would welcome an amendment to the list of risks following alcohol consumption to include 'accidents and falls' to recognise the impact this can have, particularly on elderly people. We also believe it is important for the guideline to recognise the risk of domestic violence, and the effects on children of having alcoholic parents.

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 should not 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?

   Awareness of units as a measure of alcohol is largely poor. We agree with the Chief Medical Officers that there can be significant variation among individuals in the short term risks from alcohol and that a number of factors can have an impact on this risk. There is some evidence from Australia and Canada where a guideline for single episodes of drinking has been introduced.[7] The Canadian model sets out the implied drinking guideline for men of 3.4 units per day and women of 10.0 units per day, if drinking only once per week. The Australian approach sets out an implied drinking level for men of 2.0 units per day and 2.2 units per day for women. This variation highlights the difficulty in setting a daily guideline, particularly gender specific ones. We believe that fundamentally it is important that the guideline is clear and easy to follow, as there is no evidence that either a weekly or a daily guideline is any clearer. We would support clearer messaging on what constitutes a unit of alcohol in order to raise public awareness.

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

   The guideline on pregnancy and drinking clearly states that the safest approach is not to drink alcohol at all. This is in line with our view that women who are pregnant should be advised that the safest option is not to consume any alcohol.[8] It is vital that the guideline is clearly communicated to counterbalance the often misreported effects of drinking during pregnancy. It may be useful to specify that the advice also extends to women who are considering a pregnancy. The advice should also factor in a woman's wider support network, in particular their partners or close family, who have an important supportive role in an alcohol-free pregnancy.[8] Antenatal clinics should be encouraged to provide practical support for women if they are having difficulty stopping drinking.

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 assurance for women who may discover they have drunk alcohol before knowing they were pregnant**

Has the guideline met these aims?

The guideline clearly emphasises a precautionary approach, which is in line with the BMA view that women should be advised to not drink during pregnancy. It states it is unlikely in most cases that the baby has been affected if women drink before finding out that they are pregnant. It also provides assurance for women who may discover they have drunk alcohol before knowing they are pregnant we would support advice being given to talk to a doctor or midwife if there are concerns. The guideline does not explain what number of weeks this relates to and it is important to clarify this message. The guideline could be clearer in presenting the uncertainties in the evidence, although it is accepted that this could confuse the overall message.

From a broader perspective, the impact of new guidelines will be significantly limited in the absence of stronger measures to regulate the widespread promotion, accessibility and availability of alcohol products in the UK. The BMA believes there is a need for more comprehensive action through a fully resourced social marketing alcohol strategy, with coordinated action at a local, national and European level. This would ensure that the guidelines are supported by a range of policies to help people to change their drinking behaviour. This includes action to:

- improve labelling, to ensure all products display drinking guidelines, a breakdown of what constitutes a unit and a clear health warning, as well as being in line with the EU (European Union) regulation on the Provision of Food Information to Consumers
- increase and rationalise tax to ensure it is proportional to alcoholic content, recognising that taxation would need to comply with the EU Directive on Structures of Excise Duty on alcohol and alcoholic beverages. The taxation arrangements should be amended so that cider and wines are taxed proportionately to their alcohol content and a system of meaningful duty bands should be implemented for all types of alcohol proportional to their alcohol content
- introduce a minimum price for the sale of alcohol of no less than 50p
- reduce licensing hours
- ensure licensing legislation is strictly enforced
- prohibit all alcohol marketing communications
- provide more help to women wanting to stop drinking.

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely

[1] Office for National Statistics (2013) Opinion and Lifestyles Survey, adult drinking habits in Great Britain, 2013. Newport: Office for National Statistics.
[2] Department of Health, Social Services and Public Safety (2014) Adult drinking patterns in Northern Ireland survey 2013. Belfast: Department of Health, Social Services and Public Safety.
[3] Health and Social Care Information Centre (2015) Statistics on Alcohol, England 2015. Leeds: Health and Social Care Information Centre.
[4] StatsWales (2015) Welsh Health Survey, 2014. Cardiff: StatsWales.

[5] The Scottish Government (2015) The Scottish Health Survey, 2014. Edinburgh: The Scottish Government.
[6] House of Commons Science and Technology Committee (2011) Alcohol guidelines: Eleventh report of session 2010-12. House of Commons Paper No 1526, 2010-12.
[7] Holmes J, Angus C, Bulyx P et al (2016) Mortality and morbidity risks from alcohol consumption in the UK: Analyses using the Sheffield Alcohol Policy Model to inform the UK Chief Medical Officers' review of the UK lower risk drinking guidelines. Sheffield: University of Sheffield.
[8] British Medical Association (2016) Alcohol and pregnancy: preventing and managing fetal alcohol spectrum disorders. London: British Medical Association.
[9] Royal Statistical Society (2016) Department of Health communication about alcohol guidelines [Letter to the Secretary of State for Health].
[10] European Commission (2012) Tobacco packaging health warning labels. Eurobarometer qualitative study.
[11] Rehm J, Baliunas D, Borges GLG et al (2010) The relation between different dimensions of alcohol consumption and burden of disease: an overview. *Addiction* **105**(5): 817-823.
[12] http://ahauk.org/aha-welcomes-new-drinking-guidelines/ (last accessed 11.02.2016).
[13] Royal College of Physicians (1987) The medical consequences of alcohol abuse, a great and growing evil. London: Tavistock Publications Ltd.
[14] Cargiulo T (2007) Understanding the health impact of alcohol dependence. *American Journal of Health-System Pharmacy* **64**: s5-11.
[15] British Medical Association (2008) Alcohol misuse: tackling the UK epidemic. London: British Medical Association.

The Institute of Alcohol Studies (IAS) consultation response to the Chief Medical Officer's Alcohol Guidelines Review.

March 2016

Key messages

- The weekly guideline is extremely clear in communicating that those who choose to drink are safest not to drink regularly more than 14 units, to keep health risks from drinking alcohol to a low level.
- The new guidelines communicate clearly the risk of a number of cancers increases from any level of regular drinking- there is no level of drinking that can be considered as completely safe.
- The recommendation for women who are pregnant or planning a pregnancy to not drink any alcohol at all is clear.
- The advice on single occasion drinking is clear- it is advisable to spread this drinking over three days or more and have 'alcohol free days'. It is communicated clearly if you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and accidents and injuries.
- The guidelines are clear in stating people have a right to accurate information and advice about alcohol and its health risks, and there is a responsibility on Government to ensure the information is provided for people, so they can make informed choices.

Recommendations

The guidelines should be communicated to the general public through
1) Mass media and social marketing campaigns
2) The introduction of health information on alcohol labels that clearly explains the low risk drinking guidelines
3) A comprehensive engagement programme with healthcare professionals

About the Institute of Alcohol Studies (IAS)
The core aim of the IAS is to serve the public interest on public policy issues linked to alcohol, by advocating for the use of scientific evidence in policy-making to reduce alcohol-related harm. The IAS is a company limited by guarantee, No 05661538 and registered charity, No 1112671. For more information visit www.ias.org.uk.

Introduction
The Institute of Alcohol Studies (IAS) welcomes and supports the new Chief Medical Officers' (CMO) low risk drinking guidelines. A review of the previous guidelines was long overdue, and we believe the new guidelines will help shape people's attitude and inform drinking behaviours.

However, the success of the new guidelines in informing the UK public will largely depend on their communication and dissemination, and we welcome the CMO statement that it is the Government's responsibility to ensure information is provided to citizens so they can make informed choices.

In this response, we would like to expand on some of the issues addressed in both the expert group report as well as the CMO recommendations. In particular, we will address the need for better consumer information and consumers' right to know the risks associated with alcohol consumption, to enable them to make informed choices about their drinking and their health.

IAS response to the online questionnaire is in the second part of this document (starting page 8).

Low awareness among UK citizens about the health risk from consuming alcohol
We believe the primary purpose of the Alcohol guidelines is to inform people of the health risks they face when drinking alcohol so they can make fully informed choices.

An inherent difficulty of developing alcohol guidelines is facilitating public understanding of units, the weekly guideline and health risks from consuming alcohol. As the Expert Group outlined, we too consider it essential for efforts to be focused on helping people to understand the health risks through effective and consistent communication of the new guidelines. In 2009, a survey by the Office for National Statistics (ONS) showed that overall, 90 per cent of respondents "said they had heard of measuring alcohol consumption in units"[1]. However, the IAS believes it was correct for the ONS to acknowledge that having heard of daily recommended levels did not necessarily mean that people knew what they were. The survey found that *44% percent of people thought correctly that, for men, drinking three or four units a day was within the guidelines, and 52 per cent said correctly that for*

[1]Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 61

women, drinking two or three units a day was a recommended maximum[2]. It also found *only 27 per cent accurately identified how much one unit of wine was*[3]. The new alcohol guidelines provide an opportunity to help people better understand the health risks from any level of alcohol consumption.

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

Public opinion polling indicates a lack of awareness of the link between alcohol consumption and cancer. Survey data collected for Cancer Research UK for their report 'An investigation of public knowledge of the link between alcohol and cancer' found that, 87 per cent of people in England don't associate drinking alcohol with an increased risk of cancer.[4]

The results also highlighted a lack of understanding of the link between drinking alcohol and the risk of developing certain types of cancer. When prompted by asking about seven different cancer types, 80 per cent said they thought alcohol caused liver cancer but only 18 per cent were aware of the link with breast cancer. In contrast alcohol is linked to 3,200 breast cancer cases each year compared to 400 cases of liver cancer.[5]

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

Strong public support for more information and better labelling

Another important finding from public opinion surveys is that there is strong support amongst UK citizens for better public information on alcohol and health risks. A large majority of respondents to an AHA survey (86%) agreed to the statement that it is important that people know how alcohol can affect their health, and 4 out of 5 (81%) support the introduction of alcohol labels which include information on how alcohol can affect health. Similarly high levels of support (84%) were reported for the introduction of a warning that, when pregnant, the safest option is to avoid alcohol completely.[6]

[2] Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 14
[3] Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 64
[4] ' Cancer Research UK(2016) 'An investigation of public knowledge of the link between alcohol and cancer'
[5] Cancer Research UK(2016)'An investigation of public knowledge of the link between alcohol and cancer'
[6] Alcohol Health Alliance, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

Communication of the guidelines

The CMO report states the following principles for the guidelines[7]:

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

We fully support these principles, and would like also to support the expert group's recommendations about campaigns, health professionals and labelling[8]:

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

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

Mass Media & Social Marketing Campaigns

The current Government's approach to reducing alcohol harm is based on the individual's right to choose how much they drink. Given that starting point, it is imperative that the decisions which individuals make are based on the latest information relating to the risks associated with drinking alcohol. As we can see from the figures above, the British public is largely unaware of the fact that alcohol is linked to an increased risk of cancer.

What is equally worrying is that many increasing and higher risk drinkers class themselves as light or moderate drinkers - 92% in a survey carried out by Balance, the North East Alcohol Office in 2015.[9]

Mass media campaigns, carried out in the right way and supported by sufficient resources, have the potential to increase the proportion of people who are aware of alcohol's links with cancer and therefore provide them with a reason to reflect on their drinking habits.

Taking evidence from tobacco control which says that hard hitting TV based campaigns are effective in changing the public discourse around a harmful product, Balance ran a campaign

[7] UK Chief Medical Officers' Alcohol Guidelines Review Summary of the proposed new guidelines (2016)
[8] Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers (2016)
[9] Balance Perceptions Survey 2015

in 2015 highlighting the links between alcohol and breast cancer. After two waves of the TV-led campaign the awareness amongst the general population of the link between alcohol and breast cancer had risen from 33 per cent to 45 per cent.[10] Replicating this approach at the national level would mean that more people were making informed choices when it came to how much alcohol they chose to consume.

Evidence to support alcohol labelling

There is evidence that the inclusion of health information on alcohol products increase consumers' knowledge and awareness of the adverse health impacts of alcohol.[1112] Several countries currently mandate that alcohol producers include health information on all product labels, including France, Portugal, US, Australia and South Africa.

The United States introduced a mandatory written health information in 1989. Research shows that the labels have prompted discussions about the dangers of drinking, steadily increased public awareness of the labels, and there is evidence of increased public support for alcohol labeling in the US following its introduction[13]. In 2006, France introduced a mandatory message, either a pictogram or a set written text, informing about the risk of drinking alcohol during pregnancy. Evidence from France indicates that following the introduction of the mandatory pregnancy warning, there has been an increase in levels of public awareness about the dangers of drinking during pregnancy and a change in social norms towards 'no alcohol during pregnancy'[14].

Mandatory labelling is not in conflict with EU regulations

It is mandatory to provide nutritional information on all foodstuffs in the UK and Europe through the EU regulation 1169/2011 provision of food information to consumers[15]. However, alcoholic beverages stronger than 1.2% ABV are exempt from this regulation. This essentially means that consumers have more information about the contents of a glass of milk, including ingredients and calorie content, than they do a glass of whiskey.

The UK Government has the powers to introduce mandatory labelling for alcohol products, as other Member States have done[16]. In France, alcohol products must include health information about alcohol and pregnancy, either as text or pictogram. In Germany, alcohol products must include 'Not for supply to persons under 18', and in Portugal, health information labels are required on bottles and containers of alcoholic beverages.

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[10] Balance Breast Cancer Campaign Evaluation 2015

[11] Wilkinson, C., & Room, R. (2009). Warnings on alcohol containers and advertisements: international experience and evidence on effects. *Drug and Alcohol Review, 28*(4), 426-435.

[12] Agostinelli, G., & Grube, J. W. (2002). Alcohol counter-advertising and the media. *Alcohol Research & Health, 26*(1), 15-21.

[13] Greenfield (1997) in Stockwell T. (2006) A Review of Research Into The Impacts of Alcohol warning Labels On Attitudes And Behaviour. University of Victoria, Canada

[14] Guillemont J. (2009) Labelling on alcoholic drinks packaging: The French experience. Presentation to the CNAPA meeting, February 2009 retrieved from: http://ec.europa.eu/health/archive/ph_determinants/life_style/ alcohol/documents/ev_20090217_co08_en.pdf

[15] http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32011R1169

[16] European Alcohol Policy Alliance (2014) What's not on the bottle?

Self regulation and the Public Health Responsibility Deal has not delivered the desired results

In the UK, labelling of alcoholic beverages has been part of the Public Health Responsibility Deal (RD), a voluntary partnership between government and the alcohol industry, launched in 2011. Pledge A1 of the RD addresses alcohol labelling: "We will ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant". There are 101 alcohol industry signatories to this pledge.

However, several evaluations of the RD show that the industry has fallen short of this target: An industry-commissioned audit found 79% of products in the off-trade complied with this pledge, but this fell to 70% of products when weighted by market share[17]. It concluded that "the best estimate is that 80% content compliance had not been achieved"[18]. Furthermore, only 47% of labels have been found to reflect what is considered 'best practice' by industry-agreed standards[19].

An independent academic study corroborated these findings, reporting 78% compliance with the pledge in an unweighted sample[20]. This report found the average font size for health information on labels was 8.17, well below the 10-11 point size that is optimal for legibility. In addition, 60% of labels display health information in smaller font than the main body of information on the label, contrary to official industry guidance. Pregnancy warning logos are significantly smaller on drinks targeted at women than those aimed at men. Moreover, they are frequently grey in colour, with only 10% in more eye-catching red[21].

Consequently, we therefore call for the introduction of mandatory regulation of labelling of alcoholic beverages to ensure that consumer information is introduced in the best possible format that is legible and easily understood by drinkers to enable fully informed choices.

Health professionals

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

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[17] Volume market share of total pure alcohol sold. Campden BRI (2014) Audit of compliance of alcohol beverage labels available form the off-trade with the Public Health Responsibility Deal Labelling Pledge, p23.

[18] Campden BRI (2014), op. cit, p. 4.

[19] Campden BRI (2014), op. cit., p. 23.

[20] Petticrew, M., Douglas, N., Knai, C. et al (2015) Health information on alcoholic beverage containers: has the alcohol industry's pledge in England to improve labeling been met? *Addiction* 110. DOI: 10.1111/add.13094

[21] Petticrew, M., Douglas, N., Knai, C. et al (2015) op. cit.

Conclusion

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

The Government must acknowledge the considerable time spent by the Chief Medical Officers and Expert Group in formulating the guidelines and act upon the CMO's statement that the Government has a responsibility to ensure information is provided to allow citizens to make an informed choice. Investment in social marketing campaigns, training of health care professionals and health information labels will be crucial to ensuring the new guidelines fulfil the very objectives on which they have been formulated.

IAS' RESPONSE TO THE ONLINE QUESTIONNAIRE

The weekly guideline as a whole

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

- **Yes**

Individual parts of the weekly guideline

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

- **Yes**

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

- **Yes**

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

- **Yes**

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

- **Yes**

Advice on short term effects of alcohol

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

- **Yes**

QUESTION 7. For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described in the box (page 8 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489796/CMO_alcohol_guidelines.pdf).

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

- **No**

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

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

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

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

Guideline on pregnancy and drinking

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

- **Yes**

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

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

Has the guideline met these aims?

- **Yes**

- **Attachment:** International evidence and best practice on alcohol labelling
- **Contact details:** For further information or clarification issues, please contact [redacted] ([redacted] Tel: +44 (0)207 [redacted]

INTERNATIONAL EVIDENCE AND BEST PRACTICE ON ALCOHOL LABELLING

- **Alcohol labels improve consumer knowledge and awareness**
- **The UK has the legal power to introduce mandatory alcohol information labels**
- **Voluntary labelling schemes have proven ineffective at reaching standards required to inform and protect consumers**

ALCOHOL LABELS IMPROVE CONSUMER KNOWLEDGE AND AWARENESS

International research shows that introducing health information on alcohol products increases consumers' knowledge and awareness of the adverse health impacts of alcohol.[1,2]

For example, the US introduced health information labels on alcoholic beverages in 1989. These labels improved knowledge about the health risks from alcohol.[3] Research also shows that the labels have resulted in more discussion about the dangers of drinking, steadily gained attention, and increased public support for the principle of labelling.[4]

In France, similar results were found after the introduction of a measure in 2006, under the Loi Evin, requiring containers to carry either a health information message or a pictogram advising pregnant women not to drink alcohol. A study of public awareness following this introduction indicated a positive trend in terms of changing the social norm towards 'no alcohol during pregnancy'.[5]

Both France and the US offer examples of positive results after introducing health information labels on alcohol products. However, there is strong reason to believe that these improvements to consumer understanding could still be greater under more effective regulations. Both countries require the same message across all beverages and containers, and mandate relatively small text and pictograms. Yet recent French research recommends improvements in both design and content to achieve a greater effect. Suggested improvements include increased size, favour visual rather than written text, the use of a

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[1] Wilkinson, C., & Room, R. (2009). Warnings on alcohol containers and advertisements: international experience and evidence on effects. *Drug and Alcohol Review*, *28*(4), 426-435.
[2] Agostinelli, G., & Grube, J. W. (2002). Alcohol counter-advertising and the media. *Alcohol Research & Health*, *26*(1), 15-21.
[3] Babor et al (2010) *Alcohol No Ordinary Commodity*, Oxford University Press, UK
[4] Greenfield (1997) in Stockwell T. (2006) *A Review of Research Into The Impacts of Alcohol warning Labels On Attitudes And Behaviour.* University of Victoria, Canada
[5] Guillemont J. (2009) *Labelling on alcoholic drinks packaging: The French experience.* Presentation to the Committee on National Alcohol Policies and Action (CNAPA) meeting, European Commission, February 2009

coloured font (red) which captures more attention and also use of a set of different messages to target different groups of people.[6]

THE UK HAS THE LEGAL POWER TO INTRODUCE ALCOHOL INFORMATION LABELS

Several countries, including several European Member States, have introduced mandatory health information labels on alcoholic products (*see appendix*). There are therefore no legal obstacles from the European Union or international trade agreements to introducing mandatory labelling in the UK. The communication of the new low risk drinking guidelines provides an excellent opportunity to ensure consumers have the knowledge they are entitled to in order to make informed decisions about their alcohol consumption.

INTRODUCING MANDATORY LABELLING IS NEEDED TO ENSURE CONSUMERS ARE INFORMED AND PROTECTED

In the UK, labelling of alcoholic beverages has been part of the Public Health Responsibility Deal (RD), a voluntary partnership between government and the alcohol industry, launched in 2011. The RD has shown some improvement in labelling. However, recent evaluations show that the compliance in the sector is far from complete and that many products do not carry standard health information.[7] This research also shows that where labelling has been introduced, it often falls short of best practice in terms of legibility (size, font and background colour). A mandatory system would standardise labels, enforce best practice and ensure full compliance on all drinks.

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[6] Gallopel-Morvan, Karine (2015) *The effectiveness of current French health warning labels displayed on alcohol ads and bottles*, Presentation at the Global Alcohol Policy Conference, October 2015

[7] Institute of Alcohol Studies (2015) *Dead on Arrival? Evaluating the Public Health Responsibility Deal for Alcohol* <http://bit.ly/phrdDOA>

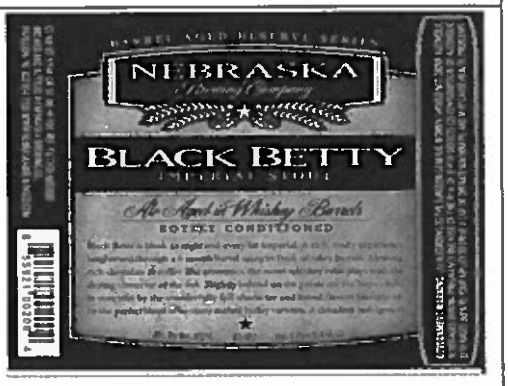
APPENDIX – EXAMPLES OF INTERNATIONAL ALCOHOL LABELLING REGULATIONS

COUNTRY	HEALTH INFORMATION
France	All alcohol products must include health information about alcohol and pregnancy, either as text or pictogram: "Drinking alcoholic beverages during pregnancy even in small quantities can have grave/serious consequences for the health of the baby". 
Germany	Labels for alcopops must include 'Not for supply to persons under 18'.
Ireland	Introducing health warning on alcohol products are part of the proposed Public Health (Alcohol) Bill 2016.
Mexico	Legally required health information labels on alcohol containers since 2015. Products up to 6.1% needs age information only, drinks between 6.1%-55% needs the three pictograms on age, pregnancy and driving.[8] 
Portugal	Health warning labels legally required on bottles and containers of alcoholic beverages – the implementation is self regulated by the producers.
Slovenia	Foods containing alcohol, should include (on the packaging of the alcoholic beverage) the warning that the product is not suitable for children. The text must be printed in block letters that are clearly visible, legible and be of a colour that is contrasting the background.
South Africa	Legally required health information labels on alcohol containers since 2005. The information shall (i) be visible and not affected by any other matter, (ii) be on a devoted space and at least one eighth of the total sixe (of ad, container, label or material), (iii) be in black on white background and (iv) alternate seven defined messages given in the regulation.[9] The photo shows both old and revised proposed bigger labels (2015). The revised label is based on the percentages of the size of the container and not the label, as today.[10] 

[8] El Tijuanense (April 2015), 'Botellas de alcohol tendrán alertas y advertencias sobre su consumo' <http://eltijuanense.com/index.php/noticiasq/13-noticias/mexico/8056-botellas-de-alcohol-tendran-alertas-y-advertencias-sobre-su-consumo>

[9] Government Gazette (February 2005), 'Regulations relating to the labelling of alcoholic beverages', Foodstuffs, cosmetics and disinfectants act, 1972, South Africa <http://www.gov.za/sites/www.gov.za/files/27236c.pdf>

[10] Prof Freeman, Department of Health South Africa: presentation at the Global Alcohol Policy Conference 2015

South Korea	Legally required health information labels. Alcohol containers include one of the three following messages:[11] (a) "Warning: Excessive consumption of alcohol may cause liver cirrhosis or liver cancer and is especially detrimental to the mental and physical health of minors" (b) "Warning: Excessive consumption of alcohol may cause liver cirrhosis or liver cancer and, especially, women who drink while they are pregnant increase the risk of congenital anomalies" (c) "Excessive consumption of alcohol may cause liver cirrhosis or liver cancer, and consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may increase the likelihood of car accidents or accidents during work" On spirits: "Excessive drinking may cause cirrhosis of the liver or liver cancer and increase the probability of accidents while driving or working"
USA	Legally required health information labels on alcohol containers since 1989. The label is fixed rather than rotating, and has not changed since its introduction. It is a relatively lengthy message, usually in small print. "GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcohol impairs your ability to drive a car or operate machinery, and may cause health problems." 

[11] Dr Stockwell T (February 2006), 'A Review Of Research Into The Impacts Of Alcohol Warning Labels On Attitudes And Behaviour', Centre for Addictions Research of BC, University of Victoria, British Columbia, Canada <http://www.uvic.ca/research/centres/carbc/assets/docs/report-impacts-alcohol-warning-labels.pdf>

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

By post:
Alcohol Policy Team,
6th Floor
Department of Health
Wellington House
133 -155 Waterloo Road
SE1 8UG

Drinkaware Consultation Response

Summary

Drinkaware is the leading alcohol education charity in the UK. Created through a Memorandum of Understanding between the alcohol industry and the devolved governments of the UK in 2007, Drinkaware has been committed to communicating national guidance about alcohol to the general public since its inception.

In the past year alone, more than 9.6m unique visitors have accessed our web-based information and advice (generating more than 11.7m website hits and 28m page views). Our app has been downloaded by more than 280,000 people since its launch 18 months ago; and our online self-assessment questionnaire (based on the 10-question AUDIT assessment of alcohol use and dependency) has been completed more than 500,000 times in the past year. Our evidence suggests that people drinking at increasing and higher risk levels form the majority of our users, and that the information we provide is instrumental in informing their personal choices about drinking. Furthermore, we are able to use our technological expertise to test various messaging strategies and assess their impact on public response. The results of one such initiative, in collaboration with the Department of Health and Public Health England, is currently being prepared for journal peer-review

Given the breadth of our public reach, Drinkaware is in a unique position to comment upon the communications of the new alcohol guidelines issued by the UK Chief Medical Officers (CMOs) in January 2016. At that time, we welcomed the greater clarity of the new Guidelines and in particular, supported the inclusion of simple behavioural messages such as drinking more slowly, drinking with food and alternating with water. Drinkaware has consistently used such messages in our communications directed at the public.

Since January, we have commissioned YouGov to conduct independent research with a UK representative sample of 4,300 adults to ascertain how people respond to the Guidelines; we have drawn upon this and other evidence to present an informed perspective of how the Guidelines may most effectively be communicated and engaged with by the public. The full analysis from this research is available to the Department of Health on request and will be published on the Drinkaware website as soon as the report is finalised.

Based on our research and extensive expertise in developing engaging alcohol education information and resources for the public our concern is for the Guidelines to be an effective core part of the information provided to the public, helping them to make better choices about their drinking and reducing alcohol harm.

Our detailed response to each of the Consultation questions is given below. In summary, the key points we would make are as follows:

1. In general, the CMO guidelines provided by Government offer a valuable tool for organisations such as Drinkaware which seek to change public behaviour; and the CMO Guidelines on alcohol have the potential to offer an important reference point for our work when communicating messages to the public.

2. We are concerned that whilst guidance for low risks has been set at the same levels for men and women, as the Guidelines Review Report states, risk levels at higher levels of alcohol consumption continue to diverge markedly for men and women. Reports from the media suggest that some women have construed this to mean they can drink as much as men. Specific advice distinguishing the diverging risk at higher levels of drinking would improve clarity and understanding.

3. The new Guidelines regarding spreading units across the week as long as advice to take several drink-free days per week is a complex concept since significant consideration will be required for someone to achieve both at the same time. Since it is complex it may risk being ignored. In order to explain the need for this we suggest future communication could more clearly separate the two messages: one that it for health reasons is better to spread the units across the week and the other that taking periods off drinking is a good way to change drinking habits and cut back.

4. Our primary audiences are those drinking at levels that are likely to place their health and well-being at risk. We understand the need for a simple clear message and the problem of dignifying high levels of consumption where guidelines address this group, but would like to see specific guidance for high level drinkers that acknowledge they exist and points to evidence based actions that helps this audience reduce their consumptions. Guidelines communication as drafted risk disengaging audiences who regard the low risk level of 14 units per week as unattainable. We would like to see greater focus given in the guidelines to the risks at higher levels of alcohol consumption, and to the potential benefits to health and well-being of cutting back at any level of consumption.

5. There appears to be a contradiction between the Guidance as drafted, suggesting there is no safe level of alcohol consumption, and the supporting evidence provided, where the data given appear to show a negative risk, or health benefit, of drinking at low levels. Clear justification for this position is required to ensure public trust in the Guidelines overall is not eroded.

6. We believe it is a particular challenge to effectively engage the public in communication of risk messages. Research commissioned by Drinkaware indicates that messages of relative increased risk from alcohol have the potential to be effective with the public, but in themselves could overstate what are modest absolute risks. We suggest that further research would be helpful.

7. We particularly welcome the clarity of the advice on drinking in pregnancy and the alignment of this advice across all four nations.

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]

As a **'Summary of the Proposed Guidelines'**, it is essential that this message is clear and understandable. Yet as written, the summary makes two important but separate messages that are potentially contradictory:

- that it is best to spread drinking evenly over the week
- that taking days off drinking each week can help people to cut down.

There is a risk that this complex message that people will have to spread their drinking while at the same time taking days off will be dismissed, particularly so given the widespread perception in the UK that it is beneficial to have drink-free days in a week (even if one is not drinking heavily). More effort is likely to be needed to make this clear.

Furthermore, the guidance to have drink-free days in a week is relevant only to a small proportion of adults as the UK drinking culture in general is not one of daily drinking. From the *Drinkaware Monitor* survey of UK representative adults in both 2014 and 2015, only 8% of adults do so on 6 or more days a week. Hence, for most people the statement *'have several drink-free days every week'* corresponds with their current drinking patterns, and it is therefore unlikely to prompt significant reappraisal and will lack potency as a behaviour change message.

(See our Drinkaware Monitor 2014 findings here: https://www.drinkaware.co.uk/about-us/knowledge-bank/drinkaware-research/drinkaware-monitor; the 2015 survey findings are currently being prepared for publication.)

Comments in respect to other individual aspects of the guidance follow below.

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]

1) **Understanding 'units'**

Drinkaware Monitor 2014 data indicate that the majority of people recognise the term 'units' with reference to alcohol and the strength of alcoholic drinks. However, few people have a good grasp of how many units are in the drinks they have. Our data suggest that references to drinks e.g. 'a pint of beer' or 'a medium size glass of wine' may help people more readily translate units to drinks and that this may help them make more informed choices.

To inform our response to this Consultation, Drinkaware commissioned YouGov to conduct research with a representative sample of UK adults. This work was completed on 18 March 2016, with 4,367 adults.

When presented with the Guidelines expressed as units (*'If you drink 14 units of alcohol per week, your chance of dying of an alcohol-related disease is 1%'*) and as drinks (*'If you drink 6 pints of beer or 6 glasses of wine per week, your chance of dying of an alcohol related disease is 1%'*), there was marginally more agreement (61% vs. 56%, statistically significant $p<0.01$) that the statement referring to 'drinks' was clear.

This finding suggests a marginal preference for the expression of the Guidelines in terms of 'drinks' although more research should be done to assess this and to explore alternative ways to help inform people about the differing amounts of alcohol in drinks of varying types.

2) **Effectiveness of communicating absolute or relative risk**

To explore public response to different types of messages, our survey also tested these statements:

a) 'If you drink 2 pints a day instead of 3 you are 33% less likely to die from an alcohol-related condition'

b) 'If you drink 3 pints a day instead of 2 you are 50% more likely to die from an alcohol-related condition'

c) 'A middle-aged man who drinks 2 pints a day instead of 3 will on average live 2 years longer'

d) 'A middle-aged man who drinks 3 pints a day instead of 2 will on average live 2 years less'

Message (b) *'If you drink 3 pints a day instead of 2 pints you are 50% more likely to die from an alcohol-related condition'* scored higher on clarity; importance; whether the message would cause people to reappraise their drinking; and whether it would be shared with family and friends.

Compared to the statement, *'If you drink 14 units of alcohol per week, your chance of dying of an alcohol-related disease is 1%'*, Message (b) achieved the following agreement scores:

- 'It is clear' - 70% (vs. 56% agreement for the *14 units 1% risk* message)
- 'It is important' - 69% (vs. 54%)
- 'It makes me sit up and take notice' - 51% (vs. 31%)
- 'It makes me think about how much I drink' - 42% (vs. 31%)
- 'I would share this with family and friends' - 47% (vs. 32%)

We recognise however particular concerns when presenting people with *relative* risk levels only, particularly when the *absolute* level of risk is low; and that care must be taken to avoid exaggerating the level of risk.

Further research would be helpful to consider the impact of presenting both the relative and absolute level of risk, in a way that is engaging to general public audiences.

3) **Women and higher risk drinking**

At low risk levels, we believe there are potential benefits in simplifying messages with a consistent guideline for both men and women.

However, we are concerned that the Guidance may create the impression that 'men and women can drink at the same levels' and more importantly, that the particular risks for women associated with drinking at the higher levels, will not be made clear.
There are very significant challenges in communicating that risks for men and women are the same at 14 units per week, but not the same at higher levels than this; and we would welcome further advice from the CMOs in this regard.

4) **Engaging higher risk drinkers**

Whilst focusing on risk at a population level makes sense for harm prevention, we are concerned that people who are already drinking at considerably higher levels may disengage if they feel that advice is unachievable or irrelevant to their drinking habits. In qualitative research commissioned by Drinkaware in 2015 amongst men aged 45-60 drinking over 30 units per week (draft report available upon request), this was found to be the case. This finding was consistent with other recent research on public attitudes to alcohol guidelines (e.g. Lovatt et al., 2015).

For this reason, we believe that special efforts must be directed at developing messages to effectively engage and motivate higher risk drinkers (or those drinking at 'hazardous' and 'harmful' levels) to moderate their drinking. This is particularly important due to the exponentially greater harm experienced by higher risk drinkers, and the significant health benefits to be gained from even moderate reductions in drinking. Drinkaware is currently preparing a campaign to address this critical need amongst men over 40, who are drinking above the 'old' and 'new' Guideline levels.

Reference:
Lovatt, M., Eadie, D., Meier, P. S., Li, J., Bauld, L., Hastings, G. & Holmes, J. (2015). Lay epidemiology and the interpretation of low-risk drinking guidelines by adults in the United Kingdom. *Addiction*, 110, 1912-1919.

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]

See comments above.

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]

It is confusing that this seemingly clear message is contradicted by data given in the risk tables provided in the CMO guidance review report. This data indicate a negative risk to health – therefore an apparent benefit – from drinking at very low levels.

Our concern is compounded by the finding in the Drinkaware Monitor 2014 survey that one-third (36%) of respondents agreed and only one in five (19%) of respondents disagreed with the statement: *'Moderate drinking is good for your health'*. This finding suggests a relatively strong public perception that drinking at moderate levels is 'good for you'; changing this perception will require clear, unambivalent messages supported by robust evidence and is a particular communications challenge.

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]

As noted in response to question 1, there is a risk that this complex message that people will have to spread their drinking while at the same time taking days off could be dismissed.

We believe it may be more effective to separate the *'drink free'* message from the 'weekly spacing out of drinking' message. Further research should test, for example, a message that having drink-free periods off is a good way to 'reset' habits and help people to drink more moderately. Encouragingly, the Drinkaware Monitor 2015 survey (to be published) found that 26% of adult drinkers not currently taking drink-free periods, would be willing to try to *'stay off alcohol for a fixed period of time'* as a personal moderation strategy.

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]

While overall, this guidance is useful, in order to be effective with the public we believe that some important aspects will need to be communicated in a more concrete way. For example, the guidance to 'limit the amount you drink on any occasion' could be more specific.

Other aspects of the 'single occasion' guidance however, are specific and provide helpful behavioural advice, for example, 'drinking more slowly, drinking with food, alternating with water' and 'avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely'. These messages are consistent with Drinkaware campaign messages over several years and in campaign testing, have proven to resonate well with targeted groups.

[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 time bound. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

Question 7

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

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

☒**Yes**

No

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

In general, evidence from behavioural sciences and social marketing suggests that where specific guidance can be given about a particular behaviour, it is likely to be more effective than generic or vague advice.

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]

Overall this revised guidance is clear and is supported by findings of a survey undertaken for Drinkaware by YouGov in July 2015 among 1506 UK women with a current/recent pregnancy (see https://www.drinkaware.co.uk/press-office/mums-have-stricter-views-on-drinking-in-pregnancy-than-the-current-guidance).

The wording of the guidance could be simplified somewhat to reduce repetition.

Question 9

In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

☒ **Yes**

☐ No

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

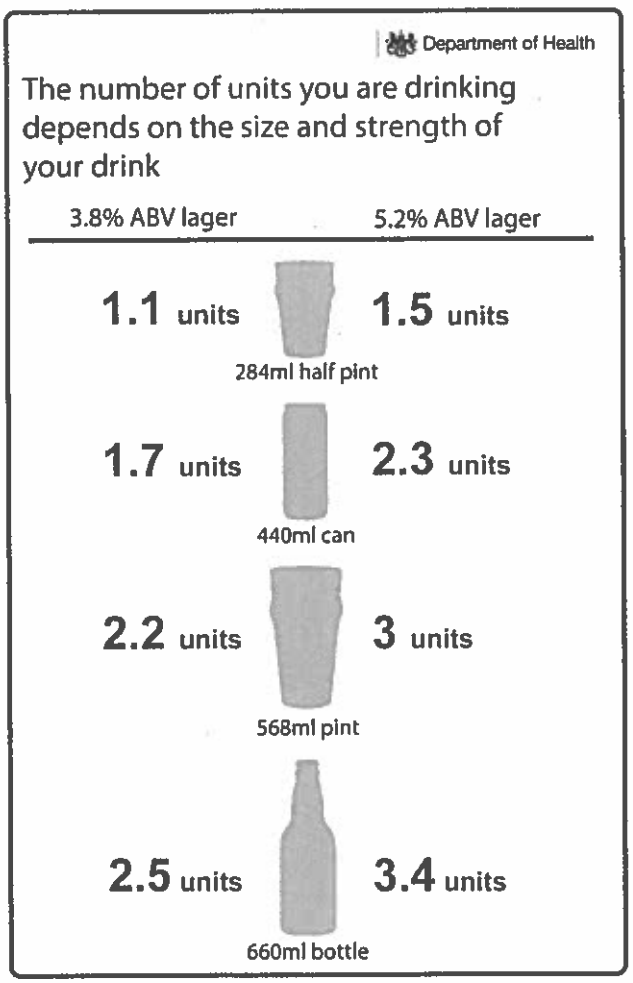
ANNEX

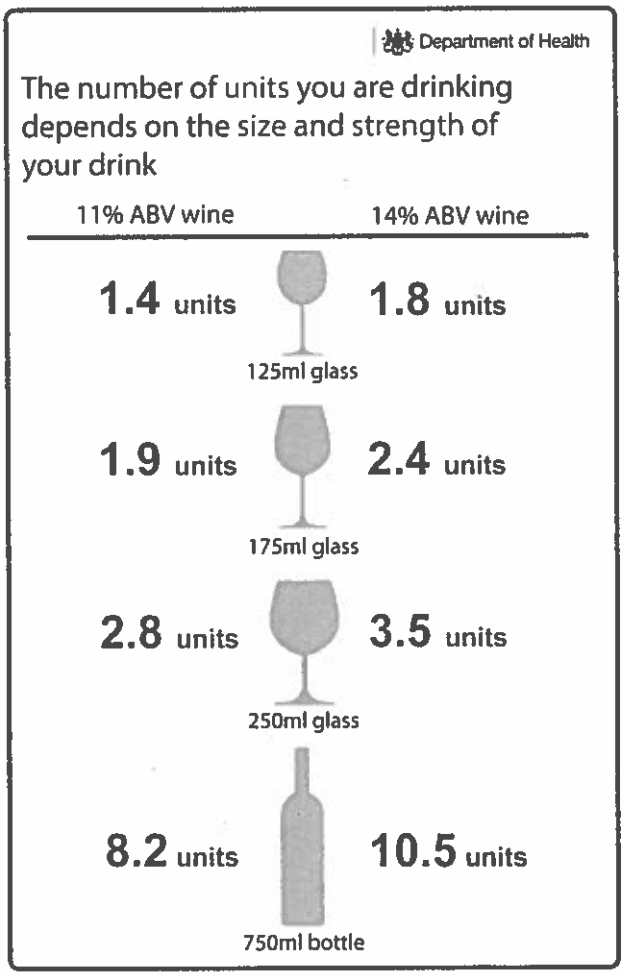
What is a unit of alcohol?

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

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

So, a one litre bottle of whisky at 40% ABV has 400ml, or 40 units of alcohol [1000ml x 40% = 400ml or 40 units].
A unit is roughly half a pint of normal strength lager (4.1% ABV). Alcoholic content in beer can vary. Some ales are 3.5%. But stronger continental lagers can be 5% ABV, or even 6% or more.
The following example shows how units in wine vary by the size of the drink (glass or bottle) and the alcoholic strength.





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

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 the guidance itself is clear as it stands, it should also be clear that the guidance applies to adults only - and clarify what the advice is for children and young people - these are very vulnerable groups when it comes to brain development and detoxifying ability. It should also be clear whether these recommendations apply to older people, people with health problems and people taking prescribed medication that may interact with alcohol.
The benefits of drinking no alcohol should also be stated so that this can be a positive choice for individuals to make.
The concept of the 'unit' of alcohol remains poorly understood.

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]

Quantification of risk is always fraught and this is highlighted here. The risk of dying will be perceived as very very low and the comparable 'regular or routine activities' are not identified or explained. The risks of contracting an alcohol related condition that impacts on your life is very much greater (but is not quantified here) and needs to be brought out more to provide advice not merely about quantity of life but about its quality.

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]

Could be better phrased as ' over 3 days or more to reduce your risks of long term illnesses, accidents and injuries.'

Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
Explanation (from 'Summary of the proposed guidelines')
The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

Question 4

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

☒ Yes

☐ No

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

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

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

Question 5

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

☒ Yes

☐ No

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

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

Advice on short term effects of alcohol

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

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

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

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

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

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

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

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

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

- head injuries
- fractures
- facial injuries and
- scarring

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

Question 6

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

☒ Yes

☐ No

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

[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]

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]

Drinking in pregnancy can lead to lifelong irreversible harm to the baby and foetal alcohol exposure is recognised worldwide as the commonest known preventable cause of birth defects. The statement 'Most women either do not drink alcohol etc..' is stigmatising to those who need help to stop (are drinking to cope with distressing life circumstances etc) and does not need to be included. We would also recommend deleting the clause in the sentence '..should be aware that it is unlikely in most cases that their baby has been affected.' Since we have very limited knowledge about the prevalence of FASD in the UK (despite having alcohol consumption rates considerably higher than both the US and Canada which have the largest research bases for this topic), we cannot provide clear reassurance that the baby is not affected, especially when we are not aware of the nature of the alcohol exposure of the foetus (timing, amount etc.

Question 9

In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

☐ Yes

☒ No

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

The paragraphs commencing 'Drinking heavily..' and Drinking lesser amounts...' are misleading. The occurrence of the features of FAS are directly related to the timing of alcohol consumption, with facial features developing early in pregnancy. It is likely that a baby with FAS has been exposed in utero to high and continuing levels of alcohol. However, exposure to alcohol beyond 8 weeks gestation will not produce the facial features of FAS but may lead to neurodevelopmental damage. Therefore, other conditions that make up the spectrum of FASD are not necessarily 'lesser forms' of the problems seen with FAS - they may in fact be more severe and disabling as they lack the physical features that demonstrate there is a syndrome present and face lifelong challenges with neurodevelopmental and neurobehavioural problems.

ANNEX

What is a unit of alcohol?

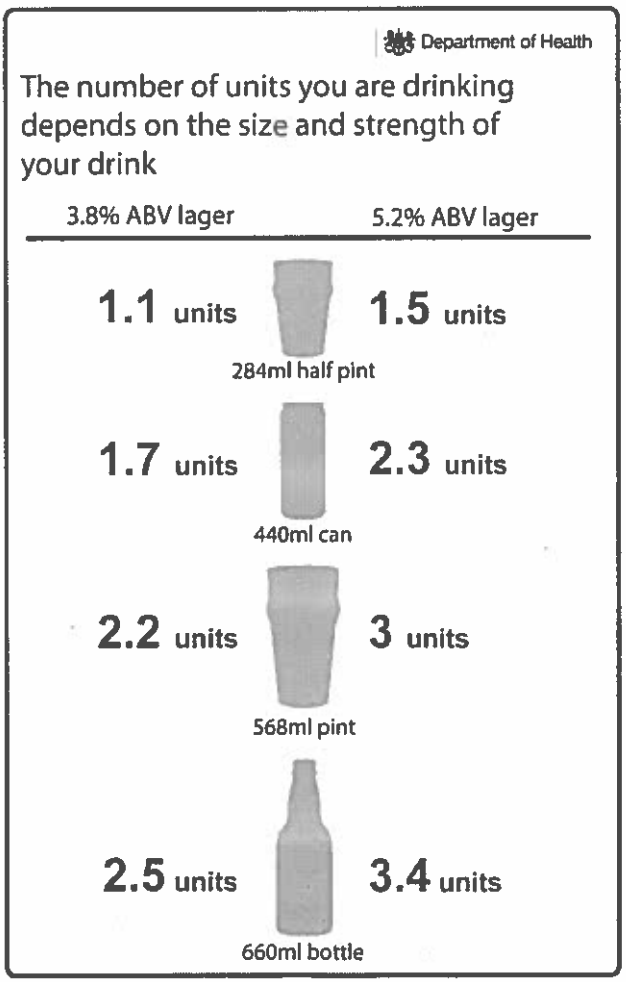
A unit is a measure of the pure alcohol in a drink, that is, the amount of alcohol that would be left if other substances were removed. A unit is 10ml, or one hundredth of a litre of pure alcohol. Units are calculated by reference to:

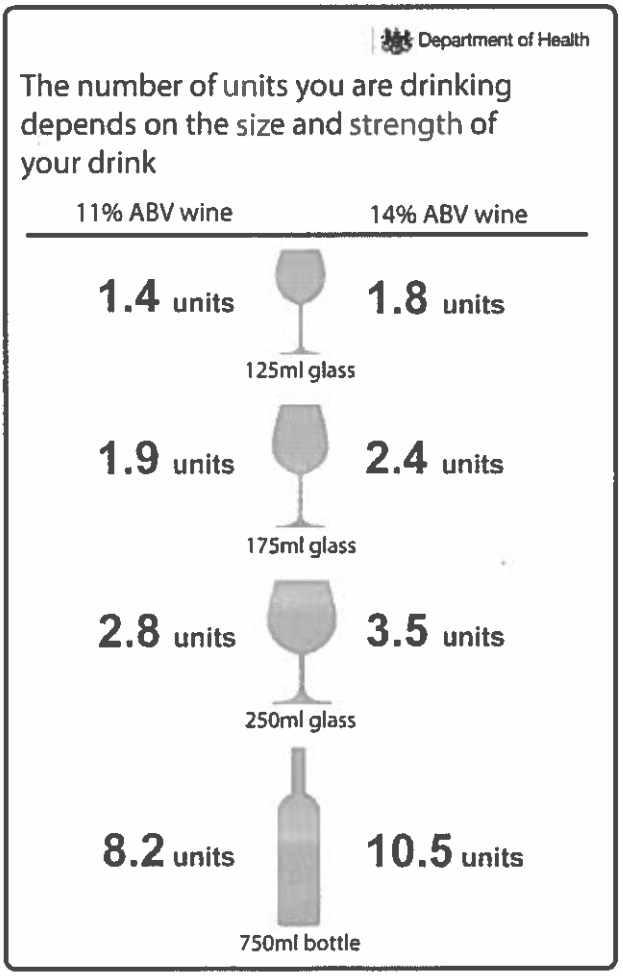
- the amount or volume of the drink
- the alcoholic strength (Alcohol by Volume, or ABV)

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

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

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





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

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By email: UKCMOGuidelinesReview@dh.gsi.gov.uk

By post:
Alcohol Policy Team,
6th Floor

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

Diageo GB's response to the Department of Health CMO Guidance Communication Consultation

March 2016

Introduction

Diageo GB is pleased to have the opportunity to respond to the Department of Health's CMO Guidance Communication Consultation. While we understand the consultation is seeking views on the communication of the guidelines, there are some broader points we feel it is important to comment on before responding to the individual questions.

As the world's leading premium drinks business, with products such as Guinness, Pimm's, Gordon's Gin and Johnnie Walker, we absolutely share both the Government's and the Chief Medical Officer's commitment to promote responsible drinking and tackle alcohol misuse. Our responsible drinking programmes are tailored to each country, and in the UK our strategy is to focus our attention on preventing and reducing four major alcohol-related issues– underage drinking, binge drinking and anti-social behaviour, longer term health harms (i.e. drinking while pregnant) and drink driving.

Over recent years we have engaged with Government and other key stakeholders, and through this partnership approach have achieved real results. As part of the Responsibility Deal we completed a commitment to include clear unit content, NHS guidelines and a warning about drinking when pregnant on over 90% of our products. Last year Diageo also voluntarily committed to introducing calorie-labelling across our product range.

We deliver a range of our own initiatives including sponsorship of the theatre workshop 'Smashed', which has reached a quarter of a million school children educating them on the risks of underage and irresponsible drinking. Through our partnership with NOFAS UK, we have trained over 14,000 midwives and Health Professionals. This will reach over 1 million mums-to-be, and increases awareness and understanding of Foetal Alcohol Spectrum Disorder (FASD).

We believe that drinking guidelines are an important mechanism to help consumers make sensible and responsible choices about drinking or not drinking. Over the last two decades daily guidelines have become the norm internationally. Evidence shows that an increasing majority of adults in the UK were drinking within the previous guidelines - highlighting a growing understanding and adherence from consumers.

Furthermore, in the UK harmful drinking and alcohol related harms are in decline. With overall alcohol misuse[1] and binge drinking falling[2], there is less harmful drinking in the UK than in many of our European neighbours[3]. In the last decade alcohol related violence also fell by 34%[4], with the rate of

[1] Total alcohol consumption has fallen by 19% since 2004. (BBPA)
[2] Binge drinking has fallen by 20% since 2007 (Office of National Statistics – Adult Drinking Habits in Great Britain, 2013)
[3] The UK drinks less alcohol than: Germany, France, Portugal, Ireland , Poland, Slovenia, Luxembourg,
Croatia, Finland, Latvia, Serbia, Slovakia, Czech Republic, Hungary, Romania and Lithuania. (WHO Global Figures – 2014)
[4] Office of National Statistics – Adult Drinking Habits in Great Britain, 2013

alcohol related deaths falling to its lowest level since 2002[5] - evidence which has seemingly not been taken into account by the CMO review.

In order to be credible, and to help people make informed decisions, guidance must be based on consultation, empirical evidence and be relevant to the consumer. Unfortunately, the new guidelines were introduced earlier this year with no consultation on the actual evidence and we do not believe they meet the above criteria. We have three particular areas of concern:

1. The advice from the CMO now suggests there is "no safe level" of alcohol consumption. This does not recognise overwhelming international evidence and a widespread scientific consensus that total mortality among moderate drinkers is lower than among non-drinkers, and that moderate consumption of alcohol can have protective effects against, for example, cardiovascular disease, Type 2 diabetes and cognitive decline[6][7][8][9][10][11][12][13][14]. Importantly, while

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[5] Office of National Statistics – Adult Drinking Habits in Great Britain, 2013

[6] In the US, the most recent country to review alcohol guidelines, the government clearly acknowledges the significant number of lives saved due to moderate alcohol consumption. The US government's National Institute on Alcohol Abuse and Alcoholism state that: *"It is estimated that 26,000 deaths were averted in 2005 because of reductions in ischemic heart disease, ischemic stroke, and diabetes from the benefits attributed to moderate alcohol consumption."*

[7] Curtis Ellison, Professor of Medicine and Public Health Boston University School of Medicine and director of the International Scientific Forum on Alcohol Research, commenting in the media: "*Statements suggesting abstinence is better than light drinking in terms of health and mortality are erroneous and do not reflect current scientific literature, with well-conducted studies showing that mortality is lower for light-to-moderate drinkers than for lifetime abstainers*"

[8] Dr Richard Harding, member of the Government's 1995 Inter-Departmental Working Group on Sensible drinking, submitted evidence to House of Commons Science and Technology Committee in 2012, outlining the evidence for the protective effect of moderate alcohol consumption on coronary heart disease.

[9] Mukamal et al (2003) – *"Compared with abstention, 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".*

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

[11] Dr Jurgen Rehm, Director of the Social and Epidemiological Research (SER) Department at the Centre for Addiction and Mental Health said: *"A glass of alcohol, and it's not only red wine, has protective effects on the ischemic heart disease and on some other ischemic diseases." Commenting further, he said: "Overall the beneficial effect of alcohol has been the most disputed part of alcohol epidemiology. I would say that the scrutiny that we have given to the beneficial effect on heart disease by far exceeded the scrutiny of any other health effects of alcohol."*

[12] The scientific community continues to demonstrate a direct, causal link between alcohol consumption and reduced risk of heart disease. This is most recently illustrated in the latest (2016) findings from The Atherosclerosis Risk in Communities (AIRC) Study

[13] 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.

[14] 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."*

the statement that the risk of illness increases with "any" drinking does not accurately reflect the scientific evidence, it also does not provide a benchmark to distinguish between harmful from non-harmful drinking. Looking through the CMO's report, we are concerned that health benefits have been downplayed in the determination of the new guidelines given the lack of reference to such studies.

2. The guidelines have also equalised drinking limits between men and women, implying that women can drink (and tolerate) the same amount of alcohol as men. The recommendations do not take into account international precedent in 30 countries worldwide[18] where men and women are set different guidelines due to scientific evidence which points to differences in alcohol metabolism due to body size and weight, as well as lower body water content and high body fat content for women. We are concerned, alongside international scientists[19], about the implications of these guidelines, particularly on female consumption and the potential risks of the messages it sends.

3. The proposed new guidelines were developed over the past three years by the Health Evidence Group, The Behavioural Evidence Group and The Guidelines Development Group. We have concerns that these groups were not fully representative of the wide range of clinical and scientific views on the full risks and benefits of alcohol consumption. We also note a number of individuals on these groups hold widely publicised views on how the alcohol industry should be controlled and regulated which may impact their objectivity.

We hope that this submission is useful in helping the Department respond to the guidelines. Please also find attached as an appendix to our response a commentary by Dr Richard Harding, who was a Member of the 1995 Interdepartmental Working Group on Sensible Drinking that reviewed the last guidelines. We would be very happy to discuss our response in more detail in person.

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

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[15] 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

[16] Ronksley et al (2011) – "Light to moderate alcohol consumption is associated with a reduced risk of multiple cardiovascular outcomes."

[17] 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."*

[18] Aside from the UK, there are only five other countries that recommend the same guidelines for men and women: Australia, Netherlands, Albania, Guyana and Grenada. (IARD, International drinking guidelines for general population).

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

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

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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 strongly believe that guidelines are an important mechanism to help consumers make sensible and responsible choices about their drinking habits. However, in order to be credible, and informative, such guidance must be evidence-based. Over the last decade, daily guidelines have become the norm internationally and recent statistics show that the vast majority of adults (70%) drank within the CMO's previous daily guidelines, even on their heaviest drinking day in a week and are drinking less over time (19% more adults now drink within the guidelines than in 2007[20].

We therefore believe that setting a weekly rather than a daily intake limit for alcohol consumption is now likely to spread confusion amongst consumers about safe levels of drinking, and risks undoing

[20] Office of National Statistics – Adult Drinking Habits in Great Britain, 2013

the progress and momentum that was previously being achieved. In forming these new guidelines, we believe there is a wealth of scientific evidence which has been ignored.

Most notably, we are concerned about two areas: 1) the suggestion that there is "no safe level" of alcohol when it says "the risk of developing a range of illnesses increases with any amount you drink on a regular basis" and 2) the equalisation of drinking limits for men and women. The implication that there is no safe level of drinking goes against overwhelming international evidence and widespread scientific consensus, that total mortality among moderate drinkers is lower than among non-drinkers and that moderate consumption of alcohol can have protective effects against, for example cardiovascular disease and cognitive decline[21]. It appears that these health benefits have been downplayed in the determination of the new guidelines and that they do not therefore present a balanced view of the impact of moderate alcohol consumption.[22] This advice also contradicts the guidance that drinking 14 units per week as a maximum is considered low risk.

The guidelines, as they stand, also provide insufficient information to define 'heavy drinking' and fail to identify how many alcohol free days the CMO recommends. Without such a definition it is confusing and unclear how consumers should use this information to inform their drinking habits and ensure they comply with the guidance.

The decision to equalise the guidelines for men and women similarly disregards vital evidence. The recommendations ignore international precedent in 30 counties worldwide[23] where men and women are set different guidelines. This reflects scientific evidence which points to differences in alcohol metabolism due to body size and weight, as well as lower body water content and high body fat content for women.

By having the same guidelines for men and women, the CMO now implies that women can drink the same amount as men, (a proposition that many international academics have also disagreed with[2425]). This also leaves the UK with one of the lowest levels of recommended male consumption of anywhere in the world[26], despite the evidence demonstrating that harmful drinking and alcohol related harms in the UK are in sharp decline[272829].

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[21] See footnote numbers 6-18 above

[22] See appendix – "commentary from [redacted]

[23] Aside from the UK, there are only five other countries that recommend the same guidelines for men and women: Australia, Netherlands, Albania, Guyana and Grenada. (IARD, International drinking guidelines for general population).

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

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

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

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?

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the Chief Medical Officer announced the new UK revised guidelines, the U.S published their response to a similar review. In contrast to the U.K, those involved in the U.S. reached the conclusion that there is no reason, based on available evidence, to warrant a downward revision of previous recommendations, which were already higher than those issued in the U.K.

[27] Total alcohol consumption has fallen by 19% since 2004. (BBPA)

[28] Binge drinking has fallen by 20% since 2007 (Office of National Statistics – Adult Drinking Habits in Great Britain, 2013)

[29] For example, the recent US review of alcohol guidelines recommends up to two drinks a day for men and up to one drink a day for women. This review was exclusively based on epidemiological risk curves rather than the modelling undertaken in the UK review.

☐ 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 disagree with the CMO guidance which argues that moderate drinking (i.e. point 14) is inherently unsafe and believe this statement does not provide consumers with contextualised information to help them make sensible and responsible choices about their drinking or not drinking habits. In particular, it does not help provide a benchmark for differentiating between moderate and harmful consumption and will therefore be confusing to consumers.

In contrast to the previous UK guidelines, which provided recommendations on "sensible" drinking through a methodical review of extensive scientific literature of both the benefits and harms of alcohol, the latest guidance runs contrary to the international evidence base and, according to the Royal Statistical Society[30], does not reflect the evidence provided to the advisors who determined the new guidelines. This also leaves the UK with one of the lowest levels of recommended male consumption of anywhere in the world[31]. Given the fact that national media, leading commentators, academics and members of the public have been overwhelmingly critical of the new guidelines, there is a real risk that the new guidance will erode the trust of the general public.

There is also well-established scientific consensus that total mortality among moderate drinkers is lower than among non-drinkers and that moderate consumption of alcohol can have protective effects against, for example cardiovascular disease and cognitive decline[32]. An approach that distinguishes between risky and non-risky drinking patterns would be more helpful in providing information and allowing consumers to understand the likely outcomes of their own drinking.

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

[31] In developing the Guidelines the expert panel advising the Chief Medical Officer examined evidence from Canadian and Australian models to help develop their methodological approach. However, the resulting UK guidelines were much lower than guidelines in either Canada or Australia: Canada (review: 2011) - advises that women do not exceed the UK equivalent of 17 units per week and men do not exceed UK equivalent of 25 units per week and Australia (review: 2009) – advises that men and women do not exceed the UK equivalent of 17.5 units per week. In the same week that the Chief Medical Officer announced the new UK revised guidelines, the U.S published their response to a similar review. In contrast to the U.K, those involved in the U.S. reached the conclusion that there is no reason, based on available evidence, to warrant a downward revision of previous recommendations, which were already higher than those issued in the U.K.

[32] See footnote numbers 6-18 above

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 guidelines as they stand provide insufficient information to define 'heavy drinking' and fail to identify how many alcohol free days the CMO recommends for those drinking within the new guidelines. The recommendation to spread drinking over at least 3 days also seems to contradict the advice in Q5 that you should have several drink-free drink days every week.

Scientific evidence clearly points to a relationship between heavy drinking episodes and increased risk of harmful outcomes, notably accidents and injuries. As a result, the recommendation that such episodes should be avoided is well-placed. However, while even single episodes of heavy drinking may increase the risk of acute outcomes, the statement in the guideline that "even one or two heavy drinking sessions" may increase the risk of long term illness is not supported by the science.

It is important to make clear in the drinking guidelines that the association between heavy episodic drinking and long-term illnesses only applies if heavy episodes are frequent and occur over long periods of time. This important distinction is not included and is an essential element to ensuring that the recommendations provided are sound, scientifically-based and offer accurate information on the relationship between drinking patterns and outcomes.

Without a concrete definition of 'heavy drinking' and/or the number of recommended alcohol-free days, it is confusing and unclear how consumers should use this information to inform their drinking habits and ensure they comply with the guidance.

Guideline: The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
Explanation (from 'Summary of the proposed guidelines')
The expert group was also quite clear that there are a number of serious diseases, including certain cancers, that can be caused even when drinking less than 14 units weekly; and whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe. These are risks that people can reduce further, by choosing to drink less than the weekly guideline, or not to drink at all, if they wish.

Question 4

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

☐ Yes

☒ **No**

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

The implication that there is no safe level of drinking ignores decades of scientific and international research which argues that total mortality among moderate drinkers is lower than among non-drinkers and that moderate consumption of alcohol can have protective effects against, for example cardiovascular disease and cognitive decline[33]. We believe these health benefits have been downplayed in the determination of the new guidelines and do not provide consumers with contextualised information about the relative risks of alcohol consumption.

The categorical statement that risk of various cancers increases "with any amount you drink on a regular basis" is likely to confuse and unnecessarily alarm consumers, particularly those who drink at light and moderate levels[34] (i.e. the majority of UK consumers). Heavy drinking has been shown to increase risk of certain chronic diseases, but the relationship has not been established at lower levels, including at 14 units per week.

There is solid evidence that regular light to moderate drinking, particularly with meals, is associated with benefits for certain chronic diseases, including some cardiovascular conditions, type II diabetes, osteoporosis, and pancreatic disease. For many healthy adults who drink moderately, there is evidence that the balance of the effects of moderate drinking can be protective and reduce risk of both individual harms and death from all causes.

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[33] See footnotes numbers 6-18 above
[34] See appendix "commentary from Dr Richard Harding"

Therefore this guidance risks confusing wider public health messages by implying certain diseases, including cancer, could be prevented by avoiding alcohol.

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]
No.

We believe this recommendation should be targeted more clearly at those who have undertaken heavy drinking on individual days and/or are drinking significantly above the weekly guidelines. There is little evidence of benefits of alcohol-free days for light and moderate drinkers. In fact, for some people, daily light and moderate drinking, preferably with meals, may well confer cardiovascular benefits.[35] This distinction between light/moderate and heavy drinkers is not made clear in the guideline and will likely confuse consumers.

For heavy drinkers, there are also alternative approaches to alcohol-free days that can be more effective in reducing harmful outcomes. These include screening for problems and interventions to change drinking patterns, motivational approaches, and, for heavy and dependent drinkers, treatment. However, such measures are not appropriate for the healthy adult drinking population that drinks lightly or moderately.

The guidelines, as they stand, also fail to identify how many alcohol free days the CMO recommends for those drinking within the new guidelines. It also potentially contradicts the advice which states you should spread drinking evenly over 3 days or more. Our preference would be for a daily recommended guideline separated for women and for men, supported by weekly recommendations, which are clear for consumers and better reflect the empirical evidence around harmful drinking.

[35] See footnotes numbers 6-18 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.

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]

Somewhat.

We support some of the messages outlined in the advice, in particular to drink more slowly, drink with food and alternate with water. As part of our work to help consumers make more informed choices about alcohol as part of a balanced lifestyle, we have recently unveiled the launch of our revised DRINKIQ.com website. The site builds on the decision to start voluntarily providing nutrition and alcohol content information per standardised serving on all our brands and now includes:

- An enhanced What's In Your Drink section which details comprehensive nutritional, and alcohol content per serve information for all of Diageo's brands, alongside ingredient information. This includes a breakdown of calories, carbohydrates and protein as well as, for the first time, detailing saturated fat, sugar, caffeine and sodium content.
- A new, simple to use, Drinks Calculator to help consumers easily calculate and track the amount of alcohol they are drinking per serving and how many calories they have consumed for a range of common drinks, instead of expecting them to do the maths.
- Tips on responsible drinking - including the chance to explore how food, age, size and gender affects how the body processes alcohol.

However, the classification of "risky places and activities" will be very subjective depending on the individual. Therefore it is not clear how the guidance can be applied on this basis and seems to run counter to the argument made later that the guidance needs to be specific.

It is noteworthy that this section recognises differences between certain types of consumers (i.e. young people, older people, those with health problems etc), but it fails to make the physiological distinction between men and women despite the wealth of scientific evidence which points to differences in alcohol metabolism.

[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]

Over the last two decades, daily guidelines have become the norm internationally and evidence shows that an increasing majority of adults in the UK were drinking within the previous guidelines[10] highlighting a growing understanding and adherence from consumers.

To accompany this harmful drinking and alcohol related harms have also been in decline, meaning the UK is doing better in measures of alcohol-related harm than many of its European neighbours. In the last decade binge drinking has fallen 20%, alcohol related violence has fallen by 34% and the rate of alcohol related deaths has fallen to its lowest level since 2002.[36]

We therefore would not prefer advice on single occasions to be expressed in units since it is not clear to consumers what a single occasion is. Instead we would recommend daily guidelines reintroduced, supported by the weekly recommendations. This is a measure that consumers understand. We believe that setting a weekly rather than a daily intake limit for alcohol consumption is now likely to spread confusion amongst consumers about safe levels of drinking, and risks undoing the progress and momentum that was previously being achieved.

Guideline on pregnancy and drinking

[36] See footnotes 31-34

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

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

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

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

Question 8

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

☒ **Yes**

☐ No

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

Question 9

In recommending this guideline, the expert group aimed for:

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

Has the guideline met these aims?

☒ **Yes**

☐ No

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

Answering question 8 and 9 together.

The advice given on pregnancy is much clearer and better supported than the other sections of the guidelines.

In 2011 we launched a partnership with The National Organisation for Foetal Alcohol Syndrome UK (NOFAS-UK), to drive a better understanding of FASD by funding and supporting the education of over 14,000 midwives and Health Professionals, reaching over 1 million mums-to-be.

Now in its fourth year, the funding provided by Diageo ensures that NOFAS can continue to provide training sessions to qualified midwives, student midwives and other Health Professionals and help educate them about FASD and the risks of drinking alcohol during pregnancy.

For more information, please contact:

Diageo GB

APPENDIX

[redacted] **- Commentary on the CMO's proposals**

The Chief Medical Officer's plan to change the Department of Health's advice on alcohol consumption is based on the assertion that there is no safe level of intake, with even small amounts of alcohol increasing the risk of cancer. We are encouraged to believe that if the population follows this advice, the health of the nation will improve, but I fear the reverse will be the case. This is because the evidence is strong that light to moderate drinking is good for the health of most of us.

This is the first time the Department of Health has reviewed this advice for 20 years. Back then, the Department decided to review the public health message on alcohol in the light of evidence that moderate alcohol consumption reduced the risk of some very important diseases, notably coronary heart disease, ischaemic stroke, and diabetes. The review was a comprehensive study, involving a rigorous review of the evidence, a public consultation, and oral evidence taken from a number of eminent experts.

I know this because I was there at the time. I was head of a unit in the Ministry of Agriculture, Fisheries and Food responsible for human nutrition, and as such I was invited to be a member of the Group. For over a year I spent many evenings and weekends in the library of the Royal Society of Medicine, poring over hundreds of scientific papers. I attended scientific conferences and made personal visits to many of the world's leading alcohol research scientists.

It became very clear that alcohol has two completely different effects on health.

It is beyond question that alcohol misuse and intoxication are highly damaging, both in terms of public health and associated social harm. These effects are well-recognised and well-known, and are the principal drivers of Government's alcohol policy. But at light to moderate levels of consumption, and with patterns of drinking such that intoxication is avoided, the evidence was very clear from epidemiological studies that alcohol consumption decreases the risk of coronary disease, ischaemic stroke and diabetes, leading to significantly lower levels of mortality in light to moderate drinkers compared to the level of mortality in those who abstain.

Consequently, the relationship between all-cause mortality and alcohol consumption follows a J-shaped curve, which indicates lower mortality risk for light to moderate drinkers. Lifetime abstainers have a higher all-cause mortality than light and moderate drinkers, and heavy drinkers have a higher all-cause mortality than either group.

Further, the medical profession agreed with us. The joint Royal Colleges had set up a committee to examine the same evidence. They published their report in June 1995, and came to broadly the same view on the effects of light to moderate drinking.

The report of this Inter-Departmental Working Group, 'Sensible Drinking', was published by the Department of Health Report in December 1995. It concluded that regular consumption between 3 and 4 units/day for men and between 2 and 3 units/day for women will not accrue significant health risk. At this level of consumption, the Group saw no justification for a 'drink-free day'.

Indeed, this level of consumption coincided with the bottom of the all-cause mortality curve, so not only was this regarded as no risk (if is was low-risk, what was the risk?), it was the lowest risk, with the chances of dying rising on both sides of this level of consumption. This gave rise to the recommendation that men over 40 and post-menopausal women consume 1-2 units/day to maximise the health benefit.

So not only were the 1994 Guidelines low-risk, they reflected the healthiest pattern of consumption, they were the lowest risk, with mortality risk rising on both sides.

Since then, the science has moved on. The evidence for the protective effect has strengthened: for example, dementia can now be added to the list of diseases for which light to moderate alcohol consumption is protective. Indeed, it is clear that important diseases of ageing will benefit. On the other hand, alcohol consumption is now implicated in the risk of contracting a number of cancers, but the effects are relatively small. Generally, most people would be better off taking advantage of the benefits of light to moderate drinking, because any increase in the risk of some cancers would be offset by larger decreases in risk of other diseases they are more likely to contract. The J-shaped curve remains intact.

It is difficult to see how can the 2016 review seeks to work towards 'lower risk drinking guidelines' when the risk is already rock bottom. Further, how can it that the previous guidelines reflected the bottom of the all-cause mortality curve, but now we are told that there is no safe level of alcohol consumption?

Why did not this picture emerge from the 2016 review? The answer I believe is that the science has not been reviewed in an even handed way. The relationship between alcohol and cancer, particularly breast cancer, was reviewed by the Committee on Carcinogenicity, and the Committee looked at epidemiological studies. They concluded that there was a small but significant increase in risk of breast cancer.

But a lot of other evidence was treated in a different way, in a modelling exercise with relative risk functions devised for a whole range of diseases. There is evidence for a number of these diseases has a higher prevalence among alcohol abstainers compared to those who consume alcohol, but this does not appear to feature at all. The evidence for the protective effect of moderate consumption was regarded as controversial, and a number of doubts raised, concluding that there was little consensus in the scientific community. despite,

- the protective effect being much stronger than any effect of alcohol and cancer
- many more studies showing the same effect than there are with cancer,
- there being a number of plausible mechanisms which would explain the effect, unlike cancer,
- supportive animal studies,
- clear evidence of alcohol having positive effects on biomarkers of disease
- many or maybe all of the Bradford-Hill criteria for causality being met, but very few for alcohol and cancer.

In the light of such a blatant lack of objectivity, it is hard to escape the conclusion that if alcohol had the opposite effect on cardio-vascular disease, ischaemic stroke, diabetes and dementia, showing an increase in risk rather than a decrease, the review would not be highlighting any of these concerns about the strength of evidence and alleged controversy, or saying that the increase in risk only applied to women over the age of 55.

There is a further point that about the general approach of this review. It is all about reducing so-called alcohol-related harm in the population as a whole to a particular (and completely arbitrary) level, in accordance with the Canadian and Australian approaches. So the recommended levels of consumption that emerge are a result of manipulating the consumption of the population as a whole so that the arbitrary population goal is achieved.

However, public health messages are delivered to populations, but received by individuals, and those individuals are strongly encouraged to believe that if they followed the advice, their own health would improve. But that cannot be the case if the advice is intended to manipulate consumption to achieve some arbitrary population goal. It has nothing to do with the effect of a particular consumption level on individuals. The individuals in the population therefore are being deceived.

The ideal is to formulate an alcohol policy that both reduces the harm it causes and takes advantage of the potentially enormous health benefits of light to moderate drinking, both to individuals and society as whole. But the current review appears to be a million miles away from that. The danger is that, if existing light to moderate drinkers drink less frequently or abstain completely in the light of this advice, they will have shorter and less healthy lives. Therefore public health is not well served by this exercise. It is an enormous missed opportunity.

In this area of public health policy, the medical profession seems to be influenced too much by those who walk through their consulting room doors, and not influenced enough by those who don't.