Department of Health

How to keep health risks from drinking alcohol to a low level

Government response to the public consultation

August 2016

Title:
How to keep health risks from drinking alcohol to a low level Government response to the public consultation

Author:
Alcohol Policy Team, Department of Health

Document purpose:
Engagement and Transparency

Publication date:
August 2016

Target audience:
Third sector
Health professionals
NHS organisations
Academic/professional institutions
Royal Colleges
Social care organisations
General public
Private sector

Contact details:
Alcohol Policy Team
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

ukcmoguidelinesreview@dh.gsi.gov.uk

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Department of Health

How to keep health risks from drinking alcohol to a low level

Government response to the public consultation

Prepared by Department of Health – Alcohol Policy Team

Contents

1. Introduction

1.1 Between 8 January and 1 April 2016 the Government held a public consultation on the clarity, expression and usability of the new UK Chief Medical Officers' (CMOs) low risk drinking guidelines.

1.2 The new guidelines have been developed by a group of experts, at the request of the four UK CMOs, to inform the public about known health risks from drinking and provide the most up to date scientific information. They have been developed on the basis that people have a right to accurate information and clear advice about alcohol and its health risks and that Government has a responsibility to ensure that this information is provided for citizens in an open way.

1.3 The guidelines aim to help people make informed decisions about their own drinking but to do so they need to be able to understand the guidelines and what they might mean for their own drinking habits. The consultation asked whether people found the guidelines clear and easy to use.

1.4 This document summarises the responses to the consultation and how the wording of the final guidelines has changed as a result.

1.5 Published alongside the new guidelines is an addendum to the expert group report which, although not part of the consultation, answers a number of frequently raised questions about the evidence. In addition, there is a qualitative research report on the language of the guidelines. All of the documents are available at: https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines

2. Background

2.1 In January 2012 the House of Commons Science and Technology Committee recommended that the previous drinking guidelines be reviewed because:

- the guidelines for adults were UK wide but had remained unchanged since 1995
- the guidelines on alcohol and pregnancy had been updated in 2007 but were not UK wide, and
- the guidance on the consumption of alcohol by children and young people had been updated in 2009 but was not UK wide.

2.2 The UK CMOs, who provide independent scientific and medical advice to their governments, have led this work on behalf of the Government. They brought together three independent groups of experts who, over the past 3 years, reviewed the scientific evidence on the health effects of alcohol and whether this evidence could form the basis of new advice for the public.

2.3 The experts considered evidence of the impact of alcohol on health from all over the world, covering a wide range of aspects, such as:

- Short term harms: deaths and illness from accidents and injuries, drownings, alcohol poisoning and self-harm related to alcohol.
- Long term harms: deaths and illness from different kinds of cancer, heart disease, stroke, hypertensive disease and liver disease.
- Effects of alcohol on life expectancy.
- Evidence that moderate drinking may reduce risks of death, particularly from ischaemic vascular diseases (e.g. heart disease).

2.4 The first stage included a Health Evidence Expert Group and a Behavioural Expert Group. Together, these two groups recommended that the science had changed sufficiently since 1995 to support new guidelines for adult drinking. In contrast, they found that there had been little change in the evidence on alcohol and young people since that guidance was issued in 2009.

2.5 In February 2014, the UK CMOs accepted the recommendation to develop new guidelines for adults' drinking. They appointed a new Guidelines Development Group ('the expert group') which included some of the members of the former two groups. The expert group was co-chaired by the chairs of the health evidence group and the behavioural expert group.

2.6 The UK CMOs asked the expert group to advise on a suitable methodology for developing new guidelines, supported by modelling by the University of Sheffield. They also asked for further advice on alcohol and pregnancy with a view to harmonising guidance across the UK.

2.7 The expert group was mindful of the need to take account of public perception of any new guideline. To support this Public Health England commissioned research with the public to test their understanding of the proposed new guidelines.

2.8 The expert group delivered its recommendations to the UK CMOs in September 2015. The new weekly guideline, the advice on single occasion drinking and the guideline on alcohol and pregnancy came into effect on 8 January 2016.

2.9 Recognising that it is critical for the new guidelines to make sense to the public, the Government held a UK wide public consultation on whether the guidelines, and the explanation behind them, were clear and understandable. It also sought views specifically on single occasion drinking and whether it should include a maximum number of units for single occasion drinking episodes.

3. What we did

3.1 The consultation ran for 12 weeks: from 8 January to 1 April 2016. It was live on Citizenspace (an online tool) which was accessed via the GOV. UK website at https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines. Postal and email responses were also welcome.

3.2 Questions were asked about the three main recommendations that had been agreed by the UK Chief Medical Officers. These were:

- a weekly guideline on regular drinking
- advice on single occasion drinking episodes, and
- a guideline on pregnancy and drinking.

3.3 A full list of the questions in the consultation, the proposed new guidelines and the explanations for them are set out at Annex A.

3.4 Alongside the consultation, an initial piece of qualitative research (led by Public Health England) was also commissioned to examine the public response to the new guidelines. It focused on comprehension and clarity, credibility, language and tone and the potential impact on behaviour.

3.5 In addition to the consultation questions the Department also published:

- a short summary document of the proposed new guidelines, with brief explanations, intended to help those responding to the consultation by explaining the three main recommendations
- a report from the Guidelines Development Group to the UK Chief Medical Officers, and
- key background papers, including papers and minutes of the Behavioural Expert Group, Health Evidence Expert Group and Guidelines Development Group meetings, the research papers considered in the evidence review and the Sheffield University model and report.

These documents were all published on the GOV.UK website at:
https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines

3.6 This was a UK wide consultation, coordinated by the Department of Health in partnership with the Scottish Government, Welsh Government and the Northern Ireland Executive. Officials from the Devolved Administrations, Public Health England and the Department of Health analysed and summarised the consultation responses (see Chapter 4: "Who responded and what they said").

4. Who responded and what they said

4.1 There were 1019 responses to the consultation. Of these:

- 104 people used Citizenspace, the online tool
- 99 came via email and post
- there were also 785 campaign responses from individuals through the Campaign for Real Ale (CAMRA), which answered only questions 1-4

In addition, there were 31 general responses which gave views on a range of issues but didn't address the specific consultation questions.

4.2 Responders were asked '*What is your organisation?*'. Where there was more than one response from an organisation the response was counted in the total but the organisation recorded only once. Where organisations responded via Citizenspace and email or post these were counted only once. The following table shows the results:

Organisation selection	Number	Percentage
Professional body	9	0.9
Academia	17	1.7
Healthcare provider	45	4.4
NGO	13	1.3
Royal colleges	5	0.5
Local authority	11	1.1
Voluntary sector	13	1.3
Industry	41	4.0
Other	4	0.4
I am responding in a personal capacity	856	84

4.3 A list of those organisations which responded to the consultation is available in Annex B and a summary of the responses to each of the consultation questions are addressed in turn below.

4.4 The responses (excluding those that were part of CAMRA's campaign) to most of the questions were evenly split between positive and negative. The exceptions to this were the questions on pregnancy where a large majority of respondents supported the principle and the wording of the new guideline. The campaign-related responses included a number of standard responses to Q1-4 and were all negative.

4.5 The structure of the consultation meant only those who said 'no' were specifically asked to explain their rationale in a text box. Those who responded 'yes' were not asked to clarify and, while some provided an explanation, most did not. As a consequence the comments can seem skewed and negative overall.

4.6 The review of evidence since 2013 was outside the scope of the consultation. However, it was clear from the responses that there were areas covered by the scientific evidence reviews which some respondents felt very strongly had not been explained sufficiently clearly. To respond to these queries and criticisms the GDG decided to provide an addendum to their original report which sets out in more detail what they did and how they went about the work. The addendum has been published alongside this document at https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines.

On regular drinking

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?

4.7 The responses to this question were evenly split between 'yes' and 'no', with the exception of the campaign responses which were all 'no'. The majority of those who responded positively said that the guidelines were clear and easy to understand and provided no further information. The 'no' responses were predominantly from organisations and individuals who appeared to reject the guidelines on principle. However, a substantial minority (around 30%, excluding the campaign responses) of the 'no' responses supported the concept of the guidelines, but felt the language needed to be clearer or more simple.

4.8 Some public health professionals felt it would be useful to have a summary of the supporting evidence to help public health messaging for clients. There were also requests for additional information, including most commonly, clarity about units and information on the equivalent strength and serving size. There were also suggestions about signposting people towards help, possibly linked to the advice on 'if you want to cut down'.

4.9 There were number of respondents who felt that other harms needed to be included, particularly the negative effects of alcohol on mental health, but also heart disease and hypertension, social harms and damage to the economy. On the association with cancer, there were a wide range of views expressed. Some respondents were positive about the mention of cancer while others thought there should be more detail about which cancers were and were not associated with alcohol or that no specific harm should be singled out. Others suggested the links between cancer and alcohol had been 'over simplified' and might 'mislead'.

4.10 Some respondents said the language of the guideline was too wordy and the sentences too complex to be easily understood. They proposed simplifying and shortening the guideline. Of those who thought the language was unclear, a few wanted definitions of heavy drinking while others took issue with the words like 'regularly' and 'several', saying they were too vague and suggesting there is a need for additional context or to clarify their definitions. In addition, there was one very specific point raised by a number of respondents, where the guideline refers to '…*one or two heavy drinking sessions*...' saying there needed to be an indication of the time associated with the risk e.g. a week, month or year. A small number felt the language and tone of the guidelines was threatening or intended to scare people and was therefore unlikely to empower individuals.

4.11 There were three frequently cited reasons for objecting to the guidelines. The first was disbelief in or disputes with the evidence. These responses ranged from outright dismissal of the evidence and therefore the guidelines, through to contesting some elements, to comparing it with different international evidence or guidance in other countries.

4.12 The second most common challenge related to the assertion that moderate drinking is good for you and that the guidelines had been developed without consideration of what they believe to be an established fact, including reference to the '*J-shaped curve*'. Amongst the most dismissive responses were those associated with the email campaign. These set out, through a number of stock responses why, in their view, it wasn't clear how the guidelines were arrived at. They also challenged what they saw as the lack of recognition of the protective effects of alcohol. Similarly some responses expressed the view that the guidelines did not acknowledge the wider social benefits of drinking.

4.13 The third commonly cited objection was that the low-risk limits are now the same for men and women. In particular, what was seen as conflicting statements around the effects of alcohol on different metabolisms and body weights, and concluding that there should not be a single figure for the weekly guideline. In some cases respondents felt this could encourage women to drink more, believing they can consume alcohol at the same levels as men, or that this might lead to people disbelieving the guidelines.

4.14 A number of responses raised the issue of the move to a weekly guideline from the previous daily recommendation. Those that did were of the view that daily guidelines were easier to understand, count, and adhere to. Some stated that daily drinking was the key risk and that having no daily limit, or precise number of drink free days, could lead to people binge drinking. Some made the case that the 1995 guidelines are known and understood by the public, and there is potential for the new guidelines to confuse people or be ignored.

4.15 Several respondents raised the issue of risk, principally that the relative risks in the guidelines should be set in a broader context. In some cases the implication was that this would make the risks described in the guidelines look less significant but with others that they would be shown to be more significant (i.e. a 1% chance of death from an alcohol-related illness was too high). There also seemed to be some confusion about what the 1% risk meant, with several respondents saying a population risk could not be set at a figure lower than 1%. A number of respondents wanted the guidelines to be clearer about what relative risk actually means for individuals. A few thought that information on the absolute risks and harms associated with different regular levels of alcohol intake would be more helpful in making informed choices.

4.16 A significant number of the responses focused on risk also challenged the evidence. In particular that they felt the 'no safe limit' elements of the guidelines undermined the 'low risk' messages as well as contradicting the international evidence that moderate drinkers have 'lower mortality rates than non-drinkers'. These responses, principally from representatives of the alcohol and entertainment industries, suggested the tone of the guidelines should be amended to reflect their view that 'moderate drinking can be part of a healthy lifestyle'.

4.17 Conversely, other respondents felt that the guidelines could go further in reinforcing the fact that drinking up to the level of the guidelines still comes with risks and that the message that 'there is no safe amount' should be further reinforced.

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?

4.18 The individual responses were split fairly evenly with a small majority of 'no' responses (52%). The campaign responses all answered 'no' with a number of stock answers. Many of the other 'no' responses questioned the use of language, saying it was difficult to understand, especially for people with lower literacy and numeracy skills. Others described the guideline as 'confusing' and 'vague' and felt it could be interpreted differently e.g. use of terms such as 'low level' and 'safest'. The use of 'safest was viewed by a number of respondents as alarmist, especially for those who consume alcohol responsibly. 'Regularly' was also challenged by some who said it could mean every week or every month and potentially give the impression that it is safe to drink more than the guideline, as long as it is not every month.

4.19 A clear majority of individual responses stated that there was a need to further clarify the risks, and that this could be done in a number of areas. For example, how risk increases

with increased and heavy consumption could be expressed more clearly. They also said the guidelines could be clearer in showing what risky and low risk drinking patterns look like.

4.20 In the individual responses there were also comments relating to being more specific about the contribution alcohol makes to long-term health risks in the context of relevant other lifestyle behaviours that impact on health such as smoking, rather than talk about alcohol risk in isolation. The campaign responses also noted that the guideline didn't give a comparison to other diseases that aren't caused by alcohol, describing the wording was negative and in their view, designed to put people off drinking altogether.

4.21 Some responses said, rather than referring to risks of drinking at or above the low risk threshold being comparable to '*regular or routine activities*' there should be examples of activities that would incur the same risks. This question also generated responses that asked for more clarity about the meaning of the '1% risk' of mortality because the phrasing was difficult to understand or relate to individual behaviours. There were some requests to explain the risks at higher levels of consumption, to engage people drinking over the guidelines and provide clearer context overall.

4.22 Some respondents felt that it was important to make sure that the short-term risks and long-term risks from different drinking patterns were not confused. There was a suggestion that the sentence which reads '*Long term health risks arise from regularly drinking alcohol over time – so it may be ten to twenty years or more before the diseases caused by alcohol occur*' could be interpreted by younger people or others to mean they do not need to worry right now about the health risks of their drinking.

4.23 This question also prompted a number of commentators to express concerns that any beneficial or protective effects of drinking that may exist were not sufficiently clearly presented. Some respondents (particularly those who listed their organisation as 'industry') highlighted their belief in the protective effects of moderate alcohol consumption on cardiovascular disease, cognitive decline, certain cancers and the association with reduced mortality risk. Some respondents felt the guidance ignored any psychological benefit and social enjoyment from alcohol consumption. Others mentioned other factors that may be relevant in assessing risk, such as age, body weight, and fitness and the fact they felt '*no one size fits all*'.

4.24 A few respondents noted that because the guidelines are now weekly, people might think they could consume the up to 14 units on one or two occasions, especially given the advice on having several alcohol free days. It was suggested to counter this that the guidelines should stress more clearly that alcohol-free days are already the norm, not the exception and that care was needed not to suggest those currently drinking one or two days a week were being encouraged to increase to a weekly 'allowance'.

4.25 A number of respondents raised the need for a further explanation of the basis for having the same guideline for men and for women when it is widely believed that women have a greater physiological risk from alcohol exposure. Several responses expressed concern that some women might take this to mean that they can also tolerate alcohol in the same way as men, at higher levels of consumption.

4.26 Whilst the annex, explaining what a unit is, was thought to be helpful by some there was a view that unit explanations needed to be included or at least referenced in each of the guidelines. In contrast, others thought that the use of units was still confusing to the public and that more needed to be done to communicate what they represent better, e.g. via a public health campaign.

4.27 This question also generated responses concerned about the balance between the use of the word 'safe' and the messages and language aimed at communicating guidance on low risk. Others felt a message that it is 'safest not to drink at all' was justified. It was also

suggested it would be better to reframe some of the messages positively to highlight benefits of not drinking and so to influence people to drink less. There was a concern that listing diseases associated with 'regular heavy drinking' with diseases associated with lower levels of regular drinking over time, created ambiguity or reduced credibility of the message on low risk regular drinking.

4.28 A number of responses suggested that the guidelines could highlight benefits of support groups and provide more details on techniques to reduce alcohol intake. A couple of responses asked whether any evidence was available and could be included on whether there was a particular time when the reduction of drinking to a 'regular' level might reverse or reduce harm/risk already incurred.

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?

4.29 54% of respondents who thought this part of the guideline and the message about limiting drinking to a few days each week was clear, slightly outweighed those who did not (43%). This did not include the campaign responses which replied 'no'. Of the individual 'no' responses just over one third supported the principle of the guideline but felt it needed to be clearer and some offered suggestions for improvement. The remaining two thirds objected to the guidelines overall or challenged the evidence.

4.30 Overall those who responded positively to this question offered limited comment on two areas. The first was a clear message about a need to clarify how the advice on 'days off drinking' fits with single occasion drinking, not saving up units or binge drinking and increasing the number of alcohol free days. A few people commented that conflict could be avoided if the guidelines specified not only weekly but also daily amounts for example 'avoid drinking more than 14 units a week and don't have more than 5 units on any one day'. These views were shared by some of the 'no' responders, but it is important to note that these were at odds with other 'no's who felt that more than a weekly guideline would confuse. The second was a view that the key would be communicating these guidelines clearly and that Government needed to work with all interested parties to determine how best to do so and avoid consumers becoming confused.

4.31 The majority of respondents who said 'no' did so apparently on principle; this included the campaign email responses. These responses did not limit their comments to the question but expressed views such as this being an example of 'the nanny state', particularly as they felt there was no evidence that drink-free days had a health benefit. They also talked more widely about the guidelines, comparing them unfavourably to guidelines in other countries; questioned the scientific evidence on which the guidelines were based; questioned the independence of those sitting on the CMO advisory group, and judged that the guidelines were misleading as they said little about the benefits of moderate drinking. Many of these responses suggested that the underlying intention was to advocate for, and promote, teetotalism but that the negative tone of the guideline would mean this would be ineffective. Many also suggested that the guidelines ignored what these respondents perceived to be the positive health and social benefits from moderate consumption of alcohol.

4.32 There was a small minority of negative responses which wanted the lower consumption messages to go further, suggesting that drink free days were just 'a good first step'.

4.33 Over a third of respondents who selected 'no' provided views on how the guidelines might be improved, including specific wording amendments which would, they considered, improve comprehension and impact. There was most concern about the use of 'heavy' in 'heavy drinking session' which a large number felt was ambiguous and subjective. There were

suggestions that a definition of 'heavy' would help the public relate to the advice, perhaps in terms of amounts of alcohol, e.g. a bottle of wine or three pints of beer.

4.34 Allied to this there was a request to clarify how heavy drinking relates to long term illnesses. Specifically concern was expressed about the potential for the statement to be read incorrectly as its wording seems to associate 'long term illness' with one-off episodes of 'heavy drinking'. Respondents felt that it was important that frequency and volume of heavy drinking was acknowledged and that this statement would benefit from a timeframe for heavy drinking sessions. A small number of respondents called for greater clarity about what is meant by 'several' and 'a few' in this recommendation.

4.35 The second most common area of concern was how to clarify the idea of risk and what it actually means to individual behaviours. In particular there was a question as to whether there is sufficient clarity about how to apply the new guidance to vulnerable groups who may experience disproportionate effects, for example, an older person or a person with low body weight.

4.36 A significant number of negative responses suggested that anything additional to the weekly guideline would confuse people. Counter to this was a widely held view that the phrase '*spread evenly over three days or more*' invites a calculation of daily unit consumption and might cause people to 'save up their units'. Many responses included such calculations, relating them back to the old daily guidelines.

4.37 Some respondents felt '*as much as 14 units*' might be misinterpreted and only applied if people were drinking 14 units, rather than any amount up to 14 units. Similarly others were not clear what guidance was being given on spreading drinking occasions over multiple days if weekly consumption is below the 14 unit limit. Some respondents noted that it was important to ensure there was good read across between the different statements/elements of the guidance. For example some perceived a contradiction in that those consumers who drink two units per day would be complying with the weekly guideline, but would be out of line with both the recommendation to spread alcohol consumption across several days and the advice on drink-free days.

4.38 Many respondents expressed the view that the recommendations would be credible only if the underlying evidence was conveyed in an accurate manner. In particular, this was around the need for greater emphasis on the pattern of regular drinking and that the association between heavy episodic drinking and long term illness only applies if heavy episodes are frequent and over long period of time. A smaller number challenged the decision on the level of risk the guidelines are based on, how this relates to other common day to day activities and how, as people drink above the guidelines, that risk increases.

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?

4.39 There was a clear divide amongst respondents to this question with slightly more positive than negative responses among the individual responses with the campaign responses all replying 'no'.

4.40 As with other questions, those responding positively were not prompted to provide additional commentary and those that did focused on increasing the clarity and impact of the wording. In particular, there were suggestions that the main message needed to be clearer and that careful consideration of communicating the guidelines to the public would be required as people may still misinterpret the main messages (e.g. thinking it's ok to drink

up to the guideline on one day or over the weekend). A small number of 'yes' responses explicitly welcomed the acknowledgement that no regular consumption is completely safe. In addition, one organisation noted that the preliminary findings of a survey they had carried out suggested good understanding of the guidelines.

4.41 Amongst the negative responses, as with previous questions, many (including some campaign responses) suggested that the motivation behind the guidelines as a whole was to stop people drinking, rather than to provide the public with information to inform their choices, with the term 'nanny state' used on a few occasions.

4.42 A high proportion of the 'no' answers did not address the question about clarity and expression but instead discussed the credibility or the perceived exclusion of evidence around beneficial impacts of moderate drinking. There was particular opposition to the '*no level of consumption can be considered completely safe*' statement, and a view expressed that the real focus of the guidelines should be about the dangers of heavy drinking. Again, within these responses there were calls for the evidence to be explicitly referenced, principally because the respondents believed the guidelines go against widely held and apparently scientifically backed beliefs, such as the benefits of drinking, having different guidelines for men and women and that the risks of cancer was overplayed and not generalisable. There were also some challenges to the Sheffield model's outputs for other aspects of the guidelines including use of 1% as the low risk threshold.

4.43 A number of responses set out why they felt the risks associated with low or moderate levels of alcohol consumption are poorly communicated and explored. Specific concerns included the use of relative rather than absolute risks to individuals and questions about whether the relationship between cancer and alcohol is linear. Underpinning these questions was a conviction that the risks were not properly contextualised and given nearly all actions involve some risk it was important to give an indication of the level the guidelines are talking about (within this these responses implied that the risk carried by low levels of drinking was negligible).

4.44 While the majority of 'no' responses focused on what they saw as the overplaying of 'low risk', there were some respondents who felt that the guidelines were not hard hitting enough and needed to be more explicit about risk. The fact that risk levels for some conditions increase with any amount of consumption should be information provided to consumers. Some commented that as absolute risk figures for cancer are available in the supporting documents, they could be included in the guidelines in a truncated or illustrative form.

4.45 Some respondents said that the distinction between the risk from drinking within the low risk guidelines and heavy drinkers needed to be clearer. This group felt that low risk was down playing the negative impact of drinking at any level and more should be done to encourage people not to drink.

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?

4.46 Overall, the majority of positive responses agreed that the guidelines met the aims. A number of respondents, particularly those identifying themselves as representatives of the alcohol and entertainment industries, recommended the focus of drink free days should be on heavy drinkers and on binge drinkers rather than a more general recommendation for anyone who wishes to cut down, for which the evidence base, it was suggested, was not clear.

4.47 There was a view expressed that there could be some confusion with evidence that regular low levels of drinking may have benefits if it is taken as a recommendation that you should have drink free days. It was also suggested that there was some potential perception of inconsistency in recommending drink free days alongside a recommendation to spread drinking over a number of days.

4.48 Some respondents questioned how clear it was that the advice on drink free days was an expert view, rather than based on published evidence. Some suggested that promoting drink free days could lead to more people drinking to excess on single occasions and one respondent felt it is not clear whether the CMOs were recommending drink free days or not.

4.49 There were also a few responses from those who identified themselves as from industry suggesting that the same outcome would be achieved if people were to be encouraged to switch to lower strength products instead of having drink free days, thereby decreasing intake of alcohol on days of drinking to achieve the same outcome.

4.50 Again there were a number of responses which suggested the language of the guideline is ambiguous. Specifically the use of the word '*several*' and the term '*moderate their consumption*' were raised to make this point.

4.51 Some suggested that leaving the guideline as worded for those '*who wish to*' reduce did not address the needs of those people who may be heavy or binge drinkers who do not recognise the need. It could be considered a risk not to be quite explicit that this was not a case for having drink free days whilst potentially increasing the amount consumed in a risky way on the other remaining days.

4.52 One respondent felt an opportunity was missed to reiterate the normative message that most people do not drink on a daily basis.

On single occasion drinking episodes

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?

4.53 Respondents who thought this part of the guideline and the messages about single occasion drinking were clear (54%) slightly outweighed those who did not (41%). Of the 'no' responses nearly two thirds supported the principle of the advice but felt it needed to be clearer and offered suggestions they felt would clarify or improve the advice. The remaining respondents who ticked 'no' objected to the guidelines overall or were challenging the evidence.

4.54 Of the 'yes' responses who added more context or comment the majority felt that the advice was clear and offered practical advice, treating individuals as adults by giving them information but without lecturing. In addition, small numbers who were very supportive of the messaging wanted to reinforce the impacts of excessive alcohol consumption – for example, on accident and emergency departments and ambulance services. Others raised the specific issue of increased risks of both domestic violence and 'date rape'.

4.55 A number of respondents wanted to ensure that the list of people disproportionately affected extends to those with mental health problems. (This was echoed by a significant number of the 'no' responses who offered advice on improving the text.) Others suggested that the list of risks should be extended to include 'accidents and falls' particularly for older people. Finally in the 'yes' responses, a number requested clarity on the expression of risk noting that, in in their view, this part of the guideline should highlight issues around people's ability to judge the risks correctly rather than suggestion there is a correct way to drink. This too was reinforced by a number of the 'no' responses where concern was expressed about the use of the phrase 'drink correctly' reflecting, in their opinion, the view that there are good and bad drinkers. It could also potentially feed into people's belief that they can 'handle their drink'.

4.56 As noted above, a proportion of those who responded negatively to this question did so because they believe the authors of the guidelines are proponents of abstinence rather than any serious reflection of the evidence of health impacts or understanding of personal responsibility. In their view this means the guidelines lack credibility. Responses from those who identified their interests as industry articulated their view that there is no clear rationale for changing the guidelines at this time given the previous guidelines were accepted and understood and during the period they were in place the UK had 'improved its relationship' with alcohol.

4.57 A common concern expressed in the 'no' responses was the view it was long and convoluted and for a few this undermined the 'excellent' advice in the weekly guideline. A number of these respondents also discussed the need for a numerical single occasion recommendation. This is covered by the next question so is not addressed here. A plain English check was also suggested.

4.58 Most of this group of respondents raised the issue of the emphasis and balance of discussion around short and longer term risks in this section. A significant number felt that the discussion of long and short term risks together confused, diluted and undermined this advice given, in their view, long term risks are not relevant to single occasion drinking and the supporting evidence. The credibility of the reference to heart disease as a short term risk was

raised by a number of respondents; though one did acknowledge it was potentially a short term risk during a heavy drinking session.

4.59 Generally the list of people who are more affected by alcohol was well received, though there were some suggestions that identifying specific groups would allow individuals to decide it didn't apply to them. Another perspective was that the degree of variation in factors affecting individual risk was an inherent problem. Specific suggestions included requests to add people with mental health issues to the list, providing a definition of younger and older people and for a reason why these groups are particularly vulnerable, to provide context. Some respondents expressed concern about the absence of a specific reference to the risks of drinking alone at home being potentially risky. Some commented that the evidence that more experienced drinkers may be at low risk of harm from single occasion drinking was not reflected in the guidelines.

4.60 Of particular concern to some was the absence of any reference to differences between men and women with regard to single occasion drinking. Specifically that, in paragraph 72 of the Guidelines Development Group report,[1] it states that the difference with regard to single occasion drinking the risk of harms varies between individuals and '*most obviously*' between genders and the inclusion of '*those with lower body weight*' in the list of people more likely to be affected. Many saw this as inconsistent and some clinicians expressed concern that this would give women, what they felt was, a false impression that they can drink as much as men.

4.61 Some specific points were raised on the language. These included:

- a request for greater consistency when referring to a single occasion; switching between that phrase and 'any occasion' could be confusing. In addition there was a need to clarify how 'an occasion' it is different to 'a session' referred to earlier in this section and in the weekly guideline.
- the use of the phrases 'risky places' and 'risky situations'. Respondents felt they could lack resonance with some, particularly the young who might associate the term with adventure, and a number of respondents suggested it needed defining. There were a number who recommended a greater focus on the impact of making yourself safe and in one case, on the specific risk of date rape.
- a suggestion that it should be made more explicit that the strength of drinks can be reduced as well as the volume or number as means to reduce the amount of overall drinking on a single occasion.

4.62 A number of responses, from those who identified themselves as from industry in particular, recommended a greater focus on the idea of responsible use of alcohol in this guideline. The terms 'drinking correctly' and 'losing self-control' were identified as potentially being open to considerable bias of personal perception as well as sounding judgemental. In addition some respondents felt that there should be greater acknowledgement that low levels of drinking in social public spaces can be beneficial to well-being.

[1] https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines

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.

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?

4.63 Fifty five percent of respondents did not support the suggestion of a single occasion unit amount and 45% were in favour. It was clear from the responses however that there was some confusion in how this question was approached. There were a number of stock responses received from interest groups on different sides of the debate with a significant proportion of identical or very similar responses.

4.64 The majority of those who were in favour of having a unit level for single occasion drinking did not give a reason, probably because of the way the question was structured. Those that did give a reason believed that a specific number would be more likely to have an impact than general advice, and suggested this was supported by evidence from behavioural sciences and social marketing. A number of respondents approached the question from a strategic perspective. They suggested it would make it easier to measure the number of adults that drink within guidelines for monitoring and research purposes, helping '*not only to support individual behaviour change but also to inform policy and practice in the wider system*.'

4.65 Of the majority who did not support a unit level there was a split between two groups. The first included those who were essentially in favour of the guidelines but considered that introducing a second number would confuse or dilute the message or that the evidence did not support a specific unit level. The second group included those who objected more broadly to the single occasion amount per se, often in favour of a daily amount as they considered this to be already understood by the public.

4.66 There were a number of frequently cited reasons for objecting to single occasion advice being expressed in numbers. This included the simplicity of the single weekly recommendation of up to 14 units and/or the potential confusion of having more than one number. Others thought that a single occasion figure could become 'a norm to aspire to' or be taken as a daily guideline, giving a false sense of security to people who would drink that amount regularly and/or become the most recognised number and thereby encourage more rather than less consumption. Some people agreed with or were prepared to go with the expert group's reservations about having a number, or they specified that there were too many variables such as sex, weight and metabolism for it to be accurate or meaningful.

4.67 There was again, in the responses to this question a number who wanted a daily guideline rather than a weekly or single occasion guideline. These responses included some comments that a range was better than a single figure and opinions that a single weekly recommendation was too inflexible and would be ignored.

4.68 As with other questions, some respondents also mentioned that the use of units was confusing and that expressing the number of actual drinks were preferable. Responses claiming that units are not widely understood were very common among both 'yes' and 'no' responders.

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?

4.69 Over 80% of respondents answered this question positively. Of these 'yes' responses, one third provided further comment, mostly in support of the pregnancy guideline which they felt was straightforward and clarified the confusion around the previous guidelines. For those who responded 'no', there were a few who did not agree with the guideline and were disputing the evidence base or thought that the state was interfering, rather than answering the specific question as to whether the guideline was clear. There were reservations shared by both the 'yes' and 'no' responses that the guideline needed to be simplified.

4.70 As noted above, the majority of responses said that the guideline was clear, comparing it favourably to the other parts of the guideline. Those who answered 'yes' to the question used expressions such as : 'helpful', 'clear', 'balanced', 'non-judgemental', 'objective', 'well-evidenced', 'factual', allows women to make 'informed choices' and 'clarifies the position from the previous guidelines'. In addition many responses, including a number from industry, felt the pregnancy guideline was well evidenced and factual. A smaller number of responses felt that the guideline would help women to make informed choices, and also that it provided objective, balanced and non-judgemental information.

4.71 A small number of responses were keen that the guideline should not demonise or stigmatise pregnant women who have drunk alcohol. They felt it was right to address the risks of harm from low levels of consumption but also supported the focus on reassuring women who might have consumed alcohol before knowing they were pregnant and guiding them to the appropriate support.

4.72 Amongst the minority who responded negatively the explanation was generally that both the guideline and the explanation were too '*wordy*' and provided too much information. The language was also described as confusing, with the use of words such as '*may, likely, small, heavily*' leaving the guideline open to individual interpretation. The recommendation from many of these respondents was that both needed to be snappier and with less repetition to help the public to follow and understand.

4.73 A large number of respondents (particularly those from local government and the health community) thought the references to the percentages quoted in relation to the numbers of women who '*… either do not drink alcohol (19%) or stop drinking during pregnancy (40%)*' were confusing. The view was that it would not be universally understood, was open to misinterpretation (suggesting a significant percentage of women continue to drink during pregnancy) and that it would soon become out of date. There were suggestions to combine the percentages, remove them altogether or put the text elsewhere rather than in the guideline. In contrast to these comments some respondents thought that the inclusion of social norming is helpful and could be used elsewhere in the guidelines.

4.74 In contrast to those who felt it was important not to stigmatise women who may have consumed alcohol before knowing they were pregnant (paragraph 4.70), some respondents felt there was a risk that the statements on drinking in early pregnancy could be seen as contradictory. In particular, the advice that the safest approach is not to drink at all could be diluted or undermined by the statement that '*it is unlikely in most cases that their baby has been affected*.' Similarly, the inclusion of 1-2 units within the explanation confused some of the respondents who felt it might be treated as an amount they could drink safely. There were

some suggestions that the line needed to be strengthened beyond the precautionary principle to say that 'no level of consumption is safe once you know you are pregnant'.

4.75 A number of 'no' responses were from people with personal experience of or expertise in fetal alcohol syndrome and fetal alcohol spectrum disorder (FAS/FASD). These responses were very focused on that specific aspect of the guideline and, in contrast to other responses, called for more detail as well as the need for specific training of doctors and midwives. The main concerns raised about training of doctors and midwives. Specific suggestions included making it clear that FAS/FASD is avoidable and others wanted it stated that any amount of alcohol can cause FAS. There were also concerns raised about the current information of the prevalence of FASD in the UK which respondents believe makes it difficult to provide clear assurance that the baby would not be affected.

4.76 A small number of respondents suggested the guideline should include advice for support networks such as friends and family who can support women to have an alcohol-free pregnancy, e.g.by not placing pressure on them to drink and by providing alternatives to alcohol like soft drinks.

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?

4.77 A clear majority (74%) of the responses said that the pregnancy guidelines met the aims of the expert group. This accords with responses to Question 8; that the pregnancy guidelines; that respondents from both the alcohol and entertainment industries and public health and health professionals felt they were clear and met their stated aims, this includes.

4.78 Most of the 'yes' responses made no further comment on the expression of the guideline. However, as with Question 8, a significant minority suggested that the language could be simplified and message clearer. Most of these focused on the use of words like '*may*', '*likely*', '*probably*', combined with '*can't be sure*' which were thought to be unlikely to convince those who choose to drink during their pregnancies to consider the guidelines advice. There was also a group of responses arguing that, though clarity and simplicity is useful in public communications, additional details should not be avoided if they improve women's understanding of the risks of alcohol and pregnancy. This was reinforced by respondents who felt to be effective, health professionals should be given support (and evidence) to provide advice for those who drank early in pregnancy.

4.79 The negative responses also focused on what they saw as the lack of clarity in the language and the advice itself. Some provided concrete suggestions on how to make it clearer, though as before from two very different perspectives. The first, smaller, group described the guidelines as too precautionary, overcautious or scaremongering and that this risked people discounting the guidelines altogether. These appeared to be more of a comment on the guidelines as a whole, particularly as in this case responses suggested quantified per-week drinking limits. The majority said that the guideline should emphasise more strongly that women should not drink at all during pregnancy. This group of respondents were also unhappy with the inclusion of '*1-2 units per week*' which they thought could be seen as a limit that high risk women might consider.

4.80 As with the previous question, both 'yes' and 'no' responses raised concerns about the risk of stigmatising pregnant women who continue to drink during pregnancy. The prime concern was the impact this could have on women accessing the services they need both when pregnant and after they have given birth. The use of percentages was also raised in this context, that these not only highlighted the significant number who do not give up drinking when pregnant but also implied these statistics are acceptable. There was a suggestion that the guideline should state that the Government aims for a higher number of women not drinking during pregnancy.

4.81 One response suggested that the guideline should be extended beyond pregnancy to take account of consuming alcohol when breastfeeding, as advice in this area was lacking.

5. What has changed

5.1 Following the consultation, the Guidelines Development Group met for the last time in May 2016. The minutes of this meeting can be found at: https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines. The issues the meeting covered are set out below with a summary of the conclusions of the group on each topic.

(a) *Whether the consultation had focused on any elements of the evidence that the group had not considered*

Overall there was agreement amongst the group that nothing raised through the process of consultation that they had not already seen and considered. The group felt it had been helpful to have the challenges, but these had confirmed that their conclusions were a good balance of all the available evidence and continued to be a sound basis for the recommendations.

The Group also agreed that they would provide an Addendum to their original report to address common criticisms and misunderstandings from the consultation to be published alongside the new guidelines.

(b) *Whether the guidelines on single occasion drinking should include a specific number of units*

The Group unanimously agreed to advise the UK CMOs not to include a number for the single occasion guideline. This was for two main reasons. First of all, there is limited evidence to support recommending a particular single limit and secondly, the consultation feedback was inconclusive and confirmed the Group's concerns that having an additional unit guideline would add complexity and potentially confusion with the weekly guideline.

(c) *Suggestions on the language of the guidelines*

The Group agreed a process for reflecting feedback from the consultation and the Public Health England qualitative research into the language of the guidelines to provide final advice on the expression of the guidelines to the CMOs.

5.2 The UK Chief Medical Officers accepted the final recommendations of the Guidelines Development Group in June and approved a process for agreeing the final guidelines. This included a decision that the document should recognise the context in which the low risk guidelines exist. In particular, that while some people do not drink, for many alcohol is a part of their social lives and as with most activities, this carries a degree of risk.

5.3 The UK CMOs' low risk drinking guidelines are intended to help people understand the risks and to make decisions about how much they drink in the light of the evidence. However they are not designed to prevent those who want to drink from doing so. We know from the combination of many of the consultation responses and the qualitative research that for many people the guidelines offer information, in a clear and useful format, that they will find helpful.

5.4 The changes that have been made are set out on the following pages.

On regular drinking

Wording prior to consultation	This has been revised to:
Weekly guideline on 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.	***Weekly drinking guideline*** *This applies to adults who drink regularly or frequently i.e. most weeks* **(1)** The Chief Medical Officers' guideline for both men and women is that: • To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. **(2)** • If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries. **(3)** • The risk of developing a range of health problems (including strokes as well as cancers of the mouth, throat and breast) increases the more you drink on a regular basis. **(4)** • If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week. **(5)**

Reason for change

(1) The consultation responses highlighted the need to distinguish that these guidelines were specifically for adults rather than people.

(2) This text was reworded following Public Health England's market testing of the guidelines.

(3) Simplification and clarification of language, such as inclusion of word 'regularly' and to specify it is weekly. The term 'session' has also been changed to 'episode' so that it is consistent with language elsewhere in the guidelines.

(4) The language of this recommendation was amended to reflect the perception that the risk was quite high when drinking within the guidelines, which is contrary to the overall message. The information concerning the specific risk associated with cancer remains in the explanatory text.

In addition there was a decision to simplify the language from 'range of illnesses' to 'health problems' and from 'increases with any amount you drink' to 'increase the more you drink'.

(5) Simplification of language.

On single occasion drinking episodes

Wording prior to consultation	This has been revised to:
Single occasion drinking episodes *[this applies for drinking on any single occasion, not regular drinking, which is covered by the weekly guideline]* 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. **(6)**	***Single occasion drinking episodes*** *This applies for drinking on any single occasion (not regular drinking, which is covered by the weekly guideline)* **(1)** The Chief Medical Officers' advice for men and women who wish to keep their short term health risks from single occasion drinking episodes to a low level is to reduce them by: **(2)** • limiting the total amount of alcohol you drink on any single **(3)** occasion; • drinking more slowly, drinking with food, and alternating with water; • planning ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you. **(4)** As you will know, the sorts of things that are more likely to happen if you don't understand and judge correctly the risks of drinking too much on a single occasion can include: • accidents resulting in injury (causing death in some cases), • misjudging risky situations, and • losing self-control (e.g. engaging in unprotected sex). **(5)**

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. **(8)**	Some groups of people are more likely to be affected by alcohol and should be more careful of their level of drinking on any one occasion for example those at risk of falls, those on medication that may interact with alcohol or where it may exacerbate pre-existing physical or mental health problems. **(7)** If you are a regular weekly drinker and you wish to keep both your short- and long-term health risks from drinking low, this single episode drinking advice is also relevant for you.
Reason for change **(1)** Amended for clarification. **(2)** Changed to mirror the actual wording of this specific guideline heading i.e. single occasion drinking episodes. Also simplified wording in taking out the second reference to the word 'risk'. **(3)** Inclusion of the word 'single' to be consistent with the paragraph that precedes it. **(4)** The expression 'risky places and activities' was raised in the consultation responses as not very helpful and not likely to resonate with the public. We wanted to make it clear that alcohol could impair people's judgements and behaviours and changed the wording following suggestions to emphasise the importance of safety instead. We have also changed the format to bullets, to make the information easier to digest. **(5)** Alternative format of wording as suggested following Public Health England's market testing of the guidelines. **(6)** Views were expressed that the inclusion of this paragraph on regular drinking in the middle of this guideline on single occasion drinking would confuse the public. However it was felt that even if you are a regular weekly drinker, these guidelines are still of relevance and therefore it has moved to the end of the guidance and the language has been simplified. **(7)** Following feedback from the consultation, the Guidelines Development Group decided that referring to personal factors that could increase risks to individuals from drinking, in broad groupings such as their demographic group (e.g. young people or older people), was not the most appropriate way to describe those personal risk considerations. The reasoning behind this was that the evidence does not adequately support describing those risks in this way and within such broad groupings such risks would inevitably be relevant for some but not for others.	

(8) As this paragraph talked about long term risks, it was thought that this was out of place within this guideline and it has therefore been removed completely.

Single occasion drinking episodes – a unit recommendation

Following the consultation and further discussion, the GDG decision is not to advise a unit recommendation for single occasion drinking episodes. In addition to limited evidence to suggest recommending a particular single, simple limit, the consultation feedback was not conclusive on this point and confirmed concerns that having an additional unit guideline would add complexity and the possibility of confusion with the weekly guideline.

On pregnancy and drinking

Wording prior to consultation	This has been revised to:
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%). **(2)** 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.	***Pregnancy and drinking*** The Chief Medical Officers' guideline is that: • If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum. **(1)** • Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk. The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy. **(3)** If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy do talk to your doctor or midwife. **(4)**

Reasons for change

(1) Change captures the fact that some pregnancies may be unplanned, therefore not predictable and could still benefit from some care, e.g. after unprotected sex.

(2) This caused considerable confusion and concern (about the potential to stigmatise women who did not give up drinking) amongst the consultation responses and this has therefore been omitted entirely.

(3) and **(4)** these were changed to ensure consistency in using the term 'you' to align with the two bullet points that precede it. Both the consultation responses and Public Health England's market testing of the guidelines highlighted it was much better to phrase it in this way.

Annex A: Consultation Questions

Your details

1. What's your name?
2. What's your email address?
3. What's your organisation?

Consultation questions

Weekly guideline for regular drinking

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

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

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

The weekly guideline as a whole

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

   ☐ Yes

   ☐ No

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

Individual parts of the weekly guideline

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

Explanation (from 'Summary of the proposed guidelines')

13. Long term health risks arise from regularly drinking alcohol over time – so it may be 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.

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

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

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

   ☐ Yes

   ☐ No

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

   ☐ Yes

   ☐ No

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

   ☐ Yes

   ☐ No

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

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

Explanation (from 'Summary of the proposed guidelines')

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

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

   ☐ Yes

   ☐ No

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

Single occasions of drinking

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

Advice on short term effects of alcohol

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

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

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

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

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

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

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

Explanation (from 'Summary of the proposed guidelines')

19. This advice for any single occasion of drinking is based on the evidence reviewed by the expert group that clearly identified substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people from any single drinking occasion.
20. Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

- head injuries
- fractures
- facial injuries and
- scarring

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

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

☐ Yes

☐ No

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

[extracted from the above]

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

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

Explanation (from 'Summary of the proposed guidelines')

23. The expert group considered it was important to make the scale of this risk clear to the public, and it is spelled out in their report. But, unlike for the regular drinking guideline, they did not recommend a guideline based on a number of units. There were a number of reasons for this, not least because:
    - individual variation in short term risks can be significant
    - the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, how alcohol tends to affect their skills and inhibitions, how safe their environment is, and any plans they have made in advance to reduce their risks (such as staying around someone they can trust and planning safe transport home).
24. Nevertheless, the expert group has recognised that, to be most effective, any guidelines should be consistent with the principles of SMART goal setting, in particular they should be: *Specific, measurable and timebound*. Guidelines need to be precise about the behaviours that are being encouraged or discouraged. We are therefore, seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. Any numerical unit level would be determined in large part by further consideration of the health evidence.

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

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

☐ Yes

☐ No

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

Guideline on pregnancy and drinking

The Chief Medical Officers' guideline is that:

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

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

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

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

Explanation (from 'Summary of the proposed guidelines')

25. The expert group found that the evidence supports a 'precautionary' approach and that the guidance should be clear that it is safest to avoid drinking in pregnancy.
26. Alcohol can have a wide range of differing impacts. These include a range of lifelong conditions, known under the umbrella term of Fetal Alcohol Spectrum Disorders (FASD). The level and nature of the conditions under this term relate to the amount drunk and the developmental stage of the fetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be complex. The risks are probably low, but we can't be sure that this is completely safe.
27. Drinking heavily during pregnancy can cause a baby to develop fetal alcohol syndrome (FAS). FAS is a serious condition, in which children have:
    - restricted growth
    - facial abnormalities
    - learning and behavioural disorders, which are long lasting and may be lifelong.
28. Drinking lesser amounts than this either regularly during pregnancy or in episodes of heavier drinking (binge drinking), is associated with a group of conditions within FASD that are effectively lesser forms of problems seen with FAS. These conditions include physical, mental and behavioural features including learning disabilities which can have lifelong implications. The risk of such problems is likely to be greater the more you drink.

29. Recent reviews have shown that the risks of low birth weight, preterm birth, and being small for gestational age all may increase in mothers drinking above 1-2 units/day during pregnancy. Women who wished to stay below those levels would need to be particularly careful to avoid under-estimating their actual consumption. The safer option is not to drink alcohol at all during pregnancy.
30. The proposed guideline takes account of the known harmful actions of alcohol on the foetus; the evidence for the level of risk from drinking; the need for suitable clarity and simplicity in providing meaningful advice for women; and the importance of continuing with a precautionary approach on low levels of drinking when the evidence for its safety is not robust enough.

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

☐ Yes

☐ No

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

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

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

Has the guideline met these aims?

☐ Yes

☐ No

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

Annex B: Organisations who responded to the consultation

This annex lists those organisations which responded to the consultation. It has not always been possible to identify a respondent in the case of online responses, nor to distinguish between responses sent on behalf of an individual or an organisation. In some cases, it has also not been possible to clarify the name of an organisation, in which case we have used that which the respondent reported.

AB InBev North Europe (UK & Ireland)

Addiction NI

Adoption UK

Age UK Blackburn with Darwen

AIM Alcohol in Moderation

Alcohol Academy

Alcohol Concern

Alcohol Focus Scotland

Alcohol Health Alliance UK

Alcohol Research UK

Aneurin Bevan University Health Board

ASCERT

Association of Convenience Stores Limited

Association of Licensed Multiple Retailers

Aston Manor Cider

Aston University

Balance, The North East Alcohol Office

Barts Health NHS Trust / NHS England

British Medical Association (BMA)

Breast Cancer Now

British Association for the Study of Liver disease (BASL)

British Association of Social Workers

British Beer and Pub Association

British Society of Gastroenterology

Brown – Forman Netherlands BV

Camden Council

CAMRA, The Campaign for Real Ale

Cancer Research UK

Cardiff & Vale NHS Trust

Cardiff and Vale UHB – Cardiothoracic Services

Cardiff School of Management, Cardiff Metropolitan University

Cardiff University

C&C Group plc

Carlsberg UK

Centre for Radiation, Chemical & Environmental Hazards

Charles Wells

Cheshire East Council

Chivas Brothers Ltd

Club Soda

Community Nursing

Compact Global LTD

County Durham's Alcohol Harm Reduction Group

Crisis Pregnancy Care

Dawkins Ales

Derbyshire Alcohol Advice Service

Diageo

Direct Wines

Drinkaware

Drinks Wales

Drink Wise Age Well

Edrington

Enotria &Coe

Enterprise Inns Inc

FAS Aware Manchester

Good Wine Online

Grampian (Aberdeen City, Aberdeenshire & Moray) Alcohol & Drugs Partnerships

Halewood International Ltd

Halton Borough Council

Hampshire Strategic Drug and Alcohol Partnership

Healthier Futures

Heineken UK Limited

Hertfordshire County Council

Hull City Council

Hywel Dda University Health Board

Ian Macleod Distillers Ltd

Imperial College London

Institute of Alcohol Studies (IAS)

Institute of Public Health in Ireland

International Alliance for Responsible Drinking (IARD)

Lancashire Women's Centre

Liver Section of British Society of Gastroenterology (BSG)

London & Scottish International Ltd

London Borough of Barking and Dagenham

ManAGEable

Mast-Jaegermeister UK Ltd

Matrix Young People's Service

Maxxium UK Ltd

Meltingclock

Molson Coors Brewing Company

National Association of Cider Makers

NHS

NHS Clinical Commissioning Groups (CCG)

NHS/GP

NHS GP Specialty Registrars (GPSTR)

NHS Health Scotland

NHS/King's College London

NHS Lanarkshire

NHS National Services Scotland

NHS Western Isles

NOFAS-UK

North East Glasgow Public Partnership Forum

North East Local Authority alcohol and drug commissioning Leads

Northamptonshire Health and Wellbeing Board

Northamptonshire Police

North East Local Authority

Northern Ireland Alcohol and Drugs Alliance (NIADA)

Nottingham CDP service user alcohol panel

Outside the Box

Pernod Ricard UK

Portman Group

Public Health

Public Health Wales

Public Health Stockport

Punch Taverns

Renfrewshire ADP's Prevention & Education Sub Group (SPEAR)

Renewal Centre

Revolutions Brewing Company Ltd

Royal Borough of Greenwich

Royal College of Midwives

Royal College of Obstetricians and Gynaecologists (RCOG)

Royal College of Nursing

Royal College of Psychiatrists

Salisbury District Hospital

Scotch Whisky Association

Scottish Health Action on Alcohol Problems (SHAAP)

Scottish Public Health Alcohol Specialists Group

Sheffield Alcohol Support Service

SHS Drinks

SIBA, Society of Independent Brewers

SpiritsEurope

Start360

St Austell Brewery Co Ltd

St Mary's Hospital and Imperial College

Stockport Council

Stockton Borough Council Licensing

Stroud Brewery

Teaching

The Alcohol Education Trust

The Association of Convenience Stores Limited

The British Association of Social Workers

The International Scientific Forum on Alcohol Research

The Life Eclectic

The North Wales Local Public Health Team

The Royal College of Midwives

The Royal College of Radiologists

The Royal Statistical Society

The Salvation Army

Treasury Wine Estates

Turning Point

UK & European Birth Mother Mother Network – FASD

UK Health Forum

University College London, Institute of Neurology

University of California, Los Angeles (UCLA)

University of Bristol

University of Liverpool

University of Manchester

University of Oxford

University of Salford

University of Warwick

Warrington Strategic Drug & Alcohol Team (DAAT) Group

Welsh Dental Committee

West Dunbartonshire Alcohol & Drug Partnership

W.H. Brakspear & Sons Ltd

Wine & Spirit Trade Association

Wirral Council

Wm Morrison Supermarkets PLC

Department of Health

2905650 August 2016
Produced by Williams Lea for the Department of Health