

Alcohol Policy Team  
Department of Health  
Wellington House,  
133 - 155 Waterloo Road  
London, SE1 8UG

29 March 2016

**CAMRA response to the 'Health risks from alcohol: new guidelines' consultation**

Thank you for the opportunity to respond to the consultation on the 'Health risks from alcohol: new guidelines' consultation. Please find our submission attached.

CAMRA, the Campaign for Real Ale, is a UK consumer organisation representing over 175,000 individual consumers on matters relating to beer and pubs. We are an independent, voluntary organisation campaigning for real ale, community pubs and consumer rights.

CAMRA promotes responsible drinking and recognises the harmful effects of high levels of alcohol consumption. We support the use of guidelines to enable consumers to make informed choices about responsible drinking and safe levels of alcohol consumption.

However, as an organisation, we are concerned about the lack of transparency in the process through which the proposed guidelines were formulated. This impenetrable setup brings the credibility of public health advice into question, as it reduces the ability of consumers to make an informed interpretation of the proposed guidelines.

Furthermore, the statement that there is 'no safe level' of alcohol consumption is untruthful, inaccurate and misleading to consumers, and also ignores the existence of the international evidence base for the protective effects of moderate alcohol consumption on a range of diseases and on total mortality.

In particular, and in relation to the outcome of the consultation, CAMRA would like to see:

- A full and open consultation on the meaning and scientific evidence base of the proposed guidelines, with the public withdrawal of the proposed guidance until this is completed, This is because the process so far has been fundamentally flawed and the outcomes do not reflect the available scientific evidence.
- Recognition of the protective effects of moderate alcohol consumption and withdrawal of the claims that there is 'no safe level' of alcohol consumption and that there is 'increased risk with any amount you drink'.

Please contact me if you would like to discuss further on 01727 798 448 or [jonathan.mail@camra.org.uk](mailto:jonathan.mail@camra.org.uk).

Yours sincerely,

**Jonathan Mail**  
Chief Campaigns Officer



Department  
of Health

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

**January 2016**

### **Introduction**

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

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

## **Introduction to the Campaign for Real Ale**

CAMRA, the Campaign for Real Ale, is a consumer group with over 175,000 members and acts as an independent voice for real ale drinkers and pub goers. Our vision is to have quality real ale and thriving pubs in every community.

CAMRA promotes responsible drinking and recognises the harmful effects of high levels of alcohol consumption. We support the use of guidelines to enable consumers to make informed choices about responsible drinking and safe levels of alcohol consumption.

While we welcome the opportunity to respond to this consultation on the clarity of the proposed guidelines, we have serious concerns, particularly regarding the process through which the proposed guidelines were formulated, and the lack of public consultation on their meaning which we will cover within our response.

We are particularly concerned about the suggestion that there is 'no safe level' of alcohol consumption. This has been challenged by the Royal Statistical Society as not representative of the evidence base available<sup>1</sup>, and also ignores the scientific international consensus that moderate drinking can have a protective effect against numerous health problems including cardiovascular disease (CVD), cognitive decline, and certain forms of cancer.

The Office of National Statistics has published figures that show that the majority of adults drink within the previous guidelines (70%)<sup>2</sup>, and that this number has been increasing (up 19% since 2007)<sup>3</sup>. This research showed that binge drinking<sup>4</sup> and the rate of alcohol related deaths<sup>5</sup> are in decline. The previous guidelines better reflected the full available evidence base for safe levels of alcohol consumption. CAMRA believes the clear suggestion that there is no safe level of alcohol consumption is untruthful, inaccurate and misleading to consumers.

The evidence base used to determine the proposed guidelines is extremely limited, and ignores epidemiological studies which suggest conclusions contrary to the new guidance. The modelling used to arrive at the proposed guidelines is not clear, and therefore the process of formulation has not been transparent, contributed to by the lack of public consultation on the meaning of the proposed guidelines, which will mean that the proposed guidance will lack credibility and legitimacy in the eyes of consumers.

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<sup>1</sup> <http://www.rss.org.uk/Images/PDF/influencing-change/2016/rss-letter-jeremy-hunt-alcohol-guidance-Jan2016.pdf>

<sup>2</sup> <http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/compendium/opinionsandlifestylesurvey/2015-03-19/adultdrinkinghabitsingreatbritain2013>

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> <http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2014>

CAMRA is therefore calling for:

- A full and open consultation on the meaning and scientific evidence base of the proposed guidelines, with the public withdrawal of the proposed guidance until this is completed. This is because the process so far has been fundamentally flawed and the outcomes do not reflect the available scientific evidence.
- Recognition of the protective effects of moderate alcohol consumption and withdrawal of the claims that there is 'no safe level' of alcohol consumption and that there is 'increased risk with any amount you drink'.

***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?**

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 guidelines are misleading, contradictory and lacking in clarity.

The failure to communicate the positive as well as negative impacts of alcohol consumption is a serious misleading omission. It is a well established fact that low to moderate alcohol consumption has an overall beneficial impact in reducing risk of mortality.

Alcohol advice in the United States explicitly recognises that moderate alcohol consumption “is associated with reduced risk of all-cause mortality among middle-aged and older adults and may help to keep cognitive function intact with age”<sup>6</sup>. Furthermore, the US Government’s National Institute on Alcohol Abuse and Addiction estimated that 26,000 deaths in the United States were avoided in 2005 due to the benefits of moderate alcohol consumption<sup>7</sup>.

There is a strong, causal link between low to moderate alcohol consumption and a reduced risk for multiple cardiovascular outcomes. A review of 84 studies of alcohol consumption and cardiovascular disease found that “alcohol consumption at 2.5–14.9 g/day (about ≤1 drink a day) was consistently associated with a 14–25% reduction in the risk of all outcomes assessed compared with abstaining from alcohol.”<sup>8</sup> The authors of this study recommended that their findings be incorporated into clinical practice and public health messages. It is regrettable that the Chief Medical Officers have ignored this recommendation.

Furthermore, despite the wide evidence base used to determine recommended maximum consumption internationally, the proposed guidelines are the strictest of any country in the world that uses a weekly recommendation, and the one of only six countries (Australia, Denmark, Grenada, Guyana and Albania) to have the same proposed guideline for men and women<sup>9</sup>:

Country	Men – Weekly Consumption (UK Units)	Women - Weekly Consumption (UK Units)
Canada	25	17
USA	25	12
Ireland	21	14
Austria	21	14
Denmark	21	11
United Kingdom	14	14

In particular the difference between the proposed UK guideline and other international weekly guidelines for men is pronounced. Despite the Advisory Group

<sup>6</sup> Dietary Guidelines for Americans, 2010, p31 <http://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf>

<sup>7</sup> Alcohol Facts and Statistics, National Institute on Alcohol Abuse and Alcoholism, 2015

<http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>

<sup>8</sup> Ghali et al - Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis - BMJ 2011; 342

<sup>9</sup> Guideline intake has been converted to UK units for ease of comparison. Data source: <http://www.drinkingandyou.com/site/pdf/Sensibledrinking.pdf>

looking at the Canadian approach to measuring risk<sup>10</sup> (where guidelines have been recently revised) and using the same international evidence base, the conclusions drawn differ vastly, with no apparent explanation. This does not provide adequate transparency for consumers interpreting the guidance.

The proposed guidelines are contradictory as consumers are advised to spread consumption out evenly over three or more days as well as being advised to have several alcohol free days each week. The recommendation to have several alcohol free days will encourage some to save up units for one or two days a week contrary to the advice to spread out consumption.

Further, the ambiguous language used in the guidelines lack clarity in several areas. The following important terms and phrases have an unclear and imprecise meaning: “safest”, “several days” and “range of illnesses”.

## Individual parts of the weekly guideline

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

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

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

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

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

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<sup>10</sup> Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers, 2016, p2

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

No

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

The use of the terms “safest” and “low level” are misleading when set against the overwhelming evidence that moderate drinkers have a lower overall mortality risk than non drinkers.

An analysis of 34 studies covering more than a million people clearly indicates that the consumption of alcohol, “up to 4 drinks per day for men and 2 drinks per day in women, was inversely associated with total mortality”<sup>11</sup>. This evidence indicates that consumption of below 2.5 units a day for women and below 5 units a day for men present low levels of risk. These compare with a limit of 2 units a day based on the proposed weekly limit of 14 units. Therefore the proposed guideline appears factually inaccurate, especially for men.

The introduction of identical guidelines for men and women is a significant break from historical and international precedent and there is no explanation as to why this is the case. The decision not to provide tailored evidence for men and women contradicts overwhelming scientific evidence detailing that the long term risks relating to alcohol consumption increase at a much faster rate for women as alcohol consumption increases above 2.5 units a day.

The proposed guideline provides very little information to consumers regarding the risks they face. At a minimum there should be separate guidelines

- for men and women
- for young and old
- for short term risk and long term risk

Given that many will only drink alcohol once or twice a week rather than the three suggested, the shift to a weekly guideline may result in people believing that they can safely increase their consumption on each occasion with the understanding that in doing so they would not exceed the weekly guideline.

***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’)***

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<sup>11</sup> Castelnuovo, S et al - Alcohol Dosing and Total Mortality in Men and Women - An Updated Meta-analysis of 34 Prospective Studies, 2006

**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?**

No

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

The guideline, and the explanation, is not clear for a number of reasons.

Firstly, clarity and public understanding of the guideline has been compromised by the lack of transparency over the modelling used to arrive at the recommendation, and also by the aims of the CMO advisory group itself. This is evidenced in meeting minutes that state the new guidelines will be more likely to influence public policy than change drinking habits<sup>12</sup>, and also a published article by Dr Theresa Marteau, a member of the group, who stated that the proposed guidelines are ‘unlikely to cut drinking directly’<sup>13</sup>.

It is CAMRA’s opinion that the main objective of the advisory group should be providing accurate guidelines for consumers on safe drinking levels. Therefore, the independence of the CMO advisory group is also in question. Public health advice should be formulated with the interests of the public as the primary aim, rather than the agenda of setting policy. Of particular concern is the link which members of the group have declared to the Institute for Alcohol Studies (IAS), including IAS Advisor, Petra Meier<sup>14</sup> and Director of the IAS Katherine Brown<sup>15</sup>. The IAS has financial links to the temperance movement through funding from the Alliance House Foundation, which is acknowledged on the IAS’s website<sup>16</sup>. Christopher Snowden, of the Institute for Economic Affairs, has also spoken out publicly on the proposed guidelines as furthering the political agenda of the public health lobby<sup>17</sup>.

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<sup>12</sup> Alcohol Guidelines Review, Guidelines Development Group, Note of a meeting, 8 April 2015, p3

<https://app.box.com/s/wlludrmim3gd83r28c4oqb3upi68cqia/1/5592549457/45384042565/1>

<sup>13</sup> Theresa M Marteau, Will the UK’s new alcohol guidelines change hearts, minds—and livers?, BMJ 2016;352

<http://press.psprings.co.uk/bmj/february/alcohol.pdf>

<sup>14</sup> Petra Meier, Declaration of Interests

<https://app.box.com/s/wlludrmim3gd83r28c4oqb3upi68cqia/1/5812690329/48659107945/1>

<sup>15</sup> Katherine Brown, Declaration of Interests

<https://app.box.com/s/wlludrmim3gd83r28c4oqb3upi68cqia/1/5812690329/48537015677/1>

<sup>16</sup> Institute of Alcohol Studies, ‘Who we are’ <http://www.ias.org.uk/Who-we-are.aspx>

<sup>17</sup> The Spectator, The great alcohol cover-up: how public health hid the truth about drinking, 2016

<http://health.spectator.co.uk/the-great-alcohol-cover-up-how-public-health-bodies-hid-the-truth-about-drinking/>

This is further supported by the considerable concern voiced by the media and academics about the methods used to formulate the new guidelines, specifically comments by Adam Jacobs, leading medical statistician and former President of the European Medical Writers' Association, describing the new guidelines as 'dodgy' and questioning the transparency of the modelling used<sup>18</sup>.

CAMRA is also very concerned about the way in which the decision has been reached to equalise the weekly recommended units for men and women, specifically that the proposed guidelines have been reached based on different risks for men than women. The downwards revision for men has been justified by the Review as a consequence of men being at higher risk of acute injury. However as noted by Paul Chase<sup>19</sup>, leading Alcohol Policy and Public Health commentator, the Sheffield Report<sup>20</sup> does not give evidence to support the assertion. This only explains the inputs into the model, and not how the model itself works, bringing the transparency and clarity of the proposed guidelines into disrepute.

Further, this breaks with international precedent and risks the possibility of women being given the false impression that they can tolerate an equal amount of alcohol as men, whereas medical evidence suggests otherwise. This concern has been voiced by Dr Eric Slovenborg of the Scandinavian Medical Alcohol Board<sup>21</sup>, and CAMRA believe this equalisation will affect the ability of female consumers to make well informed judgements regarding alcohol intake.

Furthermore, the benefits of moderate alcohol consumption and pub going in terms of socialisation and mental health<sup>22</sup> have been ignored and must be communicated to consumers if they are to make informed judgements about personal drinking levels. CAMRA has recently commissioned research from Oxford University which found that people who have a local pub are generally more satisfied with their life, and also that moderate alcohol consumption enables people to build a sense friendship and community.<sup>23</sup> The proposed guidelines should take this into account.

***Guideline: The risk of developing a range of illnesses (including, for example,***

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<sup>18</sup> The Stats Guy, New Alcohol Guidelines 2016 <http://www.statsguy.co.uk/new-alcohol-guidelines/>

<sup>19</sup> Paul Chase, 2016, Alcohol Guidelines Review: A Critique. CPL Training.

<sup>20</sup> Sheffield University, Mortality and morbidity risks from alcohol consumption in the UK: Analyses using the Sheffield Alcohol Policy Model (v.2.7) to inform the UK Chief Medical Officer's review of the UK lower risk drinking guidelines, 2016

<sup>21</sup> Tony Edwards, Why those killjoy new alcohol rules are just plain wrong: A devastating critique by an award-winning writer on how alcohol affects our health, 2016 <http://www.dailymail.co.uk/health/article-3394679/Why-killjoy-new-alcohol-rules-just-plain-wrong-devastating-critique-award-winning-writer-alcohol-affects-health.html#ixzz3zaoTdZIE>

<sup>22</sup> Emslie, C., Hunt, K., & Lyons, A. (2013). The role of alcohol in forging and maintaining friendships amongst Scottish men in midlife. *Health Psychology*, 32(1), 33-41.

<sup>23</sup> Professor Robin Dunbar, 2016 'Friends on Tap - The role of pubs at the heart of the community'

<http://www.camra.org.uk/documents/10180/36197/Friends+on+Tap/2c68585b-e47d-42ca-bda6-5d6b3e4c0110>

**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 serious number of 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?**

No

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

CAMRA contends that the proposed guidelines are not clear as they are based solely on the analysis of risk between alcohol and cancers that have been previously linked to alcohol consumption, rather than taking into account all cancers and other health problems that moderate alcohol consumption could have a beneficial effect on. There is international consensus, and a wide evidence base, on the protective effects of moderate alcohol consumption on cardiovascular disease (CVD) and cognitive decline<sup>24</sup>.

The link between alcohol and cancer has been simplified and overstated, without due consideration of gender, age, lifestyles and existing health issues, leading to the proposed guidelines posing a serious miscommunication risk to consumers.

CAMRA recognises the link between alcohol and increased risk of breast cancer, however this has not been accurately represented in the guideline. There are other risk factors associated with breast cancer, including Hormone Replacement Therapy (HRT) and the contraceptive pill – both recognised in NHS guidance as risk factors<sup>25 26</sup>, but still recommended for prescription. This is in contrast to the guideline’s statement that there is ‘no safe level’ of alcohol consumption, when evidence of protective benefits is well documented.

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<sup>24</sup> International Alliance for Responsible Drinking, Health Review: Cardiovascular Disease  
<http://www.iard.org/wp-content/uploads/2016/01/HR-Cardiovascular.pdf>

<sup>25</sup> NHS Choices, Hormone Replacement Therapy (HRT) - Risks, 2014  
<http://www.nhs.uk/Conditions/Hormone-replacement-therapy/Pages/Disadvantages.aspx>

<sup>26</sup> NHS Choices, Combined Pill, 2014  
<http://www.nhs.uk/Conditions/contraception-guide/Pages/combined-contraceptive-pill.aspx>

The amplification of the risk of cancer associated with alcohol consumption has been commented on in the media by research experts<sup>27</sup> and also by academics working in the field of risk. This includes Cambridge Professor of the Public Understanding of Risk, David Spiegelhalter Winton, and Professor Peter Diggle, President of the Royal Statistical Society, who stated that “The potential harms from cancer were repeatedly emphasised, even though the modellers concluded these were outweighed by the reduction in strokes and heart disease for low consumption in both men and women”<sup>28</sup>.

International research, which CAMRA believes should have been given better weighting by the advisory group, has found that the relationship between alcohol and cancer is complicated and that there are protective benefits associated with some types of cancer, including renal<sup>29</sup> and non-lymphatic cancers<sup>30 31</sup>, and no associated effects between alcohol and other major cancers (including brain, lung, and ovarian cancers)<sup>32</sup>. None of this is recognised in the proposed guidelines, and the exclusion of which has meant the actual risk associated with cancer will be difficult for consumers to judge objectively.

The proposed guideline is misleading by omission and should also highlight the extensive academic consensus that moderate alcohol consumption can have a protective effect for a range of health issues, including CVD, cognitive decline and certain cancers. The decision to not consider this has distorted the proposed guideline and therefore the risk of alcohol consumption cannot be fairly or effectively judged by consumers.

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

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

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

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

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<sup>27</sup> Tony Edwards, Why those killjoy new alcohol rules are just plain wrong: A devastating critique by an award-winning writer on how alcohol affects our health, 2016  
<http://www.dailymail.co.uk/health/article-3394679/Why-killjoy-new-alcohol-rules-just-plain-wrong-devastating-critique-award-winning-writer-alcohol-affects-health.html#ixzz3zaoTdziE>

<sup>28</sup> Letter to the Secretary of State for Health, Royal Statistical Society, 2016  
<http://www.rss.org.uk/Images/PDF/influencing-change/2016/rss-letter-jeremy-hunt-alcohol-guidance-Jan2016.pdf>

<sup>29</sup> Wozniak, M.B et al. (2015), Alcohol consumption and the risk of renal cancers in the European prospective investigation into cancer and nutrition (EPIC). Int. J. Cancer, 137

<sup>30</sup> Ji, Jianguang et al. (2014), Alcohol consumption has a protective effect against hematological malignancies: a population-based study in Sweden including 420,489 individuals with alcohol use disorders. Neoplasia, Volume 16, Issue 3, 229 - 234

<sup>31</sup> Morton, Lindsay M et al. (2005), Alcohol consumption and risk of non-Hodgkin lymphoma: a pooled analysis. The Lancet Oncology, Volume 6, Issue 7, 469 - 476.

<sup>32</sup> International Alliance for Responsible Drinking Health Review: Drinking and Cancer  
<http://www.iard.org/wp-content/uploads/2016/02/HR-Cancer.pdf>

No

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

The proposed guideline is not clear as it only presents one option for those who wish to moderate their alcohol consumption, and does not acknowledge an alternative, for example choosing a lower strength drink.

It must also be explicit that consumers cannot ‘save up’ their units. The wording of the proposed guideline could cause consumers to believe that six days of abstinence would allow them to drink up to the weekly recommended limit in one sitting.

There is also no recognition of the social benefits of pub going and moderate alcohol consumption, which should also be communicated to consumers. There is a vast difference between consuming alcohol in moderate amounts in a regulated environment - for example a pub - and consuming cheaply priced, shop-bought alcohol at home alone, where personal intake is much harder to measure. The proposed guidelines should seek to balance risk with health benefits that are not purely physical, for example the positive effect that pub going and moderate alcohol consumption has been found to have on mental health in the male population<sup>33</sup>.

Furthermore, as the proposed guidelines state that there is ‘no safe level’ of consumption; this implies the aim of the guidelines is to encourage total abstinence from alcohol. This completely disregards international consensus on the protective benefits of moderate alcohol consumption, is a further example of the proposed guidelines misleading by omission, and has the potential to have a serious impact on consumer trust in public health advice and the reputation on the CMO in the eyes of the public.

**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;***

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<sup>33</sup> Emslie, C., Hunt, K., & Lyons, A. (2013). The role of alcohol in forging and maintaining friendships amongst Scottish men in midlife. *Health Psychology, 32*(1), 33-41.

- *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?

No

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

The downwards revision of the recommended weekly alcohol intake for men has not been clearly explained, and despite recognition of differing effects of alcohol on consumers, no reference is made to differences of risk along gender lines.

Specific details of the modelling have not been released. Further, the report from the Guidelines Development Group to UK CMOs<sup>34</sup>, it is stated that the proposed guidelines were arrived at by assessing risk for women primarily on long term risk of harm from cancer and other diseases, and risk for men primarily on short term and acute risks – for example accidents and injuries resulting from single occasions of drinking.

By combining both short and long term risks, and assessing risks on different factors for men and women, the advisory group have made a fundamental flaw. Consequently, the proposed guidelines do not accurately reflect the risks of alcohol consumption on long or short term health, and will prove impossible for consumers to make objective, well informed judgements.

Adam Jacobs, a leading medical statistician and former President of the European Medical Writers’ Association, voiced concerns on the transparency of the modelling, writing on the equalisation of units for men and women: “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”<sup>35</sup>. Consumers deserve high quality information, especially when with regards to public health advice, but the lack of transparency in the methods and formulation of the proposed guidelines compromises this.

Furthermore, no consideration has been given to highlighting the dangers of drinking alone, especially at home, where drinking is unregulated and often harder to self-assess. Social isolation can mean it is impossible to provide a

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<sup>34</sup> Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers, 2016 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489797/CMO\\_Alcohol\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf)

<sup>35</sup> The Stats Guy, New Alcohol Guidelines 2016 <http://www.statsguy.co.uk/new-alcohol-guidelines/>

benchmark against which people can judge their own consumption – whereas social and moderate drinking in a regulated environment such as a pub does provide this.

*[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?**

No

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

CAMRA acknowledge the risks associated with single episodes of drinking where a large quantity of alcohol is consumed, and are supportive of well evidenced guidelines for what constitutes a significant level of drinking on one occasion, which would result in a high level of risk to the consumer.

Is it noted in the Advisory Group's report to the CMO that 'Younger adult drinkers and younger males, in particular, have higher acute risks from drinking.'<sup>36</sup> – and that the revised guideline for men takes into account the higher risk of males as a result of short term risk of single occasions of drinking – however there is no tailored advice for younger (and especially male) drinkers. CAMRA would support the introduction of well evidenced, targeted guidance for this particular group of drinkers, and indeed more tailored guidelines for a wide range of demographic groups.

## **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')***

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<sup>36</sup> Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers, 2016  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/489797/CMO\\_Alcohol\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489797/CMO_Alcohol_Report.pdf)

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

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

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

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

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

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

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

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

Yes

The guideline is clear and easily communicable to the public, in stark contrast to the rest of the guidelines, in which inconclusive or contrary evidence is not acknowledged or has been given insufficient weighting by the advisory group as a part of the evidence base.

**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

The guideline for drinking during pregnancy is clear, acknowledges where the evidence base is inconclusive, and is clear in its precautionary approach.

## Annex

### What is a unit of alcohol?

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

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

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

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

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

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

11% ABV wine

14% ABV wine

**1.4 units**



**1.8 units**

125ml glass

**1.9 units**



**2.4 units**

175ml glass

**2.8 units**



**3.5 units**

250ml glass

**8.2 units**



**10.5 units**

750ml bottle

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

3.8% ABV lager

5.2% ABV lager

**1.1 units**



**1.5 units**

284ml half pint

**1.7 units**



**2.3 units**

440ml can

**2.2 units**



**3 units**

568ml pint

**2.5 units**



**3.4 units**

660ml bottle



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