



Department  
of Health

# UK Chief Medical Officers' Alcohol Guidelines Review

## Summary of the proposed new guidelines

January 2016

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1. This summary of the UK Chief Medical Officers' (CMOs) advice to the public is intended to help those providing feedback on the consultation, by explaining the 3 main recommendations. The main Guidelines development group ('the expert group') report and key background papers have been published alongside the consultation documents.
2. The proposed guidelines and the expert group report that underpins them, have been developed on the basis of the following principles:
  - People have a right to accurate information and clear advice about alcohol and its health risks.
  - There is a responsibility on Government to ensure this information is provided for citizens in an open way, so they can make informed choices.
3. The new guidelines have been developed to inform the public about the known health risks of different levels and patterns of drinking, particularly for people who want to know how to keep long term health risks from regular drinking of alcohol low.
4. Individuals will make their own judgements as to risks they are willing to accept from alcohol, whether to drink alcohol, and how much and how often to drink. These guidelines should help people to make informed choices.
5. At the request of the UK CMOs, three independent groups of experts have met over the last 2½ years to consider the evidence on the health effects of alcohol; and whether this could form the basis of new advice to the public.
6. The UK Chief Medical Officers considered and accepted the advice of the expert group and agreed on 3 main recommendations:
  - A weekly guideline on regular drinking;
  - Advice on single episodes of drinking; and
  - A guideline on pregnancy and drinking.

### On regular drinking

**New weekly guideline** *[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.

7. The experts considered the evidence from all over the world on the effects of alcohol on health and length of life. This evidence included a large number of studies and covered a wide range of aspects of health (accidents, injuries, cancer, heart disease, life expectancy, etc).
8. People vary in how they metabolise or react to alcohol, so people can be affected differently by drinking similar amounts. Even so, the new weekly guideline on regular drinking provides advice which most of the population can use to keep their long term health risks low.
9. The expert group recommended a weekly, rather than a daily, guideline. A weekly format should be an easier benchmark for people (most of the population) who do not drink alcohol daily.
10. The newest evidence (available since the previous guidelines were published in 1995) suggests:
  - benefits for heart health of drinking alcohol are less and apply to a smaller group of the population than previously thought. The only group with potential to have a overall significant reduction in risk of death in the UK is women over the age of 55 (especially if drinking around 5 units a week or less);
  - there are adverse effects from drinking alcohol on a range of cancers – this was not fully understood in 1995 – and these risks start from any level of regular drinking and then rise with the amounts of alcohol being drunk.
11. The above points partly explain the slight reduction in the proposed guideline for men in particular.
12. The latest research also suggests that the overall health risks are broadly similar for men and women, with short term risks being greater for men and long term risks being greater for women on average.
13. Long term health risks arise from regularly drinking alcohol over time – typically over 10 to 20 years or more. This can mean that risks of disease increase and lead to a wide range of illnesses after this time, 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 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, such as driving.
15. As well as the risk of death, the expert group also took account of the long term risks of developing various chronic diseases and cancers (not just deaths) due to drinking regularly; and carried out a variety of analyses to test the robustness of their analysis. They also considered carefully the uncertainties in the available research and took account of all these factors in recommending the advice.
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.

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.

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

***On single 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.

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.**

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.

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.

## 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.**

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.



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