

UK Chief Medical Officers' Low Risk Drinking Guidelines

Introduction

1. Some people do not drink, but for many, alcohol is part of their social lives. As with most activities, this carries a degree of risk. With this in mind, these guidelines have been developed to enable people to make informed choices about their alcohol intake. The intention is to help people understand the risks alcohol may pose to their health and to make decisions about their consumption in the light of those risks, but not to prevent those who want to drink alcohol from doing so.
2. At the request of the UK Chief Medical Officers (CMOs), three groups of independent experts met between 2013 and 2016 to consider the evidence on the health effects of alcohol and whether this could form the basis of new advice for the public. Their report, key background papers and a list of the individuals involved are available at: <https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines>.
3. Over three and a half years, the expert groups:
 - fully reviewed the international evidence from over 40 systematic reviews and meta-analyses, including ones published recently
 - examined the evidence reviewed by the Committee on Carcinogenicity on the effects of alcohol on a range of cancers
 - consulted national and international experts on the relevant epidemiology and behavioural science
 - commissioned new market research on the public response to both the guidelines and how the messages could best be communicated via Public Health England (PHE), and
 - commissioned new modelling of the impact on morbidity and mortality, based on UK population data.
4. In making their recommendations to the UK CMOs the expert group took account of evidence of risks and benefits, including the most up-to-date international evidence; and of UK-specific evidence.
5. The UK CMOs considered and accepted the advice of the expert group and agreed on three main recommendations:
 - a weekly guideline on regular drinking
 - advice on single episodes of drinking, and
 - a guideline on pregnancy and drinking.
6. The new guidelines took effect from 8 January 2016 and at the same time the Department of Health launched a consultation on the wording and expression of the guidelines which ran until 1 April 2016.
7. The focus of the consultation was to seek views on the clarity, expression and usability of the guidelines by members of the public, rather than asking for views on the scientific evidence reviews that had been undertaken since 2013. During the period of the consultation PHE also undertook additional market research with the public on how the guidelines were understood and on their tone, and language.

8. The UK CMOs' guidelines and the Guidelines Development Group report¹ that underpins them, have been developed on the principles that:

- **People have a right to accurate information and clear advice about alcohol and its health risks.**

Consequently the guidelines have been developed so that 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, are both accurate and expressed in an understandable way.

- **Government has a responsibility to ensure this information is provided for the public in a clear and open way, so they can make informed choices.**

It is for individuals to make their own judgements as to the risks they are willing to accept when they drink alcohol, also whether to drink alcohol, and how much and how often to drink. These guidelines should help people to make those choices.

9. The low risk drinking guidelines are based on average risks. Individuals can also take account of other individual factors that could potentially increase their personal risks from drinking or from drinking at particular times. This could include taking account of any previous negative effects experienced from alcohol, the possible interaction of alcohol with any medications they are currently taking, whether they have any other relevant physical or mental health problems that could be made worse by drinking, or other factors that could be relevant such as low body weight or worries about falling.

10. There will also be situations when individuals will want to avoid the short term performance limiting effects of alcohol such as when planning to drive, operate machinery, or take part in risky activities.

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

Weekly drinking guideline

This applies to adults who drink regularly or frequently i.e. most weeks

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.**
- **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.**
- **The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.**
- **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.**

11. 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 health issues (including accidents, injuries, cancer, heart disease and life expectancy).

12. The expert group took account not only of the risk of early death from drinking regularly but also the risk of suffering from alcohol-related chronic diseases and cancers. The group also checked their conclusions across many conditions with differing risk profiles. They took account of all these factors in their advice.

13. People vary in how they metabolise or react to alcohol, people of differing ages and sizes 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.

14. The expert group recommended a weekly alcohol guideline rather than a daily one because most people do not drink every day.

15. The newest evidence (available since the previous guidelines were published in 1995) suggests:

- That the net benefits from small amounts of alcohol are less than previously thought (with substantial uncertainties around the level of protection) and are significant in only a limited part of the population. That is women over the age of 55, for whom the maximum benefit is gained when drinking around 5 units a week, with some beneficial effect up to around 14 units a week.
- That drinking alcohol increases the risk of developing a range of cancers. The [Committee on Carcinogenicity recently concluded](https://www.gov.uk/government/publications/consumption-of-alcoholic-beverages-and-risk-of-cancer)² that 'drinking alcohol increased the risk of getting cancers of the mouth and throat, voice box, gullet, large bowel, liver, of breast cancer in women and probably also cancer of the pancreas'. These risks start from any level of regular drinking and then rise with the amounts of alcohol being drunk. This was not fully understood when the last guidelines were drawn up in 1995.

² <https://www.gov.uk/government/publications/consumption-of-alcoholic-beverages-and-risk-of-cancer>

16. The latest research also indicates that when drinking within the low risk guidelines, overall levels of risk are broadly similar for men and women; although the risks of immediate harms such as deaths from accidents are greater for men; longer term harms from illness are greater for women.
17. The health harms from regular drinking of alcohol can develop over many years. This occurs either from the repeated risk of acute harms (e.g. alcohol-related accidents) or from long term diseases caused by alcohol, which may take ten to twenty years to develop. These illnesses, including various cancers, strokes, heart disease, liver disease, and damage to the brain and nervous system, can develop despite drinking for years without any apparent harm.
18. This advice on regular drinking is based on the evidence that if people drink at or above the low risk level advised, overall any protective effect from alcohol on deaths is cancelled out and the risk of dying from an alcohol-related condition would then be expected to be at least 1% over a lifetime. This level of risk is comparable to those posed by other everyday activities that people understand are not completely safe yet still undertake.
19. The expert group believes that a weekly guideline on regular drinking requires an additional recommendation about the need to avoid heavy drinking. There is clear evidence that heavy drinking even on a small number of days increases risks to health. Consequently they have recommended that people who drink as much as 14 units a week regularly should spread their drinking evenly over 3 or more days per week.
20. The expert group was also clear that there are a number of serious diseases, including certain cancers, which can occur even when drinking within the weekly guideline. Whilst they judge the risks to be low, this means there is no level of regular drinking that can be considered as completely safe in relation to some cancers. People can reduce these risks by drinking less than the guidelines or by not drinking at all.
21. There is evidence that having some alcohol free days each week can help people who wish to drink less. People who have difficulty cutting down on their drinking can also consult their doctor about local support services. Very heavy drinkers, who are likely to experience alcohol withdrawal, are advised to seek medical advice before they stop drinking.

Single occasion drinking episodes

This applies to drinking on any single occasion (not regular drinking, which is covered by the weekly guideline)

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:

- **limiting the total amount of alcohol you drink on any single 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.**

The sorts of things that are more likely to happen if you do not 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).**

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 and mental health problems.

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.

22. This advice for any single occasion of drinking is based on evidence that clearly showed substantially increased risk of short term harms (accidents, injuries and even deaths) faced by people who drink high levels of alcohol within a single day.

23. 'Short term' risks are the immediate risks of harm, injury and accident (sometimes fatal) linked to drinking a large amount of alcohol on one occasion, which often leads to drunkenness. They include:

- head injuries
- fractures
- facial injuries
- scarring and
- alcohol poisoning.

24. The risks of injury to a person who has been drinking recently have been found to rise between two and five times when 5-7 units are drunk in a 3-6 hour period.

25. The expert advice includes a number of different ways people can keep their risks low. This includes limiting how much and how fast you drink, and also actions that people can take to reduce their risk of injury and accidents.

26. The expert group considered it was important to make the scale of this risk clear to the public. However, unlike the regular drinking guideline, they did not advise on a specific number of units for single occasion drinking. There were a number of reasons for this, not least because:

- the differences in short term risks faced by different people drinking the same amount can be so wide, and
- the actual risk faced by any particular person can also be substantially altered by a number of factors, including how fast they drink, prior knowledge about 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).

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.**
- **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.

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.

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

28. Alcohol can have a wide range of differing impacts on the foetus. These include a range of lifelong conditions, known under the umbrella term of 'fetal alcohol spectrum disorders' (FASD). The severity and nature of this are linked to the amount drunk and the developmental stage of the foetus at the time. Research on the effects on a baby of low levels of drinking in pregnancy can be difficult to interpret. The risks are probably low, but we cannot be sure that this is completely safe.

29. 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.

30. Whilst FASD is less severe than FAS, it can result in physical, mental and behavioural problems including learning disabilities which can have lifelong effects. The risk of such problems is likely to be greater the more you drink.

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

32. 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 clarity and simplicity in providing helpful advice for women and the uncertainties that exist about any completely safe level.



HM Government

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



2.5 units

175ml glass

2.8 units



3.5 units

250ml glass

8.3 units



10.5 units

750ml bottle



HM Government

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

2.8% ABV lager

4.8% ABV lager



