

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

March 2016

### Key messages

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

### Recommendations

The guidelines should be communicated to the general public through

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

### **About the Institute of Alcohol Studies (IAS)**

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

### **Introduction**

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

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

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

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

### **Low awareness among UK citizens about the health risk from consuming alcohol**

We believe the primary purpose of the Alcohol guidelines is to inform people of the health risks they face when drinking alcohol so they can make fully informed choices.

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

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<sup>1</sup>Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 61

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

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

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

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

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

### **Strong public support for more information and better labelling**

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

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<sup>2</sup> Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 14

<sup>3</sup> Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 64

<sup>4</sup> Cancer Research UK(2016) 'An investigation of public knowledge of the link between alcohol and cancer'

<sup>5</sup> Cancer Research UK(2016)'An investigation of public knowledge of the link between alcohol and cancer'

<sup>6</sup> Alcohol Health Alliance, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

### **Communication of the guidelines**

The CMO report states the following principles for the guidelines<sup>7</sup>:

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

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

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

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

### **Mass Media & Social Marketing Campaigns**

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

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

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

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

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<sup>7</sup> UK Chief Medical Officers' Alcohol Guidelines Review Summary of the proposed new guidelines (2016)

<sup>8</sup> Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers (2016)

<sup>9</sup> Balance Perceptions Survey 2015

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

### **Evidence to support alcohol labelling**

There is evidence that the inclusion of health information on alcohol products increase consumers' knowledge and awareness of the adverse health impacts of alcohol.<sup>11,12</sup> Several countries currently mandate that alcohol producers include health information on all product labels, including France, Portugal, US, Australia and South Africa.

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

### **Mandatory labelling is not in conflict with EU regulations**

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

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

<sup>10</sup> Balance Breast Cancer Campaign Evaluation 2015

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

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

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

<sup>14</sup> Guillemont J. (2009) Labelling on alcoholic drinks packaging: The French experience. Presentation to the CNAPA meeting, February 2009 retrieved from: [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/ev\\_20090217\\_co08\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/ev_20090217_co08_en.pdf)

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

<sup>16</sup> European Alcohol Policy Alliance (2014) What's not on the bottle?

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

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

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

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

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

### **Health professionals**

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

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

<sup>18</sup> Campden BRI (2014), op. cit, p. 4.

<sup>19</sup> Campden BRI (2014), op. cit., p. 23.

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

<sup>21</sup> Petticrew, M., Douglas, N., Knai, C. et al (2015) op. cit.

### **Conclusion**

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

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

## IAS' RESPONSE TO THE ONLINE QUESTIONNAIRE

### The weekly guideline as a whole

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

- Yes

### Individual parts of the weekly guideline

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

- Yes

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

- Yes

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

- Yes

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

- Yes

## Advice on short term effects of alcohol

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

- Yes

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

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

- No

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

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

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

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

## Guideline on pregnancy and drinking

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

- **Yes**

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

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

*Has the guideline met these aims?*

- **Yes**

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- **Attachment:** International evidence and best practice on alcohol labelling
  - **Contact details:** For further information or clarification issues, please contact Nils Garnes ([ngarnes@ias.org.uk](mailto:ngarnes@ias.org.uk), Tel: +44 (0)207 222 4001/5880).