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Dear Colleague

NEW ALCOHOL GUIDELINES

I am writing to inform you about new UK CMO Alcohol Guidelines, which were published today, 8 January 2016.

In 2012, the House of Commons Science and Technology Committee recommended to the Government that current low-risk alcohol guidelines should be reviewed in the light of emerging science since the current guidelines came out in 1995.

Work on the review has been underway since early 2013, with an expert group, the Guidelines Development Group (GDG), looking at the evidence to refresh the guidelines, reporting to the 4 UK CMOs. The CMOs have accepted the findings of the expert group and its recommendations for new guidelines. The guidelines have been agreed by the Chief Medical Officers for each of the 4 countries in the UK and will be UK-wide.

The approach to the new guidelines

The guidelines have been developed on the basis that:

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

Content of the new guidelines

The core of the new guidelines for adults is:

- a new weekly guideline for regular drinking is that it is safest not to exceed 14 units weekly, for both men and women

- the weekly guideline will be clearly labelled as for '*low risk*' drinking not '*safe*' drinking; recent evidence on alcohol and cancer means there is no level without any risk; the evidence for a protective effect from heart disease for moderate drinking is also less strong than it was; nevertheless, most people can drink within the guidelines at low risk.

We are giving general advice on limiting the risks from single occasion drinking and consulting on whether there should also be a numerical unit level as part of this.

For alcohol and pregnancy:

- the new advice, to harmonise messaging across the UK, is that not drinking alcohol during pregnancy or when planning pregnancy is the safest option.

I believe it will be really helpful to have an agreed UK wide guideline on alcohol and pregnancy, which we have not had since 2007.

The consultation

The focus of the consultation will be to seek views on the clarity, expression, and usability of the guidelines by members of the public, not to seek views on the scientific evidence reviews which have taken place since 2013. Further research about understanding of the guidelines with the public will take place during the consultation.

The new weekly guideline for adults and the alcohol and pregnancy guideline will replace the previous guidelines with effect from 8 January 2016. How they are expressed may be revised in light of the consultation, but the fundamental advice will not change.

The consultation will be UK wide and will run to 1 April 2016 (12 weeks). Our aim is to finalise the framing of the guidelines by 2 months after the end of the consultation.

Summary

The new guidelines are a tool, for use by the public and by health professionals. Research with the public has shown that there is an appetite for clear information on the science about alcohol and its health risks. For the public who want to be informed about health risks from different levels and patterns of drinking, I am confident this will be the best quality information available in the UK now.

There is likely to be strong public and media interest in the new guidelines. Please contact the Communications Healthier press desk if you have any queries.

The Annex to this letter includes further detail on the new guidelines and the consultation.

Yours sincerely

DR CATHERINE CALDERWOOD
Chief Medical Officer

Detail on the new guidelines and the consultation

1. The new guidelines, highlighting changes from the current guidelines, are:
 - i. **weekly guideline for regular drinking:**
 - a single limit for men and women; while men suffer more risks of immediate harm, women are at greater risk of long term health harm for most levels of consumption and for most age groups; broadly, these balance out
 - a weekly guideline, as this fits better with most people's drinking than the current daily limit
 - the recommendation for regular drinking is not to exceed 14 units weekly, for men and women
 - for people who do drink as much as 14 units per week, the recommendation is that it is best to spread this evenly over 3 days or more.
 - ii. **single occasion drinking:**
 - for drinking on any occasion, however infrequent, no numerical guideline limit based on a number of units is recommended. The guidance proposed is more general, about limiting the level and pace of drinking, and avoiding risky places and activities.
 - because there is evidence that guidelines need to be precise about the behaviours that are being encouraged or discouraged, we are seeking views in the consultation on whether, as an alternative, to set a numerical unit level for this advice. It remains to be seen whether further consideration of the health evidence will allow a specific unit level to be set.
 - iii. **alcohol and pregnancy** – an approach has been agreed by all UK CMOs to harmonise guidance across the UK. The guidance is that not drinking alcohol during pregnancy or when planning pregnancy is the safest option.
 - iv. the guidelines will be clearly labelled as for '**low risk**' drinking not 'safe' drinking; recent evidence showing alcohol as a cause of certain cancers means there is no level without any risk; it is possible for most people to drink at low risk, but equally most people can lower their long term health risks further by drinking less than the guidelines or not at all.
 - v. this also relates to doubts about the evidence on a **protective effect** from heart disease for moderate drinking; the expert group took the view that the evidence is less strong than it was; any impact on overall mortality applies significantly in the UK only for women aged over 55; and the effect peaks at no more than 5 units per week.

Research with the public

2. Research was commissioned by Public Health England (PHE) and completed in late August. Broadly the overall tone of the guidelines was welcomed as non-judgmental and informational. Some of the language needed to be made clearer and simpler. PHE intend to commission further research with the public during the consultation.

Plans for the consultation

3. The timing, focus, and scope of the consultation:

- The consultation pack will consist of:
 - A short document setting out consultation questions
 - A short summary document with the proposed guidelines, with brief explanations in plain English
 - The Guidelines development group's report.
- At the same time, all the evidence review papers which have contributed to the guidelines review, including expert group meeting papers, will be made publicly available, in line with good practice for scientific advisory committees.
- This will be a UK-wide consultation, coordinated by DH in partnership with the Scottish Government, Welsh Government, and Northern Ireland Executive.
- The focus of the consultation will be to seek views on the clarity, expression, and usability of the guidelines by members of the public, not to seek views on the scientific evidence reviews which have taken place since 2013, or the Sheffield modelling.

4. The consultation will run to 1 April 2016 (12 weeks). Our aim is to finalise the guidelines by 2 months after the end of the consultation.