

Alcohol Health Alliance UK response to the Chief Medical Officer's Alcohol Guidelines Review.

March 2016

The Alcohol Health Alliance UK (AHA UK) welcomes the opportunity to comment on the clarity and practicality of the new alcohol guidelines. The AHA UK brings together forty-six organisations whose mission is to reduce the damage caused to health by alcohol misuse.

Members include medical bodies, charities and alcohol health campaigners. AHA UK works together to:

- highlight the rising levels of alcohol-related health harm
- propose evidence-based solutions to reduce this harm
- influence decision makers to take positive action to address the damage caused by alcohol misuse

Executive Summary

- The weekly guideline is extremely clear in communicating you 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.

Introduction

The Alcohol Health Alliance UK (AHA) 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 drinking behaviour.

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.

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.

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 focussed 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"¹. However, the AHA 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 women, drinking two or three units a day was a recommended maximum*². It also found *only 27 per cent accurately identified how much one unit of wine was*³. The new alcohol guidelines provide an opportunity to help people better understand better 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 on behalf of the AHA in November 2015 found that, when prompted, 51% were aware of an association between alcohol and cancer, and of those respondents, 24% associated alcohol with breast cancer, 54% associated alcohol with mouth or throat cancer and 58% associated alcohol with increased risk of developing bowel cancer.⁴

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.

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

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

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

⁴Alcohol Health Alliance, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

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 the 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.⁵

Communication of the guidelines

The CMO report states the following principles for the guidelines⁶:

- 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 labelling⁷:

- 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 Department of Health 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 2015.⁸

⁵ Alcohol Health Alliance, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

⁶ UK Chief Medical Officers' Alcohol Guidelines Review Summary of the proposed new guidelines (2016)

⁷ Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers (2016)

⁸ Balance Perceptions Survey 2015

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 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.⁹ 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 warnings on alcohol products increases consumers' knowledge and awareness of the adverse health impacts of alcohol.^{10,11} Several countries currently mandate that alcohol producers include health warnings on all product labels, including France, Portugal, US, Australia and South Africa.

The United States introduced a mandatory written health warning in 1989. Research show that the label 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 labelling by the US public following its introduction¹². In 2006, France introduced a mandatory message, either a pictogram or a set written text, informing about the risk of drinking alcohol during pregnancy. Furthermore, France has found evidence of positive results of public awareness regarding the dangers of drinking alcohol during pregnancy help change of the social norm towards 'no alcohol during pregnancy.'¹³

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 consumers¹⁴. 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 done¹⁵. In France, alcohol products must include health information about alcohol and pregnancy, either as text or pictogram. In Germany, alcohol products must include 'Not

⁹ Balance Breast Cancer Campaign Evaluation 2015

¹⁰ 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.

¹¹ Agostinelli, G., & Grube, J. W. (2002). Alcohol counter-advertising and the media. *Alcohol Research & Health*, 26(1), 15-21.

¹² 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

¹³ 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

¹⁴ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32011R1169>

¹⁵ European Alcohol Policy Alliance (2014) What's not on the bottle?

for supply to persons under 18', and in Portugal, health warning labels are legally required on bottles and containers of alcoholic beverages.

Self regulation and the Public Health Responsibility Deal has not given 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". (101alcohol industry signatories)

However, several evaluations of the Responsibility Deal 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 share¹⁶. It concluded that "the best estimate is that 80% content compliance had not been achieved"¹⁷. Furthermore, only 47% of labels have been found to reflect what is considered 'best practice' by industry-agreed standards¹⁸.

An independent academic study corroborated these findings, reporting 78% compliance with the pledge in an unweighted sample¹⁹. 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 red²⁰.

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 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.

Conclusion

¹⁶ 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, page 23.

¹⁷ Campden BRI (2014), op. cit, page 4.

¹⁸ Campden BRI (2014), op. cit., page 23.

¹⁹ 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

²⁰ Petticrew, M., Douglas, N., Knai, C. et al (2015) op. cit.

The AHA 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 warning labels will be crucial to ensuring the new guidelines fulfil the very objectives on which they have been formulated.

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For more information about the AHA UK, please visit <http://www.rcplondon.ac.uk/projects/alcohol-health-alliance-uk>