



Scottish Health Action on Alcohol Problems (SHAAP) response to the Chief Medical Officer’s Alcohol Guidelines Review.

March 2016

Scottish Health Action on Alcohol Problems (SHAAP) welcomes the opportunity to comment on the clarity and practicality of the new alcohol guidelines. SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.

SHAAP was set up in 2006 by the Scottish Medical Royal Colleges through their Scottish Intercollegiate Group (SIGA). As a partnership, it is governed by an Executive Committee made up of members of the Royal Colleges, including the Royal College of Nursing.

SHAAP works in partnership with a range of organisations in Scotland and beyond. Key partners include Alcohol Focus Scotland, the British Medical Association (BMA), the Scottish Alcohol Research Network (SARN), the Alcohol Health Alliance, the Institute of Alcohol Studies, Eurocare and the European Public Health Alliance (EPHA).

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

Scottish Health Action on Alcohol Problems (SHAAP) 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 focused on helping people to understand the health risks through effective and consistent communication of the new guidelines. Evidence from the latest NHS Scotland Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) annual report shows that in Scotland in 2013 approximately half of adults had a good awareness of the unit content of drinks and 40% were aware of the relevant drinking guidelines for that time for their gender. The MESAS report also reported that there was increased recognition among the population of the harm caused by alcohol in Scotland, with 60% of people identifying it as the drug causing the most harm in 2013 (up from 46% in 2004). This view was not shared by those living in the most socio-economically deprived areas, demonstrating that awareness of the harms caused by alcohol are not as prevalent among the groups arguably most harmed by it¹.

Indeed, 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"². However, the ONS did 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*³. It also found *only 27 per cent accurately identified how much one unit of wine was*⁴.

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

¹ NHS Health Scotland, Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) Final Annual Report, March 2016, page 38

² Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 61

³ Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 14

⁴ Office for National Statistics, Opinion Survey Report No 42, Drinking Adults' behaviour and knowledge in 2009,2010 page 64

evidence linking alcohol consumption with increased cancer risk and (ii) weaker evidence of health protective effects from alcohol.

SHAAP was one of the first organisations to recognise the link between alcohol and cancer⁵, and we are pleased that the new guidelines acknowledge the evidence the evidence of the significant correlation between alcohol and cancer.

A new study published in *Nature*⁶ from Hannun et al, researchers at Stony Brook University, New York enhances the arguments by SHAAP and others that lifestyle changes can reduce risks of cancer. In our publication, *Alcohol and Cancer Risks: A Guide for Health Professionals*, we made the case for health professionals to advise patients and client reduce cancer risks about risks associated with alcohol use and to offer support to reduce their drinking. The importance of such advice and support is re-emphasised with this new research. Whereas the SHAAP paper suggested that one third of cancers are linked to lifestyle risk factors, including alcohol use, new research suggests a far higher correlation and this needs to be further emphasised.

Despite this new research and compelling evidence, public opinion polling indicates a lack of awareness of the link between alcohol consumption and cancer, and in particular of the types of cancer caused by alcohol. Survey data collected on behalf of the Alcohol Health Alliance 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.⁷

This low level of public awareness implies there is a need for better information for consumers about the health risks associated with drinking alcohol.

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.⁸

Communication of the guidelines

The CMO report states the following principles for the guidelines⁹:

- 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.

⁵ SHAAP, *Alcohol and Cancer Risks: A Guide for Health Professionals*, 2014 (http://www.shaap.org.uk/images/shaap_cancer_risks_booklet.pdf)

⁶ Ledford, H (2015) Cancer studies clash, *Nature*, vol 528, page 317

⁷ Alcohol Health Alliance, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

⁸ Alcohol Health Alliance, Alcohol Health Alliance 'National attitudes and behavior survey' December 2015

⁹ UK Chief Medical Officers' Alcohol Guidelines Review Summary of the proposed new guidelines (2016)

We fully support these principles, and we would like also to support the expert group's recommendations about campaigns, health professionals and labelling¹⁰:

- 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 power to regulate and control media campaigns and advertising remains reserved to Westminster. We would have liked to have seen this power devolved to the Scottish Parliament in recent re-negotiations of the devolution settlement to enable the Scottish Government to further enhance Scotland's progressive alcohol strategy. Should further opportunities arise in the future to re-consider specific areas of devolution, we would urge that this is considered.

We believe that the UK Government's current emphasis they should move towards a much greater emphasis being placed on policies to address the price, availability and marketing of alcohol to reduce alcohol-related harm.

Given that the UK Government's approach to reducing alcohol harm is based on the individual's right to choose how much they drink, it is imperative that the decisions which individuals make are based on the latest information relating to the risks associated with drinking alcohol.

Evidence from the latest MESAS Annual report highlights that education programmes to increase knowledge and shift attitudes are known to have little impact on individual behaviour, but can be important in terms of ensuring people have the information necessary to make informed choices about risk¹¹. To be effective these education programmes must be supported by robust policies on price, availability and marketing. The continued legal challenge to the Scottish Government's Minimum Unit Pricing (MUP) policy fronted by the Scotch Whisky Association and spearheaded by multi-national drinks producers, is preventing the implementation of an evidenced pricing policy which would assist/work alongside the guidelines in significantly reducing levels of alcohol-related harm in Scotland. Mass media campaigns, carried out in the right way and supported by sufficient resources and policies, have the potential to increase the proportion of people who are aware of alcohol-related health harms 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.¹² Replicating this approach at the national level would mean

¹⁰ Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers (2016)

¹¹ NHS Health Scotland, Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) Final Annual Report, March 2016, page 37

¹² Balance Breast Cancer Campaign Evaluation 2015

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.¹³¹⁴ 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 introduction¹⁵. 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.'¹⁶

Regarding the pregnancy message, we are pleased that the new guidelines have brought the rest of the UK into line with Scotland in advocating no safe level of drinking when pregnant. Whilst we support the new guidelines and recommendations, we would like to stress that it is important to ensure that women who continue to drink throughout their pregnancy are not stigmatised, as such stigma may prevent them from accessing the support and services needed, both during and after pregnancy. We are concerned that the current NICE Guidelines around alcohol in pregnancy are contradictory to the new guidelines in stating that it is safe for women to drink at low levels during pregnancy¹⁷. This undermines the new guidelines and sends mixed messages to pregnant women. We call for the NICE Guidelines to be reviewed and updated to reflect the new CMO guidelines and established evidence at the earliest opportunity.

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 consumers¹⁸. 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 done¹⁹. 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 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

¹³ 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.

¹⁴ Agostinelli, G., & Grube, J. W. (2002). Alcohol counter-advertising and the media. *Alcohol Research & Health*, 26(1), 15-21.

¹⁵ 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

¹⁶ 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

¹⁷ <http://www.nhs.uk/news/2008/03March/Pages/Pregnancydrinkinglimits.aspx>

¹⁸ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:32011R1169>

¹⁹ European Alcohol Policy Alliance (2014) What's not on the bottle?

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).

In 2013, SHAAP produced a report *'The (Ir)responsibility Deal?': Public Health and Big Business*²⁰, which aimed to discuss some of the tactics employed and utilised by the alcohol industry to subvert or circumvent legitimate public health policy interventions and legislation. The report summarised contributions by key stakeholders and clinicians to a seminar discussion and outlined how tactics employed by the alcohol industry mirror those used in tobacco and food industries. Almost three years after publication, we are concerned that little has been done or achieved in dealing with the numerous challenges and shortcomings identified in the report.

Indeed, several evaluations of the UK 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 share²¹. It concluded that "the best estimate is that 80% content compliance had not been achieved"²². Furthermore, only 47% of labels have been found to reflect what is considered 'best practice' by industry-agreed standards²³.

An independent academic study corroborated these findings, reporting 78% compliance with the pledge in an unweighted sample²⁴. 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 red²⁵.

Health warnings on packaging should go beyond messages on pregnancy, age restrictions and unit content favoured by industry and should also include significant health messaging and information on calorie content for example. We were pleased to note the decision by drinks firm Tennents Caledonian in February, effective from March, of this year to display the calorie content on all packing of its Tennents lager product²⁶. This is a positive step in the right direction but remains as a lone example in an industry which continues to favour voluntary deals and self-regulation to maintain their own self-interest.

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.

Conclusion

SHAAP 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

²⁰ SHAAP (2013) *'The (Ir)responsibility Deal?': Public Health and Big Business*
<http://www.shaap.org.uk/images/UserFiles/File/SHAAP%20Irresponsibility%20Deal%20AmendedMay13.pdf>

²¹ 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.

²² Campden BRI (2014), *op. cit.*, page 4.

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

²⁴ Peticrew, 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

²⁵ Peticrew, M., Douglas, N., Knai, C. et al (2015) *op. cit.*

²⁶ <http://www.bbc.co.uk/news/uk-scotland-35540587>

understandable recommendations. 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 UK 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 UK 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. We believe that the new guidelines complement the Scottish Government's progressive alcohol strategy and give further support to policy positions advocated in Scotland for some years.

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