



Department
of Health

From the Rt Hon Jeremy Hunt MP
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The Rt Hon Fiona Mactaggart MP
By email to: mactaggartf@parliament.uk

29 JUL 2016

Dear Fiona,

Thank you for your correspondence of 20 July on behalf of a number of your constituents about the UK Chief Medical Officers' alcohol guidelines.

I appreciate your constituents' concerns. In view of CAMRA members' particular interest in the issue I have asked experts from the Guidelines Development Group (GDG) to provide a detailed response, set out here.

We are confident that the alcohol guidelines give the public the latest and most up-to-date scientific information so that they can make informed decisions about their own drinking.

The Institute for Alcohol Studies has been clear that it does not have a view on whether individuals should or should not drink. Its charitable objectives are to promote scientific evidence in public policy-making and raise awareness of the health harms of alcohol.

The Institute's Director was on the original behavioural science group because of her experience in communications. Similarly there were others on the GDG who were selected for their communications skills.

Comparisons between countries can be misleading because there are large variations in how different countries define 'low-risk' drinking, and even how they define a standard drink. Comparing alcohol guidelines between countries is therefore problematic.

Guidelines for women tend to be closer to the new UK guidelines. In Europe, guidelines for women in Estonia, Italy, Malta, the Netherlands, Slovenia, Sweden and Switzerland are close to or below the new UK guidelines. Guidelines for men are all

higher, with only those for Estonia, the Netherlands and, arguably, Slovenia close to the new UK ones.

However, this can be explained in part by the fact that no other European country has carried out a full scientific review of its alcohol guidelines at least in the last ten years. In addition, the basis for guidelines in other countries is not well documented, and it may be that other countries have designed their guidelines with reference to different understandings of risk or to achieve different aims when compared to the UK guidelines.

It is important to note that the risk estimates used in the Sheffield model, which informed the new guidelines, are linked to UK-specific consumption and harm data.

In producing its report and recommendations, the GDG took account of evidence that moderate drinking may reduce risks of death, particularly from ischaemic vascular diseases, for example heart disease. However, the group also took account of a large body of evidence demonstrating that these potential benefits of moderate drinking are likely to be overestimated due to the limitations found in most studies of the long-term health consequences of alcohol consumption.

These limitations include:

- classifying former heavy drinkers as abstainers (because studies typically only ask about current drinking levels);
- restricting who is eligible for inclusion in such studies;
- problems with how alcohol consumption is measured; and
- comparing the risks of alcohol consumption against the risks of abstaining when non-drinkers often have very different characteristics to drinkers, including abstainers having poorer health for reasons unrelated to alcohol and also being of lower socio-economic status.

The GDG considered this evidence alongside modelling by the University of Sheffield, which included protective effects for five health conditions, but weighed that evidence against the alcohol-related risks of mortality from other health conditions. After doing so, the GDG reached two conclusions: that any benefit to cardiovascular health for moderate drinkers in the UK is largely cancelled out by their increased risk to health from other diseases, and that any remaining benefits to health from moderate drinking are small and uncertain.

The consensus of expert opinion has changed in more recent decades as evidence has emerged that the protective effects of moderate drinking, even in older age groups, are likely to be substantially overestimated due to methodological difficulties in the



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underlying studies. The GDG took account of this evidence and reflected it in its recommendations.

We recognise that pubs and bars can be a good way to help people to drink responsibly while maintaining social contact. However, the Government believes in informed and empowered consumers, and it has a responsibility to provide the most up-to-date, clear information to enable people to make informed choices about their drinking.

I hope this reply is helpful.

A handwritten signature in black ink, appearing to read 'Jery' with a flourish underneath.

JEREMY HUNT