

Blanket drink guidelines are hard to swallow

Are 'units' and 'sensible' drinking levels a good way of getting across alcohol harm reduction messages? **Andy Stonard** on how a more nuanced information campaign, where the public is enabled to self-assess risk, can yield better results.

Our public health strategy on drinking alcohol has centred around the unit of alcohol and has done for the last thirty years.

Currently, the recommended safe limits are 21 units a week for men and 14 for women. Should we consume over six units (women) or eight units (men) in one day, then we are informed we are binge drinking. Compliance with this regime is termed 'sensible'. This message applies to the whole adult population of the UK without exception.

The official guidance tells us that one pint of strong lager (alcohol 5%) is three units; one pint of standard strength lager (alcohol 3 – 3.5%) is two units; one 275 ml bottle of an alcopop (alcohol 5.5%) is 1.5 units; one standard (175 ml) glass of wine (alcohol 12%) is two units and one measure (25 ml) of a spirit strength is one unit.

The 21 units is the equivalent to around two and a half bottles of wine (and only two for women) over a week or between eight and 10 pints of beer or lager (depending on their strengths) a week. Four units in one day is the equivalent to two pints of standard strength lager or one and a third pints of strong lager.

Our experts in public health will tell you that the liver takes around an hour to 'process' a unit – so no problems, it could not be simpler – just have your calculator handy in your hand bag or coffee table.

These recommended safe drinking levels were clearly explained in the *Alcohol Harm Reduction Strategy for England and Wales* (which has the unfortunate acronym AHRSE – if you exclude Wales). In 1987 the Royal Colleges confirmed its support for safe drinking limits measured in units. Since then, every key document on safe drinking levels in the last 20 years has referred to units.

As a result, in terms of safe drinking advice, the unit is king. But should it be? I don't think so.

Let us start with the over-arching phrase – 'sensible drinking levels'. I don't think 'sensible' hits home for most people. Most of us spend the day being sensible at work, as parents, when driving, when doing the housework, shopping and paying the bills.

But when it comes to socialising and relaxing, then most of us do not want to carry on being sensible. We want to be safe, but not sensible. This applies to us if we are drinking alcohol or having

an orange juice, whether at home, or at a party or out with friends. Indeed, the challenge for any public health official would be to find a more inappropriate word to hang such a health message on.

Now let us consider units. The 21 units are applicable to every man – be they 18 or 83 years of age, 75 kilo's or 225 kilo's; in perfect health or poor, from whatever social class and income bracket, housed or homeless, medicated or not and for every cultural and religious persuasion.

The message to an 18 year old has surely got to be different than to a man of 50 or 60 (or 83). This is not just in relation to how our bodies and organs function, but to our social situations and our learning experiences. In relation to size and weight then, giving a jockey the same message as a bloke the size of a sumo wrestler makes no sense whatsoever and has no basis in fact.

Then what about medication? What about health? Can someone who is HIV or Hep C positive drink in the same way? What about someone with a heart condition, diabetes or a kidney disorder? Do drug users follow the same general advice? As with people's general diet, alcohol should not be considered in

isolation.

Now let us consider alcohol in relation to income. If you earn around £5,000 a year and drink within sensible drinking limits you will spend 30 per cent of your income, which is not very sensible. If you earn £50,000 a year and drink within sensible drinking limits you will spend three per cent of your income, which is very sensible.

Generally, the richer you are, the less impact alcohol has on your lifestyle. It has been suggested that around 80 per cent of alcohol related ill health affects the poorest 10 per cent of the population. This alone should make a compelling argument for modifying current policy around safer drinking levels.

Is the UK's sensible drinking message consistent with the rest of the world? The answer is no. A report conducted by researchers from the University of Sussex and published in the peer-reviewed journal – *Drug and Alcohol Review* states:

'A variation in what was considered a 'standard drink' or 'unit of alcohol', ranged from 8g of ethanol in the UK to 14g in Slovakia. More guidelines expressed limits in terms of daily amounts than weekly amounts. Recommended maximum limits ranged from: 20g to 56g ethanol daily for men; 10g to 42g ethanol daily for women; 160g to 280g ethanol weekly for men and 80g to 140g ethanol weekly for women.'

These are wide differences. It is further troubling that the ratio of recommended maximum limits for men and women is also varied, with women's limits ranging from the same as men's to half men's limits. Where both a daily and a weekly limit were given for a country, the weekly limit was between three and seven times the daily limit. Some countries recommended having some alcohol-free days, or reducing daily consumption if drinking every day of the week.

It is the same for drink driving – the levels of BAC (blood alcohol content) vary considerably – 14% of countries tolerate no BAC, the remainder vary tenfold, which is not only staggering (no pun intended) but actually quite frightening as to how basic knowledge of science can be interpreted in order to fit within a policy.

We have a current health model that is not compatible around the world, does not take into account personal differences in age, weight, health, income, medical and medication circumstances or living within a multi-cultural society.



So what is the alternative for addressing how we drink? Drinking alcohol affects how we behave. Alcohol is Britain's favourite drug. It is a powerful drug that affects cognition immediately. It therefore affects our emotion, our motor control, our judgement.

Understanding this and how we behave and think under the influence of alcohol is essential. How we choose to use alcohol and to justify our behaviour is an individual choice. It comes from a mixture of learnt behaviour, education and learning, and the information we are given.

BUT WHEN IT COMES TO SOCIALISING AND RELAXING, THEN MOST OF US DO NOT WANT TO CARRY ON BEING SENSIBLE. WE WANT TO BE SAFE, BUT NOT SENSIBLE

The key point is that we need to be able to teach the public about how to self-assess risk. In order to be able to self-assess risk, people need good basic information to enable them to understand how their brain works and how its functioning is altered under the influence of alcohol – and to understand simple risk. People need to understand the risks, whether they may be more susceptible or more at risk than others. They need to understand how alcohol as a drug affects their thought processes.

Where we get this information and what is in it needs to be different? You can pick up a leaflet in a GP surgery or

library, but not in a pub or club or at the till of a supermarket or off-licence. Why is that? A price hike (unit pricing) will mainly impact on those drinking above the guidelines, but it is more likely to influence spend on other essentials, rather than curtailing drinking.

What is being advocated is to replace our public health messages based on 'units' and the term 'sensible'? Better surely to develop information based on understanding how alcohol affects our cognition and therefore our behaviour, how it interacts with our moods and our levels of stress – so that we can self-risk assess when drinking. We need accurate information about consumption and the risks in relation to many things, such as our overall health, history and lifestyle, physical and medical conditions, diet, mental health, pain control and occupational risks.

The government needs to make a decision. Either alcohol is a legal substance from which the Treasury earn an absolute fortune, yet do not intend to do a thing about it, or it's a very dangerous drug and is something that needs to be addressed in a fundamentally different way, rather than the approach of tough talking – and very little action – of the last 30 years.

This article formed part of a recent presentation Andy Stonard presented in Brussels on the 4th June 2013 at the Substance Addictions & their Brain Rewards Systems – Drug, Alcohol and Nicotine (SciCom – making sense of science – www.sci-com.eu)

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