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**THE IMPORTANCE OF KEEPING REGULAR:  
ACCURATE GUIDANCE TO THE PUBLIC ON LOW-RISK DRINKING LEVELS**

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## *Abstract*

**Aim:** To argue that recommendations to the general public on daily amounts for low-risk alcohol consumption must retain the word “regular” in order to avoid being rejected.

**Method:** Narrative review of the evidence-base for daily limits to alcohol consumption, the [guidance](#) the public actually receives in the UK and media reactions to this [guidance](#)

**Results:** Evidence for daily limits (not more than 3-4 units for men and 2-3 units for women) rests on epidemiological surveys that enquire about “average” or “usual” amounts of consumption and this is reflected by the use of “regular” or “consistent” in the Government’s *Sensible Drinking* report in 1995 and in [guidance](#) currently issued by the Department of Health. In contrast, [guidance](#) the public actually receives often omits the word “regular” and implies that the limits in question are maximum daily amounts. Media reactions to this inaccurate [information](#) suggest that the general public is likely to find these recommendations incredible and to reject them.

**Conclusion:** If [guidance](#) to the public on daily drinking amounts is to stand any chance of being credible and effective, it must be accurate and must therefore retain the word “regular”.

[Guidance](#) to the general public on low-risk levels of alcohol consumption is often derided in the media as a product of “the nanny state”. Reactions of this kind confuse the provision of information on health risks in a free society with attempts at state control of behaviour. However, there is a frequently-encountered inaccuracy in many official recommendations on drinking that may well contribute to the perception of bureaucratic interference with people’s enjoyment of life - the tendency to confuse recommendations about levels of regular alcohol consumption with upper limits for amounts drunk on single occasions. This error may lead members of the public to view official recommendations with incredulity and dismiss public health messages about drinking entirely.

#### *The scientific basis for daily drinking recommendations*

A change of emphasis from weekly to daily amounts of consumption in recommendations to the public was introduced by the Government’s *Sensible Drinking* report in 1995 (Department of Health, 1995). The report’s [recommendations](#) on sensible drinking (p.32) [were](#) as follows:

#### MEN

- Regular consumption of between 3 and 4 units a day by men of all ages will not accrue significant health risk.
- Consistently drinking 4 or more units a day is not advised as a sensible drinking level because of the progressive health risk it carries.

#### WOMEN

- Regular consumption of between 2 and 3 units a day by women of all ages will not accrue significant health risk.
- Consistently drinking 3 or more units a day is not advised as a sensible drinking level because of the progressive health risk it carries.

These recommendations were derived from an analysis of the point on the J-shaped curve relating consumption to the risk of all-cause mortality at which the curve shows a significant increase relative to its lowest point ([see Department of Health, 1995, p.21](#)). The reference to regular or consistent drinking in these recommendations could hardly have been otherwise because of the way in which

respondents are asked about their drinking in the epidemiological surveys providing the evidence on which the analysis was based. For example, in the well-known study of male British doctors by Doll and colleagues (1994), respondents were asked how often they drank and “if the reply was at least in most weeks the respondents were further asked to say how much they drank in an average week in terms of glasses of beer, cider, lager, etc.” (p.912). Questions about “average” or “usual” consumption are standard in surveys of this kind. This may not be the most accurate way of recording information about drinking practices (Sobell & Sobell, 2003) but it cannot be confused with asking about maximum amounts consumed or occasions of heavy drinking.

That [guidance](#) to the public should be couched in terms of *regular* daily consumption is also accepted by the UK Government as represented by the Department of Health. In a self-help booklet published in conjunction with a social marketing campaign against excessive drinking (Department of Health, 2008), it is stated that:

“The NHS recommends men should not regularly drink more than 3-4 units a day and women should not regularly drink more than 2-3 units a day. ‘Regularly’ in this context ..... means drinking at this sort of level every day or most days of the week” (p.3).

This advice is repeated on the Department of Health website [http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH\\_085385](http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH_085385) and implies that occasional days in which these levels are exceeded do not represent a significant risk to health.

#### *Advice the public actually receives*

In contrast to this [guidance](#) from the Department of Health, the most frequent examples of recommendations to the public by local health bodies and other well-meaning organisations simply omit the word “regularly”. For example, in a special insert by a Primary Care Trust in a free local newspaper, a section entitled, *So how can we enjoy our drink and stay healthy?* answers:

**Men** no more than 3-4 units a day and no more than 21 units in one week

**Women** no more than 2-3 units a day and no more than 14 units in one week

Similarly, a Primary Health Care pack for screening and brief intervention issued by a Health Board states that “the Government guidelines advise that men should drink **no more than 3-4 units** per day and women should drink no more than **2-3 units per day**” (p.8).

These two examples could be multiplied many times. In addition, some prominent authorities in the alcohol field refer in presentations and discussions to a “maximum daily amount” or a “daily allowance” of alcohol. As a further example, “UK sensible drinking limits” placed on alcohol bottles and labels state simply: Men – 3-4 units; Women – 2-3 units per day. The same misinformation appears on the *DrinkAware Trusts’s* website <http://www.drinkaware.co.uk/facts/did-you-know>.

#### *The media and public reaction*

Evidence that the media finds such advice unwelcome, and tries to persuade the public to reject it, is easily found. For example, a recent report with the headline, “Health police target evening tipples” in the *Daily Telegraph* (Beckford, 2008), states that “The government-set safe limit is three to four units a day for men, or two to three for women”. A recent survey by the *Office of National Statistics* (ONS, 2009), the report adds, shows that “middle-aged professional Britons are more likely to exceed recommended daily levels of alcohol consumption than the working classes”. An accompanying commentary (Johnston, 2009) opines that “This nanny state reaction is enough to drive anyone to drink” and, in relation to the recommended daily amounts, asks: “Recommended by whom?” and “Are we expected to pour no more than a government official has decreed?”

Rejection of the same [guidance](#) is put even more vividly in a *Guardian and Observer Guide to Wine* (Atkin, 2008):

“... but to listen to some politicians, doctors and neo-temperance organisations, consuming more than two glasses of wine a day puts your vital organs in jeopardy and makes you a danger to society. If these voices have their way, it’s possible that wine won’t have much of a future. It will be regarded as a class A drug, dealt on street corners to addicts desperate for a fix of merlot, shiraz or pinot grigiot” (p.4).

Again, many similar examples from today’s news media could be found. It is possible these opinion-makers would reject any attempt to inform the public about levels of increased risk to health but, even allowing for the hyperbole, it is obvious that there is some misunderstanding here. Part of the problem lies with the way the *Office for National Statistics* reports its findings as percentages of the population exceeding daily limits for regular drinking on at least one day during the week before interview. For example, in the latest news release (ONS, 2009) that was the basis for the *Daily Telegraph* report and which is headlined “Over a third of adults exceed regular daily drinking limit”, it is stated:

“Current advice on drinking is that men should not regularly drink more than three to four units of alcohol and women should not regularly drink more than two to three units. The General Household Survey (GHS) 2007 report shows that 37 percent of adults exceeded the benchmark and 20 percent of adults consumed more than double the benchmark on their heaviest drinking day of the week.”

Thus, the ONS understands and states what the benchmark for regular daily drinking should be but then proceeds to interpret the word “regular” in this benchmark as one day of the week! This is not helpful.

So what should the [guidance](#) be?

To tell a grown man that every time he exceeds two pints of beer in the pub, or a grown woman that every time she drinks more than a single large glass of wine (250 mls.), they are risking their health is to invite incredulity and ridicule. In all probability, people's experience of everyday life will lead them intuitively to regard such warnings as nonsense. If so, their intuitions will be correct since, as we have seen, such statements have no basis in evidence. As already indicated, what they should be told is if they drink regularly above these levels then their health may be harmed.

It is, of course, important to inform people what "regularly" should mean in this [context](#)— how often is more than two pints etc. a problem? As we have seen, the Department of Health's view is that regularly means every day or most days of the week, so that if a man drank three pints of beer on four days of the week, he would be over the recommended limits. Another way of doing this is to combine the advice about regular daily drinking with the old weekly limits of no more than 21 units per week for a man and 14 for a woman (eg, Royal Colleges, 1995). It is true that these weekly limits also originate from epidemiological evidence about average consumption and that, therefore, occasional weeks in which the limits are exceeded should not cause undue concern. However, for heuristic purposes, weekly limits provide a longer time-span over which the advisability of regular daily drinking levels can be judged. So the advice becomes: "Men should not regularly drink more than 3-4 units a day and not more in total than 21 units in a week; women should not regularly drink more than 2-3 units a day and not more in total than 14 units in a week."

It might be objected here that this would still permit, for example, a man to drink five pints of beer (10 units) on two nights of the week or even ten pints on one night, and that this, although not unusual in heavy drinking circles, would clearly qualify as risky consumption. It is here the single session limit of twice the daily recommended level comes into play (ie. over 8 units for a man and over 6 units for a woman). This was employed in the *Interim Analytical Report* (Prime Minister's Strategy Unit, 2003) to define "heavy or risky consumption of alcohol in a single session" or "binge drinking" (p.11), although the evidence on which it is based is not given and it is not officially

recognised by the Department of Health. The evidence seems to come from north American research on the intoxication-related negative consequences of exceeding five or more drinks on a single occasion (Midanik, 1999), where the ethanol content of a standard drink is roughly 1.5 times the UK unit. Whatever precisely its origins and however sound the evidence to support it, this limit is commonly used these days to define single occasion excessive drinking (eg, Murgraff, Parrott & Bennett, 1999). So the advice to the public becomes: "Men should not regularly drink more than 3-4 units a day, not more in total than 21 units in a week and never more than 8 units on a single occasion; women should not regularly drink more than 2-3 units a day, not more in total than 14 units in a week and never more than 6 units on a single occasion."

### *Conclusions*

It can confidently be expected that this suggested advice will be regarded as unhelpfully complicated. Conventional wisdom has it that, to be effective, communications to the general public should consist of no more than one piece of information or two at the most. However, if the accurate information it is desired to communicate is unavoidably complicated, what alternative is there? At the very least, there should be a discussion in public health circles about how the conflicting imperatives of avoiding overly complex messages and telling the public what the available evidence indicates can be reconciled.

One possibility is that messages to middle-aged regular excessive consumers, the focus of the *Daily Telegraph* coverage referred to above, need not be concerned with upper limits for single occasion drinking since this kind of drinking is unlikely to be a problem within this population group. In that case, advice should focus on level of *regular* drinking, as discussed above. [In more general terms, an indirect effect of issuing better, evidence-based guidance about risky drinking levels might improve public understanding of the nature of alcohol problems more broadly.](#) What is certain is that little good will come from giving the public inaccurate information about drinking, as happens when

evidence about regular consumption levels is distorted to appear as recommendations about upper daily limits.

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