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RCN response Health risks from alcohol: new guidelines

The consultation provides an opportunity to respond to the UK Chief Medical Officers' proposed new guidelines to limit the health risks associated with the consumption of alcohol.

With a membership of around 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in both the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

RCN members are employed in a wide array of roles and as such are in an ideal position to support people with lifestyle support and advice on alcohol consumption, as well as providing specialist advice on alcohol and detox.

General Comments on the guidelines:

While the guidelines are clearly written, there is an assumption that the studies that have shown there to be a protective element of alcohol were all misguided, which means that the report feels biased, rather than being open on the harms and potential benefits of alcohol. It would benefit from more detailed references for individuals to be able to check the facts. There is also an assertion that most of the British public drink on two or less days each week. As this is based on self-report, which is notoriously unreliable and underreported in

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terms of levels of drinking, we are concerned that it is probably not an accurate reflection of the drinking patterns of the British population.

Individuals who drink above the recommended levels are unlikely to read this or see that it refers to them. Invariably people don't understand what units are, or know how many they are drinking. Although there is some reference to this in the document, we feel far more needs to be done to advise and support people to understand this. The drink industry, especially in pubs, bars and restaurants, needs to do more to make the public aware of how many units are in each drink.

This is a subject that needs to get the attention of the public and health professionals alike. Adding in more about risks of developing particular illness would help get the public health message across.

In response to the specific consultation questions:

Q1. Is the weekly guideline for regular drinking as a whole, along with the explanation in the 'Summary of the proposed guidelines', clear and understandable?

We feel it is good that the guidelines reinforce the message that there are no completely safe levels of alcohol consumption. There should be more detail on the long term risks and the specific related illnesses.

There is the potential for adding in more about risks of developing cancers, particularly of the throats and tongue, which would make it resonate more with people. The association between alcohol and cancer, similarly heart disease and alcohol or hypertension and alcohol is not really known. If the message could come across that alcohol consumption is one of the reasons why hypertension is not improving it would send a clearer public health message.

In relation to having several drink-free days, we feel this needs to be more specific: 2-3 or 3 of more as opposed to several.

Q2. Is it clear what the guideline – along with the explanation – means, for how you can seek to reduce long term risks to your health from alcohol? Is the explanation for how the weekly guideline was chosen clear?

This could do with further clarity - it is confusing. It could benefit from the comparable risks of alcohol to other activities such as smoking or the risks of alcohol in combination with other risks.

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Q3. Is it clear what the guideline – along with the explanation – means, for how you can keep your health risks within a low level, if you drink on only a few days each week?

We feel this could do with further clarification and explanation on what is meant by ‘heavy’ drinking

Q4. Is it clear what the guideline – along with the explanation – means? Is it clear how you could, if you wish, reduce your long term health risks below the low risk level set by the guideline?

We feel there could be more detail on what these risks are, although it is good to see the risks of accidents and injuries through alcohol use included. However, this could be strengthened and made far more explicit on the risks and the impact to the wider health economy.

The association between alcohol and illness are not really understood. Therefore we feel that it would benefit from having more detail on the risks. Providing evidence on the risks of alcohol and cancer, particularly of the throat and tongue, similarly with heart disease and hypertension and alcohol would help people see the benefits of taking the messages on board. If individuals can see that the reason their hypertension is not improving is because of their alcohol intake it sends a clearer public health message and they can also see results if they do reduce their alcohol intake.

Q5. Is it clear what the guideline – along with the explanation – means and how you could use this if you wished to reduce your drinking?

We welcome the message that alcohol consumption needs to be a personal choice and that this is reinforced throughout, supporting the principle that people need to be able to make informed choices about their drinking, rather than this being a dictate. As we know these messages are very often ignored in practice. There needs to be more about the help required to support behaviour change in relation to drinking and how to manage this.

Q6. Is the advice – along with the explanation – on single occasions of drinking clear? Do you understand what you could do to limit health risks from any single occasion of drinking?

As for question four this would be strengthened with more detail, although we do feel that the reinforcement that there are no proven safe levels of alcohol consumption are useful.

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Q7. For the advice on single occasions of drinking, the expert group considered, but did not finally recommend, suggesting a specific number of units that you shouldn't drink more than on any occasion or day, for example, 7 units. They did not recommend this, for the reasons described.

However, there is evidence that it can be easier to follow advice with a simple number than to follow more general advice. If the health evidence justifies it, would you prefer advice on single occasions to be expressed in units?

As above the detail would help strengthen this through defining the groups at risk; for example, what is meant by older people; the inclusion of age ranges as well as low body weight and other health problems with some detail of particular health problems which are more likely to be affected by alcohol.

Q8. Is the guideline on pregnancy and drinking clear? Do you understand what a pregnant women should do to keep risks to her baby to a minimum?

The section on pregnancy does give clarity to this issue, and again appears to give a balanced view on this matter which errs on the side of caution but also reinforces the need to make informed choices at such a time

However, although we know that drinking in pregnancy can lead to long term harm to the baby, many women will find out they are pregnant after already having drunk alcohol. The guidelines should make it clear that in most cases it will be very unlikely that their baby has been affected.

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