



MODULE 19:

DRINKING GUIDELINES

Summary:

- Official drinking guidelines are issued by governments and public health entities to advise on levels of alcohol consumption considered “safe”, “responsible,” or “low-risk”.
- Recommendations are based on scientific data regarding drinking levels at which risk increases.
- Drinking levels recommended by different governments vary among countries, in part due to cultural considerations.
- In some cases, drinking guidelines are incorporated into general nutritional guidelines or into a national drug strategy. In other instances, they stand alone as guidelines on alcohol consumption.
- Information included in guidelines offers recommendations on low-risk drinking levels for men and women, but may also define a standard drink or unit and offer advice to particular populations deemed to be at an increased risk for harm.
- For [EXAMPLES OF TARGETED INTERVENTIONS](#), see the Blue Book index page of www.icap.org.

An understanding of the potential for benefits and risks associated with alcohol consumption is an important tool for preventing harm. Meaningful information on alcohol, based on a thorough and balanced review of the scientific evidence—biomedical as well as psychosocial—can provide individuals with a basis for making decisions about their own drinking. It equips them with knowledge about the consequences of different drinking patterns and the ability to change those if appropriate.

Governments and quasi-governmental organizations in a number of countries around the world provide information to their adult citizens (those above the legal drinking age) about drinking. Guidelines are intended to educate the public and include information about potential outcomes at different consumption levels and for different patterns of drinking (International Center for Alcohol Policies, 2003).

International drinking guidelines

Government recommendations on drinking levels vary considerably across countries, as do definitions of standard drinks or units (see [MODULE 20: Standard Drinks](#)).

Recommendations on drinking levels considered “minimum risk” for men and women cover a range of values, as the **Table 19.1** illustrates. In some cases, they are offered as daily limits, in others—as weekly recommendations. In general, values given for men are higher than for women. However, some countries do not differentiate, and still others provide no information for women.

Additional information provided by different countries also varies, including recommendations around drinking in pregnancy. While some guidelines allow for low to moderate alcohol consumption, the general tendency is to recommend not drinking at all (see [MODULE 10: Drinking and Pregnancy](#)).

Table 19.1 Recommendations on Drinking Levels¹

Country	Recommendations	
	Men	Women
Australia	40 g/day or 280 g/week	20 g/day or 140 g/week
Czech Republic	24 g/day	16 g/day
Finland	165 g/week	110 g/week
Italy	24-36 g/day	12-24 g/day
Japan	19.75-39.5 g/day	
Netherlands	39 g/day	39 g/day
New Zealand	60 g/day or 210g/week	40 g/day or 140 g/week
South Africa	252 g/week	168 g/week
Sweden	20g/day	
UK	32 g/day or 168 g/week	24 g/day or 112 g/week
US	42 g/day or 196 g/week	28 g/day or 98 g/week

The recommendations provided in the Table 19.1 are expressed as grams of pure ethanol. The information has been standardized, using official definitions of “drinks” or “units.” The numerical values represent upper limits.

Providing guidelines

Official guidelines on alcohol consumption are generally produced by a Ministry of Health or other government department or by a government-funded entity that is responsible for alcohol issues. However, other guidelines exist that also can enjoy official status. These include recommendations on drinking given by medical associations and/or other professional or nongovernmental organizations.

Recommendations about drinking may be found within the scope of dietary guidelines, as part of a national drug strategy, or as stand-alone guidelines on drinking. In general, such guidelines exist primarily in industrialized countries in response to public demand.

Recommendations

Recommendations provided in guideline are general in nature, intended for adult consumers of beverage alcohol for whom such information has direct relevance in the context of everyday life. They are also a useful tool to guide healthcare workers whose advice may be sought by patients on health and behavioral issues. Guidelines may include information on how alcohol affects different individuals and address its relationship with various physiological factors.

It should be noted that most drinking guidelines attempt to offer advice on “safe” or “low-risk” drinking. However, it is important to make consumers aware that this limit does not reflect a desired drinking level that they should aim to reach. Rather, the levels reflect a ceiling, and consumers are encouraged to remain below it. For some people—or in some circumstances—the only “safe” drinking level is not to drink at all (Dufour, 1999).

¹ For the most up-to-date version of this table, see the “Policy Issues: Drinking Guidelines” section of the ICAP Web site: <http://www.icap.org/Home/PolicyIssues/DrinkingGuidelines/tabid/125/Default.aspx>.

Setting limits

The evidence on which drinking recommendations are based is derived primarily from biomedical research about the relationship between drinking levels and patterns and their outcomes for health (Klatsky, 1999). These relationships may vary among groups of individuals.

In general, health outcomes of drinking—both positive and negative—fall into two categories: chronic and acute (International Center for Alcohol Policies, 2004).

- *Chronic outcomes* are the result of (usually steady) drinking patterns over extended periods of time. They include negative consequences (e.g., liver cirrhosis as a result of some heavy extended drinking patterns), as well as beneficial results (e.g., cardio-protective effects from some moderate drinking patterns).
- *Acute outcomes* are associated with as little as a single drinking episode. They also include harmful outcomes (e.g., injury and/or drunk-driving accidents) and beneficial ones (e.g., stress reduction and sociability).

It is important to bear in mind that, for most people, drinking below a certain so-called “minimal” or “low-risk” level is likely to be associated with little harm, although outcomes vary. However, for others—e.g., individuals with certain medical conditions, those who have difficulty controlling how much they drink, or those with alcohol dependence (see [MODULE 17: Alcohol Dependence and Treatment](#))—even low levels of alcohol consumption can be associated with harm (Goldberg et al., 2000).

Moderate alcohol consumption may be associated with health benefits. For example, a protective effect of moderate alcohol consumption has been demonstrated for cardiovascular disease, diabetes, and osteoporosis for some individuals (Hines & Rimm, 2001; Mukamal et al., 2001).

Specific recommendations

Drinking guidelines also include special recommendations for those with different sensitivities to alcohol or those considered at particular risk for harm. For example, men and women have different sensitivities to the same levels of alcohol due to differences in physiology (see [ANNEX 2: The Basics about Alcohol](#)). Recommended “minimal-risk” drinking levels for women are generally lower than for men (Camargo, 1999; Mumenthaler, Taylor, O'Hara, & Yesavage, 1999; Thadhani et al., 2002). It has been argued that, in addition to reflecting the available evidence on the differential health effects of alcohol on men and women, these recommendations are also a reflection of gender roles in different societies.

Guidelines may also include recommendations for individuals for whom general advice may not be appropriate. They include pregnant women (see [MODULE 10: Drinking and Pregnancy](#)), young people (see [MODULE 11: Young People and Alcohol](#)), the elderly (see [MODULE 23: Alcohol and the Elderly](#)), and those who are alcohol-dependent or particularly susceptible ([MODULE 17: Alcohol Dependence and Treatment](#)). Where appropriate, recommendations may also address specific minorities or marginalized groups deemed at increased risk (International Center for Alcohol Policies, 2000, 2001) and/or special situations, such as when drinking and driving, the workplace, while engaging in sports, or operating machinery.

In some countries, guidelines are moving away from offering just recommended daily or weekly levels of drinking. Instead, the focus is increasingly on *drinking patterns*, and recommendations include advice against patterns that may cause harm (International Center for Alcohol Policies, 2003).

Patterns of drinking relate to the individual characteristics of those who drink and ways in which they do so. Patterns include information on the age and gender of the individual, health status, and physical characteristics. They also include where drinking takes place, how frequently, with whom, and activities and behaviors that may accompany drinking (see [INTRODUCTION: An Integrative Approach to Alcohol Policy](#) for a more detailed description of drinking patterns).

In order to standardize drinking recommendations and to allow individuals who consume alcohol and those advising them to track intake, drinking guidelines are often accompanied by a standardized definition of a “drink” or “unit.” These definitions are generally offered as grams of alcohol and can be used to monitor how much alcohol is actually being consumed (International Center for Alcohol Policies, 1998).

Information and education

Recommendations contained in official drinking guidelines can only be effective if consumers are aware of them. They represent a powerful tool for individuals to monitor their own drinking levels and patterns and for health professionals to be able to assess whether an individual’s drinking may be problematic. Therefore, wide dissemination of drinking guidelines is crucial if awareness about existing guidelines is to be raised.

The need for relevant information is not restricted to the adult drinking population. Health workers also require knowledge about drinking levels and patterns and the outcomes that are associated with them in order to provide advice and guidance for those in their care.

Finally, recommendations should be relevant to people’s lives, health concerns, and lifestyles. Culture plays a strong role in how people drink and must also play a role in how recommendations are given.

Conclusion

The public health implications of drinking guidelines are significant. When properly developed and disseminated, guidelines offer a useful means for government and health organizations to inform the populace about the harms and benefits of alcohol and encourage responsible consumption.

However, since effects of alcohol vary among individuals, these recommendations can only be viewed as benchmarks. The complexities of each individual, his or her drinking patterns, and personal characteristics are the true determinants of what can be deemed “low-risk”.

POLICY OPTIONS: Drinking Guidelines

In developing policies and approaches, consideration of a number of key elements is required. While some may be necessary at a minimum and under most conditions, others may not be appropriate in all cases, or may be difficult to implement. The list below offers a menu of areas that need to be addressed, based on effective approaches that have been implemented elsewhere. Specific examples are provided in the [EXAMPLES TARGETED INTERVENTIONS](#) section of the *ICAP Blue Book*.

Information

Drinking guidelines providing balanced information on low-risk and potentially harmful drinking levels and patterns. **Guidelines may be issued through:**

- Government departments (e.g., Ministries of Health, Health Services).
- Professional bodies (e.g., medical associations).
- Research institutions.

Recommendations on drinking based on best available scientific evidence.

- Association with particular health outcomes, harm and benefit, long- and short-term effects.
- Information based on daily and weekly limits, as well as patterns of drinking (e.g., “binge” drinking).
- Information about “low-/minimum-risk,” “medium-risk,” and “high-risk” levels and patterns.
- Advice provided within context of drinking culture and prevailing social norms.

Specific recommendations for populations and individuals at increased risk.

- Lower levels of drinking generally recommended for women.
- Special advice for those at elevated risk (e.g., young people, the elderly, pregnant women, individuals with particular medical conditions).
- Special attention to activities such as drinking and driving, sports, and the workplace.

Education and awareness building

Ensure awareness of guidelines among **health professionals**.

- Educate health workers to provide advice to individuals based on guidelines.
- Tailor recommendations and advice to needs of individuals and their drinking patterns.

Raise awareness among **general population**.

- Promote visibility of guidelines.
- Combine recommendations with other tools, such as raising awareness about standard drinks and units (e.g., on packaging of beverage alcohol).

Relate recommendations to **reality of individuals’ lives**, including health concerns and lifestyles.

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