

# Safe Alcohol Consumption: A Comparison of *Nutrition and Your Health: Dietary Guidelines for Americans* and *Sensible Drinking*

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## BACKGROUND

In December 1995, the governments of the United Kingdom and United States independently published guidelines on alcohol consumption. The UK *Sensible Drinking* guidelines were designed specifically as a review of scientific and medical evidence on the effects of alcohol and of policy directed at alcohol use. The dietary guidelines issued by the US government in *Nutrition and Your Health: Dietary Guidelines for Americans* serve a much broader purpose, namely to “define diets which can help reduce the risk of chronic disease,” and to address alcohol as one of many dietary factors to be considered. The two sets of guidelines contain interesting similarities and differences. This paper summarizes these points.

In drafting their respective guidelines, the two advisory groups relied on existing medical and scientific evidence. The *Sensible Drinking* guidelines rely on written evidence submitted by “the alcohol industry, scientific and academic sources, medical sources, health promotion field and service providers, other organizations, and 1 member of the public.” As can be deduced from the bibliography, the literature reviewed is comprehensive, including clinical and epidemiological studies, as well as scientific *in vivo* and *in vitro* data. Although the focus of the guidelines is clearly the UK, studies from other developed countries were also taken into account. The bibliography of the US *Nutrition and Your Health* suggests that this document is based on the evaluation of similar medical and scientific evidence, as well as on reports previously compiled by the US Department of Health and Human Services and by the World Health Organization.

## SIMILARITIES

While similar evidence was considered in producing both documents, there is only limited agreement on its interpretation. There are two main points on which the two sets of guidelines appear to concur: (1) the relationship between moderate alcohol consumption and the decreased risk of coronary heart disease (CHD), and (2) the association between high levels of alcohol consumption and the incidence of health risks.

The conclusion of the *Sensible Drinking* guidelines on **coronary heart disease** is that the causal relationship between protective effects of alcohol and CHD has been established in a “scientifically valid” manner. The document explores the individual protective mechanisms for CHD at some length, defining the levels of alcohol consumption deemed “protective.” The *Sensible Drinking* guidelines also specifically address the effects of alcohol consumption on “adults who are not yet middle age,” namely men under 40 and premenopausal women, and conclude that moderate drinking early in life may confer protective effects against CHD later in life. The protective effects of moderate drinking are attributed to ethanol, not to other ingredients, suggesting that no particular beverage type confers special protection. The guidelines extend the conclusions on the protective effects of moderate alcohol consumption even further by suggesting a strong causal relationship between drinking at levels as low as 1 unit per day and a reduced risk of death from all causes.

*Nutrition and Your Health* also acknowledges a beneficial relationship between alcohol consumption and CHD, stating that “moderate drinking is associated with lower risk for CHD in some individuals.” However, the statement is followed by a warning that the presumptive health benefits of alcohol consumption are countered by increased risk for high blood pressure and coronary heart disease, cancer, “accidents, violence, suicides, birth defects, and overall mortality.” No distinction is made among types of alcohol beverages, nor are data cited to indicate the relative quantities deemed detrimental.

In addition to the consensus on the protective effect of moderate alcohol consumption on CHD, there is also some agreement on the association between excessive alcohol consumption and the **incidence of health risks**. The UK guidelines on *Sensible Drinking* provide a detailed examination of the evidence. Health problems are broken down by specific type, and the involvement of other “complicating factors” is acknowledged. In *Nutrition and Your Health*, on the other hand, a general connection is made between alcohol consumption and cirrhosis of the liver, cancer, high blood pressure, and birth defects.

## DIFFERENCES

Perhaps the most striking difference between the two sets of guidelines is that the UK guidelines weigh each issue carefully, taking into account a number of different factors, such as age, weight, gender, and general health issues. *Sensible Drinking* allows for flexibility in interpretation, acknowledging that the guidelines are designed to serve only as benchmarks in guiding the consumption of alcohol. In contrast, the conclusions drawn in the US dietary guidelines are categorical and conservative, with little allowance for variation between individuals.

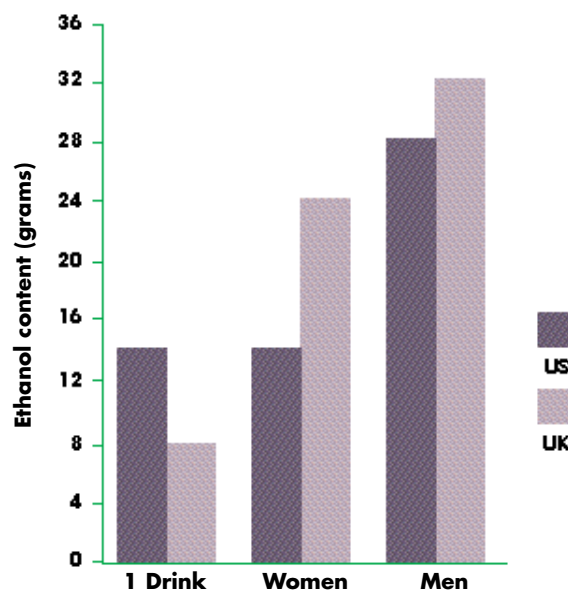
One of the main recommendations offered in the *Sensible Drinking* guidelines is a focus on changes in **drinking patterns** rather than on levels of per capita consumption. One of the recommended changes in drinking patterns is that **binge drinking** is strongly discouraged, and drink-free periods of at least 48 hours following binges are recommended. More importantly, the UK guidelines also suggest a change in drinking pattern for individuals who do not drink, who drink very little, or are in an age group at high risk for CHD. The *Sensible Drinking* guidelines suggest that these individuals should “consider the possibility that light drinking might benefit their health,” for the first time raising the issue that the benefits of moderate alcohol consumption may outweigh the benefits of abstinence.

Another important difference between *Nutrition and Your Health* and *Sensible Drinking* is that of definitions of **moderate drinking**. At first glance, the UK guidelines for *Sensible Drinking* levels appear to be considerably higher than those which appear in the US document. According to the UK *Sensible Drinking* message, the levels of alcohol consumption “unlikely to cause health damage” are defined as below 3 to 4 units per day for men, and 2 to 3 units per day for women. Levels of alcohol consumption above these limits are considered to be abusive. A unit of drink in the UK is defined as the equivalent of 8g of ethanol, irrespective of beverage type.

*Nutrition and Your Health* defines moderate drinking as no more than 1 drink per day for women and no more than 2 drinks per day for men, implying that consumption above these limits would constitute abuse. A drink, according to the US guidelines, is defined as 12 oz of regular beer, 5 oz of wine, or 1.5 oz of 80-proof distilled spirits. The ethanol content of a standard drink is not defined, but can easily be calculated. The result is surprising. While a standard drink in the UK contains 8g of ethanol, a standard US drink contains 14g.

When the moderate drinking guidelines are standardized with respect to ethanol content, several interesting differences emerge. These differences are summarized in the table below.

### MODERATE DRINKING GUIDELINES



A drink in the US is 75% larger than a drink in the UK. However, if the upper end of the range given in the UK guidelines is used for comparison with the US limits, the level of alcohol consumption considered sensible or moderate is higher in the UK. This difference in limits is most apparent in the recommendations given for alcohol consumption for women. The alcohol levels deemed safe for women by UK standards are approximately 70% higher than the levels deemed safe in the US. The difference in levels deemed safe for men, on the other hand, is only 17%.

The two sets of guidelines also differ with respect to recommendations on a number of other points. While there is agreement that there may be some correlation between alcohol consumption and birth defects and fetal alcohol syndrome, the recommendations on this point are quite different. The *Sensible Drinking* guidelines advise that pregnant women should keep their alcohol intake “substantially below limits suggested for **non-pregnant women**,” as there is no strong evidence indicating that 1 - 2 drinks per week have any adverse effects. The recommendation of the US *Dietary Guidelines* is that women who are pregnant or are trying to conceive should not drink at all, although “there is no conclusive evidence that an occasional drink is harmful to the fetus or the pregnant woman.”

## CONCLUSIONS

The issues addressed in both sets of guidelines are similar. Although there is agreement on some of the medical questions raised, the conclusions are often significantly different. On the whole, the interpretations offered in the US guidelines are more general, and the recommendations more conservative. The UK guidelines attempt to evaluate the evidence one issue at a time.

Both *Sensible Drinking* and *Nutrition and Your Health* reflect changes in the policies of the respective governments. In the UK guidelines, the levels for safe drinking were raised for both men and women. The US guidelines for the first time include alcohol as a positive dietary factor and acknowledge that “alcoholic beverages have been used to enhance the enjoyment of meals by many societies throughout human history.” More significantly, for the first time both the UK and the US guidelines draw attention to the health benefits of moderate alcohol consumption.