

**Knowledge of the  
Chief Medical  
Officers' low-risk  
drinking guidelines**

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## Background

This report summarises key findings from the Drinkaware Monitors<sup>1</sup> conducted in 2022 (6,318 respondents) and 2024 (5,143 respondents), highlighting what UK adults think the guidelines include and what the specified weekly unit limit is, as well as what they think the specified guidance is for pregnant women (assessed in 2024 only).

In 2022 and 2024, the Drinkaware Monitor assessed UK adults' awareness of the UK Chief Medical Officers' (CMOs') guidelines on low risk drinking. [The guidelines](#), updated in 2016, recommend that both men and women should not regularly consume more than 14 units of alcohol per week, but, if so, should spread consumption evenly over three or more days. Additionally, they advise that the safest option for pregnant women (or those trying to conceive) is to avoid alcohol entirely.

**Drinkaware is the UK's leading alcohol charity, with a mission to use its expertise to give knowledge and support to governments, industry, communities and individuals to enable them to make informed decisions about alcohol and how to reduce the harm it can cause.**

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### What do the guidelines include?

Compared to 2022, the proportion of UK adults who correctly identified that the CMOs' guidelines contain a suggested weekly unit limit fell from 59% to 51% in 2024.

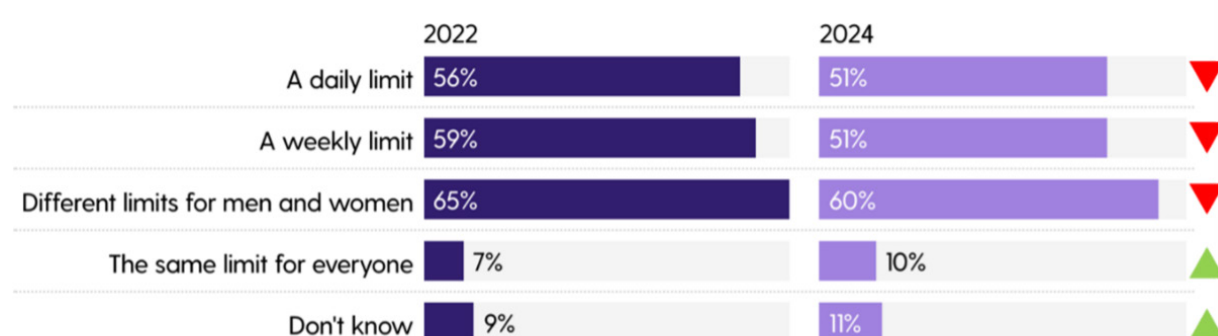
On the other hand, awareness that the guidelines are the same for everyone, regardless of gender, has significantly increased since 2022 (10%, up from 7%) – however, 6 in 10 (60%) still, incorrectly, think that there are different unit limits for men and women (although this belief has become less common since 2022).

These insights therefore suggest that there is still a great deal of uncertainty around the CMOs' guidelines among UK adults – something which is further evidenced by the significant increase in the proportion of UK adults who said that they “don't know” what the guidelines include, since 2022 (11% in 2024, up from 9% in 2022).

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<sup>1</sup> Each year, Drinkaware commissions a nationally representative survey of UK adults to understand drinking behaviours and motivations, as well as other topics which vary from year to year. Since 2017, Drinkaware has commissioned YouGov to top conduct the Monitor survey. Previous Drinkaware Monitors can be found here: <https://www.drinkaware.co.uk/research/drinkaware-monitors>

% of UK adults who think that the alcohol guidelines contain the following



Question: "Which of the following do you think the guidelines include? Please tick all that apply". Base: all UK adults, 2022 (n = 6,318), 2024 (n = 5,143). Source: Drinkaware Monitor 2022, Drinkaware Monitor 2024.

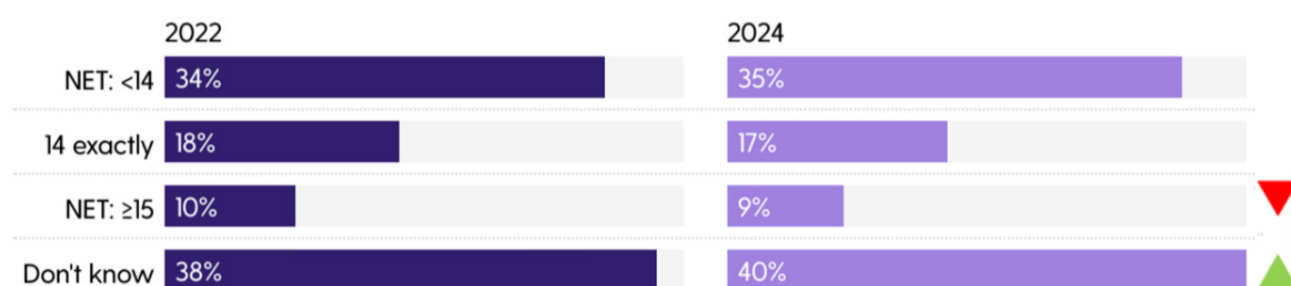
## What is the weekly unit limit?

Although awareness of what the CMOs' guidelines include has changed since 2022, the proportion of UK adults who correctly estimate that the guidelines specify a weekly limit of 14 units has remained largely consistent (17% in 2024 vs. 18% in 2022).

Despite the fact that only around 1 in 5 UK adults correctly estimated the weekly unit limit, it is reassuring that only around 1 in 10 (9%) think that the weekly limit is higher than it is in reality (i.e., is 15 units or higher), whilst more than 3 in 10 (35%) think the weekly limit is lower than it is in reality (i.e., is 13 units or less).

Startlingly, 4 in 10 (40%) UK adults "don't know" what the weekly unit limit is (up significantly from 38% in 2022) – again, further evidence of the widespread uncertainty around the CMOs' guidelines among UK adults.

Grouped estimates of weekly unit limit by UK adults



Question: "The Chief Medical Officers' low-risk drinking guidelines were updated in 2016 and became a weekly guideline with the same limit for everyone. How many units of alcohol per week do you think are in the guideline? Please enter your answer as a number.". Base: all UK adults, 2022 (n = 6,318), 2024 (n = 5,143). Source: 2022 Drinkaware Monitor, 2024 Drinkaware Monitor. Totals may not add up to 100 due to rounding.

### UK adults are more certain about the guidance for pregnant women

Compared to other aspects of the CMOs' guidelines, there is much less uncertainty around the guidance for pregnant women, with 8 in 10 (80%) correctly identifying that the guidelines state that the safest approach is for pregnant women to not drink alcohol at all.

Although the vast majority of UK adults are familiar with the guidance for pregnant women, 7% think that the guidelines specify that pregnant women should avoid drinking alcohol in the first 3 months of pregnancy and if they choose to drink, they should have no more than 1-2 UK units once or twice a week, and should avoid getting drunk or binge drinking. The same proportion (7%), meanwhile, said that they "don't know" what the guidance is.

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### How does guideline awareness vary between groups?

Some demographic groups are particularly likely to exhibit risky drinking behaviours. Therefore, gaining an understanding of their levels of awareness of the CMOs' guidelines may shed light on whether they exhibit such behaviours despite high awareness, or as a result of low awareness.

For example, men, who are more likely to be risky drinkers (22% exceed the CMOs' weekly unit limit vs. 16% of all UK adults), generally show relatively poor guideline awareness, compared to all UK adults – being more likely to think the weekly unit limit is greater than it is in reality (13% vs. 9%), and less likely to know what the guidelines specify for pregnant women (76% vs. 80%).

Meanwhile, those aged 18–34, who tend to binge drink (56% have done so in the last year vs. 52% of all UK adults), are less likely than all UK adults to correctly identify the weekly unit limit (10% vs. 17%) and the guidance for pregnant women (74% vs. 80%). At the other end of the age spectrum, UK adults aged 55 or over, who tend to drink frequently (20% drink four or more times a week vs. 13% of all UK adults), are the least likely to be aware of what the guidelines include – being less likely to think that they include a weekly unit limit (49% vs. 51%), and that this limit is the same for everyone (8% vs. 10%).

Gender and sexual minorities (LGBTQ+), who are also prone to binge drinking (56% have done so in the last year vs. 51% of all UK adults), show relatively poor knowledge of what the guidelines include, compared to all UK adults – for example, they are more likely to incorrectly think that there is a different unit limit for men and women (69% vs. 60%), and that there is a daily unit limit (56% vs. 52%).

Although causality cannot be determined, it is clear that demographic groups who are particularly likely to exhibit risky drinking behaviours also tend to show relatively poor awareness of the CMOs' guidelines.

Other groups, meanwhile, are often particularly likely to experience alcohol-related harm, despite showing a similar, or even a lower, level of alcohol consumption. These groups are also likely to show relatively poor awareness of the CMOs' guidelines.

For example, those living in the most deprived areas (IMD deciles 1 to 3), who are less likely to be risky drinkers (only 13% exceed the CMOs' weekly unit limit vs. 16% of all UK adults), are less likely than all UK adults to correctly identify the weekly unit limit (13% vs. 17%) and the guidance for pregnant women (77% vs. 80%). Meanwhile, those from ethnic minority backgrounds, who are also less likely to be risky drinkers (only 8% exceed the CMOs' weekly unit limit vs. 16% of all UK adults), show particularly poor knowledge of the guidelines, compared to all UK adults – being less likely to know that they include a weekly unit limit (37% vs. 51%), and to know what the weekly unit limit is (7% vs. 17%), as well as what the advice for pregnant women is (61% vs. 80%).

It could be argued, however, that the reduced awareness of the guidelines among these groups is somewhat understandable, given that they tend to drink less than other groups, and the CMOs' guidelines focus solely on levels of alcohol consumption.

Such a focus on alcohol consumption may mean that the guidelines do not resonate with these groups. Therefore, it could be argued, that incorporating guidance on the experience of alcohol-related harms into the guidelines may lead to increased resonance, and subsequently awareness, among these groups.

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## What does this mean, and what can be done?

Ideally, all UK adults would know exactly what is specified by the CMOs' guidelines, meaning they could then use this information to make informed decisions about their drinking, and potentially reduce their exposure to alcohol harm.

Our research, however, shows that this is not the case, as awareness of what the guidelines include and what the weekly unit limit is, is generally quite poor among UK adults. These insights suggest, therefore, that public health campaigns need to address these issues – raising awareness of these aspects of the guidelines.

These public health campaigns may be more resonant if they are tailored to the knowledge gaps of different groups, and are targeted to reach them, as our research found that some demographic groups are likely to show poorer awareness of different aspects of the CMOs' guidelines than others. They may also be more relevant if they focussed on providing a set of instructions about how to use the guidelines to moderate alcohol consumption.

As well as public health campaigns, there are other mechanisms for increasing awareness of the guidelines, for example, their inclusion on the labels of alcoholic products.

Currently, by law, alcohol containers must display volume and alcoholic strength by volume (ABV; if above 1.2%), with inclusion of information related to the number of alcohol units within the container, and information on the CMOs' guidelines being voluntary. However, since 2019, the Portman Group, the alcohol industry self-regulatory body, has encouraged producers to include the CMOs' guidelines on alcohol container labelling.

Although the enforcement of mandatory inclusion of the CMOs' guidelines on alcohol labels, via statutory regulations, could raise awareness, this effect may be relatively small. This is because, according to a [recent survey](#), current self-regulation by the Portman Group is largely adhered to, with 86% of 500 sampled alcohol products (a sample reflective of the UK market) displaying the CMOs' guidelines on their labels, and 99% displaying a pregnancy warning. More research is needed to understand how to make this information more salient to consumers.

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### **Simply raising awareness of the CMOs' guidelines may not lead to changes in drinking behaviours**

All of the above activity, including the inclusion of CMOs' guidelines on alcohol labels, aims to raise awareness of the guidelines among the public. Although this is clearly needed, with many UK adults showing poor awareness of the guidelines, our latest research also shows that those who exceed the weekly unit limit specified by the CMOs' guidelines are twice as likely as those who drink within the guidelines to correctly identify what the weekly unit limit is.

Therefore, raising awareness of the CMOs' guidelines, alone, whether that be through behavioural nudges, statutory regulatory, or self-regulation (or a combination of all three), is unlikely to be a silver bullet in terms of reducing alcohol harm.

Instead, a more holistic approach (involving a range of stakeholders such as Government, public health bodies, industry bodies, and charities, such as Drinkaware) which challenges norms, encourages more UK adults to drink within the CMOs' low risk drinking guidelines, and raises awareness of the guidelines would likely have a greater impact.

For example, concurrently to behavioural nudges, such as public health campaigns and changes in alcohol labelling, it may also be effective to, normalise the use of digital intervention and brief advice (IBA) tools, such as [Drinkaware's Drinking Check](#), to destigmatize conversations about alcohol and popularise the concept of drinking risks. Similarly, working with healthcare providers to increase the use of alcohol assessments in routine general practitioner (GP) appointments, would promote the CMOs' guidelines through respected messengers, and make alcohol more prominent during healthcare assessments. Elsewhere, accepted norms may be challenged by working with the hospitality industry to normalise alcohol-free drinking occasions by encouraging venues to promote, and competitively price, zero-alcohol products, with this promotion also potentially leading to the destigmatisation of ordering these products, and them being viewed as enjoyable alternatives.