

Why Don't More People Know the UK's Drinking Guidelines?

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Editor's note: Dr. Sarah Jackson is a Principal Research Fellow in the UCL Alcohol and Tobacco Research Group. Her work focuses on monitoring population trends in smoking, vaping, and alcohol use and evaluating the effectiveness of smoking cessation aids, interventions, and policies at the individual and population level. She is President for Society for Research on Nicotine and Tobacco's European Chapter (SRNT Europe) and sits on Action on Smoking and Health's advisory council. Dr Jackson is also a Senior Editor at the journal *Addiction*. This op-ed is part of our [Special Series on Education to Promote Lower-risk Drinking, Gambling, and Substance Use](#) and generously sponsored by the [Greater Boston Council on Alcoholism](#).



In 2016, the UK introduced new low-risk drinking guidelines: no more than 14 units of alcohol per week, spread over multiple days, with alcohol-free days in between. These guidelines are designed to help people make informed choices about alcohol and reduce long-term health risks like liver disease, cancer, and heart problems.

But here's the problem – most people either don't know the guidelines exist or don't know what they recommend.

We analysed survey data from over 8,000 adult drinkers in England between 2016 and 2022 to see how awareness and knowledge of the guidelines have changed over time. While about 80% of people said they were aware that guidelines exist, only around 25% could correctly identify the 14-unit weekly limit. Worse,

awareness declined after 2020, likely due to the COVID-19 pandemic. Younger adults, men, those who were less educated, and those working routine and manual jobs were less informed overall, which could contribute to health inequalities.

Why this matters

Some might wonder: does it really matter if people don't know the exact drinking guidelines? After all, many people drink in moderation without closely tracking their weekly units.

But the reality is that alcohol-related harm often comes from a lack of awareness. The risks associated with drinking – especially long-term consequences like cancer and liver disease – aren't always obvious. If people don't know the recommended limits, they may assume their drinking habits are safer than they actually are.

There's also the issue of misperception. Many assume that alcohol guidelines are only meant to prevent extreme binge drinking or alcoholism. In reality, the 14-unit limit isn't about avoiding drunkenness – it's about reducing the long-term health risks of even moderate drinking. Without clear knowledge of these limits, people may unknowingly put themselves in danger.

Why aren't the guidelines sticking?

If 80% of people are aware that drinking guidelines exist, why do so few actually know what they say? There are a few likely explanations.

One major issue is how the message is being communicated. Public health campaigns about alcohol are often less visible than those on smoking or diet. Most people can recall the five-a-day fruit and vegetable recommendation, but far fewer can recall the drinking guidelines.

Another challenge is the way alcohol is ingrained in British culture. Unlike smoking, which has been strongly discouraged through bans on smoking in public places, advertising bans, and public awareness campaigns, alcohol is widely accepted as part of social life. People are more likely to encounter pro-drinking messages – whether in advertising, media, or social settings – than they are to hear reminders about drinking limits.

Misperceptions about drinking norms also play a role. Many people

underestimate how much they drink compared to others and assume their own consumption is moderate, even if it exceeds the guidelines. If public health campaigns don't effectively challenge these perceptions, people may continue drinking at unsafe levels without realising it.

What can be done?

If we want drinking guidelines to have a real impact, public health officials need to rethink how they communicate them. Simply publishing guidelines isn't enough – they need to be made memorable, accessible, and relevant to people's lives.

One potential solution is clearer messaging. The 14-unit guideline should be emphasised in simple, direct terms, much like the five-a-day fruit and vegetable recommendation. Public health campaigns could also do more to show what 14 units actually looks like in practical terms – how many pints, glasses of wine, or shots add up to that limit.

Targeted outreach is also crucial. Since awareness and knowledge are lower among younger adults, men, and less advantaged groups, campaigns should be designed to reach these audiences specifically. This could mean working with community organisations, using social media more effectively, and tailoring messaging to be clear, accessible, and engaging for different demographics.

Doctors and other healthcare professionals also have a role to play. Alcohol guidelines should be integrated into routine health discussions. If more people hear about the guidelines from trusted sources like their GPs, they may be more likely to take them seriously.

Moving forward

One of the biggest takeaways from this research is that knowledge doesn't spread on its own. Even when health officials introduce well-researched guidelines, people don't automatically absorb or remember them. It takes sustained, well-crafted communication to turn awareness into real understanding – and understanding into action.

The fact that awareness of the guidelines has declined in recent years is a warning sign. If we want people to make informed decisions about alcohol, we need to do a better job of getting the message out. That means making the guidelines clearer, promoting them more widely, and ensuring they reach all communities equally.

Ultimately, public health guidelines exist to protect people. But they can only do that if people know what they are.

— Sarah Jackson, PhD

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