



Prime For Life

Information on the Low Risk Guidelines

What sets Prime For Life's (PFL) low-risk guidelines for alcohol apart from those developed by other organizations?

In creating these guidelines, Prevention Research Institute (PRI) examines a range of research, including studies on mortality, alcohol impairment, and various drinking outcomes. While there were only a few studies in the early 1980s, there are now several hundred journal articles that inform the development of these guidelines. Due to differences in study methodologies and participants, the results of these evaluations vary, making it challenging to make absolute statements about the quantities and frequencies of drinking that increase relative risk. While data remains incomplete, we believe that in dealing with these essential public health issues there are enough quality studies to guide the formation of our guidelines and inform the public. It is crucial to understand that low-risk guidelines are intended for making "low-risk" choices, not "no-risk" or "safe" choices.

All low-risk guidelines are guided not just by data, but also by judgment calls and values. In developing the low-risk guidelines for PFL, PRI gave (and continues to give) greater weight to well-conducted studies. Key factors considered include the sample size, the percentage of participants who had died during follow-up, the quality of the assessment of drinking quantity and frequency, and the reference groups used. These factors led to the establishment of the 0-1-2-3 guidelines for both men and women.

PRI believes that any error should be on the side of being more protective of people's lives and well-being when learning the low-risk guidelines. However, it is important to consider that individuals who could benefit the most from the message are likely to reject it if they perceive it as overly cautious. We have chosen to balance these factors when choosing specific low-risk guidelines that are within the wider range supported by research. PRI also believes that the guidelines need to be as simple and memorable as possible to increase the likelihood of people recalling and following them.

PRI also considers low-risk guidelines from other organizations within the United States and other countries. When differences exist, PRI closely examines the research cited by these groups. Of particular importance is that most studies use average usual consumption to analyze risk. This approach poses a problem since different consumption patterns can result in the same average. For example, individuals consuming 14 drinks in one day, 7 drinks on 2 days, and 2 drinks on 7 days would share an identical average of 2 drinks per day, despite representing different consumption patterns. Moreover, many individuals vary their consumption significantly throughout the year and over their lifetime, yet they are typically only asked to report their choices over the previous week or month. In general, we prioritize studies that

examine people's actual consumption patterns, which does not appear to be the case in the development of low-risk guidelines by many other groups.

At PRI, we value outside review of our guidelines. The guidelines taught in PFL align with those adopted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and several nations, but do differ in some important ways. Therefore, PRI sought an independent review of our guidelines from the Alcohol Research Group (ARG) at Berkeley. In 2011, ARG concluded that the 0-1-2-3 guidelines are consistent with research and recommended against changing them to match those used by NIAAA. We continue to closely follow studies published since then.

Why doesn't PFL lower the low-risk alcohol guidelines for women?

Some groups have lower drinking guidelines for women compared to men. For example, the dietary guidelines for alcohol from the U.S. Department of Agriculture, eventually adopted by NIAAA, have listed 7 drinks per week as the upper limit for women and 14 drinks per week for men. The rationale for lower guidelines for women seems to primarily stem from the differential impairment risks between men and women, as well as studies suggesting an increased risk for liver disease and breast cancer among women consuming more than seven drinks per week.

PFL addresses the issue of increased impairment risk among many women by discussing how females often have less body fluid, making them more likely than men to require downward adjustments in the guidelines to prevent impairment. However, research does not support the notion that most women would be significantly impaired by consuming two drinks in two hours with food in their stomachs. Even for women who might experience impairment, they can prevent it by choosing to drink more slowly than one drink per hour. Unlike how PFL teaches the low-risk guidelines, many other guidelines do not include limits on consumption speed or provide information on factors that might necessitate a reduction in the guidelines.

Regarding the risk of individual health problems such as liver disease and breast cancer, many studies do not show an increased risk among women consuming one to two drinks per day. Moreover, the studies that do indicate increased risk at this level are based on average daily consumption and often fail to adequately account for the actual pattern of consumption as noted above. Importantly, most studies involving women have not found an increased risk of premature mortality until consumption exceeds 14 drinks per week. Additionally, some studies suggest an increased risk of colon cancer and atrial fibrillation (commonly referred to as “Afib”) for men consuming more than seven drinks per week. To PRI, the issue then is not gender, but risk factors, and we believe individuals should consider lowering the guidelines based on knowledge of these factors and their response to alcohol.

In addition, PRI uses *the risk of premature mortality* as the main basis for formulating the low-risk guidelines for weekly alcohol limits, rather than *small increased risks for individual health problems in some individuals*. We also emphasize that anyone concerned about their risk of alcohol-related health problems—especially women with an increased risk of breast cancer and

individuals, regardless of gender, with an increased risk of colorectal cancer—might want to adjust their guidelines downward or consider abstaining from alcohol.

To summarize, research supports that many women (though not all) might need to adjust the low-risk guidelines downward to protect what they value, just as some men might need to do the same. It seems reasonable to have lower limits for women in low-risk guidelines provided outside of prevention programs like PFL, as it is unlikely many people would delve into the specifics on adjusting for individual differences on their own. In PFL, we take the time to teach these essential details to ensure comprehensive understanding and application of the guidelines.

Why is zero (0) the only low-risk option for THC?

As non-medical THC use becomes increasingly legal across the US, the lack of corresponding information regarding low-risk consumption levels remains a challenge. Unlike with alcohol, there is a lack of data available on low-risk THC use. Numerous obstacles hinder the acquisition of such knowledge. First, although the labeling of THC content is mandatory on non-medical cannabis products, various studies have revealed inaccuracies in this labeling. Even if the labeling were reliable, determining a standard THC dose that does not pose problems, as is the case with alcohol, presents difficulties. Moreover, the different methods of ingestion contribute to distinct impairment curves. Additionally, non-medical THC use almost always results in impairment, which inherently raises the risk of encountering problems. Although the perception of THC risk has diminished with legalization, its legality does not eliminate its health and impairment risks. Consequently, PRI considers all THC use to be high-risk. If future research demonstrates specific low-risk amounts for THC use, PRI will adjust these guidelines accordingly.