



Australian Guidelines to Reduce Health Risks from Drinking Alcohol

ACDPA response to NHMRC consultation

24 February 2020 FINAL

The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes the opportunity to provide input to the consultation on the NHMRC *Australian guidelines to reduce health risks from drinking alcohol*. We support the purpose of the guidelines – to inform consumer decision making and alcohol policy.

ACDPA brings together leading non-government health organisations to prevent risk factors for chronic disease and reduce the enormous burden of chronic disease in Australia. Consistent with our focus on modifiable risk factors, we support the development of evidence-based guidelines on limiting alcohol consumption to reduce health risks.

About MAGICapp

ACDPA supports the use of the online platform to communicate the guideline recommendations and provide the opportunity to incorporate new evidence into guideline updates as required. The online MAGICapp platform can be used to draw on the latest evidence synthesis technologies that continually identify relevant new research and enable this research to be incorporated into living systematic reviews. This enables rapid updates of individual guideline recommendations whenever there is an important change in the evidence. Some ACDPA members are partnering with Cochrane Australia to develop 'living guidelines' using this approach.

About the recommendations

ACDPA welcomes the new *Australian guidelines to reduce health risks from drinking alcohol*. We support the NHMRC guideline development process, including a comprehensive review of the evidence on health risks associated with alcohol consumption and development of evidence-based recommendations.

We note that the Plain English Summary is not clear for consumers, due to the level of detail about the recommendations and development of the guideline. We highlight the importance of consumer testing to communicate guideline recommendations and enhance consumer interpretation. As an example, the www.eatforhealth.gov.au website provides a clear summary of the dietary guideline recommendations¹ and a visual depiction through the *Australian Guide to Healthy Eating*.²

Guideline One

We support the changes to Guideline One, which lowers the weekly recommended limit to no more than 10 standard drinks per week and identifies a daily limit of no more than four standard drinks on any one day to reduce alcohol-related harm. We note the changes in wording from the 2009 Alcohol Guidelines:

- *drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.* (Equivalent to no more than 14 standard drinks per week)
- *drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.*

In changing the wording from a daily limit to a weekly limit, we note the essential need for consumer testing. Consumer testing is important to enhance understanding and interpretation of the new recommendation in the context of weekly and daily alcohol consumption. Consumer testing should consider comprehension and if the wording best conveys the message, or if other wording would be better

¹ <https://www.eatforhealth.gov.au/guidelines/australian-dietary-guidelines-1-5>

² <https://www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating>

understood. Cancer Council Australia is partnering with other public health organisations to conduct consumer testing on the guideline recommendations.

ACDPA recommends consumer testing be conducted to explore consumer understanding and interpretation of the new guideline wording.

Guidelines Two and Three

We strongly support the clear recommendation in Guideline Two for children and young people under 18 years. We strongly support the clear recommendation in Guideline Three for women who are pregnant or planning a pregnancy, and women who are breastfeeding. We note the progression of pregnancy warning labels on alcoholic beverages which will complement Guideline Three by providing a reminder on-the-label to women and the community.

Other comments

We highlight the importance of communicating the new guideline to health professionals and the public. We also highlight the need for investment by the Department of Health to ensure these messages are appropriately communicated to individuals and communities.

ACDPA recommends investment in dissemination, communication and community awareness of the guideline recommendations, supported by public education campaigns on limiting alcohol consumption to reduce alcohol-related harms.

As identified in the guidelines, alcohol consumption is a significant cause of chronic disease burden and a risk factor for certain cancers, cardiovascular disease including stroke, and type two diabetes, when consumed at high levels.

The guidelines discuss the complex relationship with alcohol and cardiovascular disease, noting improved approaches to research study designs in recent years. ACDPA would like to draw attention to recent data for potential inclusion in the guidelines demonstrating a reduction in arrhythmia recurrences in patients with atrial fibrillation who abstained from alcohol.³ Other studies published after the guideline literature search have shown that stroke incidence increases steadily with the amount of alcohol consumed and there are no protective effects of moderate alcohol intake.^{4,5}

We strongly support these evidence-based guidelines on limiting alcohol consumption to reduce alcohol-related harms and urge investment in dissemination and public education campaigns to inform community attitudes and behaviour.

About ACDPA

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and Stroke Foundation. Members work together to collectively advocate for prevention, integrated risk assessment and effective management of chronic disease risk.

³ N Engl J Med 2020; 382:20-28

⁴ Lancet. 2019; 393(10183):1831-1842.

⁵ Lancet. 2018; 391: 1513–1523.