



Public consultation: draft *Australian guidelines to reduce health risks from drinking alcohol*

Personal details

Full name Australian Medical Association

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual

An organisation

Organisation Name

Australian Medical Association

Please identify the best term to describe the Organisation (disease-based)

Advocacy organisation (e.g. disability, patient,

Questions

1. Please indicate which format you read the guideline in.
Both formats
2. The draft guidelines are presented in a new IT platform, MAGICapp. Please indicate how strongly you agree with the following statement: *The draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol are easy to navigate in MAGICapp.*
No comment
3. Please indicate how strongly you agree with the following statement: *The Plain English summary is clear, simple and easy to understand.*
Strongly agree
4. Do you have any comments on how the *Plain English summary* could be improved?
N/A
5. Do you have any comments on how the *Introduction* could be improved?
N/A
6. Do you have any comments on how the *Background* could be improved?
N/A
7. Please indicate how strongly you agree with the following statement: *The Understanding risk section is clear, simple and easy to understand.*
Strongly agree
8. Do you have any comments on how the *Understanding risk* section could be improved?

The AMA believes that the 'understanding risk' section itself is easy to understand and informative. However, the risk level of one in 100 needs to be conveyed more prominently throughout the guidance document and not only in this section. In its submission to NHMRC's 2009 revision of the guidelines, the AMA highlighted concerns that a risk level of one in 100 to constitute "low risk" was inadequately justified and potentially too high. While the AMA believes that the NHMRC has taken reasonable steps in these draft guidelines to justify the one in 100 risk level used, this is not communicated sufficiently in Guideline 1 itself, although it is mentioned in the Plain English summary.

The AMA is concerned that as a result, laypeople, commentators and even medical professionals reading the guidelines may be unaware of the level of risk accepted when individuals follow the level of drinking set out in the draft guidelines. The response to the draft guidelines in media stories provides anecdotal evidence that the risk level is not well understood, with the ABC describing the guidelines as a "safe level of alcohol intake", the Daily Telegraph as "what is safe for Australian men and women to drink", the Age as a "safe-drinking guide" and the Australian Financial Review as "guidelines on the safe consumption of booze".

The AMA recommends that the one in 100 level of risk be communicated more clearly in Guideline 1, for example in the Guideline's 'key messages', and alternative risk levels mentioned.

9. Do you have any comments on how the evidence has been used to develop the recommendation for Guideline One?

The AMA is pleased that the NHMRC has taken on board growing evidence of the long-term harms associated with alcohol consumption, especially research regarding various types of cancer, and decreased the low-risk level of drinking from 14 to 10 standard drinks per week for adult Australians. As per the Position Statement 'Alcohol Consumption and Alcohol-related Harms – 2012', "the AMA is committed to Australia achieving the greatest possible reduction in the harmful effects of excess alcohol consumption."

The AMA commends the NHMRC's inclusion of information regarding the low strength of evidence on the protective effects of alcohol consumption. Given that the NHMRC acknowledges this limitation several times in the guidance document, the AMA is somewhat puzzled by the phrase that "for some people not drinking at all is the safest option". The AMA is concerned that this may lead to confusion about a 'safe' level of drinking, which is not how the guidelines should be interpreted. The AMA believes that, given the evidence presented, it would be more appropriate to include a sentence such as "not drinking at all is the best way to reduce your risk of alcohol-related harm".

10. Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).

N/A

11. Do you have any editorial or readability comments on the sections that make up Guideline One?

The AMA believes that the key message of Guideline One itself should be "The less you choose to drink, the lower your risk of alcohol-related harm". In the present draft this sentence comes after advice about the number of allowable standard drinks to reduce the risk of harm from drinking.

Given this, and our previous comments regarding the risk level and the wording around not drinking at all, the AMA believes a more appropriate reading of Guideline One would be as follows:

"The less you choose to drink, the lower your risk of alcohol-related harm. Not drinking at all is the best way to reduce your risk of alcohol-related harm. To reduce the risk of alcohol-related mortality to 1%, for healthy men and women, drink no more than 10 standard drinks per week and no more than 4 standard drinks on any one day."

12. Do you have any comments on how the evidence has been used to develop the recommendation for Guideline Two?

The AMA is strongly supportive of the firmer wording used in Guideline Two as compared with the previous 2009 Guideline, confirming that children under 18 should not drink alcohol at all.

The AMA's 2012 research report 'Alcohol Marketing and Young People: Time for a New Policy Agenda' emphasises the harm of alcohol for children and young people: "Childhood and adolescence are critical times for brain development, and the brain is more susceptible to alcohol-induced damage during these times...those who start drinking early not only risk causing irrevocable damage to their brain, but are also at heightened risk of developing long-term, chronic health conditions associated with alcohol misuse."

The AMA therefore agrees with the updated guideline that children under 18 should not drink alcohol and believes that this message is conveyed clearly and accurately in Guideline Two.

13. Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).

N/A

14. Do you have any editorial or readability comments on the sections that make up Guideline Two?

N/A

15. Do you have any comments on how the evidence has been used to develop the recommendation for Guideline Three?

The AMA is also strongly supportive of the updated wording of Guideline Three as compared with the previous 2009 Guideline, based on current scientific evidence indicating significant potential harms to the fetus associated with alcohol consumption during pregnancy.

The AMA is supportive of the way NHMRC has used the evidence regarding the effects of drinking alcohol while pregnant to develop this advice. The AMA agrees that because there is no known safe level of alcohol that can be consumed by pregnant women, a precautionary approach is the most appropriate advice. The AMA's Position Statement 'Fetal Alcohol Spectrum Disorder – 2016' emphasises this point: "As there is no scientific consensus on a threshold below which adverse effects on the foetus do not occur, the best advice for women who are pregnant is to not consume alcohol. The NHMRC guidelines should clearly state that no level of alcohol consumption during pregnancy can be guaranteed to be safe for the foetus."

The stronger wording of this Guideline is also likely to overcome any confusion that may have resulted from the more qualified message in the 2009 Guideline. The 2009 Guideline for pregnant women stated that "for women who are pregnant or planning a pregnancy, not drinking is the safest option". A 2019 consumer survey commissioned by Food Standards Australia and New Zealand on options for pregnancy warning labels demonstrated the inadequacy of a similar message. The survey tested the suitability of four warning messages, one of which was "It's safest not to drink while pregnant". This message obtained the worst score in terms of conveying the message not to drink alcohol during pregnancy, being believable, and being credible. The more strongly worded "Any amount of alcohol can cause lifelong harm your baby" was the most well-understood message. The NHMRC may like to consider inclusion of this wording in Guideline Three or in its 'Key messages' section.

16. Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).

The aforementioned report on messaging for pregnancy warning labels for alcoholic beverages provides useful insight into consumer understanding of these type of messages. The consumer survey was conducted by Roy Morgan Research for Food Standards Australia and New Zealand, with the report entitled 'Alcohol Warning Label Survey' published in September 2019. The full report is available on FSANZ's dedicated webpage for the 'P1050 – Pregnancy warning labels on alcoholic beverages' consultation process, as 'Supporting document 2'. The URL is <https://www.foodstandards.gov.au/code/proposals/Pages/P1050Pregnancywarninglabelsonalcoholicbeverages.aspx>.

17. Do you have any editorial or readability comments on the sections that make up Guideline Three?

N/A

18. Do you have any comments on how the *Drinking frequency* section could be improved?

N/A

19. Do you have any comments on how the *Administrative report* could be improved?

N/A

20. Are there any additional terms that should be added to the *glossary*?

N/A

21. Are there any additional abbreviations or acronyms that should be added to this section?

N/A

22. Do you have any comments on how the *Australian standard drinks* section could be improved?

N/A

Disclaimer I have read the security warning/disclaimer below and accept the risks and conditions outlined.

Permission to publish yes