



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

## Personal details

Full name Mental Health Commission - Western Australia

[NHMRC has removed personal information]

## Submission reflects

Organisation / Individual An organisation

Organisation Name Mental Health Commission - Western Australia

Please identify the best term to describe the Organisation Government department or agency – State or territory

## 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.*

Agree

3. Please indicate how strongly you agree with the following statement: *The Plain English summary is clear, simple and easy to understand.*

Agree

4. Do you have any comments on how the *Plain English summary* could be improved?

This section is easy to read and understand, attempts to strengthen and simplify the Guidelines are acknowledged and supported.

However, there are broader concerns regarding the strength of the evidence supporting the Guidelines and communication issues which are described later in this submission.

Suggest consistency throughout the document whether to use “guidelines” or “Guidelines”.

5. Do you have any comments on how the *Introduction* could be improved?

No comment

**6. Do you have any comments on how the *Background* could be improved?**

Would recommend that figure 3.1 on page 9 more clearly differentiate the “14+” bar graph from the grouped age data given this information represents the average of risk of harm for persons aged 14 years and older.

The document would be strengthened by having a consistent and clear message that there are no known safe alcohol consumption levels for anyone. Statements such as the following suggest there are safe drinking levels for some people.

‘Due to individual variability, there is no amount of alcohol that can be stated as safe for everyone’ p.12.

While there is some evidence regarding the protective effects of small volumes of alcohol consumption for some cardiovascular conditions for some groups of people, research suggests there is no ‘safe’ level of consumption for any person.

For example, the following paragraphs describing the impacts of alcohol on cardiovascular disease (p.14) should include information that, based on current available evidence, any health benefit that may be observed for coronary artery disease as a result of alcohol consumption, can be outweighed by the overall risks.

‘Low levels of alcohol consumption have been found to be associated with protective effects against coronary artery disease in some studies and in certain age groups (Holmes et al 2014); however, recent evidence suggests that the magnitude of these effects is smaller than previously thought (see Guideline One ‘Rationale’)’ p.14.

The following sentences are clear but are not raised until p.22 of the Guidelines:

‘In the past, lower levels of alcohol consumption have been thought to provide some protection against cardiovascular diseases, particularly coronary heart disease. However, there is growing uncertainty about the evidence underpinning such ‘protective effects’ (The University of Sheffield 2019).

If coronary heart disease protective effects do exist, the modelling for these guidelines shows it is likely that they only offset harms from alcohol in people aged 70 years and over. In those aged less than about 50 years, harms from alcohol outweigh these uncertain benefits.’

**7. Please indicate how strongly you agree with the following statement: *The Understanding risk section is clear, simple and easy to understand.***

Agree

**8. Do you have any comments on how the *Understanding risk* section could be improved?**

No comment

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

Communication considerations relating to the Guideline:

Research indicates the two separate Guidelines (2009) for short-term harms and long-term health harms was confusing. The 2019 FARE Annual Alcohol Poll reported the proportion of Australians who correctly estimate the recommended number of standard drinks a person can consume to minimise long-term harm and short-term harm was very low (31% and 9% in 2019, respectively). The proposed new Guideline One is potentially easier to follow than the 2009 Guidelines for short and long term harm, if communicated appropriately. The new weekly format offers an easier benchmark for those whose drinking amounts and patterns (per day, and days per week)

vary. Based on the Western Australian experience with the Alcohol. Think Again public education program, it is our expectation awareness levels of Guideline One will increase in Western Australia.

However, there is the potential that media communication and lay person's understanding of Guideline One will result in unanticipated consequences for frequency and volume of alcohol consumption.

While following release of the public consultation document most media outlets have reported the decrease in recommended weekly consumption appropriately, some have engaged in confusing and problematic messaging (e.g. "New alcohol guidelines double daily drink allowance" <http://www.mygc.com.au/new-alcoholguidelines-double-daily-drink-allowance/>).

Concerns also remain regarding the potential for individuals to interpret the "cap your alcohol at 10 drinks a week" message reported in many media headlines to mean that consuming 10 standard drinks over one or two occasions is within the recommended drinking Guidelines, despite the fact that the guidelines states no more than 4 standard drinks on one occasion. It may be of benefit to cite the risks of drinking more than 4 standard drinks on one occasion (briefly mentioned on page 24).

#### Overview

The document does not provide a clear and consistent rationale for how Guideline One was developed given: the research has been assessed as of low quality without adequate explanation as to why the research has continued to be relied on to inform the Guidelines. This is particularly evident in the MAGICapp format where the certainty of the evidence for all three Guidelines is clearly "very low"; there is inconsistency and unclear messaging throughout the document regarding 'safe' levels of consumption; the modelling regarding risk threshold levels is confusing and sends conflicting messaging; and reliance on evidence regarding alcohol as a protective factor in forming the guidelines is unclear given the document notes this is becoming more uncertain, and the significant difference in recommended standard drinks when considering risk thresholds with or without consideration of a protective factor, particularly in respect to the modelling information.

Further information on these points is provided below.

#### Evidence

The system used to assess the evidence quality (GRADE) is noted to have limitations regarding applicability to public health interventions (p.24), resulting in a great deal of the evidence being rated as low to very low. Despite low ratings, the evidence was used to inform the Guideline development. The reader is not supported to understand why or how despite low ratings, the evidence was used to inform the Guideline development.

Uptake and confidence in Guideline One would be enhanced by additional (or clear/more compelling) information which addresses this issue. In the absence of a clear explanation outlining why this evidence continues to be relied upon, the quality of the evidence is likely to be a focus of responses to the Guidelines and may undermine their credibility within the community.

#### 'Safe' levels of consumption

Suggest the following sentence at section 4 (Understanding Risk) becomes an overarching statement to frame the document:

'While the evidence shows there is no level of alcohol consumption that is completely safe, the Guidelines provide recommendations and information on how to minimise the risk of alcohol-related harm' p.18.

Rationale: While there is some evidence regarding the protective effects of small volumes of alcohol consumption for some cardiovascular conditions for some groups of people, research suggests there is no 'safe' level of consumption for any person.

Risk threshold modelling – assumed alcohol protective factor

Table 5.5.1 presents mortality risk thresholds for various drinking frequencies by number of standard drinks consumed per week. The thresholds include an assumed alcohol protective factor.

The value of including the table in the Guidelines is unclear and may undermine the uptake of the Guideline which recommends no more than 10 standard drinks per week. While the table demonstrates that a small reduction in the number of standard drinks per week can significantly reduce risk thresholds, the table also indicates that if men drink 3 days a week (on which the document bases the Guidelines), they can consume 11.3 standard drinks per week and have a 1 in 1000 risk level or they can drink daily and consume 18.5 standard drinks per week to achieve the same risk level.

Including the table has the potential to cause confusion for individuals referring to the Guidelines.

Risk threshold modelling – no assumed alcohol protective factor

At various points throughout the document limitations in the literature regarding the effects of alcohol as a protective factor are noted. The information indicates the overall net benefit to the community versus a benefit to a small portion of the community, for a small number of conditions is becoming more uncertain.

However, Table 5.5.2 in the Guidelines presents information which indicates the protective factor appears to be a significant consideration in the recommended number of standard drinks per week for the general population. This has the potential to cause confusion to those applying the Guidelines. For example, when the protective factor is applied, the table suggests a man drinking daily can drink 20.2 standard drinks per week. This is in contrast to 2.9 standard drinks per week if no protective effects are applied. Given the emerging research suggests there are limited to no protective effects of alcohol for the broader population, there is concern about the substantial difference between protective factor versus no protective factor-recommended weekly low-risk drinking limits.

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

No comment

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

5.1 Rationale.

The second last paragraph on page 22 refers to Section 5.3 Patterns and levels of drinking. This is incorrect and should refer to section 5.5.

5.5 Patterns and levels of drinking

The paragraph under figure 5.5.2 refers to table 5.3.1. This is incorrect and should refer to table 5.5.1.

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

General Comment: Guideline Two, is stronger and clearer than the 2009 Guidelines.

Safe drinking levels

Guideline Two notes "(t)here is no 'safe' or 'no-risk' level of drinking alcohol for children and young people aged 18 years".

It is suggested that Guideline Two expands on why alcohol consumption is particularly problematic for children and young people.

Harm minimisation approach

Section 6.7 notes the following: ‘... if young people choose to drink despite this guidance then it is recommended that:

They should speak to their parents/guardians/carers about drinking.

They should do so in a safe environment and under parental guidance.

Should only drink at a low level (e.g. never more than one standard drink per day).’

Providing a detailed harm minimisation recommendation which includes a daily standard drink limit for children is at odds with the Guideline and with the effective work being done with mass media alcohol campaigns and other strategies which seek to prevent and delay alcohol consumption by young people.

It is recommended this is deleted and as an alternative, the Guidelines direct readers to contact local alcohol information services about family appropriate harm minimisation approaches, should they be required. The less detailed alternative supports implementing a harm minimisation approach without undermining the message of Guideline Two.

There are specific concerns in relation to the recommendation that if young people choose to drink, ‘they do so ... under parental guidance’. Research indicates that when parents provide alcohol, young people are likely to initiate drinking at a younger age and are more likely to drink at risky levels.

While it is acknowledged that the Guideline does not advocate that adults provide alcohol to young people, the detailed harm minimisation recommendation may have cultural implications reinforcing a belief by parents that providing alcohol to under 18 year olds has some benefit and outweighs the risks. Furthermore, the community commonly cites the European model of alcohol consumption (i.e. alcohol being consumed with parents at meal times) as an aspirational model of drinking, despite the high levels of alcohol-related harm in many European countries.

There is also concern with the recommendation that if young people choose to drink, they ‘should only drink at a low level (e.g. never more than one standard drink per day)’. The inclusion of a ‘per day’ recommendation is of concern from a communication perspective given it may inflate community perceptions about how frequently young people under 18 years old drink alcohol, and reinforce that it is acceptable for young people under 18 years old to drink alcohol regularly.

Evidence

The document does not provide a clear and consistent rationale for how Guideline Two was developed given:

- the research has been assessed as of low quality without adequate explanation as to why the research has continued to be relied on to inform the Guidelines. This is more evident in the MAGICapp format where the certainty of the evidence for all three Guidelines is clearly “very low”; and
- there is inconsistency and unclear messaging throughout the document regarding ‘safe’ levels of consumption

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

No comment

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

The following changes are suggested:

Rationale

Parents and carers often express concern about the drinking of young people, and feel they need to make decisions on whether or when to offer them alcohol. Young people themselves may be interested to learn about or experience alcohol consumption.

Parents hear many mixed messages about youth drinking.

Key info

There are substantial net benefits for children and young people under 18 years of age to not drink alcohol as advised by this Guideline.

Why specific advice is needed for Australians under 18 years of age. This is an exact replication of section 6.1 Rationale. Suggest editing.

6.6 Age of first drinking and longer-term outcomes

There is a single quotation mark at the end of the last paragraph. The full quote needs to be identified and put in quotation marks.

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

General Comment: Guideline Three is stronger and clearer than the 2009 Guidelines in respect to drinking while pregnant.

While there are some concerns regarding potential for mixed messaging about the less definitive Guideline regarding breastfeeding, the absence of existing data/evidence is well explained and provides a clear rationale for the breastfeeding aspect of the Guideline.

Careful consideration needs to be given to the communication of this Guideline to the broader community, as well as among women drinking at high-risk levels. As mentioned in Section 7.5, 50% of pregnancies are unplanned and therefore it is important that women are directed to specialist medical advice if they are concerned about their pregnancy or the health of their baby.

Evidence

The document does not provide a clear and consistent rationale for how Guideline Three was developed given:

- the research has been assessed as of low quality without adequate explanation as to why the research has continued to be relied on to inform the Guidelines. This is more evident in the MAGICapp format where the certainty of the evidence for all three Guidelines is clearly “very low”; and
- there is inconsistency and unclear messaging throughout the document regarding ‘safe’ levels of consumption.

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

No comment

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

The following changes are suggested:

Key info

There are substantial net benefits in not drinking alcohol as advised by this Guideline when pregnant and whilst breastfeeding.

Pregnancy - This section is repetitive. Suggest editing.

7.3.2 Adverse effects of maternal alcohol consumption at different life stages

Fetal Alcohol Spectrum Disorder

These can be lifelong physical, cognitive, behavioural and neurodevelopmental abnormalities, and restricted growth. The level and nature of the conditions can be related to the amount of alcohol consumed and the developmental stage of the fetus.

7.4.2 The impact of alcohol on breastfeeding and the infant

There is a lack of good quality evidence on the effect of maternal alcohol consumption on babies' that breastfeed...

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

No comment

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

No comment

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

No comment

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

No comment

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

No comment

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**Permission to publish** yes