



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

## Personal details

**Full name** The Royal Australian and New Zealand College of Psychiatrists

[NHMRC has removed personal information]

## Submission reflects

**Organisation / Individual**

An organisation

**Organisation Name**

The Royal Australian and New Zealand College of Psychiatrists

**Please identify the best term to describe the Organisation** Educational institution

## Questions

1. **Please indicate which format you read the guideline in.**

PDF report

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.***

Neither agree nor disagree

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

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) commends the National Health and Medical Research Council (NHMRC) for developing the Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol (the Guidelines). The RANZCP supports the plain English summary in noting it is jargon free. However, we suggest that it be made shorter and that a definition or diagram be provided to inform what constitutes a standard drink.

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

The RANZCP acknowledges the introduction is clear and provides a thorough explanation of the use of evidence to inform the recommendations included in the Guidelines. However, the introduction should go further to highlight the links between excessive alcohol consumption and mental ill-health, as outlined in the RANZCP Position Statement 87: Recognising and Reducing Alcohol Related Harm. There is some evidence that shows that alcohol can severely impact on mental health and a decline in mental health can lead to an increase in alcohol use.

Further, evidence suggests that alcohol misuse and disorders co-occur with other mental health conditions and impact people across the life cycle, yet these links are not well understood by individuals, health professionals or the general public. The RANZCP suggests that more funding be designated to additional research that examines this relationship to better inform the community.

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

The RANZCP does not have any comments to make on how the Background could be improved.

**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?**

The RANZCP agrees with the Guideline's implementation of a balanced approach that integrates and respects informed choice where there is a degree of perceived risk alongside issues of safety for the individual and the community. However, the RANZCP would like to see the mental health risks of alcohol consumption highlighted within this section.

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

The RANZCP supports the inclusion of people with mental health conditions as a "special population group" who may experience increased risk of harm if they drink alcohol and may need to seek professional advice about drinking. However, the RANZCP suggests that more detailed information about how mental health and alcohol impact on each other should also be included. In addition, the RANZCP suggests that the Guidelines advise people taking prescription medication for mental health conditions to discuss the potential dangers of consuming alcohol with a health professional.

The RANZCP recommends that the Guidelines also go further to encourage help-seeking by members of the public who excessively consume alcohol. This is necessary due to the highly stigmatised nature of alcohol problems, which creates significant barriers for people to seek help.

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

The RANZCP acknowledges the NHMRC's preference for high-quality research to inform the Guidelines. The RANZCP further acknowledges that a greater number of high-quality studies in relation to the connection between alcohol and mental health is needed. Given the critical importance of making clear to the public the link between mental health and consuming alcohol, the RANZCP suggests that more funding be designated to additional research that examines this link.

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

No comment.

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

No comment.

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

The RANZCP supports the guidance for children and young people under the age of 18 years to not consume alcohol. However, as noted on page 10 of the Guidelines, 7.9% of young people aged 12-15 years and 43.8% of adolescents aged 16-17 years reported consuming at least one full serve of alcohol in the past 12 months. The RANZCP has identified a longitudinal study conducted in New Zealand in 2019 which found that there was a stronger relationship between age of first intoxication and future substance use disorders as opposed to age of

first drink. The RANZCP suggests that additional research be undertaken to ascertain whether age of first intoxication is a more realistic and more significant goal than preventing early alcohol consumption.

Citation: Newton-Howes G, Cook S, Martin G, Foulds JA, Boden JM. Comparison of age of first drink and age of first intoxication as predictors of substance use and mental health problems in adulthood. *Drug and alcohol dependence*. 2019; 194:238-43

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

No comment.

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

The RANZCP recommends that the Guidelines go further to highlight the intersection of mental health and alcohol misuse during pregnancy. While pregnancy can be a time of joy and expectation, it can also be difficult, exacerbating alcohol misuse. Pregnancy may also trigger mental health conditions, which may then be self managed with the use of alcohol. The RANZCP emphasises the importance of the provision of appropriate education on the complex relationship between alcohol misuse and poor mental health during pregnancy risks to assist in reducing Fetal Alcohol Spectrum Disorder (FASD).

**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?**

No comment.

**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