



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

Personal details

Full name Paul Lindwall

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual An individual

Individual Background Researcher – Other

Questions

1. Please indicate which format you read the guideline in.
MAGICapp
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?
No comment
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?
No comment
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?

The evidence is insufficiently granular to reach a conclusion that the recommended number of standard drinks should be reduced from 14 to 10 per week. This seems to be an assertion without evidence. Sure, there is strong evidence that drinking excessively (30 plus standard drinks per week) is harmful, but no evidence that reducing from 14 to 10 per week has a net benefit. Indeed, with the work of Emeritus Professor David Hanson Preventing Alcohol Abuse: Alcohol, Culture and Control, reducing further is likely to have a net harm. It seems ideological to assert that ever lower alcohol drinking limits should be pursued in the absence of epidemiological double blind evidence. On what basis does the NHMRC make that recommendation? If someone is drinking 14 standard drinks per week and now cuts back to 10 standard drinks per week how do you know there is a benefit? Simple extrapolation from very high consumption to low consumption doesn't cut it - the evidence is clear at those excessive levels of consumption.

Take the comments of the Chief Medical Officer, Professor Brendan Murphy. He is cited in an AAP report that "if all Australians follow these guidelines we won't stop every alcohol-related death, but we will save thousands of lives, especially younger lives". This is a highly misleading and selective assertion as it implies that moving from the current guidelines to the new guidelines (ie: 14 to 10) would save 'thousands of lives'. But that isn't so there is no evidence whatsoever to support that contention. What Murphy is really saying is that addressing alcoholism and extreme use would save lives. Indeed it would. But so would be the case if users followed the current guidelines (or indeed the immediately preceding guidelines). There is thus no justification to change the guidelines except ideology and given the benefits of moderate alcohol consumption the new guidelines could lead to greater harms compared to the current guidelines.

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

David Hanson - Preventing Alcohol Abuse: Alcohol, Culture and Control. "Given the apparent health benefits and contribution to longevity of the moderate consumption of alcohol compared to either abstinence or heavy drinkingm reducing per capita consumption might well have serious adverse health effects for moderate drinkers. Thus lowering mean per capita consumption of alcohol could be counterproductive and highly undesirable for the health and longevity of the general population".

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).

No comment

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?

No comment

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?

See my response to guideline 1

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