



Alcohol Policy Coalition

Alcohol Policy Coalition submission to the Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol.

The [Alcohol Policy Coalition](#) (APC) is a collaboration of health and allied agencies that share concerns about the harmful impacts of the alcohol industry and its products in Victoria. The Alcohol Policy Coalition campaigns for regulation of the alcohol industry to protect the community from the harm it causes, and to provide balance to the industry's aggressive marketing and normalisation of alcoholic products.

The members of the APC are:

Australasian College of Emergency Medicine	Royal Australasian College of Surgeons
Alcohol and Drug Foundation	St Vincent's Health Australia
Cancer Council Victoria	The Salvation Army
Centre for Alcohol Policy Research (CAPR), La Trobe University	Turning Point
Foundation for Alcohol Research and Education	Victorian Alcohol and Drug Association
Jewish Community Council of Victoria	Violence Prevention Group, School of Psychology, Deakin University
Public Health Association of Australia (Victoria)	Uniting Church in Australia, Synod of Victoria and Tasmania

Background

Alcohol Guidelines are used in international jurisdictions to provide evidenced based information which recommends safe limits for alcohol consumption for individuals. The APC is aware that the first version of the National Health Medical Research Council (NHMRC) Alcohol Guidelines were introduced in 1987 and then subsequently revised in 1992, 2001, 2009, with the current Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol (Draft Alcohol Guidelines) being revised on the basis of new evidence in 2019.

The APC is concerned that despite the existence of the Alcohol Guidelines in 1987, a recent 2019 national poll undertaken by FARE found that Australians *continue* to remain unaware of what constitutes high and low risk alcohol consumption. Over half of Australians (57%) report being aware of the current Alcohol Guidelines, with only one in five (18%) Australians aware of the actual content. These findings have remained relatively consistent since 2011. ¹ Survey results also suggest that there have been no major improvements in the proportion of Australians who correctly estimate the recommended number of standard drinks a person can consume to minimise long-term harm. ²

¹ Foundation for Alcohol Research and Education (FARE), 2019 Annual Alcohol Poll Attitudes and Behaviours (2019), p4-5.

² Ibid, 31% in 2019 compared with 38% in 2011 and short-term harm, 9% in 2019 compared with 10% in 2011.

Further, most Australians remain confused in relation to commonly used phrases such as ‘drink responsibly’ and ‘drink in moderation’ now regularly used and promoted by the alcohol industry. For example, in 2019, Australian drinkers were asked if they consider themselves a ‘responsible drinker’. The FARE Poll found that an overwhelming majority of Australian drinkers (87%) consider themselves a ‘responsible drinker.’³

The alcohol industry deliberately uses positive and pro-drinking terms like these because they avoid discussion of the actual amount of alcohol being consumed. This perpetuates confusion around alcohol risk thresholds because it enables consumers to set their own subjective level. The FARE poll shows that these subjective thresholds can be extremely high; 68% of high risk drinkers (those who consume 11 standard drinks or more on a typical occasion) consider themselves a ‘responsible drinker’.⁴ The industry’s approach is not consistent with the aim of alcohol harm minimisation, and in fact interferes with genuine attempts at harm minimisation.

The poll undertaken by FARE also shows that four in five Australians report that they believe that people have a right to know about alcohol-related harm. Research has also acknowledged that: “A further compounding factor is the lack of government investment aimed at raising awareness of the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. The existence of such guidelines serves little purpose if Australians are not aware of them.”⁵

The belief of a right to know about alcohol related harm is an implied understanding of the right to health and life and the right to freedom of information, as outlined in the United Nations Covenant on Economic, Social and Cultural Rights⁶ and the Covenant on Civil and Political Rights⁷ - both of which the Australian Government has ratified and is under an obligation to implement in national policies and programs.

APC believes that the revised 2019 Guidelines, with its strong evidence base (and with national plans for the implementation of the National Strategy on Alcohol (NAS) outlined in the NAS itself) provide the Australian Government with a timely opportunity to ensure that *all* Australians clearly know about lower risk levels of alcohol consumption, aimed at minimising alcohol related harms.

The APC welcomes the opportunity to provide a submission on the NHMRC Draft Alcohol Guidelines.

³ Foundation for Alcohol Research and Education (FARE), *2019 Annual Alcohol Poll Attitudes and Behaviours*, (2019), p4-5.

⁴ Foundation for Alcohol Research and Education (FARE), *2019 Annual Alcohol Poll Attitudes and Behaviours*, (2019), pp23-24.

⁵ Bowden, Room et al, ‘Alcohol Consumption and the NHMRC Guidelines’, (2014): 38, Australian & New Zealand Journal of Public Health.

⁶ UN General Assembly, *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966, United Nations, Treaty Series, vol. 993, p. 3

⁷ UN General Assembly, *International Covenant on Civil and Political Rights*, 16 December 1966, United Nations, Treaty Series, vol. 999, p. 171,

Key arguments

Decreased levels of low risk consumption

APC welcomes a document such as the Draft Alcohol Guidelines which recommend a decreased amount of alcohol at *levels* of consumption. As compared to the 2009 Guidelines on Alcohol, which previously recommended no more than 14 standard drinks per week, the Draft Alcohol Guidelines recommend no more than 10 standard drinks per week.

This will help to achieve the goal of minimising alcohol related harms in the Australian community over the course of a lifetime for each individual.

APC also welcomes the message in the Draft Alcohol Guidelines that the evidence points to no level of alcohol consumption being without net risk and that (even at the level of specific effects) there is greater “uncertainty” that the consumption of one half to one standard drink per day of red wine has a protective effect against coronary heart disease and type two diabetes. The APC note that recent leading research should be included which positively affirms (beyond uncertainty) that there is *no relationship* between the consumption of red wine and cardiovascular health benefits.⁸

Link between alcohol and cancer

In the APC’s earlier 2018 submission to the draft National Alcohol Strategy (NAS), the APC emphasised that there is a significant lack of public awareness in Australia of the health impacts of long-term alcohol consumption. In particular APC noted a low awareness of the link between alcohol consumption and cancer. For example, Victorian research shows that just 10 per cent of Victorians realise limiting alcohol will reduce their risk of cancer.⁹

APC now welcomes a strong emphasis in the revised Draft Alcohol Guidelines on the evidence-based link between drinking alcohol and developing several different cancers and that the level of risk increases as more alcohol is consumed.

Drinking alcohol increases the risk of a number of cancers including breast, liver, pancreatic, colorectal, oesophageal, mouth and throat (pharynx and larynx) cancer (The University of Sydney 2018).¹⁰

APC believe that this messaging now needs to be more proactively communicated to the Australian public and included in a public communication and education campaign, in an easy to understand way so that it well understood and accepted.

Clearer guidance to parents of children and young people

⁸ Stockwell, T., Zhao, J., Panwar, S., Roemer, A., Naimi, T., Chikritzhs, T. (2016). Do “Moderate” Drinkers Have Reduced Mortality Risk? A Systematic Review and Meta-Analysis of Alcohol Consumption and All-Cause Mortality. *Journal of Studies on Alcohol and Drugs* 77(2), 185–198. doi.org/10.15288/jsad.2016.77.185. Wood, A.M., Kaptoge, S., Butterworth, A.S., Willeit, P., Warnakula, S., Bolton, T., ... Danesh, J. (2018) Risk thresholds for alcohol consumption: combined analysis of individual-participant data for 599 912 current drinkers in 83 prospective studies. *The Lancet* 391(10129), 1513–1523.

⁹ Niven p, et al, ‘Changes in perceptions of body weight, physical activity and dietary factors in relation to cancer risk in the population: updated findings, cancer issues population survey, Cancer Council Victoria (2013).

¹⁰ National Health Medical Research Council, *Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (2019).

APC supports that section of the Draft Alcohol Guidelines which provide evidence-based and *clear guidance* to parents in relation to the consumption of alcohol by their children, that “there is no clear safe or no risk level of alcohol consumption for children under 18 years.” APC acknowledges NHMRC research that shows that the brain is still developing up to age 25, that alcohol can harm a young developing brain and that alcohol can increase the risk of injury and in the longer-term alcohol-related conditions in later life.

Clearer guidance to women on alcohol and pregnancy

APC also supports the revised thresholds in the Draft Alcohol Guidelines that women planning pregnancy or who are pregnant should not drink alcohol and that no amount of alcohol is safest for those women who are breastfeeding. As outlined below, the APC believes that improved community awareness in the form of a national campaign around the risks of consuming alcohol when planning a pregnancy or when pregnant and using the recommendations in the revised Alcohol Guidelines is critical in helping to prevent Foetal Alcohol Spectrum Disorder (FASD).

Supporting the capacity of health professionals to provide accurate information to women consistent with the Draft Alcohol Guidelines is also important in addressing the adverse relationship between maternal consumption of alcohol and the prevalence of FASD.

National communication and education campaign

To date, no effective Australian Government communication campaign has promoted the Guidelines on Alcohol widely.¹¹ APC regard this as a significant gap which has contributed to Australians’ lack of understanding in respect of safe levels of alcohol consumption.

The APC previously recommended that National Alcohol Strategy (NAS) should include an initial action that the Australian Department of Health fund a national communication and education campaign to educate the public about the health impacts of alcohol, *and* the revised Alcohol Guidelines (in addition to the range of resources to implement the Draft Alcohol Guidelines which the NHMRC already envisages). The APC therefore reiterates this recommendation.

The APC also support a model whereby the Ministerial Drug and Alcohol Forum (tasked with implementing the NAS) and the National Drug Strategy Committee work together to implement the new revised Alcohol Guidelines through a national communication and education campaign.

Evidence shows that in 2016, 17.1 per cent of Australians 14 years and over exceeded the National Health Medical Research Council’s 2009 guidelines by 2 standard drinks per day.¹² This is a measure of how ineffective the communication of the previous 2009 Guidelines was, and strongly highlights the need for more effective communication of the revised Guidelines on Alcohol as an important national priority.

Further, a study in 2012, assessing the effectiveness of the 2009 Guidelines on Alcohol, showed that a large majority of the survey sample did not know the consumption threshold for women (61 per cent of women were unaware) or men (only 59.6 per cent of men were unaware).

¹¹ Bowden, Room et al, ‘Alcohol Consumption and the NHMRC Guidelines, (2014): 38, Australian & New Zealand Journal of Public Health.

¹² Australian Institute of Health & Welfare, 2017, quoted in National Health Medical Council, *Draft Guidelines to Reduce Health Risks from Drinking Alcohol* (2019), 6.

Also, only a minority a total of 36.6 per cent -- saw alcohol as an important risk factor for cancer. This study also supports a “strategy to raise awareness of the link between cancer and alcohol consumption.”¹³

An effective public communication and education campaign should ensure, as its primary aim, that the revised Guidelines on Alcohol are better known and understood by all Australians than the previous 2009 Guidelines on Alcohol have been. The campaign should also be developed in consultation with stakeholders representing diverse Australians, including public health professionals and GPs who are the gatekeepers of public health.

In support of this recommendation, the Cancer Council Victoria undertook research involving 3,718 Australians aged 18 to 64 years who consumed alcohol. Participants were exposed to four advertisements. Those who viewed the advertisements which specifically included the low risk guidelines were more likely to correctly estimate the level of low risk drinking specified by the Alcohol Guidelines, as compared to those advertisements without the Alcohol Guidelines.¹⁴

The research undertaken by Cancer Council Victoria shows “... there is value in investing in alcohol harm reduction mass media campaigns that include education about how much is considered low risk drinking, allowing people to make informed, healthy choices.”¹⁵ The findings in this research point persuasively to the need for national media education campaigns concerning prevention of alcohol harms that include the thresholds in the Draft Alcohol Guidelines.

What does an effective national communication and education campaign look like?

APC believes that there should be a concerted national communication and education plan that meets the needs of diverse Australians who are vulnerable to alcohol-related harms. The campaign should be developed in consultation with diverse Australian communities and stakeholders representing those communities in particular, including older people, Aboriginal and Torres Strait Islander communities, children (under 18 years old) and young people, people with mental illness, pregnant and breastfeeding women. As the Draft Guidelines put it:

The recommendation (in these guidelines) should not create new health inequities or worsen any current inequities, but if it is not effectively implemented, misses the opportunity to reduce inequities. The messages need to reach those most vulnerable to alcohol related harm.¹⁶

In addition, to ensure effective outreach to diverse communities and to help address health inequities among vulnerable communities, a communication plan needs to be targeted at these population groups, with the key thresholds in the Draft Alcohol Guidelines communicated in the following formats: plain English, translated formats (i.e. based on most frequently spoken languages in Australia), Braille, accessible through spoken text and accessible by those who are Blind or visually impaired. Measures should also be taken to communicate the Draft Alcohol Guidelines to

¹³ n 5.

¹⁴ Pandeya, Wilson et al, *Cancers in Australia in 2010 attributable to the consumption of alcohol*, Australia and New Zealand Public Health, 2015.

¹⁵ Ibid.

¹⁶ National Health Medical Research Council, *Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (2019), 28.

Aboriginal & Torres Strait Islander communities in a culturally appropriate format and through liaising with Aboriginal & Torres Strait Islander stakeholders at community levels.

Key learnings from the literature recommend that successful communication and education campaigns in relation to Guidelines on Alcohol should include the following elements:

- directly communicate why change is advisable or necessary ¹⁷
- address long term harms and pair these with recommendations of low risk drinking levels contained in the Draft Alcohol Guidelines ¹⁸
- include the Draft Alcohol Guidelines as an anchoring point in advertisements ¹⁹
- include different formats of the guidelines such as a chart and pictograms. ²⁰

International best practice

The communication and education campaign could also adopt learnings from Denmark which conducted a long running campaign which increased community knowledge about Danish alcohol consumption guidelines.

Since 1990, the National Board of Health in Denmark has conducted annual alcohol campaigns targeting the general public. The campaigns have significant impact in relation to awareness and knowledge of alcohol guidelines, which is a key message of the campaigns. The campaigns led to increased knowledge by Danish adults of the Danish alcohol guidelines from 0 per cent before the campaign in 1990 to 52% in 1997, showing an understanding of the upper alcohol limits in the Danish Guidelines. ²¹

The study concluded that public health campaigns, such as the sensible drinking limit campaign in Denmark led to improved awareness in the general population of alcohol limits in the alcohol guidelines. ²² This is a key learning that supports the implementation of a national communication and education campaign in relation to the Draft Alcohol Guidelines.

Further comments addressing questions in the consultation paper

- The APC is concerned that the consultation paper questions were unduly narrow and focused solely on the adequacy of evidence supporting the Draft Alcohol Guidelines. The APC has therefore provided broader feedback beyond the scope of the consultation paper with the aim of improving the overall effectiveness of the Draft Alcohol Guidelines.
- There is an apparent disconnect between the stated audience (Australian community) and the language used in the Draft Alcohol Guidelines, which is better suited to scientists, academic researchers and policy makers.
- The plain English version is very dense with esoteric scientific concepts and better suited to a policy or expert audience. It would be advisable if the plain English version is separated from the Draft Alcohol Guidelines and forms part of the educational materials that the NHMRC already envisages will be developed.

¹⁷ Wakefield, Brennan et al, Features of alcohol reduction advertisements that most motivate reduced drinking among adults: an advertisement response study, *BMJ Open* 2017; 7(4).

¹⁸ Ibid.

¹⁹ n 14.

²⁰ Vallance, Romanovska et al, We have a right to know: exploring consumer opinions on content, design and acceptability of enhanced alcohol labels, *Alcohol and Alcoholism* 2018, 53 (1): 20-5.

²¹ Grønbæk and Stroger et al, 'Impact of a 10 Year nation wide campaign on knowledge of sensible drinking limits in Denmark,' (2001), *European Journal of Epidemiology*, 17, 423.

²² Ibid.

- As it is currently drafted, the plain English version could be further simplified as the content is not easily accessible to members of the community who experience low levels of literacy or who are from culturally and linguistically diverse backgrounds. However, in addition to plain English accessibility, critically important scientific evidence should be included in the plain English version such as: guideline thresholds, summary of the scientific evidence,²³ health risks if the recommended thresholds are exceeded. This could also be accompanied by visual representations in the form of diagrams and graphics.
- The APC notes that the framework on which the Draft Alcohol Guidelines is based on a life course approach whereas part two and three are organised on the framework of health equity. The APC welcome the health equity approach which addresses the needs of at risk population groups however if it is to be effective there needs to be an upfront explanation in the Draft Alcohol Guidelines outlining the reasoning why women and children have been afforded a concerted focus. The APC acknowledges that more evidence and research is needed to develop low risk drinking guidelines in respect of other at risk population groups, including older people, Aboriginal and Torres Strait Islander people and people with mental illness and this could be articulated in future NHMRC Alcohol Guidelines.

key recommendations:

That:

1. **The Australian Department of Health should continue to fund the program (and other relevant future programs), 'Women Want to Know' to support the capacity of health professionals to provide accurate information to women consistent with the Draft Alcohol Guidelines to address the adverse relationship between maternal consumption of alcohol and the prevalence of Foetal Alcohol Spectrum Disorder.**
2. **The Australian Department of Health should implement an effective national public education and communication campaign (as part of the implementation of the National Alcohol Strategy), so that the revised Guidelines on Alcohol are better known and clearly understood by all Australians. It should be developed in consultation with stakeholders representing diverse Australians and public health professionals including GPs who are the gatekeepers of public health.**
3. **As part of the national public education and communication campaign, education materials in relation to the Draft Alcohol Guidelines should be implemented in plain English and other appropriate formats to be accessible to diverse population groups in Australia who are at risk of alcohol-related harms and be included in alcohol prevention advertisements.**
4. **The Australian Department of Health should clearly highlight and include the link between drinking alcohol and developing several different cancers in a national communication and education campaign which includes the Draft Alcohol Guidelines.**

²³ Concepts that are omitted from the plain English guideline (that are included in the report) should be expressed in plain English and included in the plain English guideline. For example, these include: (guideline 1) the evidence shows that 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.' (guideline 3 three) 'alcohol is a teratogen which can cause **permanent** harm to the developing fetus', and that 'As there is **risk of lifelong harm** to the unborn child, this guideline takes a precautionary approach and recommends not drinking alcohol when pregnant.'

5. Future NHMRC Alcohol Guidelines should develop low risk drinking guidelines in respect of other at-risk population groups based on research and evidence.

The submission was drafted by [NHMRC has removed personal information]

If you have further queries, please contact [NHMRC has removed personal information]

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