



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

## Personal details

Full name Alcohol and Drug Foundation

[NHMRC has removed personal information]

## Submission reflects

Organisation / Individual

An organisation

Organisation Name

Alcohol and Drug Foundation

Please identify the best term to describe the Organisation

Non-government organisation

## 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.*

Agree

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

Guideline 1

To reduce the risk of harm from alcohol-related disease or injury 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.

The less you choose to drink, the lower your risk of alcohol-related harm. For some people not drinking at all is the safest option.

Comment: There is potential for confusion and disingenuous interpretation of the guidelines; e.g. viewing the weekly and daily guidelines as separate and not in unison. It is not inconceivable that individuals activate “suspension of disbelief” in order to justify consuming 28 standard drinks per week (7x4).

Given the increasing doubt over whether there are any protective benefits of drinking alcohol and the greater certainty about the link between alcohol consumption and the risk of developing a number of different cancers, a

precautionary approach should be taken. Indeed, the Draft Guidelines state: “Due to individual variability, there is no amount of alcohol that can be stated as safe for everyone”. (p.12).

Recommendation: That Guideline 1 read as follows:

To reduce the risk of harm from alcohol-related disease or injury for healthy men and women, drink no more than 10 standard drinks per week - this includes no more than 4 standard drinks on any one day.

The less you choose to drink, the lower your risk of alcohol-related harm. Not drinking at all is the safest option.

Guideline 2

To reduce the risk of injury and other harms to health, children and young people under 18 years of age should not drink alcohol.

Comment: Relatively recent research has shown that the brain keeps developing until the mid-twenties, and that alcohol is more harmful than previously thought to young people. While the minimum legal age for purchasing alcohol is 18, this guideline should take a precautionary, health-based approach.

Recommendation: That Guideline 2 read as follows:

To reduce the risk of injury and other harms to health, children under 18 years of age, as well as young adults, should not drink alcohol.

Guideline 3

To reduce the risk of harm to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol. For women who are breastfeeding, not drinking is safest for their baby.

Recommendation:

That the following sentence:

This does not mean the fetus will always be harmed. However, while the risk of harm to the fetus is likely to be slight when the mother drinks small amounts of alcohol (less than 1 standard drink per day), there is not enough evidence to know for sure whether the fetus will be safe from harm, even at this low amount of alcohol.

be amended to:

While the risk of harm to the fetus is likely to be slight when the mother drinks small amounts of alcohol (less than 1 standard drink per day), there is not enough evidence to know for sure whether the fetus will be safe from harm, even at this low amount of alcohol.

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

The opening two paragraphs read: Alcohol is the most widely used drug in Australia, with approximately 80% of adults drinking alcohol each year (Australian Institute of Health and Welfare 2017). People drink alcohol for a wide range of reasons and in different social and cultural contexts.

Alcohol consumption is linked with increased risk of injury, chronic disease and premature death. Moreover, excessive intake of alcohol not only affects the drinker’s health but can have effects on other members of the community (Callinan and Livingston 2019).

Comment: The particular impact of alcohol on young people should be acknowledged from the outset. Alcohol is the drug most commonly used by young people. Alcohol contributes to all the leading causes of death for young people; suicide, land transport accidents, accidental poisoning, and assault. Of the young Australians aged 14–19 years who are drinking at risky levels, 83% reported being injured as a result of that drinking in the past year. Early drinking, even sips or tastes, is connected to earlier and more harmful patterns of alcohol consumption.

Recommendation: That Guideline 3 be amended:

That the opening two paragraphs read: Alcohol is the most widely used drug in Australia, with approximately 80% of adults drinking alcohol each year; it is the drug most commonly used by young people. (Australian Institute of

Health and Welfare 2017). People drink alcohol for a wide range of reasons and in different social and cultural contexts.

Alcohol consumption is linked with increased risk of injury, chronic disease and premature death. Moreover, excessive intake of alcohol not only affects the drinker's health but can have effects on other members of the community (Callinan and Livingston 2019). It is a leading cause of harm for young people.

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

Recommendation: That Sexually Transmitted Diseases be included under Cumulative Effects.

**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?**

Comment: That the drinking guidelines being the same for men and women, while understandable in terms of simplicity and perhaps overall risk, may risk undermining other information campaigns. For example, the impact of alcohol on male and female Blood Alcohol Concentrations in the context of drink driving.

Recommendation: That "price" be included in the following:

The social acceptability of drinking alcohol is directly influenced by its perceived benefits, and these are in turn determined by personal experience or enjoyment, advertising, PRICE and the number of people partaking.

Sufficiently resourcing the promotion, dissemination and implementation of these guidelines will be pivotal to ensuring they have a meaningful impact in targeted and general populations. Consideration should be given to a focus on 'at risk' and vulnerable populations of alcohol related harms.

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

No.

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

Comment: The "greater uncertainty" in regard to alleged protective effects from cardiovascular disease is too conservative. See:

- 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.

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

Comment: The Draft Guidelines note: "The success of the guidelines in improving health outcomes is entirely dependent (ADF emphasis) on their successful dissemination, public communications and ongoing community awareness raising about the guidelines (including to health professionals), which the Australian Government is responsible for." (p.26.)

Federal, state and territory governments should coordinate approaches, identify synergies and look to pool knowledge and expertise in campaigning. The Alcohol and Drug Foundation has studied social marketing campaigns and engaged social marketing experts in the development of its campaigns and programs in a bid to maximise its efforts to drive positive behavior change. Internationally and domestically, there is a strong view that campaigns must align with audience values; minimise perceived price paid by individuals; be segmented and

tailored; and have the flexibility to be rapidly altered, in order to be effective. The explosion of the internet and social media in particular presents challenges and opportunities to this approach.

The 2017-26 National Drug Strategy states: “Approaches and policy responses aimed at reducing alcohol, tobacco and other drug harms in priority populations should be informed by evidence as it develops and should be reviewed regularly. It is also important that any responses do not inadvertently or unintentionally further marginalise or stigmatise people who are at higher risk of experiencing alcohol, tobacco and other drug related harm.”

Recommendation: 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.

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

No.

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

No.

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

Comment: The ADF strongly welcomes the “Key messages” in Guideline Two, for example: “There is no clear ‘safe’ or ‘no-risk’ level of alcohol consumption for children and young people under 18 years.”

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

No.

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

A substantial proportion of women are unaware of the risks associated with alcohol use during pregnancy. Significant numbers of women consume alcoholic products during pregnancy. Australia is known to have one of the highest rates of alcohol consumption during pregnancy in the world. Popova S, Lange S, Probst C, Gmel G, Rehm J. Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. *The Lancet Global Health*. 2017;5(3):e290-e9.

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

No.

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

No.

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

No.

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

No.

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

No.

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

No.

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**Permission to publish** yes