Australian Government
National Health and Medical Research Council

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

Personal details

Full name FASD Research Australia Centre of Research Excellence & Telethon Kids Institute
[NHMRC has removed personal information]

Submission reflects

Organisation / Individual	An organisation
Organisation Name	FASD Research Australia Centre of Research Excellence & Telethon Kids Institute

Please identify the best term to describe the Organisation Non-government organisation

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.***
   Strongly 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?**
   The summary reads well.
   The wording in Guideline 1 provides a directive “drink no more than 10 standard drinks…” whereas Guidelines 2 and 3 use “should not” drink alcohol. All three guidelines could be consistent, with Guideline 1 stating that “healthy men and women should drink no more than…”
   Guideline Two is much clearer in terms of harms to young people and is an improvement on the previous guidelines, however, a firmer stance on the importance of non-supply may be required. There is a prevailing myth that parents providing young people with alcohol in the home is protective against future harms from alcohol, though evidence suggests this practice is actually harmful [1]. Providing a clear statement around this evidence

seems to be necessary, and since it may be assumed that many readers will read the Plain English Summary rather than the whole Guidelines document, it may be useful to add this information into this section.

Guideline Three

Guideline 3 is very clear and an improvement on previous Guidelines.

It is stated that Guideline 3 is based on evidence of potential harm – remove “potential”.

In para 2, in line with the breastfeeding wording, we suggest starting the para thus: "When a pregnant woman drinks alcohol, the alcohol crosses the placenta to the developing fetus”.

The Summary mentions that alcohol exposure throughout pregnancy can have consequences for the developing fetus, but there is no mention of what those consequences are. These need to be included. In contrast, some consequences on the breastfed baby are listed (sleep and ability to feed), but even this list is not complete.

Regarding the paragraph on the variety of maternal and fetal factors that may play a role in determining risk and hence difficulty predicting individual level of risk – there is no such paragraph in Guideline 1 or 2, and yet similar individual factors in healthy adults and for children (see section “Different for each person”, page 12) make it difficult to predict level of risk in any given individual. We think this paragraph could be omitted from the plain English summary for Guideline 3, or else a similar paragraph should be included for the other two Guidelines.

In the third paragraph, it is stated “This does not mean the fetus will always be harmed.” This is also true in relation to G1 and G2 and yet, is not stated there. We suggest this is deleted.

Also in the third paragraph, the following extended explanation is not accurate: “there is not enough evidence to know for sure whether the fetus will be safe from harm, even at this low amount of alcohol.” The supporting documentation indicates that there is a risk of harm (i.e.not entirely safe from harm – e.g. growth evidence, behaviour evidence). We suggest this is deleted.

1. Mattick RP, Clare PJ, Aiken A, Wadolowski M, Hutchinson D, Najman J, et al. Association of parental supply of alcohol with adolescent drinking, alcohol-related harms, and alcohol use disorder symptoms: A prospective cohort study. The Lancet Public Health. 2018; 3:e64-e71.

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

We commend the inclusion of a statement that the Commonwealth Department of Health will be responsible for implementing these guidelines

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

Guideline Two

In the section on Immediate and cumulative effects of alcohol (pp13-14), there is no mention of the potential effects of alcohol on the developing brain and mental health of children and young people. We know that young people’s brains continue to grow and develop until they are in their mid-20s [2], and evidence suggests young people who drink alcohol are more likely to experience ‘blackouts’ than adults [3,4]. Using alcohol or other drugs at this time can damage the growing brain, causing long-term emotional problems and difficulties with learning, planning and memory.

Current Alcohol consumption: patterns and trends in Australia – in the third paragraph of this section the last two sentences appear disjointed and should all be in one sentence.

Children and Young People - the reference to Figure 3.3 in this section appears to be in the wrong place. It should be after sentence 1 in paragraph 3 of this section, not in paragraph 2. Fig 3.3 relates to abstainers but is listed after the sentence discussing single occasion risk.

Guideline Three

P15 dot point on risks to babies during pregnancy and after birth: The effects of FASD are lifelong. This should be reworded to say:”..the effects of which persist into adulthood”.

Arain M, Haque M, Johal L, Mathur P, Nel W, Rais A, et al. Maturation of the adolescent brain. NeuropsychiatrDis Treat. 2013; 9:449-61.

Jennison KM, Johnson KA. Drinking-induced blackouts among young adults: Results from a national longitudinal study. Int J Addict. 1994; 29:23-51.

Marino EN, Fromme K. Early onset drinking predicts greater level but not growth of alcohol-induced blackouts beyond the effect of binge drinking during emerging adulthood. Alcoholism: Clinical and Experimental Research. 2016; 40:599-605.

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

   Strongly agree

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

   No comments

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

   No comment

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?**

    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).**

    Supply by parents has not been addressed specifically in the information following this guideline and there is some evidence that a considerable minority of parents support introducing children to alcohol prior to 18 years of age, citing perceived protective effects of parental supply [5,6,7,8]. It may be appropriate to highlight that the evidence suggests that young people given alcohol by their parents and are not protected from the risks associated with alcohol use [1].

    1. Mattick RP, Clare PJ, Aiken A, Wadolowski M, Hutchinson D, Najman J, et al. Association of parental supply of alcohol with adolescent drinking, alcohol-related harms, and alcohol use disorder symptoms: A prospective cohort study. The Lancet Public Health. 2018; 3:e64-e71

    Gilligan C, Kypri K. Parent attitudes, family dynamics and adolescent drinking: qualitative study of the Australian parenting guidelines for adolescent alcohol use. BMC Public Health. 2012; 12:491.

    Jones SC. Parental provision of alcohol: a TPB-framed review of the literature. Health Promot Int. 2015;31:562-71.

    Kypri K, Dean JI, Stojanovski E. Parent attitudes on the supply of alcohol to minors. Drug and Alcohol Review. 2007; 26:41-7.

    Jackson C, Ennett ST, Dickinson DM, Bowling JM. Letting children sip: Understanding why parents allow alcohol use by elementary school–aged children. Arch Pediatr Adolesc Med. 2012; 166:1053-7.

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

    While remaining consistent with the 2009 guideline, the current draft Guideline Two is an improvement on the previous guideline as there is a reduction in the ambiguity of the message. Stating that children and young people under 18 should not drink alcohol is a clearer message to understand and interpret than the previous messages that included separate statements about under 15-year olds and 15-to-17 year olds.

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

    The breastfeeding review outcomes did not specifically include breastfeeding as an outcome. It is possible that studies were duly elicited through investigation of the 'maternal bonding' outcome however it is disappointing that the importance of breastfeeding (or the intensity of breastfeeding) has not been given due consideration in this review and only child outcomes have been included. It is well known that breastfeeding has an immediate and direct effect on short and long term child outcomes. See Australian National Breastfeeding Strategy 2019 and beyond (https://apo.org.au/sites/default/ les/resource- les/2019/08/apo-nid253556-1379891.pdf).

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

    Evidence relating to assessing prenatal alcohol exposure is relevant to Guideline Three in order to better understand the level of risk to the fetus. This includes use of a standard assessment tool such as AUDIT-C, seeking information about alcohol exposure on special occasions and prior to pregnancy awareness.

    Muggli, E., O'Leary, C., Donath, S. et al. "Did you ever drink more?" A detailed description of pregnant women's drinking patterns. BMC Public Health 16, 683 (2016). https://doi.org/10.1186/s12889-016-3354-9

    The following more recent articles provide further evidence of the effect of alcohol intake on breastfeeding outcomes, however these will not have met the inclusion criteria for the review.

    Logan C, Zittel T, Striebel S et al. Changing societal and lifestyle factors and breastfeeding patterns over time. Pediatr 2016; 137.

    Liu W, Mumford E, Petras H. Maternal alcohol consumption during the perinatal and early parenting period: A longitudinal analysis. Matern Child Health J 2016; 20: 376-85.

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

    Key messages

    First sentence: remove "potential" from first sentence.

    Third sentence: As there is a risk of harm to the fetus 'and baby'. These guidelines…. not drinking alcohol when pregnant 'or breastfeeding'.

    Dot point six: ….prevents risk of harm 'from alcohol' to the developing fetus

    Consider including a dot point here that talks about high proportion of unplanned pregnancies and risk of prenatal alcohol exposure prior to pregnancy recognition.

    The subheader Breastfeeding has a different format.

    7.1Rationale

    First sentence: change tense of wording in brackets: (including before she knew knows she was is pregnant..)

    7.2 Key info

    Benefits and Harms

    First sentence: appears to be following wording convention used in the other Guidelines, but is convoluted, confusing and could be misinterpreted to mean that if you do not drink in accordance with this Guideline there will be benefits (same applies to Guideline 2). Perhaps sentence could be rearranged thus: As advised in this Guideline, there are substantial net benefits in not drinking alcohol when pregnant or breastfeeding, as opposed to drinking any alcohol when pregnant or breastfeeding.

    Certainty of evidence

    typo in function

    Preferences and values

as stated in Guideline 2, the wording here could be simplified to read “..would value minimising alcohol-related harm to fetuses and babies" (delete in the context of alcohol consumption).

The section in brackets (men/women as fathers/co-parents) is clunky. Could this be shortened to co-parents?

Resources and other considerations

First sentence: could be misinterpreted as discussed above. Suggest rewording – either remove “in line with these recommendations” or start with “In line with these recommendations”, it is expected ..

Point 2, Omit the sentence about FASD rates in Australia. It is not relevant

Point 3. Remove “more severe” from this sentence - The referenced study does not indicate that the children in detention had more severe FASD, simply that they had FASD.

Equity

It is unclear why there are differences in wording between the Equity sections of the three guidelines. Guideline 3 states “The recommendation cannot create health inequities..” whereas the other two guidelines state “The recommendation should not create health inequities or worsen current inequities..”. We suggest consistency in wording and that Guideline 3 use "should not" create health inequities.

G1 and G2 mention the need for effective implementation of the Guideline to reduce inequities and that the messages need to reach those most vulnerable to alcohol related harm. This needs to be stated for G3 also. It is stated in the equity section for G3 that drinking within recommendation would minimise the risk of alcohol related harm for all infants and children. However, if no alcohol is consumed as per the guideline, then there should be no risk of alcohol related harm.

In the Equity section, it states that the information about the association between maternal alcohol consumption and certain infant outcomes are detailed in the Practical Information section. However, they are not detailed in the Practical Info section. Further, why is the association limited to certain infant outcomes, when outcomes extend beyond infancy?

Acceptability – use co-parents as suggested above.

7.3 Pregnancy

In the paragraph above the Figure 7.3, Avoiding alcohol during pregnancy prevents risk of "alcohol-related" harm to the fetus...

Figure 7.3 This figure does not show the effects of teratogens (as suggested by the title). A better title might be Stages of prenatal development.

7.3.2 Fetal Alcohol Spectrum Disorder. In Australia, FASD is NOT referred to as an 'umbrella' term in the Australian Guide to the Diagnosis of FASD. Rather is it a diagnostic term, as explained further down in this section.

The effects of FASD are lifelong – on p55, section headed Adulthood, this should be made clear.

7.5 Practical Info

- Final dot point: suggest adding ….concerned about "their own health", their pregnancy...

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?**

It would be relevant to display information on larger volume beer and wine products (e.g. 5 litre wine casks and cases of beer) as these products are commonly promoted in these larger sizes, and often as multiple buys [9]. Therefore, they represent a considerable increase in number of standard drinks over the 24 can cartons and 4 litre wine casks displayed and thus a relevant category about which to provide information.

9. Johnston R, Stafford J, Pierce H, Daube M. Alcohol promotions in Australian supermarket catalogues. Drug and Alcohol Review. 2017; 36:456-63.

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Permission to publish yes