



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

Personal details

Full name: Foundation for Alcohol Research and Education (FARE)

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual An organisation
Organisation Name Foundation for Alcohol Research and Education (FARE)
Please identify the best term to describe the Organisation Non-government organisation

Questions

- Please indicate which format you read the guideline in.**
PDF report
- 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.***
No comment
- 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
- Do you have any comments on how the *Plain English summary* could be improved?**
On page two (also page 10), suggest for clarity to tighten up the terminology around children, young people and adolescents – these terms are used interchangeably.
On page three (also page 47), to aid the clarity of the message, it could be made clearer that the alcohol passes into the fetus as this message is particularly salient.
On page three (also page 47), the consequences of drinking alcohol during pregnancy are not mentioned – these should be included so that the guideline has more impact.
In guideline three (breastfeeding), the more serious adverse consequences described later in the main text are not mentioned in the summary on page three (or on page 47). NHMRC should elevate the more serious effects deficits in infant psychomotor development, SIDS and infant mortality - from the main text (pages 56-57) to the summaries on pages 3 and 47. Given that the precautionary approach is being taken in regards to guideline three,

it seems appropriate to inform people of the potential for much more serious consequences, as long as there is transparency about the level of uncertainty.

Additionally in guideline three (breastfeeding), use of the term 'safest' has not previously performed well in relation to the public's understanding of drinking during pregnancy and breastfeeding. This message should be focus group tested to understand how the public interpret it.

Focus group testing undertaken in 2018 on FARE's consumer information leaflet, tested women's interpretation of the 2009 NHMRC guideline 4 on alcohol consumption during pregnancy and breastfeeding:

For women who are pregnant or planning a pregnancy, not drinking is the safest option.

For women who are breastfeeding, not drinking is the safest option.

It found that use of the word 'safest' in the recommendations made women perceive it as ambiguous and optional as opposed to a clear directive.

Further focus group testing undertaken in 2018 on pregnancy warning labels found that use of 'safest' may reinforce a belief that low level alcohol consumption in pregnancy poses negligible risk of harm:

The text version of the consumer information message – 'it's safest not to drink while pregnant' – conveyed to these participants that pregnant women should 'ideally' avoid alcohol, rather than providing a clear direction to abstain. The word 'safest' accounted for the perceived weakness and ambiguity in the message, as it signalled a degree of uncertainty about the consequences of alcohol consumption in pregnancy, for example when compared to a product which might be definitively labelled as 'not safe'. It was also noted by participants that it would be 'safest' for everyone to avoid alcohol, indicating that this text failed to convey the heightened risk and particularly serious consequences that are specific to pregnancy. For some participants this text appeared to reinforce the belief that consuming very small amounts of alcohol in pregnancy is unlikely to cause harm. The message was interpreted to align with participants' existing knowledge and beliefs, rather than to challenge them, so it seemed to affirm their behaviour/intended behaviour, regardless of whether that was to abstain from alcohol or to significantly reduce their consumption to a level they believed would pose no discernible risk. The interpretation of consumer information messages was also influenced by existing beliefs, formed in response to a range of often conflicting information sources, advice and anecdotal evidence. This arguably makes it even more important that the messages conveyed by consumer information message labels are clear and unambiguous.

See: Hall and Partners (2018). Women Want to Know leaflet redevelopment. Foundation for Alcohol Research and Education: Canberra; Hall and Partners (2018). Understanding of consumer information messaging on alcohol products: Focus group testing report. Foundation for Alcohol Research and Education: Canberra. Available at: <http://fare.org.au/wp-content/uploads/Pregnancy-Advisory-Labels-Research-Report-180515.pdf> The use of 'safest' in guideline one should also be reconsidered. Stating that "for some people not drinking at all is the safest option" and "in some situations, not drinking is the safest option" Creates an artificial binary which suggests that for the majority then drinking may be the safest, or at least as safe, option. This undermines the message that there is no level of drinking that is completely safe or risk-free.

The summary of guideline two appears to be dominated by the sentiment that people under 18 undertake riskier behaviours and are more injury prone. This is a departure from the 2009 Guidelines which have a greater focus on the physiological effects of alcohol on a child's body. Unless there has been a notable change in the evidence base, FARE recommends putting greater emphasis on risk elements that are inherent in alcohol consumption such as brain damage rather than those which could be deemed subject to an individual child's personality. The latter could lead to parents self-excluding their family from the advice.

Having said this, the 2009 Guideline stated that alcohol contributes to the three leading causes of death among adolescents - unintentional injuries, homicide and suicide. FARE has found this to be a particularly salient message with parents, effectively communicating the level of risk and severity of outcome. FARE recommends including this messaging in the main text of guideline two and the plain language summary, provided that the evidence still supports it.

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

It is positive that NHMRC has developed this version as a 'living' guideline that can be updated in line with new and emerging evidence. Potential updates to the Guideline should be subject to rigorous expert-led processes and not subject to political whim. Some questions remain however about how updates would be communicated. There is strength in ensuring that the changes to the guidelines themselves are infrequent, even if there is changing to supporting language as it takes time for dissemination and community education, and there is strength in repeated messaging.

The accuracy of the second paragraph could be improved with a change in framing. Use of the phrase "alcohol consumption is linked with" implies a level of uncertainty. Given the strength of evidence about alcohol consumption and a range of harms, stronger and clearer language should be used to communicate this to the public. For example, by using wording such as: "alcohol consumption increases the risk of" or "alcohol causes". In addition, the second sentence of this paragraph has the potential to mislead the public and undermine the impact of guideline one and the reasons for its revision. The sentence "Excessive intake of alcohol not only affects the drinker's health but can have effects on other members of the community" inadvertently implies that only excessive consumption affects the drinker's health and those around them. It would be more accurate and impactful to state here: "The consumption of alcohol affects both the drinker's health and can have effects on other members of the community."

On a similar note, the third paragraph could be re-phrased to reflect the strength of the evidence that any amount of alcohol increases the risk of five types of cancer. The phrase "help Australians make healthy choices about their drinking" could be more impactful if amended to: "help Australians make informed decisions about their alcohol consumption".

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

FARE makes the following recommendations, detailed below:

On page 14 amend wording about cardiovascular disease

On page 14 amend wording on cancer

Communicate cancer risk at a range of alcohol thresholds

Amend FASD wording to be 'FASD persist into adulthood'

Delete the reference to IARD

On page 14, the section on cardiovascular disease does not reflect the balance of evidence on potential protective effects of alcohol at low levels. This issue is much more accurately dealt with on pages 22 and 29. Page 14 should be rephrased to match the sentiment of pages 22 and 29 to ensure the public is not receiving mixed messages from the Guidelines and are informed about the significant uncertainties around protective effects of alcohol and heart health.

On page 14, the section on cancers does not clearly reflect the strength of evidence that any amount of alcohol increases the risk of five types of cancer. It should be made clearer that there is a dose-response relationship for these cancers and alcohol consumption. There is also some inconsistency in the document: page 14 refers to increased risk of cancer at "about one standard drink per day" for a range of cancers including liver, while page 29

more accurately refers to the evidence of risk at less than 1 drink per day, and that risk increases as more alcohol is consumed. This should be amended.

It would be clearer and more accurate to communicate the risk of cancer at a range of alcohol thresholds. This is the approach taken by the World Cancer Research Fund, see

<https://www.wcrf.org/dietandcancer/exposures/alcoholic-drinks>. Additionally, it is not clear which cancers the following statement refers to: “This association has been seen with drinking patterns of more than two standard drinks per day”. Does this refer only to pancreatic cancer? It could easily be interpreted that this sentence is in reference to all cancers. If so, that would be inaccurate. This should be amended and clarified.

A major issue in the Background section is the language used in relation to Fetal Alcohol Spectrum Disorder (FASD). Page 15 refers to the fact that FASD ‘may’ persist into adulthood. This statement is misleading and incorrect. FASD is a lifelong disability. While there is no cure, there are strategies that implemented early enough can mitigate some of the impacts, but FASD does not just go away with age. FARE strongly recommends that NHMRC engages with FASD experts to discuss this as a matter of urgency and amend this wording. The last issue in this section is that the following reference appears in the main Guidelines report and in the Evidence evaluation report: IARD. 2016. Drinking guidelines: General population [online]: International Alliance for Responsible Drinking. Available at: <http://www.iard.org/policy-tables/drinkingguidelines-general-population/> [Accessed 14/06/17] The International Alliance for Responsible Drinking is an alcohol industry organisation. Proper caution should be exercised by NHMRC in using and interpreting its resources. The information should be obtained from another source or verified using non-industry sources.

Language and readability

On page 12 it is not clear which guidelines (2009 or 2019) are being referred to in the following statement: “While most Australians consume alcohol and do so at levels within these Guidelines...”. This should be corrected.

Some of the language used on pages 15 and 16 (also 24) is outdated, for example: ‘Harmful drinking’ is now considered an outdated term because of the strength of evidence that alcohol is a group one carcinogen that increases risk at any level of regular consumption. ‘Harmful drinking’ incorrectly implies that there is a safe level of alcohol consumption. While the term ‘harmful’ is part of the ICD (international classification of diseases) vernacular, FARE recommends that NHMRC distinguish that it is ICD terminology by using speech marks (i.e. ‘harmful’) on page 8 and under the ‘alcohol use disorder’ section on page 15.

Similarly, it is now generally recognised that ‘misuse’ (used on page 15) is an inappropriate term in relation to alcohol because it implies that there is a safe level of consumption. ‘Heavy’ or ‘high risk’ consumption/ drinking are useful alternatives.

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?

This section is very clear in relation to long-term risk and manages to communicate a range of complex issues in a way that the public is likely to understand. However, it appears to be written largely with guideline one in mind. NHMRC should give consideration to how risk should be explained with reference to guidelines two and three as well.

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).

All-cause mortality

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.

Dementia

Rehm, J., Hasan, O.S.M., Black, S.E., Shield, K.D. & Schwarzingler, M. (2019). Alcohol use and dementia: a systematic scoping review. *Alzheimer's Research & Therapy* 11(1). doi.org/10.1186/s13195-018-0453-0.

Cancer

The most recent reports by the World Cancer Research Fund do not appear in the reference list. For instance the following appear in the reference list:

World Cancer Research Fund / American Institute for Cancer Research 2007, *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*, AICR, Washington, DC.

World Cancer Research Fund / American Institute for Cancer Research 2010, *Continuous Update Project Report. The Associations between Food, Nutrition, Physical Activity, and the Prevention of Breast Cancer.*, WCRF International, London.

But the most recent versions of these reports are:

World Cancer Research Fund / American Institute for Cancer Research (2018). *Diet, Nutrition, Physical Activity, and Cancer: a Global Perspective. Continuous Update Project Expert Report*. Available at: dietandcancerreport.org

World Cancer Research Fund / American Institute for Cancer Research (2018). *Diet, Nutrition, Physical Activity, and Breast Cancer. Continuous Update Project Expert Report*. Available at: dietandcancerreport.org

The breast cancer report is just an example, the other site-specific cancer reports in the reference list may also be out of date.

Kunzmann, A.T., Coleman, H.G., Huang, W., Berndt, S.I. (2018). The association of lifetime alcohol use with mortality and cancer risk in older adults: A cohort study. *PLoS Medicine*

<https://doi.org/10.1371/journal.pmed.1002585>

Allen, N.E., Beral, V., Casabonne, D., Kan, S.W., Reeves, G.K., Brown, A., Green, J. & Million Women Study Collaborators (2009). Moderate alcohol intake and cancer incidence in women. *Journal of the National Cancer Institute* 101(5), 296-305. doi: 10.1093/jnci/djn514.

Shield, K. D., Soerjomataram, & I., Rehm, J. (2016). Alcohol Use and Breast Cancer: A Critical Review.

Alcoholism: Clinical and Experimental Research 40(6), 1166-1181. <https://doi.org/10.1111/acer.13071>

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

In the summary section on page 20 it says the guidelines do not represent a safe or no-risk drinking level which is accurate and helpful. But then it says that every drink above 10 standard drinks increases lifetime risk. These two messages seem contradictory and could be made clearer by minor language changes, reinforcing that particularly with some cancers there is increased risk while drinking within the guidelines.

The 'Benefits and harms' section on page 23 should specify that not drinking alcohol also has net benefits. The third paragraph on page 25 should specify that not drinking alcohol would also minimise the risk of alcohol related harm.

Section 5.5 explains that lifetime risk is lower when alcohol consumption is spread over more days per week and table 5.5.1 indicates that people can drink more alcohol at a low risk level if they spread their drinking over 7 days a week (daily). Did the evidence review conducted by NHMRC explore the benefit of alcohol-free days? As the

evidence presented in this section seems to conflict with some existing advice about alcohol-free days, it would be useful to members of the public to add advice on this.

Another issue is that page 32 states: "Considering the pattern of consumption of alcohol in Australia of three days per week, the number of standard drinks corresponding to the 1% risk threshold is 12.5 standard drinks per week for men and 10.5 standard drinks per week for women (Table 5.5.1)." Given that this is higher than 10 standard drinks, it would be helpful to include an explanation of why this was rounded down to 10. Section 5.5 implies that this is due to the need for advice to be "consistent, clear and cautious", and also the uncertainty around potential protective effects. FARE supports this approach, but would recommend including a more explicit explanation. Section 5.5 (particularly table 5.5.2) explains that if alcohol does not have any protective effects, the consumption threshold for a 1% risk of death would be below 3 standard drinks per week for both men and women. This is very useful information, and adds significant value to the Guidelines document in terms of transparency around the uncertainties in the evidence.

On page 33, it is unclear why figure 5.5.3 uses five days per week for the spread of consumption and not three like the rest of the document. The inconsistency creates confusion.

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 comment

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

The first sentence in the 'benefits and harms' section on page 40 is confusing.

"There are substantial net benefits for children and young people under 18 years of age to not drink alcohol as advised by this Guideline, as opposed to drinking above this level." Since the Guidelines do not recommend a low risk threshold for this group, to make it absolutely clear, the sentence should just end after "Guideline".

In section 6.7 on page 46, despite an explicit statement to the contrary, the guideline does seem to suggest that parents could supply their children with a small amount of alcohol at home and that this would be low risk. FARE recommends the removal of this second paragraph or subjecting it to focus group testing before inclusion.

The 2009 Guideline stated that alcohol contributes to the three leading causes of death among adolescents unintentional injuries, homicide and suicide. FARE has found this to be a particularly salient message with parents, effectively communicating the level of risk and severity of outcome. FARE recommends including this messaging in guideline two, provided that the evidence still supports it.

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

The section on 'adulthood' on page 55 refers to the fact that FASD 'can' last into adulthood. This statement is misleading and incorrect. See earlier comments in relation to this. FARE strongly recommends that this wording be amended and that NHMRC engage with FASD experts to discuss this as a matter of urgency.

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

O'Leary, C.M. & Bower, C. (2012). Guidelines for pregnancy: What's an acceptable risk, and how is the evidence (finally) shaping up? *Drug and Alcohol Review* 31, 170-183. Doi: 10.1111/j.1465-3362.2011.00331.x

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

In the summary on page 47, use of 'avoid' is contradictory to the don't drink message: "Avoiding drinking alcohol during pregnancy prevents risk of harm to the developing fetus." 'Avoiding' should be changed to 'not'.

On page 47 (also page 3), to aid the clarity of the message, it could be made clearer that the alcohol passes into the fetus as this message is particularly salient. The term teratogen could also be briefly explained in the summary section. FARE recommends wording from the Decision Regulatory Impact Statement for pregnancy warning labels on packaged alcoholic beverages by the Food Regulation Standing Committee be examined as a good example of how to explain this terminology.

On page 47 (also page 3), the consequences of drinking alcohol during pregnancy are not mentioned – these should be included so that the guideline has more impact.

In guideline three (breastfeeding), use of the term ‘safest’ has not previously performed well in relation to the public’s understanding of drinking during pregnancy (see answer to question 4). This message should be focus group tested to understand how the public interpret it in relation to alcohol consumption and breastfeeding. In guideline three (breastfeeding), the more serious adverse consequences described later in the main text are not mentioned in the summary on page 47 (or on page 3). NHMRC should elevate the more serious effects deficits in infant psychomotor development, SIDS and infant mortality - from the main text (pages 56-57) to the summaries on pages 3 and 47. Given that the precautionary approach is being taken in regards to guideline three, it seems appropriate to inform consumers about the potential for serious consequences from the consumption of alcohol and breastfeeding as these are not well known.

On page 49, FASD is referred to as ‘Fetal Alcohol Syndrome Disorder’. This is incorrect and should be amended to ‘Fetal Alcohol Spectrum Disorder’.

The section on ‘alcohol and breast milk’ on page 55 is very clear and persuasive. This should be up front in the summaries of guideline three on pages 3 and 47. This could also provide a cross-reference to table 5 on page 58 which would be an extremely useful resource for breastfeeding mothers, but at the moment is buried in the document. There should also be a link to the Feedsafe App, developed by experts and available on all mobile devices.

Under ‘Practical info – pregnancy’ on page 57, the third dot point is misleading and should be removed or amended: “While the risk of harm to the fetus from low levels of alcohol is likely to be low (less than 1 standard drink per day), no safe level of alcohol has been identified.”

There is increased risk of neurodevelopmental problems and pre-term birth following alcohol exposure of 3040 grams per occasion and as little as 70 grams per week (O’Leary and Bower, 2012). People commonly underestimate how many standard drinks they are consuming. Given this, and the need to provide unambiguous and consistent advice to the public, FARE recommends removing this sentence or amending it to simply state that no safe level of alcohol has been identified.

Usage of ‘women’ and ‘woman’ is incorrect in some instances on page 57.

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

Disclaimer I have read the security warning/disclaimer below and accept the risks and conditions outlined.

Permission to publish yes