Australian Government
National Health and Medical Research Council

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

Personal details

Full name The George Institute for Global Health

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual	An organisation
Organisation Name	The George Institute for Global Health

Please identify the best term to describe the Organisation Healthcare organisation (including hospitals)

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.***
   Strongly disagree
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?**
   General comment: The George Institute for Global Health acknowledges the important role of the Draft Alcohol Guidelines in communicating the NHMRC's thorough review of the best available evidence on the health effects of alcohol use. We appreciate the substantial work undertaken by the working group to evaluate the evidence and develop the revised guidelines. We hope the feedback provided in this document can assist the NHMRC enhance the public's understanding of and responses to the new guidelines.
   The statement "For some people not drinking at all is the safest option" implies that for most people there is a safe intake level. This is inconsistent with content in the rest of the document. This is particularly important when we consider guideline three and the use of the term "safest" related to drinking when pregnant. The statement "young adults are encouraged to take steps to minimise their risk of injury and other harms in relation to alcohol" is vague and uninformative. It is also potentially misleading, because it is not clear whether it is referring to

restricting the amount of alcohol consumed (which it should) or the need to minimise injury once inebriated (which is how it currently reads).

5. **Do you have any comments on how the *Introduction* could be improved?**
   It is not clear how the guidelines can be constantly updated in real time via MAGICapp. In particular, this would appear to be a substantial communications challenge if the public needs to be regularly updated about incremental changes to the guidelines.
   The use of the GRADE evidence system appears to be inappropriate for the bodies of evidence reviewed. Rather than constantly needing to note during the report that the verdict of 'low level of evidence' is due to the use of an inappropriate system, we recommend the use of an alternative evidence assessment process that is suitable for the evidence reviewed.
   We also support FARE's submission recommendation that 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. A different phrase here to acknowledge third party harms caused by alcohol could be much more impactful.
6. **Do you have any comments on how the *Background* could be improved?**
   We support FARE's recommendation regarding the communication of cancer risk. We agree that it would be more accurate to provide the harm thresholds expressed by the World Cancer Research Fund: Source: https://www.wcrf.org/dietandcancer/exposures/alcoholic-drinks
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?**
   Some statements about risk appear to have been watered down. For example, in the 2009 Guidelines it says "Every drinking occasion contributes to the lifetime risk of harm from alcohol". This is a much stronger statement than proposed statements such as:
   "Due to individual variability, there is no amount of alcohol that can be stated as safe for everyone." (implying that some levels are safe for at least some people)
   "This guideline provides recommendations to reduce the risk of alcohol-related harm, but it does not completely rule out all risk from drinking alcohol."
   The statements should be at least as strong as in the 2009 guidelines given that the document notes the evidence is now stronger.
   We agree with FARE's submission that the Understanding Risk section could be strengthened by focusing on guidelines two and three, as well as guideline one.
9. **Do you have any comments on how the evidence has been used to develop the recommendation for Guideline One?**
   n/a
10. **Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).**
    We refer you to FARE's submission on this issue.
11. **Do you have any editorial or readability comments on the sections that make up Guideline One?**
    We refer you to FARE's submission that notes the contradiction between (i) the statement in the summary section on page 20 that says the guidelines do not represent a safe or no-risk drinking level and (ii) a subsequent statement that every drink above 10 standard drinks increases lifetime risk. These two messages seem

contradictory and could be made clearer with some minor language changes, reinforcing that some level of risk is associated with all alcohol consumption.

The 'Benefits and harms' section on page 23 should specify that not drinking alcohol also has net benefits, and that these benefits are larger than those accruing to low-risk drinking.

The third paragraph on page 25 should specify that not drinking alcohol would also minimise the risk of alcohol related harm.

Overall the document is very well written. However, the reference formatting would benefit from being tightened up throughout this section and the report as a whole. Sometimes "et al." has the full stop but mostly it doesn't (the full stop should be included because this word is an abbreviation of 'alia'). Sometimes it is mistyped as 'e al' or 'el al'. Sometimes references with two authors are written with 'and' separating the authors' names and at other times '&' is used. Occasionally the semi-colon is missing between adjacent cited references within parentheses.

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

    n/a

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

    n/a

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

    n/a

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

    n/a

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

    n/a

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

    n/a

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

    n/a

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

    n/a

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

    n/a

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

    n/a

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

    n/a

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

Permission to publish yes