



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

Personal details

Full name University of Adelaide

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual	An organisation
Organisation Name	Health Policy Centre, South Australian Health and Medical Research Institute + School of Public Health, University of Adelaide

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.*
Neither agree nor disagree
3. Please indicate how strongly you agree with the following statement: *The Plain English summary is clear, simple and easy to understand.*
Strongly agree
4. Do you have any comments on how the *Plain English summary* could be improved?
No comment
5. Do you have any comments on how the *Introduction* could be improved?
No comment
6. Do you have any comments on how the *Background* could be improved?
The sentence on page 8 “Alcohol consumption has been causally linked to more than 60 medical conditions (Bowden, Delfabbro et al. 2014)” uses a secondary reference. The original study that should be referenced is Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez A. The Burden of Disease and Injury in Australia 2003. Canberra (AUST): Australian Institute of Health and Welfare; 2007.

The Bowden, Delfabbro et al 2014 reference could instead be inserted after “the consequences of drinking alcohol are not fully understood” on page 19 as the study showed that awareness of some health consequences of alcohol consumption is low.

- 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 comment

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

It is clear that Guideline One has been developed by a panel of experts after a comprehensive evaluation of the latest international evidence and statistical modelling. The National Health and Medical Research Council have been very transparent in providing all reviews to underpin the guidelines. We support Guideline One and the interpretation of the evidence to underpin it.

Regarding implementation and public communication of Guideline One: we note that “The committee also looked for a guideline that could be clearly communicated to the public.” We are interested in whether any preliminary focus testing was done with community members to determine whether the guideline is indeed easily interpreted by the public.

The change in messaging to ‘drink no more than 10 standard drinks per week and no more than 4 standard drinks on any one day’ may be open to misinterpretation that 4 drinks per day, each day is compliant with guidelines, if only one part of the two-part guideline is focused upon by the community (or potentially industry). Our research has highlighted that much of the community incorrectly believe that Australian men can consume up to four standard drinks per day (Bowden J, Delfabbro P, Room R, Miller C, Wilson C. Alcohol consumption: The latest NHMRC guidelines to reduce life-time risk; has the message got out, are people conforming and are they aware that alcohol causes cancer? Aust N Z J Public Health. Feb 2014. 38(1):66-72). The outcome of this research suggests that the messaging from the 2001 guidelines resonated and that there are now preconceived beliefs that need to be overcome with new messaging, where clarity will be particularly important.

We acknowledge that the Commonwealth Department of Health is responsible for developing resources designed to reach individuals and communities, which will presumably include concept testing for communicating the guidelines and we would strongly support such testing to ensure that this guideline is interpreted as intended. In testing, it may be beneficial to make clear that Guideline One is a two-point message and a range of options tested. We would be happy to provide further advice on this matter subsequently.

- 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?**

Figures 5.5.1 and 5.5.2 would benefit from the addition of a legend label for ‘number of drinking occasions per week’ or a more descriptive title as it is not immediately clear that the figure is referring to the number of drinking occasions the total weekly consumption is spread across.

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

We believe that this guideline has been developed in-line with the latest evidence on the harms of drinking under 18 years of age and is more in-line with current evidence on the impact of drinking on brain development in young people.

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

The page 42 'Recent evidence shows' section could also note that parental disapproval of adolescent consumption of alcohol is protective against adolescent alcohol consumption (Bowden JA, Delfabbro P, Room R, Miller CL, Wilson C. Prevalence, perceptions and predictors of alcohol consumption and abstinence among South Australian school students: a cross-sectional analysis. BMC Public Health; December 2017, 17:549.)

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

No comment

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

We believe that this guideline has been developed in-line with the latest evidence on the harms of drinking during pregnancy.

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

No comment

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

No comment

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?

No comment

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

Permission to publish yes