

11 December 2007

Project Officer – Australian Alcohol Guidelines
Evidence Translation Section
NHMRC
GPO Box 1421
CANBERRA ACT 2601

Dear Sir/Madam

**SUBMISSION TO THE DRAFT REVISED “AUSTRALIAN ALCOHOL
GUIDELINES FOR LOW-RISK DRINKING”**

Thankyou for the opportunity to make a submission to the NHMRC on the draft revised *Australian alcohol guidelines for low-risk drinking*:

I am very pleased to enclose a submission from VicHealth - the Victorian Health Promotion Foundation, for consideration by the NHMRC.

For all enquiries relating to this submission, please contact Brian Vandenberg, Senior Program Advisor, Tobacco Control and Alcohol Harm Reduction Unit at VicHealth (tel 9667 1315 or email bvandenberg@vichealth.vic.gov.au).

I look forward to the outcomes of the NHMRC’s consultations.

Yours sincerely

Todd Harper
Chief Executive Officer

VICHEALTH'S COMMITMENT TO REDUCING ALCOHOL MISUSE

Alcohol is a new VicHealth priority for 2006–2009. For many years we have engaged in debates around alcohol misuse and supported programs that promote responsible drinking. However, with binge drinking among young people rising we need to strengthen our efforts to reduce alcohol related harm. While the social use of alcohol is widely accepted, alcohol-related harm in Victoria results in premature disability and death associated with road trauma, workplace accidents, drowning, sexual assault, domestic and interpersonal violence, and self harm.

We acknowledge the task of reducing alcohol-related harm is challenging and requires the efforts of many other stakeholders over a long period of time. Our contribution will be focused on lowering risky behaviours of young people but still inclusive of wider community changes necessary to reduce alcohol-related harm.

Our Goal

To further reduce the harms associated with alcohol consumption.

Our Objectives

- Facilitate a consolidated approach to reduce alcohol misuse.
 - Build stronger public advocacy on issues relating to alcohol-related harm.
 - Work with government to establish a coalition of key Victorian stakeholders and develop a united vision.
 - Advocate for stronger controls on advertising and licensing laws.
 - Support programs aimed at increasing local community action to reduce harm.
- Build evidence on the social impacts of alcohol consumption and identify effective interventions for reducing alcohol-related harms.
 - Fund research to build knowledge and evidence on alcohol related behaviours, and effective interventions.
- Develop programs to reduce alcohol-related harms.
 - Lead the development of new approaches that tackle the underlying determinants of alcohol misuse among young people.
 - Continue to develop and strengthen programs that promote responsible drinking and shift cultural norms around drinking.

VICHEALTH

SUBMISSION TO THE NHMRC

**THE DRAFT REVISED “AUSTRALIAN
ALCOHOL GUIDELINES FOR LOW-RISK DRINKING”**

DECEMBER 2007

1. INTRODUCTION

VicHealth commends the NHMRC for undertaking this important and timely update of the Australian alcohol guidelines. VicHealth is impressed with the draft revised *Australian alcohol guidelines for low-risk drinking*, particularly the clear effort made by the authors to build and improve upon the preceding version by addressing contentious issues such as drinking by young people and pregnant women, whilst maintaining a strict adherence to the available scientific evidence.

VicHealth views guidelines such as these as a necessary and important element in an overall strategy to prevent and reduce the harmful consumption of alcohol in the Australian community. The provision of drinking guidelines for the Australian population reflects an important health promotion principle of supporting individuals to make informed choices about matters that affect their health and wellbeing. However, on their own, VicHealth views these guidelines as having limited potential to affect changes in Australia’s drinking culture. VicHealth therefore supports the implementation of other complimentary elements of an overall alcohol harm reduction strategy for Australia, as outlined in the *National Alcohol Strategy 2006-2009* (MCDS 2006).

Implementation of the revised guidelines will be a major challenge. This challenge is not lessened by the prominence and influence of marketing and promotions by the alcohol industry. Many such promotions frequently convey messages to the community about drinking which conflict with the guidelines. Hence, implementation will require adequate resources for a large scale social marketing strategy to publicize the revised guidelines along with complementary efforts across a range of sectors to reinforce the key messages from the guidelines. VicHealth believes that, where possible, the revised guidelines should become a reference point for all government policies and programs relating to alcohol, particular in regulating alcohol availability, alcohol products, and alcohol advertising.

VicHealth considers these guidelines as a step in the right direction towards the promotion of a healthier and safer drinking culture for Australia.

Structure of this submission

To expedite consideration of this submission, it has been structured to align with three key features of the draft revised guidelines:

- Guideline 1: For low risk of both immediate and long-term harm from drinking
- Guideline 2: For children and young people under 18 years of age.
- Guideline 3: For women who are pregnant, planning a pregnancy or breastfeeding.

2. GENERAL COMMENTS

In addition to comments specifically in relation to the three new guidelines which are outlined below, VicHealth wishes to make some general comments about both the positive features of the revised guidelines and the features which could be improved.

Positive features of the draft revised guidelines:

- The revised guidelines are fewer in number and simpler than the preceding version (NHMRC 2001).
- The revised guidelines emphasise that any level of drinking carries some risk.
- The revised guidelines discontinue an emphasis on the claimed health benefits of drinking, which featured in the preceding version.
- The revised guidelines adopt a precautionary approach where there is uncertainty about risks because of conflicting or insufficient evidence.

Features of the draft revised guidelines which could be added to or improved:

- Advice on the importance of avoiding intoxication should be emphasised within Guidelines 1, 2 and 3.
- In the absence of the ‘risky’ and ‘high risk’ levels specified in the revised guidelines, advice should be provided on the cumulative risk that arises when drinking above the recommended low-risk level.
- An upper limit of drinking where extreme risk (of alcohol poisoning, for example) is likely to arise should be provided.
- The concept of low risk adopted for the revised Guidelines should be more clearly explained and justified.
- Given the primary audience of the guidelines are professionals in the health sector, information and advice should also be provided on the full range of evidence-based interventions that can form complementary strategy to reduce the alcohol related harm.
- An ongoing challenge for the success of the guidelines is the limited public awareness and understanding of what constitutes a “standard drink”, and the difficulty for individuals in accurately calculating how many standard drinks they have consumed.

3. COMMENTS ON GUIDELINE #1

Guideline 1

For low risk of both immediate and long-term harm from drinking.

Men and women:

1.1 Two standard drinks or less in any one day.

VicHealth supports this guideline.

VicHealth believes the adoption of this single, universal guideline for all adult drinkers, regardless of sex, is a major improvement on the previous guidelines.

VicHealth is aware of some criticism of this guideline that has been recently reported in the national media, including suggestions that the guideline may be too strict and out of step with community standards and expectations. VicHealth supports guidelines that are based on rigorous analysis of the best available scientific evidence and as such supports Guideline 1 on this basis.

VicHealth acknowledges international evidence which suggests that by reducing the overall per capita level of alcohol consumption within the population, the overall level of alcohol misuse and related harm is also reduced as a result (Babor *et al* 2003). For this reason also, VicHealth supports Guideline 1.

While VicHealth acknowledges that much of the appeal of Guideline 1 lies in its simplicity, it is our view that it could be enhanced with some additional features.

Firstly, VicHealth recommends that advice on the importance of avoiding intoxication should be emphasised within the guideline, and indeed in all of the revised guidelines. The absence of any advisory statement about avoiding intoxication in the revised guidelines is of great concern given the evidence that (1) the prevalence of drinking to intoxication is already high and increasing in the Australian community and (2) the harm that results from intoxication is the main contributing factor to the high levels of alcohol related disease and injury in Australia. To underline this point, the *National Alcohol Strategy 2006-2009* states:

“...some people identify alcoholism or alcohol dependence as the most serious alcohol-related

Recommendation 1

Advice on avoiding intoxication should be included within Guideline 1.

problem. The reality, however, is that excessive single occasion drinking produces far greater and wider-reaching impacts on the health, safety and wellbeing of individuals and communities. This is because of the high incidence of drinking to intoxication, the high number of people affected directly and indirectly within the general population, and because much of the injury and many of the lives lost are among young adults. It is also because intoxication produces substantial direct and indirect costs, many associated with increased likelihood of other risky behaviours such as unsafe sex, amenity issues (such as cleaning) and insurance payouts” (MCDS 2006: 11).

Furthermore, given that reducing the incidence of intoxication among drinkers is cited as the number one priority of the *National Alcohol Strategy 2006-2009*, it is arguably important as an aim of the revised guidelines also.

VicHealth supports the removal of ‘risky’ and ‘high risk’ levels of drinking that were specified in the previous guidelines (NHMRC 2001). These categories will remain important for research purposes, but they have proven to add to the complexity of the previous guidelines and interfered with efforts to clearly and simply communicate the guidelines to drinkers. However, VicHealth recommends that in the absence of the ‘risky’ and ‘high risk’ levels specified in the revised guidelines, advice should be provided on the cumulative risk that arises when drinking above the recommended low-risk level (i.e. more than 2 standard drinks per day). For example, it is important to advise drinkers of the risk of both immediate and long-term harm from consuming 3 standard drinks, 4 standard drinks, 5 standard drinks, and so on. Providing this information is likely to discourage drinking above the recommended low risk level and serve to reinforce the importance of drinking within the recommended low risk level. Given that this information on risk levels has been collated and is readily available to the NHMRC, VicHealth encourages the NHMRC to include it within the guideline.

In acknowledging the reality that some individuals will choose to drink above the recommended low risk level, VicHealth recommends that the NHMRC include advice in Guideline 1 on the upper limit of drinking per day where extreme risk (of alcohol poisoning, for example) is likely to arise. VicHealth believes that this will serve as a practical harm reduction measure.

VicHealth supports the introduction of 2 standard drinks as the recommended low-risk drinking level for both men and women

Recommendation 2

Advice on the cumulative risk from drinking above the recommended low-risk level should be included within Guideline 1.

Recommendation 3

Advice on the upper limit of drinking where extreme risk is likely to arise should be included within Guideline 1.

on the basis that this is supported by scientific evidence. However, VicHealth recommends that the NHMRC provide a more prominent and clearer statement on the rationale for this, particularly given that this represents significant change in advice for male drinkers since the previous guidelines. Including a brief summary of the main points presented under the heading “Sex” which appears on page 32 of the draft revised guidelines would address this matter.

Recommendation 4

A clear statement of the rationale for a revised low-risk drinking level for males should be included within Guideline 1.

VicHealth commends the NHMRC for discontinuing an emphasis on the claimed health benefits of drinking, which featured in the preceding version of the guidelines. However, VicHealth is concerned that a clear statement, within Guideline 1, on the facts about the health effects from drinking is not provided. The revised guidelines do state that “the international clinical consensus is that people should not take up or maintain drinking for health benefits”. (NHMRC 2007: 24). However, this is not translated into a clear and meaningful statement within Guideline 1. VicHealth recommends that Guideline 1 should include a statement that adults, regardless of their age, sex or health status, are NOT advised to take up or maintain drinking for health benefits.

Recommendation 5

A statement that all adults, regardless of their age, sex or health status, are advised against taking up or maintaining drinking for health benefits should be included within Guideline 1.

VicHealth acknowledges that the NHMRC’s adoption of a lifetime risk of 1 in 100 is based on a balanced consideration of what constitutes a “low risk” and this is a complex matter which is difficult to clearly and succinctly communicate to a diverse audience. Nonetheless, VicHealth recommends that the concept of low risk adopted for the revised guidelines should be more clearly explained and justified. In doing so, VicHealth recommends that NHMRC consider ways in which the concept can be explained in simple, non-technical language that is able to be understood by persons who do not have a knowledge or understanding of epidemiological concepts such as risk. For example, an effective way to communicate such information can be found in the field of tobacco control, where there are now mandatory health warnings on cigarette packs such as: “Smoking doubles your risk of stroke”. In the case of these guidelines, an example of might be: “Your risk of injury triples after 2 drinks”. Ensuring that the community understands the concept of low risk which underpins the revised guidelines will be critical for upholding the validity and integrity of the guidelines, and ultimately the uptake of the guidelines.

Recommendation 6

The concept of low risk adopted for the revised guidelines should be clearly explained and justified within Guideline 1.

4. COMMENTS ON GUIDELINE #2

Guideline 2

For children and young people under 18 years of age.

2.1 Parents and carers are advised that not drinking is the safest option for children and adolescents under 15 years of age.

2.2 Not drinking is the safest option for adolescents aged 15-17 years.

If drinking does occur, it should be under parental supervision and within the adult Guideline for low-risk drinking (two standard drinks or less in any one day).

VicHealth supports this guideline.

VicHealth believes the adoption of this guideline for children and adolescents under 18 years of age is a major improvement on the previous guidelines.

VicHealth commends the NHMRC for providing advice that is practical and much needed by young people, parents and other adults.

Underage drinking remains as a major issue in Australia and presents a challenge for the whole community. VicHealth believes that the harmful drinking culture in Australia is primarily the responsibility of adults, and that young people should not shoulder the blame nor should solutions only be sought by attempting to change the attitudes and behaviour of young people alone.

In this regard, VicHealth believes that genuine and active support for Guideline 2 is required by parents. However, parents do require practical advice and support to assist them in following Guideline 2. VicHealth is aware of many programs already in place in the community which provide valuable support and advice of this kind and recommends that the NHMRC include some brief information about these programs within the guidelines.

In line with VicHealth's comments above on Guideline 1, VicHealth recommends that advice on the importance of avoiding intoxication should be emphasised within the Guideline 2. Rates of underage drinking at harmful levels have doubled in the past two decades (White & Hayman 2007). This trend emphasises the importance and urgency of preventing and reducing misuse of alcohol by young Australians.

Recommendation 7

Information about programs offering advice and support to parents should be included within the guidelines.

VicHealth notes that Guideline 10.5 in the previous version of the guidelines (NHMRC 2001) stated that young people under 18 years of age “most importantly, should not drink to become intoxicated”. VicHealth recommends that similar advice be included within Guideline 2.

VicHealth believes that the alcohol industry must demonstrate genuine and active support for Guideline 2. It is a reality that alcohol marketing and promotions, alcohol product design, and alcohol availability are among the main factors which influence the way young people drink. In this regard, the alcohol industry has a responsibility to adopt policies and practices which support and sustain the revised guidelines.

Government also has a role to play in supporting Guideline 2. A key role for government in this context is strict regulation of practices by the alcohol industry, such as alcohol marketing and promotions, alcohol product design, and alcohol availability, all of which have a huge bearing on drinking by young people.

Recommendation 8

Advice on avoiding intoxication should be included within Guideline 2.

5. COMMENTS ON GUIDELINE #3

Guideline 3

For women who are pregnant, are planning a pregnancy or are breastfeeding.

3.1 Not drinking is the safest option.

VicHealth supports this guideline.

VicHealth believes the adoption of this guideline for women who are pregnant, are planning a pregnancy or are breastfeeding is a major improvement on the previous guidelines.

VicHealth commends the NHMRC for adopting a precautionary approach in the development of the revised guidelines, particularly for Guideline 3, in situations where there is uncertainty about risks because of conflicting or insufficient evidence. VicHealth recommends that the uncertainty surrounding this issue should be clearly stated in Guideline 3 so that interpretations of this guideline do not stray from the scientific evidence. VicHealth recommends that a statement be added to Guideline 3 that: “The risk from low level drinking during pregnancy and breastfeeding are uncertain. Therefore at the current time is not possible to say for sure whether low level drinking will harm a fetus or baby”.

Recommendation 9

A clear statement on the uncertainty of risk to a fetus or baby from a pregnant or breastfeeding woman drinking at low levels should be included within Guideline 3.

VicHealth is aware of recent reporting of this guideline and related issues in the national media which included suggestions that consumption of alcohol at any level by pregnant women poses an almost certain risk of harm to their unborn child. VicHealth is concerned that this reporting may mislead the community about the level of risk, and this recent media coverage emphasises the need for careful and sensitive communication of Guidelines 3 to the community. While VicHealth does not seek to dilute the precautionary message underpinning Guideline 3, it does wish to express concern that oversimplification of the message into “any amount of drinking no matter how small, while pregnant has/can harm/ed your unborn child” is not only unfounded but is also likely to adversely affect many women who receive such a message.

The revised draft guidelines state that with regard to drinking during pregnancy and breastfeeding. “most policies stress that heavy drinking or intoxication pose the greatest risk and several stress that a safe level has not been established and that not drinking is the safest option” (NHMRC 2007: 57). On this

basis, VicHealth recommends that Guideline 3 include a warning that women who are pregnant, are planning a pregnancy or are breastfeeding should be especially careful to avoid intoxication. Such advice was provided in Guideline 11.2 in the previous version of the guidelines (NHMRC 2001) which stated that women who are pregnant or might soon become pregnant “most importantly, should never become intoxicated”. There does not appear to be any evidence presented in the draft revised guidelines which diminishes the need for such advice.

VicHealth wishes to alert the NHMRC to evidence-based resources such as *Healthy Pregnancies, Healthy Babies for Koori Communities* (VACCHO 2007). The key message for pregnant women in this resource is “less is better, none is best”. The resource offers practical advice and information such as:

- It’s never too late to cut down or give up the grog.
- We don’t really know what is a safe amount of alcohol for a pregnant woman.
- Some women feel it is safest not to drink at all.

Recommendation 10

Advice on avoiding intoxication should be included within Guideline 3.

6. SUMMARY OF RECOMMENDATIONS FROM VICHEALTH

1. Advice on avoiding intoxication should be included within Guideline 1.
2. Advice on the cumulative risk from drinking above the recommended low-risk level should be included within Guideline 1.
3. Advice on the upper limit of drinking where extreme risk is likely to arise should be included within Guideline 1.
4. A clear statement of the rationale for a revised low-risk drinking level for males should be included within Guideline 1.
5. A statement that all adults, regardless of their age, sex or health status, are advised against taking up or maintaining drinking for health benefits should be included within Guideline 1.
6. The concept of low risk adopted for the revised guidelines should be clearly explained and justified within Guideline 1.
7. Information about programs offering advice and support to parents should be included within the guidelines.
8. Advice on avoiding intoxication should be included within Guideline 2.
9. A clear statement on the uncertainty of risk to a fetus or baby from a pregnant or breastfeeding woman drinking at low levels should be included within Guideline 3.
10. Advice on avoiding intoxication should be included within Guideline 3.

REFERENCES

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