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cc

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PM

Subject Alcohol guidelines [No Protective Marking]

Submission from:

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While I am as keen as anyone to reduce the harm associated with alcohol consumption I am very concerned about these draft guidelines. By being simplified they have become simplistic and as in some areas they go well beyond the evidence they undermine our public health approach and imply our patients are stupid and cannot understand something a bit more realistic and nuanced. It comes across as public health wowsersism gone mad and this will have a range of unintended consequences some of which are likely to be negative.

1. re Breast feeding and alcohol consumption

I have particular concerns about the guidelines for breast feeding mothers as it places breast feeding and pregnancy in the same category. This is clearly silly when the alcohol that might be absorbed by the foetus/baby is at least 2 orders of magnitude different in the two situations (and the sensitivity of a baby to alcohol while high is almost certainly substantially less than a foetus or embryo). There is no evidence of risk to mother or baby if a breast feeding mother has one or two standard drinks a day while any reduction in breast feeding is a well documented risk.

If a breast feeding mother has a peak blood alcohol level of 0.02% (2 standard drinks according to guidelines) then for a period of perhaps an hour or so the maximum level of alcohol in breast milk is 0.02% (this is 1/150th of the level of alcohol in full strength beer but in practice will almost certainly be less as breast milk will not equalise fully with peak maternal blood levels of alcohol but some average level over a longer period) with a negligible amount of alcohol actually getting to the baby over the course of a day (my rough calculations suggest of the order of a hundredth of a ml of alcohol). This is more than a couple of orders of magnitude less than a foetus will get in utero where they reach roughly the same blood alcohol level as the mother. In my view putting pregnant women and breast feeding mothers in the same category will do more harm than good (very little chance of doing good as there is no documented risk).

Some women are likely to stop or limit breast feeding because of guidelines like this. My patients know they shouldn't drink when taking antibiotics and hence sometimes don't take their antibiotics because they are drinking and while trying to obey what the system tells them risk serious harm (I make a point of saying - it is much better for you if you don't drink and the antibiotics will work better but even if you drink keep taking your antibiotics, but in my experience most practitioners do not make this extra explanation).

I am sure if women think drinking makes their breast milk bad for their baby some will bottle feed, at least some of the time! Our main task is to get women to breast feed since, particularly with disadvantaged groups, bottle feeding does cause harm and the net lifetime effect on the baby can sometimes be very severe. I have treated two potentially fatally ill children under 6 months in remote communities over recent years - both were bottle fed in areas where bottle feeding is rare and hygiene is an issue. While not having anything to do with alcohol as both had pretty sensible non-drinking mothers it illustrates the serious risks in some areas of bottle feeding - not to be encouraged! Not breast feeding is a real risk and drinking within guidelines while breast feeding is not a real risk!

Even if a mother maintained herself at a blood alcohol level of 0.1% 24 hours a day (hard to manage but I expect some could - possibly 20 or 30 standard drinks a day), and her breast milk was therefore at the same level of alcohol then with say 500ml of breast milk per day then the baby would get half a ml of pure alcohol (= 10mls of full strength beer or about one thirtieth of a middy), while a long way from ideal this is not likely to be very dangerous from the alcohol ingested. I find it hard to believe that in anything other than extreme alcohol problems breast feeding can lead to any significant direct alcohol related problem for children. On the other hand drunken parents (whether or not breast feeding) are a risk - but we shouldn't only target mothers, drunken fathers probably cause more harm! Recommendation: All people caring for infants and young children should be very careful to stick to recommended drinking levels (but this is not in any way related to breast feeding!).

These guidelines are also likely to lead to child health nurses and others emphasising not drinking to breast feeding mothers - thinking they are doing the right thing. It is easy to lose sight of the more important goal of getting women to breast feed. A predictable and likely response from some women is going to be for them to bottle feed, either intermittently when having a drink or permanently or to cease breast feeding earlier than they otherwise would because of the restriction. Reducing breast feeding has proven serious risks for babies, in particular babies from disadvantaged communities.

This aspect of the guidelines presents obvious dangers if implemented and is based on no evidence (and definitely no balance of potential harms!)

Reducing recommended male consumption to no more than 2 standard drinks (or a bit more than one real one!)

The reduction to two standard drinks a day for men is also a concern to me. My reading of the evidence is that drinking 3 or 4 standard drinks (for a maximum of 5 days of the week for the average healthy male is no more risky than drinking 0 standard drinks. Any small increase in risk in some studies is likely to relate to systematic under-reporting of consumption and possibly the effect on driving competence even at levels around 0.03% BAC (and drinking and driving should be addressed directly). Realism is a big issue here. Telling men to stop before they have finished their second stubby of beer (or less than 2 glasses of wine in the glasses it is usually served) is likely to be laughed at whereas saying stick to 2 or at most 3 full strength beers (1.3-1.5 std drinks per stubby or can depending on the beer) and 3 or at most four mid strength beers and have at least 2 days off a week, while not always complied with is something men can relate to.

Where there is evidence I am happy to follow guidelines but I am not happy to tell otherwise healthy people who drink in the light to moderate range to drink less if they have no problems. I believe these guidelines diminish the power of our advice and these simplistic guidelines are in my view effectively government sanctioned lying to our patients.

I strongly support measures to reduce alcohol consumption and the adverse effects of alcohol consumption on a population level but to be effective this needs to be done with a combination of supply reduction, harm minimisation and advice based on robust evidence. Fudging the evidence or basing advice on limited evidence over-interpreted by people with the agenda of reducing alcohol related harm (with have the best of intentions) is to be strongly avoided as these diminish trust in the process and in the long term are harmful.

I would be interested in being involved in a dialogue about these issues.

David Atkinson