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

Personal details

**Full name** Duane Duncan

[**NHMRC has removed personal information**]

Submission reflects

**Organisation / Individual** An individual

**Individual Background** Researcher – Other

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.
   - **No comment**

3. Please indicate how strongly you agree with the following statement: *The Plain English summary is clear, simple and easy to understand.*
   - **No comment**

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?
   - **No comment**

7. Please indicate how strongly you agree with the following statement: *The Understanding risk section is clear, simple and easy to understand.*
   - **No comment**

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?

The draft guidelines focus on ‘reducing the health risks of drinking’ and are intended to ‘evaluate the extent of risk posed at different levels of consumption’ (p. 4). ‘Alcohol-related harm’ includes ‘alcohol-related disease’ and ‘alcohol-related injury’, which is expressed in the composite measure of ‘lifetime risk’. This composite measure of alcohol-related harm includes a diverse range of conditions, from those clinically attributed to alcohol’s direct biological effects through to consumption and injury events. Both categories of harm are shaped by a wide range of cultural, social and economic factors. These factors, which are known to impact upon health and wellbeing, shape alcohol’s disease effects. In addition, they are heavily implicated in the social relations and cultural meanings of drinking alcohol, as well as the ‘risk-taking’ and other practices that shape the health harms attributed to it.

Although the draft guidelines treat the physiological effects of alcohol as similar for men and women at low levels of consumption, lifetime risk for women increases at a faster rate as consumption increases. Men’s greater risk of immediate harm from drinking (e.g. road crashes, falls and self-harm) is attributed to ‘higher levels of risk-taking behaviour’ (p.19). In other words, the social and cultural factors shaping men’s vulnerability to acute alcohol-related harm are exogenous to, or at least not solely attributable to, alcohol itself. The guidelines would be more credible if they spelled out what might be included in ‘risk-taking behaviour’, as well as the factors that contribute to such behaviour in men specifically. This omission is particularly significant where acute conditions (self-harm, falls and motor vehicle accidents), which result in injury to the self, are attributed to alcohol, independent of the other elements and forces (e.g. various forms of masculinity) shaping consumption and injury events.

Furthermore, the focus on the effects of alcohol on the health of the individual body precludes inclusion of other research relating to forms of alcohol-related harm that impact on the health and wellbeing of others. This includes, but is not limited to, those relating to interpersonal violence, including that which occurs in domestic and family contexts, and that which takes place in public and night-time entertainment settings. In both private and public settings, gender is a key variable shaping the relationship between alcohol and violence.

Our concern is that this focus on individual health harms further embeds individualised public health strategies for managing risk, which are based on volumetric approaches to understanding and responding to alcohol related harm. Given that the draft guidelines may have limited effect on behaviour at a population level, our concern is that their dissemination and reification in policy may distract from the necessary focus on the gendered, socio-economic and cultural factors that shape the relationship between alcohol and harm, and which extend beyond the individual health consequences of drinking alcohol at higher volumes. This includes the unintended effects of government guidelines themselves, which can intensify individual anxiety and responsibilise certain groups unfairly, or in a manner that fails to equitably address the harm associated with drinking.

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?

No comment

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

No comment

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?
15. Do you have any comments on how the evidence has been used to develop the recommendation for Guideline Three?
   No comment

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

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Permission to publish yes