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

**Personal details**

**Full name** Australian College of Midwives

[NHMRC has removed personal information]

**Submission reflects**

**Organisation / Individual** An organisation

**Organisation Name** Australian College of Midwives

Please identify the best term to describe the Organisation  Advocacy organisation (e.g. disability, patient, disease-based)

**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.*
   - Agree

4. Do you have any comments on how the Plain English summary could be improved?
   - We suggest highlighting the bold text further by using a box to separate the key message from the rest of the text.
   - While it currently reads well, we feel greater emphasis should be placed on the key messages that are to be shared.

**Guideline one**

For guideline one, we suggest using dot points to draw attention to the number of alcoholic beverages, for example:

'To reduce the risk of harm from alcohol-related disease or injury for healthy men and women, drink no more than
- 10 standard drinks per week
- 4 standard drinks on any one day.

The less you choose to drink, the lower your risk of alcohol-related harm. For some people not drinking at all is the safest option.

We also suggest changing 'drink no more than' to 'minimise your alcohol intake and aim for less than' or something similar - as it currently reads, people may interpret this to mean that they should drink the stated quantities.

With respect to the dot point 'Increased uncertainty about any protective benefits of drinking alcohol.' can there be some examples provided as this is a little vague.

We recommend including reference to the 'unborn child or infant' in the dot point related to pregnant and breastfeeding women on page 3.

Guideline two
No suggestions.

Guideline three
The emphasis is very much on the fetus/baby. We wonder whether reference to the impact that alcohol has on the women during pregnancy would also be relevant to this section.

5. **Do you have any comments on how the Introduction could be improved?**

We particularly like the opening sentence which refers to alcohol as a drug. Given that alcohol is widely available and also socially acceptable, we feel this is an important addition to the guidelines to emphasise risk minimization. We suggest that this could be restated throughout the guidelines to reiterate the potential ill effects.

**Aim**

The aim does not read like an aim. We note that the aim is actually stated under 'Scope of the guidelines' and as such, this opening paragraph under 'Scope of the guidelines' needs to be moved to the 'Aim' and the information under 'Aim' needs to be move to the 'Scope of the guidelines' section.

**MAGICapp tabs**

There is no reference to what this is referring to - we suggest including an overview of what the MAGICapp tabs are.

6. **Do you have any comments on how the Background could be improved?**

As per our response to question 5, we suggest reiterating that alcohol is in fact a drug and the most commonly used drug likely due to its accessibility and social acceptability.

Under 'Cardiovascular disease' - unclear what 'total and cardiovascular death' means. 'The Evidence Evaluation Report reported' sounds clumsy. We suggest revising this.

Under 'Cancers' - 'The Evidence Evaluation Report reported' sounds clumsy. We suggest revising this.

Under 'diabetes' - 'The Evidence Evaluation Report reported' sounds clumsy. We suggest revising this.

We note that much of the background is not referenced. While it might be that supporting references were not viewed as important given the purpose of these guidelines, some of the claims made would benefit from the inclusion of supporting references.

**Burden of disease**

Should this be changed to 'burden of disease and injury' given that there is reference to road traffic injuries, suicide, homicide and self-inficted injuries. The term 'burden' is also used quite a number of times throughout this section.
Pregnant and breastfeeding women
We suggest changing the heading to 'Women who are pregnant and/or breastfeeding'
This section refers to 'Australian women' - this is not inclusive of those who reside in Australia but do not identify as Australian.
The last paragraph is unclear. What trend is being referred to here? 'A similar trend for breastfeeding women was seen, with 41.9% of breastfeeding women abstaining from alcohol in 2016, compared with 25.0% in 2007.' Change to 'Data from 2016 suggest that more women who are breastfeeding are abstaining from alcohol consumption when compared with data from 2007 (25.0% vs 41.9%).' Or something similar.
Indigenous Australians
What is meant by 'risky levels'? This should be defined.
Effects of alcohol
There appear to be two separate dot points for the differences between men and women. Our suggestion would be to highlight or bold the italicized headings to make them stand out further. At present they get a little lost. The effects to women who are pregnant and to the unborn child are not mentioned here. We feel this a significant omission particularly in light of the fact that guideline three is specific to this population.
Cumulative effects
Similar to our above comment, the use of headings (in place of the dot points) would make this section much easier to read. The omission of references to relevant literature should be addressed to support claims.
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?
As mentioned earlier, we feel it important to re-emphasise that alcohol is a drug and that is can and does have negative effects on the body.
The use of the coloured boxes is a great addition and in line with our recommendations for the plain language summary. We would further suggest that this should be specific to the bold text and emphasise the numbers of alcoholic beverages and attention to the language (see our previous suggestion re removing 'drink no more' particularly given that the goal is risk minimization.
This section presents a good overview of risk and risk threshold.
Additional references throughout this section would be useful and support the claims made.
Discussions about systematic reviews etc are repetitive across each of the guidelines. We suggest providing a summary at the beginning rather than repeating the information under each guideline.
9. Do you have any comments on how the evidence has been used to develop the recommendation for Guideline One?
The approach described and the evidence supporting the guideline are both comprehensive and relevant. We have no suggestions with respect to this guideline.
10. Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).
None that we are aware of.
11. Do you have any editorial or readability comments on the sections that make up Guideline One?
Change 'Pregnant and breastfeeding women' to 'Women who are pregnant and/or breastfeeding'
12. Do you have any comments on how the evidence has been used to develop the recommendation for Guideline Two?
The approach described and the evidence supporting the guideline are both comprehensive and relevant. We have no suggestions with respect to this guideline.

13. Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).
None that we are aware of.

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

15. Do you have any comments on how the evidence has been used to develop the recommendation for Guideline Three?
As previously mentioned, there is little focus on the impacts that alcohol has on the woman herself and therefore, how this may increase the risk to the baby. While we understand that there has been an extensive overview of the effects that alcohol can have on the general population, significant and noteworthy physiological changes occur during pregnancy that may increase the woman's potential risk further. We have not been able to find any reference to this throughout section 7. The focus is primarily on the risk to the unborn baby/infant. We suggest that there be some discussion with respect to the woman if not in this section, then certainly in guideline one.

16. Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).
Reference to the woman as suggested in our response to question 15 is an inclusion we feel is necessary. This includes the dietary issues, hormonal impacts, effects on vitamin D, mental and psychological health, increased risk of injury, supporting a child with a disability/illness as a result of alcohol related effects as examples.
Alcohol consumption by a partner may also increase the risk of domestic violence (physical, verbal, financial) which we are already aware increase during pregnancy. We feel this would be worthy of inclusion.
We are happy to assist with the literature if these suggestions are deemed suitable for inclusion.

17. Do you have any editorial or readability comments on the sections that make up Guideline Three?
7.1 Rationale
We suggest revising the last sentence as per previous comments. Change to 'Data from 2016 suggests that more women who are breastfeeding are abstaining from alcohol consumption when compared with data from 2007 (25.0% vs 41.9%).' Or something similar.

18. Do you have any comments on how the Drinking frequency section could be improved?
No suggested changes.
First paragraph on page 60 has 'then then' - remove one

19. Do you have any comments on how the Administrative report could be improved?
While we understand that this is probably a required inclusion, we suggest this might not be relevant to consumers and in which case, a consumer-friendly version should be considered.

20. Are there any additional terms that should be added to the glossary?
No suggestions.

21. Are there any additional abbreviations or acronyms that should be added to this section?
No suggestions.

22. Do you have any comments on how the Australian standard drinks section could be improved?
No suggestions. Great for those who are visual. Colourful and easy to understand.
Disclaimer I have read the security warning/disclaimer below and accept the risks and conditions outlined.

Permission to publish yes