Australian Government
National Health and Medical Research Council

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

Personal details

Full name Dietitians Association of Australia

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual An organisation

Organisation Name Dietitians Association of Australia

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.***
   Agree
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?**
   Generally, the sentence structure is long and complex. Sentences should be simplified for easier reading.
   Page 1, paragraph 3: alter first sentence to "The general aim of these recommendations is to keep alcohol consumption below an acceptable level of risk for those that drink alcohol, based on scientific evidence."
   Page 1, paragraph 6: alter first sentence to "Guideline One is supported by a review of the evidence and mathematical modelling on the lifetime risk of dying from alcohol-related disease and injury based on different levels and patterns of drinking" and rearrange second sentence to put focus on number of standard drinks "The modelling showed that if no more than 10 standard drinks are consumed each week and no more than 4 standard drinks are consumed on any one day, the lifetime risk of dying from alcohol-related disease or injury remains below a level of 1 in 100 (see Section 4 Understanding Risk) for both men and women."

Page 1, dot points: Situations where it is safest not to drink should include mention of pregnancy, operation of non-motorised transports (e.g. riding a bicycle) and supervising any at risk population such as the elderly.
Page 2, paragraph 6: "problematic patterns" may not be a helpful description of alcohol misuse or addiction. The word "hazardous" may be more accurate. The sentence could be modified to remove the "who" and state that people with a family history of alcohol dependence are at risk of developing dependence themselves. Sentence two of this point could be clarified by altering to "…consider discussing their own alcohol intake…"
Page 2, paragraph 8: "giving up alcohol may be necessary" frames not drinking alcohol as a loss rather than as a benefit for health. Alternatively, "not drinking alcohol" or "strategies to reduce alcohol consumption" removes this framing.
Page 3, paragraph 6: highlighting potential risks: e.g. FASD, low birth weight, premature births may also be of benefit.
Page 3, paragraph 7: highlighting growth and development issues and future substance, mental health or dependence issues associated with alcohol in breastmilk may be beneficial in highlighting the risk of consumption while breastfeeding.

5. **Do you have any comments on how the *Introduction* could be improved?**
Consider using wording such a "people living in Australia" rather than "Australians" as these guidelines apply to people living in Australia who may not identify as being Australian.
Page 4, Scope of the guidelines: Suggest highlight in bold "As detailed recommendations relating to specific health conditions are beyond the scope of these guidelines, specialist professional organisations and societies are encouraged to develop additional guidance to meet such needs."

6. Do you have any comments on how the *Background* could be improved?
The Burden of Disease section of the background does not include any mention of the contribution of alcohol consumption to obesity and nutrient displacement. Alcohol consumption can influence food habits and displace food and nutrients from the diet. Alcoholic beverages and their mixers contribute to energy intake and often carbohydrate intake. Even at the acceptable risk level drinking, the caloric/joule intake is considerable and contributes to change in health and wellbeing in the long term. In an individual of low body weight and poor food intake, any amount of alcohol consumption displaces valuable food from the diet which can lead to underweight and malnutrition. In such individuals it can predispose to poor physical and mental health and nutritional deficiencies. This may include increased risk of refeeding syndrome and Wernicke-Korsakoff syndrome. Information about alcohol and nutrition should be included in the Background as an important consideration for alcohol consumption.

On page 15 of the Background it should be mentioned under Liver that fatty liver disease is more common than liver cirrhosis and precedes cirrhosis.

No reference is made to The Lancet article Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. This is a key document in this area and should be considered by the NHMRC for reference in the Guidelines.

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?**
   Evidence missed regarding nutrition. See response to Question 10.
10. **Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).**
    Section 5.3.1: Obesity, malnutrition and micronutrient undernutrition are not mentioned in this section. Alcohol intake when not compensated for by reduced food consumption or increased physical activity contributes to a positive energy balance [1]. A positive energy balance over extended periods of time contributes to obesity. Conversely, alcohol consumption can displace food intake and affect nutrient absorption and loss, leading to malnutrition and nutrient deficiencies [2]. These issues are commonly treated in people admitted to hospital for alcohol withdrawal [3]. Evidence supports that obesity, malnutrition and micronutrient undernutrition are partially alcohol-attributable conditions and should be included in this section. Traversy G, Chaput JP. Alcohol Consumption and Obesity: An Update. Curr Obes Rep. 2015;4(1):122–130. doi:10.1007/s13679-014-0129-4 Barve S, Chen SY, Kirpich I, Watson WH, Mcclain C. Development, Prevention, and Treatment of Alcohol Induced Organ Injury: The Role of Nutrition. Alcohol Res. 2017;38(2):289–302. McLean C, Tapsell L, Grafenauer S, McMahon A-T. Systematic review of nutritional interventions for people admitted to hospital for alcohol withdrawal. Nutrition & Dietetics. 2020;77(1):76-89.
11. **Do you have any editorial or readability comments on the sections that make up Guideline One?**
    Page 23, Key info, Benefit and harms: The phrasing “Drinking alcohol within this guideline has substantial net benefits, as opposed to drinking above it” frames alcohol consumption as beneficial for health. This should be re-phrased to frame consumption of alcohol according to the guidelines as being at an acceptable risk level.
    Page 31, Table 5.5.1: Formatting issue: Suggest t Table 5.5.1 on one page, allowing easier comparison.
    Page 34, section 5.6, paragraph 2: Alter sentence two to “…10 standard drinks per week corresponds to a less than 1 in 100 risk…” to make the statement consistent with Guideline 5 Key message dot point 2.
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?**
    Page 39, 6.1 Rationale, paragraphs 1/2: formatting issue – no line break between paragraphs 1 and 2, or unintentional start of new line for sentence 3.
    Page 40, Section 6.2, Key info, Benefits and harms: Sentence one can be strengthened by putting the focus on children and young people deriving benefit. Suggested wording “Children and young people under 18 years of age derive substantial net benefits from not drinking alcohol as advised by this Guideline.”
    Page 46, 6.7 Practical info, paragraphs 5/6: formatting issue – no line break between paragraphs 5 and 6, or unintentional start of new line for sentence 1.
15. **Do you have any comments on how the evidence has been used to develop the recommendation for Guideline Three?**
    Page 48, Certainty of evidence: This section reads as though evidence for Fetal Alcohol Spectrum Disorder (FASD) was not used in supporting evidence for this recommendation, though features of FASD are listed. NHMRC should consider specifying that evidence for FASD was used if this is the case.
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?**
    There should be mention of infant growth and development being affected by alcohol transmitted through breastmilk.
    Page 52, 7.3.2 Adverse effects, paragraph 1: The phrasing of the last sentence re: preterm birth risk does not flow. Alternatively, "The risk for preterm birth also increases as maternal alcohol consumption increases, starting from approximately 18 grams per day."
    Page 53, paragraph 6: Is "… trouble with the law" the most appropriate wording?
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?**
    Page 68, table: The area of expertise for Professor Mark Harris is not stated.
20. **Are there any additional terms that should be added to the *glossary*?**
    Agpar, mentioned on page 53. This test may not be widely known by those not practising in paediatric and neonatal health. Putting this word in all capital letters may assist understanding.
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?**
    Consider including high strength beer (>4.8% Alc Vol) in "Number of standard drinks – beer" due to the increased consumption of craft beers. A market scan of craft beers suggests that 6.5% Alc Vol would be appropriate for comparison of standard drinks per serving, equating to: 1.5 per 285mL, 2.2 per 425mL, 1.9 per 375mL. Including high strength beer in the comparison chart would assist consumers to be aware of high strength beer in the market and how this interacts with their alcohol consumption behaviours.

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

Permission to publish yes