Australian Government
National Health and Medical Research Council

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

Personal details

Full name DrinkWise Australia

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual	An organisation
Organisation Name	DrinkWise Australia
Please identify the best term to describe the Organisation	Non-government organisation

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*.**
   Disagree
4. **Do you have any comments on how the *Plain English summary* could be improved?**
   DrinkWise appreciates the breadth and complexity of the information presented in the substantial guideline document and welcomes the opportunity to review and provide comment to assist the NHMRC in finalising this important advice for the Australian community.
   As stated on page five of the guideline document, the plain english summary is to assist the general public in understanding the risks of alcohol-related harm and to support informed decision-making based on this advice. DrinkWise supports evidenced-based guidelines that can assist in improving the health and safety of Australians. As an organisation with a history of producing relatable, evidenced-based education and information campaigns, we offer the following comments in the spirit of ensuring broad community understanding of the NHMRC's advice.

The primary aim of the guidelines needs to be consistent with paragraph one of page one (and in multiple statements throughout) –that the aim of the guidelines "is to assist people to make informed decisions", which is entirely consistent with the aim of the NHMRC when it comes to public health – "to provide policy makers, healthcare professionals and communities with the information they need to prevent disease, prolong life and promote health for all Australians". However, paragraph three changes focus and states that the aim of the guidelines "is to keep alcohol consumption below a level of risk seen as acceptable and based on a frequency of consumption of three times per week".

For enhanced clarity, the three guidelines could be highlighted in a break-out box on page one, presented with graphics and a succinct explanation relevant to the three distinct categories:

- Healthy adults.
- Children and young people.
- Pregnant or breastfeeding women.

The rationale for Guideline One, includes a reliance on the finding of the modelling report that "for both men and women, the lifetime risk of dying from alcohol-related disease or injury remains below a level of 1 in 100 if no more than ten standard drinks are consumed each week and no more than 4 standard drinks are consumed on any one day". This statement is inconsistent with Table 1 in the modelling report that demonstrates the different levels and frequencies of consumption found for men and women, that can maintain their risk of dying from alcohol related disease or injury below a risk threshold of 1 in 100. (Please see Table in Modelling Report).

The summary of the body of evidence supporting Guideline One presented on page one would benefit from the inclusion of examples of the specific cancers associated with alcohol consumption, and the specific conditions for which there is greater uncertainty about any protective effects.

The emphasis up front in Guideline One on relevance to healthy men and women is welcomed and should be maintained. Similarly, the emphasis on those situations, conditions and populations for which it is recommended that not drinking is the safest option should be maintained to clearly highlight for whom the advice is intended. It is acknowledged that this advice was present in the 2009 Guidelines though it previously only featured in the Appendix.

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

It is clear that the development of the proposed guidelines has involved multiple processes, assessments and considerations, over a significant period of time.

It is suggested that the second paragraph of the introduction be revised to "Excessive alcohol consumption is linked with increased risk of injury, chronic disease and premature death" consistent with figure one in the modelling report.

The NHMRC's increasing development of 'living' guidelines to enable updates as the evidence changes, will produce efficiencies in the consideration and response to such changes. The inclusion of an explanation about how this approach to living guidelines will ensure transparency and the inclusion of necessary public consultation processes, would be useful to preserve the necessary integrity of the NHMRC's advice.

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

It is acknowledged that this section provides some contextual information relevant to Australia's drinking practices and trends.

The inclusion of trend information relevant to the previous term of the guidelines (i.e. 2010 until 2019) would be useful for providing contemporary context of the patterns and trends of alcohol consumption in Australia (for example the significant increases in minors' abstaining from alcohol). Presenting this through the use of infographics could usefully highlight the latest statistics and trends to engage the reader.

The inclusion of an infographic that captures how the body processes alcohol (presented on page 13) would illustrate the important information provided in this section.

7. **Please indicate how strongly you agree with the following statement: *The Understanding risk section is clear, simple and easy to understand*.**

   Disagree

8. **Do you have any comments on how the *Understanding risk* section could be improved?**

   This section contains important considerations for informing the community's decisions about alcohol. It is acknowledged that the concepts and information are complex, however disclosure of the details should be premised on the community's capacity to access, comprehend, critique and ultimately apply this information to their individual circumstances.

   The discussion under the heading: The risks of drinking alcohol: what the numbers mean is inconsistent with the findings of the NHMRC's modelling report. As previously highlighted in response to Question 4, table one in the modelling report demonstrates that both men and women consuming 14 standard drinks a week are at a less than 1% absolute risk of alcohol attributable mortality (with a protective effect found for men) when consumed across six or more days.

   It is suggested that in relation to the discussion about whether the level of risk is a concern that recognition be provided that a majority of drinkers consume alcohol with no adverse consequences.

   It is very clear that the risks are not the same between the genders and an improved explanation of the differences is required to ensure men and women are well placed to make informed decisions. Further explanation of the critical considerations that ultimately resulted in the development of a single recommendation could assist in reconciling the gendered differences in risk.

9. **Do you have any comments on how the evidence has been used to develop the recommendation for Guideline One?**

   The complexity of the information presented in this section is not to be underestimated. Given the revision of the guidelines has been informed by the modelling report and assessments of the extensive evidence against outcomes and quality criteria, it has been necessary to review those documents, noting that they are not subject to the public consultation process.

   The following comments are a result of this examination and the identification of inconsistencies in the references to the findings of the modelling report in the draft guideline document.

   The second and third key messages stated on page 20 are inconsistent with the findings presented in the modelling report of the different levels and frequencies of consumption for men and women, that can maintain individuals' risk of dying from alcohol related disease or injury below a risk threshold of 1 in 100.

   Second key message: For both men and women, the risk of dying from alcohol-related disease and injury remains below 1 in 100 if no more than 10 standard drinks are consumed each week and no more than 4 standard drinks are consumed on any one day.

   Third key message: Every drink above this level increases the lifetime risk of alcohol related disease and injury. This includes the risk of dying from alcohol-related disease or injury.

   DrinkWise notes that development of this guideline has been informed by a cause-specific approach to mortality risk from alcohol consumption, rather than an all-cause mortality approach that is well understood, albeit with recognised limitations. It is important to note that these approaches do produce different results and the NHMRC's deliberations in relation to the adoption of a cause-specific approach would be a useful inclusion in this guideline document.

It is important to recognise that the mendelian randomisation study design is an emerging (not proven) approach and it has been subject to substantial criticism.

Acknowledging that protective effects of alcohol have been considered in developing this guideline, it would be useful to clarify the weight that has been applied to the protective effects overall and for the benefit of informing consumers, the specific conditions for which protective effects have been found. This is particularly important given the large number of studies published confirming the J-shaped association between drinking and relative risk of premature death from all causes.

Given the emphasis in the guideline document about the greater certainty of the risk of alcohol consumption and the development of certain cancers – and the important considerations that have ultimately informed the development of guideline one – it is critical that this information accurately reflects the leading authorities' conclusions that are referenced in the modelling report. There appear to be inconsistencies in the information about cancer presented in the modelling report with the key sources and leading authorities' conclusions. Examples include:

the World Cancer Research Fund's conclusions regarding the evidence of the protective effects of moderate alcohol consumption (less than 30 grams per day) as it relates to kidney cancer is absent from the modelling report. https://www.wcrf.org/sites/default/ les/Alcoholic-Drinks.pdf

The modelling report's risk curves as they relate to pancreatic, liver and stomach cancers do not reflect the findings of the World Cancer Research Fund's conclusions that there is no evidence of the risk of developing these cancers when consumption of alcohol is in excess of 30-45 grams per day.

https://www.wcrf.org/sites/default/ les/Pancreatic-cancer-report.pdf

https://www.wcrf.org/sites/default/ les/Liver-Cancer-2015-Report.pdf

https://www.wcrf.org/sites/default/ les/Alcoholic-Drinks.pdf

10. Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).

It is acknowledged that the extensive literature search captured thousands of records and was subject to considerable examination to identify duplications, assessment of relevance to outcomes and grading of strength. It is also acknowledged that over three years has passed since the literature search was conducted and, as such, a range of references may not have been in scope and could be considered (in addition to the references identified in response to Question 9). In this spirit, the following references are suggested:

Alcohol use and burden for 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. Griswold et al. This systematic analysis published in 2018, confirmed the protective effects resulting from low levels of alcohol consumption, despite the authors claiming that there was no safe level of alcohol consumption.

The Lancet published a series of letters which criticised the Griswold et al. study arguing that the conclusion of no safe level was "unfounded".

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30706-8/fulltext

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30725-1/fulltext

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30726-3/fulltext

In response, the authors concede their study had "limitations, which should be considered when evaluating our recommendations".

Bell, S., Daskalopoulou, M., Rapsomaniki, E., George, J., Britton, A., Bobak, M., et al. (2017). Association between clinically recorded alcohol consumption and initial presentation of 12 cardiovascular diseases: Population based cohort study using linked health records. British Medical Journal, 356, j909.

Colpani, V., Baena, C. P., Jaspers, L., van Dijk, G. M., Farajzadegan, Z., Dhana, K., et al. (2018). Lifestyle factors, cardiovascular disease and all-cause mortality in middle-aged and elderly women: A systematic review and meta-analysis. European Journal of Epidemiology. doi:10.1007/s10654-018-0374-z.

Kunzmann, A. T., Coleman, H. G., Huang, W. Y., & Berndt, S. I. (2018). The association of lifetime alcohol usewith mortality and cancer risk in older adults: A cohort study. PLoS Medicine, 15(6), e1002585.

Larsson, S. C., Wallin, A., Wolk, A. . (2017). Alcohol consumption and risk of heart failure: meta-analysis of 13prospective studies. Clinical Nutrition.

Li, Y., Pan, A., Wang, D. D., Liu, X., Dhana, K., Franco, O. H., et al. (2018). Impact of healthy lifestyle factors on life expectancies in the US population. Circulation. doi:10.1161/circulationaha.117.032047.

Li Y; Schoufour J; Wang DD; Dhana K; Pan A; Liu X; Song M; et al, 'Healthy lifestyle and life expectancy free of cancer, cardiovascular disease, and type 2 diabetes: prospective cohort study', British Medical Journal, Vol 368, Art No l6669, 2020, 10pp [R155476]

Luksiene, D., Tamosiunas, A., Virviciute, D., & Radisauskas, R. (2017). The prognostic value of combined smoking and alcohol consumption habits for the estimation of cause-specific mortality in middle-age and elderly population: Results from a long-term cohort study in Lithuania. Biomed Res Int, 2017, Article ID 9654314, 9654312 pages.

Saito, E., Inoue, M., Sawada, N., Charvat, H., Shimazu, T., Yamaji, T., et al. (2018). Impact of alcohol intake and drinking patterns on mortality from all causes and major causes of death in a Japanese population. Journal of Epidemiology, 28(3), 140-148.

Song, R. J., Nguyen, X.-M. T., Quaden, R., Ho, Y.-L., Justice, A. C., Gagnon, D. R., et al. (2018). Alcohol consumption and risk of coronary artery disease (from the Million Veteran Program). American Journal of Cardiology, 121(10), 1162-1168.

Wood, A. M., Kaptoge, S., Butterworth, A. S., Willeit, P., Warnakula, S., Bolton, T., et al. (2018). Risk thresholds for alcohol consumption: Combined analysis of individual-participant data for 599 912 current drinkers in 83 prospective studies. The Lancet, 391(10129), 1513-1523.

Xi, B., Veeranki, S. P., Zhao, M., Ma, C., Yan, Y., & Mi, J. (2017). Relationship of alcohol consumption to all-cause, cardiovascular, and cancer-related mortality in U.S. adults. Journal of the American College of Cardiology, 70(8), 913-922.

11. **Do you have any editorial or readability comments on the sections that make up Guideline One?**

    DrinkWise recognises that this Guideline in particular has been informed by a range of references, analyses and considerations and distilling the outcomes of this process to produce population level advice for the Australian community is challenging. It is hoped that DrinkWise's suggestions made in response to Questions 7-10 will assist the NHMRC in its revisions.

    In addition, while it is acknowledged that the patterns and levels of drinking section reflect the information contained in the modelling report and the calculation of average frequency of consumption by the Australian community, better explanation of the information presented on pages 31-32 about risk thresholds, consumption levels, frequencies and gendered differences is required.

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

    A single recommendation that continues to promote abstinence and delaying the introduction of alcohol to those under 18 years of age is consistent with DrinkWise messaging for parents.

13. **Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).**

While the following evidence may not strictly relate to the outcomes selected for children and young people, the following longitudinal study is identified as strong evidence relevant to the Australian context:
Teens who get alcohol from parents are more likely to binge at 17 years of age has been confirmed in the findings from an analysis of the sixth year of data from the National Drug and Alcohol Research Centre's (NDARC's) study investigating the impact of parental supply of alcohol on drinking trajectories in Australian adolescents.
This study has followed approximately 2,000 children (recruited from Year 7 classes across schools in NSW, TAS and WA) and their parents since 2010. Previous results of parental supply of alcohol had found some protective effects when students were aged 15-16 years. However, the latest results reveal that 17-year-olds who had been given alcohol by their parents in the earlier years, even sips, were more likely to binge drink and show symptoms of dependence and alcohol use disorders than those who had not obtained alcohol from parents or other sources. The authors claim that any protective effects of parental supply that had been evident at ages 15 and 16 dissipated over time and parents should avoid supplying alcohol to children. Link to Study: https://ndarc.med.unsw.edu.au/news/13-drinks-session-risky-teen-drinkers-drinking-more-ever-andnd-it-easy-buy-alcohol-bottle-0

14. **Do you have any editorial or readability comments on the sections that make up Guideline Two?**
    No.
15. **Do you have any comments on how the evidence has been used to develop the recommendation for Guideline Three?**
    Consistent with our extensive activities to promote NHMRC's advice as it relates to alcohol and pregnancy, DrinkWise will continue to support the NHMRC's advice proposed in this guideline.
16. **Is there any evidence relevant for this guideline that has been missed? If so, please provide the citation(s).**
    DrinkWise has been committed to raising awareness of Fetal Alcohol Spectrum Disorder (FASD) through its extensive FASD Awareness Program and continues to monitor the emerging evidence. The following studies are particularly relevant to the Australian context:
    In relation to social interaction and/or problems with the law, it could be useful to highlight the study of 99 young people aged 13-17 years in a Juvenile Detention Centre in Western Australia. It revealed 36% of this sample had been diagnosed with FASD. This is the first study to estimate the prevalence of FASD in youth detention in Australia and the highest reported prevalence of FASD in a youth justice setting worldwide. This study, in a representative sample of young people in detention in Western Australia, has documented a high prevalence of FASD and severe neurodevelopmental impairment, the majority of which had not been previously identified. (Bower C, Watkins RE, Mutch RC, et al. Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia BMJ Open 2018; doi: 10.1136/bmjopen-2017-019605).
    The longitudinal 'AQUA" study conducted by the Murdoch Children's Research Institute is another Australian study, conducting important research contributing to the evidence base as it relates to alcohol and pregnancy. The study is examining the effects of low to moderate alcohol consumption throughout pregnancy on child health and development, including the role of key mediators and confounders.
    (Engaging pregnant women in observational research: a qualitative exploratory study. Muggli E, Curd H, Nagle C, Forster D, Halliday J. BMC Pregnancy and Childbirth (2018) 18:334)
    (Time- and sex-dependent associations between prenatal alcohol exposure and placental global DNA methylation. Loke YJ, Muggli E, Nguyen L, Ryan J, Saffery R Elliott E, Halliday J, Craig JM. Epigenomics. 2018 Jul;10(7):981-991.)

(Alcohol consumption in a general antenatal population and child neurodevelopment at 2 years. Halliday JL, Muggli E, Lewis S, Elliott EJ, Amor DJ, O'Leary C, Donath S, Forster D, Nagle C, Craig JM, Anderson PJ. JECH 2017, 71 (10).)

(Association Between Prenatal Alcohol Exposure and Craniofacial Shape of Children at 12 Months of Age. Muggli E, Matthews H, Penington A, Claes P, O'Leary C, Forster D, Donath S, Anderson PJ, Lewis S, Nagle C, Craig JM, White SM, Elliott EJ, Jane Halliday J. JAMA pediatrics. 2017, epub June 5).

(Maternal micronutrient consumption peri-conceptionally and during pregnancy: a prospective cohort study. Livock M, Anderson P, Lewis S, Bowden S, Muggli E and Halliday J. Public Health Nutrition. 2017, Feb;20(2):294-304).

(Did you ever drink more? A detailed description of pregnant women's drinking patterns. Muggli E, O'Leary C, Donath S, Orsini F, Forster D, Anderson PJ, Lewis S, Nagle C, Craig JM, Elliott E and Halliday J. BMC Public Health. 2016, 16:683).

(Spatially dense morphometrics of craniofacial sexual dimorphism in 1-year-olds. Matthews H, Penington T, Saey I, Halliday J, Muggli E, and Claes P. J Anatomy. 2016, J Anatomy, 229:549-559).

(Study protocol: Asking Questions about Alcohol in pregnancy (AQUA): a longitudinal cohort study of fetal effects of low to moderate alcohol exposure. Muggli E, O'Leary C, Forster D, Anderson P, Lewis S, Nagle C, Craig JM, Donath S, Elliott E, Halliday J. BMC Pregnancy Childbirth. 2014 Sep 3;14:302).

(Increasing accurate self-report in surveys of pregnancy alcohol use. Muggli E, Cook B, O'Leary C, Forster D, Halliday J. Midwifery. 2015 Mar;31(3):e23-8).

17. **Do you have any editorial or readability comments on the sections that make up Guideline Three?**
    No.
18. **Do you have any comments on how the *Drinking frequency* section could be improved?**
    DrinkWise appreciates that this section details how the average frequency was determined, while also acknowledging that the frequency estimates remain highly uncertain.
    While the NHMRC's calculations for determining average frequency are different to that presented by the National Centre on Education and Training in Addiction's Alcohol Knowledge Database, it is interesting to note that according to the Australian Institute of Health and Welfare's National Drug Strategy Household Survey Report 2016, only 11% of the Australian population typically consume alcohol 3-4 days per week.
19. **Do you have any comments on how the *Administrative report* could be improved?**
    DrinkWise recognises that the guideline document represents considerable work and investment over the last four years to produce the proposed guidelines. DrinkWise's suggestions are offered to assist the NHRMC in its finalisation of rigorous and evidenced based advice for the Australian community.
20. **Are there any additional terms that should be added to the *glossary*?**
    No.
21. **Are there any additional abbreviations or acronyms that should be added to this section?**
    No.
22. **Do you have any comments on how the *Australian standard drinks* section could be improved?**
    No.

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

Permission to publish yes