Australian Government
National Health and Medical Research Council

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

Personal details

Full name National Alliance for Action on Alcohol

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual An organisation

Organisation Name National Alliance for Action on Alcohol

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.**
   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.***
   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?**
   The National Alliance for Action on Alcohol (NAAA) welcomes the opportunity to respond to the NHMRC Draft Australian Guidelines to Reduce the Health Risks of Drinking Alcohol. The far-reaching impacts of alcohol related harm urgently require a coordinated strategy across Australian governments to drive and sustain action on this pressing community issue.
   The National Alliance for Action on Alcohol (NAAA) is a coalition of 30 organisations from across Australia. The NAAA's members cover a diverse range of interests, including public health, law enforcement, Aboriginal and Torres Strait Islander health, child and adolescent health, and family and community services.

As a national alliance, NAAA's policy priorities address the actions that the Australian Government can take to reduce the harms from alcohol. NAAA recommends improvements to this substantial, well-researched document. The messages in the Plain English Summary must be clearer, accurately reflect the content in the Guidelines and be written so that a lay person can easily understand them.

The Guidelines should include a powerful implementation strategy that acknowledges the need to disseminate messages so that it reaches its target audience. As stated on page 4, the aim of these Australian Guidelines is to provide clear guidance for Australians on reducing their risk of harm from drinking alcohol. After examining the scope of the Guidelines, NAAA asserts that consumer testing and an implementation strategy should be key to ensuring the NHMRC achieves its aims. This is key to giving life to these Guidelines, and together with the National Alcohol Strategy, reducing the harm caused by alcohol in Australian society.

Guideline 1: Plain English summary

Recommendation 1: Highlight the message that there is no safe level for drinking alcohol.

The Plain English summary must contain key information from report. At present, the summary focuses on harm minimisation. However, the key message in the body of the report is that there is no safe level of alcohol consumption. This message should be made clear in the plain language summary.

Recommendation 2: Strengthen messages by making minor changes to sentences

Emphasise the importance of not drinking whilst working. This can be changed on page 1 and page 34. The sentence would appear as follows:

Taking part in activities that require attention, mental and physical skills, and concentration to ensure safety (e.g. workplace duties, driving, water activities, snow sports, flying an aircraft or operating heavy machinery).

Recommendation 3: Incorporate messages from focus group testing into the Guidelines, and re-write the Plain English Summary so that it is more accessible for the Australian public

NAAA members strongly support the NHMRC in fulfilling the aims of these Guidelines. As stated on page 4, the aim of the Guidelines is to provide clear guidance for Australians on how to reduce their risk of harm from drinking alcohol.

The contents of the main body of the Guidelines (page 8 onwards) are scientific and are not aimed at ensuring that the general public will understand and act on these. The plain English summary is an essential part of the Guidelines, as it is the section that will be most likely referred to by the general public and will form the foundation elements for communicating the guidelines.

On page 5, The NHMRC states:

"The guidelines include a plain English summary to assist the general public in understanding the risks of alcohol-related harm and to assist the general public in understanding the risks of alcohol-related harm and to support informed decision-making based on this advice."

As presented, the 'plain English' summary is not written effectively for a lay audience. The summary features complex words and lengthy sentences. NAAA emphasises the need for messages from the Guidelines to be easily understood, including for those with low literacy and to reach those most vulnerable to alcohol-related harm. Messages from the guidelines must be tested with members of the general public. To assist the NHMRC in this process, NAAA members and partners are in the process of testing the messages from the NHMRC Guidelines. This parallel report will be submitted to NHMRC in April 2020. This will allow the NHMRC to understand the most effective messaging with the public and sub-groups for use in both the Guidelines, and in the refinement of the Plain English Summary.

Recommendation 4: Use consumer testing to inform the redevelopment of the English summary

The Guidelines should include a powerful implementation strategy that acknowledges the need to disseminate messages so that they reach the relevant target audience. After examining the scope of the Guidelines, NAAA asserts that consumer testing and the development and funding for an implementation strategy should be included to ensure that the Australian public is informed and able to act on the Guidelines.

The consumer testing will provide the NHMRC important insights that can be used to inform the development of messaging as part of the dissemination of the guidelines. Once these changes are made, the Guidelines have the potential to be the 'go-to' resource for consumers and organisations engaged in reducing the risk of alcohol related harms.

There needs to be a well-researched, targeted and sustained education campaign help to support and inform the community about the guidelines, the rationale behind the recommendations, and the harms associated with alcohol.

Recommendation 5: Use consumer testing as the basis for disseminating information about the Guidelines The revised National Health and Medical Research Guidelines presents the Commonwealth Government with the opportunity to ensure that the public is aware and informed in a way that is most likely to support positive behavior change. Governments' have a to reduce the harms from alcohol and to improving the health and wellbeing of its citizens. Policies in relation to alcohol need to address this and need to include strong prevention programs, including public education campaigns on alcohol and its harms. This cannot be achieved without ongoing and sustained investment in mass media public education campaign, which together with the implementation of effective policies will reduce the harms caused by alcohol.

NAAA acknowledges the statement that 'The Commonwealth Department of Health is responsible for implementing these guidelines'. NHMRC has presented well-researched, robust guidelines. It is in NHRMC's interest to provide advice on how the information should be disseminated, based on information that is has collated. The NHMRC must give the Commonwealth Department of Health a head start in designing an implementation strategy.

Overall, alcohol is a cause of almost 6000 deaths a year overall (i) and fuels violence within the community (ii) . Alcohol is also responsible for at least seven different types of cancer (iii), however the wider community is not fully aware of this link (iv).

NAAA members have worked in partnership with other organisations to present NHMRC with comprehensive qualitative data that will inform both refinement of the Plain English summary, and implementation of the Guidelines. The NHMRC can include this data in scope, to inform future campaigns. This parallel report will be made available to NHMRC shortly.

To be effective, Australians need to be exposed to sustained and effective health messages that illustrate the true impact of the harms linked to alcohol and controls on the marketing of alcohol, particularly to young people, that present alcohol as a fun, normal part of Australian culture.

In Australia there have been limited awareness raising campaigns relating to alcohol harms.

The societal and individual harms linked to alcohol are well documented. In a recent study by St Vincent's Hospital in Melbourne, alcohol was identified as causing the most harm to the Australian community, more than ice, heroin and cannabis (v). The Australian Drug Harm Ranking Study, published in the Journal of Psychopharmacology measured individual and societal harm, and sought input from 25 frontline drug harm specialists (vi).

In a study of the relative effectiveness of 83 alcohol harm reduction advertisements, adult drinkers in Australia rated advertisements as making them feel more motivated to reduce their alcohol consumption if they featured an explicit, rather than how-to-change message (vii).

In Australia, there has been limited use of mass media campaigns to increase awareness of the long-term harms associated with alcohol use. The only exception is Western Australia where the Mental Health Commission has run ongoing mass media campaigns to inform the public of alcohol's harms and to promote the NHMRC earlier guidelines for low risk-drinking (viii). Evaluations of the campaigns support continued investment in research based public education; the campaigns have increased public understanding of the link between alcohol and cancer (ix) , and ranked among the most effective alcohol harm reduction ads for motivating drinkers to reduce their drinking (x).

Guideline 2: Plain English summary

Recommendation 6: Include motor vehicle accidents in the summary.

Recommendation 7: Include injuries from motor vehicle accidents, which are significant in the paragraph on youth and alcohol use.

When this is combined with a greater likelihood of risk-taking behaviour, young people are at greater risk of physical injury, including through alcohol poisoning, motor vehicle accidents, self-harm and unsafe sexual behaviour.

Guideline 3: Plain English summary

Recommendation 8: Include key messages from the body of the report

Recommendation 9: Use qualitative data from existing and new focus group testing in the refinement of the Plain English summary.

Recommendation 8: Include key messages from the body of the report

The NHMRC should include key messages from the body of the report into the Plain English Summary. In Guideline 3, the statement on page 50, that "alcohol crosses the placenta resulting in the fetus being exposed to the same, or higher, alcohol concentration as the mother" explains how alcohol is passed from the mother to the unborn baby. A simple version of the statement should be included in the Plain English summary.

Recommendation 9: Use qualitative data from existing and new focus group testing in the refinement of the Plain English summary

Focus group testing undertaken in 2018 on pregnancy warning labels found that use of 'safest' may reinforce a belief that low level alcohol consumption in pregnancy poses negligible risk of harm.

The evidence from 2018 focus group testing is clear, that use of the term 'safest' has not performed well in relation to the public's understanding of drinking during pregnancy.

"The text version of the consumer information message – 'it's safest not to drink while pregnant' – conveyed to these participants that pregnant women should 'ideally' avoid alcohol, rather than providing a clear direction to abstain… It was also noted by participants that it would be 'safest' for everyone to avoid alcohol, indicating that this text failed to convey the heightened risk and particularly serious consequences that are specific to pregnancy… "

"The interpretation of consumer information messages was also influenced by existing beliefs, formed in response to a range of often conflicting information sources, advice and anecdotal evidence. This arguably makes it even more important that the messages conveyed by consumer information message labels are clear and unambiguous" (xi).

(i) Lensvelt E, Gilmore W, Liang W, Sherk A, Chikritzhs T. Estimated alcohol-attributable deaths and hospitalisations in Australia 2004 to 2015. National Alcohol Indicators, Bulletin 16. Perth: National Drug Research Institute, Curtin University, 2018.

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Dixon, H.G., et al., Using a mass media campaign to raise women's awareness of the link between alcohol and cancer: cross-sectional pre-intervention and post-intervention evaluation surveys. BMJ Open, 2015. 5(3): p. e006511.
Wakefield, M.A., et al., Features of alcohol harm reduction advertisements that most motivate reduced drinking among adults: an advertisement response study. BMJ Open, 2017. 7(4): p. e014193.
Hall and Partners (2018). Understanding of consumer information messaging on alcohol products: Focus group testing report. Foundation for Alcohol Research and Education: Canberra. Available at: http://fare.org.au/wp-content/uploads/Pregnancy-Advisory-Labels-Research-Report-180515.pdf

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

Recommendation 10: Include more succinct information about the social and economic impact of alcohol consumption in the introduction

The Guidelines are an important guide for Australians. The case for reducing the risk of alcohol-related harm will be strengthened by including more detail on alcohol-related harms in the introduction. It is also important to note here that alcohol is the most commonly used drug by young people. The introduction should be amended to include social and economic impacts, as well as that alcohol is the most widely used drug in Australia, with approximately 80% of adults drinking alcohol each year (Australian Institute of Health and Welfare 2017). People drink alcohol for a wide range of reasons and in different social and cultural contexts. It is the drug most commonly used by young people.

The NHMRC should consider restating the intention of the Guidelines to acknowledge that their focus on reducing health risks from drinking alcohol.

It is also important to include the social and economic consequences of alcohol consumption at the start of the Plain English summary (Page 1) and in the Introduction on page 4. The audience needs to be presented with clear reasons for reducing alcohol consumption, and the risk of alcohol-related harm. As is, this information is presented in high level detail in the 'Background' on page 3. A more succinct version must be included in the introduction of the Plain English summary and page 4 entitled 'Introduction'.

The NHMRC may choose to include the pictograph on page 7 of the National Alcohol Strategy. Alternatively, there could be a reference to the clearly-presented information contained in this pictograph, which is as follows:

1 in 4 Australians are drinking alcohol at risky levels

Alcohol was the most common drug of concern for people accessing specialist treatment in 2017–18accounting for 35% of episodes

1 in 2 women who are pregnant consumer alcohol during their pregnancy

10-15% of emergency department presentations are alcohol-related

25% of all frontline police officers' time is taken by alcohol-related crime

1 in 4 of all road fatalities can be attributed to drink driving

Alcohol was involved in 34% of intimate partner violence incidents; and 29% of family violence incidents

• Alcohol is a leading cause of drug-related death —with more than 4,000 deaths estimated to be attributed to alcohol in any year

Recommendation 11: Make reference to the 2019 National Alcohol Strategy throughout the Guidelines

The 2019 National Alcohol Strategy directly refers to Australia's National Guidelines (page. 8). On page 20, the NAS notes that the Guidelines are under review and that 'this section of the Strategy will be updated when the new guidelines have been finalised". The National Alcohol Strategy details the harms associated with alcohol. The Guidelines could be strengthened by referring to the NAS in relevant sections of the document.

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

Recommendation 12: Clarify the evidence on protective effects.

The potential negative effects of low levels of alcohol consumption are not reflected as accurately as it is on pages 22 and 29. This should be revised to align the messaging with this evidence to ensure that the public are not receiving mixed messages and are aware of the significant uncertainties that now exist around the protective effects of alcohol on the heart.

Recommendation 13: Ensure the evidence on alcohol and cancer is reflected appropriately.

The International Agency for Research on Cancer has classified alcohol as a Group 1 carcinogen (a known cause of cancer in humans) for cancers of the mouth, pharynx, larynx, oesophagus, bowel, liver, stomach and breast (in women) (xii),(xiii).

The more alcohol consumed over a lifetime, the greater the risk of developing alcohol-related cancers (xiv). An Australian study estimated almost 3,500 cancers (2.8% of all cancers) diagnosed in 2013 could be attributed to alcohol consumption (xv). A follow-up study found that around 29,600 cancer cases could be avoided between 2013-2037 if all Australian adults consumed no more than two standard drinks a day (xvi). Reducing high-risk alcohol consumption, particularly over the long term, is an important objective for reducing Australia's cancer burden.

Alcohol consumption and cancer have a dose-response relationship meaning the more alcohol consumed over time, the greater the risk of developing alcohol-related cancers (xvii). The relationship is not a straight line, but shows upward curvature at higher drinking levels over time; the relationship appears to be consistent for women and men (xvii).

Recommendation 14: Represent FASD as a lifelong disability

A major issue in the Background section is the language used in relation to Fetal Alcohol Spectrum Disorder (FASD). Page 15 refers to the fact that FASD 'may' persist into adulthood. This statement is misleading and incorrect. FASD is a lifelong disability. Please refer to the submission made by FARE for further information.

References

International Agency for Research on Cancer. IARC monographs on the evaluation of carcinogenic risks to humans, volume 100E. Consumption of Alcoholic Beverages. Lyon, France: IARC; 2012 [cited 2019 Jul 25] Available from: https://monographs.iarc.fr/wp-content/uploads/2018/06/mono100E-11.pdf.

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(xviii) World Cancer Research Fund, American Institute for Cancer Research. Food, nutrition, physical activity, and the prevention of cancer: a global perspective. Washington DC: AICR; 2007.

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?**

   Recommendation 15: Expand the risk section to reflect the information in Guidelines 2 and 3.

   This section predominantly focuses on the risk of alcohol-related harm over a lifetime (Guideline 1). There is also discussion about the level of risk for men and women. For consistency, it would be useful to also include a statement about risk as it relates to the population groups referred to in guidelines 2 and 3. This is summarised in Guideline 1 as follows:

"This guideline applies to most healthy adults; however, there are some people who may be at greater risk of alcohol-related harm. These people may include, for example, pregnant and breastfeeding women, young adults aged 18–25 years, people aged over 60 years, people with mental or physical health conditions, people with a family history of alcohol dependence and people who use illicit drugs or take medications that interact with alcohol. "

Recommendation 16: Emphasise the role of price in the level of social acceptability of drinking

NAAA recommends an acknowledgement of the role of price in the social acceptability of drinking alcohol. Alcohol is very affordable in Australia. Cheap prices encourage higher levels of alcohol consumption, resulting in higher levels of alcohol harm, affecting not just the drinker but their partners, children and communities (xix). Research has consistently shown that people drinking at high risk levels are more likely to purchase low-priced alcohol than those drinking at less risky levels (xx).

On page 19, NAAA recommends that the following sentence reflects the role that price plays in alcohol consumption:

The social acceptability of drinking alcohol is directly influenced by its perceived benefits, and these are in turn determined by personal experience or enjoyment, advertising, price and the number of people partaking.

Recommendation 17: Include information about beliefs and risks this section The NHMRC could consider adding information about beliefs and risks under the subtitle ‘Is this level of risk a concern’ (page 19).

The National Alcohol Strategy includes information from the 2016 NDSHS regarding beliefs about alcohol related risk. This information has been used the by the NAS as follows (page 6): "The risks associated with alcohol are often underestimated. People often do not recognise that they are consuming alcohol in quantities damaging to their health and tend not to associate themselves as problem drinkers. Many are unaware of alcohol consumption’s contribution to cancer, cerebrovascular, cardio-vascular, liver and digestive disease. Results from the 2016 NDSHS show that risky drinkers (lifetime and single occasion risk) are more likely to believe they can consume above the recommended guidelines without affecting or putting their health at risk."

References

Babor, T., Caetano, R., Casswell, S., et al. (2010). Alcohol, No Ordinary Commodity: Research and public policy. 2nd edition. New York: Oxford University Press.

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

Recommendation 18: Alcohol consumption at any level may be relevant for cancer prevention. Alcohol consumption at all levels may be relevant in a cancer prevention context. There is a relationship between short- and long-term harmful drinking (young people who binge-drink are at higher risk of consuming harmful levels of alcohol over the long term) (xxi). The risk of developing an alcohol-related cancer increases cumulatively as alcohol is consumed over time (xxii).

References

Australian Institute of Health and Welfare. Young Australians: their health and wellbeing 2011. Canberra: AIHW; 2011 Jun 10. Report No.: Cat. no. PHE 140. Available from: http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737419259

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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?**

    Recommendation 19: Include recent developments about alcohol in the Guidelines

    On page 24, under the section 'Resources and other considerations' it would be useful to emphasise a recent commitment by Minister Greg Hunt to commission a report that estimates the social cost of alcohol. With this amendment, this section will now appear as follows:

    Resources and other considerations

    Harmful alcohol use represents a significant financial burden to society. An Australian study by Manning et al (2013), estimated costs to society from alcohol-related problems at $14.3 billion in 2010. However, the total cost is likely to be higher when costs associated with broader harms that occur to people other than the drinker are included. Laslett et al (2010) earlier estimated that the additional tangible and intangible costs of alcohol's harm to others in 2008 were $14.2 and $6.4 billion respectively (Laslett et al. 2010). The Government will commission a report to estimate the social costs of alcohol to Australian society, the first time in 15 years (xxii) .

    References

    (xxii) The Hon. Greg Hunt MP (Media release, 2 December 2019) Over $140 million to address alcohol and drug harm https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/over-140-million-to-addressalcohol-and-drug-harm Accessed 27/02/2020

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

    NAAA notes that the following statement (page 39), whilst important, is now dated given it is 16 years old. More recent evidence would strengthen this statement.

    "Alcohol use is a leading cause of premature death and morbidity among young Australians, largely because it increases the risk of injury, including alcohol poisoning (Chikritzhs et al 2004)."

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?**

    Recommendation 21: Amend the Key Info section on benefits and harms.

    The first sentence in the 'benefits and harms' section on page 40 is confusing.

    "There are substantial net benefits for children and young people under 18 years of age to not drink alcohol as advised by this Guideline, as opposed to drinking above this level."

    Since the Guidelines do not recommend a low risk threshold for this group, to make it absolutely clear, the sentence should just end after "Guideline".

Recommendation 22: Provide clarity in the section around the provision of alcohol by parents to children.
In section 6.7 on page 46, despite an explicit statement to the contrary, the guideline seems to suggest that parents could supply their children with a small amount of alcohol at home and that this would be low risk. NAAA recommends the removal of this second paragraph or subjecting it to focus group testing before inclusion.

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

Recommendation 23: State clearly that alcohol passes into the fetus.
To help with the clarity of the message, it could be made clearer that the alcohol consumed by the mother passes on to the unborn baby.
Recommendation 24: Include the serious adverse consequences outlined into the main text in the Plain English summary
The adverse effects described in the main text are the less serious health outcomes. NHMRC should consider elevating the more impactful health effects on babies and infants, effects such as deficits in infant psychomotor development, SIDS and infant mortality, from the main text (pp.56-57) to the summaries on pages 3 and 47.

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

The following statement could be used to strengthen guideline 3:
A substantial proportion of women are unaware of the risks associated with alcohol use during pregnancy. Significant numbers of women consume alcoholic products during pregnancy. Australia is known to have one of the highest rates of alcohol consumption during pregnancy in the world (xxiv).
Reference
(xxiv) Popova S, Lange S, Probst C, Gmel G, Rehm J. Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. The Lancet Global Health. 2017;5(3):e290-e9.

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

Recommendation 26: Provide clarity in the wider explanation.
In the wider explanation, use of 'avoid' contradicts to the don't drink message: 'Avoiding drinking alcohol during pregnancy prevents risk of harm to the developing fetus.' 'Avoiding' should be changed to 'not' or something similar.
Recommendation 27: Replace the word 'safest' with more meaningful wording.
The 'safest' message didn't perform well in relation to drinking during pregnancy in terms of people's understanding. This should be focus group tested to find a more effective way to communicate this, including around alcohol consumption and breastfeeding.
Recommendation 28: Replace the word 'safest' with more meaningful wording.
The guidelines on breastfeeding should include the serious adverse health impacts on the baby in the summary. This would inform consumers about the potential for these health impacts, which are relatively unknown.

18. **Do you have any comments on how the *Drinking frequency* section could be improved?**

No

19. **Do you have any comments on how the *Administrative report* could be improved?**

No

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