



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

Personal details

Full name Public Health Association of Australia

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual An organisation

Organisation Name Public Health 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.
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.*
Agree
4. Do you have any comments on how the *Plain English summary* could be improved?
The summary currently notes that alcohol crosses into breastmilk, but does not also note that alcohol crosses the placenta. PHAA suggests including in the summary the information from page 50 that alcohol “crosses the placenta resulting in the fetus being exposed to the same, or higher, alcohol concentration as the mother”.
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?

PHAA acknowledges that the Draft Alcohol Guidelines reflect the NHMRC's thorough review of the best available evidence on the health effects of alcohol use. We support the rigour applied to the evaluation of the evidence and the development of the revised guidelines.

PHAA supports Guideline One. Given the change from a daily limit to a weekly limit, we recommend investment in consumer testing of the revised guideline and associated communication messages to maximise the effectiveness of approaches to communicate Guideline One. Building and maintaining a high level of public awareness of the guideline, as well as accurate understanding of the guideline in the community, will be necessary for improving health outcomes.

The statement "for some people not drinking at all is the safest option" is potentially misleading, as it may suggest that for most people the safest option is drinking some alcohol. It should be clarified throughout that not drinking at all has net health benefits and prevents alcohol-related harm.

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?

PHAA supports the clear advice provided in Guideline Two – we believe this provides appropriate and improved clarity over the 2009 guideline.

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?

No comment

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

PHAA supports the strengthened advice provided in Guideline Three, which reflects that there is no safe level of alcohol use during pregnancy.

The wording refers to reducing risk. PHAA recommends the use of information from p51 that not drinking alcohol during pregnancy "prevents risk to the fetus".

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

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

Permission to publish yes