



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

Personal details

Full name WA Chief Health Officer

[NHMRC has removed personal information]

Submission reflects

Organisation / Individual

An organisation

Organisation Name

On behalf of WA Chief Health Officer, and Director, Chronic Disease Prevention

Please identify the best term to describe the Organisation Government department or agency – State or Territory

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?

This section is easily read and understood. However, under Guideline One, it is noted that ‘In some situations, not drinking is the safest option, including when: supervising children’ (page 19). The justification for not drinking while supervising children (safety issues, but also role modelling) should be clearly stated. In this section, and in the extended discussion in Guideline Two, it is worth noting that the observation by children of parents and other adults drinking normalises drinking behaviours and can set expectations for the social and environmental context in which drinking may occur (e.g. Kaynak et al 2014; Smit et al 2018; Ryan, Jorm & Lubman 2010; Gilligan & Kypri 2012). The Guidelines themselves state ‘...acceptability of drinking alcohol is directly influenced by its perceived

benefits, and these are in turn determined by personal experience or enjoyment, advertising and the number of people partaking' (page 19).

For children, observing people drinking (such as patrons in licenced venues, and increasingly in more novel settings such as cinemas and bowling alleys) can reinforce positive associations with alcohol, and increase the perception that consuming alcohol is a key component of socialising and having fun (e.g. Kaynak et al 2014; Smit et al 2018; Ryan, Jorm & Lubman 2010, Latendresse et al 2007; Hayes et al 2004). Modelling good behaviours such as not drinking in front of children and restricting opportunities to observe drinking in public places can delay the age at the which children begin to consume alcohol, and lower levels of alcohol consumption later in life (Ryan, Jorm & Lubman 2010; Ryan et al 2011; Gilligan & Kypri 2012).

References

Kaynak Ö et al. Providing alcohol for underage youth: what messages should we be sending parents?. *J Stud Alcohol Drugs*. 2014;75(4):590–605.

Smit K et al. Development of alcohol expectancies and early alcohol use in children and adolescents: A systematic review. *Clin Psychol Rev*. 2018;60:136-146.

Ryan SM, Jorm AF, Lubman DI. Parenting Factors Associated with Reduced Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. *Aust N Z J Psychiatry*. 2010 Sep;44(9):774-83.

Gilligan C, Kypri K. Parent attitudes, family dynamics and adolescent drinking: qualitative study of the Australian parenting guidelines for adolescent alcohol use. *BMC Public Health* 12, 491 (2012).

Latendresse SJ et al. Parenting Mechanisms in Links Between Parents' and Adolescents' Alcohol Use Behaviors. *Alcoholism: Clinical and Experimental Research*, 2008;32: 322-330.

Hayes L et al. Parenting Influences on Adolescent Alcohol Use. *Australian Institute of Family Studies*. 2004.

Ryan SM et al. Parenting strategies for reducing adolescent alcohol use: a Delphi consensus study. *BMC Public Health* 2011; 11(13).

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?

The Guidelines would benefit from consistently highlighting that there are no known safe alcohol consumption levels for anyone.

There is a risk that the discussion about the uncertain evidence on the protective effects of small volumes of alcohol consumption for some cardiovascular conditions for some groups of people may be misconstrued in the media and other public forums. There should be greater emphasis placed on the uncertainty of this evidence, and discussion of this uncertainty should be positioned earlier in the document.

It is also important to highlight that for most people, any health benefits that may occur for cardiovascular conditions due to the consumption of alcohol, are more likely than not to be outweighed by the overall risks.

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?

No comment.

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

Key messages

The inclusion of pregnant women in the list of people who ‘may be at greater risk of alcohol-related harm’ is at odds with Guideline 3, which states that ‘women who are pregnant or planning a pregnancy should not drink alcohol’. This potentially gives mixed messaging. Readers of Guideline 1 could underestimate the risk of harm caused by alcohol to the unborn child.

Communications issues

The recommendation of no more than ten drinks per week and four on a single occasion may be difficult to communicate clearly and result in confusion and misinterpretation, whether wilful or inadvertent. Consumers may ‘hear’ part of the message and not the whole, and think it’s within the guidelines to drink their ‘ten drinks’ on a single occasion.

Concerns with the evidence

Overall, it is unclear why evidence that has been rated as ‘low’ quality (according to the GRADE system) is being used to inform the development of the Guidelines. A lack of explanation about the use of this ‘low’ quality evidence may serve to undermine the integrity and credibility of the Guidelines.

Table 5.5.1 is confusing and open to misinterpretation – for example a reader may infer that drinking 20 drinks per week and drinking daily carries the same risk level as consuming the maximum of 10 drinks and drinking only three days per week as recommended by the Guidelines.

The messaging regarding ‘safe’ levels of alcohol consumption in this Guideline is inconsistent and unclear. Given the uncertainty about the evidence that alcohol use has protective effects (p. 1 – ‘The body of evidence that supports [Guideline 1] now shows... increased uncertainty about any protective benefits of drinking alcohol’), it is of concern that this evidence has apparently been given considerable weight in developing this Guideline (p. 32 - ‘if alcohol does not have any protective effects, the weekly alcohol consumption that corresponds to a given risk level is much lower than in the general model on which the main recommendations are based’). The large disparities in risk levels between the ‘protective’ and ‘no protective’ scenarios (Table 5.5.1) are of concern.

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?

Guideline Two, which notes ‘there is no safe or ‘no-risk’ level of drinking alcohol for children and young people aged under 18 years’ (page 39), is stronger and clearer than the equivalent Guideline from 2009. However, it would be beneficial to include further explanation about why alcohol consumption is especially harmful for children and young people.

Providing recommendations around daily standard drink consumption for children and young people in the harm minimisation approach is in conflict with the Guideline and could subvert strategies and agencies that work to delay or prevent alcohol consumption in children and young people.

Section 6.7 gives mixed messages and arguably undermines the intent of the Guideline. The statement that ‘if young people choose to drink...they should do so in a safe environment and under parental guidance’ (page 46) is problematic. Research shows that the provision of alcohol to children and young people by parents or others increases the likelihood that they will initiate drinking at a younger age and are more likely to drink at risky levels. The recommendation that ‘if young people choose to drink...they should only drink at a low level (e.g. never more than one standard drink per day)’ (page 46) may reinforce the perception that it is acceptable for children

and young people to drink alcohol regularly and implies that children and young people as a group drink alcohol more frequently than they actually do.

The comment regarding Guideline One, and the lack of explanation as to why evidence of 'low' or 'very low' quality evidence is being used to inform the Guidelines, also applies to Guideline Two.

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?

The comment regarding the lack of explanation as to why 'low' or 'very low' quality evidence is being used to inform the Guidelines, also applies to Guideline Three.

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.

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Permission to publish yes