# Submission

# *Proposed Australian Guidelines to Reduce Health Risks from Drinking Alcohol*

2 March 2020

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This Brewers Association of Australia submission to the National Health and Medical Research Council (NHMRC) *Proposed Australian Guidelines to Reduce Health Risks from Drinking Alcohol,* mirrors, as close as practicable, the online portal submission as required by the NHMRC.

Please note that you will need to respond to all questions. If there are any questions that you do not wish to respond to, please mark or write no comment. Please upload your final response in the online portal.

## MAGICapp

**1. Please indicate which format you read the guideline in.**

- ☐ MAGICapp
- ☐ **PDF report**
- ☐ Both formats
- ☐ No comment

[Response: 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.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ **No comment**

[Response: No comment]

## Plain English summary

**3. Please indicate how strongly you agree with the following statement:** *The Plain English summary is clear, simple and easy to understand.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ **Disagree**
- ☐ Strongly disagree
- ☐ No comment

[Response: Disagree]

**4. Do you have any comments on how the Plain English summary could be improved?**

The Brewers Association agrees with the NHMRC's stated objective of "*assist[ing] the general public in understanding the risks of alcohol-related harm and to support informed decision-making based on this advice.*" We also recognise that for the majority of Australians, low to moderate alcohol intake is part of a balanced and sensible approach to consumption and diet choices, and thus we believe the objective of any effective alcohol guidelines should be to facilitate 'informed choice' among Australians.

Efforts to address alcohol misuse and articulate consumption guidelines must be backed by sound, evidence-based programs and research. The Brewers Association supports evidenced-based guidelines, as evidenced by our members' practical and documented measures to promote responsible drinking in the marketing and sale of their products, and through their significant funding of DrinkWise and its program of targeted campaigns, education initiatives and resources to help bring about a healthier and safer drinking culture in Australia.

With this in mind, and given the expertise of our members in communicating with the Australian drinking public, we submit that the guidelines could be more easily digested in a graphic format targeted towards three distinct audiences:

- Healthy adults
- Minors
- Pregnant or breastfeeding women

A graphic approach would enable Australians to clearly understand which population group they fall into, allowing the NHMRC to more clearly communicate that there is no appropriate level of alcohol consumption for minors, or pregnant and breastfeeding women.

## Introduction

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

The first paragraph of the introduction states:

> *Alcohol consumption is linked with increased risk of injury, chronic disease and premature death. Moreover, excessive intake of alcohol not only affects the drinker's health but can have effects on other members of the community (Callinan and Livingston 2019).*

This is not supported by the modelling contained within the report. Figures 5.5.1. and 5.5.2. on pages 30 and 31 of the *Draft Guidelines* clearly show that *excessive* consumption of alcohol is linked with increased risk, however the effects are less clear at lower and moderate levels of consumption. We also note that the graphs appear to be unreferenced in the report, which has the effect of undermining their intent.

Furthermore, in the preceding section 5.4 ('Where has the evidence changed') the report quotes University of Sydney 2018, i.e. not a peer reviewed published journal article but rather an 'Evidence Evaluation Report'. This is not a sufficiently rigorous standard for a document of this nature.

In this section the Guidelines also state that 'Lower levels of alcohol consumption were thought to provide some protection against coronary heart disease and type 2 diabetes, with peak protection at around ½ - 1 standard drinks per day. The referenced paper, *Di Castelnuovo et al, 2006,* appears to show that the benefit from drinking alcohol extends out to 2.5 drinks/day for women and 4 for men. This data, and data from other meta-analyses, informed the outcomes of the 2001 NHMRC Guidelines, and presumably the guidelines as shown on page 17 of the draft guidelines, i.e. the US (2012) recommendations and New Zealand (2015) recommendations.

The Brewers Association does not seek to comment on the scientific consensus (or lack thereof) on the protective effects of alcohol consumption; this is not our area of expertise.

However, we do draw the NHMRC's attention back to the stated aim of the guidelines:

"*assist[ing] the general public in understanding the risks of alcohol-related harm and to support informed decision-making*" through the use of evidence-based modelling and advice.

To avoid undermining the stated purpose of the guidelines this sentence should reflect the evidence base detailed in the document, and hence should be revised to read "***Excessive alcohol consumption is linked with increased risk of injury, chronic disease and premature death.***" On the basis of available evidence, the NHMRC's current draft guidelines appear overly conservative.

## Background

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

Brewers Association members recognise that the harmful use of alcohol is a societal issue that the NHMRC seeks to address through the provision of risk-minimising alcohol consumption guidelines.

We also note that according to ABS and AIHW statistics, over the last decade the work by health advocates, communities, DrinkWise and the alcohol industry have been successful in contributing to and reflecting long term attitudinal change with respect to Australia's drinking culture. Significant gains have been made in improving Australia's drinking culture, including reductions in underage drinking, an increase in the age of initiation, and reductions in harmful drinking patterns among young adults and the broader population.

While there is further work to be done in ensuring that harm mitigation efforts are targeting vulnerable groups, we urge the NHMRC to contextualise the guidelines in light of record low rates of teenage drinking, declining levels of harmful consumption and consumption per capita continuing a 50-year trend of moderation.

## Understanding risk

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ **Strongly disagree**
- ☐ No comment

[Response: Strongly disagree]

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

As stated in our answer to question 5, the discussion under the heading: *The risks of drinking alcohol: what the numbers mean* is not consistent with the findings of the NHMRC's modelling report.

This section states 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 is inconsistent with Table 1 in the modelling report, which finds different levels of consumption for men and women, which we have extracted below:

*Figure 1: Absolute lifetime alcohol-attributable mortality risk for drinkers spreading their consumption evenly across five days per week*

*Table 1: Absolute lifetime risk of alcohol-attributable mortality for men by mean weekly consumption and days per week across which consumption is evenly spread*

| Mean consumption (std. drinks/week) | Drinking days per week | | | | | | |
|---|---|---|---|---|---|---|---|
| | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 7 | -4.9% | -4.9% | -4.7% | -4.2% | -3.2% | -0.9% | 4.3% |
| 14 | -2.3% | -1.7% | -0.9% | 0.3% | 2.1% | 5.0% | 10.3% |
| 21 | 1.4% | 2.4% | 3.6% | 5.0% | 6.9% | 9.6% | 14.8% |
| 28 | 5.5% | 6.7% | 7.9% | 9.4% | 11.2% | 13.5% | 18.7% |
| 35 | 9.7% | 10.9% | 12.1% | 13.4% | 15.1% | 17.1% | 22.3% |
| 42 | 14.1% | 15.0% | 16.0% | 17.2% | 18.7% | 20.8% | 25.9% |
| 49 | 18.5% | 18.9% | 19.7% | 20.7% | 22.1% | 24.6% | 29.5% |

*Table 2: Absolute lifetime risk of alcohol-attributable mortality for women by mean weekly consumption and days per week across which consumption is evenly spread*

| Mean consumption (std. drinks/week) | Drinking days per week | | | | | | |
|---|---|---|---|---|---|---|---|
| | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 7 | -3.9% | -3.9% | -3.7% | -3.2% | -2.3% | 0.0% | 4.0% |
| 14 | 0.1% | 0.6% | 1.4% | 2.5% | 4.1% | 6.9% | 10.8% |
| 21 | 5.1% | 5.8% | 6.8% | 8.2% | 9.8% | 12.2% | 16.0% |
| 28 | 10.3% | 11.0% | 12.1% | 13.4% | 15.0% | 16.7% | 20.4% |
| 35 | 15.3% | 16.1% | 17.0% | 18.2% | 19.6% | 21.0% | 24.5% |
| 42 | 20.2% | 20.9% | 21.7% | 22.7% | 23.8% | 25.2% | 28.4% |
| 49 | 24.8% | 25.5% | 26.1% | 26.9% | 27.8% | 29.6% | 32.5% |

Key:

| |
|---|
| Overall protective effect |
| Overall lifetime risk of less than 1 in 1,000 |
| Overall lifetime risk at least 1 in 1,000, but below 1 in 500 |
| Overall lifetime risk at least 1 in 500, but below 1 in 100 |
| Overall lifetime risk at least 1 in 100, but below 1 in 50 |
| Overall lifetime risk at least 1 in 50, but below 1 in 10 |
| Overall lifetime risk at least 1 in 10 |

This table demonstrates that women consuming 14 standard drinks a week are at a less than 1% absolute risk of alcohol attributable mortality when consumed across six or more days, while for men the absolute risk of alcohol attributable mortality is less than 1% when 14 standard drinks are consumed across four or more days.

Tables 1 and 2 do not support a blanket guideline of no more than 10 standard drinks per week and no more than 4 standard drinks in any one day, in healthy adults regardless of gender. **We regard it as critical that there are more accurate and effective guidelines for drinkers, which have differing consumption guidelines for men and women, based on the evidence relied upon in the formulation of this report; as it stands the section does not paint an accurate picture of the risks associated with alcohol consumption, and therefore appears to be deliberately misleading.**

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

As stated in our response to questions 5 and 8 above, the conclusions reached with respect to reducing risks from alcohol-related harm are not consistent with the modelling report. Specifically, the second and third key messages on page 20 are inconsistent with the findings presented in the modelling report:

*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 …*

*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.*

While we acknowledge the NHMRC is faced with a difficult task in creating a general guideline applicable to most Australians, the risk that comes with oversimplification is a loss of credibility. The discrepancy between the differing consumption risks for men and women outlined in the modelling report and the blanket guideline offered by the recommendation runs the risk of raising doubts about the validity of the guidelines. The Brewers Association and its members are public supporters of the important work undertaken by the NHMRC, and we consider it in the interests of Australians to have transparently developed, scientifically validated, consistent and meaningful alcohol consumption guidelines.

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

We consider it in the interests of Australians to have transparently developed, scientifically validated, consistent and meaningful alcohol consumption guidelines. This is exemplified in a paper published in the Medical Journal of Australia by Prof Peter Thompson titled "J-curve revisited: cardiovascular benefits of moderate alcohol use cannot be dismissed" (see citation 4). Thompson cites the paper published in 2011 in the British Medical Journal by Ronskley et al (see citation 3), stating that it was the 'most complete meta-analysis to date. It found no differences in the extent of relative risk reduction in cardiovascular disease mortality when classification adjustments were made to address the sick quitter misclassification hypothesis. Of the 4235 studies considered and 84 studies involving over one million people included in the final analysis, the pooled estimates showed a lower risk of all cause mortality for drinkers compared with non-drinkers (relative risk, 0.87; 95% CI, 0.83–0.92).' As stated above, Thompson contends, as I do, that there was no need to change the excellent NHMRC Guidelines presented in 2001 which should continue to inform the consumers of Australia in terms of moderation, and which can reasonably be expected to achieve a relative risk of mortality as least as good, if not better, than that non-drinkers.

We provide the citations of the papers which we have quoted in our contributory statements above and which may aid the NHMRC in its deliberations:

1. Jackson, R., Scragg, R., Beaglehole, R., British Medical Journal 1991, 303, 211-216.

2. Di Castelnuovo A, Costanzo S, Barnardo V, et al. Alcohol dosing and total mortality in men and women: an updated meta-analysis of 34 prospective studies. Arch Intern Med 2006; 166; 2437-2445.

3.   Ronksley PE, Brien SE, Turnetr BJ, et al. Association of alcohol consumption with selected cardiovascular disease outcomes: a systemic review and meta-analysis. BMJ 2011; 342:d671

4.   Thompson P. J-curve revisited: cardiovascular benefits of moderate alcohol use cannot be dismissed. Medical Journal of Australia, 2013; 198(8)

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

The report should contain clearer advice on why a greater frequency of consumption can result in higher weekly standard drinks for men and women, as well as resolving the discrepancy between the differing reduced-risk levels of consumption for men and women in the modelling report vis a vis the consumption level outlined by the guideline. The current explanation that women are at a greater risk of cancer while men are at a greater risk of death or injury by misadventure is confusing when considered in concert with the risk tables in the modelling report.

We also note that in recommending equal consumption guidelines for men and women on the basis that men are at a greater risk of death or injury ignores the fact that the epidemiological data for relative risk of mortality, as presented in the Di Castelnuovo et al meta-analysis, covers 'all-cause mortality'.

## Guideline Two: Children and young people under 18 years of age

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

No. The Brewers Association and its members are wholly supportive of promoting abstinence from alcohol for those under 18 years of age.

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

No.

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

No.

## Guideline Three: Pregnancy and breastfeeding

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

No. The Brewers Association supports the NHMRC advice with respect to pregnancy and breastfeeding and alcohol.

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

No.

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

No.

### Appendix 1: Drinking frequency

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

No.

### Appendix 2: Administrative report

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

No.

### Appendix 3: Glossary

**20. Are there any additional terms that should be added to the glossary?**

No.

### Appendix 4: Abbreviations and acronyms

**21. Are there any additional abbreviations or acronyms that should be added to this section?**

No.

### Appendix 5: Australian standard drinks

**22. Do you have any comments on how the Australian standard drinks section could be improved?**

No.

# Contact

For more information, or to follow up on any aspect of our submission, please do not hesitate to contact me.

Kind regards,

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Brewers Association of Australia