Public Health Association of Australia submission on draft revised Australian Guidelines to Reduce Health Risks from Drinking Alcohol

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to the National Health and Medical Research Council’s review of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol.

PHAA Response to the consultation questions

Plain English summary

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

Agree

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”.

Guideline One: Reducing the risk of alcohol related harm over a lifetime

To reduce the risk of harm from alcohol-related disease or injury for healthy men and women, drink no more than 10 standard drinks per week and no more than 4 standard drinks on any one day.

The less you choose to drink, the lower your risk of alcohol-related harm. For some people not drinking at all is the safest option.

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

To reduce the risk of injury and other harms to health, children and young people under 18 years of age should not drink alcohol.

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.

Guideline Three: Pregnancy and breastfeeding

To reduce the risk of harm to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.

For women who are breastfeeding, not drinking alcohol is safest for their baby.

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”.

Conclusion

PHAA supports the revised guidelines. As has been acknowledged, the potential impact of the guidelines on health outcomes will depend on the extent to which the guidelines are effectively communicated to the public and sufficient community awareness is achieved. PHAA supports ongoing investment by the Australian Government in public education campaigns to support the communication of the guidelines. We will continue to advocate for the necessary government investment in raising public awareness of the guidelines, recognising the disappointing absence of a comprehensive communications strategy for the 2009 guidelines.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improving the national guidelines for alcohol. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

Terry Slevin
Chief Executive Officer
Public Health Association of Australia

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