



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

**Submission to the National Health and Medical
Research Council**

**DRAFT AUSTRALIAN ALCOHOL GUIDELINES FOR
LOW-RISK DRINKING**

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Victorian Alcohol and Drug Association

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Recommendations

- 1) That information about the intended role of the Australian guidelines be included in the supplementary information to the guidelines alongside the Additional Health Advice and Precautions.
- 2) That the NHMRC consider drafting or endorsing guidelines specifically for use in working with marginalised, stigmatised, and/or heavy-drinking population groups, in consultation with the Australian alcohol and other drug sector.
- 3) That the supporting literature to the guidelines be amended to show clearly that the evidence base around alcohol-related harms supports the guideline on drinking among the general population.
- 4) That the NHMRC amend the draft Guideline 2 to include supplementary information regarding
 - A definition of “parental supervision”
 - The effects of alcohol on the developing brain
 - The association between drinking at younger ages and developing long-term problems associated with alcohol use
- 5) That the NHMRC amend the draft Guideline 3 to include supplementary information regarding
 - The risks associated with drinking during the early stages of pregnancy
 - The risks associated with very low levels of drinking throughout pregnancy and breastfeeding
- 6) That the NHMRC amend the supporting literature to the draft Guideline 3 so that wherever it is stated that “excessive drinking” causes foetal alcohol effects, the document instead reads that “regular excessive drinking” causes foetal alcohol effects.



The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, or research that minimises the harms caused by alcohol and other drugs.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy and program development and public discussion



Executive Summary

VAADA welcomes the new draft Australian alcohol guidelines for low-risk drinking, and commends the NHMRC for the work it has done in collating and analysing the evidence around alcohol-related harm.

As the peak body on alcohol and other drug issues in Victoria, VAADA has undertaken extensive consultation with the Victorian AOD sector around the draft Australian alcohol guidelines. In collaboration with staff from the Australian Drug Foundation, VAADA drafted a discussion paper on what were believed to be the most significant issues arising from the draft guidelines (see Appendix). This discussion paper was forwarded to members of the Victorian AOD community via several email networks, and also formed the basis of face-to-face and phone interviews conducted by VAADA with key informants.

It soon became clear that there were marked differences of opinion about the draft guidelines within the Victorian AOD sector. Many of these differences are attributable to different conceptions of the role that the alcohol guidelines should play in the community. Accordingly, the first section of this submission describes the different purposes that were attributed to the alcohol guidelines, and recommends that the role of the guidelines be clarified in any supplementary material that is disseminated with the guidelines.

The next section of this submission comprises a summary of general comments that the AOD practitioners (AOD educators, AOD treatment providers, AOD researchers, AOD policy-makers) consulted by VAADA made about the draft guidelines.

This section is followed by sections summarising and analysing AOD sector responses to each of the three draft alcohol guidelines. Recommendations for amendments to the supplementary notes and supporting literature to the draft guidelines are attached to each of these sections.

Overall, VAADA supports the proposed changes to the Australian alcohol guidelines. Our recommended amendments aim to clarify the supplementary and supporting literature to the guidelines, so that

- Educators, researchers, policymakers, community groups, and other specialists in the AOD field will find the guidelines easier to work with
- Members of the public wishing to have an informed view of safe levels of alcohol consumption will have a clearer view of the evidentiary base for the guidelines

VAADA considers that assisting AOD practitioners make use of the revised guidelines will be crucial in ensuring the success of the guidelines. In light of this, VAADA asked the Victorian AOD practitioners what strategies, projects and resources would be needed to help AOD practitioners use the guidelines, and better disseminate the guidelines to the public. The final section of this submission summarises the Victorian AOD sector's views on this issue.



VAADA would like to acknowledge that this submission is based on a diverse range of opinions. Some comments may not reflect the individual opinions of all those who have generously provided input into VAADA's response. In order that the NHMRC obtain a clear and faithful view of sectoral responses to the draft guidelines, VAADA has represented differences in opinion among the Victorian AOD sector to the greatest extent possible. However, the final analysis in this submission represents the views of VAADA.

The submission addresses matters discussed at the following pages of the draft guidelines:

Australian alcohol guidelines for low-risk drinking	pp 11, 39-64
Purpose of the alcohol guidelines	pp 15-17
Principles for setting low-risk guidelines	pp 21-27



The role of the alcohol guidelines

Over the course of VAADA's consultations, it became clear that many divisions within the Victorian AOD sector's views on the guidelines were attributable to different conceptions of the role of the alcohol guidelines. These different conceptions of the role of the guidelines include:

- A "technical document" aimed at informing researchers, policymakers, educators, community groups, and people in the alcohol industry about alcohol-related harm
- A guide to inform the Australian public about how much to drink
- An instrument to achieve long-term change in public alcohol use
- An implicit moral statement of how much people 'ought to' drink

VAADA acknowledges that the NHMRC intends that the guidelines only be used in the first of these four senses. VAADA supports this conception of the Australian alcohol guidelines. The analysis throughout this submission is based on the assumption that the Australian alcohol guidelines will be used

- Primarily, as a technical document to be used by experts and workers in the AOD field
- Secondly, as a document members of the public can refer to in order to obtain an informed view of alcohol consumption

However, given that the people VAADA consulted are exactly the sort of people the guidelines are aimed at, and there was so much confusion about the role of the guidelines among even this informed audience, VAADA believes this issue would benefit from greater clarity. Accordingly, VAADA recommends

Recommendation 1:

That information about the intended role of the Australian guidelines be included in the supplementary information to the guidelines alongside the Additional Health Advice and Precautions.

This information should indicate

- The guidelines' role as a technical document
- That the guidelines are aimed at AOD 'experts', with the general population being a secondary audience
- That the guidelines constitute **advice**: they do not constitute rules or a moral judgment, and people may choose not to follow them

Including this supplementary information to the guidelines may help prevent people dismissing the guidelines out of hand on the grounds that they are 'too strict'.



It is worth bearing in mind, however, that even if it is made clear that the guidelines are intended as technical documents for the use of experts, different AOD practitioners will require different things from the guidelines. During our consultations, VAADA noted that, in general,

- AOD practitioners who wanted to disseminate the guidelines to the general population were happy with the guidelines
- AOD practitioners who wanted to use the guidelines in their work with specific population groups – particularly marginalised, stigmatised, or heavy-drinking groups – desired changes to the guidelines

Some of those who were concerned about the effect of the guidelines on marginalised groups believed that the guidelines did not adequately fill their role as a technical document to be used by experts. The primary role of the NHMRC in drafting guidelines is to provide AOD practitioners with a scientific basis for formulating advice for the public, drafting research and policy, and so on. The draft guidelines were considered to be so broad that it would be difficult for AOD practitioners to base their own work on the NHMRC's analysis.

A frequent comment from these AOD practitioners was that the lack of a graduated scale of risk and other elements from the previous guidelines made it very difficult for AOD practitioners to respond to stigmatised or marginalised groups and heavy drinkers in a sympathetic and nuanced way (see further comments to Guideline 1).

In light of this, VAADA recommends

Recommendation 2:

That the NHMRC consider drafting or endorsing guidelines specifically for use in working with marginalised, stigmatised, and/or heavy-drinking population groups, in consultation with the Australian alcohol and other drug sector.



General comments about the guidelines

General support for the guidelines

On the whole, the Victorian AOD sector supports the draft guidelines. Many people consulted by VAADA were happy simply to say that the guidelines seemed about right. Other AOD practitioners appreciated the robust consultation process that the NHMRC has used to develop and gather feedback on the guidelines.

However, many members of the Victorian AOD sector did not support the draft Australian alcohol guidelines, in part or in total. Their concerns are discussed throughout this submission.

Public resistance to the guidelines

Although support for the guidelines is high within the sector, some people consulted by VAADA believed that there would be an element of public resistance towards the guidelines, and some hesitation before the public accepted them. In support of this belief, media coverage of the guidelines has generally been hostile¹.

Concerns were expressed that the public would think the new guidelines were drafted by 'wowers'. It was also believed that the guidelines could do little to alter the profound and complex role alcohol use plays in Australian culture. Change, if it occurred at all, would be slow.

Simplicity of the guidelines

Members of the Victorian AOD sector appreciated the draft guidelines' clear focus on advising people to drink in the safest possible way. Some people consulted by VAADA considered the draft guidelines to represent an important first step in changing the drinking culture in the Australian community.

Generally, there was agreement that the NHMRC's decision to reduce the number of guidelines from 12 to three was more manageable and made them easier to communicate to the public. Having fewer guidelines meant that

- The guidelines were easier to remember

¹ Cresswell, 2007a; Cresswell, 2007b.



- The message of the guidelines was more focused
- The guidelines potentially had more impact
- The public could more easily grasp and understand the complex issues around alcohol use
- The public could more easily make informed decisions around alcohol use

It was believed that the existing guidelines' complex differentiation of the risks associated with drinking along the lines of gender, age, profession, physical and mental health, and a number of other factors, left the public with an ambiguous message around alcohol. This ambiguity could in turn lead to public apathy and confusion with respect to alcohol consumption.

However, a few people consulted by VAADA believed that the message contained in the new guidelines was overly simplified, and that this carries certain risks. Given that the guidelines are so baldly stated, it could be difficult to explain to clients why they had changed significantly from the previous guidelines.

The evidence base

Almost consistently, members of the Victorian AOD sector consulted by VAADA believed that the NHMRC had done a good job in summarising the evidence base in relation to alcohol use. Several practitioners commented on their appreciation of having such strong evidence on which to base the messages they give clients and the public more generally.

In a few cases, practitioners believed that the evidence base had not been correctly summarised, and that the evidence as it stands does not justify the guidelines as drafted. These concerns are addressed below, in the section discussing the draft Guideline 3, on using alcohol during pregnancy and breastfeeding.

Harm minimisation versus zero tolerance

A few of the AOD practitioners consulted by VAADA believed that the draft guidelines were formulated from within a zero-tolerance framework. These people believed that, in consequence, it would be difficult to use the guidelines from within a harm minimisation framework. This would complicate if not obstruct the harm reduction work practitioners do, especially with people who use alcohol heavily.

However, other AOD practitioners did not believe that the guidelines reflected a zero tolerance viewpoint. These practitioners believed that the guidelines instead reflect available evidence. To these practitioners, whether or not the guidelines made undertaking harm reduction work more difficult was to some extent irrelevant, as the purpose of the draft guidelines is to advise experts and the public on safe drinking levels.



The concept of relative risk

Overall, the idea of 'relative risk' on which the guidelines are based was considered to be unattractively complex. Several AOD experts consulted by VAADA stated that they themselves did not understand it, and believed it would be difficult to communicate the concept to the public.

However, other practitioners believed that the difficulty of the concept of 'relative risk' should not deter practitioners from accepting the guidelines. The most important aspect of the concept must be that it accurately reflects the risks associated with alcohol use, so that the guidelines are useful in helping people avoid alcohol-associated harm.

It was believed that the existing guidelines' differentiation between short-term, medium-term, and long-term risks was actually useful in communicating messages about alcohol-related harms to the public. This was especially the case with young people, who had difficulty enough relating to the concept of long-term risk, and who would be completely confused by the concept of relative risk.

There was strong support for framing the guidelines in a way that more clearly linked the idea of risk to the idea of harm. The guidelines could then be used to support the Federal Government's official strategy of harm minimisation, and would easily feed into projects delivered within a harm minimisation framework.

Additionally, some practitioners consulted by VAADA considered that it was valuable to link risk to harm more clearly, as laypeople and AOD practitioners sector may have a different understanding of the term 'risk'. While people within the AOD sector automatically understand risk to be related to harm, laypeople – particularly young people – may find the term 'risk' suggestive of 'risk-taking', which may in turn encourage them to take risks. If this is the case, it may be necessary to formulate educational resources for the public around how to think about risk.

Five-yearly review

Much research is currently being conducted into alcohol use and associated harms. Accordingly, AOD practitioners have suggested that it would be profitable for the NHMRC to build a five-yearly review process into the guidelines. It was considered that this would be particularly useful in the area of alcohol and pregnancy, as the evidence around Foetal Alcohol Spectrum Disorder (FASD) might settle one way or the other within five years.

Additionally, the five-yearly review process could be supplemented by an ability to amend the guidelines at any time if major new evidence with respect to alcohol use developed.



Guideline 1 – Drinking among the general population

Guideline 1

For low risk of both immediate and long-term harm from drinking:

Men and women

Two standard drinks or less in any one day.

General comments

Commentators on Guideline 1 – drinking among the general population – were roughly evenly split into two camps:

- Those who believed that the guideline was an accurate reflection of the evidence around alcohol-related harms
- Those who believed that the advised level of safe drinking was too low, and could therefore exacerbate alcohol-related harm among the public.

The evidence for setting the draft Guideline 1

To about half of the AOD practitioners consulted by VAADA, both the scientific evidence and their own experience supported the draft guidelines' reduction in advised drinking levels for men. These AOD practitioners believed that the draft guidelines reflected what was best for the Victorian community.

Only a couple of AOD practitioners consulted by VAADA considered that the NHMRC had not developed an evidentiary case to support the draft guidelines. Although this was not a concern shared by the bulk of the Victorian AOD sector, VAADA believes that the evidentiary document supporting the guidelines does not adequately demonstrate how the NHMRC arrived at the figure of two or fewer drinks a day for men. VAADA believes that the NHMRC literature review indicates the risks involved with alcohol use but does not clearly show how the figure of 'two or less' was arrived at quantitatively. Accordingly, VAADA recommends

Recommendation 3:

That the supporting literature to the guidelines be amended to show clearly that the evidence base around alcohol-related harms supports the guideline on drinking among the general population.

This amendment could involve a clearer summation of the literature review, and/or a pictorial representation of the 'risk curve' on which the guideline is based.



Additionally, VAADA considers that Guideline 1 could be accompanied by supplementary material explaining that the advised level has been reduced for men in order to take into account that men are much more likely to incur harms through accidents or violence than women are.

Unintended consequences of revising the guidelines

The remaining half of the AOD practitioners consulted by VAADA did not dispute the evidentiary base for the revised guideline for drinking among the general population. However, these AOD practitioners believed that the advice contained in draft guideline 1 could have several unintended consequences, including:

- The message could be so unattractive, especially to people who drink heavily, that the guidelines would be completely ignored.
- The lack of a maximum level of alcohol use might encourage an “all-or-nothing” approach to drinking
- The message would be difficult to incorporate into harm minimisation-based responses to alcohol use, especially harm reduction projects
- Changing the guidelines might lead to confusion among members of the public who are familiar with the existing guidelines

Although these concerns may be valid, VAADA considers that there is no point in giving the public inaccurate advice about alcohol-related harms. Additionally, health practitioners who are aware of the levels of risk associated with consumption of alcohol are ethically and possibly legally obligated to apprise the public of these risks.

VAADA therefore considers that amending Guideline 1 is not the best method of addressing these concerns. Instead, these concerns are best allayed through developing campaigns and educational materials to accompany the guidelines that incorporate information about moderate- and high-risk levels of drinking. This matter is addressed further in the final section of this submission.

Maximum levels of drinking

The members of the Victorian AOD sector consulted by VAADA were roughly evenly split on the issue of whether the NHMRC was right not to include a ‘maximum drinking level’ in the draft guidelines.

Some practitioners believed that setting a maximum level encouraged people to ‘drink up to’ the maximum level. They pointed out that people who plan to drink and drive will calculate the maximum number of drinks they can have without being over the limit, and drink exactly this number of drinks.

Other practitioners disputed this, and claimed that a maximum level is needed because it helps give people – especially people who use alcohol heavily – a more nuanced



approach to avoiding risks associated with alcohol use. In effect, a maximum number of drinks acts as a 'safety net' for those who cannot limit their drinking to only a couple of drinks per day.

The loss of a maximum level in the guidelines has been accompanied by a loss of

- The concept of 'alcohol-free days'
- The notion of low, medium and high risk
- A definition of binge-drinking

These concepts have all been useful to AOD practitioners trying to modify clients' problematic alcohol use. They are all also useful concepts for use in media and education campaigns created within a harm minimisation framework.

However, VAADA considers that simple messages can be developed around the idea of risk set out in the draft guidelines. These could include:

- Any level of drinking is riskier than not drinking
- Two or fewer drinks is a relatively safe level of drinking
- The more you drink, the greater the risk of harm
- Any reduction in drinking is beneficial

AOD practitioners consulted by VAADA believed that a pictorial representation of the 'risk curve', combined with the image of two drinks, could be worked into an advertising campaign

Guideline 2 – Drinking among people under 18 years of age

Guideline 2

For children and young people under 18 years of age

2.1 Parents and carers are advised that not drinking is the safest option for children and adolescents under 15 years of age.

2.2 Not drinking is the safest option for adolescents aged 15-17 years. If drinking does occur, it should be under parental supervision and within the adult Guideline for low-risk drinking (two standard drinks or less in any one day).

General comments

Although Guideline 2 attracted a level of support among the Victorian AOD sector, serious concerns were raised about whether the message of the guideline accurately reflected the evidence base around harms related to young people's use of alcohol. It was felt that the guideline was insufficiently strong, and should be accompanied by clear information about the potential risks involved in young people's using alcohol.

The risks to young people

Members of the Victorian AOD sector clearly understood that the advised level of drinking for young people had been reduced because evidence had developed since 2001 that

- Alcohol use poses a high risk of harm to the developing brain
- Drinking at younger ages is progressively associated with long-term problems associated with alcohol use

The guideline was also strongly welcomed in light of evidence that binge drinking is increasing among young people across Australia. Young people were believed by AOD practitioners to be binge-drinking on alcohol their parents had provided for them. Parents' supplying young people with alcohol was considered to be propelled by a 'mythology' that introducing young people to alcohol under supervision would help them 'learn to deal with' alcohol consumption.

Although there was strong support for the revised advice for parents and young people, VAADA received comments that some elements of the draft guideline were inconsistent with the evidence base. The evidence base demonstrates that brain development occurs until the age of 21-25, and that alcohol can impair development to the brain well past the age of 18. It was therefore proposed that the guideline on young people's drinking would be more appropriately directed at "children and young people under **21** years of age".



Given that the legal drinking age is 18, it was accepted that the guideline itself would not be amended. These AOD practitioners strongly emphasised, however, that information about the possible risks to brain development past 18 years of age needed to be included in any educational materials that will accompany the guidelines.

Parents' use of the guideline

In general, it was believed that the draft Guideline 2 would

- Give parents a clear guideline about young people's alcohol use
- Support parents in setting limits for their children around alcohol use
- Help dispel myths about safely introducing young people to alcohol use
- Confirm parents' intuitions about the risks alcohol use poses to young people

However, AOD practitioners strongly emphasised that the guidelines would provide better support for parents if they were accompanied by clear information about the risks associated with young people's alcohol use. This would also be of assistance in developing harm minimisation campaigns to support the guidelines.

While some AOD practitioners consulted by VAADA believed that the draft Guideline 2 was progressive and gave parents the means to make informed choices around their children's alcohol use, many other AOD practitioners believed that the draft guideline implies that parental supervision, rather than drinking levels, was the crucial issue. Additionally, the draft Guideline 2 does not provide a clear definition of "parental supervision". VAADA therefore recommends

Recommendation 4:

That the NHMRC amend the draft Guideline 2 to include supplementary information regarding

- **A definition of "parental supervision"**
- **The effects of alcohol on the developing brain**
- **The association between drinking at younger ages and developing long-term problems associated with alcohol use**

This supplementary information could accompany the guideline in a format similar to the supplementary information accompanying the existing guidelines.

Guideline 3 – Drinking among pregnant and breastfeeding women

Guideline 3

For women who are pregnant, are planning a pregnancy or are breastfeeding

3.1 Not drinking is the safest option.

General comments

The draft Guideline 3 was the most controversial of the three draft guidelines, leading to the most marked difference of opinions among the Victorian AOD practitioners consulted by VAADA. Roughly two-thirds of the AOD practitioners who provided VAADA with feedback about the draft Guideline 3 were supportive of the revision. It was notable, however, that representatives of specialist AOD maternity services tended to be among those most critical of the draft guideline.

Support for the draft Guideline 3

Many members of the Victorian AOD community consulted by VAADA strongly supported the draft Guideline 3. This support was founded on a range of factors:

- There is no evidence that any level of drinking during pregnancy is safe
- The guideline presents women with a clear message
- Women may not be aware of the risks associated with drinking during pregnancy and breastfeeding
- The risks associated with pregnant women's drinking, especially Foetal Alcohol Syndrome (FAS) are horrific. Some practitioners consulted by VAADA reported witnessing high rates of FAS and Foetal Alcohol Spectrum Disorder (FASD) among their clients and the children of their clients
- If health practitioners are aware of the risks associated with drinking during pregnancy and breastfeeding, they are ethically obliged to inform their patients/clients of this risk
- The Australian guidelines in this area are inconsistent with alcohol guidelines in other jurisdictions, and change is long overdue
- The belief that there was no safe level of alcohol consumption in pregnancy

Generally, the Victorian AOD sector was aware that the guideline was based on a lack of evidence confirming that small levels of alcohol use during pregnancy did or did not pose a risk to the developing foetus. Those who supported believed that, in the absence of



firm evidence, it was right to advise women that abstinence is the safest option. These AOD practitioners did not endorse any change to the draft Guideline 3, and felt that adverse reaction to the guideline by women should be dealt with via educational strategies.

Harm minimisation and the draft Guideline 3

Other members of the Victorian AOD sector did not support the draft Guideline 3, on grounds essentially similar to some of the objections made to the draft Guideline 1. These include:

- The guideline appears to have been drafted in the spirit of zero tolerance, not harm minimisation
- The guideline does not provide AOD practitioners with a nuanced guide to working with women who drink heavily during pregnancy
- The guideline may cause guilt among women who unintentionally drank while they were pregnant
- The guideline does not provide AOD practitioners with a guide for working with women who unintentionally drank before knowing they were pregnant
- Women who feel guilty about drinking while pregnant may avoid accessing treatment and harm reduction services
- Women who wish to drink while breastfeeding might avoid breastfeeding their children so that they can use alcohol
- Women whose children display mild physical or behavioural problems in later life may attribute to this to low levels of alcohol use during pregnancy, and may unfairly blame themselves for their children's problems over the course of their lives
- Pregnant and breastfeeding women may fail to disclose their true levels of drinking to health professional to avoid stigmatisation

VAADA considers that several of these arguments can be countered by the response to the objections to the draft Guideline 1: that the guideline is the best reflection of the available evidence, and creating a distorted representation of the evidence undermines the very purpose of the guidelines.

Accordingly, as with regards to the draft Guideline 1, VAADA emphasises that dissemination of the draft Guideline 3 must be accompanied by a comprehensive educational campaign. It is extremely important that the draft Guideline 3 be contextualised, and care must be taken not to make this guideline morally and socially prescriptive.

However, there are significant differences between the wording of draft Guidelines 1 and 3 which suggest a slightly different response to the draft Guideline 3. The draft Guideline 1 is founded upon the concept of the 'risk curve', which allows educators to make statements to the public such as 'any reduction in drinking is beneficial'. The draft



Guideline 3, on the other hand, is an all-or-nothing statement which does not allow for a nuanced approach to reducing harms among women who drink while pregnant.

The draft Guideline 3 also differs from the draft Guideline 1 in that it applies even in the case of women who do not know they are pregnant. As indicated in the NHMRC's supplementary literature to the guidelines, 47% of pregnancies are unplanned². Women who do not plan their pregnancies are unlikely to be aware they are pregnant for some weeks; and evidence indicates that it is precisely during the earliest weeks of pregnancy that foetuses are most likely to be harmed by exposure to alcohol³. The guidelines provide AOD practitioners with no assistance in how to deal with this issue.

Several of the AOD practitioners consulted by VAADA suggested that the draft Guideline 3 be amended to include a qualifying statement or sub-statement that would give AOD practitioners some leeway in working with women who drink before they know they are pregnant, or who continue to drink while pregnant or breastfeeding.

Accordingly, VAADA **strongly** recommends

Recommendation 5:

That the NHMRC amend the draft Guideline 3 to include supplementary information regarding

- **The risks associated with drinking during the early stages of pregnancy**
- **The risks associated with very low levels of drinking throughout pregnancy and breastfeeding**

Evidentiary problems with the draft Guideline 3

Many of AOD practitioners consulted by VAADA fully accepted the evidentiary basis for the draft Guidelines 3, and others accepted the NHMRC's evidentiary analysis even though they did not accept that the draft Guideline 3 was the best advice to give to those who work with pregnant and breastfeeding women.

However, other AOD practitioners believed that there were problems with the NHMRC's analysis of the evidence around alcohol-related harms during pregnancy and breastfeeding. These problems included:

- There is no evidence to show that an occasional serve of alcohol during pregnancy (eg, one standard drink at a wedding) risks harm to the foetus
- The only study in the NHMRC literature review that indicates that low levels of drinking during pregnancy is harmful to the foetus (Sood et al,

² NHMRC, 2007.

³ Ibid.



2001) uses a sample of highly disadvantaged women without controlling for social or economic factors. Other possible causes of the children's symptoms were ignored in this study

- Several studies indicate that low levels of alcohol use during pregnancy are not harmful to the foetus, but these studies do not appear to have been given the weight of the Sood et al (2001) study

Given these concerns, VAADA reiterates that the draft Guideline 3 must be supplemented with an addendum explaining that that it is not known whether any risks to the foetus are associated with very low levels of alcohol use during pregnancy.

Additionally, AOD practitioners consulted by VAADA believed there were a number of problems with the wording of the literature review underpinning the draft Guideline 3. VAADA recommends

Recommendation 6:

That the NHMRC amend the supporting literature to the draft Guideline 3 so that wherever it is stated that “excessive drinking” causes foetal alcohol effects, the document instead reads that “regular excessive drinking” causes foetal alcohol effects.

This statement more accurately reflects the existing evidence base.

Using the guidelines

Ways of using the guidelines

General comments

The purpose of the Australian alcohol guidelines is to provide AOD practitioners – educators, treatment providers, researchers, policy-makers – with information about relatively safe levels of alcohol use that can inform their work. In the course of our consultations, VAADA asked members of the Victorian AOD sector

- What sort of action from government regarding education and information campaigns is needed?
- For the community to follow these guidelines, what other initiatives and strategies must be in place to help make wise choices easier?
- What needs to happen with environmental and structural issues such as control and overview of marketing and advertising, liquor licensing, pricing, and so on?

The AOD practitioners consulted by VAADA identified a wide range of strategies that could be used to support the revised guidelines:

- Mass and targeted media educational campaigns
- Introducing warning labels to alcohol products
- Restrictions on marketing and advertising
- Raising taxes on alcohol products
- Regulation of location of liquor outlets and hours of operation
- Better policing of existing restrictions
- Better funding of existing alcohol-related services
- Development of relevant research and policy

The AOD practitioners consulted by VAADA also identified that specialised supports would be needed when working with the guidelines among specific population groups, including:

- Pregnant women
- Parents
- Young people
- Culturally and linguistically diverse communities



The general consensus among the Victorian AOD community was that the most effective method of responding to alcohol-related harm is to develop a multi-faceted strategy, comprising initiatives drawn from among those described below.

Mass and targeted media educational campaigns

Many AOD practitioners consulted by VAADA believed that the most crucial initiative to support the guidelines would be a mass educational campaign focused achieving long-term change. It was believed that the guidelines should be supported by an ongoing, well-resourced educational campaign until they are next reviewed.

Some AOD practitioners suggested that the campaign should begin by simply publicising the guidelines. Other aspects of a successful mass media campaign could include:

- Use of all forms of media – television, newspapers, billboards, internet, radio etc
- Use of mainstream media and media with targeted audiences
- Delivering information through health centres
- Interviews with the NHMRC panel which developed the draft guidelines

Several AOD practitioners believed that the public would probably consider the guidelines to be ‘unrealistic’ for years to come. It was strongly emphasised that any educational campaign would need to be aimed at long-term change around the Australian community’s alcohol use.

Mass media educational campaigns around drink driving have succeeded in changing public attitudes. However, it was acknowledged that a mass media educational campaign would need to be supplemented with targeted media campaigns and community-based education. Further, it was believed that any educational campaign associated with the draft guidelines would need to be

- Truthful
- Well funded
- Well researched

Introducing warning labels to alcohol products

Another popular initiative to support the draft guidelines was the introduction of warning labels on alcohol products. AOD practitioners consulted by VAADA suggested that the guidelines for low-risk drinking could be presented on alcohol bottles next to information on alcohol content. VAADA considers that, were labelling to be introduced, it would also need to include:

- A link to a website where the supplementary information to the guidelines could be found



- Information about standard drink sizes

Restrictions on marketing and advertising

Several people consulted by VAADA believed that advertising of alcohol products needed to be better controlled, and contested by the AOD sector. It was believed that the Alcohol Beverages Advertising Code needed to be tightened up, with several AOD practitioners suggesting that alcohol advertising be prohibited at sporting events.

Raising taxes on alcohol products

Alcohol is cheaply available in Victoria. Several AOD practitioners consulted by VAADA considered that taxes on alcohol products needed to be raised to deter people from buying large amounts of alcohol, and to deter young people from buying alcohol.

Regulation of location of liquor outlets and hours of operation

Using town planning regulations to control the flow of alcohol into communities was another popular strategy for use in supporting the draft guidelines. This would involve

- Controlling the number and location of liquor outlets in communities
- Reducing the hours of operation of liquor outlets

It was suggested to VAADA that the policy of the Australian Competition Commission should take the objectives of harm minimisation into account when regulating and controlling the sale of alcohol. There is also a need for better Victorian legislation to control licensing of liquor outlets and the hours of operation of liquor outlets.

Better policing of existing restrictions

Several AOD practitioners consulted by VAADA believed that problematic alcohol use – and therefore alcohol-related harms – could be reduced if existing measures to control problematic alcohol consumption were better policed. These included:

- Better enforcement of underage purchasing of alcohol, especially around asking for ID. This may necessitate an independent review of the ID card system.
- Better education for vendors who supply alcohol to the public



A few AOD practitioners supported the implementation in Victoria of the New South Wales legislation which places fines on people who supply liquor to minors⁴. VAADA considers that the Victorian Government should await a review of the New South Wales legislation before enacting similar legislation.

Better funding of existing alcohol-related services

It was suggested that the Victorian and Commonwealth Governments could provide better funding to existing alcohol-related services. This was considered to be particularly important in the case of

- AOD educational agencies
- Networking and support agencies, especially for pregnant women and parents.

Development of relevant research and policy

Several AOD practitioners suggested that the draft guidelines could be better disseminated to the public if research was conducted into attitudes around alcohol. Research into women's understanding of the impact of alcohol on themselves and their babies might help better direct use of the draft Guideline 3, and lead into strategies to effect long-term change in pregnant women's use of alcohol.

Alcohol policy also needs to be supported with better data around alcohol sale and consumption, including information about

- Volumetrics of sales
- Type of alcohol
- Location
- Market segment

In terms of policy, it was considered that a Victorian Whole-of-Government Strategy was needed around reducing the harms associated with alcohol use. This should be integrated within the National Alcohol Strategy 2006-2009.

Initiatives to use with pregnant women

AOD practitioners consulted by VAADA considered that several types of initiative might be especially helpful for using the guideline when working with pregnant women. These included:

⁴ Section 114 of the Liquor Act 1982 (NSW).



- Women's support groups
- Involving women in discussions around alcohol. Only roughly 30% of people who present to AOD agencies are women, and women are sometimes neglected in policy development around alcohol issues
- All women accessing either private or public obstetric care must be offered the option of accessing a multidisciplinary team to discuss alcohol issues and possible risks to the foetus
- Using the guideline as part of a general health package directed at protecting the health of both the woman and the foetus

Initiatives to use with parents

AOD practitioners consulted by VAADA considered that several types of initiative might be especially helpful for using the guideline when working with parents. These included:

- Receiving information that young people's brain continue developing up until the age of 21-25
- Being offered the option of peer education, possibly run within schools
- Being offered education around responsible role modelling of alcohol use

The need to offer parents practical advice, rather than moralising statements, was emphasised by several AOD practitioners.

Initiatives to use with young people

AOD practitioners consulted by VAADA considered that several types of initiative might be especially helpful for using the guideline when working with young people. These included:

- Targeting educational campaigns at young people, particularly through electronic media. This would necessitate training AOD workers in how to use electronic media
- Developing a peer support and education program around alcohol issues, equivalent to RaveSafe, that is properly funded

Initiatives to use with culturally and linguistically diverse communities

AOD practitioners consulted by VAADA considered that several types of initiative might be especially helpful for using the guideline when working with culturally and linguistically diverse communities. These included:



- Using ethnic media to target information in CLD communities, particularly radio
- Informing respected elders in CLD communities so they can play an educative role within their communities

AOD practitioners with specialist expertise in working with CLD communities emphasised that CLD communities are diverse, and initiatives should always be targeted for use in specific communities.

Messages to support the guidelines

Messages for the general population

Given that there are significant changes between the existing guidelines and the new draft guidelines, it was considered particularly important that the messages around the draft guidelines be carefully pitched to a variety of audiences. AOD practitioners consulted by VAADA considered that the following kinds of messages would be appropriate to explain the guidelines to a general audience:

- Why excessive drinking is problematic – that is, the risks involved with drinking, as shown by the evidence in the NHMRC’s report
- Messages linking the guidelines to the philosophy of harm minimisation
- Messages around the social costs associated with alcohol use, such as inability to use machinery, increased risk of domestic violence, etc. This is especially important with regards to messages targeting men
- Messages about the effect of alcohol use on mental health, self-harming, and suicide
- Messages around how to find help for problematic alcohol use
- Messages around the role of alcohol as an intoxicant, and why alcohol influences people the way it does
- A message comparable to the “every cigarette is doing you damage” message used in the tobacco sector
- Messages that make alcohol use unattractive to people – for example, emphasising alcohol’s role in weight gain, premature ageing, and sexual dysfunction

Messages for pregnant women

As indicated above in the discussion around the draft Guideline 3, using the draft guidelines when working with pregnant women may be particularly delicate. AOD practitioners consulted by VAADA believed that the following might represent positive ways of explaining the guidelines to pregnant women:



- Messages that emphasise that a lack of evidence is the basis of the draft Guideline 3
- Messages that emphasise that the draft Guideline 3 is designed to protect the health of women's unborn children, not to impose moral stereotypes on women
- Information about the possibility of babies being born with neo-natal abstinence syndrome related to the mother's alcohol, and how women and health practitioners can deal with this problem

Messages for young people

Young people are often resistant to mainstream messages around alcohol and other drug use, as they are promulgated by and are framed within the value systems of authority figures. Accordingly, different messages may be more effective with young people. AOD practitioners consulted by VAADA considered that the following kinds of messages would be appropriate to explain the guidelines to young people:

- Messages around the immediate, short-term risks of alcohol use. Young people at risk are likely to dismiss information about long-term harms
- Messages about how alcohol use can cause young people to behave in an embarrassing way around their peers
- Messages about how alcohol use can sabotage young people's ability to succeed academically or in sporting life

AOD practitioners considered that it would be valuable to target groups of teens along attitudinal lines, as different young people have very different attitudes towards alcohol⁵. The young people who are most at risk of incurring alcohol-related harm are unlikely to be deterred from using alcohol by a fear campaign; fear campaigns are more likely to reinforce the beliefs of young people who do not want to experiment with alcohol⁶. When attempting to use the draft guidelines with young people, it would be appropriate to adopt a variety of different messages in a multifaceted media campaign.

⁵ Blue Moon Research and Planning, 2000.

⁶ Ibid.

Appendix

Discussion paper on the draft Australian alcohol guidelines drafted by staff at the Victorian Alcohol and Drug Association and the Australian Drug Foundation.

The National Health and Medical Research Council (NHMRC) has released a draft of its revised Australian Alcohol Guidelines for public consultation (for details on the draft guidelines go to <http://www.nhmrc.gov.au/consult/index.htm>). VAADA is making a submission on the guidelines, and is seeking comment from people in the Victorian alcohol and other drug sector to form the basis of our submission. In collaboration with the Australian Drug Foundation, we have put together a series of questions to focus discussion on key issues arising from the draft guidelines.

The number of guidelines has been greatly reduced, from twelve to three. These comprise a general guideline for low-risk alcohol use, targeted at the whole population; a guideline addressing alcohol use among people under 18 years of age; and a guideline addressing alcohol use among pregnant and breastfeeding women.

Guideline 1

For low risk of both immediate and long-term harm from drinking:

Men and women

1.1 Two standard drinks or less in any one day.

Guideline 2

For children and young people under 18 years of age

2.1 Parents and carers are advised that not drinking is the safest option for children and adolescents under 15 years of age.

2.2 Not drinking is the safest option for adolescents aged 15-17 years.

If drinking does occur, it should be under parental supervision and within the adult Guideline for low-risk drinking (two standard drinks or less in any one day).

Guideline 3

For women who are pregnant, are planning a pregnancy or are breastfeeding

3.1 Not drinking is the safest option.

The rationale for the reduction in recommended drinking levels is a new conception of the relationship between alcohol consumption and risk. The draft guidelines are based on the premise that any alcohol consumption carries a risk of harm, and that the risk increases progressively with the amount consumed. The number of 'two or fewer drinks a day' is calculated as the point at which, compared to not drinking, the risk of incurring alcohol-related injury or disease is low, and at which the lifetime risk of alcohol-related death is less than one in 100. It is also the point before which the 'risk curve' begins to steepen, indicating a higher risk of harm per drink.



The Australian alcohol guidelines may be best seen as a statement of consensus among the AOD community about how people best use alcohol in their lives. This consensus can then be used by the AOD community as the foundation for a whole range of policy interventions aimed at modifying problematic alcohol use among the public.

It is therefore crucial that the sector provide the NHMRC with feedback on the guidelines.

Some key questions

1. Instead of 12 guidelines there are now just three. Have the guidelines been over-simplified? Will this simplification help or hinder getting messages across to the public?
2. Will this new concept of risk be too difficult for the community to understand and grasp?
3. The new guidelines are much stricter than the previous ones? Is this a good thing or are we setting the bar too high?
4. Does not having a maximum number of drinks (as before) pose a problem? Will this make it harder for people to set limits or did the old system encourage people to 'drink up' to their limit?
5. Is the 'no alcohol' message during pregnancy too harsh or long overdue? Will this cause unwarranted guilt among women who, unknowingly, drink in the early stages of pregnancy?
6. Will the advice of not drinking for under 15 year olds help or hinder parents?
7. For those of us who will have the job of translating these guidelines into practical information and advice for the community, what else is needed? What sort of action from government regarding education and information campaigns is needed?
8. For the community to follow these guidelines, what other initiatives and strategies must be in place to help make wise choices easier? What needs to happen with environmental and structural issues such as control and overview of marketing and advertising, liquor licensing, pricing and so on.
9. Any other comments you have about the draft guidelines



References

Blue Moon Research & Planning. (2000). *Illicit drugs research to aid in the development of strategies to target youth and young people*. Canberra: Commonwealth Department of Health and Aged Care.

Cresswell, A. (2007a). 'New Drinking Rules "unrealistic"'. *The Australian*, 29/10/2007.

Cresswell, A. (2007b). 'Two-drinks rule confronts a few hiccups'. *The Australian*, 7/11/2007.

Liquor Act 1982 (NSW)

National Health and Medical Research Council (NHMRC) (2007). *Australian alcohol guidelines for low-risk drinking: Draft for public consultation*. Canberra: Australian Government.