



Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

Submission on the NHMRC

Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol

February 2020

Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to respond to the NHMRC Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol. We note that the Victorian Alcohol Policy Coalition, of which ACEM is a member, has also provided a response to these Guidelines.

As the peak professional organisation for emergency medicine, ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand. ACEM has a vital interest in ensuring the highest standards of medical care are provided for all patients presenting to an emergency department (ED).

ACEM considers alcohol-related harm one of the largest preventable public health issues facing EDs. Due to the volume, nature and timing of peaks of these presentations, alcohol-related harm has detrimental effects on intoxicated people in EDs but also severe and detrimental effects on ED staff, other patients and accompanying persons, and the efficient functioning of EDs. ACEM data shows that between one in seven and one in eight patients presenting to Australian-based EDs do so in relation to alcohol.ⁱ During peak presentation hours (Friday and Saturday night) this can increase to one in three presentations putting significant pressure on EDs and ED staff.ⁱⁱ

Emergency physicians regularly treat patients who are experiencing the negative outcomes of single-occasion as well as life-time risky drinking from patients from clinical intoxication, injuries, physical or sexual assault, chronic liver disease, alcohol withdrawal or dependence, or mental illness. As a result, ACEM supports the revision of the Guidelines in line with current evidence to reduce single-occasion and life-time risk of alcohol harm. Our concerns echo those raised by the Alcohol Policy Coalition; however, we would like to raise additional concerns with the Guidelines, including: the plain English summary, specific components of the Guidelines themselves and promotion of the Guidelines.

1.1 Plain English summary

The Plain English summary contains jargonistic terms that are inaccessible to the general population. Headings should be used that identify which cohort of people each statement is referring to, such as adults, children and adolescents, and pregnant women and breastfeeding mothers.

The Plain English summary should be rewritten into plain language which would be a more accessible version to people with low literacy levels, people with disability, older people and people whose first language is a language other than English. This summary should include graphics and images making information easier to understand for a general audience. It may be also helpful to include some of the advice from the 'Practical info' sections of each guideline (such as expressing milk prior to drinking alcohol in Guideline 3) in the Plain English summary.

The Plain English summary should also emphasise that there is no safe amount of alcohol. ACEM notes that the World Health Organization no longer provides alcohol guidelines for this reason.ⁱⁱⁱ In addition, ACEM recommends making the summary more explicit about the specific harms of alcohol consumption, such as the carcinogenic nature of alcohol, to ensure greater comprehension.

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Recommendation 1: The Plain English summary should be rewritten into plain language with clearer language, graphics and explicit statements regarding the harms of alcohol, to support people to understand the key messages and reasons to limit alcohol consumption.

1.2 Guideline 1 (healthy men and women aged over 18)

As with the Plain English summary, Guideline 1 should be more explicit in stating that there is no safe level of alcohol consumption. ACEM is concerned that the messaging regarding no more than ten (10) standard drinks per week and no more than four (4) per day may be unclear to the general population. Given the importance of this recommendation, this guideline would benefit from clearer and less jargonistic terms to ensure it can be understood by the general population.

In addition, the key messages section should specify the most important activities that people should avoid while intoxicated, such as driving and other activities that require attention, concentration and psychomotor skills.

Recommendation 2: ACEM recommends that Guideline 1 is rewritten to provide greater clarity regarding the key recommendation of no more than ten (10) standard drinks per week and no more than four (4) per day.

1.3 Guideline 2 (children and young people) and 3 (pregnant and breastfeeding women)

ACEM supports these Guidelines and has no further suggestions.

1.4 Key info section for all Guidelines

For all of the Guidelines the 'Key info' section should avoid framing alcohol in terms of 'benefits and harms' to avoid appearing to imply that there are potential benefits of alcohol, despite the lack of evidence to support this. This is particularly important for Guideline 2 and 3 where not drinking at all is the safest option.

Recommendation 3: ACEM recommends that the 'benefits and harms' section is retitled to avoid confusion about whether there are potential benefits of alcohol consumption.

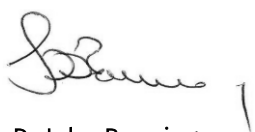
1.5 Promotion of the Guidelines

A comprehensive awareness and promotion campaign should accompany these guidelines to ensure the public is aware of the guidelines and the many risks alcohol presents to overall health. The general public is often presented with messages of 'drink responsibly' and 'drink in moderation' and may not understand how their drinking habits align with the NHMRC Guidelines. Therefore, a campaign which clearly states these Guidelines would minimise such confusion.

Recommendation 4: ACEM recommends that a comprehensive awareness and promotion campaign accompanies the release of these Guidelines to ensure the public understands the single-occasion and life-time risk(s) associated with alcohol consumption.

Thank you for the opportunity to provide a response to the NHMRC *Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. If you have any questions, please do not hesitate to contact Freya Saich, Policy Officer on 03 9230 0444 or Freya.Saich@acem.org.au.

Yours sincerely



Dr John Bonning
President



Dr Lai Heng Foong
Chair, Public Health and Disaster Committee

ⁱ Australasian College for Emergency Medicine (2019) *2018 Alcohol and Other Drug Harm Snapshot Survey*, available online at: https://acem.org.au/getmedia/3e940b76-3215-4b6f-a6ae-97b4d30d1d95/2019-Alcohol-and-methamphetamine-snapshot-survey_R2

ⁱⁱ Australasian College for Emergency Medicine (2019)

ⁱⁱⁱ World Health Organization (2020) *Q&A – How can I drink alcohol safely*, available online at: <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/data-and-statistics/q-and-a-how-can-i-drink-alcohol-safely>