The purpose of alcohol guidelines, and the history of their development in Australia

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FARE event: “Out of sight, out of mind: Australia’s alcohol guidelines”, Alan Gilbert Building, University of Melbourne, Carlton Vic., 6 March 2012
14 original articles, 4 commentaries and an editorial

Stockwell T, Room, R. Constructing and responding to low-risk drinking guidelines: conceptualisation, evidence and reception.
Room R, Rehm J. Clear criteria based on absolute risk: reforming the basis of guidelines on low-risk drinking.
Casswell S. Why have guidelines at all? A critical perspective.
Heather N. Drinking guidelines are essential in combating alcohol-related harm: comments on the new Australian and Canadian guidelines.
O’Leary CM, Bower C. Guidelines for pregnancy: what’s an acceptable risk, and how is the evidence (finally) shaping up?
Thompson KD, Stockwell T, MacDonald S. Is there a ‘low-risk’ drinking level for youth? The risk of acute harm as a function of quantity and frequency of drinking?
Hall W. What place, if any, does information on putative cardioprotective effects of moderate alcohol use have in safer drinking guidelines?
Piazza-Gardner AK, Barry AE. Cautioning against causal alcohol-cardiovascular assumptions.
Kerr WC, Stockwell T. Understanding standard drinks and drinking guidelines.
de Visser RO, Birch JD. My cup runneth over: Young people’s lack of knowledge of low-risk drinking guidelines.
Livingston M. Perceptions of low-risk drinking levels among Australians during a period of change in the official drinking guidelines.
Wettlaufer A, Cukier S, Giesbrecht N, Greenfield TK. The marketing of responsible drinking: competing voices and interests.
Drinking guidelines: a brief history

• The prehistory:
  – “Anstie’s limit” (1870): a daily average amount to hold down risk of alcohol-induced diseases
  – The equivalent of 3.4 Australian drinks per day
  – Intended for middle-class men
  – Apparently based on Anstie’s clinical experience as a London doctor
Onto the modern agenda in the 1980s

  – Emphasis on social norms as well as chronic health consequences

• First Australian guidelines, compiled by Pols and Hawks, 1987:
  – “Safe” levels: up to 4 standard drinks/day for males, 2 standard drinks/day for females

• These limits continued in second NHMRC Australian Guidelines, 1992
  • Advice added not to drink in specific situations, including when pregnant,
New concerns, 1990s: injury risk → limits on binge drinking

• 3rd Australian Guidelines: Australian Alcohol Guidelines: Health Risks and Benefits, NHMRC, 2001:
  – “broadening in perspective from overall levels of consumption – the average amount drunk – to incorporate patterns of drinking.... There is ... a greater appreciation of alcohol as a contributor to acute health problems”
  – Added limit of drinking on any occasion; 6 drinks for men, 4 drinks for women

• Change in 2001 Guidelines also on pregnancy & breastfeeding
  – Limit raised: no more than 7 drinks in a week, and 2 on any day
4th Australian Guidelines: *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, NHMRC, 2009

- Draft put out for commentary in late 2007
- Limits for males reduced to same limits as for females:
  - No more than 2 drinks/day on average;
  - Up to 4 drinks in any one day
- Advice for pregnant women: back to “no drinking”
A new basis for setting limits: absolute risk

• Alcohol guidelines ➔ lifetime risk basis:
  – Volume of drinking (drinks/day average): lifetime risk of death from alcohol-induced disease < 1 in 100
  – Amount in a single day (consumed twice a week): lifetime risk of death from alcohol-related injury < 1 in 100

• Absolute risk as the usual basis for setting other guidelines and standards for environmental and food health risks
  – e.g., NHMRC standard for drinking water purity: lifetime risk of cancer from contaminants in water no more than 1 in 1 million

• Equal limits for men and women primarily results from the shift to a defined absolute risk
NHMRC’s guidelines function, in general

• “NHMRC guidelines provide the evidence-based information needed to achieve best practice. In regard to ethical issues in those fields, NHMRC guidelines reflect the community's range of attitudes and concerns.

• “Types of NHMRC guidelines
  ... NHMRC produces [guidelines] in three broad categories:
  • population health – for example, guidelines on drinking water quality, nutrition and alcohol consumption
  • ethics – for example, guidelines on organ donation, post coma unresponsiveness and the wellbeing of animals used in research
  • clinical practice – for example, guidelines for the treatment of diabetes, breast cancer and stroke rehabilitation and recovery.”

Purposes of the 2009 Drinking Guidelines

• “The intended role of the guidelines is as a technical document, although members of the public wanting to make decisions about their own drinking may also be interested in reading them.”

• “A range of plain-English booklets and other resources will be produced to help individuals, families and community groups to make choices based on the guidelines.”
The Guidelines as technical advice, not moral guidance

• “These guidelines are concerned with risks to health, and not with moral or normative standards about drinking. Various groups in Australian society differ about what they consider to be ‘responsible’ drinking, and about when they consider drinking to be appropriate or acceptable. There is a need for continuing public debate about these standards of conduct.”
Other limits on the guidelines

• “The guidelines focus on reducing health risks from drinking. The following are not included as they go beyond the scope of scientific advice:
  – detailed information about the adverse economic and social effects of alcohol consumption
  – recommendations about legal or other regulatory processes associated with alcohol
  – detailed recommendations in relation to specific health conditions
  – standards of conduct associated with alcohol
  – the role of the health service (including general practice) in alcohol assessment, referral and treatment.”

• The Guidelines relate “specifically to alcohol-related disease and injury. This narrow focus is necessary because of the nature of the available evidence. However, it does not take into account the consequences of drinking on others.”
Some arguments for and against drinking Guidelines

• Governments should inform their citizens of health risks; consumers have a right to be informed
• Low-risk drinking guidelines may affect consumption and reduce levels of alcohol-related harm

BUT --
• Guidelines are an easy cop-out, a substitute for actions which would be more controversial but might be more effective
• They may raise consumption: for much of the population, they offer a level to drink up to

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