



Draft Australian Guidelines to Reduce Health Risks from Drinking Alcohol

ANALYSIS OF DATA
COMMISSIONED BY THE
NHMRC

Risk Level 1

SAME AS A NON-DRINKER



You can have up to 28 drinks a week with the same risk of dying as a non-drinker

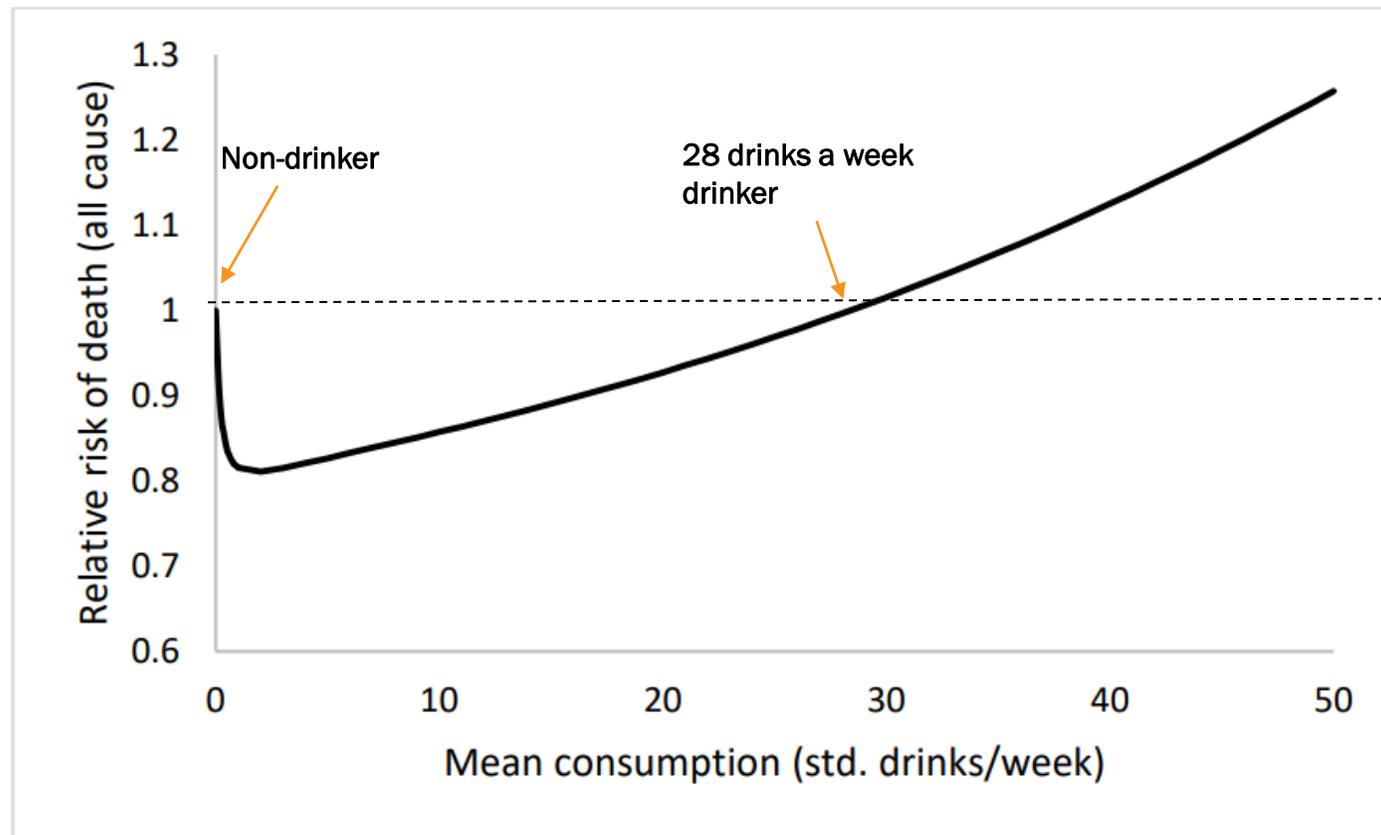


Figure: How many standard drinks an average Australian drink can drink in a week, and not have a higher risk of total (all-cause) mortality than a lifetime abstainer

Yet this is probably an underestimation as consumption data used is often underestimated by 40—70%

“Most epidemiological surveys underestimate levels of alcohol consumption in the study population by between 40% and 70% when compared with more robust, aggregate level data sources for the same population, such as government alcohol taxation or sales data. This implies that, all else being equal, epidemiological studies are likely to overestimate the level of risk associated with a given level of consumption.”

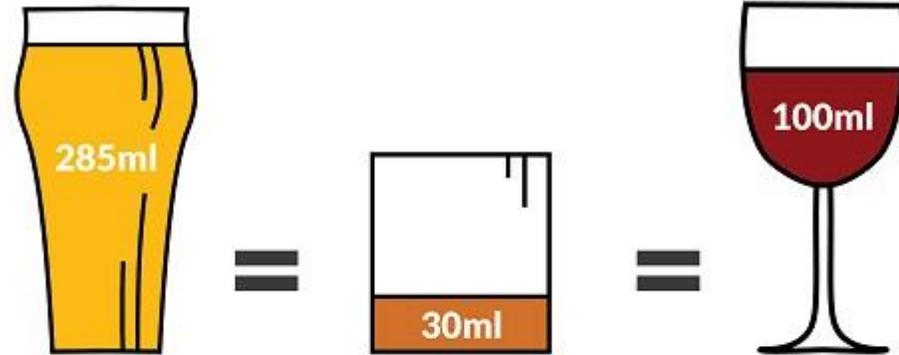


Figure 21: Number of standard drinks per week associated with selected risk thresholds and sensitivity analysis

Risk Level 2

1% CHANCE OF DYING DUE
TO ALCOHOL ACROSS A
LIFETIME

THE RISK LEVEL USED IN
SETTING THE DRAFT
GUIDELINES



ONE STANDARD DRINK

A serve of full strength beer (285ml), a serve of distilled spirits (30ml), and a serve of red or white wine (100ml) contain the same amount of alcohol – one standard drink.

It's not 10! Australian men can have up to 20 drinks a week and up to 15 a week for women, when spread over 7 days

Table 5.5.1. Number of standard drinks per week associated with alternative mortality risk thresholds, depending on number of days alcohol is consumed per week

| Drinking frequency | Risk level | | | |
|--------------------|----------------------------|----------------------|--------------------|-----------------|
| | 1% (1 in 100) | 0.1% (1 in 1,000) | 0.2% (1 in 500) | 2% (1 in 50) |
| Men | | | | |
| | Standard drinks (per week) | | | |
| Daily | 20.2 | 18.5 | 18.7 | 21.9 |
| 6 days/week | 18.6 | 17.1 | 17.2 | 20.2 |
| 5 days/week | 16.9 | 15.5 | 15.7 | 18.5 |
| 4 days/week | 14.9 | 13.6 | 13.7 | 16.4 |
| 3 days/week | 12.5 | 11.3 | 11.4 | 13.8 |
| 2 days/week | 9 | 8 | 8.1 | 10.1 |
| 1 day/week | 4.1 | 3.4 | 3.4 | 4.9 |
| Women | | | | |
| | Standard drinks (per week) | | | |
| Daily | 15.3 | 14.1 | 14.1 | 16.7 |
| 6 days/week | 14.5 | 13.3 | 13.4 | 15.8 |
| 5 days/week | 13.5 | 12.3 | 12.5 | 14.8 |
| 4 days/week | 12.1 | 11.1 | 11.2 | 13.3 |
| 3 days/week | 10.5 | 9.5 | 9.6 | 11.6 |
| 2 days/week | 7.8 | 7 | 7.1 | 8.8 |
| 1 day/week | 4.7 | 4.1 | 4.1 | 5.4 |

2.8 each day

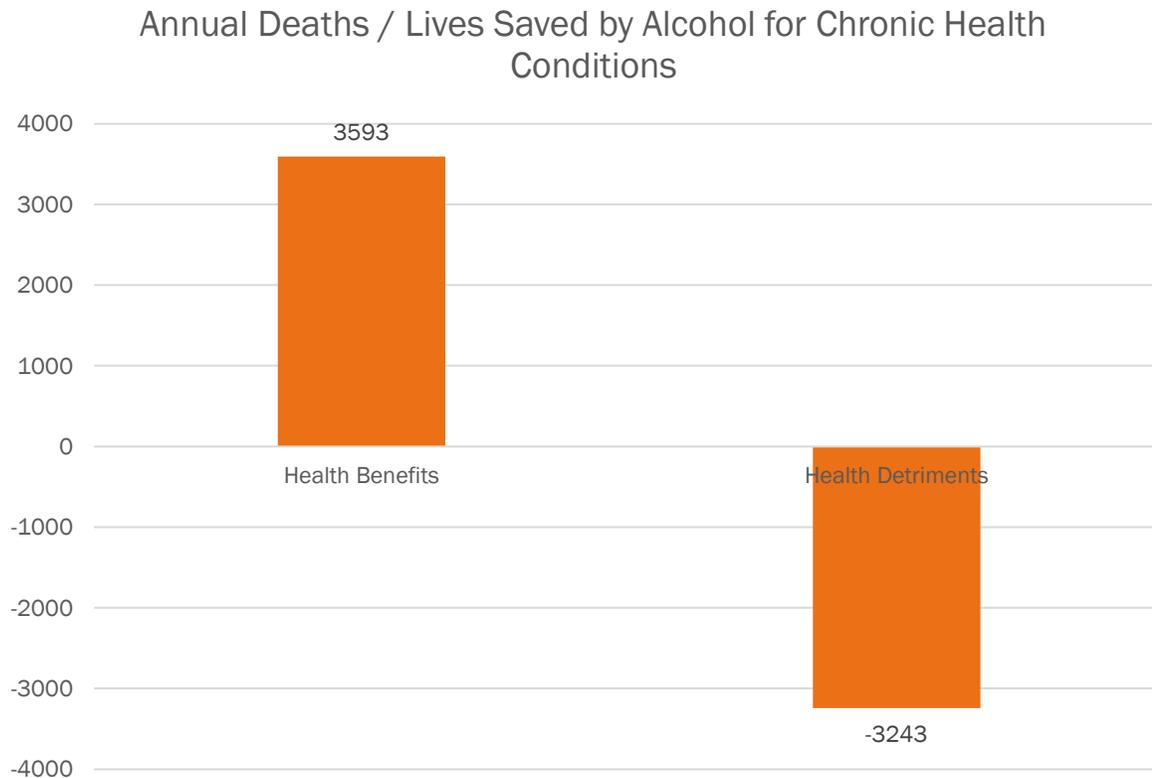
2.1 each day

Health benefits

INFORMATION NOT FOUND IN
THE DRAFT DRINKING
GUIDELINES



Moderate alcohol consumption actually saves more than 3500 Aussie lives a year from chronic conditions: A net positive of 350 lives saved

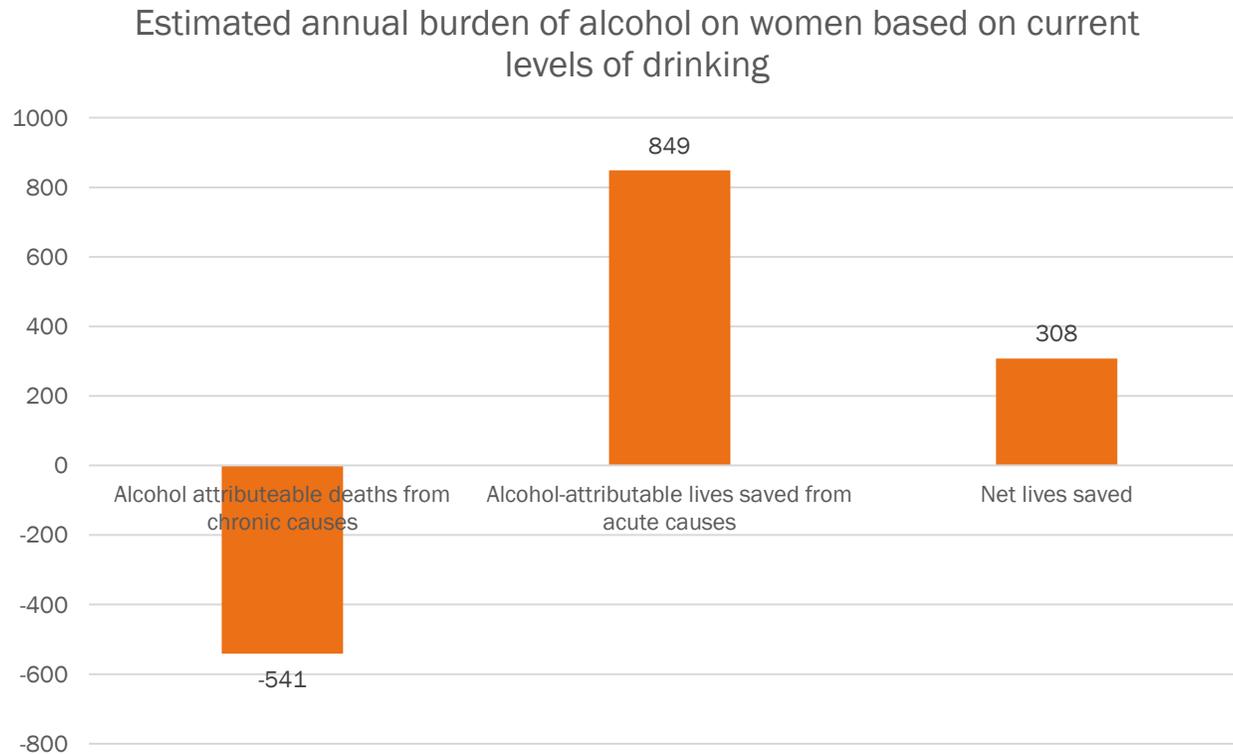


Health Benefits relate to: Ischaemic Heart Disease (+1522), Acute Myocardial Infarction (+1944) and Diabetes (+127).

Health Detriments relate to: Other CVD (-201), Stroke (-643), Cancer (-1073), Liver disease (-1125), Pancreatitis (-50), Epilepsy (-47) and other chronic conditions (-104)

NB: 1,934 lives are additionally lost to acute conditions such as accidents and injuries from alcohol

And this is even more important for women for both chronic and acute conditions



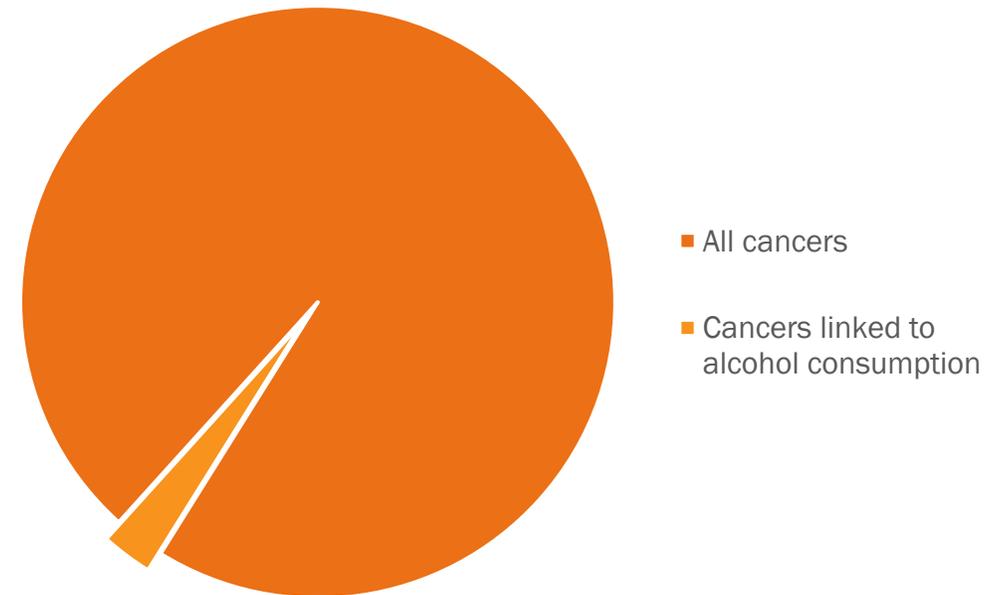
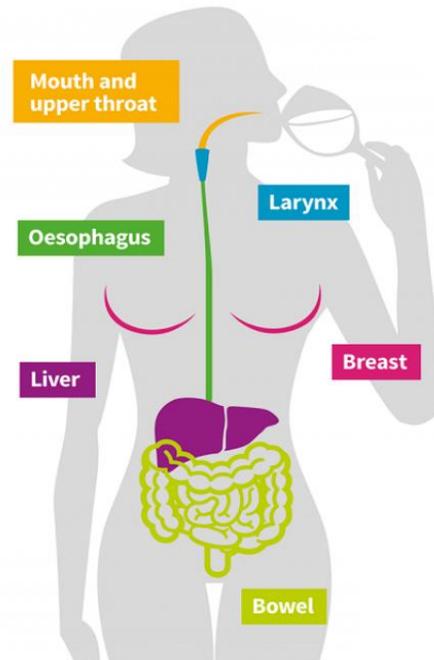
At current consumption levels, more women's lives are saved from alcohol-attributed disease or injury than lost – a net of 308 lives.

This is because women generally consume alcohol at lower levels than men, and are more likely to benefit from the protective effects for cardiovascular disease. Also, moderate consumption has a protective effect for women against type 2 diabetes.

What about the risk of being diagnosed with cancer as a result of alcohol consumption?

Alcohol use has been linked to with cancers of the

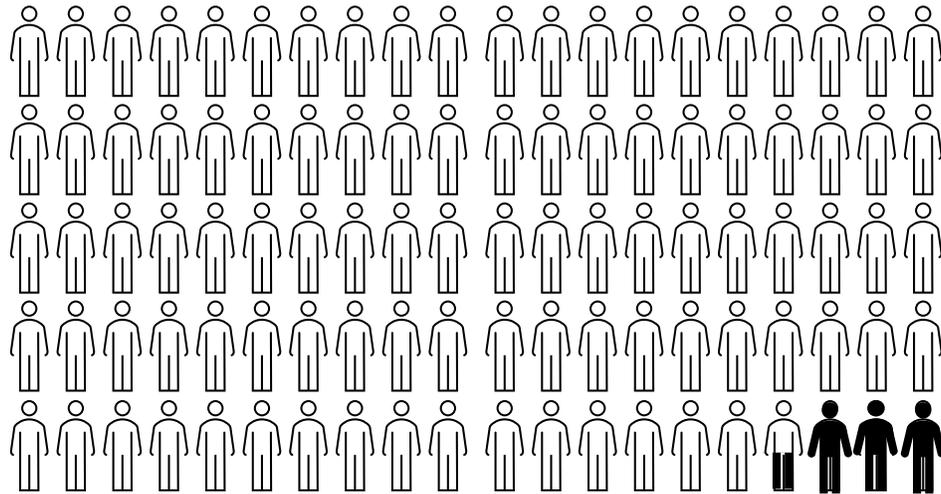
- Mouth
- Pharynx (Throat)
- Larynx (Voice box)
- Breast (for women only)
- Oesophagus
- Liver
- Colorectum (bowel)



2.8% of all cancers occurring in Australia could be attributed to alcohol consumption.

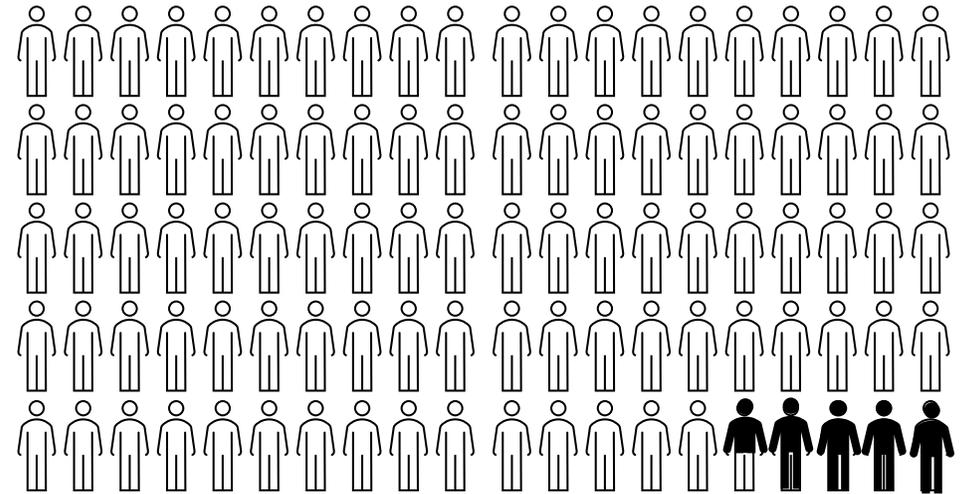
For men up to age 65...A “absolute risk” increase of 1.32%

Non-Drinker



3.55 Australians in 100 will be diagnosed with cancer linked to alcohol

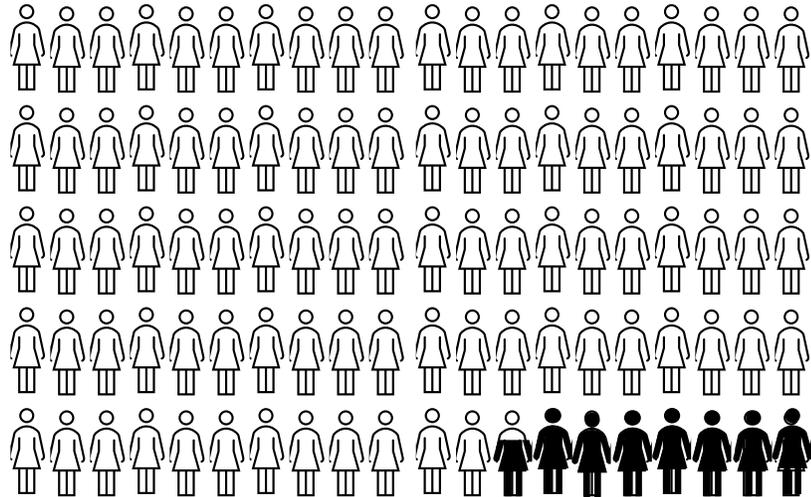
14+ a week drinker



4.87 Australians in 100 will be diagnosed with cancer linked to alcohol

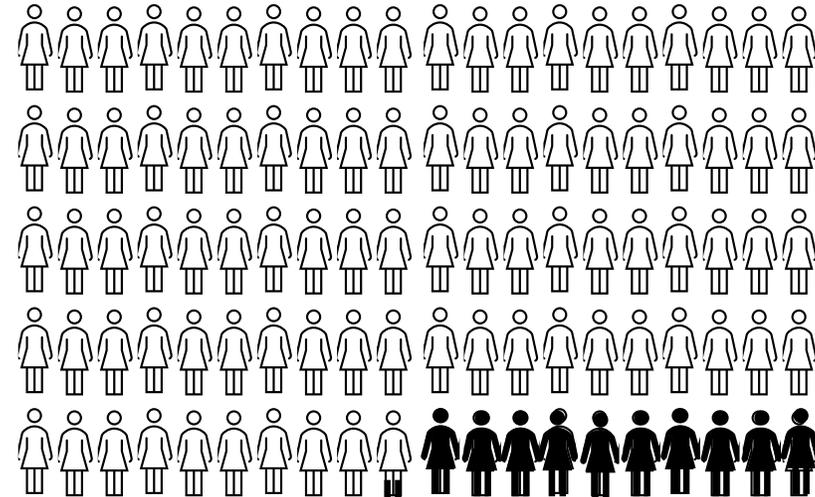
For women aged up to 65.... A “absolute risk” increase of 2.32%

Non-Drinker



7.84 Australians in 100 will be diagnosed with cancer linked to alcohol

14+ a week drinker



10.19 Australians in 100 will be diagnosed with cancer linked to alcohol

So how did NHMRC recommend 10 a week?

UNDERSTANDING WHAT
HAPPENED TO RESEARCH
RIGOUR, TRANSPARENCY
AND REPRODUCIBILITY



The people in charge of drafting the new Guidelines would appear to hold significant conflicts of interest



Prof Kate Conigrove

- Chair of the Committee and a former Board member of Australia's leading anti-alcohol body - the Foundation for Alcohol Research and Education (FARE)



Prof Michael Livingstone

- PhD paid for by Australian Rechabites Foundation*
- Board Member of the Rechabites Foundation
- Didn't declare interests but NHMRC CEO viewed these as 'reasonable'



Prof Tanya Chikritzhs

- Published numerous academic papers that have contended there is no safe level of alcohol consumption or sought to debunk its cardioprotective effects.
- Equated moderate consumption of alcohol to smoking cigarettes



Prof Emily Banks

- Co-authored a study [accused of ignoring evidence](#) of lower mortality in moderate drinkers than teetotallers



Prof Peter D'Abbs & Scott Wilson also FARE Board

“10 a week” appears to be cherry picked

1.
They chose Women and ignored any Male / Female differences

2.
They chose 3 days / week on modelling that assumes most Australians drink three times per week

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3.
10.5 became 10, justified for advice needing to be “consistent, clear and cautious” and “given the choice of ‘round up’ or ‘round down’, they chose to round down the amount of consumption, along the lines of the precautionary principle”

Can we really trust the process?

- X** The Alcohol Working Committee suggested the criteria for expert reviewers. Good governance would dictate that the criteria for an expert reviewer would not be set by those whose work the reviewer is considering.
- X** The expert reviewer is limited to considering the evidence that has come from the GRADE process. While this will hopefully expose that the deficiencies of approach in choosing the 'most recent' over that of choosing 'higher quality' meta-analyses, its scope and criteria does not provide the opportunity for Sheffield's modelling to be reviewed.
- X** Sheffield's modelling is not available publicly, making any type of review of the modelling impossible. The model underpins the Guidelines and therefore to ensure good scientific processes, it should be available for review.
- X** The NHMRC has enshrined principles and codes that require adherence to research rigour, transparency and reproducibility. Concerns over conflict of interest, select tendering, and denial of access to the model underpinning the Guidelines are not the usual standard set by the NHMRC.