Submission on the Draft NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol

Authors:

Professor David Moore, Australian Research Centre in Sex, Health & Society, College of Science, Health and Engineering, La Trobe University, Melbourne, Australia

Professor Helen Keane, School of Sociology, The Australian National University, Canberra, Australia

Dr Duane Duncan, Australian Research Centre in Sex, Health and Society, College of Science, Health and Engineering, La Trobe University, Melbourne, Australia

The draft guidelines focus on 'reducing the health risks of drinking' and are intended to 'evaluate the extent of risk posed at different levels of consumption' (p. 4). 'Alcohol-related harm' includes 'alcohol-related disease' and 'alcohol-related injury', which is expressed in the composite measure of 'lifetime risk'. This composite measure of alcohol-related harm includes a diverse range of conditions, from those clinically attributed to alcohol's direct biological effects through to consumption and injury events. Both categories of harm are shaped by a wide range of cultural, social and economic factors. These factors, which are known to impact upon health and wellbeing, shape alcohol's disease effects. In addition, they are heavily implicated in the social relations and cultural meanings of drinking alcohol, as well as the 'risk-taking' and other practices that shape the health harms attributed to it.

Although the draft guidelines treat the physiological effects of alcohol as similar for men and women at low levels of consumption, *lifetime risk* for women increases at a faster rate as consumption increases. Men's greater risk of *immediate harm* from drinking (e.g. road crashes, falls and self-harm) is attributed to 'higher levels of risk-taking behaviour' (p.19). In other words, the social and cultural factors shaping men's vulnerability to acute alcohol-related harm are exogenous to, or at least not solely attributable to, alcohol itself. The guidelines would be more credible if they spelled out what might be included in 'risk-taking behaviour', as well as the factors that contribute to such behaviour in men specifically. This omission is particularly significant where acute conditions (self-harm, falls and motor vehicle accidents), which result in injury to the self, are attributed to alcohol, independent of the other elements and forces (e.g. various forms of masculinity) shaping consumption and injury events.

Furthermore, the focus on the effects of alcohol on the health of the individual body precludes inclusion of other research relating to forms of alcohol-related harm that impact on the health and wellbeing of others. This includes, but is not limited to, those relating to interpersonal violence, including that which occurs in domestic and family contexts, and that which takes place in public and night-time entertainment settings. In both private and public settings, gender is a key variable shaping the relationship between alcohol and violence.

Our concern is that this focus on individual health harms further embeds individualised public health strategies for managing risk, which are based on volumetric approaches to understanding and responding to alcohol-related harm. Given that the draft guidelines may have limited effect on behaviour at a population level, our concern is that their dissemination and reification in policy may distract from the necessary focus on the gendered, socio-economic and cultural factors that shape the relationship between alcohol and harm, and which extend beyond the individual health consequences of drinking alcohol at higher volumes. This includes the unintended effects of government guidelines themselves, which can intensify individual anxiety and responsibilise certain groups unfairly, or in a manner that fails to equitably address the harm associated with drinking.