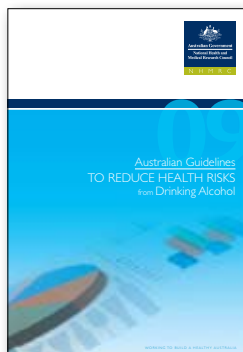




Frequently Asked Questions

National Health and Medical Research Council's
2009 Australian Guidelines to Reduce Health Risks
from Drinking Alcohol



The National Health and Medical Research Council (NHMRC), is an independent statutory authority that has the job of bringing together the best information available from worldwide medical research to advise Australians about their health choices. These new NHMRC guidelines are about reducing the risks to your health from drinking alcohol. Of course, how much you drink is your choice. But we hope these guidelines will help you make an informed choice and also help health agencies guide the community in reducing health risks.

GUIDELINE 1: For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

GUIDELINE 2: For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion.

GUIDELINE 3: 3A Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

3B For young people aged 15–17 years the safest option is to delay the initiation of drinking for as long as possible.

GUIDELINE 4: 4A For women who are pregnant or planning a pregnancy, not drinking is the safest option.

4B For women who are breastfeeding, not drinking is the safest option.

Understanding the Guidelines

Q. What is a safe level of drinking?

A. The revised *Australian guidelines to reduce health risks from drinking alcohol* (2009) provide information for Australians on reducing risks to health from drinking alcohol. There is no level of drinking alcohol that can be guaranteed to be completely 'safe' or 'no risk'. Rather these guidelines set out advice on the level of drinking alcohol that will enable healthy adults to keep their risk of alcohol-related accidents, injuries, diseases and death low both in the short and long term.

The guidelines for pregnant and breastfeeding women, children and young people recommend that not drinking is the safest option.

Q. What has changed from the previous 2001 Australian Alcohol Guidelines?

A. In the 2001 *Australian Alcohol Guidelines: Health Risks and Benefits* there were two designated drinking levels where drinking above these levels was 'risky' and 'high risk'. These terms are not used in the 2009 Guidelines because we now know that risk increases progressively – the more you drink, the greater the risk. The 2009 Guidelines are based on reducing health risks from drinking alcohol.

The 2009 Guidelines focus on the health risks that accumulate over a lifetime from alcohol, and understanding that these risks increase progressively – the more you drink, the greater the risk.

The 2001 version had 12 guidelines. In the 2009 Guidelines there are just four. Appendix A1 also describes other health issues and situations that should be considered.

The main differences in the recommendations are:

- The 2009 guidelines advise both men and women to drink no more than two standard drinks per day to reduce their health risks over a lifetime. The previous guidelines set out four drinks for men and two drinks for women per day, on average.
- Young people (up to 18 years of age) are advised not to drink alcohol at all. The previous guidelines recommended young people not to drink above levels suggested for adults.
- Women who are pregnant, planning a pregnancy or breast feeding are advised not to drink.

Q. In addition to the four main guidelines, what are the further health issues and situations to consider?

A. People who are supervising children or engaged in risky activities including driving, operating machinery, water and snow activities, young adults (aged 18–25) and older people need to take special care.

People taking certain medications or people who have physical or mental health problems that could be made worse by alcohol consumption, should seek advice from a health professional.

Although not discussed in detail in the Guidelines, people drinking alcohol also need to take into account legal issues, such as drinking and driving, intoxication in public and purchasing or drinking alcohol under age 18.

- Q. What does a single occasion of drinking mean? How is a single occasion of drinking determined?**
- A.** A single occasion of drinking is a sequence of consuming drinks without the blood alcohol concentration reaching zero in between. This can be at home or at an event, but includes drinking spread across more than one context or venue.
- Q. Why do the guidelines advise that not drinking alcohol is the safest option for children and young people under age 18?**
- A.** The risks of accidents, injuries, violence and self-harm are high among drinkers aged under 18 years. Young people who drink are more prone to risky and antisocial behaviour than older drinkers.

Earlier initiation of drinking is related to increased alcohol consumption in adolescence and young adulthood, and these patterns in turn are related to the possibility of damage to the developing

brain and development of alcohol-related harms in adulthood.

- Q. I am pregnant, or planning to be pregnant. How much alcohol is it safe for me to drink?**
- A.** Alcohol may harm your baby whilst you are pregnant. Heavy daily drinking or heavy episodes of drinking have the most risk, and the risk from low-level drinking (one or two drinks per week) is likely to be small. However there is no lower limit that can be guaranteed to be completely safe and so the safest thing is to stop drinking altogether while you are pregnant and while you are breast feeding. If you find it difficult to decrease or stop drinking alcohol speak to your health care practitioner for support and advice.
- Q. I've just found out that I'm pregnant. As I had a few drinks before I knew, is my baby at risk?**
- A.** If you drank alcohol early on before you knew you were pregnant, the risk to your baby from low-level drinking is likely to be low. The safest thing to do is to stop drinking altogether while you are pregnant. If you are worried ask your doctor for advice.
- Q. Should I drink while taking prescription or herbal medications?**
- A.** If you are taking medication, either prescribed or bought over the counter (including herbal preparations), ask your doctor or pharmacist about whether combining them with alcohol could be harmful.
- Q. What are the risks of using illicit**

drugs and alcohol together?

- A.** Mixing illicit drugs such as cannabis, heroin, cocaine, methamphetamine or ecstasy, with alcohol can have dangerous or lethal consequences.
- Q. Drinking alcohol makes me feel better about myself – why should I drink within the Guidelines?**
- A.** People who are depressed, anxious or have other mental health problems sometimes drink to make themselves feel better. This does not address the real problems and may make things worse. Mixing alcohol with certain medications can cause significant problems as well.

Q. Do the Guidelines take into account differences in age?

- A.** Yes – There are separate guidelines for healthy Australian adults, children and young people, and pregnant or breastfeeding women. Appendix A1 provides information for young adults and older Australians.

Q. Do the Guidelines take into account differences between men and women?

- A.** At low-levels of alcohol consumption, there is little difference between the risk of alcohol-related harm for men and women, both over a lifetime and on a single drinking occasion.

However, at higher levels of alcohol consumption:

- over a lifetime, the risk of alcohol-related disease increases more quickly for women and the risk of alcohol-related injury increases more quickly for men; and
- on a single occasion, women may reach higher blood alcohol levels than men who have consumed an equivalent amount of alcohol; however, men are more likely to incur an injury because in general they are more likely to engage in risk-taking behaviour when drinking.

On the basis of these factors the drinking guidelines for low health risk are the same for men and women.

Q. Do the Guidelines define “binge drinking”?

- A.** Although “binge drinking” is popularly understood to mean someone going out to get drunk, the Guidelines do not define binge drinking because it means different things to different people and is difficult to define scientifically. Instead of the term “binge drinking”, the Guidelines refer to a single occasion of drinking.

Q. Are there any health benefits from consuming alcohol?

A. Recent scientific evidence suggests that any potential health benefits from consuming alcohol probably have been overestimated. Any benefits are mainly related to middle aged or older people and only occur with low-levels of alcohol intake of about half a standard drink per day, which is within the Guidelines level. The Guidelines do not encourage people to take up drinking just to get health benefits.

Q. Has the ‘standard drink’ changed from the previous guidelines?

A. No – a standard drink is still 10 grams of alcohol.

Q. Is a standard drink different to a serving of alcohol?

A. Yes – it is important to note that drink serving sizes are often more than one standard drink. There are no common glass sizes used in Australia.

How much is a standard drink?	
Can/Stubbie low-strength beer	= 0.8 standard drink
Can/Stubbie mid-strength beer	= 1 standard drink
Can/Stubbie full-strength beer	= 1.4 standard drinks
100ml wine (13.5% alcohol)	= 1 standard drink
30ml nip spirits	= 1 standard drink
Can spirits (approx 5% alcohol)	= 1.2 to 1.7 standard drinks
Can spirits (approx 7% alcohol)	= 1.6 to 2.4 standard drinks

Background to the Guidelines

Q. Who and what are the Guidelines for?

A. The Guidelines are intended to form the evidence base for developing future policies and community materials on the health effects of alcohol consumption. They also aim to establish clear advice for Australians on how to avoid or minimise the harmful health consequences of drinking alcohol – from both the immediate (or short-term) effects of each drinking occasion and from

the longer-term effects of regular drinking.

These Guidelines are a resource for a range of groups including health professionals, community groups, industry, professional organisations, schools and educational organisations. They will also inform policy makers, planners, decision-makers, and those responsible for providing alcohol, who have a broader responsibility to the community.

Q. Who wrote the new draft guidelines?

A. The NHMRC established a Working Committee of Australian experts including members with experience in treatment, general practice, research, addiction, and consumer representation. The Guidelines were also peer reviewed by four independent international experts in alcohol research, two Australian health economists, and several Australian scientists with expertise in epidemiology and public health.

Q. How did the NHMRC develop the 2009 Guidelines?

A. The NHMRC commissioned a systematic search and analysis of the literature on the health effects and risks of alcohol consumption, based on international papers published between 2001 and 2007. This ensures the Guidelines are underpinned by the most current and best available scientific research and evidence.

The NHMRC then released the draft guidelines for public consultation in 2007. A range of issues were identified and these were considered in the development of the final Guidelines.

The methodology to define and describe risk was developed specifically for the 2009 Guidelines. They are the first Guidelines to be based on a specification of lifetime risks to the drinker from drinking at a particular level or in a

particular pattern. Previous alcohol guidelines were set without any specification of what absolute risk was involved at particular levels of drinking.

Q. What is the process for issuing NHMRC Guidelines?

A. Once a final draft of guidelines has been developed, they are provided to the Council of NHMRC for consideration. If satisfied with the draft, Council provides advice to the Chief Executive Officer (CEO) recommending the guidelines be issued. The CEO considers this advice and, if satisfied, issues the guidelines.

The NHMRC is independent and government approval is not required for guidelines to be issued.

Q. Are the Australian Guidelines out of step with the rest of the world?

A. No. There is no single international standard for safe or unsafe drinking levels. For more details of international guidelines refer to pages 18–19 of the Guidelines, which examines the recommendations in many other countries.

Q. Why did the Guidelines take longer than expected to be released?

A. For two reasons. Firstly, due to the high number of submissions received during public consultation, the Guidelines took longer than expected to be finalised. Secondly, the Guidelines underwent a number of national and international peer reviews. These additional tasks required an extension to the expected timeframe.

Number of standard drinks in various beverages

NUMBER OF STANDARD DRINKS – BEER



NUMBER OF STANDARD DRINKS – WINE



Number of standard drinks in various beverages (cont.)

NUMBER OF STANDARD DRINKS – SPIRITS							
							
1 30ml High Strength Spirit Nip 40% Alc. Vol	22 700ml High Strength Bottle of Spirits 40% Alc. Vol	1.1 275ml Full Strength RTD* 5% Alc. Vol	1.2 330ml Full Strength RTD* 5% Alc. Vol	2.6 660ml Full Strength RTD* 5% Alc. Vol	1.5 275ml High Strength RTD* 7% Alc. Vol	1.8 330ml High Strength RTD* 7% Alc. Vol	3.6 660ml High Strength RTD* 7% Alc. Vol
							
1 250ml Full Strength Pre-mix Spirits 5% Alc. Vol	1.2 300ml Full Strength Pre-mix Spirits 5% Alc. Vol	1.5 375ml Full Strength Pre-mix Spirits 5% Alc. Vol	1.7 440ml Full Strength Pre-mix Spirits 5% Alc. Vol	1.4 – 1.9 250ml High Strength Pre-mix Spirits 7% – 10% Alc. Vol	1.6 300ml High Strength Pre-mix Spirits 7% Alc. Vol	2.1 375ml High Strength Pre-mix Spirits 7% Alc. Vol	2.4 440ml High Strength Pre-mix Spirits 7% Alc. Vol

* Ready-to-Drink