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House of Representatives  
Standing Committee on Family and Community Affairs  
Re Parliamentary Inquiry into Substance Abuse  
Parliament House  
Canberra ACT 2600

Dear Sirs/Mesdames

Alcohol is not just a commodity like any other - it has a long proven record of adverse effects throughout the community as a killer drug of addiction. not only on our roads, but as a catalyst to crime, violence and many other negative results. It is now time to curtail the harm it causes.

In particular, there is a strong relationship between the drinking culture of a society, its total consumption, and the prevalence of alcohol related harm. Thus, reduction in overall consumption of alcohol is central to the prevention alcohol related problems. Alcohol made widely available with minimum restrictions is conducive to heavy consumption and thus high levels of harm, which we are now seeing in Australian society.

Therefore the legal and economic availability of alcohol, its marketing and methods used to promote its consumption are necessarily matters of public health and safety, which must be considered if deregulation of alcohol controls is proposed.

Accordingly, the economic 'alcohol-led recovery' through extension of outlets and availability of alcohol indeed limited if it disregards the above matters of concern.

There are always contra or negative effects wherever the drug alcohol is marketed.

Attached please find:

- 1 The role of alcohol in drinking and driving - suggested reforms.
- 2 What is the safe daily alcohol drinking level for adults by global standards (with appendices) - also including young people and alcohol, mixed drugs and FAS (Covering letter for 3 papers attached).
- 3 The need for responsible labeling of alcoholic beverages with a definition of what alcohol is.

Yours faithfully

(Signed)

Donald Cameron

State Director PADD

(CHF Representative of the NHMRC – Responsible Drinking Working Party, 1999-2000)

Subject: THE ROLE OF ALCOHOL IN DRINKING AND DRIVING - SUGGESTED REFORMS

- I cannot condone the implicit assumption that because alcohol may have some benefit as a safeguard against heart disease for some people, that, it should be standard practice and normal for everybody to drink alcohol. Let alone at the rate of 4 drinks per day! (or 2 drinks per day in the case at women)

***A very recent American study shows that no health benefits occur in men through alcohol! consumption underage 45 and for women under 55.***

- Because there are a number of road deaths yearly where the deceased driver is found to have alcohol in the blood, but below the legal limit alcohol is not cited as the cause of death. However, because alcohol begins to influence a drinker even after the consumption of one glass, and often there are traces of other drugs in the body as well, it is more than likely that alcohol has been the cause (as catalyst) to these additional deaths, especially when the metabolism of people can vary so much, and yet be under .05.
- Accordingly, I cannot agree with the recommended level of drinking contained in NHMRC guidelines which in comparison with world authorities' standards, is too high.
- The evidence dictates that a significant percentage of drivers won't, and don't, obey the road rules and that a motorcar can be a lethal weapon. In the context of drink driving the innocent are at equal risk with the guilty, and the very legality of both alcohol and tobacco, has enabled them to wreak the utmost devastating and death among the global community. Also, there are 2 conflicting messages used - one is that "if you drink and drive, you're a bloody idiot; the other is that it is legal to drive under the influence of alcohol (at 0.5 - doubles the risk of an accident)
- Alcohol-related deaths and serious injuries on our roads are continuing at an unacceptably high level. Deaths related to alcohol in Australia cost 6,574 lives (26%), tobacco 18,965 lives (71%) and other drugs - 816 lives (3%).

(NCADA Stats. 1994 - see attached sheet)

- Many deaths currently ascribed to heroin overdose are, in fact, due to a mixture of other drugs such as alcohol with the heroin
- Scores of thousands of our young under-age children from about 11 upwards begin their addictive drug-taking by using alcohol, which for many is a "pathway drug" leading to other drug use as well - (our drivers of tomorrow).
- Alcohol is now proliferated so widely throughout our community that it is ridiculously easy for children to start drinking, aided by media saturation brain washing from cradle to grave, and by things like ALCO-POPS, containing high alcohol content which are attractive to children and easy to get.

- PADD believes it is now time to act decisively against alcohol depredation and lower the BAC to .03 Australia-wide and promote the slogan "SOBER DRIVER - SAFER CAR"
- **ALCOHOL AND HEALTH** Extracts from 1997 Special Report to American Congress. p.319 Estimated total cost of alcohol related traffic crashes in the US - \$148 billion annually, represents \$1.09 in external costs for each drink consumed.  
(Blincoe and Faigin 1992; Miller & Blincoe 1994).

"There are few formal policies on alcohol in the workplace" - Chapter 9, page 318.

- Page 319.  
Prevention of drinking and driving traffic crashes. - leading cause of death, for persons under 35 (similar to Australia). About 45% of all traffic crashes are associated with alcohol use (National Highway Traffic Safety Administration 1994).  
Prevention efforts may directly target the prevalence of alcohol-impaired driving by preventing individuals who have consumed alcohol from driving.  
Finally, lowering the level of alcohol consumption by the population can diminish the rates of alcohol-related traffic crashes.
- Chapter 9, page 320-21 - In a more recent study, Hingson et al (1994) assessed the effect of lower legal BACs for young drivers in the 12 States that had implemented such a law before 1991 (Table 2). As a result, in the past low period the proportion of fatal single vehicle night-time crashes declined 16% among young drivers. The investigators also observed that the lower the allowable BAC, the more profound the effect, fatal single vehicle night-time crashes declined 22% in States with 0.00% limits. A smaller decline (17%) occurred in States with 0.02% BAC limits

**PLEASE NOTE: PADD HAS LONG RECOMMENDED 0% ALCOHOL FOR DRIVERS - AND LESS AVAILABILITY OF ALCOHOL. NOT MORE.**

- Page 322 Citizen Court Monitoring could increase the probability of a DU conviction.
- Page 322 Heading "Reducing Alcohol Consumption" - Prevention approaches that reduce the probability and severity of traffic crashes and the prevalence of alcohol impaired driving are essential and effective. They can be even more effective when combined with strategies to reduce alcohol consumption.  
Extensive research indicates that reducing the availability of alcohol (e.g. by raising the minimum drinking age), increasing excise taxes and maintaining the State Liquor monopolies is effective in lowering alcohol consumption and ultimately in decreasing the number of alcohol related traffic crashes (Motsowitz, 1998b, Toomay et al, 1993)
- Reducing levels of alcohol consumption in the general population may also decrease the morbidity and mortality related to other public health problems (e.g. suicides, homicides, assaults and other unintentional injuries) that are frequently associated with alcohol use (Baker et al. 1998).

Donald Cameron

TOPIC: WHAT IS THE SAFE DAILY ALCOHOL DRINKING LEVEL FOR ADULTS BY GLOBAL STANDARDS? ALSO INCLUDED ALCOHOL AND YOUNG PEOPLE – ALCOHOL AND HEROIN MIXED AND FAS

PLEASE NOTE IN RELATION TO THE QUOTES BELOW FROM THE SPECIAL REPORT TO THE AMERICAN CONGRESS "ALCOHOL AND HEALTH 1997 AND THE MANY DRAFT 3 APPENDIX SOURCES (NO LESS THAN 12 VARIED AUTHORITIES) I CANNOT SUPPORT A DAILY INTAKE OF MORE THAN 2 DRINKS FOR MEN AND 1 FOR WOMEN.

"An upper limit of one to two drinks per day is probably consistent with sustained cardiovascular health."

EVIDENCE FOR ONE OR TWO DAILY DRINKS

"That data also indicated that even light to moderate drinking increased the likelihood of work injury."

LIGHT TO MODERATE DRINKING INCREASES THE CHANCES OF WORK INJURY

"Introduction to "ALCOHOL AND HEALTH" 1997. Alcohol can cause harm to virtually every tissue and organ in the body. Drinking can lead to various consequences, depending on factors such as the amount of alcohol consumed, gender, age and nutritional status.

DRINKING CAN LEAD TO CONSEQUENCES RELATING TO AMOUNT OF ALCOHOL. AGE. GENDER AND NUTRITION.

PACE 301 "Alcohol related problems respect no age boundaries because alcohol is used by young people and adults of all ages. Adolescent drinking is widespread: Survey results indicate that most high school and junior high school students have at least experimented with alcohol (Johnston cal 19~0). Alcohol use: by adolescents contributes significantly to alcohol- related problems in society because once established, a pattern of alcohol can be lifelong. Because of the broad implications. of adolescent drinking. prevention efforts aimed at this population are of utmost importance and accordingly, are emphasized in this chapter." p.301

ALCOHOL RELATED PROBLEMS ARE WIDESPREAD BECAUSE ALL AGES USE IT. ADOLESCENT ALCOHOL USE CAUSES PROBLEMS

"A recent review of 156 papers concerned with alcohol consumption and risk for cardiovascular and other diseases has shown that at levels of alcohol consumption of more than 20 to 30 grams (approximately two drinks) per day, all individuals are likely to accumulate some risk of harm (Anderson et al, 1993; Goldberg et al 1994) Taken together, available information indicates that an upper limit of one to two drinks per day is probably consistent with sustained cardiovascular health" (Anderson et al 1993; Goldberg et al 1994}.

"Using risk function analysis, US and Canadian data show some degree of risk for harm even at lower levels of drinking, suggesting that there is no clear lower threshold of drinking at which an individual can be 'completely safe' from experiencing some consequences.

NO SAFE LEVEL

"One study of the role of alcohol in suicide observed that nearly 36% of suicide victims had ;, positive BAC."

#### INFLUENCE ON SUICIDE

"Among adolescents, the frequency of drinking and driving has been correlated with speeding, driving after the use of alcohol or illicit drugs, and taking risks in traffic."

#### ALCOHOL'S INFLUENCE ON THE YOUNG

'BACs as low as 0.02 percent can impair driver's ability to divide their attention between two or more tasks - a critical effect in that safe driving requires the performance of multiple tasks concurrently.

#### CONFIRMATION OF RISKS INVOLVED IN ANY DRINK DRIVING

"Anxiolytic properties of alcohol provide another potential mechanism contributing to alcohol abuse or dependence"

#### THE CERTAINTY OF ADDICTION FOR SOME ALCOHOL CONSUMERS BECAUSE IT IS A DRUG OF DEPENDENCE

"Finally. alcohol use is thought to play roles in many risk-taking, sensation seeking behaviours In particular, research has correlated drinking with high-risk sexual behaviours those that contribute to the spread of AIDS etc"

#### ALCOHOL AND RISK TAKING

## ALCOHOL AND HEROIN MIXED – YOUNG PEOPLE DRINKING

Q1 Is there a safe level of daily consumption of alcohol for men and women?

I feel that asking the above question is like asking a similar / parallel question about heroin.

Q2 Is there such a thing as a safe injecting room for heroin.

As both the above questions are put in unqualified absolute terms I am forced to, on evidence, to answer “no” to both. Continuing the heroin/alcohol comparison, deaths ascribed to heroin ( and other hard drugs) number 800 per year whereas alcohol causes 6500 deaths annually. Also on-in-five hospital occupancies is accounted for by a patient with an alcohol related condition..

Thus great caution should be exercised in any “blanket prescription” for alcohol consumption as it is a proven drug of addiction.

Moreover, Coroner’s Court figures indicate that the majority of deaths ascribed to "heroin overdose" in fact, due to a mixture of heroin and other drugs such as alcohol. In only 15% cases is heroin the obvious cause of death. Thus there is a need for the greatest caution in setting a daily level for alcohol consumption especially as the Australian population is one of the greatest pill popping nations and the tendency to mix drugs is growing, with drinkers being under the influence of alcohol after imbibing one glass (10 grams). It is not surprising that in a significant number of road fatalities, drivers are found to have alcohol and other drugs in their blood even though being under 0.05% and alcohol escapes indictment in the tally of alcohol-caused fatalities.

Many drinkers are also smokers, thereby increasing considerably their risk of contracting various cancers. Alcohol is also a catalyst to crime as well as violence, assaults and rape. So it is fair to say that alcohol, in its role of catalyst, can and does exacerbate and intensify many conditions deleterious to health and safety.

Against this background, alcohol’s anti-social and deleterious influence on the human brain must be measured because this depressant drug is also a catalyst to encouraging adverse mortal states and over-confidence and slowed reaction times causing vast annual deaths and injuries horrible to contemplate.

"Alcohol accompanies and *encourages* feelings of personal enjoyment and wellbeing.' Well, many a drug can produce these feelings simply because the imbiber is under its influence, but the effect is temporary and its aftermath is often tragic, including road trauma, violence and injury

There should be no implied normalcy in the ingesting of dangerous drugs such as alcohol - quite the opposite in fact, and because there are no health warnings on alcoholic beverages, under-age drinkers are even more vulnerable and at great risk. The idea of no more than 3 drinks of alcohol per day for 13 year old children is preposterous because studies indicate that at age 13 the child drinker is at 4 times greater risk of later developing alcohol related problems. Furthermore, the young and yet to mature child's brain and body are especially at risk at age 13.

## FOETAL ALCOHOL SYNDROME:

Page xxx iii - Quote from Special Report In the American Congress, 1997 - "Alcohol and Health".

- i) Because it is clear that alcohol-induced birth defects are completely preventable with maternal abstinence from alcohol, prevention is a central issue. Results of studies examining how prenatal alcohol exposure injures the developing brain indicates that such exposure can produce profound anatomical changes in the foetal central nervous system by altering cell proliferation migration and pruning

Also on page 13 with the paragraph beginning "An analysis of the many studies of mortality in relation to alcohol show that the lowest risk for overall mortality was zero consumption of alcohol (as is the case for unborn children)

- ii) Maternal drinking can produce a spectrum of harmful effects in exposed offspring, ranging from a characteristic pattern of gross morphological anomalies and mental impairment to more subtle cognitive and behavioural dysfunctions FAS is the most severe clinical outcome of prenatal alcohol exposure; three clinical criteria are used to diagnose the syndrome. ARBD and FAE are used to describe individuals who exhibit only some of the attributes of FAS and do not fulfil the diagnostic criteria for FAS.
- iii) In view also of Sue Mier's Report on Foetal Alcohol Syndrome in Australia", as well as the above evidence, I cannot subscribe to anything, more than no alcohol for intending mothers Or pregnant women, because there is increasing evidence to show that many school children have to be drugged because they are suffering from neurological and behavioral disorders caused years earlier by parental ingestion of alcohol.

- 1 ALCOHOL IS A KILLER DRUG OF ADDICTION SECOND ONLY TO TOBACCO IN MORTALITY RATES FOR DANGEROUS DRUGS, (6,500 DEATHS p.a.)
2. IT IS AN "ACROSS THE BOARD" CATALYST TO SO MUCH TRAUMA AND NEGATIVE CONSEQUENCES (INCLUDING OUR ROAD TOLL)
3. THE COSTS OH ALCOHOL IN MONEY TERMS ARE SUCH THAT FOR EVERY DOLLAR EARNED BY ALCOHOL IT COSTS THE COMMUNITY \$5 WHICH WE ALL HAVE TO CARRY
4. GIVEN A BACKGROUND OF LOW SELF ESTEEM OR DISRUPTED FAMILY OR SIMILAR FOR AN ALCOHOL USER , THEN ALCOHOL MAY BECOME A PATHWAY DRUG TOWARD DRUG USE SUCH AS HEROIN

Donald Cameron State Director for PADD Victoria (Former CHF representative of the NHMRC – Responsible Drinking Working Party 1999-2000)



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House of Representatives  
Standing Committee on Family and Community Affairs  
Re- Parliamentary Inquiry Into Substance Abuse

Dear Sirs/Mesdames

SUBJECT: THE NEED FOR RESPONSIBLE LABELLING OF ALCOHOLIC BEVERAGES  
WITH A DEFINITION OF WHAT ALCOHOL IS – TO WARN CONSUMERS

I believe that alcohol beverage labelling has an obligation to be as didactic and comprehensively accurate as possible in defining what alcohol is on such a life and death issue as alcohol use by the Australian public. In fact, if I wished to “white wash” alcohol in context with current deliberations I could not have invented a more innocuous definition if I tried, than the following.

The term “alcohol” describes a series or organic chemical compounds, but only one type, ethyl alcohol, is found in drinks intended for human consumption. Some other forms of alcohol are particularly toxic to humans.

(Definition supplied by NHMRC Working Party on Responsible Drinking.)

This definition, I believe, disguises by omission, what alcohol really is.

The World Health Action Plan 2000 – 2005 states plainly that alcohol is a psycho-active drug, which is far more accurate and responsible, I consider. As an example of wording which can fudge the intended message, take the example of labelling alcoholic beverages in the US with warnings beginning with a preamble, something like this:

“According to the Surgeon-General of the United States of America, alcohol in some cases can prove dangerous.....” etc etc. It is not surprising that analysts have found such labelling to be largely ineffectual.

(Source: “Alcohol and Health” – A Special report to the American Congress, 1997)

Failure of the above message was ascribed to many causes, such as in poverty-stricken areas of America, and in areas of multi-racial populations, such warnings went unheeded and unnoticed. Subsequent studies showed that the more simple the message, and the clearer the English used, the more telling such a message could be for drinkers of all ages and races. An irrefutable definition of alcohol such as “ALCOHOL IS A DANGEROUS DRUG OF ADDICTION:”, I submit is an unambiguous message.

Yours faithfully

Signed  
Donald Cameron

NOTE The margin notations represent 2 drinks for men and 1 for women

Looking at the weight of global evidence for two (2) drinks daily for men and one (1) for women, I prefer to go for the majority decision rather than Australia's "dosage" of four (4) drinks for men and two (2) for women – far too high for world opinion and downright dangerous for pregnancy and intending mothers.

## Appendix Recommended upper limits of drinking in guidelines, policy statements, journal editorials and statements by leading experts, 1990-1997

Note: Guidelines are ordered by date beginning with the most recent statements

Author/organisation (and reference)	Country	Date	Level	Rationale/Comments	ALCOHOL REC. DAILY DOSAGE
1. Journal of the American Medical Association (Hwang et al, 1999)	US	1999	"moderate drinking" defined as 1-2 drinks/day for men a 1 drink daily for women	This is a 1-page fact sheet as part of JAMA's Patient Page. It notes that "moderate use can have some health benefits"	2 DRINKS MEN 1 DRINK WOMEN
2. NIAAA recommended year 2000 alcohol guidelines (Gordis, 1999)	US	1999	<2 drinks/day for men under 65; <1 drink/day for women and men over 65	In an official comment on US dietary guidelines, the Director of the NIAAA, Enoch Gordis, advocates informing the public that: <ul style="list-style-type: none"> <li>• Causality regarding CHD risk reduction is not conclusive</li> <li>• Studies show CHD reduction at levels below moderate</li> <li>• Very serious health consequences quickly accrue at levels of consumption above moderate.</li> </ul>	2 DRINKS MEN 1 DRINK WOMEN
3. Israel Society for the Prevention of alcoholism (Weiss, 1999)	Israel	1999	Not specified	15 guidelines are presented on drinking, including avoidance of intoxicating, dilution of high alcohol content drinks, drinking with food, drink slowly, women being more "careful in drinking" than men, avoidance of drinking when pregnant or taking medications.	ZERO ALC. WHEN ON MEDICATION OR PREGNANT
4. The John Hopkins White Papers (John Hopkins Medical Institutions, 1998)	US	1998	1-2 drinks/day for men and 7 drinks/week for women if no heart disease or other risk (otherwise 1 drink/day)	Nutrition experts from John Hopkins University note "undeniable" health benefits to moderate alcohol consumption, but they also write that alcohol adds extra calories, can interfere with medication, can cause some types of heart disease, carries the potential for abuse and may increase breast cancer risk for women. They also recommend that if you don't drink, don't start.	2 DRINKS MEN 1 DRINK WOMEN

5. National Stroke Association (NSA, 1998)	US	1998	Not specified	NSA's Prevention Advisory Board's Stroke Prevention Guideline # 4: "If you drink alcohol, do so in moderation ... one drink each day may actually lower your risk for stroke (provided there is no other medical reason for avoiding alcohol)	1 DRINK DAILY in RATIONALE
6. Medical research Council of Sweden (MRC 1997)	Sweden	1997	"intake should be kept below 10 to 20 g/day"	"It is possible that a moderate alcohol intake has certain positive medical effects. However, the causal relationship are not sufficiently clear. Complete or almost complete abstention from alcohol can therefore not be considered a risk	2 DRINKS FOR MEN 1 FOR WOMEN
7. Harvard University Cancer Prevention Centre (HUCPC, 1997)	US	1997	"moderate drinking"=2 or less drinks/day for men; 1 drink/day for women	"Recommendations for alcohol intake are complicated by strong evidence that 1 or 2 drinks per day is protective against cardiovascular disease.	2 DRINKS FOR MEN 1 FOR WOMEN
8. National Heart, Lung and Blood Institute (NHLBI, 1997)	US	1997	30 ml of ethanol/day for men, 15 ml for women and lighter persons.	"Such amounts do not raise blood pressure and have been associated with a lower risk for CHD"	3 X 1 1/2 W
9. Invited British Medical Journal editorial (Doll, 1997)	UK	1997	Up to 4 drinks/day	Consumption of small and moderate amounts of alcohol reduces mortality from vascular disease by about one third. Minimum mortality occurs with 2 to 3 drinks/day	UP TO 4 DAILY
10. American Cancer Society (ACS, 1996)	US	1996	2 drinks/day	"Cancer risk increases with the amount of alcohol consumed and may start to rise with intake as few as two drinks a day....Moderate intake of alcoholic beverages has been shown to decrease the risk of CHD in middle aged adults.	2 DRINKS DAILY
11. American Heart Association (Pearson, 1996)	US	1996	1 or 2 drinks/day	The article notes that 80,000 deaths are prevented each year due to moderate intake of alcohol. Other recommendations include consulting with physician to tailor risks to benefits and not drinking when operating machinery or motor vehicles.	2 DRINKS DAILY
12. Pearson and Fisher, 1996 (Pearson, 1996)	US	1996	Not specified: recommends reducing alcohol consumption to a "moderate" level.	Included decision flow chart for general practitioners on management of vascular disease in which alcohol moderation included in management of blood pressure.	?

13. Centre Alcologico Integrto [?published]	Italy	1996	<40 d/day for men, less for women.	Although the threshold for low risk drinking is defined in terms of grams a day, the equivalent number of drinks is not stated.	4 FOR MEN
14. American college of Cardiology (ACC, 1996)	US	1996	Moderate consumption=1-3 drinks/day.	Moderate drinkers (1-3 drinks/day) “have a 40% to 50% reduction in coronary artery disease risk compared to with individuals who are abstinent” No alcohol consumption included as a CHD risk factor	1-3 DAILY
15. National Institute on Alcoholism and Alcohol Abuse (DHSS, 1995)	US	1995	Not more that 2 drinks/day	Recommends physicians advise patients who drink to do so in moderation and to abstain under certain circumstances.	2 DRINKS DAILY
16. United States Dietary Association (USDA and DHSS, 1995)	US	1995	2 drinks/day for men and 1 drink/day for women.	The guidelines state “if you drink alcoholic beverages, do so in moderation, with meals and when consumption doe not put others at risk.”	2 FOR MEN 1 FOR WOMEN
17. Royal College of Physicians, Psychiatrists and General Practitioners (Royal College, 1995)	UK	1995	21 units/week for men, 14 units/week for women. (unit = 10 grams of ethanol)	While not recommending that people increase drinking to reduce risk of CHD, the report concludes that moderate drinkers have lower CHD risk.	3 FOR MEN 2 WOMEN
18. UK Dept of Health (UK Dept of Health, 1995)	UK	1995	21 units/week for men, 14 units/week for women. (unit = 10 grams of ethanol)	This UK report on “Sensible Drinking” notes a significant health benefit from moderate drinking for men over 40 and postmenopausal women, including lower risk of CHD, ischemic stroke and gallstones. A maximal advantage is at 1-2 units/day for men and significant health risk “will not accrue” up to 4 units/day for men and 3 units/day for women	3 FOR MEN 2 FOR WOMEN
19. Alcohol Advisory Council of New Zealand, (AACNZ, 1995)	New Zealand	1955	<60g/day and 210g/week for men and <40g/day and <140g/week for women	Alcohol free days recommended and special circumstances are noted when lower limits or abstention is advisable.	6 MEN 4 WOMEN WITH ALC. FREE DAYS

20. Invited editorial in AmJ of Public Health (Klatsky and Friedman, 1995)	US	1995	Not specified	Light drinkers have 30% to 40% lower CHD risk and 10% lower mortality risk. However, concern about the risks of heavier drinking “makes it inappropriate to indiscriminately advise nondrinkers to start drinking.	DON'T ADVISE NONDRINKERS TO DRINK
21. Letter to editor of JAMA (Gordis, 1995)	US	1995	Not specified	In response to JAMA editorial by Pearson and Terry (below), Enoch Gordis, Director of the NIAAA, cautions against advising abstinent and infrequent drinkers to increase alcohol consumption.	?
22. Canadian Centre on Substance Abuse and the Addiction Research Foundation (Ashley et al., 1997)	Canada	1995	Men and Women: No more than 2 drinks(27.2g)/day with one day of abstention per week	Lower limits also appropriate for persons with low body weight and for inexperienced drinkers. Those who drink less than every day should not increase their consumption and those drinking exceeds two drinks in any day should reduce their consumption of alcohol. All persons who consume alcohol should avoid drinking to intoxication.	18 PER WEEK FOR MEN WITH ALC FREE DAY
23. Invited editorial in JAMA (Pearson and Terry, 1995)	US	1995	More than “1 to 2” ounces/day of ethanol associated with increased health risk	Giving patients advice on drinking is described as a “conundrum”, requiring balancing risk of adverse consequences with potential benefits from moderate consumption	1 FOR MEN 2 FOR WOMEN
24. Simon 1994	US	1994	“low dose” not specified	The author notes that there are circumstances when “physicians might reasonably prescribe alcohol for responsible people with low HDL cholesterol levels or other major CAD risk factors that have failed to respond to lifestyle interventions	“LOW DOSE” NOT SPECIFIED
25. Friedman and Klatsky, 1993	US	1993	Not specified: moderate amounts depend on individual characteristics but 3+ drinks/day is undesirable	Some people (those with high risk for CHD but low risk for problem drinking) might benefit from taking up drinking, but this should not be recommended indiscriminately	OVER THREE DRINKS UNDESIRABLE

26. NMHRC, 1992	Australia	1992	<40g/day for men and <20 day for women	Also recommends to avoid binge drinking and individual risk were identified. In addition, special guidelines were detailed for specific situations, such as hazardous situations, when operating machinery or in the context of pregnancy.	4 MEN 2 WOMEN
27. Stichting Verantwoord Alcoholgebruik (1991)	Netherlands	1991	<40g/day for men and women	Abstinence promoted among pregnant women, adolescents,, those driving or operating machinery and those working or studying. Women and those with low body weight are advised to drink less than the recommended levels.	4 FOR MEN AND WOMEN BUT ZERO FOR PREGNANCY AND ADOLESCENTS
28. EDITORIAL IN Epidemiology (Ellison, 1990)	US	1990	Cautions against a specific amount due to individual differences	This editorial, aptly entitled “Cheers!”, cites evidence of CHD reduction from moderate drinking and cautions against the risks of heavier drinking. It concludes that a male without a bleeding tendency or risk of alcohol abuse “might consider the advantages of washing down his aspirin with a glass o f claret”	UNSPECIFIED

At least 12 global authorities opt for a ratio of two (2) drinks for men and one (1) drink for women daily. Why should Australia be one of the few countries which chooses to double the preferred global ratio? I believe it's positively dangerous advice for any woman contemplating pregnancy.

Signed  
Donald Cameron  
State Director for Victoria PADD