

# Alcohol consumption in early middle-aged Australian women and access to primary healthcare services: A cross-sectional study

Suzannah Bownes, Alexa Seal, Catherine Harding

## Background and objective

This study describes the prevalence of risky alcohol consumption in Australian women aged 40–45 years. It explores the relationship between demographic factors and access to and usage of primary healthcare services.

## Methods

Data were obtained from the Australian Longitudinal Study on Women's Health, Survey 8 (1973–78 cohort). Descriptive statistics and univariate logistic regression were used to assess associations of specific factors with risky alcohol consumption.

## Results

Eleven per cent of respondents reported drinking >10 standard drinks per week. These 'risky alcohol drinkers' attend general practice as frequently as low-risk drinkers despite perceived poorer health. They reported 'rarely or never' seeing the same general practitioner (GP) and described themselves as having 'poor' access to a GP that bulk bills.

## Discussion

This study provides unique insight into the primary healthcare attendance patterns and health status of early middle-aged Australian women who are 'risky alcohol drinkers'. They do not consistently see the same GP, which might present challenges in identifying them in primary care.

**ALCOHOL CONSUMPTION** is associated with morbidity and mortality and is a public health priority.<sup>1</sup> It is the fifth highest risk factor contributing to the disease burden in Australia.<sup>2</sup> Alcohol has a complex role in Australian society, and the normalisation of alcohol consumption contributes to its potential for serious harm.<sup>3,4</sup> In 2019, 16.8% of Australians exceeded the lifetime risk recommendations and 25% were binge drinking at least monthly.<sup>5</sup> This drinking culture makes screening for and addressing alcohol misuse difficult, as many people do not identify themselves as someone with a potentially harmful relationship with alcohol.

There is increasing awareness regarding the levels of alcohol consumption among middle-aged Australian women;<sup>5–7</sup> however, there is limited research on the drinking levels of middle-aged Australian women and related factors. The reasons for risky alcohol consumption among middle-aged Australian women are complex and include social and biological explanations. It has become increasingly socially acceptable for women to drink alcohol to the same degree as that considered acceptable for men.<sup>8</sup> This has, to some extent, been driven by improved gender equality in environments such as the workplace and an imitation effect whereby some women have adopted male patterns of behaviour.<sup>9</sup> A study in the USA identified that binge drinking has increased in middle-aged women, especially in women of high socioeconomic status.<sup>10</sup> Women have

been found to be more likely than men to drink when they are stressed and to regulate emotion.<sup>11</sup> However, there is a recognised phenomenon whereby having multiple roles, including work and home life, is protective against risky alcohol consumption in women.<sup>9</sup> Therefore, the role in stress-mediated risky alcohol consumption needs further exploration.

Alcohol misuse is associated with a range of short-term and long-term health consequences. Women who drink are more likely to develop medical problems than men,<sup>12</sup> whereas women with moderate-to-high levels of alcohol consumption are at increased risk of obesity and liver cirrhosis,<sup>13</sup> cardiovascular diseases, haemorrhagic stroke and multiple cancers.<sup>8</sup> This difference has been attributed to physiological gender differences,<sup>9,14</sup> and the health risks are exacerbated by ageing.<sup>6</sup>

Identifying risky alcohol drinking in middle-aged Australian women is a challenge for both patients and primary healthcare providers. Many middle-aged Australian women do not recognise their drinking as harmful.<sup>15</sup> Dare et al<sup>16</sup> reported that women place importance on the context in which alcohol is consumed rather than the quantity, thus creating opportunities for overconsumption. Further, healthcare providers might also fail to identify women who are drinking above the recommended amount. It has been suggested that because older women stereotypically drink less than older men, healthcare providers might be less

likely to recognise at-risk drinking and alcohol problems in this population.<sup>6</sup> In addition, older women who abuse alcohol are less likely to seek help in specialised addiction treatment settings.<sup>6</sup>

Middle-aged women have historically been under-recognised as risky drinkers in alcohol research, which is biased towards all-male samples; thus, this group is under-screened for risky alcohol consumption.<sup>17</sup> The primary care setting provides an opportunity to identify and support women, as general practitioners (GPs) are usually the first port of call in the Australian healthcare system. However, it is not known to what extent middle-aged risky drinkers in Australia present to general practice. The Bettering the Evaluation and Care of Health (BEACH) data suggested that alcohol intake for women who have presented to Australian general practice has decreased from 23.5% in 2016–17 to 20.3% in 2015–16.<sup>18</sup> However, this is likely due to decreasing alcohol consumption among younger women,<sup>4</sup> and the report does not consider middle-aged women as a group. This study explores the relationship between early middle-aged Australian women who drink alcohol above the recommended amount, demographic factors, and their access to and usage of primary healthcare services.

**Methods**

Data were obtained from the Australian Longitudinal Study on Women’s Health (ALSWH), a longitudinal population-based

study of 57,000 women (four cohorts) funded by the Australian Federal Government Department of Health since 1996. Permission was obtained from the ALSWH Data Access Committee (EOI A853) for access to Survey 8 from the 1973–78 birth cohort (with participants aged 40–45 years when they completed Survey 8 in 2018). This group is respectfully referred to as ‘early middle-aged’ throughout this paper.

Risky alcohol drinking was the primary outcome variable. A composite variable titled ‘risky alcohol drinking’ was based on ‘How often do you usually drink alcohol?’ (Y8Q59) and ‘When you drink alcohol, how many standard drinks do you usually have?’ (Y8Q60). Both questions represent frequency and quantity of alcohol consumption. In this study, ‘risky alcohol drinking’ was based on the updated National Health and Medical Research Council 2020 guidelines<sup>19</sup> and defined as consuming more than 10 standard drinks per week. Our composite variable was calculated accordingly (Table 1).

Demographic variables of interest included area of residence (Accessibility/Remoteness Index of Australia [ARIA+] score), number of children living at home, ability to manage on available income (difficult some or all of the time and impossible responses were categorised as ‘struggling to manage on available income’) and highest qualification achieved. Health-related variables of interest included self-rated health status, diagnosis of depression or anxiety, current illicit drug

use and smoking status. Additional factors included general practice and hospital attendance in the past 12 months, whether they usually see the same doctor and access to a GP who bulk bills.

Statistical Package for the Social Sciences (SPSS) Version 29 (IBM Corp., Armonk, NY, USA) was used for data analysis with an alpha of <0.05. Descriptive statistics were used to describe the groups, and Pearson’s chi-square was used to compare categorical variables between groups. Binary logistic regression was used to obtain odds ratios (ORs) and 95% confidence intervals (95% CI). Participants with missing data for variables of interest were removed from the analysis.

Ethics approval was obtained by The University of Notre Dame Australia Human Research Ethics Committee (2021-030S).

**Results**

After removing women with incomplete data, 720 (n=720/6352, 11.3%) women who responded to Survey 8 were identified as ‘risky alcohol drinkers’ (consuming more than 10 standard drinks per week). The proportion of ‘risky alcohol drinkers’ with diagnosed depression (20.3%, *P*<0.001) and anxiety (16.7%, *P*=0.010) was higher than in ‘low-risk drinkers’ (15.1% and 13.2%, respectively). Whereas almost two-thirds of ‘risky alcohol drinkers’ reported smoking at least 100 cigarettes in their lifetime, only around one-third of low-risk drinkers reported having

**Table 1. Risk of harm in the longer term associated with alcohol consumption based on the National Health and Medical Research Council guidelines<sup>19</sup>**

		When you drink, how many standard drinks do you usually have?				
		I don't drink alcohol	1 or 2 drinks	3 or 4 drinks	5 to 8 drinks	9 or more drinks
How often do you usually drink alcohol?	Never	N	N	N	N	N
	Less than once a month	N	L	L	H	H
	Less than once a week	N	L	L	H	H
	1 or 2 days	N	L	L	H	H
	3 or 4 days	N	L	L	H	H
	5 or 6 days	N	L	H	H	H
	Every day	N	L	H	H	H

H, high risk (>10 drinks/week); L, low risk (≤10 drinks/week); N, non-drinker.

done so ( $P<0.001$ , Table 2). Less than 30% of 'risky alcohol drinkers' were of normal weight versus 42% of 'low-risk drinkers' ( $P<0.001$ ).

Women who were 'risky alcohol drinkers' had increased odds of having no children living at home, living outside a major city, struggling to manage on their current income

and not having obtained higher education (Table 3). In addition, 'risky alcohol drinkers' had increased odds of being a current smoker, a current illicit drug user, having self-reported 'fair or poor' health and having diagnosed depression and anxiety. 'Risky alcohol drinkers' were 1.71-fold more likely to be

overweight or obese than 'low-risk drinkers' (95% CI 1.44–2.03).

Attendance at a GP was similar between 'risky alcohol drinkers' and 'low-risk drinkers' (0–9 standard drinks per week,  $n=5632$ ) (Table 2). Approximately 60% of both risky and low-risk alcohol drinkers reported consulting a GP at least three times in the past 12 months; however, 'risky alcohol drinkers' were more likely than 'low-risk drinkers' to report that they 'rarely or never' see the same GP (OR 1.42, 95% CI 1.04–1.94) and have 'poor' access to a GP who bulk bills (OR 1.24, 95% CI 1.03–1.49; Table 3).

**Table 2. Characteristics, self-reported health status and general practice attendance of Australian women aged 40–45 years by drinking risk status**

Characteristic	High risk n (%)	Low risk n (%)	P-value
<b>Relationship status</b>			
Single	178 (24.7)	1208 (21.4)	0.045
Coupled	542 (75.3)	4424 (78.6)	
Children living with them	513 (71.3)	4455 (79.1)	<0.001
Lives outside major city	332 (46.1)	2335 (41.5)	0.017
<b>Weight status</b>			
Normal weight	208 (29.4)	2306 (41.7)	<0.001
Overweight	232 (32.8)	1588 (28.7)	
Obese	267 (37.8)	1640 (29.6)	
<b>General health</b>			
Excellent	64 (8.9)	799 (14.2)	<0.001
Very good	264 (36.7)	2354 (41.8)	
Good	293 (40.7)	1858 (33.0)	
Fair	88 (12.2)	508 (9.0)	
Poor	11 (1.5)	113 (2.0)	
Depression	146 (20.3)	853 (15.1)	<0.001
Anxiety	120 (16.7)	742 (13.2)	0.010
Smoked >100 cigarettes ever	468 (65.0)	1987 (35.3)	<0.001
Ever used illicit drugs	570 (79.2)	3030 (53.8)	<0.001
Has been pushed, grabbed, shoved, kicked or hit	155 (16.3)	565 (10.5)	<0.001
<b>Consultations with a GP in the past 12 months</b>			
None	48 (6.7)	353 (6.3)	NS
1–2 times	238 (33.1)	2017 (35.8)	
3–4 times	215 (29.9)	1606 (28.5)	
5–6 times	120 (16.7)	832 (14.8)	
7–9 times	48 (6.7)	384 (6.8)	
10–12 times	21 (2.9)	198 (3.5)	
>12 times	30 (4.2)	242 (4.3)	

GP, general practitioner; NS, non-significant.

## Discussion

Results from this study are consistent with the literature that suggests middle-aged women are a high-risk group for alcohol consumption. According to the Australian Institute of Health and Welfare, 11% of Australian women aged 35–44 years were drinking alcohol above the recommended amount,<sup>4</sup> which is similar to the proportion found (11.3%) in Australian women aged 40–45 years who responded to Survey 8. This is in contrast to only 6.1% of women aged 18–24 years.<sup>5</sup>

This study also found that early middle-aged women who drink alcohol above the recommended level attend general practice at similar rates to women classified as low-risk drinkers. This presents an opportunity to target these women with brief interventions if effectively screened. Current recommendations suggest that all people presenting to general practice should be annually or opportunistically screened for alcohol consumption.<sup>20,21</sup> However, in 2021, Mauro et al<sup>22</sup> reported that 'over a quarter of older adults who used alcohol were not asked about their drinking, and older women were less likely than men to discuss alcohol use with providers'. Screening might be less effective at targeting middle-aged women who are 'risky alcohol drinkers' as this group 'rarely or never' sees the same GP and reported having poor access to a GP who bulk bills. This might partially explain why a higher proportion of women who were 'risky alcohol drinkers' self-reported their health status as 'fair' or 'poor', as research shows that continuity of care in general practice benefits patient satisfaction and reduces mortality rates.<sup>23</sup>

Several characteristics were associated

**Table 3. Odds ratio for risky alcohol drinking (>10 standard drinks per week) in Australian women aged 40–45 years**

	Risky alcohol drinking	
	Odds ratio	95% confidence interval
<b>Demographics/experience</b>		
Lives outside a major city	1.21	1.03–1.41
No higher education	1.63	1.39–1.90
No children living at home	1.53	1.29–1.82
Struggling to manage on current income	1.34	1.15–1.57
Has been pushed, grabbed, shoved, kicked or hit	1.67	1.38–2.02
<b>Health status</b>		
Self-reported ‘fair or poor’ health	1.29	1.02–1.62
Overweight or obese	1.71	1.44–2.03
Current smoker	4.08	3.37–4.94
Illicit drug use in the past 12 months	3.26	2.71–3.94
Depression	1.42	1.17–1.73
Anxiety	1.32	1.07–1.63
<b>Health behaviours</b>		
Rarely or never sees the same GP	1.42	1.04–1.94
Poor access to bulk-billing GP	1.24	1.03–1.49

GP, general practitioner.

with risky alcohol drinking, which might be useful for identification of at-risk women in the primary care setting. In this study, a diagnosis of depression or anxiety was associated with risky alcohol drinking. These findings are in accordance with alcohol research that has previously described comorbid diagnosis of anxiety and mood disorders. It is known that one-third (36%) of people with alcohol use disorders also have a diagnosis of either anxiety or depression, and people who drink alcohol above the recommended amount are four-fold as likely to have a mental illness.<sup>3</sup> In the current study, women aged 40–45 years living outside a major city were 1.2-fold more likely to drink alcohol above the recommended amount, which is similar to national data reporting that women living in outer regional and remote settings are 1.5-fold more likely to exceed lifetime risk compared to women living in major cities.<sup>24</sup> This disparity reflects

deeply ingrained cultural attitudes in rural areas, which equate excessive alcohol consumption with mateship and perceive the harmful consequences of drinking to be a better alternative to social isolation.<sup>25</sup> Box 1 summarises some considerations for GPs when raising alcohol consumption during patient consultations.

The limitations of this study are those common to self-reported, longitudinal surveys, including selection bias and attrition risk. The ALSWH participant group has been benchmarked to Australian Bureau of Statistics Census data and the cohorts have been shown to over-sample Australian-born women and women with university degrees.<sup>26,27</sup> Further, it is difficult to accurately establish the true level of alcohol consumption as middle-aged women are known to under-report alcohol consumption in survey responses.<sup>28</sup>

Future research into alcohol consumption

**Box 1. Considerations for general practitioners (GPs) when raising alcohol consumption in consultations**

- Ensure that you screen annually for alcohol use disorder (in addition to exploring illicit drug use and smoking)
- Screening is particularly important in patients with a diagnosis of depression or anxiety
- Endeavour to ensure that complex patients see the same GP, if possible
- Address limiting alcohol to 2 standard drinks or less per day in opportunistic discussion

in middle-aged Australian women should examine the effects of the COVID-19 pandemic. A preliminary study demonstrated that alcohol consumption by Australians throughout the COVID-19 pandemic increased most in women aged 35–44 years.<sup>29</sup> The reported reasons for this included spending more time at home and increased stress. The study also found that this increase in alcohol consumption correlated to the increased carer responsibilities felt by women throughout the pandemic. Further, the social isolation that has been mandated in Australia might place vulnerable individuals at risk of excessive alcohol consumption, and the consequences of this need to be anticipated.<sup>30</sup> It might also be useful to determine which combination of factors are the best at demographically profiling at-risk women to allow more targeted screening by healthcare providers.

In conclusion, this study demonstrated that the prevalence of risky alcohol drinking among a group of surveyed middle-aged Australian women is comparable to known drinking levels in national data. This is one of the first studies to examine the primary healthcare behaviours of middle-aged Australian women who exhibit risky drinking behaviours. As they do not consistently see the same GP, there might be challenges in identifying these at-risk patients in primary care.

**Authors**

Suzannah Bownes MD, School of Medicine Sydney (Rural Clinical School), The University of Notre Dame Australia, Wagga Wagga, NSW  
 Alexa Seal BSc, PhD, Research Fellow, School of Medicine Sydney (Rural Clinical School), The University of Notre Dame Australia, Wagga Wagga, NSW

Catherine Harding MBBS, PhD, School of Medicine Sydney (Rural Clinical School), The University of Notre Dame Australia, Wagga Wagga, NSW

Competing interests: None.

Funding: None.

Provenance and peer review: Not commissioned, externally peer reviewed.

**Correspondence to:**  
alexa.seal@nd.edu.au

### Acknowledgements

We would like to thank Dr Amy Anderson (Data Custodian and Senior Research Officer, Faculty of Health and Medicine) from The University of Newcastle for supplying the data for Survey 8 from the 1973–78 cohort of the Australian Longitudinal Study on Women's Health.

### References

- World Health Organization (WHO). Global status report on alcohol and health 2018. WHO, 2018. Available at <https://iris.who.int/bitstream/handle/10665/274603/9789241565639-eng.pdf?sequence=1> [Accessed 16 March 2024].
- Australian Institute of Health and Welfare (AIHW). Australian Burden of Disease Study 2018 – Key findings. AIHW, 2021. Available at [www.aihw.gov.au/reports/burden-of-disease/burden-of-disease-study-2018-key-findings/contents/key-findings](http://www.aihw.gov.au/reports/burden-of-disease/burden-of-disease-study-2018-key-findings/contents/key-findings) [Accessed 4 March 2024].
- Savic M, Room R, Mugavin J, Pennay A, Livingston M. Defining 'drinking culture': A critical review of its meaning and connotation in social research on alcohol problems. *Drugs Educ Prev Policy* 2016;23(4):270–82. doi: 10.3109/09687637.2016.1153602.
- Department of Health. National Alcohol Strategy 2019–2028. Commonwealth of Australia, 2019. Available at [www.health.gov.au/sites/default/files/documents/2020/11/national-alcohol-strategy-2019-2028.pdf](http://www.health.gov.au/sites/default/files/documents/2020/11/national-alcohol-strategy-2019-2028.pdf) [Accessed 18 March 2024].
- Australian Institute of Health and Welfare (AIHW). National Drug Strategy Household Survey 2019. AIHW, 2020. Available at [www.aihw.gov.au/getmedia/77d6ea6e-f071-495c-b71e-3a632237269d/aihw-phe-270.pdf?v=20230605184325&inline=true](http://www.aihw.gov.au/getmedia/77d6ea6e-f071-495c-b71e-3a632237269d/aihw-phe-270.pdf?v=20230605184325&inline=true) [Accessed 14 March 2024].
- Blow FC, Barry KL. Use and misuse of alcohol among older women. *Alcohol Res Health* 2002;26(4):308–15.
- Miller M, Mojica-Perez Y, Livingston M, Kuntsche E, Wright CJC, Kuntsche S. The who and what of women's drinking: Examining risky drinking and associated socio-demographic factors among women aged 40–65 years in Australia. *Drug Alcohol Rev* 2022;41(4):724–31. doi: 10.1111/dar.13428.
- White AM. Gender differences in the epidemiology of alcohol use and related harms in the United States. *Alcohol R* 2020;40(2):01. doi: 10.35946/arc.v40.2.01.
- Keyes KM, Grant BF, Hasin DS. Evidence for a closing gender gap in alcohol use, abuse, and dependence in the United States population. *Drug Alcohol Depend* 2008;93(1–2):21–29. doi: 10.1016/j.drugalcdep.2007.08.017.
- McKetta SC, Keyes KM. Trends in U.S. women's binge drinking in middle adulthood by socioeconomic status, 2006–2018. *Drug Alcohol Depend* 2020;212:108026. doi: 10.1016/j.drugalcdep.2020.108026.
- Peltier MR, Verplaetse TL, Mineur YS, et al. Sex differences in stress-related alcohol use. *Neurobiol Stress* 2019;10:100149. doi: 10.1016/j.ynstr.2019.100149.
- Erol A, Karpyak VM. Sex and gender-related differences in alcohol use and its consequences: Contemporary knowledge and future research considerations. *Drug Alcohol Depend* 2015;156:1–13. doi: 10.1016/j.drugalcdep.2015.08.023.
- Liu B, Balkwill A, Reeves G, Beral V; Million Women Study Collaborators. Body mass index and risk of liver cirrhosis in middle aged UK women: Prospective study. *BMJ* 2010;340:c912. doi: 10.1136/bmj.c912.
- Gudrais E. Women and alcohol. *Harvard Magazine* 2011;July–August:9–11.
- Withnall J, Hill SB, Bourgeois S. Alcohol, women and midlife. *Of Substance: The National Magazine on Alcohol, Tobacco and Other Drugs* 2009;7(2):14–15.
- Dare J, Wilkinson C, Donovan R, et al. Guidance for research on social isolation, loneliness, and participation among older people: Lessons from a mixed methods study. *Int J Qual Methods* 2019;18:1609406919872914. doi: 10.1177/1609406919872914.
- Greenfield SF. Women and alcohol use disorders. *Harv Rev Psychiatry* 2002;10(2):76–85. doi: 10.1080/10673220216212.
- Britt H, Miller GC, Henderson J, et al. General practice activity in Australia 2014–15. General practice series no. 38. Sydney University Press, 2015.
- National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia, 2020. Available at [www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol#block-views-block-file-attachments-content-block-1](http://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol#block-views-block-file-attachments-content-block-1) [Accessed 16 March 2024].
- Tam CW, Knight A, Liaw ST. Alcohol screening and brief interventions in primary care – Evidence and a pragmatic practice-based approach. *Aust Fam Physician* 2016;45(10):767–70.
- Rodgers C. Brief interventions for alcohol and other drug use. *Aust Prescr* 2018;41(4):117–21. doi: 10.18773/austprescr.2018.031.
- Mauro PM, Askari MS, Han BH. Gender differences in any alcohol screening and discussions with providers among older adults in the United States, 2015 to 2019. *Alcohol Clin Exp Res* 2021;45(9):1812–20. doi: 10.1111/acer.14668.
- Pereira Gray DJ, Sidaway-Lee K, White E, Thorne A, Evans PH. Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality. *BMJ Open* 2018;8(6):e021161. doi: 10.1136/bmjopen-2017-021161.
- Australian Institute of Health and Welfare (AIHW). The health of Australia's females. AIHW, 2019. Available at [https://pp.aihw.gov.au/getmedia/0deedcc-6a43-47b5-9813-4bd17553b39e/the-health-of-australia-s-females-2019-edition-archived\\_1.pdf.aspx](https://pp.aihw.gov.au/getmedia/0deedcc-6a43-47b5-9813-4bd17553b39e/the-health-of-australia-s-females-2019-edition-archived_1.pdf.aspx) [Accessed 15 June 2021].
- Allan J, Clifford A, Ball P, Alston M, Meister P. 'You're less complete if you haven't got a can in your hand': Alcohol consumption and related harmful effects in rural Australia: The role and influence of cultural capital. *Alcohol Alcohol* 2012;47(5):624–29. doi: 10.1093/alcal/ags074.
- Lee C, Dobson AJ, Brown WJ, et al. Cohort profile: The Australian longitudinal study on women's health. *Int J Epidemiol* 2005;34(5):987–91. doi: 10.1093/ije/dyi098.
- Dobson AJ, Hockey R, Brow WJ, et al. Cohort profile update: Australian longitudinal study on women's health. *Int J Epidemiol* 2015;44(5):1547a–f.
- Gilligan C, Anderson KG, Ladd BO, Yong YM, David M. Inaccuracies in survey reporting of alcohol consumption. *BMC Public Health* 2019;19(1):1639. doi: 10.1186/s12889-019-7987-3.
- Biddle N, Edwards B, Gray M, Sollis K. Alcohol consumption during the COVID-19 period: May 2020. The ANU Centre for Social Research and Methods, 2020. Available at [https://csrcm.cass.anu.edu.au/sites/default/files/docs/2020/6/Alcohol\\_consumption\\_during\\_the\\_COVID-19\\_period.pdf](https://csrcm.cass.anu.edu.au/sites/default/files/docs/2020/6/Alcohol_consumption_during_the_COVID-19_period.pdf) [Accessed 15 June 2021].
- Clay JM, Parker MO. Alcohol use and misuse during the COVID-19 pandemic: A potential public health crisis? *Lancet Public Health* 2020;5(5):e259. doi: 10.1016/S2468-2667(20)30088-8.

correspondence [ajgp@racgp.org.au](mailto:ajgp@racgp.org.au)