DrinkWise Australia comments to Application A576—LABELLING OF ALCOHOLIC BEVERAGES WITH A PREGNANCY HEALTH ADVISORY LABEL

Executive summary

DrinkWise Australia is offering conditional support to application A576 to vary the existing Standard 2.7.1 to require a health advisory label on alcoholic beverage containers advising of the risks of consuming alcohol when planning pregnancy and during pregnancy. DrinkWise believes that health advisory labelling is a small element of what should be a much larger strategy to reduce the incidence of Foetal Alcohol Spectrum in Australia and New Zealand. Therefore it is essential that if advisory labels are introduced, they are supported by other complementary strategies and interventions launched as part of one program, to create and increase awareness and promote behaviour change. Governments have a lead role to play in driving the implementation of such supporting strategies. DrinkWise also believes that more comprehensive information on the prevalence of FAS/FASD needs to be collected, so as to more effectively guide resource allocation, policy development and the development of prevention strategies. Finally, if advisory labels are implemented, it is important to ensure that appropriate resources are allocated to monitor compliance, and issue fines or other punishments when breaches occur.

The Advice

In preparing this submission, DrinkWise is aware that there has been much research in both humans and animals that has shown alcohol to be toxic to the developing foetus and that maternal drinking at high levels can result in miscarriage, stillbirth, growth retardation, foetal alcohol syndrome, alcohol related birth defects and neurological, cognitive and behavioural effects (Jacobson et. al., 2008; Hoyme et. al., 2005; Niccols, 2007; Streissguth et. al., 1994; Streissguth et. al., 1988). DrinkWise reviewed the literature available on risk factors for adverse child outcomes, and found that binge drinking during pregnancy may adversely affect the foetus (Willford at. al., (2004), O'Callaghan et. al. (2003), Goldschmidt et. al. (2004) Bailey et. al. (2004)). While the impact of heavy drinking on the developing foetus has been widely researched and documented, there is less available material on the impact of low

level drinking during pregnancy. DrinkWise considered literature available on low levels of alcohol intake and its effect on foetal developmental effects, and found several recent studies suggesting that even low levels of alcohol consumption may adversely affect pregnancy outcomes, particularly neuro-developmental and behavioural outcomes (Burden et. al., 2005; Sokol et. al., 2007; Hepper et. al., 2005; Testa et. al., 2003; Richardson et. al. 2002). The evidence suggests that low levels of alcohol intake (which varied in definition from 'less than one drink per day of daily exposure during pregnancy' (Testa et. al., 2003) to 'an average of at least one standard drink per day' (Burden et. al., 2005) can affect foetal developmental effects. However, the literature is not conclusive as some are hampered by methodological concerns. Furthermore, predicting risk for an individual is difficult because of confounding factors such as maternal age, nutrition, previous alcohol use, polydrug use and maternal and foetal genetics, which can modify the effect of alcohol on the unborn child.

DrinkWise was influenced by the view that prenatal alcohol exposure can also have long term affects on a child (Sood et al 2001). A 'no-effect' level has not been established, and it is therefore impossible to set a 'safe' or 'no-risk' drinking level for pregnant women to avoid harm to their unborn foetus. This cautious approach in light of medical uncertainty is reflected in advice regarding alcohol use in pregnancy overseas and more recently in the 2007 draft of the Australian Alcohol Guidelines (NHMRC, 2007; O'Leary et al 2007). Most research in this field stresses that heavy drinking or intoxication poses the greatest risk, and several stress that a safe level has not been established and that not drinking is the safest option. Given that there is no evidence of a safe level of alcohol consumption during pregnancy, DrinkWise supports the view that abstinence is the best advice.

Current Drinking Patterns in Australian Women

DrinkWise found literature on the rates of drinking, particularly of drinking at levels likely to cause harm during pregnancy, in Australian women to be quite high. In a 2004 national survey, 47% of women reported drinking during pregnancy. In a West Australian survey, 59% reported drinking during pregnancy, of which 14% had a heavy drinking session in the three months before pregnancy and 15% had drunk at above the level recommended in the 2001 NHMRC guidelines during the first trimester (Colvin et. al., 2007). Recent research in

Australia reveals that 23% of 25 to 49 year olds continue to drink whilst pregnant. (ALAC, 2006). Research carried out over the past five years has shown that "large numbers of women continue to drink during pregnancy and increasing numbers of young women of child-bearing age are binge drinking" (ALAC, 2006: 12).

An ALAC Issues Paper (2006) indicated it was a misconception that FASD was predominantly associated with women of low-socioeconomic groups. Studies have now shown a shift in this 'assumption' and have found that 41% of women in the $70,000 income bracket are actually still consuming alcohol whist pregnant (ALAC, 2006). The implications of this data have not been fully explored. Similar behaviour was displayed by young and highly educated European women. This 'shift' in perceptions needs to be further explored and it is DrinkWise's belief that further research must be undertaken exploring the differences in social classes of women and their alcohol consumption during and pre-pregnancy.

It would appear from the available evidence that many women in Australia and New Zealand are drinking at levels which could place their unborn child at risk of harm. Potential reasons may include:

- Lack of awareness of the risk of alcohol consumption whilst pregnant;
- Women choosing to disregard the information about the risks of drinking alcohol during pregnancy; or
- Conflicting advice about alcohol and pregnancy resulting in women continuing to drink.

These findings suggest significant challenges associated with implementing effective behaviour change strategies for Australian and New Zealand women of child bearing age.

Prevalence

A review of the data available on the incidence of FAS/FASD in Australia or New Zealand found that the prevalence rate of FAS/FASD in the Australian context is unknown, as the National Prenatal Statistics Unit does not collect information on FAS (DCPC, 2006). Rates are likely to be underestimated due to lack of clinician knowledge about the condition, how

to manage it and fear of stigmatising the family and child (NHMRC, 2007; Arbias, 2007). The New Zealand Paediatric Surveillance Unit found that over a 29-month period, there were 62 valid reports of new cases of definite or suspected FAS, which provided a rate of new cases per 1000 of population of 0.07. This was considered lower than overseas estimates, and a possible explanation of that was that many paediatricians may not even be aware of FAS to be able to diagnose the condition (ALAC, 2006). Even though the rates of FAS/FASD are uncertain in Australia and NZ, what can be said with certainty is that these rates are higher in Indigenous than non-Indigenous communities (Payne et. al., 2005). DrinkWise is of the view that what is needed in the Australian and New Zealand context is accurate incidence and prevalence.

Advisory Labels

DrinkWise acknowledges that evidence shows that advisory labels do not lead to people adopting safer drinking behaviour (Stockley, 2001; ALAC, 2007; ICAP, 2006). Achieving behavioural change is a vastly complex process. Advisory labels must be seen as part of a multi-faceted strategy of communication, advice, policy and support in which governments, health professionals and society have a role to play. Measures that can be put in place in conjunction with advisory health labels can include general advertising, targeting of messages at 'high-risk' groups and the general population, community interventions, social marketing campaigns, programmes for maternity professionals (such as obstetricians, gynecologists, and midwives) and allied health professions and initiatives through schools. Whilst labels alone cannot achieve effective behaviour change, they can contribute to an overarching strategy that will focus both on increasing public awareness and reducing the incidence of harm associated with drinking alcohol during pregnancy. DrinkWise would like to emphasise that evaluation of any such intervention must take place to provide evidence of program or initiative effectiveness in achieving awareness raising and behavioural change.

Important questions to consider when deliberating health advisory labels is the choice of appropriate wording for a statement, its likely effectiveness or appeal to women of childbearing age and/or understanding of the statement by women of childbearing age, and the advantages and disadvantages of a written statement compared with a pictorial image.

Argo et. al., (2004) has identified a number of potential moderators which have the capacity to influence the effectiveness of a warning label. These include how vivid the warning label is, where it is located on the product, the age of consumers using the product, how familiar consumers are with a product, the type of product containing a warning label and the cost to the consumer in complying with the message conveyed by the warning label.

Argo et. al., (2004) argue that the effectiveness of warning labels should be examined across a number of different information-processing dimensions. These dimensions include: attention, which denotes the amount of cognitive effort and/or capacity that a person directs to a stimulus; reading and comprehension, which denotes consumers' capacity to read and understand the content of a message; recall, which denotes consumer's ability to recall the potential risks contained in a warning, and retrieve that information if necessary; and judgement, which denotes the conclusions consumers form about the products' risks or hazards; and behavioural compliance, which denotes the extent to which consumers either don't engage in unsafe behaviours, or do engage in safe use of a product. In addition, labels regarding alcohol consumption during pregnancy are already in existence as outlined in the ICAP labeling report (ICAP, 2006), and it is suggested that Australia and New Zealand draw on lessons learned internationally in formulating any domestic labels.

Based on the suggestions by Argo et. al., (2004), DrinkWise concludes that there needs to be a detailed examination of both Australian and international research, and particularly research into the target demographic in Australian and NZ. Advisory labels need to be clear and simple in their language and/or use symbols where language may be a barrier to raising awareness.

Trusted Sources of Advice

When it comes to what is acceptable and not acceptable behaviour during pregnancy, allied health professionals such as GPs, obstetricians and gynaecologists are regarded as trusted sources of information by pregnant women, particularly when concerning what to consume or not consume during pregnancy (ICAP, 2006). Environmental factors and social liaisons and networks have the potential to influence womens' behaviour. Qualitative research

conducted with pregnant women by the health organisation authority in England in 1997 emphasised the importance of establishing a sense of trust, and engaging in emotional communication, where messages were sympathetic, supportive and non-judgemental (Hastings, 2007). As with other policies concerning alcohol consumption, governments all around the world differ on the advice they offer to the general public. In 1988, the Dutch government felt that messages of moderate/reduced consumption during pregnancy could best be communicated through their general practitioners and women's contact at health centres (ICAP, 2006). This literature reiterates DrinkWise's position that health advisory labels are not effective in changing behaviour on their own, and need to be implemented in conjunction with a raft of other complementary strategies.

It is important for Australia and New Zealand to draw on the international experience. There are numerous examples of campaigns aimed at reducing the incidence of FASD. In 2003, Ontario's Maternal, Newborn and Early Child Development Resource Centre published a pamphlet titled, *Keys to a Successful Communication Campaign*, which provided a pamphlet citing a number of international awareness raising initiatives, including FAS Day, the development of print, radio, television and other media materials, the development of telephone information lines and the development of lesson plans to educate students (Public Health Agency of Canada, http://www.phac-aspc.gc.ca/publicat/fasd-ru-ectaf-pr-06/6_3_e.html, Accessed February 2008).

Rights of Consumers

An ongoing and vocal criticism of pregnancy warning labels is the concern that some women may seek terminations as a result of anxiety caused by consumption of alcohol prior to be becoming aware of a pregnancy. It is unclear why such critics see warning labels as a catalyst for a potential increase in terminations. In addition, the philosophy underpinning this argument appears to be based on the notion of minimizing risk by minimizing awareness and knowledge. DrinkWise disagrees with such an approach, which is entirely inconsistent with the broader health policies of both national and state Governments. The potential risk of women seeking terminations as a result of the introduction of warning labels is likely to be a significantly overstated argument, and certainly does not justify

limiting women's understanding of the issue. The emphasis should be on providing women with sufficient information to allow them to make an informed choice.

In addition, DrinkWise believes that any product for which the primary purpose is for consumption as an alcoholic beverage should carry an advisory label. DrinkWise is concerned that FSANZ currently has limited powers to ensure advisory labels are implemented consistently across all products for which they are intended. Manufacturers of alcohol beverages should be obliged to carry the advisory labels, and FSANZ or another appropriately resourced agency should have the capacity to issue fines or other deterrents in the event of non-compliance. Effective monitoring and enforcement of compliance is vital to establishing a national consistency on this issue.

Concluding remarks

- FASD is entirely preventable by not consuming alcohol during pregnancy. Whilst there is emerging evidence that some of the effects of FASD are reversible, the focus should always be on prevention rather than treatment.
- DrinkWise is of the view that warning labels targeted at pregnant women do have the capacity to change behaviour but only if complemented by other supporting activities such as education, policy and support The role of warning labels is one of raising awareness versus prompting behavioural change. There are numerous precedents for such labels both internationally and in Australia.
- Health advisory labels should be seen as a platform of information from which other supporting and complimentary strategies should be implemented to effect changes in behaviour, and it is the view of DrinkWise that National, State and Territory Governments should play a leadership role in driving the implementation of such strategies.
- In respect of an advisory message with regard to alcohol and pregnancy, DrinkWise is of the opinion that this is a community issue and one where it is important for the whole community to support women in making healthy decisions around their unborn child.

- In addition, warning labels about the risks of drinking and pregnancy have the capacity to create a national consistency of advice. Given the level of different advice which currently exists about safe drinking levels when planning for and during pregnancy, labels are an important first step in establishing a norm for appropriate and healthy behaviour.
- The proposal to place pregnancy warning labels on alcoholic beverages in part has the effect of shifting the burden of cost associated with awareness raising from the Government to the alcohol industry. Awareness raising through public health measures has traditionally been the domain of Governments. As stated previously in this submission, it is DrinkWise Australia's view that the introduction of pregnancy warning labels requires a range of supporting complementary strategies, and that Governments should take leadership in driving and implementing these supporting strategies. On that basis, it is likely that in order to achieve the best result, state and Federal Government will have to contribute more funding and resources than they currently do.

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