

Application A576 - Labelling of alcoholic beverages with a pregnancy health advisory label

Submission to FSANZ

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The Home Economics Institute of Australia (HEIA) would like to note that Peta Chubb is an employee of Food Standards Australia New Zealand (FSANZ); however Peta has not been involved in the development of the Initial Assessment Report (IAR). This submission has been endorsed by the HEIA National Council.

Background on the Home Economics Institute of Australia

The mission of the Home Economics profession in Australia is to educate, inform, and to act as an advocate to government, industry and the community for families and households, so that individuals can make informed choices in order to enhance their everyday living.

As the peak professional body for Home Economics professionals in Australia, the HEIA represents the interests of Home Economists working in education, industry, community services, consumer affairs and family and household management. The Institute was established to:

- provide a national focus for Home Economics and Home Economists;
- promote public recognition of the role of Home Economists;
- set professional standards for the practice of Home Economics and promote the professional standing of Home Economists;
- encourage and assist Home Economists with continuing education and professional development;
- encourage, initiate and coordinate research into areas related to Home Economics; and
- cooperate and affiliate with bodies at a state, national and international level, concerned with the education and advocacy for families and households in their everyday living.

Overview

The HEIA appreciates the opportunity to provide comment on the IAR for *A576 – Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label*. Establishment of appropriate food and beverage labels for consumer products reflects the ethos of the HEIA in that the Institute aims to educate and inform the community in order to ensure appropriate health and well-being. Home Economists educate in the areas of nutrition, risk-taking behaviours, lifestyle related diseases/illnesses and the general promotion of health and development of the individual, family and wider community. A pregnancy health advisory label on alcoholic beverages reinforces the notion that informed individuals can be proactive in making appropriate choices that will benefit the short- and long-term health status of their communities.

Comments on the IAR: Labelling of alcoholic beverages with a pregnancy health advisory label

The HEIA has responded to a selection of the questions presented in the IAR that are suited to the knowledge and expertise of HEIA members.

Q.1 What other strategies or programs are there in Australia and New Zealand (initiated by industry, public health, government, and consumer groups) to advise women of child-bearing age of the risk of consuming alcohol when pregnant or if planning a pregnancy?

A large part of the membership base of the HEIA is comprised of secondary school teachers. Such members are able to provide information on the content of the school curriculum with respect to advising women of child-bearing age of the risk of consuming alcohol when pregnant or if planning a pregnancy.

One of our South Australian members highlights that the South Australian Curriculum Standards and Accountability Framework (SACSAF) contains clear and relevant outcomes to be achieved in relation to educating on the risk of consuming alcohol when pregnant or if planning a pregnancy. However the actual delivery varies from school to school. Essentially, it would be covered in courses such as:

- Child Development: planning for parenthood; diet during pregnancy; and baby simulator programs that include dolls with Foetal Alcohol Syndrome (FAS);
- Health: managing health risks and decisions and minimising harm; and
- Nutrition: eating guidelines; lifecycle needs; and preventing diet-related disease.

Some schools also run specific parenting programs with the aid of Community Health workers.

Another Queensland member highlights that in Queensland schools, programs to assist women of child-bearing age to understand the risk of consuming alcohol when pregnant are covered in Early Childhood Studies, Personal Development Programs, Human Relationship Programs and Home Economics Programs.

A Victorian member highlights that the risk of consuming alcohol when pregnant or if planning a pregnancy could be taught in the Victorian Essential Learning Standards (Years 7-10) under the statements regarding “risk-taking”; however it is not specifically mentioned. There is also the possibility of the subject being taught in Victorian Certificate of Education (Years 11-12) Health and Human Development.

Q.2 What information (from industry, public health, government and consumer groups) is available to women planning a pregnancy or pregnant women, about the risk of consuming alcohol?

Government

- State and local governments provide literature at maternal and child health centres, hospitals, GPs etc. on the risks of drinking alcohol and the impact on foetal development.

Public health

- VicHealth (the Victorian Government's health promotion body) has produced a newsletter titled "To your health: exploring what's safe, sensible and social" (Summer 2007). This newsletter highlights the recommendations of the draft revised *Australian alcohol guidelines for low-risk drinking*, including the recommendation for women who are pregnant, planning a pregnancy or breastfeeding.

http://www.vichealth.vic.gov.au/assets/contentFiles/VICHEALTH_31.pdf

- The Children, Youth and Women's Health Service (South Australia) has information on alcohol and pregnancy on their website:

<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=240&np=158&id=2056>

Medical websites

- Virtual Medical Centre:

<http://www.virtualwomenshealth.com/lifestyle.asp?sid=33>

- My Dr.com.au:

<http://www.mydr.com.au/default.asp?article=2893>

Consumer groups

- The Nursing Mothers Association provides information on alcohol and pregnancy.
- Schools access a range of these resources as well as recognised textbook references.

Q7. Do you think a health advisory statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy on all alcoholic beverage containers should be required? Why/why not?

Yes. Most women lack knowledge of preparing their bodies for pregnancy and are unaware of the impact of alcohol on foetal development. Foetal Alcohol Spectrum Disorders (FASD) are now very prevalent in the indigenous and low socio-economic sub-populations in Australia. Due to lack of educational opportunities, women are consequently placing their unborn children in danger of developmental disabilities. Appropriate labelling may assist in educating women about the risks of alcohol consumption when planning to become pregnant and during pregnancy.

Labelling of alcohol beverages with a pregnancy health advisory label aligns with the draft revised *Australian alcohol guidelines for low-risk drinking* in that not drinking when planning a pregnancy, whilst pregnant and breastfeeding, is the safest option. Labelling supports this guideline and could be an effective means of communication.

The HEIA wishes to highlight that labelling cannot be seen as the sole strategy for reducing FASDs and that an integrated health promotion initiative is required (also highlighted by the Applicant).

Most people would be aware that low alcohol intake is recommended to encourage general well-being. The specific need for a health advisory statement is a paradox given the huge amount of advertising and social acceptance of alcohol.

Q8. What further evidence is available about the use and/or effectiveness of a health advisory statement on alcoholic beverage containers regarding the risk of consuming alcohol when planning to become pregnant and during pregnancy?

Health advisory statements align with the social model of health: improvements in health and well-being can be achieved by directing efforts towards addressing social and environmental determinants of health rather than simply biological determinants.

Q.9 What wording for a statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy would be appropriate on an alcoholic beverage container to raise awareness in pregnant women and women planning to become pregnant?

- Possibly need to draw on emotions: discuss “harm to your baby” and “birth defects”. Some women may begrudge the fact that they have to abstain from alcohol whilst pregnant; therefore it is important to focus on the health of the woman’s unborn child.
- The statement would need to be in “plain language” such as those from the Quit campaign. The use of scientific words may not be effective in communicating the message. “Serious birth defects” may be a more appropriate term than “Foetal Alcohol Syndrome” (FAS).

Examples:

- Warning: drinking any alcohol when planning a pregnancy and during pregnancy may harm your baby.
- Pregnant women are advised to avoid consuming alcohol to reduce the possibility of serious birth defects.

Q10. What further evidence is relevant to the wording of such a statement, such as its likely effectiveness or appeal to women of child-bearing age and/or understanding of the statement by women of child-bearing age?

- Refer to issues discussed in the first section to our response to Q.9.

Q11. What are the advantages and disadvantages of a written statement compared with a pictorial image for conveying the risks of consuming alcohol when planning a pregnancy and during pregnancy?

Warning statements

Advantage

- A powerful statement can be thought provoking.
- If it is a sharp, concise message, it could be effectively communicated.

Disadvantage

- Can be misinterpreted without adequate educational skills.
- Unless large font and appropriate positioning on the label, it will be missed.
- There is a danger of too much information on the label, leading to complacency.

Pictorial image

Advantage

- Could easily fit on the label which would cause minimal impact to industry in terms of new label designs.
- Can be interpreted across languages.
- Useful to those who are illiterate or from lower socio-economic backgrounds.

Disadvantage

- Can be difficult to show the impact of alcohol on a brain development, for example learning difficulties.
- Images of foetal/children's disabilities may be ethically challenging.

Another option would be to use both a statement and image; this may assist in improving the impact of the message whilst keeping the message brief and simple. Cigarette packets now carry statements and pictorial images.

The HEIA would like to note that a pregnancy health advisory label on alcoholic beverages won't cover alcohol consumed by women who purchase alcohol in a glass (rather than a container) i.e. pubs and bars. If such labelling requirements are introduced, a media campaign that aligns FAS to pub and bar drinking needs to be carried out as well.

Q13. What is the likely impact on consumers, industry, and/or government if the *status quo* was maintained?

Consumers

- Lack of awareness: continued evidence of FASDs due to drinking which impacts upon families and the wider community.

Industry

- Not behaving in a "socially responsible" manner. Researchers have proved the risks and industry must act responsibly to communicate this risk.
- Possibility of litigation such as that being seen in the United States in relation to cigarette smoking.

Government

- Will have to continue to provide preventable programs: advertising; literature on impact of alcohol on maternal and foetal systems.
- Health care costs for children suffering from FASDs will continue to grow.

Q14. What is the likely impact on consumers, industry, and/or government if an advisory statement on the risks of consuming alcohol when planning a pregnancy and during pregnancy is required on alcohol beverage containers?

Consumers

- More informed decision-making abilities at the point of sale/consumption.
- All consumers can be reached: creates discussion and filters through to the target group.
- May reduce incidence of FASDs and ultimately ensure the well-being of families and communities.

Industry

- Costs resulting from labelling changes (as highlighted in the IAR).
- Reduced sales.

Government

- Information on the products may reduce cost on research (Australian Institute of Health and Welfare etc.).
- May reduce reported incidences of FASD and other alcohol associated disabilities that ultimately reduces health care costs for taxpayers.

Q15. How would labelling alcoholic beverages compare in terms of effectiveness and cost-effectiveness with other public health measures to inform pregnant women of the risks of alcohol consumption during pregnancy?

- Labelling is “in your face” and acts as a constant warning. Information provided by GPs and in advertisements etc. can easily be forgotten in a social situation.
- Labelling could be effective if combined with a media awareness campaigns. For example, current smoking advertisements that ultimately asks consumers “Do you want heart disease?” and “Do you want gangrene?”: these are hard hitting messages. With the introduction of new labelling requirements, a media campaign showing pictures of children with FAS and other associated disabilities may get the message across that drinking during pregnancy “May cause serious birth defects”.