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Food Standards Australia New Zealand
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New Zealand

To Whom It May Concern

**Health Advisory Label Submission on Application A576 – Labelling of Alcoholic Beverages
with a Pregnancy**

Background

GALA was established in 1992. It is a nationwide voluntary organisation, which enjoys the support of many individuals and groups. We are internationally affiliated with the Global Alcohol Policy Alliance. This group was set up at a conference in 2000 co-sponsored by the World health Organisation. For the past 15 years GALA has been educating and advocating for healthy alcohol policy. We recognise that alcohol is part of society, but that because of its mind altering properties it needs special legislative restraint. GALA promotes a society free of alcohol advertising and sponsorship, in which young people can make choices about drinking without undue pressure from advertising.

Position

We wish to support **‘Option 2 – Amend the Code to require a health advisory label on alcoholic beverage containers advising of the risk of consuming alcohol when planning to become pregnant and during pregnancy’**, as presented in the Initial Assessment Report. We also endorse the ALAC application supporting their position. We acknowledge that warning labels are not going to eliminate Foetal Alcohol Spectrum Disorder (FASD) however the lifelong effects of this condition are so severe that if only one case is prevented it will make the small effort to add labels worthwhile. The only group against labels is the alcohol industry who are worried about profit margins. We trust that the Food Standards Australia New Zealand has children’s health as its priority and will adopt this measure.

Comment

FASD/FAE (Foetal Alcohol Effects)

FASD/FAE is a lifetime diagnosis for child and family. It is the leading cause of mental retardation worldwide and is totally preventable. Damaged individuals and their families bear a huge emotional and financial cost as do government agencies such as education, justice, welfare and health.

Some children suffer only mild cognitive or developmental problems – they are impulsive, easily frustrated and forgetful – while others are left with serious physical and mental disabilities. Some children were wrongly diagnosed as having oppositional defiance issues, attention deficit hyperactivity disorder (ADHD), Down syndrome or even as bipolar. In the eyes of teachers, police and doctors they were "lazy", "stubborn", "spoilt" or "trouble-makers". Alcohol damaged children grow into alcohol damaged adults. There is no cure. The consequences of the damage have to be lived with minute by minute for the individuals whole life.

It is known that alcohol is the sole cause of this condition. No matter what other predisposing risk factors are present, if the mother does not drink alcohol, then the child will not suffer from this condition. What isn't known, is if there is any safe level of drinking, which would likely vary for each stage of pregnancy, and to what extent other factors such as nutritional status impact on each individual's risk. With this level of uncertainty of any potential safe level of drinking it behoves any responsible Government authority to recommend no alcohol during all stages of pregnancy. This stance is currently being adopted by both Australia and New Zealand authorities and should be supported by warning labels on alcohol containers. There is no benefit of any kind to be gained by drinking alcohol during pregnancy. Consumers have a right to know the risks of consuming a product. Because damage can occur very early in pregnancy, often before a women realises or acknowledges she is pregnant, consistent public health messages about the danger of alcohol on a foetus are essential.

New Zealand Registered nurse Jenny Salmon, author of the book **Fetal Alcohol Syndrome: New Zealand Birth Mothers' Experiences** was shocked to realise the level of ignorance and lack of consistent messages among women and health professionals in New Zealand while researching her book. There is a urgent need for consistent messages from all authoritative sources to give women confidence to say no to alcohol during pregnancy. Labels on containers can contribute to a consistent message.

Extent of the problem:

Christine Rogan of Alcohol Healthwatch said no research had been done on how many babies were born in New Zealand with foetal alcohol syndrome, but it could be more than the US figure of 1 per cent. "It's likely to be higher, given what we know about our patterns of drinking and the fact that women's drinking in New Zealand has gone up, particularly in the last 10 years," she said. The US has put warnings on all alcohol labels advising pregnant women not to drink since 1989. In that time the proportion of pregnant women drinking has dropped from 21 per cent to 12 per cent. But in New Zealand warning labels are not required and a 2002 survey found that a quarter of women who were 24 weeks pregnant had drunk alcohol in the previous week.¹

An Otago University study last year found 60 per cent of Kiwi women believed it was okay to drink while pregnant, and 20 per cent of mothers and pregnant women surveyed had binged on alcohol at some point in their pregnancy.²

Comparison of national surveys from 1995 and 2000 showed marked increases in consumption by women with increases in both frequency of drinking and the typical quantities consumed. Women showed increases in the typical quantities consumed across all age groups. The increases were most marked among those aged 16-17, 18-19 and 20-24 years (from 4 to 6 drinks). Women's volume of drinking increased between 1995 and 2000 across all age groups from 5.4 litres in 1995 (equivalent to seven drinks per week) to 7.3 litres by 2000 (just over nine drinks per week). There were significant increases in the volumes consumed by 14-15 and 16-17 year olds and by women in the over 25 age groups. The highest average quantities consumed by women were by those in the 18-19 and 20-24 year old age groups (17 litres and 13 litres respectively). The proportion of the total alcohol consumed by women that was consumed in heavier drinking occasions (6 drinks or more) rose from 31% in 1995 to 42% in 2000.³

More women said that they drank enough to feel drunk and agreed that it was alright to get drunk now and again. Women also showed increases in reports of experience of problems from their own drinking. Increases in heavy drinking by women of child bearing age are of concern not only for the increased risks of personal harm but also for the risks that heavy drinking poses to a foetus. High peaks in blood alcohol are the most dangerous to a foetus and heavy drinking, 5-7 standard drinks per occasion, has been associated with damage to the human foetus.³

This new social pattern and acceptance of women's drinking habits highlights the problem coincidence of high drinking and high fertility years for women, increasing the risk of more FASD births. Hazardous drinking is not related to socio-economic boundaries which is reflected in FASD births occurring in all economic groups.

Justice System;

Youth Court judges plan new measures to identify offenders with foetal alcohol syndrome (FAS) in the wake of research showing that 60 per cent of babies born with the syndrome eventually get into trouble with the law.

American expert Kathryn Kelly reported at a Wellington Conference in Nov 2007, that US studies showed that 60 per cent got into trouble with the law, 50 per cent engaged in inappropriate sexual behaviour and 45 per cent developed alcohol or drug problems themselves. Ms Kelly said most victims suffered brain damage which made them unable to focus or learn from experience, easily frustrated, quick to anger and unable to understand the consequences of their actions. Principal NZ Youth Court Judge Andrew Becroft, who heard their presentation, said their figures meant the New Zealand Youth Courts probably saw about 70 youths with the syndrome every year

Brain damaged children and their families endure a life sentence of social, economic and health hardship. Mildly affected children often go through life without a correct diagnosis and feel marginalised from society due to their not fitting accepted norms of achievement and behaviour in both social and educational settings. 'Not fitting in' is then expressed as social dysfunction via crime, violence, unsuccessful relationships, money problems, unemployment. Any and all measures that could potentially prevent FASD/FAE should be wholeheartedly adopted by New Zealand.

Yours Sincerely

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