

Date: 6 February 2008

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"Submission

**Food Standards Australia New Zealand
Canberra BC ACT 2610**

**INITIAL ASSESSMENT REPORT
APPLICATION A576
LABELLING OF ALCOHOLIC BEVERAGES
WITH A PREGNANCY HEALTH ADVISORY LABEL"**

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A. I fully endorse the proposal for mandatory health advisory labels on all alcohol containers advising consumers of the risks of consuming alcohol when planning to conceive and who are pregnant. I suggest that it also be extended to women who are breast feeding. I consider that the wording of the labeling be targeted at both men and women so that it is not just conveying the idea that the decision making is left to the women but that the men are also included.

B. The labeling (about the dangers of alcohol) should not just be confined to the actual container (of alcohol) but also be included on any form of packaging/wrapper that houses the container of alcohol.

C. Equivalent warning messages should also appear in all forms of advertising of alcohol in every form of media (TV: cinema: radio: newspapers & magazines and any other form of written material). Alcohol advertised/sold in Duty Free outlets (cities, airports, seaports and on all forms of transport (air, sea, land (bus, tram & train))) should not be exempted at all. Neither should clubs, pubs, hotels, restaurants, should not be exempted from having some kind of warning message about the dangers of alcohol.

My reasons for making such recommendations are as follows:

1. The very serious risks associated with alcohol consumption by pregnant women is accepted and recognized by authoritative bodies such as:

a) The World Health Organisation (WHO).

For example, in the WHO's "Framework for alcohol policy in the WHO European Region" it is stated in WHO's charter that

European Charter on Alcohol five ethical principles and goals on Alcohol:

1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.

2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.
3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.
4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.
5. **All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.** (emphasis is mine)

In regards to pregnancy the observations on page 15 of their (WHO's) document are as follows:-

Pregnancy

Alcohol crosses the placenta to the baby. It can cause problems during pregnancy and can also harm the fetus. It is not known whether or not there is any safe level of alcohol consumption during pregnancy. Nor is it certain if any particular stage of pregnancy is the most vulnerable to the effects of drinking. In the absence of demonstrated safe limits, abstinence from alcohol during pregnancy is recommended and should be encouraged.

b) The National Health and Medical Research Council (NHMRC). The NHMRC's proposed draft Australian alcohol guidelines for low-risk drinking (12 October 2007) clearly recommends to women who are planning to conceive or are pregnant that not drinking is the safest option". To quote their report and indeed also what is set out in Food Standards Australia New Zealand Initial Assessment Report on page 13 of Application A576 - NHMRC's Guideline 3 recommendation (page 57 of their draft guidelines) is:-

'For women who are pregnant, are planning a pregnancy or are breastfeeding -
3.1 Not drinking is the safest option.

c) Since 1989 there has been a Govt warning on all alcoholic beverages containers sold or distributed in the United States from the Surgeon General –'women should not drink alcoholic beverages during pregnancy because of the risk of birth defects'

As I understand from the Initial Assessment Report there is general awareness in the medical and scientific community (in America since 1989) of the harmful effects of alcohol, including fetal alcohol syndrome.

There is now scientific evidence for the adverse effect of alcohol on the brain of an unborn child. Steps must be taken to minimize the adverse

effect of alcohol on the fetal brain which is extremely sensitive to toxins and drugs. Once an expectant mother consumes alcohol she passes that onto to the unborn child. Whilst the mother's body may be able to deal with the effects of one intake of alcohol over a period of a few hours the unborn child may take days to recover from absorbing such a harmful toxin.

d) The prevalence and impact of Fetal Alcohol Syndrome Disorders appears to be increasing. For example in Germany approximately 2200 children are born each with Fetal Alcohol Syndrome. The number of children born each year without physical anomalies but with mental retardation and behavioural problems is officially calculated to be around 10,000 to 15,000 in Germany alone. Fetal Alcohol Syndrome is considered to be the biggest cause of non genetic mental disease in the western world. It is the only non genetic mental disease that is entirely preventable.

2. There is a growing recognition in the Western world of the harmful effects of alcohol on the unborn fetus. What is more it is generally understood in medical circles that there is no known safe level of alcohol intake during pregnancy.

As highlighted in the Initial Assessment Report (Application (A576) other countries are beginning to take a public stance on this issue. For example, in France the French health authorities recommend that women totally abstain from drinking alcohol during pregnancy. The use of warning labels has been mandatory from 3 October 2007. Other countries such as Finland, United Kingdom, Canada, New Zealand and South Africa appear to be heading down a similar path.

It is my firm belief that Australia should keep abreast of what is regarded as world's best practice in the use of warning labels on alcohol containers/packages about the dangers of alcohol consumption.

3. Surely the regulatory authority(s) in Australia have a moral and ethical obligation to support and implement guidelines in line with current scientific medical knowledge. Anything less shows a dereliction in the country's duty of care towards its citizens – particularly those most vulnerable to the harmful effects of alcohol.

4. It is understood that consumers have a right to be fully informed about the contents of all forms of food and drink packages available for sale – such as preservatives and colouring agents etc. That if there is any hint of deception by the manufacturer – false advertising or the withholding of information which otherwise would assist the consumer to make a wise

and safe choice of a particular product – stiff penalties can be imposed on the guilty party.

Accordingly it follows that the consumer also has the right to know about the risks associated with the consumption of alcohol if pregnant or planning to be pregnant, as currently described in the current scientific evidence base.

5. One can argue that information about the harmful effects of alcohol is easily accessible from relevant data bases or resource centres and is communicated regularly through the media. However, warning labels on the actual containers/packages will maximize the likelihood of the intending/prospective and actual consumers (who buy and consume the alcoholic product) of getting the proposed health advisory message directly.

6. Some thought needs to be put in to wording for the label. Perhaps along the lines of the following:-

“Warning: Alcohol is a poisonous drug. It should not be consumed by women planning to conceive or who are pregnant (or breast feeding) as it can cause harm to the brain and nervous system of your unborn child or infant.”

There should also be a strong pictorial image(s) clearly portraying the risk of the consumption of alcohol if planning to conceive or prior to conceiving, during pregnancy and during the breast feeding phase. There should also be a pictorial image of the benefits of not drinking. The message should not be just be targeted at women but also men to give some sense of awareness/responsibility that their attitudes and behaviour can either help or hinder women making the right choice. I suggest that husbands/male partners not drink during the pregnancy.

7. Given that the risks associated with alcohol consumption are now recognized internationally, I see no reason why the relevant regulatory bodies in Australia should not implement the proposed warning labels immediately. We are talking about putting the lives of innocent children at risk here. Some would say our most precious resource.

I note that pages 24 and 27 of the Initial Assessment Report Application A576 raises the issue of the implementation of the warning labels over a two year period. It seems this two year implementation period is the preferred option of the Applicant (ALAC). Whilst this may suit the interests groups of the alcohol lobby it seems a rather long period of time to implement what is essentially a warning message about endangering the

well being of human lives (mother and unborn child) at the expense of commercial considerations.

The idea that the health of unborn children, who have not given consent to be exposed to the negative effects of alcohol, should be made secondary to commercial interests of the highly profitable alcohol industry defeats the purpose of the objective. We are talking about warning messages not fashion statements that can be wheeled out to gain popular appeal whenever it is economically profitable to do so.

In the light of current scientific evidence, such reasoning might be interpreted as criminally negligent. Australian culture emphasizes a “fair go for all” and this should include our unborn children, the future of this great country.

8. I support the initiative by FSANZ for pregnant women and those intending to conceive. However, I strongly recommend that the advisory label include descriptions of the harmful effects of alcohol on young people who are less than 25 years of age.

These harmful effects are well known. For example, it is understood that the frontal lobe of the brain (concerned with decision making) in young people is still developing up until at least the mid twenties if not later and that consumption of alcohol can seriously impair a young person’s judgment.

9. In conjunction with these recommendations I urge the appropriate regulatory bodies to work closely with WHO and similar Govt bodies/regulatory agencies in other countries around the world to bring about a uniform understanding and approach to the labeling of containers/packages of alcohol worldwide.

Language should be no barrier to understanding the message in this country. So therefore I should hasten to add that the warning message(s) in Australia and other countries should cater to ethnic and indigenous groups with provision made for the handicapped/disabled that no one in any way is disadvantaged in the placement and mode of conveyance of these warning messages.

10. An advertising campaign should be run this year drawing attention to the labeling of warning messages on containers/packages of alcohol. The advertising should be on radio/TV; newspapers/magazines; on public transport/taxis: international travel points; private and public sectors of industry and govt. Schools and tertiary institutions and hospitals should also be included.

I consider that a nation wide advertising campaign about the harmful effects of drinking alcohol if planning to conceive or during pregnancy or breast feeding is necessary as there is a strong and established culture of drinking alcohol in Australia.

Thank you for the opportunity to make these submissions concerning the Initial Assessment Report Application A576 – Labelling of Alcohol Beverages with a Pregnancy Health Advisory Label 12 December 2007 paper.

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