

**SUBMISSION FROM NATIONAL WOMAN'S CHRISTIAN  
TEMPERANCE UNION OF AUSTRALIA LTD regarding FSANZ  
INITIAL ASSESSMENT REPORT  
APPLICATION A576  
LABELLING OF ALCOHOLIC BEVERAGES WITH A  
PREGNANCY HEALTH ADVISORY LABEL**



The National Woman's Christian Temperance Union of Australia Ltd represents members in all States and Territories of Australia. It is affiliated with the World's WCTU that has organisations in approximately 40 countries world-wide, including New Zealand.

The response from the National WCTU of Australia to the Initial Assessment Report's discussion questions is as follows:

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

WCTU has been trying to raise public awareness of the dangers of drinking during pregnancy for at least the past 30 years and for much of that time we seem to have been a lone voice.

- FAS/FASD information leaflets were first published by WCTU over 20 years ago and in Victoria several 1000 of the first leaflets were distributed by the Health Department. Information leaflets are periodically updated and distributed where possible to Infant Welfare Centres, Doctors' Surgeries, libraries, meetings of younger women, and in Victorian secondary schools as part of our state-wide Drug Education programs. (A copy of one of our leaflets is enclosed as Appendix 1.)
- WCTUs worldwide, including Australia, use FAS Day, 9<sup>th</sup> September (9<sup>th</sup> day of 9<sup>th</sup> month signifying the length of pregnancy) as a focus for publicity on the issue. Where possible they arrange for media publicity and the ringing of church bells at 9am, and have displays of posters and information literature in libraries. An excellent poster that is used was produced by the South Australian Government and Women's and Children's Hospital with the message: **Pregnancy and alcohol don't mix.**
  - There is **no safe time** to drink alcohol during pregnancy.
  - There is **no safe amount** of alcohol.
  - Alcohol can harm your baby for life.**
- WCTU of Western Australia has placed FAS warning posters on the backs of buses in Perth. (Copy attached as Appendix 2.)
- In 2006 National WCTU of Australia organised a post-card campaign urging the then Federal Minister for Health to support FAS warning labels on alcohol containers.

- Also in 2006, we initiated an innovative and informative “seed-sticks” campaign using the slogan, “Forget-me-not Mummy. When you drink I do too”, aimed at young mothers’ groups. (Sample attached. Appendix 3.)
- Some State WCTUs have good FAS information videos that are loaned to schools and other groups.

### **3. What published and unpublished information is available that may provide answers to the risk assessment questions regarding FASD that will be addressed at Draft Assessment?**

The recently published NHMRC Draft Australian Guidelines for Low-risk Drinking provide ample evidence of the possible harm to the foetus through the mother’s consumption of alcohol during pregnancy. We expect that FSANZ will seriously consider the NHMRC evidence and findings, especially their Guideline 3.1 for women who are pregnant, are planning a pregnancy or are breastfeeding - “Not drinking is the safest option.”

This finding reflects the fact that no “safe” minimum level of alcohol consumption in pregnancy has been established. The effects of alcohol consumption in pregnancy vary from person to person and pregnancy to pregnancy. I heard first-hand the story of one mother who drank a glass of wine with her dinner each night through her three pregnancies. Her two daughters were unaffected but her son was diagnosed eventually with quite serious FASD.

In an AMA Media Release, September 2005, the then President of the AMA, Dr. Mukesh Haikerwahl, said “there is compelling international evidence that mothers who drink even small amounts of alcohol during pregnancy could unwittingly harm their unborn children...It’s been shown that possibly just one and half drinks a week is enough to cause harm. The effects of these low levels of alcohol may be very subtle, with slightly lower IQ or poorer motor skills than normal. Because alcohol affects so many sites in the brain, researchers believe that alcohol is far worse for the developing fetus than any other drug.”

### **4. What other data are available regarding alcohol consumption by women of childbearing age and during pregnancy in Australia and New Zealand?**

- National Health Survey 2004-5 showed that 13% of Australian adults (approx. 2million) drank at risky/high risky levels (7 or more standard drinks for males, 5 or more for females). The percentage of women drinking at these levels had increased from 6.2% in 1995 to 11.7% in 2004-5, a greater percentage increase than for men. If the new draft NHMRC Guidelines for low-risk drinking of only 2 drinks for males and females had been applied the number of females drinking at what would be regarded as risky levels would be much greater.
- According to recent figures released by the Victorian Government (Victorian Alcohol Statistics Handbook), half of all 16-24 year olds binge-drink at least once a month. Author, Dr. Anne-Marie Laslett, said that more than 300,000 young Victorians drank to excess each month. This figure would include many young women who are more likely to have unprotected sex and unplanned pregnancies after a few drinks.

- The ready availability, popularity and cheapness of ready-mixed “alcopop” drinks designed to appeal to young women, but with an alcohol content of around 6% is a matter of concern in increasing alcohol consumption among females of child-bearing age.
- A study by Lyn Colvin of the Telethon Institute for Child Health Research, based in Perth, surveyed 4839 randomly selected non-indigenous West Australian mothers. It was reported by Adam Cresswell, Health Editor of The Australian on January 27<sup>th</sup>, 2007. Its findings included:
  - o Almost 60% drank alcohol at some stage during the pregnancy
  - o 80% of the women drank in the 3 months before pregnancy
  - o Nearly 47% of pregnancies were unplanned so many of these women may have been drinking significant amounts of alcohol before realising that they were pregnant
  - o 19% consumed more than 2 standard drinks at least once during the first three months of pregnancy
  - o Nearly 15% admitted consuming 5 or more standard drinks in one sitting in the 3 months before pregnancy
  - o The women were surveyed 3 months after the birth of their child and findings were therefore an underestimate, since other studies showed that people tended to downplay their drinking as time passed
- Another study by the National Drug and Alcohol Research Centre and based on the 2004 National Drug Strategy Household Survey, was reported in the Melbourne “Age” newspaper on 12<sup>th</sup> February 2007. The study involved about 7500 women aged 14 – 49, 1000 of whom were pregnant. It found:
  - o 47% of women consumed alcohol during pregnancy and breast-feeding, although most women drank less
  - o Tertiary-educated, older, English-speaking women on higher incomes were the most likely to drink.
- These findings give the lie to assertions that in Australia, the incidence of alcohol consumption in pregnant women is low, and consumption at hazardous or harmful levels is uncommon or concentrated in areas of low socio-economic status. Professor Tim Stockwell, Director of the National Drug Research Institute, said in a 2004 Report (Health News, 29/6/2004 AAP) that “Economically and socially disadvantages people, and those with mental health problems, are more likely to smoke, binge drink and use illicit drugs. But the bulk of risky use of alcohol and tobacco takes place among average people who are averagely well-off, not just disadvantaged people.”

## **5. Are there any other data available on the incidence of FAS/FASD in Australia or New Zealand?**

- In the USA the incidence of FAS has been estimated at 1 to 3 per 1,000 live births. Fetal Alcohol Spectrum Disorder (FASD), which includes FAS, is estimated to occur in about 1 in 100 births. (Barr HM, & Streissguth AP, Dept. of Psychiatry and Behavioural Sciences, Fetal Alcohol and Drug Unit, Uni of Washington School of Medicine, Seattle)
- Dr. Elizabeth Elliot, Professor of Paediatric Health at Westmead Hospital in Sydney, is reported as saying that, “For every child with FAS there are 10 more with neuro-developmental problems caused by alcohol. We are certainly getting new cases diagnosed every year, and that is just the severe end of the

- spectrum... We also know that many women are unaware that a single binge in early pregnancy could damage their fetus.” (Daily telegraph 18/12/06)
- The WCTU believes that the incidence of FAS/FASD in Australia is seriously underestimated. Doctors are ill-informed and/or reluctant to diagnose FAS for fear of making the mother feel guilty and instead, in some cases, misdiagnose the problem as ADHD that requires a completely different management and understanding of the child’s problem. The case of Elizabeth Russell, reported in The Sunday Age 22/4/2007, is indicative of the problem. Her two sons were eventually diagnosed with FAS and alcohol-exposed neuro-developmental disorder, but only after she attended an FAS conference in Canada. She said:  
 “I went to so many doctors who didn’t want to listen, wouldn’t give me any information or referrals.”
  - During 2007 I contacted Federal Members of Parliament about the need for FAS advisories on alcoholic beverage containers and received an email reply from the office of the then Deputy Opposition Leader, Julia Gillard, stating that the Labor Party intends to set up a screening program for all babies for FAS. This sounds wonderful but it remains to be seen whether it eventuates. Such a program would enable some accurate statistics regarding the incidence of FAS/FASD to be obtained. However, according to Dr. Ann Streissguth, “a quick screening tool to identify new-born children at risk has been elusive.”

**6. Are there any other data available relating to the level of awareness amongst women of childbearing age of the risk of consuming alcohol when planning to become pregnant and during pregnancy in Australia and New Zealand?**

The binge-drinking practised by many young women indicates that they are unaware of the problems caused by alcohol consumption. Drug Arm (Queensland) reported that female students questioned about their drinking habits said that a “light” drinking session would consist of about 10 drinks, while during a “really good night out” they would consume up to 16. They experienced blackouts, vomiting and hangovers of several days... the wine glasses used in hotels and restaurants often hold more than the standard measure. When pulled up for a breathalyser test they say, “But I’ve only had 2 glasses.” But those glasses hold as much as several standard glasses, much more than the body can metabolise in one hour. (Sunday Mail 9/5/99)

Segments that have been shown on TV Programs like “A Current Affair” demonstrate a similar lack of awareness or concern on the part of young women who regard it as normal to drink in a risky manner.

**7. 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?**

We strongly agree with the Applicant (ALAC) that a health advisory statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy should be required on all alcoholic beverage containers.

As ALAC has argued, this is relatively easy to implement; has the potential to raise the awareness of large numbers of people; has high public acceptance; and consumers have the right to be informed. Unless this information is readily available to every

alcohol consumer, there may well come a time when the mother of an FAS/FASD child sues either the alcohol company or the government. There is a "duty of care" to inform **all consumers**, not just those who may be deemed "high risk", whoever they would be. The mother I referred to in Q.3 was an affluent, well-educated woman who would probably never have been classified as "high risk" and as Professor Tim Stockwell (see Q.4) stated, "the bulk of risky use of alcohol and tobacco takes place among average people who are averagely well-off, not just disadvantaged people". Warnings need to be there for Mrs. Average.

The possible negative argument raised in the Initial Assessment Report that labelling may cause women to feel guilty is a red herring. The President of the Royal College of Obstetricians, Christine Tippet, was recently reported in newspapers around the country (e.g. The Age Thurs. Nov. 15<sup>th</sup>) warning that the NHMRC recommendation for no alcohol for pregnant women would lead women to panic and race out and have unnecessary abortions in fear that they may have caused serious harm to their baby. We urge your committee to discount this scare tactic. FAS warning labels on alcoholic drinks will raise awareness and help to prevent women drinking in ignorance and having the trauma of coping with an alcohol-affected child. Women must be informed and education should start in secondary schools. Fear that a woman may panic and get an unnecessary abortion should not prevent others being warned. It is the responsibility of her obstetrician and gynaecologist to give wise counsel to someone who realises that she has been drinking during pregnancy.

**8. 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?**

The effectiveness of health advisory statements on alcoholic beverage containers is almost impossible to assess. However, health warning labels on cigarette packets have been in place for many years and must be having some effect on reducing smoking as cigarette companies have recently been promoting a cigarette packet holder that will cover up the warnings. Similarly, companies producing alcoholic drinks oppose warning labels on drinks because they are afraid that they will be effective and reduce their profits. If they really believed that warning labels were ineffective they wouldn't bother to oppose them.

Poisons are labelled. Prescription drugs are accompanied by leaflets explaining their effects and possible side-effects. Nobody would argue that these warnings should not be given because some people may not read them or may ignore the warnings. The same should apply with alcohol pregnancy advisories. The public has the right to this information for the protection of unborn children.

We agree with the Applicant (ALAC) that warning labels on their own may not prevent some pregnant women from drinking alcohol. However, they are one relatively cheap, simply implemented link in what needs to be a chain of educational measures.

The effectiveness of warning labels on alcoholic drinks in Australia obviously cannot be determined until they have been introduced and monitored over a reasonable

period of time. Authorities in the USA apparently consider it worth continuing with such advisories after nearly 20 years of implementation.

**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?**

**10. What further evidence is relevant to the wording of such a statement, such as its likely effectiveness or appeal to women of childbearing age and/or understanding of the statement by women of childbearing age?**

**11. 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?**

The wording for a statement about the risk of consuming alcohol while pregnant or planning to become pregnant needs to be in an easy to read bold font, large enough to be seen clearly, not too long, and in a separate text box. Some suggestions for wording are:

1. DO NOT DRINK if you are pregnant. Alcohol may harm your baby
2. Alcohol and pregnancy do not go together.
3. For your baby's sake, do not drink alcohol. Foetal Alcohol Syndrome is incurable.
4. For a healthy baby: No alcohol while pregnant.
5. Planning a baby? No alcohol now.
6. Planning a baby? Alcohol may cause birth defects.

It would be good to have about 6 statements that would be rotated so that people see changes. France has introduced a good graphic of a pregnant woman in a red “forbidden” sign and this is worth considering as part of a rotation of warnings as graphics make more impact than words. Could there be one with an FAS baby? Cigarette warnings have moved to shock treatment with graphics pictures.

We consider that the emphasis in any warning should be on the baby. Mothers are concerned to have healthy babies and are most likely to take notice if they realise that the baby’s health is at stake.

**12. What percentage of alcohol by volume should be used to determine which alcoholic beverages are to carry an advisory statement, if required?**

As there is no guaranteed “safe” level of alcohol consumption during pregnancy it would be consistent to have warning labels on **all** alcoholic drink containers. At a very minimum, they should apply to all drinks containing more than 0.5% alcohol in line with current standard drink labelling. After all, alcohol is the same with the same effects, whether it is in beer, wine, vodka or pre-mix “alcopops”.

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

If the status quo, i.e. no FAS warning labels on alcoholic drink containers, is maintained, many consumers will be denied this opportunity to know the dangers and babies will continue to be born with FAS/FASD because their mothers did not know

that they should not drink during pregnancy. Bringing up a child with FAS/FASD is a lifetime sentence for parents and child and is a totally preventable tragedy if the mother does not drink during pregnancy. The warning must be given. The liquor industry would, no doubt, be pleased if no change is required that might reduce its profits in any way. However, if there are no warnings, both the liquor industry and the government could be open to court cases from parents of FAS/FASD children who were not warned.

A decision not to mandate FAS warning labels would also send a message to the government and the medical profession that FAS/FASD is not an important health issue so other educational measures would most likely not be undertaken.

**14. 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 alcoholic beverage containers?**

An advisory statement on alcoholic beverage containers about the risks of consuming alcohol when planning a pregnancy or during pregnancy would raise public awareness of this problem and result in a significant number of women changing their drinking habits to avoid having a child with FASD. Even the publicity that would be given to this decision would have a positive effect on the awareness of many women.

It would involve the liquor industry in minimal costs for setting up the artwork for new labels. The cost of the labels is just a normal ongoing expense. I understand that Australian liquor that is exported to the USA has an FAS warning so companies already produce special labels.

The government would have, to a degree, fulfilled its duty of care to warn women of the possible risks of alcohol consumption during pregnancy and, by acknowledging the problem, be in a better position to take further steps to combat it.

**15. 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?**

As I have already stated, labelling alcoholic beverages is a very inexpensive way to potentially inform every alcohol consumer of the risks. A number of different messages/graphics should be rotated to keep the message fresh.

However, labelling needs to be part of a wider educational campaign that would use every possible avenue of communication – television, radio, posters, statements by sporting and media personalities, written information, etc. These are much more expensive than the labels on drinks but they are needed from time to time to make women realise the risks of FAS. Once public awareness is raised by these other measures, the labels would be an ongoing reminder not to drink while pregnant.

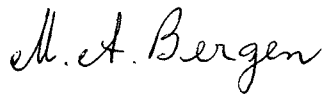
**In conclusion**, the National Woman's Christian Temperance Union of Australia wants to emphasise that:

- Birth defects due to a mother's consumption of even a small amount of alcohol during pregnancy, whatever their severity and whether diagnosed as

FAS (Fetal Alcohol Syndrome), FAE (Fetal Alcohol Effects), FASD (Fetal Alcohol Spectrum Disorder), ABRD (alcohol-related birth defects) or ARND (alcohol-related neuro-developmental disorder), are a serious but under-reported health problem in Australia and New Zealand. The damage is permanent and costly. In the USA, the comprehensive lifetime cost of caring for one person with FAS is estimated to be over 4 million dollars. Any cost involved in putting FAS warning labels on drinks is miniscule in comparison.

- Increased awareness of the lifetime health risks to babies associated with a pregnant woman's drinking of alcohol during pregnancy is long over-due in Australia. We lag far behind countries like USA and Canada.
- The INITIAL ASSESSMENT REPORT, APPLICATION A576 LABELLING OF ALCOHOLIC BEVERAGES WITH A PREGNANCY HEALTH ADVISORY LABEL makes it clear that FSANZ is aware of the problems caused by women drinking during pregnancy. Such labels are simple and inexpensive to do. Why would such an easy step that has the ability to reach all drinkers not be mandated? FSANZ has a duty to warn women and so prevent the costly tragedies of the birth of damaged babies.

We urge the FSANZ Board therefore to support the ALAC application and adopt 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.**



Anne Bergen (Mrs.) B.A. Dip.Ed.  
Secretary National woman's Christian Temperance Union of Australia Ltd.  
11 The Corso, Parkdale 3195, Victoria  
Email: [annebergen@optusnet.com.au](mailto:annebergen@optusnet.com.au) Phone: 03 9580 1675  
National WCTU Office, 1<sup>st</sup> Floor, 15 Collins Street, Melbourne 3000  
January 2008

-



## Appendix 1

the babies most at risk are those whose mothers take more than 5-6 drinks a day.

Heavy drinkers (10 drinks per week) were more than twice as likely as light drinkers (5 drinks per week) to have a low birth-weight baby.

Even one "binge" (5 or more drinks at one time) during the most critical period, the early weeks after conception and **before you may be aware that you are pregnant**, can cause your baby to suffer some FAS symptoms.

## NOW, IT'S OVER TO YOU!

For your baby's good health, and your own, why not decide to give up alcohol during your pregnancy—and perhaps for good?

## FINALLY, A WORD TO FATHERS

You also have an important role to play in ensuring that your child is healthy.

There are two points to consider:

- According to Australian expert in alcohol-related brain damage, Dr Jean Lennane, alcohol drunk **by the father** up to three months before conception may also lead to birth abnormalities.
- When your wife decides to avoid alcoholic liquor, it is important that you respect her decision and give her your support.



*Frontal photograph of an infant with FAS  
(the same child at 2 years).*

### Bibliography

#### Medical Journals

- Canadian Journal of Public Health,  
July-Aug 1994
- Canadian Medical Association Journal,  
July 15, 1981 (2 articles)
- Lancet, June 9, 1973
- Lancet, March 26, 1983
- Lancet, April 10, 1993
- Medical Journal of Australia, Oct 17, 1994
- Obstetrics & Gynaecology (NY), May 1983

### Book

- Hafen, BQ & Frandsen, KJ  
*Foetal Alcohol Syndrome*  
Hazeldean Foundation, USA, 1980

Lectures delivered in Melbourne, May 1995, by

- Ann Streissguth, PhD, USA, world authority  
and leading researcher on FAS and FAE.
- Dr Jean Lennane, MB, ChB, FRACP, DPM, Sydney.

Revised 2000  
WCTU DRUG FREE LIFESTYLES  
1st Floor, 15 Collins Street  
Melbourne 3000

Phone (03) 9654 6491 Fax (03) 9650 2890

An important  
message to

**PARENTS**-to-be,  
especially **Mothers**



# Foetal Alcohol Syndrome

If you are planning a pregnancy or are already pregnant, you will want to give your baby the best possible start to life. You will be aware that drugs you take could harm your baby, and so will be careful to take only medication prescribed by your doctor. **However, one drug that you may not have considered is alcohol.**

## IMPORTANT FACTS

Alcohol drunk by a mother crosses the placenta and enters the bloodstream of her baby. **If the mother is drunk, so is the baby.**

As the foetal liver is not mature until the latter half of pregnancy, most of the alcohol that reaches the foetus is retained there until the mother's liver has eliminated her alcohol. It then passes back to her bloodstream for elimination.

**Alcohol is a poison as well as an addictive drug, so alcohol in the foetus has a toxic effect on developing cells and organs, especially the brain where it kills cells.**

The greatest damage occurs during the first three months when major morphological (structural) abnormalities occur.

From the fourth to the sixth months alcohol continues to affect the central nervous system and increases the risk of miscarriage.

In the last three months, alcohol contributes to dulled mental abilities, minor abnormalities and decreased growth.



*Frontal photograph of an infant with FAS (at birth).*

**The damage to a developing foetus resulting from the mother's alcohol intake is known as FOETAL ALCOHOL SYNDROME (FAS) or, where symptoms are less severe, as FOETAL ALCOHOL EFFECTS (FAE).**

**A BABY SUFFERING FROM COMPLETE OR PARTIAL FAS WILL SHOW SOME OF THESE FEATURES:**

- Prenatal and postnatal growth retardation
- Evidence of central nervous system damage:
  - mental retardation
  - poor sucking and swallowing reflexes, apathy, eating problems
  - poor muscle tone and motor coordination
  - irritability
- Craniofacial abnormalities:
  - microcephaly (small head)
  - a flattened groove between the upper lip and nose
  - a small, upturned nose
  - a broad, low, nasal bridge

- small, slant-like eyes set wide apart with heavily-folded eyelids
- a small jaw
- a cleft palate
- protruding, often imperfect ears
- eye problems
- thicker than normal facial hair

- **Skeletal abnormalities:**

- painful immobility of elbows and knees
- small or abnormal fingernails and toenails
- abnormal creases on hands

- **Defects in major organs:**

- heart, liver, kidneys, genitals

**FAS is now the leading cause of mental retardation in the Western world and is a preventable tragedy.** Although there are changes in some features of the syndrome with time, most affected children can still be identified as suffering from FAS in late childhood and adolescence, and there is no significant improvement in intelligence with time.

## BABIES AT RISK

The incidence of FAS is estimated at 1-2 per 1000 live births, whereas the less serious diagnosis of FAE is estimated to occur in 3-5 per 1000 live births. Dr Ann Streissguth, a leading authority on FAS in the US, also believes that about 1 child per 100 has subtle learning and behavioural problems related to the mother's alcohol consumption during pregnancy.

**No "safe" dose of alcohol consumption during pregnancy has been established.** For this reason, the US Surgeon-General and the British Royal College of Psychiatrists have adopted a play-it-safe policy and **uncompromisingly advise total abstinence from alcohol during pregnancy.**

Studies in Britain and the USA show that

# WARNING

WHEN YOU DRINK  
SO DOES YOUR  
UNBORN BABY

# WARNING

ALCOHOL MAY CAUSE:

- BIRTH DEFECTS
- BRAIN DAMAGE
- LEARNING DIFFICULTIES
- BEHAVIOURAL PROBLEMS

Woman's Christian Temperance Union of WA Inc www.wctuwa.com.au  
Image reproduced with the kind permission of NOFASARD: www.nofasard.org

Be kind  
to me,  
stay  
alcohol  
free



Appendix 2.



Appendix 3