1 February 2008

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Dear Sir

Submission by the Ministry of Health to Application A576: labelling of alcoholic beverages with a pregnancy health advisory label

Thank you for the opportunity to make a submission on the Alcohol Advisory Council's application (Application A579), which is seeking an amendment to the Food Standards Code to make pregnancy health advisory labels mandatory on alcohol beverage containers.

The Ministry of Health (the Ministry) fully supports the introduction of pregnancy health advisory labels on alcohol beverage containers. Please find enclosed the Ministry's submission.

Messages that encourage women not to drink any alcohol during pregnancy or if planning a pregnancy are consistent with the Ministry's advice to women to avoid alcohol during pregnancy, when planning pregnancy and while breastfeeding. The current evidence is not robust enough to exclude any risk from low to moderate levels of alcohol consumption during pregnancy. That is, there is no known safe level of alcohol use during pregnancy and complete abstinence from alcohol should be advised in order to prevent Fetal Alcohol Spectrum Disorder (FASD) in the unborn child.

The New Zealand Government has agreed in principle to pregnancy health advisory labels on alcohol beverage containers, subject to the process by which amendments are made to the Australia New Zealand Food Standards Code. The Associate Minister of Health, Hon Damien O'Connor, welcomed progress on the proposal to place health advisory labels on alcoholic beverages informing women of the risks of drinking while pregnant and has encouraged individuals and organisations in New Zealand to comment on the Initial Assessment Report.

The implementation of pregnancy health advisory labels is intended to be part of a whole of government action plan to address FASD in New Zealand. Work on this action plan has commenced and is intended to be finalised in 2008.

I look forward to the release of the Draft Risk Assessment document and your decision on the introduction of pregnancy health advisory labels on alcohol beverage containers in New Zealand and Australia.

Yours sincerely

Barbara Phillips
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February 2008

MINISTRY OF HEALTH SUBMISSION TO APPLICATION A576: LABELLING OF ALCOHOLIC BEVERAGES WITH A PREGNANCY HEALTH ADVISORY LABEL

The Ministry of Health (the Ministry) submission supports the Alcohol Advisory Council's (ALAC) application (Application A579), which is seeking an amendment to the Food Standards Code to make pregnancy health advisory labels mandatory on alcohol beverage containers.

The Ministry's submission addresses the questions raised in the Food Standards Australia New Zealand's (FSANZ) Initial Assessment Report. The discussion focuses on key policy arguments around the implementation of pregnancy health advisory labels and evidence evaluating the implementation of tobacco warning labels. Tobacco warning labels provide a useful precedent to inform the development of health advisory labels for alcohol beverages in New Zealand and Australia. The submission draws strongly on international examples of countries that have introduced pregnancy health advisory labels. There are six countries[1] that have pregnancy health advisory labels advising women of the dangers of consuming alcohol while pregnant. Ireland, Canada and the United Kingdom have also made developments on making mandatory pregnancy health advisory labels on alcohol beverage containers a requirement. Pregnancy health advisory labels have been a requirement on alcohol beverage containers in the United States since 1989.

Ministry of Health position

The Ministry fully supports the introduction of pregnancy health advisory labels on alcohol beverage containers. The National Alcohol Strategy 2000-2003 recommends the examination of the benefits and costs of including additional product information on alcoholic drink containers (e.g. health warnings) (ALAC & Ministry of Health, 2001).

Messages that encourage women not to drink any alcohol during pregnancy or if planning a pregnancy are consistent with the Ministry's advice to avoid alcohol during pregnancy, when planning pregnancy and while breastfeeding. The current evidence is not robust enough to exclude any risk from low to moderate levels of alcohol consumption during pregnancy (British Medical Association, 2007). That is, there is no known safe level of alcohol use during pregnancy and complete abstinence from alcohol should be advised in order to prevent Fetal Alcohol Spectrum Disorder (FASD) in the unborn child.

Fetal Alcohol Spectrum Disorder (FASD)

Alcohol is a teratogenic compound, meaning it interferes with the normal development of the embryo or fetus as it readily crosses the placenta (British Medical Association, 2007). Prenatal alcohol exposure can affect the fetus in a number of ways. FASD is an umbrella term used to describe the spectrum of disabilities (and diagnoses) associated with prenatal exposure to alcohol (Public Health Agency of Canada, 2005b).

The range of phenotypes associated with FASD varies in severity depending on the level, pattern and timing of maternal alcohol consumption. The diagnoses under the FASD umbrella include:

[1] These countries include: the United States of America; South Korea; Columbia; France; Finland and South Africa.

- Fetal Alcohol Syndrome (FAS)
- Partial FASD (pFAS)
- Alcohol-Related Neuro-developmental Disorder (ARND)
- Alcohol-Related Birth Defects (ARBD).

The most clinically recognisable form of FASD, FAS, is the leading cause of non-genetic intellectual disability in the Western world (British Medical Association, 2007). FAS consists of measurable deficits including characteristic facial malformations, brain and central nervous system disorders, and growth retardation. Other associated conditions can include heart and kidney defects, hearing and eyesight impairments, skeletal defects and immune system deficiencies. The full syndrome is often associated with moderate or heavy alcohol use throughout pregnancy and binge drinking (5 or more drinks per one occasion) (Alcohol Healthwatch, 2007).

The irreversible damage to neural development associated with FASD adversely impacts all further development resulting in lifelong consequences for the individual, their family/whanau and society. FASD is therefore a significant contributor to the burden of disease, to the burden of social costs and to health inequalities. For instance, 90 percent of people with FASD have mental health problems; 60 percent of youth with FASD have trouble with the law; 60 percent of youth with FASD have a disrupted school experience; and 80 percent are unable to obtain and retain employment regardless of I.Q (Alcohol Healthwatch, 2007). Both primary (resulting from organ and central nervous system deficits) and secondary (develop over time because of the lack of interventions) disabilities associated with FASD are 100 percent preventable if women abstain from alcohol during pregnancy.

Background on the New Zealand response to FASD

In 2000, the New Zealand House of Representatives received a petition from 7280 people, requesting legislation requiring all alcohol beverages in New Zealand carry health and safety messages including the advice that drinking alcohol during pregnancy can cause birth defects.

In response to this submission the Health Select Committee recommended that health advisory labels should be placed on alcohol beverage containers to remind women of the potential dangers of drinking alcohol while pregnant. The Health Select Committee also recommended that the labels should be supported by a range of health promotion and education initiatives and research (House of Representatives Health Select Committee, 2002).

In February 2003, the New Zealand Government agreed in principle to pregnancy health advisory labels on alcohol beverage containers, subject to the process by which amendments are made to the Australia New Zealand Food Standards Code. It was agreed that ALAC and the Ministry jointly prepare an application to FSANZ seeking an amendment to the Food Standards Code to make pregnancy health advisory labels mandatory on alcohol beverage containers.

The application was submitted by ALAC with the full support of the Ministry. The Ministry undertook to support the application by commissioning research relevant to the New Zealand environment and examining and developing non-regulatory alternatives such as

contributing to the on-going development of a whole of government action plan to address FASD.

The Associate Minister of Health with the responsibility for alcohol issues, Hon Damien O'Connor, has welcomed progress on the proposal to place health advisory labels on alcoholic beverages informing women of the risks of drinking while pregnant and has encouraged individuals and organisations in New Zealand to comment on Initial Assessment Report.

The implementation of pregnancy health advisory labels in New Zealand is intended to be a key part of a broad, whole of government action plan to address FASD. An Inter-Agency Committee on Drugs (IACD) working group is developing the action plan. Both ALAC and the Ministry are members of the IACD and are leading the development of the action plan. Work on this action plan has commenced and is scheduled to be finalised in 2008.

Initial assessment questions

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?

Aotearoa National Advisory Group FASD Strategic Plan 2005-2020

In late 2003, ALAC established the Aotearoa National Advisory Group (the Advisory Group) on FASD. The Advisory Group was set up to ensure that people with relevant expertise in the areas of preventing FASD and in diagnosing and treating those with FASD were available to provide advice on the development of policies and interventions to address FASD in New Zealand.

In 2006, ALAC and the Advisory Group developed the *Aotearoa National Advisory Group FASD Strategic Plan 2005-2020 (*the Strategic Plan) to provide a framework for addressing FASD in New Zealand. The vision is 'abstinence from alcohol during pregnancy by 2020'. The Strategic Plan provides four broad goals:

a) preventing the incidence of FASD;

b) identifying those affected by FASD;

c) treating those affected by FASD in appropriate settings with appropriate interventions;

d) promoting multisectoral/multidisciplinary cooperation and information sharing.

The Strategic Plan is still in draft form and the development of the whole of government action plan has superseded the Plan.

The Strategic Plan encourages the support and treatment of those with FASD. The Strategic Plan supports research to increase knowledge on the prevalence of alcohol consumption in pregnancy; the level of awareness among women of child-bearing age on the effects of alcohol in pregnancy; and the most effective source of providing information on the impact of alcohol in pregnancy. Furthermore, the Strategic Plan promotes the development of education initiatives and the development and dissemination of resources to complement ALAC's labelling application and build on the message to the community of abstinence during pregnancy.

Child and Maternal Health Action Plan

Pregnancy health advisory labels are a critical element of broad, national prevention strategies to address FASD (Public Health Agency of Canada, 2005a; Alcohol Healthwatch, 2003). The implementation of health advisory labels is intended to be a component of a FASD prevention strategy, which will fall under the whole of government action plan to address FASD in New Zealand. The approach is to develop a broad *Child and Maternal Health Action Plan*[2] (the Action Plan) under the *National Drug Policy 2007-2012*. It is intended that this Action Plan will focus on FASD but may consider other drugs under each action. This Action Plan will prioritise the effects of alcohol use during pregnancy due to the high risk of harm and high prevalence of alcohol consumption in New Zealand in comparison to other drugs.

In June 2006, the IACD[3] agreed that a Working Group made up of interested IACD agencies should be set up to discuss the development of a whole of government strategy to address FASD in New Zealand. The IACD is a monitoring group of cross agency officials who play a key role in ensuring that drug related policies and programmes developed by government agencies are consistent and mutually supportive. The IACD develops and monitors the action plans under the *National Drug Policy 2007-2012.* The *National Drug Policy 2007-2012* sets out the Government's policy for alcohol, tobacco, illicit and other drugs.

The Working Group has identified possible key objectives of a cross-sectoral response to FASD. This is to:

- reduce the incidence of FASD;
- have consistent messages given to women about alcohol consumption during pregnancy and when planning a pregnancy;
- focus on early identification and diagnosis across a number of sectors; and
- educate medical professionals and others involved in providing advice to those planning pregnancy and those who are pregnant.

In developing the Action Plan, the process followed will include a systematic review of the literature; involvement of topic experts; and consultation with stakeholders. According to the *National Drug Policy 2007-2012*, Action Plans will:

- specify the types of activities to be undertaken;
- contain specific outcome indicators and targets;
- identify ways to resource the activities; and
- nominate which government agency will take the lead in each area.

As these plans are generated, individual agency work programmes to advance the *National Drug Policy's* objectives will be developed and built on. The Ministerial Committee on Drug

[2] 'Child and Maternal Health Action Plan' is a working title.

[3] Ministries of Health, Social Development, Justice, Education, Transport, Pacific Island Affairs, Youth Development, Te Puni Kokiri, Customs, Department of Corrections, New Zealand Police, Accident Compensation Corporation, Alcohol Advisory Council of New Zealand.

Policy (MCDP) and the IACD will monitor the progress of the implementation of the Action Plan. Diagram 1 shows the reporting structure (see appendix A).

It is intended that the Strategic Plan, developed by ALAC and the Aotearoa National Advisory Group, be used as a basis for the Action Plan. It is likely that the principles of the four broad goals from the Strategic Plan will inform the structure of the action plan. This is likely to cover prevention; identification; management; and promoting multisectoral/multidisciplinary cooperation and information sharing.

The table below provides an estimated timeframe:

Due date	**Milestones**
End of 2007	Engagement with topic experts
Early-2008	Draft Action Plan
Mid-2008	Public consultation and finalisation of the Action Plan
Late-2008/2009 and out years	Implementation phase of the Action Plan

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

The *National Drug Policy 2007-2012* sets out the government's policy for tobacco, alcohol and other drugs. It recognises that birth defects, including FAS and other permanent disabilities, contribute to alcohol-related harm.

In 2006, the Ministry strengthened its advice to avoid alcohol during pregnancy, when planning pregnancy and while breastfeeding. The Ministry's policy is to encourage women not to drink any alcohol during pregnancy because there is no known safe level of alcohol use during pregnancy. The Ministry has released several publications directed at parents and health professionals. They promote the Ministry's advice of abstinence from alcohol during pregnancy (see the reference section of the submission).

1. *The Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women: A background paper (2006).* This publication can be accessed from the Ministry website: (http://www.moh.govt.nz/moh.nsf/pagesmh/4676/$File/food-and-nutrition-guidelines-background-paper-may06.pdf)

2. *Your Pregnancy/Tō Haputanga*. This publication can be accessed from the Health Ed website: http://www.healthed.govt.nz/resources/yourpregnancytohaputanga.aspx

3. *Alcohol and Pregnancy: When you drink so does your baby* (2005). This publication can be accessed from the website:http://www.cph.co.nz/files/DRU0021.pdf

4. *Eating for Healthy Pregnant Women* (2004). This publication can be accessed from the website: http://www.healthed.govt.nz/resources/eatingforhealthypregnantwomenngaka.aspx

Copies of three of these publications are enclosed with the hard copy of this submission. Most of these resources are available from the Ministry website and are disseminated through public health units. The Health Ed website houses a searchable catalogue of resources about key public health topics that can be viewed and ordered. Lead Maternity

carers are required to provide pregnancy care and advice, including ensuring that pregnant woman have a copy of the Ministry's consumer publication "*Your Pregnancy/Tō Haputanga"*.

Alcohol Advisory Council

ALAC has developed several resources, including a pamphlet in English, Maori and Pacific languages titled *Drinking and your Baby* (2003), a video on alcohol and pregnancy called *Drinking and Your Baby* and alcohol and pregnancy information on their website (www.alac.org.nz).

Non-Government organisations

Alcohol Healthwatch is a charitable trust funded by the Ministry. Alcohol Healthwatch is dedicated to reducing and preventing alcohol related harm in New Zealand through effective health promotion. Alcohol Healthwatch have worked to foster awareness and action on FASD by coordinating the Fetal Alcohol Network New Zealand (FANNZ), which provides the linkage and support for the many organisations and individuals interested in and working to reduce the effects of alcohol use during pregnancy. In addition, Alcohol Healthwatch provides lectures and workshops, co-ordinates collaborative events to mark FASDay each year on 9 September and responds to requests for information and advice on FASD. Community based FASD groups have also held awareness-raising events and some local health providers have used resources and run training for local communities.

New Zealand Drug Foundation have published a paper *Evidence Review of Alcohol and Pregnancy* (2006) to support information for the New Zealand Drug Foundation's 2006 policy position on alcohol and pregnancy.

Industry

Lion Nathan and DB Breweries, New Zealand's two major breweries, have developed a website for consumers, which provide general information on alcohol and drinking (www.drinkresponsibility.co.nz). The website has recently been updated and now recommends that women who are pregnant or trying to conceive should avoid drinking alcohol altogether, in line with Ministry advice.

Inconsistent advice from Australian and New Zealand Health Practitioners and health professional representatives

Evidence suggests that many women are receiving inconsistent advice from health practitioners about drinking during pregnancy (Alcohol Healthwatch, 2007). In a recent series on obstetric practice in NZ Doctor Magazine (19 April and 3 May 2006), an obstetric specialist advised general practitioners to counsel clients planning pregnancy to cease smoking and drug taking but to only "moderate" their alcohol intake pre-pregnancy. Similarly, it appears that the Royal Australian and New Zealand College of Obstetricians and Gynecologists continue to support the current National Health and Medical Research Council (NHMRC) Australian guidelines, which advise no more than seven drinks over a week and no more than two drinks on any one day during pregnancy[4]. This is inconsistent with the Ministry's position that there is no known safe level of drinking during pregnancy and no known safe time and therefore women who are pregnant, planning pregnancy or breastfeeding should avoid alcohol. The lack of understanding among health professionals

[4] Jill Stark. 15 November 2007. Abortion fear over no-alcohol-in-pregnancy advice. Australia: The Age

in New Zealand is reflected internationally, partly due to a lack of consensus in the literature regarding sensible drinking levels and FASD (British Medical Association, 2007).

The New Zealand College of Midwives position statement is that parents planning a pregnancy and women who are pregnant should be advised not to drink alcohol. The Australian Medical Association and the Australian College of Midwives support the new NHMRC proposals, which recommend that not drinking alcohol is the safest option for women who are pregnant, planning a pregnancy or breastfeeding.

In 2007, MCDP agreed to fund a study undertaken by Alcohol Healthwatch and the University of Auckland on what health care professionals know and do about maternal alcohol and other drug use during pregnancy. This study is due to be completed by late 2008. Further research in this area will also be considered as part of the *Child and Maternal Health Action Plan*.

3a. Effects of low to moderate alcohol consumption

Further research into the effects of low to moderate alcohol use during pregnancy and the factors that are likely to affect the impact of alcohol consumption on the fetus will be considered as part of the *Child and Maternal Health Action Plan*.

There is a considerable amount of debate about the adverse effects of low to moderate maternal alcohol consumption on the fetus (Nathanson, Jayesinghe, & Roycroft, 2007). This may be explained by the variability in the definitions of consumption levels, differences in the way drinking behaviour is characterised, methodological issues and retrospective study designs, and issues around determining the effect of confounding factors (British Medical Association, 2007; O'Leary, 2002).

There is no consensus on the level of risk that alcohol can have on the fetus and it has also been widely recognised that a threshold of alcohol intake for pregnant women has not been adequately identified (Nathanson et al, 2007; Sokol, Delaney-Black & Nordstrom, 2003). In Australia, the recent draft guidelines for low risk drinking issued by the NHMRC state that the safety of a range of drinking levels consumed during pregnancy or breastfeeding has not been established. However, evidence is emerging on the possible risks of low to moderate alcohol use during pregnancy. The recent draft NHMRC guidelines noted that low to moderate alcohol consumption may result in adverse neurodevelopmental and behavioural outcomes. Sokol et al (2003) cite recent research on the damaging outcomes for children prenatally exposed to an average of more than 1 drink (0.5 oz) per day and amounts as low as 0.5 drinks per day (also see Nathanson et al and British Medical Association for a recent summary of evidence).

The current evidence is not robust enough to exclude any risk from low to moderate levels of alcohol consumption during pregnancy (British Medical Association, 2007). In line with the evidence, the Ministry recommends that women avoid alcohol during pregnancy, when planning pregnancy and while breastfeeding. This view has also been widely adopted internationally (See Assessment Question 6).

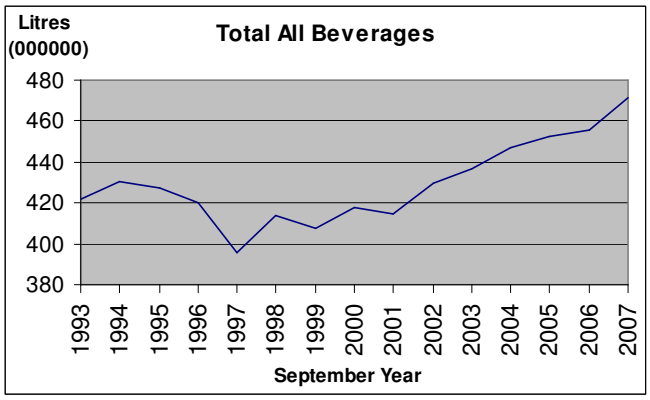
3b. Factors affecting the impact of alcohol consumption on the fetus

The range of phenotypes associated with FASD varies in severity depending on the level, pattern and timing of maternal alcohol consumption (British Medical Association, 2007). Other risk factors include genetics of the mother and fetus; the nutritional status of the mother; race; hormonal interactions; use of other drugs; general health of the mother; stress; maternal age; and low socio economic status (British Medical Association, 2007; Nathanson et al, 2007; O'Leary, 2002).

There is wide agreement about the effects on the fetus that can occur from maternal 'binge' drinking (New Zealand Drug Foundation, 2006). This is of particular concern considering research suggesting that New Zealand has a culture of risky drinking across its population. In 2004, 25 percent of surveyed females reported drinking large amounts of alcohol on a typical drinking occasion, defined as more than five standard drinks for females. For females aged 18-24 years of age, 51 percent reported drinking large amounts of alcohol on a typical drinking occasion (Ministry of Health, 2007).

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

In New Zealand the level of alcohol consumption has been gradually increasing since 1997, when there was a total volume of 396 million litres of alcoholic beverages available for consumption (8.43 litres of pure alcohol per head of population aged 15 years and over). In the year ending September 2007 the total volume of alcoholic beverages available for consumption was 471 million litres (9.3 litres of pure alcohol per head of population aged 15 years and over). This is reflected in the figure below.



Source: Statistics New Zealand – alcohol and tobacco available for consumption September 2007

Evidence suggests that there has been an increase in the prevalence of excessive drinking amongst women, especially young women. There is now a markedly smaller difference between the amount of alcohol consumed by young men and that consumed by young women (ALAC & Ministry of Health, 2001). Analysis of data collected in the 2000 National Alcohol Survey compared with the 1995 National Survey found that women of all ages showed an increase in the typical quantities of alcohol consumed and the increases were marked among those ages 16-17, 18-19 and 20-24 years (Alcohol and Public Health Research Unit, 2001).

The *2004 Health Behaviour Survey – Alcohol Use* found that 82.4 percent of female drinkers aged between 16-39 years who were currently pregnant reported stopping drinking alcohol during their pregnancy. For female drinkers aged between 16-39 years, 79.2 percent of those surveyed who were planning a pregnancy had stopped drinking alcohol while planning a pregnancy. The next *Health Behaviour Survey - Alcohol Use* contains 2007 data and will be published in 2009.

Key results from the 2006/07 New Zealand Health Survey data will be made available online in mid-May 2008. Although this information is limited regarding data on alcohol consumption during pregnancy, this data can be used to inform further analyses in the Draft Assessment Report on alcohol consumption patterns in women of child bearing age. The survey will most likely have the following data (by age group, sex, ethnic group, NZDep):

- past-year drinking (had at least one drink containing alcohol in the last 12 months);
- frequency of drinking in the last year (not in past year, monthly or less, up to four times a month, up to three times a week, four or more times a week);
- number of drinks consumed on a typical drinking day (1 or 2, 3 or 4, 5 or 6, 7 to 9, 10 or more);
- frequency of drinking six or more drinks on a typical occasion (never, less than monthly, monthly, weekly, daily or almost daily);
- hazardous drinking (AUDIT score of 8 or more) (among past-year drinkers, and among total population).

Further research regarding alcohol consumption by women of childbearing age and during pregnancy will be considered as part of the *Child and Maternal Health Action Plan*. Specifically, research could identify groups or characteristics of women of childbearing age who are at high-risk of consuming alcohol during pregnancy. For instance, New Zealand research suggest that while women from higher socio-economic groups are more likely to continue to drink during pregnancy, heavy or binge drinking during pregnancy is more likely to be undertaken by younger women, socio-economically deprived women and Maori women (McLeod, Pullon, Cookson, & Cornford, 2002).

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

There is no nationally consistent definition or diagnostic criterion for FASD in New Zealand. This is one of the main reasons why the true incidence of FASD in New Zealand in unknown. Since FASD is not routinely screened in infancy and early childhood, many children with FASD remain undiagnosed, which can lead to misclassifications and further harms. Children without the presenting features of the full syndrome are even less likely to be assessed.

The New Zealand Paediatric Surveillance Unit (NZPSU) collected data on the prevalence of FAS in New Zealand from July 1999 to December 2001. The aim of the NZPSU is to facilitate and improve the knowledge of rare childhood conditions in New Zealand. In 2000, 29 cases of suspected or definite FAS were notified, with 14 definite cases of FAS were reported. The report notes that these prevalence rates for FAS are low compared to other countries, possibly because only a small number of New Zealand paediatricians are diagnosing children with FAS (NZPSU, 2000).

Alcohol Healthwatch estimate that at least 173 babies are born with FASD every year in New Zealand based on overseas incidence rates of 3 per 1000 live births (Alcohol Healthwatch, 2007). This can be compared to cystic fibrosis at 1 per 3000 live births, Downs Syndrome at 1 per 1000 and cerebral palsy at 1-2.6 per 1000. Diagnosis/identification of FASD will be considered as part of *Child and Maternal Health Action Plan*.

Similarly, there is currently no reliable evidence on the incidence of FASD in the United Kingdom (British Medical Association, 2007). For FAS, there were approximately 0.21 cases per 1000 live births in 2004. In the United States, the incidence of FAS is reported to be between 0.5 and 2 per 1000 live births (British Medical Association, 2007). This compares with approximately 50 babies a year who are born affected by neural tube defects.

5. 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?

In 2006, ALAC and the Ministry funded a University of Otago research project to assess the awareness of New Zealand women of child bearing age about drinking alcohol during pregnancy. This study found that more than 50 percent of women were of the opinion that if a pregnant woman wanted to drink, then some alcohol was safe in pregnancy (Parackal, Parackal, Gerguson, & Harraway, 2006). Nearly 20 percent of all women had binged at least on one occasion in pregnancy, most having done so before they realised they were pregnant. Further research assessing the awareness of New Zealand women of child bearing age about drinking alcohol during pregnancy will be considered as part of the *Child and Maternal Health Action Plan*.

6. 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?

The Ministry fully supports the introduction of pregnancy health advisory labels on alcoholic beverages. This initiative would support the Ministry's current position regarding drinking alcohol during pregnancy. It is considered to be a key part of the forthcoming *Child and Maternal Health Action Plan* aimed at reducing the incidence of FASD in New Zealand. Introducing mandatory labels will also align New Zealand with other industrialised nations. Evidence supporting this position is outlined in the sub-headings below.

Prevention

Universal prevention activities should promote health, prevent alcohol and other drug use during pregnancy, and prevent conception while substances are used, or reduce the harm arising from substance use during pregnancy (Health Canada, 2000). A comprehensive preventative approach should consist of a universal prevention strategy targeted at the general population as well as a more selective approach to sub populations considered to be at high-risk. Universal prevention interventions attempt to educate the broad public about the risks of drinking during pregnancy (Hankin, 2002). May (1995) suggests that primary prevention (stopping maternal drinking before pregnancy starts) is needed for most of the female population who are of childbearing age, secondary prevention (early detection and treatment) may be necessary for 14-25 percent and tertiary prevention (changes behaviours of women who are at very high risk) is appropriate for only 2 to 6 percent.

The critical time of development is usually before a woman recognises that she is pregnant and seeks advice from a health practitioner or maternity carer. Alcohol Healthwatch recommend that greater emphasis needs to be placed on preconception care to focus public attention toward drug avoidance before pregnancy is detected. This together with the provision of advice to women at the time their pregnancy is confirmed will ensure that the greatest number of opportunities to reduce risk is taken. There are also anecdotal reports that women want to see publicly available advice that is consistent with the advice from their lead maternity carers (e.g. "if drinking will harm my baby, surely there would be a label on the alcohol container as there is for cigarette packages").

Effectiveness of public awareness campaigns

Fenaughty and MacKinnon (1993) suggest that public awareness campaigns may be effective in the long run in preventing women from developing drinking patterns that would place them at risk when pregnant. May (1995) also suggests that public heath awareness efforts may 'spark' behaviour change in a way similar to that attributed to public information

on smoking and heart disease. Furthermore, an informed public may be more inclined to support public expenditure to address FASD in the future (Public Health Agency of Canada, 2005a; Streissguth, 1997 cited in Health Canada, 2000).

Women who are attempting to avoid alcohol use during pregnancy need support from their parents, family and communities, and public awareness campaigns can help engender this support (Health Canada, 2000). Informing the general public about the dangers of consuming alcohol during pregnancy would increase the awareness of partners or spouses of pregnant women or couples trying to become pregnant. Research shows that women are most likely to say they would lower their alcohol use during pregnancy if their spouse or partner encouraged them to stop or cut back (Public Health Agency of Canada, 2006).

Evidence suggests that a comprehensive nation-wide, proactive communication approach needs to include health advisory statements on alcohol containers (Alcohol Healthwatch, 2007). There is good evidence to show that health advisory labels will complement and enhance national strategies to raise awareness of the potential dangers of consuming alcohol when planning to become pregnant or during pregnancy.

Health advisory message consistent with New Zealand, Australian, and international advice

New Zealand's official government advice, that women should avoid alcohol during pregnancy, when planning pregnancy and while breastfeeding, is consistent with the recommendations of the World Health Organization and other jurisdictions. The recent Australian NHMRC draft guidelines recommend that not drinking is the safest option for women who are pregnant, are planning a pregnancy or are breastfeeding. The UK Department of Health, British Medical Association, and the Public Health Agency of Canada recommend that during pregnancy there is no safe amount, type or time to drink alcohol. In the United States, the surgeon general recommends that women who are pregnant or who may become pregnant should abstain from consuming alcohol (Nathanson, Jayesinghe, & Roycroft, 2007).

Given the current uncertainty regarding the level of risk to the unborn child from maternal alcohol consumption, the lack of clear guidelines by health professionals, and the confusion about standard drink sizes and alcoholic concentration of different types of drink, (O'Leary, 2002) the only sensible message for women who are pregnant or planning a pregnancy is that they should abstain from alcohol (Nathanson, Jayesinghe, and Roycroft, 2007). Advice to abstain from alcohol during pregnancy is also justified because it does not contradict other health messages. There are no health benefits from the consumption of alcohol for women of childbearing age, and if there are any benefits the benefits for women do not occur until after menopause.

International situation

Pregnancy health advisory labels have become a growing trend internationally. The United States, South Korea, Columbia, France, Finland and South Africa are some countries that prescribe warning labels for alcoholic beverages about the risk of consuming alcohol during pregnancy. In addition, Ireland, Canada and the United Kingdom have made developments on requiring mandatory pregnancy health advisory labels on alcohol beverage containers.

<u>Ireland</u>

Drinks Manufacturers Ireland (DMI), the umbrella body for the industry, confirmed in 2007 that it had agreed to a pregnancy health warning[5]. The message will be carried in an image of a pregnant woman with a diagonal red line and/or a written warning. The changes were agreed recently by a working group examining alcohol labeling, which was set up as part of an initiative under social partnership to examine the problem of alcohol misuse. Legislation would have to be introduced to give effect to the changes, which will be mandatory for all products sold in the Republic.

Canada

In 2000, the Canadian Parliament voted 217-11 to require that alcohol bottles contain health advisory labels that state "Drinking alcohol during pregnancy can cause birth defects" (Alcohol Healthwatch, 2003). A Private Members Bill, which proposed the labeling requirement, was a non-binding motion in Parliament. The Bill received its first reading in 2006 and is still in the process of review (House of Commons of Canada, 2006).

United Kingdom

A Private Members Bill proposing the introduction of warning labels on alcoholic products in the United Kingdom had its second reading in the House of Lords on 20 April 2007 and is awaiting the Committee stage (British Medical Association, 2007).

United States

The United States Congress passed the Alcoholic Beverage Warning Label Act 1998 requiring that effective November 18, 1989, a warning label must be attached to all containers of alcoholic beverages. These labels must include warnings regarding drinking during pregnancy. The first part of the warning reads: "Government Warning: According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects." (Hankin, 2002).

The following extract outlines the reasoning of the American Congress on passing the Alcoholic Beverage Labeling Act of 1988 (Alcohol Policy Information System website).

> The Congress finds that the American public should be informed about the health hazards that may result from the consumption or abuse of alcoholic beverages, and has determined that it would be beneficial to provide a clear, nonconfusing reminder of such hazards, and that there is a need for national uniformity in such reminders in order to avoid the promulgation of incorrect or misleading information and to minimize burdens on interstate commerce. The Congress finds that requiring such reminders on all containers of alcoholic beverages is appropriate and necessary in view of the substantial role of the Federal Government in promoting the health and safety of the Nation's population.
>
> It is therefore the policy of the Congress,… to deal with the provision of warning or other information with respect to any relationship between the consumption or abuse of alcoholic beverages and health, so that--

[5] The Irish Times. 2007. Paul Cullen. Alcohol label to warn of health risk during pregnancy

> (1) the public may be adequately reminded about any health hazards that may be associated with the consumption or abuse of alcoholic beverages through a nationally uniform…warning notice on each container of such beverages.

Federal legislation also prohibits States from mandating any additional or alternative warnings on alcohol containers (preempting any State action on this policy topic). There are no Federal statutes or regulations requiring alcohol retailers or health care providers to post warnings against drinking during pregnancy (Alcohol Policy Information System website).

As of 1 January 2007, 22 U.S states have also mandated that in every place where alcoholic beverages are sold (stores, bars, restaurants etc.) there are to be posted signs recommending that women avoid alcohol during pregnancy or when planning a pregnancy. On the signs there are referral numbers to an alcohol and drug help line or an FASD information line.

7. 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 labels tend to show modest benefits in terms of knowledge gains among the general public (Public Health Agency of Canada, 2005a). Labelling has shown positive short-term results in some studies, with reduced levels of consumption reported among pregnant women (British Medical Association, 2007; Hankin, 2002). However, it appears there may be familiarity effects associated with labels, whereby less attention is paid to label messages over time as people become used to their presence. In general, studies that have examined the impact of the Alcoholic Beverage Warning Labels Act 1988 in the United States have concluded that although awareness of the alcohol beverage warning label increased after the implementation of the law, this awareness has attenuated over time (Hankin, 2002). Possible solutions to the observed reduction in awareness over time include alternating the wording of health advisory labels every few years (See Assessment Question 9 for further discussion).

There is some evidence that women who drink heavily during pregnancy do not appear to be affected by warning labels (Health Canada, 2000; Public Health Agency of Canada, 2005a). Some research has found that the labels have a preventative effect on lighter drinkers but not on women who are the heaviest drinkers (British Medical Association, 2007). However, women 'at-risk' (e.g. previously abused alcohol or women who have already had a child diagnosed with FASD) should be additionally targeted by intervention protocols by health practitioners and referral to specialist alcohol services as part of a comprehensive approach to FASD (British Medical Association, 2007).

8. 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?

The Ministry recommends that if there is insufficient evidence on the effectiveness of pregnancy health advisory messages specifically for labels on alcohol beverage containers then the gap needs to be acknowledged and pilot studies should be undertaken. Any appropriate wording for a pregnancy health advisory message for alcohol needs to be properly market tested. Possible trial health advisory messages could include "*Drinking when pregnant harms your baby*"; or "*Alcohol may damage your unborn baby – don't drink if you are pregnant*".

Tobacco research

The evidence evaluating the implementation of tobacco warning labels provides a useful precedent to inform the development of health advisory labels for alcohol beverages in New Zealand and Australia. The Ministry of Health (2004) has summarised research on the effectiveness of pictorial and textual warnings on tobacco packages. This assessment was undertaken as part of a consultation document for the Review of the Smoke-free Environments Regulations 1999. By way of background, the New Zealand government has approved regulations requiring graphic health warnings on tobacco products. The pictorial warnings, which comprise a range of health warning messages targeted at specific groups, including pregnancy women, will cover 30 percent of the front of every cigarette packet and 90 percent of the rear. Tobacco manufacturers have until 28 February 2008 to implement the new labelling regulations. See appendix A for examples of New Zealand warnings, as well as warnings from Australia; Canada; and the United Kingdom.

The New Zealand tobacco warning message '*you are not the only one smoking this cigarette*' is directly relevant to the effects of alcohol on the fetus considering the teratogenic nature of the substance. The message that '*every cigarette is doing you damage*' is pertinent to the proposed pregnancy health advisory labels because there is no known safe level of alcohol use during pregnancy, meaning any amount of alcohol could potentially cause damage to the fetus.

Research on the effectiveness of tobacco health warnings suggests that tobacco health warnings need to be noticed, persuasive, and provide guidance for appropriate action. To be persuasive, the warnings need to be understood, believed and judged to be personally relevant. Messages with strong emotional appeal have also been found to be more encouraging than messages of a factual or unemotional nature (Liefeld, 1999). Simple warnings messages supported by informative, yet brief, additional text were considered to be an element that had the most impact on respondents (BRC, 2004).

9. 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?

There are a number of interrelated factors (such as size, colour, interactions between words and pictures) that impact on legibility and hence on visual effectiveness of advisory messages (Nilsson, 1999). In addition, there are social, cultural and demographic variables that need to be understood. These may influence and can be influenced by the intended audience, message source, style, tone, and degree of content targeting.

The Ministry recommends that if there is insufficient evidence available on the impact of relevant factors to the wording of pregnancy health advisory messages specifically for labels on alcohol beverage containers then the gap needs to be acknowledged and pilot studies should be undertaken. Assessments on the effectiveness of relevant factors to the wording of pregnancy health advisory messages in other jurisdictions should be considered. Any appropriate formatting for a pregnancy health advisory message for alcohol needs to be properly market tested.

Tobacco research

A study of the Canadian text-only warnings that encourage teen and adult smokers to stop smoking found that larger warning messages were more effective for almost all sample groups (Liefeld, 1999). Countries that ratify the Framework Convention on Tobacco Control (FCTC) standard are required to implement health warnings on cigarette packages that cover at least 30 percent of the surface and are "large, clear, visible, and legible." Beyond

these minimum requirements, the FCTC also recommends that warnings "should" cover 50 percent or more of a package's principal surfaces, and "may" be in the form of pictures. Research on the effectiveness of tobacco health warnings suggests that too many messages and too much text have been found to reduce people's ability to absorb the information (Elliot & Shanahan Research, 2003). According to Nilsson (1999) design features that improved legibility and visual effectiveness of warnings include:

- letter size – the size of printed words was the principal factor in determining legibility;
- placement - textual warnings should be placed on a uniform background rather than on top of pictorial elements; and
- text colour - black letters on white backgrounds were slightly more legible than the reverse.

Alternating health advisory labels may be a useful way of mitigating reports of declined awareness and effectiveness of labels over time. In New Zealand, seven warnings will appear on cigarette packets in both English and te reo Maori in year one, with a further seven warnings in year two and will then be rotated each year thereafter. Hammond et al (2007) found that the enhanced United Kingdom warnings in 2003 were considerably more likely to be noticed than the Australian warnings, which are only slightly smaller, but had been in place for more than eight years. The findings highlight the "novelty" effect of health communications and the importance of periodically revising health advisory messages.

International examples

In the United States, statements are required to be located in a conspicuous and prominent place on the container and shall appear on a contrasting background. The minimum type size requirement is 3 mm for alcohol beverage containers over 3 litres, and 1 mm for alcohol beverage containers that are 237 mls or less. The maximum characters-per-inch requirement is 40 per inch when the minimum type size requirement for a container is 3 mm. The maximum characters-per-inch requirement is 12 characters per inch when the minimum type size requirement is 1 mm (Department of the Treasury, Alcohol, Tobacco, and Firearms Division, 1990).

In 1999, together with 121 other organisations and four members of Congress, the Centre for Science in the Public Interest petitioned the Bureau of Alcohol, Tobacco, and Firearms to issue rules to improve the placement, legibility, and noticeability of the congressionally mandated warning label. The petition was made in response to concerns that the Bureau of Alcohol, Tobacco, and Firearms had permitted many alcohol producers to affix warnings that are difficult to notice and to read, diminishing consumer awareness and understanding of the warnings. The petition submitted to Bureau of Alcohol, Tobacco, and Firearms was rejected.

In August 2001, the Centre for Science in the Public Interest released a '*Statement of Health Officials in Support of Improved Warning Label Requirements for Alcoholic Beverages*'. This statement argued that many warning messages currently approved by the Bureau of Alcohol, Tobacco, and Firearms are not readily legible under ordinary conditions and do not appear separate and apart from all other information on the label, as required by Bureau of Alcohol, Tobacco, and Firearms regulations implementing the Alcohol Beverage Labeling Act of 1988. The statement urged the Bureau of Alcohol, Tobacco, and Firearms to issue proposed rules outlining requirements for improved warning messages on alcohol beverage labels. At a minimum, the statement proposed that those rules should mandate that:

- the warning message be in a prominent place on the product label and appear consistently in a horizontal position;

- the warning message be surrounded by a lined border; and

- the words "GOVERNMENT WARNING" appear in capital letters and boldface type that is at least 15% larger than the remainder of the message, which would be printed in upper and lower case letters.

10. 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?

In principle, evidence suggests that pictorial statements are likely to have more impact than a written message. The Ministry acknowledges the difficulties associated with identifying an appropriate picture to convey a message that women should abstain from alcohol during pregnancy and establishing the support for providing the space available on labels for a pictorial warning.

International tobacco research on health labels

Although the pictorial warnings that are currently used in tobacco packaging (e.g. mouth cancer, blindness etc) are not directly applicable to the pregnancy health advisory message proposed by ALAC's application, the evidence comparing the effectiveness of pictorial and textual warnings is appropriate and useful.

Based on pre-testing of proposed graphic health warnings, a 2003 report found that graphic packs are more informative and effective than text-only warnings (Elliot & Shanahan Research, 2003). The report suggested that graphic warnings are more effective at creating impact, attracting attention, being confronting and are more difficult to ignore and make it more difficult for smokers to deflect the heath message. *The most effective and memorable pictorial warnings were those that could be easily personalised, such as mothers who viewed images of children*.

Hammond et al (2007) evaluated the effectiveness of health warnings in the United States, Canada, United Kingdom, and Australia. The study used data from the International Tobacco Control (ITC) Four Country Survey, a cohort survey of representative samples of adult smokers in the United Kingdom, Canada, United States, and Australia. Survey waves were conducted in each country approximately two months before the United Kingdom warnings were implemented in 2003, and at six, 18, and 32 months after implementation. At the time of the study:

- Canadian packages featured 16 graphic warnings covering half of the outside of packages, as well as additional health and cessation information on the inside of packages (from 20 December 2000, Canadian warnings were graphic and covered 50 percent of the front and rear of packs).

- Australian packages featured six text warnings covering 25 percent and 35 percent of the front and back of the package (from 1 March 2006, Australia implemented graphical health warning messages on cigarette packets).

- In the United Kingdom, six text warnings covered only six percent of the package face (new text warnings were implemented in 2003 to meet the minimum FCTC

standard and pictorial warnings were agreed to in 2007 and are due to come into effect after October 2008).

- In the United States, four warnings were printed on the side of packages.

At the time of the first assessment, Canadian smokers reported the highest levels of awareness and impact for (pictorial) health warnings among the four countries, followed by Australian smokers. Following the implementation of new United Kingdom text warnings in 2003, United Kingdom smokers reported greater levels of awareness and impact, although Canadian smokers continued to report higher levels of impact after adjusting for the implementation date. United States smokers reported the lowest levels of effectiveness for almost every measure recorded at each survey. This suggests that comprehensive pictorial warnings on cigarette packages are more likely to be noticed and rated as effective by smokers in comparison to text-based warnings.

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

As it is recognised that there is no known safe level of alcohol use during pregnancy (NHMRC, 2007), the Ministry considers that it would be appropriate for all alcohol products, including low alcohol products (e.g. low alcohol beer), to contain pregnancy health advisory labels. However, the Ministry considers it practical to exempt products that contain less than 0.5 percent alcohol (e.g. mouth-wash and chocolate containing liquor)[6]. Such an exemption would be consistent with FSANZ requirements for standard drink labels on beverages containing more that 0.5 percent alcohol by volume.

In the United States, the term "alcoholic beverage," as defined by law, includes any beverage in liquid form, which contains not less than one-half of one percent (.5%) of alcohol by volume and is intended for human consumption. Therefore, the Government warning statement is required on distilled spirits products, malt beverages and wine products containing 0.5 percent or more alcohol by volume (Department of the Treasury, Alcohol, Tobacco, and Firearms Division, 1990). This includes altar wine, samples for consumer taste testing, on sparkling wine corked and sealed and kegs. Similarly, beverages that contain more that 0.5 percent of alcohol are required to have a health advisory label in Canada (House of Commons of Canada, 2006).

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

Consumers

Consumers have a right to know the risks attached to consuming products. Consumer knowledge is still relatively poor and it is still a commonly held belief in both New Zealand and Australia that it is acceptable to have 'a couple of drinks', 'a couple of times a week' during pregnancy. In New Zealand, Parackal et al (2006) found that more than 50 precent of New Zealand women surveyed were of the opinion that if a pregnant woman wanted to drink, then some alcohol was safe in pregnancy. Consumers are increasingly demanding honesty about the content of products for consumption and any drawbacks for consumers with particular risk factors associated with consuming that product. The risk in consuming alcohol for women who are pregnant or who are planning a pregnancy is that their child may

[6] According to the Sale of Liquor Act 1989, "Liquor means any fermented, distilled, or spirituous liquor (including spirits, wine, ale, beer, porter, honeymead, stout, cider, and perry) that is found on analysis to contain 1.15 percent or more alcohol by volume"

be affected by FASD. As previously noted, FASD has lifelong consequences for the individual, not to mention their family/whanau and the wider community.

Government and tax payers

There is no national data available to indicate the likely FASD incidence and cost burden to New Zealand services and families. As previously mentioned, this is likely due to the lack of diagnosis and identification. However, the serious nature of secondary disabilities also suggests that early intervention may be cost effective. Alcohol Healthwatch estimate that at least 173 babies are born with FASD every year in New Zealand and that supporting these children to adulthood costs around $3.46 million per annum.

12. 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?

Consumers

Some argue that promoting the issue of FASD broadly may raise alarm and cause unnecessary guilt in women who have consumed alcohol during their pregnancy. However, the benefits to the unborn child whose mother subsequently stops or reduces their alcohol intake because of pregnancy health advisory labels far outweighs any feelings of guilt experienced by some mothers who may have drunk during pregnancy. It would be unethical to deny a child the chance to avoid potentially severe alcohol-related problems for fear of offending the mother or family. It is also unethical to deny mothers the right to know the risks to their child by consuming alcohol during pregnancy. Overall, feelings of guilt or distress are outweighed by the reduction of costs to society that currently result from primary and secondary FASD symptoms. Pregnancy health advisory labels are likely to increase consumers' concern about the effects of drinking in pregnancy and consumption levels, support for abstention and seeking advice from helplines and GPs.

Feelings of guilt or distress for some women who may have drunk lightly or occasionally during pregnancy can be mitigated by a women-centered and family-centered approach during maternity care that emphasises the development of a non-judgmental relationship between the health professional and the client (O'Leary, 2004; Public Health Agency of Canada, 2005a). It is considered best practice for women in all stages of pregnancy to be advised to abstain from alcohol in order to increase the health of the unborn child. Health professionals would be able to screen and identify any feelings of guilt or worry, including women who are considering terminating their pregnancy.

There may be a slight increase in the cost of alcoholic beverages at the consumer level if industry chooses to meet labeling costs through price increases. However, price is an effective harm reduction policy and research has consistently shown that, all other factors being equal, a rise on price leads to a drop in consumption (ALAC & Ministry of Health, 2001).

Industry

The Select Committee Report (2002) concluded that pregnancy health advisory labels are relatively easy and cheap to implement.

<u>Exportation</u>

The submission states that labelling may have a major impact on international trade. However, Australia and New Zealand already met international labeling requirements by

placing pregnancy health advisory labels on large quantities of exported alcohol products (House of Representatives Health Select Committee, 2002). In addition to this, introducing pregnancy health advisory labels would require labels on all locally manufactured beverages.

Transition period

ALAC's application suggested that the timing of the label change could coincide with the 'natural' labeling change that most alcohol beverage containers undergo every two years. In the United States, a 12 month transition period was given following the date of enactment of the Alcoholic Beverage Warning Label Act 1988 where it was unlawful for any person to manufacture, import, or bottle for sale or distribution in the United States any alcoholic beverage unless the container of such beverage contains the warning label. A similar approach could be considered in New Zealand, as long as this would provide sufficient time in order to allow industry to introduce the labels on their products and possibly mitigate some costs to industry.

Compliance

In the United States, the Department of the Treasury, Alcohol, Tobacco, and Firearms Division strictly regulates the wording, type-size, number of words per inch and other variables relating to the presentation of the warning. Non-compliance with the labelling regulation can result in huge fines, levied on a daily basis during the period of non-compliance, and the revocation of an import permit. Violation of the regulations subjects the manufacturer, bottler, or importer to a civil penalty of up to $10,000 per day, for each day that alcoholic beverages are manufactured, bottled, or imported for sale or distribution in the United States without the Government warning statement (Department of the Treasury, Alcohol, Tobacco, and Firearms Division, 1990).

Government

It is assumed that New Zealand Food Safety Authority (NZFSA) would be responsible for the monitoring and enforcement of the mandatory pregnancy health advisory labels on alcohol beverage containers.

If FSANZ's decide to make pregnancy health advisory labels mandatory on alcohol beverage containers, the Ministry could develop, in conjunction with NZFSA and other relevant agencies, guidelines to help industry groups comply with this requirement.

13. 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?

Health advisory labels are reasonably simple to implement and are cost effective in relation to other forms of public education initiatives (House of Representatives Health Select Committee, 2002). Pregnancy health advisory labels are an efficient and effective tool when complemented by a number of initiatives aimed at encouraging and enabling abstinence during pregnancy. This is because a multi pronged approach is necessary to reduce the incidence of FASD. As discussed previously, pregnancy health advisory labels in New Zealand are intended to form part of a package of measures under the forth coming *Child and Maternal Health Action Plan* to prevent the incidence of FASD.

Other comments

Review of nutrition information labeling exemptions

The FSANZ Final Assessment Report for *Proposal P721 - Definition of Liqueur* (May 2006) notes that FSANZ is planning a review of exemptions to nutrition information labelling, as part of the potential *Proposal PP280 – Nutrition Information Panel (NIP) Exemptions*. The Ministry has been advised by FSANZ that *Proposal PP280* has been withdrawn from the work plan because Nutrition Information Panel exemptions will be considered as part of the current labelling review.

The Ministry understands that an issues paper will be released for consultation in 2008 for public consultation on the proposed scope of the review. The Ministry supports the proposed review of the NIP exemptions. A recent Australian study found that more than three-quarters of those surveyed wanted to see both ingredients and nutritional information displayed on alcoholic beverage packaging (Kypri, McManus, Howat, Maycock, Hallet & Chikritzhs, 2007). The study suggests that it is possible that consumers, especially weight conscious young women, might be less inclined to drink as much alcohol if they knew the calorie content of what they were consuming.

Conclusion

The Ministry fully supports the introduction of pregnancy health advisory labels on alcohol beverage containers. Pregnancy health advisory labels would complement and support the Ministry's current position regarding drinking alcohol during pregnancy. There is no known safe level of alcohol use during pregnancy and complete abstinence from alcohol should be advised in order to prevent FASD in the unborn child. Pregnancy health advisory labels are considered to be a key part of the forthcoming *Child and Maternal Health Action Plan* aimed at reducing the incidence of FASD in New Zealand. Introducing mandatory labels will also align New Zealand with other industrialised nations.

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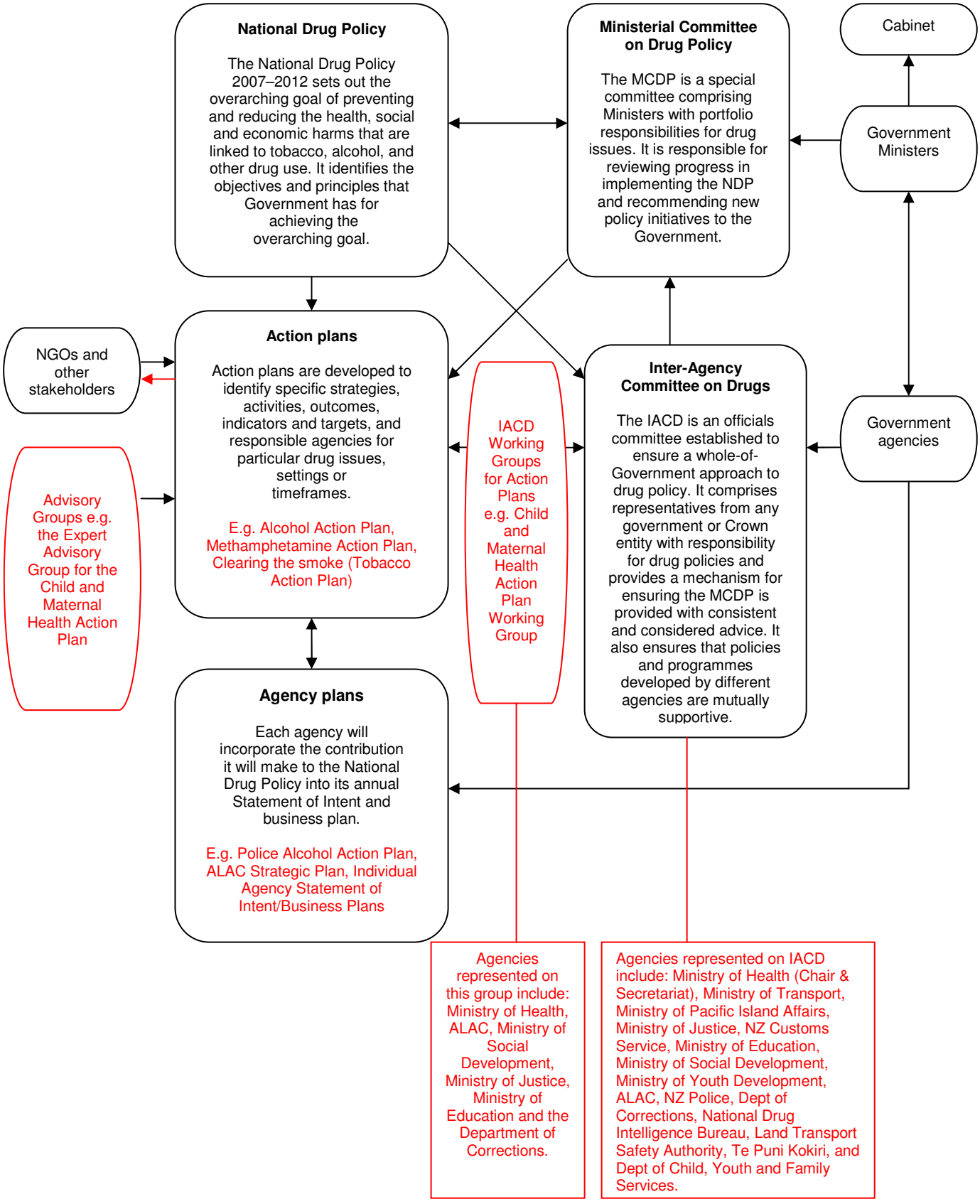
Diagram 1
The Child and Maternal Health Action Plan in Context of the National Drug Policy Reporting Structure



Appendix A
New Zealand

Front

Back

Canada

Australia

Front of Pack

Back of Pack

United Kingdom