6 February 2008

Food Standards Australia New Zealand
PO Box 7186
Canberra BC ACT 2610
Australia

Dear Sir/Madam,

Submission in Response to Application A576: Labeling of Alcoholic Beverages with a Pregnancy Health Advisory Label

Thank you for the opportunity to provide input to Application A576 relating to labeling of alcoholic beverages with a pregnancy health advisory label.

The relationship between alcohol consumption and fetal outcomes is very complex. There is no clear evidence, at this time, that 'low levels' of alcohol are safe to the fetus (*Henderson, J et al 2007*). Despite some gaps in our knowledge, and in order to account for individual differences in risk, a safety margin is advised (*Jacobson, JL and Jacobson, SW 1999*). Therefore, it is widely accepted that the safest choice is to abstain from alcohol during pregnancy (O'Leary et al 2007; NHMRC 2007).

Health advisory labels telling women to abstain from alcohol during pregnancy have the potential to raise awareness in the community about risk to the fetus from alcohol consumption, and we support this initiative.

A national approach to health promotion informing women about the risks associated with alcohol consumption and pregnancy is advisable. There is a high prevalence of drinking and misuse of alcohol in women in the three months prior to pregnancy and almost 50% of mothers report that their pregnancies were unplanned (Colvin et al 2007). Consideration of these two factors suggests many

pregnancies will be exposed to alcohol prior to pregnancy awareness. A national approach would augment the introduction of health advisory labels about alcohol and establish an important and necessary health initiative.

It is important that the health advisory labels for alcoholic beverages complement the National Health and Medical Research Council's Australian Alcohol Guideline for women who are pregnant, are planning a pregnancy and are breastfeeding. Furthermore, the message should not generate unnecessary fear, guilt, or anxiety in women or place women in a position where they will be harassed or victimized. Some women are addicted to alcohol and require treatment and support to reduce their consumption; health initiatives should not increase risk of harassment, leading to concealment of drinking behaviour and failure to seek help. Women who drink at risky/harmful levels do not appear to be influenced by health advisory labels and there is no evidence to suggest that they will change behaviour (Hankin 1994). Additional strategies will be required to achieve behaviour change in this group.

Another issue to consider is the placement, size, and colouring of the labels. There is evidence to suggest that the US health labels are neither legible nor visible (Center for Science in the Public Interest 2001) which would detract from their effectiveness. In order to be effective the labels will need to be placed in a position that is easily noticed; such as the positioning of tobacco health labels which are strategically placed so that the package cannot be opened without the label being seen. As well, the font size should allow easy reading and, in order to attract attention the label colouring should be distinct from that used on the alcohol product.

As this will be a new initiative, there will need to be ongoing monitoring and evaluation of the impact of the health advisory labels on Australians and New Zealanders. In particular there should be monitoring and evaluation to assess

changes in knowledge, awareness, and behaviour attributable to labeling and identification of possible negative consequences such as described above.

A major benefit of the health advisory labels is that the Alcohol Industry will be required to take responsibility for ensuring that consumers are alerted to potential harms associated with their product. This is a reasonable and ethically sound requirement.

Please see the attached comments addressing the specific questions raised in Application A576.

Yours sincerely,

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Professor Anne Bartu

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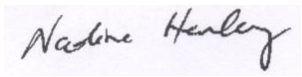

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Response to the Initial Assessment Questions for Public Comment:

- The Alcohol and Pregnancy research group at the *Telethon Institute for Child Health Research* has an ongoing research program investigating issues relating to questions 1 to 3. In brief, research includes the following:
    - Longitudinal cohort data have been linked to administrative data to investigate the relationship between low to moderate levels of prenatal alcohol consumption during pregnancy and fetal outcomes including:
        - fetal growth, language, mental health and behaviour neurodevelopmental delay and use of hospital services.

      These studies are ongoing and the results have yet to be published.
    - Development of health promotion materials for health professionals including resources for informing women about alcohol and pregnancy;
    - Surveys on women's knowledge, attitudes, and practice in relation to alcohol and pregnancy;

- Further published data on the rate of FAS/FASD in Australia (question 5) include:
    - Allen K,et al. Estimating the prevalence of fetal alcohol syndrome in Victoria using routinely collected administrative data. Australian and New Zealand Journal of Public Health. 2007; 31(1):62-66.
    - Harris KR and Bucens IK Prevalence of FAS in the top end of the Northern Territory. Journal of Paediatrics & Child Health 203; 39(7): 528-33.
    - Elliott E et al. Fetal alcohol syndrome: a prospective national surveillance study. Arch Dis Child. Published online August 2007

- In relation to the issue of awareness of the risk of consuming alcohol during pregnancy amongst women of childbearing age (question 6), a national survey was conducted in 2007 at the Telethon Institute for Child Health

Research. These data are due to be analysed and it is anticipated that they will be published later this year.

- The wording of the health advisory labels (question 9) should be consistent with the Australian Alcohol Guidelines which will be published in 2008 by the National Health and Medical Research Council. The draft Guidelines recommend that "Not drinking is the safest option". It is important that the health advisory labels do not overstate the known relationship between alcohol and fetal outcomes and do not instill unnecessary fear or panic.

- The potential impacts of health advisory labels (question 14) include:
    - Positive:
        - it will increase awareness/knowledge of the risk to the fetus from prenatal alcohol exposure. The potential effectiveness of health advisory labels for alcohol is indicated by positive results of evaluation of the effectiveness of cigarette waning labels (Hammond et al 2006).
        - There may be a modest effect on drinking by pregnant women (Hankin 1994 and 1996)
    - Neutral:
        - there is no evidence that these messages will influence heavy drinking women and those with alcohol-related problems (Hankin 1994).
    - We are concerned that there may be negative consequences of the health advisory labels such that:
        - they may increase fear or panic in women who have consumed alcohol prior to pregnancy awareness;
        - pregnant women who do consume alcohol may be victimized and/or harassed by well-intentioned community members. It needs to be recognized that some women are addicted to alcohol and may not be able to stop drinking during pregnancy.

Harassment may drive them to hide their drinking and prevent them seeking appropriate medical care.

It is important that there is a national strategy for alcohol and pregnancy implemented in conjunction with the labeling of alcohol products to ensure that the community is well informed about the issues and risk.

- Labeling would ensure that the Alcohol Industry share some of the cost of educating the community about the potential risk to the unborn child from their products. It is important that the Government is not required to bear the total cost of educating the community about the risk from alcohol.

References

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