6 February 2008

Standards Management Officer
Food Standards Australia New Zealand

Submission on Application A576: Labelling of alcoholic beverages with a pregnancy health advisory label

The New Zealand Drug Foundation – Te Tūāpapa Tarukino o Aotearoa welcomes the opportunity to comment on the proposal to vary Standard 2.7.1, so that all alcoholic beverage containers are required to carry warning labels advising of the risks of alcohol to women who are planning to become pregnant or are pregnant.

The New Zealand Drug Foundation, established in 1990, is an independent trust with a national focus on minimising drug-related harm. This includes social and health harms caused by legal drugs, such as tobacco and alcohol, as well as illegal drugs, such as cannabis.

The New Zealand Drug Foundation supports application A576. We believe that consumers should be given information on a serious potential health risk, so that they can make informed decisions. In addition, while warning messages by themselves will have only a limited effect on behaviour change, they form a key part of national (or cross-national) communication strategies to reduce FASD and other alcohol-related harms. Our submission is structured in the same order as the questions presented in the initial assessment report, although we have not addressed every question directly.

Effects of alcohol consumption on the fetus

The impacts on intellectual development and physical health have been well summarised in Application A576. It is clear that the effects are significant at both the individual and population level, and are lifelong. We believe that attention should be given to the human costs, at the same time recognising that FASD and other fetal alcohol effects have substantive financial costs to the person affected, families, communities, and to government and taxpayers. A 2006 Canadian review estimated that each person with FASD costs about $1 million Canadian over their lifetime,[1] and a 2004 review estimated the lifetime costs of Fetal Alcohol Syndrome *alone* at $2mUS per case.[2]

FASD prevalence rates for New Zealand and Australia have not been established. However, even using conservative rates from the United States of 1/1000 live births for FASD, and 3/1000 - 9/1000 for other forms of FASD,[3] it is probable that in New Zealand alone more than 350 children are born with FASD each year.[4]

The New Zealand Drug Foundation has reviewed evidence on the effects of alcohol consumption on fetal development.[5] Our conclusion is that on current evidence, there is

no threshold or safe limit for drinking during pregnancy, nor any point during the pregnancy at which it is safe to drink.

Evidence on the effects of low levels of intermittent alcohol consumption remains variable and inconclusive. Some studies show long-term developmental damage at low levels of consumption, and others find no evidence of harms at higher levels.[6] In addition, evidence shows that even at similar levels of consumption, the risks of fetal damage vary between individuals according to factors including genotype; personal circumstances such as socio-economic status, maternal age, and stress; and the interaction between alcohol and other drugs including tobacco.[7] This means that even with more scientific research, it is unlikely a safe threshold could ever be set for all women.

When considering 'safe limits", the fundamental consideration should be that alcohol is a teratogenic substance. As pointed out in the Medical Journal of Australia (2007), where other environmental toxins and food additives are concerned, substantial margins of safety are applied in setting safe limits.[8] This policy is also applied in Australia's NHMRC guidelines in regard to other toxic substances such as pharmaceuticals. We consider that given the seriousness of the potential effects, in this instance the public health "precautionary principle" should apply and the safe limit should be set at zero.

We also consider that FSANZ should also take into account that FASD is not the only damaging outcome from maternal alcohol consumption. Other harms for which there is research support include impaired ability to conceive[9]; miscarriage in the first trimester[10]; low birthweight[11]; and premature birth.[12] There is also tentative evidence of a connection between paternal drinking and low birthweight[13].

Drinking by women

Questions 3-6 in the initial assessment report ask about the information base on harms and on alcohol consumption by New Zealand/Australian women of childbearing age. The application, and the assessment report, summarise current information available, and we are not aware of other completed research. Two key points arise from the existing research:

- New Zealand women of child-bearing age are drinking considerable amounts of alcohol, and there is no evidence that this trend is decreasing
- Despite existing efforts to increase knowledge about the risks from drinking alcohol during pregnancy, a significant proportion of New Zealand women continue to drink while pregnant.

Labelling in the context of other strategies

Until recently, little information was available to New Zealand women or the New Zealand public on FASD. The current move to develop a FASD Action Plan as part of New Zealand's National Alcohol Strategy should provide a platform for a national communications strategy on alcohol and pregnancy as well as a package of other public health measures. The Action Plan makes application A576 timely for New Zealand, as the introduction of a heath warning would reinforce other communication approaches.

Effectiveness of health warnings

We have reviewed research on the effects of health warning labels generally, and on warnings about alcohol consumption during pregnancy in particular. Two reviews of other research have been particularly useful, those by Agostinelli and Grube (2002)[14] and Stockwell (2006),[15] as well as the study by Babor et al for the World Health Organisation on the relative benefits of measures to prevent alcohol-related harms.[16] Some of the findings of these reviews are highly relevant to this application:

- People who saw health warning labels were more likely to discuss the issue than those who had not seen the labels
- Women of childbearing age had high recall of messages about alcohol and pregnancy, but recall was also high among other groups, including adolescents
- People who saw the messages generally found them credible and accepted the reality of the warnings
- Awareness was cumulative – the more *types* of warnings people had seen, the more likely they were to be aware of the issue, and to have discussed it with others.[17]

Babor et al found health warnings to be of less value than other public health measures in reducing alcohol-related harms overall. However, they pointed out that warning labels have substantially lower costs than most other initiatives, and therefore may rate well on a cost-benefit basis. It has also been noted that unlike other strategies, warning labels have not been shown to have any negative effect on behaviour.

It can also be argued that the effectiveness of health warnings is of marginal relevance, and the primary issue is the right of alcohol consumers to know the potential risks of the substance they are consuming.

Content and form of a health warning label

The New Zealand Drug Foundation considers that ideally the message should be presented in both textual and pictorial forms, such as those used in France. Whether textual or pictorial messages (or both) are used, they should be developed by experts in health messages, using appropriate processes including pre-testing with target groups. Evidence, particularly from the United States, shows that the content and design are critical if the label is to reach the target audiences.[18] Research on tobacco packet labelling also shows the importance of the size of the warning, and its placement on the container.[19]

Impacts of not providing warning labels

If the current situation is maintained, preventable cases of alcohol-related harm will continue. As noted earlier, these will have substantial costs to the person affected and their family/whānau, as well as to local and national governments which have to deal with the impacts on, and costs to, health, education, and social services. Given the continued trend of high alcohol consumption among women of childbearing age in New Zealand and Australia, these costs are likely to increase.

Impacts of the labels on target groups of consumers, industry and government

It is expected that the warning labels will have their primary impact on alcohol consumers, making them aware of the problem, and contributing to a package of measures to change behaviour. The impacts sought from labels have been summarised as informing, reminding and reinforcing. Stockwell's review of research on warning labels concluded that "On the basis of the evidence reviewed here, it could be expected that introduction of such labels would be noticed by most drinkers and especially by young and high-risk drinkers."[20]

We note that the initial assessment report consistently refers to women as the only target group for health warning labels. An additional benefit of warning labels will be to raise public awareness about the harms from alcohol consumed during pregnancy. Husbands and partners of women, families, friends, and workmates should be made aware of the risks so that they can support women to stop consuming alcohol when planning pregnancy or significantly reduce alcohol consumption. Research in the United States showed messages were reaching adolescents of both sexes.[21]

We recognise that the move may have some costs to industry. However, given adequate lead-in time, producers will be able to replace packaging. We also note that many alcohol exporters already produce health warnings labels for their products to meet the requirements of overseas markets. There would also be costs to government from developing the content and design of labels, and monitoring and evaluating the impacts over time. However, as noted by Babor et al, the costs of labelling are low.

Labelling compared to other information

We would be concerned about any proposal that health warning labels could or should be an alternative to other measures. Warning labels are one element of a health promotion strategy. In the United States and other countries such as France, labels have been the first elements of strategies to maximise public exposure to the key message. Warning labels could be supported by warnings at point of sale, as well as messages provided through health services and the media.

In conclusion, the New Zealand Drug Foundation supports the application made by ALAC. We consider that the application is well supported by the scientific evidence. We believe that the costs of warning labels are outweighed by both the severity of harms, which should mandate strong governmental action, and the potential benefits of any reduction in FASD to the New Zealand and Australian governments, and to those suffering from this preventable condition.

Please contact me if you require any further information or clarification on our submission. Our telephone number is 64 4 8016303, and our fax is 64 4 8016306.

Yours sincerely

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