

Submission

Food Standards Australia New Zealand
Canberra BC ACT 2610

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INITIAL ASSESSMENT REPORT

APPLICATION A576

LABELLING OF ALCOHOLIC BEVERAGES WITH A PREGNANCY HEALTH ADVISORY LABEL

Initial Assessment questions for public comment

- 1.00 We fully support the FSA&NZ proposal for mandatory health advisory labels on all alcohol containers advising the risks of alcohol consumption to women who are planning to conceive and who are pregnant.**

Our reasons for making such a recommendation are as follows:

- 1.01 Various authoritative institutions around the globe including NHMRC, are recommending zero drinking as the safest level of drinking especially for young people due to the harms alcohol can cause. A baby who has been just conceived or is still growing in the womb, can be severely affected if exposed to alcohol through their mother.**

- 1.02 The serious mental risks to babies associated with alcohol consumption by pregnant women or women planning to conceive are recognised throughout the world by many authoritative institutions, including:**

a) World Health Organisation (WHO).

In the WHO's "Framework for alcohol policy in the WHO European Region" it is stated that "*In the absence of demonstrated safe limits, abstinence from alcohol during pregnancy is recommended and should be encouraged*".

WHO's declaration on Young People and Alcohol, the European Charter on Alcohol, also recommends zero level of drinking by young people under the age of 25 years.

b) National Health and Medical Research Council (NHMRC).

The NHMRC's new, evidence-based, proposed guidelines clearly recommend that for women who are planning to conceive or are pregnant "not drinking is the safest option".

c) Medical and Scientific Community in general.

There is now convincing scientific evidence demonstrating the adverse effect of alcohol on the brain of the fetus. Steps must be taken to minimise the adverse effect of alcohol on the fetal brain, which is extremely sensitive to toxins and drugs.

d) American Institute of Dietary Controls

The Authority has recommended “NO” drinking for women who are pregnant or are planning to conceive.

1.03 Unfortunately, the information regarding the harms caused to the fetus by alcohol drinking is not easily accessible to many women who are pregnant or planning to conceive. There are ad hoc instances where personal doctors and some medical institutions do advise pregnant mothers to abstain from drinking alcohol. However, this may be too late and harm may already have occurred.

1.04 There has been much research work done in the USA regarding FAS/FASD since the early 1970s as is evident from below:

a) The National Institute on Alcohol Abuse and Alcoholism (NIAAA) in the USA concluded that there is no safe level of drinking alcohol by pregnant or those planning to conceive women. They have also stated that it can seriously affect the health of a baby and therefore the risk level is rated very high. The US Surgeon General released advisories in 1981 and in 2005 urging *women who are pregnant or may become pregnant to abstain from alcohol*. On their website, they have issued the following response in their FAQ section:

“Is it safe to drink during pregnancy?”

No, alcohol can harm the baby of a mother who drinks during pregnancy. Although the highest risk is to babies whose mothers drink heavily, it is not clear yet whether there is any completely safe level of alcohol during pregnancy. For this reason, the U.S. Surgeon General released advisories in 1981 and again in 2005 urging women who are pregnant or may become pregnant to abstain from alcohol (<http://www.lhvpn.net/hhspress.html>). The damage caused by prenatal alcohol includes a range of physical, behavioural, and learning problems in babies. Babies most severely affected have what is called Fetal Alcohol Syndrome (FAS). These babies may have abnormal facial features and severe learning disabilities. Babies can also be born with mild disabilities without the facial changes typical of FAS.

(See also "Publications" [Alcohol Alert No.50: Fetal Alcohol Syndrome and the Brain](#); "Pamphlets and Brochures," [Drinking and Your Pregnancy](#).)"

b) A number of other countries as well as WHO, have also concluded their findings along similar lines as NIAAA and have made the same recommendation, as the level of risk is considered very high.

1.05 Incidences.

There is information available in USA regarding the number of incidences occurring each year, which indicates the seriousness of FAS/FASD problem. Please refer to NIAAA web site

<http://www.niaaa.nih.gov/FAQs/General-English/default.htm> .

The following is an extract from information available on this web site:

“Definitions and Incidence

FAS is defined by four criteria: maternal drinking during pregnancy; a characteristic pattern of facial abnormalities; growth retardation; and brain damage, which often is manifested by intellectual difficulties or behavioral problems (3). When signs of brain damage appear following fetal alcohol exposure in the absence of other indications of FAS, the condition is termed "alcohol-related neurodevelopmental disorder" (ARND) (3).

Investigators have used both passive and active methods to determine the overall incidence of FAS and ARND. The passive approach uses data collected from existing medical records, which are often based on information recorded at birth. However, the criteria required for these diagnoses may not be apparent at birth and often develop gradually from infancy through the first few years of grade school (6). In the active approach, investigators use a defined set of diagnostic criteria to screen all members of a selected population for FAS and other alcohol-related problems. Although both strategies have limitations, active ascertainment provides more accurate prevalence data for the study population, especially if children are examined at elementary school age (3). For example, a comprehensive survey of 992 first-grade students in 12 of the 13 elementary schools in a South African community revealed an FAS incidence of more than 40 FAS cases per 1,000 births among children ages 5 to 9 (7). In the United States, a preliminary active ascertainment of FAS in a single county in Washington State yielded a minimum estimate of 3.1 per 1,000 first-grade students (8). By comparison, passive estimates of FAS rates range from 0.33 to 3 infants per 1,000 births (3,9)."

The National Organization on Fetal Alcohol Syndrome USA, also recommends “No” drinking of alcohol by pregnant/planning to conceive women. Their fact sheets show the following:

“The latest studies estimate that 40,000 infants are born each year with Fetal Alcohol Spectrum Disorders (FASD) — 1 out of every 100 births in the US. FASD takes an enormous financial toll on affected families and society as a whole.

“Fetal Alcohol Syndrome (FAS) alone costs the United States \$5.4 billion annually in direct and indirect costs.”

There is a video on U tube posted by “rosaryfilms” titled:

“And Down Will Come Baby,”

This film is produced by the Scott Newman Centre and is publicly funded by the U.S. Department of Education under a Drug Free School and Communities Act grant, paid for by the American taxpayers and tax-paying businesses and republished here as a public

domain video for the general public. For more information on the Scott Newman Centre, please see:
<http://www.scottnewmancenter.org/pamp>

The video shows the horrific stories by Mothers of babies born with FAS/FASD problems. Also, there are a few comments by viewers, which verify that FAS/FASD is a serious problem faced by many.

1.06 Similar warning labels are now advocated in many developed countries such as France etc. There is an imperative on Australia to ensure that its standards, keep up with what is now considered World's best practice

1.07 The regulatory authority of Australia has a moral and ethical obligation to support and implement guidelines in line with current scientific knowledge. Anything inferior represents a compromise in the State's duty of care towards its citizens. Families will also appreciate the Government and the Industry for being upfront and honest

1.08 Many people will not access guidelines that are available via popular communication channels such as internet, TV or radio advertising or libraries. Therefore, in order to maximise the likelihood that consumers will receive the appropriate health advice, it is essential that all alcohol containers be clearly and prominently labelled with the proposed health advisory label.

1.09 The Australian economy will benefit from reduced health expenditure associated with the social and medical management of children with FAS/FASD problems and their families..

2.00 LABEL WORDING

Should resemble the aims and style of warnings on cigarette and tobacco packages.

Suggested wording for the label might be:

“Warning: Alcohol is a poisonous drug and should not be consumed by women planning to conceive or pregnant.”

There should also be a “pictorial image” accompanying warning statement, clearly portraying the risk of consuming alcohol when planning to conceive and during pregnancy.

3.00 TRANSITION PERIOD

Given that the risks associated with alcohol consumption are now recognised, the relevant regulatory bodies are ethically obliged to implement the proposed warning labels IMMEDIATELY.

The proposed “two year transition period” will have a quantifiable impact on many lives during this time that cannot be justified by any commercial considerations. The idea that the health of unborn children, who have not

given consent to be exposed to the negative effects of alcohol, should be made secondary to commercial interests of the highly profitable alcohol industry is a totally absurd and inhumane argument. In the light of current scientific evidence, such reasoning might be interpreted as criminally negligent.

Australian culture emphasises a “fair go for all” and this should include our unborn children, the future of this great country.

4.00 MINIMUM ALCOHOL LEVEL FOR LABELLING

According to most of the guidelines issued by various Authorities (such as WHO, NHMRC etc), there is no safe alcohol drinking levels recommended for women planning to conceive or are pregnant. Most of these guidelines state that even a small level of alcohol consumption by pregnant women or planning to conceive women can result in serious damage to the child. Therefore, it shall be mandatory that all the drinks with smallest level or any traces of alcohol shall carry this warning.

5.00 ADDITIONAL SUGGESTIONS/COMMENTS

We would like to make following additional suggestions for consideration and support from FSA&NZ:

- a) All alcohol containing products shall be labelled for other members of community who can be affected by its consumption, such as young adults, children, old people, people on medication etc. Also, a reference shall be made to NHMRC, WHO guidelines on the label.

We believe that people are generally not aware of such guidelines, as these are not widely advertised or circulated.

- b) There is worldwide recognition including USA, of the problems associated with FAS/FASD. Australia should not lag behind in taking adequate safety measures for their citizens.
- c) The suggested labels shall be clearly displayed in public places where alcohol is served, such as restaurants, retailers, clubs etc.