

INITIAL ASSESSMENT REPORT APPLICATION A576

LABELLING OF ALCOHOLIC BEVERAGES WITH A PREGNANCY HEALTH ADVISORY LABEL

PUBLIC SUBMISSION

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LEVEL OF APPROVAL:	Ann Kingsbury Project Coordinator Mater Mothers' Hospital National Illicit Drug Strategy Project
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SUMMARY:	<i>This is a Submission supporting the application to seek a variation to existing Standard 2.7.1. to require a health advisory label on alcoholic beverage containers advising of the risks of consuming alcohol when planning to become pregnant and during pregnancy.</i>

Responding to questions posed in regard to seeking variation of existing standard:

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?

A.) MMH is the largest maternity service in Australia and provides expert services which includes tertiary maternity and neonatal care. At Mater Mothers' all women who book in to birth their baby are given information recommending they stop all recreational drug use (this includes alcohol use). Similar information is available on the Mater internet site.

Women who cannot quit or who are at risk of relapse, are referred to a specialised antenatal clinic for their pregnancy care and for support and intervention of their alcohol use.

B.) The following is an extract from the National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn. Commissioned by the Ministerial Council on Drug Strategy under the Cost Shared Funding Model © Commonwealth of Australia 2006 (page 26).

'Alcohol is known to have teratogenic effects. Drinking alcohol while pregnant increases the risk of problems in fetal development, but the level of drinking which causes significant fetal problems is not known. In this document, the term 'fetal alcohol spectrum disorder' (FASD) is used to indicate the full range of possible effects of fetal exposure to alcohol, while the term 'fetal alcohol syndrome' (FAS) will be used to indicate the severe effects, characterised by brain damage, facial deformities, and growth deficits.

Advice on drinking alcohol in pregnancy. All pregnant women should be given information on the risks associated with drinking alcohol during pregnancy and advised that no completely safe level of alcohol consumption has been determined for the fetus. *Level of evidence: Consensus*'. These Guidelines then advise NH&MRC recommendations for women who are pregnant or might soon become pregnant and gives reasons of limited evidence (2005) of harm in relating to low level alcohol consumption in pregnancy.

2. What information (from industry, public health, government and consumer groups) is available to women planning a pregnancy or pregnant women, about the risk of consuming alcohol?

This information flyer is provided to all women who book into Mater Mothers' Hospital to birth their baby.



PREGNANT?

We recommend you stop all recreational drug use

If you drink alcohol or use drugs while you are pregnant, your baby will be exposed to its effects. This may affect how your baby grows and develops during your pregnancy. It also may continue to affect your baby after he/she is born.

How much your baby is affected is influenced by a number of factors such as:

- the type of drug or alcohol and the amount used
- how pregnant you are when you take it
- your own health and lifestyle issues

Stopping alcohol and drug use and giving your baby lots of love, nurturing and attention in early life can help prevent many of these problems. It is also important that you see your midwife/doctor regularly throughout your pregnancy.

If you're having trouble stopping, please ask your midwife or doctor for advice on how to quit.

Continuity of care
Health professionals
Alcohol and drug use problems
Mothers' needs
Positive outcomes

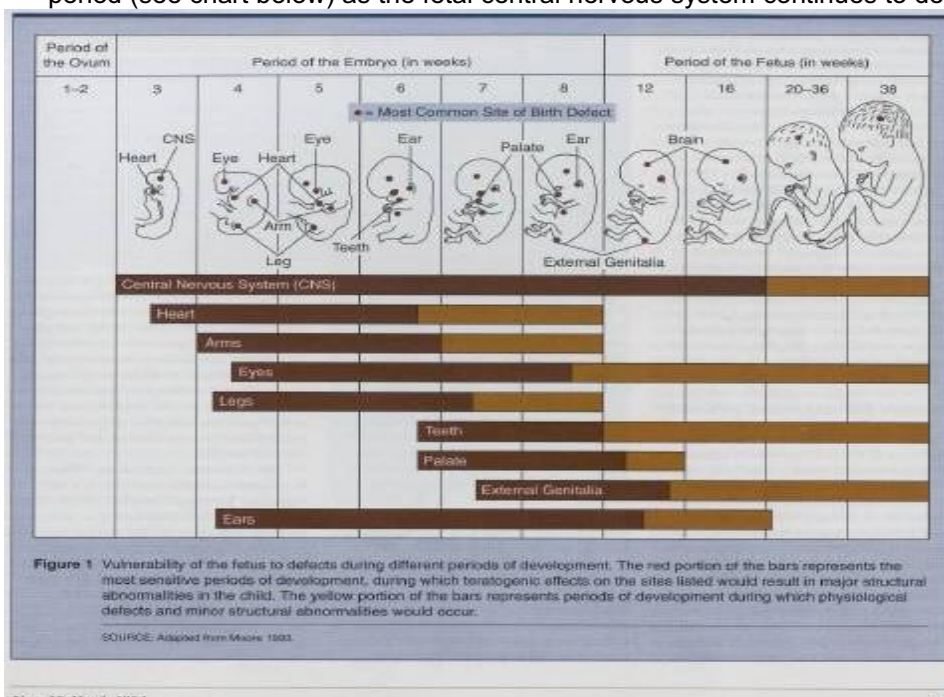
For more information telephone the **CHAMP Clinic**
coordinator on 3163 2417
Email: champ@mater.org.au

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

At MMH, supportive counselling is offered to pregnant women who use substances or are at risk of relapse. It has been observed that:

- not all women who consume alcohol either measure or count their alcohol drinks
 - the circumstances and patterns of consumption vary enormously, making individual consumption levels difficult to estimate, e.g.
 - women often drink at home, and pour their drinks from a larger alcohol container;
 - women share alcohol with their partner or with a group
 - low – moderate level drinkers vary in what they consume and their pattern of use
 - alcoholic beverages/containers vary to a great extent; there is no standardisation in terms of volume or percentage of alcohol or standard drinks in the various beers, wine and pre-mix drink containers
 - few people (incl. health professionals) have good knowledge of standard drink measures
- Using a standard drinks measure as a determinant between no harm or possible teratogenic effects to a fetus, is very risky.

- Alcohol is a teratogen. Why consider it acceptable to recommend low-level use in pregnancy (either at below-threshold dose or use outside of the critical period of susceptibility).
- In the third trimester, the fetus gradually adapts to performing more of its own nutrient and toxin elimination. The fetal organs are immature and elimination is less effective. This may result in substances accumulating and fetal toxicity likely to occur in late third trimester.
(Source: Dean A and McGuire T. Ch. 11 Psychostimulant use in pregnancy and lactation. In: *Models of intervention and care for psychostimulant users* 2nd Ed. Monograph Series No. 51 Editors: Baker A, Lee NK and Jenner L. Commonwealth of Australia, 2004)
- The fetal kidney is not a very effective route of elimination as the excreted drug enters the amniotic fluid and recirculates via fetal swallowing. (Source: Morgan DJ. *Drug disposition in mother and foetus*. Clin Exp Pharmacol Physiol. 1997 Nov;24(11):869-73.)
- Adverse effects may occur from continued alcohol consumption can occur during the fetal period (see chart below) as the fetal central nervous system continues to develop.



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

Ms Lorian Hayes (an Indigenous Australian and a descendant of the Bidjerra people of Central Western Queensland) presented a paper at the Fetal Alcohol Spectrum Disorder / Fetal Alcohol Syndrome Workshop, on 9 September 2003. The workshop was a joint initiative of Royal Brisbane & Women's Hospital Health Service District and Mater Mothers' Hospital National Illicit Drug Strategy Project. Ms Hayes' paper was titled Epidemiological study – 'Are our Indigenous Children awash with Alcohol?' In this paper she described the physical and social consequences of alcohol use and abuse in the aboriginal communities from her own and other research. One study was a longitudinal study of a cohort of indigenous mothers attending an urban antenatal clinic in southeast Queensland and their children over a ten year period. This study measured alcohol consumption at first antenatal visit and during pregnancy. (I do not have a copy or a citation for this study. Ms Hayes and Professor Elizabeth Tindle, Queensland University of Technology should be consulted regarding this proposal.

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

There is a report of an Australian study conducted between January 2001 to December 2004, in which clinicians were asked to report any child aged <15 years with newly diagnosed FAS (with criteria for fetal alcohol syndrome – alcohol exposure confirmed; partial fetal alcohol syndrome – alcohol exposure confirmed and suspected fetal alcohol syndrome – alcohol exposure not confirmed. It found Fetal alcohol syndrome was diagnosed in 0.58 per 100,000 children under 15 years of age during the period 2001 to 2004. Indigenous children had a higher rate of fetal alcohol syndrome compared to non-Indigenous children. The rate for Indigenous children was 7.4 per 100,000 children and for non-Indigenous children 0.22 per 100,000 children. (Source: Abeywardana S, Karim M, Grayson N, Sullivan EA. Congenital anomalies in Australia 1998-2001 Congenital anomalies series no. 2. AIHW cat. no. PER 37. AIHW. National Perinatal Statistics Unit.)

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

No comment.

7. Do you think a health advisory statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy on all alcoholic beverage containers should be required? Why/why not?

A health advisory statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy should be on all alcoholic beverage containers. This would:

- represent an appropriate public health initiative as a prevention strategy
- have the potential to create an awareness of the potential harm of fetal /alcohol exposure
- likely result in less women being pressured by friends and family into drinking alcohol

8. What further evidence is available about the use and/or effectiveness of a health advisory statement on alcoholic beverage containers regarding the risk of consuming alcohol when planning to become pregnant and during pregnancy?

No Comment.

9. What wording for a statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy would be appropriate on an alcoholic beverage container to raise awareness in pregnant women and women planning to become pregnant?

Advice for women

To avoid harm, DO NOT drink alcohol if you are pregnant or planning a pregnancy

For more information go to / contact...

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

No comment.

11. What are the advantages and disadvantages of a written statement compared with a pictorial image for conveying the risks of consuming alcohol when planning a pregnancy and during pregnancy?

Consumers generally are becoming more aware of food safety and will tend to look for re-assuring information on the labels of products they purchase (e.g. expiry dates, preservatives).

However, a symbol could support the written statement. A symbol is eye-catching and will accommodate multiple language issues.

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

- Any beverage that is marketed as an alcoholic beverage.
- Products which have been identified as containing significant levels of alcohol (e.g. vanilla essence) may need to carry unique warning labels.

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

- Children exposed to maternal alcohol consumption in utero will continue to be adversely affected and disadvantaged in many ways.
- This impact will continue to be felt in education, health, disability services and by policing and judicial agencies. In particular, those communities with high rates of children who were exposed to alcohol in utero, will experience higher rates of learning, behaviour and social problems.
- Maintaining the status quo shows that both industry and government are ignoring the large body of medical evidence which links the harm between alcohol consumption in pregnancy and childhood problems. In the future there is a probability some agencies may be held accountable for the disadvantages experienced by these children.

14. What is the likely impact on consumers, industry, and/or government if an advisory statement on the risks of consuming alcohol when planning a pregnancy and during pregnancy is required on alcoholic beverage containers?

- A good public health prevention and intervention strategy.
- A more informed population, and a population who have an increased awareness /understanding of the risks and potential harm from consuming alcohol in pregnancy.

15. How would labelling alcoholic beverages compare in terms of effectiveness and cost effectiveness with other public health measures to inform pregnant women of the risks of alcohol consumption during pregnancy?

No comment.