

POPULATION HEALTH BRANCH

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

Dear Sir / Madam

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

Thank you for the opportunity to assess the Initial Assessment Report for Application A576.

This is a whole of Queensland Government response and is made by Queensland Health since it is the lead agency in Queensland which coordinates policy advice relative to the national policy on food regulation. Our approach follows consultation with other Queensland Government agencies.

Queensland Health strongly supports option 2 - amend the Code to require a health advisory label on alcoholic beverage containers advising of the risk of consuming alcohol when planning to become pregnant and during pregnancy.

Queensland Health recognises that Foetal Alcohol Spectrum Disorder (FASD) is a matter of public concern. It might also be noted that the Alcohol, Tobacco and Other Drug Branch of Queensland Health is a representative of the Intergovernmental Committee on Drugs – Foetal Alcohol Spectrum Disorder Working Party.

We acknowledge that Australia's *National Alcohol Strategy 2006 – 2009* identifies Foetal Alcohol Syndrome (FAS) as a particular health concern and states that while the available evidence suggests that the birth prevalence of foetal alcohol syndrome is relatively small in Australia, the condition is a particular concern in Aboriginal and Torres Strait Islander communities.

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Queensland Health also understands there is no level of alcohol consumption has been determined as completely low risk for the foetus.

Queensland Health believes that there is a sound body of evidence to show that health advisory labels can contribute to increasing awareness of the potential dangers of consuming alcohol when planning to become pregnant or during pregnancy. We also acknowledge that achieving behavioural change is a complex process consisting of a series of stages to which increasing awareness of an issue may contribute. Accordingly health advisory labels need to be part of a broader national education initiative.

We also acknowledge that there are no health benefits from the consumption of alcohol accrue to women of child-bearing age.

It might be noted that Queensland Health launched a *Young Women and Alcohol Campaign* in 2004 in response to national research which highlighted that more Queensland women aged 18 to 22 years consumed alcohol at short-term risky and high-risk levels (5 or more drinks in one session) than their counterparts in other States, and the overall population. In addition to increasing consumption and vulnerability to harm, the greater complexity of issues around women's drinking also supported a campaign specific to women.

We also believe that consumers have a right to know about the possible harmful effects of consuming alcohol planning to become pregnant or during pregnancy and that there is a high public acceptance of and support for health advisory information on labels.

Queensland Health considers that a two-year transition period for industry to replace labelling of existing stock is too generous and we would advocate for a transition period no longer than 12 months.

Yours sincerely

Gary Bielby
Principal Environmental Health Officer
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