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Food Standards Australia New Zealand
PO Box 7186
CANBERRA BC ACT 2610
AUSTRALIA

To Whom it May Concern

Re: Submission for 'Application A576 - Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label'

I am writing to you in relation to the submission process for Application A576 Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label.

As the Commissioner for Children and Young People and Child Guardian in Queensland I have a statutory obligation to protect and promote the rights, interests and wellbeing of children and young people in this state.

When considering the issue of labelling of alcoholic beverages with a pregnancy health advisory warning I urge that the rights of the developing child be given paramount regard.

For this reason I strongly support the mandatory labelling of alcoholic beverages to warn women of the risks to their developing child of consuming alcohol when planning to become pregnant, during pregnancy or breastfeeding. I recognise that this labelling would form only one part of a wider public health strategy aimed at educating the community to increase awareness and minimise risks in this area.

My belief that pregnancy health advisory labels are required on alcoholic beverages is informed by the knowledge that:

- the "association between alcohol consumption and Fetal Alcohol Syndrome (FAS) has become widely accepted"¹
- alcohol consumption during pregnancy is the "leading, preventable cause of non-genetic intellectual handicap"²

¹ O'Leary, C. (2002). *Fetal Alcohol Syndrome: A literature review*. Canberra: Commonwealth Department of Health and Ageing. p.12.

² O'Leary, C. (2002). *Fetal Alcohol Syndrome: A literature review*. Canberra: Commonwealth Department of Health and Ageing. p. 1.

- research has shown that alcohol consumption can produce varying effects on the developing embryo or foetus with a continuum of negative outcomes including miscarriage, stillbirth, severe intellectual impairment, neurological damage, social and behavioural problems and learning difficulties (e.g., reduced IQ, attention and memory deficits, impulsivity, antisocial behaviour, anxiety, aggression and destructive behaviours)³
- in-utero alcohol related brain damage is permanent
- we do not currently fully understand the process by which alcohol damages the unborn child's brain or if there is a safe low level of consumption during pregnancy, however, research is available which shows that as little as one alcoholic drink per day during pregnancy can make children "four times as likely to be in the bottom tenth percentile of the Mental Development Index test than other children"⁴
- Australian women's "knowledge of the risks associated with alcohol consumption during pregnancy appears to be limited"⁵
- "rates of drinking, and of drinking at levels likely to cause harm, are increasing in Australian women"⁶
- rates of drinking during pregnancy are high for Australian women⁷
- policy development and prevention activities in relation to FAS and Fetal Alcohol Spectrum Disorder (FASD) [the term used to describe the continuum of effects that can occur from drinking alcohol during pregnancy] are limited in Australia at this time and labelling would form an important aspect of this
- the public expect that food and beverage products will inform them of any health risks associated with their consumption
- it is acknowledged for tobacco products that health advisory labels are one element in a package of health promotion strategies to limit the detrimental effects of this product (also including television advertising, posters, pamphlets, information sessions in schools, internet information, support to quit programs), and
- to not inform the public of the risks associated with alcohol consumption when planning to become pregnant and during pregnancy would seem negligent.

We know that alcohol consumption during pregnancy poses very serious risks to the developing child. Permanent brain injury of varying degrees can occur which severely impacts on the life outcomes of affected individuals. In addition to the life-long limitations this causes to individuals and the caring demands placed on parents, guardians or carers, FAS and FASD result in very high costs to society including medical and therapeutic treatments, special education, loss of employment and contact with the criminal justice and child protection systems.

³ O'Leary, C. (2002). *Fetal Alcohol Syndrome: A literature review*. Canberra: Commonwealth Department of Health and Ageing.

⁴ Jacobson, J.L., Jacobson, S.W., Sokel, R.J., Martier, S.S., Ager, J.W. & Kaplan-Estrin, M.G. (1993). Teratogenic effects of alcohol on infant development, *Alcoholism: Clinical and Experimental Research*, 17, 174-183. In O'Leary, C. (2002). *Fetal Alcohol Syndrome: A literature review*. Canberra: Commonwealth Department of Health and Ageing. p. 14.

⁵ Corti, B., Blaze-Temple, D., Howat, P., Binns, C. & Radalj, T. (1990). Alcohol consumption patterns of women in Perth, Western Australia, *Drug and Alcohol Review*, 9, 23-31. In O'Leary, C. (2002). *Fetal Alcohol Syndrome: A literature review*. Canberra: Commonwealth Department of Health and Ageing. p. 26.

⁶ National Health and Medical Research Council. (October 2007). *Australian alcohol guidelines for low-risk drinking*. Draft for public consultation. Canberra: Australian Government. p. 58.

⁷ National Health and Medical Research Council. (October 2007). *Australian alcohol guidelines for low-risk drinking*. Draft for public consultation. Canberra: Australian Government. p. 58.

My belief is that alcohol consumption during pregnancy is not yet recognised as a serious issue by the Australian public because:

- the public health messages about the risks of drinking alcohol during pregnancy have been limited and unclear, with advice until recently being that it was safe to drink seven standard alcoholic drinks per week, with no more than two drinks per day (previous National Health and Medical Research Council guidelines)
- there has been a focus on the lack of research clarity about the amount, frequency and timing of alcohol consumption that will cause FASD rather than how to minimise any risk to the developing child
- there is a culture of drinking in Australia which is reflected in the high percentage of Australian women who consume three or more drinks per occasion at least weekly⁸, and
- alcohol use by some Indigenous people can also be linked to a history of social displacement and abuse.

In Queensland, information provided to women who are planning a pregnancy or pregnant varies greatly. Private and public health services develop their own information packages which may include advice about not consuming alcohol during pregnancy. A range of factors including literacy levels will impact on how this information is received. Literacy is also an issue in relation to advisory labels on alcoholic beverages and for this reason I would recommend that a pictorial symbol in addition to a written statement be included on alcoholic beverages (as suggested below).



Other wording to consider would be "For women who are pregnant, are planning a pregnancy or are breastfeeding not drinking is the safest option"⁹.

It is concerning that the FSANZ risk assessment process may result in an outcome which maintains the status quo if the evidence that the risks to the developing foetus from low maternal alcohol consumption are less than conclusive, or if the recorded prevalence of FASD is found to be low. Researchers acknowledge that FASD prevalence is under-estimated due to difficulties in diagnosis and lack of knowledge in the medical community. Also at this time research is not yet able to determine if a safe level of alcohol consumption during pregnancy exists and, if it does, what that level is.

What is known is that individuals affected by FAS and FASD have their lives unnecessarily limited. We also know that FAS and FASD are prevalent in Aboriginal and Torres Strait Islander communities and that rates may be increasing in middle class affluent groups.

⁸ Australian Institute of Health and Welfare. (1999). In O'Leary, C. (2002). *Fetal Alcohol Syndrome: A literature review*. Canberra: Commonwealth Department of Health and Ageing. p. 26.

⁹ National Health and Medical Research Council. (October 2007). *Australian alcohol guidelines for low-risk drinking*. Draft for public consultation. Canberra: Australian Government. p. 57.

In conclusion, we need to start giving a clear, consistent, reinforced message to the community about the risks to the developing child of consuming alcohol when planning to become pregnant, during pregnancy and when breastfeeding¹⁰. Clearly labelling alcoholic beverages with a health advisory warning would be an important part of an Australian prevention strategy. In light of the newly developed guidelines by the National Health and Medical Research Council (draft guidelines for public consultation published in October 2007) which recommend that "for women who are pregnant, are planning a pregnancy or are breastfeeding not drinking is the safest option"¹¹, it is timely for this message to be reinforced through a health advisory label on alcoholic beverages.

Yours sincerely



Elizabeth Fraser
**Commissioner for Children and Young People
and Child Guardian**

¹⁰ This submission is concerned with the risks to the developing child of consuming alcohol when planning to become pregnant and during pregnancy as is the focus of Application A576 Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label. It is my belief that this health advisory label should be extended to include the risks of drinking alcohol when breastfeeding.

¹¹ National Health and Medical Research Council. (October 2007). *Australian alcohol guidelines for low-risk drinking*. Draft for public consultation. Canberra: Australian Government. p. 57.