

Submission relating to:

“Application A576 – Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label”

Submitted by the National Organisation for Fetal Alcohol Syndrome and Related Disorders

1. NOFASARD

The National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD) is the peak body representing the interests of individuals who have been affected by prenatal exposure to alcohol and their parents, carers and others who work with them. Many of our members have first hand experience of the damage caused by alcohol consumption during pregnancy and they deal with the effects of this damage daily.

2. Executive Summary

It is not disputed that alcohol is a known toxic substance and teratogen that can cause a spectrum of neurological and physical disabilities in the unborn child, commonly referred to as Fetal Alcohol Spectrum Disorders (FASD). There is a significant body of accepted research that links excessive alcohol consumption by pregnant women with permanent physical and neurological birth defects, known as Fetal Alcohol Syndrome (FAS). There is a degree of non acceptance by some authorities that small amounts of alcohol consumption by pregnant women lead to fetal impairment even though organisations including the AMA, The Royal Australian College of Physicians and the Telethon Institute for Child Health Research all recommend no alcohol consumption is safest for pregnant women. *There is no research that has established a safe lower limit of alcohol exposure to a developing fetus.*

NOFASARD is of the strong view that *any* substance that is known to cause harm to a developing fetus should have a health advisory label. This includes alcohol.

A recent poll has demonstrated that a majority of Australians have not heard of Fetal Alcohol Spectrum Disorder (FASD) a term used to describe the spectrum of possible abnormalities caused by prenatal exposure to alcohol. The lack of a warning label on alcohol products relating to the harm their use may cause, is a contributing factor to this low level of awareness.

NOFASARD strongly support the Alcohol Advisory Council of New Zealand (ALAC) application A576, made on behalf of the New Zealand Government to require the prominent display of a pregnancy health advisory labelling on all alcoholic beverages.

NOFASARD supports the use of both a written and a pictorial label on each container so the advice can be understood regardless of levels of literacy and to appeal to different learning styles. We have attached as an annexure to this submission a pictorial example that clearly identifies alcohol to be of danger to the developing fetus and does not require an ability to read or understand English. It is also an image that empowers women because it gives the choice to them. The inclusion of a pictorial label should be mandatory and the design and placement must be determined by FSANZ, not left to industry discretion. Consultation with birth mothers who have been at risk of alcohol consumption during pregnancy is essential during the content development stage.

3. Discussion

NOFASARD offers the following comments to support our position on this endorsement:

- Pharmaceutical products or other chemical agents that show *any* level of toxicity to the developing fetus or infant are not approved for use during pregnancy or breastfeeding.
- Alcohol is a known toxic substance and teratogen that can cause a spectrum of neurological and physical disabilities in the unborn child, commonly referred to with the non-diagnostic term of Fetal Alcohol Spectrum Disorder (FASD). Community action at many different levels is urgently needed to protect children from this damage and a health warning label on all alcohol containers **should be an integral and fundamental component** of such action.
- A health advisory label to avoid alcohol during pregnancy will also serve to counter the stream of misinformation about the risk of drinking during pregnancy that confuse the public and undermine public health efforts and clinical advice.
- While the published figures for the incidence of FASD in Australia are generally quite low NOFASARD believe that FASD is not rare but rather that is rarely diagnosed or it is mis-diagnosed.
- Psychiatrist Professor Kieran O'Malley, formerly of the Fetal Alcohol & Drug Unit at the University of Washington and now relocated home to Ireland, in 2007 edited a comprehensive book, "ADHD and Fetal Alcohol Spectrum Disorders (FASD)"¹ In the first paragraph, O'Malley states that FASD is a "masquerader" and ADHD is most probably the "disguise". This appears to be the case in Australia with increasingly high rates of ADHD while fetal alcohol diagnoses seem to be overlooked.
- There is a very low level of awareness of FASD in Australia. FASD is recognized as the leading non-genetic cause of developmental disability in children yet in a recent Roy Morgan Poll 58% of surveyed Australians had never heard of FASD. The same survey also revealed that 71% of those surveyed want to see warning labels about drinking during pregnancy on alcohol products.²
- Most Australian health professionals cannot recognize Fetal Alcohol Syndrome (FAS) let alone the more complete spectrum of effects. In 2006 the results of a survey of health professionals, including Gp's and Pediatricians were reported in the A&NZ Journal of Public Health. Only 4%

¹ Kieren D O'Malley (2007) *ADHD and Fetal Alcohol Spectrum Disorders(FASD)* Nova Publishers Inc New York

² Private email correspondence from Media Key Mt Eliza Vic. Dec 2007

of health professional surveyed felt very prepared to deal with FAS and only 12% new the diagnostic criteria.³

- Internationally FASD is estimated to affect 1/100 live births.⁴ Australia has extremely high rates of women of child bearing age who are drinking and very high rates of women who are drinking during pregnancy⁵⁶, yet there have been no population based studies undertaken in Australia to determine the true incidence of FASD. In the absence of such studies it is fair to suggest that the incidence in Australia would be similar to other developed nations. With an Australian birth rate of approx 260,000 per year, this could mean **7 children being born every day** with some effects of prenatal exposure to alcohol.
- This appalling situation will never be rectified while the product that is known to have the potential to directly cause harm to the unborn child doesn't alert consumers to the fact. FASD would not exist if alcohol was not consumed during pregnancy. There is no safe known level for alcohol consumption during this time and alcohol has **no health benefits for the developing child only the potential for harm**. This view is supported by an article in the *Medical Journal of Australia* last year that presents compelling evidence to support complete abstinence during pregnancy.⁷ (Whitehall 2007).
- NOFASARD have heard it suggested by some members of the medical community that telling pregnant women that alcohol may harm their unborn child will cause an increase in the call for abortions. We believe this view is alarmist. Pregnant women have the right to be informed of the risks so that they can make informed choice about their alcohol use and if they contact their health providers after seeing a health warning label this should be seen as providing a positive opportunity for appropriate counselling or intervention.
- We acknowledge that labelling alone may not be sufficient to help prevent all cases of FASD, however we believe raising awareness about alcohol's potential harm to the unborn baby **is the critical first step** in any programme designed to inform, influence and effect behaviour change.

In view of these facts, NOFASARD believe it is reprehensible that in Australia, this widely available and highly promoted product does not carry a health warning label.

There is a strong moral and ethical obligation to inform the public about the health risks of this product that transcends and outweighs any commercial imperatives or perceived value about the effectiveness of doing so.

Submitted by

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³ *Health professionals' knowledge, practice and opinions about fetal alcohol syndrome and alcohol consumption in pregnancy*. Australian and New Zealand Journal of Public Health 29 (6), 558–564.

⁴ Sampson et al, *Teratology* 56:317-326, 1997

⁵ Victorian Health and Wellbeing Survey 2006

⁶ Colvin et al 2007 *Alcohol Consumption During Pregnancy in Nonindigenous West Australian Women* Alcoholism Clinical Experimental Research Vol 31 No 2 Feb 2007

⁷ John S Whitehall *National Guidelines on alcohol use during pregnancy: a dissenting opinion* MJA 2007; 186: 35–37