

**Tasmanian Department of Health and Human Services, Population  
Health Submission to Food Standards Australia New Zealand (FSANZ)**

**Initial Assessment Report Application A576 Labelling of alcoholic  
beverages with a pregnancy health advisory label**

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Thank you for the opportunity to comment on the Initial Assessment Report on Application A576 Labelling of alcoholic beverages with a pregnancy health advisory label.

The Tasmanian Department of Health and Human Services supports Option 2 to amend the Food Standards Code to require a health advisory label on alcohol beverage containers advising of the risk of consuming alcohol when planning to become pregnant and during pregnancy as part of a comprehensive strategy to reduce the harm of alcohol consumption, particularly to vulnerable members of the community. The Department of Health and Human Services also supports advisory statements on all related promotion and advertising

This application is consistent with the National Alcohol Strategy 2006-09, which supports and advocates for cultural change around alcohol use in Australia. Suggested protective health benefits with consumption of small amounts of alcohol on a regular basis have been challenged (Apfel & Andkjaer 2001; Fillmore et al 2006; Hart et al 1999). Whilst the impact of small amounts of alcohol on pregnant women and their unborn babies is unknown, large amounts of alcohol are known to be harmful. However, it would be unethical to prospectively investigate the level at which harm occurs.

Introducing a health advisory statement will support other strategies in the National Alcohol Strategy 2006-2009 (Australian Government 2006). The release of the Draft NHMRC alcohol guidelines provides further opportunities to strategically focus implementation and promotion of the message to reduce alcohol intake for pregnant women (National Health and Medical Research Council 2007).

To maintain the status quo would cost public health in terms of a lost opportunity to achieve consistency of messages in relation to national policies, national strategies, the best available evidence and food legislation. In other words, if the consensus is that drinking alcohol is a risk for pregnant women, then our food standards should be supportive of protecting and promoting their health and the health of the foetus.

Providing warnings on alcohol containers would not capture all alcohol consumed by pregnant women, but is consistent with other labelling requirements. For example; common allergens are required to be declared on labels, but not on food purchased in restaurants. Health advisory statements could be required on alcohol purchased to consume off the premises while alcohol bought by the glass in liquor licensed establishments would not necessarily be required on the glass.

The impact of mandatory labelling on export trade is not likely to be significant as many wine manufacturers have a separate export label to comply with regulations in the final country of sale. Alcohol sold to the United States of America has been required to have a Surgeon General's warning on alcohol in pregnancy since 1989.

Food sold in Australia and New Zealand is required to comply with the Food Standards Code. Therefore, like other foods, alcohol imported into Australia will be required to adjust labels to comply with the Food Standards Code.

The issue of existing stocks of wine and other alcoholic beverages has been raised, as they generally do not require a best before date. The same issue was raised with the implementation of standard drinks labelling and in that case it was noted that most alcoholic beverages are consumed within a short time of purchase. It is understood that in the case of standard drinks labelling, a high level of compliance was achieved within six months of gazettal.

Despite the fact that some alcoholic products may remain unsold for long periods of time, enforcement action for pregnancy warning statements on stock remaining unsold after the implementation period expires can be determined by using batch coding or other production data. In any event, the small amount of product still in the market place that was produced prior to the change in the code is unlikely to constitute a serious enforcement problem.

Labelling of all alcoholic beverages would be one means of ensuring that pregnant women are adequately informed of the risk of consuming alcohol during pregnancy. A review by (Loxley et al 2004) supports labelling for standard drinks information. There is no evidence that the introduction of pregnancy health related labelling warning would not be equally effective. Loxley et al (2004) also comment that the provision of guidelines and labelling of alcoholic beverages should not be evaluated in isolation from other prevention strategies. Therefore comprehensive and complementary preventive approaches are supported that provide consistent messages across mediums and timeframes.

A logo approach to an advisory statement would help to address language and literacy issues. The provision of a 1800 number for drinkers who may be concerned about drinking during pregnancy would also be beneficial.

This could be illustrated as:

**NOT DRINKING IS THE SAFEST OPTION**  
**LOGO (similar to French logo illustrated in the Initial Assessment Report)**

**Alcohol and Pregnancy Hot Line 1800 ... ..**

The message 'Not drinking is the safest option', is drawn from Australian Alcohol Guidelines for Low-risk Drinking, 2007 (National Health and Medical Research Council 2007). The labelling could also link with other public health strategies to help provide additional consumer information for example an Alcohol and Pregnancy Hot Line could also cover the issue of breastfeeding and alcohol consumption – another important and related issue.

There is no known level of alcohol consumption at which it can be assumed that no harm will occur. There is an increasing risk as alcohol consumption increases (National Health and Medical Research Council 2007). This is for the general public as well as for pregnant women. Labelling of alcoholic beverages is one component of the strategic approach to reduce harm from alcohol consumption.

References

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