



# THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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**FSANZ Consultation February 2008  
On Initial Assessment Report on the  
Labelling Of Alcoholic Beverages With A Pregnancy Health Advisory Label  
(Application A576)**

**Submission from:  
The Paediatric Society of New Zealand**

**The Paediatric Society of New Zealand strongly supports the application of the Alcohol Advisory Council of New Zealand (ALAC) to have a variation to existing Standard 2.7.1 – Labelling of Alcoholic Beverages and Food Containing Alcohol, of the *Australia New Zealand Food Standards Code* (the Code), 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. The following points are made in support of our submission:**

- Fetal Alcohol Syndrome (FAS) is one of the most common causes of mental retardation. Studies from North America and Europe suggest a prevalence of 0.3-1.9 per 1000 births<sup>1,2</sup>. Based on these overseas statistics one would predict between 20 and 112 children with FAS are born each year in New Zealand, with more children having Fetal Alcohol Spectrum Disorder (FASD).
- Studies in New Zealand<sup>3,4</sup> have identified an apparent lower prevalence of 0.06/1000 in the most recent study. Of more concern, the prevalence in Maori was over twice the general population prevalence at 0.14/1000. In the most recent study<sup>4</sup> over half the children identified were referred because of concerns about behaviour or learning difficulties.
- Epidemiological studies of drinking patterns in New Zealand show heavy consumption of alcohol, with rising consumption especially among young people and young women<sup>5</sup>.
- As there is no reason to expect that alcohol consumption in New Zealand would have different outcomes than in other countries, it is thought that FASD is under-recognised and consequently under-reported in New Zealand. It is potentially the most common cause of disability in New Zealand.
- The Paediatric Society recognises that Fetal Alcohol syndrome is a discrete entity with well established diagnostic criteria. Fetal Alcohol Spectrum Disorder (FASD) occurs much more commonly, but is difficult to precisely distinguish from other conditions with genetic or environmental aetiology such as ADHD, intellectual disability etc. Often alcohol and other toxin exposure (cigarettes, other drugs) in

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utero will coexist with other mediators of poor long-term health, educational and social outcomes such as low socioeconomic status, genetic predisposition to learning disability or ADHD, low birth weight, prematurity, risk of deprivation, neglect or abuse, and maternal physical or mental ill health.

- Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder are preventable causes of intellectual disability, learning difficulties, behavioural disorder and ill health.
- The Paediatric Society supports any measure which has the potential to reduce the impact of alcohol exposure in utero, and therefore the resultant impact on children, families, and society.
- In New Zealand, current advice about alcohol consumption in pregnancy may come through a number of sources:
  - Health Education Programmes in school. The effectiveness of information provided about FAS/FASD may be limited by the teacher's knowledge of FAS/FASD. While the society applauds the provision of this education in schools, it is noted that teachers have to provide education on a wide ranging curriculum of which FAS/FASD is only a small part. In addition such programmes may not reach those at greatest risk, who may be from transient or deprived families, and therefore attend several schools, or who may have a high rate of absenteeism from school.
  - Advice from Health professionals prior to conception.
    - The study by Leversha and Marks<sup>6</sup> found that doctors (General Practitioners, Obstetricians and Paediatricians) in New Zealand in 1993 varied significantly in their attitudes and advice about drinking alcohol in pregnancy. There do not appear to have been any recent studies on this issue. Therefore it must be assumed that advice from Health Professionals is not likely to be consistent on this issue.
    - Young people who perceive themselves to be in good health are unlikely to attend for well person checks. The cost of General Practitioner visits in New Zealand is a disincentive. Some women may receive advice during consultations for contraceptive advice. Many young people may be using barrier methods of contraception, and therefore not attending a health professional. Those at highest risk of alcohol use in pregnancy may not be using any contraception.
  - Advice from Health Professionals during antenatal care.
    - The fetus is at risk from the teratogenic effects of alcohol from very early in pregnancy (around 21 days post conception). Most women are unaware that they are pregnant at this early stage, and have therefore not yet sought antenatal care.
    - Women at high risk may not seek any antenatal care until late in their pregnancy, if at all.
    - Clearly, advice to women to stop drinking alcohol at any stage in pregnancy can ameliorate the adverse effects of alcohol on the fetus.
  - Public Education Campaigns. These are provided by ALAC from time to time in New Zealand. However, the coverage by such education campaigns is limited compared with the high level of advertising and marketing of alcoholic drinks by the liquor and retail industries. In addition

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the ALAC budget for public health education campaigns must cover all aspects of alcohol related harm.

- The Paediatric Society supports all information campaigns to increase public awareness of the dangers of alcohol in pregnancy.
- Such information campaigns should include the provision of warning labels on alcoholic beverages. While warning labels may or may not be effective in influencing behaviour at the time of consumption, they are effective in informing the target audience of the potential harms of drinking alcohol.
- Non pregnant alcohol consumers (male partners, family, female friends) and the community in general, can play a more informed part in supporting pregnant women not to consume alcohol, if they are informed about the potential for FAS/FASD. Warning labels provide one avenue for providing this information.

The Paediatric Society of New Zealand is a multidisciplinary organisation of Child Health Professionals, with a membership of over four hundred. Its objectives include promotion of the health and welfare of children in New Zealand, advocacy for children on all issues related to their health at a local, regional and national level, and provision of information to the public of New Zealand on all matters that concern the health and welfare of children.

**The Paediatric Society of New Zealand strongly supports the requirement of a health advisory label on alcoholic beverage containers advising of the risks of consuming alcohol when planning to become pregnant and during pregnancy.**

This submission prepared by Rosemary Marks, MB ChB, FRACP, President of the Paediatric Society of New Zealand.

## References

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