

Date	25 October 2019
Submission on	Proposal P1050 – Pregnancy warning labels on alcoholic beverages
To	Food Standards Australia New Zealand (FSANZ)
From	Registered Alcohol and Other Drugs Practitioner (DAPAANZ) Whanganui FASD Support Group - Member

Proposal P1050 – Pregnancy warning labels on alcoholic beverages

To the Food Standards Australia New Zealand (FSANZ),

Thank you for providing the opportunity to make a submission on the Proposal P1050 – Pregnancy warning labels on alcoholic beverages.

Whanganui FASD Support Group supports the general intent of 'Proposal P1050 – Pregnancy warning labels on alcoholic beverages' which can raise awareness and prompt discussions about the risks of consuming alcohol during pregnancy. We agree that mandatory labelling provides the greatest net benefit to the community versus voluntary approaches. As well as, it may also support the establishment of cultural norms in relation to pregnant women not drinking alcohol.

Introduction

The Whanganui FASD Support Group acknowledges the wide range of alcohol-related harm experienced by the people within the Whanganui district and that the burden of this harm is carried disproportionately by some population groups. We recognise that alcohol use is a major factor for numerous health conditions such as Fetal Alcohol Spectrum Disorder (FASD), injuries and social problems. Moreover, alcohol-related harm costs the health sector significant money, time and resources.

The earliest stage of our lives lays the foundation for our health and wellbeing. The effects of alcohol exposure during this period can be significant. Around 30,000 children and young people in NZ may have an FASD, with around 1800 more born each year with FASD. That means that their bodies and brains have been permanently damaged by their exposure to alcohol while in the womb. FASD is an under-recognised and under-supported condition that can have a devastating effect on a person's life and on the lives of the people close to them. It is having a disproportionate effect on our most vulnerable children and families.

This damage is preventable. We all need to work together to support women and their families and whānau to have healthy, alcohol-free pregnancies. Prevention means shifting our drinking culture. It means ensuring that the same messages are coming from every direction. It means reducing stigma and other barriers to people accessing the help they need, and ensuring our interventions are culturally appropriate.

Families and whānau need to understand the risks of drinking during pregnancy and ensure that they are supported to have healthy, alcohol-free pregnancies. It is important to develop and disseminate

clear, unambiguous and consistent messages to increase the whole community's awareness of the risks of drinking during pregnancy.

The Whanganui FASD Support Group views the 'Proposal P1050 – Pregnancy warning labels on alcoholic beverages' as a vehicle to reduce inequities and the harms caused to society and individuals by drinking alcohol during pregnancy.

The Whanganui FASD Support Group also wishes to promote and support actions that reinforce the object of The National Drug Policy. The policy frames alcohol and other drug (AOD) problems as, first and foremost, health issues. The Policy aims to minimise AOD-related harm by protecting the most vulnerable members of our community including children and young people, pregnant women and babies (Fetal Alcohol Spectrum Disorder). Additionally, the principles of Te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples necessitate comprehensive strategies that address longstanding inequities in alcohol-related harm between Maori and non-Maori.

Background and Issues

The following issues were identified in the Whanganui District Council's: 'Community Views on Alcohol Survey' conducted by Research First for the Alcohol and Other Drugs Reference Group – Safer Whanganui and the Draft Local Alcohol Policy Research Report:

- In 2014, 18.7% of residents (compared to the New Zealand average of 15.5%) identify themselves as a hazardous drinker.
- Whanganui's population is more prone to alcohol related harm (this is because 22% of the district's population identify themselves as Māori, 7.4% are aged 18 to 24, and 39% of the population experience high degrees of deprivation).
- Alcohol-related chronic disease admissions for the most part have been relatively steady across 2013 to 2015 for both discharge and patient counts.
- Deaths and injuries where alcohol was deemed a contributing factor are on the increase.
- In 2015, 45% of alcohol and other drug referrals have a diagnosis of Alcohol Use Disorder.

Alcohol is not an ordinary commodity (Babor, 2010). It is an intoxicant, toxin, and addictive psychotropic drug. Alcohol has been normalised and largely accepted by society, and causes more harm than any other drug in society (Nutt et al., 2010). Hazardous alcohol use contributes to large physical and mental ill-health, social, and economic burdens in New Zealand with impacts extending across sectors (Ministry of Health, 2016). Harm from alcohol extends beyond the individual and can result in harm to children (including those exposed to alcohol during pregnancy), whānau, friends, and the wider community (Connor et al., 2012).

Incorrect information, fear of causing stress, and social pressure to drink may be barriers to women being able to make well-informed choices around alcohol use during pregnancy. Families and whānau need to understand the risks of drinking during pregnancy and feel supported to have healthy, alcohol-free pregnancies. There is a need to develop and disseminate clear, unambiguous and consistent messages to increase the whole community's awareness of the risks of drinking during pregnancy.

In 2016, the Ministry of Health (MOH) published the 'Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019 An action plan'. This action plan aims to create a more effective, equitable and collaborative approach to FASD. It is a cross-agency commitment designed to build on the work that is already under way by providing coordinated support to those on the frontline of this issue. Rather than establishing FASD-specific services and systems, this action plan will support the current system to be much more responsive to the needs of individuals, families, whānau and communities. This action plan sets out a high-level vision of what we want to achieve, and how we can achieve that vision at a practical level. One specific action identified in this report is to develop and disseminate clear, unambiguous and consistent messages to increase the whole community's awareness of the risks of drinking during pregnancy, including FASD.

Recommendations

- Reduce the transition timeframe for implementation from 2 years to 12 months.
- Set the limit of alcohol products to 0.5% ABV to be labelled with the pregnancy warning label. This would then align with the health advice that pregnant women should not drink alcohol during pregnancy.
- Preferred warning statement wording to include 'lifelong harm' option.
- Label size at different containers: 200–800ml category needs to be reconsidered and that warning text and pictogram should be required for products of 100ml or more.
- FSANZ should commit to raising awareness about the changes, as well as, monitor and evaluate the impact of the scheme.

References

Babor, T. 2010. *Alcohol: No ordinary commodity: research and public policy*. Oxford ; Oxford University Press.

Connor J, Casswell S. 2012. *Alcohol-related harm to others in New Zealand: evidence of the burden and gaps in knowledge*. The New Zealand Medical Journal. 125(1360), 11-27.

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