



HOUSE STANDING COMMITTEE ON SOCIAL POLICY AND LEGAL AFFAIRS

INQUIRY INTO FOETAL ALCOHOL SPECTRUM DISORDER

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Terms of Reference

Foetal Alcohol Spectrum Disorder (FASD) is an overarching term used to describe a range of cognitive, physical, mental, behavioural, learning and developmental disorders that result from foetal exposure to alcohol.

The Standing Committee on Social Policy and Legal Affairs is to inquire into and report on developing a national approach to the prevention, intervention and management of FASD in Australia, with particular reference to:

- **Prevention strategies** – including education campaigns and consideration of options such as product warnings and other mechanisms to raise awareness of the harmful nature of alcohol assumption during pregnancy,
- **Intervention needs** – including FASD diagnostic tools for health and other professionals, and the early intervention therapies aimed at minimising the impact of FASD on affected individuals, and
- **Management issues** – including access to appropriate community care and support services across education, health, community services, employment and criminal justice sectors for the communities, families and individuals affected by FASD.

Who We Are

The Winemakers' Federation of Australia (WFA) is the peak national body representing wine enterprises of all sizes across Australia. Our aim is to provide leadership, strategy, advocacy and support. Our voluntary membership represents in excess of 95% of wine production in Australia.

With 64 wine regions across the nation, the wine sector is a major contributor to the economic and social fabric of Australian life. As the third largest agricultural exporter, our sector plays a pivotal role in regional employment, trade and tourism.

Australian winemakers strive to consistently produce a highly regarded product and encourage wine to be enjoyed responsibly and by millions of people around the world.

Introduction

Foetal alcohol spectrum disorder (FASD), is defined by the Committee as an overarching term used to describe the cognitive, physical, mental and behavioural, learning and developmental disorders that result from foetal exposure to alcohol.

There is often conflicting advice as to the true incidence of FASD in the Australian population, as accurate information is not widely reported, and there are inherent problems in determining if these children have FASD. The Australian Government Department of Health acknowledged an initial study into incidence of foetal alcohol syndrome which suggested that the published prevalence rates of FAS stand at 0.02 per 1000 total Australian Births.¹ Subsequent studies have found similar estimated rates.^{2 3 4} The Government also concedes that there is few published data in Australia on frequency and level of alcohol use in pregnancy.

In developing this submission to the Joint Standing Committee, WFA has continued to draw upon evidence-based approaches and strategies in setting policy direction in the area of foetal alcohol spectrum disorders and seeks to ensure that the

¹ Bower C, Silva D, Henderson TR, Ryan A, Rudy E. Ascertainment of birth defects: the effect on completeness of adding a new source of data. *Journal of Paediatrics and Child Health* 2000;36(6):574-6

² Harris KR, Bucens IK. Prevalence of fetal alcohol syndrome in the Top End of the Northern Territory. *Journal of Paediatrics and Child Health* 2003;39(7):528-33

³ Allen K, Riley M, Goldfield S, Halliday J. Estimating the prevalence of fetal alcohol syndrome in Victoria using routinely collected administrative data. *Australian and New Zealand Journal of Public Health* 2007;31(1):62-6.

⁴ Van Essen P, Gibson C, Scott H, Willoughby C, Chan A, Haan E. 2005 annual report of the South Australian Birth Defects Register; Incorporating the 2005 annual report of prenatal diagnosis in South Australia. Adelaide: Children, Youth, and Women's Health Service; 2008.

Committee understands and acknowledges that these are the most effective ways to reduce any potential harm from consuming alcohol.

How is the Australian wine sector addressing alcohol abuse?

Australian winemakers have a rich history of social responsibility, transparency and accountability with a commitment to addressing problems associated with abuse of alcohol. The wine sector continues to be proactive in many ways such as voluntary labelling and region-specific alcohol controls, to ensure that wine is enjoyed responsibly by most Australians. Wine is a beverage which is intended to be consumed with food, in a social setting with others and by its very nature, should not be abused.

The wine sector is mindful of its responsibility as an alcohol producer and is actively involved in education and research initiatives as well as providing broad support to a range of various other organisations focused on reducing harm from drinking alcohol. WFA has worked closely with the Grape and Wine Research and Development Corporation (GWRDC) and the Australian Wine Research Institute (AWRI) on a number of projects that seek to address alcohol abuse.

The wine sector is also supportive of DrinkWise's initiatives. DrinkWise is an independent not-for-profit, evidence based organisation funded by voluntary contributions from some members of the alcohol industry, who produce collectively 80% (by volume) of the alcohol sold in Australia.⁵ DrinkWise is committed to providing ongoing community education activities that will assist in shaping a healthier and safer drinking culture. Alongside highly-regarded multi-faceted campaigns, DrinkWise recently launched a series of consumer messages which have been incorporated on many alcohol producers' labels, and will provide consumers with a link to valuable resources and an opportunity to make informed choices regarding their alcohol consumption.

The National Wine Foundation (NWF) is a not-for-profit charitable institution that was created to address social problems in the Australian community which can lead to alcohol abuse. It gives priority to projects that address social issues in indigenous communities. The NWF was established as a joint initiative of the WFA and the National Wine Centre of Australia to commemorate the Centenary of Federation, in which \$1 million worth of proceeds was raised from the production and sale of a red wine blend from winemakers of all states and territories. It is the interest earned on these funds which is used to promote the responsible consumption of alcohol.

Past funding grants have been issued to the Australian Indigenous Education Foundation for school scholarships, Aboriginal community strengthening projects,

⁵ <http://www.drinkwise.org.au>

research projects into the effects of alcohol on cognitive function and the production of pamphlets aimed at school-leaving teenagers, which featured practical advice for both parents and teens on how to treat alcohol responsibly.

The entire alcohol industry and the wine sector in particular, are supportive of the National Health Medical Research Council (NHMRC) guidelines, which suggest that women who are pregnant, planning to become pregnant, or breastfeeding, not drinking alcohol is the safest option. Many Australian wineries have information pamphlets and signage displayed at their cellar door to advise consumers of the recommended guidelines.

Examples of voluntary labelling in the Australian alcohol industry

Australian alcohol producers have included information on standard drinks on alcoholic beverages since the mid-1990s, which over the next decade, expanded into the standard drink pictograms currently in use.

BEER	SPIRITS	WINE
		

As previously mentioned, DrinkWise has also developed a series of campaigns focused on reducing harm and encouraging people to think about their actions when drinking alcohol and the effects on others, with a simple and easily understood ‘Get the facts’ message. They recently expanded their activities to include consumer messages on alcoholic beverages, which unlike simplistic health warnings, encourage the consumer to make informed decisions on safe drinking practices via the DrinkWise website. The labels are badged with the ‘Get the facts’ logo as well as one of the following messages, one of which is ‘It is safest not to drink while pregnant’, which mirrors the NHMRC Guideline 4 regarding pregnancy and breastfeeding, as well as the use of the pregnant lady pictogram. An example is below.



The pregnant-lady pictogram has been voluntarily used by Australian winemakers for several years as a simple reminder of the dangers of drinking whilst pregnant, planning to become pregnant or breastfeeding. It mirrors the requirements in France and other European countries and highlights another ongoing commitment Australian alcohol producers have in addressing alcohol abuse. Pictograms are the preferred method of communicating such warnings as they are more effective in disseminating information to ‘at-risk’ drinkers who may be illiterate or from non-English speaking backgrounds.



WFA has also partnered with producers in an initiative that has seen most Australian wine casks carrying full size representations of what a standard drink constitutes, as well as consumer information promoting responsible alcohol consumption, directing consumers to the DrinkWise site to find out more.



Furthermore, Australian cask wine producers grouped together late last year to address the continued abuse of their products by many Northern Territory communities, which

subsequently resulted in the withdrawal of all 4L wine casks across the territory.

These voluntary measures provide consumers with a valuable opportunity to think about their alcohol consumption and make informed choices.

PART 1: PREVENTION STRATEGIES

The only certain way of preventing foetal alcohol syndrome is to abstain from alcohol. However, as alcohol is an accepted part of Australian culture, choosing whether or not to consume alcohol when pregnant will ultimately be a choice that women will have to make based on the best available information.

Is moderate consumption of alcohol during pregnancy harmful?

Recent studies examining the relationship between light drinking and effects upon pregnancy

This question causes great debate amongst the medical community, public health advocates and policy makers. The evidence is often conflicting and inconclusive.

We know that it has been proven in several studies that repeated “excessive” and “heavy consumption” can cause serious harm to developing foetuses, but relatively little is known of the true impact of “moderate” alcohol consumption during pregnancy, and whether it is safe to consume moderate amounts.

This resulted in the NHMRC concluding that for pregnant women, those planning a pregnancy and those breastfeeding, ‘not drinking alcohol is the safest option’, as they have no conclusive proof that there is a safe level.

The NHMRC explains that ‘A no-effect level had not been established and limitations in the available evidence make it impossible to set a ‘safe’ or ‘no-risk’ drinking level for women to avoid harm to their unborn children, although the risks to the foetus from low-level drinking (such as one or two drinks per week) during pregnancy are likely to be low’.⁶ Similarly, it was not possible to set a ‘safe’ and ‘no-risk’ drinking level for breastfeeding women. Although the NHMRC acknowledged that an abstinence message may discourage breastfeeding, and that practical guidance regarding minimising the risk to lactation and to the breastfed infant is also provided for mothers who choose to drink.

The NHMRC stressed that the decision was not based on any new evidence, but merely the limitations on existing evidence, reinforcing the need for more advanced research in this area. The NHMRC also advises that ‘Women who drank alcohol before they knew they were pregnant or during their pregnancy should be reassured that the majority of

⁶ National Health and Medical Research Council (2009) Guidelines to reduce harm from drinking alcohol.
http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ds10-alcohol.pdf

babies exposed to alcohol suffer no observable harm. The risk to the foetus from low level drinking is likely to be low.’

There have been several recent studies into alcohol consumption by pregnant women that have explored the effects of light drinking in moderation. So far, the results indicate that there is no significant risk of harmful effects which may help to guide future guidelines and advice to pregnant women.

A 2010 British study⁷ examined the relationship between light drinking during pregnancy and the risks of socio-emotional problems and cognitive deficits at age 5 years. The research concluded that (like previous works⁸) up to the age of 5 years, there is no increased risk of poor socio-emotional or cognitive developmental outcomes in children born to mothers who drank not more than 1 or 2 units of alcohol per week during pregnancy. However, the report does acknowledge that further work needs to be conducted to tease out aetiological relationships.

Researchers also discovered that children born to light drinkers were less likely to have high total difficulties scores compared with those born to mothers in the not-drinking-in-pregnancy group.

An Australian study⁹ conducted in 2010 by a group of West Australian researchers, also suggested that there may be more evidence that light drinking during pregnancy may not be harmful to offspring. This study used population data to examine the association between dose, pattern, and timing of pre-natal alcohol exposure and birth defects. The results showed that although a large proportion of the 4714 women in this study drank during pregnancy (only 40.8% abstained), the prevalence of any birth defect classified as alcohol-related by the Institute of Medicine was low. The study was supported by National Health and Medical Research Council grants and fellowships.

The study recommended that screening and documentation of alcohol use by women of child-bearing age and pregnant women would enhance surveillance efforts and inform prevention.

There is also some question as to the accuracy of the reported levels of FASD and whether birth defects attributed to alcohol are classified properly. O’Leary highlighted in this study that:

“Birth defects defined as ARBDs occurred in each prenatal alcohol exposure (PAE) group, with almost one-half (47%) occurring in infants born to women who had abstained from alcohol during the first trimester. This indicates the difficulty of reliably attributing these birth defects to alcohol in clinical settings, particularly because the

⁷ Kelly Y, Sacker A, Gray R, et al. ‘Light drinking during pregnancy: still no increased risk for socioemotional difficulties or cognitive deficits at 5 years of age?’, *J Epidemiol Community Health* 2012;66:41e48. doi:10.1136/jech.2009.103002

⁸ Kelly Y, Sacker A, Gray R, et al. Light drinking in pregnancy, a risk for behavioural problems and cognitive deficits at 3 years of age? *Int J Epidemiol* 2009;38:129e40.

⁹ O’Leary C, Nassar N, Kurinczuk J, de Klerk, N, Geelhoed E, Elliott E & Bower C, ‘Pre-Natal Alcohol Exposure and the risk of Birth-Defects’, *Pediatrics*. 2010;126:e843-e850.

dose, pattern, and timing of PAE are not recorded routinely, which suggests that this information is not sought routinely”¹⁰

The International Scientific Forum on Alcohol Research (a joint undertaking of the Institute on Lifestyle & Health of Boston University School of Medicine and Alcohol in Moderation (AIM) of the UK, and featuring health and medical representatives from over the world) discussed the two studies in great deal and concluded that¹¹:

“While no one is advocating that pregnant women drink alcohol, we believe that it is important that we use evidence-based data when making guidelines for alcohol consumption during pregnancy and these (2 new studies) add to that database”

“We conclude that while drinking during pregnancy should not be encouraged; there is little evidence to suggest that an occasional drink by the mother is associated with harm”.

“Until science provides even stronger evidence, we should not encourage pregnant women to drink, but obviously should not terrorize those pregnant women who are occasional or light drinkers”.

Alcohol Advisory Statements on Alcoholic Beverages

The placement of warning labels should be based on credible evidence of the need, including:

- Whether there is adequate available information for women on alcoholic beverage consumption during pregnancy.
- The effect of alcoholic beverages on pregnancy.
- The level of awareness and knowledge about such effects.
- Whether health advisory or warning labels actually change behaviour in the at-risk group (pregnant women)

Anti-Alcohol Warning Messages

There have been recommendations by public health groups to have large cigarette-style warning labels placed on alcoholic beverages, advising consumers of the harms associated with alcohol. Specifically, there have been calls for warning labels targeted directly at pregnant women.

WFA is particularly concerned about the impact that advisory labels such as the ones prepared by the Foundation for Alcohol Research Education (formerly the Australian Education and Rehabilitation Foundation) could have on pregnant women and supported by other leading anti-alcohol organisations through the National Alliance for Action on Alcohol (NAAA).¹²

¹⁰ *Ibid*

¹¹ International Scientific Forum on Alcohol Research Critique 020

¹² FARE Policy Position paper (AER Foundation at time of print) (2011), Alcohol Product Labelling: Health Warning Labels and Consumer Information



The above warning prepared by the Foundation for Alcohol Research and Education (FARE- formerly the AER Foundation) and supported the anti-alcohol movement goes against the highest medical and clinical advice.¹³ A significant amount of research has been conducted in this area, which is highlighted by the carefully worded NHMRC guidelines, and chosen by DrinkWise for its labelling initiative.

Many researchers have pointed out the potential dangers of over-strict recommendations for women during pregnancy. One report argues that a paternalistic approach is 'inappropriate and demeaning to women'.¹⁴ They should be provided with balanced information and told where there is still any uncertainty. Warning of the dangers associated with any alcohol during pregnancy risks alienating and worrying women who are at very low risk, while having a negligible impact on high-risk drinkers who tend to ignore recommended alcohol intake guidelines. 'A total abstinence position may backfire, serving to erode the trust the public places in medical advice'.

There is a great risk that if women have been advised about alcohol and pregnancy, based solely on the information conveyed through health advisory labels, upon discovering pregnancies, women will immediately review their alcohol (and tobacco/drug) consumption in the previous one to two months. If the warning label states that the child could or may have been damaged, or is at risk of having neurological defects, this will likely create a sense of fear and guilt. This concern would be particularly acute for first time mothers, or those without strong social support network, or with other drug dependencies.¹⁵

There is also the possibility of some pregnancies ending in termination before actual harmful effects of alcohol have been adequately assessed. Some expectant mothers may

¹³ Foundation for Alcohol Research and Education (formerly AER Foundation) Alcohol Product Labelling: Health Warning Labels and Consumer Information, A Policy Position paper (2011) http://www.fare.org.au/wp-content/uploads/2011/07/AER-Policy-Paper_FINAL.pdf

¹⁴ Gavaghan C. "You can't handle the truth"; medical paternalism and prenatal alcohol use J Med Ethics 2009;35:300-303. Doi:10.1136/jme.2008.028662

¹⁵ Public Health Agency of Canada (2007) Research Update: Alcohol Use and Pregnancy section 8.2

be so concerned or in such a state of depression and guilt as to terminate the pregnancy based on their expectation that the foetus has been damaged¹⁶, a risk which has recently been commented on by the Royal Australian College of Obstetricians and Gynaecologists.¹⁷

The Ministerial Council on Drug Strategy has developed national clinical guidelines for the management of drug use during pregnancy, birth and early development years of the newborn:

'An abstinence approach is not recommended, in part because it could result in disproportionate anxiety among women with an unplanned pregnancy, many of whom consume before they know they are pregnant, but usually without harmful consequences for the infant. Anxiety about alcohol consumption has sometimes resulted in precipitous decisions to terminate a pregnancy'.¹⁸

Pregnancy Warnings on Alcohol

Prior to the Blewett Labelling Review, *Labelling Logic*, Food Standards Australia New Zealand (FSANZ) conducted an initial report into the *Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label*¹⁹ that concluded against the need for a pregnancy warning. Despite this expert advice, the Blewett Review recommended that pregnancy labels be made mandatory on all alcoholic beverages.

Recently, on November 30 2011, the Australian Government, in its response to *Labelling Logic* (the Blewett Labelling Review), agreed with the recommendation for a suitably worded warning message be mandated on alcoholic beverages and at point of sale or on unpackaged alcoholic beverages.

The Commonwealth position did however, recognise the voluntary steps being undertaken by the alcohol industry in this area, and as such have proposed a period of two years to take up this step voluntarily before regulating for this change. This is an affirmation that the alcohol industry has, through self-regulated voluntary adoption by its members, made significant improvements in raising awareness of the dangers of excessive consumption and reinforces the commitment that Australian wine producers have to their customers in addressing potential harms from misuse of alcohol.

Whilst labels do create awareness, they have been repeatedly proven ineffective at changing behaviour. The wine sector has rightly questioned the evidence used by the Commonwealth in seeking to mandate pregnancy warnings.

¹⁶ O'Brien P (October 2007) BMJ, Vol 335, pg 856

¹⁷ The Age (2007), Abortion fear over no-alcohol in pregnancy advice. 15 November 2007.

¹⁸ Ministerial Council on Drug Strategy. (2006) National Clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn. Sydney: NSW Health and Commonwealth of Australia

¹⁹ Food Standards Australia New Zealand (2007) Initial Assessment Report, Application A576: Labelling of Alcoholic Beverages with a Pregnancy Health Advisory label

Conditions for Mandating

Recommendation 22 of the Blewett Review states that mandatory messages supporting preventative health strategies may be instigated by governments, provided the following conditions are met:

- a) substantiation requirements are fulfilled — the epidemiological evidence is strong;
- b) the message is consistent with the comprehensive Nutrition Policy;
- c) food labelling is an appropriate response to the problem;
- d) the label is one part of a multifaceted campaign.

The WFA submits that a mandated pregnancy warning fails to meet these conditions:

a) Substantiation requirements are fulfilled — the epidemiological evidence is strong;

All evidence shows that pregnancy warnings on labels do not change behaviour, especially amongst at-risk groups.

Various domestic and international agencies and organisations have commented on the ineffectiveness of warning labels in changing consumers' behaviour.

In 2001, the Australia New Zealand Food Authority (now Food Standards Australia New Zealand) in their assessment of an application requiring labelling of alcoholic beverages with a warning statement decided to reject it for the following reasons:

“Scientific evidence for the effectiveness of warning statements on alcoholic beverages shows that while warning labels may increase awareness, the increased awareness does not necessarily lead to the desired behavioural changes in at-risk groups. In fact, there is considerable scientific evidence that warning statements may result in an increase in the undesirable behaviour in at-risk groups”.²⁰

In 2007, the WHO Expert Committee on Problems Related to Alcohol Consumption added:

“Based on the substantive evidence base for the effectiveness and cost-effectiveness of alcohol policies and programmes in reducing the negative consequences of harmful use of alcohol, the Committee recommends that WHO support and assist governments, upon request: ... to raise awareness and support for effective policies. (In this regard, it is stressed that many commonly-used education and persuasion measures, for example school education programmes, mass media campaigns and warning labels, show little evidence of effectiveness in

²⁰ Rejection of Application A359 – Requirement Labelling of Alcoholic Beverages with a Warning Statement http://www.foodstandards.gov.au/srcfiles/A359_SORreject.pdf

reducing alcohol-related harm, and therefore should not be implemented in isolation as alcohol policies).²¹

In 2008, the New Zealand Food Safety Authority added:

“NZFSA believes that community targeted education campaigns aimed at implementing positive behaviour change around alcohol consumption may be more effective than mandatory advisory labels. An example of effective community campaigns backed up by policy and law enforcement in New Zealand is demonstrated by the mass media campaigns surrounding drinking and driving. This has been achieved without warning labels on alcoholic beverages. Education of consumers in regard to standard drink labelling and providing information on the labels in the form of standard drinks allows consumers to make informed choices in regard to the amount of alcohol they are able to drink when planning to drive.”²²

Even anti-alcohol organisations committed to campaigning for warning labels have discovered that warning labels do not change behaviour. A study by VicHealth²³ showed that focus group participants acknowledged that “the health risks posed by alcohol consumption differed from smoking. In that context, warning labels on alcohol would probably not act as a deterrent from consumption per se”.

International examples of FASD strategies

The USA Government has mandated that a Surgeon General’s warning that women should not drink during pregnancy because of risks of birth defects, is to appear on all alcoholic beverage labels in the USA, and has done so since it was introduced in 1988.

GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

If the primary purpose of the labelling is to decrease risky alcohol consumption during pregnancy, then data from the USA suggests this purpose will not be met. Data collected and collated from the USA, as well as that from cigarette smoke labelling in Australia and the USA has demonstrated that labelling will not effect and decrease risky consumption, in particular that of the ‘at risk’ groups identified.

²¹ WHO Expert Committee on Problems Related to Alcohol Consumption: Second Report, 2007, Geneva http://www.who.int/substance_abuse/expert_committee_alcohol_trs944.pdf

²² New Zealand Food Safety Authority Application A576 – Labelling of Alcoholic Beverages with a Pregnancy Health Label – Initial Assessment Report http://www.foodsafety.govt.nz/elibrary/industry/Application_A576-Detailed_Submission.htm

²³ An explanatory study of drinkers views of health information and warning labels on alcohol containers, Drug and Alcohol Review 2011

In the USA, risky alcohol consumption by these 'at-risk' groups has remained static or increased. The incidence of FAS in the USA since the introduction of labelling in 1988 has also remained relatively static, although the awareness of the label and risk has increased.

One year on from the inclusion of health warning labels for alcoholic beverages in the USA, there were increases in awareness, exposure, and recognition memory of the general public, but these changes were slow to grow. Exposure was inconsistent across populations with males ages 18-29, heavy consumers and the tertiary-educated more likely to have seen the labels 6 and 18 months after the labels were introduced and women aged above 29 years less likely to have noticed the warnings, even after 50 months.

There were no significant or substantial positive changes in actual or intended behaviour regarding the consumption of alcohol, or in the attitudes, beliefs and perceptions about the risks described on warning labels, particularly with 'at-risk' groups such as heavy consumers who believed there was less risk associated with consumption of alcohol.

Subsequent data with African-Americans (another at-risk group) showed that while awareness increased, changes in behaviour did not.²⁴ Decreases in maternal consumption were also minor, with no impact on heavy consumers. Only 20% of pregnant Native and African-Americans knew that FAS was related to alcohol consumption and all were uncertain about actual consequences of FAS, or values associated with reducing alcohol consumption during pregnancy.

From these studies we can easily see that women 'at-risk' are quite often less responsive to media and promotional campaigns relating to FAS warnings and those that are, are likely not to change their behaviour. Therefore, targeted education efforts are required for the 'at-risk' groups.

Results from a relatively recent ethnically diverse sample of US high school students involved in a multimedia, peer-reviewed educational presentation designed to reduce the incidence of FAS, demonstrates that while the presentation increased participant's knowledge regarding FAS, it had no effect on the participant's attitudes, beliefs about the potential harms of consuming alcohol whilst pregnant, or importantly, their intention to consume alcohol while pregnant.²⁵

Furthermore, results from a study of both US and Australian college/university students demonstrates that young Australian women perceive less risk associated

²⁴ Hankin JR, Sloan JJ, Firestone IJ, Ager JW, Sokol, RJ, Martier SS (1996) Has Awareness of the Alcohol Warning Label Reached Its Upper Limit? *Alcoholism: Clinical and Experimental Research* 20:440-444.

²⁵ LaChausse RG (2006) The Effectiveness of a Multimedia Program to Prevent Fetal Alcohol Syndrome. *Health Promot Pract* 1524839906289046

with consuming alcohol whilst pregnant than young American women, and in particular for low levels of alcohol consumption.²⁶

b) The message is consistent with the comprehensive Nutrition Policy;

There are no nutrition related elements to a pregnancy warning.

c) Food labelling is an appropriate response to the problem;

All evidence shows direct intervention and targeting at-risk groups are strategies that are most appropriate and effective in responding to FASD. This is outlined in more detail in our Part 2 response below.

d) The label is one part of a multifaceted campaign.

The Commonwealth Government has made no mention or any commitment of funding towards a multi-faceted campaign as part of its response to pregnancy warnings.

Are any groups at significantly higher risk of FASD?

Several studies have shown that there are several other groups of women that are more 'at-risk' than the general populace. The Australian Longitudinal Study on Women's Health of 2009²⁷ revealed that women who were younger were more likely to smoke or to consume alcohol at risky levels during pregnancy. 59% to 76% of women reported to drinking while pregnant in Australia.²⁸ Women who smoke were more likely to drink during pregnancy, as are those who have a frequent pre-pregnancy alcohol consumption pattern. Interestingly, one study also found that women with higher incomes, more education and older women were more likely to consume alcohol while pregnant.²⁹ However, some studies³⁰ have reported that women who reported light drinking during pregnancy were by far the most advantaged socio-economically and educationally, which demonstrates how socio-economic, education and other lifestyle factors of the mother may influence the effects on health of the foetus and child, all of which must be considered by the mother when evaluating the potential risk of alcohol consumption in pregnancy.

The National Alcohol Strategy identifies FAS as a particular health concern and states that 'while the evidence suggests that the birth prevalence of foetal alcohol syndrome is relatively small in Australia; the condition is a particular issue of

²⁶ Creyer EH, Kozup JC, Burton S (2002) An Experimental Assessment of the Effects of Two Alcoholic Beverage Health Warnings across Countries and Binge Drinking Status. *Journal of Consumer Affairs* 36:171-202

²⁷ Loxton D, Lucke J, Australian Longitudinal Study on Women's Health (2009) *Major Report D, Reproductive Health: Findings from the Australian Longitudinal Study on Women's Health* <http://www.alswh.org.au/Reports/OtherReportsPDF/MajorReportD2010.pdf>

²⁸ Colvin et al. 2007; Young & Powers 2005)

²⁹ Alvik et al 2006; Wallace et al 2007

³⁰ Kelly Y, Sacker A, Gray R, et al. 'Light drinking during pregnancy: still no increased risk for socioemotional difficulties or cognitive deficits at 5 years of age?', *J Epidemiol Community Health* 2012;66:41e48. doi:10.1136/jech.2009.103002

concern in Aboriginal and Torres Strait Islander communities. Better quality and more consistent data is needed about the full range of alcohol-related birth defects so that specific interventions can be well developed and informed.³¹

We therefore question why the entire population is subjected to mandatory labels on their products when they are shown to drink responsibly, with few negative consequences.

In a 2007 report commissioned by the Victorian Government Department of Health, several concerns were raised regarding the impact that might be felt by consumers if advisory statements were made on risks of consuming alcohol whilst pregnant.³²

“The incidence of FAS in the Australian population is relatively rare and promoting the issue broadly may raise alarm and cause unnecessary guilt in women who drink any alcohol during their pregnancy.”

“Aboriginal health workers and community leaders in Victoria already recognise the need to address heavy alcohol use by pregnant women and young women who may become pregnant. At the same time, it is important that health promotion interventions do not raise unnecessary fears in the Aboriginal community nor increase unnecessary guilt amongst Aboriginal women who have consumed alcohol whilst they were pregnant. Accurate information about alcohol and its effects on the unborn baby, and culturally relevant and sensitive interventions are needed to address concerns about drinking amongst Aboriginal women in Victoria.”

PART 2: INTERVENTION NEEDS - Effective methods of addressing Foetal Alcohol Spectrum Disorder

There are several effective methods for addressing foetal alcohol spectrum disorder and they mainly centre around interventions with health care professionals.

Brief Intervention programs for pregnant women, and those breastfeeding or planning a pregnancy.

Brief interventions involve a series of between one to three short interviews (5 to 10 minutes) conducted with pregnant women which comprise of personal feedback on alcohol-related health problems and risk, as well as advice, options of treatment

³¹ FSANZ Initial Assessment Report a576

³² Victorian Government Department of Health, ‘Fetal Alcohol Syndrome: A Literature Review for the ‘Healthy Pregnancies, healthy babies for Koori communities’ project’ - Priscilla Pyettfor, Victoria 2007 Page 20, Prevalence of FAS in Australia
http://www.health.vic.gov.au/vdapc/archive/kit_lit_review.pdf

and self-help.^{33 34 35 36 37} Several controlled studies have examined the effectiveness and impact of brief interventions with pregnant women, and all concur that pregnant women following the brief intervention were up to five-times more likely to abstain from alcohol completely or at least reduce their alcohol consumption from heavy to light, with improved birth outcomes.^{38 39 40 41 42}

This is consistent with advice from the Australian Government Department of Health and Ageing, which suggests that all pregnant women and those considering pregnancy should be given advice on the risks of alcohol consumption during pregnancy.⁴³ Although 30% of women drink at risky levels, less than half of health professionals screen for alcohol use. Brief interventions provide a tremendous opportunity to modify problematic (and potentially problematic) alcohol consumption and avert its adverse consequences in at-risk pregnant women or those planning a pregnancy.

Brief interventions can also be beneficial for those women not at-risk to confidentially discuss alcohol consumption and pregnancy and birth outcomes.

Inclusion of the pregnant woman's partner in interventions

The inclusion of the pregnant woman's partner in the brief intervention improved the outcome for heavy alcohol consumers.⁴⁴ O'Leary has spoken of the importance of not placing all the responsibility onto women alone. "Both women and men need to know about the risks to the baby from the consumption of alcohol during

³³ Ockene JK, Adams A, Hurley TG, Wheeler EV, Hebert JR (1999) Brief Physician- and Nurse Practitioner-Delivered Counseling for High Risk Drinkers: Does it work? *Arch Intern Med* 159:2198-2205.

³⁴ Chang G, Wilkins-Haug L, Berman S, Goetz, M (1999) A brief intervention for alcohol use in pregnancy: a randomized trial. *Addiction* 94: 1499-1508

³⁵ Chang G, Goetz MA, Wilkins-Haug L, Berman S (2000) A brief intervention for pre-natal alcohol use: An in depth look. *Journal of Substance Abuse Treatment* 18:365-369

³⁶ Chang G, Macnamara TK, Orav EJ, Wilkins-Haug L (2006) Brief intervention for prenatal alcohol use: The role of drinking goal selection. *Journal of Substance Abuse Treatment* 31:419-424

³⁷ Reiff-Hecking S, Ockene JK, Hurley TG, Reed GW (2005) Brief Physician- and Nurse Practitioner-Delivered Counseling for High Risk Drinking: Results at 12-month follow up. *Journal of General Internal Medicine* 20:7-13

³⁸ Hankin JR, McCaul ME, and Heussner J, (2000) Pregnant, alcohol abusing women. *Alcoholism: Clinical and Experimental Research* 24:1276-1286

³⁹ Handmaker NS, Wilbourne P, (2001) Motivational interventions in prenatal clinics, *Alcohol Research and Health* 25:219-229

⁴⁰ Hankin JR (2002) Fetal alcohol syndrome prevention research. *Alcohol Res Health* 26:58-65

⁴¹ Sokol RJ, Delaney-Black V, Nordstrom B (2003) Fetal Alcohol Spectrum Disorder *JAMA* 290:2996-2999

⁴² O'Connor MJ, Whaley SE (2007) Brief intervention for alcohol use by pregnant women. *American Journal of Public Health* 97:252-258

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[http://www.health.gov.au/internet/quitnow/publishing.nsf?Content/A3F3344E3E3BA594CA2576D60002D2C8/\\$File/Alcohol%20Guideline.pdf](http://www.health.gov.au/internet/quitnow/publishing.nsf?Content/A3F3344E3E3BA594CA2576D60002D2C8/$File/Alcohol%20Guideline.pdf)

⁴⁴ Chang G, McNamara TK, Orav EJ, Wilkins-Haug L (2006) Brief intervention for pre-natal alcohol use: The role of drinking goal selection. *Journal of substance abuse treatment*.

pregnancy; and many women and men need to take better precautions to prevent unplanned pregnancies”.⁴⁵

Motivational interviewing

This involves a more comprehensive approach whereby participants are counselled and guided to explore their ambivalence about changing behaviour while focusing on the perceived discrepancy between current behaviours and overall goals.⁴⁶

Several pilot studies of motivational interviewing have proven successful in reducing participant’s alcohol consumption throughout pregnancy, via an empathetic but focused session on the health of the participant’s unborn baby.⁴⁷ A similar pilot study called Project CHOICES targeted non-pregnant women at-risk of a heavily alcohol exposed pregnancy showed that after four brief motivational interviews, over 68.5% had reduced their risk.⁴⁸

Other strategies

Blanket warnings and recommendations for total abstinence by pregnant women serve little purpose other than to inflict fear or guilt in pregnant women. The current effort and energies being expended by governments and NGOs on population-wide responses would be directed to address specific and targeted education through GPs, obstetricians/paediatricians, and community health centres, which will ultimately enable the women to make informed choices based on the best available evidence.

Primary health care providers play a pivotal role in providing pregnant women and those planning a pregnancy with advice, counselling, treatment and referral as appropriate. This strategy has unanimous support among the American College of Obstetricians and Gynaecologists, the American Academy of Paediatrics, the US Office of the Surgeon-General and the US Department of Health and Human Services.

Validated screening instruments are available for screening pregnant and non-pregnant women of reproductive age, such as T-ACE, TWEAK and AUDIT.^{49 50}

⁴⁵ West Australian Women: Drinking Before and during pregnancy, (2007)

<http://www.medicalnewstoday.com/articles/61692.php>

⁴⁶ Miller, W.R. & Rollnick, S., Motivational interviewing: Preparing people for change (2nd edn)(2002) New York, Guildford Press. Complete article available:

<http://addiction.persiangig.com/document/Motivational%20Interviewing.pdf>

⁴⁷ Handmaker NS, Miller WR, Manicke M (1999) Findings of a pilot study of motivational interviewing with pregnant drinkers. Journal of Studies on Alcohol 60:285-287

⁴⁸ Project CHOICES Intervention Research Group (2003), Reducing the Risk of Alcohol-Exposed Pregnancies: A Study of Motivational Intervention in Community Settings, Pediatrics, 111(5): 1131-1135

⁴⁹ Floyd RL, O’Connor MJ, Sokol RJ, Bertrand J, Cordero JF (2005) Recognition and Prevention of Fetal Alcohol Syndrome. Obstet Gynecol 106:1059-1064

⁵⁰ <http://www.nih.gov/publications/Assessing/Alcohol/Index.htm>

Furthermore, a program called 'Healthy Habits' was introduced in the USA to address clinician certainty and improve confidence in diagnosing problematic alcohol consumption.

PART 3: MANAGEMENT ISSUES

The wine sector believes a focus on the prevention and intervention of heavy alcohol consuming women who are pregnant, planning a pregnancy or breastfeeding, should be the prime focus in addressing foetal alcohol spectrum disorders in Australia. We remain fully supportive of increases to funding in the Australian primary health care system to ensure that all Australians have access to quality health care and advice relating to pregnancy issues such as foetal alcohol spectrum disorders.

Managing FASD should also be a priority and WFA supports increases in funding for health services which are concerned with treating children suffering from any alcohol-related birth defects and programs that support mothers or pregnant women with alcohol dependency issues.

CONCLUSION

FASD can arise as an unfortunate and preventable result of chronic or intermittent heavy alcohol consumption during pregnancy, but relatively little is still known of the relationship that exists between low and moderate alcohol consumption during pregnancy, and whether any safe level exists where no harm to the foetus is experienced.

Several recent studies have indicated that light alcohol consumption by pregnant women has no effect on the developing foetus but more research and evidence is needed in this area to ensure accuracy and reliability of the data.

The Winemakers Federation of Australia has long been supportive of initiatives that address alcohol abuse, but which do so using evidence-based approaches that work to address the core issues and promote lasting change.

WFA supports the current NHMRC advice that if women are pregnant, breastfeeding or intending to conceive, then not drinking is the safest option. WFA is however, opposed to suggestions from anti-alcohol groups to impose mandated large text and graphic warning labels on the basis that they go against the expert advice regarding warning labels, and would be ineffective at driving change and create the possibility of causing undue stress or negative feelings from mothers who have consumed alcohol before knowledge of their pregnancy transpired.

These messages are best left voluntary to allow industry to provide a range of consumer information on responsible consumption rather than on FASD alone.

The most effective way to combat FASD is to ensure that all women of child bearing age have access to quality interventions to ensure they are provided with adequate screenings and are able to talk through any potential problems or issues associated with their pregnancy and alcohol. WFA is supportive of enhanced education campaigns to maintain a high level of awareness amongst women about the potential risk of heavy alcohol use and pregnancy, and welcomes future research in this area.

The major challenge in this area is to determine how to turn a high level of awareness by women of the harms associated with excess alcohol consumption in pregnancy into an active plan to reduce their harmful alcohol consumption and provide much needed support. Regular consultations with trained health professionals are to be the most effective method of screening for alcohol use in pregnancy and addressing any issues and have shown to reduce the incidence of FASD in children.