



Inquiry into Foetal Alcohol Spectrum Disorder

Recommendations from the National Alliance for Action on Alcohol

The National Alliance for Action on Alcohol (NAAA) is a national coalition of health and community organisations from across Australia. It has been formed with the goal of reducing alcohol-related harm and currently has 67 member organisations with a focus on public health and alcohol.

Responsibility for content in this submission is taken by;

Professor Mike Daube
NAAA Co-Chair
Director, McCusker Centre for Action on Alcohol and Youth

Correspondence to;
Kylie Wilson
NAAA Secretariat
c/- Cancer Council Victoria
1 Rathdowne Street
Carlton Vic 3053
Email: Kylie.Wilson@cancervic.org.au

NAAA Key points and recommendations in summary

1. *National public education campaign about the risks of consuming alcohol while pregnant*

In Australia, the National Health and Medical Research Council (NHMRC) guidelines to reduce the health risks from drinking alcohol, *recommend that for women who are pregnant, planning a pregnancy or breastfeeding, not drinking is the safest option.* However, the degree to which this information has penetrated the population and, more importantly, influenced drinking behaviour in the target group appears to be low.

2. *Warning labels on alcohol including the risks of consuming alcohol while pregnant*

Introduction of government regulated alcohol warning labels about the risks of consuming alcohol especially while pregnant, a measure that has been overwhelmingly backed by both research and Labelling Logic - Review of Food Labelling Law and Policy (2011).

Note that Labelling Logic also recommended broader health warning in association with public education.

3. *A comprehensive approach to reduce alcohol harms*

Recognising that there is no single solution, a comprehensive approach as recommended by The National Preventative Health Taskforce and other expert bodies, is needed to achieve a cultural change that will reduce the harms from alcohol and improve the health of all Australians. This includes, but is not limited to increasing the price of alcohol through taxation, reducing alcohol marketing and promotion and restrictions on alcohol availability.

Overview

The National Alliance for Action on Alcohol (NAAA) commends the Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon Jenny Macklin and the Minister for Health and Ageing, the Hon Nicola Roxon, for their action in referring an inquiry into the incidence and prevention of Foetal Alcohol Spectrum Disorder to the House of Representatives Standing Committee on Social Policy and Legal Affairs.

NAAA is pleased to make this submission and to contribute its views on key issues and possible responses to developing a national approach to the prevention, intervention and management of Foetal Alcohol Spectrum Disorder (FASD) in Australia.

The National Alliance for Action on Alcohol (NAAA) is a national coalition of health and community organisations from across Australia. It has been formed with the goal of reducing alcohol-related harm and currently has 67 member organisations with a focus on public health and alcohol.

NAAA has been established at a time when there is an urgent need for action to address Australia's drinking problems. The formation of NAAA represents the first time such a broad group of health and related organisations has come together to pool their collective expertise around what needs to be done to address Australia's drinking problems. We all want to see a much stronger emphasis on action and the NAAA aims to put forward evidence-based solutions.

NAAA is not intended to be a large, new organisation but rather a genuine alliance. We aim to build the widest possible membership, so as to enable organisations from all sectors to play a role, and have maximum impact.

This submission consists of a summary key points and recommendations and a rationale for the recommendations. NAAA comments are mainly focused on Terms of Reference 1. 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 consumption during pregnancy.

It should be noted that while this submission focuses on some broad policy issues, the NAAA and its members also support action to ensure appropriate treatment services and research, and other measures and approaches as recommended by health authorities.

Rationale

1. National public education campaign of consuming alcohol while pregnant

In Australia, the National Health and Medical Research Council (NHMRC) guidelines to reduce the health risks from drinking alcohol, *recommend that for women who are pregnant, planning a pregnancy or breastfeeding, not drinking is the safest option.*

The degree to which this information has penetrated the population and, more importantly, influenced drinking behaviour in the target group appears to be low. Australian studies suggest that a large proportion of women of child-bearing age consume alcohol, often at high levels and that a majority of women drink alcohol during pregnancy. A recent New Zealand study reported that 28.7% of pregnant women continued to drink during pregnancy even after being explicitly informed of the risk.ⁱ

A national public education campaign that reinforces the NHMRC guidelines is required. The community need to be better informed that maternal alcohol consumption can result in a spectrum of harms to the fetus. Although the risk of birth defects is greatest with high, frequent maternal alcohol intake during the first trimester, alcohol exposure throughout pregnancy (including before pregnancy is confirmed) can have consequences for development of the fetal brain. It is not clear whether the effects of alcohol are related to the dose of alcohol and whether there is a threshold above which adverse effects occur.ⁱⁱ (RCOG 2006).

A large proportion of pregnancies are unplanned and so the increasing number of young women who are drinking to excess, and indeed who are deliberately going out to get drunk, makes it doubly important to get both specific messages relating to alcohol and pregnancy as well as general messages about alcohol consumption out to the community.

This public education campaign needs to be done in a way that does not stigmatise women or high risk group. Messages should show the facts and present advice in a non-blaming way, as well as showing how the family and community can support women in not drinking. It should be noted that men have an important role in supporting women in not drinking and this should also be portrayed in education campaigns.

Any national public education campaign needs to indicate that this is a whole of community issue rather than an Indigenous issue. It is however, also important that the messages resonate with different ethnic groups.

The way in which these messages are made public is also important, ensuring that a range of approaches are utilised. Over and above mass media campaigns, community education forums are also important particularly for Aboriginal and Torres Strait Islander people.

2. *Warning labels on alcohol including the risks of consuming alcohol while pregnant*

To assist with public education on alcohol, NAAA believes that health information and warning labels should be compulsory on all alcohol products, including a full list of ingredients and nutritional information. This will inform consumers about the serious impact alcohol may have on their health and wellbeing.

The warnings should be mandated and research based to ensure the most effective communication.

NAAA supports the approach recommended in Labelling Logic that a range of health warnings should be introduced accompanied by public education programs.

In the context of this Inquiry, NAAA supports, the introduction of government regulated alcohol warning labels about the risks of consuming alcohol while pregnant, a measure that has been overwhelmingly backed by both research and the Federal Government review into food labelling law and policy Labelling Logic. It recommended that a suitably worded warning message about the risks of consuming alcohol while pregnant be mandated on individual containers of alcoholic beverages and at the point of sale for unpackaged alcoholic beverages.ⁱⁱⁱ

Many women do not know or understand the risk of alcohol consumption when pregnant, or, if they do, could benefit from a reminder of the risk at the time of planning to drink alcohol. Labelling helps to raise general community awareness and could create a supportive environment for pregnant women to avoid alcohol in pregnancy. Delivering the message repeatedly and in a number of ways, of which labelling is one, has the potential to produce societal behaviour change, in this case in regard to women drinking alcohol while pregnant

There is strong community support for labelling in alcohol beverage containers. In a recent telephone survey 91% supported health warnings for specific groups eg. Pregnant women and 89% supported a warning message advising that exceeding the recommended guidelines may be harmful.^{iv}

Research commissioned by the Foundation for Alcohol Research and Education (FARE) and carried out by Galaxy Research; found that 58 per cent of people were supportive of health warnings being applied to alcoholic beverages, with 86 per cent being in favour of a FARE label warning about the dangers of drinking while pregnant. Other findings showed a marked preference for labelling to be mandated

and regulated by government and a majority in favour of the warnings being on the front of bottles.^v

The Ministerial Forum on Food Regulation has recently announced a decision to introduce “appropriate labelling” about the risks of drinking alcohol during pregnancy, which will be regulated in two years’ time in response to the Review of Food Labelling Law and Policy (the “Blewett Report”).

NAAA recommends that the warnings on alcohol and pregnancy should be determined through a public health-oriented process to ensure they are effective and research-based. It is not appropriate to leave policy development in this vital area to the alcohol industry instead of adopting the recommendations from both the “Blewett Report” and many other expert reports.

While the prevention of FASD is critical, and a pregnancy warning labels are important, there is a distinct need for greater public education about a range of other short and long-term alcohol-related harms. It would be disappointing if Ministers were not willing to implement a comprehensive evidence-based labelling regime addressing the spectrum of alcohol harms will not be implemented.

NAAA recommends that alcohol warning labels must be;

- mandatory,
- government regulated,
- developed independent of the alcohol industry
- contain specific health messages
- rotating
- prominently placed on alcohol products
- supported by a government-funded public education campaign.

These recommendations are supported by a wide range of expert opinions and reports; and opinion surveys also show strong support for better information on risks of consuming alcohol.

3. A comprehensive approach to reduce alcohol harms

Recognising that there is no single solution, a comprehensive approach is needed to achieve a cultural change that will reduce the harms from alcohol and improve the health of all Australians. This includes, but is not limited to a. increasing the price of alcohol through taxation, b. reducing alcohol marketing and c. promotion and restrictions on alcohol availability.

a. Price

International scientific evidence consistently shows that alcohol consumption and harm are influenced by price. Alcohol taxation, as a means of increasing the price of

alcohol, is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems, including mortality rates, crime and traffic accidents.^{vi} Even small increases in the price of alcohol can have a significant impact on consumption and harm.^{vii} However, despite its reported effectiveness, taxation as a strategy to reduce alcohol-related harm has been under-utilised in Australia. From a public health and economic perspective, the current alcohol taxation regime in Australia is significantly flawed. While there are some positive aspects to the current regime, such as the relatively lower rate of tax on low alcohol beer, there are large inconsistencies in the way different alcohol products are taxed; products are not consistently taxed according to their alcohol content level, nor their propensity to cause harm. The recently released report on the review of Australia's tax system ('the Henry Review') concluded that "current taxes on beer, wine and spirits are incoherent"^{viii}.

NAAA has developed principles for reform of the alcohol taxation system in Australia with the primary objective of reducing harm and promoting a safer drinking culture:

1. Taxation of alcohol should be based on the principle that alcohol is no ordinary commodity. It is a product responsible for major harms in our community.
2. Alcohol taxation is one of the most effective ways to reduce alcohol consumption and associated harms—and is especially effective if part of a broad-based health strategy.
3. The approach to alcohol taxation should be volumetric, with tax increasing for products with higher alcohol volumes.
4. The alcohol taxation system should have the capacity to target alcohol products deemed to be of higher risk, or creating additional harms in the community.
5. There should be an overall increase in alcohol taxation.
6. The real price of alcohol should increase over time.
7. Changes to tax should not be designed to produce a decrease in price for alcohol products, other than for low alcohol products.
8. To complement volumetric tax on alcohol, there is also a need to regulate the minimum price (or floor price) of alcohol products.
9. A proportion of alcohol taxation revenue should be hypothecated to prevent and reduce alcohol-caused harm in the community.

b. Reducing alcohol marketing and promotion

Alcohol marketing and promotion contributes to young peoples' attitudes to drinking, starting drinking and drinking at harmful levels.^{ix} Much of this marketing has the effect of reinforcing the harmful drinking culture in Australia. NAAA members are especially concerned about the range of products and promotions that appear to be designed to appeal to young people. There is an urgent need for a comprehensive reform of the current unsatisfactory and ineffective alcohol advertising regulatory arrangements.

NAAA recommends the establishment of a comprehensive framework that will:

- ensure effective regulation of advertising and promotions for alcohol, including a special focus on minimising the exposure of children and young people to alcohol marketing and promotions
- include the phasing out of alcohol sponsorship of music events to which children and young people may be exposed, and the prohibition of alcohol sponsorship of junior sports teams, clubs or programs
- cover all forms of alcohol marketing and promotions, including point-of-sale promotions, print and media advertising, packaging, labelling, sponsorship, viral and internet campaigns
- ensure that standards in relation to advertising, promotion and labelling are stringently applied with penalties for significant breaches
- ensure that the standards are monitored by an independent panel with membership including expertise in public health and health marketing
- require alcohol companies to disclose their annual advertising and sponsorship expenditure.

As a first step, the current exemption permitting alcohol advertising during live sporting broadcasts before 8:30 pm on commercial free-to-air television should be removed as a way of reducing children's exposure to alcohol marketing and promotions.

There is a need for ongoing monitoring and evaluation of the impact of alcohol marketing and promotions in Australia, particularly on young people. This should also focus on identifying and analysing new and emerging marketing and promotion trends and initiatives and recommending how laws and regulations should respond.

c. Restrictions on alcohol availability

There is strong evidence that extending the trading hours of alcohol outlets results in increases in alcohol-related problems.^x Other evidence indicates that a reduction in these hours can contribute to a reduction in these same problems.^{xi} The approach to alcohol availability and enforcement of legislation needs to be reassessed. Additionally, there is a need for national guidelines on alcohol outlet density and opening hours. There remains a lack of cohesive policy guidance among liquor licensing agencies, planning departments and local government over the relationship between alcohol outlet density, opening hours and alcohol-related problems and on how this relationship should inform decision making.

NAAA recommends the development and introduction of national guidelines outlining how these issues should be considered in planning and liquor licensing decision-making, and defining levels of risk related to outlet densities that can be used to guide liquor control laws in each jurisdiction. Recognising the critical importance of research and evaluation to inform policy in this area, NAAA calls for the development of nationally consistent, comprehensive and current data collection on alcohol outlets, alcohol sales, and alcohol-related harms.

Conclusions

The National Alliance for Action for Alcohol again commends the Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon Jenny Macklin and the Minister for Health and Ageing, the Hon Nicola Roxon, for their action in referring an inquiry into the incidence and prevention of Foetal Alcohol Spectrum Disorder to the House of Representatives Standing Committee on Social Policy and Legal Affairs.

The Alliance and our member organisations look forward to working with the Government in identifying, researching and developing policy initiatives to address FASD now and in the future.

Attachments

NAAA Membership List – Current December 2011

NAAA Position Statement – Current December 2011

FARE Policy Position Statement – Alcohol Product Labelling Health Warning Labels and Consumer

Contact

Kylie Wilson

NAAA Secretariat

c/- Cancer Council Victoria

1 Rathdowne Street

Carlton Vic 3053.

Email: Kylie.Wilson@cancervic.org.au

References

- ⁱ Ministry of Health. Alcohol use in New Zealand: key results of the 2007/08 New Zealand alcohol and drug use survey. Wellington: Ministry of Health, 2011.
- ⁱⁱ RCOG (2006) *Alcohol Consumption and the Outcomes of Pregnancy*. Royal College of Obstetricians and Gynaecologists Statement No. 5.
- ⁱⁱⁱ Department of Health and Ageing, 'Labelling Logic' (Recommendations from the Review of Food Labelling Law and Policy, 2010
- ^{iv} Thomson L, Vandenberg B, Fitzgerald J. An exploratory study of drinkers views of health information and warning labels on alcohol containers. *Drug and Alcohol Review*, 2011 (early view)
- ^v Foundation for Alcohol Research and Education, 'Alcohol Health Warning Labels: Attitudes and Perceptions, 2011.
- ^{vi} Babor, T, et al. *Alcohol: No Ordinary Commodity*. Second Edition. New York: Oxford University Press. 2010
- ^{vii} Chikritzhs T, Stockwell T, Pascal R. The impact of the Northern Territory's Living With Alcohol program, 1999 - 00 : revisiting the evaluation. *Addiction*. 005; 100(11):16 5-36.
- ^{viii} Australia's future tax system (AFTS). Report to the Treasurer. Canberra: The Treasury, Commonwealth of Australia. 2010.
- ^{ix} Babor, T, et al. *Alcohol: No Ordinary Commodity*. Second Edition. New York: Oxford University Press. 2010
- ^x Babor, T, et al. *Alcohol: No Ordinary Commodity*. Second Edition. New York: Oxford University Press. 2010
- ^{xi} Kypri K, Jones C, McElduff P, Barker D. Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*. Sep 2010.