



NATIONAL ALLIANCE FOR
ACTION ON ALCOHOL

Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

We appreciate the opportunity to make a submission to the inquiry into Effective Approaches to Prevention, Diagnosis and Support for Fetal Alcohol Spectrum Disorder.

About the National Alliance for Action on Alcohol

The National Alliance for Action on Alcohol (NAAA) is a coalition of health and community organisations from across Australia, which was formed in 2009 with the goal of reducing alcohol-related harm. Today, the NAAA represents more than 30 organisations from across Australia. The NAAA's members cover a diverse range of interests, including public health, law enforcement, Aboriginal and Torres Strait Islander health, child and adolescent health, and family and community services.

This broad coalition of interests highlights the widespread concern in Australia about alcohol-related harm, and emphasises the importance of cross-sector community partnerships. The far-reaching impacts of alcohol-related harm urgently require a coordinated strategy to drive and sustain action on this pressing community issue.

Our submission will focus on the need to prevent alcohol use during pregnancy. Our response will be limited to (a), (f), and (n) of the terms of reference.

(a) the level of community awareness of risks of alcohol consumption during pregnancy

A substantial proportion of women are unaware of the risks associated with alcohol use during pregnancy. Significant numbers of women consume alcoholic products during pregnancy. Australia is known to have one of the highest rates of alcohol consumption during pregnancy in the world.ⁱ In 2016, one in four Australian women (25 per cent) consumed alcohol after becoming aware of their pregnancy.ⁱⁱ Unfortunately, many women remain unaware or under-informed of the risks. One study has found that 40 per cent of women were unaware that alcohol consumption during pregnancy could harm the fetus.ⁱⁱⁱ Meanwhile low levels of population awareness mean that women are not supported to abstain from alcohol during pregnancy.

In addition, surprisingly, many women believe that if they stop drinking when pregnancy is confirmed it is an alcohol-free pregnancy. Pregnancy planning is essential and this, amongst other aspects of FASD prevention, should be raised in a national public awareness campaign.

The perception that the consumption of alcohol during pregnancy is only a women's issue is a barrier to effective prevention.^{iv} The responsibility to reduce alcohol consumption during pregnancy is the responsibility of men and women and the whole community. There is emerging evidence of links between paternal age, environment, and alcohol consumption on birth defects.^v The consumption of alcohol occurs as a social ritual, women must be supported by their partners, family, health care providers, and social service providers to not consume alcohol during pregnancy. This approach has been taken in the public education campaigns for the Strong Spirit Strong Future program, supported by the WA Government.^{vi}

Warning labels are an important part of raising awareness of the risks associated with alcohol use during pregnancy as we strive to prevent alcohol-exposed pregnancies. The NAAA and several of our member organisations have contributed to the Food Standards Australia New Zealand (FSANZ) processes regarding the development and implementation of mandatory pregnancy warning labels on alcohol products. Discussion on warning labels for beverage alcohol products commenced in 1996, twenty-three years ago.

Principles put forward by NAAA member organisations as part of the FSANZ processes include that:

- the warning labels must be large enough to be easily noticed and read;
- the selection of the warning statement should be guided by the results of consumer testing;
- warning labels should be required on all packaged beverages containing alcohol;
- the transition timeframe to adopt the new labels should be minimised;
- adequately-funded public education is needed to support and raise awareness of the warning message; and
- Monitoring and evaluation of the warning labels should be a priority.

We are aware that DrinkWise, the alcohol industry social aspects/public relations organisation, has run corporate social responsibility activities focussed on FASD, and that some of these activities have been supported by the Australian Government. As a public relations organisation funded by the alcohol industry, Drinkwise is NOT an appropriate source of information on risks of alcohol in pregnancy. Information provided by DrinkWise has been shown to be misleading and ineffective. DrinkWise posters on alcohol and pregnancy were criticised for presenting misleading and inaccurate information and were amended following this criticism.^{vii} In a recently published paper, researchers from the UK analysed information on alcohol consumption in relation to fertility, pregnancy and breastfeeding from 23 alcohol industry-funded bodies, including DrinkWise, and 19 public health organisations.^{viii} They found that alcohol industry-funded websites were significantly less likely than public health organisations to include information on most topics relevant to fertility, pregnancy, breastfeeding, and FAS/FASD. Alcohol industry websites were also found to emphasise uncertainties and to use ambiguous contexts and language to reduce the impact of, or distract from, information on harms. For example, the DrinkWise website was found to state that there is "confusion about how much one can safely drink during pregnancy", which the researchers argued was "with the added apparent implication that such a safe level exists." The authors concluded that "alcohol industry-funded bodies may increase risk to pregnant women by disseminating misinformation" and that the public should be made aware of the risks in using these resources.

We strongly urge the Australian Government to ensure that it plays no part in legitimising an alcohol industry public relations organisation and its activities, and in promoting potentially dangerous health information developed by the industry. Health information should come from governments and health agencies, not alcohol industry groups. We recommend that appropriate funding be

allocated by the Australian Government for well-designed mass-media public education campaigns that have no links to the alcohol industry.

Recommendations:

- 1. Ensure adequate funding for monitoring and evaluation of the mandatory pregnancy warning labels.**
- 2. Provide sustained investment for national campaigns that are consistent across borders to raise awareness of the need to abstain from alcohol use during pregnancy.**
- 3. Health information should come from governments and health agencies, not alcohol industry groups.**

(f) international best practice in preventing, diagnosing and managing FASD

Prevention research in Canada has identified a four-part framework for FASD prevention:

- Level 1: Broad public awareness and health promotion
- Level 2: Conversations about alcohol with women of childbearing age and their partners
- Level 3: Specialised support for pregnant women
- Level 4: Postpartum support for new mothers^{ix,x}

In considering approaches to preventing alcohol-affected pregnancies, we encourage the Committee to take a broad view and have regard for the most effective approaches to preventing alcohol-related harms. The NAAA strongly supports action by governments to adopt the policy interventions identified by the World Health Organization (WHO) as the ‘best buys’ to reduce harm from alcohol.^{xi} These are:

- Increase excise taxes on alcoholic beverages;
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising; and
- Enact and enforce restrictions on the physical availability of retailed alcohol.

Effective action in these policy areas will not only contribute to preventing alcohol-affected pregnancies and FASD, but will make a substantial difference in preventing and reducing the impacts of alcohol on individuals, families, and communities. We will elaborate on the two ‘best buy’ policy areas of greatest relevance to the Australian Government: alcohol advertising and alcohol pricing.

Young people in Australia are frequently exposed to alcohol marketing in many forms and there is now compelling evidence that alcohol marketing impacts on young people.^{xii,xiii} Exposure to alcohol advertising influences young people’s beliefs and attitudes about drinking, and increases the likelihood that adolescents will start to use alcohol and will drink more if they are already using alcohol.^{xiv} In the current context, it is appropriate to give particular consideration to how alcohol is promoted to women of child-bearing age. The report submitted to the Committee by Cancer Council WA and the Public Health Advocacy Institute of WA Alcohol Programs Team provides useful insights on this topic.^{xv} Based on content in alcohol industry trade publications and alcohol brand social media pages, the report’s authors identified themes in how alcohol is marketed to women in Australia: the development and promotion of pink alcohol products; marketing that links alcohol products to fashion, make-up, or other stereotypical female interests or activities; and marketing that promotes alcohol products as being lower in calories or ‘better for you’. These themes are consistent with those identified in previous research that has found that the alcohol industry targets

women through a number of strategies including the creation of new products, lifestyle messages underpinned by gender stereotypes, offers of stereotypical feminine accessories, and messages of empowerment.^{xvi}

Despite well-founded concerns about the weaknesses of self-regulation, Australia continues to rely largely on voluntary, industry-managed codes and processes for managing alcohol advertising. The obvious conflicts of interest mean the industry-managed processes could never restrict alcohol marketing in a genuinely effective manner. A new approach to controlling alcohol marketing is needed to prioritise the protection of young people and other vulnerable groups. Early opportunities for action to reduce children and young people's exposure to alcohol advertising including removing the exemption in the Commercial Television Industry Code of Practice that allows alcohol ads during sports programming in times that children would otherwise be protected, and extending the free-to-air television restrictions for alcohol advertising to apply to subscription and catch-up television services. The WHO recommends statutory controls on the content, volume and placement of alcohol marketing within a comprehensive approach to reduce harm from alcohol.^{xvii} There is therefore a need to replace the current self-regulatory approach with independent, comprehensive controls. As an initial step towards establishing independent regulation, the Australian Government should end its participation in the industry-led Alcohol Beverages Advertising Code (ABAC) Scheme which has proven to be ineffective. This would demonstrate their commitment to better protecting young people from alcohol marketing.

Alcohol is very affordable in Australia. Cheap prices encourage higher levels of alcohol consumption, resulting in higher levels of alcohol harm, affecting not just the drinker but their children, partners, and communities.^{xviii} Wine and wine-based products are often available off-premise for as little as 30 cents per standard drink. The current alcohol tax system contributes to alcohol harm by incentivising the production and sale of cheap wine and wine-based products.^{xix} At present the Wine Equalisation Tax inverts the relationship between tax paid and harm caused; the wine that causes the most harm is taxed the least. Pricing measures are among the most effective in reducing alcohol-fuelled harm.^{xx,xxi,xxii} Tax/price reform measures would reduce alcohol harm among the groups most at risk of short and long term health harm. The Wine Equalisation Tax, along with its associated rebate, should be replaced with a volumetric tax set at a rate between beer and spirits. To date, at least 13 government and parliamentary reviews have concluded that wine should be taxed on a volumetric basis.^{xxiii} As a complement to tax reform, states and territories have the power to introduce a minimum unit price and to put controls on the use of discounts, but most jurisdictions have not enacted these powers (with the exception of the Northern Territory).

Interference by the alcohol industry has been a significant challenge to progressing proven measures to prevent and reduce harm from alcohol in Australia. The ongoing development of the National Alcohol Strategy provides a pertinent example of industry interference. Alcohol industry representatives have actively participated in consultation processes during the drafting of the strategy and subsequent changes to the draft strategy have been made in favour of the alcohol industry, weakening the potential of the National Alcohol Strategy to reduce the toll of alcohol on Australians' health and safety.^{xxiv}

Recommendations:

- 4. Strengthen alcohol marketing regulation by removing the exemption in the Commercial Television Industry Code of Practice that allows alcohol ads to be broadcast during sports programming; phase out alcohol sponsorship of sports teams and sporting and music events; end the Australian Government's participation in the ABAC Scheme Management Committee; and introduce independent, legislated**

controls that cover the volume, content, and placement of all forms of alcohol marketing.

- 5. Introduce a volumetric tax across all alcoholic products.**
- 6. Protect the development of health policies from interference by commercial or other competing interests.**

(n) the effectiveness of the National FASD Action Plan 2018-2028, including gaps in ensuring a nationally co-ordinated response and adequacy of funding

The National FASD Strategic Action Plan 2018-2028 aims to provide a framework for governments, communities and service providers to reduce the incidence of FASD and its impact over the next ten years. This plan has four priorities, including: prevention, screening and diagnosis, support and management, and priority groups and people at increased risk. The Plan aims to reduce the prevalence of FASD in the Australian community and also to reduce the impact that FASD has on individuals, families, carers, and communities. The \$7.2 million of additional funding provided will aid the implementation of the Strategy, but much greater investment is required to truly prevent and address FASD, as well as a commitment from the Australian Government to work with states and territories on implementation.

Recommendations:

- 7. Provide adequate investment to implement the National FASD Strategic Action Plan 2018-2028.**

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ⁱⁱ Australian Institute of Health and Welfare (2017). *National Drug Strategy Household Survey 2016: detailed findings*. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Retrieved 28/06/2019 from: <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-detailed/contents/table-of-contents>.

ⁱⁱⁱ Peadon, E., Payne, J., Henley, N., D'Antoine, H., Bartu, A., O'Leary, C., Bower, C. & Elliott, E.J. (2011). Attitudes and Behaviour Predict Women's Intention to Drink Alcohol During Pregnancy: The Challenge for Health Professionals. *BMC Public Health* 11(1), 584. doi.org/10.1186/1471-2458-11-584.

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^v Day, J, et al. (2016). Influence of paternal preconception exposure on their offspring: through epigenetics to phenotype. *American Journal of Stem Cells*. 5(1): 11–18.

^{vi} Alcohol. Think Again Strong Spirit Strong Future campaign.

<https://alcoholthinkagain.com.au/Campaigns/Campaign/ArtMID/475/ArticleID/9/Strong-Spirit-Strong-Future>

^{vii} Han E. 'Utterly wrong': What happens when the alcohol industry makes pregnancy warning posters [updated 2018 Aug 28; cited 2019 Oct 15]. *Sydney Morning Herald*. Available from: <https://www.smh.com.au/healthcare/utterly-wrong-what-happens-when-the-alcohol-industry-makes-pregnancy-warning-posters-20180827-p50022.html>

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^{ix} Poole, N, et al. (2016). Prevention of Fetal Alcohol Spectrum Disorder: Current Canadian Efforts and Analysis of Gaps. *J Substance Abuse*. 10(Suppl 1): 1–11.

^x Roozen, S, et al. (2016). Fetal Alcohol Spectrum Disorders (FASD): An Approach to Effective Prevention. *Current Developmental Disorders Reports*. 3(4): 229–234. doi: 10.1007/s40474-016-0101-y

^{xi} World Health Organization. (2017). *Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases*. WHO: Geneva.

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^{xiii} Pettigrew S, Roberts M, Pescud M, et al. The extent and nature of alcohol advertising on Australian television. *Drug Alcohol Rev*. 2012; 31(6):797-802.

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