

House Standing Committee on Social Policy and Legal Affairs

Inquiry into Foetal Alcohol Spectrum Disorder

The Distilled Spirits Industry Council of Australia (DSICA) welcomes the opportunity to make a submission to the Inquiry into Fetal Alcohol Spectrum Disorder (FASD).

Who is DSICA?

The Distilled Spirits Industry Council of Australia Inc (DSICA) is the peak body representing the interests of distilled spirit manufacturers and importers in Australia. DSICA was formed in 1982, and the current member companies are:

- Bacardi Lion Pty Ltd;
- Beam Global Australia Pty Ltd;
- Brown-Forman Australia;
- Bundaberg Distilling Company Pty Ltd;
- Diageo Australia Limited;
- Mast-Jägermeister AG;
- Moët Hennessy Australia Pty Ltd;
- Rémy Cointreau International Pte Ltd;
- Suntory (Australia) Pty Ltd; and
- William Grant & Sons International Ltd.

DSICA's goals are:

- to create an informed political and social environment that recognises the benefits of moderate alcohol intake and to provide opportunities for balanced community discussion on alcohol issues; and
- to ensure public alcohol policies are soundly and objectively formed, that they include alcohol industry input, that they are based on the latest national and international scientific research and that they do not unfairly disadvantage the spirits sector.

DSICA members are committed to:

- responsible marketing and promotion of distilled spirits;
- supporting social programs aimed at reducing the harm associated with the excessive or inappropriate consumption of alcohol;
- supporting the current quasi-regulatory regime for alcohol advertising; and
- making a significant contribution to Australian industry through primary production, manufacturing, distribution and sales activities.

Inquiry's 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 consumption 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 impacted by FASD.

Introduction:

DSICA believes that FASD is a very serious health issue that - in the past - has not been given the attention that it deserves as a very significant cause of preventable disabilities.

This submission focuses on the first term of reference: prevention strategies.

Alcohol is widely used in Australian society and is an integral part of the social and cultural life of most Australians. It is well recognised that the overwhelming majority of Australians consume alcohol in a way which does not impose risks for themselves or others.

Whilst we note that the evidence clearly suggests that most consumers' level of consumption of alcohol does not pose a risk to health, we are mindful of the need to reduce the prevalence of heavy and abusive drinking.

In particular, there is growing concern at the number of young women drinking at risky and high risk levels.

Key Points:

We would ask the Committee to note the following points, which we believe to be key:

- A. FASD is an enormously complex issue that defies quick or easy solutions. The motivations for drinking, and drinking while pregnant, are deep-seated and complex. This must be given consideration in FASD policy if it is to be successful.
- B. Awareness of the potential negative impact of alcohol in pregnancy is already very high, amongst women at least. This is shown by the great majority of pregnant women (97.5%) who already alter their alcohol intake positively, either totally

abstaining (52%) or reducing the amount consumed (45.5%) according to the 2010 National Drug Strategy Household Survey¹.

- C. Given this very high level of pregnant women reporting already taking action, a question would have to be asked as to the likely or potential gains from an increased scale of activity targeted at raising awareness in the general public.
- D. The remaining 2.5% of pregnant women who drink the same amount or more, are very likely to be unable to stop drinking or reduce their drinking because they are either alcohol dependent, or in social or family environments that make doing this very difficult. This is a very difficult cohort to reach, let alone persuade to alter their drinking.
- E. That large proportion (45.5%) of women already prepared to reduce their consumption while pregnant presents the most significant opportunity for gains from social marketing and awareness campaigns because they already willing to change their behavior, at least to some degree. The goal of such a campaign should be to motivate them to reduce as far as possible their drinking (to absolutely minimal amounts), if they continue drinking at all. DSICA notes that the percentage of women reporting drinking less while pregnant substantially reduced (by 12%) between 2007 and 2010, with almost the same percentage shifting across into the abstinence category.
- F. The research evidence is very clear as to the dangers of high levels of alcohol consumption. However, the evidence is much less clear cut about very low levels of alcohol consumption during pregnancy. To quote a recent review by leading Australian researchers of the recent evidence from systemic reviews and meta-analyses: *“the reported significant effects from low levels of prenatal alcohol exposure are likely due to methodological issues such as confounding and/or misclassification of exposure or outcome, and there is no strong evidence of fetal effects from low levels of alcohol exposure”*.²
- G. Given that the evidence against very low levels of consumption is unclear or non-existent, public health campaigns should avoid alarmist statements about the impact of low levels of alcohol on fetal development³ with the goal of scaring women into abstinence. Alarmist and simplistic statements have real potential to cause great harm if they lead to unwarranted anxiety, depression, or terminations.
- H. Alarmist statements by government agencies would also severely damage the credibility of the campaign (and by extension the Government) given that most

¹ 2010 National Drug Strategy Household Survey, Table 4.19. The 2007 results for those abstaining are 40%, those drinking less 56.6%. Hence, 'lesser drinkers' swapped to being 'abstainers'.

² O'Leary CM, Bower C. Guidelines for pregnancy: What's an acceptable risk, and how is the evidence (finally) shaping up? *Drug Alcohol Rev* 2011

³ Ibid.

Australians will compare such a statement against their own experience and knowledge about both drinking and disabilities. Alternatively, large numbers of Australians could conclude (quite unnecessarily) that they have an alcohol-related disability because of their mother's behavior. Neither outcome is desirable.

- I. Maternal and child health is a highly emotive issue for the general community. Pregnancies are highly public, and pregnant women are given a great deal of advice and feel a great deal of pressure to do the safest/best/latest thing. Often this advice and pressure is resented, and reacted against by ignoring the advice or concealing the activity. A general public FASD 'scare and fear' campaign is fraught with dangers.

Background:

Studies have shown that drinking patterns associated with binge drinking are associated with a high risk for the development of FASD. The most constant predictors of adverse outcomes appear to be the amount of alcohol consumed per occasion, and the frequency of consumption.

The available research evidence is that there does not appear to be a linear relationship between the amounts of alcohol consumed in pregnancy and the incidence and severity of FASD, given that not all children exposed to high levels of alcohol during gestation will be affected at all, or are affected to the same extent.

A range of factors have an impact, including:

- Drinking patterns
- Amounts of alcohol consumed
- Stage of foetal development
- Nutritional status of the mother
- Smoking status of the mother
- Age of the mother
- Socio-economic status

The absence of any definitive evidence on the threshold level of alcohol consumption during pregnancy that is associated with increased risk of harm has led most experts to conclude that avoiding alcohol during pregnancy is the safest option.

For this reason, DSICA supports the National Health and Medical Council Guideline No. 4 on alcohol consumption during pregnancy:

For women who are pregnant or planning a pregnancy, not drinking is the safest option.

Prevention:

DSICA is committed - along with other sectors of the industry - to participating in evidence-based, well targeted education and awareness raising campaigns. Appropriately targeted

and evidence-based preventive strategies provide the key to addressing this important health and social issue. Prevention is much better than cure, as there is no cure.

DSICA recognises the importance of conveying appropriately targeted messages to women with respect to the potential risks associated with consuming alcohol during pregnancy.

It is also in the area of prevention strategies that the beverage alcohol industry has most to contribute to the development of a comprehensive, community-wide response. Under the auspices of DrinkWise Australia, DSICA members and the broader alcohol industry have already shown leadership with respect to the development of appropriate pregnancy labeling and an internet site to provide fuller information.

We also acknowledge the importance of early intervention and the provision of appropriate management tools across the health and community sectors in order to reduce the impact of excessive alcohol use during pregnancy and over the lifespan of an affected individual and their family. It is critical that prevention efforts are widespread and cover primary, secondary, and tertiary levels of health services.

The role of health professionals as conveyors of accurate information delivered in a non-judgmental fashion cannot be overestimated. The overwhelming majority of pregnant women in Australia will be in contact with health professionals during a pregnancy. In order to achieve a lasting preventive effect, there is a requirement to target information to health professionals in contact with women of childbearing age.

The need for these professionals to be well informed and able to provide appropriate levels of reassurance and support throughout the pregnancy will do a great deal in encouraging conformity with the NHMRC guideline on alcohol use in pregnancy and reducing cases of FASD.

Studies which have examined the levels of literacy amongst health professionals with respect to alcohol and pregnancy suggest a low level of understanding and poor engagement with pregnant women. DSICA believes much can and should be done to change this situation by a coordinated strategy to increase core knowledge amongst health professionals, and to increase confidence amongst these professionals in dealing with women who are either planning to become pregnant or who are already pregnant.

Women who are planning to become pregnant, along with those who are already pregnant, need to be provided with accurate information with respect to the risks of alcohol use during pregnancy. DSICA believes that particular attention should be directed to those women who have been shown to be drinking at levels which are a high risk to the mother and to the child.

Education:

There is considerable debate regarding the most appropriate set of strategies to use to increase understanding in the community generally and amongst young women in particular of the risks associated with the consumption of alcohol during pregnancy. The role of information and education related strategies has been criticised by some in the academic public health community as ineffective.

DSICA's view is that insufficient attention and funding has been paid to the provision of well targeted and consistently delivered information and education programs about alcohol use during pregnancy in the Australian context.

The absence of a well-funded comprehensive approach (particularly with respect to information and education targeted at young women) has contributed significantly to the low levels of literacy with respect to alcohol use and pregnancy amongst Australian women. There are high levels of awareness of the issue (as demonstrated by behavior shown in the NDSHS surveys), but not great depths of understanding.

DSICA believes that education programs targeted at High School-aged young women are appropriate given the percentage of unplanned pregnancies amongst young women in Australia. Education at this stage in their life will ensure that a very high percentage of females gain a general awareness of the risks of alcohol and pregnancy before starting their families.

We also believe that programs developed for at-risk young women should be developed and implemented as a matter of priority. The evidence is clear with respect to the risks for Indigenous women, and we support particular emphasis being placed on targeted approaches to urban, rural, and remote Indigenous women as a matter of priority.

Mandatory Warning Labels:

The imposition by national or state governments of mandatory warning labels on all alcohol containers has reaped very little benefit to their communities. The evidence base from research carried out on this population-wide strategy has not identified positive changes in drinking behaviour amongst pregnant women. There is a strong research consensus that labelling does not change behaviour, but can raise awareness.

One of the reasons is that the government messaging tends to be 'scatter-gun' in its approach, confusing to the consumer, and does not connect in any meaningful way to offer practical advice and guidance. Usually, such messages are contained on all products whether consumed by women or not.

Voluntary Industry Labelling Initiative:

As referred to earlier in this submission, DSICA members and other sectors of the beverage alcohol industry have committed to the voluntary placement of alcohol and pregnancy information labels on those products preferred by female consumers.

This strategy developed by DrinkWise Australia provides for written and visual images, and most importantly also directs consumers to a relevant website where additional and more detailed information can be found. Through this initiative, the industry is providing an important leadership role with respect to consumer awareness raising.

The provision of a single clear message on those alcohol products preferred by women is a key factor in engaging with consumers. The provision of a simple message, coupled with a specific website for additional advice, offers a much greater chance of uptake by consumers.

However, this is one small part of what should be a comprehensive suite of initiatives, which have at their core the goal of increasing alcohol and pregnancy literacy amongst women who are contemplating or are already pregnant.

In light of the high levels of unplanned pregnancy in Australia, a broader education and information campaign on alcohol and pregnancy should be considered for implementation, particularly to identified heavily at-risk groups.