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Committee Secretary
House of Representatives Standing Committee on
Social Policy and Legal Affairs
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To the Secretary of the Committee,

Submission to the Inquiry into Foetal Alcohol Spectrum Disorder

The McCusker Centre for Action on Alcohol and Youth (MCAAY) welcomes the opportunity to contribute to the Inquiry into Foetal Alcohol Spectrum Disorder (FASD).

MCAAY is an independent organisation committed to reducing harms from alcohol among young people. The work of MCAAY is directed towards raising awareness of the magnitude of alcohol-related harms among young people, the approaches we know can work, other options and the need to act without delay.

This submission has a specific focus on FASD prevention strategies (Inquiry Terms of Reference point 1).

A comprehensive approach to the prevention of FASD is needed

Alcohol use during pregnancy is a leading cause of preventable birth defects. Reducing alcohol use during pregnancy will reduce the prevalence and severity of FASD.

Working towards the objective of reducing alcohol use during pregnancy will require a comprehensive approach. A range of direct and indirect approaches are required to influence attitudes and behaviours relating to the consumption of alcohol during pregnancy.

There is a need for population-wide prevention approaches. Many pregnancies are not planned¹, therefore even if a woman does not intend to drink while pregnant, she may have done so while unaware that she was pregnant. To target FASD prevention strategies only at women who know they are pregnant would be to neglect a vital period for harm to occur – between conception and the time a woman becomes aware she is pregnant, as well as treating this issue in isolation.

Alcohol consumption during pregnancy and the resulting harms should be considered in the context of an Australian drinking culture where there is so much acceptance of drinking to get drunk.

The Australian School Student Alcohol and Drug Survey conducted in 2008 found that among 16-17 year old WA school students, 43.3% reported that *'One of the main reasons I drink is to get drunk'* and 66.3% reported that *'It is ok to get drunk occasionally'*.² Around 80% of alcohol consumed by people aged 14-24 years is consumed in ways that put the drinker's (and others') health at risk of acute harm, for example from falls, assault injuries, road crashes and burns.³

It is important that action is taken on FASD, but this is not seen as sufficient to address other alcohol related problems. This approach must be pursued in the context of a much broader, comprehensive approach to preventing harm from alcohol. To take preventive action on FASD in isolation may be seen as downplaying other important areas of harm caused by alcohol.

The National Preventative Health Taskforce⁴ recommended a comprehensive approach to preventing harm from alcohol which should include:

- Improving the safety of people who drink and those around them;
- Increasing public awareness and reshaping attitudes to promote a safer drinking culture in Australia;
- Regulating alcohol promotions;
- Reforming alcohol taxation and pricing arrangements to discourage harmful drinking; and
- Improving the health of Indigenous Australians.

There are many factors which influence women to drink during pregnancy and it is likely that many of these overlap with the factors which influence the drinking patterns of the wider population. Action in the areas outlined by the National Preventative Health Taskforce will be effective in preventing harms from alcohol across the whole population which will impact both directly and indirectly on the consumption of alcohol during pregnancy and the prevalence of FASD.

¹ Colvin L, Payne J, Parsons D, Kurinczuk JJ, Bower C. Alcohol Consumption during Pregnancy in Non-indigenous West Australian Women. *Alcoholism: Clinical and Experimental Research*. 2007; 31(2).

² Haynes R, Kalic R, Griffiths P, Gunnell A, McGregor C. Australian School Student Alcohol and Drug Survey: Alcohol Report 2008 - Western Australian results. Drug and Alcohol Office Surveillance Report: Number 10. Perth: Drug and Alcohol Office; 2010.

³ Chikritzhs T, Catalano P, Stockwell T, Donath S, Ngo H, Young D, et al. Australian alcohol indicators, 1990-2001: Patterns of alcohol use and related harms for Australian states and territories. Perth: National Drug Research Institute and Turning Point Alcohol and Drug Centre Inc; 2003.

⁴ National Preventative Health Taskforce. Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – the roadmap for action. Commonwealth of Australia; 2009.

As outlined by the National Preventative Health Taskforce, a comprehensive approach to the prevention of harm from alcohol must have regard to the regulation of alcohol promotions. Action in this area should pay particular attention to the growing range of alcohol products designed and promoted specifically for the female market. Some alcohol companies have also publicly announced their intentions to increase their female market.⁵

Products designed to appeal to women are often very palatable (e.g. sweet or fruity) and the promotional materials may include health claims (e.g. low carb, low calorie, natural) and use imagery which is likely to appeal to young women. An example of such a product is 'Skinnygirl Cocktails'. Beam Australia has launched 'Skinnygirl Cocktails' for which they describe the "target consumer" as "white collar women aged 30 to 39".⁶ Promotional material for 'Skinnygirl Cocktails' relates to its brand message of 'Open. Pour. Accessorise.' and emphasises the products' low calorie content and natural flavours.

It is deeply disturbing that alcoholic products are being designed, introduced and marketed with a strong appeal to young people. These products, which include alcopops packaged in two litre casks and "shot buckets", represent a grossly irresponsible form of marketing. Further to this, many alcoholic products appear to be specifically aimed at young women – they taste sweet, they come in a range of bright colours and we have seen examples where lip gloss or nail polish are offered as gifts with purchase.

The current system of advertising self-regulation in Australia is ineffective and insufficient. A significant body of research has highlighted the serious limitations of the voluntary codes and processes which fail to prevent or adequately respond to inappropriate alcohol promotions, including the exposure of young people to alcohol advertising.⁷ The voluntary codes do not apply specific standards to alcohol advertising which appeals to women in general or women of child-bearing age (defined in Australia as 15-49 years). Given that many pregnancies are not planned and that a significant body of evidence indicates that alcohol promotion influences attitudes, decisions and behaviours related to drinking,⁸ there are grounds for such standards to be considered as part of a comprehensive approach to reducing alcohol consumption among women of child-bearing age.

The recommendation of the National Preventative Health Taskforce to improve the safety of people who drink and those around them urges governments to have proper regard for the impact of the availability and access to alcohol on alcohol-caused harm. There is now solid research evidence linking

⁵ Saunders A. Glass half-full for grandson on task of luring women to bourbon. *The West Australian*. 2011 Jun 23; 44.

⁶ The Shout. Beam launches Skinnygirl Cocktails [Internet]. 2011 [updated 2011 Nov 30; cited 2011 Nov 31]. Available from: <http://www.theshout.com.au/2011/11/30/article/Beam-launches-Skinnygirl-Cocktails/BXHHBLVULM.html>. Skinnygirl Cocktails [Internet]. 2011 [updated 2011 Nov 13; cited 2011 Dec 2]. Available from: www.skinnygirlcocktails.com

⁷ Jones S, Hall D, Munro G. How effective is the revised regulatory code for alcohol advertising in Australia? *Drug and Alcohol Review*. 2008; 27:29-38.

⁸ Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G. Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. *Alcohol & Alcoholism*. 2009; 44(3):229–243.

the availability of alcohol in a region and the alcohol-related problems experienced there.⁹ Increasing alcohol availability is likely to increase alcohol-related problems. Regulating the number of alcohol outlets and their opening hours must be a core component of managing the availability of alcohol. Liquor control laws must have harm minimisation as their primary objective.

At the local level, there is evidence to support the consideration of tailored interventions for high-risk communities. Evaluations of local approaches to reducing the availability of alcohol, such as the alcohol restrictions in Halls Creek in Western Australia, have shown significant success on a range of outcomes.¹⁰

Preventing harm from alcohol is the responsibility of all levels of government – Federal, State and local. Community organisations and community members (including key influencers such as parents) also have important roles to play. The prevention of FASD will require targeted approaches but these must be seen in the context of a much broader, comprehensive approach to preventing harm from alcohol.

Education campaign about alcohol and pregnancy

There is a need for a long-term, well-funded, co-ordinated education campaign to raise awareness of the risks of alcohol consumption during pregnancy and the relevant evidence-based expert recommendations.

The National Health and Medical Research Council (NHMRC)¹¹ recommend that for women who are pregnant or planning a pregnancy, not drinking is the safest option. Awareness of the NHMRC guidelines appears to be low among pregnant women in Australia and many women continue to consume alcohol during pregnancy.¹²

Following a two year inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia, the WA Parliament Education and Health Standing Committee recommended in its report, *Alcohol: Reducing the Harm and Curbing the Culture of Excess*¹³:

⁹ Chikritzhs T, Catalano P, Pascal R, et al., Predicting alcohol-related harms from licensed outlet density: a feasibility study, in Monograph Series No. 28. 2007, National Drug Law Enforcement Research Fund: Hobart.

¹⁰ Drug and Alcohol Office. The Impact of Liquor Restrictions in Halls Creek, Quantitative Data - 24 month review; November 2011.

¹¹ National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol. Canberra: Commonwealth of Australia; 2009.

¹² Jones SC, Eval M, Telenta J, Cert G, Shorten A, Johnson K. Midwives and pregnant women talk about alcohol: what advice do we give and what do they receive? Midwifery. 2011 27(4):489-96.

Parnell S. 'Unreal' alcohol guidance ignored. The Australian. 2011 Dec 2; 3.

Peadon E, Payne J, Henley N, D'Antoine H, Bartu A, O'Leary C, et al. Attitudes and behaviour predict women's intention to drink alcohol during pregnancy: the challenge for health professionals. BMC Public Health. 2011 11:584.

¹³ Education and Health Standing Committee. Alcohol: Reducing the Harm and Curbing the Culture of Excess, 2011. Perth: Legislative Assembly, Parliament of Western Australia.

The Minister for Health and the Minister for Mental Health provide funds in the 2012-13 budget so that the Drug and Alcohol Office can coordinate, in conjunction with the Telethon Institute for Child Health Research and public health social marketing experts, a media campaign on the dangers of consuming alcohol while pregnant.

In its official response to the recommendations of the Education and Health Standing Committee, the WA Government¹⁴ indicated that it noted this recommendation and funding would be considered through the Budget process in the context of competing priorities.

There is scope for action at both the state and national levels to implement a well-designed public education campaign about alcohol and pregnancy. Education campaigns about alcohol and pregnancy should be part of a comprehensive education strategy encompassing evidence-based school alcohol education programs, targeted education for health professionals and mass media education campaigns.

Alcohol warning labels

Health warning labelling of alcohol products with clear, specific messages has been recommended by multiple expert groups as an important strategy within a comprehensive approach to raising awareness of the risks to health of alcohol consumption. Warning labels related to the risks of alcohol consumption during pregnancy have been specifically recommended as part of this approach.

The National Preventative Health Taskforce recommended, as part of strategies to regulate alcohol promotions, that health advisory information labelling be required on containers and packaging of all alcohol products to communicate key information that promotes safer consumption of alcohol.¹⁵ In its response, the Government indicated that it “notes this recommendation and is giving it further consideration”.¹⁶

The Food Labelling Review Panel, in their report *Labelling Logic: The Final Report of the Review of Food Labelling Law and Policy*,¹⁷ 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, as support for ongoing broader community education.

The Ministerial Food Regulation Council has agreed to pursue warnings about the risks of consuming alcohol while pregnant. The Communiqué released following the Ministerial Council meeting on 9

¹⁴ Western Australian Government Response: Legislative Assembly Education and Health Standing Committee – Report no 10 Alcohol: Reducing the Harm and Curbing the Culture of Excess, 2011.

¹⁵ National Preventative Health Taskforce. Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – the roadmap for action. Commonwealth of Australia; 2009, p.252.

¹⁶ Commonwealth of Australia. Taking Preventative Action – A Response to Australia: The Healthiest Country by 2020 – The Report of the National Preventative Health Taskforce. Canberra: Commonwealth of Australia; 2010, p.96.

¹⁷ Blewett N, Goddard N, Pettigrew S, Reynolds C, Yeatman H. Labelling logic: Review of food labelling law and policy. Commonwealth of Australia; 2011.

December 2011 noted, “Ministers agreed that warnings about the risks of consuming alcohol while pregnant should be pursued. Industry is to be given the opportunity to introduce appropriate labelling on a voluntary basis for a period of two years before regulating for this change”.¹⁸

While we welcome the acknowledgement from the Ministerial Council of the need for such warnings on alcohol products, the voluntary warnings designed by the drinks industry and DrinkWise¹⁹ are too weak and indirect to be effective in educating the public as to the risks of consuming alcohol while pregnant.

The Foundation for Alcohol Research and Education (FARE; formerly the Alcohol Education and Research Foundation) have proposed a series of health warning labels which we believe are consistent with the Food Labelling Review Panel’s recommendation for generic alcohol warning messages and warning messages aimed at pregnant women.²⁰ The health warning labels proposed by FARE are consistent with health warnings which would be expected to have an impact on consumers; the messages are specific, unambiguous and are targeted at specific types of harm.

Research commissioned by FARE and carried out by Galaxy Research compared the FARE pregnancy label with the DrinkWise pregnancy label.²¹ The research found that 86% of people surveyed selected the FARE label as being more likely to raise awareness of the harms of consuming alcohol while pregnant. Further to this, 85% of people surveyed selected the FARE label as being more effective in preventing women from drinking alcohol while pregnant. The FARE labels were also selected as being more noticeable (95%) and easier to understand (91%).

We believe that the provision of strong, specific, government-regulated health warning labels aimed at pregnant women on alcohol products and at the point of sale for unpackaged liquor is an important and necessary element of a comprehensive approach to the prevention of FASD. Warning labels should be developed by governments with advice from relevant experts and should be designed to get through to the target group/s. The alcohol industry, which spends several hundred million dollars each year promoting its products,²² with much of this promotion having a clear appeal to young people, should play no part in the development of health warning labels.

It should be noted that while this submission focuses on issues relating to the prevention of FASD, we also support action to ensure appropriate treatment, services and research, and other measures and approaches as recommended by health authorities.

We commend the researchers who have done invaluable research and contributed important knowledge in this area, including the Alcohol and Pregnancy Research Program at the Telethon Institute for Child Health Research. There is a continuing need for high quality research in this area and thorough

¹⁸ Legislative and Governance Forum on Food Regulation – Communiqué, 9 Dec 2011.

¹⁹ DrinkWise Australia. New Consumer Messages on Alcohol Products [press release]. DrinkWise Australia; 2011 Jul 11.

²⁰ AER Foundation Policy Position Paper – Alcohol Product Labelling: Health Warning Labels and Consumer Information. Available from: www.fare.org.au

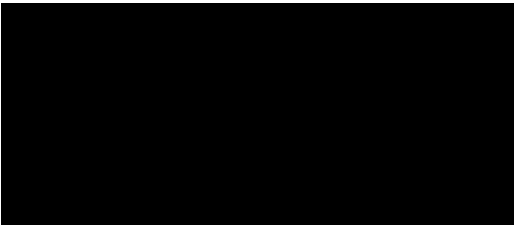
²¹ Foundation for Alcohol Research & Education. Alcohol health labelling: Community perceptions of the FARE and DrinkWise model alcohol labels. 2011. Available from: www.fare.org.au

²² Victorian Department of Human Services. Alcohol beverage advertising in mainstream Australia media 2005 to 2007: expenditure and exposure, 2009.

evaluation of all interventions to ensure effectiveness. Appropriate funding must be available for FASD researchers to ensure decisions are made on the basis of the highest possible quality research.

We would appreciate the opportunity to present at an Inquiry hearing in Perth and hope also that the Inquiry will be able to conduct hearings in regional WA.

Yours sincerely,



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