Foundation for Alcohol Research & Education

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Booze before babies:

Analysis of alcohol industry submissions to the FASD Inquiry

May 2012

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms
- building the case for alcohol policy reform and
- engaging Australians in conversations about our drinking culture.

Over the last ten years FARE has invested more than $115 million, helped 750 organisations and funded over 1,400 projects addressing the harms caused by alcohol misuse.

FARE is guided by the World Health Organisation's *Global Strategy to Reduce the Harmful Use of Alcohol*[1] for addressing alcohol-related harms through population-based strategies, problem-directed policies, and direct interventions.

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Executive summary

The Foundation for Alcohol Research and Education (FARE) carried out an analysis of the submissions made by alcohol industry bodies to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Fetal Alcohol Spectrum Disorders (FASD). Four alcohol industry bodies made submissions to the Inquiry: the Winemakers' Federation of Australia (WFA), the Brewers Association of Australia and New Zealand Inc (Brewers), the Distilled Spirits Industry Council of Australia (DSICA) and the Australian Wine Research Institute (AWRI).

The analysis examined the veracity of claims made by the alcohol industry in their submissions to the Inquiry against the current evidence-base, and found that the industry bodies made unfounded claims about FASD and about the effectiveness of interventions to prevent FASD.

The analysis found that the alcohol industry bodies made ten false or misleading claims in their submissions. One such claim is that a large number of women are already reducing their alcohol consumption during pregnancy, so the need for further action to raise awareness among the general population is unnecessary. Another claim is that warning labels recommending abstinence from alcohol during pregnancy may result in anxiety among pregnant women, and lead to termination. There is no empirical evidence to support either of these claims and they are not helpful in preventing cases of FASD and providing services to people who have FASD, their families and carers.

Three themes were observed in the alcohol industry submissions:

- minimising FASD as an issue in Australia and 'talking down' the need for action
- suggesting that current industry activities are sufficient in preventing FASD, and
- making false or misleading claims about the possible effects of public health interventions to prevent FASD.

A particular focus of the alcohol industry's submissions was on pregnancy alcohol health warning labels. This was a response to the Legislative and Governance Forum on Food Regulation's (FoFR) decision to give "the industry the opportunity to introduce appropriate labelling on a voluntary basis for a period of two years before regulating for this change".[2] This decision by FoFR was in response to the recommendations from *Labelling Logic*, the most comprehensive review of food labelling in Australia. The alcohol industry bodies used their submissions as an opportunity to promote the DrinkWise labels, which have been criticised by the public health sector for being weak, ambiguous and insufficient.

The alcohol industry's position on alcohol health warning labels is counter to the current evidence-base, which shows that labels are more effective when they:

- are mandatory, government regulated and applied consistently to all alcohol products[3]
- comprise both a symbol and text[4]
- are applied to the front of the product with specified sizing[5]
- include a range of specific messages, which are rotated and updated regularly[6], and
- are implemented as part of a comprehensive public education campaign that elaborates on the messages.[7]

The industry submissions to the Inquiry add nothing to FASD policy development and merely act as a vehicle to promote their own, vested interests and oppose or delay effective action. The use of these tactics is concerning because immediate action is needed to prevent further cases of FASD and to better support people with FASD and their families.

Analysis of alcohol industry submissions to the FASD Inquiry

The detailed analysis of the claims made by alcohol industry bodies and the evidence base regarding each of these claims is presented in the sections below. Each of the ten claims are grouped under the three identified themes being:

- minimising FASD as an issue in Australia and 'talking down' the need for action
- suggesting that current industry activities are sufficient in preventing FASD and
- making false or misleading claims about the possible effects of public health interventions to prevent FASD.

Minimising FASD as an issue in Australia and 'talking down' the need for action

Within the submissions two alcohol industry bodies have minimised FASD as an issue in Australia. In one instance, data was used by the alcohol industry to 'talk down' the need for action to further prevent FASD. A second submission used out-dated prevalence data with substantially lower figures than those used by more updated studies.

Industry claim 1

1.1 "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 (DSICA, page 3)."

1.2 "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 Survey (DSICA, page 2 and 3)."

The evidence

One in five women continue to consume alcohol after knowledge of their pregnancy.[8] Given the potential lifelong implications associated with FASD and the costs to community of these conditions, further action is warranted.

The 2010 National Drug Strategy Household Survey (NDSHS) found that one in five (19.5 per cent) women continue to consume alcohol, after knowledge of their pregnancy.[9]

A predictor of alcohol consumption during pregnancy is alcohol consumption before pregnancy.[10] This is concerning as more young women are drinking at risky levels as they come into child bearing age.[11]

Current awareness raising activities regarding FASD are scarce and when they do occur, they are ad hoc. This is reflected in the awareness of Fetal Alcohol Syndrome (FAS), with recent polling finding that only 47 per cent of adult Australians are aware of FAS and related disorders.[12]

The reference made to the 97.5 per cent of women, "who already alter their alcohol intake positively", is a calculation by industry of women who self-reported abstaining from alcohol during pregnancy or reducing their consumption according to the 2010 NDSHS. Due to the items included in the NDSHS, the data is unable to accurately describe alcohol consumption levels of women who report reducing their alcohol intake.

In reality, 45.5 per cent of women report consuming alcohol during pregnancy, despite the advice given that it's safest to avoid alcohol altogether as given by the National Health and Medical Research Council Guidelines to Reduce Health Risks from Drinking Alcohol. It is important to note that women who report reducing their consumption are possibly still consuming alcohol at high risk levels.

Industry claim 2

2.1 “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[sic]. Subsequent studies have found similar estimated rates (WFA, page 4).”

2.2 “Concerning the West Australian data on the incidence of FAS, approximately three quarters of these diagnoses occurred in Aboriginal children; the birth prevalence was 1.1/1000 live births compared with 0.02/1000 live births for non-Aboriginal children (Bower et al. 2000). (AWRI, page 7).”

The evidence

This FAS prevalence data is out-dated and understates the prevalence of FAS in Australia. Research indicates the prevalence of FAS in Australia is between 0.06 and 0.68 per 1000 births, and between 2.76 and 4.7 per 1,000 births among Indigenous Australians.[13] This is widely considered to be an underestimate.

The cited FAS prevalence rates do not reflect the most up-to-date data for FAS in Australia, which are at least three times the figures provided by the industry.

These prevalence rates are widely regarded as underestimated due to poor diagnosis rates, ad-hoc information collection, the limited ability for health professionals to detect and diagnosis, and the social barriers, including stimga faced by mothers in seeking help.

It must also be noted that FAS is only one of four conditions defined under the umbrella term of FASD.

Suggesting that current industry activities are sufficient in preventing FASD

Three of the industry bodies used their submissions as an opportunity to promote their DrinkWise voluntary labelling initiative. This is despite the DrinkWise labels being grossly inadequate at promoting awareness of alcohol-related harms due their small size, weak messages and ambiguity.

Industry claim 3

3.1 "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 labelling and an internet site to provide fuller information (DSICA, page 5)."

3.2 "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 (WFA, page 12)."

3.3 "If you care to walk from Parliament House to Liquorland in Manuka (one of the closest bottleshops) you will find that they already stock XXXX beer with appropriate pregnancy labelling on it (Brewers, page 1)."

The evidence

The DrinkWise labels are far from adequate. The labels are weak, ambiguous, small, difficult to find, and have been widely criticised as a public relations exercise designed to delay the introduction of effective warning labels.

The DrinkWise labels are not health warnings, with DrinkWise itself referring to them as "consumer information messages".[14]

A Parliamentary Library research paper released in May titled *Alcohol warning labels—do they work?* concluded that "If alcohol health warning labels are to have any chance of spurring positive changes in drinking behaviours, then the messages they convey need to be, firstly, arresting (similar to tobacco warning labels) and, secondly, varied reasonably frequently. It is debateable whether the DrinkWise Australia consumer information messages meet the first of these criteria."[15]

The Parliamentary Library's assessment of the need for both arresting and frequently varied labels is consistent with the available evidence-base on health warning labels which indicates that labels should[16]:

- be mandatory and applied consistently across all products
- comprise both a symbol and text
- be applied to the front of the product with specified sizing
- include a range of specific messages, which are rotated and updated regularly and
- be accompanied by a public education campaign to elaborate on the messages.

The Parliamentary Library's observations that it is "debatable" whether the DrinkWise labels are "arresting" is also consistent with the public health sector's concerns of the lack of visibility of the labels and ambiguity of the messages.

Industry claim 4

4.1 “These messages are best left voluntary to allow industry to provide a range of consumer information on responsible consumption rather than on FASD alone (WFA, page 21).”

The evidence

Evidence suggests that alcohol industry regulation of warning labels does not work.[17]

In 1998 the United Kingdom Department of Health entered a voluntary agreement with the alcohol industry to include alcohol unit and health information on alcohol containers.[18] In 2007 the UK Government said that they expected the majority (at least 50 per cent) of labels to include five key elements of the labelling regime by the end of 2008.[19] After ten years (2008) of self-regulation only three per cent of alcohol products had all five labels.

Those alcohol producers who did apply labels to their products were found to be manipulating the message so that it incorporated the brand name (e.g. Drink “brand name” responsibly), promoted the product (e.g. “Please take as much care enjoying our beers as we do brewing them. Drink sensibly”), or softened the message (e.g. adding the word ‘please’ as above).

Further, the examined labels took up on average only 1.2 per cent of the total printable area and sometimes had poor legibility, for example, shiny or metallic backgrounds.[20]

In April 2012, Eurocare, the European Alcohol Policy Alliance released a statement that self-regulation of alcohol labelling had been ineffective and at the very least the European Commission should set standards for regulation. [21]

Industry claim 5

5.1 "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 (WFA, page 5)."

5.2 "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 (DSICA, page 6)."

The evidence

The information on the DrinkWise website is inadequate and has been criticised by a group of leading Australian FASD researchers, health professionals and advocates, referred to as the FASD Collaboration.[a]

The main criticisms from the Australian FASD Collaboration are that:

- there is "very little information about the actual effects of alcohol on the fetus, and no explanation of what Fetal Alcohol Syndrome is"[22]
- the information also suggests that "FAS is not a problem in Australia, except among Indigenous Australians"[23] and
- the information is misleading and needs to specify that alcohol can affect the fetus at any time during pregnancy.

The DrinkWise website alone does not constitute a comprehensive public education campaign. Health advice relating to alcohol use during pregnancy should be developed and implemented by a government agency.

[a] The Australian FASD Collaboration is made up of the following researchers: Lead Investigators: Professor Elizabeth Elliott (University of Sydney); Winthrop Research Professor Carol Bower (Telethon Institute of Child Health Research). Senior Consultants: Dr Lucinda Burns (National Drug and Alcohol Research Centre); Ms Heather D'Antoine (Menzies School of Health Research); Ms Maureen Carter (Nindilingarri Cultural Health Services); Dr James Fitzpatrick (Sydney Medical School); Associate Professor Jane Halliday (Murdoch Children's Research Insititute); Ms Lorian Hayes (University of Queensland); Associate Professor Jane Latimer (George Institute for International Health, Sydney Medical School); Ms Anne McKenzie (University of Western Australia); Ms Sue Miers (National Organisation for Fetal Alcohol Syndrome and Related Disorders); Dr Raewyn Mutch (WA Department of Health); Dr Colleen O'Leary (Telethon Institute for Child Health Research); Ms Jan Payne (Telethon Institute for Child Health Research); Dr Elizabeth Peadon (University of Sydney); Ms Elizabeth Russell (Russell Family Fetal Alcohol Disorders Association); Dr Amanda Wilkins (WA Department of Health); Ms Heather Jones (Telethon Institute for Child Health Research) and Dr Rochelle Watkins (Telethon Institute for Child Health Research).

Making false claims about the possible effects of public health interventions to prevent FASD

Three of the submissions made claims that alcohol warning labels may result in anxiety among pregnant women, and lead to termination. The effectiveness of health warning labels is also questioned throughout the submissions, with one submission questioning whether the "entire population" needed to be subjected to such warnings.

Industry claim 6

6.1 "Blanket warnings and recommendations for total abstinence by pregnant women serve little purpose other than to inflict fear or guilt in pregnant women (WFA, page 19)."

6.2 "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 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 damaged, a risk which has recently been commented on by the Royal Australian College of Obstetricians and Gynaecologists (WFA, page 11 and 12)."

6.3 "Another likely outcome is the vilification of pregnant women who consume alcohol, either privately or publicly. Biased and/or distorted estimates of risk implied on the health warning labels that the consumption of any alcohol during pregnancy will adversely affect the foetus, may lead women to abort their foetuses unnecessarily or, at a minimum, to experience debilitating anxiety and guilt (Weiner et al.,1989) (AWRI, page 16)."

6.4 "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 development. Alarmist and simplistic statements have real potential to cause great harm if they lead to unwarranted anxiety, depression, or terminations (DSICA, page 3)."

The evidence

There is no empirical evidence to suggest that warning labels recommending abstinence from alcohol during pregnancy will result in women terminating their pregnancies.

The National Health and Medical Research Council (NHMRC) Australian *Guidelines to Reduce Health Risks from Drinking Alcohol* state that: "For women who are pregnant or planning a pregnancy, not drinking is the safest option".[24] This recommendation is made on the basis that "A 'no-effect' level has 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".[24]

The reference to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists is from a 2007 newspaper article in which the Australian Medical Association and the Australian College of Midwives commented in support of the NHMRC Guidelines.[25]

The Chairman of the NHMRC Guidelines Committee has publicly stated that evidence cited to support the claim that abstinence based approaches to alcohol consumption during pregnancy precipitate terminations is "anecdotal", and the NHMRC Guidelines Committee found no evidence of a safe level of alcohol consumption during pregnancy.[26]

Tobacco pregnancy warning labels developed by the Department of Health and Ageing that are currently applied to tobacco products state that "Smoking harms unborn babies". Despite countless reviews of the tobacco health warning labelling regime, there has been no move to remove the label because of anxiety among women who are pregnant or the risk of terminations.[27] There has also been no evidence of adverse impacts.

Industry claim 7

7.1 "We [WFA] 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 (WFA, page 17)."

The evidence

The World Health Organization (WHO) states that population-level strategies are required to reduce harmful use of alcohol. *WHO's Global Strategy to Reduce the Harmful Use of Alcohol*, recognises that harmful use of alcohol is influenced in part by population-level alcohol consumption and the broader alcohol culture, therefore population-level strategies are needed to address this.[28]

The harmful use of alcohol and the public health problems that result from this use are influenced by the population-level alcohol consumption, drinking patterns and local contexts. For this reason it is important that population-wide strategies are an integral part of any approaches to reduce harmful consumption and alcohol-related harms.

Providing people with information about alcohol-related harms is an important part of the *WHO Global strategy to reduce the harmful use of alcohol*.[29] This is particularly important with FASD, as people around pregnant woman also influence their alcohol consumption.

Educating the population by using mandatory warning labels it is not an intrusive approach to policy.

Finally, there are more than a "few negative consequences" of alcohol consumption. Every week, on average, 60 Australians die and a further 1,500 are hospitalised as a result of alcohol.[30] A significant number of Australians continue to drink to excess, with over four million Australians reporting drinking alcohol to get drunk, and over 2 million doing so at least once a month.[31]

Industry claim 8

8.1 "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 (WFA, page 12)."

8.2 "All evidence shows that pregnancy warnings on labels do not change behaviour, especially amongst at-risk groups (WFA, page 13)."

8.3 "Various domestic and international agencies and organisations have commented on the ineffectiveness of warning labels in changing consumers' behaviour (WFA, page 13)."

8.4 "The level of information, including language, needs to be appropriate for each target 'at risk' group, but the information provided should be balanced. Research suggests that telling an individual that a behaviour is harmful or providing information about the risk associated with a behaviour is insufficient to affect an individual's actions, while increasing an individual's knowledge about a health risk does not necessarily cause that individual to change or modify negative or risky behaviour (Engs 1989) (AWRI, page 18)."

The evidence

Health warning labels can create behaviour change, when accompanied by a comprehensive public education campaign.

Weak and ineffective warnings such as those favoured by the alcohol industry will have minimal impact. There is, however, good evidence from the literature on tobacco warnings that clear, well-researched, health-based warnings can have a significant impact when accompanied by a public education campaign.

For example, a survey of 2,000 Australians conducted in 1996 (before the introduction of graphic warning labels for tobacco), found that the plain text tobacco warning labels had direct effects on the smoking population with[32]:

- 60 per cent of smokers believing the warnings improved their knowledge of the harms of smoking
- 78 per cent of smokers believing they had some effect on their behaviour
- one third of smokers and 46 per cent of former smokers believing the labels had helped them smoke less and
- 45 per cent of recent ex-smokers believing the warning had helped them to give up smoking.

The impact of the tobacco health warning labels was further strengthened in 2005 with the introduction of graphic warning labels. These were subsequently shown to have significant impacts on smoking cessation intentions and attempts[33] and an almost two-fold increase in calls to Quitline from 2005 to 2006.[34]

Health warnings must be considered as part of a broader public health campaign, not a stand-alone measure. Health warning labels are most effective when implemented as part of a comprehensive public education campaign that promotes the messages used within the warning labels.

Including health warnings in a broader public health campaign enables them to be reinforced, elaborated upon, and reach a wider audience of people who would not normally see the labels.

Industry claim 9

9.1 “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 (DSICA, page 6).”

9.2 “Although beer is not a preferred drinking choice for the majority of women (compared to wine or spirit based drinks) our Australian members, representing over 95% of all beer sold, have all endorsed the Drinkwise labelling initiative and are progressively implementing the labelling changes (Brewers, page 1).”

The evidence

FASD affects the whole family. It is disingenuous of the alcohol industry to suggest that FASD is only an issue for women, or that labels should not apply to all products. Family members, particularly partners, play an important role in supporting women to stop drinking or to reduce their alcohol consumption during pregnancy.[35]

Research from Canada found that 75 per cent of children with FASD had biological fathers who were heavy drinkers and extended families with heavy alcohol consumption.[36]

As a predictor of behaviour, research has shown that 30.5 per cent of women would stop or reduce their drinking if their partner also stopped drinking for the duration of the pregnancy, and 38 per cent would drink less if their partner encouraged them to stop or cut back.[37]

FASD should not just be viewed as an issue of personal responsibility or a women’s only issue. It should be seen within a framework that acknowledges the factors in peoples’ lives that contribute to alcohol consumption.

Industry claim 10

10.1 "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 (WFA, page 14)."

10.2 "The introduction of alcohol warning messages placed on alcohol labels would most likely increase in awareness, initially, but there would be no change in maternal alcohol consumption behaviours and the incidence of alcohol-related foetal abnormalities, which is based on investigations conducted after the introduction of warning labels for alcoholic beverages in the USA. Any change to legislation should be evidenced based, and on sound science (AWRI, page 14)."

The evidence

Health warning labels in the United States of America (USA) are small in size, applied inconsistently, and the messages have remained unchanged since 1989. Nonetheless, even these labels have raised awareness as well as modifying behaviours.

International research on how best to draw the attention of consumers to a warning label emphasises the importance of consistency in application to ensure that the warning labels are clearly noticeable to the consumer.[38,39] Evaluations of the effectiveness of tobacco warning labels have further supported the evidence regarding the use of consistent font size and colour of text, placement and orientation of the label, a clearly defined border around the warning message, and the need for rotating messages.[40]

In the USA, all alcohol products contain the message:

"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".[41]

This message has remained unchanged since 1989 and is not applied consistently across all products.[42]

Nonetheless, the message has been shown to be effective in communicating the harms of prenatal alcohol exposure, as well as initiating discussions of the issue among pregnant women. Message exposure has also resulted in decreased alcohol consumption in pregnant women who were normally light drinkers.[43]

Awareness of the health warning labels was highest among groups deemed high risk, for example, young people and heavy drinkers. Recall was highest for the message regarding the risk of birth defects resulting from alcohol consumption during pregnancy.[44]

Studies have also shown that the rates of alcohol consumption among pregnant women are much lower in countries such as Canada (less than 15 per cent) and the USA (around 10 per cent), both of which have pregnancy warning labels on alcoholic products.[45]

There is overwhelming evidence from the tobacco literature about the impact of effective health warnings for adults, young people and children.

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Foundation for Alcohol Research & Education

PO Box 19,
Deakin West ACT 2600

Level 1, 40 Thesiger Court
Deakin ACT 2600

www.fare.org.au

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