

## Fetal Alcohol Awareness Day



*Kerikeri gets behind the FASD Awareness Day message with their 'Pregnant Pause' flashmob.*

While the rest of the country was gearing up to launch the Rugby World Cup On 9<sup>th</sup> September, communities got together to mark World Fetal Alcohol Spectrum Disorder Awareness Day.

A 'Pregnant Pause' flashmob is a fun way to convey 'No Safe Time, No Safe Amount' message about alcohol use during pregnancy. These were seen in several Te Tai Tokerau Northland town centres.

In Auckland, Alcohol Healthwatch sponsored a "BreakFASD" for the Fetal Alcohol Network New Zealand (FANNZ) with invited guest speakers and the 'Pregnant Pause' moment of reflection was marked @ 9.09am.



*A good message all round!*

## Online Resource Launched

A new Online Guide was launched on Auckland's FASDAY.

Research has shown that for women to make good decisions,



they need to know the facts and many women of childbearing age prefer to get information via the internet rather than traditional print sources.

**'The Online Guide to Making Responsible Decisions about Drinking During Pregnancy'** was developed for Alcohol Healthwatch by Dr Frances Steinberg, a psychologist who has been working with Fetal Alcohol Spectrum Disorders for more than 30 years.

The online format allows users to watch videos, link to current research, and access a range of global resources. The guide offers three interesting alternatives to viewing the information; users can choose whether to 'Get the Facts', 'Play a Game', or 'Follow a Story'.

The resource can be viewed on the Alcohol Healthwatch and FANNZ websites:

[www.ahw.org.nz](http://www.ahw.org.nz) or [www.fan.org.nz](http://www.fan.org.nz)

The digital format used makes it possible for other organisations to brand or adapt the material and upload to their website for their own clients, customers, or members to view directly.

To do this contact Frances on [solun@extra.co.nz](mailto:solun@extra.co.nz) or phone 04 293 3511.

## Fractured Logic

*Alcohol Healthwatch's Christine Rogan reflects on alcohol labelling decision-making process*



Health warnings for alcohol beverages have been the subject of political debate on occasions too numerous to name, and still there is no certainty of an outcome.

An independent review panel, appointed to review all food labelling law and policy, articulated strong support for alcohol beverage labelling in their report 'Labelling Logic' released earlier this year. Despite this the perpetual cycle of Government analysis, re-analysis and paralysis appears far from over.

The Food Labelling Review Panel were strongly in favour of alcohol beverages being required to carry health warnings, citing 'compelling' reasons in the light of evidence of adverse outcomes specifically in relation to consuming alcohol during pregnancy.

In reaching their conclusion, the Panel noted the Winemakers' Federation of Australia submission arguing that warning labels would be an unnecessary imposition on the industry, and that there were already 'a myriad of print and website

materials readily available'. This led the Panel to a contrary conclusion, that it was a glaring omission in overall communication to not have this information at the point of sale. That may have presented the alcohol industry with a dilemma in how best to respond, as you will see later!

### Evidence of effectiveness

The Panel also took into account that any form of health or nutritional labelling is not generally recognized for its ability to change behaviour at a population level, in isolation of other measures, and concluded that it would be premature to rule out the value of alcohol warning labels on that basis. Rather they concurred with many in public health arena, that such labelling is warranted primarily to inform the public of proven risks. In noting

the limited research pointing to behaviour change, they added that, *'unlike current cigarette warnings, alcohol warning labels have been extremely limited in scope'* and that *'it is not surprising in these circumstances that no effectiveness in changing behaviour has been shown for alcohol warning labels'*.

### Mind altering food

The Review Panel rejected the notion that alcohol should be considered a drug. Alcohol Healthwatch has raised concerns about products that combine drugs such as alcohol with caffeine, and has highlighted inconsistencies in the current food codes. For example, a non-

alcoholic caffeinated energy drink is required to carry a warning stating that the food is not recommended for children, pregnant or lactating women and individuals sensitive to caffeine (Food Code 2.6.4). However

#### Labelling Logic Report

**Recommendation 25:** '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 full Report of the Independent Panel is available online:

<http://www.foodlabellingreview.gov.au/internet/foodlabelling/publishing.nsf/content/labelling-logic>

caffeinated alcoholic beverages are exempted from carrying any warning whatsoever, despite concerns not only about the alcohol content but also about combining a depressant drug with a stimulant.

The Australia and New Zealand Food Regulation Ministerial Council has since announced a further review of the addition of caffeine to foods. However in yet another twist, alcohol containing caffeine has been excluded. According to the announcement by Food Standards Australia New Zealand (6 May 2011), the Council is awaiting advice from the Intergovernmental Committee on Drugs on 'how it plans to respond to the issue of mixing alcohol with caffeinated energy drinks'.

So, on the one hand alcohol is a food and on the other it is examined as a drug.

### **Pick and mix evidence**

Generally the 'Labelling Logic' report in favour of alcohol warning labelling is a victory for public health and common sense. However the Panel's well reasoned arguments and recommendations for alcohol labelling appear as far from becoming policy as others put forward over the past two decades.

The 'Labelling Logic' report and recommendations are undergoing further analysis by Government officials to formulate advice to Cabinet who then decide what is or is not supported. In a media article questioning Government action to reduce the harm from drinking alcohol during pregnancy Minister Wilkinson is quoted as saying, "Ultimately, any sort of mandatory regulations need to be strongly backed by evidence showing that labels change behaviour." (Dominion Post, 04/04/11). Setting the benchmark for alcohol labelling at this impossible level is unreasonable.

History is littered with examples of political obstacles that obstruct stronger alcohol regulation and where 'evidence' is selectively used. Trade in liquor appears again to be more highly prized than protecting public health from its harmful effects.

The Ministerial Council will meet in December 2011 to consider which of the alcohol recommendations in "Labelling Logic" will proceed.

### **Can they spare the space?**

While there have been protestations by some opposed to any form of Government regulated health advisory labelling, others in the liquor industry are pre-empting such moves with labelling of their own.



*If you look very closely you can just make out the drinking and pregnancy icon on the back label of this NZ wine.*



Drinkwise, a social marketing arm of the liquor lobby in Australia recommends their members adopt this approach. They direct consumers to further information on their website. However some of the information they include is confusing as to who might or might not be at risk. Others producers are choosing to do nothing beyond what is required of them by law.

### **Are we supposed to be grateful?**

The burden of alcohol-related harm costs New Zealand \$5.3 billion each year, and that is not counting the impact of irreversible lifelong brain damage to unborn babies. Consumers need ready access to consistent, accurate and understandable information about the risks of consuming alcohol - starting with the product. The only way this will be assured is by regulation. As the Independent Food Review panel indicated, that is currently a glaring omission.

## **FASD Action Update**

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Alcohol Healthwatch has maintained a focus on alcohol and pregnancy initiatives since the early 1990s. One can look back on progress and choose to see the glass half full or half empty. Momentum has been maintained largely thanks to continual efforts of those with a strong personal interest, but systematic approaches at a policy level have yet to fully materialise. Our collective advocacy and energy for positive public health outcomes must continue.

### **Briefing Paper Review**

In 2007 Alcohol Healthwatch produced a Briefing Paper entitled *“FASD: Activating the Prevention and Intervention Continuum”*. This discussed the evidence, effective approaches and recommendations moving forward. The paper is under review to bring it up to date, and a round of consultation is planned to ensure the paper reflects the current situation in New Zealand. Expressions of interest to be involved in this process are welcome.

### **Increasing the knowledge and skills of health professionals**

In 2009 Alcohol Healthwatch published a report on a study, conducted in association with the University of Auckland, aimed at ascertaining the level of knowledge and practice of New Zealand health professionals who engage with women of childbearing age.

The Ministry of Health subsequently developed a booklet called *‘Alcohol and Pregnancy: A Practical Guide for Health Professionals’*.

Ministry of Health are now funding a collaborative project, currently underway with experts at the Wellington School of Medicine, to develop an *e-learning* toolkit aimed at facilitating skilled and confident clinical consultation. This resource will be launched later in 2011.

### **Progressing FASD Diagnosis**

Whether it’s about finding a likely prevalence, screening, seeking supportive interventions for affected children or raising public awareness, the crucial link is the ability to identify FASD through appropriate differential diagnosis.

New Zealand has lagged behind what is now mainstream in countries like Canada. Having encountered this vacuum, Alcohol Healthwatch set about engaging with appropriate clinicians to develop diagnostic capacity here.

Thanks to funding from the National Drug Policy Discretionary Fund and ALAC two waves of diagnostic training have been completed, supporting clinical teams to integrate FASD diagnosis within existing services. It is hoped that further training will eventuate for other clinical services.

### **New FASD Research**

Alcohol Research and Health, the journal of the National Institute of Alcohol and Alcoholism (NIAAA) in the USA has released a new series of some of the most recent research on Fetal Alcohol Spectrum Disorder. These papers can be viewed and downloaded: [http://pubs.niaaa.nih.gov/publications/arh341/toc34\\_1.htm](http://pubs.niaaa.nih.gov/publications/arh341/toc34_1.htm)

### **Thanks to the FANNZ**

The Alcohol Healthwatch team would like to extend their appreciation of all those who have joined the Fetal Alcohol Network New Zealand (FANNZ). As the FANNZ tagline says, *‘Everyone is part of the solution’*.

Details about FANNZ can be found on [www.fan.org.nz](http://www.fan.org.nz) or to join simply email your details to [fannz@ahw.org.nz](mailto:fannz@ahw.org.nz)



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