



**Submission
to the**

Food Standards Australia New Zealand

**Preliminary Final Assessment Report Proposal
P293: Nutrition, Health and Related Claims**

Thank you for the opportunity to comment on the FSANZ Proposal P293. This submission relates solely to section 3.2, Ineligible Food.

Alcohol Healthwatch is a charitable trust contracted to the Ministry of Health to undertake health promotion activities within the Auckland region and nationally, aimed at reducing and preventing alcohol-related harm and promoting safe and healthy drinking environments. Working under the terms of the Ottawa Charter and the Principles of the Treaty of Waitangi, Alcohol Healthwatch provides evidence-based information, support and coordination for professional and community groups on alcohol-related issues. This also includes ensuring that alcohol-related harm is considered and addressed effectively at a policy and legislative level across a range of sectors that intersect with alcohol.

- **In regard to the production, labelling and marketing of alcohol products, Alcohol Healthwatch opposes any positive health claim relating to alcohol in any product containing a measurable amount.**
- **Only information pertaining to energy, alcohol content, carbohydrate, preservatives and additives used should be allowed to be stated in any nutrition panel on alcohol products.**
- **Known risks to health, nutrition and safety from consuming alcohol must be clearly stated on alcohol products above 0.5% alcohol content.**
- **Application A576 to amend Standard 2.7.1 to require all alcoholic beverages to carry a pregnancy warning must be supported.**

Alcohol is a harmful drug

There is no such thing as a safe level of alcohol.

Recently alcohol has become exceedingly normalised as an every-day commodity, through liberalisation of the regulatory environment of its sale and supply, and through allowing high levels of advertising and promotion of alcohol as a glamorous desirable product for every occasion.

To the contrary however, alcohol remains a serious and harmful drug that causes a great deal of health and social harm. Alcohol in fact is rated fifth out of the top twenty harmful drugs, according to a recent report published in The Lancet (Vol 369, 2007). This ranking has been systematically and objectively arrived at using a new system based on fact and scientific knowledge of separate facets of harm and calls into question the unsystematic and unscientific way in which drugs have been classified.

Harmless or harmful levels?

The distinctions that used to be made regarding alcohol consumption levels were whether they were generally considered harmless or harmful. However, more recently, this notion has been systematically transformed into distinctions between alcohol being healthy or unhealthy, which is problematic and inappropriate. Health is a goal, not a constituent part of the product. All levels of alcohol consumption pose a risk. The consideration and the language used therefore needs to shift from considering degrees of health to degrees of risk.

Alcohol Healthwatch acknowledges that consumption of alcohol beverages with an alcohol content level as low as 1.15% is unlikely to pose a health threat to the bulk of the population. However there are large population groups for whom any alcohol consumption may pose a health risk such as children, adolescents, pregnant and breastfeeding women and those with a

genetic predisposition to alcoholism. It is important that any confusion about health claims are avoided.

A product with a low level of alcohol that makes a health claim relating to that alcohol sends a very mixed and confusing message to the public and undermines the reason why health claims for alcohol are being prohibited. It will also contribute to the inaccurate and misleading perception that alcohol consumption is healthy.

Alcohol is anything but healthy and in no way an ordinary food product. It is a leading drug problem that costs society far more than it contributes. Therefore every effort should be made to resist any form of product enhancement particularly in the current void of there being no health and safety advisory warning on the product for sale in Australia and New Zealand.

Given the way in which the public has been acculturated to perceive moderate alcohol consumption as generally desirable and healthy, when clearly it is not, a very high level of restriction should be applied when considering all forms of alcohol policy and regulation. Alcohol Healthwatch does not support allowing any health endorsement associated with alcohol at any content level, particularly in the absence of stated risks to health and safety.

Alcohol as a food

Alcohol is high in calories yet provides little if any nutritional value. In fact alcohol is an antagonist to good nutrition in direct proportion to its consumption and is the cause of disease at all ages and stages of growth and development beginning at conception. Alcohol, being high in energy content, can displace energy sources containing essential nutrients such as folate, thiamine and other vitamins and calcium. This can have serious repercussions for ensuring health and physical wellbeing.

No alcohol product should be allowed to make any beneficial health claim. However, to ensure that the public can make informed dietary choices, alcohol products should display a factual nutrition panel stating energy, carbohydrate, sugar content and any preservatives used and more importantly, clearly state the risk that alcohol poses to nutrition, health and safety. Given the harm associated with alcohol and that it is no ordinary consumable, industry compliance cost should not be a primary consideration.

Alcohol and heart disease

Among many other diseases including cancers for which there is no known safe level such as with breast cancer, alcohol is a cause of hypertension and heart disease (World Health Report, 2002). However over the past decade or so, the public perception regarding alcohol intake is that moderate drinking is generally good for heart health.

The inclination to generalise an unqualified health benefit is illustrated in the document at 3.2.3.4 (page 25) where it states that some stakeholders consider allowing nutrition claims based on what is described as “*solid scientific evidence of health benefits associated with alcohol consumption.*” There has been an infiltration of statements such as these at the policy level which is very misleading and concerning and incompatible with a robust evidence-based approach since it appears to be based on inadequate research.

The studies pointing to heart health from drinking alcohol are anything but ‘solid’. They are observational not randomised studies, and despite their quantity, they have innumerable variables that need to be taken into account, but usually aren’t.

Many studies that have critically considered other confounders, such as other lifestyle and socio-economic factors, generally don’t find the positive association (Tsubono et al., 2001; Fillmore, 2000; Hart et al., 1999; Thakker, 1998; Andreasson, 1998).

Epidemiologists who advanced the protective effect, appear now to be questioning whether they got it right after all, and have said so in ‘The Lancet’ (3.12.05). This response was backed up by a very large USA study that rigorously assessed confounding factors in data from 250,000 adults. The US researchers concluded: ‘*These findings suggest that some, if not all, of the health protective factors attributed to alcohol are more likely to be the result of residual or unmeasured confounding characteristics associated with increased CVD mortality*’ (Naimi et al, 2005¹). The confounding characteristics included social, behavioural and demographic factors, access to healthcare and other health-related conditions. Those with multiple factors were progressively more likely to be non-drinkers.

Any benefit from alcohol consumption that may accrue over and above harmful effects, is limited to those middle-aged or older, drinking at very low and infrequent levels of consumption and where benefits can be gained from more healthy less risky sources.

The cardio-vascular benefits from moderate alcohol consumption are overstated, unproven and if they do exist are limited to older people who would obtain greater benefits from risk-free sources other than alcohol. No regulatory or policy decision relating to alcohol should be based on questionable research and where no proven universal safe level exists.

Alcohol’s effect on the developing fetus

Alcohol during pregnancy can cause birth defects and brain damage in the unborn fetus. This has been known since ancient times however, observations were not verified scientifically until the mid 20th Century.

¹ *Naimi TS, Brown DW, Brewer RD, Giles WH, Mensah G, Serdula MK, Mokdad AH, Hungerford DW, Lando J, Naimi S, Stroup DF. (2005) Cardiovascular risk factors and confounders among non-drinking and moderate-drinking U.S. adults. *American Journal Preventive Medicine* 29(3):243.

Mounting evidence confirms that there is a continuum of effects, with no safe amount and no safe time for exposure to alcohol during pregnancy. Specialists studying the effect of alcohol on brain development have not found a level of exposure that can be considered safe. There are cell populations in the brain that are more sensitive to alcohol and these can be affected during different periods of development (NIAAA, 1997; NIAAA, 2001). Adverse effects have been observed at average levels of exposure as low as one drink a week (Sood et al, 2001; Day and Richardson, 2004).

Not all babies who are exposed to alcohol will be affected to the same degree and there is no way to predict the outcome.

While heavy exposure early in pregnancy can result in visible birth defects, most disorders are neurological, and therefore more difficult to detect and relate it to prenatal alcohol exposure. The result therefore are the number of babies born affected by alcohol is unknown and estimates from clinical and epidemiological studies suggest the rate is 1 per 100 live birth and in some communities much higher (May et al, 2007²).

In the USA the Surgeon General continues to advise that, *"We do not know what, if any, amount of alcohol is safe. But we do know that the risk of a baby being born with any of the fetal alcohol spectrum disorders increases with the amount of alcohol a pregnant woman drinks, as does the likely severity of the condition. And when a pregnant woman drinks alcohol, so does her baby. Therefore, it's in the child's best interest for a pregnant woman to simply not drink alcohol."* (U.S. Surgeon General 2005).

A recent national survey in New Zealand indicates that around 50% of women believe some alcohol during pregnancy is safe (Parackal et al, 2006³). Therefore it is critical that alcohol products - the primary source, carries the important information to avoid alcohol during pregnancy.

There is no known level of consumption that is safe for a developing fetus, therefore Alcohol Healthwatch strongly supports and recommends that FSANZ support application A576, to amend Standard 2.7.1 to require all alcoholic beverages to carry a pregnancy warning.

Alcohol and folate

Fetal origins of some adult diseases are now better understood. Studies indicate that serious diseases such as hypertension, heart disease and obesity may have their origins in the nutrition of the mother (Barker D, 1990).

² May P, Fiorentino J, Gossage P, Kalberg W, Hoyme E, Robinson L, Coraile G, Jones K, Campo M, Tarani L, Romeo M, Kodituwakku P, Deiana L, Buckley D and Ceccanti M (2006). Epidemiology of FASD in a Province in Italy: Prevalence and Characteristics of Children in a Random Sample of Schools. *Alcoholism: Clinical and Experimental Research*, Vol 30:9. 1562-1575.

³ Parackal S, Parackal M, Ferguson E & Harraway J (2006). Report on Awareness of the Effects of Alcohol Use During Pregnancy Among New Zealand Women of Childbearing Age. *Submitted to the Alcohol Advisory Council & Ministry of Health.*

One such concern relates to levels of folate on healthy early development.

Alcohol Healthwatch notes and applauds the efforts of Food Standards Australia New Zealand for leading efforts to increase folic acid intake for women of reproductive age to reduce the risk of neural tube defects. However, alcohol is a known antagonist to folate absorption and metabolism and therefore can reduce folate levels in women of reproductive age commensurate with alcohol intake before and during pregnancy.

Alcohol-related nutrient loss during fetal development is counterproductive to this important and worthy aim.

To enhance efforts to increase folate uptake, alcohol products should carry information stating that consumption may interfere with the uptake of nutrients important to healthy development and nutrition.

Conclusion

When it comes to the sale supply and marketing of alcohol and the risk associated with alcohol consumption, public health and safety is the paramount consideration. Given the high levels of harm associated with alcohol; given that no universal safe level exists; given that alcohol products available for sale in New Zealand and Australia carry no health warnings; and given that health benefits are questionable and unable to be generalised, it is essential that regulation by FSANZ and any other government agency is rigorous and restrictive rather than permissive. Alcohol is not an everyday ordinary commodity and alcohol-related harm is such that extraordinary measures are warranted.

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