



**National Council of  
Women of New Zealand**

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Wahine O Aotearoa

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**Submission to Food Standards Australia New Zealand on the Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label**

NCWNZ is an umbrella organisation representing 46 Nationally Organised Societies and National Members. It has 28 branches throughout the country attended by representatives of those societies and some 150 other societies. It also has three satellite groups and three regional consultation groups. NCWNZ is representative of approximately 350,000 women via its affiliated bodies. The Council's functions are to serve women, the family and the community at local, national and international levels through research, study, discussion and action.

**General comments**

The National Council of Women of New Zealand strongly supports the application lodged by the Alcohol Advisory Council (ALAC) which calls for a health advisory label on alcoholic beverage containers advising of the risks of consuming alcohol when planning to become pregnant and during pregnancy.

NCWNZ supports *Option 2 – amend the Code to require a health advisory label on alcoholic beverage containers advising of the risk of consuming alcohol when planning to become pregnant and during pregnancy.*

In 1995, NCWNZ passed the following policy resolution at its National Meeting:

*19.1.4.13 THAT NCWNZ, recognising that foetal alcohol syndrome is an important public health issue, request the Minister of Health to:*

- a) ensure that up-to-date public health information is available and widely disseminated to the public and health professionals;*
- b) make it mandatory for all alcoholic beverages to carry appropriate warning messages.*

There is no known safe level of alcohol consumption when pregnant; this is not a well known fact. Many pregnant women believe consumption of small amounts of alcohol will not pose a risk to their baby.

Furthermore, as stated by ALAC, all women are equally at risk, so all women must be reached by any campaign and/or preventative labelling strategy. While the Council agrees that a campaign is a useful mechanism for disseminating information widely to the population, such campaigns need to be regularly repeated and re-presented to ensure the information is retained by and remains visible to society. Labelling provides the opportunity for on the spot education and reinforcement of the dangers that alcohol presents to pregnant women.

Labelling, particularly when recognisable icons are used, can also transcend language barriers. This is particularly important as New Zealand society is increasingly becoming ethnically diverse. Not all new residents in New Zealand possess the English skills to understand the written word,





particularly if scientific language is used. Television campaigns can also be ineffective for educating the public when language is a barrier.

In terms of alcohol consumption by pregnant women, the situation is little different from the warnings that cigarette packets carry advising against smoking, and the health risks posed are equally as critical.

New Zealand has an alcohol binge-drinking culture. Moreover, recent changes to the law allowing 18-year-olds to legally drink and purchase alcohol has seen an influx in young people consuming alcohol. This, coupled with the fact that New Zealand also has one of the highest rates of teenage pregnancy, highlights the need for some intervention. New Zealand's teenage birth rate in 2003 was the second highest in relation to other OECD countries at 30 per 1000. New Zealand's teenage birth rate is almost six times the 2003 rate recorded in Japan and the Netherlands and four times those of Sweden and Spain.

### **Specific comments**

#### *Questions 1 and 2*

In terms of the provision of strategies, programs and other information about the risk of consuming alcohol when pregnant, the question that needs to be asked is, whether existing services are likely to meet the at-risk groups. As mentioned under the general comments, our teenage women are particularly at risk. Many young women when they first believe they are pregnant are not inclined to contact the Ministry of Health for information pamphlets. Many are not even prepared to visit their family doctor to discuss their pregnancy, particularly if unplanned. Some young women in this type of situation may not be in a steady relationship. Often such women feel compelled to hide the fact that they are pregnant and will engage in the activities of their peers, which in New Zealand is drinking alcohol, as a smoke-screen for their condition.

Labelling alcoholic beverage containers in this instance would stand a better chance of influencing the pregnant teen than other services. This is particularly the case if the young woman has told her friends about the pregnancy, which is typically the case; they too would be in a better position to protect the pregnant teen from poor decision-making.

For many mature pregnant women, they are faced with a plethora of pregnancy information. This information comes from a multitude of sources and frequently word-of-mouth is used for locating this information. There is no one-stop shop for all information that pertains to what one should be thinking about when pregnant. For first-time mothers in particular, they can feel overloaded with information to the point where they opt to switch off, particularly if some of the information they receive is contradictory.

It is also customary for first-time mothers to regularly seek advice from their mothers. Mothers from the previous generation were not aware of the risks of drinking while pregnant, and in some cases would use their own experiences of drinking while pregnant as a counter-argument to what is now scientifically known.

More experienced mothers may not be so inclined to seek out or read information from health providers, as they feel confident about their pregnancy and delivery. This group in particular could benefit from labelling on bottles.

#### *Questions 3, 4, 5, 6*

No further data can be supplied to assist with these questions, other than to qualify the results of the 2005 study in New Zealand. This revealed that half of the women surveyed believed that on a typical occasion, up to one drink during pregnancy would be safe. This is a deeply entrenched belief, and some pregnancy publications, which are outdated in terms of the linkage between



alcohol and Foetal Alcohol Syndrome, but perfectly adequate in other areas of nutrition and health during pregnancy, do bolster this belief. Likewise, word-of-mouth relayed experiences between generations and experienced mothers also lead to the belief that some alcohol drinking during pregnancy is permissible.

*Question 7*

NCWZN has believed since 1995 that some health advisory statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy on alcoholic beverage containers is required.

The consumer has the right to know the risks associated with drinking when pregnant.

The labels will not only build awareness of the potential risks, but it will also dissuade from harmful behaviour at the very point that the risk is greatest.

Other arguments supporting the need for health advisory labelling have been outlined under the previous questions and general comments.

*Question 8*

No comment.

*Question 9, 10, 11*

A written statement is supported, but it needs to be complemented with a pictorial image to overcome any language barrier. The wording of the statement should be determined by health professionals and ALAC.

*Question 12*

There is currently no known safe level of alcohol consumption when pregnant, therefore the percentage of alcohol by volume can not be used to determine which alcoholic beverages should carry an advisory statement.

*Question 13*

If the status quo continues, then babies will continue to be born with FAS. Potentially, the figures may increase since New Zealand youth are currently and intensively gripped in a binge-drinking culture, which also regularly practises unsafe sex; hence the increasing rates of STIs and teenage pregnancy.

There will be little impact on industry if the status quo is maintained, although consumer groups may try to lobby industry for a voluntary change supported by consumer spending incentives.

It is likely that government will come under increasing pressure to be more active on this issue.

*Question 14*

Government can feel more confident that the application by ALAC was successful and that potentially there will be a decreasing number of babies born in New Zealand with FAS. This will result in savings in the health sector.

Industry will need to meet the costs of altering labelling to carry the health advisory and image. However, this does also present an opportunity for industry to carry out rebranding, which will also refreshen their products.

Consumers will be more aware of the risks of consuming alcohol when pregnant and can make their decisions from a more informed position.



*Question 15*

Labelling will be complementary to other public health measures. Activities such as campaigns have a short-term large investment and usually result in a spike in levels of public awareness, followed by a decline when the advertising campaign is completed. Ensuring the awareness remains entrenched is one of the functions of the advisory labelling and, whilst the cost to industry may initially be high, as previously mentioned, this cost can be recovered via a rebranding budget.

**Conclusion**

NCWNZ applauds ALAC for making this application to FSANZ. Action is needed in this area, and the Council is fully supportive of the recommendations made by ALAC.

Thank you for the opportunity to comment.

Christine Low  
**National President**