

Drinks Trade - January 2008

Pregnancy and alcohol

The topic of how much women should drink during pregnancy has re-emerged as a hot issue in the alcohol consumption and health debate.

In October, the National Health and Medical Research Council issued new draft guidelines for low risk alcohol consumption that recommended no alcohol at all for women who were pregnant or trying to become pregnant.

DSICA, as part of the National Alcoholic Beverages Industry Council, opposed the draft guidelines because they were not supported by credible medical evidence, and the recommendations were at such a low level as to not be credible to Australians.

Food Standards Australia New Zealand – which regulates labelling on both sides of the Tasman - is currently considering health advisory labels on alcohol containers that warn of the risks of consuming alcohol while pregnant or planning to become pregnant.

While DSICA strongly supports the responsible consumption of alcohol, it will oppose the health advisory labelling because it has not had any positive effect in other countries that have tried it. DSICA does not believe in more regulation just for the sake of 'doing something' when it is shown to be ineffective.

The damage caused by alcohol consumption during pregnancy is dependant on a number of factors: the level of consumption, the pattern of alcohol exposure, and at which stage of the pregnancy. Other factors, such as use of other drugs (including tobacco), stress, age, and low socio-economic status, also have an impact.

For several years, Foetal Alcohol Syndrome (FAS) was the cause for alarm. Expecting mothers had to drink heavily to cause damage to their unborn children. Overall, there were relatively few cases in Australia but these were concentrated amongst Indigenous communities where the rate of FAS has been high. Poor maternal nutrition, smoking, and low standards of pre-natal care also contributed. The babies born in these tragic circumstances were seriously damaged, with brain damage and physical deformities.

This year a new medical condition – Foetal Alcohol Spectrum Disorder (FASD) – was launched in Australia. FASD is an umbrella term for a much wider range of conditions, and is attributed to lower levels of alcohol consumption during pregnancy. The range of symptoms is reported to include (among many other things) very mild brain damage, attention deficient disorder, learning difficulties, and poor social adjustment. Very few cases have been identified in Australia, supposedly because few doctors in Australia know how to spot the signs.

A problem with FASD is that the range of symptoms is so wide that it will become a catch-all disorder that many Australians will believe includes their children or themselves, and the blame will be placed on alcohol.

Proponents of FASD warn that alcohol can harm the embryo even before the woman becomes aware that she is pregnant, at which point most women drastically moderate their drinking, even before seeking medical advice. This has led to the push for warning labels and

the draft low risk drinking guidelines to warn women trying to become pregnant to stop drinking at all, as they may cause FASD before they know they are pregnant.

Unfortunately, the medical profession is divided on what advice to give pregnant women or women seeking to become pregnant, because there is little clear evidence that low levels of drinking cause measurable risk. The trend in medical advice is towards advising that women stop all drinking in order to have zero risk.