Spirits New Zealand

Submission – Taking Action on Fetal Alcohol Spectrum Disorder (FASD)

Prepared for the Ministry of Health
February 2016

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DRINK LIKE THERE IS A TOMORROW

Introduction

Spirits New Zealand is the national trade organisation representing New Zealand's leading producers, distributors, brand owners, importers and exporters of premium spirits and spirit-based drinks.

Spirits NZ members are Bacardi, Beam Suntory, Brown-Forman, Diageo, Hancocks, Independent Liquor, Lion, Moet-Hennessy and Pernod Ricard. In addition we have three associate members who are Anchor Ethanol, EuroVintage and Federal Merchants.

Spirits NZ represents over 96% of spirit industry interests in New Zealand.

We have a direct interest in the Ministry of Health's discussion document on FASD as it touches on areas we believe are important to changing our drinking culture and reducing the harm caused by excessive consumption. We believe that lasting culture change will only be achieved through the government-wide integration and development of:

- well-evidenced and coordinated policy interventions;
- targeted education programmes;
- appropriate and properly enforced regulation; and
- industry partnerships.

We are therefore heartened by some of the references in the discussion document – particularly those emphasising evidence and cooperative effort. Lastly we believe that industry has much to offer in the development of properly targeted interventions in this area and would welcome the opportunity to continue to work with the Ministry to create a moderate, sociable drinking culture.

Please do not hesitate to contact me to discuss anything in this document in more detail.

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Submission

1. Spirits New Zealand (SNZ) strongly supports the Ministry of Health's focus on developing a sustained and cooperative programme of interventions to reduce the incidence of FASD in New Zealand. Having said this we do have some concerns about some of the language and approaches outlined in the document.

2. We detail these concerns below.

Data, Definitions and Impacts

3. We acknowledge the complexities of developing a programme aimed at reducing the incidence of FASD and applaud government and the Ministry for its approach in this regard. We endorse the Ministry's statements that there is no New Zealand data on FASD prevalence [1] and that international research has produced a range of prevalence data [2].

4. We support a focus on the development of New Zealand–specific information to inform policy development and action plans.

5. We would point out that any use of overseas data is fraught as a recent meta-analysis by Roozen et al suggests [3]. Additionally – and of relevance to the New Zealand situation – there is evidence that FASD, or at least some of its constituent disorders, is higher among certain populations – most notably the disadvantaged.

6. For example, FASD is more common among indigenous populations, including Native Americans in the United States [4, 5], First Nations populations in Canada [6], and Aboriginal communities in Australia [7, 8, 9].

7. In South Africa, the prevalence of FASD is reportedly significantly higher among Black African populations than among those of mixed ancestry [10]. Additionally, higher prevalence of FASD among these groups [11, 12] has been linked with social exclusion and other factors.

8. We note the Ministry acknowledges that vulnerable mothers in New Zealand are more likely to:
    a. be unemployed
    b. have lower educational levels
    c. come from families with substance abuse issues
    d. have mental health issues and problems with substance abuse and dependence
    e. have histories of trauma, including sexual abuse and exposure to violence
    f. have unmet health and maternal care needs
    g. have children in care [13]

9. The Ministry also states:

   At the moment there is a lack of good local evidence. We need to be collecting information to inform our efforts and investments, and we need to be evaluating the effectiveness of interventions. Although our approach can and should be informed by international experience and evidence-based approaches, we need to know how things work in the New Zealand context. [14]

10. As stated we support and endorse the Ministry in its attempts to better define the New Zealand situation. We would also ask the Ministry to acknowledge that while inappropriate alcohol consumption per se can lead to FASD that there are complex societal factors at play that lead to risky drinking behaviours.

11. Notwithstanding the above discussion and the lack of complete clarity with regards FASD prevalence and incidence in New Zealand, SNZ acknowledges that a precautionary approach is still valid and supports current efforts to begin programmes to educate, change attitudes and behaviours for at-risk women.

12. In saying this we would prefer to see programmes developed in the current environment of imperfect information that:
    a. are supported by best available evidence (where this exists)
    b. are targeted to at-risk groups
    c. are 'vertically-integrated' through the whole of the community and wider health sector
    d. acknowledge and take into account broader causal factors relating to inappropriate drinking behaviours

The Action Plan

13. SNZ and its members support the Ministry's proposed approach, key principles and key outcomes as detailed in Part Three: The Action Plan of its discussion document [15].

14. Under the Ministry's definition of key principles, Principle 2 – *Collaborate to achieve a collective impact* states:

    Everyone has a role to play in reducing alcohol-exposed pregnancies and improving outcomes for the affected individuals and families. A whole-of-government commitment is important, with central leadership supporting professionals, non-government organisations, communities, families and individuals to work more closely together to improve outcomes within their own spheres of influence. With everyone pulling in the same direction, we will have a much greater impact on this complex and multi-faceted issue. [16]

15. We would point out that industry also has a potential role to play in creating a collective impact. For example in South Africa the alcohol industry is a part funder of the Foundation for Alcohol Research which has a specific focus on improving FASD outcomes (see http://www.farrsa.org.za/ for more information). And in the United Kingdom global beverage alcohol company Diageo has supported an outreach programme to midwives through the National Organisation on Fetal Alcohol Syndrome (see http://www.nofas.org/ for more information). In a review of the first year of the programme NOFAS-UK Executive Director Susan Fleisher made the following comment:

    Thanks to DIAGEO, NOFAS-UK will reach thousands of midwives and provide them with information on FASD, who in turn will inform pregnant women about the dangers of drinking in pregnancy. Together, we can help prevent children born with this alcohol related brain damage. The project will improve the health of future generations. On behalf of the pregnant women, midwives, children and families who benefit from the BABY BUNDLE Project, we thank DIAGEO for enabling NOFAS-UK to produce this project. [17]

16. And in New Zealand the industry through its cooperative outreach programme *Cheers!* has specific, publicised online information about FASD and the risks of drinking while pregnant (see www.cheers.org.nz for more information). The industry is also levied over $11 million dollars annually to support HPA activity.

17. Currently it is understood that of this $11 plus million a total of $265,000 had been spent in the year ended 30 June 2015 on the current alcohol and pregnancy campaign [18]. Given the emphasis on FASD we would hope to see more of the levy funds made available in out years.

18. And, as officials will be aware, SNZ members are currently placing messaging on the labels and packaging of alcohol containers (although we would want it noted that there is evidence to suggest that a label on a bottle per se will not by itself change behaviours

but that such interventions need to be part of a broader programme of activity.) [19]

19. The use of pregnancy warning wording and imagery on product packaging and labels is part of a global industry initiative endorsed by the 12 largest alcohol beverage producers. Information about these Producer Commitments can be found at http://www.producerscommitments.org

20. It should be noted that the examples from South Africa and the United Kingdom cited above are interventions appropriate and specific to those jurisdictions. SNZ and its members are more than happy to continue to work with government and officials on joint endeavours relevant to New Zealand.

Building Blocks for Action – Outcome 1: Women are supported to have alcohol-free pregnancies

21. We will confine our commentary on outcomes to Outcome 1 as described in the discussion document as this most closely relates to work the industry is already undertaking or where we feel we might have the most impact.

22. SNZ strongly supports the statement that there is a need to shift New Zealand's drinking culture [20]. We do however take exception to statements made that drinking alcohol is '*normalised in New Zealand*' and that *'excessive drinking and intoxication are generally accepted'* [21].

23. Both these statements are inconsistent with government published information which clearly demonstrates that 80% of drinkers consume moderately and responsibly and that intoxication is not accepted [22, 23]. If 'normalised' consumption means most of us drink safely then this is appropriate but by marrying this to an excessive consumption narrative is not accurate and misleading.

24. In addition the statement that [the] '*environment is not conducive to supporting women to be alcohol free during pregnancy*' needs to be assessed alongside recently published SuPERU research [24] that states *'most women stop drinking during pregnancy'*. HPA research has also found that 84% of women either disagreed or strongly disagreed with the statement '*during pregnancy drinking small amounts of alcohol is ok'* [25].

25. We agree with the contention that clear, unambiguous and consistent messaging is needed in this area but only if such messaging is created from a robust evidence base. We would also strongly suggest that any activity designed to shift behaviours and change drinking culture be founded in an investment-based approach.

26. By this we mean that through the research activities the Ministry has alluded to in its discussion document that clear evidence is gathered as to which groups are most at risk or demonstrate the riskiest behaviours and where investment will have the greatest impact. These groups should become the immediate focus for campaign activity.

27. This approach is consistent with the National Drug Policy which states:

    An investment-based approach ensures support goes where it will make the biggest difference. [26]

28. We acknowledge that the Ministry infers this approach in its discussion document however we recommend a more explicit commitment to a risk-based investment approach.

Consumption and Approach

29. As stated SNZ is committed to reduce the incidence FASD through support, as appropriate, of targeted, evidenced-based campaigns. We understand some of the complexities this involves and the need for the Ministry to undertake the discussion programme it has started and develop an action plan.

30. We also support clear and unequivocal messages about alcohol consumption during or just prior to pregnancy. However as no threshold of fetal harm from alcohol consumption has been established during pregnancy, a precautionary approach is warranted [27, 28].

31. Again, it is our view that the focus of any activity must be on those who are heavy consumers of alcohol and that this must form part of the Ministry's efforts to identify where the riskiest behaviours lie and to establish programmes targeted at these individuals.

In Summary

32. SNZ supports the Ministry of Health's focus on developing a sustained and cooperative programme of interventions to reduce the incidence of FASD in New Zealand.

33. We acknowledge the complexities of trying to understand the interrelationships between socio-economic/cultural issues and FASD prevalence but urge the Ministry to invest in gaining clarity in this area. This is so a proper investment-based approach to interventions can be adopted targeting heavy, episodic at-risk drinkers.

34. SNZ supports the creation of a moderate drinking culture per se and, specifically, any evidenced-based, targeted interventions aimed at reducing FASD.

35. SNZ and its members are happy to discuss how they might partner with government, the Ministry and other agencies to create more effective FASD reduction programmes.

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