

Protecting the unborn baby from alcohol, policy debate

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REPORT



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ALCOHOL - A CAUSE FOR ACTION

Alcohol is a key health determinant and is responsible for 7,4% of all ill-health and early death in Europe, which makes it the third leading risk factor after tobacco and high blood pressure. Alcohol harm is disproportionately high among young people (115 000 deaths per year) and harms others than the drinker. 5 million Europeans are born with birth defects and developmental disorders because of their mother drinking during pregnancy. 5-9 million children are living in families adversely affected by alcohol. 10.800 traffic deaths and 20.000 murders involve alcohol in the EU each year. Furthermore, binge drinking among young people is on the rise, with most countries showing an increase from 1995. Alcohol causes measurable inequalities both between and within Member States. Alcohol causes an estimated 90 extra deaths per 100.000 men and 60 extra deaths per 100.000 women in the EU 12 as compared to the EU 15.

Europe plays a central role in the global alcohol market, responsible for a quarter of the world's total production. However, the total tangible cost of alcohol to EU society in 2003 was estimated to be €125 billion (€79 bn - €220 bn) or €650 per household, equivalent to 1,3% GDP. The costs includes areas such as traffic accidents €10 bn, crime damage €6 bn, crime defensive €12 bn, crime police €15 bn, unemployment €14 bn, health €17 bn, treatment/prevention €5 bn, mortality crime €36 bn, absenteeism €9 bn. Although these estimates are subject to a wide margin of interpretation, they are likely to be an underestimate of the true gross social cost of alcohol (excluding benefits).

The European Alcohol Policy Alliance (EUROCARE)

The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governemental and public health organisations with around 50 member organisations across 21 European countries advocating the prevention and reduction of alcohol related harm in Europe. Member organisations are involved in research and advocacy, as well as in the provision of information to the public; education and training of voluntary and professional community care workers; the provision of workplace and school based programmes; counselling services, residential support and alcohol-free clubs for problem drinkers; and research and advocacy institutes.

The mission of Eurocare is to promote policies to prevent and reduce alcohol related harm, through advocacy in Europe. The message, in regard to alcohol consumption is "less is better".

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BACKGROUND

This event was jointly organized by European Alcohol Policy Alliance (Eurocare) and the Polish State Agency for Prevention of Alcohol-Related Problems (PARPA) to mark International Foetal Alcohol Spectrum Disorders (FASD) Day.

Drinking alcohol during pregnancy is the leading known cause of birth defects and developmental disorders in the EU.

Unfortunately, many women are not aware that throughout pregnancy, even at low levels of exposure, alcohol interferes with the normal development and can seriously damage the unborn child. Case studies across Europe show there are a substantial number of women who continue to drink during pregnancy, it ranges from 25% in Spain to 35%-50% in the Netherlands and even higher rates in the UK or Ireland (79%).

The umbrella term, **Foetal Alcohol Spectrum Disorders (FASD)**, describes the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These can include physical, mental, behavioural and or learning disabilities with possible lifelong implications.

This meeting served as an opportunity to discuss different policy options to protect the unborn babies from the negative effects of alcohol at EU level.

WELCOME BY MEP ELZBIETA ŁUKACIJEWSKA

The policy debate was opened by Polish MEP Elżbieta Łukacijewska, a member of the European People's Party. She emphasized the importance of 'Protecting the Unborn Baby from Alcohol', and the need for action being taken. She noted that unfortunately, there still remains some social acceptance of drinking when pregnant. Every third woman from the age of 18 – 40 consumes the proverbial glass of wine when pregnant despite the risks: problems affect three in every 1,000 births. Ms Łukacijewska highlighted that more must be done to protect the children who don't have the opportunity to protect themselves, and she hoped that the panel would be able to broaden our knowledge on the subject. Most importantly that meaningful action will follow for the situation to improve.

MR ADAM FRONCZAK, MINISTRY FOR HEALTH, UNDERSECRETARY OF STATE, POLAND

Minister Fronczak explained that the harm done by women to their unborn children depends on the amount of alcohol consumed, the duration of the pregnancy at time of consumption, the frequency of consumption, and the medical condition of the mother. However, even small amounts consumed do have negative effects. Extensive damage can be done to facial features, nervous systems, and even genetic make-up. Minister Fronczak presented a short film that illustrated the pathology defined as Fetal Alcohol Syndrome (FAS). It showed research done on children whose mothers had consumed alcohol during pregnancy and those whose mothers hadn't. Through MRI scans; brain tissue damage, lower levels of IQ, and wide disparities in language and thinking ability were apparent due to the brain alterations caused by alcohol. Minister Fronczak added that NGOs and local authorities have made great efforts in the past years to induce women to abstain from alcohol during pregnancy through

campaigns and workshops to reduce these effects and spread the knowledge on the risks alcohol presents to the fetus.

RISKS ASSOCIATED WITH PRENATAL EXPOSURE TO ALCOHOL- MARTHA KRIJGSHELD, CHAIR OF FAS FOUNDATION OF THE NETHERLANDS

Martha Krijgsheld began by explaining that the effects of alcohol on the unborn baby can be diagnosed with FAS; where the child may exhibit retarded growth, characteristic facial features, and neurological damage. The brains of FAS children are smaller and less developed; potentially leading to hyperactivity, autism, poor social skills, low IQ levels, and learning difficulties. However, FAS doesn't emerge the same way in every child; FAS is an umbrella term, Krijgsheld added. Even light or moderate drinking can have an effect on the fetus. Drinking less than one drink a week has been found to cause clinically significant mental health problems, while drinking 1 – 2 drinks per week increases the risk of leukemia. Knowing the prevalence of FASD is problematic, she continued, as there is a lack of correlation between different countries. Active ascertainment studies have shown that 3.7 children out of 1000 have full FAS, and 20 to 40 out of a thousand have FASD in the Lazio region of Italy, and studies on school children in Croatia have shown that 6.4 per thousand have full FAS and 34 per thousand have FASD for instance. Symptoms include inappropriate social behavior, early school leaving, trouble with the law, and difficulty in living independently over the age of 21. Krijgsheld concluded by highlighting to the participants that most FAS children are in special education and some end up in prison, which carries measurable social system costs for the whole of the society.

FASD CHILDREN AND THEIR THERAPEUTICA DILEMMAS- MALGORZATA KLECKA, FASTRYGA FOUNDATION, POLAND

Małgorzata Klecka explained some the effects alcohol has on the child; such as poorly functioning senses, cognition, perception, lack of ability to complete tasks, of feeling pain, and danger. These symptoms can be found in the 4-digit diagnostic code (which is not widely used in Europe). Programmes and campaigns exists to help and to reduce these problems, Klecka added. One such programme, which is found in Poland, is called "Fastryga", which translates into "to connect." This programme helps families living with children diagnosed with FASD. It has been found that the lack of understanding of FASD often results with the rejection of a child. "Fastryga" attempts to change this. Its main goal is to provide support therapeutically as well as medically. In essence, it is acceptance which is encouraged.

MEASURING THE PROBLEM IN EUROPE- DR LARS MOLLER, WHO

Dr Lars Møller reported that measures to address FAS/FASD are featuring in ongoing discussions on the 2012-2020 European Action Plan to reduce harmful alcohol use. A plan to implement the Global Alcohol Strategy is also being currently discussed. The Global Alcohol Strategy includes supporting

initiatives for screening and brief interventions for hazardous and harmful drinking at primary health care and other settings. Furthermore, the capacity for prevention, identification, and intervention for individuals living with FASD needs to be improved. Additionally, regular reports on trends in alcohol consumption should be prepared. Furthermore, global and European actions should include public health advocacy and partnership, technical support and capacity building, production and dissemination of knowledge, as well as resource mobilization. FAS/FASD are priority areas for WHO-supported international research. However, the data showing the prevalence of FASD is unreliable, as it is only available in 21 countries, and often outdated and methodologically variable. Dr Møller announced that WHO is launching a collaborative study to determine the prevalence and incidence of FASD by using methods such as active case ascertainment among school children, and acquiring maternal drinking data and biomarkers of fetal alcohol exposure from various countries.

LABELLING: A LEGAL OBLIGATION WITH A POSITIVE IMPACT- MAITRE BENOIT TITRAN

Benoit Titran informed the participants that 45 000 babies born in Europe are affected by FASD, and that the comprehensive lifetime cost of just one baby with FAS could be as much as 4 million Euros. He said that the prevalence of FAS is estimated between 0.5 and 3 % of live births, while FASD is estimated at 9% of live births. This problem stems from a deep lack of knowledge in the general population. Many pregnant women drink while pregnant; a study in a hospital study in Dublin from 2006 showed that 63% of women drink during pregnancy; another showed that 45% drank in Barcelona, and 35 – 50 %in the Netherlands. A French INPES 2007 study showed that 70% of respondents were unaware that there are no safe limits of alcohol consumption during pregnancy. Providing information is the first step toward prevention, and information must be given by health professionals, governments, and the media. In the EU, it is a legal obligation for all producers to provide a product with a safety warning when it has negative side effects. Safety is the main aim of consumer law; providing information is the main legal tool. The French formal complaint was the first and so far the only legal change of the status quo. Since 2006 labels are compulsory, and the situation may be exactly the same in all of Europe. Chapter III Article 5 of Directive 2001/95/EC of the European Parliament and Council states that “producers shall provide consumers with the relevant information to enable them to assess risks inherent in a product..., where such risks are not immediately obvious without adequate warnings.” A democratic government must enforce the existing law. Labelling could only be a winner also for producers; it is a cost effective measure and a positive branding.

RECOMMENDATIONS FOR EFFECTIVE HEALTH WARNING MESSAGES- MARIANN SKAR, EUROCARE SECRETARY GENERAL

Mariann Skar has firstly noted that much research has been done on labelling. However, this is often done on the basis of US labels which do not work due to their lack of quality (same label for last 20 years, not well positioned and visible with long text). Mariann Skar remarked that voluntary schemes that are currently ongoing in few countries are not sufficient. She presented an example of the UK's

voluntary scheme efforts to label drinks. After 1 year, only 15% of drinks had a label; of those 15, less than 3% had used the recommended text that the voluntary agreement with the UK government recommended. Eurocare believes that all alcoholic beverages should have health and safety warnings with a standard format and design, placed in a standard location on the container, appear on a contrasting background, a label size as a minimum percentage of the package size, and rotating with sufficient frequency. They should be determined by European institutions, and should be factual and understandable. There is a strong public support; 79% of the Europeans (Eurobarometer April 2010) believe that there should be health warnings on alcoholic beverages. It is a question of the right of consumers to know the dangers of drinking alcohol.

WHAT COULD BE DONE AT THE EUROPEAN LEVEL? DIANE BLACK, EUFASD

Pregnant women match their drinking levels to the expectation of friends and family around them. Everyone should know that there is no safe level of drinking during pregnancy, Diane Black emphasised. All medical professionals should be aware of this, so that pregnant women receive reliable information, and women who are alcohol dependent should receive support to stop drinking during pregnancy.

There will always be children with FASD; but diagnosis should be readily available. Parents, as well as adults with FASD need to receive appropriate support as well. What the EU needs to do is support Member States to reach these goals by supporting the spread of information (i.e. labelling), supporting research to understand the prevalence of FASD so that evidence-based intervention for prevention, diagnosis, and management can be developed.

WAY FORWARD AT THE EU LEVEL

KEYNOTE SPEECH: MR. JOHN DALLI, EU COMMISSIONER FOR HEALTH AND CONSUMER PROTECTION

I am very pleased to be here with you today to speak about an issue of key significance to the health of our future generations: protecting the unborn child from alcohol. As I arrive at the end of this conference, I very much look forward to listening to your conclusions from this morning's discussion.

Children – and in particular the unborn child – have no means to protect themselves against the harmful effects of alcohol. The damage that alcohol may inflict can stay with them throughout their lives. This is the reason why the first priority of the EU alcohol strategy is to protect children, young people and the unborn child. Within this strategy, the European Commission fostered the creation of the European Alcohol and Health Forum to mobilise action across society to reduce alcohol-related harm; action that supports and enhances Member States' efforts in this regard. I am glad to say that a wide range of actions to protect young people from alcohol have been initiated in the context of the EU alcohol strategy. I am also pleased to see that the stakeholders who have joined the Forum – both the

industry and nongovernmental organisations alike – are carrying out valuable initiatives; for example to prevent under-age drinking, by raising awareness or offering young people healthier alternatives.

There is progress.

That said, it is clear that much more can be done.

And one area where I believe more can be done is indeed protecting children from being exposed to the effects of alcohol misuse, at home, within the family.

Another such area is the protection of the unborn child. Despite all the worthy initiatives started, and all the good practices implemented, we still have a long way to go. There are many studies being carried out on the adverse effects of alcohol. We all know that alcohol intake during pregnancy can cause, for example, facial anomalies, slow growth, and dysfunction of the nervous system in the unborn child. We call these and other serious consequences "Foetal Alcohol Syndrome".

I was surprised to learn that, however, we do not have accurate information on the incidence or prevalence of Foetal Alcohol Syndrome across the EU Member States.

Lack of accurate information is, however, no excuse for lack of action. Preventing damage to one life is worthy of the effort. Foetal Alcohol Syndrome is just one example.

It is estimated that alcohol contributes to sixty thousand underweight births each year in the European Union. Underweight, which is, in itself, a risk factor for adverse conditions later in life.

To protect children from the effects of alcohol, we need to work together – policy makers at EU and national levels, civil society and industry. We all have a role to play.

Member States in particular have a key role to play in this regard:

- In providing services to expectant mothers to promote healthy pregnancies; and inform them about the dangers of alcohol for their babies.
- In supporting the health and wellbeing of families with small children; and
- In providing treatment opportunities for alcohol use disorders.

The role of the European Commission is to support and encourage Member States' action towards this end. As foreseen in the alcohol strategy, the European Commission co-ordinates efforts at EU level; facilitates exchange of information and good practice; and, more importantly, mobilises action across society. And one issue where the Commission has encouraged more action is on placing warnings about the risks of alcohol during pregnancy on alcoholic drinks labels.

I am pleased that some – modest - progress has been achieved.

As you know, France was the first Member State to introduce a law to ensure that all alcoholic beverages carry a warning against drinking during pregnancy.

The United Kingdom also took action in this area. It convinced alcohol producers that it would be a good idea to put the Chief Medical Officer's advice on their labels; the advice being not to drink "if pregnant or trying to conceive". Alcohol producers can indeed play an effective role in this regard. Some have already taken the initiative to use the French warning pictogram on their products, on a voluntary basis. These are some examples of good practice implemented in only a couple of Member States.

What I would like to see is such practices being implemented right across the European Union, and across all beverage types and categories.

European citizens want to see more action on the health effects of alcohol. There is a consistently high level of citizens' support for health warnings on alcoholic drinks. A survey carried out by the European Commission carried in 2009 showed strong support for warnings about drinking during pregnancy on alcohol advertisements.

I believe we have not yet made use of all the opportunities to act. There is more that can be done: by alcohol producers and distributors, by the public health community, by Member States; and perhaps even by the European Commission.

We should be asking:

- Are our healthcare systems offering adequate support for future parents and young families?
- Is the medical profession contributing as much as possible to the education of mothers-to-be and more generally on this issue?
- Is there sufficient support for children and young people, including those who have been adversely affected by alcohol?
- Are we doing enough to address alcohol-related risks and to provide early assistance?

We know that exposure to alcohol during pregnancy, as well as exposure to drinking problems during childhood, is likely to increase the risk of problematic alcohol use later in life. So this may be the start of a vicious circle.

We should also look upstream and ask:

- Why are young adults the heaviest drinkers in our populations?
- And why is there a trend towards increased alcohol consumption and "binge drinking" among young girls and women?

And more importantly, is there something that could be done to address this situation?

Ladies and Gentlemen,

We need to make concerted efforts to answer these questions – and I can assure you that the Commission can and will continue to stimulate, support and coordinate actions related to problematic alcohol consumption.

This is clearly an area which calls for co-ordinated action from all quarters to achieve tangible and sustainable results.

I very much hope we can achieve this by working together –in particular to avoid the suffering of children and the unborn child.

Thank you.

DEBATE

Some questions that were raised during the debate:

Q: In terms of alcohol consumption for women of child-bearing age, how important is the period from conception until she knows she is pregnant?

Diane Black: Serious damage can be done to the fetus during this stage, and it might not survive, and the woman will often not realise. The advice given is that women, nor men, should drink during conception, pregnancy, or breast feeding.

Benoit Tritan: Women should stop drinking when they want a baby, not when she knows she is pregnant, as this could be too late.

Q: We shouldn't use the word 'increased risk of'. We should use 'cause'. We know that alcohol causes problems. The same goes for tobacco.

Q: Will exposure to alcohol during pregnancy increase the risk of problematic alcohol use later in life?

Diane Black: This is a big concern for parents of FASD children; it has been shown that it predisposes these children to drink younger and heavier.

Q: Often alcohol is offered in a glass, where there is no room for labels. Is there a creative approach in this case?

Tiziana Codenotti: Labelling is not the only thing that could be done, but we need to start somewhere.

Benoit Tritan: The lack of knowledge must be defined and it has disappeared in France; this is why labelling is important. The problem of tobacco is that people know but still do it. If a pregnant woman is told that alcohol is toxic for the baby she would stop drinking if not addicted.

Q: Pregnant women often seek information from their mothers. Advertising and information should be directed at the surroundings of these women.

Tiziana Codenotti: We need to target the whole population; husbands, partners, parents; the general population needs to be informed. The pregnant woman is the main target, but the whole population needs to be aware.

Q: Services provided for women who consume alcohol is variable, and the results are unknown, as social services do not publish much. We need to know the results. In Norway, there is a law which permits services to institutionalize pregnant women who are drug and alcohol consumers. There has been success with women who have been voluntarily or involuntarily institutionalized; birth weight of children has been improved. In the Netherlands, there are 2 institutions for alcohol treatment where women can be asked to be institutionalized.

Q: German participant: Are there any legal acts planned to enforce protection of the unborn child? If the EU is able to enforce warning messages on cigarettes, why not alcohol?

Commissioner John Dalli: We are developing a strategy on alcohol, consulting all stakeholders and hope that by next year we can start the analysis of these strategies. This indicates the best way forwards; we are open-minded and looking for the most effective way to solve the problem.

Adam Fronczak: We are planning an expert meeting which will take place in October in Poznan, where the WHO is presenting a strategy based on all experiences that could form a basis of the legal action preparatory stage.

Q: A meeting will take place in New York on Noncommunicable Diseases, and the EU will be present. Would you support labelling during that meeting? Do you think we should have a framework convention on alcohol control?

Commissioner John Dalli: Labelling will be included in the EU structures. We are pushing to persuade Member States to take up the good practice that has been started up by France and the UK. I hope that the UN meetings will arrive at conclusions that will enable us to progress.

Q: The impact of safety messages is bigger than health warnings. It is better to say that drinking while pregnant is dangerous, similar to safety messages in regards to drinking and driving.

Benoit Tritan: There is a difference between these two examples; everyone knows about the dangers of drinking and driving. In regards to drinking during pregnancy, only 30% of the population is aware of the danger.

Q: Alcohol advertisement still exists. We will only achieve results if there is enforcement of law at EU level. Legal measurement is needed. Can we expect something to happen?

Commissioner John Dalli: Even though there isn't legal measurement, it doesn't mean that nothing has been done. Sometimes active discussions on a voluntary basis work better. There are many commitments on behalf of the industry in regards to advertising. I am personally pushing for an upgrade of these commitments. This can work, and a strategy will be more properly defined when we will have a definitive structure.

Adam Fronczak: We are at the point of departure. Actions like this meeting, discussions, and campaigns have real impact. Expert meetings with the WHO are not just a beginning, they are involved in action, and the whole material that we are collecting will be presented to the European Commission commissioners, which might oblige countries to certain actions. These actions will be taken into consideration during our presidency.

Q: Social workers concerned with FASD have a lack of professional knowledge. Children are often misdiagnosed, and sent to the wrong services. There is a need for multidisciplinary knowledge, as there is a lack of training from medical professionals, and social workers.

CLOSING REMARKS

Tiziana Codenotti, President of Eurocare, and Chair of the event, thanked the speakers and participants. She hoped that action would be taken as the issue of FASD is highly important. We need a long term comprehensive strategy from our governments with them taking the lead and implementing more activity on both the European and National level. We cannot rely on voluntary actions. In order to promote long-term sustainable commitments Member States and the European Commission need clear goals and a long term strategy. However two things can be quickly achieved at European level:1) systematic data gathering over how many children in Europe are born with FAS and 2) legislation on health warning labels.

ALL PRESENTATIONS ARE AVAILABLE ON EUROCARE WEBSITE:

http://www.eurocare.org/press/previous_events/protecting_the_unborn_baby_from_alcohol_7_september_2011_european_parliament_brussels2