

IAS response to the call for evidence from the All-Party Parliamentary Group for Foetal Alcohol Spectrum Disorder (FASD), September 2015

Summary recommendations:

- **We urge the APPG to call upon the UK CMOs to develop clear and consistent guidelines for drinking during pregnancy and when trying to conceive**
- **We recommend the APPG call for mandatory health information labeling on alcoholic beverages**
- **Research is needed for interventions to reduce FASD, that looks at low income and vulnerable groups and avoids stigma**
- **Women who struggle to stop drinking during pregnancy need appropriate support and care**
- **An assessment of the prevalence of FAS and FASD in the UK is needed**
- **Mandatory training for all social workers, midwives and healthcare professionals on parental substance misuse, FASD and alcohol-related domestic violence**

About the Institute of Alcohol Studies (IAS)

The core aim of the IAS is to serve the public interest on public policy issues linked to alcohol, by advocating for the use of scientific evidence in policy-making to reduce alcohol-related harm. The IAS is a company limited by guarantee, No 05661538 and registered charity, No 1112671. For more information visit www.ias.org.uk.

The Institute of Alcohol Studies would like to thank the APPG for FASD for the opportunity to give evidence and offer recommendations on future areas of inquiry relating to drinking during pregnancy.

A need for clear and consistent messages to women about drinking

At present the current guidance on drinking during pregnancy differs across the four nations of the United Kingdom. Whilst the Chief Medical Officers of England, Wales, Scotland and Northern Ireland all advise against pregnant women or women trying to conceive to avoid drinking alcohol, the English guidance includes a caveat that if women do choose to drink, however, to minimise the risk to the baby, “they should not drink more than 1 to 2 units of alcohol once or twice a week and should not get drunk”¹. The Scottish Chief Medical Officer however advises against pregnant women drinking

¹ Department of Health (October 2006), '[How much is too much when you're having a baby?](#)'

alcohol during pregnancy, as “there is no 'safe' time for drinking alcohol during pregnancy and there is no 'safe' amount”.

Conflicting messages about drinking during pregnancy are often reported in the media. In 2012, UK media outlets wrongly reported that it was safe to binge drink during pregnancy with no harm to the unborn child's development, on the basis of a study of 1,268 women recruited from the Danish National Birth cohort between 1997 and 2003². The researchers found no significant association between low-to-moderate average weekly alcohol consumption and any binge drinking during early-to-mid pregnancy and the neurodevelopment of children at 5 years old. However, they did not say that alcohol consumption or binge drinking in pregnancy were “safe” for women or their unborn children³. For heavy and dependent female drinkers, the health risks of alcohol consumption to foetal development are well documented and recognised by the World Health Organisation (WHO).

The UK CMOs are currently undertaking a review of the low risk drinking guidelines, which is expected to be put out for consultation in the coming months. **IAS urges the APPG for FASD to engage with this consultation process to call for clear and consistent guidelines across the UK for drinking during pregnancy and when trying to conceive, to avoid confusion or doubt about the risk associated with alcohol to the unborn child.**

We also recommend that the APPG call for mandatory health information labels on alcoholic beverages, which include information about the dangers of drinking during pregnancy.

FASD and health inequalities

There is a substantial body of literature that suggests that there are strong links between socio-economic inequalities and risky alcohol behaviours in pregnancy. The research also suggests that pregnant women from lower socio-economic groups experience more barriers than those in higher socio-economic groups to accessing help and support in relation to alcohol issues⁴⁵. When pregnant, these barriers can be enhanced, due to women's fears about and experience of being stigmatised and blamed for risking harm to the foetus through drinking alcohol. National policies and campaigns

² Adams, Stephen (June 2012), '[Small alcoholic drink a day during pregnancy “has no effect on baby”](#)', Daily Telegraph; BBC News (June 2012), '[Moderate drinking in early pregnancy branded “safe”](#)'; Daily Express (June 2012), '[“12 drinks safe” while pregnant](#)'; Hope, Jenny (June 2012), '[A drink a day for pregnant women “will NOT harm unborn baby's development”](#)', Daily Mail; Metro (June 2012), '[Pregnant women can binge drink safely, says research](#)'

³ NHS Choices '[Daily drinking in pregnancy “not safe”](#)'

⁴ Thanh et al, Fetal Alcohol Spectrum Disorder – Poverty Trap? J Popul Ther Clin Pharmacol Vol 20(1):e63-e66; March 4, 2013

⁵ Nillson, J (March 2008) [Does a pint a day affect your child's pay?](#)

about foetal alcohol harm can serve both to increase and decrease the sense of marginalisation.

Alcohol-related harms disproportionately affect poor communities and can exacerbate health inequalities. Evidence suggests that policies that tackle the affordability, availability and promotion of alcohol can lead to reductions in alcohol harm amongst vulnerable groups⁶. Minimum Unit Pricing is a policy intervention that, if implemented, would see the biggest health gains amongst low income heavy drinkers⁷.

IAS recommends that the APPG investigate the evidence to support interventions designed to reduce harmful drinking amongst pregnant women, including women from low income and/or vulnerable groups. It is essential that such evidence takes into consideration the issue of stigma around drinking in pregnancy, and also looks at how best to support women who struggle to stop drinking during pregnancy.

FAS & FASD prevalence

Among countries that measure the incidence of FASD, there is wide variation, for example 10/1,000 live births in Canada and 20-40/1,000 births in Italy. The populations at greatest risk are those experiencing high levels of deprivation and poverty, as well as indigenous populations⁸. There is an absence of reliable evidence of the incidence of FASD in the UK. Foetal alcohol syndrome (FAS) is a condition towards the extreme end of FASD that includes facial anomalies and growth retardation, and therefore rates are lower (e.g. in the US rates of FASD are 3 times higher than rates of FAS⁹. FAS was recorded in 1 in every 5000 live births in England and Scotland in 2004¹⁰.

IAS recommends that the APPG investigate options for assessing the prevalence of FAS and FASD in the UK, with a view to making recommendations to government about how best to estimate the impact of drinking during pregnancy.

FASD prevention, identification and training for health care professionals

Diagnosis rates of FAS and FASD are often patchy and many children are misdiagnosed

⁶ World Health Organisation (2010) [Global Strategy to reduce harmful use of alcohol](#)

⁷ Holmes et al (2014) The effect of minimum pricing on different income and socioeconomic groups: A modeling study, *The Lancet*, [Volume 383, No. 9929](#)

⁸ BMA Board of Science. Foetal Alcohol Spectrum Disorders: a guide for healthcare professionals. London: British Medical Association, 2007.

⁹ May PA, Gossage JP. Estimating the prevalence of fetal alcohol syndrome: A summary. *Alcohol Research and Health*. 2001;25(3):159-67

¹⁰ BMA Board of Science. Foetal Alcohol Spectrum Disorders: a guide for healthcare professionals. London: British Medical Association, 2007.

as having behavioural or attention deficit disorders. IAS recommends that the APPG on FASD supports the APPG on Alcohol Misuse 2015 Manifesto in calling for **all social workers, midwives and healthcare professionals, to receive mandatory training on parental substance misuse, foetal alcohol syndrome disorder and alcohol-related domestic violence¹¹**.

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¹¹ [All Party Parliamentary Group on Alcohol Misuse Manifesto 2015](#)