

European Conference on Alcohol and Pregnancy

with the support of the Swedish presidency of the EU

Wednesday, 9 September 2009
European Parliament, Brussels Room ASP 3G3
09h00 – 17h30

9 September – International ‘Foetal Alcohol Spectrum Disorders’ Awareness Day¹

Welcome address by Alf Svensson (EPP, SE) who chaired the morning session.

Alf Svensson (EPP, SE) opened by saying that the conference is not about tee-totalism. It is rather about the respect for freedom and human rights, including the right to a dignified life. He noted that the EU has an ombudsman to protect against the infringement on other peoples’ lives. He then said that there was a Swedish study which was entitled two individuals worthy of protection. He stressed the “two individuals” part of this title and asked when a person becomes worthy of protection. After all, if an adult forced alcohol on a young child, we would intervene. He then said that politicians have a responsibility for all people and all citizens have a responsibility to society.

Mariann Skar (Eurocare) noted that September 9th is the International Foetal Alcohol Disorder Day. She said that the conference should aim to focus upon the reduction of alcohol related harm and the health of the unborn child.

Opening remarks:

Commissioner Vassiliou then gave a keynote speech. She began by saying that many women remain unaware of the risks of drinking during their pregnancy. Even small amounts of alcohol can impair the development of the foetus and even cause damage to life. It is also a problem easy to avoid, simply by avoiding alcohol. She then said that the EU looked at this in the EU strategy on Alcohol which was published three years ago. The EU looked at how to protect children and the unborn child. The study asked how this can be done and the best methods are:

- Information
- Education
- Increased awareness

The EU has a key role to play in the exchange of best practice and coordination between the member states. She then said that better labelling would also improve risk awareness. Currently the member states have different approaches. For example, the French have labelling laws which warn of the dangers of drinking during pregnancy, whilst in other member states they rely upon voluntary labelling through the industry. She noted that such labelling measures tend to be highly popular and cited a poll

¹ 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.

taken from three years ago which showed that 80 percent of Europeans believe that labelling is necessary. She then said that labelling alone is insufficient and noted that the French have also tried to inform and educate its people. Members of the medical community have played a central role in these campaigns. In general, public health authorities have been very active in numerous member states and the European Midwives Association supports the concept of training its midwives in their ability to best inform their patients regarding the risks of drinking during pregnancy.

She then explained that there will be an implementation report on the EU strategy which will be published this month. She also noted that progress differentiates between the member states. In this respect she welcomed the decisions of the Belgian authorities to advise total abstinence from the pre-pregnancy period to the post-breast feeding period. However many other member states have not gone as far as this. The EU must also work to help those who are unable to give up drinking without support.

She noted that binge drinking is on the rise in the EU and this is also true for young women. This could obviously play a damaging role during a pregnancy and even after pregnancy as binge drinking parents can have a negative impact upon a child's social development. The EU must work to prevent the drinking of parents having an impact on the physical, emotional and social development of children.

Mariann Skar (Eurocare) said she found it encouraging to see the commission pointing out the need for guidelines for young women. She said that Eurocare also supports health warnings and the inclusion of medical professionals in the education process.

Risks associated to prenatal exposure to alcohol:

Dr. Diane Black (Foetal Alcohol Syndrome Foundation of the Netherlands) then gave a detailed presentation. She explained that the effect of alcohol on the fetus is:

- Reduced fertility
- Increased risk of miscarriage
- Birth defects
- Brain damage

Alcohol kills cells and encourages apoptosis. It also interferes with normal cell division and programs permanent metabolic changes as well as causing oxidative damage. It also reduces the oxygen supply to the foetus and interferes with nutrient uptake by the mother. The key question is when is drinking during pregnancy dangerous. Many women are told that alcohol is fine in small amounts during the first two weeks and the last three months of pregnancy. However, in reality, drinking is very dangerous throughout the entire pregnancy.

She then explained the symptoms of foetal alcohol syndrome (FAS). She said that FAS can lead to retarded growth and create clear facial features. It also leads to brain damage with less developed brains. This can cause autistic behaviour and ADHD as well as poor motor coordination and so-on. On top of this, children affected by FAS also tend to display certain characteristics in their behaviour.

However, FAS is just the tip of the iceberg and there are many other problems that are not so easily identifiable including learning disorders. Even children whose parents were light drinkers during the period of pregnancy can suffer from growth problems and mental disabilities. There is also the problem of conflicting information. For example, a UK study showed that the children of light drinkers are actually less likely to have behavioural problems whilst another study showed that light drinking can increase the risk of leukaemia in the child. On top of this, tests on animals show the effects of alcohol during pregnancy to be enormous. There is also disagreement regarding how much alcohol is safe. This is dependent upon what you measure, how you drink, the age/diet/health of the mother, whether they smoke and genetic factors.

She then said that FAS is seriously underestimated in the numbers and that it probably affects 1-3 people in a thousand. There are even more who suffer from more limited problems. Of those who suffer from FAS, 90 percent will develop a mental illness, 60 percent will leave school early and 30 percent will suffer from drug or alcohol addiction. Alcohol can damage the foetus at all stages of

development and it is a damage that is entirely avoidable. Finally, she welcomed the fact that the Netherlands know advises both men and women to avoid drinking during the conception period, the pregnancy and the entire period of breast-feeding.

Maria Larsson (Swedish Minister for the Elderly and Public Health) said that it is important to begin to focus on people who are affected by the drinking of others just as we focus on passive smoking. Several member states have already increased their actions to help protect unborn children and the Swedish presidency has made the health aspect of alcohol consumption a priority. Increased alcohol consumption has made this an increasing priority across the EU and more needs to be done. In this respect the Swedish Presidency will participate in three major events on this issue:

- An informal meeting to discuss the advertising of alcohol
- An expert conference on alcohol and health in September. The protection of children including unborn children will be the focus of this meeting. The Swedes also want to look at the impact on the elderly and to look for a council conclusion that will keep alcohol as a priority issue for the next five years.
- An expert conference on alcohol, health and social development involving the WHO. This conference will seek to increase the awareness of the risks posed by alcohol in the WHO member countries. She expressed her hope that this will help contribute to a global movement.

She then asked how unborn children can be best protected and noted that increased alcohol consumption and binge drinking by young women poses a notable challenge. She explained that further research is required in order to better understand the risks. For example, is it safer to drink at certain parts of the pregnancy than others? The EU should cooperate on research issues. Another issue deserving of further research is that of the effects of moderate drinking. She then said that the Swedes launched a "Risk Drinking Project" in 2004. This involved training midwives to give advice. The project was extended in 2007 and midwives became increasingly involved in talking to pregnant women regarding the risks posed by alcohol. In fact the project has succeeded in reducing the number of Swedish women who drink during their pregnancy from 30 percent to 8 percent since 2004. Finally she also welcomed the promising results of the French system.

Mariann Skar (Eurocare) welcomed the results of the Swedish experience and expressed her hope for a good discussion at the Council meeting in September.

There then followed a brief discussion with members of the audience.

An Irish lady said that alcohol is a drug and until we make people realist this, perceptions will not change. On top of this, she agreed that it is essential to engage healthcare professionals in the campaign to make people better understand the dangers of alcohol.

Anna Hedh (S&D, SE) said that Swedish women have been advised not to drink during their pregnancy for over 40 years. She argued that alcohol consumption in Sweden has risen since they joined the EU. She then said that no alcohol should be consumed during pregnancy and that alcohol should be treated in the same way as tobacco.

A Swedish lady then asked if it is now a problem that people tend to have children at a later age when they have more established drinking habits.

Dr. Diane Black (Foetal Alcohol Syndrome Foundation of the Netherlands) responded to this final point by saying that it is indeed true that mothers do now tend to be older and that studies do show that older mothers drink more.

A representative from **Alcohol Concern UK** said that domestic abuse is also a factor in the number of women who drink during their pregnancy and this should not be left out of the debate.

A representative from the **European Union of General Practitioners** then said that they play a large role in this area, before warning that the EU should not just consider planned pregnancies. It is essential to also look at the effect of alcohol in bringing about unwanted pregnancies.

A representative from the **Assembly of European Regions** then said that the role of the media must be looked at as conflicting messages are often sent out.

Dimension of the problem: alcohol consumption among pregnant women.

Mariann Skar (Eurocare) welcomed the participant back for the second part of the morning session explaining that the second part will look at the dimension of the problem.

Prof. Mauro Ceccanti, (Universita La Sapienza di Roma and Centro di Riferimento Alcologico) thanked the organizer for the invitation. He presented himself as an epidemiologist specialised in alcohol since 1979. First question to rise is how big is the problem?

The aim of his study was to analysis prevalence to FASD in western countries. The US had tried to define prevalence for different categories of population, as minorities, socioeconomic classes. There was and still is a lack of study and data in Italy.

Prof Mauro Ceccanti presented the study he conducted in the region of Rome in areas characterised by suburban rural and agricultural population.

After explaining the methods and scope of the study, he gave a short presentation of its results.

The study shows that FASD are more likely to appear if the mother had alcohol use during her pregnancy. The study shows that the overall FASD rate in Italy would be 23.1 per 1000 children. FASD are substantially higher than previous estimated population in Europe. Children with FASD have impairment, lower scores at tests or standard of intelligence and language comprehension.

He concluded saying that there is a need to identify early, and to start help development of these children and that FASD prevention has to be initiated earlier for future generations.

Questions: A person from the public expressed her surprise that reported prevalence in Italy was so high compared to other population coming from less developed countries.

Answer: This research was made on normal population outside urban area. **Prof. Ceccanti** answered that it was not so surprising, but really shows some problems. Diagnosis is very difficult, but morphologists who were involved in his study are experts. He also added that Italy results also face use of a kind of beverage, wine which has been proven more damageable to the brain than other kind of alcohol for the same degree.

Prof. Oriol Vall (Unitat de Recerca Infancia i Entorn (URIE), Paediatric Service, Hospital del Mar) thanked the organisers on behalf of his research group. As working in a hospital in Barcelona, he said he was well aware of the problem of consumption.

Prof. Vall started his presentation with a quick review of the population groups living in the hospital neighbourhood: "migrants, addicts, middle social class and gipsies."

The hospital is linked with a research centre URIE where the professor is working.

Prof. Vall then presented the study he conducted last year in order to improve the quality of data gathered at national level on prenatal exposure to alcohol.

The national study was conducted with questionnaires only filled in by pregnant women.

The study conducted by the URIE included the use of biomarkers in order to compare the results to the one given by the questionnaires. The results of this comparison showed that the reality is three times more important than what is reported by women.

Prof. Vall exposed in more detailed the result of the study and the interest of using biomarkers in order to get better information regarding prenatal exposure to alcohol. He also mentioned other studies conducted in Spain and put the results of his study in perspective with other national results.

He concluded this presentation recalling that FASD is 100 percent preventable, and that alcohol is one of the worst substances if you become addictive.

He called for better formation, education, public health policy. Moreover he mentioned that alcohol affects the neurodevelopment and has negative cognitive effects: Brain damages can not be repaired.

He defined different main objectives:

- Design and implement a prenatal diagnosis and neonatal screening and protocols of prenatal ethanol exposure.
- Need for clinical research, public health education.
- Aim: decreased risk for mothers, for adolescents.

Question: A person from the FASD Irish association made the comment that the US required by legislation that the industry warns about these dangers of alcohol during pregnancy, after thanking Prof. Vall for his very interesting presentation.

Dr. Siobhan Barry, (Coombe Women's Hospital in Dublin) presented Irish research into alcohol (and smoking) in pregnancy. She started her presentation explaining that the Irish has an ambivalent relationship with alcohol. Her study concerned the period 1987 to 2005 and was conducted in the Coombe Women's Hospital in Dublin. The aim of the study was to evaluate women's knowledge of the danger of alcohol consumption under pregnancy and to identify how the women were acknowledged of these dangers.

As a first result, Dr. Barry said that 58 percent of women were aware of the danger in pregnancy in 1992 and 93 per cent told by their doctor. In 2006, 89 percent of the women had consumed alcohol during pregnancy and with 10 percent binge drinking. Only 44 percent were aware of the danger. Knowledge has diminished.

If 28 per cent received advices about risk of alcohol, 71 per cent did not change their behaviour.

Dr. Barry remarked that the rate was better for smoking.

In order to explain the results of the study, she briefly summarized the methods used to gather the data. The maternity has been set up in 1986 and started a programme of gathering data for the annual report and for service planning purpose. The system and questionnaire was modified in 1999 and more fields added. Consequently the results changed.

The study takes into account two periods, the period preceding the modification of the questionnaire.

She proposed then a first series of results:

From 1988 to 1998:

- The number of women who never drank alcohol diminished
- Women with occasional alcohol use diminished
- Women who reported several days/ week use of alcohol increased severely.

New database, 1998 to 2006:

- The number of women who declared having used alcohol before pregnancy has increased.
- The women who declared consuming less than 5 units a week was stable
- The women who declared consuming more than 6 units a week declined.

She also showed that the comparison per nationality, Ireland/UK/EU/non-EU gives Ireland bad results, but she mentioned later that Irish and UK women are more likely to report their real consumption than EU and non EU women. She also said that EU and non-EU women results could be also explained by their origin and associate culture.

To summarize, she reminded a few figures regarding women in Ireland:

2/3 of all pregnant women under 18 were drinking alcohol during their pregnancy. The 18-24 age bracket is the one which drinks the more.

To conclude, Dr. Barry said that there is a problem and that more systematic data needs to be collected. She also regretted that past messages from the ministry for health and children regarding labelling on alcohol bottles was still not a reality.

She finally stated that a lot has been done, but a lot more remains to do.

Report can be found [here](#)

What can be done?: Recommendations on effective measures to tackle the problem

Dr. Kieran O'Malley (Child and Adolescent Psychiatrist, Belfast Trust, Northern Ireland) first thanked the organiser for facilitating his venue. **Dr. O'Malley** started his presentation with a remark on the title of his presentation, saying that he wanted to add a subtitle that would be: "An inconvenient truth"

To introduce his presentation **Dr. O'Malley** explained the nature of his work and the structure of his presentation. His presentation, focusing on prevention propositions was preceded by a few statements on alcohol and pregnancy.

- There is no safe amount of alcohol that can be consumed during pregnancy;
- Alcohol is teratogenic throughout the whole time of pregnancy;
- Classic facial dysmorphism does not correlate with the level of brain neurotoxic injury;
- Binge drinking is the most destructive exposure;
- Low dose prenatal alcohol exposure still can have an effect on the developing brain;
- There is no truly safe amount of prenatal alcohol exposure in the pregnancy period;
- Physical characteristics do not show psycho problems and or Brain dysfunction.

After this introduction, he developed a series of recommendations based on his experience and organised in two parts: primary prevention and secondary prevention.

Primary prevention should include:

- Labelling of bottles of alcohol explaining the effect of alcohol during pregnancy. It exist in the USA since 1981
- Assistance programmes for alcohol or substance-abusing women
- Alcohol counselling programmes for teenage girls
- Incorporation of FASD courses in basic medical nursing and social work training in universities.

Secondary prevention:

- Identification for high risk pregnancies and identification of risk of alcohol affected infants

Use of neuro protective agents in pregnancy:

- Vitamin B12 foalte, thiamine, ASA, choline ,Zinc, Magnesium, Vitamin D, long chain fatty acids, indomethicin
(Dr.O'Malley explained that this issue was not well perceived in the medical community as it could have the effect of encouraging risky behaviour)

Specialised early intervention in multi-disciplinary clinics:

- Community based
- Hospital based
- University based

Educated use of psychotropic medication:

- safety a major factor because of ARBD
i.e effects of prenatal alcohol on developing heart, kidney, and liver

- Atypical medication response as patient has organic brain dysfunction.

Identification of at risk school children:

- identification of children expelled or suspended from school because of aggressive or hyperactive behaviour. (should be proposed a medical consultation)

Dr. O'Malley continued his presentation explaining that the printing effect of alcohol consumption is not related to dose. Experiments with animals have shown the existence of alcohol craving related to prenatal alcohol exposure.

He also explained the effect of alcohol on DNA and protein synthesis while prenatal exposure.

He concluded his presentation with some research proposals.

Epigenetic research proposals:

- Identification of imprinted genes where expression is altered by alcohol exposure.
- Determining if methyl supplementation or other dietary supplementation during pregnancy and lactation prevent alcohol induce epigenetic changes
- Determining epigenetic trans-generational actions of alcohol

Future directions: Studies on genes and proteins effect and affect.

Dr. O'Malley concluded telling that this field of research was surely fascinating as it is in fact the mirror of the society.

Question: There is no safe amount of alcohol in pregnancy. Should not there be safety messages of labelling? Don't drink would be better. The person insisted on the word safety.

Answer: Dr. O'Malley agreed with the use of the word safety.

The chair thanked the speakers and public for the sessions and invited attendees to come back after the lunch break.

Examples of good practices:

Dr. Joan Colom, from the **department of health of the government of Catalonia**, gave a thorough presentation on "the drinkless programme" of Catalonia, including practices, aims and results.

Following **Dr. Colom** presentation, **Magdalena Pietruszka** of the **Polish state agency for prevention of alcohol related problems (PARPA)** gave a presentation on a Polish nationwide campaign aiming at reducing/eliminating drinking during pregnancy. One of the key parts of the campaign strategy was the incorporation of as many partners as possible, including local authorities, the media, health care agencies, and related organisations. Another key element was the positive, non-intimidating elements of the campaign. Finally, for the next campaign, the big issue would be to reach doctors and midwives with the information, as they did not get this information in medical school.

Krzysztof Gorski, also from **PARPA**, then described the infrastructure concerning alcohol and pregnancy existing in Poland. He also said that it was often highly educated women who drank during their pregnancies.

Gorskis' presentation was followed by a brief round of questions to the presenters. The first question was directed towards **Dr. Colom** and concerned the possibilities for women already dependent on alcohol who wanted to quickly change their behaviour. **Dr. Colom** answered that there was a special program with special professionals who would help these women. His aide filled in that the programme was focused on the general population, but that dependent women were included and that detoxification services were offered. There were also efforts to help women remember the information provided after exiting the programme.

Another participant raised the cost issues of performing pre- and post natal screenings to find information on FASD, and asked how many women would be screened. **Dr. Colom** answered that he did not know, but they intended to perform both pre- and post natal screenings.

The next speaker, **Juliette Guillemont** from the **Institut National de Prévention et d'Éducation pour la Santé**, offered the experience concerning the introduction of mandatory labelling of alcoholic beverages in France. One of the key points in the presentation was that, judging from studies conducted afterwards, it was hard to separate the effects of the actual labelling and the educational effects provided by the attention the subject got in the media. The presentation will be attached.

A round of questions was then performed, the first one being if the French law contained any provisions concerning the size and graphics of the labels. **Guillemont** answered that there was no minimum size or graphic requirements, other than that the text had to be contrasting and clearly visible. The next participant to raise a question asked if that the most important thing really was to have mandatory labelling or if it maybe was more important to improve partnerships and build broad alliances. To this, **Guillemont** answered that the media attention created by the law on compulsory labelling raised much awareness of the issue through the attention it got in the media. This would probably not have been the case with just an ordinary campaign. Another question was if the mandatory labelling included imported alcohol. **Guillemont** answered that yes, it was. She was not sure of the details, but she believed that the health benefits had outweighed the competition concerns, making this possible.

The next speaker to take the floor was **Catharina Zatterstrom** from the **Association of Swedish Midwives**. She gave a thorough presentation of the large role that midwives had concerning pregnancy in Sweden, stating that they met women every three years even before pregnancies, providing advice on contraceptives, personal relations and other issues. Through these midwife clinics, almost 100 percent of women were reached. These clinics also have the primary responsibility for pregnant women, although they could see a doctor, and usually did, whenever they wished. Concerning pregnant women with a risky consumption of alcohol, they used a particularly well functioning programme, called Motivational Interviewing. This programme was in fact very effective on all issues where behavioural changes were necessary. She had even used on her unruly teenager, she said. The presentation is attached.

The next speaker was **Don Schenker** from **Alcohol Concern**, a British national agency on misuse of alcohol. **Schenker** spoke about the problems of introducing mandatory labelling in the United Kingdom due to heavy lobbying from the alcohol industry. He also spoke of the shortcomings any voluntary labelling scheme had.

After the presentation, one participant said that there were several problems with labelling; one was that different labels might be effective towards different age groups or sexes. Another problem, she said, was that there was limited space on the bottles and already much labelling. She asked if it would not better to use voluntary labelling in order for the producers to label in the way they found most efficient. One could also make use of information provide on the point of sale and on shelves. To this, **Schenker** answered that firstly, if left voluntary, the industry would not put relevant information, or even relevant labels, on the bottles. Secondly, the consumers would find the message different if it came from a national health agency or the government, rather than from the industry itself. Thirdly, he said he did not hold any confidence for an information campaign carried out by the industry.

The last speaker to take the floor was **Dr. Reinhold Feldman** from the **FAS Polyclinic** in Germany. In his presentation, he focused mainly on showing many pictures of children suffering from SAF. He spoke lengthily of the different facial disorders that diagnosed children suffered, such as broad nasal bridges or un-proportionately low placed ears. He then stated that in spite of this, it was impossible to visually distinguish children suffering of SAF from healthy children, as the disease did not always take physical appearance. However, one could discover SAF through behavioural patterns, such as children being easily distracted or being "followers" doing what their friends told them without considering their own safety. Feldman visualised this by showing 150 year old comic strips, depicting the above mentioned scenarios. He also put forward that children were often wrongly diagnosed with ADHD or autism, but underlined that children suffering from SAF experienced more severe disorders.

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The last person to take the floor was **Karin Nilsson Kelly from the Swedish Ministry of Health and Social Affairs**. She reminded the participants of a Swedish presidency expert meeting on alcohol and health taking place in Stockholm September 21-22. Please find meeting details [here](#).