

**Submission to Proposal P1050 – Pregnancy warning labels on alcoholic beverages**

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Submission authorised by New Zealand College of Public Health Medicine President, Dr Felicity Dumble.



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**Submission to Food Standards Australia and New Zealand: P1050 – Pregnancy warning labels on alcoholic beverages**

The New Zealand College of Public Health Medicine (NZCPHM) would like to thank the Food Standards Australia and New Zealand (FSANZ) for the opportunity to make a submission on pregnancy warning labels on alcoholic beverages.

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 222 members, all of whom are medical doctors, including 185 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

**Background:**

Foetal Alcohol Spectrum Disorder (FASD), resulting from foetal exposure to alcohol prior to birth, is a significant issue in New Zealand (NZ). According to the *Growing Up in NZ Study* (GUINZ), 71% of pregnant women reported consuming alcohol prior to confirmation of pregnancy, of which 29% reported drinking at hazardous levels (4 or more units per week).<sup>1</sup> The burden of alcohol harm is likely increased for those with unplanned pregnancies. The GUINZ study estimated up to 40% of pregnancies in NZ are unplanned and are more common in younger women (average age 28 vs 32).<sup>2</sup> Status of alcohol drinking prior to awareness of pregnancy is a strong predictor of whether a woman drinks any alcohol during pregnancy.<sup>1</sup> An established pattern of risky drinking increases the risk of foetal harm and may be difficult to change leading up to or during pregnancy.<sup>2</sup> The 2016/17 New Zealand Health Survey reports hazardous drinking by women has increased by approximately 30% over five years (12.4% of all women compared to 8.6% in 2011/12).<sup>3</sup> Approximately 20% of women age 15-24 drink in a hazardous way, and 16% of women age 25-44.<sup>3</sup>

Alcohol harm in pregnancy disproportionately affects Māori as well as the most deprived in the population. Compared with non-Māori women, Māori women are twice as likely to have drunk during their most recent pregnancy, and 2.3 times more likely to drink hazardously (27.6%).<sup>3</sup> The likelihood of hazardous drinking also increases with increasing deprivation, with the most deprived 1.35 times more likely to be hazardous drinkers than the least deprived.<sup>3</sup>



There is a huge burden to NZ from FASD in terms of costs to society. FASD has many consequences such as anatomical defects, intellectual development, neural development and increased mortality rate, and is likely to be New Zealand's leading preventable cause of non-genetic intellectual disability.<sup>4,5</sup> The consequences of FASD can result in secondary disabilities which are a tremendous cost to society such as mental health problems, trouble with the law, dropping out of school, becoming unemployed, homelessness and/or developing alcohol and drug problems.<sup>6</sup> FASD affects about 50 percent of children and young people in Child, Youth and Family care.<sup>4</sup>

The burden of FASD in New Zealand provides significant incentive to introduce mandatory pregnancy warning labels on alcoholic beverages. The College is broadly supportive of the FSANZ proposal P1050 with regard to the Australia New Zealand Food Standards Code, with suggestions for amendments identified below.

### **Comments to specified sections of P1050 Call for Submissions (CFS) report:**

***Note: All responses given are in relation to New Zealand.***

#### ***D. Literature review on the effectiveness of warning labels (section 3.1.1 of CFS)***

It is clear from the latest research and the response from the alcohol industry that voluntary labelling is ineffective, even after an extended amount of time given to be implemented.<sup>7</sup> Evidence from countries with mandated warning labels shows that the level of awareness of warning labels and recall of their content increases over time. As of 2017, 13 of the 53 Member States of the World Health Organization European Region alone reported that health warning labels are legally required on the containers/bottles of alcoholic beverages at the national level, and ten have national legal requirements stipulating the size of the health warning labels.<sup>8</sup> Mandatory evidence-based labelling, if designed in consultation with consumers and adequately enforced, would overcome the issues outlined by Tinewai et al, improving the adoption, consistency and effectiveness of pregnancy warning labels.<sup>7</sup> No negative effects have been demonstrated from alcohol warning labels.<sup>8</sup>

To be effective, warning labels must draw the attention of the consumer. As per the FSANZ literature review, prompted awareness of existing pregnancy warning labels in the New Zealand population ranged from about 25-29%. Voluntary pregnancy-related warning labels in NZ lack the essential design elements of salience, visibility, and readability and are currently only present on 80% of all alcohol containers.<sup>7</sup> Tinewai et al's study showed only 73–80% of ready-to-drinks (RTDs) (commonly consumed by young women), imported beers and wines had a pregnancy-related warning label and few were on the front of the bottle.<sup>7</sup> When women receive mixed messages about the risks of drinking during pregnancy, they are likely to listen to advice that conforms to their own drinking preferences.<sup>5</sup> Overall warnings are very small compared to promotional elements such as the brand logo, poorly designed for effectiveness, readability (tiny fonts and often being a similar colour as the background or blended with other elements such as the barcode), position and wording.<sup>7</sup> Picture pregnancy warnings occupy less than 1% of the available surface area of the containers, averaging between 45 and 36 mm<sup>2</sup>, the



size of a pea. Some warnings were also the same colour as all other text information or the background.<sup>7</sup> New Zealand beers, wines and RTDs had less pictograms compared to imported products.<sup>7</sup> Ultimately, there are a number of issues with the current voluntary labelling scheme that justify regulatory mandatory labelling to improve coverage, consistency and consumer understanding.

The evidence summary from the FSANZ literature review shows support for a mandatory pregnancy warning label on packaged alcoholic beverages. Studies identified showed that warnings can influence the judgements participants hold about alcohol and its risks. Consumer attention to warning labels is influenced by many design factors which can be manipulated to increase their noticeability. Evidence from the review showed that support for the following design elements:

- a textual warning accompanied by a pictorial
- a red warning on a contrasting background, such as black
- increasing size of warning labels associated with increased noticeability of the warning
- location of pregnancy warning label on the front of the beverage.

As such, the College has previously advocated for pregnancy warning labels to be displayed as a standardised pictogram and text, with messages provided in both English and Te Reo Māori (for the New Zealand setting).<sup>9</sup>

#### ***F. Pictogram (section 3.2.2.2)***

A picture which elicits a memorable emotional response is likely to induce a greater recall than text warnings alone. Pictures should be specific and communicate a specific message which increases perception of health risks and influence intentions to change behaviour.<sup>9</sup> Thus, the NZCPHM supports the use of the proposed pictogram such as that used in the voluntary labelling scheme across Australia and New Zealand and which is mandatory in France.

#### ***G. Warning statement (section 3.2.2.3)***

The College has previously called for pregnancy warning labels which are clear and non-ambiguous and include:<sup>7, 8, 10, 11</sup>

1. a signal word to attract attention e.g. danger;
2. factual descriptions of possible harm/risks, dispelling common myths and giving a related instruction. This is because women are unsure or confused on the effects of moderate or low levels of drinking in pregnancy;
3. the use of a personal pronouns;
4. tapping into a positive motivator e.g. to give babies the best start in life;
5. guidance regarding maximum alcohol intake;
6. a call to action and directions to a source of reliable further information about alcohol and health, such as a government website (rather than information from industry initiatives that could be seen to encourage excessive or hazardous drinking).



Of the given statements,<sup>i</sup> the statement ‘*Any amount of alcohol can cause lifelong harm to your baby*’ best meets criteria 2, 3 and 5 above. The College finds the words ‘any amount of alcohol’ important to reduce possible confusion between the pregnancy warning label and the ‘drink in moderation’ statements. Further, we consider that the use of the term ‘lifelong harm’ in a warning message is an evidence-based, factual description of the risk of prenatal alcohol exposure and is impactful.<sup>12, 13</sup>

We note further in support of this choice that in the FSANZ consumer testing study,

- the Australian proximate pregnant category considered the statement ‘*Any amount of alcohol can cause lifelong harm to your baby*’ to be more convincing than the two other statements
- this statement had the highest mean score for Australian women in its ability to convince
- the highest proportion of women and those in the proximate pregnant categories selected this statement as the best at conveying the public health message not to drink any alcohol during pregnancy.

Therefore, the College urges FSANZ to reconsider the proposed statement “*Any amount of alcohol can harm your baby*’ in the pregnancy warning label, and instead use “*Any amount of alcohol can cause lifelong harm to your baby*”.

#### **H. Design labelling elements (section 3.2.2.4)**

The College is supportive of a prescriptive approach to warning labels to help achieve consistency in presentation of warning labels across the alcoholic beverage sector, ensure legibility and draw attention.

##### Warning label size

The College is opposed to the proposed requirements for size of pregnancy warning labels on packaged alcoholic beverages, as they currently stand. The concession for ≤ 200 ml beverages to not require the full warning label (pictogram, warning signal and message), and only require a pictogram is inadequate. For example, under this concession, 187 ml bottles of wine (which are almost 2 standard drinks) would not carry a full warning label, whereas a vodka cruiser, which contains only 1 standard drink, would carry the full warning label. Therefore, to include the growing market of smaller alcoholic products, we propose that concession for not carrying a full warning label (i.e. only carrying a pictogram), be given only to beverages ≤ 100 ml (consistent with the original proposal in the P1050 June consultation paper).

Legibility is another issue with the proposed warning label requirements, given that the minimum warning label font size for beverage containers (not including outer packaging, or multipacks) is less than 3 mm. The College believes that the minimum warning label font size

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<sup>i</sup> “It is safest not to drink while pregnant”; “Alcohol can harm your baby”; “Any amount of alcohol can harm your baby”; or “Any amount of alcohol can cause lifelong harm to your baby”.



should be at least 3 mm, which is consistent with general warning statement requirements under FSANZ's Legibility Requirements for Food Labels.<sup>14</sup>

#### Location and label orientation

Evidence from the FSANZ literature review demonstrated that location of a pregnancy warning on the front of an alcoholic beverage would receive quicker and greater attention than elsewhere on the beverage. This evidence also cites studies on tobacco warning labels, which have been shown to be more effective when placed on the front of the package compared with the back or the sides. Despite the evidence FSANZ has proposed not to regulate the location of the warning label, giving as a reason that this approach could contravene wine free-trade agreements.

This decision by FSANZ is inconsistent with the evidence provided. A warning label is only effective if it is visible. Hence, the College would support a requirement for the warning label to be on the front of packages.

The College supports the use of a border around the pictogram, statement and signal words along with a clear space outside the border to help achieve some separation of the warning label from other label information and messages such as '*drink responsibly*' type messages.

#### Colour and contrast

The College understands that there has been confusion in New Zealand with the use of green colour by the DrinkWise pictogram, since some people consider green to mean it is acceptable to drink when pregnant.<sup>9</sup> Therefore the College supports the proposed use of the colour and contrast, including the colour red, which is readily associated with warning, for the circle and diagonal stroke-through as well as the signal words, on a white background.

#### ***I. Summary of proposed pregnancy warning label design (section 3.2.2.5)***

In addition to the above recommendations to the warning label design, the College would support the inclusion of source of reliable information. As mentioned above, a government website (not industry initiatives that could be seen to encourage excessive or hazardous drinking) could be considered to be a source of reliable further information about alcohol and health. This could be placed at the bottom of the warning label.

#### ***J. Beverages to carry the pregnancy warning label (section 3.2.3)***

The College is of the view that all beverages containing 0.5% alcohol content by volume (ABV), or more, should be required to carry a pregnancy warning label, rather than FSANZ's proposal of beverages with only 1.15% ABV or more. This is consistent with evidence and government advice that there is no known safe level of alcohol consumption during pregnancy.<sup>15</sup> Therefore the College calls for FSANZ to require pregnancy warning labels on packaged beverages with 0.5% ABV and greater.



**M. Consideration of costs and benefits (section 3.4.1.1 of CFS)**

The costs associated with FASD change across age groups.<sup>4</sup> The costs for adolescents and adults are incurred primarily through the health care system, mental health and substance abuse treatment services, the criminal justice system, the long-term care of individuals with intellectual and physical disabilities, and lost productivity and decreased participation in the workforce.<sup>4</sup> Costs that need to be included in any such analysis include ongoing medical services for physical anomalies, special education, substance abuse, mental health and vocational services, services for mild physical and learning disabilities and lost productivity of caregivers and FASD-affected persons.<sup>6</sup> Economic costs need to include costs associated with all the societal costs listed above to be an accurate representation. Easton et al. reported that there is justification to spend \$49 million per year on effective prevention programmes just based on productivity losses alone.<sup>4</sup>

The College is pleased that the consideration of costs and benefits supports the conclusion<sup>ii</sup> of the Decision Regulation Impact Statement, from the 2018 Australia and New Zealand Ministerial Forum on Food Regulation (Forum). As noted in the Call for Submissions Proposal P1050, costs of label changes to industry are one-off and only a small proportion of FASD cases need to be prevented to offset these costs and mandatory labelling represents the option most likely to result in the greatest net benefit to the community.

**N. Transitional arrangements (section 4.1 of CFS)**

The College shares the same view as other public health stakeholders in calling for a one-year transition period for the mandatory pregnancy warning label, rather than the proposed two-year transition period. We consider this to be sufficient as most alcoholic beverages are sold within one year.

**P. Other comments (within the scope of P1050 – see section 1.5 of the CFS)**

The College also recommends the FSANZ mandate the calorie content on labels of alcoholic beverages, in conjunction with mandating pregnancy warning labels, to reduce harm arising from foetal alcohol exposure. Studies from Europe demonstrate that consumers lack knowledge of and can underestimate the calorie content of their alcoholic beverages.<sup>8</sup> Women may be more likely to respond to calorie counts and this could act as a deterrent to women who are not yet aware of their pregnant status.

Thank you for the opportunity for the NZCPHM to submit on pregnancy warning labels on alcoholic beverages. We hope our feedback is helpful and are happy to provide further clarification on matters covered in this submission.

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<sup>ii</sup> *A small proportion of cases of FASD need to be prevented to offset the costs of label changes on industry. A mandatory approach offers certainty that high coverage of pregnancy warning labels will be achieved, and the warning labels are designed to support consumer understanding and consistency with Government advice. Therefore, the mandatory option represents the greatest net benefit to the community. (FRSC, 2018)*



## NEW ZEALAND COLLEGE OF PUBLIC HEALTH MEDICINE

Sincerely,

A handwritten signature in dark ink, appearing to read 'F Dumble'.

Dr Felicity Dumble, President, NZCPHM

### References:

1. Cheung J, Timmins J, Wright C. Patterns and dynamics of alcohol consumption during pregnancy in a recent New Zealand cohort of expectant mothers. Wellington: Social Policy Evaluation and Research Unit, 2015.
2. Ministry of Health. Alcohol use 2012/13: New Zealand Health Survey. Wellington: MoH, 2015. (<https://www.health.govt.nz/publication/alcohol-use-2012-13-new-zealand-health-survey>)
3. Ministry of Health. Tier 1 statistics 2016/17: New Zealand Health Survey. Wellington: MoH, 2017. (<https://www.health.govt.nz/publication/tier-1-statistics-2016-17-new-zealand-health-survey>)
4. Easton B, Burd L, Rehm J, Popova S. Productivity losses associated with fetal alcohol spectrum disorder in New Zealand. *N Z Med J*. 2016;129(1440):72. (<http://www.ncbi.nlm.nih.gov/pubmed/27538041>.)
5. FASD Working Group. Taking action on fetal alcohol spectrum disorder: 2016–2019 an action plan. Wellington: Ministry of Health, 2016. (<https://www.health.govt.nz/publication/taking-action-fetal-alcohol-spectrum-disorder-2016-2019-action-plan>)
6. Popova S, Stade B, Bekmuradov D, Lange S, Rehm J. What do we know about the economic impact of fetal alcohol spectrum disorder? A systematic literature review. *Alcohol Alcohol*. 2011;46(4):490-497. (<https://academic.oup.com/alcalc/article/46/4/490/108701>)
7. Tinawai G, Gray T, Knight T, et al. Highly deficient alcohol health warning labels in a high-income country with a voluntary system. *Drug Alcohol Rev*. 2018;37(5):616-626. (<https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.12814>)
8. World Health Organization. Alcohol labelling. A discussion document on policy options. Geneva: WHO, 2017. (<http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2017/alcohol-labelling-a-discussion-document-on-policy-options-2017>)
9. New Zealand College of Public Health Medicine. Policy options targeted consultation paper: Pregnancy warning labels on packaged alcoholic beverages. Wellington: NZCPHM, 2018. ([https://www.nzcpm.org.nz/media/115710/2018nz\\_1.pdf](https://www.nzcpm.org.nz/media/115710/2018nz_1.pdf))
10. Research New Zealand. Insights from women about drinking alcohol during pregnancy: A qualitative research report. Wellington: Health Promotion Agency, 2014. (<https://www.hpa.org.nz/sites/default/files/Insights%20about%20alcohol%20and%20pregnancy.pdf>)
11. Hankin JR, Firestone IJ, Sloan JD, et al. The impact of the alcohol warning label on drinking during pregnancy. *J Public Policy Marketing*. 1993;12(1):10-18.



(<https://www.jstor.org/stable/30000107>)

12. Centers for Disease Control and Prevention. National Center on Birth Defects and Developmental Disabilities. Advisory on Alcohol Use in Pregnancy, A 2005 Message to Women from the U.S. Surgeon General. CDC, 2005.

(<https://www.cdc.gov/ncbddd/fasd/documents/sg-advisory-508.pdf>)

13. Health Promotion Agency. Hazards of alcohol use by pregnant women and women of reproductive age. HPA, 2015.

([https://www.alcohol.org.nz/sites/default/files/field/file\\_attachment/3.1%20AL1037%20Women%20and%20Alcohol%20Reference%20Card%20HP\\_Online%2015%20Dec.pdf](https://www.alcohol.org.nz/sites/default/files/field/file_attachment/3.1%20AL1037%20Women%20and%20Alcohol%20Reference%20Card%20HP_Online%2015%20Dec.pdf))

14. Food Standards Australia New Zealand. Legibility Requirements for Food Labels User guide to Standard 1.2.9 – Legibility Requirements. FSANZ, 2013.

(<https://www.foodstandards.govt.nz/code/userguide/Documents/Guide%20to%201.2.9%20-%20Legibility%20Requirements.pdf>)

15. Ministry of Health. Alcohol: Pregnancy and babies. Wellington: MoH, 2018.

(<https://www.health.govt.nz/your-health/healthy-living/addictions/alcohol-and-drug-abuse/alcohol-pregnancy-and-babies>)