

SUBMISSION TEMPLATE

Policy options targeted consultation paper: *Pregnancy warning labels on packaged alcoholic beverages*

Overview

This submission template should be used to provide comments on the policy options targeted consultation paper: *Pregnancy warning labels on packaged alcoholic beverages*.

Contact Details

Name of Organisation:	Dietitians in Food Industry Special Interest Group (DIFI SIG) on behalf of Dietitians New Zealand
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Date of submission:	14 June 20218

If we require further information in relation to this submission, can we contact you? Yes

Privacy

Personal information provided to the Food Regulation Standing Committee (FRSC) as part of the *Pregnancy warning labels on alcoholic beverages* public consultation will be dealt with in accordance with the Privacy Act 1988 (Cth) at www.comlaw.gov.au and the Australian Privacy Principles at www.oaic.gov.au. The Department of Health's Privacy Policy is available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/privacy-policy>.

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If you consider that all or part of your submission should not be released, please make this clear when making your submission and indicate the grounds for withholding the information. Please provide two versions of the submission; one full version **with confidential information identified in red text**, and one with the confidential information removed.

A request made under the *Freedom of Information Act 1982* for access to a submission marked confidential will be determined in accordance with that Act.

Do you want this submission to be treated as confidential? Yes No

If yes, please state why:

Submission Instructions

Submissions should be received by 5pm AEST on 14 June 2018. The Food Regulation Standing Committee reserves the right not to consider late submissions.

Please complete the attached template for your submission. Note that submissions may not be drawn upon in preparing the decision regulation impact statement (DRIS) to recommend a preferred policy option to the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum) if they:

- are not supported by evidence;
- do not directly answer the questions in the Policy options targeted consultation paper; and/or
- do not use this template.

Please do not change the template.

Where possible, submissions should be lodged electronically. Please send your submission to: FoodRegulationSecretariat@health.gov.au with the title: *Submission in relation to pregnancy warning labels on packaged alcoholic beverages*.

OR mail to:

c/- MDP707
GPO Box 9848
Canberra ACT 2601

If you need to attach documents to support your submission, please make it clear which question/s they relate to.

Supplementary note from Dietitians NZ:

In its role as the professional membership association for NZ registered dietitians, Dietitians NZ acknowledges the diversity and breadth of its members specialized areas in which they work.

Dietitians NZ supports this diversity which can, from time to time, provide equally important but opposing professional opinion from our member specialized interest groups (SIGs). Dietitians NZ has 17 SIGs and on receipt of consultation invitations our National Office forwards these to all relevant SIGs to provide them with an opportunity to make a submission.

Consultation invitation from the Food Regulation Standing Committee (FRSC):

Accordingly, the FRSC invitation seeking feedback from both industry and public health was sent to both our Public Health (PH) and Dietitians in the Food Industry (DIFI) SIGs. This has subsequently resulted in two separate submissions on the Policy Options Targeted Consultation paper re pregnancy warning labels on packaged alcoholic beverages. Please note: our first PH SIG submission was forwarded on 5 June, and the second DIFI SIG submission is attached hereto.

When reading these two submissions you will note there is diversity of professional opinion and we respectfully request both submissions are accepted and considered.

Cheryl Linge, Dietitians NZ CEO

Consultation questions

Please insert your comments against the consultation questions below. These questions correspond to specific sections of the Consultation Paper. If you cannot answer the question or it doesn't apply, please write "nil response" or "not applicable".

1: Are these appropriate estimates of the proportion of pregnant women that drink alcoholic beverages? Do you have any additional data to show changes in drinking patterns during pregnancy over time? Please specify if your answers relate to Australia or New Zealand.

The current information available in New Zealand is purely an estimate – there is work underway to address the lack of data in this area.

2: Are these appropriate estimates of the prevalence and burden (including financial burden) of FASD in Australia and New Zealand? Please provide evidence to support your response.

DIFISIG is aware of the Ministry of Health "Taking action on Fetal Alcohol Spectrum Disorder: 2016-19" Action Plan¹ in which it estimates that around 570 children are born each year with FASD, yet there is no routine screening and most clinicians lack the ability to diagnose it.

The above action plan has not yet been evaluated and will provide pertinent information when it becomes available.

3: Do you have evidence that the voluntary initiative to place pregnancy warning labels on packaged alcoholic beverages has resulted in changes to the prevalence of FASD, or pregnant women drinking alcohol, in Australia or New Zealand? Please provide evidence to justify your position.

The Health Promotion Agency (HPA) is best placed to provide feedback on the uptake and influence of FOPL devices within NZ since it already monitors and reports on the uptake of the Health Star Rating initiative. Whilst there is no specific data to support a change in behaviour since the advent of voluntary labelling on alcohol at this point in time the learnings from the adoption of the HSR could be used as an indicator.

¹FASD Working Group. 2016. *Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019: An action plan*. Wellington: Ministry of Health

4. Variation in labelling coverage and consistency, and some consumer misunderstanding associated with the current voluntary pregnancy warning labels in Australia and New Zealand were identified as reasons for possible regulatory or non-regulatory actions in relation to pregnancy warning labels on alcoholic beverages.

Are there any other issues with the current voluntary labelling scheme that justify regulatory or non-regulatory actions? Please provide evidence with your response.

DIFISIG would support consistent labelling with the provision of a style guide for participating companies, as per the roll out of the Health Star Rating – this was a voluntary scheme rolled out with a style guide² that allowed companies to decide what was most appropriate for their product, this made it more palatable and has been widely adopted as a result.

The other benefit of the way this was rolled out is a reduced cost to the business for packaging write offs, allowing businesses to coincide the adoption of the FOPL with planned packaging changes.

5: Has industry undertaken any evaluation on the voluntary pregnancy warning labels? If so, please provide information on the results from these evaluations.

DIFISIG cannot comment – but some of the alcohol companies or the HPA may have detail on this.

6: Considering the potential policy options to progress pregnancy labelling on alcoholic beverages and address the implementation issues:

a) Are there additional pros, cons, and risks associated with these options presented that have not been identified? Please provide evidence to support your response.

Nil response

b) Are there other potential policy options that could be implemented, and if so, what are the pros, cons and risks associated with these alternate approaches? Please provide evidence to support your response.

DIFISIG would consider the option of a style guide to complement the preferred option to be beneficial.

². <http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/style-guide>

7: Which option offers the best opportunity to ensure that coverage of the pregnancy warning labelling is high across all types of packaged alcoholic beverages, the pregnancy warning labels are consistent with government recommendations and are seen and understood by the target audiences? Please justify your response.

All options provide the opportunity for coverage to be consistent, the challenge will be the education campaign that needs to go alongside the labelling to complement the key message, ensuring it is in the right tone of voice for the target audience and provides guidance and education. Critical to the implementation is alignment across all stakeholders involved with this target audience, for example gaining insights from not just government bodies, but also those people who regularly come into contact with women who are looking to become pregnant or who are already expecting, such as midwives, obstetrician's, Dr's and even schools.

8: Do you support the use of a pictogram? If so, do you have views on what pictogram should be used (e.g. pregnant woman holding beer glass or wine glass), and also, what colour/s should be used, and why? Do you have any views on size, contrast, and position on the package? Please provide research or evidence to support your views.

DIFISIG supports the use of a pictogram and would consider a cross through a pregnant woman holding a glass to be appropriate. A style guide could provide guidance on some limited colours that could be applied whilst allowing companies some degree of flexibility. The pictogram would need to be fully legible and may need to consider the FSANZ labelling requirements.

9: Do you support the use of warning text on a label? Why or why not? Do you have views on what text should be used, and if so, what is it? Do you support the use of warning messages already used in other markets? Please provide research or evidence to support your views.

DIFISIG would support a voluntary option for providing additional warning labels – most likely on back of pack. The busy-ness of a label does not lend itself well to additional information.

10: Do you have views on what colour should be used for text, and whether green should be permitted? Do you have any views on size, contrast, and position on the package? Please provide research or evidence to support your views.

DIFISIG would not support the use of green in this instance but again a style guide providing options of colour and location would probably improve uptake.

11: Should both the text and the pictogram be required on the label, or just one of the two options? Please justify your response.

Provided there is an education campaign that helps people to understand the pictogram there should be no need for both. It is the education and consistency of messaging from all agencies that interact with the target audience that will reinforce the on-pack presence. When people are at the point of purchase the decision has often already been made.

12: Are you aware of any consumer research on understanding and interpretation of the current DrinkWise pictogram and/or text? What about other examples of pictogram and/or text?

DIFISIG are not aware of any.

13: Describe the value of pregnancy warning labels. Please provide evidence to support your views.

The value of a warning label will only come from knowing that its presence has had a positive impact on a person behaviour with regard to drinking alcohol whilst pregnant.

There is little research to support that a warning label by itself would be efficacious in creating a behaviour change.

14: Which is the option that is likely to achieve the highest coverage, comprehension and consistency? Please provide evidence with your response.

DIFISIG is more concerned that all companies that adopt the labelling are consistent and that a level playing field is created.

15: Which option is likely to achieve the objective of the greatest level of awareness amongst the target audiences about the need for pregnant women to not drink alcohol? What evidence supports your position?

DIFISIG does not believe that a label alone will be able to create a great level of awareness among the target audience – it needs to be done in combination with consist messaging through a multi stakeholder education programme.

16: More information is required on the benefits of each of the regulatory options. Do you have any information on the benefits associated with each option in relation to social, economic or health impacts for individuals and the community? Please provide evidence with your response.

DIFISIG would support the use of a pictogram over the use of a warning statement (although this could be complementary), this is due to the barrier of English as a second language and possible literacy challenges within the NZ population.

17: To better predict cost to industry associated with each option, can you provide further information that could inform the cost to industry associated with each of these approaches, particularly costings from a New Zealand industry perspective? Please provide evidence to support your response.

The cost to industry will mainly focus on the cost to redesign and repackage, along with any packaging write off costs. The Alcohol industry is best placed to provide the costs associated with this.

18: For Australia, is the estimated cost of \$340 AUD per SKU appropriate for the cost of the label changes? To what extent do these cost estimates capture the likely impacts on smaller producers? Should the cost estimates be adjusted upwards to capture disproportionate impacts on smaller producers?

Nil response

19: Is the number of active SKUs used in the cost estimation appropriate? What proportion of SKUs on the market is from smaller producers?

Nil response

20: Should there be exemptions or other accommodations (such as longer transition periods) made for boutique or bespoke producers, to minimise the regulatory burden? If so, what exemptions or other accommodations do you suggest?

Not specifically – but the timeline for this change needs to consider industry milestones and work collaboratively

21: To better predict the proportion of products that would need to change their label to comply with any proposed change, information on the type of pictogram and text currently used is required. Do you have evidence of the proportion of alcohol products that are currently using the red pictogram, and what proportion of products are using an alternate pictogram (e.g. green)? Do you have evidence on the proportion of alcohol products that are currently using the beer glass pictogram, or the wine glass pictogram? Please specify which country (Australia or New Zealand) your evidence is based on.

Nil response

22: What would be the cost per year for the industry to self-regulate? Please justify your response with hours of time, and number of staff required. Please specify which country (Australia or New Zealand) your evidence is based on.

Self-regulation exists within the food industry for many different areas – it is likely this would be absorbed by the business, unless the timeframe was not realistic for industry.

23: For each of the options proposed, would the industry pass the costs associated with labelling changes on to the consumer? Please specify which country (Australia or New Zealand) your evidence is based on.

Nil response

24: If you identified an alternate policy option in question 5, please provide estimates of the cost to industry associated with this approach.

Nil response

25: Based on the information presented in this paper, which regulatory/non-regulatory policy option do you consider offers the highest net benefit? Please justify your response.

Of the options offered DIFISIG supports Option 1(b) Voluntary Industry Self-Regulated. Industry plays a significant role in keeping their competition in check, a self-regulatory approach provides the opportunity for government and industry to work together rather than pulling in different directions and getting stuck in small details. The approach for any public health campaign needs to be collaborative, industry is part of the solution.