

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

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| Date of submission: | 5 June 2018 |

If we require further information in relation to this submission, can we contact you? Yes
No

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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.

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.

Nil response

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.

Nil response

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.

Nil response

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.

A significant barrier to women and whānau engaging in the pregnancy warning labelling is that it is a voluntary scheme. Current research shows that, voluntary front of pack labelling systems can hinder consumer understanding, and in turn prevent consumers engaging with the warnings^{1,2}. Currently, the clarity and impact of the message (when it does appear) is frequently undermined and confused by the co-location of a message promoting consumption such as, 'Drink wise', 'Enjoy responsibly', or 'Drink responsibly'. Therefore mandatory labelling is required to ensure the general public are made aware of the harm associated with consuming alcohol when pregnancy. Furthermore, a voluntary labelling scheme is incongruous with the Ministry of Health recommendation that there is no safe level of alcohol consumption while pregnant³. Warnings on alcoholic drink containers may be last opportunity for pregnant women to access messages about adverse effects of alcohol, especially our most vulnerable populations who may not access health services due to cost⁴.

We owe this to future generations of New Zealanders and it will save on health and other costs supporting children with Foetal Alcohol Spectrum Disorders. New Zealand is a signatory to the United Nations Convention on rights of the child in which it states that adults should put children's wellbeing first⁵. Therefore, we need to be doing more to warn women and whanau of the effects of alcohol on the unborn child.

The alcohol industry promotes self-regulation as a sufficient means of regulating alcohol activities, especially marketing, however evidence shows these self-regulated codes are routinely violated⁶. Therefore, Dietitians NZ would like to draw attention to a research paper by Sharma *et al* (2010)⁷ which highlights requirements to make self-regulation effective. The paper recommends transparent self-regulatory standards by scientists (not paid by the industry) and representatives of leading NGOs, parties involved in global governance (e.g. World Health Organisation) and industry. It also includes: Mandatory public reporting of adherence; objective evaluation of self-regulatory benchmarks by credible groups not funded by the industry; and periodic assessments to determine compliance and outcomes.

¹ Hieke, S. & Harris, J.L. 2016. Nutrition information and front-of-pack labelling: issues in effectiveness. *Public Health Nutrition*, 19(12) 2103-2015

² Sharma, L.L., Teret, S.P., Brownell, K.D. 2010. The Food Industry and Self-Regulation: Standard to Promote Success and to Avoid Public Health Failures. *Am J Public Health*. 100(2)240-246

³ Ministry of Health. 2006. Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women: A background paper. Wellington: Ministry of Health

⁴ Annual Data Explorer 2016/17: New Zealand Health Survey [Data File]. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-annual-update>

⁵ Children's Commissioner. 2018. Children's Convention – the basics. [Internet] available from: <http://www.occ.org.nz/childrens-rights-and-advice/uncroc/uncroc-basics/> (accessed 4/06/18)

⁶ Noel, J., Lazzarini, Z., Robaina, K., Vendrame, A. 2016. Alcohol industry self-regulation: who is it really protecting? *Addiction*, 112(Suppl. 1) 57-63.

⁷ Sharma, L.L., Teret, S.P., Brownell, K.D. 2010. The Food Industry and Self-Regulation: Standard to Promote Success and to Avoid Public Health Failures. *Am J Public Health*. 100(2)240-246

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

Nil response

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.

Nil response

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.

Dietitians NZ supports option 2: Mandatory pregnancy warning labels.

Dietitians NZ position is that only mandatory alcohol pregnancy warning labels will achieve the primary objective of the warning as outlined in the consultation paper – to “*provide a clear and easy to understand trigger to remind pregnant women, at both the point of sale and the potential point of consumption, to not drink alcohol.*” Mandatory labelling will ensure that all people are exposed to a consistent message to not drink when pregnant. The Attitudes and Behaviour towards Alcohol Survey 2015/16 found that 78% of people surveyed believed messages or symbols about not drinking during pregnancy should be on all alcohol products⁸. Therefore, there is not expected to be a large amount of consumer resistance to mandatory pregnancy warning labels. This could translate into increased prevention of FASD

When mandatory labels are introduced the size of the labels need to be considered to ensure all legal-aged women and whānau can see and understand the health warning. Another barrier to engagement with the pregnancy warning labels is the size of the pictograms. Tinawi *et al* (2018)⁹ found in New Zealand pregnancy related pictograms occupied 0.13% and 0.21% of available surface area on wine and ready-to-drink respectively.

A robust compliance scheme is recommended to ensure 100% compliance. Option 2 provides coverage, consistency, prominence, and comprehension required for the warning label to be effective. The current voluntary labelling scheme which has been in operation for over six years has not been effective at communicating a clear message that pregnant women should not drink alcohol¹⁰. Under the current voluntary scheme only 48 per cent of all products have some form of warning¹¹. There are also examples of some products using overseas labels, not having the warning label at all, or placing the pictogram next to messages such as ‘enjoy responsibly.’

Only a mandatory scheme can overcome the significant conflict of interest (that alcohol producers ultimately want to sell more alcohol) which has thus far prevented the alcohol industry from implementing an effective and consistent warning label.

⁸ Health Promotion Agency (HPA). 2017. Attitudes to and awareness of alcohol pregnancy warning labels: Attitudes and Behaviour towards Alcohol Survey 2015/16. Wellington: Health Promotion Agency

⁹Tinawai, G., et al. 2018. Highly deficient alcohol health warning labels in a high-income country with a voluntary system. Drug and Alcohol Review

¹⁰ Hall & Partners. 2018. *Understanding of consumer information messaging on alcohol products: Focus group testing report*. Canberra: Australia.

¹¹ Food Regulation Standing Committee. 2018. *Policy options targeted consultation paper: Pregnancy warning labels on package alcohol beverages*. p19.

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.

Dietitians NZ support the use of Pictograms as they are accessible for people with low literacy, or those whose second language is English¹². Research has also shown that pictorial symbols have an increased likelihood of being noticed and enhance memory of a warning¹³. Dietitians NZ recommends the current pictogram of pregnant woman holding a beer glass is used as it is accessible by all people as well as being used internationally. Dietitians NZ recommends the red pregnancy warning is used. This is because of the high proportion (97%) of women, in consumer testing¹⁴, agreeing that the red colour looked more like a warning.

Dietitians NZ recommends the warning label needs to stand out and be distinctive from surrounding information. As stated by Wogalter et al (2002)¹³ “the amount of visual clutter in the vicinity of a warning significantly influence warning detection times,” and a way of reducing this clutter is to increase the surface area of the warning. Tinawi *et al* (2018)¹⁵ found in New Zealand pregnancy related pictograms occupied 0.13% and 0.21% of available surface area on wine and ready-to-drink respectively.

A World Health Organisation (2017)¹⁶ report on alcohol labelling and a report by Sambrook Research International (2009)¹⁷ prepared for the European Commission make very similar recommendations for effective health warning labels about using large bold print, high contrast, colour and borders, and the importance of size. When implementing mandatory pregnancy warning labels, Dietitians NZ recommends a minimum size to ensure adults of all ages are able to notice and read the warnings. The World Health Organisation, has developed guidelines for tobacco control and article 11 discusses health warning labels¹⁸. New Zealand adheres to these guidelines with health warnings occupying 30% of the front and 90% of the back of the packet on tobacco¹⁹. Dietitians NZ recommends that the Food Regulation Standing Committee looks to these guidelines when developing recommendations for size and placement of health warnings for alcohol in pregnancy.

¹² Kehir, N., Awaisu, A., Radoui, A., El Badawi, A., Jean, L., Dowse, R. 2014. Development and evaluation of pictograms on medication labels for patients with limited literacy skills in a culturally diverse multi-ethnic population. *Res Social Adm Pharm.* 10(5):720-30.

¹³ Wogalter, M.S., Conzola, V.C., Smith-Jackson, T.L. 2002. Research-based guidelines for warning design and evaluation. *Applied Ergonomics.* 3:219-230

¹⁴ Figure taken from the consultation document, pp.33

¹⁵ Tinawai, G., et al. 2018. Highly deficient alcohol health warning labels in a high-income country with a voluntary system. *Drug and Alcohol Review*

¹⁶ World Health Organization (2017). *Alcohol labelling: A discussion document on policy options*. Copenhagen: Denmark. Retrieved 21/05/2018 from:

http://www.euro.who.int/__data/assets/pdf_file/0006/343806/WH07_Alcohol_Labelling_full_v3.pdf?ua=1 9

¹⁷ Sambrook Research International (2009). [A review of the science base to support the development of health warnings for tobacco packages](#). A report prepared for European Commission, Directorate General for Health and Consumers

¹⁸ World Health Organisation. 2008. Guidelines for Implementation of Article 11 of the WHO Framework Convention on Tobacco Control (Packaging and Labelling of Tobacco Product). Internet. Available from:

http://www.who.int/fctc/guidelines/article_11.pdf?ua=1 (accessed 29/05/18)

¹⁹ Ministry of Health. 2007. Schedule 1: Requirement for labelling of retail packages. *Smokefree Environments Regulations 2007*.

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.

Dietitians NZ believe that if warning text is to be used it should be in conjunction with the pictogram. Text needs to be accessible to people even with low literacy levels. Dietitians NZ recommends the current text requires review as it is not achieving the objective of warning labels. New text should be developed by behaviour change experts and health literacy experts. These messages must then be tested with the target audience and refined to ensure they achieve the desired result. These messages must also be tested with the target audience that influence pregnant women, to ensure that it is understood and comprehended.

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.

Dietitians NZ support the Australian evaluation report which shows that the green text colour is confusing for consumers, and that green text should not be used for warning labels.

As stated in question 8, the Food Regulation Standing Committee should look to the health warning label guidelines as set by the World Health Organisation for guidance on size and placement of text warnings.

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

Dietitians NZ believe that both the text and the pictogram be required on the label, however there should be a higher weighting towards the pictogram as this is more easily accessible by the general public. Evidence shows that health warnings that contain both pictures and text are more effective than those that are text-only, as they are able to reach those with low levels of literacy and those whose first language is not English¹⁸.

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?

Nil response

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

Dietitians NZ believes that the Government has a duty of care to ensure that consumers are fully informed of the risks of consuming alcohol in order to protect the health and future of the unborn child. It is vital that the Government invest in a variety of public health measures, such as pregnancy warning labels and a variety of education strategies including those targeted to vulnerable or at-risk groups, to ensure a healthier outlook for our future generations.

Approximately 36% of women consume alcohol during pregnancy, and this contributes to the \$5.3 billion alcohol related harm costs New Zealand each year²⁰. The cost of FASD has been estimated at least \$690 million excluding loss of productivity, which is far greater than the cost of introducing mandatory warning labels to the alcohol industry at \$7.3 million (split among a range of producers).

Pregnancy warning labels on alcohol, in conjunction with other alcohol harm reduction initiatives, has the ability to reduce the number of women consuming alcohol during pregnancy, which in turn can reduce the cost of alcohol-related harm²¹. Alcohol warning labels can remind a high proportion of the population of the health and safety risks of alcohol consumption²².

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

Dietitians NZ recommends mandatory labelling for the highest coverage, comprehension and consistency. Voluntary alcohol labelling results in less alcohol products displaying the warning labels compared with mandatory labelling²³.

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?

Dietitians NZ recommends mandatory labelling for the greatest level of awareness amongst the target audience about the need for pregnant women to not drink alcohol.

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.

²⁰ Slack, A., Nana, G., Webster, M. et al. 2009. Costs of harmful alcohol and other drug use. Final Report to the Ministry of Health and ACC

²¹ Kelly-Weeder, S., Phillips, K., Rounseville, S. 2011. Effectiveness of public health programmes for decreasing alcohol consumption. *Patient Intelligence*.3:29-38

²² Stockwell, T. 2006. A review of research into the impacts of alcohol warning labels on attitudes and behaviour. British Columbia, Canada: Centre for Addictions Research of BC. University of Victoria.

²³

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.

Nil response

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?

Dietitians NZ recommend that pregnancy warning labels are mandatory for all alcohol products and therefore no exemptions or other accommodations should be made. Allowing exemptions or other accommodations, may hinder consumer understanding and create confusion. The key message is that all alcohol products are potentially harmful in pregnancy.

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.

Nil response

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.

Dietitians NZ support option 5.1.5 Mandatory though the Code.

As stated in previous questions a significant barrier to women and whānau engaging in the pregnancy warning labelling is that it is a voluntary scheme. Current research shows that, in foodstuffs, voluntary front of pack labelling systems can hinder consumer understanding, and in turn prevent consumers engaging with the warnings^{24,25}. There is also public support for warning labels on alcohol²⁶.

The Food Regulation Standing Committee has the ability to protect the health of future generations by increasing awareness of the harmful effects of alcohol consumption during pregnancy. By making warning labels mandatory the general public are presented with a consistent message on all alcohol products, solidifying the belief, that alcohol is harmful during pregnancy. This awareness then has the ability to reduce the cost of alcohol-related harm, not only to the health system, but the entire New Zealand economy.

²⁴ Hieke, S. & Harris, J.L. 2016. Nutrition information and front-of-pack labelling: issues in effectiveness. *Public Health Nutrition*,19(12) 2103-2015

²⁵ Sharma, L.L., Teret, S.P., Brownell, K.D. 2010. *American Journal of Public Health*, 100(2) 240-246.

²⁶ Thomson, L. M., Vandenberg, B. Fitzgerald, J.L. 2011. An exploratory study of drinkers views of health information and warning labels on alcohol containers. *Drug and Alcohol Review*. 31. 240-247.