Public Health Association of Australia
submission on pregnancy warning labels
on packaged alcoholic beverages

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
PHAA submission on pregnancy warning labels on packaged alcoholic beverages

Introduction

PHAA welcomes the opportunity to provide input to the consultation on pregnancy warning labels on packaged alcoholic beverages. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA Response to the consultation paper

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

This answer relates to Australia.

PHAA agrees that the estimates of the proportion of pregnant women that drink alcoholic beverages is appropriate. The National Drug Strategy Household Survey is the main national source of data for this and shows that while the proportion abstaining is increasing, in 2016, almost half of all pregnant women reported consuming alcohol during pregnancy.1

PHAA also notes the work done by the Australian Institute of Health and Welfare and the Murdoch Children’s Research Institute towards the development of a nationally agreed, uniform method for measuring and recording alcohol use during pregnancy. A qualitative study found women felt that midwives assumed they did not drink, and that midwives felt ill-equipped to explain the risks involved.2

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

PHAA agrees that the estimates of the prevalence and burden of FASD in Australia and New Zealand are appropriate, noting the difficulties in making such estimates.

The Legislative Assembly of the Northern Territory report from the Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder – The Preventable Disability – found that internationally, prevalence estimates vary from 1-3 per 1,000 live births in the general population to as high as 65-74 per 1,000 live births in high risk populations. This report noted that prevalence rates in Australia are likely to be underestimated.3

The NT report also noted that the profound impacts, both social and economic, of FASD reach beyond the immediate individuals and families, with community-level burden. This includes from poor health outcomes; loss of productivity; reduced quality of life and longevity; increased need for government services including special education services, employment services, community services, income support services, child protection and justice services.3
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

PHAA is not aware of any evidence but notes that NOFASD Australia does not support the voluntary scheme, and advocates for mandatory labelling.4

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

PHAA believes the reviews of the voluntary scheme justify the scheme being made mandatory. The second Australian review in 2017 found that while there have been improvements in uptake, visibility and readability of labels over time, there is more to be done. Less than half of all alcohol products for sale carry the warning labels, and of those who are aware of health messages about drinking, less than 1 in 8 said a warning label on an alcoholic product was the source of the information.5

PHAA also notes that while there is good compliance on warning labels with the 2009 National Health and Medical Research Council guidelines that “it is safest not to drink while pregnant”, this message is often misinterpreted as meaning that it is safe to consume alcohol while pregnant. The message “Don’t drink pregnant” has been found to be more reliable in being correctly interpreted by consumers.6

A recent study with young alcohol consuming adults in Australia found that messages were perceived as being too small, hard to find, vague, and conveying weak messages that would not encourage them to change their behaviour. The report concluded that “current Australian alcohol warnings represent regulatory failure” and recommended that warning labels need to be improved, with prominent targeted messages including images.7

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

PHAA is not aware of any industry evaluations.
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

**Option 1a: Voluntary – status quo**

PHAA believes the reviews of the current system support the notion that it is not effectively or fully achieving its aims. Less than half of all alcohol products for sale carry the warning, and those that do, comply minimally. Warnings are small, located predominately on the back or side of packs, and instead of having pictogram and text together, are accompanied by contradictory text and links to industry websites.5

**Option 1b: Voluntary – self regulated by industry**

PHAA believes that existing evidence about the effectiveness of alcohol industry self-regulation does not support this option. It has been found that in Australia, alcohol warning labels have the potential to be effective, but that DrinkWise Australia consumer information messages are not arresting enough, and may be more effective if they were more similar to tobacco warning labels.8 The involvement of the alcohol industry in DrinkWise is likely to have contributed to this outcome.9 PHAA believes that the system must be independent from industry influence and control.

**Option 1c: Voluntary – with government style guide**

PHAA believes that the slow take up and inconsistencies in the use of the Health Star Rating system demonstrate the risks involved in a voluntary system with a government style guide.10 PHAA also notes that the 5 year review of the HSR system is actively investigating the option of making the system mandatory.11

**Option 2: Mandatory – with government developed label**

PHAA believes that this is the only option realistically likely to achieve a system with complete coverage, consistency, prominence and comprehension, which is well placed to meet its objectives of warning pregnant women of the risks of consuming alcohol while pregnant. The consultation paper notes that pregnancy warning labels will be effective if they attract the attention of pregnant women and their support network; convey a clear, easy to understand message; are recalled by consumers; influence consumer judgement of product hazards; and influence behaviour of pregnant women and or their support network.12 A consistent, mandatory label is the best way to achieve these outcomes. A recent study of how young adults in Australia perceive and understand the current warning labels recommended that new, larger, mandatory alcohol product warnings using images and targeted messages be implemented.7

The consultation paper also notes that warning labels must form part of a broader suite of activities to address the risks of alcohol consumption during pregnancy. A mandated and consistent label is the most effective way to place the warning labels as part of this broader suite of activities through using what may be thought of as brand recognition techniques.

PHAA also notes that industry currently applies mandatory warning labels when exporting their products to those jurisdictions requiring them, such as France and the United States of America.
A mandatory approach is the only method to overcome the inherent conflict of interest for industry apparent in the adoption of warning labels designed to decrease consumption of their product, against their legal obligation to maximise profits for their shareholders.

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

Logically, Option 2 is the only option which is likely to ensure high, consistent coverage, because it is the only option which mandates both coverage and consistency.

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.

PHAA supports the use of pictograms, in combination with text. The World Health Organization recommends the use of images for information labels explaining the impact on health, noting that the images should be informational in style and taken from ongoing educational campaigns. The inclusion of pictograms increases the audience comprehension of the information through the use of multiple methods to be inclusive of people who prefer images as well as those who prefer textual information. As indicated in the WHO report, mandating the use of the pictogram would also assist in placing the mandatory warning labels as part of a broader suite of activities. A recent study of young alcohol consuming adults recommended the use of both text and images.

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.

PHAA supports the inclusion of text, in combination with pictograms. However, the PHAA believes that the wording should be amended to avoid confusion and misinterpretation. The current messaging “it is safest not to drink while pregnant”, is often misinterpreted
as meaning that it is safe to consume alcohol while pregnant. The message “Don’t drink pregnant” has been found to be more reliable in being correctly interpreted by consumers.  

A recent study of young alcohol consuming adults recommended the use of both text and images.  

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.

PHAA believes that green should not be used as a text colour, because of the familiar association with traffic light colours, such that green is likely to be interpreted as giving permission. The reviews of the current scheme have found the use of green to be inappropriate.  

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

PHAA believes that warning information should be presented in a combination of text and pictogram, as recommended by the WHO, and a recent study in Australia of consumer understandings of current labels.  

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?

It has been found that in Australia, alcohol warning labels have the potential to be effective, but that DrinkWise Australia consumer information messages are not arresting enough, and may be more effective if they were more similar to tobacco warning labels. The involvement of the alcohol industry in DrinkWise is likely to have contributed to this outcome.

A recent study with young alcohol consuming adults found that that messages were perceived as being too small, hard to find, vague, and conveying weak messages that would not encourage them to change their behaviour. The report concluded that “current Australian alcohol warnings represent regulatory failure” and recommended that warning labels need to be improved, with prominent targeted messages including images. The report also found a lack of understanding by consumers of the involvement of the alcohol industry with DrinkWise.  

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

The appropriateness of alcohol carrying a warning label, as do other teratogens (substances that can harm an unborn baby) is noted in the consultation paper. PHAA supports the implementation of the recommendations in the Northern Territory’s FASD inquiry report, and Alcohol policies and legislation review report, which include advocating for improved warning labels.
14. Which is the option that is likely to achieve the highest coverage, comprehension and consistency? Please provide evidence with your response.

Logically, Option 2 is the only option which is likely to ensure high, consistent coverage, because it is the only option which mandates both coverage and consistency.

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?

Option 2 is likely to result in the greatest level of awareness amongst the target audience because it will result in the greatest coverage. Voluntary options are unlikely to ever achieve the coverage or consistency of mandatory systems. In the USA, where alcohol warning labels are mandatory, they have been shown to increase awareness of the messages.\(^16\)

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.

As noted in the Northern Territory’s FASD inquiry report, there are significant social, economic and health costs for individuals and communities.\(^17\) There is a high prevalence, and under-identification of FASD within the youth justice system in Australia\(^18\), and there is no level of alcohol consumption during pregnancy which may be considered safe.\(^19\)

Option 2 is the only option which will mandate consistent labelling on all alcohol products, thereby maximising the reach and benefits of the scheme. The continuation of a voluntary scheme diminishes positive outcomes which may be attained from it.

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?

Not applicable.
19. Is the number of active SKUs used in the cost estimation appropriate? What proportion of SKUs on the market is from smaller producers?

Not applicable.

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?

Mandatory warning labels have been successfully implemented in other jurisdictions with boutique or bespoke producers, and can be done in Australia as well. A 12 month transition period will allow sufficient time for such producers to comply with the regulations. Any exemptions or accommodations would introduce confusion and loopholes into a mandatory system and should be avoided.

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.

Not applicable.

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.

Not applicable.
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.

PHAA supports Option 2 – a mandatory scheme with government defined labelling, as being the option with the highest net benefit and the only one likely to achieve the aims and objectives of the scheme (see q6). The current voluntary scheme has been ineffective in achieving these aims, because of insufficient coverage, and inconsistent application of the warnings.5,14

Conclusion

PHAA supports option 2 – a mandatory scheme with government defined labelling – as being the option with the highest net benefit and the only likely to achieve the aims and objectives of the scheme. The current voluntary approach has been ineffective with insufficient coverage and inconsistent application of the warnings.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improving the provision of accurate information to pregnant women and the public about the risks associated with alcohol consumption during pregnancy.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Terry Slevin
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Public Health Association of Australia

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References
