



## SUBMISSION

To: FOOD STANDARDS AUSTRALIA NEW ZEALAND, CANBERRA

### APPLICATION A576 - LABELLING OF ALCOHOLIC BEVERAGES WITH A PREGNANCY HEALTH ADVISORY LABEL

#### Introduction

The Scotch Whisky Association (SWA) is the representative body of the Scotch Whisky industry. Its members, all of whom are distillers, blenders, owners of proprietary brands, brokers or exporters, together comprise at least 95% of the Scotch Whisky Industry's distilling and blending capacity.

The Association's objectives include encouraging the responsible consumption of alcohol as part of a modern, healthy lifestyle, and discouraging inappropriate drinking as well as ensuring that Scotch Whisky can be sold without undue restriction in its home market and overseas.

The Association clearly has an interest in the above proposal by the Alcohol Advisory Council of New Zealand (ALAC) because of its impact, if implemented, on members exporting to Australia and New Zealand.

#### Position of the SWA on the proposed Pregnancy Health Advisory Label

The SWA favours **Option 1 - Maintain the status quo** by not amending the Code to mandate the labelling of alcohol beverages to advise of the risks of consuming alcohol when planning to become pregnant and during pregnancy.

This position has been taken principally because we question whether mandatory pregnancy health advisory labels - or indeed health warning labels of any kind - are effective in conveying the desired message to, and changing the drinking habits of, those in danger of harming themselves or their unborn children. We prefer a more targeted approach and our arguments are set out in more detail below and in our answers to the questions contained in the Initial Assessment Report.

That said, we are aware that EU countries are at liberty to impose mandatory health warnings statements or devices (as France has done in the case of its warning to pregnant women and such as are under consideration in the UK) and that some producers apply health warnings of various kinds to their labels on a voluntary basis. However, we continue to oppose the proliferation of different compulsory warnings and would prefer a situation where, so far as possible, products bearing labels acceptable in one country are also acceptable in others.

## General SWA Position on Alcohol-related harm

The SWA and its members strongly condemn the irresponsible consumption of alcoholic beverages. It is believed that reducing alcohol-related harm requires a broad societal commitment and a concerted effort of all relevant stakeholders. While the industry has significantly strengthened its efforts to ensure responsible promotion in recent years, we are fully committed to being still more proactive to promote the responsible enjoyment of our members' products and discourage excessive consumption.

We consider that targeted measures, such as specific education programmes and direct interventions from those in the medical and associated professions, are likely to be effective in informing those most at risk (and other vulnerable consumers) of the potential risks associated with the misuse of alcohol.

## SWA position on Health Warning Messages for pregnant women

The SWA questions whether health advisory labels are effective in reducing alcohol consumption among pregnant women or those planning a pregnancy, especially those consuming at the high levels which present most risk of foetal alcohol syndrome harm to unborn babies.

We believe a more effective approach is marked by positive messaging through greater use of responsible drinking messages in alcohol advertising (including those which link consumers to websites where more complete information can be provided) and measures targeted more directly at pregnant women or those considering becoming pregnant. Such measures may be initiated by government as in the case of comprehensive public education campaigns aimed at directly at consumers or programmes designed to train health care professionals to advise the target audience effectively.

There is no scientific evidence to support the effectiveness of warning labels in bringing about change in drinking behaviour. On the contrary, studies<sup>1</sup> have demonstrated in relation to alcohol and pregnancy that labelling is largely ineffective in changing behaviour, particularly for women with alcohol problems<sup>2</sup>.

While health labelling has been shown to increase awareness among consumers, it does not appear to have a significant impact on changing behaviour. In the USA, for example, health warning label legislation was implemented in 1989. Seven years later, the National Institute for Alcohol Abuse and Alcoholism (NIAAA) summarised research on the warning labels as follows: '*... awareness of the label's content has increased substantially over time ... the label has not had important effects on hazardous behaviour*'.

This point is also recognised in the report 'Alcohol in Europe. A Public Health Perspective' commissioned by the European Commission, which states on page 254 '...

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<sup>1</sup> Agostinelli G and Grube J (2002). 'Alcohol counter-advertising in the media: A review of recent research'. Alcohol Research and Health, 26: 15-21

<sup>2</sup> Hankin JR, Firestone IJ, Sloan JJ et al. (1996). 'Heeding the Alcoholic Beverage Warning pregnancy: Multiparae versus Nulliparae'. Journal of Studies of alcohol, 57: 171-177.

*there is limited evidence for the impact of warning labels on alcoholic products in reducing the harm done by alcohol ...'.*

The SWA believes that long-term consumer awareness initiatives in support of responsible drinking strategies are more effective than labelling per se. We further believe there is a danger that the introduction of a measure that is ultimately likely to prove ineffective, namely the mandatory pregnancy health advisory label, may distract the focus of the authorities in Australia and New Zealand from the need to invest in more effective measures such as prevention programmes.

#### SWA position on prevention of Foetal Alcohol Syndrome (FAS)/Foetal Alcohol Spectrum Disorder (FASD)

It is extremely important to educate consumers about the potential harmful effect of irresponsible drinking during pregnancy. The SWA and its members continue to deliver this message to everyone and especially pregnant women and those wishing to become pregnant.

In order to reach conclusions on the most effective means to communicate this message, it is first important to understand the scientific facts about FAS.

*“There is general agreement that regular heavy drinking during pregnancy can seriously harm the unborn baby but what is less certain is how much a woman can safely drink during pregnancy without putting her baby at risk of harm.”* Portman Group, UK.

*“Foetal Alcohol Spectrum Disorder (FASD) results from a mix of factors including poor nutrition, a chaotic lifestyle, low socio-economic status and poverty.”* Moira Plant - The Amsterdam Group (TAG) Conference - 19 October 2005. (Note: The Amsterdam Group became The European Forum for Responsible Drinking in November 2005.)

*“Some researchers are concerned by the fact that labels could be unnecessarily alarmist and might increase stress levels.”* Moira Plant, TAG Conference - 19 October 2005.

We believe that efforts should be focused where the need is the greatest. Special education programmes must be tailored and geared towards women at risk of giving birth to children affected by FAS. There is a need to better understand what messages work best and the most effective way of delivering that advice. It is in this area that all stakeholders should invest and take action.

#### **ANSWERS TO QUESTIONS IN INITIAL ASSESSMENT REPORT:**

##### Strategies and Programmes in Australia & New Zealand (Question 1)

For obvious reasons the Association is not best placed to comment on initiatives in Australia and New Zealand to advise women of child bearing age of the risk of consuming alcohol when pregnant or if planning a pregnancy.

However, we are aware that, in commenting on the review of the Australian National Health and Medical Research Council's draft Australian Alcohol Guidelines, the Distilled Spirits Industry Council of Australia (DSICA) has opposed the draft guideline for such women “Not drinking is the safest option” and called for the retention of the existing,

more discursive guideline, viz that they consider not drinking at all; never become intoxicated; if they choose to drink observe recommended limits; and note that the risk is highest in the earlier stages of pregnancy ... We support the view that a consistent and informative message is required to enable women to make informed decisions.

We further understand that the Distilled Spirits Association of New Zealand (DSANZ) is also opposed to a mandatory health advisory statement on precisely the grounds that expert bodies in New Zealand are agreed that their effectiveness is at best not proven and that targeted information and education campaigns by health care professionals are much more likely to reach and influence vulnerable women.

Information available that may provide answers to risk assessment questions on FASD (Question 2 - 3)

Please see argumentation above. We are not aware of any further information.

Data on alcohol consumption by women of child-bearing age and incidence and awareness of FAS/FASD in Australia and New Zealand (Questions 4 - 6)

We have no information specific to Australia and New Zealand.

Why we do not think a health advisory statement on all alcoholic beverage containers should be required (Question 7)

Please see argumentation above.

Please also note that a high proportion of alcoholic drinks are served in restaurants and bars, where the consumer does not see the label.

Evidence about use and/or effectiveness of pregnancy health advisory statement (Questions 8 & 10)

Please see argumentation above.

Also, we note that your Fact Sheet makes reference to Finland being in the process of finalising its (pregnancy advisory) labelling requirements. We understand that the Health and Social Service Minister has recently announced that she is proposing to scrap the plans to introduce warning labels on bottles and cans as she does not believe they will have much impact on excessive drinking or contribute to harm reduction.

Appropriate wording on container (Question 9)

As explained above, we do not believe the label the place to get over complex message about varied medical opinion as to risk of even moderate drinking in pregnancy. A properly targeted education campaign is required.

IF decision is taken to proceed with proposal, we believe any recommendation should be consistent with existing Australian NH & MRC guidelines. It should not be alarmist in nature and it should not preclude statements already in voluntary use.

Relative merits of written statement and pictorial image (Question 11)

For reasons given above, we consider neither written statement nor pictorial image to be effective or desirable.

Which alcoholic beverages to carry advisory statement? (Question 12)

If decision is taken to proceed with proposal, then in principle we believe that it should apply to **all alcoholic beverages** without exception. In practice, we would probably not object provided it applied to all products over 1.15% alcohol by volume.

Likely impact of maintaining status quo (Question 13)

None for consumers, industry or government. There would be nothing to prevent government, industry and medical profession from collaborating to educate targeted section of population.

Likely impact of introduction of pregnancy advisory label requirement (Question 14)

Industry will face trouble and expense of redesigning labels to incorporate wording/image required for Australia and New Zealand, especially if such advisory statements as may already be in use on a voluntary basis are not acceptable. Ultimately cost will be passed on to consumer. Depending on precisely how it is framed, requirement might be considered to constitute a barrier to trade and consequently have negative impact for governments of Australia and New Zealand.

Effectiveness and Cost-effectiveness of advisory label versus other public health information (Question 15)

In our opinion, the proposed advisory label/image would be costly and ineffective. Other methods of public health information are likely to be more effective in influencing consumer behaviour and hence more cost-effective.

THE SCOTCH WHISKY ASSOCIATION,  
EDINBURGH

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