



NEW ZEALAND WINE  
PURE DISCOVERY

5 February 2008

Food Standards Australia New Zealand  
PO Box 10559  
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Wellington 6036

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

Thank you for the opportunity to comment on the Initial Assessment Report for Application A576. Our comments are set out below.

New Zealand Winegrowers (NZW) is the organisation that researches, promotes and represents the interests of New Zealand grape growers and wine makers. NZW was established in 2002 as a joint venture between the New Zealand Grape Growers Council Inc. and the Wine Institute of New Zealand Inc. Every grape grower and winemaker in New Zealand is a member of our organisation. Accordingly, NZW is recognized as New Zealand's principal wine industry organisation. We currently have 543 winery and 1007 grape grower members.

New Zealand Winegrowers and its members are committed to moderate and responsible consumption of wine. We are supportive of policies and programmes that effectively address the harms associated with the misuse of alcoholic beverages, while also recognizing that proper consumption of wine can promote health and social benefits.

#### **Questions 1 – 6**

We are not in a position to comment on or offer data regarding the incidence of FAS/FASD, or the other questions referred to in Questions 1 to 6 at this time. However, we do note that the scientific evidence is incomplete or inconclusive in many aspects, most notably in respect of the implications of low alcohol use. We submit that any new food standards in the Food Standards Code must be soundly based in science.

#### **Questions 7 & 8**

As above, we are supportive of effective and efficient measures to address harms caused by misuse of alcohol. However, we do not believe that a mandatory health advisory statement about

the risk of consuming alcohol when planning to become pregnant and during pregnancy should be required. In our view, such a move would not be effective, nor would it be quick or cost effective for the wine industry to implement.

*Health warning labels are not effective*

There is ample scientific evidence to demonstrate that health advisory labels are not effective in changing behaviour of “at-risk” groups. This evidence was canvassed in the consideration of Application A359, and it does not appear that this evidence is substantially contradicted by the literature presented by the applicant. Indeed, we note that the Applicant itself in its *Policy: Warning Labels on Alcoholic Beverages* of 1 October 2002 (copy attached), upon reviewing the literature available at the time, concludes “...it is evident that warning labels are not an efficient or effective means of improving drinking behaviour in consumers.” It is difficult to see how health warning labels have suddenly become effective since the Applicant was directed to make this application by the Health Select Committee.

Nor do we consider that re-framing the argument for health warning labels as being part of a broader “awareness campaign” or “national strategy” alters in any way the fact that warning labels are not effective. As the Applicant itself admits, it is simply impossible for any study considering the effectiveness of health warning labels in the context of a broader awareness campaign to conclusively attribute reduced alcohol consumption specifically to the presence of a health warning label. Such evidence therefore provides very little support to the “national strategy” argument. On the other hand, we note that national strategies and awareness campaigns around issues such as drink driving have been successful without the use of health warning labels.

Moreover, given that there is currently no nationally coordinated awareness campaign on this issue in New Zealand, it is premature at the very least to argue that pregnancy health warning labels are needed to complement such a campaign.

*Health warning labels are not cost efficient*

The Applicant has asserted that mandating pregnancy health warning labels is an easy and cost-effective measure. This is not the case. No measure can be considered cost-effective if it is not effective.

Moreover, new labelling requirements do impose significant costs upon industry. These include:

- label re-design costs;
- label re-printing costs;
- re-labelling costs;
- wastage of existing labels;

- increased label size to accommodate increased graphic space required.

These costs can potentially increase even further where products are destined for multiple markets, each of which may have different requirements relating to pregnancy health warning labels. These increased costs include the cost of designing and re-printing different labels, stock control and logistic costs associated with managing bottles labelled for different markets, re-labelling costs when sales to a particular market fall through.

These costs can be mitigated to some extent by an appropriate transition period and by flexibility around presentation of the new labelling requirements. However, a level of cost will remain that cannot be avoided. Given the brief consultation period for this report, it has not been possible at this time to gather accurate estimates of these costs for the New Zealand wine industry.

### **Question 9 – 11**

As above, we do not believe that the proposed advisory label is justified. However, if pregnancy health warning labels for alcoholic beverages are mandated, then we believe that it would be essential for wine producers to have flexibility around presentation of the warning including the use of a pictorial image.

#### *A prescriptive approach is not justified*

The Applicant intends that the proposed advisory label will act as a “reminder” to supplement to a broader national strategy on the risks associated with alcohol consumption during pregnancy. Given that even the Applicant itself views the advisory label as merely supplementary at best, we do not believe that there is any justification on the face of the Application for a prescriptive approach to the presentation of any proposed advisory label.

Furthermore, the situation regarding alcohol use and FASD is extremely complex and does not warrant a prescriptive or “high-visibility” approach. In particular, we note:

- wine is a product that can be consumed safely and beneficially by the general public;
- the scientific evidence is incomplete and inconclusive in many respects, particularly regarding the link between low alcohol use during pregnancy;
- the data regarding alcohol use by at-risk groups is incomplete;
- studies indicate that health advisory labels are not effective;
- other national measures that may be more effective have not yet been put into effect;
- a prescriptive approach would be inconsistent with many international trading partners and could create obstacles to trade.

*A flexible approach would mitigate cost and avoid trade barriers*

If FSANZ was to mandate a prescribed form for the advisory label that differed from key import and export markets, this would certainly create unnecessary cost for wine exporters who would be forced to change labels to communicate what is essentially the same information in a different form. It would also create cost and potentially unnecessary trade obstacles for wine importers for the same reason.

We submit that, if a pregnancy health advisory label was to be mandated, a flexible, non-prescriptive, approach to presentation of that advisory label should be adopted. This should allow alternative formulation that communicates the relevant advice (including, for example, the USA warning, the UK voluntary statement or the French pictogram) to be used, thereby mitigating the costs associated with changing labels for different markets.

We note that such an approach is in line with the FSANZ mandate for “the promotion of consistency between domestic and international food regulatory measures without reducing the safeguards applying to public health and consumer protection”. It is also in line with the approach taken for allergen advisory statements.

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As a final comment, we believe that the comments period has been too short to respond fully to a report of this nature, with extensive references to scientific literature and a long list of questions for consideration. The consultation period has fallen squarely within the Christmas-New Year period which includes 6 public holidays and during which many staff also take annual leave. This has greatly reduced the amount of time and resource available to respond adequately to the issues raised.

Yours faithfully,



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Manager Policy and Membership  
NEW ZEALAND WINEGROWERS

## Policy: Warning Labels on Alcoholic Beverages

### ALAC'S POLICY

Warning labels on alcoholic beverages may be a useful way of raising awareness about people's health, environment, and responsibilities around drinking alcohol. It is important to provide consumers with product information. However, evidence does not prove that warning labels lead people to adopt safer drinking behaviour. In fact, some evidence shows that warning labels may have the opposite effect.

If warning labels are to be used to raise people's awareness, they should contain detailed health information and should always be used alongside other health promotion, prevention, and policy approaches to achieve safer drinking behaviours in New Zealand.

### Introduction and background

Warning labels on alcoholic beverages may be effective in raising awareness of health, environmental, and responsibility issues around alcohol consumption. However, there is no conclusive evidence that warning labels lead to positive changes in drinking behaviour. In fact, some evidence suggests the opposite.

ALAC considers that any warning messages on the harmful consequences of excessive drinking should be targeted at specific groups most at risk, be credible and accurate in their presentation, and able to be translated into specific behaviour for each individual according to their needs. In addition, such messages should be presented in a clear manner that avoids confusion. A truly accurate and credible warning message would be too large to place on an alcohol container. Neither would that be the most effective or credible placement for such a message.

When account is taken of the complexity of alcohol warning messages, the caveats that require explanation, and the different messages required for different population groups, it is evident that warning labels are not an efficient or effective means of improving drinking behaviour in consumers.

More effective alternatives to warning labels or health messages incorporate multiple-tool approaches to improving drinking behaviour. Such approaches comprise targeted community campaigns with the support of appropriate policy initiatives and law enforcement. These characteristics have been demonstrated to be effective in positively modifying drinking behaviour.

### Effectiveness of warning labels on alcohol

Unlike many products, there are risks associated with alcohol use that are largely preventable. Interest in warning labels on alcoholic beverages lies in the potential (real or assumed) for warning messages to protect the consumer, particularly pregnant women and young people, from potential harms associated with drinking alcoholic beverages. Public interest appears to lie in awareness raising, rather than behaviour change.<sup>1,2,3</sup>

Evidence shows that warning labels on alcoholic beverages can lead to increased awareness of issues if the warning is straightforward, relevant, conspicuous

and believable.<sup>4,5,6,7,8</sup> However, the Canadian Centre for Addiction and Mental Health (CAMH), has found prevention approaches that only provide information about the health risks and negative consequences of alcohol use to be unsuccessful.<sup>9</sup>

There are two major objections to warning label legislation. First, the lack of definitive evidence demonstrating that warning labels lead to healthier behaviour. Second, the risk of causing the opposite effect for which the labels were intended. That is, a range of boomerang effects including immunity to the impact of messages particularly regarding recommendations on drink driving, and an increased rate of abortion by moderate drinking pregnant women.<sup>4, 10,11,12</sup>

One 1998 study found that factors influencing a person's attitude to a warning label were more likely to be gender, frequency of drinking/getting drunk, perception of risk, and initial attitudes rather than fear of negative consequences.<sup>13</sup>

From mid-November 1989, all alcoholic beverages in the US were required to display a health warning.<sup>14</sup> Subsequently, studies were done to determine the impact of the warning labels. In one study of over 12,000 heavily pregnant African American women, Hankin et al tested the hypothesis that the newly implemented warning labels would decrease antenatal drinking.<sup>8</sup> The study found that awareness among the sample did not increase significantly until four months after their first appearance and by 1993 "the women who put their fetus at risk by drinking in excess of one standard drink per day [were] not heeding the warning".<sup>8</sup>

### Placement and format of warning messages

A third objection to warning label legislation is the physical difficulty of placing accurate information on a warning label.<sup>10</sup> Simple, believable and accurate warning labels are difficult to develop for alcoholic beverages. Unlike tobacco products, alcohol can provide a range of health benefits as well as negative effects, which differ with the age and health status of the consumer and the amounts consumed.<sup>15</sup>

The inclusion of all of the necessary factors for accuracy and credibility preclude simplicity and would most likely generate a label so large or print so small that it would be inappropriate for the purpose for which

it is intended, i.e. the provision of easily readable information on a beverage receptacle. However, failure to include accurate and believable information in favour of simplicity produces a warning that provides no real information from which consumers can make informed decisions about their drinking.

## Effective alternatives to warning labels

Evidence suggests that multiple-tool approaches to achieving positive behaviour change around alcohol consumption are effective alternatives to warning labels, particularly for young people.<sup>9,16</sup>

An example of effective community campaigns backed up by policy and law enforcement in New Zealand is demonstrated by the mass media campaigns surrounding drinking and driving. The introduction of random breath testing and the increase in penalties for drink-driving offences, including the seizing of vehicles of persistent offenders, has achieved significant positive changes in drink-driving behaviour. Deaths where driver alcohol was a contributing factor reduced from 42% of fatal crashes and 22% of injury crashes in 1990 to 23% and 14% respectively in 1999.<sup>17</sup> The Land Transport Safety Authority (LTSA) attributes this primarily to the use of enforcement and mass media in co-ordinated, targeted, and sustained campaigns.

An opportunity to implement such initiatives in the area of alcohol consumption behaviours will arise with the upcoming standard drinks labelling requirement and accompanying education, policy, and enforcement initiatives. By 2003, all alcoholic beverage containers for sale in New Zealand must have printed on them the number of standard drinks they contain. This provides a unique opportunity to supplement information with the promotion of meaningful and useable guidelines for the safe consumption of alcohol.

## References and further reading

1. Prism Corporation. 1988. *Final Report of Findings of Research Study of the Public Opinion Concerning Warning Labels on Containers of Alcoholic Beverages Conducted for the United States Bureau of Alcohol, Tobacco and Firearms*. Washington: Prism Corporation.
2. ORC. 1988. *A Public Opinion Survey on the Concept of Warning Labels on Alcoholic Beverage Containers*. Washington: Opinion Research Corporation.
3. Hilton ME, Kaskutas L. 1991. Public support for warning labels on alcoholic beverage containers. *British Journal of Addiction*, 86:1323–1333
4. Kaskutas L, Greenfield TK. 1992. First effects of warning labels on alcoholic beverage containers. *Drug and Alcohol Dependence*, 31(1):1–14.
5. Malouff J, Schutte N, Wiener K, Brancazio C, Fish D. 1992. Important characteristics of warning displays on alcohol containers. *Journal of Studies on Alcohol*, July: 457–461.
6. MacKinnon DP. 1993. A choice-based method to compare alternative alcohol warning labels. *Journal of Studies on Alcohol*, September:614–617.
7. Slater MD, Domenech MM. 1995. Alcohol warnings in TV beer advertisements. *Journal of Studies on Alcohol*, May: 361–367.

8. Hankin JR, Sloan JJ, Firestone IJ, Ager JW, Sokol RJ, Matier SS. 1993. A time series analysis of the impact of the alcohol warning label on antenatal drinking. *Alcoholism: Clinical and Experimental Research*, 17/3:284–289.
9. CAMH. 1999. *Alcohol and Drug Prevention Programs for Youth: What Works?* Ontario, Canada: Centre for Addiction and Mental Health.
10. Evans. 1991. *Health Messages on Alcohol Containers*. Wellington: Alcohol Advisory Council of New Zealand.
11. Parker RN, Saltz RF, Hennessy M. 1994. The impact of alcohol beverage container warning labels on alcohol-impaired drivers, drinking drivers and the general population in northern California. *Addiction*, 89:1639–1651.
12. Kaskutas LA. 1995. Interpretations of risk: The use of scientific information in the development of the alcohol warning label policy. *International Journal of the Addictions*, 30(12):1519–1548..
13. Smedley, LStJ. 1998. *Advances in the Development and Testing of Alcohol Warning Labels*. Thesis. University of Auckland. Funded by the Alcohol Advisory Council of New Zealand.
14. Deaver EL. 1997. History and implications of the Alcoholic Beverage Labeling Act of 1988. *Journal of Substance Misuse*, 2:234–237.
15. Olson CK, Kutner L, Staff of the American Council on Science and Health (ACSH). In progress. *A Comparison of the Health Effects of Alcohol Consumption and Tobacco Use in America*. www.acsh.org (PDF).
16. Shanahan P, Elliott B, Dahlgren N. 2000. *Review of Public Information Campaigns Addressing Youth Risk-taking*. Hobart: National Youth Affairs Research Scheme, mentions Backer T, Rogers E, Sopory P. 1992. *Designing Health Communication Campaigns: What works?* Newbury Park, California: Sage Publications.
17. Land Transport Safety Authority, 2000, Personal Communication.

## About ALAC

The Alcohol Advisory Council of New Zealand – Kaunihera Whakatupato Waipiro o Aotearoa (ALAC) was established under and is governed by the Alcohol Advisory Council Act 1976. Since 1992, ALAC has operated as a crown entity under the Public Finance Act 1989.

ALAC is funded by a fixed levy on all alcohol produced for consumption in New Zealand, which ensures that funds are targeted at alcohol-related problems. This reflects the Government's desire to both address the consequences of alcohol misuse and promote safe drinking habits.

ALAC's primary objective is the encouragement and promotion of moderation in the use of alcohol, the discouragement and reduction of the misuse of alcohol, and the minimisation of the personal, social, and economic harm resulting from the misuse of alcohol.

## Further information available from ALAC

A more comprehensive list of references regarding the effectiveness of warning labels can be found in ALAC's *Report for the Administrative Appeals Tribunal Hearing on Application A359 to the Australia and New Zealand Food Authority to Include Warning Statements on Alcohol Beverage Labels Sold in Australia and New Zealand*, which is available on ALAC's website: [www.alcohol.org.nz](http://www.alcohol.org.nz)