



Submission to Proposal P1050 – Pregnancy warning labels on alcoholic beverages

A. Name and contact details (position, address, telephone number, and email address);

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B. For organisations, the level at which the submission was authorised.

Approved by Board of Directors

Comments to specified sections of P1050 Call for Submissions (CFS) report:

C. Summary (optional but recommended if the submission is lengthy)

Mandatory labelling with the proposed PWL is a very blunt instrument trying to address a very specific problem. What is the problem we are trying to solve with this proposed change? If it is to prevent harm to unborn children through stopping pregnant women from consuming alcohol, then surely a more strategically targeted approach would have a better chance of success.

Questions to consider when developing research framework to support a targeted approach to a specific problem have not been included in the supporting research outlined in the CFS. For example:

- what does the existing research tell us about FASD?
- Where does it occur?
- What is the demographic?
- Is there a predominant alcoholic beverage consumed by pregnant women which contributes to foetal harm?
- Where is this beverage purchased?
- How does the identified demographic respond to existing labelling?

The literature review does not answer these questions; much of this research is yet to be done. Logically and economically it makes sense to do the research to answer these questions. It will then be possible to develop the meaningful messaging for at risk groups and identify the best ways of delivering the message at times when it will have the greatest impact on awareness of the risks associated with consuming alcohol while pregnant.

D. Literature review on the effectiveness of warning labels (section 3.1.1 of CFS)

Given the above observation, the review appears to have been compromised by time and resource constraints. How can industry comment on a process that has not, at the very least, been peer reviewed to confirm the methodology, outputs and conclusions are correct? We note on page 12 of the CFS it is stated that, *“Due to time constraints, FSANZ has arranged for the literature review to be peer reviewed during the public consultation period. The outcome of the peer review will be considered after public consultation and inform FSANZ’s decision on whether to accept, amend or reject the draft variation.”*

The review of literature does not provide conclusive evidence that mandatory labelling as singular strategy will be effective in modifying consumption patterns. It is stated on page 12 of the CFS that, *“The literature on the impact of warning labels on behaviour was limited and ... there was no strong evidence to suggest that where warning labels have been mandated there has been an impact on*



levels of consumption.”

Further, it appears that where the review does provide evidence that a more strategic approach would yield better results – “*multiple exposure to the same warning across different situations can lead to stronger beliefs in alcohol (page 11)*” – this is not taken into consideration.

Before instigating costly changes on many small businesses in what appears to be a shotgun approach, research into a targeted strategy aimed at specifically addressing the problem of alcohol-caused harm to unborn children and infants should be undertaken. This would lead to less waste of resources and most importantly, a better outcome for innocent children.

E. Consumer testing of warning statements (section 3.1.2)

The ministerial forum asked FSANZ specifically to develop a “Pregnancy Warning Label”. All of the proposed labels use the phrase “WARNING STATEMENT”. This generic warning could be interpreted by all consumers (not just those who are pregnant or intending to become pregnant or breastfeeding) as a warning not to drink alcohol at all. The study by Annunziata et al (2019) quoted in the literature review states that “The study found that Generation Y (born between 1978-2000) wine drinkers preferred a wine without a warning with the majority of the choice being driven by negative influence of a long-term health outcome and positive influence of the absence of the warning label. The decision was effected to a lesser extent but still negatively by a front label warning and then a large warning. The study concluded that small, back label warning for long-term health effects, or no warning labels are preferred by the participants.” This demonstrates that consumers who are not at risk could clearly choose against a product with a warning label simply because it has a warning label. This is beyond the scope of the ministerial forum’s request, which is to develop a warning label specifically for pregnancy and not alcohol consumption generally

F. Pictogram (section 3.2.2.2)

The pictogram is a silhouette of a pregnant woman holding a wine glass; she is obviously shown to be consuming wine. Clearly this message warns specifically against consumption of wine. Is this the appropriate message to best target pregnant women at risk of drinking alcohol and harming their babies? What is the beverage predominantly consumed by pregnant women whose alcohol consumption contributes to FASD in their children? Is it wine? Why do proposed warning labels for ALL alcoholic beverages contain the image of a wine glass? Surely an image of a martini/cocktail glass or a beer stubby would be just as recognisable as representing an alcoholic beverage? Could the current warning label be interpreted as a warning only against wine consumption?

Is the wine glass image the best representation of an alcoholic beverage for all communities?

Whilst a pictogram can help overcome language and education barriers, Section 3.2.2.2.4.2 of the CFS states “Australian indigenous stakeholder representatives raised a concern about the wine glass held by the woman in the pictogram, and whether this would be meaningful for an indigenous audience in remote communities who may not use this type of vessel.” This is a legitimate concern over the pictogram design.

The red strikethrough and circle are universally recognised as prohibitive, and the ability of red as a “warning” colour to attract attention is well-documented. It is possible that this very property may lead the consumer to focus on the red circle and strikethrough rather than the specific pregnancy image behind it. It risks changing the message to a general warning rather than a specific pregnancy warning, which is of course, the object of the proposed label.



The red circle & strikethrough are universal warning signs for multiple hazards and so “warning fatigue” may reduce their efficacy. The FSANZ-commissioned report Fetal alcohol spectrum disorder (FASD) Exploratory economic analysis of different prevention strategies in Australia and New Zealand (May 2010) states “Research suggests that there are familiarity effects associated with labels, whereby less attention is paid to label messages over time as people become used to their presence. This has been shown in studies that report that awareness of the alcohol beverage warning label has attenuated over time (Hankin et al 2002).

In contrast, the distinctive black pictogram currently in use may encourage focus on the silhouette of the pregnant woman and help direct attention to pregnant women or women intending to become pregnant.

G. Warning statement (section 3.2.2.3)

“Any alcohol can harm your baby”

Is this a true statement? Obviously, the double-standard of the non-labelling requirement for beverages with less than 1.15% alcohol is relevant here: if any alcohol can harm your baby then all beverages containing alcohol should have a warning label, but this is not the case.

There is also an issue of causing anxiety to pregnant women and mothers who may have inadvertently drunk a small amount of alcohol. If a mother knows she drank half a glass of wine once during her pregnancy should she be worried because “ANY” amount of alcohol can harm her child? Could it cause needless stress for pregnant women and mothers?

The NHMRC guidelines state that it’s safest not to drink any alcohol when you’re pregnant, but also that no safe level has been identified. This does not mean that any drop is harmful, yet that is the message. Is the statement “Any alcohol can harm your baby” supported by clear and peer-reviewed evidence?

Finally, reading the CFS documents and literature review gives the impression that a lot of time, effort and surveys have attempted to find a short statement that conveys the message “don’t consume alcohol while you’re pregnant”. Why not use this simple message itself? Why not use “Don’t consume when pregnant” next to the pictogram? It is completely unambiguous and conveys exactly the message in the directive. Unfortunately, this kind of statement was not tested.

H. Design labelling elements (section 3.2.2.4)

Signal Words”

FSANZ was asked to develop a “Pregnancy Warning” and not a general health warning. The use of Health Warning rather than “Pregnancy warning” risks changing the message and may not target pregnant women/women hoping to become pregnant as intended.

If mandatory labelling is desirable then there should not be exemptions for some alcoholic products other than those based on small size of individual packages (less than 200mL) where the pictogram alone is appropriate. It could imply that the smaller packages of alcohol are not harmful.

The size of the PWL is an important issue. The proposed size is larger than the size of the allergen warnings currently required on wine labels. Why? Does the potential to cause FASD represent a greater community risk than immunological reactions to allergens? A larger label could be expected



to be noticed more, but is there any evidence that increasing the size of the label will result in a measurable difference in FASD prevalence? The literature review states that “There was no strong evidence that where warning labels have been mandated there has been an impact”. If this is the case, there is no evidence that increasing label size will impact behaviour, however it will definitely add significantly to costs for producers.

Probably more than other beverages, wine uses the back label to provide detailed information to the consumer about grape variety, winemaking, vintage, provenance, alcohol content, allergen risk, etc. Consumers use this information to make buying decisions, and for this reason, the use of the back label is critical. Losing a significant amount of space on the back label (in some cases approximately 10% of printed area) reduces the ability to provide valuable information about the wine, and this in turn, reduces the ability of the consumer to make informed decisions.

I. Summary of proposed pregnancy warning label design (section 3.2.2.5)

The problems with the summary of the proposed PWL design include the following:

1. The signal words “Health warning” instead of “Pregnancy warning”. Health warning is a more general term and may dilute the pregnancy message which is stated aim of the proposal.
2. The pictogram using a wine glass as opposed to another identifiable alcoholic beverage image. This may imply that only wine is a harmful beverage and that other alcoholic beverages are safe.
3. The statement “Any alcohol can harm your baby”. This may not be literally be fact as shown by evidence, and scepticism about it may dilute the intended message of not consuming alcohol while pregnant.
4. The red circle & strikethrough may convey a generic warning rather than a specific pregnancy warning, especially if combined with the signal words “Health warning”. If these two elements appear in red, as proposed, the attention of the viewer may focus solely on them, and interpret them as a general warning. This is not the stated aim of the proposal.
5. The size of the PWL is large, considerably larger than the current allergy warnings, and especially when combined with the border and proposed clear space will use a significant amount of label space. This will necessitate new label design, and may force a reduction of the information currently provided to consumers on a back label-highly undesirable for a wine label.
6. The additional colours (red white and black) will add significantly to the cost of label printing, as well as new label design.

J. Beverages to carry the pregnancy warning label (section 3.2.3)

Why are alcoholic beverages containing less than 1.15% alcohol ABV not required to carry a PWL if it is true that “Any amount of alcohol can harm your baby”? If the statement is true, then any alcoholic product represents a risk and should be labelled accordingly but FSANZ does not require this labelling. The fact that lower alcoholic products do not require labelling is inconsistent and may confuse pregnant women or make them sceptical about the pregnancy warning labelling on other products. This is counterproductive to the aim of developing the PWL system.

K. Application to different types of sales (section 3.2.4)



Wines of WA is broadly comfortable with this approach.

L. Application to different types of packages (section 3.2.5)

Wines of WA is broadly comfortable with this approach

M. Consideration of costs and benefits (section 3.4.1.1 of CFS)

The CFS states “For most SKUs, the total size of the pregnancy warning label is assumed to be able to be incorporated onto existing packaging space, especially given the **proposed flexibility with different requirements and sizes for the warning label for alcoholic beverage volumes of 200 ml and under, > 200 ml and ≤ 800 ml and over 800 ml.**” What about SKU’s whose existing label space isn’t enough to incorporate the proposed PWL? Are they expected to provide less information about their product on a label? This is highly undesirable and could certainly affect the amount of information provided to the consumer. Are they expected to design a new, larger label in order to incorporate the proposed PWL? If this is the case, then the cost estimates provided in the CFS will be grossly low. What if a new, larger back-label design then makes the front label look unbalanced and necessitates a new larger design of both labels. Again, more increases in cost.

Smaller wine producers print smaller batches of labels, they do not have the economy of scale of larger printing orders. Thus their costs will be proportionally higher than those of larger producers. Whilst this point is acknowledged in the CFS, it is followed by the dismissive statement that “However, FSANZ understands that for glass bottles smaller producers often use digital printing. This form of printing is suited to printing smaller numbers of labels as label changes can be made more easily and cheaply than for higher volume printing processes.” If the small producer currently uses digital printing and is required to design and produce a new label with 3 new colours, this is still a significant cost increase. It may be cheaper than making the changes using conventional printing but it is still a significant cost increase.

The cost benefit analysis suggests that “only a small proportion of FASD cases need to be prevented to offset the costs of label changes to the industry”. It is impossible to know how the proposed PWL will impact on FASD cases. Given the research quoted in the CFS, “*there was no strong evidence to suggest that where warning labels have been mandated there has been an impact*” and “*It is generally accepted that where alcohol warning labels have been introduced, they have had limited impact on consumption or behaviour*”, it is difficult to see how the conclusion was reached that mandatory labelling is the best approach to lower alcohol consumption by pregnant women and resulting FASD incidence.

Table 13 of the CFS states that in the base scenario (considered most likely), the cost to industry would be **AU \$351,319,009**. This is an extraordinary amount of money to spend on an approach with no evidence that it will be successful. Further, the FSANZ-commissioned report Fetal alcohol spectrum disorder (FASD) Exploratory economic analysis of different prevention strategies in Australia and New Zealand (May 2010) states that “In Australia all four prevention scenarios were found to be cost-saving within the range of expected effectiveness, and the secondary prevention scenario of education sessions for pregnant women was found to be the most cost-effective.” If education sessions for pregnant women have been found to be the most effective at reducing alcohol consumption by pregnant women and FASD cases, then surely this large amount of money would be better directed to providing these education sessions.



N. Transitional arrangements (section 4.1 of CFS)

Transitional arrangements must not penalise producers who keep and sell wines which are bottle-aged or museum stock. There is no evidence that these older wines contribute disproportionately to FASD incidence, so the producers should not be disproportionately penalised financially.

O. Draft variation to the Australia New Zealand Food Standards Code (Attachment A of CFS)

Given that Australian Grape and Wine, the national industry representative body, has provided a number of comments which are critical of the policy design work undertaken by FSANZ, Wines of WA does not consider it to be a productive exercise to comment on the specifics of drafting at this point. It is clear from our discussions with Australian Grape and Wine that the underpinnings of the pregnancy warning label design must be amended before drafting should be undertaken.

P. Other comments (within the scope of P1050 – see section 1.5 of the CFS)

The design of the pictogram may not be the most effective way to deliver the desired message to a significant target group. Is there a more recognisable symbol for an alcoholic beverage? Whilst a pictogram can help overcome language and education barriers, Section 3.2.2.2.4.2 of the CFS states “Australian indigenous stakeholder representatives raised a concern about the wine glass held by the woman in the pictogram, and whether this would be meaningful for an indigenous audience in remote communities who may not use this type of vessel.” This is a legitimate concern over the pictogram design, particularly given that “Estimates of FAS and FASD incidence and prevalence rates vary between countries. FASD is more common in populations that experience high degrees of social deprivation and poverty, such as indigenous groups” and “For Australia, the incidence of FAS in the state of Western Australia has been reported as 0.18 cases per 1000 births (Bower et al 2000). Significantly higher incidence rates have been reported in Aboriginal children (2.76/1000 births) compared with non-Aboriginal children (0.02/1000 births)” (Fetal alcohol spectrum disorder (FASD) Exploratory economic analysis of different prevention strategies in Australia and New Zealand, Prepared by Health Technology Analysts Pty Ltd For Food Standards Australia New Zealand, May, 2010). Aboriginal populations are clearly an important target group for FASD prevention and are thus worthy of special consideration in the design of an approach to FASD prevention/reduction.