

Proposal P1050 – Submission Template

Please use the template below to provide your submission to Proposal P1050 – Pregnancy warning labels on alcoholic beverages. Please submit this to FSANZ as a word document (if required, a pdf of the submission may also be provided in addition to the word document).

For information about making a submission, including what your submission should include, visit the FSANZ website at [information for submitters](#).

Submission to Proposal P1050 – Pregnancy warning labels on alcoholic beverages

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

National Drug Research Institute
Curtin University
PO Box U1987, 6845
Perth, Western Australia

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

National Drug Research Institute, Curtin University

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

Text here

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

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

It is noted that this literature review on the effectiveness of warning labels was conducted between the period November 2008 to July 2019 as an earlier FSAND commissioned literature review included earlier papers.

Comments:

Page 9. Standard pictogram. It is concerning that the standard pictogram on which this review is generated is not from a health organisation but from the industry. DrinkWise as part of the alcohol industry has a priority interest in financial gain from the selling of alcohol. The involvement of industry in this review creates a level of concern and doubt as to the validity of results. We suggest that a standard pictogram should have been accessed from a health organisation either nationally or internationally, or developed using the formative phase of the Intervention Framework (McBride, 2016) by expert health professionals, consumer advisers and current literature.

Page 10. Given that there are only a few relevant papers reporting on empirical evidence we encourage the FSANZ to provide advice to governments on initiating and financially supporting quality research in this area, including an evaluation of the proposed warning labels. This evaluation should not be industry funded or influenced.

Page 10 and Appendix A. Review method.

- Given the dearth of quality studies and reviews, non-English studies should be included in the review.
- Given the review is assessing quality of evidence for such an important area, the review would have benefitted from observing PRISMA guidelines. PRISMA is an evidence-based minimum set of items for reporting systematic reviews and meta-analyses.
- The Study Quality section of Table A1 is not based on adequate assessment of each study's design. There is not enough detail on how study quality was determined for this review except for a brief outline of unrated general criteria on page 44 and 45. For example, Coomber et al 2017 used the qualitative methodology of focus groups with a sample size of 26 which is unlikely to meet the expected sample size for this methodology. No mention is made of this study reaching saturation of data so it remains difficult to assess this study's inclusion. Many of the 'medium' quality studies have small samples of convenience and therefore inherent bias. It is surprising that they have been included into a review that is determining practice and policy on such a critical subject.
- Given that this review is collecting evidence to inform a critical area of health behaviour that will directly influence policy, it is advisable that poor quality studies, narrative reviews, and biased systematic literature reviews be excluded.
- The aim of this literature review was to review the evidence of effectiveness of warning labels on packaged alcoholic beverages to inform warning label design. With the flaws inherent in this review the findings are questionable.

E. Consumer testing of warning statements (section 3.1.2)

Consumer testing is an important part of determining effective policy and it is pleasing to see consumer testing included in the FSANZ approach.

Comments on the Roy Morgan Consumer Testing

- The sampling frame for each country by age group and gender is appropriate.
- The sample size determination doesn't seem to have been informed by a power analysis nor by random sampling of the required sample. A sample acceptance rate of 3% in Australia and 6.1% in New Zealand suggests that a bias respondent group could have participated in the survey.
- There is a conflict of interest that the warning label tested as part of this consumer testing study was generated by DrinkWise, an industry group funded by sales of alcohol.

F. Pictogram (section 3.2.2.2)

There is a conflict of interest that the standard warning label adopted by FSANZ is that which was developed and funded by Drinkwise, an industry group with a priority interest in financial gain by selling alcohol. A standard pictogram would have ideally have been accessed from a health organisation either nationally or internationally, or based on the principles of a similar successful area (for example, smoking).

There is a concern that the fundamental image is of a pregnant woman drinking. It is possible that this imagery may have a detrimental effect on pregnant women who currently drink alcohol or have a drinking problem. We suggest that an alternative be designed using rigorous development methods.

Ideally, a pictogram should be uniquely developed with designers and input from experts in the field, the consumer group, while being informed by the literature or associated literature if there are minimal studies in the direct field, and tested widely for acceptability and potential behavioural impact. We suggest that this issue should be given full consideration in future reviews in this area. This is particularly important as new generations come into child bearing age to increase the modest level of awareness (see Roy Morgan consumer group data) of the current industry generated standard pictogram.

There is a major concern that as the pictogram size is reduced the red line which crosses the pregnant stomach lessens the clarity that the pictogram represents a pregnant women. We suggest that this be rectified, and that industry be required to observe minimum pictogram size limits. The pregnant stomach could be larger to limit the possibility of any misjudgement of the image. For example, where the arm and stomach meet, the clarity of a pregnant stomach is reduced.

Given the above issues, it is concerning that FSANZ advises that the industry generated standard pictogram should be part of the mandated pregnancy warning label. If used we suggest that usage be time limited and that efforts and funding be sought to ensure the development of a non-industry generated pictogram for future use.

G. Warning statement (section 3.2.2.3)

The summary of the Roy Morgan consumer survey in the FSANZ 'Call for Submissions – Proposal P1050) document and the recommendation to adopt 'any amount of alcohol can harm our baby' does not fully capture the result provided in the Roy Morgan report. The FSANZ document suggests that a shorter statement will be more desirable by the alcohol industry, however, we strongly believe that this should not be a consideration in determining the selection of a warning statement.

Based on significance testing it is clear that of the warning statements available for selection the most effective in raising awareness for Australian women is 'any amount of alcohol can cause lifelong harm to your baby'. Two warning statements are equally effective in raising awareness for New Zealand women, however, neither are the same as that for Australian women. Therefore, the selection of one warning statement for both countries based on this criteria will be questionable. However, when assessed on which statement best conveyed the message not to drink alcohol while pregnant, the statement 'any amount of alcohol can cause lifelong harm to your baby' was selected by women from both countries (between two to nine times more often than other statements). This statement was two times more likely than the statement eventually selected by FSANZ to convey the message not to drink alcohol while pregnant..

Given this, we recommend that the longer statement be adopted: 'Any amount of alcohol can cause lifelong harm to your baby'.

H. Design labelling elements (section 3.2.2.4)

The inclusion of DrinkWise and other industry group guidance for voluntary pregnancy warning labels is highly concerning. We request that any recommendations for any industry involvement and influence in this area be deleted. There is a major conflict of interest if industry is included in the development of warning labels which will impact on Australian and New

Zealand health policy.

Alcohol beverage size categories

To simplify and increase the range of products included we suggest that categories include a) alcohol products 100mls or less and b) alcohol products 100mls or more.

Warning label size

Please see previous concerns about warning label size in point F above.

In addition, the suggested smaller size of the warning labels is concerning and may have impact on attracting consumer group attention and in their ability to effectively read, comprehend and meaning applied to the labels. Research in the smoking field reports that smokers equate the size of the warning label with the level of risk (Wilkinson et al 2009). Given the importance of the preventative message, we suggest that at a minimum the warning labels meet those for the standard drink information and recycling logos by having a minimum font size of 3mm and a minimum height of 14mm.

As noted previously, as the image is reduced the pregnancy if less obvious. Because of this we would suggest that the pictogram alone not be used on any packaging.

Location and Orientation

FSANZ provide several arguments for not prescribing a location of the warning on a beverage container based on current trade agreements and current regulations, however, within the arguments used for this decision there is scope to undertake research to adequately determine the impact of placement on awareness of warning on purchasers. This health related information will assist in balancing future decisions by FSANZ which are currently based on non-health related issues.

Currently front of pack warning labels that are horizontally placed are more effective in raising awareness and these considerations should be highlighted in decisions around health impact within the restrictions of free trade agreements. To overcome current restrictions the warning label size guidelines should be considerably increased.

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

Please see previous comments in sections F and G. In particular:

There is a fundamental concern that the image (black part) is of a pregnant woman drinking. It is possible that this image may have a detrimental effect on pregnant women who currently drink alcohol or have a drinking problem. We suggest an alternative where the pregnant woman is separated from the alcoholic beverage.

Ideally, a pictogram should be uniquely developed with designers and input from experts in the field, the consumer group, while being informed by the literature or associated literature if there are minimal studies in the direct field, and tested widely for acceptability and potential behavioural impact. We suggest that this issue should be given full consideration in future reviews in this area. This is particularly important as new generations come into child bearing age to increase the modest level of awareness (see Roy Morgan consumer group data) of the current industry generated standard pictogram.

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

Research has now provided evidence that even low levels of alcohol can contribute to FASD. Therefore we suggest that any product that contains alcohol (more than 0.5 ABV) should be required to have warning labels.

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

No additional comment.

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

As noted in point F, as the pictogram size is reduced clarity is lost. We suggest that industry be strictly guided as to minimal size of pictogram so that clarity of the pictogram is maintained.

3.2.5.3 provides a clear distinction around the motivations of industry and public health in the warning label requirements on alcohol packaging including multilayer packaging. Industries concerns are around cost, public health concerns are related to reducing FASD by informing consumers at point of sale and point of consumption. Given that the objective of the DRIS are related to health behaviour: -to provide 'clear and easy to understand trigger to remind pregnant women, at both point of sale and the potential point of consumption - not to drink' and 'to provide information to the community about the need for pregnant women to not drink alcohol' we suggest that the inclusion of industry stakeholder and their motivations should be given minimal consideration.

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

We feel that it is important to prioritise the health impact and outcomes in a health policy document over and above cost considerations to the industry.

It would be advisable for the Australian Government to input a tax on the alcohol industry as it has done on the tobacco industry to pay for some of the related societal health costs associated with alcohol consumption, including FASD. We note that this is outside the remit of FSANZ, however believe it would be an important development for the health of the Australian community.

N. Transitional arrangements (section 4.1 of CFS)

The alcohol industry was provided with the opportunity to introduce voluntary warning labels over a decade ago. We believe that a two-year transitional period is unwarranted and suggest that a 12 month maximum transitional period is appropriate. There is limited justification to extend delays to alcohol warning labels beyond a 12 month period to minimise the impact on industry (4.1.1).

O. Draft variation to the Australia New Zealand Food Standards Code (Attachment

A of CFS)

Please note the majority of issues raised above are relevant to the draft variation.

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

The proposed pregnancy warning labels have excessive alcohol industry input and there is no place for this given the industries' documented links to misinformation and exclusion of information related to alcohol consumption during pregnancy and FASD (Lim et al, 2019; Han, 2019).

Monitoring and Evaluation

Given the multiple concerns raised in this submission, it is recommended that alcohol warning labels be evaluated using rigorous research design and in a timely manner; and that review of the guidelines occur on a regular basis to ensure an ongoing evidence-based approach.

References

Han E. 'Utterly wrong': What happens when the alcohol industry makes pregnancy warning posters [updated 2018 Aug 28; cited 2019 Oct 23]. Sydney Morning Herald. Available from: <https://www.smh.com.au/healthcare/utterly-wrong-what-happens-when-the-alcohol-industry-makes-pregnancy-warning-posters-20180827-p50022.html>

Lim AWY, Schalkwyk MCIV, Hessari NM, Petticrew MP. Pregnancy, Fertility, Breastfeeding, and Alcohol Consumption: An Analysis of Framing and Completeness of Information Disseminated by Alcohol Industry–Funded Organizations. *Journal of Studies on Alcohol and Drugs*. 2019; 80(5):524-533.

McBride, N. (2016). *Intervention Research: A practical guide for developing evidence-based school prevention programmes*. National Drug Research Institute, Faculty of Health Sciences, Curtin University. Springer: Singapore.

Wilkinson et al. (2009). Report 2. Alcohol warning labels: evidence of impact on alcohol consumption amongst women of childbearing age. Report prepared by the National Drug Research Institute (Curtin University), in collaboration with the Drug and Alcohol Office (WA), the National Drug and Alcohol Research Centre (University of New South Wales), and the Public Health Advocacy Institute (Curtin University). National Drug Research Institute, Perth.