

Submission to Proposal P1050 – Pregnancy warning labels on alcoholic beverages

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

Deputy Director of Public Health
Ministry of Health
Wellington

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

Director of Public Health (Tier 3)

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

The Ministry of Health broadly supports FSANZ's pregnancy warning label proposal, containing the pictogram and pictogram with HEALTH WARNING and supporting text. We believe that the pictogram is a critical component of a pregnancy warning label, and that, as a health warning, it needs to be clearly visible and stand out on a label. This can best be achieved through contrasting colours on the warning, placement, size and legibility.

Our reasons include:

- The Ministry of Health estimates that approximately 30,000 children and young people in New Zealand have Fetal Alcohol Spectrum Disorder, with approximately 1,800 more born with it each year. This estimate is based on international research, which suggests that around three percent of births may be affected.
- Approximately 55 percent of New Zealand pregnant women drink alcohol before they realise they are pregnant¹.
- In a recent research study by Rosen et al (2018)², almost one in five women continue to drink once they realise they are pregnant. Consumption dropped off later in the pregnancy. Heavier drinking in the first trimester was highest among younger women, and significantly higher in Māori women, women experiencing higher levels of socioeconomic deprivation, without a secondary school education, in their first pregnancy and with an unplanned pregnancy.
- There is no safe level of alcohol use at any stage during pregnancy.
- FASD can result in lifelong mental and physical disabilities, and adversely reduces life expectancy. It causes loss of quality of life and productivity for those born with it, and places significant burdens on their families, the health system, and society.

¹ Health Promotion Agency December 2015.

www.alcohol.org.nz/sites/default/files/documents/Hazards%20of%20alcohol%20use%20while%20pregnant.pdf

² Rosen, Newcombe, Parag et al. 2018. Alcohol consumption in New Zealand women before and during pregnancy: findings from the Growing Up in New Zealand study. NZMJ July 2018.Vol 131.1479.

www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-147927-july-2018/7642

- Warning labels need to be complemented by broader activities such as consumer education to improve understanding about the contribution that drinking while pregnant makes to miscarriage rates, stillbirths and FASD.
- There needs to be a clear warning that it is not safe for women to drink any amount of alcohol at any stage during pregnancy.
- Pregnancy warning labels on alcohol, alongside other awareness raising and alcohol harm reduction actions, may contribute to reducing health inequity as Māori women have significantly higher rates of drinking in the first trimester than non-Māori.

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)

We agree with the evidence summary. A key finding of the review is that countries with mandated warning labels experienced increased awareness of warning labels and content recall over time.

E. Consumer testing of warning statements (section 3.1.2)

No comment.

F. Pictogram (section 3.2.2.2)

We support the inclusion of a pictograph and believe that it is a critical component of a pregnancy warning label. The addition of a pictogram enhances attention and addresses concerns regarding effectiveness of labelling in those with low literacy or English as a second language. However, to be effective the pictogram needs to be legible, rapidly identifiable and consistent across products. While consistency across products is important, there may be scope to swap the wine glass out for a tumbler or can on beer, cider or spirits products so that the image reflects the type of alcohol product that it is depicted on.

G. Warning statement (section 3.2.2.3)

The Ministry of Health supports the FSANZ recommendation of “*Any amount of alcohol can harm your baby.*” We would also accept “*Any amount of alcohol can cause lifelong harm to your baby.*” We share the concerns expressed in your report about the use of “*It’s safest not to drink while pregnant*” and how this may be mis-interpreted by women as ‘drinking a small amount is okay’. We do not support the fourth option “*Alcohol can harm your baby*” either as we feel that the word “any” is required to impart the message that there is no safe level of alcohol consumption during pregnancy.

H. Design labelling elements (section 3.2.2.4)

We support FSANZ’s recommendations. They balance the available evidence, stakeholder feedback and practical considerations appropriately.

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

We support the proposed design and size recommendations except for the recommendation for alcohol beverage volumes less than 200ml. We recommend that a small square border is placed around the pictogram with a white background so that the circle border is distinguishable from the label background, particularly if the background label is red.

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

While we accept the decision to recommend option 1, we believe in the longer term that there needs to be a review of the Code, with consideration given to tighter regulation of the brewed soft-drink industry in terms of alcohol content.

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

We support the FSANZ proposal.

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

We support the FSANZ proposal.

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

No comment.

N. Transitional arrangements (section 4.1 of CFS)

From a public health and a harm reduction perspective, our preference would be for a 12 or 18 month transition period.

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

We support the proposed variations.

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

No further comments to make.