

## 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:

N/A

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

### 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)

- As mentioned in the review, warning labels are not shown to be effective in changing behaviour, however can be used as one part of a multifactorial approach to raise awareness. Interviews with pregnant women from the Australian Longitudinal Study on Women's Health found that women were in favour of a clear, consistent message being promoted to the public about alcohol use during pregnancy to inform people of the national recommendations (Anderson et al, 2014).<sup>1</sup> Promoting the message through multiple avenues was seen as one way of raising awareness, and clearing up any mixed messages left over from the previous 2001 NHMRC alcohol guidelines which condoned low level alcohol use during pregnancy.
- Warning labels on alcoholic beverages could help to raise awareness as a public health strategy.

E.Consumer testing of warning statements (section 3.1.2)

- Issue #1: Two of the statements that were tested included misleading information that is not supported by the current evidence base on the potential harms of alcohol use during pregnancy: 1) "Any amount of alcohol can harm your baby" and 2) "Any amount of alcohol can cause lifelong harm to your baby."
  - Refer to comment for "G. Warning statement" below

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<sup>1</sup> Anderson, A. E., Hure, A. J., Kay-Lambkin, F. J., & Loxton, D. J. (2014). Women's perceptions of information about alcohol use during pregnancy: a qualitative study. *BMC public health*, 14, 1048. doi:10.1186/1471-2458-14-1048

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- Issue #2: Participants were asked to select one of the statements below that best matched their understanding of the label message, however there was no statement that accurately captured the message “It’s safest not to drink while pregnant”
  - A If you are pregnant you should not drink any amount of alcohol as it can harm your baby
  - B If you are pregnant you should not drink any amount of alcohol as it can cause permanent harm to your baby
  - C If you are pregnant you should not drink alcohol as it can harm your baby
  - E If you are pregnant it’s best not to drink alcohol but drinking a small amount is OK
  - F If you are pregnant you can drink alcohol if you want to but it’s better not to
  - Participants were forced to choose that either any alcohol was harmful or that drinking was okay. They had no choice to select the actual message contained in the NHMRC (2009) alcohol guidelines, which is that it is unclear if there is a safe level of drinking during pregnancy, so it is safest to avoid alcohol altogether.
  - An alternative statement which truly reflects the guidelines should have been tested, such as “Although risk appears to be low with low levels of alcohol use during pregnancy, there is no known ‘safe’ level of alcohol use during pregnancy, therefore the safest option is to not drink while pregnant.”
- Issue #3: Poor methodology in survey design inhibits interpretation of results.
  - For example, a validated scale was not used to measure perceived credibility of the warning statements
- Issue #4: Potential harms, e.g. distress that could be caused to pregnant women, if the different warning statements were implemented was not assessed.

### F.Pictogram (section 3.2.2.2)

- Appropriate and internationally recognised

### G.Warning statement (section 3.2.2.3)

- Agree with the use of “Health Warning” rather than “Warning”
- Do not agree with the use of the words “any amount” in the proposed statement of “any amount of alcohol can harm your baby”
  - Although a “safe” or “no-effect” level of alcohol cannot be determined from the evidence base (due to methodological limitations), that does not mean that any amount of alcohol is harmful. In fact, the majority of research on low levels of consumption (as summarised by the NHMRC 2009 alcohol guidelines) would suggest it is not.
  - The use of “any amount” also introduces the issue of shaming/inducing guilt in pregnant women who have made an informed decision to have a small amount of alcohol, or have had low levels before realising they were pregnant. The purpose of a health warning should be to provide an accurate, evidence-based, clear message to enable individuals to make their own informed decisions without judgement.
- The National Health and Medical Research Council’s (2009) *Australian guidelines to reduce health risks from drinking alcohol* clearly states:
  - “A ‘no-effect’ level has not been established, and limitations in the available evidence make it impossible to set a ‘safe’ or ‘no-risk’ drinking level for women to avoid harm to their unborn children, although the risks to the fetus from low-level drinking (such as one or two drinks per week) during pregnancy are likely to be low. A conservative, public health approach has

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therefore been taken in recommending that 'not drinking alcohol is the safest option' for pregnant women and women planning a pregnancy. This decision was not based on the fact that substantial new evidence had emerged since the previous guidelines were published, but on limitations of the existing evidence. Women who drank alcohol before they knew they were pregnant or during their pregnancy should be reassured that the majority of babies exposed to alcohol suffer no observable harm. The risk to the fetus from low level drinking is likely to be low." (NHMRC, 2009, p. 68)

- Not being able to identify a "safe" level due to limitations in existing literature is not the same as there being no "safe" level. The evidence, as described in the NHMRC guidelines suggests that low levels of alcohol use during pregnancy are unlikely to cause harm.
- The guidelines also suggest (NHMRC, 2009, p.77) "While there is convincing evidence linking chronic or intermittent high level alcohol intake with harms, including adverse pregnancy outcomes and FASD, there remains uncertainty about the potential for harm to the fetus if a woman drinks low levels of alcohol during pregnancy. It is important that all women of child-bearing age are aware, before they consider pregnancy, of both this uncertainty and the potential risks of harm, so they can make informed decisions about drinking in pregnancy."
- They go on to state that "efforts should be made not to induce unnecessary anxiety for isolated episodes of drinking. Women who drank alcohol before they knew they were pregnant or during pregnancy should be reassured that the risk to the fetus is likely to be low if they had drunk at low risk levels."
- Based on the above information, it is believed that the proposed warning statement does not comply with subsection 18 (2a) of the FSANZ Act "the need for standards to be based on risk analysis using the best available scientific evidence", as the best available scientific evidence does not warrant the conclusion that harm occurs with "any amount" of alcohol when pregnant.

H. Design labelling elements (section 3.2.2.4)

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

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

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

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

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

N. Transitional arrangements (section 4.1 of CFS)

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

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

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