



**Australian Drug Foundation submission to  
the Food Standards Australia New Zealand  
in regard to Application A576 Labelling of Alcoholic  
Beverages with a pregnancy Health advisory label.**

February 2008

## **ADF Position**

The Australian Drug Foundation strongly supports the adoption of Option 2 – that is to amend the Code to require a health advisory label on alcoholic beverage containers advising of the risk of consuming alcohol when planning to become pregnant and during pregnancy.

Alcohol is ‘no ordinary commodity’ and its use carries inherent risks, especially for some sections of the community, in this case, pregnant women. The ADF views access to information on how to use this product (alcohol) as safely as possible as a basic consumer right which should accompany the sale and supply of the product.

Health advisory labelling, has an important role to play as part of a comprehensive public health strategy to educate the community on how to use alcohol less harmfully. The introduction of such labelling will work to shift the cultural and social acceptance of alcohol as a harmless product. Labelling will also act to reinforce the messages, information and education being delivered through other strategies such as media campaigns, school and community education programs, websites etc. It is, therefore, important that the wording of the health advice be compatible and consistent with the broader health messages being delivered.

The ADF believes a range of health advisory labels, providing health information on other aspects of alcohol use, is required. This would then allow for rotation of messages, which increase the impact of messages. However we recognize that this is beyond the scope of this Application. The introduction of pregnancy health advisory labelling is an important step in the right direction.

The cost and process considerations of the introduction of health advisory labelling are small. Given enough lead-time, the impact on manufacturers and distributors is minimal. Those who export to other countries, such as the U.S.A., already label their products with health warning labels to meet the requirements of those countries.

## The Australian Drug Foundation

The Australian Drug Foundation is a charitable, not-for-profit, independent organisation. The ADF's mission is to prevent alcohol and other drug problems and reduce alcohol and other drug harms. The concept of harm minimisation underpins the work of the ADF. The ADF works through the main program strategies of research, information, community education and development; and advocacy. Alcohol is the ADF's main drug of priority.

**Formatted:** Font: (Default)  
Arial, 11 pt

**Formatted:** Font: (Default)  
Arial, 11 pt

**Formatted:** Font: (Default)  
Arial, 11 pt

**Formatted:** Font: (Default)  
Arial, 11 pt

Current ADF programs and services include:

- The DrugInfo Clearinghouse (incorporating the Resource Centre, the Somazone, Koori and Multicultural websites and the Druginfo Shop), works to develop and disseminate quality, reliable information on alcohol and drugs to professionals and the wider community.

**Formatted:** Bullets and  
Numbering

**Formatted:** Font: (Default)  
Arial, 11 pt

- ADIN (Australian Drug Information Network) provides a central point of access to quality Internet-based alcohol and drug information provided by prominent organisations in Australia and Internationally.

**Formatted:** Font: (Default)  
Arial, 11 pt

- The Centre for Youth Drug Studies conducts a range of research studies into the factors that influence young people's drinking and drug use. The findings from these studies feed directly into developing more effective responses.

**Formatted:** Bullets and  
Numbering

- The Good Sports Program: an innovative community development project working with community sporting clubs to enable them to manage alcohol in a responsible manner.

- The Community Alcohol Action Network (CAAN) raises awareness of alcohol as an issue of public health and safety and encourages community members and policy makers to act to reduce alcohol risks and harms.

**Formatted:** Font: (Default)  
Arial, 11 pt

- Policy development: the ADF contributes to the development and review of drug and alcohol policy, regulation and legislation.

**Formatted:** Bullets and  
Numbering

See [www.adf.org.au](http://www.adf.org.au) for further details

## Response to specific questions

This submission will address only the areas and issues which the ADF has direct experience and expertise on.

### Existing strategies & initiatives

1. What other strategies or programs are there in Australia or New Zealand (initiated by industry, public health, government, and consumer groups) to advise women of childbearing age of the risk of consuming alcohol when pregnant or if planning a pregnancy?
2. What information (from industry, public health, government and consumer groups) is available to women planning a pregnancy or pregnant women, about the risk of consuming alcohol?

The ADF provides information and publishes a range of information resources, both in print and online. The ADF's resources and websites are used extensively in school and community education programs throughout Australia.

'How Drugs Affect You: Alcohol', the ADF's most popular alcohol information brochure, states that *'the World Health Organisation recommends that the safest approach for pregnant women is not to consume any alcohol at all. For women who are breastfeeding in general it is better to avoid consumption of alcohol as much as possible'*. This is also the information provided online via the Druginfo Clearinghouse website [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au)

The information booklet "Alcohol, other drugs and pregnancy", produced by the ADF and the Royal Women's Hospital, advises women planning to get pregnant to 'Avoid caffeine, alcohol and other drugs'. If pregnant and using alcohol and/or other drugs, the risks are outlined and they are encouraged to discuss their alcohol and drug use with their pregnancy care provider.

All of the ADF's resources will be rewritten and updated to reflect the revised Australian Drinking Guidelines once they are finalised.

### Risk Management

7. Do you think a health advisory statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy on all alcoholic beverage containers should be required? Why/why not?

The ADF strongly supports the requirement that all alcoholic beverage containers carry labels with a health advisory statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy.

Alcohol is responsible for a significant amount of health and social harm in our community. However alcohol use is firmly entrenched in our culture. One single strategy by itself will not universally change attitudes, behaviours and practices. Rather a long term, comprehensive, multi-faceted campaign is required, similar to the anti-smoking campaign. The use of cigarette warning labels is well documented and is an integral element of the anti-smoking campaign

Up to now, the official advice and information available on the risks of drinking while pregnant or breastfeeding has been equivocal. This has now changed:

- There is more research evidence supporting the link of alcohol use with a raft of developmental issues in babies and children.
- The soon-to-be finalised NH&MRC Australian Drinking Guidelines (NHMRC 2007) are likely to include a recommendation advising women that not drinking is the safest option for women who are pregnant, planning pregnancy or breastfeeding.

Young women are drinking more and drinking more often. Increased financial and social independence; a cultural acceptance of women drinking; a greater variety of licensed premises attractive to young women; and an increased availability of alcoholic drinks which appeal to young women all have contributed to this trend. It is young women (who are in the most fertile period of their lives) who need to be targeted with the alcohol and pregnancy message.

In particular the ADF is concerned at the development and marketing of pre-mixed spirits (or RTDs) which are sweet, colourful and of increasing alcoholic strength. RTDs are the alcohol beverages favoured by the heaviest drinking teenage females aged between 14-19 years and the second most popular beverage of females aged 20-24 years. Disturbingly, a new generation of "super-strength" RTDs containing between 7-9% are now marketed by major spirits brands (Munro & de Wever). The increase in the alcohol content of popular drinks is likely to result in a greater incidence of intoxication; either by accident as drinkers unwittingly purchase the stronger versions, and willfully, as deliberate binge drinkers exploit the "super-strength" RTDs. In both cases, an increased incidence of harm is predictable thus putting women's health and safety at risk, and therefore adding to the risk to the fetus in the case of pregnant women.

8. What further evidence is available about the use and/or effectiveness of a health advisory statement on alcoholic beverage containers regarding the risk of consuming alcohol when planning to become pregnant and during pregnancy?

There is strong public support for the introduction of alcohol warning/health advisory labels. When the National Drug Strategy Household Surveys gauged public support for labelling alcohol containers with information based on the Australian Drinking Guidelines, 71% of people in 2001 and 69.9% in 2004 supported the idea (AIHW 2005).

9. What wording for a statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy would be appropriate on an alcoholic beverage container to raise awareness in pregnant women and women planning to become pregnant?

The real role of health advisory labelling is to reinforce the messages, information and education being delivered through other strategies such as media campaigns, school and community education programs, websites etc. It is, therefore, important that the wording of the health advice be compatible and consistent with the broader health messages being delivered.

It is important that the wording is clear, unambiguous, evidence-based and relevant to the target audience i.e. young women. Messages will need to be carefully trialled and assessed before adoption for use.

**Comment [m1]:** and accurate – based on the evidence

**Comment [m2]:** e.g. to keep the child safe from the potentially damaging effects of alcohol, women are advised not to drink alcohol if pregnant, if planning a pregnancy or if breastfeeding.

The ADF supports the Salvation Army proposal that an appropriate warning would take the form: “Drinking alcohol regularly during pregnancy may harm your unborn baby.” This formulation is consistent with the current scientific consensus and should not alarm pregnant women who have already consumed small amounts of alcohol during their pregnancy.

Having available a variety of health advisory statements relating to avoiding alcohol in pregnancy is also advisable. Research into the effectiveness of tobacco warning labels indicates the need for a range of messages which can then be rotated, so keeping the message fresh and attracting more of the consumers attention (Ferrance et al 2007 & WHO 2007).

10. What further evidence is relevant to the wording of such a statement, such as its likely effectiveness or appeal to women of childbearing age and/or understanding of the statement by women of childbearing age?

Again what has been learned from the experience of tobacco warning labels should be taken into account. The warnings

- should be graphic and attention seeking;
- should occupy a considerable portion of the package surface; and
- should involve rotating and changing messages.

11. What are the advantages and disadvantages of a written statement compared with a pictorial image for conveying the risks of consuming alcohol when planning a pregnancy and during pregnancy?

A pictorial image has the advantages of avoiding literacy barriers which some consumers may have; presenting information more graphically; and being more visually arresting.

However presenting the effects of alcohol on pregnancy graphically (as in tobacco labels) may present some problems. Alcohol related birth defects cover a wide range of conditions, which may have physical, mental, behavioural and/or learning effects, and there may be barriers to effectively communicating all of this visually.

However a simple graphic would be useful e.g. an outline of a pregnant woman within a red circle with a red cross through it, and an outline of a breastfeeding woman similarly presented.

12. What percentage of alcohol by volume should be used to determine which alcoholic beverages are to carry an advisory statement, if required?

Given that the minimum amount of alcohol which can be safely consumed by pregnant and breastfeeding women is unknown (NHMRC 2007) all alcoholic packaging should carry the health advisory labelling.

### **Impact Analysis**

13. What is the likely impact on consumers, industry, and/or government if the *status quo* was maintained?

Given the increased level of alcohol consumption among young women, the risk of having more children born with alcohol related birth defects will continue to rise. This impact is felt by the affected children, parents and families, the health, education and welfare systems and the community at large.

14. What is the likely impact on consumers, industry, and/or government if an advisory statement on the risks of consuming alcohol when planning a pregnancy and during pregnancy is required on alcoholic beverage containers?

Having alcohol advisory statements on alcoholic beverage containers will lead to better informed consumers on the link between alcohol and alcohol-related birth defects. In conjunction with other strategies, this will contribute to the attitude and behaviour change needed to reduce the incidence of alcohol related birth defects in the community.

The impact on the government will be positive both in the short and long terms. In the short term, this labelling will help to disseminate and promote the Australian Drinking Guideline on alcohol and pregnancy. In the long term, the government will benefit from the reduced costs incurred by the health, education and welfare systems.

The impact on the alcohol the impact on manufacturers and distributors will be minimal. Given enough lead-time, they will be able to revise and replace their current labels at little or no cost. Those who export to other countries, such as the U.S.A., already label their products with health warning labels including a warning re drinking during pregnancy to meet the requirements of US authorities.

The real impact may be that pregnant and breastfeeding women may consume less alcohol.

15. How would labelling alcoholic beverages compare in terms of effectiveness and cost-effectiveness with other public health measures to inform pregnant women of the risks of alcohol consumption during pregnancy?

In terms of effectiveness, other public health measures (counselling, media campaigns etc) can be shown to be more effective. However the impact of this labelling will be to

reinforce and support those other strategies, so adding to their effectiveness. This labelling is not to replace or reduce the need for these other strategies. In terms of cost effectiveness, the introduction of this labelling requirement is extremely low-cost compared to other strategies.

## References

- Australian Institute of Health and Welfare 2005. *2004 National Drug Strategy Household Survey: First Results*. AIHW cat. no. PHE 57. Canberra: AIHW (Drug Statistics Series No. 13).
- Ferrence, R., Hammond, D., & Fong, G.T. (2007) Warning labels and packaging. In: Bonnie R, J., Stratton, K & Wallace R, B (Eds). *Ending the Tobacco Problem: Blueprint for the Nation. Committee on Reducing Tobacco Use: Strategies, Barriers, and Consequences*. Washington: National Academy Press, pp. 435-448.
- Munro G, & de Wever J. Cultural clash: alcohol marketing and public health aspirations, *Drug and Alcohol Review* (in press)
- NHMRC (2007) Australian Drinking Guidelines for low-risk drinking. Draft FOR public consultation. National Health and Medical Research Council, Australian Government, Canberra ACT.
- WHO Expert Committee on Problems Related to Alcohol Consumption (2007) *Second Report*. Geneva: WHO Technical Report Series No. 944.  
[http://www.who.int/substance\\_abuse/expert\\_committee\\_alcohol\\_trs944.pdf](http://www.who.int/substance_abuse/expert_committee_alcohol_trs944.pdf)

## Contact details

Rosemary McClean  
Policy & Program Adviser  
Australian Drug Foundation  
PO Box 818  
North Melbourne VIC 3051  
Tel: 03 92788117 E-mail: [rosemary@adf.org.au](mailto:rosemary@adf.org.au)