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Proposal P1050: Pregnancy warning labels on alcoholic beverages

New Zealand College of Midwives

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing

Food Standards Australia New Zealand
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Proposal P1050: Pregnancy warning labels on alcoholic beverages

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback for the consultation on pregnancy warning labels on alcoholic beverages. Mandatory labelling is described as providing the greatest net benefit to the community. The College is aware that although the majority of women do stop drinking once they know they are pregnant, women with alcohol addiction struggle to manage their addiction during pregnancy. Because of this we are concerned that mandatory labelling targeting pregnant women will somehow be seen as ‘the solution’ when labelling alone is not sufficient to address the issue, and that effective support for women who are struggling will not be a priority. With this in mind the College continue to support strong regulation of alcohol promotion, advertising and sponsorship, rather than the current model which is underpinned by the belief in industry self-regulation.

Detailed feedback on the proposed changes is below.

Executive summary

- The College recognises that drinking alcohol does not happen in isolation, but rather it is shaped by social, environmental and cultural influences which include the context of alcohol consumption normalisation through marketing and promotion.¹
- The College supports a regulatory framework for alcohol promotion and recommends greater restrictions be put into place.
- The College cautiously supports mandatory labelling but would also like to see general population-wide approaches to ‘stop drinking’ messages as a priority.
- The College does not support an industry self-regulatory model in any form.
- The College considers that all linkages between alcohol and sports, music festivals and other cultural events, and celebrity endorsements should not be permitted.

¹ New Zealand College of Midwives. (2018). *Consensus Statement: Alcohol and Pregnancy*. Ratified 1995 and reviewed and updated 2001, 2005, 2009 and 2018.

- The College considers that all players have roles in the reduction of alcohol harm and alcohol exposed pregnancies and that the commitment of professionals, non-government organisations, communities, families and individuals working together is needed. The alcohol industry, as one of the major influences on alcohol consumption, is also a critical part of this picture and legislation and a plan to limit marketing is necessary. This would support a holistic, societal approach to what is essentially a major public health issue.
- The College cautiously supports mandatory labelling for alcoholic beverages but would also like to see broader approaches taken that are non-stigmatising and non-blaming, and which encourage pregnant women who are having difficulties stopping drinking to seek help. Appropriate, timely and accessible help needs to be freely and widely available.

General feedback

1.0 The College notes that labelling is presented as one part of a broader suite of measures aimed to raise awareness of the risks of drinking alcohol during pregnancy. The College would like to see measures that target the general population and we support approaches that are non-stigmatising and non-blaming and which encourage pregnant women who are having difficulties stopping drinking to seek help.

2.0 The stated secondary objective of pregnancy warning labels on packaged alcoholic beverages is described as the provision of information to the community about the need for pregnant women to not drink alcohol. As noted in 1.0 the College support non-stigmatising and non-blaming approaches and we have some concerns regarding any campaigns that may suggest members of the public should start policing pregnant women's behaviours.

3.0 The College notes that retail control of wine sales and any other policies that lead to decreased population-level consumption were associated with improved birth outcomes in a study by Subbaraman et al.² who suggested that general alcohol policies intended to improve public health appear to benefit pregnant women and their babies. Roberts et al. suggest that *"approaches to population health that rely on individual agency and ability to apply knowledge and information to one's own behaviors, such as warning signs, may increase disparities."*³

² Subbaraman, M. S., Thomas, S., Treffers, R., Delucchi, K., Kerr, W. C., Martinez, P., & Roberts, S. C. M. (2018). Associations between state-level policies regarding alcohol use among pregnant women, adverse birth outcomes, and prenatal care utilization: Results from 1972-2013 Vital Statistics. *Alcoholism: Clinical and Experimental Research*, 42(8):1511-1517.

³ Roberts, S. C. M., Mericle, A. A., Subbaraman, M.S., Thomas, S., Treffers, R.D., Delucchi, K.L., & Kerr W. C. (2018). Differential effects of pregnancy-specific alcohol policies on drinking among pregnant women by race/ethnicity, *Health Equity*, 2(1):1-11.

- 4.0 In terms of point 3.0 the College notes that there is no evidence that women start drinking alcohol during pregnancy. Drinking alcohol is likely to be a continuation of any drinking patterns prior to pregnancy which indicates the importance of population wide approaches. We note that the Decision Regulation Impact Statement (DRIS) about pregnancy warning labels on alcoholic beverages prepared by the Food Regulation Standing Committee also emphasises pregnancy warning labels need to be complemented by broader activities.
- 5.0 The location of pregnancy warning labels is not prescribed, which may mean that some industry players may position labels in a less than optimal position. The College recommends a future review of implementation that includes label position and also effectiveness of the mandatory changes.
- 6.0 The College notes that FSANZ proposes a two-year transition period for the mandatory pregnancy warning label and that a one year transition was favoured by those working in health. As the point of warning labels is health related, industry preferences are justifiably secondary considerations and the College supports a one year transition period.
- 7.0 The College has some concerns about possible thresholds for pregnancy warning labels as some lower alcohol drinks could theoretically be marketed to pregnant women as substitutes for drinks with higher alcohol. We would be concerned if any lower alcohol beverages became a focus of marketing to pregnant women.
- 8.0 The College notes recent media reporting of Consumer NZ work on the alcoholic content of drinks like kombucha which suggested some brands / products could have alcoholic content of up to 3%. The College recommends that these products, which are often promoted as healthy, should be required to have mandatory testing and be included in labelling regulations.
- 9.0 Re' point 8.0 – The College is aware that public health stakeholders are also concerned about regulation of the brewed soft-drink industry in terms of alcohol content, and although we understand that this issue is out-of-scope of the current P1050 consultation we recommend that this issue is addressed urgently by FSANZ.

Conclusion

The College's consensus statement on alcohol and pregnancy recognises that drinking alcohol does not happen in isolation, but rather it is shaped by social, environmental and cultural influences which include

the context of alcohol consumption normalisation.⁴ The permissive societal attitudes to alcohol are exacerbated by numerous factors such as tobacco use, drug use, stress levels, social supports, and emotional wellbeing, and strongly underpinned by the advertising and promotion of alcohol. As described in the Ministry of Health document *“Everyone has a role to play in reducing alcohol-exposed pregnancies and improving outcomes for the affected individuals and families.”* This means that Aotearoa New Zealand needs comprehensive policy and regulatory approaches towards the sale and use of alcohol which are similar to tobacco controls.

Although the College is cautiously supportive of mandatory labelling we are not supportive of a stand-alone initiative that targets pregnant women, as opposed to strong alcohol policies that target the general population. We note that the FSANZ review of recent literature on pregnancy warning labels on packaged alcohol found that the impact of warning labels on behaviour was limited and that there was no strong evidence to suggest that mandatory warning labels have an impact on levels of consumption.⁵

The College supports all goals to improve maternal and infant health and we recognise that alcohol use during pregnancy is an emotionally charged social problem. If mandatory labelling goes ahead, we recommend a review and evaluation of mandatory labelling following its implementation, to assess effectiveness, benefits and harms. We also recommend future research includes women’s voices concerning their perceptions and experiences.

We are grateful to have the opportunity to provide a submission on this important issue.

Ngā mihi



Policy Analyst

New Zealand College of Midwives

⁴ New Zealand College of Midwives. (2018). *Consensus Statement: Alcohol and Pregnancy*. Ratified 1995 and reviewed and updated 2001, 2005, 2009 and 2018.

⁵ Food Standards Australia New Zealand. (2019). *Pregnancy warning labels on packaged alcohol: A review of recent literature*, p. 6.
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