

## DEN Submission to Proposal P1050 – Pregnancy warning labels on alcoholic beverages

The Drug Education Network (DEN) is a non-government organisation funded to deliver a range of health promotion, prevention, and early intervention programs to reduce the harm associated with alcohol, tobacco and other drug (ATOD) use across Tasmania. We have a commitment to deliver services focused on community engagement and capacity building.

DEN works closely with communities and key stakeholders to identify and develop locally owned responses to concerns regarding alcohol, tobacco and other drug use. Recognising that ATOD use and misuse affects individuals across the lifespan, DEN works from pre-birth to the senior years.

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

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

CEO level

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

Not provided

### 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)

“Those who drink at higher levels or who drink directly from packaged alcoholic containers were more likely to be aware of pregnancy warning labels than those who drink at lower levels or didn’t drink directly from the container.”

“While a number of different types of behavioural response have been reported (e.g. changed alcohol consumption patterns, seeking further information, visiting websites, prompting discussions and conversations), these reports are generally self-reported and correlational. It is generally accepted that where alcohol warnings labels have been introduced they have had limited impact on consumption behaviour.”.

DEN agrees with the following points raised by the Foundation for Alcohol Research and Education (FARE), in their 2018 submission on the policy options targeted consultation paper: Pregnancy warning labels on packaged alcoholic beverages which notes that “There is evidence to suggest that an improved mandatory warning label could influence behaviour and reduce the rates of pregnant women drinking alcohol.”

FARE also noted that “If pregnancy warning labels were effectively applied on all packaging for alcoholic beverages:

- consumers would be appropriately informed in accordance with Australian Consumer Law
- awareness levels would increase of the harm caused by alcohol during pregnancy

- conversations about the risks of alcohol consumption would be stimulated
- levels of FASD would reduce in the population
- other alcohol-related health harm such as stillbirth and low birth weight babies would reduce.

(FARE submission in relation to pregnancy warning labels on packaged alcoholic beverages  
11/10/2018, <http://fare.org.au/wp-content/uploads/FARE-submission-pregnancy-warning-14-June-2018.pdf>)

Given that FASD is the leading cause of preventable developmental disability in Australia, it is critical that any initiative that can make a difference is put in place. Clearly, warning labels are not the complete solution on their own, but as part of a broad suite of promotion and education programs, will serve to reinforce a very important message. Consumers must be fully informed of the risks of consuming alcohol in order to protect the health and future of their children.

#### **E. Consumer testing of warning statements (section 3.1.2)**

It is of interest that a small number of Maori and Pacific Islanders were involved in the consumer testing but that Australian Aboriginal and Torres Strait islander people are not mentioned. Were there other significant groups left out of this testing? The survey approach itself suggests that people without a high level of literacy and coherence may have excluded themselves. The paper makes reference to 'cognitive testing' of 14 participants as part of survey design but a scan of the survey itself does not reassure us that those with low literacy and staying power would complete it. Furthermore, invitations sent out by email limit the sample claiming to be representative. Was there a reasonable representation from lower socio-economic groups who are often excluded because of low literacy and understanding?

DEN believes that consumer testing needs to take place with all population cohorts, especially for those communities most impacted by FASD. A health warning message must be tested with a wide range of social groups to ensure that misunderstanding and confusion is avoided.

#### **F. Pictogram (section 3.2.2.2)**

DEN agrees that the pictogram and text should not be too small and agrees with the colour and placement decisions.

#### **G. Warning statement (section 3.2.2.3)**

In conclusion, overall the statements Any amount of alcohol can cause lifelong harm to your baby and Any amount of alcohol can harm your baby tended to perform best in both Australia and New Zealand in conveying the desired message not to drink any alcohol while pregnant and are also believable, credible and seen as convincing to the key audience.

DEN also agrees that "Any amount of alcohol can harm your baby" is the best option. It is clear and succinct and makes it evident that there can be no safe minimum for drinking while pregnant.

#### **H. Design labelling elements (section 3.2.2.4)**

See response to the following

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

The warning label must not be too small and indistinct to attract attention. DEN also believes that text on the label is more effective than a web address for further information as consumers are very unlikely to follow up on the internet.

Research by FARE supports DEN's position regarding text being more effective than only providing a website address. FARE found that, "A 2015 survey of 561 Australians assessed consumer awareness of the 'Get the facts' logo on alcohol labels which directs consumers to the DrinkWise website, as well as their use of that website. The researchers found that no participants (spontaneously) recalled the 'Get the facts' logo, and only 7.3 per cent of respondents had visited the website."

DEN agrees that label elements, as demonstrated by the FSANZ literature review of the most relevant and effective messaging, must be consistent and prescribed and that they will include:

- Pictogram in red and black and of a reasonable size
- Signal words: -HEALTH WARNING
- Statement: Any amount of alcohol can harm your baby
- Border: to be around the above three label elements
- Background colour within border and clear space outside border

(FARE submission in relation to pregnancy warning labels on packaged alcoholic beverages 11/10/2018, <http://fare.org.au/wp-content/uploads/FARE-submission-pregnancy-warning-14-June-2018.pdf>)

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

The paper describes their option choice which does not include brewed soft drinks containing small amounts of alcohol as "a reasonable and pragmatic approach".

DEN suggests that it is important for the message to highlight risk and to avoid confusion. A recent study in Tasmania has demonstrated that many women are confused around the issue of safe drinking during pregnancy.

The study found that:

"Although women overall held unfavourable attitudes to the use of alcohol in pregnancy, there was confusion around safe quantities of alcohol, and patterns of behaviour suggest that there is also some confusion around the timing of alcohol consumption. Whilst clarification of guidelines and the current recommendation to abstain is necessary, campaigns that focus only on these will not be sufficient. Women's attitudes towards alcohol use during pregnancy is significantly predicted by their awareness of the range of alcohol related negative birth outcomes, pregnancy risk perceptions, and drinking behaviour in the past year. These predictors should be addressed in the development of education programs, in order for these programs to be relevant and successful."

(Renee McGann (2018), *Predictors of Favourable Attitudes Towards Alcohol Use During Pregnancy: The Tasmanian Context, Unpublished Masters Thesis (Clinical Psychology). University of Tasmania.*)

To inform women that any alcohol during pregnancy is unsafe and then to not label drinks that contain even small amounts of alcohol can add to the confusion. DEN agrees with the Public Health stakeholders quoted in the paper in their support for Option 2, with the view that this approach would:

- More closely align with the evidence that there is no known safe level of drinking alcohol during pregnancy.
- Be consistent with the requirement for certain beverages to display alcohol content and standard drinks.
- Acknowledge the risk that products such as brewed soft-drinks with an alcohol content, may be consumed frequently or in higher concentrations during pregnancy.

This issue has raised the lack of sufficient regulation of the brewed soft-drink industry in terms of alcohol content, and DEN also agrees with the Public Health stakeholders who called for tighter regulation in this regard. A Victorian Department of Health and Human services document states that, “Recent testing found 47 per cent of brewed soft drinks, such as kombucha, kefir, ginger beer and kvass (these are also known as fermented soft drinks) have been found to be non-compliant with alcohol labelling requirements. Brewed soft drinks containing 0.5 per cent alcohol by volume (ABV) or more must include statements about alcohol content and standard drinks on the label... Unknown consumption of alcohol can cause harm to some consumers such as pregnant women and people on certain medications and may mislead others.”

*(Victoria, Department of Health and Human Services, August, Some soft drinks may contain alcohol A guide for retailers for the sale of brewed and fermented soft drinks, 2017, Health.vic.gov.au › au › Api › downloadmedia)*

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

DEN supports the option provided by the paper.

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

All layers of packaged need to be labelled and DEN is in accord with the proposal made by the paper.

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

FASD is a lifelong preventable disability with a range of negative social, financial and psychosocial impacts for the individual and society more broadly. An example of societal costs that are impacted by FASD is the now undisputed fact that individuals diagnosed with FASD are overrepresented in the justice system.

Mandatory labelling is one strategy that can contribute to preventing the occurrence of FASD and DEN suggests that the cost to implement this is warranted. Averting future babies born affected by FASD is worth the cost to the industry and potentially to consumers of alcohol.

#### **N. Transitional arrangements (section 4.1 of CFS)**

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DEN agrees with the position described in the paper as having been taken by the Public Health stakeholders. We are also strongly of the view that a one-year transition period should be sufficient as most alcoholic beverages are sold within one year. Nonetheless, the proposed option of a two year transition as a more pragmatic approach is acceptable if all other issues of concern are fully addressed, including labelling all beverages that contain alcohol.

**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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