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Proposal P1050 Pregnancy warning labels on alcoholic beverages

Tēnā koutou

Family Planning welcomes the opportunity to make a submission on Proposal P1050: Pregnancy warning labels on alcoholic beverages. Overall Family Planning supports the proposed approach to pregnancy warning labels on alcoholic beverages and strongly supports the decision to make warning labels mandatory. Our submission will include general comments, and a few comments on specific aspects of the proposals.

Background

Family Planning is New Zealand's largest provider of sexual and reproductive health services and information. We are a non-governmental organisation (NGO) operating 30 clinics as well as school and community-based services. We provide about 154,000 clinical consultations each year to clients across the country. We offer accredited clinical courses and workshops for doctors, nurses, midwives and other clinicians working in sexual and reproductive health. Our health promotion teams run professional training and education programmes in schools and the community for children and young people, parents, teachers and other

professionals. Family Planning is a member of the New Zealand Health Promotion Agency's Alcohol and Pregnancy Sector Leaders Group.

It appears that a robust consultation and consumer testing process has been undertaken in order to develop the pregnancy warning label proposals. The evidence on which the proposals are based – including consumer testing, a literature review and consideration of approaches taken in other jurisdictions – appears to have been carefully considered. However, we note that while it is important to consider the practical implications of new labelling requirements on businesses and the beverage industry, the greatest weight should be given to ensuring warning messages are clearly communicated to the consumer, given the prevalence and lifelong health and social impacts of foetal alcohol spectrum disorder (FASD).

While limited, research has indicated that warning labels could be effective in changing behaviour of individual low-risk drinkers.¹ Perhaps equally important, they are also a mechanism for raising awareness and changing societal norms around drinking during pregnancy.² Warning labels are only one component of efforts to reduce the incidence of FASD. For example, ensuring equitable access to a wide range of effective contraceptives is important for reducing unintended pregnancy and, therefore, the risk of drinking before becoming aware of a pregnancy.

Label pictogram and text message

Family Planning supports the use of a pictogram alongside text. This is particularly important where people have low literacy or limited English language literacy. It seems reasonable to use a pictogram which the target audience is already familiar with in New Zealand, Australia and internationally. International consistency in labelling is becoming more important as people increasingly travel to and live in more than one country.

Family Planning believes that only beverages $\leq 100\text{ml}$ should be allowed to have a pictogram warning label without text, not the $\leq 200\text{ml}$ currently proposed. It is our understanding that $\leq 100\text{ml}$ was the approach proposed in an earlier consultation document and that this is the approach preferred by public health experts.

The pictogram depicts a woman late in pregnancy. It is worth considering whether this message will be equally effective for women who are late and early in their pregnancy. The

¹ Thomas, G. et al (2014) The effectiveness of alcohol warning labels in the prevention of Fetal Alcohol Spectrum Disorder: A brief review. *International Journal of Alcohol and Drug Research*. 3(1), 91 – 103. Retrieved from: <http://www.ijadr.org/index.php/ijadr/article/view/126/237>

² Burton R, Henn C, Lavoie D et al. (2017) A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective. *Lancet*; 389:1558–80. Retrieved from: <http://www.ijadr.org/index.php/ijadr/article/view/126/237>

benefits of keeping a consistent pictogram may outweigh the benefits of making the image more effective for people early in pregnancy who do not look pregnant.

While the consumer testing showed strong support for the proposed text message “any amount of alcohol can harm your baby”, we raise concerns that “any amount of alcohol” could be a complicated phrase for people with low literacy. It was unclear whether consumer testing specifically addressed the issue of literacy levels. It may be useful to further consider or test the text with a low literacy audience.

While the mandatory label would apply to New Zealand and Australia, in the New Zealand context, it would be valuable to consider a bilingual text message in both English and te reo Māori. This could help the message resonate with Māori. While in the context of sexual and reproductive health promotion, national guidelines³ state “Further, health promotion programmes and activities that foster and promote te reo Māori and tikanga Māori content are more likely to resonate with Māori communities.”

Size and placement

A review of current warning labels in New Zealand noted that research has found that “The response that warning labels elicit—recall, judgement of risk and behavioural compliance—depends on the label appearance, specifically its visual impact, and ease of comprehension.”⁴

Family Planning questions whether the proposed sizes are large enough. For example, size 6 and 8 font on individual containers is very small and could be difficult to read. Family Planning advocates for the size of the label to be large enough that it is noticeable and easily read by most people. As stated previously, public health concerns about alcohol consumption during pregnancy, and the impact of size on the effectiveness of the warning label, should be paramount.

Family Planning also questions why the warning label would not be required to be on the front of the bottle where it would be most visible. The FSANZ literature review found that “Despite this there was evidence from qualitative studies that supports the general contention that location of a pregnancy warning label on the front of alcoholic beverages would receive quicker and/or more attention than those placed elsewhere on the packaging. This is also supported by the tobacco warning research where many studies have highlighted the greater effectiveness of tobacco warnings when placed on the front of tobacco packages compared with the back and side of packages.” The consultation paper states that a label on

³ Green, J. A., Tipene, J., & Davis, K. (2016). *Mana Tangata Whenua: National Guidelines for Sexual and Reproductive Health Promotion with Māori – First Edition*. Hamilton: Te Whāriki Takapou.

⁴ Georges, T et al. (2018) Highly deficient alcohol health warning labels in a high-income country with a voluntary system. *Drug and Alcohol Review*. Australasian Professional Society on Alcohol and other Drugs. Retrieved from: <https://www.otago.ac.nz/wellington/departments/publichealth/undergraduate/otago686858.pdf>

the front could “contravene wine free-trade agreements.” It seems surprising that this challenge couldn’t be managed through negotiation or beverage company processes considering the importance of ensuring pregnancy warning labels are effective.

Future considerations - broader health warning

FASD is not the only harm caused by alcohol consumption. Pregnant women are targeted with many messages around their health and behaviour because of concern for the developing foetus. However, promoting the same healthy behaviours among all people can result in great benefit to both the general population and pregnant people. Smoking is a clear example. As smoking rates have declined across the whole population, fewer women smoke while pregnant.⁵

Considering that it is well established that alcohol significantly contributes to “death, disability, and ill health, globally”,⁶ it would be worth considering whether there should be an additional warning around alcohol consumption for all people. While clearly alcohol is a teratogen and is extremely harmful to a developing foetus, ensuring all people have a greater understanding of the range of harms from alcohol could benefit everyone, including people who are pregnant. As noted in the consultation document, some countries, such as the United States, already have warning labels related to both drinking alcohol while pregnant and a more general warning about harm from alcohol.

Thank you for the opportunity to provide comment.

Ngā mihi nui

⁵ Andrews, A., Dixon, L., Eddy, A., Guilliland, K., Fletcher, L., Houston, J. (2014). Smoking prevalence trends: An analysis of smoking at pregnancy registration and discharge from a midwife Lead Maternity Carer – 2008 to 2010. *NZCOM Journal*, 49, 17-22 <http://dx.doi.org/10.12784/nzcomjnl49.2014.3.17-22>

⁶ GBD 2016 Alcohol Collaborators (2018) Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. Retrieved from: [http://dx.doi.org/10.1016/S0140-6736\(18\)31310-2](http://dx.doi.org/10.1016/S0140-6736(18)31310-2)