

Australian Medical Association Submission to Proposal P1050 – Pregnancy warning labels on alcoholic beverages

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

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

The Australian Medical Association welcomes this proposal as a step closer to implementation of a mandatory pregnancy warning label on alcoholic beverages, a measure that the AMA has long advocated for. The AMA's 2016 Position Statement on [Fetal Alcohol Spectrum Disorder \(FASD\)](#) calls for "mandatory, informative, front-of-pack warning labels on all alcohol products to inform the public about the harms of alcohol use in pregnancy and discourage pregnant women from drinking alcohol." As outlined in the proposal, FASD is extremely costly to our health, education and justice systems, yet can be prevented if women are discouraged from drinking alcohol while pregnant. Despite this, many women are unaware of NHMRC guidelines that "for women who are pregnant or planning a pregnancy, not drinking is the safest option". The AMA believes that mandating a pregnancy warning label is a key step in communicating the harms of alcohol use in pregnancy and preventing FASD.

Overall, the AMA is supportive of the design of the label, but highly concerned about the proposal to allow flexibility in the location of the warning label rather than mandating that it be located on the front of alcoholic beverage containers. This is further outlined in Section H.

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)

The evidence presented in the literature review concludes that noticeability is key for a warning label, and that larger, front of pack labels will draw the most attention. The AMA supports these conclusions.

E. Consumer testing of warning statements (section 3.1.2)

The AMA supports the evidence presented in the section on consumer testing, including that:

- The phrase "it's safest not to drink while pregnant" does not accurately convey the risk of alcohol use in pregnancy; and
- Although the phrase "any amount of alcohol can cause lifelong harm to your baby" tended to perform the best of the four phrases, the phrase "any amount of alcohol can harm your baby" was recommended due to its brevity and communication of a similar meaning.

F. Pictogram (section 3.2.2.2)

The AMA is supportive of the proposed pictogram, given its existing use in the voluntary labelling scheme means that consumers are more likely to understand its meaning than a new pictogram.

G. Warning statement (section 3.2.2.3)

The AMA supports the proposed warning statement of “Any amount of alcohol can harm your baby.” The statement is easy to understand and of an appropriate length to draw the reader’s attention. The AMA is particularly supportive of the phrase “any amount”, because it emphasises that no level of alcohol consumption during pregnancy is safe. Inconsistency in health messaging is part of the reason for the high prevalence of women who continue to drink during pregnancy. Women have reported that they receive conflicting advice about whether it is safe to consume during pregnancy; and there is a prevalent misconception among Australians that low levels of alcohol consumption during pregnancy is risk-free. The use of the phrase “any amount” is therefore welcomed.

H. Design labelling elements (section 3.2.2.4)

Signal words

The AMA supports the proposed signal words of “Health Warning”. The AMA is not supportive of the suggestion that “Health Warning” be altered to “Pregnancy Warning”, because this may imply that the warning is only relevant to pregnant women. The AMA’s Position Statement *Fetal Alcohol Spectrum Disorder – 2016* states that warning labels should be intended to both “inform the public about the harms of alcohol use in pregnancy *and* discourage pregnant women from drinking”. Because societal attitudes and awareness have a significant impact on women’s drinking behaviour during pregnancy, it is important that the warning label is seen as relevant to the general public.

Warning label size

The AMA is supportive of the proposed sizing of warning labels. The most important consideration in relation to size is that the warning label is legible and gains the attention of potential purchasers/consumers. The AMA considers that this has been appropriately addressed by the proposal.

Location and orientation

The AMA is highly concerned by the proposal “not to regulate the location of the warning label”. It is the AMA’s long and strongly held position that the warning label must be located on the front of pack, in order to attract the maximum possible attention from potential consumers/purchasers. There is strong evidence, including that cited in the proposal’s own literature review, that front-of-pack warning labels attract a higher level of attention than warning labels located elsewhere on products. In fact, of the evidence presented in the literature review regarding best-practice design for warning labels, the evidence on location is the only element not included in the proposed label design.

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Other labelling schemes have demonstrated the preferability of front-of-pack location. The Health Star Rating labelling scheme confirms that front-of-pack labelling is effective and preferred by consumers, who indicate they want to see more front-of-pack labels on products. Tobacco warning labels located front-of-pack have demonstrated higher effectiveness than those located elsewhere. Front of pack labelling recognises that many consumers are time poor but would like to make informed choices about their purchases. It also conveys immediate information to those consumers who wouldn't otherwise consult warning labels before purchasing.

The AMA's previous submission notes that of alcoholic beverages voluntarily carrying a pregnancy warning label under the current scheme, less than 2% have a label located on the front of the pack. This indicates that, when the location of the warning label is not mandated, front-of-pack labelling is likely to be exceedingly rare. Failing to locate the warning label at the front of alcoholic beverage packaging undermines the intent of having a warning label in the first place. As the proposal itself notes, "to be effective, a warning label has to be noticed".

The AMA considers FSANZ's justification of the proposal regarding label location grossly inadequate. The statement that front-of-pack labelling "could contravene wine free-trade agreements" is not explained in sufficient detail or weighed against evidence for the effectiveness of a front-of-pack approach. The statement that the proposed design will attract attention "in the field of vision in which it is placed" fails to acknowledge that in a retail environment, alcohol products are almost universally displayed front-on and consumers are less likely to notice a label on the side or rear of a container. As the proposal states, "consumers do not look for warning labels, therefore they must be presented in a way that is likely to attract attention".

Colour and contrast

The AMA is supportive of the proposed colour and contrast of the warning label. In our earlier submission to the 'Policy options targeted consultation paper', the AMA emphasised the importance of contrast as well as colour, given the variation in label base colours across different alcoholic beverages. The AMA considers that the mandating of a white background within a black border appropriately addresses this issue. The proposed use of red colour for the signal words and in the pictogram is also supported by the AMA, due to its commonly understood indications of caution and/or danger.

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

The AMA supports the design and content of the warning label itself, but as outlined above believes that a front-of-pack location for the warning label must be mandated.

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

The AMA supports the proposal to require beverages containing more than 1.15% ABV to carry the pregnancy warning label.

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

The AMA is supportive of the proposed application of pregnancy warning labels to different types of sales as presented in Table 11. The AMA in particular supports a change to Code requirements to mandate that alcohol products display the warning label if they are:

- made and packaged at the premises from which it is sold;

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- delivered packaged and ready for consumption;
- sold at a fundraising event; or
- displayed in an assisted service display cabinet.

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

The AMA supports the proposal that the warning label is required on all packaging layers; including individual portions; packages containing individual portions; and outer packaging, with exemptions only for outer packaging where the warning label is clearly visible on inner packaging, and a bladder within a box carrying the warning label.

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

The AMA notes, like FSANZ does, that the cost of FASD is likely to have been underestimated in this section given that the analysis used only considers “health related costs”. This excludes costs to the criminal justice system and costs to the education system, among others. The AMA further notes that the financial cost of FASD over a lifetime is difficult to calculate given that FASD occurs on a spectrum and the extent to which the symptoms manifest will vary significantly between individuals. In addition, because people with FASD are more likely to consume alcohol during pregnancy themselves and go on to have children with FASD, the quantified cost “saving” of avoiding one case of FASD neglects important second-order benefits.

N. Transitional arrangements (section 4.1 of CFS)

The AMA is not supportive of the proposal for a two-year transition period with an exemption for alcoholic beverages packaged and labelled before the end of the transition period from having to carry the pregnancy warning label. As outlined in our previous submission, given the length of time already given to producers to voluntarily adopt pregnancy warning labels, we are reluctant to accept that any alcohol producers would require a transition period of more than 12 months to display pregnancy warning labels on all of their products. Additionally, the AMA is concerned that leaving a certain portion of the market exempt from displaying a pregnancy warning may falsely indicate the exempt products are safe.

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

N/A

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

The AMA is concerned that the section on ‘monitoring and evaluation’ is not sufficient. Measurement of label coverage, compliance, and consumer understanding is important for monitoring how the label has been rolled out. However, an evaluation of the label will require an understanding of how effective the label has been in fulfilling its primary and secondary purposes of:

- providing a clear and easy to understand trigger to remind pregnant women, at both the point of sale and the potential point of consumption, to not drink alcohol; and
- providing information to the community about the need for pregnant women to not drink alcohol.

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This will require a robust evaluation framework, which must include provisions for improved data collection on the prevalence of FASD in Australia.

The AMA is supportive of pregnancy warning labels for packaged alcoholic beverages and glad to see the significant work invested in this area by public health advocates come to fruition. The AMA notes that pregnancy warning labels are just one element of a suite of measures needed to address the high prevalence of alcohol consumption during pregnancy in Australia. The implementation of warning labels must occur in the context of broader interventions, including venue display and broader media messaging, as well as the use of price signalling and taxation reform.