

VICHEALTH

SUBMISSION TO FOOD STANDARDS AUSTRALIA NEW ZEALAND

**COMMENT ON LABELLING OF ALCOHOLIC BEVERAGES WITH A PREGNANCY
HEALTH ADVISORY**

FEBRUARY 2008

1. INTRODUCTION

VicHealth is pleased to comment on the proposal to introduce a health advisory label on alcoholic beverages advising of the risks of consuming alcohol when planning to become pregnant, and during pregnancy. VicHealth commends ALAC for initiating this application and FSANZ for undertaking this review, thereby addressing the contentious issue of harmful drinking by high-risk groups, such as pregnant women, with a review of the merits of such advisory labels. VicHealth supports the introduction of health advisory labels, not only for pregnant women, but also for other high-risk groups such as young drinkers. It is our view that the introduction of mandatory advisory labels for high risk groups into the *Australia New Zealand Food Standards Code* will be reinforced with a broad based national public awareness campaign about safer consumption of alcohol.

VicHealth views the introduction of health advisory labels as an important element in an overall strategy to prevent and reduce the harmful consumption of alcohol in the Australian community. The provision of warning labels for the Australian population reflects an important health promotion principle of supporting individuals to make informed choices about matters that affect their health and wellbeing. However, on their own, VicHealth views these warning labels as having limited potential to affect changes in Australia's drinking culture. VicHealth therefore supports the implementation of other complimentary elements of an overall alcohol harm reduction strategy for Australia, as outlined in the *National Alcohol Strategy 2006-2009* (MCDS 2006).

Implementation of advisory labels will require complementary efforts across a range of sectors to reinforce the key messages regarding harmful levels of drinking. The revised *Australian Alcohol Guidelines for Low-Risk Drinking* guidelines being considered by the NHMRC should become a reference point for low-risk alcohol intake for both particular high-risk groups, such as pregnant women and those under the age of 18, and the general population.

VicHealth considers health advisory labels for high-risk groups, in the context of broader public health efforts to minimise the harms associated with risky alcohol intake, as a step in the right direction towards the promotion of a healthier and safer drinking culture for Australia.

2. SUMMARY OF VICHEALTH'S POSITION

1- VicHealth supports the revised NHMRC guidelines for low-risk drinking that advises there is no safe alcohol limit for pregnant women, those planning a pregnancy or breastfeeding.

2- VicHealth supports option two in the Initial Assessment Report for health advisory labels on alcoholic beverage containers on the risks of consuming alcohol for pregnant women, and those planning a pregnancy.

- The advisories should be both textual and graphic for ease of comprehension.
- The advisory label should be mandatory under the Australia New Zealand Food Standards Code rather than a voluntary system implemented by the alcohol beverage industry.
- There should be strict guidelines on the wording, format and legibility standards relating to advisory labels.
- The timing of implementation of the labels should be within 12 months from the date of amendment of the Food Standards Code.

3- Amendment of the Australia New Zealand Food Standards should extend the use of advisory labels to target additional specific high-risk groups, eg adults who regularly binge drink, drivers of motor vehicles, and young people.

4- Although the evidence regarding general advisory labels is inconclusive, there is evidence to suggest a degree of increased awareness of alcohol related harms due to advisory labels, which combined with the effects of other public health measures, may translate into a change in behaviour.

5- To ensure the effectiveness of pregnancy advisory labels, any measures should be implemented in the context of a broader public health strategy, and social marketing campaigns, to increase awareness and lower risk of harmful alcohol drinking.

6- Health advisory labels, in the context of a broader public health strategy, should be updated as new evidence on effectiveness becomes available.

3. GENERAL COMMENTS

To expedite consideration of VicHealth's position, the body of this submission deals with several of the initial questions for the public contained in the FSANZ Initial Assessment Report together.

3.1 Existing guidelines in Australia, New Zealand and Overseas (questions 1 and 2)

VicHealth supports the recommendation in the draft *Australian Alcohol Guidelines for Low-Risk Drinking* developed by the NHMRC that not drinking alcohol at all is the safest option for women who are pregnant, are planning a pregnancy or are breastfeeding. This is an important message that needs to be widely disseminated both by health advisory labels, and in the context of broader public health and social marketing campaigns.

VicHealth notes that there is limited information in readily accessible form that is available to pregnant women, or those planning a pregnancy, regarding safe limits of alcohol intake. Not all women receive specific and/or timely advice from their medical advisers. The level of confusion by women on what constitutes a safe amount of alcohol to drink while pregnant suggests measures designed to promote awareness of harms would be beneficial.

3.2 Risk assessment & knowledge (questions 4, 5 and 6)

The issue of Fetal Alcohol Spectrum Disorders (FASD) has been the subject of numerous Australian and international scientific studies. Current research evidence is unable to exclude any risk to the fetus or baby with low and moderate intake of alcohol (NHMRC, 2007, Grey & Henderson, 2006). The issue of foetal development effects of alcohol can be complicated by confounding factors, such as whether alcohol intake was a result of binge drinking compared with more frequent intakes of lesser quantity, and factors such as genetics and other underlying morbidities. The US Surgeon-General issued an advisory in February 2005 on alcohol use and pregnancy that urges women who are pregnant or who may become pregnant to abstain from alcohol (HHS 2005). The advisory notes that it is not known what, if any, amount of alcohol is safe for pregnant women. However the risk of a baby being born with any of the fetal alcohol spectrum disorders increases with the amount of alcohol a pregnant woman drinks, as does the likely severity of the condition. The National Health and Medical Research Council's Dietary Guidelines for Australian Adults notes abstinence from alcohol intake during pregnancy is recommended on a precautionary basis.

VicHealth recommends that the wording of any health advisory label should reflect the **uncertainty** around the scientific evidence base. It is acknowledged that taking a precautionary 'no safe limit' approach may engender some anxiety in women who have drunk alcohol whilst not knowing they are pregnant. However, in the context of a wider public health campaign that addresses this circumstance, a broad approach combined with a message conveying it's never too late for a woman to cut down on alcohol intake while pregnant, may not adversely affect pregnant women.

VicHealth would also submit that health advisory labels are important to convey messages to all women who drink, regardless of the level of alcohol intake. It is not the case that only alcohol dependent women are at risk, and are the only group who should be advised. Both women who drink on a 'social' basis, and those who are alcohol-dependent, would benefit from advisory labels.

3.3 Health advisory labels: effectiveness & evidence (questions 7 and 8)

VicHealth supports option two in the Initial Assessment Report for health advisory labels on alcoholic beverage containers on the risks of consuming alcohol for pregnant women, and those planning a pregnancy. VicHealth notes the result of tobacco control efforts, whereby health advisory labels on tobacco products are now accepted and have been proved effective by reinforcing messages from broader social marketing campaigns and government's tobacco control policies and regulations in general.

There has been much debate on the efficacy and effectiveness of general health advisory labels on alcoholic beverages, compared with labels targeted at specific high-risk groups. (UK Cabinet Office 2004).

At an international level, New Zealand, Canada, the United Kingdom and European jurisdictions do not mandate advisory labels, as existing research is inconclusive about

their efficacy (Mosher 1997, Kaskutas 1995). There is some evidence that drinkers do read labels and subsequently there is a greater level of awareness of the harms related to risky alcohol intake (Hankin 1993). However, this does not necessarily correlate with greater behaviour modification (Grube 2001). There may be some effect of advisory labels on lighter drinkers, but it is uncertain as to whether this results in long-term behavioural change in the absence of a comprehensive public health strategy to support advisory labels. However, these results are based on smaller surveys predominantly carried out in the US, and may not reflect the context of other countries with differing public health efforts to reinforce safe drinking messages. Thus, further trials and evaluation of general health advisory labels should be conducted to examine their efficacy in an Australian context.

Warning labels have been mandatory in the United States since 1989, with Federal laws requiring warning labels on alcoholic beverages manufactured and also imported to the US. The warnings specifically refer to the dangers of drink-driving, and drinking while pregnant. The United States approach is one centered on prevention, with the rationale based on the use of warning labels together with other public health approaches and prevention campaigns, combined with significant public approval of such labels based on an individuals' right to know about risks associated with consuming alcohol. In the United Kingdom, health advisory labels will be required on alcoholic beverages by the end of 2008 in a voluntary arrangement with alcohol industry groups (UK Department of Health 2007). The proposed UK advisory labels will include words such as "know your limits" or "drink responsibly" in addition to information on standard drinks contained in the beverage, and advice on safe daily intake of alcohol.

It has been argued that the impact of advisory labels can decrease over time if the messages are not continually updated, both in terms of wording of messages and evidence as it becomes available, and advisory labels that suffer problems of small size and difficult legibility may be limited in their efficacy. Thus any advisory label regime needs to consider these factors, and be implemented in conjunction with other policy measures such as regulation and enforcement of alcohol availability and public awareness and social marketing campaigns. In Australia, it has been reported recently that alcohol is the only consumer product known to cause serious harm if misused that does not warn consumers to that fact (DCPC 2006). VicHealth also notes that an anomaly that certain foods sold in Australia are labelled with consumer warnings even though they have considerably less risk or potential to be harmful than alcohol (eg caffeine product warnings; warnings of the laxative effects of artificially sweetened confectionery). Advisories regarding caffeine content is required under Standard 2.6.4, and warns amongst other things, that food containing caffeine is not recommended for pregnant or lactating women.

While evidence regarding general health advisories is uncertain, VicHealth recommends that, specific health advisory labels should be implemented and designed to target high risk groups. These include pregnant women, or those planning on becoming pregnant, and also adults who regularly binge drink and young people who are most at risk of alcohol-related harm. VicHealth supports targeting such high-risk groups, such as binge drinkers, as excessive single occasion drinking produces far greater and wider-reaching impacts on the health, safety and wellbeing of individuals and communities. This is because of the high incidence of drinking to intoxication and because much of the injury and many of the lives lost are among young adults (MCDS 2006: 11). Young drinkers should also be targeted as a high risk group, as between 2000 and 2004, 40% of Australian males and females aged from 15-17 years had consumed alcohol at risky levels on their last drinking occasion (DHA 2005b). Such health warnings could also serve to strengthen education measures aimed at parents, and the importance of delaying the introduction of alcohol to their children as long as possible.

VicHealth also notes recent Australian research which has found that the majority of drinkers aged 17-25 years would like to see more detailed labelling on alcohol products, such as ingredients and nutritional information regarding the contents (see Kypros *et al* 2007).

3.4 Content and wording (questions 9, 10, 11 and 12)

VicHealth believes that any advisory label should be designed to address misconceptions about acceptable alcohol limits for pregnant women, and be based on current research evidence. Thus any textual advice should reflect the NHMRC's draft guidelines that the safest option for women who are pregnant, are planning a pregnancy, is to not drink at all. The advice should also indicate that stopping one's alcohol intake when already pregnant is also beneficial to the fetus. Thus the wording could be similar to

'The risk from alcohol intake during pregnancy is uncertain, but problems can occur. It is safest for pregnant women or those planning a pregnancy, to not drink alcohol'

or

'it's never too late to cut down on alcohol intake'

VicHealth supports the notion of a 'revolving' series of 4-6 warnings that change on a 6-monthly basis to reinforce the key messages around safe drinking levels, and to decrease the risk that the effectiveness of the warning labels may be reduced over time.

VicHealth believes minimum standards of legibility, text size and font should be outlined in the Foods Standards Code similar to requirements for the labelling of alcohol content per volume. The relevant standards should stipulate that the advice be printed in a plain bold font, with a minimum text size of 5mm, and that the text be either black on a white background and outlined a solid black line text box

VicHealth is concerned about the illegibility of current labelling of alcohol content and/or the number of standard drinks on many products, and would strongly recommend that this also be addressed by FSANZ. Often this text is either extremely small or is difficult to distinguish from other text and graphics on the label.

VicHealth would also support a graphic label similar to that used in France to address those drinkers with literacy problems. A simple graphic image may be more legible and effective than textual advisories that require more attention than a simple visual cue.

Although the evidence regarding general labelling is unclear, if such a measure were introduced following Australian-based research, VicHealth would advocate for simple direct language based on the concept of risk reflected in the draft NHMRC guidelines. Thus the wording of such labels, based on research evidence of risks associated with alcohol intake, could be similar to

"Your risk of injury triples after 2 drinks"

or

'2 drinks increases the risk of stroke'

VicHealth contends that the advisory label content and wording be tested for understanding and effectiveness within the target groups prior to its broader implementation.

VicHealth would also submit that all alcoholic beverages that are currently required to possess information about the level of alcohol per volume (ie contain more than 0.5% alcohol by volume under Standard 2.7.1 of the Food Standards Code) should be required to possess health advisory labels.

VicHealth also recommends that the proposed health warnings be displayed prominently at point of sale (i.e. at take-away packaged liquor outlets such as bottle shops and cellar doors and at on-premises outlets such as bars, cafes, and restaurants). This would reinforce key messages contained on the health advisory labels, and promote broader exposure of the health advisories. Similarly, VicHealth also recommends that the proposed health warnings be displayed prominently on all alcohol product advertisements, whether in print or electronic media forms.

3.5 Impacts (questions 13-15)

VicHealth believes that the adverse impact of instituting health advisory labels will be minimal. VicHealth believes that a 12 month transition time for instituting labels, as with the recent UK model, will provide sufficient time for alcohol manufacturers to implement new labelling whilst mitigating the loss of existing stock.

VicHealth recommends that the advisory labels should be instituted under a mandatory regime through the Food Standards Code, rather than through a voluntary agreement with alcohol producers and manufacturers. This would provide a standard and uniform guide on the most appropriate form of advisory labels, based on scientific evidence, and provide clarity to consumers. Government also has a role to play in supporting mandatory advisory labels to strictly regulate practices by the alcohol industry, and to promote raising awareness of alcohol-related harms. The Food Standards Code already mandates the labelling of standard drinks contained in an alcoholic beverage, and the percentage of alcohol by volume.

Health advisory labels will have the most impact and prove most effective if implemented in conjunction with broader public health and social marketing campaigns. The release of the final NHMRC *Australian Alcohol Guidelines for Low-Risk Drinking*, together with policy initiatives on harm reduction around alcohol intake, are examples of opportunities to convey safe drinking messages of which advisory labels would be one element.

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