Submission in respect of regulations to be made under sections 12 and 13 of the Public Health (Alcohol) Act 2018

September 27, 2019

Alcohol Healthwatch is an independent charitable trust working to reduce alcohol-related harm. We are contracted by the New Zealand Ministry of Health to provide a range of regional and national health promotion services. These include: providing evidence-based information and advice on policy and planning matters; coordinating networks and projects to address alcohol-related harms, such as alcohol-related injury and fetal alcohol spectrum disorder; and coordinating or otherwise supporting community action projects. In relation to this submission, we are also contracted to engage with global networks to reduce alcohol-related harm.

Thank you for the opportunity to provide feedback on the regulations to be made under sections 12 and 13 of the Public Health (Alcohol) Act 2018.

We would like to affirm our support of the submissions made by the Foundation for Alcohol Research and Education (Australia) and Alcohol Action Ireland.

If you have any questions on the comments we have included in our submission, please contact:

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Introduction

1. Firstly, we welcome the leadership shown by the Irish government in enacting legislation to inform consumers of the risks associated with alcohol consumption.

2. For more than 20 years, Alcohol Healthwatch has been engaged in evidence-based debate concerning alcohol and pregnancy warning labels.

3. These efforts have required trans-Tasman collaboration given labelling requirements in New Zealand are determined in partnership with Australia (as part of Food Standards Australia New Zealand).

4. Finally, in October 2018 the Ministerial Forum on Food Regulation for Australia and New Zealand agreed to mandate the application of pregnancy warning labels on all packaged alcohol products sold in both countries.

5. Up until this point (and currently) a voluntary labelling approach is used by alcohol producers in both countries.

6. The current submission restates the evidence used to inform the above decision pertaining to alcohol and pregnancy warning labels.

Informing consumers

7. Health advisory statements, like all educational information, are passive. They are designed to inform or instruct. With any passive information, the onus is on the person to engage with its message.

8. There is evidence from the United States showing that the introduction of alcohol advisory statements in 1989 increased public awareness, effectively doing the job that was intended and was even able to reach ‘at risk’ populations.¹

9. An evaluation of women’s awareness of pregnancy warning labels in France five years after the introduction of mandatory pregnancy warning labels, found that pregnancy warning labels had been noticed by 66.1% of women and 77.3% of drinkers. Of those who had noticed the warning, 98.6% thought that it suggested abstinence; daily drinking during pregnancy and binge drinking were both considered harmful by nine out of ten women surveyed.²

10. As a stand-alone prevention strategy, alcohol and pregnancy warning labels have not demonstrated a meaningful impact on the drinking behaviour of pregnant women.³ This finding highlights the importance of comprehensive and supporting approaches to alcohol harm reduction, including ‘best buy’⁴ measures that increase alcohol prices, reduce alcohol availability and restrict alcohol marketing (including sponsorship).

11. We therefore applaud the provisions in the Public Health (Alcohol) Act 2018 relating to Minimum Unit Pricing and restrictions to marketing. These are examples of wider policy measures that will enhance the effectiveness of labelling measures, contributing towards a reduction in drinking during pregnancy.

12. Alcohol Healthwatch suggests that when consumers view labels as credible, their presence can further support information conveyed by other means in the community and media, or by health professionals involved in primary and secondary prevention of alcohol-related harm.

13. If pregnancy warning labels were effectively applied on all packaged alcoholic products:
consumers would be consistently informed of the risk of consuming the product;
awareness and conversations about consumption would be stimulated;¹
health professional brief intervention would be supported, consistent and enhanced;
and
a decline in the prevalence of (and costs associated with) Fetal Alcohol Spectrum Disorder (FASD) would be supported – this would have positive flow-on effects for families in Ireland given the care needed to support individuals with the lifelong disability of FASD.

14. Cost savings from a reduced prevalence of FASD could be reinvested to benefit and support those born with FASD as well as fund interventions that reduce the incidence of high-risk pregnancies among populations requiring extra support to achieve sobriety during pregnancies.

**Characteristics of effective labels**

15. There are no known peer-reviewed studies showing that voluntary labelling schemes adopted by alcohol producers are effective in informing consumers of the dangers of consuming alcohol during pregnancy.

16. Research examining the position, size and colour of the current labels used in the voluntary scheme across Australia and New Zealand found that drinkers considered the labels to be unconvincing and lacking sincerity.⁵ An example of this is the following comment “I don’t think it’s displayed well enough for it to be a serious warning…because it’s so tiny, it doesn’t feel like they’re caring whether we see the label or not. I don’t see it as a legitimate warning (female, Group 1) (page 134).”

17. Further, as the labels were only found on some products and not others, this provided ambiguity to an age-group that is most in need of clear factual information about the products in hand.⁵

18. Hall and Partners⁶ conducted focus groups to gather the opinion and experiences of women who were pregnant, those who were planning pregnancy, and importantly, their partners and peers (who likely influence decision-making).

19. The research found that the size and placement of the current pictogram and/or written text was too small as to be considered credible or too obscure to attract attention. An example of a (voluntary) alcohol pregnancy warning label on a New Zealand wine product is shown below.

![Wine bottle label](image)
20. Hall and Partners\textsuperscript{6} recommended the following changes to enhance the visual impact of a warning label:

- increasing the size of the warning on the product/label
- using a contrasting colour, ideally red to signify danger
- using bold text
- using borders and/or white space to help the warning stand out from other information
- locating the warning next to commonly viewed information, such as the number of standard drinks.

21. In the above research, text warnings were considered to be more thought-provoking and emotionally resonant if they focused on the consequences of drinking while pregnant.

22. Research in New Zealand\textsuperscript{7} examining the characteristics of current warning labels found that the average size of the pictogram on alcohol products was 6.7mm in diameter, and the average height of the pregnancy warning text was 1.6mm.

23. They found that pregnancy warning pictograms occupied between an average of 0.13\% (wine) and 0.21\% (ready-to-drink) of the available surface area of the alcoholic beverage container. This equated to less than 1/400th of the available space. Hence, the authors described that the pictograms were, on average, the ‘size of a pea’. This means that many of the pictograms were smaller than this average size.

24. Alcohol Healthwatch recommends that a minimum proportion or percentage of the labelling real estate must form part of any consideration and specification to ensure noticeability.

25. In relation to colour, Alcohol Healthwatch recommends red be used on warning products, as this colour is most commonly associated with danger or warning. Green means the opposite, as is conveyed by a green traffic light.

26. In New Zealand, consumer understanding of pictogram colours was tested, finding that 97\% of women surveyed agreed that the red colour looked most like a warning, and 1\% of agreed that a green pictogram looked most like a warning.\textsuperscript{8}

27. The colour green has been consistently shown to be ineffective and confusing in relation to warning labels.\textsuperscript{6,9}

28. Since alcohol can be teratogenic at any level with safety being unsubstantiated, red is a highly appropriate colour to convey the message that women should not consume alcohol during pregnancy.

29. Further, research\textsuperscript{6} suggests that pregnancy warning labels need to have greater contrast to the background and surrounding information in order to achieve noticeability. Otherwise, the warning message is lost among other information, which is far more likely when the text/pictogram is the same colour as other parts of the label. Equally, to stand out against a white background, a contrast black silhouette figure surrounded by the red prohibition sign may aid noticeability.

30. In relation to position of the warning on the product, it is recommended\textsuperscript{6} that warning labels are located next to commonly-viewed information, such as the number of standard drinks. However, as stated, it is also important that the warning is not crowded out by other information.
31. These above findings from relevant research reinforce the recommendations by Sambrook Research International\(^{10}\) (prepared for the European Commission) that labels use large bold print, high contrast, and effective use of colour, size and borders.

32. We support these recommendations and add that any text warning should include the heading words ‘Government warning’ to achieve noticeability and greater impact. Finally, the label should direct drinkers to a Government-controlled website for more information.

References


