

SUBMISSION TEMPLATE

Policy options targeted consultation paper: *Pregnancy warning labels on packaged alcoholic beverages*

Overview

This submission template should be used to provide comments on the policy options targeted consultation paper: *Pregnancy warning labels on packaged alcoholic beverages*.

Contact Details

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Date of submission: 07/06/2018

If we require further information in relation to this submission, can we contact you? Yes
No

Privacy

Personal information provided to the Food Regulation Standing Committee (FRSC) as part of the *Pregnancy warning labels on alcoholic beverages* public consultation will be dealt with in accordance with the Privacy Act 1988 (Cth) at www.comlaw.gov.au and the Australian Privacy Principles at www.oaic.gov.au. The Department of Health's Privacy Policy is available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/privacy-policy>.

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If you consider that all or part of your submission should not be released, please make this clear when making your submission and indicate the grounds for withholding the information. Please provide two versions of the submission; one full version **with confidential information identified in red text**, and one with the confidential information removed.

A request made under the *Freedom of Information Act 1982* for access to a submission marked confidential will be determined in accordance with that Act.

Do you want this submission to be treated as confidential? Yes No

If yes, please state why:

Submission Instructions

Submissions should be received by 5pm AEST on 14 June 2018. The Food Regulation Standing Committee reserves the right not to consider late submissions.

Please complete the attached template for your submission. Note that submissions may not be drawn upon in preparing the decision regulation impact statement (DRIS) to recommend a preferred policy option to the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum) if they:

- are not supported by evidence;
- do not directly answer the questions in the Policy options targeted consultation paper; and/or
- do not use this template.

Please do not change the template.

Where possible, submissions should be lodged electronically. Please send your submission to: FoodRegulationSecretariat@health.gov.au with the title: *Submission in relation to pregnancy warning labels on packaged alcoholic beverages*.

OR mail to:

c/- MDP707
GPO Box 9848
Canberra ACT 2601

If you need to attach documents to support your submission, please make it clear which question/s they relate to.

Consultation questions

Please insert your comments against the consultation questions below. These questions correspond to specific sections of the Consultation Paper. If you cannot answer the question or it doesn't apply, please write "nil response" or "not applicable".

1: Are these appropriate estimates of the proportion of pregnant women that drink alcoholic beverages? Do you have any additional data to show changes in drinking patterns during pregnancy over time? Please specify if your answers relate to Australia or New Zealand.

nil response

2: Are these appropriate estimates of the prevalence and burden (including financial burden) of FASD in Australia and New Zealand? Please provide evidence to support your response.

nil response

3: Do you have evidence that the voluntary initiative to place pregnancy warning labels on packaged alcoholic beverages has resulted in changes to the prevalence of FASD, or pregnant women drinking alcohol, in Australia or New Zealand? Please provide evidence to justify your position.

nil response

4. Variation in labelling coverage and consistency, and some consumer misunderstanding associated with the current voluntary pregnancy warning labels in Australia and New Zealand were identified as reasons for possible regulatory or non-regulatory actions in relation to pregnancy warning labels on alcoholic beverages.

Are there any other issues with the current voluntary labelling scheme that justify regulatory or non-regulatory actions? Please provide evidence with your response.

The Labelling Logic Report recommended mandatory introduction of pregnancy warning labels on alcoholic beverages in Australia. The alcohol industry has been given a two year trial period and a further two year extension to voluntarily implement pregnancy warning labels. Two evaluations have been conducted to assess coverage, visibility and consistency and both reported low uptake in some product categories (1,2). This demonstrates that the current voluntary system is inadequate.

References

(1) Siggins Miller. Evaluation of the voluntary labelling initiative to place pregnancy health warnings on alcohol products. Final Report. 2014. Canberra: Commonwealth of Australia Department of Health.

(2) Siggins Miller. Second evaluation of the voluntary labelling initiative to place pregnancy health warnings on alcohol products: Final report. 2017. Canberra: Commonwealth of Australia Department of Health.

5: Has industry undertaken any evaluation on the voluntary pregnancy warning labels? If so, please provide information on the results from these evaluations.

nil response

6: Considering the potential policy options to progress pregnancy labelling on alcoholic beverages and address the implementation issues:

a) Are there additional pros, cons, and risks associated with these options presented that have not been identified? Please provide evidence to support your response.

Options 1a, 1b and 1c which will allow industry to self-regulate use of pregnancy warning labels will have limited effectiveness. There is substantial evidence from the food and beverage industry which demonstrates voluntary, self-regulatory systems are inadequate.

Responsible Children's Marketing Initiative (RCMI) and the Quick Service Restaurant Initiative for Responsible Advertising and Marketing to Children (QSRI) from the Australian Food and Grocery Council (AFGC) are examples of the approach using Option 1b. The self-regulatory systems on food marketing to children have been found to be ineffective in reducing the amount of unhealthy food advertising children see in Australia (1, 2) and globally (3). In 2011 the Australian Communications and Media Authority undertook a review of codes for food and beverage advertising to determine if industry self-regulation adequately addressed community concern regarding food advertising to children. The monitoring report identified ongoing community concerns and concluded that there was insufficient evidence to suggest that the implementation of the self-regulatory codes had any effect on food marketing to children (4). A subsequent study investigated the impact of self-regulatory initiatives in the four years since the monitoring report was published, and found that there has been no change to unhealthy food advertising to children (5).

The Health Star Rating system is an example of Option 1c. The progress review for the system found that only 14% of products were displaying the ratings (6).

Australia's well-documented consumption of alcohol at harmful levels shows the current approach of self-regulation of alcohol marketing is inadequate. The Alcohol Beverages Advertising Code is a voluntary code. A review commissioned by the Ministerial Council on Drug Strategy in 2003 concluded that the ABAC system was dysfunctional (7). Changes were implemented in 2004, including adding a public health expert to the ABAC complaints panel and extending ABAC to include internet advertising and the sponsorship of events. Despite these changes, the ABAC remains an ineffective regulatory tool. It is a voluntary code, it cannot be enforced, and there are no penalties for breaches.

References

- (1) King L, Hebden L, Grunseit A, Kelly B, Chapman K, Venugopal K. Industry self regulation of television food advertising: Responsible or responsive? *International Journal of Pediatric Obesity* 2011;6(2-2):e390-e398.
- (2) Hebden L, King L, Grunseit A, Kelly B, Chapman K. Advertising of fast food to children on Australian television: the impact of industry self-regulation. *Med J Aust* 2011;195(1):20-4.
- (3) Galbraith-Emami S, Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review. *Obesity Reviews* 2013;14(12):960-74.
- (4) Australian Communications and Media Authority. Industry self-regulation of food and beverage advertising to children. ACMA monitoring report. Commonwealth of Australia; 2011 Dec Available from: http://www.acma.gov.au/webwr/assets/main/lib310132/industry_self-regulation-advertising_to_children_monitoring_report-dec2011.pdf
- (5) Watson WL, Lau V, Wellard L, Hughes C, Chapman K. Advertising to children initiatives have not reduced unhealthy food advertising on Australian television. *J Public Health (Oxf)* 2017;39(4):787-792.
- (6) Health Star Rating Advisory Committee. 2017. Two year progress review report on the implementation of the Health Star Rating system – June 2014 – June 2016.
- (7). Munro G. Advertising alcohol: when the best isn't good enough. *Of Substance* 2006 Apr;4(2):12-3.
- (8). Pettigrew S, Johnson R, et al. Introducing and applying a new Australian alcohol advertising code. *Journal of Public Affairs* 2013;13(1):72-83.

Option 2: Mandatory is the only option which will ensure the consistency and high coverage required.

b) Are there other potential policy options that could be implemented, and if so, what are the pros, cons and risks associated with these alternate approaches? Please provide evidence to support your response.

nil response

7: Which option offers the best opportunity to ensure that coverage of the pregnancy warning labelling is high across all types of packaged alcoholic beverages, the pregnancy warning labels are consistent with government recommendations and are seen and understood by the target audiences? Please justify your response.

Only **Option 2: Mandatory** can offer the level of coverage and consistency required for pregnancy warning labels to achieve their objectives. Voluntary and self-regulatory systems have already been shown to be ineffective in junk food marketing and alcohol marketing.

8: Do you support the use of a pictogram? If so, do you have views on what pictogram should be used (e.g. pregnant woman holding beer glass or wine glass), and also, what colour/s should be used, and why? Do you have any views on size, contrast, and position on the package? Please provide research or evidence to support your views.

Yes. The tobacco labelling experience provides compelling evidence that health information and warning labels can be effective not only in increasing awareness and changing attitudes, but also in changing behaviour (1). There is a strong body of evidence from tobacco control that large warnings with pictures are more effective than text only warning (2).

References

(1) Hammond D, Fong GT, McDonald PW, Cameron R, Brown KS. Impact of the graphic Canadian warning labels on adult smoking behaviour. *Tob Control* 2003;12(4):391-5.

(2) Hammond D. Health warning messages on tobacco products: a review. *Tob Control* 2011; 20(5): 327-37.

9: Do you support the use of warning text on a label? Why or why not? Do you have views on what text should be used, and if so, what is it? Do you support the use of warning messages already used in other markets? Please provide research or evidence to support your views.

Yes. Evidence from tobacco have shown the importance of providing pictures as well as text in warning labels. Consumer testing should be conducted to identify text that is most effective to ensure warning labels have an impact on changing behaviour.

10: Do you have views on what colour should be used for text, and whether green should be permitted? Do you have any views on size, contrast, and position on the package? Please provide research or evidence to support your views.

nil response

11: Should both the text and the pictogram be required on the label, or just one of the two options? Please justify your response.

Both text and pictogram should be required. Evidence from tobacco have shown the importance of providing pictures as well as text in warning labels (1,2).

References

(1) Hammond D, Fong GT, McDonald PW, Cameron R, Brown KS. Impact of the graphic Canadian warning labels on adult smoking behaviour. *Tob Control* 2003;12(4):391-5.

(2) Hammond D. Health warning messages on tobacco products: a review. *Tob Control* 2011; 20(5): 327-37.

12: Are you aware of any consumer research on understanding and interpretation of the current DrinkWise pictogram and/or text? What about other examples of pictogram and/or text?

nil response

13: Describe the value of pregnancy warning labels. Please provide evidence to support your views.

The NHMRC advises that the safest option for pregnant women is to abstain from drinking if they are pregnant. According to the National Drug Strategy Household Survey 2016, only 56% of pregnant women abstained from consuming alcohol (1). This level of consumption far exceeds the NHMRC recommendations for pregnant women. This highlights the importance of ensuring pregnant women are reminded at the point of sale and the point of consumption of the risks of drinking while pregnant.

References

(1) Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

14: Which is the option that is likely to achieve the highest coverage, comprehension and consistency? Please provide evidence with your response.

Only **Option 2: Mandatory** as explained above.

15: Which option is likely to achieve the objective of the greatest level of awareness amongst the target audiences about the need for pregnant women to not drink alcohol? What evidence supports your position?

Only **Option 2: Mandatory** as explained above.

16: More information is required on the benefits of each of the regulatory options. Do you have any information on the benefits associated with each option in relation to social, economic or health impacts for individuals and the community? Please provide evidence with your response.

nil response

17: To better predict cost to industry associated with each option, can you provide further information that could inform the cost to industry associated with each of these approaches, particularly costings from a New Zealand industry perspective? Please provide evidence to support your response.

nil response

18: For Australia, is the estimated cost of \$340 AUD per SKU appropriate for the cost of the label changes? To what extent do these cost estimates capture the likely impacts on smaller producers? Should the cost estimates be adjusted upwards to capture disproportionate impacts on smaller producers?

nil response

19: Is the number of active SKUs used in the cost estimation appropriate? What proportion of SKUs on the market is from smaller producers?

nil response

20: Should there be exemptions or other accommodations (such as longer transition periods) made for boutique or bespoke producers, to minimise the regulatory burden? If so, what exemptions or other accommodations do you suggest?

nil response

21: To better predict the proportion of products that would need to change their label to comply with any proposed change, information on the type of pictogram and text currently used is required. Do you have evidence of the proportion of alcohol products that are currently using the red pictogram, and what proportion of products are using an alternate pictogram (e.g. green)? Do you have evidence on the proportion of alcohol products that are currently using the beer glass pictogram, or the wine glass pictogram? Please specify which country (Australia or New Zealand) your evidence is based on.

nil response

22: What would be the cost per year for the industry to self-regulate? Please justify your response with hours of time, and number of staff required. Please specify which country (Australia or New Zealand) your evidence is based on.

nil response

23: For each of the options proposed, would the industry pass the costs associated with labelling changes on to the consumer? Please specify which country (Australia or New Zealand) your evidence is based on.

nil response

24: If you identified an alternate policy option in question 5, please provide estimates of the cost to industry associated with this approach.

nil response

25: Based on the information presented in this paper, which regulatory/non-regulatory policy option do you consider offers the highest net benefit? Please justify your response.

Only **Option 2: Mandatory** can offer the highest net benefit. Voluntary and self-regulatory systems have already been shown to be ineffective in junk food marketing and alcohol marketing. The tobacco labelling experience provides compelling evidence that health information and warning labels can be effective not only in increasing awareness and changing attitudes, but also in changing behaviour. Current levels of alcohol consumption in pregnant women indicates that an effective policy response in this area is required.