

Evaluation of the voluntary labelling initiative to place pregnancy warnings on alcohol products

Appendices

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Appendix 1: Stakeholders consulted by group and consultation activity

	Name	Name	Position/s	Unit/branch, organisation	Location	Consultation Activity RG Teleconferences; Framework workshop; Industry survey; key informant interview
1	Colleen	Krestensen	Assistant Secretary	Drug Strategy Branch (Reference Group Chair)	Canberra	RG Teleconferences; Framework workshop
2	Kathy	Dennis	Assistant Secretary	Healthy Living and Food Policy Branch (Reference Group Member)	Canberra	RG Teleconferences; Framework workshop
3	Jo	Mitchell	Director	Centre for Population Health, NSW Ministry of Health (Reference Group Member)	Sydney	RG Teleconferences
4	Dave	McNally	Director	Drug and Alcohol Policy Section, Drug Strategy Branch (Reference Group Member)	Canberra	RG Teleconferences; Framework workshop
5	Bronwen	Dowse	Assistant Director	Drug and Alcohol Policy Section, Population Health Division	Canberra	Framework Workshop
6	Trevor	Webb	Manager and Principal Social Scientist Behaviour Regulatory Analysis Section (on behalf of Dean Stockwell, General Manager Food Standards)	Food Standards Australia New Zealand	Canberra	Framework Workshop
7	Jenny	Hazelton	Manager, Labelling And Information Standards	Food Standards Australia New Zealand	Canberra	Framework Workshop
8	Catrina	McStay	Senior Policy Officer	Department of Health, Western Australia	Perth	Framework Workshop; Key informant interview
9	Dr Cecile	McKeown	Senior Consultant	Department of Health, Tasmania	Hobart	Framework Workshop; Key informant interview
10	David	Cusack	Manager Strategic Policy and Projects	NSW Food Authority	Sydney	Framework Workshop; Key informant interview
11	Dr Sarah	Wright	Policy Advisor, Health Promotion Agency	NZ	Wellington	Key informant interview
12	Rosie	Pears	Senior Policy Advisor	Health Promotion Agency	Wellington	Key informant interview

	Name	Name	Position/s	Unit/branch, organisation	Location	Consultation Activity RG Teleconferences; Framework workshop; Industry survey; key informant interview
11	John	Scott	CEO	DrinkWise Australia	Canberra	Framework Workshop; Key informant interview
12	Madi	Jacobs	Manager Corporate Affairs	DrinkWise Australia	Canberra	Framework Workshop; Key informant interview; associated initiatives data
13	Denita	Wawn	CEO	Brewers Association of Australia and New Zealand	Canberra	Framework Workshop; Key informant interview;
14	Gordon	Broderick	Executive Director	Distilled Spirits Industry Council of Australia (DSICA)	Melbourne	Framework Workshop
15	Stephen	Riden	Research and Communications	Distilled Spirits Industry Council of Australia (DSICA)	Melbourne	Framework Workshop; Key informant interview; Industry survey
16	Terry	Mott	CEO	Australian Liquor Stores Association	Sydney	Framework Workshop
17	Ailish	Hanley	Head of Corporate	Diageo	TBA	Framework Workshop; Key informant interview; Industry survey
18	Bryan	Mundy	Research and Policy Analyst	Brewers Association of Australia and New Zealand	Canberra	Framework Workshop; Key informant interview; Industry survey
19	Peter	Gniel	General Manager, Government Affairs	Winemakers Federation of Australia	Canberra	Framework Workshop; Key informant interview; Industry survey
20	Anita	Poddar	Global External Affairs	Accolade Wines	Reynella, SA	Framework Workshop; Industry survey
21	Jonathan	Chew	National Manager	Clubs Australia	Sydney	Framework Workshop
22	James	Brindley	CEO	National Alcohol Beverage Industries Council Incorporated (NABIC)	TBA	Framework Workshop; Key informant interview
23	Kate	Thompson	Legal and Corporate Affairs Director	Pernod Ricard Winemakers Pty Ltd (Board Member of both DrinkWise Australia and Wine Australia Corporation)	Sydney	Key Informant interview; Industry survey
24	Mitchell	Taylor	Managing Director	Taylor's Wines (Board Member Winemakers Federation of Australia)	Auburn	Key informant interview
25	Roger	Sharp	Director, Group Corporate Affairs and Vintrepreneur	Treasury Wine Estates (TWE) Global	Melbourne	Key informant interview

	Name	Name	Position/s	Unit/branch, organisation	Location	Consultation Activity RG Teleconferences; Framework workshop; Industry survey; key informant interview
26	Caterina	Giorgi	Director Policy and Research	Foundation for Alcohol Research and Education (FARE)	Canberra	Framework Workshop; Key informant interview
27	Melanie	Walker	Deputy CEO	Public Health Association of Australia	Canberra	Framework Workshop; Key informant interview
28	Brian	Vandenberg	CEO	National Alliance for Action on Alcohol (NAAA)	Melbourne	Framework Workshop; Key informant interview
29	Vicki	Russell	CEO	National Organisation on Fetal Alcohol Syndrome (NOFASD)	Adelaide	Framework Workshop; Key informant interview
30	Prof Michael	Farrell	Director	National Drug and Alcohol Research Centre (NDARC)	Sydney	Key informant interview
31	Prof Mike	Daube	Director of the Public Health advocacy Institute and the McCusker Centre for Action on Alcohol	Health Sciences Curtin University	Perth	Key informant interview
32	Prof Steve	Allsop	Director	National Drug Research Institute (NDRI)	Perth	Key informant interview
33	Prof Margaret	Hamilton OA	Monash University	Australian National Council on Drugs, (Chair Alcohol Expert Committee of the Australian National Preventive Health Agency)	Melbourne	Key informant interview
34	A/Prof Ted	Wilkes	Chairman	National Indigenous Drug and Alcohol Council (NIDAC)	Perth	Key informant interview
35	Dr Dennis	Gray	Deputy Director and Project Leader Substance Use Among Indigenous Australians	National Indigenous Drug and Alcohol Council (NIDAC)/ National Drug Research Institute (NDRI)	Perth	Key informant interview
36	Anna	Stearne	Researcher	National Indigenous Drug and Alcohol Council (NIDAC)	Perth	Key informant interview
37	Sondra	Davaron	Senior Legal Policy Advisor	Cancer Council of Victoria and Member ANPHA Alcohol Committee	Melbourne	Key informant interview

Appendix 2: Outlet study

This study was designed to measure the extent to which alcohol products and containers carry a pregnancy health warning label and/or a pictogram.

In line with the methodology in the agreed Evaluation Framework, the specific aims of this study are:

1. To identify the proportion of market-leading alcohol products consumed in Australia that have a pregnancy health warning label and/or a pictogram.
2. To identify the proportion of alcohol products for sale in alcohol outlets in Australia that have a pregnancy health warning label and/or a pictogram, and to identify:
 - a. if that proportion differs by product type (eg. beer vs wine vs spirits)
 - b. if that proportion differs by state/territory
 - c. the extent to which warning labels are consistent with NHMRC guidelines
 - d. the extent to which warning labels are legible and visible.

2.1 Methods

Definition of an alcohol product available for sale

Packaged-alcohol products available for sale are defined as those stocked on shelves sold through retail outlets and exclude products that are exclusively for sale direct to consumers, such as via wine clubs, cellar door or other distribution networks (It is assumed that the majority of products sold through these networks are also available for retail sale in alcohol outlets). In 2010, store-based retailing accounted for 98.4% of off-site (ie not on licensed premises) alcohol expenditure.¹

A product is categorised by alcohol type, brand, variety, package size and type. In the case of wine, the vintage year is also used to differentiate each product. For example, Carlton mid-strength individual 375ml glass bottle is different from Carlton mid-strength six pack of 375ml glass bottles or a 24 case of 375ml glass bottles or an individual Carlton mid-strength 375ml metal can. Similarly, Wolf Blass Yellow label cabernet sauvignon 2011 750ml bottle is considered a different product from Wolf Blass Yellow label cabernet sauvignon 2011 187ml bottle, from Wolf Blass red label cabernet sauvignon 2011 750ml bottle, and again from Wolf Blass Yellow label cabernet sauvignon 2012 750ml bottle.

2.1.1 Study design and sample selection

Identification of market leading products (aim one)

Market leading products were restricted to five categories (Beer, Cider, Wine, Spirits, and Ready To Drink [RTDs]) because these five broadly comprise 100% of the available alcohol products in Australia. Within each of these categories, the brands that constitute 75% of the market share by volume were identified using data provided by Aztek Australia.² The sample size that equated to 75% of market share within each product category is provided in Table 1 below. The selection of market leading products per outlet is described below.

Identification of products for sale in alcohol outlets (aim 2)

A cluster, block-randomised, stratified sampling procedure was used. First, the five product categories identified for aim one were further divided into 12 categories, as detailed in Table 1 below.

¹ Euromonitor International (2011) *Wine-Australia* in Country Sector Briefing April 2011. Euromonitor International: Australia

² Excerpts provided by industry with permission for use in this study

- i. Wine was separated by both product and price characteristics. First, wine was separated into either red or white wine, reflecting a primary characteristic of wine. Here, red wine includes fortified wines, where champagne, sparkling wine and dessert wines were included as white wine.³ Secondly, wine was divided by products with a retail price of more or less than \$11. This reflects a natural market segmentation (~50% off-trade wine sold is less than \$11 per product⁴ as well as potential differences in product manufacturing cost structures and target consumers: that is, production runs for lower priced wine may be larger than for higher priced wine which in turn may influence the decision to carry a label. Additionally, higher priced wine may target a more affluent consumer who may have alternative preferences regarding health warnings.
- ii. Beer was divided into four categories: international beers, Australian craft or premium beer, full strength domestic beer and mid or light strength domestic beer. International beers were separated from national beers because it is possible that suppliers of domestic brand products may be more willing to adopt Australian specific labelling initiatives than international branded products. National brand beers are separated into craft/premium, full strength or low/mid strength beers due to potential differences in target audience and production costs. Craft/premium beers are potentially more likely to target more affluent consumers whereas low/mid strength beers are potentially more likely to target more health conscious consumers.
- iii. Spirits were divided into clear and dark spirits to reflect a natural product separation and the possibility that target audiences may differ across clear and dark spirit consumers. It is hypothesised that clear spirits are drunk more frequently by young females than dark spirits. Clear spirits include: rum, vodka, tequila, gin, schnapps, ouzo, sake and absinthe. Alternatively dark spirits include: whisky, liqueurs, brandy, cognac and aperitifs.
- iv. Ready to drink (RTD) or alcopops are products that contain a portion of alcohol (typically spirits) and a non-alcoholic beverage within the same container.
- v. Cider includes both apple, pear and other fruit ciders.

Secondly, the total number of products available within each group was estimated from a large national online alcohol merchant.⁵ It is assumed that this represents close to the total number of alcohol products available for sale in Australia. There is, however, a potential bias towards increased availability of higher priced items, for example wine over \$500, relative to retail outlets.

Thirdly, sample size calculation for the random selection was based on achieving an estimate of the proportion of sampled products with a label with a 95% confidence interval of $\pm 5\%$. It was assumed that 50% of products have a pregnancy health warning label. Given the clustering by product category and potential correlation for labelling within each product category cluster and by manufacturer sample sizes are adjusted by a factor of 2.0 or set equal to the entire known population in the case of product categories with small population. Sample sizes per product category are summarised in Table 1.

Table 1: Estimated required sample size by product category

Product category	Estimated total number of products	Sample size to achieve 95% CI of $\pm 5\%$	Sample size adjusted for cluster sampling
Red wine <\$11	1,318	298	596

³ Some sparkling wines are red, for example a sparkling shiraz, and some fortified wines are white, for example white port. However, these represent a very small proportion of these categories.

⁴ Op cit 148 Euromonitor International (2011)

⁵ Dan Murphy's: <http://danmurphys.com.au/dm/home.jsp>; accessed 8 Jan 2014

Product category	Estimated total number of products	Sample size to achieve 95% CI of $\pm 5\%$	Sample size adjusted for cluster sampling
Red wine >\$11	2,617	335	670
White wine <\$11	1,240	293	586
White wine >\$11	901	270	540
Dark spirits	742	253	506
White spirits	230	144	230
RTD	159	113	159
Cider	120	92	120
International beer	205	134	205
Aust craft/premium beer	311	172	311
Full strength domestic beer	71	60	71
Mid/light strength domestic beer	45	40	45
Total	7,959	2,204	4,039

Aust.: Australia; CI: confidence interval; Mid: mid strength; RTD: Ready to Drink

Fourthly, the required sample within each category was then stratified by state/territory⁶ to ensure proportional representation nationally, based on population size.⁷ The required sample size per state/territory is shown in Table 2. The data collection was limited to capital cities because of logistics and because those cities account for the majority of the population in each state/territory.

Table 2: Estimated sample size by state

Product category	NSW	Vic	Qld	SA	WA	Tas	ACT	Total
Red wine <\$20	187	170	88	51	76	9	15	596
Red wine >\$20	210	191	99	58	86	9	17	670
White wine <\$20	184	167	86	50	75	9	15	586
White wine >\$20	170	154	80	46	69	8	13	540
Dark spirits	159	144	75	43	65	7	13	506
White spirits	72	66	34	20	29	3	6	230
RTD	50	45	23	14	20	2	4	158
Cider	38	34	18	10	15	2	3	120
International beer	64	59	30	18	26	3	5	205
Aust craft/premium beer	98	89	46	27	40	5	7	312
Full strength domestic beer	22	20	9	6	9	1	2	70
Mid/light strength domestic beer	14	13	7	4	6	1	1	46
Total								4,039

In order to ensure the sample was taken from representative retail outlets, the sample was further stratified by retail chain. The number of labels to be sampled by retail chain was proportional to their share of retail outlets. In 2012, there were approximately 6,880 alcohol retail outlets in

⁶ Northern Territory is excluded from this study

⁷ This implicitly assumes that population size is proportional to product availability, and this is constant across Australia.

Australia. Woolworths accounted for 18.2%, Wesfarmers 11.4%, Metcash 35.6%, Independent Liquor Group 17.4%, and Liquor Marketing 10.2%.⁸ These five organisations account for approximately 92.8% of the retail outlets in Australia. This estimate includes bottle shops and takeaway outlets associated with on-site licensed premises including hotels and clubs. Independent Liquor Group Co-operative members must have a financial share in a NSW liquor licence. As such, Independent Liquor Group outlets were assumed to exist only in NSW.⁹

Outlet selection

To ensure representation across different suburbs or areas within each capital city, one outlet per retail chain was sampled for each of four districts of Sydney, Melbourne, Brisbane, Adelaide and Perth (ie 5 retailers x 4 districts in Sydney, 4 retailers x 4 districts in Melbourne/Brisbane/ Adelaide/Perth). In Canberra and Hobart, only one outlet per retail chain was sampled per district. Canberra is divided into four districts and one retailer randomly selected per district. Hobart is divided into three districts with each retailer randomly assigned a district.

Data collection (sampling) procedure

For both studies, the same lead research officers visited the selected bottle shops in each capital city in each state/territory. The same lead researchers were used to optimise standardisation in the data collection process and maximise inter-rater reliability.

A total of 72 outlets were sampled across Australia. Details of the final number of stores sampled by location and retail chain are presented in Table 3. It highlights that relative lack of sampling from independent and Liquor Stores, relative to Wesfarmers, Woolworths and Metcash. While this may present possible selection bias, to exhaust outlet options in the same area the outlet selection methodology was strictly adhered to.

There were fewer stores from Metcash and Independent Liquor Group Stores, relative to Wesfarmers and Woolworths retail stores. This was partly due to the sampling design, which was based on the proportion of retail outlet numbers, and partly because a greater proportion of these stores refused to participate in the study. In total, 54 stores declined across the 5 week sampling period. If declined, an alternative was selected from a list of randomly selected replacement retailers in the same region and within the same retailer group. If the alternative selected from the replacement list also declined to participate then the process of selecting alternatives was repeated. If the second alternative store declined (ie: the third store approached) then the sample was not replaced. In total 18 stores were unaccounted for out of the identified sample of 90. The stores that declined were generally smaller outlets. Those who declined most commonly said that they had not received communication from management or that they did not understand the project objective.

Table 3: Number of stores sampled by state/territory and retail chain

State	WES	WOW	MET	LIQ	IND	OTH	Total
NSW	4	4	2	2	3	0	15
VIC	4	4	2	2	0	0	12
QLD	5	5	3	2	0	0	15

⁸ McKusker Centre for Action on Alcohol and Youth (2014) http://mcaay.org.au/assets/publications/industry-guides/mcaay_majorsalesoutlets_feb2014-final.pdf

⁹ Some outlets are likely to be spread over the country. However, no clubmart, pubmart or little bottler outlets were identified in Queensland where they also hold offices. It is likely that co-operative members trade under independent names. No such list of co-operative members is available. As such all outlets are assumed to be in NSW where little bottler, club and pubmarts were located.

State	WES	WOW	MET	LIQ	IND	OTH	Total
WA	4	2	3	3	0	0	12
SA	4	4	2	1	0	0	11
Tas	0	1	1	0	0	2	4
Act	1	2	0	0	0	0	3
Total	22	22	13	10	3		72

WES: Wesfarmers, WOW: Woolworths; MET: Metcash; LIQ: Liquor IND: Independent

In total 18 outlets declined to allow the researchers to sample alcohol products in their stores. The stores that declined were generally smaller independent retailers. Those who declined most commonly said that they had not received communication from management or did not understand the project objective. These outlets were replaced with an alternative outlet drawn from a pool of randomly selected alternative outlets generated for this purpose as per the outlet selection protocol.¹⁰

Aim one sample

Of the identified 185 market leading products for study one, 184 products were sampled representing 99.5% completion rate. The one missing product was a wine ("Super Value") that was unable to be located during the data collection process. The sample for Study One by State is provided in Table 4 below.

Table 4: Aim one sample by market and state/territory

State/territory	Spirit market	Wine market	Beer market	RTD market	Cider market	total
NSW	17	52	17	6	2	94
VIC	15	13	1	0	1	30
QLD	4	9	2	4	0	19
WA	2	2	0	1	0	5
SA	1	2	1	2	1	7
Tas	2	1	0	0	0	3
ACT	7	18	0	0	1	26
Total	48	97	21	13	5	184

Samples for Aim One were predominantly individually packaged products (Table 5). For wine, the sample with the latest vintage was included in this analysis, however the actual year for the wine samples ranges from 2010 to 2014 with the majority of samples labelled as 2013 or 2012 (Table 5).

Table 5: Aim one sample by market and product description

SKU Market	SKU Individual	SKU 6/10 pack	SKU >10 pack	SKU Total
Spirits	48	0	0	48
Wine (total)	76	0	0	76
2010	2	0	0	2

¹⁰ Approximately 54 stores declined across the 5 week sampling period from 18 March 2014. If declined, an alternative was selected from an alternative list of other retailers in the same region and of the same retailer group – if declined from that alternative, the process of selecting an alternative was repeated and, if that alternative store declined, seeking an alternative for that store was finally closed off. This is what resulted in 18 stores being unaccounted for out of the sample of 90.

SKU Market	SKU Individual	SKU 6/10 pack	SKU >10 pack	SKU Total
2011	5	0	0	5
2012	21	0	0	21
2013	46	0	0	46
2014	2	0	0	2
Missing Year	21	0	0	21
Beer	18	1	2	21
RTD	10	3	0	13
Cider	5	0	0	5
Total	178	4	2	184

After adjusting for market share, it is estimated that of those products that represent 75% of the respective alcohol markets, between 24.5% and 81.3% of products sold have a pregnancy health warning of some type depending on the product market. In total, of the products that represent 75% of the respective alcohol markets, 62.0% of the alcohol products sold carry some pregnancy health warning.

Aim two sample

Of the estimated 4,039 required sample size 3,125 samples were achieved. Of the 3,125 samples, 105 samples were identified as duplicates and were removed from the sample leaving 3,020 unique samples or 74.6%. Data collection was terminated early owing to:

- difficulty identifying products that had not already been sampled
- an interim analysis of the data that identified the primary end point of the study (95% confidence interval of less than 5%) had been achieved.

The original sample size was based on assumptions regarding the level of correlation between the likelihood the sample had a pregnancy health warning and the state, retail chain and product category. Whilst some level of correlation is likely with respect to product brand (ie products within the same product branding are likely to be correlated with respect to having a health pregnancy warning), after analysis of the interim data it appeared that sufficient data had been collected to achieve the pre-specified error margins for the primary outcome result.

The sample collected for Aim Two is presented with respect to more detailed market segmentation and State from where the sample was collected in Table 6 below. A total of 3,020 samples were achieved across 12 product groups from 7 states. The distribution of the samples is reflective of the representative sampling strategy (ie across states) and estimated number of samples required by product group.

Table 6: Aim two number of products sampled with a pregnancy health warning by market and state/territory

Product group	NSW	VIC	Qld	WA	SA	Tas	ACT	Total
Dark Spirits	100	101	64	45	25	6	12	353
White Spirits	49	45	31	17	16	4	6	168
RTD	66	36	27	17	11	2	3	162
Cider	55	28	13	12	9	2	3	122
Int. Beer	46	48	21	17	11	4	6	153
Prem/Craft Beer	64	65	42	28	17	4	6	226
Full Beer	37	18	11	5	1	0	3	75

Product group	NSW	VIC	Qld	WA	SA	Tas	ACT	Total
Mid/Lght Beer	27	9	6	0	0	0	0	421
Red Wine < \$11	125	115	71	49	37	9	15	472
Red Wine > \$11	141	132	84	60	41	9	5	410
White Wine < \$11	127	111	72	51	36	9	4	382
White Wine > \$11	114	111	63	45	31	7	11	42
Missing	1	13	0	0	0	0	20	34
Total	952	832	505	346	235	56	94	3,020

Samples within Aim Two are described with respect to product group and packaging (and year for wine) in Table 7. Of the 3,020 samples, 87.1% were individual packages. For all wine groups the majority of samples collected had a vintage year of 2011 or later.

Table 7: Aim two sample by market and product description, and wine by vintage year

a) Aim two sample by market and product description

SKU Market	SKU Individual	SKU 3-12 pack	SKU >12 pack	SKU Keg	SKU Missing	SKU Total
Dark Spirits	345	2	0	0	6	353
White Spirits	163	0	0	0	5	168
RTD	84	73	4	0	1	162
Cider	84	29	7	0	2	122
Int. Beer	96	38	15	1	3	153
Prem/Craft Beer	113	90	17	2	4	226
Full Beer	39	22	13	1	0	75
Mid/Lght Beer	17	11	13	1	0	42
Red Wine < \$11	406	0	0	0	15	421
Red Wine > \$11	472	0	0	0	0	472
White Wine < \$11	396	0	0	0	14	410
White Wine > \$11	380	2	0	0	0	382
Missing	34					34
Total	2,629	267	69	5	50	3,020

b) Study two product sample: wines

	2010	2011	2012	2013	2014	Missing	Total
Red Wine < \$11	47	59	136	75	1	103	421
Red Wine > \$11	129	118	124	22	0	79	472
White Wine < \$11	21	31	117	110	2	129	410

	2010	2011	2012	2013	2014	Missing	Total
White Wine > \$11	62	44	110	95		71	382

Table 8: Aim two sample of products with a pregnancy health warning by state/territory location of manufacture

Product group	NSW manufacturer	Vic manufacturer	Qld manufacturer	WA manufacture	SA manufacturer	Tas manufacturer	Aust
Dark Spirits	10/45 (22%)	1/35 (3%)	0/3 (0%)	0/1 (0%)	5/16 (31%)	0/3 (0%)	16/103 (16%)
White Spirits	7/17 (41%)	2/12 (17%)	6/13 (46%)	0/2 (0%)	0/3 (0%)	-	15/47 (32%)
RTD	14/72 (19%)	2/43 (5%)	3/14 (21%)	-	7/11 (64%)	-	26/140 (19%)
Cider	12/26 (46%)	1/26 (4%)	-	0/4 (0%)	4/20 (20%)	1/3 (33%)	18/79 (23%)
Int. Beer	4/13 (31%)	3/7 (43%)	1/1 (100%)	-	1/6 (17%)	-	9/27 (33%)
Red Wine < \$11	45/86 (52%)	46/82 (56%)	0/1 (0%)	7/16 (44%)	101/152 (66%)	-	199/337 (59%)
Red Wine > \$11	22/64 (35%)	14/66 (21%)	0/1 (0%)	14/50 (28%)	83/220 (38%)	2/5 (40%)	135/406 (33%)
White Wine < \$11	35/87 (40%)	40/72 (56%)	-	8/22 (37%)	80/142 (56%)	1/1 (100%)	164/324 (51%)
White Wine > \$11	17/49 (35%)	24/50 (48%)	-	17/59 (29%)	43/88 (49%)	6/9 (67%)	107/255 (42%)
Total	194/566 (34%)	173/524 (33%)	12/50 (24%)	54/203 (27%)	336/700 (48%)	14/38 (37%)	783/2,081 (38%)

2.2 Detailed description of the outlet study sampling procedure

2.2.1 Aim one

For each store data collectors sampled a number of market leading products from a randomly generated list. The number of market leading products sampled per store was equal to the total number of market leading products to be sampled divided by the number of outlets included in the study. Data collectors sampled a product corresponding to the top of the randomly ordered list of market leading products. If that product was not available at that store, the next product on the list was sampled. If a product on the list had already been sampled it was not resampled. This process continued until all market leading brands had been sampled.

Of the identified 185 market leading products for study one, 184 products were sampled representing 99.5% completion rate. The missing product was a wine ("Super Value") that was unable to be located during the data collection process.

2.2.2 Aim two

In each store, data collectors located the appropriate product category section and selected a product at random. In the first store, this meant that the first number (n) of products for that category was selected and checked until the quota for that product category for that store was

reached. In the next store, the same process occurred, unless that product had already been checked, in which case it was not re-examined but the adjacent product was checked instead. Data were entered electronically to facilitate easy verification that each sample was a unique product.

Pregnancy health warnings were checked to consider if the warning was a picture, text or a combination of the two. If it was text, then the wording was assessed for consistency with the 2009 NHMRC Australian guidelines regarding alcohol consumption during pregnancy, in order to address Aim Two. Where uncertainty with respect to consistency arose, a photograph of the label was taken for further verification.

Legibility and prominence data were collected to answer Aim Two Question d. Both were recorded with respect to the legibility requirements for food labels in Standard 1.2.9 Food Standards Australia New Zealand Code. The user guide to this standard was read by all data collectors. Where a data collector was unsure of a label, it was presented to an alternative data collector for verification. Where uncertainty or inconsistency between investigators arose, a photograph of the label was taken for further verification.

2.2.3 Pregnancy warning label legibility and prominence

Pregnancy warning label legibility and prominence was assessed to the Food Standards Australia New Zealand standard 1.2.9 on Legibility Requirements. Using these guidelines field researchers reviewed and evaluated each pregnancy warning label and provided an assessment of below, average or above average.

Legibility assessment requirements involved researchers evaluating the labels size, distinction against other stimuli, message complexity, exclusion area/bordering, spacing, font type and text casing (if applicable).

Prominence assessment requirements involved researchers evaluating the labels size, location and position on packaging or label or labels, the noticeable nature of the text or picture, colour and image contrast, bordering, font differences, spacing and segmenting from other label stimuli.

It should be noted that external factors affecting legibility and prominence of how easily a consumer can read food labels at point of sale were not taken into consideration for this study.

Labels which presented the assessment factors in a suitable manner were evaluated and noted as standard for both legibility and prominence. Those which utilised only some factors or were considered too difficult to distinguish or see amongst the labels logo, product title text, product description and overall location of the warning on packaging or label were evaluated and noted as below standard. Labels assessed as above standard featured assessment factors but tended to be larger in size, have greater contrast in both colour, font type (if applicable) and be positioned in a more accessible site on the label or package. These factor in turn create a warning which is far more dominant and visible on the label or packaging warranting the above standard evaluation.

2.3 List of market leading products by market and percentage of market by volume

Beer	% (Vol)	Cider	% (Vol)
XXXX Gold	12.7%	Strongbow	29.6%
Victoria Bitter	11.9%	Somersby	15.2%
Carlton Draught	5.8%	Rekorderlig	13.1%
Corona Extra	5.5%	Tooheys 5seeds	12.5%
Carlton Dry	4.9%	Mercury	5.4%
Tooheys New	4.9%		
Tooheys X-dry	4.2%		
Carlton Mid Str	3.9%		
Crown Lager	2.7%		
Coopers Pale Ale	2.5%		
Hahn Super Dry	2.2%		
Pure Blonde Premium	2.2%		
Heineken Lager	1.6%		
Hahn Prm Lgt	1.6%		
Boags Premium	1.5%		
West End Draught	1.4%		
XXXX Summer Bright Lager	1.4%		
Cascade Prm Light	1.2%		
Hahn Super Dry 3.5%	1.2%		
Cold	1.1%		
XXXX Bitter	1.1%		

Wine	% (Vol)	Wine	% (Vol)	Wine	% (Vol)	Wine	% (Vol)
Jacobs Creek Classic	3.4	De Bortoli Sacrd Hl	0.9	Brancott Est Classic	0.5	Penfolds Bin	0.3
Yellowglen Everyday	3.0	Bowlers Run	0.9	Stanley Fortified	0.5	R/Mount Dmnd Blends	0.3
Gossips	2.9	Jacobs Creek Reserve	0.8	Grant Burge Other	0.5	Killawarra	0.3
Brown Brothers	2.6	Rosemount Dmnd Lbl	0.8	Baily & Baily Slhtt	0.5	Overstone	0.3
Cleanskin	2.4	Crittenden & Co	0.8	Rumours	0.5	Cradle	0.3
Wolf Blass Red Lbl	2.1	Villa Maria Pb	0.8	Wynns Coonawrra	0.5	Devil's Lair Hidden Cave	0.3
Wolf Blass Eaglehawk	2.1	Hardys R&R	0.8	Counting Sheep	0.5	De Bortoli	0.3
Mcguigan Blk LB	1.9	McWilliams Inheritance	0.7	Amiri	0.5	Ingoldby	0.2
Yellow Tail	1.7	Jamiesons Run	0.7	Jacobs Creek Cool Harvest	0.5	Zonin	0.2
Jacobs Creek Spklg	1.6	Yellowglen Vintage	0.7	Tangaroa	0.4	Story Bay	0.2
Oyster Bay	1.6	Renmano Fortifieds	0.7	McWilliams Hanwood Estate	0.4	The Emerald	0.2
Banrock Station Val	1.5	Whispers	0.7	Wither Hills	0.4	Jansz	0.2
Lindeman's Bin Series	1.5	Yellowglen Jewel	0.7	Brookland Valley V1	0.4	Vasse Felix	0.2
Penfolds Koonunga Hill	1.4	Yalumba Y Series	0.7	Jacobs Creek Trilogy	0.4	Hidden Gem	0.2
Houghton Other	1.3	Wolf Blass Yllw Lbl	0.6	Pleasant Valley	0.4	Super Value	0.2
Fifth Leg	1.2	Hardys Stamp	0.6	Riccadonna	0.4	Zilzie Est	0.2
Penfolds Rawsons Ret	1.1	Passion Pop	0.6	Shingle Peak	0.4	Omni Nv	0.2
Annie's Lane	1.1	Taylors Promise Land	0.6	Moet & Chandon Imperial	0.4		
De Bortoli Premium	1.1	Seaview	0.6	Wirra Wirra	0.4		
Giesen	1.0	Chandon	0.6	De Bortoli Accomplice	0.3		
Taylors Estate	1.0	Matua Marlborough	0.6	Obikwa	0.3		
Lindeman's Early Harvest	1.0	Pepperjack	0.6	St Andrews Est	0.3		
Stoneleigh Core	0.9	McWilliams Royal Reserve	0.6	Cleanskin T/Choice	0.3		
Evans & Tate Classic	0.9	South Island	0.6	Secret Stone Marl	0.3		
Wyndham Est Bin	0.9	McWilliams Fortifieds	0.5	Stones Ginger	0.3		
Arrogant Frog	0.3	Peter Lehmann	0.5	Hardys Nottage Hill	0.3		
Goundrey Hmstd	0.3	Golden Oak	0.5	St Hallett	0.3		

Spirits	% (L)	RTD	% (L)
Jim Beam White	7.7%	Jim Beam White	16.0%
Smirnoff Red	7.4%	Jack Daniels	13.0%
Bundaberg Up	7.3%	Bundaberg Up	10.0%
Johnnie W Red	7.3%	Woodstock Black	5.7%
Jack Daniels	4.6%	Canadian Club	4.8%
Baileys	3.0%	UDL	4.8%
Grants	2.0%	Cruiser Core	4.0%
Wild Turkey 86.8	1.8%	Smirnoff Ice Dbl Bk	3.7%
ABSOLUT Core	1.7%	Johnnie W Red	3.6%
Bacardi Superior	1.7%	Wild Turkey	2.8%
Gordons	1.6%	Wild Turkey 101	2.0%
Canadian Club	1.6%	Bundaberg Red	1.8%
Chivas Regal	1.5%	Cougar	1.4%
Johnnie W Black	1.3%		
Mcallister	1.3%		
Black Douglas	1.3%		
Jameson	1.2%		
Dewars White Label	1.1%		
Southern Comfort	1.1%		
Captain Morgan	1.0%		
Ballantines	0.9%		
Kahlua	0.9%		
St Agnes	0.9%		
Bundaberg Red	0.9%		

Appendix 3: An estimated cost to industry of voluntary initiative

Siggins Miller sent an invitation letter and survey link to peak alcohol industry associations to distribute to their members. The peak alcohol industry associations involved Brewers, DSICA, Diageo, WFA and Accolade Wines.

The survey was open from the 11th to 30th of April. Survey completion rates were monitored to determine whether small, medium and large producers from all alcohol markets were represented in the survey responses. Follow ups with peak associations were followed-up in cases where markets were poorly represented.

The majority of respondents to the industry survey of labelling costs were from companies where the main activity was manufacturing (n=10, 83.33%). As seen in Table 9: below, the other two respondents were an importer/distributor company and an industry representative.

Table 9: Nature of respondent company's activities

Company activities	n (12)	%
Manufacturer	10	83.33
Importer/distributor	1	8.33
Industry representative	1	8.33

Product markets

Respondents represented companies from all alcohol markets: beer, cider, wine, spirits and RTD alcohol beverages (refer Table 10). The most common market in which respondent's products were sold was the wine market (n=8, 66.67%), whereas the least represented market was cider (n=2, 16.67%). A third of respondents (n=4, 33.33%) had products in more than one market (eg beer, cider and spirits), whereas the remaining respondents sold products in only one market.

Table 10: Markets respondent company products sold in

Market	n (12)	%*
Wine	8	66.67
Spirit	5	41.67
Ready to Drink (RTD) alcoholic beverages	5	41.67
Beer	3	25.00
Cider	2	16.67

*Percentages are presented as the proportion of all respondents to this question who have product in each market, therefore percentages do not add up to 100

In total, 14 responses to the survey were received which included small, medium and large companies. This is inclusive of both complete and incomplete responses, as several respondents did not provide responses to some questions. Percentages reported are presented as proportions of total respondents who answered each question, as opposed to the total number of respondents who completed the entire survey.

Industry participant details

Role in company

11 respondents indicated their role in their company. These included:

- CEO
- Government Relations Manager
- Group supply chain manager

- Head of Global Regulatory Affairs
- Insights Director Australia, New Zealand and South East Asia
- Logistics & Supply Director
- Marketing Co-Ordinator
- Marketing Manager
- Purchasing Packaging and Senior Management
- Winemaker and Director

3.1 Average cost estimates

Estimates were provided by eight respondents for the total costs associated with implementing pregnancy health labels across each of the identified cost items. No estimated total costs were provided for any additional cost items (ie material write offs and relabelling of imported products). Where a respondent only provided a range of values, the midpoint was calculated as an estimate the average cost.

The opportunity cost of the package space that a pregnancy health warning occupies as well as the potential benefit from improving a company's reputation (from including a pregnancy health warning on their products) were identified as potential key indirect costs and benefits. However, the indirect costs and benefits associated with including a pregnancy health warning, whilst potentially not insignificant, were not included in the final estimated cost to industry.

3.2 Estimating the total cost to industry

The total cost to industry is estimated as the number of SKUs that have adopted the pregnancy health warning multiplied by the proportion of manufacturers that incurred a cost associated with implementing the pregnancy health warning multiplied by the total cost per SKU implementing the change to labels.

Appendix 4: Consumer awareness online survey detailed methods and data analyses

Consumer awareness online survey

The overarching aims of the consumer awareness online survey component of the evaluation are:

1. Examining consumer awareness of the alcohol warnings on labels
2. Understanding of the message and/or pictograms they contain.

Identification and recall of messages and/pictograms is an important element of evaluation. An examination of awareness requires asking respondents if they have seen any pregnancy-related warning labels on alcohol containers. Establishing whether they understand the messages seen involves questions about recall of messages and how they understand them. Attention will be given to reaching Aboriginal and Torres Islander communities to minimize any bias resulting from online survey method as far as possible

The survey must stay within scope and not seek to measure changes in behavioural intentions, attitude change or behaviour change as the evaluation is an implementation evaluation only, and the labels are expected to affect awareness but in and of themselves, they are not expected to change attitudes or behaviour.

4.1 Data collection methodology

Full ethical clearance for the online survey under protocol number MKT.06/14/HREC was obtained on 6 March 2014 from Griffith University Human Research Ethics Committee.

An online approach was selected due to its ability to reach a broad range of respondents quickly and cost effectively. Furthermore, an online methodology minimises response biases, such as social desirability response, that are commonly observed for sensitive topics.

The reach of the survey included:

- A whole of community survey to reach people around women
- Attention will be given to reaching Aboriginal and Torres Islander people to minimise any bias resulting from online survey method.

The survey comprised closed questions, Likert type scale responses (eg strongly agree to strongly disagree) and open-ended questions. The survey will be conducted online through Griffith University's Lime Survey Software.

A judgment and snowball sampling design will be used for this project to enable widespread contact with the target community. A targeted online campaign was used to reach women who are planning to become pregnant, are currently pregnant or have recently had a child. Banner advertisements and invitations were posted on sites such as:

- pregnancy planning websites and blogs
- maternity hospital and obstetrician websites
- fertility clinics
- parenting websites and blogs – Mamma Mia, BubHub, Hoopla, Essential Baby, Raising Children Network, Raising Baby
- online social media websites
- *ninemsn*
- Facebook
- Twitter

- Griffith University web site
- Social media pages.

The survey was announced via social media and through a coordinated press release ensuring maximum uptake. Snowball sampling involved asking respondents to refer friends and family members to the survey. The survey was set to capture the referrer URL used by respondents.

A commercial online survey recruitment provider was also used to assist with obtaining an adequate response nationally. They were provided with the following sampling framework and target response rates:

Sample size: 3, 600 (600 per target group)

Six groups:

1. Pregnant women (18 - 50 years, mean age expected to be 31 years)
2. Women planning to have a child in the next 18 months (18 - 50 years, mean age expected to be 31 years)
3. Women with a child under 18 months of age (18 - 50 years, mean age expected to be 31 years)
4. Males whose partner is one of the following: currently pregnant, planning to become pregnant within 18 months or has a child under 18 months of age (18+ years)
5. People with an adult child who is one of the following: currently pregnant, planning to become pregnant within 18 months or has a child under 18 months of age (18+ years)
6. Adults over 18

Aged 18 and over with representation from:

- both university educated and non-university educated
- low-income earners, mid-income earners and high-income earners
- 2.5% indigenous representation nationally

Geographic spread for each group: each state and territory should be represented (approximate breakdown across states):

NSW-25%

Vic-25%

Qld-20%

SA-10%

WA-5%

Tas-5%

NT-5%

ACT-5%

Table 11: Consumer awareness survey sample framework

Target Group	Target	Actual	
Pregnant	600	848	
Planning	600	648	
Child under 18 months	600	1,606	
Partner	600	281	
Parents of adult child	600	1,188	
Other over 18	600	855	
NSW	25%	1,657 (30.7%)	32.0%
Vic	25%	1,252 (23.2%)	24.8%
Qld	20%	1,395 (25.8%)	20.1%
SA	10%	450 (8.3%)	7.2%
WA	5%	485 (9.0%)	10.9%
Tas	5%	325 (6.0%)	2.2%
NT	5%	33 (0.6%)	1.0%
ACT	5%	Included in NSW	1.6%

Australian Bureau of Statistics¹¹

4.2 Online survey design

A key aim of this survey is to evaluate unprompted awareness of alcohol warnings on labels. To ensure unprompted awareness is gained the purpose of the survey cannot be revealed until after exposure to the labels in the online survey.

Any indication the survey is about warning labels prior to exposure in the survey will bias awareness results upwards and a true estimate of unprompted awareness is a necessary component in this methodology to evaluate label awareness.

A statement prior to submission for completion of the survey will be made to ensure respondents are comfortable with submitting their responses as follows:

This study is funded by the Department of Health. Your feedback is assisting the Department's evaluation of the voluntary labelling initiative to place pregnancy warning labels on alcohol products.

Thank you for assisting this research.

The survey submission button was placed after this statement to ensure respondents are fully aware of the purpose of the survey.

¹¹ Australian Bureau of Statistics (2013). Australian Demographic Statistics, Catalogue 3101.0. Accessed 27 May 2013 from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>

Key constructs and measures were:

Key constructs	Key demographic items
<ul style="list-style-type: none"> • Label awareness • Message understanding 	<ul style="list-style-type: none"> • Gender • Age • Employment status • Educational attainment • Ethnicity • Postcode • Pregnancy details • Household size • Number of children

Incentives

To achieve a good response rate from the public for an online survey, we offered incentives of \$50 VISA vouchers to complete the questionnaire. This is standard in market research.

The Survey Protocol at 4.4 below shows the draft email invitation and banner advertising copy. The incentive of an equal chance to win one of fifteen \$50 Visa Pre Paid cards will be offered to encourage participation in the research. A link in the online survey to the terms and conditions was included for the prize draw (see the Survey Protocol below at Appendix 4.4). Participants were asked to enter a valid email address to qualify for the competition. This email address was stored separately to responses. Participants were also invited to refer others to participate in the research (see Appendix 4.4). Participants who entered valid email addresses of their friends (who subsequently completed the survey) were eligible to enter the prize draw. Email invitations were issued to the email addresses by Dr Joy Parkinson. Subsequent completion of the survey was assessed by identifying linked email addresses and the completed survey. An incentive of an equal chance to win one of five \$50 Visa Pre Paid cards was offered to respondents who recommended others for the study. The survey questions are presented at 4.4 below.

Participant Consent

The full participant information sheet was provided to the participants via a link on the first page of the survey. The front page of the survey protocol informed participants that the survey was voluntary and confidential and that they could withdraw at any time without penalty, up until they submitted the survey. It also informed participants that submitting the online questionnaire was accepted as their consent to participate in the project.

All participants had to actively self-select to participate in the research by clicking on the survey link and then by clicking on the submit button at the end of the survey.

4.3 Data analyses

Bivariate and multivariate analysis will be undertaken with all data and we will analyse the data based on the total sample and by groups. We will compare results between each of the four target groups, women who are planning to become pregnant, women who are currently pregnant, women who have recently had a baby (child aged under 18 months) and partners. We will undertake detailed analysis and description of the findings, including frequencies and cross-tabulations, tables and charts to illustrate the results where appropriate, and commentary on the results including summaries for key sections of the draft final report.

4.4 Survey protocol



Consumer awareness online survey

Griffith University and Siggins Miller Social want to understand your thoughts and opinions about alcohol labelling.

For a chance to win one of fifteen \$50 Visa Pre paid cards, adults over the age of 18 are invited to complete this 10 minute survey.

Your participation in this survey is completely voluntary and confidential. You are free to withdraw from the survey, without penalty, at any time up until you submit the survey. By submitting the survey you are providing your consent to participate in the research. For further information please [click here](#).

There are 34 questions in this survey

Some people drink more or less than others, depending on their lifestyle and individual choices.

How long ago did you last have an alcoholic drink?

Please choose only one of the following:

- ☐ 1 week or less
- ☐ More than 1 week, less than 2 weeks
- ☐ 2 weeks to less than 1 month
- ☐ 1 month to less than 3 months
- ☐ 3 months to less than 12 months
- ☐ 12 months
- ☐ More than 12 months
- ☐ Never
- ☐ Don't remember

Message awareness

Are you aware of any messages or campaigns about drinking alcohol when pregnant?

Please choose only one of the following:

- ☐ Yes
- ☐ No

Please describe any messages or campaigns you have seen:

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '2 [UNPromAW]' (Are you aware of any messages or campaigns about drinking alcohol when pregnant?)

Please write your answer here:

Consumer awareness online survey

Where have you seen or heard the messages to encourage pregnant women not to drink alcohol while pregnant?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '2 [UNPromAW]' (Are you aware of any messages or campaigns about drinking alcohol when pregnant?)

Please choose all that apply:

- ☐ On alcohol products
- ☐ In licensed retail outlets
- ☐ Other licensed outlets such as services clubs, sports clubs or pubs
- ☐ Medical practitioner offices
- ☐ Other: Please specify

On which alcohol products (e.g. cans, bottles, casks) did you see the warnings?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '2 [UNPromAW]' (Are you aware of any messages or campaigns about drinking alcohol when pregnant?) *and* Answer was at question '4 [UNPromAW2]' (Where have you seen or heard the messages to encourage pregnant women not to drink alcohol while pregnant?)

Please choose all that apply:

- ☐ Wine
- ☐ Beer
- ☐ Spirits
- ☐ Cider
- ☐ Premixers e.g. Cruisers, UDLs
- ☐ Other. Please specify

Labelling



Have you seen the above label?

Please choose only one of the following:

- ☐ Yes
- ☐ No

Consumer awareness online survey

What does this label mean to you?

Please write your answer here:



Labelling continued

Have you seen the above warning label?

Please choose only one of the following:

☐ Yes

☐ No

What does this label mean to you?

Please write your answer here:

Another label



Have you seen the above warning label?

Please choose only one of the following:

☐ Yes

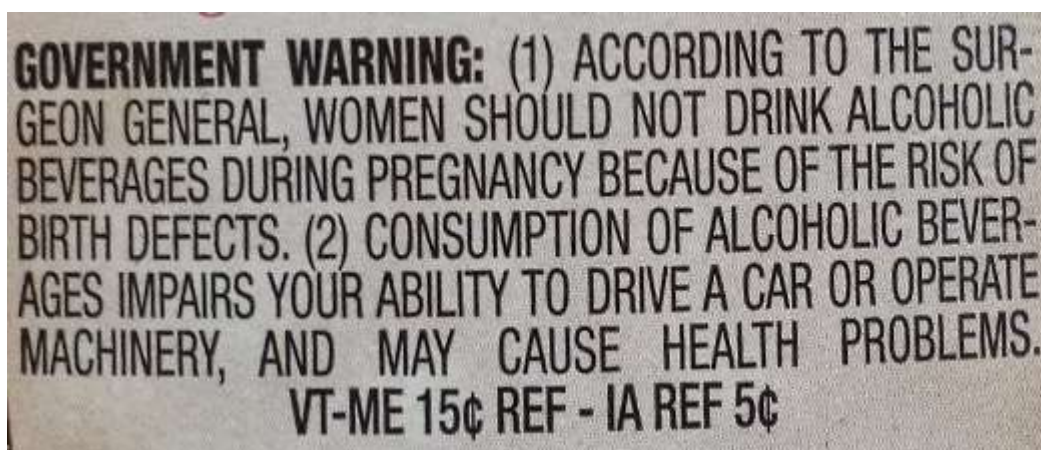
☐ No

What does this label mean to you?

Please write your answer here:

Labelling cont'd

Consumer awareness online survey



Have you seen the above label?

Please choose only one of the following:

- ☐ Yes
☐ No

What does this label mean to you?

Please write your answer here:

About you

Which of the following statements best describes you?

Please choose only one of the following:

- ☐ I'm pregnant
☐ I'm planning to become pregnant in the next two years
☐ I'm a mum to a child under 18 months of age
☐ My partner is pregnant
☐ My partner is planning to become pregnant in the next two years
☐ I'm a dad to a child under 18 months of age
☐ My adult child (or their partner) is pregnant
☐ My adult child (or their partner) is planning to become pregnant in the next to years
☐ My adult child has a child under 18 months of age
☐ None of the above

How many weeks pregnant

Please choose only one of the following:

- ☐ 1

Numbered options through to 40 weeks

- ☐ 40

What is your gender?

Please choose only one of the following:

- ☐ Female
☐ Male

What was your age at your last birthday?

Please choose only one of the following:



Consumer awareness online survey

☐ 18

Numbered options through to 100 years

☐ 100

What is your current relationship status?

Please choose only one of the following:

☐ Single

☐ Married/De facto relationship

☐ Separated

☐ Divorced

☐ Widowed

What is the highest level of education you have completed?

Please choose only one of the following:

☐ Never attended school

☐ Some primary school

☐ Completed primary school

☐ Some high school

☐ Completed high school (i.e. Year 12, Form 6, HSC)

☐ TAFE or Trade Certificate or Diploma

☐ Undergraduate degree

☐ Postgraduate degree

☐ Other: Please specify

Are you of Aboriginal or Torres Strait Islander origin?

Please choose only one of the following:

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

☐ Yes, both Aboriginal and Torres Strait Islander

What is the post code where you live?

Please write your answer here:

Which one of the following best describes your situation?

Please choose only one of the following:

☐ Employed (Fulltime/part-time/casual/contract)

☐ Employed, currently on maternity leave

☐ Retired

☐ Unemployed

☐ Engaged in home duties

☐ Student

☐ Other

Consumer awareness online survey

Before tax is taken out, which of the following ranges best describes your household's approximate income, from all sources, over the last 12 months?

Please choose only one of the following:

- ☐ Less than \$10 000
- ☐ \$10 000 - less than \$20 000
- ☐ \$20 000 - less than \$40 000
- ☐ \$40 000 - less than \$60 000
- ☐ \$60 000 - less than \$80 000
- ☐ \$80 000 - less than \$100 000
- ☐ \$100 000 - less than \$120 000
- ☐ \$120 000 and over
- ☐ No answer

In which country were you born?

Please choose only one of the following:

- ☐ Australia
- ☐ China
- ☐ Germany
- ☐ Greece
- ☐ Hong Kong
- ☐ India
- ☐ Ireland
- ☐ Italy
- ☐ Lebanon
- ☐ Malaysia
- ☐ Malta
- ☐ Netherlands
- ☐ New Zealand
- ☐ Philippines
- ☐ Poland
- ☐ South Africa
- ☐ Turkey
- ☐ United Kingdom (England, Northern Ireland, Scotland, Wales)
- ☐ USA
- ☐ Vietnam
- ☐ Yugoslavia (the former republic)
- ☐ Other

What language do you mainly speak at home?

Please choose only one of the following:

- ☐ English
- ☐ Arabic
- ☐ Cantonese/Mandarin
- ☐ Greek
- ☐ Italian

Consumer awareness online survey

- ☐ Serbian/Croatian/Bosnian
☐ Spanish
☐ Tagalog
☐ Vietnamese
☐ Other

How many people live in your household?

Please choose only one of the following:

☐ 1

Numbered options through to 20 people

☐ 20

Do you have any children?

Please choose only one of the following:

☐ Yes

☐ No

How many children do you have?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '27 [children1]' (Do you have any children?)

Please choose only one of the following:

☐ 1

Numbered options through to 20

☐ 20

Is your youngest child under 18 months of age?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '27 [children1]' (Do you have any children?)

Please choose only one of the following:

☐ Yes

☐ No

How old is your youngest child in months?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '27 [children1]' (Do you have any children?) *and* Answer was 'Yes' at question '29 [children2]' (Is your youngest child under 18 months of age?)

Please choose only one of the following:

☐ 1

Numbered options through to 18 months

☐ 18

Prize draw

Terms and conditions

To thank you for your participation in our survey we would like to invite you to enter a draw to win one (1) of 15 \$50 VISA Pre-paid cards. Would you like to be entered into the prize draw to win one of fifteen \$50 VISA Pre-paid cards for completing the survey?

Please choose only one of the following:

☐ Yes

☐ No

Consumer awareness online survey

Email

Please provide your email address to be entered into the prize draw

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '31 [prize_draw1]' (Terms and conditions: To thank you for your participation in our survey we would like to invite you to enter a draw to win one (1) of 15 \$50 VISA Pre-paid cards. Would you like to be entered into the prize draw to win one of fifteen \$50 VISA Pre-paid cards for completing the survey?)

Please write your answer here:

Terms and conditions

Do you know other people who are over 18 years of age who would like to complete the survey?

Would you like to be entered into the prize draw to win one (1) of 5 \$50 VISA Pre-paid cards for referring other people to complete the survey? You will need to provide both your email address and the email address/es for the person/people you are referring.

Please choose only one of the following:

☐ Yes

☐ No

Would you like to be entered into the prize draw to win one of five \$50 VISA cards for referring other people to complete the survey?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '33 [prize_draw_referral]' (Terms and conditions Do you know other people who are over 18 years of age who would like to complete the survey? Would you like to be entered into the prize draw to win one (1) of 5 \$50 VISA Pre-paid cards for referring other people to complete the survey? You will need to provide both your email address and the email address/es for the person/people you are referring.)

Please write your answer(s) here:

Yes, please provide your email address

Yes, please provide the email addresses for the people you are referring

Thank you for your time.

01.01.1970 – 10:00

Submit your survey.

Thank you for completing this survey.

Table 12: Detailed analyses by target group, of awareness and understanding of pregnancy health warning labels on alcohol products

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
		Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%)	Mean (SD) Or Freq. (%) ¹²
Pregnant? How many weeks pregnant?	N/A	21.9 (10.4) N=848	N/A	N/A	20.4 (10.5) N=64	N/A	N/A	22.4 (10.1) N=281	N/A	N/A	N/A	22..1 (10.2) N=1024
Age What was your age at your last birthday?	N/A	29.1 (4.7) N=848	29.9 (5.7) N=648	29.7 (4.6) N=1606	34.3 (6.3) N=64	35 (6.5) N=105	36.6 (6.8) N=112	58.2 (8.1) N=281	58.9 (8.2) N=284	59.4 (8.1) N=622	49.4 (15.5) N=855	39.5 (15.0) N=5429
Household How many people live in your household?	N/A	3.1 (1.3) N=843	2.9 (1.3) N=646	3.9 (1.1) N=1590	3.4 (2.1) N=64	2.9 (1.2) N=112	4.0 (1.3) N=112	2.5 (1.5) N=281	2.3 (1.0) N=284	2.2 (1.1) N=621	2.6 (1.3) N=853	3.1 (1.4) N=5399
Children 2 How many children do you have?	N/A	1.6 (1.2) N=521	1.6 (1.1) N=300	1.8 (1.0) N=1575	1.7 (1.0) N=38	1.6 (1.0) N=49	2.1 (1.2) N=112	3.0 (1.3) N=268	2.8 (1.6) N=278	2.9 (1.3) N=605	2.6 (1.2) N=649	2.2 (1.3) N=4396

¹² Percentages reported in the table are percentages of the whole sample

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Children 4 How old is your youngest child in months?	N/A	13.1 (4.6) N=129	10.5 (6.2) N=57	8.8 (5.2) N=1531	7.5 (6.3) N=8	7.8 (4.3) N=12	9.6 (5.2) N=103	N=0	11.5 (5.0) N=2	8.8 (5.9) N=8	10.1 (6.3) N=12	9.2 (5.3) N=1862
Relationship Status	Single	32 (0.6%)	43 (0.8%)	66 (1.2%)	3 (0.1%)	2 (0.0%)	3 (0.1%)	11 (0.2%)	6 (0.1%)	16 (0.3%)	121 (2.2%)	303 (5.6%)
Relationship Status	Married/ De Facto	807 (14.9%)	598 (11.0%)	1507 (27.8%)	60 (1.1%)	103 (1.9%)	109 (2.0%)	222 (4.1%)	217 (4.0%)	485 (8.9%)	600 (11%)	4708 (86.8%)
Relationship Status	Separated	6 (0.1%)	4 (0.1%)	29 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	6 (0.1%)	11 (0.2%)	13 (0.2%)	27 (0.5%)	96 (1.8%)
Relationship Status	Divorced	3 (0.1%)	3 (0.1%)	4 (0.1%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	29 (0.5%)	31 (0.6%)	71 (1.3%)	71 (1.3%)	213 (3.9%)
Relationship Status	Widowed	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	13 (0.2%)	19 (0.4%)	37 (0.7%)	36 (0.7%)	105 (1.9%)
Relationship Status	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	284 (5.2%)	622 (11.5%)	855 (15.8%)	5425 (100%)
Education Level	Never Attended	1 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.0%)
Education Level	Some Primary	3 (0.1%)	1 (0.0%)	1 (0.0%)	1 (0.0%)	0 (0.0%)	1 (0.0%)	1 (0.0%)	0 (0.0%)	1 (0.0%)	4 (0.1%)	13 (0.2%)
Education Level	Completed Primary	1 (0.0%)	2 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.0%)	3 (0.1%)	3 (0.1%)	3 (0.1%)	15 (0.3%)
Education Level	Some High School	52 (1.0%)	43 (0.8%)	147 (2.7%)	5 (0.1%)	3 (0.1%)	8 (0.1%)	48 (0.9%)	38 (0.7%)	129 (2.4%)	122 (2.3%)	595 (11.1%)
Education Level	Completed High School	140 (2.6%)	100 (1.9%)	222 (4.1%)	8 (0.1%)	10 (0.2%)	10 (0.2%)	48 (0.9%)	37 (0.7%)	134 (2.5%)	154 (2.9%)	863 (16.1%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Education Level	TAFE or Trade Cert	316 (5.9%)	233 (4.3%)	541 (10.1%)	17 (0.3%)	19 (0.4%)	46 (0.9%)	98 (5.2%)	127 (2.4%)	212 (3.9%)	291 (5.4%)	1900 (35.4%)
Education Level	Undergrad Degree	207 (3.9%)	182 (3.4%)	439 (8.2%)	23 (0.4%)	46 (0.9%)	20 (0.4%)	51 (1.0%)	36 (0.7%)	85 (1.6%)	163 (3.0%)	1251 (23.3%)
Education Level	Postgrad Degree	115 (2.1%)	83 (1.5%)	239 (4.5%)	10 (0.2%)	27 (0.5%)	26 (0.5%)	32 (0.6%)	38 (0.7%)	49 (0.9%)	109 (2.0%)	728 (13.6%)
Education Level	Total	835 (15.6%)	645 (12.0%)	1590 (29.6%)	64 (1.2%)	105 (2.0%)	111 (2.1%)	280 (5.2%)	279 (5.2%)	613 (11.4%)	846 (15.8%)	5368 (100%)
Indigenous Status	No	822 (15.2%)	622 (11.5%)	1565 (29.0%)	61 (1.1%)	100 (1.9%)	109 (2.0%)	275 (5.1%)	281 (5.2%)	614 (11.4%)	6810 (15.0%)	5259 (97.4%)
Indigenous Status	Yes Aboriginal	23 (0.4%)	18 (0.3%)	38 (0.7%)	0 (0.0%)	4 (0.1%)	2 (0.0%)	4 (0.1%)	2 (0.0%)	7 (0.1%)	33 (0.6%)	131 (2.4%)
Indigenous Status	Yes Torres Strait Islander	1 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.0%)	4 (0.1%)
Indigenous Status	Yes Both A & TSI	0 (0.0%)	3 (0.1%)	1 (0.0%)	2 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	8 (0.1%)
Indigenous Status	Total	846 (15.7%)	644 (11.9%)	1604 (29.7%)	63 (1.2%)	104 (1.9%)	111 (2.1%)	280 (5.2%)	283 (5.2%)	621 (11.5%)	846 (15.7%)	5402 (100%)
Employment Status	Employed	476 (9.1%)	473 (9.0%)	504 (9.6%)	60 (1.1%)	96 (1.8%)	100 (1.9%)	139 (2.6%)	131 (2.5%)	256 (4.9%)	423 (8.1%)	2658 (50.6%)
Employment Status	Full Time currently Maternity leave	81 (1.5%)	7 (0.1%)	409 (7.8%)	2 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	4 (0.1%)	504 (9.6%)
Employment Status	Retired	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	3 (0.1%)	95 (1.8%)	99 (1.9%)	254 (4.8%)	218 (4.2%)	670 (12.8%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Employment Status	Unemploy ed	26 (0.5%)	26 (0.5%)	44 (0.8%)	1 (0.0%)	3 (0.1%)	1 (0.0%)	11 (0.2%)	9 (0.2%)	15 (0.3%)	47 (0.9%)	183 (3.5%)
Employment Status	Home Duties	207 (3.9%)	96 (1.8%)	557 (10.6%)	1 (0.0%)	2 (0.0%)	5 (0.1%)	28 (0.5%)	31 (0.6%)	71 (1.4%)	90 (1.7%)	1088 (20.7%)
Employment Status	Student	35 (0.7%)	31 (0.6%)	43 (0.8%)	0 (0.0%)	1 (0.0%)	1 (0.0%)	0 (0.0%)	2 (0.0%)	2 (0.0%)	34 (0.6%)	149 (2.8%)
Employment Status	Total	825 (15.7%)	633 (12.1%)	1557 (29.6%)	64 (1.2%)	103 (2.0%)	110 (2.1%)	273 (5.2%)	272 (5.2%)	599 (11.4%)	816 (15.5%)	5252 (100%)
Language	English	809 (15.4%)	604 (11.5%)	1525 (29.0%)	54 (1.0%)	94 (1.8%)	97 (1.8%)	275 (5.2%)	278 (5.3%)	612 (11.6%)	815 (15.5%)	5163 (98%)
Language	Other Languages	13 (0.2%)	18 (0.3%)	30 (0.5%)	3 (0.1%)	4 (0.1%)	7 (0.2%)	3 (0.1%)	2 (0.0%)	4 (0.1%)	20 (0.4%)	104 (2.0%)
Language	Total	822 (15.6%)	622 (11.8%)	1555 (29.5%)	57 (1.1%)	98 (1.9%)	104 (2.0%)	278 (5.3%)	280 (5.3%)	616 (11.7%)	835 (15.9%)	5267 (100%)
Before Tax Income	Less than \$10 000	8 (0.2%)	11 (0.2%)	18 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.0%)	3 (0.1%)	15 (0.3%)	29 (0.6%)	86 (1.7%)
Before Tax Income	\$10 000 - less than \$20 000	21 (0.4%)	22 (0.4%)	55 (1.1%)	3 (0.1%)	0 (0.0%)	4 (0.1%)	15 (0.3%)	18 (0.3%)	37 (0.7%)	63 (1.2%)	238 (4.6%)
Before Tax Income	\$20 000 - less than \$40 000	74 (1.4%)	59 (1.1%)	132 (2.5%)	5 (0.1%)	13 (0.3%)	9 (0.2%)	64 (1.2%)	46 (0.9%)	149 (2.9%)	141 (2.7%)	692 (13.3%)
Before Tax Income	\$40 000 - less than \$60 000	123 (2.4%)	87 (1.7%)	216 (4.2%)	6 (0.1%)	13 (0.3%)	14 (0.3%)	46 (0.9%)	50 (1.0%)	127 (2.4%)	167 (3.2%)	849 (16.3%)
Before Tax Income	\$60 000 - less than \$80 000	116 (2.2%)	104 (2.0%)	296 (5.7%)	13 (0.3%)	16 (0.3%)	19 (0.4%)	43 (0.8%)	49 (0.9%)	97 (1.9%)	119 (2.3%)	872 (16.8%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Before Tax Income	\$80 000 - less than \$100 000	153 (2.9%)	105 (2.0%)	299 (5.8%)	13 (0.3%)	21 (0.4%)	18 (0.3%)	36 (0.7%)	36 (0.7%)	64 (1.2%)	109 (2.1%)	854 (16.4%)
Before Tax Income	\$100 000 - less than \$120 000	133 (2.6%)	112 (2.2%)	255 (4.9%)	9 (0.2%)	17 (0.3%)	18 (0.3%)	23 (0.4%)	28 (0.5%)	39 (0.8%)	73 (1.4%)	707 (13.6%)
Before Tax Income	\$120 000 and over	198 (3.8%)	121 (2.3%)	299 (5.8%)	15 (0.3%)	22 (0.4%)	27 (0.5%)	34 (0.7%)	29 (0.6%)	57 (1.1%)	95 (1.8%)	897 (17.3%)
	Total	826 (15.9%)	621 (12.0%)	1570 (30.2%)	64 (1.2%)	102 (2.0%)	109 (2.1%)	263 (5.1%)	259 (5.0%)	585 (11.3%)	796 (15.3%)	5195 (100%)
Do you have children?	Yes	521 (9.7%)	300 (5.6%)	1575 (29.3%)	38 (0.7%)	49 (0.9%)	112 (2.1%)	268 (5.0%)	278 (5.2%)	605 (11.2%)	649 (12.1%)	4395 (81.7%)
Do you have children?	No	318 (5.9%)	343 (6.4%)	5 (0.1%)	26 (0.5%)	56 (1.0%)	0 (0.0%)	13 (0.2%)	6 (0.1%)	14 (0.3%)	202 (3.8%)	983 (18.3%)
Do you have children?	Total	839 (15.6%)	643 (12.0%)	1580 (29.4%)	64 (1.2%)	105 (2.0%)	112 (2.1%)	281 (5.2%)	284 (5.3%)	619 (11.5%)	851 (15.8%)	5378 (100%)
Is your youngest child under 18 months?	Yes	129 (2.9%)	57 (1.3%)	1532 (34.9%)	8 (0.2%)	12 (0.3%)	103 (2.3%)	0 (0.0%)	2 (0.0%)	8 (0.2%)	12 (0.3%)	1863 (42.4%)
Is your youngest child under 18 months?	No	392 (8.9%)	243 (5.5%)	43 (1.0%)	30 (0.7%)	37 (0.8%)	9 (0.2%)	268 (6.1%)	276 (6.3%)	597 (13.6%)	637 (14.5%)	2532 (57.6%)
Is your youngest child under 18 months?	Total	521 (11.9%)	300 (6.8%)	1580 (35.8%)	38 (0.9%)	49 (1.1%)	112 (2.5%)	268 (6.1%)	278 (6.3%)	605 (13.8%)	649 (14.8%)	4395 (100%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
SEIFA Score Category	1-3	183 (3.4%)	163 (3.0%)	353 (6.6%)	13 (0.2%)	15 (0.3%)	18 (0.3%)	60 (1.1%)	70 (1.3%)	164 (3.1%)	187 (3.5%)	1226 (22.9%)
SEIFA Score Category	4-6	264 (4.9%)	176 (3.3%)	528 (9.9%)	22 (0.4%)	38 (0.7%)	30 (0.6%)	88 (1.6%)	88 (1.6%)	185 (3.5%)	235 (4.4%)	1654 (30.8%)
SEIFA Score Category	7-10	394 (7.4%)	300 (5.6%)	708 (13.2%)	27 (0.5%)	50 (0.9%)	60 (1.1%)	131 (2.4%)	125 (2.3%)	267 (5.0%)	415 (7.7%)	2477 (46.2%)
SEIFA Score Category	Total	841 (15.7%)	639 (11.9%)	1589 (29.7%)	62 (1.2%)	103 (1.9%)	108 (2.0%)	279 (5.2%)	283 (5.3%)	616 (11.5%)	837 (15.6%)	5357 (100%)
How long since last alcoholic drink?	1 week or less	65 (1.2%)	326 (6.0%)	650 (12.0%)	35 (0.6%)	66 (1.2%)	82 (1.5%)	180 (3.3%)	190 (3.5%)	399 (7.4%)	514 (9.5%)	2507 (46.2%)
How long since last alcoholic drink?	More than 1 week less than 2	22 (0.4%)	62 (1.1%)	172 (3.2%)	8 (0.1%)	16 (0.3%)	6 (0.1%)	21 (0.4%)	17 (0.3%)	38 (0.7%)	69 (1.3%)	431 (7.9%)
How long since last alcoholic drink?	2 weeks to less than 1 month	32 (0.6%)	55 (1.0%)	153 (2.8%)	6 (0.1%)	8 (0.1%)	5 (0.1%)	18 (0.3%)	27 (0.5%)	43 (0.8%)	55 (1.0%)	402 (7.4%)
How long since last alcoholic drink?	1 month to less than 3 months	114 (2.1%)	63 (1.2%)	139 (2.6%)	1 (0.0%)	5 (0.1%)	7 (0.1%)	17 (0.3%)	21 (0.4%)	31 (0.6%)	57 (1.1%)	455 (8.4%)
How long since last alcoholic drink?	3 months to less than 12 months	466 (8.6%)	64 (1.2%)	136 (2.5%)	2 (0.0%)	2 (0.0%)	4 (0.1%)	13 (0.2%)	10 (0.2%)	34 (0.6%)	52 (1.0%)	783 (14.4%)
How long since last alcoholic drink?	12 months	58 (1.1%)	8 (0.1%)	42 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	1 (0.0%)	1 (0.0%)	3 (0.1%)	9 (0.2%)	123 (2.3%)
How long since last alcoholic	More than 12 months	68 (1.3%)	43 (0.8%)	254 (4.7%)	2 (0.0%)	8 (0.1%)	4 (0.1%)	18 (0.3%)	11 (0.2%)	43 (0.8%)	52 (1.0%)	503 (9.3%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
drink?												
How long since last alcoholic drink?	Never	15 (0.3%)	24 (0.4%)	46 (0.8%)	10 (0.2%)	0 (0.0%)	3 (0.1%)	11 (0.2%)	6 (0.1%)	26 (0.5%)	34 (0.6%)	175 (3.2%)
How long since last alcoholic drink?	Don't remember	8 (0.1%)	3 (0.1%)	14 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.0%)	2 (0.0%)	5 (0.1%)	13 (0.2%)	47 (0.9%)
How long since last alcoholic drink?	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100%)
Unprompted awareness Aware of any messages or campaigns about drinking alcohol when pregnant?	Yes	584 (10.8%)	378 (7.0%)	1138 (21.0%)	31 (0.6%)	50 (0.9%)	57 (1.1%)	154 (2.8%)	177 (3.3%)	360 (6.6%)	457 (8.4%)	3386 (62.4%)
Unprompted awareness Aware of any messages or campaigns about drinking alcohol when pregnant?	No	264 (4.9%)	270 (5.0%)	468 (8.6%)	33 (0.6%)	55 (1.0%)	55 (1.0%)	127 (2.3%)	108 (2.0%)	262 (4.8%)	398 (7.3%)	2040 (37.6%)
Unprompted awareness	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Aware of any messages or campaigns about drinking alcohol when pregnant?												
Where have you seen these messages or campaigns? (on alcohol products)	Not Selected	597 (11.0%)	469 (8.6%)	1125 (20.7%)	48 (0.9%)	86 (1.6%)	91 (1.7%)	256 (4.7%)	256 (4.7%)	569 (10.5%)	733 (13.5%)	4230 (78.0%)
Where have you seen these messages or campaigns? (on alcohol products)	Yes	251 (4.6%)	179 (3.3%)	481 (8.9%)	16 (0.3%)	19 (0.4%)	21 (0.4%)	25 (0.5%)	29 (0.5%)	53 (1.0%)	122 (2.2%)	1196 (22.0%)
Where have you seen these messages or campaigns? (on alcohol products)	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100%)
Where have you seen these messages or campaigns? (in licensed retail outlets)	Not Selected	792 (14.6%)	586 (10.8%)	1475 (27.2%)	58 (1.1%)	92 (1.7%)	100 (1.8%)	274 (5.0%)	277 (5.1%)	598 (11.0%)	804 (14.8%)	5056 (93.2%)



Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Where have you seen these messages or campaigns? (in licensed retail outlets)	Yes	56 (1.0%)	62 (1.1%)	131 (2.4%)	6 (0.1%)	13 (0.2%)	12 (0.2%)	7 (0.1%)	8 (0.1%)	24 (0.4%)	51 (0.9%)	370 (6.8%)
Where have you seen these messages or campaigns? (in licensed retail outlets)	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100%)
Where have you seen these messages or campaigns? (Other licensed outlets such as services clubs, sports clubs etc.)	Not Selected	802 (14.8%)	599 (11.0%)	1502 (27.7%)	60 (1.1%)	96 (1.8%)	101 (1.9%)	271 (5.0%)	271 (5.0%)	598 (11.0%)	816 (15.0%)	5116 (94.3%)
Where have you seen these messages or campaigns? (Other licensed outlets such as services clubs, sports clubs etc.)	Yes	46 (0.8%)	49 (0.9%)	104 (1.9%)	4 (0.1%)	9 0.2%)	11 (0.2%)	10 (0.2%)	14 (0.3%)	24 (0.4%)	39 (0.7%)	310 (5.7%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Where have you seen these messages or campaigns? (Other licensed outlets such as services clubs, sports clubs etc.)	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100%)
Where have you seen these messages or campaigns? (Medical Practitioner Offices)	Not Selected	433 (8.0%)	403 (7.4%)	729 (13.4%)	52 (1.0%)	84 (1.5%)	90 (1.7%)	188 (3.5%)	180 (3.3%)	426 (7.9%)	612 (11.3%)	3197 (58.9%)
Where have you seen these messages or campaigns? (Medical Practitioner Offices)	Yes	415 (7.6%)	245 (4.5%)	877 (16.2%)	12 (0.2%)	21 (0.4%)	22 (0.4%)	93 (1.7%)	105 (1.9%)	196 (3.6%)	243 (4.5%)	2229 (41.1%)
Where have you seen these messages or campaigns? (Medical Practitioner Offices)	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
On which alcohol containers have you seen these messages or campaigns? (Wine)	Not Selected	692 (12.8%)	529 (9.7%)	1311 (24.2%)	59 (1.1%)	95 (1.8%)	97 (1.8%)	263 (4.8%)	269 (5.0%)	587 (10.8%)	775 (14.3%)	4677 (86.2%)
On which alcohol containers have you seen these messages or campaigns? (Wine)	Yes	156 (2.9%)	119 (2.2%)	295 (5.4%)	5 (0.1%)	10 (0.2%)	15 (0.3%)	18 (0.3%)	16 (0.3%)	35 (0.6%)	80 (1.5%)	749 (13.8%)
On which alcohol containers have you seen these messages or campaigns? (Wine)	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100%)
On which alcohol containers have you seen these messages or campaigns? (Beer)	Not Selected	773 (14.2%)	586 (10.8%)	1490 (27.5%)	56 (1.0%)	95 (1.8%)	104 (1.9%)	277 (5.1%)	279 (5.1%)	609 (11.2%)	825 (15.2%)	5094 (93.9%)
On which alcohol containers have	Yes	75 (1.4%)	62 (1.1%)	116 (2.1%)	8 (0.1%)	10 (0.2%)	8 (0.1%)	4 (0.1%)	6 (0.1%)	13 (0.2%)	30 (0.6%)	332 (6.1%)



Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
you seen these messages or campaigns? (Beer)												
On which alcohol containers have you seen these messages or campaigns? (Beer)	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100%)
On which alcohol containers have you seen these messages or campaigns? (Spirits)	Not Selected	773 (14.2%)	586 (10.8%)	1490 (27.5%)	56 (1.0%)	95 (1.8%)	104 (1.9%)	277 (5.1%)	279 (5.1%)	609 (11.2%)	825 (15.2%)	5094 (93.9%)
On which alcohol containers have you seen these messages or campaigns? (Spirits)	Yes	75 (1.4%)	62 (1.1%)	116 (2.1%)	8 (0.1%)	10 (0.2%)	8 (0.1%)	4 (0.1%)	6 (0.1%)	13 (0.2%)	30 (0.6%)	332 (6.1%)
On which alcohol containers have you seen these messages or campaigns?	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100.0%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
(Spirits)												
On which alcohol containers have you seen these messages or campaigns? (Cider)	Not Selected	776 (14.3%)	584 (10.8%)	1456 (26.8%)	61 (1.1%)	101 (1.9%)	101 (1.9%)	279 (5.1%)	282 (5.2%)	618 (11.4%)	835 (15.4%)	5093 (93.9%)
On which alcohol containers have you seen these messages or campaigns? (Cider)	Yes	72 (1.3%)	64 (1.2%)	150 (2.8%)	3 (0.1%)	4 (0.1%)	11 (0.2%)	2 (0.0%)	3 (0.1%)	4 (0.1%)	20 (0.4%)	333 (6.1%)
On which alcohol containers have you seen these messages or campaigns? (Cider)	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100.0%)
On which alcohol containers have you seen these messages or campaigns? (Premixes)	Not Selected	777 (14.3%)	579 (10.7%)	1462 (26.9%)	60 (1.1%)	98 (1.8%)	109 (2.0%)	277 (5.1%)	280 (5.2%)	609 (11.2%)	828 (15.3%)	5079 (93.6%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
On which alcohol containers have you seen these messages or campaigns? (Premixes)	Yes	71 (1.3%)	69 (1.3%)	144 (2.7%)	4 (0.1%)	7 (0.1%)	3 (0.1%)	4 (0.1%)	5 (0.1%)	13 (0.2%)	27 (0.5%)	347 (6.4%)
On which alcohol containers have you seen these messages or campaigns? (Premixes)	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100.0%)
Pictogram label awareness  Have you seen the above label?	Yes	375 (6.9%)	241 (4.4%)	693 (12.8%)	21 (0.4%)	32 (0.6%)	39 (0.7%)	51 (0.9%)	52 (1.0%)	103 (1.9%)	200 (3.7%)	1807 (33.3%)
Pictogram label awareness 	No	473 (8.7%)	407 (7.5%)	913 (16.8%)	43 (0.8%)	73 (1.3%)	73 (1.3%)	230 (4.2%)	233 (4.3%)	519 (9.6%)	655 (12.1%)	3619 (66.7%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Have you seen the above label?												
Pictogram label awareness 	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100.0%)
Have you seen the above label?												
Pictogram label understanding	Don't drink alcohol when pregnant	702 (14.2%)	543 (11.0%)	1382 (27.9%)	49 (1.0%)	85 (1.7%)	98 (2.0%)	237 (4.8%)	243 (4.9%)	554 (11.2%)	683 (13.8%)	4576 (92.5%)
Pictogram label understanding	Alcohol and pregnancy don't mix	1 (0.0%)	4 (0.1%)	1(0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.1%)	1 (0.0%)	1 (0.0%)	1 (0.0%)	12 (0.2%)
Pictogram label understanding	Alcohol causes harm to	18 (0.4%)	14 (0.3%)	33 (0.7%)	1 (0.0%)	1 (0.0%)	1 (0.0%)	11 (0.2%)	9 (0.2%)	13 (0.3%)	12 (0.2%)	113 (2.3%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
	unborn child or mother											
Pictogram label understanding	No alcohol served to pregnant patrons	2 (0.0%)	0 (0.0%)	2 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	4 (0.1%)	10 (0.2%)
Pictogram label understanding	Don't know or other comments	16 (0.3%)	17 (0.3%)	23 (0.5%)	5 (0.1%)	5 (0.1%)	7 (0.1%)	19 (0.4%)	11 (0.2%)	23 (0.5%)	56 (1.1%)	182 (3.7%)
Pictogram label understanding	Don't drink in advanced stages of pregnancy	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	1 (0.0%)	1 (0.0%)	1 (0.0%)	4 (0.1%)	9 (0.2%)
Pictogram label understanding	Drinking when pregnant is banned	8 (0.2%)	3 (0.1%)	22 (0.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	1 (0.0%)	3 (0.1%)	5 (0.1%)	43 (0.9%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
	or illegal											
Pictogram label understanding	Total	747 (15.1%)	581 (11.7%)	1464 (29.6%)	56 (1.1%)	91 (1.8%)	107 (2.2%)	272 (5.5%)	266 (5.4%)	596 (12.1%)	765 (15.5%)	4945 (100.0%)
Pictogram label understanding	Red suggests danger to drinking in pregnancy											43 (2%)
	Total											1803 (100%)
Text only label awareness	Yes	216 (4.0%)	170 (3.1%)	430 (7.9%)	15 (0.3%)	21 (0.4%)	28 (0.5%)	18 (0.3%)	26 (0.5%)	49 (0.9%)	105 (1.9%)	1078 (19.9%)
	Have you seen the above warning label?											
Text only label awareness	No	632 (11.6%)	478 (8.8%)	1176 (21.7%)	49 (0.9%)	84 (1.5%)	84 (1.5%)	263 (4.8%)	259 (4.8%)	573 (10.6%)	750 (13.8%)	4348 (80.1%)
												

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Have you seen the above warning label?												
	Total	848 (15.6%)	648 (11.9%)	1606 (29.6%)	64 (1.2%)	105 (1.9%)	112 (2.1%)	281 (5.2%)	285 (5.3%)	622 (11.5%)	855 (15.8%)	5426 (100.0%)
Text only label understanding	Don't drink alcohol when pregnant	187 (4.4%)	157 (3.7%)	388 (9.2%)	18 (0.4%)	36 (0.9%)	41 (1.0%)	104 (2.5%)	83 (2.0%)	219 (5.2%)	245 (5.8%)	1478 (34.9%)
Text only label understanding	Alcohol causes harm to unborn child or mother	226 (5.3%)	174 (4.1%)	398 (9.4%)	15 (0.4%)	18 (0.4%)	27 (0.6%)	62 (1.5%)	70 (1.7%)	123 (2.9%)	175 (4.1%)	1288 (30.4%)
Text only label understanding	Don't know or Other comments	19 (0.4%)	25 (0.6%)	37 (0.9%)	7 (0.2%)	9 (0.2%)	7 (0.2%)	17 (0.4%)	9 (0.2%)	32 (0.8%)	82 (1.9%)	244 (5.8%)
Text only label understanding	Website	30 (0.7%)	44 (1.0%)	92 (2.2%)	2 (0.0%)	4 (0.1%)	9 (0.2%)	19 (0.4%)	18 (0.4%)	47 (1.1%)	55 (1.3%)	320 (7.6%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
	information or facts											
Text only label understanding	Drinkwise recommendations information suggestion or warnings	77 (1.8%)	74 (1.7%)	189 (4.5%)	5 (0.1%)	10 (0.2%)	8 (0.2%)	35 (0.8%)	48 (1.1%)	82 (1.9%)	80 (1.9%)	608 (14.4%)
Text only label understanding	Literal meaning, as it says "it is safest not to drink alcohol when pregnant"	39 (0.9%)	17 (0.4%)	57 (1.3%)	2 (0.0%)	6 (0.1%)	7 (0.2%)	12 (0.3%)	20 (0.5%)	42 (1.0%)	46 (1.1%)	248 (5.9%)

Question	Response categories	Pregnant Female	Planning Female	Mother	Pregnant Male	Planning Male	Father	Adult child is pregnant	Adult child is planning pregnant	Adult child has child under 18 months	Other/ None of the above	Total
Text only label understanding	Occasional drink ok	5 (0.1%)	2 (0.0%)	7 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.1%)	2 (0.0%)	1 (0.0%)	2 (0.0%)	22 (0.5%)
Text only label understanding	Confusing message	5 (0.1%)	2 (0.0%)	7 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (0.1%)	1 (0.0%)	2 (0.0%)	1 (0.0%)	22 (0.5%)
Text only label understanding	Pregnancy and alcohol don't mix	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	1(0.0)	0(0.0%)	1(0.0%)	1(0.0%)	0(0.0%)	0(0.0%)	3(0.1%)
	Total	588 (13.9%)	495 (11.7%)	1175 (27.8%)	49 (1.2%)	84 (2.0%)	99 (2.3%)	257 (6.1%)	252 (6.0%)	548 (12.9%)	687 (16.2%)	4234 (100.0%)

Appendix 5: Key informant interviews

Key informant interviews were conducted with experts and representatives of government, public health and industry to understand any differences between the views of public health and industry experts and to contextualise what is found through the field study of outlets. Each of the people interviewed was asked to provide their views based on having actually viewed the relevant labels. They were asked whether or not they were in a position to provide a response to a question – not based on opinion, but on experience.

The initial list of key informants was provided by the Department and these key informants nominated colleagues to be invited to participate in an interview. Siggins Miller invited the key informants to participate in interviews with a Director or an Associate Director of Siggins Miller, and provided them with the agreed interview protocol to guide the discussion.¹³

In total 31 key informants were interviewed. Five were state and territory government representatives, 12 were public health representatives and 14 were representatives of industry. All but one key informant agreed to have their names included in the list people interviewed for this project. The state and territory government key informants considered themselves to be part of the public health group so their data is incorporated into the sections below which summarise the information provided by the public health key informants. The list of the key informants interviewed can be viewed at Appendix 1.

5.1 Summary

Public health and industry key informants agreed that labelling is a useful thing to do; it has to be done properly with some research evidence behind it. It cannot be done by itself and expect to have any impact other than perhaps promoting further information seeking or some interpersonal communication if people see it and are prompted to wonder what it means.

Neither public health nor industry is convinced that things are being done in the best way, not targeting the demographic, needing a joined up approach between government, industry, public health professionals and health care providers, more emphasis on health care providers as a key source of credible information to individuals in the target group and messages to the community to support pregnant women rather, than targeting them in a potentially punitive way.

All informants agreed that:

- Australians have a right to know that alcohol should not be consumed by women who are pregnant in order to make better decisions about alcohol consumption and this right should be respected
- The complexity of the guidelines does not need to be reflected in a simple message on a label - saying “it’s best not to...” is ineffective, and it needs to be much more straightforward than that
- There is a need for a multi-faceted and integrated strategy
- Alcohol consumption during pregnancy is a very complex issue.

For public health there are issues around the design of message, the research base for it and the independence of it in general. Some public health stakeholders believe that independence is crucial; it will lack credibility unless it is completely independent of industry. Some public health key informants were also concerned about the difficulty in having the conversation to get the best approach, the politicisation of something that is complex but essentially straightforward.

¹³ The protocol was provided as a data collection tool in the agreed Evaluation Framework

Industry is willing to continue to work within a pragmatic timeframe. They genuinely link corporate social responsibility with sustainability. Industry is interested in consistency and managing the competitive environment.

Industry believed that:

- The DWA message is good but for it to be effective it needs to be complemented by consistent information provided to consumers from a variety of sources – through a partnership approach
- There were no clear targets or criteria set by which government or stakeholders would be judged, including what was acceptable in terms of size text font pictogram and colour in the food packaging standards more broadly
- Flexibility within the two year voluntary period was very positive and welcomed by wine industry, so that it could manage implementation within vintage cycles
- Flexibility allowed industry groups to work to achieve 90 – 95% coverage of the product within their control, and continue to work with brands requiring more complex negotiations; import and niche brands have not been the focus in order to maximise take up for the maximum number of bottles in the market place
- Opportunities were missed for rolling out a comprehensive and integrated campaign
- Industry efforts to label alcohol products and support labelling and promotion developed through DWA is just the first step, that government and non-government organisations can build upon.

5.2 Detailed data analysis

Table 13 below provides the de-identified detailed data analysis by key informant group and interview topic.

Table 13: Key informant data analysis summary by group and interview topic

Key Informant interview summary
PUBLIC HEALTH
Implementation progress: Enablers:
community expectation of, and right to, factual information about the risk of harm from a legal product for sale
examples of integration between industry government and public health efforts in Europe
the two year phased approach to replace labels minimised cost of implementation
proactive industry labelling prior to the Review put it in a good negotiating position with government post the review
industry desire to show government that it could do something without mandatory regulation
Implementation progress: Challenges:
problems with the limited evidence base for effectiveness, including: lack of evidence base about the effectiveness of labelling generally or a voluntary approach, particularly regarding pregnancy labels; and evidence pertaining to “low” levels of consumption on pregnancy
lack of a collaborative culture (norm) or history between public health, government and industry to support the design and implementation of the initiative, including: perception of industry reluctance to highlight risks factors; perception that public health was aiming for something extreme; insufficient time at the commencement for discussion of mandatory vs self-regulatory approaches; disengagement by those who considered the voluntary approach to labelling to be flawed because it could not produce consistency in messaging, maximum reach through the widest coverage of product and/or lead to better and more effective labelling; and antipathy which reduced meaningful public health engagement in the early design of the initiative, including exclusion of industry from public health discussions.
no clear expectations and objectives from government in the beginning
Industry balancing commercial realities with initiatives designed to reduce consumption
industry engaging in tactics to delay mandatory pregnancy labelling on alcohol products
the supply and production chain (ie parallel imports could not be tracked or expected to comply with a voluntary approach.)
Implementation progress: Lessons learned
targeting of different demographics is better addressed through local level programs focussed on what they drink and where they drink it.
government needed to clarify objectives to reduce fear and facilitate information sharing and clear discussion between stakeholders
leadership is essential for relevant stakeholders to come together to achieve good outcomes
implementation should follow the tobacco exemplar, seeking the involvement of expert independent researchers to develop the warning messages
should not be looking for huge impacts, rather you are looking for small changes over time
evidence of behaviour change has to underpin any attempt at creating mandatory laws
Government should have required use of the FSANZ principles as the standard

Key Informant interview summary
take advantage of industry participation and then take it one step further (mandating it)
FASD awareness has grown, but there is a whole population for whom services are yet to be properly developed: the diagnostic tool has been developed, but is not being used; consistent paediatric referral and management; and possible that when people think that drinking means getting drunk as opposed to drinking in general
Economic Impacts (generally not aware of the specific cost to industry)
should be some cost to industry, which is small compared to social harms from alcohol
no cost to industry if they can incorporate the changes with other changes they are making to labels
there is the cost of the labour of attaching the sticker to imports, the sticker itself would be low cost
label is a valuable piece of real estate so the opportunity cost is higher than the cost of putting the label on
the faster you want something implemented the more it will cost
industry changes labels every year as a part of doing business, labelling costs are not new costs
labelling campaigns are cost effective (compared with television campaigns)
parallel imports should be considered in calculations (of coverage and market share) and economic analysis
the economics were a disincentive for Industry to comply
it is important that cost to Industry was not seen as a reason to not mandate
costs will be higher for small operators so there may need to be special considerations given
a voluntary system disadvantages those that comply when others then do not
Visibility and readability (size, font, colour and placement)
limited awareness of either the FSANZ guidelines, the FARE principles, or the DWA rules
labels implemented had inconsistent messages, were small and discretely placed, overshadowed by surrounding information, and provide messages that target only a very small demographic
needs to be differentiated from any other labelling and often is hidden next to the bar code
consistency is paramount and will not be achieved in a voluntary regime
should be on the front and rotating messages to maximise attention to the message.
Content of labels: there is a need for decent research on the effectiveness of the pictogram; message should be based on scientific evidence and tested with consumers; the most effective labels are a combination of pictures and words; as any symbol red would be a good colour as it inherently means danger; important that the pictogram shows a pregnant woman with a drink in her hand; supporting material about why the symbol is on the label is critical; needs to say it is a warning; needs to say “do not drink” or “do not consume alcohol while pregnant.”; has to be clear and direct about where to go for further information; other more detailed pictograms include the pregnant woman holding her hand out to reject a drink, and the pregnant woman with the outline of the fetus included; and The FSANZ principles for perceptible

Key Informant interview summary
information on labels should be used as the standard
Industry initiatives
work by DWA had not been visible enough. DWA website is limited because it is supported by industry
vested interests made it problematic that industry is leading the development of the messages
labelling had not been leveraged by any external or contextual information, or promotion
Supplementary information is critical to the effectiveness of the labels – mass media and aligned messaging, point of sale initiatives need to be backed up by social media and mass media
the labels serve to provoke thought and start conversations
industry could fund training to health professionals by government or public health professionals
Government initiatives
a lot of integrated elements are required for any social marketing campaign to be successful
other efforts from government need to link to the label in order to maximise its effectiveness
NDSHS was a mechanism for raising awareness, but there is no data that allow for assumptions to be made about drinking patterns of certain populations of pregnant women.
an evaluation on how many obstetricians address the issue of drinking alcohol during pregnancy is needed.
more access and support needed for brief interventions by health workers (research has shown support)
the only way to get 100% coverage is to make it mandatory.
if there is long term commitment to the label, other community programs can build on it
government should fund a comprehensive research strategy so that the basis of any alcohol program for pregnant women is effective across the range of target groups
the Government's focus on Indigenous FASD is of concern because it consolidates the notion that Indigenous people have a greater drinking problem when the evidence does not suggest that.
INDUSTRY
Implementation progress: Enablers
looked to improve industry corporate social responsibility – addressed contemporary and emerging sustainability issues (eg health and environment)
industry led implementation of health warning labels on alcohol products commenced prior to the Labelling Logic Review Report

Key Informant interview summary
gave the initiative to DWA to develop and design it, and to engage other companies.
complemented most companies' corporate social responsibility programs, consistent with family owned medium sized wineries' values. Reinforced existing large commitment to responsible consumption of alcohol in the organisational culture.
the three largest companies were committed to implementing a consistent pregnancy message
united approach, strategically managing competitive space; having a sensible approach to not confuse the consumer
pre-investment into the existing DWA website and the 'Get The Facts' strategy. Contextual and comprehensive information that was not on label
scale of the project, and simplicity of design helped the process.
voluntary period created flexibility for the wine industry to manage their vintage cycles. Also allowed beer and spirits, and later wine companies, to work to achieve 90-95% coverage
Implementation progress: Challenges
Achieving alignments across the three major companies, getting commitment to a certain message and how many messages were to be used.
Challenge on how to use DWA and how to allow companies to say this is part of the company's corporate social responsibility commitment
Government's initial lack of understanding of the industry – the complexity, realistic timeframes and targets for coverage
DWA messaging was not available to non-members, who created their own versions
Clearer communication and understanding of Government expectations; implementation took places over one year, or 18 months at most, rather than the full two years
Notion that labels themselves should provide health information; they could change behaviour rather than being given a prompt or a reminder
Consistency in the design requirements of the label
Differing timeframe and cost implications
Difficulty labelling in different markets
Retrospective labelling may be difficult due to shelf-life
Cynicism towards initiative; misconception of DWA's profile within the community
Implementation progress: Lessons learned
Clearer guidelines on prominence, rather than making size the focus
need for Coordinated and integrated approach from partners, government, industry and health to make more impact
Ensuring government and NGO's collaborate on clear and essential consumer messages.

Key Informant interview summary
Underestimation of the size of task for the initiative at a commercial level
Balancing regulatory needs and requirements
Label alone is not the solution to awareness and understanding - needs other elements to drive broader community awareness
Economic Impacts
Costs included personnel working on it to redesign the label to fit the warning in, making changes to plates and printing, running out or writing off old labels and running out of old stock
cost of requirements is passed onto consumers. Important to balance the cost of having necessary and important consumer information against the competitive international market.
Important to balance the cost of having necessary and important consumer information against the competitive international market.
costs increase substantially if the labels were increased in size and the warning label rotated
Visibility and readability (size, font, colour and placement)
Already worked with DWA rules about size and style to achieve a minimal clean look and creating set parameters (form of the message, font, size and prominence)
Difficulty in enforcing the standard recommended size for the labels
problem with no standard, simple message/phrase that gives consumers all the information they need.
Important that the label includes pictogram and DWA 'Get the Facts'; label is too small to carry information on complex topic
Industry Initiatives
started using the label prior to DWA portal being established. Pushed acceptance at checkouts for point of sale material and helped DWA to start discussions with doctors. NHMRC guidelines fairly standard
encourage DWA and WFA to be progressive and continually improve, recognise issues with the responsible alcohol consumption in society. Health warning alone, won't change behaviour, only a reminder
open to working in partnership supporting comprehensive and integrated program to raise awareness
Government Initiatives
Funded DWA to design, implement and evaluate a project to market pregnancy warning messages at point of sale. Good short term outcomes, but wider campaign required.
Government involvement showed initiative was more than a label. Labels need to be part of an integrated public health campaign.
Public health education and health care provider interventions make a difference. Industry shouldn't be seen as having the educational function

Key Informant interview summary
Best outcome would be complementing government and industry initiatives
Legislation
French regulation has become the European benchmark as far as industry was concerned, but the Australian back label is better than European/French. Useful to have the same EU pictogram, but also have the DWA 'Get the Facts' badge
Pictogram attractive in global market as it transcends the language barrier and takes up minimum space
Liquor suppliers in Australia clearly focused on being proactive – not to avoid penalty, but to do the right thing.

Appendix 6: Literature and document review

The literature and document review was conducted to understand the context within which industry was implementing the initiative, to inform the design of the consumer awareness survey, the field study of outlets and the industry study of costs, and to understand key factors impacting on implementation including:

- legislation, regulation and guidance on size and legibility of consumer information labelling on alcohol products nationally and internationally
- the activities of industry and government being conducted in parallel with the voluntary pregnancy health warning labelling of alcohol products
- reviews of evidence for the effectiveness of labelling
- social marketing best practice

The results of the literature and document review presented below were used to inform the findings presented in the Report, particularly with respect to the following Terms of Reference:

- progress made by the alcohol industry in relation to implementing voluntary pregnancy health warnings regarding the risks of drinking while pregnant on alcohol product labels?
- visibility and readability (size, font, colour and placement) of pregnancy health warning messages on alcohol product labels meet broader labelling requirements?
- the role of government funded activities to support pregnancy health warnings, in particular the point of sale project and the project targeting consistent messaging by health professionals about the content of the 2009 NHMRC Australian guidelines on alcohol and pregnancy?

Scope of the literature and document review

Where possible this review appraises existing evaluations which synthesise the results of a number of studies. Information on alcohol labelling regulation was sourced from national and international government and community advocacy websites, and advice from stakeholders.

Relevant reviews of the evidence and regulations were identified chiefly through Google Scholar, CINAHL, PubMed, and references and bibliographies in seminal articles and reports. Search terms included: alcohol in pregnancy, alcohol and health, alcohol harms, alcohol-related harm, harmful use, alcohol risk, labels on alcohol products, labelling alcoholic beverages, drinking by pregnant women alcohol regulation, food and beverage labelling regulation and policy, mandatory health warning labels, voluntary health warnings/consumer information labelling.

The review then focused on recent publications in these categories:

1. The role of exposure to alcohol in pregnancy and the problem of Fetal Alcohol Spectrum Disorder (FASD)
2. Factors in effective reduction of risks to the unborn child arising from drinking alcohol during pregnancy
3. Government regulation of labels on alcohol products warning about drinking alcohol during pregnancy.
4. Reviews of evidence of the effectiveness of health warning labelling of alcohol products
5. Issues specific to the effectiveness of pregnancy health warning labels on alcohol products

The results of our search and advice from stakeholders produced the bibliography for the Evaluation which is presented at section 2.7 below.

6.1 Context

Drinking patterns of pregnant women in Australia

Despite potential dangers to children's health, drinking by pregnant women is fairly common in Anglo-Saxon countries such as Australia.^{14 15} Approximately half of pregnant women self-report drinking alcohol during their pregnancy (see Table 14 below). In Australia, the percentage of women who report drinking during their pregnancy appears to have decreased over time (60% in 2007 to 51% in 2010) but, as shown in Table 14, the proportion of women who report that they reduced the amount they drank while pregnant also appears to have decreased over time (57% in 2007 to 49% in 2010).^{16 17 18}

Table 14: Pregnant Women who drank more, less or the same amount of alcohol compared with when they were neither pregnant nor breastfeeding, 2007 and 2010 (per cent)

Drinking alcohol while pregnant	While pregnant 2007	While pregnant 2010		While breastfeeding 2007	While breastfeeding 2010	
More	**0.6	**0.4		**0.2	**0.1	
Less	56.6	48.7	↓	70.2	62.2	↓
Same	*2.8	*2.0		4.5	3.5	
Didn't Drink Alcohol	40.0	48.9	↑	25.1	34.4	↑

(a) Base is only pregnant women or women pregnant and breastfeeding

(b) Base is women who were only breast feeding or pregnant and breastfeeding

* Estimate has a relative standard error of 25% to 50% and should be used with caution

** Estimate has a relative standard greater than 50% and is considered to unreliable for general use

Source: Australian Institute of Health and Welfare (2011). 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. No. PHE 145. Canberra: AIHW

The role of exposure to alcohol during pregnancy

Alcohol exposure in pregnancy is a risk factor for poor pregnancy and child outcomes.¹⁹ It can cause low birth weight and a range of physical and neurodevelopmental problems.^{20 21 22 23} High-level or

¹⁴ World Health Organisation (2012). *Addressing the harmful use of alcohol: a guide to developing effective alcohol legislation*. Geneva: World Health Organisation (WHO)

¹⁵ World Health Organisation (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: World Health Organisation (WHO)

¹⁶ Callinan S, Room R (2012). *Alcohol consumption during pregnancy: results from the 2010 National Drug Strategy Household Survey*. Canberra: Foundation for Alcohol Education and Research (FARE), p21

¹⁷ National Indigenous Drug and Alcohol Committee (2012). *Addressing fetal alcohol spectrum disorder in Australia*. Canberra: Australian National Council on Drugs (ANCD)

¹⁸ These results should be treated with some caution as the data are based on self-reports for a highly sensitive issue. The time based differences may indicate that socially desirable responding has increased as we begin to understand that drinking during pregnancy is harmful.

¹⁹ Peadon E, Payne J, Henley N, D'Antoine H, Bartu A, O'leary C, Bower C, Elliot EJ (2010). Women's knowledge and attitudes regarding alcohol consumption in pregnancy: a national survey. *BMC Public Health*. 10: 510

²⁰ National Health and Medical Research Council (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: Commonwealth of Australia.

²¹ O'Leary CM, Nassar N, Kurinczuk JJ, Bower C (2009). The effect of maternal alcohol consumption on fetal growth and preterm birth. *British Journal of Obstetrics and Gynaecology*, 116(3): 390-400

²² Op cit 17 National Indigenous Drug and Alcohol Committee (2012)

²³ Op cit 19 Peadon et al (2010)

frequent intake of alcohol in pregnancy increases the risk of miscarriage, stillbirth and premature birth, and alcohol related birth defects and neurological problems described in the literature since 1968 under the umbrella of Fetal Alcohol Syndrome (FAS), and more recently²⁴Fetal FASD.^{25 26 27 28 29 30 31 32} FASD describes a cluster of permanent birth defects caused by maternal consumption of alcohol during pregnancy”.^{33 34}

Awareness and knowledge of the risks associated with drinking alcohol while pregnant

A 2010 study of Australian women’s knowledge and attitudes regarding drinking alcohol while pregnant found that 97% of the 1,103 women surveyed agreed that alcohol can affect the unborn child. However, awareness of the specific risks to the unborn child arising from drinking alcohol during pregnancy was poor in the Australian female childbearing population.³⁵

Since 2011, the FARE has conducted annual polling on awareness of the harms caused by drinking alcohol, including drinking while pregnant or breastfeeding. In 2014 a Galaxy Research questionnaire was designed in consultation with FARE and presented in an online survey to collect data from 1,545 respondents over the age of 18 years across Australia. It found that:

- 78% (65% in 2013) of Australians believed that pregnant women should not consume any alcohol in order to avoid harm to the fetus³⁶
- 50% (47% in 2013) were aware of Fetal FAS and related disorders
- 15% (15% in 2013) believed that pregnant women can drink in moderation (safely drink small amounts of alcohol without harming their baby).³⁷

Factors in effective reduction of risks

A number of national and international guidelines about drinking during pregnancy have been developed because rates of drinking before and during pregnancy are high. The guidelines are based on evidence for alcohol-related harms summarised in existing systematic reviews of the literature, and single studies and data reports, including research on risks and harms arising from drinking

²⁴ World Health Organisation (2004). *Global Status Report on Alcohol and Health*. Geneva: World Health Organisation (WHO)

²⁵ Op cit 20 National Health and Medical and Medical Research Council (2009)

²⁶ Peadon E, Payne J, Henley N, D’Antoine H, Bartu A, O’Leary C, Bower C, Elliot EJ (2011). Attitudes and behaviour predict women’s intention to drink alcohol during pregnancy: the challenge for health professionals *BMC Public Health*, 11: 584

²⁷ Parliament of the Commonwealth of Australia (2012). Final report of the House of Representatives Standing Committee of Social Policy and Legal Affairs: *FASD: the hidden harm*. Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders. Canberra: Commonwealth of Australia

²⁸ Op cit 17 National Indigenous Drug and Alcohol Committee (2012)

²⁹ Foundation for Alcohol Education and Research (2012). *The Australian Fetal Alcohol Spectrum Disorders Action Plan 2013-2016*. Canberra: Foundation for Alcohol Education and Research (FARE)

³⁰ Daube M, Kirby G, Mattick R (2009). *Alcohol warning labels: Evidence of impact on alcohol consumption amongst women of childbearing age*. Report 2 prepared for Food standards Australia New Zealand (FSANZ)

³¹ Food Labelling Law and Policy Review Panel (2011). *Labelling Logic: review of food labelling law and policy*. Canberra: Commonwealth of Australia

³² Op cit 21 O’Leary *et al* (2009)

³³ Lee N, Jenner L (2013). Drug treatment: psychological and medical interventions. In A Ritter, T King & M Hamilton [Eds.] *Drug Use in Australian Society*. Melbourne: Oxford University Press

³⁴ Op cit 20 National Health and Medical and Medical Research Council (2009)

³⁵ Op cit 19 Peadon *et al* (2010)

³⁶ This result is similar to that in FARE polls carried out in 2011 and 2012

³⁷ Foundation for Alcohol Research and Education (2014). Annual Alcohol Poll: Attitudes and behaviours. Canberra: FARE

during pregnancy. With the exception of the UK, the guidelines indicate consensus internationally that for women who are pregnant, the safest option is abstinence from alcohol.^{38 39 40 41 42 43 44 45 46}

The relevant guideline (Guideline 4A) in the NHMRC *Australian guidelines to reduce health risks from drinking alcohol*, states that “For women who are pregnant or planning a pregnancy, not drinking is the safest option.” This guideline is based on systematic reviews of the literature including seminal studies and prospective cohort studies. The NHMRC Australian guidelines present a review of the evidence on risks associated with alcohol drinking patterns (amount and frequency) during pregnancy. The NHMRC Australian guidelines note the limitations of the studies and the difficulty in determining effects on pregnancy outcomes of low to moderate levels of alcohol consumption, but the available evidence does not warrant a “conclusion that drinking alcohol at low-moderate levels during pregnancy is safe.”⁴⁷

In 2012, the *Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders* conducted by the Parliament of the Commonwealth of Australia, House of Representatives Standing Committee on Social Policy and Legal Affairs drew together the reviews of evidence and recommended that FASD should be addressed by:

*...ensuring that every woman knows the risk [of drinking alcohol during pregnancy] through providing accurate health information and advice, and fostering a changed attitude to alcohol consumption during pregnancy and across the wider community.*⁴⁸

Australian reports recommend that action to reduce risks and harm to the unborn child arising from drinking alcohol during pregnancy should seek to:

- increase awareness and knowledge of the advice not to drink alcohol during pregnancy.
- change attitudes to drinking alcohol among women who are pregnant or planning a pregnancy
- change alcohol drinking behaviour among women who are pregnant or planning a pregnancy
- change family and community attitudes to drinking alcohol during pregnancy.^{49 50 51}

³⁸ National Institute for Health and Clinical Experience (NICE) (2008). *Antenatal Care: Routine Care for the Healthy Pregnant Woman*. London: National Institute for Health and Clinical Experience (NICE)

³⁹ Op cit 20 National Health and Medical Research Council (2009)

⁴⁰ The Danish National Board of Health (2010). *Healthy Habits – before during and after pregnancy*. 1st English edition (translated from the 2nd Danish edition). The Danish National Board of Health and The Danish Committee for Health Education

⁴¹ New Zealand Ministry of Health (2006). *Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women: A background paper*. Wellington: New Zealand Ministry of Health

⁴² International Centre for Alcohol Policies (ICAP) (2011). *International Drinking Guidelines*. Online text at <http://www.icap.org/Table/InternationalGuidelinesOnDrinkingAndPregnancy>

⁴³ Public Health Agency of Canada (2011). *The Sensible Guide to a Healthy Pregnancy*. Ottawa: Public Health Agency of Canada

⁴⁴ Op cit 15 World Health Organisation (2010)

⁴⁵ U.S. Surgeon General (2005). U.S. Surgeon General Releases Advisory on Alcohol Use in Pregnancy [press release]. United States Department of Health and Human Services. Online text at: [US Surgeon General Advisory on alcohol use in pregnancy](#).

⁴⁶ Australian Health Ministers’ Advisory Council 2012, Clinical Practice Guidelines: Antenatal Care – Module 1. Canberra: Australian Government Department of Health and Ageing

⁴⁷ Op cit 20 National Health and Medical Research Council (2009) p72

⁴⁸ Op cit 27 Parliament of the Commonwealth of Australia (2012)

⁴⁹ Op cit 27 Parliament of the Commonwealth of Australia (2012)

To achieve these goals the range of prevention measures should include:

- whole of population awareness and education campaigns including options such as publication of data on the rates of alcohol consumption during pregnancy and data on the rates of alcohol-related pregnancy and birth outcomes in the Australian population
- social marketing initiatives which include the warnings within broader alcohol advertising (including health warnings on alcohol product, at the point of sale, on billboards and websites), and broadcast and social media campaigns
- increased healthcare professional screening and advice to women about alcohol during pregnancy
- other mechanisms to raise awareness of the harmful nature of alcohol consumption during pregnancy.^{52 53 54}

Increasing consumer knowledge through social marketing initiatives

Health warning labels on alcohol products are just one mechanism for raising awareness and increasing consumer knowledge of the risks associated with alcohol consumption. Of themselves they do not change drinking behaviours. Evidence from the literature suggests that consideration of a variety of strategies will enhance the likelihood that social marketing campaigns will be effective in increasing awareness and knowledge of health risk behaviours and changing health behaviours. Evidence based social marketing uses multiple strategies including advertising, public relations, printed materials, promotional items, signage, special events and displays, face-to-face selling and entertainment media to communicate with the target audience.⁵⁵

The effectiveness of a message can be determined by a number of factors associated with the person presenting the message, including the credibility (expertise, trustworthiness), attractiveness (familiarity/similarity, likeability) and power (perceived control over reinforcements, concerns about compliance) of the source. According to the research, the use of an influential individual (ie an 'opinion leader') early in the dissemination process can be useful in helping the target audience to successfully move through the change process, from awareness and understanding though to attitude change and ultimately behaviour change.⁵⁶

Evidence suggests that an integrated marketing mix is essential in social marketing campaigns. A well-considered promotional strategy that encompasses and addresses the four P's (product, price, place and promotion). A number of communication variables are fundamental in developing effective persuasive messages in social marketing campaigns. The effectiveness of a persuasive message is determined by a number of communication variables such as, source variables, message variables, channel variables, receiver variables and target variables. The content of the message being delivered to the target audience should be carefully considered to determine:

- what is included or not included in the message
- the organisation of the content in the message
- the extremity of the message

⁵⁰ Op cit 16 Foundation for Alcohol Research and Education (2012)

⁵¹ Op cit 17 National Indigenous Drug and Alcohol Committee (2012)

⁵² Op cit 27 Parliament of the Commonwealth of Australia (2012)

⁵³ Op cit 17 National Indigenous Drug and Alcohol Committee (2012)

⁵⁴ Op cit 15 Foundation for Alcohol Research and Education (2012)

⁵⁵ Grier S, Bryant C (2005). Social marketing in public health. *Annual Review of Public Health*. 26(1). 319.

⁵⁶ Lefebvre & Flora (1988). Social Marketing and Public Health Intervention. *Health Education and Behaviour*. 15. 299

- the motivational strategies utilised to persuade the target audience.^{57 58 59}

Motivation among the target audience to change their behaviour can be increased by emphasising high benefits and low costs of the behaviour change.^{60 61} Research also suggests that formative research to gain a deep understanding of the target audience, specifically what motivates and deters individuals from changing their behaviour is important.⁶² According to Miller and Ware (1989) and McGuire (1974), it is important to understand what and how personal characteristics affect how a message is received; these include gender, age, experience feelings of vulnerability and whether they have previously been predisposed to the message. Finally, continuous monitoring and revision of a social marketing campaign is necessary, to maintain the interest and motivation of the target audience.

6.2 Implementation of the pregnancy labelling voluntary initiative

The FoFR Communique published online on 9 December 2011, announced Ministers' agreements about initiatives in response to the recommendations of Labelling Logic. Of relevance to alcohol product pregnancy labelling was the following recommendation:

- Warnings about the risks of consuming alcohol while pregnant should be pursued. Industry is to be given the opportunity to introduce appropriate labelling on a voluntary basis for a period of two years before regulating for this change.⁶³

On 1 March 2012, Health met with representatives of industry (brewers, distillers, and winemakers) to provide an update on the FoFR decision and related activities, and discuss the process for working in a complementary way to promote awareness of the risks of drinking alcohol during pregnancy. A workshop was held on 3 April 2012 involving the Health, industry representatives of brewers, distillers, winemakers and the National Alcohol Beverage Industries Council (NABIC) and FSANZ, to inform a paper to present to FoFR and further "unpack a way forward." On 12 April 2012, Health met with counterparts in New Zealand and industry to discuss current state of play and a way forward on the FoFR decision. On 18 September 2012, in response to a letter from industry, FoFR wrote to industry outlining its expectations.⁶⁴

Health provided funding to two projects to leverage and support the impact of the labelling initiative:

- DrinkWise Australia (an independent, not-for-profit organisation established in 2005 by the alcohol industry) conducted a point of sale project, funded from 29 June 2012 to 30 June 2013. It aimed to provide information on the risks of consuming alcohol during pregnancy to support the voluntary labelling initiative.

⁵⁷ McGuire WJ (1974). Communication-persuasion models for drug education. In M Goodstadt (ed), *Research on Methods and Programs for Drug Education*, Addiction Research Foundation: Toronto.

⁵⁸ McGuire WJ (1985). Attitudes and attitude change. In G Lindsay G & E Aronson (eds), *Handbook of Social Psychology*, 2. p 283.

⁵⁹ McGuire WJ (1969). The Nature of Attitudes and Attitude Change . In G Lindsay G & E Aronson (eds), *Handbook of Social Psychology*, Addison-Wesley: Boston

⁶⁰ Anderson AR (2002). Marketing social marketing in the social change marketplace. *Journal of Public Policy and Marketing*, 12(1)

⁶¹ Miller ME, Ware J (1989). Mass-media alcohol and drug campaigns: A consideration of relevant issues. *National Campaign Against Drug Abuse*. MS-9. Canberra. Australian Government

⁶² Op cit 25 Grier & Bryant (2005)

⁶³ <http://www.foodstandards.gov.au/media/pages/mediareleases/mediareleases2011/communiquelegislative5383.aspx>

⁶⁴ Email communication to Siggins Miller from the Department of Health on 24 April 2014

- the Foundation for Alcohol Research and Education (FARE) (a charitable organisation originally funded by Australian Government funds) is being funded from 29 June 2012 to 30 June 2014 to support health professionals to provide consistent information on the risks of consuming alcohol during pregnancy.

DWA was also funded by industry to provide resources to support industry to implement pregnancy labels in alcohol products (see Table 15 for an overview of the activities of four large companies and DWA from July 2011 to September 2012).

Table 15: Activities of four large companies and DWA

Date	Activity
11 July 2011	DWA makes first version of Guidelines available – multiple messages
9 December 2011	Government agreements to pursue warnings about the risks of consuming alcohol while pregnant and give industry an opportunity to introduce appropriate labelling voluntarily over 2 years (FoFR Communique)
1 March 2012	Meeting with Health and industry reps to discuss process of implementation
3 April 2012	Working with the Health, FSANZ, industry representatives to jointly decide on implementation and document proposal in a paper to FoFR
12 April 2012	Health met with government counterparts in New Zealand and industry to further discuss current work and next steps
29 June 2012	Government funded DWA and FARE to conduct two complementary initiatives
18 September 2012	FoFR wrote to industry outlining expectations
25 September 2012	DWA created first portal to facilitate winery access to labelling resources

Activities implemented in parallel with the pregnancy labelling voluntary initiative

Activities to leverage and support the uptake and impact of pregnancy labelling of alcohol

These projects included the following complementary activities conducted nationally from 30 September 2012 to 30 June 2014:

- **The Point of Sale Project:** The Australian Government Department of Health provided funding to DWA specifically to support and leverage the impact of the voluntary pregnancy labelling initiative. DWA worked with industry to develop ‘point of sale’ information (a brochure and two A4 size convenience advertising posters) for consumers at major liquor retailers, clubs, pubs and hotels. The brochure was adapted to credit card size and supplied to licensed venues and shopping centres frequented by target audiences to be provided with convenience advertising posters. The project was designed to engage retailers and producers in providing responsible messages to consumers about reducing harmful drinking, particularly during pregnancy and to promote and explain the new pregnancy health warning labels. The target audience for the campaign was women of child bearing age (18 to 40 years) and their partners as influencers and providers of support. During development, the materials and their messages were focus tested with the target audiences.

In total 1,134,000 brochures were produced and distributed nationally to 3,537 stores (Aldi, Coles, Metcash, Woolworths), and Winemakers Federation of Australia’s (WFA) members’ cellar doors. Distribution commenced on 29 October 2012.

Gender specific advertising posters were placed in bathrooms in licensed venues and shopping centres in 2,623 display points and 1,070 takeaway card holders across 467 venues

and 54 shopping centres in metropolitan and regional locations between 1 December 2012 and 28 February 2013.

The project was supported by a Vox Pops video hosted on the DrinkWise website and media publicity about not drinking alcohol while pregnant in the form of media releases, audio news releases, five public information messages from experts and celebrities and 29 radio interviews with DWA representatives which were broadcast on radio 116 times over two days in regional and metropolitan Australia in late 2012.

In addition, DWA resources developed for the initiative were uploaded to the WFA microsite housed on the DWA website to provide WFA members with free access to the site, brochures and posters.

A pregnancy specific URL for the DrinkWise website was included on all collateral material to help drive traffic to the website where more detailed information was provided in the form of videos of medical experts, sports and media personalities and everyday Australians.⁶⁵

Industry activities implemented in parallel with the pregnancy labelling voluntary initiative

In addition to this specific project, the alcohol industry peak bodies WFA and Wine Australia promoted the voluntary labelling initiative to members via their websites.^{66 67 68} Although the evidence base for these activities, and their impact in reducing rates of drinking while pregnant, is unclear, some specific examples are:

- In 2012, WFA entered into a partnership with DWA to ensure that all wineries had access to the pregnancy warning logos, whether or not they were members of DWA. WFA also sent a letter to members with a joint message from DWA highlighting the need for the wine industry to “not only meet government and community expectations, but also to demonstrate its genuine commitment to support initiatives that promote appropriate alcohol consumption.” The letter announced the core DWA campaign message “Get the Facts” and the DWA logo and website for use on labels in tandem with either the pregnant lady pictogram or the text message, “It’s safest not to drink while pregnant” and the focus on pregnancy warnings.
- WFA conducted a survey of the locally produced domestic sales market in late 2013 and disseminated the results to its members.⁶⁹
- In July 2011, Lion joined DrinkWise in the launch of consumer information messages including “It’s safest not to drink while pregnant”, explaining the initiative and Lion’s commitment to implement it and directing the reader to the DrinkWise website.⁷⁰
- In addition to using the DWA pregnancy pictogram and the DWA “Get the Facts” badge on their primary packaging, some distributors also presented the link to the DWA pregnancy web page on their websites, incorporated the DWA label into their secondary packaging,

⁶⁵ DrinkWise Australia (2013). It’s safest not to drink while pregnant: Information to support the voluntary labelling initiatives on the risks of consuming alcohol during pregnancy. Final Report. Provided to the evaluators by DrinkWise Australia with permission to use it solely for the purpose of the Evaluation

⁶⁶ <http://www.wfa.org.au/resources/pregnancy-logo/>

⁶⁷ <http://www.brewers.org.au/our-views/alcohol-promotion/>

⁶⁸ Wine Australia 2013 Compliance Guide for Australian Wine Producers Accessed 17 April 2014 at: <http://www.wineaustralia.com/en/Production%20and%20Exporting/Labelling.aspx>

⁶⁹ Personal communication WFA email to Siggins Miller 17 April 2014. Used for the purpose of the Evaluation with permission.

⁷⁰ <http://lionco.com/2011/07/12/lion-joins-drinkwise-in-launch-of-consumer-information-messages/>

point of sale product brochures and catalogue materials, and promoted it at their cellar doors and with their retailers. More recently some distributors have incorporated it into their websites and marketing materials.

- Some in the alcohol industry were also promoting the pregnancy message and uptake of labels as part of their existing responsible drinking activities and programs. For example:
 - Diageo had a history of partnering with the public health sector to promote responsible drinking for example through the DRINKIQ.com initiative in the United Kingdom⁷¹
 - Lion also had a history of investing in health education programs for young people in New Zealand, and funding a program developed by the Fetal Alcohol Support Trust (FAST) to educate young people about drinking while pregnant⁷²
 - The Pernod Ricard Australia website also provides links to the DWA and WFA websites, among others as part of its page on responsible consumption, and as part of its sustainability commitment.
- Since late 2012, global producers of beer, wine and spirits have been working on ten targeted actions which will continue to 2017 to build on efforts to discourage harmful drinking through international initiatives and partnerships on the industry actions in support of the World Health Organization (WHO) Global Strategy to Reduce the Harmful Use of Alcohol.⁷³ The action areas include:
 - continuing to strengthen and expand marketing codes of practice [reflective of]...[the] resolve not to engage in marketing that could encourage excessive and irresponsible consumption, with a particular focus on digital marketing
 - making responsible product innovations and developing easily understood symbols or equivalent words to discourage drinking and driving and consumption by pregnant women and underage youth
 - reducing drinking and driving by collaborating with governments and non-governmental organizations to educate and enforce existing laws
 - enlisting the support of retailers to reduce harmful drinking and create “guiding principles of responsible beverage alcohol retailing.”⁷⁴

Concurrent prevention initiatives to promote the 2009 NHMRC Australian guidelines

A number of prevention initiatives designed to reduce risks and harm to the unborn child arising from drinking alcohol during pregnancy were implemented in parallel with the two-year implementation of the voluntary labelling initiative to place pregnancy health warning labels on alcohol products. They were implemented in Australia in the public health, advocacy, academic, not-for-profit community and the industry sectors to inform and educate the community and health care providers and to raise awareness and increase knowledge in the Australian population of the 2009 NHMRC guideline that “For women who are pregnant or planning a pregnancy, not drinking is the

⁷¹ Wilkinson C, Allsop S, Cail D, Chikritzhs T, Daube M, Kirby G, Mattick R (2009). *Report 1 Alcohol Warning Labels: Evidence of effectiveness on risky alcohol consumption and short term outcomes*. Prepared for Food Standards Australia New Zealand.

⁷² Op cit 71 Wilkinson *et al* (2009)

⁷³ Op cit 15 World Health Organisation (2010)

⁷⁴ <http://www.diageo.com/en-row/ourbrands/infocus/Pages/gapg.aspx>

safest option.”⁷⁵ ⁷⁶ Some were designed to help health care professionals and communities to engage with best practice approaches to healthy pregnancy and translate the NHMRC guidelines into practice. Three projects entailed the production and dissemination of alcohol and pregnancy resource development for health professionals:

1. **The Health Professionals Project:** Health funded the Foundation for Alcohol Research and Education (FARE) to work with health professionals to further promote the messages in the Alcohol Guidelines on safe consumption. This project is designed to assist health professionals to raise awareness with their patients of the risks of harmful drinking and in particular the risk of drinking alcohol if pregnant or planning a pregnancy. This project is due to be completed by mid 2014.
2. **The National Indigenous Fetal Alcohol Spectrum Disorders (FASD) Resource project** aimed to develop culturally appropriate resources to assist health professionals in Aboriginal and Torres Strait health care settings to address the issues of alcohol and pregnancy and FASD. The National Drug Research Institute (NDRI) developed the FASD PosterMaker application (app), a tool which enables Indigenous communities across Australia to produce their own locally relevant and culturally appropriate resources that reflect the shared issues but local differences in addressing alcohol, pregnancy and FASD around the country.

The iPad/Web FASD PosterMaker app is aimed primarily at helping health professionals; however it can also be used by others working with Aboriginal and Torres Strait Islander communities – for example, youth workers, teachers, alcohol and other drug workers – as an educational tool with the young people with whom they are working. Community members can collaborate with local health professionals to create their own posters to suit their needs around alcohol, pregnancy and FASD in their local communities.

The FASD PosterMaker app has a range of pre-loaded culturally relevant images as well as evidence-based messages, which include messaging from the 2009 NHMRC guidelines that “For women who are pregnant or planning a pregnancy, not drinking is the safest option.” The FASD PosterMaker is available for download in the Apple Store, or at www.fasdpostermaker.com.au.

3. **The National Antenatal Guidelines (Module 1)** reflect the 2009 NHMRC guideline evidence and recommendations about alcohol and pregnancy for health care practitioners.⁷⁷ Currently the Department of Health is managing the development of antenatal guidelines on behalf of all Australian governments. The National Antenatal Guidelines publicly released in March 2013. They include guidance on a wide range of care including routine physical examinations, screening tests and social and lifestyle advice for women with an uncomplicated pregnancy. The Antenatal Guidelines are designed to complement the Australian Dietary Guidelines, the Australian Guidelines to Reduce Health Risks from Drinking Alcohol, the National Perinatal Depression Initiative and the Australian National Breastfeeding Strategy 2010-2015.⁷⁸

A further two activities target individuals:

⁷⁵ Op cit 27 Parliament of the Commonwealth of Australia (2012)

⁷⁶ Op cit 16 Foundation for Alcohol Research and Education (2012)

⁷⁷ Module 1 addresses the first trimester of pregnancy; Module 2 is currently under development- it addresses the second and third trimesters of pregnancy. Module 1 was approved by the NHMRC in December 2011 and endorsed by health ministers in August 2012 and released in December 2012.

⁷⁸ Op cit 46 Australian Health Ministers Advisory Council (2012)

1. **The Australian Government Pregnancy Birth and Baby website** (last updated in July 2013) provides advice about alcohol during pregnancy and its effects on unborn children through links to resources on alcohol and the Pregnancy, Birth and Baby Helpline and Healthdirect Australia.
2. **Two part-time specialist FASD clinics**

In addition to these projects, state and territory governments have developed FASD prevention strategies, including population and community approaches to reducing harms caused by alcohol use during pregnancy. For example:

- Department of Health, Western Australia Fetal Alcohol Spectrum Disorders Model of Care (2010), followed by the No alcohol while pregnant (Western Australian Government) campaign launched in September 2011 to promote the message that the safest option is to not drink alcohol during pregnancy, and when planning pregnancy and breastfeeding.
- Review of the results of the first 12 months of the Ord Valley Aboriginal Health Service's fetal alcohol spectrum disorders program, 2011⁷⁹.
- Western Australia's Drug and Alcohol Office has also received funding to develop a suite of indigenous focused FASD prevention initiatives. The Lililwan Project is a FASD prevalence study of children born in 2002 and 2003 in the Fitzroy Crossing Valley in the Kimberley region of Western Australia. It is the first population based study on the use of alcohol during pregnancy and FASD in Australia, and more specifically in Aboriginal communities. The study brings together allied health professionals, social workers, paediatricians and Aboriginal community navigators to review the medical and developmental history of Indigenous children in the Fitzroy Valley and provides treatment and referrals for children diagnosed with FASD. It was implemented through a partnership with Nindilingarri Cultural Health Services, Marninwarntikura Women's Resource Centre, The Gorge Institute for Global health and the Discipline of Paediatrics and Child Health at the University of Sydney Medical School.⁸⁰
- Nationally accredited FASD training certificate developed through a collaboration between the Russell Family Fetal Alcohol Disorders Association (based in Victoria) and the registered training organisation Training Connections.⁸¹

Research and advocacy activities have been conducted in the two year implementation period of the alcohol industry voluntary pregnancy labelling initiative. Surveys, forums, inquiries, social and news media activities, research and the development and dissemination of results of research and position papers on alcohol product labelling. Examples include:

- NHMRC funding of \$2m to two projects:
 - A Study of Pregnancy in the Aboriginal and Torres Strait Islander Community of Cherbourg in Queensland
 - Screening of Juvenile Justice Clients for FASD in Western Australia
- Submissions from government, community public health and healthcare professionals, industry and researchers in 2011 to The House of Representatives Standing Committee on Social Policy and Legal Affairs, Inquiry into Fetal Alcohol Spectrum Disorders concerning

⁷⁹ Bridge P (2011). Ord valley Aboriginal Health Service's fetal alcohol spectrum disorders program: Big steps, solid outcome. Australian Indigenous Health Bulletin 11(4)

⁸⁰ www.georgeinstitute.org

⁸¹ <http://rffada.org/>

prevention strategies to inform the community about the risk to the fetus of drinking alcohol during pregnancy and the dissemination of the 2009 NHMRC Australian guideline that “For women who are pregnant or planning a pregnancy, not drinking is the safest option.”

- ongoing work by FARE, NOFASD and NAAA to conduct or support research; and provide submissions to inquiries to inform FASD and alcohol labelling policy, including surveys and studies of alcohol labelling uptake and economic analyses^{82 83 84 85 86}
- publication by the Australian National Council on Drugs (ANCD) of the National Indigenous Drug and Alcohol Committee (NIDAC) paper: Addressing fetal alcohol spectrum disorder in Australia⁸⁷
- survey on food and alcohol during pregnancy⁸⁸
- publication of data on the rates of alcohol consumption during pregnancy in the Australian population^{89 90 91}
- publication of analyses of data on alcohol use and alcohol related pregnancy and birth outcomes.^{92 93 94 95}

⁸² IPSOS Social Research Institute (2012). Alcohol Education and Research Foundation policy position paper. Alcohol product labelling: Health warning labels and consumer information. Accessed 7 March 2014 at: http://www.fare.org.au/wp-content/uploads/2011/07/AER-Policy-Paper_FINAL.pdf

⁸³ IPSOS Social Research Institute (2012). Alcohol label audit. Report prepared for the Foundation for Alcohol Research and Education (FARE) Accessed 4 March 2014 at: <http://www.fare.org.au/wp-content/uploads/2011/07/Alcohol-Label-Audit-September-2013.pdf>

⁸⁴ Op cit 27 Parliament of the Commonwealth of Australia (2012)

⁸⁵ FARE Annual Alcohol Polls 2011, 2012, 2013 on attitudes and behaviours (including awareness of the risks of drinking alcohol) and dissemination of the results <http://www.fare.org.au>

⁸⁶ Breen C, Burns L (2012) Improving services to families affected by FASD. Canberra: FARE

⁸⁷ Op cit 17 National Indigenous Drug and Alcohol Council (2012)

⁸⁸ Flinders University survey into the eating and drinking habits of pregnant women. Accessed 20 March 2013 at <http://www.pregnancybirthbaby.org.au/survey-food-and-alcohol-during-pregnancy>

⁸⁹ Op cit 16 Callinan & Room (2012)

⁹⁰ Australian Institute of Health and Welfare (2008). *2007 National drug strategy household survey report*. Canberra: Australian Institute of health and Welfare (AIHW)

⁹¹ Australian Institute of Health and Welfare (2011). *2010 National drug strategy household survey report*. Canberra: Australian Institute of health and Welfare (AIHW)

⁹² Op cit 17 National Indigenous Drug and Alcohol Committee (2012)

⁹³ Op cit 36 FARE (2012)

⁹⁴ Op cit 27 Parliament of the Commonwealth of Australia (2012)

⁹⁵ Wilson M, Stearne, Gray D, Saggers S (2010). The Harmful Use of Alcohol amongst indigenous Australians. Online publication at: http://www.healthinfonet.ecu.edu.au/alcoholuse_review

6.3 National and international pregnancy labelling context

Health warning labels on alcohol products

Health oriented warnings on alcoholic beverages can include content about:

- number of standard drinks
- advice about certain ingredients (eg non-alcoholic ingredients, caffeine, sulphites)
- advice about how to use the beverage
- advice about potential adverse consequences of drinking.^{96 97 98 99 100 101}

The governments of 18 countries require producer/manufacturers to provide a specific health warning on the labels on alcoholic beverages. The rationale behind locating health warning messages on alcohol containers is that in so doing, the message will reach the majority of drinkers and more frequently expose more frequent drinkers to it.¹⁰² Other locations are:

- at the point of sale
- in schoolrooms
- in alcohol advertising media (billboards, websites, television, newspapers, magazines, and electronic media)
- in editorial promoting the sale of alcoholic beverages.

Alcohol labelling regulation nationally and internationally is expressed though one or a combination of:

- food standards laws and codes
- industry initiatives to promote healthy use of alcohol through labelling or point-of-sale advertising
- voluntary agreements reached between industry and government in relation to alcohol and labelling.¹⁰³

Types of consumer information

Consumer information about beverage alcohol products (primary packaging containers, such as bottles cans and casks and/or secondary packaging such as boxes, cartons and shrink wrap, or both). The products may contain factual information about the beverage or the container (such as alcohol

⁹⁶ Op cit 31 Food Labelling Law and Policy Review Panel (2011)

⁹⁷ Op cit 71 Wilkinson *et al* (2009)

⁹⁸ Wilkinson & Room (2009). Warnings on alcohol containers and advertisements: international experience and evidence on effects. *Drug and Alcohol Review*, 28(4): 426-435

⁹⁹ International Centre for Alcohol Policies (ICAP) (2011). *Health warning labels* (ICAP Policy Tables) Accessed 4 March 2014 at <http://www.icap.org/Table/HealthWarningLabels>.

¹⁰⁰ Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF

¹⁰¹ Food Standards Australia New Zealand (FSANZ) (2013). Australia and New Zealand Food Standards Code (Standard 2.7.1 – Labelling of Alcoholic Beverages and Food Containing alcohol; Standard 1.2.9 Legibility Requirements

¹⁰² Op cit 98 Wilkinson & Room (2009)

¹⁰³ Stockwell T (2006). *A review of research into the impacts of alcohol warning labels on attitudes and behaviour*. British Columbia, Canada: University of Victoria, Centre for Addictions Research of BC

volume, standard drinks, method of production, country of production, ingredients) or directional information, such as health warnings or recycling prompts/reminders.^{104 105}

Factual information requirements are regulated through international trade agreements, industry commitments to codes of good practice as well as food standards laws and codes of practice.^{106 107}

Since 1995, the FSANZ¹⁰⁸ Code has required labels on beverage alcohol containers to legibly display:

- The alcohol content
- standard drinks in line with the NHMRC Australian guidelines (which define 1 standard drink as equivalent to 10g of alcohol)
- certain ingredients (eg caffeine, sulphates).

The Code does not require that alcohol product labels display information about safe consumption or warnings about health risks associated with drinking alcohol. After a period from 2009 to 2010 during which industry in Australia initiated the introduction of safe or responsible consumption of alcohol messages on alcohol products, the Commonwealth of Australia responded to the recommendation of the Labelling Logic Review report by allowing industry to voluntarily implement pregnancy health warnings on alcohol product labels in the period from December 2011 – 2013.¹⁰⁹

In the European Union, all producers are legally obliged to provide “safety” warnings on product labels if the product has potentially negative side effects. Chapter III Article 5 of Directive 2001/195/EC of the European Parliament states that “producers shall provide consumers with relevant information to enable them to assess risks inherent in a product.”

Other trade and industry agreements require producers to display information such as country of origin.¹¹⁰

6.4 Rationales for health warning labelling of alcohol products

The rationale for requiring health warnings on alcohol products is to raise awareness of the potential adverse consequences of harmful levels and patterns of use. In a number of countries health warning labels are used to offer directional information about drinking behavior. They tend to take the form of reminders about:

- general and specific health risks associated with alcohol consumption (eg in El Salvador the government requires alcohol product labels to display the message: “The excessive consumption of this product is harmful to health and creates addiction. Its sale is banned to those under 18 years of age.”)
- the dangers of drinking while driving or operating machinery (eg the South African Government requires producers to display one of a number of health warning messages on

¹⁰⁴ Op cit 98 Wilkinson & Room (2009)

¹⁰⁵ International Centre for Alcohol Policies (2013). Health Warning Labels. ICAP Policy Tools Series – Issues Briefings. Washington DC: ICAP

¹⁰⁶ World Wine Trade Group (2007). Agreement on Requirements for Wine Labelling. Canberra: World Wine Trade Group

¹⁰⁷ Global Alcohol Producers Group (GAPG) (2012). Reducing Harmful Use of Alcohol: Beer Wine and Spirits Producers Commitments. Accessed 17 April 2014 at: www.global-actions.org

¹⁰⁸ FSANZ is the a statutory authority under the Food Standards Australia New Zealand Act 1991 to work with governments in Australia and New Zealand to develop and maintain the Australia New Zealand Food Standards Code which regulates the labelling and composition of food including beverage alcohol.

¹⁰⁹ Op cit 31 Food Labelling Law and Policy Review Panel (2011)

¹¹⁰ World Wine Trade Group (2007). Agreement on Requirements for Wine Labelling. Canberra: World Wine Trade Group

alcohol product labels including the following drink driving warning: “Alcohol reduces driving ability, don’t drink and drive” (Table 16)

- the dangers of drinking during pregnancy (eg the French government requires producers to incorporate the red pregnant lady symbol on all alcoholic beverages (Table 17)).

Labels may also include additional information, such as reference to guidelines for safe levels of consumption of alcohol and references to websites which provide detailed information about health risks associated with alcohol consumption.

In a 2009 report on alcohol warning labels prepared for FSANZ by Wilkinson and colleagues, 18 countries had either mandatory or voluntary health warning labels.¹¹¹ By 2011, 17 countries had mandated health warnings (including France’s mandatory pregnancy label), with other countries including Slovenia and the Netherlands in the process of introducing mandatory requirements for health warning labels.¹¹² In 2013, Israel passed laws requiring health warning labels referring to the negative effects of excessive alcohol consumption on all alcoholic beverages.¹¹³

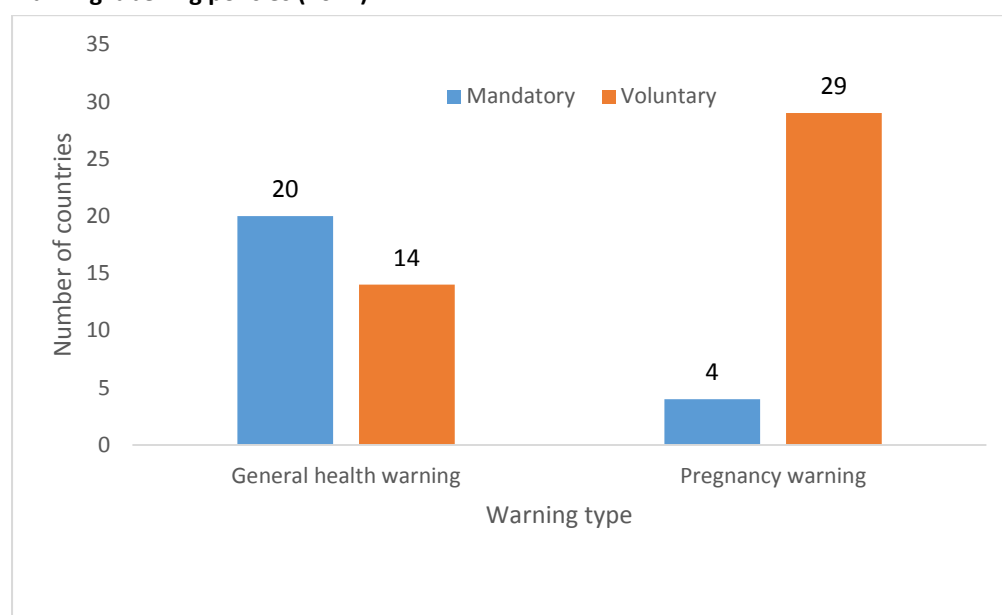
The number of countries with alcohol labelling regulation, and the nature of that regulation is shown in Figure 1 below. Mandatory health warnings have been implemented in 20 countries, whereas only four countries have specific mandatory pregnancy warnings (ie based on guidelines about alcohol se during pregnancy). The reverse is true for the voluntary programs, where almost twice as many countries are engaged in voluntary pregnancy health labelling initiatives (29) compared with those engaged in voluntary general health warning initiatives (14).

¹¹¹ Op cit 71 Wilkinson *et al* (2009)

¹¹² Op cit 105 ICAP (2013)

¹¹³ State of Israel, Ministry of health. Regulations to Limit the Advertisement and Marketing of Alcoholic Beverages (Warning Label), 2013

Figure 1: Number of countries with mandatory or voluntary general health and pregnancy specific health warning labelling policies (2014)



Pregnancy health warning labelling of alcohol products

In Australia and the European Union, public health professionals are seeking a standard, mandatory approach to pregnancy health warning labelling (much like the approach France has adopted).¹¹⁴ Currently there is no legislation requiring producers in Australia or the European Union Member States to provide pregnancy health warning labels on alcohol beverage containers. Since 2009, industry peak bodies have been assisting industry with labels and working with government to provide media campaign resources and websites material covering the issue (eg Eurocare, the International Centre for Alcohol Policies [ICAP] and DWA).^{115 116 117 118 119}

In 2009, Wilkinson and Room examined the international experience and evidence on the effects of warnings on alcohol containers and advertisements, and noted that “there seems to be an international trend towards warnings [on alcohol products] specifically concerning pregnancy.”¹²⁰ Our review indicates that in the period from 2009 to 2014 the number of countries with pregnancy warning labelling in train, increased from six to 33.^{121 122}

¹¹⁴ Op cit 27 Parliament of the Commonwealth of Australia (2012)

¹¹⁵ Op cit 100 Farke (2011)

¹¹⁶ DrinkWise Australia (2013). It is safest not to drink alcohol while pregnant: Information to support the voluntary labelling initiative on the risks of consuming alcohol during pregnancy: Final report. Canberra: DrinkWise Australia

¹¹⁷ Eurocare – European Alcohol Policy Alliance (2011). Position Paper on: Health Warning Messages on Alcoholic Beverages. Brussels: Eurocare

¹¹⁸ Op cit 98 Wilkinson & Room (2009)

¹¹⁹ International Centre for Alcohol Policies (ICAP) (2013). Health Warning Labels. ICAP Policy Tools Series – Issues Briefings. Washington DC: ICAP

¹²⁰ Op cit 98 Wilkinson & Room (2009)

¹²¹ Op cit 71 Wilkinson *et al* (2009)

¹²² Op cit 100 Farke (2011)

6.5 Voluntary vs mandatory pregnancy health warning labelling arrangements

Of the 33 countries with pregnancy health warning labels, 29 are implementing voluntary pregnancy warning labelling initiatives. South Africa, the Russian Federation and the United States are the only countries with both mandatory health warning labels and prescribed pregnancy health warning labels. The only other country to have mandatory pregnancy health warning labels is France, where it is the only mandatory health warning label. Twenty five of the 29 countries with voluntary pregnancy labelling initiatives currently use the red pregnant lady pictogram mandated in France (see Table 17 below).

Publicly available information reviewed for this section does not specify the type of voluntary arrangement in progress – that is, whether or not the arrangement is industry led or based on an agreement between government and industry. There are some indications that voluntary implementation of pregnancy health warning labelling has been largely industry led and includes adoption of the French pictogram. Sweden provides an interesting example because government regulation requires a health warning on alcohol advertising (such as billboards or television commercials) but not on alcohol product labels or packages. Nevertheless, Swedish manufacturers are voluntarily producing labels with the French pregnant lady pictogram.¹²³

Content

Governments typically require that factual statements are accurate but might not otherwise regulate them. In the case of pregnancy warning labels, the health information presented varies. Some countries provide directive information and then refer to guidelines or (as is the case in Australia) to a website where explanatory information can be found. In some countries messages have been developed and updated based on contemporary evidence for what works to make the label directive and prominent.¹²⁴

Some countries advise that it is best to rotate health warning messages. Evidence for effectiveness of poster, billboard and television advertising, and tobacco packaging suggests that, rotation of multiple warnings is a more effective way to maintain the interest and attention of the viewer.^{125 126} Interestingly, these studies looked at the label in isolation, and did not take into account the possible impact of rotating alcohol product labels on the effectiveness of parallel initiatives and integrated public health campaigns.

Legibility

Legibility requirements and guidance specify various formats and locations for pregnancy health warning messages on alcoholic beverage containers.^{127 128 129} In Australia a number of sources of guidance have been developed in recent years, the Victorian Health Promotion Foundation provided guidance on alcohol warning labels in 2009 following its research into labelling of alcohol products. Prior to the commencement of the voluntary labelling initiative in December 2011, DWA provided industry with guidance and resources on label content design format size etc. FARE produced principles and recommended label formats in 2011/12. Reviewers of the evidence for effectiveness of labelling approaches, and public health advocates have consistently critiqued the inconsistent

¹²³ Op cit 100 Farke (2011)

¹²⁴ Op cit 98 Wilkinson & Room (2009)

¹²⁵ Wogalter & Brelsford (1994). Incidental Exposure to Rotating Warnings on Alcoholic Beverage Labels. Proceedings of the Human Factors and Ergonomics society 38th Annual Meeting.

¹²⁶ Wogalter MS, Laughery KR (1996). Warning! Sign and label effectiveness. *Current Directions in Psychological Science*.

¹²⁷ Op cit 117 Eurocare (2011)

¹²⁸ Op cit 98 Wilkinson & Room (2009)

¹²⁹ Op cit 101 Food Standards Australia New Zealand (FSANZ) (2013)

placement, poor legibility and small dimensions of messages.¹³⁰ Different countries' labelling legibility requirements and guidance are outlined in Table 16 and Table 17 below. The tables present two matrices which summarise, by country, publicly available information describing the extent and nature of regulation of health warnings on alcohol products. Table 16 lists both government-mandated and voluntary general health warning (excluding pregnancy warnings) label requirements for different countries, with examples of text and graphics used and links to supplementary guidelines and advice. Table 17 outlines similar information specific to pregnancy warning labels on alcohol products. In summary legibility requirements and guidance address:

- font type and size (Germany, Japan, Thailand, United States)
- clarity and contrast (Costa Rica, France, Japan, South Africa, United States)
- colours (Costa Rica, Ecuador, South Africa, Thailand)
- placement (France, Germany, Japan, Thailand, United States)
- size and proportions (Costa Rica, Ecuador, South Africa, Thailand, Uzbekistan).

In addition, pictorials, colour, and signal icons can increase the noticeability of warning information on alcohol containers.¹³¹

Notably, Thailand is the only country that mandates the use of both pictures and text.

In Australia, the voluntary initiative is led by DWA. In the scheme, producers who subscribe to the program may choose between several combinations of the DWA logo, 'Get the Facts' and a pregnant woman pictogram similar to the one used in France, but coloured green instead of red and holding a glass with a stem instead of a beaker. The DWA guidelines also include recommendations on minimum size and exclusion area, colour and placement. FSANZ have mandatory warning and advisory statements and declarations guidelines which advise on legibility, prominence and contrast.

¹³⁰ Op cit 98 Wilkinson & Room (2009)

¹³¹ Laughery KR, Young SL, Vaubel KP, Brelsford JW, Rowe AL (1993). Explicitness of consequence information in warnings. *Safety Science* 16: 5-6

Table 16: Countries with alcohol product information and health warning labelling policy other than pregnancy, grouped as mandatory or voluntary

Mandated/ voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
Mandatory	Argentina	"Drink in moderation"	See Law no. 24.788 of 5 March 1997: National Law on the Prevention of Alcoholism
		"Sale prohibited to persons under 18 years of age"	
Mandatory	Australia	Net content – must appear on the front label and be a minimum of 3.3mm high Number of standard drinks (1995)	Council of Australian Governments Legislative and Governance Forum on Food Regulation 2011
Mandatory	Brazil	"Avoid the excessive consumption of alcohol"	Applied to beverage alcohol (13.GL or higher). See Law N.9.294, 15 July 1996
Mandatory	Colombia	"An excess of alcohol is harmful to your health"	See Decree No. 1298 DE 1994
Mandatory	Costa Rica	"Drinking alcohol is harmful to your health" "Alcohol abuse is harmful to your health"	Health warnings must appear clearly visible. Proportions need to be such that the warning is distinguishable from any other writing, and it shall be printed in a color contrasting that used for other writing. See Decree no. 15549-S: Alcoholic Beverages - Health Warning Labels
Mandatory	Ecuador	"Warning: The excessive consumption of alcohol limits your capacity to operate machinery and can cause harm to your health and family" "The sale of this product is prohibited for those younger than 18 years old"	Warnings must be legible, using distinguishable colors and occupy 10% of the total surface area. See Reglamento General a la Ley Organica de Defense del Consumidor Publicada en el Suplemento del Registro Oficial, No. 116 del 10 de Julio del 2000
Mandatory	El Salvador	"The excessive consumption of this product is harmful to health and creates addiction. Its sale is banned to those under 18 years of age"	See Ley Reguladora de la Produccion y Comercializacion del Alcohol y las bebidas alcoholicas , Decree no. 587
Mandatory	Germany	"Sale prohibited to persons under 18 years of age." The German Brewers label their products with logos to remind about age limits or to promote their drink and drive prevention campaign. Some of the spirits producers also use the logo of the "DON'T DRINK AND DRIVE" campaign.	The HWL must be displayed on the packaging in the same typeface, size, and color as the brand or trade name or, where there is neither, as the product designation; on bottles, the warning must be displayed on the front of the packaging. See Federal Ministry of Justice Youth Protection Law In Germany, spirits-based ready-to-drink mixtures – "alcopops" – are defined by law as spirits-drinks which means that the minimum age applied is 18 years (rather than 16 years as for beer and wine). A clause in the Protection of Minors Act., introduced in 2004, requires "alcopops" to carry the message: "Not for supply to persons less than 18 years old" (clause 9, Protection of Minors Act).


Mandated/ voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
			Source: Campaign "Don't Drink and Drive" http://www.ddad.de/ Deutscher Brauer-Bund http://www.bier-erst-ab-16.de/
Mandatory	Guatemala	"The excess consumption of this product is harmful to the consumer's health"	Guatemalan Congress decree 90-97, issued 1997, Artículo 49: La Publicidad y el Consumo Perjudicial
Mandatory	Honduras	Not Specified	Not Specified
Mandatory	Israel	Alcohol content >15.5% "Warning: Excessive consumption of alcohol is life threatening and is detrimental to health!" Alcohol content <15.5%: "Warning: Contains alcohol- it is recommended to refrain from excessive consumption"	See http://www.health.gov.il/English/News_and_Events/Spokespersons_Messages/Pages/30072013_1.aspx
Mandatory	Mexico	"Abuse of this product is hazardous to your health"	See Article 218 of the General Health Law
Mandatory	Russian Federation	"Alcohol is not for children and teenagers up to age 18, pregnant & nursing women, or for persons with diseases of the central nervous system, kidneys, liver, and other digestive organs"	Must label wine and vodka and other spirits. See Ministry of Health in a decree dated January 19, 2007 No. 49
Mandatory	Slovenia (only for foodstuffs)	The warning "not suitable for children" is displayed on containers as well as packages of all foodstuffs, which contain alcohol.	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Mandatory	South Africa	"Alcohol reduces driving ability, don't drink and drive" "Don't drink and walk on the road, you may be killed" "Alcohol increases your risk to personal injuries" "Alcohol is a major cause of violence and crime" "Alcohol abuse is dangerous to your health" "Alcohol is addictive"	(1) Container labels for alcohol beverages must contain at least one of the [seven] health messages. (2) A health message referred to in subregulation shall – (i) be visible, legible, and indelible and the legibility thereof shall not be affected by any other matter, printed or otherwise; (ii) be on a space specifically devoted for it, which must be at least one eighth of the total size of the container label; and (iii) be in black on a white background. See Foodstuffs, Cosmetics and Disinfectants Act, 1972 - Regulations Relating to Health Messages on Container Labels of Alcoholic Beverages , 24 August 2007
Mandatory	South Korea	One of the below messages must be placed on alcohol beverage containers: a) Warning: Excessive consumption of alcohol may cause liver cirrhosis or liver cancer and is especially detrimental to the mental and physical health of minors. OR	On all spirits containers: "Excessive drinking may cause cirrhosis of the liver or liver cancer and increase the probability of accidents while driving or working." See http://www.kfda.go.kr






Mandated/ voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
		<p>b) Warning: Excessive consumption of alcohol may cause liver cirrhosis or liver cancer, and especially, women who drink while they are pregnant increase the risk of congenital abnormalities. OR</p> <p>c) Excessive consumption of alcohol may cause liver cirrhosis or liver cancer, and consumption of alcoholic beverages impairs your ability to drive a car or operate machinery and may increase the likelihood of car accidents or accidents during work.</p>	
Mandatory	Taiwan	"Excessive drinking endangers health"	See The Tobacco and Alcohol Administration Act (2009-06-25)
Mandatory	Thailand	<p>"Liquor drinking may cause cirrhosis and sexual impotency"</p> <p>"Drunk driving may cause disability or death"</p> <p>"Liquor drinking may cause less consciousness and death"</p> <p>"Liquor drinking is dangerous to health and causes less consciousness"</p> <p>"Liquor drinking is harmful to you and destroys your family"</p>	<p>Warning pictures and messages for disadvantages or dangers of alcoholic beverages shall be made in pictures with 4 colours ..., provided that each form shall be used for 1,000 containers: (a) if the containers are square shape, the warning pictures shall have the size of not less than 50% (b) if the containers are in cylindrical shape, the warning pictures shall have the size of not less than 40% of the total space of the containers.</p> <p>See Alcohol Beverage Control Act B.E. 2551 (2008)</p>
Mandatory	United States	<p>"GOVERNMENT WARNING: (1) (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems"</p> <p>The words "GOVERNMENT WARNING" must appear in capital letters and in bold type.</p>	<p>The health warning statement must appear on the brand label or separate front label, or on a back or side label, separate and apart from all other information.</p> <p>It must be readily legible under ordinary conditions, and must appear on a contrasting background. Furthermore, labels bearing the warning must be firmly affixed to the container</p> <p>Minimum type size is specified for containers of various sizes.</p> <p>See Title 27: Alcohol, Tobacco and Firearms. Part 16 – Alcoholic Beverage Health Warning Statement, § 16.21 Mandatory Label Information</p>
Mandatory	Uzbekistan	Not available	Beverage alcohol containers must include a medical warning occupying not less than 40% of the basic area of the label in the form of text and/or images.








Mandated/ voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
			See Law 302 On restriction of Distribution and Taking of Alcohol and Tobacco Products
Voluntary	Australia	<p>"Kids and Alcohol don't mix"</p> <p>"Do not drink and drive"</p> <p>"Is your drinking harming yourself or others?"</p> <p>"It's safest not to drink alcohol if pregnant"</p> <p>"Drink responsibly"</p>	<p>DrinkWise Australia labels text and "Get the Facts" badge recommended</p> <p>National Health and Medical Research Council (2009). Australian guidelines https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf</p>
Voluntary	Bulgaria	The government provides notes about risks for the health on the labels of alcoholic beverages	<p>See Executive Agency on Vine and Wine http://www.eavw.com/en/</p> <p>See http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/bulgaria_en.pdf</p>
Voluntary	Belgium	Voluntary use of labels by a number of brands	
Voluntary	Brazil	On packages and labels, it is reiterated that sale and consumption of the product are only for persons older than 18 years	<p>Applied to beverages below 13.GL.</p> <p>See Conselho Nacional de Autorregulamentação Publicitária, CONAR</p>
Voluntary	Canada	Voluntary use of labels by a number of brands	Health advisory or warning labels are not required in Canada and there are no proposals for such a requirement at this time. However, since February 2005, licensed establishments in Ontario have been required to display specific warning signs about the risk of alcohol use in pregnancy (Dell and Roberts, 2005).
Voluntary	Chile	<p>"CCU asks you to drink responsibly"</p> <p>"Product for those 18 and older"</p>	HWL are placed on Compañía Cervecerías Unidas S.A. (CCU) products.
Voluntary	China	<p>Recommended:</p> <p>"Overdrinking is harmful to health"</p>	See GB10344-2005: General Standard for the Labeling of Prepackaged Alcoholic Beverages
Voluntary	Denmark	<p>Alcohol contents units</p> <p>Enjoy responsibly</p>	directive 2000/13/Ec Of The European Parliament And Of The Council - Revised in 2009.
Voluntary	Germany	Beer? Sorry, at 16 years / Enjoy beer consciously	See Federal Ministry of Justice Youth Protection Law
Voluntary	Japan	<p>"Be careful not to drink in excess"</p> <p>"Drink in moderation"</p>	<p>Displayed in an easy-to-read location on the container, using uniform Japanese font, at least 6 pts in size.</p> <p>See Self-Regulatory Code of Advertisement Practices and Container Labeling for Alcoholic Beverages</p>
Voluntary	Lithuania	The voluntary campaign "18+" started on 23rd November 2010. The campaign is conducted by the alcohol producers in Lithuania, mainly by the brewers. Within the scope of the campaign	<p>One of the video clips is available under the following web link:</p> <p>http://www.videopasaulis.lt/video/30357/riciadas-berankis-lietuvos-aludariu-gildijos-socialine-</p>







Mandated/ voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
		<p>commercials are shown in TV, radio, internet, etc. In the spots, famous national sports idols and other idols, which are very popular among young people, are shown. Additionally, 2 million beer bottles will be labelled with the "18+" logo. The intention is to raise the awareness that alcohol is not allowed for minors.</p>	<p>kampanija.html</p> <p>Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF</p>
Voluntary	The Netherlands	Voluntary use of labels by a number of brands	<p>Responsible drinking website (2004) http://www.drinkwijzer.info/</p> <p>http://www.enjoyheinekenresponsibly.com</p>
Voluntary	Spain	Voluntary use of labels	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	United Kingdom	<p>"The Chief Medical Officer recommend men do not regularly exceed 3-4 units daily and women, 2-3 units daily"</p>	<p>Labels also include the website address of the Drinkaware Trust (www.drinkaware.co.uk), a national charity providing consumer information about alcohol, and one of the three following messages as a heading: "Know Your Limits," "Enjoy Responsibly," or "Drink Responsibly."</p> <p>See http://www.dh.gov.uk/</p> <p>United Kingdom 2007 (agreement):</p> <ul style="list-style-type: none"> • Alcohol content in units • Lower-risk guidelines • Alcohol and pregnancy message <p>Note: it is not against regulations to display the following message which is common: "PREGNANCY Most studies show that 1-2 units of alcohol once or twice a week do not cause harm in pregnancy"</p>







Table 17: Countries with a specific pregnancy warning labelling policy, grouped as mandatory or voluntary


Mandated / Voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
Mandated	France	<p>"Drinking alcoholic beverages during pregnancy even in small quantities can have grave/serious consequences for the health of the baby"</p> <p>OR use the government-issued symbol showing a diagonal line being superimposed on an image of a pregnant woman holding a glass</p> 	<p>Packaging of all beverage alcohol products sold or distributed (including for free as promotion) in France must have at least one of the two health messages recommending that pregnant women do not drink alcohol.</p> <p>The health message must appear in the same visual field as the obligatory labelling on the alcohol content.</p> <p>The warning message must be written on a contrasting background in a manner that is visible, reliable, clear, understandable, and indelible.</p> <p>See http://www.vins-bourgogne.fr/connaitre/la-terre-de-bourgogne/l-etiquetage/gallery_files/site/321/360.pdf</p>
Mandated	Russian Federation	<p>"Alcohol is not for children and teenagers up to age 18, pregnant & nursing women, or for persons with diseases of the central nervous system, kidneys, liver, and other digestive organs"</p>	<p>Must label wine and vodka and other spirits.</p> <p>See Ministry of Health in a decree dated January 19, 2007 No. 49</p>
Mandated	South Africa	<p>"Drinking during pregnancy can be harmful to your unborn baby"</p>	<p>(1) Container labels for alcohol beverages must contain at least one of the [seven] health messages, with the pregnancy label only one of the seven choices.</p> <p>(2) A health message referred to in sub regulation shall – (i) be visible, legible, and indelible and the legibility thereof shall not be affected by any other matter, printed or otherwise; (ii) be on a space specifically devoted for it, which must be at least one eighth of the total size of the container label; and (iii) be in black on a white background.</p> <p>See Foodstuffs, Cosmetics and Disinfectants Act, 1972 - Regulations Relating to Health Messages on Container Labels of Alcoholic Beverages, 24 August 2007</p>
Mandated	United States	<p>"GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects"</p>	<p>The health warning statement must appear on the brand label or separate front label, or on a back or side label, separate and apart from all other information.</p> <p>It must be readily legible under ordinary conditions, and must appear on a contrasting background. Furthermore, labels bearing the warning must be firmly affixed to the container.</p> <p>The words "GOVERNMENT WARNING" must appear in capital letters and in bold type. Minimum type size is specified for containers of various sizes.</p> <p>See Title 27: Alcohol, Tobacco and Firearms. Part 16 – Alcoholic Beverage Health Warning Statement, § 16.21 Mandatory Label Information</p>

Mandated / Voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
Voluntary	Australia	<p>"For women who are pregnant or planning a pregnancy, not drinking is the safest option" (Commonwealth of Australia 2009) "It is safest not to drink while pregnant"</p>  <p>Review recommended after 2 years of voluntary implementation by industry</p>	<p>Council of Australian Governments Legislative and Governance Forum on Food Regulation 2011</p> <p>National Health and Medical Research Council (2009). Australian guidelines https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf</p>
Voluntary	Austria	<p>Voluntary use of labels by a number of brands, mainly with the French pictogram</p> 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Belgium	<p>Voluntary use of labels by a number of brands, mainly with the French pictogram</p> 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Bulgaria	<p>Voluntary use of labels by a number of brands, mainly with the French pictogram</p> 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Cyprus	<p>Voluntary use of labels by a number of brands, mainly with the French pictogram</p> 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	China	<p>Recommended:</p> <p>"Pregnant women and children shall not drink"</p>	See GB10344-2005: General Standard for the Labeling of Prepackaged Alcoholic Beverages
Voluntary	Czech Republic	<p>Voluntary use of labels by a number of brands, mainly with the French pictogram</p>	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF

Mandated / Voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
			
Voluntary	Denmark	Voluntary use of labels by a number of brands, mainly with the French pictogram	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
			
Voluntary	Estonia	Voluntary use of labels by a number of brands, mainly with the French pictogram	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
			
Voluntary	Finland	<p>“WARNING: Alcohol is hazardous to the development of the foetus and to your health”.</p> <p>Voluntary use of labels by a number of brands, mainly with the French pictogram</p>	Was introduced as legislation to the parliament in 2007, but abandoned as a mandatory measure in 2008. See http://www.dss3a.com/btg/pdf/Parallels/Sat/montonen_sat_strand2bis_casefinland.pdf
			
Voluntary	Germany	Voluntary use of labels by a number of brands, mainly with the French pictogram	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
			
Voluntary	Hungary	Voluntary use of labels by a number of brands, mainly with the French pictogram	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
			
Voluntary	Ireland	Voluntary use of labels by a number of brands, mainly with the French pictogram	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
			

Mandated / Voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
Voluntary	Italy	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Japan	“Drinking alcohol during pregnancy or nursing may adversely affect the development of your fetus or child”	Displayed in an easy-to-read location on the container, using uniform Japanese font, at least 6 pts in size. See Self-Regulatory Code of Advertisement Practices and Container Labeling for Alcoholic Beverages
Voluntary	Latvia	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Lithuania	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Luxembourg	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Malta	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	The Netherlands	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Poland	Voluntary use of labels by a number of brands,	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF

Mandated / Voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
		mainly with the French pictogram 	
Voluntary	Portugal	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Romania	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Slovak Republic	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Slovenia	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	South Korea	The below messages is a part of one of three messages that can be chosen: “Women who drink while they are pregnant increase the risk of congenital abnormalities.”	See http://www.kfda.go.kr
Voluntary	Spain	Voluntary use of labels by a number of brands, mainly with the French pictogram 	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF
Voluntary	Sweden	Voluntary use of labels by a number of brands,	Farke W (2011). Consumer labelling of alcohol beverages – a review of practices in Europe. Paper presented at the European Alcohol and Health Forum. Brussels EAHF

Mandated / Voluntary	Country	Health and Safety Warning Label Text/Guidance	Other Warning Label Requirements and Sources
		mainly with the French pictogram 	
Voluntary	United Kingdom	"Avoid alcohol if pregnant or trying to conceive"	Note: it is not against regulations to display the following message which is common: "PREGNANCY Most studies show that 1-2 units of alcohol once or twice a week do not cause harm in pregnancy"

6.6 Evidence for the effectiveness of health warnings on alcohol products

Reviews of evidence of the effectiveness of health warning labelling of alcohol products

Studies of the effectiveness of health warning labels on alcohol products have been reviewed by Stockwell (2006)¹³², Wilkinson and Room (2009)¹³³, WHO (2010)¹³⁴, Anderson (2012)¹³⁵, and Jones and Gordon (2013)¹³⁶. Each of these reviewers focussed on international experience and evaluations of warning labels on alcohol products, and noted some or all of the following limitations of the published research:

- Difficulty in comparing studies from different countries because of differences in contexts and in what is measured and how it is measured
- Lack of baseline measures
- Lack of control groups
- Small sample sizes
- Difficulty in determining the contribution of labelling interventions to increase awareness and understanding of health risks and behaviour change in the context of other interventions with the same aims.¹³⁷

Reviewers concluded that studies concerning the effectiveness of product labelling and advertising campaigns designed to warn the population about the risks of drink driving and smoking could usefully inform efforts to implement other health warning labelling initiatives. The lessons learned from these public health campaigns include:

- Community support exists for health warnings and information on alcohol and tobacco product labels^{138 139}
- Labelling has been one part of a wide ranging strategy on drink driving and smoking, and part of integrated public health campaigns including multi media campaigns^{140 141}
- In Australia, the alcohol labelling code does not prescribe how to display mandated alcohol contents and number of standard drinks, but it does provide guidelines^{142 143}
- Mandatory tobacco labelling prescribes how to display health warning information to ensure that it is more graphic, coloured and larger (design factors)¹⁴⁴

¹³² Op cit 103 Stockwell (2006)

¹³³ Op cit 98 Wilkinson & Room (2009)

¹³⁴ Op cit 15 World Health Organisation (2010)

¹³⁵ Anderson, P (2012). The impact of alcohol on health. In P Anderson, L Møller & G Galea (eds) *Alcohol in the European Union*. Copenhagen, Denmark: World Health Organization (WHO)

¹³⁶ Jones S, Gordon R (2013). Alcohol warning labels: are they effective? *Deeble Institute Evidence Brief, Australian Healthcare and Hospitals Association*, no: 6

¹³⁷ Op cit 98 Wilkinson & Room (2009)

¹³⁸ Op cit 98 Wilkinson & Room (2009)

¹³⁹ Thompson LM, Vandenberg B, Fitzgerald JM (2012). An exploratory study of drinkers views of health information and warning labels on alcohol containers. *Drug and Alcohol Review*, 31: 240-247

¹⁴⁰ Op cit 139 Thompson *et al* (2012)

¹⁴¹ Op cit 98 Wilkinson & Room (2009)

¹⁴² Op cit 139 Thompson *et al* (2012)

¹⁴³ Op cit 98 Wilkinson & Room (2009)

¹⁴⁴ Op cit 98 Wilkinson & Room (2009)

- Tobacco labels are rotated over time to maximise impact.^{145 146}

It must be noted however that drink driving and tobacco are different from drinking alcohol during pregnancy. Drink driving is illegal and that the impact of the campaign may be different in the case of drink driving vs drinking while pregnant because drinking and driving is illegal and there are legal consequences.

The reviews noted that, in general, information and education on the risks of alcohol and how to reduce harm can increase awareness and knowledge. Health warning labels on alcohol products were one vehicle for raising awareness and increasing knowledge of risks associated with alcohol consumption, including alcohol consumption during pregnancy.

Most of the evaluation studies have focussed on how the use of health warning labels on alcohol products is accepted and supported by the public. We note use of standard drink labels on alcohol containers was supported by 69% of respondents in the National Drug Strategy Household Survey (2004) and remained strong but decreased in the 2007 and 2010 surveys to 65.8% and 61.9% respectively.¹⁴⁷

Warning labels are important in helping to establish a social understanding that alcohol is a special and hazardous commodity.¹⁴⁸

In spite of the methodological difficulties, some evidence indicates that although health warnings on alcoholic beverage containers “...do not lead to changes in drinking behaviour, they do impact on intentions to change drinking patterns and remind consumers about the risks associated with alcohol consumption.”¹⁴⁹ Other sources indicate that there is no evidence that health warning labels on alcohol products impact on drinking behaviour (including heavy drinkers, pregnant women and young people), but high risk drinkers were more likely than others to recall the health warning message. A 2013 review of the literature by the International Centre for Alcohol Policy found that “...while consumers are generally aware of the existence of health warning labels on alcohol products, comprehension and recall of the messages is low.”¹⁵⁰

There remains limited evidence on the effectiveness of alcohol warning labels and pregnancy warning labels specifically. Reviewers conclude that there is scope for further research about:

- Drinkers’ interactions with different label displays presented in differing contexts (eg effects of seeing the labels in the context of other visual material on alcohol containers)
- The impact of format and wording
- If labels should be rotated and updated periodically.

Issues specific to the effectiveness of pregnancy health warning labels on alcohol products

Stockwell’s 2006 review of mandatory pregnancy health warning labelling of alcoholic beverages in the US found that labelling had minimal or no effects on drinking behaviour.¹⁵¹ However, in relation to recall of messages Stockwell (2006)¹⁵² found evidence that the “...highest risk groups of drinkers

¹⁴⁵ Op cit 98 Wilkinson & Room (2009)

¹⁴⁶ Op cit 135 Anderson (2012)

¹⁴⁷ Op cit 91 Australian Institute of Health and Welfare (2011)

¹⁴⁸ Op cit 98 Wilkinson & Room (2009)

¹⁴⁹ Op cit 15 World Health Organisation (2010)

¹⁵⁰ International Centre for Alcohol Policy (2013). Health warning labelling of alcohol products. ICAP Policy Tools Issues Briefing Series. Washington DC: ICAP

¹⁵¹ Op cit 71 Stockwell (2006)

¹⁵² Op cit 71 Stockwell (2006)

(including young people, pregnant women and heavy drinkers) are particularly likely to recall the messages.”¹⁵³

A recent study identified that some women report experiencing peer pressure to drink alcohol during pregnancy from partners, parents and friends.¹⁵⁴ Reviewers note that there is no evidence that would support an expectation that pregnancy health warning labels in and of themselves would cause attitudinal or behaviour change. Research shows that awareness of the pregnancy messages on the labels in the whole population can lead to conversations about not drinking alcohol during pregnancy; and may contribute to change in attitudes and behaviours which may in turn lead to reductions in alcohol consumption and risk of poor pregnancy and childhood outcomes.^{155 156}

Pregnancy health warnings on alcoholic beverages were mandated in France in 2007 to promote abstinence during pregnancy. The labels were introduced with a 1 year transition period. Implementation was accompanied by an extensive media campaign. Anderson reviewed the study conducted by Guillemont and Leon (2008) who conducted two surveys each with 1000 respondents over the age of 15 by telephone - one in 2004 and one in 2007. They found evidence for increasing awareness and recall of the messages especially among teenagers and pregnant women. The survey results showed that:

...the recommendation that pregnant women should not drink alcohol was better known after the introduction of the health warning (87% of the respondents) than before (82%). After the introduction of the label, 30% thought that the risk for the foetus [sic] started after the first glass compared with 25% in 2004.

Anderson 2012, p6

In summary the available evidence suggests that:

- There is some evidence to suggest that health warning labels are important in helping to establish a social understanding that alcohol is a special and hazardous commodity.
- Reviews of the available evidence on the effectiveness of health warning labels on alcohol products have found that health warning labels can raise awareness of harmful use of alcohol.
- Currently no evidence exists to support that either health warnings more broadly nor pregnancy health warnings on labels can by themselves cause behaviour change.
- When pregnancy warnings on alcohol products are supported by broader health promotion strategies (eg integrated mass and social media campaigns as well as and advertising to promote interpersonal communication) awareness and recall of messages about the potential for alcohol related harm can increase over time.

¹⁵³ Op cit 103 Stockwell (2006)

¹⁵⁴ Deshpande S, Rundle-Thiele SR (2012). Segmenting and Targeting American University Students to Promote Responsible Alcohol Use: A Case for Applying Social Marketing Principles. *Health Marketing Quarterly*, 28(4): 287-303

¹⁵⁵ Op cit 98 Wilkinson & Room (2009)

¹⁵⁶ Op cit 135 Anderson (2012)

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