



Briefing Paper 2003

Alcohol Health and Safety Advisory Statements (Warning Labels) in New Zealand

This Alcohol Healthwatch briefing paper contains information on:

- Why health and safety advice on alcohol is necessary
- The effectiveness of health and safety advice for alcohol
- A critical look at arguments against alcohol advisory statements
- Alcohol Healthwatch's position

This paper is one of a set of five that includes:

- The Advertising of Alcohol – In Support of Increased Restrictions
- Reducing the Legal Blood Alcohol Concentration for Driving
- **Alcohol Health and Safety Advisory Statements**
- Alcohol Excise Tax – Changes to the New Zealand System
- The Sale of Liquor in New Zealand – Recommended Changes to the Act

These documents can be viewed in PDF on www.chw.co.nz

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EXECUTIVE SUMMARY

This policy briefing paper sets out to inform and discuss the situation regarding health and safety advisory statements (commonly referred to as warning labels) for alcohol available in New Zealand.

The subject of Government warning labels on alcoholic beverages has been debated for over a decade in New Zealand. Countries such as the United States of America have supported such labelling since 1989 and New Zealand exports to that country carry the required information.

Alcohol is a mind altering depressant drug but, as it contains calories, it is also regulated as a food product. There is no level of consumption that can be considered safe for all people at all times (Ministry of Health, 2002(a)). Despite public support, several attempts to legislate alcohol warning labels in New Zealand have to date been unsuccessful. Currently the New Zealand Government is making an application to the Food Standards Authority, Food Standards Australia New Zealand (FSANZ), to require alcoholic beverages to carry advisory information regarding alcohol use during pregnancy.

The debate about alcohol warning labels has largely centred on whether such labelling is a cost effective and worthwhile way to inform the general public.

Points in favour of their introduction include:

- Alcohol is a drug with associated harms and should be labelled accordingly
- Alcohol is not safe in all situations and the public needs to be made aware of this
- Alcohol-related harm places a huge cost-burden on the public
- The right of the public to be fully informed about consumable products is paramount
- Warning labels are a cost-effective way of raising awareness and reminding the drinking public of the harm associated with drinking.

Arguments against their introduction include:

- Telling people to stop drinking will cause them to drink more
- Warning labels won't change heavy drinking
- Harm is declining so warnings are not necessary
- There are already effective strategies in place
- Alcohol has health benefits
- Warning labels would breach the right to commercial free speech.

There is evidence to show that following the introduction of warning labels in the United States, awareness of the drinking and driving and alcohol during pregnancy warning messages increased for the general public and for 'at-risk' individuals (Greenfield and Kaskutas, 1993; Greenfield and Kaskutas, 1998; Hankin et al., 1993(a); Hankin et al., 1993 (b); Kaskutas and Greenfield, 1992; MacKinnon, 1995; Parker et al., 1994). When measuring behaviour changes as a direct result of the warning label in the heavy drinking population, the evidence is less convincing. However, this is true of many population health measures. Public

campaigns to reduce drink-driving for instance can fail to significantly influence repeat drink drivers (RoadSafe Auckland, 2001). This is no reason to stop informing and influencing the general public.

The role of a warning message is primarily to inform. Public awareness measures need to be viewed as contributing to a wider, more comprehensive, multi-level approach to harm prevention. For example, measures to prevent prenatal exposure to alcohol should include universal interventions (such as warning labels), selective prevention interventions (such as tailored health messages, screening and assessment) and indicated prevention intervention (such as alcohol and drug programmes for high risk individuals). Viewed in this way, advisory statements can provide an influence on the early stages of behaviour change that springs from increased public awareness (MacKinnon, 1996).

Surveys in the United States show that the major barrier to the effectiveness of warning statements was that they were hard to notice and hard to read (Centre for Science in the Public Interest, 2001). The obscurity of the warning label on the container was perceived by drinkers to mean that the government was not serious about the subject. Moves are under way to improve the readability and prominence of the government warning statements in the USA. Other countries are currently considering moves to require government warnings on alcohol beverages, including Great Britain, Ireland, Canada, Australia and South Africa.

Alcohol Healthwatch's Position on Health and Safety Advisory Statements

Alcohol Healthwatch believes that in the interest of public health, all alcohol beverages, alcohol advertising, and point of sale outlets in New Zealand, be required to display a prominent health and safety advisory statement to raise public awareness about specific risk associated with consumption.

Alcohol Healthwatch believes that alcohol health and safety advisory statements are warranted given that:

- Alcohol is a mood altering drug with associated harms and no level of consumption can be considered safe for all people at all times. It is important that the public is made more aware that there are times when drinking alcohol, even at low levels, is not safe.
- Warning statements on alcoholic beverages are a critical element to underpinning and complementing other prevention approaches and raised awareness is a prerequisite for behaviour change.
- Warning statements on alcoholic beverages are a cost-effective way to deliver important information directly to the drinking public.
- The arguments opposing warning labels are not justifiable given that labelling of this nature is readily applied to other products and New Zealand produced alcohol beverages bound for international markets is already labelled accordingly.

INTRODUCTION

This policy briefing paper sets out to inform and discuss the situation regarding health and safety advisory statements (commonly referred to as warning labels) for alcohol available in New Zealand and includes an Alcohol Healthwatch policy statement and recommendations on the subject. The paper forms part of a comprehensive set of policy recommendations to reduce alcohol-related harm in New Zealand.

Alcohol is consumed by over 80 percent of the New Zealand population. Since alcohol contains calories it is regulated as a food product - Part 2.7 of the Food Standards Code (FSANZ, 2002). However as a psycho-active drug, alcohol is no ordinary food. The Royal College of Psychiatrists and the Royal College of Physicians (2000) in the United Kingdom rate alcohol on a level with cocaine in terms of acute and chronic toxicity. Yet despite extraordinary properties, alcoholic beverages carry no health and safety advisory statements or nutritional information in this country. Nor is there any health and safety advice accompanying alcohol advertising or at point of sale outlets in New Zealand.

Increased availability of alcohol has seen per capita alcohol consumption almost double in the last 50 years. Alcohol-related harm is largely preventable but support for stronger prevention measures is often tempered with concerns about compromising the economic spin-off and the demand for the product by society. Any unreasonable restriction is likely to meet with public disapproval, such as when prohibition was attempted in the 1930's. On the other hand, as demonstrated by reduction in the drink-drive road toll, the public can readily accept a zero tolerance approach to certain alcohol-related harm.

Finding a balance between demand and safety can be controversial. Such is the situation regarding the placing of health and safety statements on alcohol containers. Many believe the Government has a duty to inform the public of harm commonly associated with a consumable product and the public has a right to a consistent and expedient delivery of information about the product. Others believe warnings are an ineffectual way to pass on information and an unreasonable cost on the many to address the excesses of the few, who will ignore the information anyway. Nevertheless alcoholic beverages are among the more poorly labelled foods available (Smart, 1990).

It is against this background that Alcohol Healthwatch proposes valid reasons for requiring that alcohol products available for sale in New Zealand are accompanied by health and safety information on containers, at point of sale and alongside advertising and sponsorship.

HEALTH AND SAFETY ADVISORY STATEMENTS IN NEW ZEALAND

History

- In order to gain access to the United States export market, New Zealand alcohol producers have put the required health warning information on their products since 1989. No such voluntary undertaking exists to benefit New Zealand consumers.
- In 1990 a Private Member's Bill – the Joy McLaughlan Broadcast (Liquor Advertising) Bill - requiring that liquor advertisements be accompanied by a prescribed health messages was introduced to parliament. The proposed rotating set of example messages included:
 - *Alcohol during pregnancy can cause mental retardation and other birth defects.*
 - *Drinking this product, which contains alcohol, impairs your ability to drive a car or operate machinery.*
 - *This product contains alcohol and is particularly hazardous in combination with other drugs.*
 - *The consumption of this product, which contains alcohol, can increase the risk of developing hypertension, liver disease and cancer.*
 - *Alcohol is a drug and may be addictive.*
 - *Alcohol is a drug and is known to lead to behaviour changes.*

After hearing hundreds of public submissions, the vast majority of which supported the move, the Bill was rejected in 1996 in favour of a review.

- The 1997 review of the Sale of Liquor Act, carried out by a three person Ministry of Justice Committee and the subsequent draft amendment Bill rejected health and safety messages. In response, Labour Party Member Dianne Yates, tabled a Supplementary Order Paper (SOP) to the Sale of Liquor Amendment Act (1999). The SOP proposed labelling that stated:

'Women should not drink liquor during pregnancy because of the risk of birth defects' and 'Consumption of liquor impairs your ability to drive a car or operate machinery, and may cause health problems'.

This was equally unsuccessful being rejected in parliament by one vote (alcohol issues are governed as a conscience vote in parliament).

- The 1999 Supplementary Order Paper was drafted into a Private Member's Bill. The Bill was drawn from the ballot in 2000 but failed to reach a majority by 8 votes in parliament. This meant it failed to go before a select committee which would have opened the subject up to public consultation. During its reading in parliament, the Attorney General advised that the Bill may be inconsistent with the freedom of expression under the New Zealand Bill of Rights (see page 9).

- In the event that the Bill was unsuccessful, a petition was tabled in parliament in 2000 signed by 7250 citizens calling on the government to introduce mandatory health warning labels on alcohol products, specifically regarding drinking during pregnancy.
- The Australia New Zealand Food Authority (ANZFA – now called the Food Standards Australian New Zealand) decided against health warnings for alcoholic beverages, stating that they were ineffectual. However, twelve months later, ANZFA (Standard 2.6.4, 2001), ruled that caffeinated energy drinks sold in Australia and New Zealand should carry the ‘advisory’ statement:

“This food is not recommended for children, pregnant women or lactating women and individuals sensitive to caffeine”.

Support

- The 2001-2003 National Alcohol Strategy, launched by the Ministry of Health proposed in Objective 7, *“further examination of the benefits and costs of including additional product information on alcohol drink containers (eg health warnings)”*.
- The Public Health Association of New Zealand has a policy to support the inclusion of health and safety messages for alcohol.
- In December 2002 the parliamentary Health Select Committee made recommendations to Government in support of the petition tabled in 2000.
- In 2002 the Ministry of Health in its discussion document *“Towards a Cancer Control Strategy for New Zealand”*, proposes alcohol warning labels as a possible action to help prevent cancer (Ministry of Health, 2002(b)).
- In February 2003, the New Zealand Government supported the Health Select Committee recommendations and asked the Ministry of Health and the Alcohol Advisory Council of New Zealand to draw up an application to the Food Standards Authority.

HEALTH AND SAFETY MESSAGES INTERNATIONALLY

USA

In 1989, the Federal Government moved to legislate that all liquor products must carry the following message:

GOVERNMENT WARNING:

- (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects.
- (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

The warning messages were required to meet minimal design standards. However surveys revealed that many warning labels simply do not meet the minimum requirement and therefore fail to attract consumer attention (Centre for Science in the Public Interest, 2001). Moves are now underway by the Bureau of Alcohol, Tobacco and Firearms to amend regulations to improve the legibility and prominence of alcohol warning messages (Centre for Science in the Public Interest, 2001).

Canada

After formerly rejecting a bid to require mandatory warnings similar to that of the USA, in 2000 the Canadian Parliament voted overwhelmingly (217-11) to require that liquor bottles carry the wording:

“Drinking alcohol during pregnancy can cause birth defects.”

Australia

Two recent attempts by Non Government Organisations in Australia to require regulation under the Australia New Zealand Food Authority have failed. The first was from the Tasmanian branch of the National Council of Women – application A306 in 1997. The second was the Society Without Alcoholic Trauma (SWAT) – application A359 in 1999. SWAT was calling for the wording:

“This product contains alcohol. Alcohol is a dangerous drug”.

While the application invited submissions on this strong and very specific wording, the ANZFA decision to decline the application was on alcohol warning labels in principal. The ANZFA decision was appealed through the Australian Administrative Appeals Tribunal by SWAT, but after some lengthy deliberation the appellant withdrew.

In an inquiry into substance abuse in Australian communities, the Standing Committee on Family and Community Affairs of the Parliament of the Commonwealth of Australia recommended that the inclusion of information from the Australian Alcohol Guidelines on alcoholic beverage container labels would be a “*useful move*” (House of Representative Standing Committee on Family and Community Affairs, 2003).

United Kingdom

Health warning legislation was rejected by the House of Lords in 1991 without public debate. In 2003 Member of Parliament for Colchester Bob Russell tabled a motion calling for warning messages on alcohol containers due to concern for the level of alcohol abuse in that country. This was followed by a request for the same from the British Medical Association.

Ireland

The Minister of Health is making an application to the European Union to allow alcohol sold in Ireland to carry health warning statements.

South Africa

In South Africa, the Minister of Health in 2002 instructed officials to draft legislation requiring warning labels on alcohol containers.

Other countries

Other countries that currently require mandatory health warnings on liquor containers include Brazil, Columbia, Costa Rica, Ecuador, Mexico, South Korea, Venezuela and Zimbabwe. The debate still continues in many other countries. A petition currently remains unaddressed before the European Parliament.

EFFECTIVENESS OF ALCOHOL ADVISORY STATEMENTS

- Surveys carried out in the USA show that public support for warning labels is extremely high (MacKinnon, 1995).
- Several surveys in the USA to ascertain the effectiveness of the warning labels consistently showed that awareness of the warnings messages increased following the introduction of mandatory labelling (Kaskutas and Greenfield, 1992; Greenfield and Kaskutas, 1993; Greenfield and Kaskutas, 1998; Hankin et al., 1993(a); Hankin et al., 1993(b); MacKinnon, 1995).
- A study of pregnant women found that after the label appeared, alcohol consumption declined among lighter drinkers but not among those who drank more heavily (Hankin et al., 1993(b)).

- While health warning labels may not have an immediate influence over the hazardous behaviour of heavy drinkers (Hilton, 1993), further study indicates that they are reaching ‘at risk’ individuals and may influence the early stages of behaviour change that springs from increased awareness (Greenfield and Kaskutas, 1993; MacKinnon, 1996; Parker et al., 1994).
- A poll, conducted for the Center for Science in the Public Interest to gauge awareness and attitudes toward government health warning statements of American drinkers over 21 years, found that the major barrier to the effectiveness of health warning statements is that they are difficult to notice or difficult to read. The respondents believed that increasing their prominence would increase their effectiveness. Perceptions of risk were negatively influenced by a lack of prominence of the warning message on the container. Two out of three drinkers surveyed, (46% strongly agreeing) thought that the labels would be taken more seriously by drinkers if they were easier to notice (Centre for Science in the Public Interest, 2001).
- The observed increase in awareness of alcohol-related birth defects, appear to be directly related to the introduction of alcohol beverage warning labels. Two reviews of USA mass media covering alcohol-related issues found that between 1985 and 1991, only 23 out of 1,677 alcohol-related newspaper articles dealt with the specific topic of alcohol and pregnancy and between 1977 and 1996 only 36 newscasts were related to the subject (Hankin, 2002).

HEALTH WARNINGS AND THE NEW ZEALAND BILL OF RIGHTS

Where possible all government legislation is considered by the Attorney General as to whether it is consistent with the 1990 New Zealand Bill of Rights Act or justified as being a reasonable limitation on the Bill of Rights. The section under which alcohol health and safety messages are assessed, section 5 – 14 of the Act, aims to protect freedom of expression. That section of the Bill states: *“Everyone has the right to freedom of expression, including the freedom to seek, receive, and impart information and opinion of any kind in any form.”*

The Attorney General advised that the Sale of Liquor (Health Warnings) Amendment Bill of Dianne Yates (see page 5) was considered to be an unreasonable limitation on the Bill of Rights. However as pointed out by University of Auckland Law Lecturer Grant Huscroft (1998), such views are simply a legal opinion that parliament is free to accept or reject without legal consequence. Huscroft points out that the New Zealand Bill of Rights can be overridden by legislation and cannot be invoked to strike down inconsistent legislation (section 4). To do so would severely compromise a government’s ability to legislate on social and economic policy, since virtually everything that conveys meaning could be said to be protected by the Bill of Rights.

Commercial expression enjoys less protection than other forms of expression (Huscroft, 1998). Much legislation has been passed despite various Attorney General reports (under section 7 of the Act) inconsistency, for example, that requiring random breath testing for drink

driving under the Transport Safety Bill. Given the associated cost burden to society, advising the public of known risk of harm from alcohol could justifiably overrule commercial free speech.

A CRITICAL LOOK AT COMMON ARGUMENTS AGAINST ALCOHOL ADVISORY STATEMENTS

Much of the public health debate around health warning messages for alcohol is in regard to their effectiveness. Views on effectiveness will vary depending on what a warning message is expected to achieve. In other words is a warning message there to:

- inform and raise awareness or
- bring about significant behaviour change?

To illustrate the level of debate surrounding this subject, this paper sets out various arguments opposing the introduction of health warning statements (*in bold italics*) with counter-argument to each of these statements.

Warning labels do not necessarily lead to the desired behaviour changes in ‘at risk’ groups and may result in an increase in undesirable behaviour

Changing the behaviour of high risk drinkers can be difficult, as evidenced by mass media campaigns failing to influence recidivist drink drivers (RoadSafe Auckland, 2001). However, alcohol-related harm is not confined to those perceived as problem drinkers, but is prevalent among drinkers who use alcohol moderately but on occasions drink to hazardous levels (Single, 1995). Therefore those at risk of alcohol-related harm are not a discrete group.

Abandoning a population approach that is intended to inform the general public on that basis is not reasonable. Rather, population-wide approaches play an important part in strengthening and complementing more specific and targeted programmes.

The Institute of Medicine in the United States, (Stratton and Howe, 1996) recommends that the public health model for reducing prenatal alcohol exposure include:

1. Universal prevention interventions (such as warning labels).
2. Selective prevention interventions (such as screening and assessment).
3. Indicated prevention intervention (such as alcohol and drug programmes for high risk individuals).

An argument that health advisory statements would lead to the opposite effect to that intended, was put forward by the Australia New Zealand Food Authority as one of the reasons to decline alcohol warning labelling (ANZFA, 2000). This was largely based on the premise that warnings would encourage existing heavy drinkers to increase consumption (a ‘forbidden fruit’ mentality).

To have any validity this argument would have to equally apply to all food product information that carries health advice or indeed health and safety messages in general. It is noteworthy that this rationale, which was used to oppose alcohol warning labelling, appears to be of no consequence in the decision by ANZFA shortly thereafter to require an advisory statement for caffeinated energy drinks (page 6 of this document).

Alcohol consumption and alcohol-related harm is declining

Alcohol is one of the top three causes of the global burden of disease in industrialised countries (WHO, 2002). Alcohol-related harm remains a huge cost burden on New Zealand society and consumption is again on the rise (Easton, 1997). For absolute alcohol, total wine rose by 6.5 per cent, beer rose 2.3 per cent, spirit based drinks and spirits rose by 11.3 percent in the year ended June 2003 (ALAC, 2003). While an aggregate measure provides an indication of consumption trends, it fails to relay any information about hazardous patterns of alcohol use within specific population groups such as the marked increase in quantity and frequency of use among adolescents and young women.

There are already comprehensive public health strategies to control availability, advertising and health campaigns for 'at risk' groups

Availability and advertising of alcohol have been liberalised in New Zealand, not tightened. Targeted health campaigns are very necessary and do not preclude the need of the general public to have consistent provision of health and safety information.

The public is not well informed about how much or when alcohol is unsafe. A survey in Australia which has a similar drinking culture to New Zealand shows that around 25 percent of drinkers are oblivious to the fact they are drinking hazardously (Lee, 1999).

An advisory statement on the product, on advertising and at the point of sale, would consistently reach the consuming public, unlike other ad hoc and potentially expensive methods. The public would also be assured that the safe use of with alcohol is of sufficient concern to continuously advise and remind them. Equally, advice given by health professionals, friends and family would be backed up by this supporting information.

New inexperienced drinkers, usually adolescents, need more information than is currently available to them. New Zealand children are exposed to hundreds of persuasive alcohol advertisements and sponsorship messages all year, with few if any countering messages about harms.

The incidence of Fetal Alcohol Syndrome is rare and pregnant women are well informed

Only 50 percent of health professionals routinely ask women who are pregnant about alcohol (Leversha and Marks, 1995). Midwives report that 80 percent of their pregnant teenage clients continue to drink alcohol during pregnancy (Mathew et al., 2001). Fetal Alcohol Syndrome (FAS) is the visible end of a spectrum of disorders that can result from prenatal

alcohol exposure. However FAS alone is recognised as the most common preventable cause of mental retardation in the western world (US Department of Health and Human Services, 2000).

Alcohol has significant health benefits

There is no evidence to show that alcohol reduces the global burden of disease (Norstrom, 2001). Studies that show a correlation between light to moderate drinking and health benefits are correlation based rather than indicative of a causal mechanism and may be associated with socio-economic and lifestyle factors (Pittman, 1996; Green and Polen, 2001). On the contrary alcohol is a leading cause of disease in the industrialized world (WHO, 2002). What benefits that may exist from consuming small daily amounts are largely confined to people middle-aged or older at increased risk of heart disease (White, 1999; Britton and McPherson, 2001). Children, young people, pregnant women or heavy drinkers remain at increased risk.

The health effects of alcohol use and abuse on an individual are variable depending on factors such as pattern and duration of use, age, gender, socioeconomic status, health status and genes. This variability combined with the fact that there are times when small amounts can be hazardous such as during pregnancy, while driving or when using medication, means there is no universal safe amount let alone a universally agreed benefit. The Ministry of Health advises that *“There is no level of drinking that can be called safe for all people at all times”* (Ministry of Health, 2002(a)).

The emphasis on the much used ‘evidence-based’ health benefits from alcohol may be overstated, unbalanced and a barrier to reducing hazardous drinking. The Royal College of Physicians in Britain believes that the most significant barrier to reducing hazardous drinking is the widespread perception that alcohol has beneficial effects (Royal College of Physicians, 2001). This imbalance is illustrated in the ANZFA decision to oppose warning labels for Australia and New Zealand. Reference was made to alcohol’s ‘benefits’ 48 times in a 51 page document (ANZFA, 2000).

Simple, accurate warning messages would be difficult to devise

This argument is put forward in relation to the so-called ‘health benefits’ from alcohol (see 5), that it is difficult to warn about risks when there are purported benefits. However these two aspects are not mutually exclusive. There are any number of products and activities that have risks and benefits. There is no reason to believe that alcohol is different. In fact the public accepts and affirms alcohol safety messages that could be considered contradictory. For instance the public statements about drinking and driving are, *“Don’t drink and drive”* or *“If you drink and drive you are a bloody idiot”*, yet it is perfectly legal to drink and drive up to a certain blood alcohol level.

It is important that the public is aware that there are times when drinking, even at low levels, is not ‘safe’ regardless of unrelated benefits. The USA has readily accepted simple, accurate warning messages. It is a simple matter to devise appropriate messages for New Zealand.

The labels could be inconsistent with the obligations of the World Trade Organisation

Changes to food regulation are advised to the World Trade Organisation all the time. This argument did not appear to stand in the way of the United States of America, the nine other nations that currently require warning statement on alcohol products nor the alcohol exporters to those countries. Standard drinks labelling for Australia and New Zealand was implemented successfully showing that alcohol is not a special case for world trade.

Intellectual property rights and ‘values’ of existing brands could be infringed

Commercial interests are routinely subject to regulations to protect public health. The safety of the public is of greater importance than the ascetic value of a brand label, especially given the burden of associated injury and disease. New Zealand producers already comply with warning label requirements in order to access the USA and other markets. A health statement is not there to advise against a particular product but to advise the public that there are times when consumption of any alcohol is inadvisable.

Other rights must be given due consideration. Not advising the harmful effects from consuming alcohol, could be argued as a possible breach of The United Nations Declaration of Human Rights – which protects the right to good health. The United Nations Convention on the Rights of the Child directs signatory nations to actively protect children from harm, and in New Zealand the Crown is required to actively protect Maori to the fullest extent possible under Article Two of the Treaty of Waitangi.

ALCOHOL HEALTHWATCH’S POSITION

Alcohol health and safety advisory statements are warranted given that:

- Alcohol is not a benign food product. It is a mood altering drug with multiple associated harms and no level of consumption can be considered safe for all people at all times.
- It is important that the public is made more aware that there are times when drinking alcohol, even at low levels, is not safe.
- Warning statements on alcoholic beverages are a critical element to complimenting and underpinning other prevention approaches.
- Raised awareness is a prerequisite for behaviour change to occur.
- Warning statements on alcoholic beverages are a cost effective way to deliver important information directly to the drinking public.

- The arguments opposing warning labels are not justifiable given that labelling of this nature is readily applied to other consumer products and New Zealand produced alcohol beverages bound for international markets is already labelled accordingly.

The required health and safety advisory statements must advise women to avoid alcohol during pregnancy, when planning pregnancy and while breastfeeding, due to health risks for the baby. Consideration must also be given to other health and safety risks associated with consumption such as that proposed by the Cancer Control Group to alert the public to alcohol's link to cancer (Ministry of Health, 2002b). This may require the development of a rotating set of messages similar to those required on tobacco products or those proposed in 1990 by Member of Parliament Joy McLaughlan (see page 5). Alcohol Healthwatch would prefer to see a new set of rotating messages developed in consultation with other key stakeholders.

The labelling on the product must be large enough to be easily noticed and easy to read and be placed prominently on or near the front of the bottle. The message should be strengthened with a bold heading in a separate colour, and if possible with a recognizable icon or illustration to draw attention to the information.

The written statement needs to be in easy to understand language to accommodate low literacy rates or English as a second language. Consideration must also be given to the need for the messages to be in Te Reo Maori. The proposed labelling must be widely pre-tested and following their introduction should be accompanied by community-based campaigns to draw attention to the associated messages.

To ensure the awareness-raising is comprehensive, health and safety advisory messages should accompany any alcohol advertising and sponsorship and be required to be displayed prominently at all point of sale outlets.

Alcohol Healthwatch recommends that the health and safety advisory statements for alcohol be considered an integral component of the supportive environment required to achieve alcohol-related harm reduction and form a basis for a multi-tool prevention approach.

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