



SUBMISSION TO PROPOSAL P1050 FROM FOOD STANDARDS AUSTRALIA AND NEW ZEALAND ON PREGNANCY WARNING LABELS ON ALCOHOLIC BEVERAGES

Alcohol Focus Scotland (AFS) works to prevent and reduce alcohol harm in Scotland through the implementation of effective alcohol control policies and legislation. AFS welcomes the opportunity to respond to Proposal P1050 from Food Standards Australia and New Zealand (FSANZ) on pregnancy warning labels on alcoholic beverages. Our submission is closely aligned to that provided by the Foundation for Alcohol Research and Education (FARE).

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Summary

The introduction of mandatory labelling of alcohol products will help ensure that consumers are given the right information to help them make informed choices about their drinking. AFS commends FSANZ for the work undertaken to-date to progress mandatory pregnancy warning labels. The proposed scheme will be the first pregnancy warning labelling scheme in the world to be introduced in a consistent and comprehensive way, providing a unique opportunity for robust monitoring and evaluation. AFS will continue to follow these developments closely as they will be invaluable in informing the potential introduction of similar schemes in other countries, such as Scotland.

We support most of the proposed changes to the Food Standards Code (the Code) and in particular the application of both a pictogram and warning text in a box, prescribed in red, white and black. However, we look for clarification on a number of decisions made, as these seem to counter the evidence presented within the literature review and consumer testing. This includes the statement choice of 'any amount of alcohol can harm your baby' over the longer option of 'lifelong harm', which runs counter to the consumer testing results. The decision to reduce the pictogram size to 6 mm also appears to go against research evidence and FSANZ's own literature review about noticeability. Similarly, the proposed font size is too small; a minimum font size of 3.0 mm would be in line with existing requirements within the Code, and align with evidence that larger font size is more effective in attracting the attention of the consumer.

We would also look for clarification on why the message to be conveyed by the warning statement relates only to drinking while pregnant, without reference to drinking while trying to conceive. Many women will not know they are pregnant for a number of weeks, by which time alcohol consumption may have had a negative effect on the foetus.

Little justification has been given for the development of the categories of containers to which the scheme relates. The relative risk of alcohol products should be considered by looking at not only the size of the container, but the number of standard drinks contained within it. We therefore note FARE's recommendations to revise the range of containers that require the pictogram only to products under 100 ml and to require a large pictogram (9 mm) with warning text (3 mm) on all other products.

Considering the variability of alcohol content in different fermented products, and the recommendation for women to not consume alcohol during pregnancy, it is reasonable that all beverages from 0.5% ABV and higher should carry the pregnancy warning.

A 12-month transition timeframe should be implemented, as has occurred in other countries. This will allow sufficient time for the industry to adapt their labelling schemes to comply with the changes to the Code. The pregnancy warning labels should be accompanied by a comprehensive public education campaign, and industry-led labelling components such as 'Get the facts' should be abandoned and removed from all packaging. FSANZ should also establish a robust and comprehensive evaluation plan, and outline a clear monitoring and compliance framework.

Literature review on the effectiveness of warning labels (section 3.1.1 of the call for submissions)

The comprehensive literature review that was undertaken to inform the proposal provides a great deal of insight into the existing evidence around the effectiveness of warning labels. It also indicates that there is limited evidence relating to pregnancy labels on a number of detailed issues, such as optimal font size. It is clear that FSANZ approached the literature review with the intention to provide an inclusive overview of existing research relevant to the proposed policy option. However, as per the FARE submission, the execution of the literature review has several issues that significantly affect its quality.

Firstly, there is a lack of synthesis of findings. Each study has been described in separate paragraphs without analysis. Unfortunately, without this analysis it is unclear how the literature review supports decisions made within the proposal. For example, page 12 of the proposal states that "larger, front of pack, warnings using colour, signal words and pictorial elements are likely to attract more attention than warning labels lacking those elements." This conclusion from the literature review is not supported by the proposal where the minimum font size has been set as smaller than the standard requirements for other warning texts in the Code (Standard 1.2.9).

Secondly, the scope of the literature review, and how this literature has been treated within the review, is also limited. It is unclear how the quality assessment of each study was undertaken. Appendix A of the literature review outlines the criteria used. However, without a clear description of what type of studies were included in the search (qualitative, quantitative, mixed methods, or all types of studies) it is difficult to judge whether these criteria are adequate and appropriately applied to identified studies. It is also not clear how these criteria were applied to studies with different methodological approaches and how these are then compared. Furthermore, there is no description of how each study is scored based on these criteria and what the cut-off points for 'low', 'medium', or 'high' quality were.

Lastly, while it is reassuring to know that the literature review will be peer-reviewed, no information has been provided on who will be undertaking the review. This makes it difficult

to determine whether this will be of benefit. Nor is it clear what the outcome will be if changes are required following peer review.

Consumer testing of warning statements (section 3.1.2)

As noted in the FARE submission, the consumer testing undertaken by FSANZ clearly demonstrates and confirms previous research by FARE and others, that the current text 'It's safest not to drink while pregnant' is ambiguous and ineffective in informing all consumers about the risks of alcohol consumption and pregnancy. This was emphasised by the finding that 20 per cent of women in Australia and New Zealand interpreted the message in a manner that did not align with public health advice.¹ It is concerning that this has been the main message used on alcoholic beverages to inform members of the public for eight years and highlights the urgency of addressing the matter.

AFS supports the chosen statement of 'any amount of alcohol can harm your baby.' However, consumer testing favoured the longer option of 'lifelong harm' to convey the intended message not to drink any alcohol during pregnancy. Apart from the chosen message being shorter in length, it is not clear why this statement was chosen in the face of the consumer testing results; we would seek clarification for this decision. We would also look for clarification on why the message to be conveyed by the warning statement relates only to drinking while pregnant, without reference to drinking while trying to conceive. Many women will not know they are pregnant for a number of weeks, by which time alcohol consumption may have had a negative effect on the foetus.

Similar to the literature review, there is lack of clarity over who will peer-review the consumer testing component of this proposal. An independent peer review undertaken by a third party would be optimal.

Pictogram (section 3.2.2.2)

AFS agrees with FARE that the pictogram appears to have been developed with noticeability in mind. The colour scheme in particular is optimal and is to be commended. Research from Australia and New Zealand has demonstrated that the colour red is most indicative of a warning,² and that the pictogram stands out most when contrasting colours are used for the line through the pregnant figure.³

Pictogram and warning text should be of sufficient size for it to be noticeable to consumers. However, the suggested size of the pictogram to be placed on products within the 200–800 ml category is too small (indicated to be 6 mm in diameter) to be noticeable. As per FARE's submission, we would seek justification as to why the proposed size of the pictogram has been reduced from 8mm from the June 2019 proposal (page 83). We also note that the decision by FSANZ to reduce the pictogram to 6mm appears to go against research evidence and FSANZ's own literature review about noticeability.

Recent research into the effectiveness of warning labels in New Zealand found that the average area of the pictogram on alcohol products ranged from 41 mm² to 57 mm², corresponding to 7.2–8.5 mm diameter; the average size was 7.6 mm in diameter (about the size of a garden pea).⁴ The space occupied by the pregnancy pictogram was less than 1/400th of the available space. Some pictograms used in the current voluntary scheme are close to 10mm in diameter (see submission by FARE for details), showing that a larger pictogram size is feasible.

Even with current pictogram sizes that are larger than that proposed by FSANZ, Australian research has demonstrated that the current pictogram is too small to effectively attract

attention.⁵ In another study, focus group participants commented on the small size of the health warning relative to the overall product brand labels, leading them to question whether the warnings were sincere given their perceived small size and discreet placement.⁶

For example, participants said:

I don't think it's displayed well enough for it to be a serious warning...because it's so tiny, it doesn't feel like they're caring whether we see the label or not. I don't see it as a legitimate warning (female, Group 1)

I sort of think they've put it as a small label because at the end of the day they're trying to sell a product... they don't want people to notice it too much (male, Group 3)

They've crammed it into an inconspicuous corner (male, Group 2).

Furthermore, comparable guidelines in Europe (for the labelling and packaging of chemical substances and mixtures) suggest that precautionary pictograms should be no smaller than 10mm by 10mm.⁷

Research from France has shown that despite high awareness levels of the pregnancy pictogram warning introduced in 2007, knowledge of the associated risks was poor.⁸ Previous analysis of these warnings concluded that the warning was ineffective due to a lack of visibility and noticeability due to their size, location and outdatedness, recommending modification to both their design and content.⁹ This demonstrates the need for a comprehensive evaluation of the proposed warning labels following implementation. An evaluation would be able to provide further information on the impact of the pictogram.

Warning statement (section 3.2.2.3)

As noted in our response to the section on consumer testing, we support the warning statement in the proposal. However, we seek further clarification as to why the shorter statement was chosen, as this is not well demonstrated in the consultation document.

Design labelling elements (section 3.2.2.4)

Overall, the proposed warning (pictogram and warning text) addresses key issues affecting the legibility and noticeability of the warning, such as colour, contrast, using signal wording and appearing within a box. However, the proposed font size of the warning statement is too small.

The literature review concludes that larger text size affects attention paid to the message, but does not indicate or conclude what the actual font size should be. This significant issue is not given enough weight in the literature review. There is limited research on font sizes of warning text in relation to alcohol, although studies have been undertaken on other products. For example, a study exploring design aspects of warning text (red with red borders) on a pesticide bottle found a linear relationship between text size (starting at 8pts) and perceived urgency from the warning.¹⁰ Of the design aspects explored, text size had the largest effect. In addition, a study which explored design elements influencing the likelihood of reading a warning label on laundry detergent showed that a font size of 10 pts (about 3.5 mm) increased the likelihood of reading the warning, compared to a warning at 8 pts (about 2.8 mm).¹¹

We are unaware of any valid reasons why the prescribed font size of the warning text is smaller than that prescribed in the Food Standards Code in relation to Standard 1.2.9 (a minimum of 1.5 mm for small packaging and 3.0 mm for larger packaging). The proposal does not outline the reasons for specifying a font size smaller than other warning text set out in the Code, particularly when the views from public health stakeholders were to set a minimum font size of 3.0 mm.

The literature review supports the notion that larger text has greater impact in terms of noticeability and attention. While the literature is sparse in relation to specific font sizes on alcohol bottles or other products, a minimum font size of 3.0 mm (around 8.5 pts) would be in line with existing requirements within the Code, and align with evidence that larger font size is more effective in attracting attention of the consumer.

Furthermore, evaluations from 2014 and 2017 found that a high proportion of alcohol products are already at or above this standard,¹² suggesting potential for this proposal to lead to a decline in the noticeability of the warnings. Even members of the alcohol industry recommend larger font sizes; for example, Wine Australia states that the minimum font size for the volume statement for a 750 ml bottle of wine is prescribed as 3.3mm.¹³ Given the lack of literature around optimal font size, FSANZ should evaluate what font size is most effective as part of a wider evaluation of the warning labels.




Summary of proposed pregnancy warning label design (section 3.2.2.5)

AFS supports FARE's position in agreeing with the proposed warning label design in relation to the:

- pictogram
- use of the phrase 'HEALTH WARNING'
- warning statement (see our response to sections 3.1.2 and 3.2.2.3)
- box border
- white background on the pictogram and warning label itself
- 3.0 mm of clear space around the label.

However, it is recommended that the pictogram only be applied for products under 100 ml (rather than 200 ml as proposed) and that the 200–800 ml label category be abandoned. The creation of different labelling categories for different alcohol products (by container volume) has not been established or justified by FSANZ within the consultation document.

We refer to FARE's proposed changes in the table below, which is a redraft of Table 10 of page 33 of the proposal. The recommended changes will create an approach to pregnancy warning labels that is supported by the evidence, rather than contradicted by it.

Alcoholic beverage volume	Single container and each layer of packaging other than the outer package, and individual portion packs (i.e. in a multipack)		Outer package or package containing individual portion packs (i.e. multipacks) including a carton containing several multipacks	
	Label required	Minimum Size	Label required	Minimum Size
< 100 ml		8 mm diameter	 HEALTH WARNING Any amount of alcohol can harm your baby	Pictogram 11 mm diameter
≥ 100 ml	 HEALTH WARNING Any amount of alcohol can harm your baby	Pictogram 9 mm diameter Font size 3.0 mm (8.5 point)		Font size 3.5 mm (10 point)

The reasons for these recommended changes to the labelling categories are outlined below.

1. That only packaged alcohol under 100 ml carry the pictogram

The cut-off for products that are to display only the pictogram should be reduced from ≤200ml to products <100 ml, as consulted on in June 2019. The reasons for a 100 ml cut-off are that:

- Many products under 200 ml already have pictogram or pictograms and text larger than proposed labels, thus demonstrating there is sufficient space on the label for the full pregnancy warning on products over 100 ml; and
- The level of risk related to the ABV of the product has not been considered.

Firstly, there are a number of packaged alcohol products between 100 ml and 200 ml that already apply a pictogram alone or with text. For example, a 187 ml bottle of Jacob's Creek Chardonnay at 12.9% ABV currently displays a pictogram close to 10 mm in diameter (see FARE's submission for details). This label is of similar size to what the proposal suggests for products over 800 ml. Thus, it is possible to have a larger pregnancy warning label on products above 100 ml.

Secondly, and more importantly, the proposed label categories do not differentiate products according to risk level, but rather on the volume of the product and container size. Under the proposal, a ready-to-drink vodka product containing one standard drink (a 275 ml bottle of Vodka Cruiser Lush Guava at 4.6% ABV) would carry both pictogram and text, whilst the same bottle of wine as noted above, containing almost double the number of standard drinks, would carry the pictogram only. This is illogical and not based on the risk of the product but the size of the container.

As noted by FARE, research indicates that drinking at higher levels (frequent, high intake or heavy episodic drinking) increases the risk of FASD, in particular the most severe forms.¹⁴ This is because the blood alcohol concentration (BAC) increases and has a more negative impact on the developing foetus than moderate consumption.¹⁵ Under the proposal, the consumption of a 200 ml bottle of vodka sold by Dan Murphy's, containing 6.3 standard drinks, would represent heavy episodic drinking and be associated with a higher risk of FASD. Under the proposed labelling

scheme, this product would feature the pictogram only. Similarly, a 200 ml bottle of Kweichow Moutai Flying Fairy at 53% ABV (containing 20.9 standard drinks) would carry the pictogram only on both the box and bottle.

Therefore, the relative risk of alcohol products should be considered by looking at not only the size of the container, but the number of standard drinks contained within it. This should be an overriding consideration, justifying the need for a prominent warning with both text and pictogram. However, we appreciate that for particularly small packaging (i.e. under 100ml), it would be pragmatic to require a pictogram only.

2. Deletion of the 200–800 ml labelling category

For all products of ≥ 100 ml, AFS supports FARE's argument that in line with text requirements in the Food Standards Code and overall legibility evidence, the proposed label size should feature a pictogram 9 mm in diameter and warning text at a minimum of 3.0 mm.

The proposal states that "a 750ml bottle of wine may not be larger than a 500ml bottle of beer" (page 29). However, labels on different products can be similar. We refer to Figure 6 of FARE's submission, which shows similar label size on a 700 ml bottle of vodka as to a 187 ml bottle of wine. The size of a product label in relation to the overall surface area often varies to accommodate design choices of the packaging itself.

Furthermore, the vast majority of alcohol products on the Australian and New Zealand market will fall within the 100 to 800 ml range and thus a full pregnancy warning should be required on these products. This would reflect the proposal as consulted on in June 2019 and is supported by the literature review. For smaller products, there is still ample space to include a pictogram of the proposed size of 8 mm (see Figure 7 of FARE's submission).

Beverages to carry the pregnancy warning label (section 3.2.3)

Products between 0.5% and 1.15% ABV still contain alcohol and the omission of warning labels on those products is in contradiction to the National Health and Medical Research Council (NHMRC) guideline that women who are pregnant abstain from all alcohol.¹⁶

Secondly, research has shown that some products indicated as no alcohol or low alcohol still contains alcohol at far higher levels than indicated. According to a Canadian study "six products from one company, that claimed to contain no alcohol, had ethanol levels between 1.2–1.8% of ethanol".¹⁷ Considering the variability of alcohol content in different products, and the recommendation for women to not consume alcohol during pregnancy, it is reasonable that beverages from 0.5% ABV and higher should carry the pregnancy warning. Our view is therefore in line with that of FARE, in that it is important to create a homogenous structure whereby the 'no alcohol' message is reinforced through labelling of products $>0.5\%$ ABV and above.

Discussions should also take place around the alcohol content and labelling of fermented products, such as Kombucha and Kefir, and brewed soft drinks that may contain alcohol (as a by-product of fermentation). Research has shown that 23 per cent of fermented beverages tested in Victoria contained more than 1.15% ABV¹⁸ and another survey found that Kombucha products contained as high as 5.3% ABV.¹⁹ In the latter survey, 15 per cent of products did not carry a warning label regarding alcohol content. Pregnant women could choose such products as an 'alcohol-free' alternative, and unknowingly consume alcohol. The application of a pregnancy

warning label is therefore important to ensure consumers are fully informed of the choices they are making.

Application to different types of sales (section 3.2.4)

AFS agrees with the approach taken to different types of sales.

Application to different types of packages (section 3.2.5)

In line with the submission from FARE, AFS is supportive of FSANZ's approach that for a multipack the pregnancy warning label would be required on each individual product as well as the packaging containing the individual portion pack. We also support the approach that where a single beverage (e.g. whisky) is sold in a box, the pregnancy warning label would be required on all packaging layers.

Consideration of costs and benefits (section 3.4.1.1 of CFS)

AFS agrees with the conclusion from the 2018 Decision Regulatory Impact Statement that the "mandatory option represents the greatest net benefit to the community."

Transitional arrangements (section 4.1 of CFS)

The background paper provided by FSANZ notes a transition period for the implementation of labels is likely to be two years, a move away from the usual 12-month transition period for variations to the Food Standards Code. As per FARE's submission, we do not consider that adequate evidence has been provided by FSANZ or the Decision Regulation Impact Statement (DRIS) to support an additional transition period from the standard 12-month transition timeframe.

Several countries, including France,²⁰ Mexico²¹ and the USA,²² have allowed a period of one-year for implementation of mandatory labelling requirements. It is therefore possible to mandate the pregnancy warning labels to be placed on alcoholic beverages within one year from publication of the new Standard.

It is likely that sections of the alcohol industry will argue that there is a need for longer transition timeframes to allow small producers to change their labels. However, in Australia and New Zealand, the bulk of all alcohol sold is by large producers. Thus, an extension for the whole industry is without adequate justification. It has taken an inordinate amount of time for alcohol pregnancy warning labels to become a mandatory labelling requirement and any further delay cannot be justified against the health and societal implications of FASD.

Other comments (within the scope of P1050 – see section 1.5 of the CFS)

In addition, AFS supports the following comments made by FARE:

- 1) The pregnancy warning labels should be accompanied by a comprehensive public education campaign
- 2) Industry-led labelling components such as 'Get the facts' should be abandoned and removed from all packaging
- 3) FSANZ should establish a robust and comprehensive evaluation plan
- 4) FSANZ should outline a clear monitoring and compliance framework
- 5) Trade agreements are not a barrier to the most effective placement options for pregnancy warning labels.

¹ See table 12 of Roy Morgan (2019). *Alcohol Warning Label Survey Report*.

- ² Rout, J. & Hannan, T. (2016) and Siggins Miller (2017) both cited in Food Regulation Standing Committee (2018). *Food Regulation Standing Committee Decision Regulation Impact Statement: Pregnancy warning labels on packaged alcoholic beverages*. Joint Food Regulation System.
- ³ Rout, J. & Hannan, T. (2016) cited in Food Regulation Standing Committee (2018). *Food Regulation Standing Committee Decision Regulation Impact Statement: Pregnancy warning labels on packaged alcoholic beverages*. Joint Food Regulation System.
- ⁴ Tinawi, G., Gray, T., Knight, T., Glass, C., Domanski, N., Wilson, N., ... & Thomson, G. (2018). Highly deficient alcohol health warning labels in a high-income country with a voluntary system. *Drug and alcohol review*, 37(5), 616-626.
- ⁵ Hall & Partners (2018). *Understanding of consumer information messaging on alcohol products: Focus group testing report*. Canberra: Australia.
- ⁶ Coomber, K., Hayley, A. & Miller, P.G. (2018). Unconvincing and ineffective: Young adult responses to current Australian alcohol product warnings. *Australian Journal of Psychology*, 70(2), 131-138. doi: 10.1111/ajpy.12177
- ⁷ European Chemicals Agency Guidance on Labelling and Packaging (2011) cited in Petticrew, M., Douglas, N., Knai, C., Durand, M. A., Eastmure, E., & Mays, N. (2016). Health information on alcoholic beverage containers: has the alcohol industry's pledge in England to improve labelling been met?. *Addiction*, 111(1), 51-55.
- ⁸ Dumas, A., Toutain, S., Hill, C., & Simmat-Durand, L. (2018). Warning about drinking during pregnancy: lessons from the French experience. *Reproductive Health*, 15(1): 20.
- ⁹ Dossou, G., Gallopel-Morvan, K., & Diouf, J. (2017). The effectiveness of current french health warnings displayed on alcohol advertisements and alcoholic beverages. *European Journal of Public Health*, 27(4): 699-704.
- ¹⁰ Adams, A. S. & Reed Edworthy, J. (1995). Quantifying and Predicting the Effects of Basic Text Display Variables on the Perceived Urgency of Warning Labels: Tradeoffs Involving Font Size, Border Weight and Colour. *Ergonomics*, 38(11):2221–2237. doi: 10.1080/00140139508925264
- ¹¹ Braun, C. C., Silver, C. & Stock, B. R. (1992). Likelihood of Reading Warnings: The Effect of Fonts and Font Sizes. *Proceedings of the Human Factors and Ergonomics Society Annual Meeting*, 36(13), 926–930. doi: 10.1177/154193129203601301
- ¹² Siggins Miller. (2014). *Evaluation of the voluntary labelling initiative to place pregnancy health warnings on alcohol products*. Canberra: Commonwealth of Australia Department of Health. Retrieved from <https://www1.health.gov.au/internet/fr/publishing.nsf/Content/pregnancy-warnings-alcohol-labels>; Siggins Miller. (2017). *Second evaluation of the voluntary labelling initiative to place pregnancy health warnings on alcohol products*. Canberra: Commonwealth of Australia Department of Health. Retrieved from [https://www1.health.gov.au/internet/fr/publishing.nsf/Content/C35B5AC81AED240FCA2581EE001B80B0/\\$File/AU%202nd%20Evaluation%202017.pdf](https://www1.health.gov.au/internet/fr/publishing.nsf/Content/C35B5AC81AED240FCA2581EE001B80B0/$File/AU%202nd%20Evaluation%202017.pdf)
- ¹³ Wine Australia. (2019). Domestic labelling requirements. Retrieved from <https://www.wineaustralia.com/labelling/domestic-labelling>
- ¹⁴ Esper, L. H. & Furtado, E. F. (2014). Identifying maternal risk factors associated with fetal alcohol spectrum disorders: A systematic review. *European Child & Adolescent Psychiatry*, 23(10), 877-89. doi:10.1007/s00787-014-0603-2 ; McQuire, C., Daniel, R., Hurt, L. & Paranjothy, K. S. (2019). The causal web of foetal alcohol spectrum disorders : A review and causal diagram. *European Child & Adolescent Psychiatry*. doi: 10.1007/s00787-018-1264-3
- ¹⁵ May, P. A. & Gossage, J. P. (2011). Maternal Risk Factors for Fetal Alcohol Spectrum Disorders: Not As Simple As It Might Seem. *Alcohol Research & Health*, 34(1). Retrieved from <https://pubs.niaaa.nih.gov/publications/arh341/15-26.htm>
- ¹⁶ NHMRC. (2009). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: National Health and Medical Research Council. <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol#block-views-block-file-attachments-content-block-1>
- ¹⁷ Goh, Y. I., Verjee, Z. & Koren, G. (2014). Alcohol content in declared non-to low alcoholic beverages: implications to pregnancy. *Canadian Journal of Clinical Pharmacology*, 17(1):e47–e50
- ¹⁸ Food Standards Australia New Zealand. (2019). *Coordinated survey of alcohol content and labelling of fermented soft drinks – Summary*. Retrieved from <https://www.foodstandards.gov.au/science/surveillance/Documents/Summary%20Coordinated%20survey%20of%20alcohol%20content%20and%20labelling%20of%20fermented%20soft%20drinks.pdf>
- ¹⁹ Australian Government Department of Health. (2019). *Fermented beverages stakeholder roundtable*. Canberra, Australia. Retrieved from [https://foodregulation.gov.au/internet/fr/publishing.nsf/Content/DAF9CEE7CA6CE6ACA2584330014014A/\\$File/Fermented%20Beverages%20-%20Outcomes%20Paper.docx](https://foodregulation.gov.au/internet/fr/publishing.nsf/Content/DAF9CEE7CA6CE6ACA2584330014014A/$File/Fermented%20Beverages%20-%20Outcomes%20Paper.docx)

²⁰ Ministère de la santé et des solidarités. *Arrêté du 2 octobre 2006 relatif aux modalités d'inscription du message à caractère sanitaire préconisant l'absence de consommation d'alcool par les femmes enceintes sur les unités de conditionnement des boissons alcoolisées* Paris, France. [Ministry for Solidarity and Health. Order of October 2nd, 2006 concerning the modalities of registration of the health message advocating the absence of alcohol consumption by pregnant women on the alcoholic beverage packaging units. Paris, France] [Google Translate]. Retrieved from

<https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000422967&categorieLien=id>

²¹ Estados Unidos Mexicanos Secretaría de Salud. *Standard NOM-142-SSA1/SCFI-2014, Bebidas alcohólicas. Especificaciones sanitarias. Etiquetado sanitario y comercial* [United Mexican States Ministry of Health. *Standard NOM-142-SSA1/SCFI-2014. Alcoholic Beverages. Health Specification and Commercial Labelling*].

Retrieved from https://www.dof.gob.mx/nota_detalle.php?codigo=5386313&fecha=23/03/2015

²² Department of the Treasury Alcohol and Tobacco Tax and Trade Bureau. *Federal Alcohol and Administration Act 1988*. Retrieved from

<https://uscode.house.gov/view.xhtml?path=/prelim@title27/chapter8&edition=prelim>