

ENERGY LABELLING OF ALCOHOLIC BEVERAGES TARGETED STAKEHOLDER CONSULTATION - SUBMISSION TEMPLATE

Please provide a response to each question and feel free to provide as much information as necessary including attachments, website links and reference documents etc.

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Public Health <input checked="" type="checkbox"/>	Consumer <input type="checkbox"/>	Industry <input type="checkbox"/>	Other _____ <i>please specify</i>

About ACDPA

The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes the opportunity to respond to the consultation on energy labelling of alcoholic beverages.

ACDPA brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading non-government health organisations share a commitment to reduce the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the primary prevention of chronic disease, with an emphasis on changes to the food and physical environments to improve nutrition, increase physical activity and decrease sedentary behaviour, and reduce unhealthy weight at a population level.

Recommendations

ACDPA recommends consistent mandatory energy labelling on alcohol containers to assist in educating consumers about the impact of alcohol on daily energy intake and to enable consumers to make informed choices.

Considering the high levels of overweight and obesity in Australia, any reductions in energy intake at the population level are likely to result in health benefits and subsequent reductions in healthcare costs. Introducing consistent energy labels on alcohol containers provides an opportunity to inform the appropriate audience (the drinker) at an appropriate time (when purchasing and/or using the product). There is no justification for omitting energy information from alcohol products when it is required on all other food and beverage products that make substantial contributions to energy consumption at a population level.

There is little public communication to counter the heavy investment by the Australian alcohol industry in advertisements that make alcohol products appear highly attractive and risk-free.¹ The extent of alcohol promotion is a likely contributor to low levels of consumer awareness of the potential harms associated with alcohol consumption.² More informative and persuasive

product labelling has been nominated as an important counter-measure to the alcohol industry's ubiquitous and potentially misleading messaging.³

It is important to recognise that energy labelling of alcoholic beverages alone will not address the health impacts of alcohol, and it should be considered as one component of a broader approach involving: alcohol warning labels, setting minimum prices, volumetric taxation, advertising restrictions, improved licensing systems, adequate enforcement, and education and public awareness campaigns.

In addition to ACDPA's support for consistent mandatory energy labelling on alcohol containers, ACDPA has several further recommendations:

1. **Energy labels should comply with food and beverage label legibility requirements** in the *Australia New Zealand Food Standards Code*.
2. **Alcoholic beverages which contain more than 1.15% alcohol by volume should not be permitted to make any nutrition content claims**, as there is no nutritional requirement for alcohol and there is no known safe level of consumption.
3. **The statement "An average adult's daily energy intake is 8700kJ" should be included** as a reference point for consumers, as it has been in the fast food sector.
4. **A public education campaign should be implemented** alongside the introduction of energy labels on alcoholic beverages to ensure the public knows how to utilise them.
5. **Alcohol warning labels should be introduced** to educate the public about the harms associated with alcohol consumption.

Burden of disease

Alcohol

The Australian Burden of Disease Study 2011 indicated that alcohol was responsible for 5.1% of total burden in 2011, including burden due to alcohol use disorders, road traffic incidents, chronic liver disease, suicide and self-inflicted injuries, poisoning, falls, stroke, coronary heart disease, and cancers.⁴

Overweight and obesity

Recent AIHW analysis, released in 2017, indicated that overweight and obesity was responsible for **7.0%** of the total burden of disease and injuries in Australia in 2011.⁵ Of the burden attributable to overweight and obesity, 38% was from cardiovascular diseases (heart disease and stroke), 19% was from 11 cancers (breast, bowel, oesophageal, liver, kidney, pancreatic, uterine, leukaemia, gallbladder, ovarian, and thyroid), 17% was from diabetes, and 5% was from chronic kidney disease.

Dietary risks

The Australian Burden of Disease Study 2011 reported dietary risk factors separately and stated that 'it is not possible to add or combine the separate estimates for different risk factors without further analysis, due to complex pathways and interactions between them.'⁶

ACDPA recommends amending the consultation paper on energy labelling of alcoholic beverages (p5) to incorporate the recent burden of disease estimate for overweight and obesity, and to reconsider the estimate for dietary risks.

Question 1:

Do you have any further relevant information regarding consumer opinion related to the energy labelling of alcoholic beverages? Where possible, please provide details, examples and/or evidence/references.

Response:

The consultation paper identifies that consumer research overwhelmingly supports nutrition labelling of alcoholic beverages. Further to this, the principle of providing health information on alcohol products is popular with the public. AIHW data from the 2016 National Drug Strategy Household Survey indicate broad public support for health information on alcohol containers, with 65% supporting required information on national drinking guidelines on alcohol containers and 60% supporting larger standard drink labels on alcohol containers.⁷

A 2017 FARE poll on alcohol attitudes and behaviours found that 53% of those polled were concerned about the health problems related to alcohol.⁸ More than one-third of those polled reported drinking less or giving up alcohol in the past year, with the primary reasons being: to improve their health (49%) and a weight concern (24%). Men were more likely than women to report drinking less to improve their health (55% compared with 43%), and 25-49 year olds were more likely than those aged 50 years and over to report drinking less to improve their health (55% compared with 36%) or due to a weight concern (28% compared with 14%).

Labelling alcoholic beverages is likely to be a publicly acceptable intervention, as consumers have a right to information when making purchasing decisions and many are concerned about their weight.

Question 2:

Do you have any further information regarding of any international standards, regulations, voluntary codes or schemes, or policy actions relevant to energy labelling of alcoholic beverages?

Response:

ACDPA has no further input.

Question 3:

Do you have any further information regarding industry and trade perspectives related to the energy labelling on alcohol? Where possible, please provide details, examples and/or evidence?

Response:

The recent World Health Organization side event at the 40th Session of the Codex Alimentarius Commission noted: ‘Several developments at national, regional and international levels have raised expectations that Codex would support the reduction of burden of diseases linked to alcohol by standard setting within its mandate to protect consumer health, possibly through the definition of ‘alcoholic beverage’, labelling of alcoholic content and calories or health warnings.’⁹ The event was intended to inform about ‘the dangers ethanol alcohol poses to human health and allow Members to begin contemplating in what ways Codex could possibly contribute to reducing the harmful consumption of alcoholic beverages.’

Reformulation

The introduction of energy labelling on alcohol products could provide industry with an opportunity for product reformulation to gain competitive advantage and reduce adverse product comparisons. This may have the flow-on effect of reducing kilojoule consumption by the population, as well as stimulating innovation within industry. Many international food and beverage labelling schemes have led to product reformulation as they become widespread or mandatory, including labelling programs in the Netherlands, South Korea, Canada, USA, and New Zealand.¹⁰

Question 4:

Do you have any data, information or evidence to inform on the policy linkage between energy information, weight management and alcohol consumption?

Response:

Alcohol and dietary energy

The NHMRC Australian Dietary Guidelines state that alcohol contributes to dietary energy, especially alcoholic drinks with added sugar, and recommend ‘that alcohol intake contribute less than 5% of dietary energy because of the negative association between intake of alcohol and health outcomes.’¹¹ However, as identified in the consultation paper, research indicates that consumers are generally unable to estimate the amount of energy in alcoholic beverages,¹² and there is limited nutrition information about alcoholic beverages on containers or online. Provision of energy information would enable consumers to identify the energy content of beverages and compare them more accurately.¹³

Many consumers seek out nutrition information on food products to make purchasing decisions and choose healthier diets.¹⁴ Certain population segments, such as those who are monitoring their weight or trying to lose weight, or those with diagnosed health problems, are more likely to use nutrition information than the general population.¹⁵ There is some evidence from energy labelling in fast food settings that it facilitates lower energy purchases.^{16,17,18}

Nutrition labelling on alcoholic beverages could influence alcohol consumption by:

- informing consumers about how much alcohol contributes to their daily energy intake, thereby motivating them to reduce their intake.¹⁹ Energy labelling should include the reference statement: “An average adult’s daily energy intake is 8700kJ,” as has been implemented in menu labelling legislation for fast food chains²⁰
- assisting consumers with weight, dietary and other health issues to make better informed drinking decisions²¹
- dispelling misunderstandings and myths that certain alcoholic drinks are ‘less fattening’ or ‘healthier’ than others
- complementing public health messages about low-risk drinking, which could lead to a reduction in occasions of risky drinking and reduce overall per capita alcohol consumption.

Alcohol and body weight

A simple search of the literature on alcohol and body weight found inconsistent results about the effect of alcohol intake on body weight. A 2011 systematic review on alcohol consumption and body weight reported that: ‘The overall results do not conclusively confirm a positive association between alcohol consumption and weight gain; however, positive findings between alcohol intake and weight gain have been reported, mainly from studies with data on higher levels of drinking.’²² This systematic review also summarised previous research finding

that: ‘Moderate alcohol consumers usually add alcohol to their daily energy intake rather than substituting it for food, thereby increasing their positive energy balance’ and ‘Many epidemiological studies show that alcohol-derived calories added to food intake do not appreciably alter the average daily intake of other macronutrients; therefore, alcohol seems to make a contribution to metabolic energy.’

Some more recent studies reported associations between alcohol intake and obesity. A 2014 English study of 8864 participants reported an effect when alcohol calories provided more than 25% of the recommended daily calorie allowance, and with beer, spirits and alcopops and not wine. The study concluded that: ‘Alcohol calories may be a significant contributor to the rise in obesity.’²³ A 2012 study of 2366 Portuguese adults concluded that: ‘Independently of social and behavioural features, current and lifetime alcohol consumption were positively associated with overall and central obesity, in both women and men.’ The association between alcohol consumption and overall obesity was seen at alcohol intakes of 15g or more per day.²⁴

Question 5:

What types of intervention do you consider appropriate in addressing the identified problem? Please provide details of the intervention options, costs associated with the intervention option(s), and evidence of the effectiveness of the proposed approach.

Response:

As stated earlier, there is no justification for omitting energy information from alcohol products when it is required on all other food and beverage products that make substantial contributions to energy consumption at a population level. ACDPA supports consistent mandatory energy labelling on alcohol containers to inform consumers of the contribution of alcohol to dietary energy intake at the point of sale and/or consumption.

Visible and consistent labelling

The World Health Organization states that consumers require nutrition information that is ‘accurate, standardised and comprehensible’²⁵ to inform decision making. Any effects of energy labelling of alcohol products will be dependent on whether the information is consistent, clearly visible, legible and presented in a fashion readily understandable by consumers. Energy labelling of alcoholic beverages should also comply with food and beverage label legibility requirements in the *Australia New Zealand Food Standards Code*.

For example, the Health Star Rating system *Style Guide* and *Guide for Industry* are reference documents that promote consistent application and presentation of the health star ratings on food products and have generally been well-utilised by industry. The two-year progress review of the system reported that industry adherence to the *Style Guide* is good and the majority of manufacturers and retailers are displaying the correct rating on packs.²⁶ Some products display the energy icon only, which is listed as Option 5 of the Health Star Rating graphics.²⁷

Limitations of voluntary and self-regulatory approaches

ACDPA recognises that some companies are voluntarily providing nutrition information (including energy content) on alcoholic beverages or online. However, the provision of nutrition information is inconsistent across products and manufacturers. For example, Lion provides nutrition information online for beers but not for ciders as part of its “Beer the beautiful truth” campaign.²⁸ The majority of manufacturers provide little nutrition information

on products or online; therefore, consumers are often unable to find this information, even when searching for it.

The inconsistency in uptake of pregnancy warnings on alcohol labels demonstrates the limitations of a voluntary approach. The two-year review of the initiative found limited uptake (38%) by products²⁹ and a 'wide band of variability across product types. In particular Ministers noted and expressed concern with the low uptake in the mixed alcoholic beverages or ready to drink category.'³⁰ The trial was extended for another two years, with the final report due to COAG in November 2017. The Federal Government has previously considered mandatory health warning labels on alcoholic beverages³¹ but there are currently no requirements in place. DrinkWise, the alcohol industry-funded organisation tasked with supporting the producers in messaging about responsible alcohol consumption, appears to be exclusively focused on pregnancy warning messages.³²

ACDPA also notes the poor track record of the alcohol industry in self-regulation. A recent systematic review of industry self-regulation of alcohol marketing concluded: 'violations of the content guidelines within self-regulated alcohol marketing codes are highly prevalent in certain media.'³³

Given the limitations with voluntary and self-regulatory approaches taken by the alcohol industry, ACDPA supports a mandatory approach to the provision of energy information on alcohol containers to assist in educating the public on the impact of alcohol consumption on overall dietary energy intake. This should be supported by legislation and/or amendments to food standards regulations, as required, and public awareness campaigns to educate consumers in utilising energy labelling.

Mandatory labelling would create a level playing field for industry and benefit consumers by enabling greater comparison between products for lower-energy choices. If, however, a voluntary approach is considered, a timeframe for mandatory application should be set to encourage uptake. For example, the Legislative and Governance Forum on Food Regulation stipulated in 2013 that the Health Star Rating system would initially be implemented on a voluntary basis and 'if following evaluation after two years, a voluntary implementation is found to be unsuccessful, a mandatory approach will be required.'³⁴

Question 6:

Do you have data, information or evidence to assist in the identification and assessment of potential risks or issues associated with the energy labelling of alcoholic beverages intervention options?

Response:

Nutrition content claims

Nutrition content claims are permitted on foods in Australia to provide consistent, regulated information on product labels to assist consumers with their purchasing decisions. The *Australia New Zealand Food Standards Code* permits a food that contains more than 1.15% alcohol by volume, to make a nutrition content claim about the energy and carbohydrate content and provide information on the gluten content of products. An alcoholic beverage which contains more than 1.15% alcohol by volume must not be represented as a low alcohol beverage.³⁵

ACDPA is concerned that some alcoholic beverages may use energy labels as a marketing tool. Currently, some alcohol products carry nutrition content claims, such as ‘low carbohydrate’ and ‘ultra low carb’³⁶ on certain beers and ‘low calorie’ on pre-mixed drinks, lower-alcohol wines and certain beers. Some of these claims are potentially misleading. For example, most regular beers are relatively low in carbohydrates, therefore the claim that some are especially ‘low carb’ is ambiguous and confusing,³⁷ particularly as the more significant source of kilojoules in beer is the alcohol not the carbohydrates. Claims such as ‘ultra low carb’ may not be in alignment with the specific descriptors permitted in Schedule 4 Nutrition, health and related claims of the Food Standards Code.

Consumers are confused about what such claims really mean. In a national survey measuring the attitudes and behaviours of low carb beer drinkers, a proportion of people believed that low carb beer is healthier than full strength beer (71%) and light beer (38%), and is less fattening (44 per cent), despite no reliable evidence this is true.³⁸

ACDPA recommends that alcoholic beverages which contain more than 1.15% alcohol by volume should not be permitted to make any nutrition content claims as there is no nutritional requirement for alcohol and there is no known safe level of consumption.

As outlined on the Australian Government’s Department of Health *Eat for Health* website: ‘Alcohol, is high in kilojoules, is nutrient poor and can lead to weight gain. Alcohol can be harmful to your health, the more alcohol you drink, the greater the risk. Even small amounts of alcohol are associated with increased risk of some cancers. Too much alcohol may also damage the liver and brain, and increase the risk of high blood pressure and heart disease. No level of drinking alcohol can be guaranteed as completely safe.’³⁹

Nutrition content claims may influence purchasing decisions. There is potential that allowing claims on alcohol labels could encourage the public to drink more than they otherwise would. Consumers should not be provided with information that potentially encourages the consumption of alcohol. Therefore, we recommend that nutrition content claims are not permitted on alcohol labels. If, however, nutrition content claims continue to be permitted on alcoholic beverages, they should only be permitted regarding the energy content, and should comply with Schedule 4 Nutrition, health and related claims of the Food Standards Code. As outlined above, carbohydrate claims regarding alcoholic beverages are misleading to consumers.

The Health Star Rating system, administered by the Australian Government’s Department of Health, is also designed to assist consumers to compare similar packaged food and to make healthier choices. Opposite to nutrition content claims, the health star rating is not permitted to be used on products containing more than 1.15% alcohol by volume.⁴⁰

Other risks

The NHMRC Dietary Guidelines flag a risk: ‘if the consumption of other foods or drinks is reduced to adjust for the extra energy intake from alcohol, over time this could lead to a deficiency of key nutrients.’⁴¹ However, no evidence is provided regarding the impact of energy labelling. The Guidelines also state that: ‘in view of the increasing prevalence of overweight and obesity, limiting alcohol intake is an important strategy for achieving energy balance.’

Question 7:

What are the impacts for stakeholders that need to be considered in this policy development process? Please provide details.

Response:

As identified earlier, most consumers are unaware of the contribution of alcohol to their dietary energy intake. ACDPA supports the consumer's right to information when making purchasing decisions. Currently, there is limited information available on alcohol containers or online, and consumers often cannot find this information for many products, even if they search for it.

ACDPA recommends an awareness campaign to educate consumers in using energy labelling and how the energy in alcohol contributes to their daily energy intake. The inclusion of the statement "An average adult's daily energy intake is 8700kJ" would provide a reference point for adults, as it has been in the fast food sector. Consumer education should also reflect the NHMRC recommendation to consume no more than two standard drinks on any day to reduce lifetime risk of alcohol-related harm.⁴²

Final comments

As noted in the Australian Dietary Guidelines: 'in view of the increasing prevalence of overweight and obesity, limiting alcohol intake is an important strategy for achieving energy balance.'⁴³ It is also important to recognise that energy labelling of alcoholic beverages alone will not address the health impacts of alcohol, and it should be considered as one component of a broader approach involving: alcohol warning labels, setting minimum prices, volumetric taxation, advertising restrictions, improved licensing systems, adequate enforcement, and education and public awareness campaigns.

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² Pettigrew, S., et al. Australian drinkers' perceptions of alcohol-related risk by consumption status. *Addiction Research & Theory* 2016, 24(6), 507-513.

³ Agostinelli, G., et al. Alcohol counter-advertising and the media. A review of recent research. *Alcohol Res Health* 2002;26(1):15-21.

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⁵ AIHW 2017. Impact of overweight and obesity as a risk factor for chronic conditions. Australian Burden of Disease Study series no. 11. Cat. no. BOD 12. Canberra: AIHW.

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⁷ AIHW. Data (NDSHS 2016 key findings). <http://www.aihw.gov.au/alcohol-and-other-drugs/data-sources/ndshs-2016/data/>. Accessed August 2017.

⁸ FARE 2017. Annual alcohol poll 2017. Attitudes and behaviours. Canberra: FARE.

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¹³ Bui, M., et al. What am I drinking? The effects of serving facts information on alcohol beverage containers. *Journal of Consumer Affairs* 2008;42(1):81-99.

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