



## **Submission to Food Standards Australia New Zealand**

### **P1049 - Carbohydrate and sugar claims on alcoholic beverages**

Alcohol Healthwatch is a national charity working to reduce and prevent alcohol-related harms and inequities. We are committed to working in accordance with the principles of the Te Tiriti o Waitangi and the cornerstones of the Ottawa Charter. We are contracted by Te Whatu Ora/Health New Zealand to provide a range of regional and national health promotion services. These include: providing evidence-based information and advice on policy and planning matters; coordinating networks and projects to address alcohol-related harms, such as alcohol-related injury and fetal alcohol spectrum disorder; and coordinating or otherwise supporting community action projects.

Thank you for the opportunity to provide feedback on this proposal.

If you have any questions on the comments we have included in our submission, please contact:

[REDACTED]  
[REDACTED]  
[REDACTED]  
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[REDACTED]  
[REDACTED]

## Introduction

In this submission we respond to Proposal 1049 and understand it's purpose as follows:

*The purpose of this proposal is to clarify requirements in the Australia New Zealand Food Standards Code with respect to claims about carbohydrate content and the components of carbohydrate (such as sugar) in relation to food that contains more than 1.15% alcohol by volume (ABV), including alcoholic beverages.*

Our response is underpinned by the need to reduce the considerable burden of harm associated with the use of alcohol, and the need to address the environmental and commercial determinants of this harm.

### 1) Alcohol-related harm

Alcohol-related harm costs Aotearoa at least seven billion dollars a year, is the leading cause of preventable death in New Zealanders aged 15-49 (1), and is Aotearoa's most harmful drug (2). The harms are far-reaching and felt deeply by many communities around Aotearoa; they include family and intimate partner violence, motor vehicle accidents, and other accidents and illnesses, including seven types of cancer (3). Alcohol also plays a role in suicides (4). Alcohol harms not only the lives of those who consume alcohol but also their whānau, friends and communities. 79% of people living in Aotearoa consumed alcohol at least once last year, with at least 23% of all New Zealanders drinking hazardously in the last year (5).

### 2) Response to Proposal 1049

Food Ministers called on Food Standards Australia New Zealand (FSANZ) in 2017 to investigate issues surrounding sugar claims on alcohol labelling. Ministers had concerns that the labels could mislead consumers by potentially promoting alcohol as a healthier choice, even when health experts recommend limiting alcohol use (6).

Despite concerns by Ministers and the public health sector, and the evidence pointing towards consumers needing more understanding or clarification, FSANZ have still recommended these claims be permitted.

**Alcohol Healthwatch strongly opposes the proposal to permit nutritional content claims about carbohydrates and sugars on alcohol products.**

FSANZ consultation papers discuss the role of nutrition content claims regarding carbohydrates and sugars play when providing consumers with nutrition information.

Alcohol Healthwatch asserts that nutritional claims are marketing claims. They are not aimed at providing balanced and accurate information to consumers. Rather they are marketing tools.

We believe the alcohol industry will continue to use these labels to market their products as healthy despite public health advice. Recently developed guidelines and advice stress that there are no safe levels of alcohol use (7).

These claims are unnecessary and we do not believe they will enable consumers to make informed choices, especially in light of proposal P1059, which means only some products will carry NIPs. As highlighted in our submission on P1059 the most essential nutritional information on alcohol products is alcohol percentage. There is no evidence-based research to support claims that sugar and carbohydrate claims will enable consumers to make healthier choices in relation to their alcohol use.

Research of nutritional claims on non-alcoholic products shows that when nutritional claims or labelling are shown on the packaging, consumers are much less likely to consider NIP when making decisions about their products (8). More concerning, recent research shows that nutritional content claims dramatically reduce consumers' ability to confidently and correctly identify products that are either healthy or unhealthy—effectively hindering consumers' ability to make an informed choice about the healthiness and quality of the products they may purchase (9). We believe carbohydrate and sugar content claims on alcohol products would have a similar outcome.

For the reasons outlined above, we do not support the proposal P1049 to allow carbohydrate and sugar claims on alcohol beverages. We believe these claims will create confusion and distract consumer attention away from the information that is important for them to make healthy choices.

**Recommendation 1:** That Option 3, removal of the permission in the code to make nutrition content claims on alcohol products, is adopted.

### **3) Other concerns**

We like other also have concerns regarding the quality of the evidence review that has underpinned the proposal to allow carbohydrate and sugar claims.

**Recommendation 2:** That FSANZ evidence review is revised and strengthened, considering the following:

- a. An assessment of the commercial biases of each reference are considered and included in the evidence review. This includes conflict of interest statements, funding sources and affiliations of authors.
- b. References that are not peer-reviewed journal articles or research reports should be excluded; that is, media releases and fact sheets should be omitted from the included references.
- c. The Colmar Brunton references should be omitted based on their lack of relevance; evidence on consumer value of health claims is clearly recognised as low quality and mixed,
- d. The significant body of evidence on the impact of nutrition content claims on food labels on consumer understanding and behaviour is considered and incorporated into recommendations on the final proposed approach.

**Recommendation 3:** That FSANZ considers the Shape of Australia Report on claims on alcohol labels and incorporate this in their recommendations on the final proposed approach.

**Recommendation 4:** Alcohol-related harms are considered in cost and benefit

#### **4) Response to Specific Questions**

***1) Do you have or are you aware of any evidence to suggest that nutrition content claims about carbohydrate and/or sugar on alcoholic beverages affect consumers:***

- a. level of consumption of alcoholic beverages?***
- b. level of physical activity?***
- c. general food intake?***

***2) Are you aware of any studies that sufficiently examine the effects of nutrition content claims about carbohydrate and/or sugar on choice between different types of alcoholic beverages?***

There is currently a lack of independent evidence-based research regarding carbohydrate and sugar claims on alcohol products. However, research on non-alcohol products shows consumer confusion regarding these claims.

The lack of evidence-based research does not mean there is no harm that may be created by allowing these claims. We believe FSANZ should be taking a precautionary approach to protect consumer safety and minimise the risk of harm.

***3) Do you agree with the estimates for the average cost of labelling change for option 3 for affected Stock Keeping Units (SKUs) in Attachment D? Please provide evidence to support your position.***

We do not have a position on this.

***4) Do you have any data on amounts or proportions of SKUs that carry nutrition content claims about carbohydrate and/or sugar and that would be affected by option 3?***

We do not have a position on this.

***5) Do you agree with FSANZ's current overall consideration of costs and benefits?***

We do not agree.

***6) Are there any other material costs and benefits that you believe should be taken into account in this analysis?***

The current analysis only gives consideration to the industry and has failed to give any consideration to the burden of harm and costs that are associated with alcohol harm

## 5) Conclusion

We do not support the support proposal P1049.

We endorse the submissions made by Cancer Council of Australia, Cancer Society New Zealand and The Foundation for Alcohol Research and Education (FARE).

We support a precautionary and harm reduction approach to this matter, and look forward to continuing to work with FSANZ to achieve this.

## References:

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3. Connor J. Alcohol consumption as a cause of cancer: Alcohol consumption as a cause of cancer. *Addiction*. 2017 Feb;112(2):222–8.
4. Crossin R, Cleland L, Beautrais A, Witt K, Boden J. Acute alcohol use and suicide deaths: An analysis of New Zealand coronial data from 2007–2020. *N Z Med J*. 2022 Jul 14;135.
5. Ministry of Health. Annual Data Explorer 2021/22: New Zealand Health Survey [Internet]. 2022. Available from: <https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/>
6. Amohia te Waioira TWO. Standard drinks and legal limits. Available from: <https://www.alcohol.org.nz/help-and-support/advice/standard-drinks-and-legal-limits/>
7. Canada's guidance on alcohol and health: final report. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction; 2023.
8. Ikonen I, Sotgiu F, Aydinli A, Verlegh PWJ. Consumer effects of front-of-package nutrition labeling: an interdisciplinary meta-analysis. *J Acad Mark Sci*. 2020 May;48(3):360–83.
9. Prates SMS, Reis IA, Rojas CFU, Spinillo CG, Anastácio LR. Influence of nutrition claims on different models of front-of-package nutritional labeling in supposedly healthy foods: Impact on the understanding of nutritional information, healthfulness perception, and purchase intention of Brazilian consumers. *Front Nutr*. 2022 Sep 23;9:921065.

