

SUBMISSION TO FOOD STANDARDS AUSTRALIA NEW ZEALAND: P1049 CARBOHYDRATE AND SUGAR CLAIMS ON ALCOHOLIC BEVERAGES

Overview

The George Institute for Global Health is pleased to contribute a written submission to the consultation on Proposal 1409 Carbohydrate and Sugar Claims on Alcoholic Beverages.

As stated in the consultation document, the aim of the proposal is to assess the requirements for making voluntary nutrition content claims about carbohydrate and sugar on products with more than 1.15% alcohol by volume (ABV). Concern about sugar claims misleading consumers was raised by Food Ministers in 2017. This led to the investigation by FSANZ, which resulted in the current proposal P1049 – Carbohydrate and Sugar Claims on Alcohol Beverages.

Alcohol consumption accounts for nearly 5% of the total disease burden in Australia (1) and causes 6,000 deaths per year (2). Alcohol is recognised as a group 1 carcinogen, and hence is not safe in any quantity (3). While there are favourable downward trends, Australians remain heavy drinkers by world standards, consuming 9.5 litres of pure alcohol each per year (4). It is therefore essential that initiatives to reduce the contribution of alcohol to overweight and obesity, including the P1049 proposal, do not inadvertently make alcohol appear to be just another type of beverage. The substantial contribution of alcohol to the burden of disease makes it ‘no ordinary commodity’ (5).

The design, availability, and promotion of alcohol products can affect consumers’ perceptions of the healthiness of alcoholic beverages, and in turn influence their consumption. It is imperative that nutrition content claims on alcoholic beverages do not undermine broader health messaging that alcohol is harmful to health. The proposal put forward in P1049 is concerning because consumers can assume that alcoholic beverages with less sugar and/or carbohydrates are ‘healthier’. The evidence is clear that alcohol is harmful to health, even in low doses, so anything that provides a health halo is problematic. A recent Cancer Council study demonstrated that many consumers are unaware of the link between cancer and alcohol consumption (6), highlighting the issues associated with claims providing a health halo.

The George Institute joins our public health colleagues in **supporting Option 3 to prohibit the use of sugar and carbohydrate claims on alcoholic beverages.**

We welcome the opportunity to further engage with FSANZ on this important policy area.



About The George Institute for Global Health

The George Institute is a leading independent global medical research institute established and headquartered in Sydney. It has major centres in China, India, and the UK, and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat the world's biggest killers: non-communicable diseases (NCDs) and injury.

Our work aims to generate effective, evidence-based, and affordable solutions to the world's biggest health challenges. We research the chronic and critical conditions that cause the greatest loss of life and quality of life, and the most substantial economic burden, particularly in resource-poor settings.

Our Alcohol Policy team works in Australia and overseas to reduce death and disease caused by alcohol. The team conducts multi-disciplinary research with a focus on generating outputs that will help government and health-related NGOs deliver a healthier environment for all. Our alcohol research covers the domains of marketing and supply restrictions, harm-reduction campaigns, and industry's efforts to influence policy.

Acknowledgement of Country

The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, and in particular the Gadigal people of the Eora Nation on which our Sydney office is situated. We pay our respects to Elders past, present, and future.

We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country and are committed to working in partnership with communities to deliver better health outcomes.



Recommendations summary

The George Institute for Global Health joins our public health colleagues and consumers around the country in rejecting the implementation of explicitly permitting mandatory sugar claims on alcohol beverages. We make the following recommendations to ensure the FSANZ proposal meets the objectives of safeguarding public health in Australia:

1. Implement Option 3 to remove the permission in the Code to make nutrition content claims about carbohydrate (including sugar) on products containing more than 1.15% alcohol. Alcohol is a harmful product and should not be marketed using claims that detract from the harm it causes. The George Institute supports the statement in the evidence synthesis for P1049 that sugar/carbohydrate claims may cause consumers to make inaccurate assumptions about alcoholic beverages. Data relating to this issue are reported further below.
2. Review the evidence presented in the evidence review to include other relevant costs, especially those relating to public health outcomes. We are very concerned that the evidence review presented in support of the proposal does not include relevant literature on (i) the harms of alcohol and alcohol consumption and (ii) the impacts of labelling and claims on alcohol consumption and broader consumer health literacy related to alcohol harms. As such, it is our view that the evidence review is incomplete and potentially misleading and cannot be relied upon to support the legislative change proposed. We recommend that the evidence review is broadened to include relevant literature as described above, and that **the legislative process is paused until a more comprehensive evidence review is available**, in alignment with best practice regulation guidelines
3. Ensure decisions are consistent with the way in which alcohol is described and treated in other relevant public health policies, including the Australian Alcohol Guidelines (7), the Australian Dietary Guidelines (8), and P1059 Energy Labelling on Alcoholic Beverages (9).



Q1. 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?

The George Institute recently collaborated with Alcohol Change Australia (ACA) to conduct research on how consumers interpret nutrition claims on alcohol products. In a demographically representative sample of 1,000 Australian adults, one-third of respondents rated products with a 'low carb' and 'low sugar' claim as healthier relative to an identical product with no claim. One in five respondents reported that the low sugar claim would influence them to drink more of that drink. This has the potential for claims to increase consumption. More detailed results are provided in Appendix 1.

The ACA research, alongside the Shape of Australia Survey results described below (12), shows that claims can mislead consumer about the healthiness of alcohol products. This is supported by evidence from the food domain that also shows that nutrition claims can create a health halo, whereby products with claims are deemed 'healthier than' comparable products (13).

Q2. 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?

- 1) The Shape of Australia Survey conducted by Cancer Council analysed the effect of added claims and healthiness of alcoholic beverages (12). The results indicate increased intended purchasing of products with 'no added sugar' claims, followed by 'low carb' claims. This illustrates the ability of these claims to mislead consumers about the healthiness of products.
- 2) There is evidence that suggests ready-to-drink alcoholic beverages have the highest prevalence of nutrition related claims (13), which could result in consumers viewing these products as healthy options.

The George Institute has recently published work that reports the prevalence of carbohydrate and sugar claims on ready-to-drink alcohol products in Australia (14). The results show that 31% of the products sampled displayed sugar claims and 20% displayed carbohydrate claims (14). Around two-thirds of hard seltzers (a category targeting younger drinkers) displayed sugar (64%) and/or carbohydrate (62%) claims (14). There was an average of 1.5 claims per product, ranging from zero to 6 claims per product (14). The results found that hard seltzers, a category targeting youth consumption, displayed significantly more claims than any other type of ready-to-drink (14). This is highly problematic due to the potential for such claims to influence consumers' perceptions of product healthiness.



Q3. 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.

The George Institute does not have specific data relating to these estimated costs. However, such costs should be assessed in the context of the public health costs associated with any increases in alcohol consumption.

Q4. 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?

As noted at Q2, The George Institute has recently published work that reports the prevalence of carbohydrate and sugar claims on ready-to-drink alcohol products (14). The results show that 31% of the products sampled displayed sugar claims and 20% displayed carbohydrate claims. Around two-thirds of hard seltzers displayed sugar (64%) and/or carbohydrate (62%) claims (14). There was an average of 1.5 claims per product, ranging from zero to six claims per product (14). The pervasive use of these claims on certain types of products is problematic due to consumers' interpretation that these claims, especially sugar claims, indicate that products are 'healthier'. This research also identified the frequent use of numerous other types of nutrition-related claims, **illustrating the scale of the problem and the likelihood that permitting some types of nutrition claims will open the floodgates for industry to use many other types of nutrition-related claims to a much greater extent.**

Q5. Do you agree with FSANZ's current overall consideration of costs and benefits?

The George Institute does not agree with FSANZ's current overall consideration of costs and benefits because public health outcomes are missing from the analyses.

Q6. Are there any other material costs and benefits that you believe should be taken into account in this analysis?

The George Institute recommends a more thorough consideration of disability adjust life years (DALYs) and community harm. Alcohol causes significant harm and contributes to 4.5% of the burden of disease in Australia (1). The monetary cost of a label change to industry is not the only measurable cost that could be affected by explicitly permitting claims. Given that the industry supports the proposed change to allow nutrition-content claims to be permitted, it is reasonable to expect that the industry believes that sales can be increased by promoting these claims.

The cost-benefit analysis should therefore consider the health costs of increasing alcohol consumption, including increases in the costs of alcohol prevention, treatment, and harms



(e.g., alcohol-related violence and emergency presentations). These costs are borne both by the community through the provision of publicly funded health services, as well as individuals, and therefore should be considered in line with the [Australian Government Guide to Policy Impact Analysis](#).

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Appendices

Appendix 1: Omnibus survey results conducted by Alcohol Change Australia and The George Institute for Global Health, 2023

Omnibus survey results: Carbohydrate and sugar claims on alcohol products August 2023

Objective

Two questions were placed in an online omnibus survey to assess Australians' perceptions of carbohydrate and sugar claims on alcohol products, and the potential impact of the claims on people's alcohol use. Respondents were shown images of three alcoholic ciders – standard, low carb, and low sugar – and asked to rate the 'healthiness' of each product from unhealthy to very healthy. They were then asked how low carb and low sugar messages on the label of an alcoholic drink would impact on the number of drinks they would have.

Sample

The nationally representative sample of 1,000 Australian adults aged 18 years and over were surveyed via an online omnibus survey (conducted by panel provider Pureprofile) on 27 and 28 August 2023.

Key findings

- Carbohydrate and sugar claims on alcohol products create a 'health halo' and mislead Australians about the 'healthiness' of alcohol:
 - Around one-third of people rated the cider products with low carb and low sugar claims as healthier than the identical cider product with no claim.
 - The proportion of people who understood that alcohol is unhealthy fell from 48% to 40% when a low carb claim was added, and to 37% when a low sugar claim was added.
- There is the potential for low sugar claims to lead to increased alcohol use. One in five people reported that if they saw a low sugar claim on an alcoholic drink, they would drink more of that product.

Note: These findings are likely to be conservative as they relate to the general adult population, including non-drinkers; and the images depicted subdued carbohydrate and sugar claims.





Survey questions

1. On a scale of 1 to 7, with 1 being 'not at all healthy' and 7 being 'very healthy', how would you rate the healthiness of the following products?
 - a) Image of alcoholic apple cider with no health claim
 - b) Image of alcoholic apple cider with low carb claim
 - c) Image of alcoholic apple cider with low sugar claim

2. If you were to see the following messages on the label of an alcoholic drink, how would these impact your alcohol use?

	It would increase how many of these beverages I drink	It would not change how many of these beverages I drink	It would decrease how many of these beverages I drink	Don't know/can't say
Low carb				
Low sugar				

Results

Data analysis was completed by the Food Policy team at The George Institute for Global Health.

Table 1. Perceived healthiness of alcohol products – aggregated response options (n =1000)

	Unhealthy		Neutral		Healthy		Mean (SD)
	n	%	n	%	n	%	
No claim	480	48	286	29	234	23	3.45 (1.46) ^a
Low carb	395	40	289	29	316	32	3.76 (1.44) ^b
Low sugar	374	37	266	27	360	36	3.87 (1.51) ^c

Scale 1 'Not at all healthy' to 7 'Very healthy'.

Mean values with different superscripts differed at $p < .001$

Table 2. Summary – change in perceived healthiness from no claim to low carb (n =1000)

	n	%
Rated low carb product as less healthy	94	9.4
No change	581	58.1
Rated low carb product as healthier	325	32.5



Table 3. Change in perceived healthiness from no claim to low sugar (n =1000)

	n	%
Rated low sugar product as less healthy	107	10.7
No change	511	51.1
Rated low sugar product as healthier	382	38.2

Table 4. Anticipated change in consumption (n =1000)

	Decrease consumption		Not change consumption		Increase consumption		Don't know		Mean (SD)
	n	%	n	%	n	%	n	%	
Low carb	120	12	592	59***	129	13***	159	16*	.01 (.55) ^a
Low sugar	126	13	535	54***	195	20***	144	14*	.07 (.60) ^b

Scale -1 'Decrease consumption' to 1 'Increase consumption'

Proportions in the same column with asterisks significantly differed at * $p < .05$, ** $p < .01$, or *** $p < .001$

Mean values exclude respondents who answered 'Don't know'

Mean values with different superscripts differed at $p < .001$