



Food Standards Australia New Zealand
Submissions
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Dear FSANZ Submissions

PROPOSAL P1049 – CARBOHYDRATE AND SUGAR CLAIMS ON ALCOHOLIC BEVERAGES

The Environmental Health Directorate of the Western Australia Department of Health (EHD WA) would like to thank Food Standards Australia New Zealand (FSANZ) for the opportunity to provide comment on Proposal P1049 – Carbohydrate and sugar claims on alcoholic beverages. EHD WA has prepared this response with the following format:

1. Overall EHD WA position on P1049.
2. General Comments – outlining salient points in relation to P1049 Call for submissions (CFS) and Supporting Document 1 (SD1).
3. Response to the Submitter Questions.
4. References cited throughout this document.

1) Overall EHD WA position

The EHD WA supports Option 3 – Remove the permission in the Code to make nutrition content claims about carbohydrate on food that contains more than 1.15% ABV.

The reason for this position is highlighted in the below points and outlined in detail further in the General Comments section of this response.

- Consumers are confused by carbohydrate and/or sugar claims on alcohol which create a 'health halo' effect.(Keric et al., 2022)
- Carbohydrate and/or sugar claims on alcohol detract from the actuality that alcohol is a toxic and psychoactive substance (World Health Organization, 2023) and is the primary ingredient providing the majority of energy in alcoholic drinks.
- Alcoholic beverages are by convention, low in carbohydrate and sugar and therefore carbohydrate and/or sugar claims misrepresent nutrient modifications.

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The issues identified in the CFS, SD1 and presented here are not new and were clearly encapsulated in a letter to the editor in the MJA in 2010.(Miller et al., 2010) It is prudent that action by FSANZ is taken now to protect the public health of the Australian community.

2) **General Comments**

a) Consistent Research Evidence

The FSANZ team have compiled an extensive review of the literature and despite the authors stating there is a lack of high-level articles included, there is a **consistent and definite trend across all** the research reviewed that demonstrates that the presence of carbohydrate and/or sugar claims on alcoholic beverages causes consumer confusion. In short, it is evident from the review that the toxicity and high energy value of alcohol is not a primary consideration in the presence of carbohydrate and/or sugar claims for consumers.

The SD1 literature review outlines that consumer understanding of carbohydrate content of alcoholic beverages may be limited, and it should be noted this is not specific to alcohol, and is due to a lack of nutrition literacy skills of most Australians, across all foods.(Australian Academy of Science National Committee for Nutrition, 2019) This is demonstrated in a population study of behaviour awareness and attitudes to sugar sweetened beverages (SSBs), but is by no means limited to this study. Results demonstrate that 34% (n=2732) of participants gave a response approximating the correct number of teaspoons of sugar (8 to 12) in a 375 ml can of soft drink. Moderate (1 to 6 drinks/week) and frequent (7 or more drinks/week) consumers were more likely to underestimate sugar content in soft drink than in non-consumers. Diet soft drinks and SSBs were rated by 51% of participants as having the same level of healthiness whereas 27% rated diet soft drinks as less healthy. Frequent consumers of SSBs were more likely to rate diet soft drinks as less healthy than the same level of healthiness of SSBs.(Miller et al., 2019) Relatedly, in a systematic review Kaur et al. (2017) investigated the impact of health related claims on dietary choices and found consumers were 1.75 times more likely to purchase products with a health-related claim.

In the absence of ongoing nutrition literacy upskilling of the Australian public or an education campaign, consumers will continue to misinterpret the carbohydrate and/or sugar claims on alcohol to mean the product is healthy, when in effect the presence of alcohol significantly overrides any benefit for consumers.

b) Alcoholic Beverages are Already Low in Carbohydrate and Sugar

One of the overriding aims of the Australia and New Zealand food regulation system is to:

- *help consumers make informed choices about food by making sure they have information they need and are not misled.*

Alcoholic beverages are conventionally low in carbohydrate and sugar¹, with most of the energy coming from alcohol. It is nonsensical to have nutrition content claims that promote an already existing nutrient profile that has not been extensively modified to improve the nutrition composition. The presence of the claims is at the expense of obfuscating the contribution of alcohol to the energy content and unhealthfulness of the product.

It is misleading to proclaim the low carbohydrate and/or sugar content of a product that is toxic and high in energy. These claims are in direct conflict with the second priority of the food regulation system which is supporting the public health objectives to reduce chronic disease related to overweight and obesity and the Ministerial Policy Guideline on Food Labelling to Support Consumers to make Informed Healthy Choices.

c) Net Benefits of Option 3

FSANZ have outlined that the expected costs of Option 3 would outweigh the benefits. The costs are tangible and relate to relabelling (Table 1. P42, CFS) however the true value of intangible costs has not been investigated. FSANZ highlight that compared to the status quo Option 3 *“would provide clarity and certainty for enforcement agencies about the nutrition content claims that may and may not be made on food that contains more than 1.15% ABV, including alcoholic beverages under the Code. This clarity may also benefit some in the alcohol industry”*. (p 41, CFS)

The negative net benefits outlined in Table 1. have a readily available monetary value, however the value of clarity for enforcement agencies and consumers cannot be costed without a rigorous Social Return on Investment (SROI) study. There are potentially many other intangible benefits that are likely to also return considerable value but are beyond the scope of this proposal to be investigated. Regardless, the total costs presented in Table 1. are minimal compared to the total revenue in the Alcoholic Drinks market for Australia in 2023, \$43.1 billion (Statista Market Insights, 2023) and the estimated 2017 – 2018 social cost of alcohol use in Australia, \$66.8 billion. (Australian Institute of Health and Welfare, 2023)

d) Promoting Low Carbohydrate Feeds the Low Carb Diet Fad

A low carbohydrate diet first appeared in the literature in 1825 as a solution to obesity proposed by Jean Brillat-Savarin in *The Physiology of Taste*. (Hite et al., 2011) Made popular in 1972, and again in 1998 by Dr Atkins, clinicians and public alike have pursued a low carbohydrate diet in the effort to manage weight and diabetes control. Controlled trials of safe low carbohydrate diets with clearly defined parameters and counselling demonstrate success, however this is often far removed from what the general population is doing when they ‘go on a low-carbohydrate diet’. (Crowe, 2005)

Crowe (2005) presents findings from market research firm National Purchase Diary (NPD) Group who surveyed the eating habits of 11,000 US adults from 2001 to 2003. NPD found intakes of carbohydrate of self-styled low carb diets adopted by individuals

¹ Maximum levels of carbohydrate content per 100 ml for alcoholic beverages according to FSANZ AUSNUT Food Nutrient Database: Beer = ≤2.3%; red wine = 0%; white wine ≤2.6%; tequila = 0.3%; vodka = 0.1%

for weight loss to be much higher than recommendations made popular by low carbohydrate diets for weight loss. Based on the survey it found that at any one time 4% of the American population were following a low carbohydrate/high protein diet and that those who reported being on a reduced carbohydrate diet were more likely to be obese, have diabetes, high blood pressure and have high cholesterol compared to those not 'cutting carbs'.

Allowing a carbohydrate and/or sugar nutrition claim on alcoholic beverages continues to perpetuate a fad diet approach and the message that carbohydrates are 'bad' when in fact, the consumption of alcohol is far more harmful and most alcoholic beverages are not high in either carbohydrate or sugar.

e) A Vision for the Future

The WHO Independent High-level Commission on Noncommunicable Diseases (NCD) second and final report, *It's Time to Walk the Talk* (World Health Organization, 2019) outlines a list of recommendations for government that encompass policy, legislative, and regulatory measures that take national multisectoral action to limit the rise of NCDs. Recommendation 2 clearly outlines supporting “...*countries in their national efforts to empower individuals to make healthy choices and make the healthiest choice the easiest choice, including through the creation of enabling environments and the **promotion of health literacy**. Policy, legislative, and regulatory measures that reduce exposure to risk factors for NCDs and mental health conditions and promote healthy choices can be complemented by **health literacy approaches***”.

The report outlines that countries have failed since the first report *Time to Deliver* (World Health Organization, 2018) in their commitment to complement policy, legislative, and regulatory measures by **strengthening health literacy through education**. It is important that Australian national and state governments recognise the importance of harnessing health literacy by embedding it into cross agency systems (e.g. education, communities, communication, health). Similarly, the recommendations from the decadal plan, *Nourishing Australia* produced by the Australian Academy of Science (National Committee for Nutrition, 2019) recognises nutrition as a primary mediator between “our biology and our physical and mental health, and the role nutrition literacy can play in the reduction in Australia’s chronic disease burden.

Notwithstanding the excellent work that has been done by FSANZ in reducing the salt content in the Australian food supply, and the work progressing a reduction in trans fatty acid and sugar content of foods, without nutrition literacy skills and comprehensive nutrition education campaigns consumers will continue to remain disempowered in their food and drink choices. It is timely for FSANZ to start an across portfolio dialogue that advocates government to go beyond the food supply in reducing NCDs.

3) Response to the Submitter 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?

The EHD WA is not aware of any additional peer review literature specific to Question 1. not captured in SD1.

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?

The following article could potentially be of use, although the research presented in the SD1 is of a better quality and more aligned with the considerations of P1049.

Popovich D, Velikova N. 2023. The impact of nutrition labelling on consumer perception of wine. *Journal of Consumer Marketing*. DOI 10.1108/JCM-09-2020-4101

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.

The EHD WA does not have the capacity to investigate the details presented regarding SKUs however we are satisfied with the data presented in Table 1.

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?

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

No.

No. As outlined in point c.) above the costs that have been considered are tangible and the benefits of removing nutrition content claims are intangible but do have value.

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

No.

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Thank you for considering the above comments. Should you wish to discuss any of these comments please do not hesitate to contact the Environmental Health Directorate of the Department of Health on [REDACTED]

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4 September 2023