

Food Standards Australia and New Zealand  
Via email to: [submissions@foodstandards.gov.au](mailto:submissions@foodstandards.gov.au)

20 March 2023

To whom it may concern,

## **RE: Proposal P1059 – Energy Labelling on Alcoholic Beverages**

The National Centre for Education and Training on Addiction (NCETA) welcomes the opportunity to provide a response to the above consultation. NCETA is based at Flinders University in South Australia and is a collaboration between the University and the Australian Government Department of Health and Aged Care. It is Australia's national research centre on alcohol and other drugs (AOD) workforce development with an international reputation as a catalyst for change in the AOD field. NCETA aims to advance the capacity of organisations and workers to respond to AOD-related problems and has created, and contributed to the development of numerous national policies and strategies concerning AOD.

### **Response to consultation**

NCETA has considered the proposal in relation to harms unique to alcoholic products (i.e., distinguishing alcoholic products from food and non-alcoholic beverages), alongside the contribution of alcohol to weight gain and obesity through the considerable contribution alcohol can make to daily energy intake when consumed. **NCETA supports mandatory standardised on-label energy information for alcoholic products**, as mandatory implementation of standardised on-label energy information will provide the community with consistent access to information about the energy content of alcoholic products.

### **Alcohol related harms**

**The harms associated with alcohol use in Australia are significant<sup>1</sup>.** Alcohol use has been causally linked to over 200 disease and injury conditions<sup>2</sup>, including at least seven types of cancer<sup>3</sup>. Nearly 6,000 lives are lost every year and more than 144,000 people are hospitalised<sup>4</sup>. In 2021, alcohol-related harms incurred Australia \$22.6 billion of tangible costs<sup>5</sup>, and the total cost of alcohol use from 2017-2018 including intangible costs was estimated to be \$66.8 billion<sup>6</sup>, making alcohol use one of Australia's greatest preventive health challenges.

Alcohol is a significant contributor to the energy content of alcoholic products<sup>7</sup>. Compared to those who do not drink alcohol, people who drink alcohol report higher total energy intake<sup>8</sup> and may be at increased risk of weight gain<sup>9</sup>, overweight, and obesity<sup>10</sup>, which are key preventable risk factors for illness<sup>11</sup>. However, accurate consumer knowledge of the energy content in alcohol is low<sup>12</sup>. Our recent research published in the peer-reviewed literature surveyed 801 Australian adults who consumed alcohol at least monthly, we found that 56.4% of participants reported limiting the number of alcoholic drinks they consumed because of energy-related concerns<sup>13</sup>. Further, we found that people who indicated consumption above the threshold in national NHMRC guidelines (average past-year consumption of >2 standard drinks daily), and those who indicated more

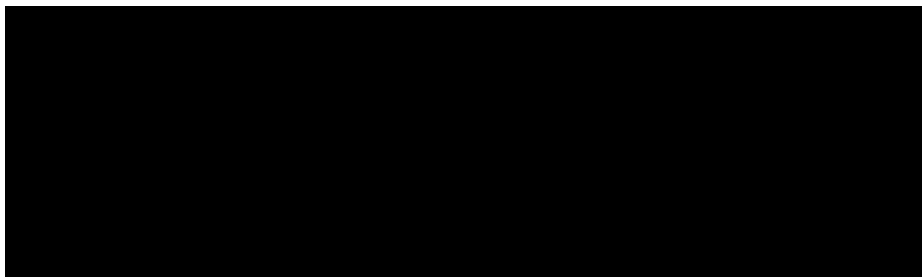
frequent alcohol use, had increased odds of altering their alcohol use because of energy-related concerns<sup>13</sup>. Further, an international experimental study of 1,084 adults in the United Kingdom, examining the effect of energy labelling similarly found that exposure to energy labelling reduced intended alcohol use<sup>14</sup>. **Therefore, the potential for reducing *alcohol related harm* should be considered in energy labelling measures. However, it is essential that people understand that the alcohol within alcoholic products is inherently harmful, regardless of the energy content.**

### Consumer testing

It is our understanding that there is a limited evidence base regarding the potential adverse impacts of energy labels on alcoholic beverages. We therefore recommend independent consumer behavioural testing of any potential energy label be conducted prior to implementation to understand how consumers interpret the information in relation to alcohol use. This research should include testing of particular wording to ensure there are no potentially adverse health impacts regarding alcohol use, including among people who may be more likely to be influenced by energy labelling<sup>12</sup>. Consumer testing is essential to ensure that provision of energy information for alcoholic products supports rather than undermines the important public health objective of reducing alcohol related harm.

Thank you for the opportunity to respond to the consultation on this important topic.

Yours sincerely

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## References

1. Bonomo Y, Norman A, Biondo S, Bruno R, Daglish M, Dawe S, et al. The Australian drug harms ranking study. *Journal of psychopharmacology (Oxford)*. 2019;33(7):759-68.
2. Rehm J, Gmel GE, Gmel G, Hasan OSM, Imtiaz S, Popova S, et al. The relationship between different dimensions of alcohol use and the burden of disease—an update. *Addiction (Abingdon, England)*. 2017;112(6):968-1001.
3. Runggay H, Shield K, Charvat H, Ferrari P, Sornpaisarn B, Obot I, et al. Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study. *The lancet oncology*. 2021;22(8):1071-80.
4. Lensvelt E, Gilmore W, Liang W, Sherk A TC. Estimated alcohol-attributable deaths and hospitalisations in Australia 2004 to 2015. Perth: National Drug Research Institute, Curtin University; 2018.
5. Rethink Addiction, KPMG. Understanding the Cost of Addiction in Australia. Richmond, Victoria: Rethink Addiction; 2022 [Available from: <https://www.rethinkaddiction.org.au/the-cost-of-addiction>].
6. Whetton S, Tait RJ, Gilmore W, Dey T., Abdul Halim S, McEntee A, et al. Examining the Social and Economic Costs of Alcohol Use in Australia: 2017/18. Perth, Western Australia: National Drug Research Institute, Curtin University; 2021.
7. Sayon-Orea C, Martinez-Gonzalez MA, Bes-Rastrollo M. Alcohol consumption and body weight: a systematic review. *Nutrition reviews*. 2011;69(8):419-31.
8. Australian Health Survey: Nutrition First Results - Food and Nutrients [Internet]. ABS. 2014.
9. Dionisi T, Addolorato G. Effect of Alcohol Combined With High Fat Diet: Two Wrongs Don't Make a Right but They Could Make a Good Excuse Comment. *Alcohol and alcoholism (Oxford)*. 2021;56(3):348-50.
10. Golzarand M, Salari-Moghaddam A, Mirmiran P. Association between alcohol intake and overweight and obesity: a systematic review and dose-response meta-analysis of 127 observational studies. *Critical reviews in food science and nutrition*. 2022;62(29):8078-98.
11. Australian Institute of Health and Welfare. Risk factors to health. AIHW: Australian Government; 2017.
12. Robinson E, Humphreys G, Jones A. Alcohol, calories, and obesity: A rapid systematic review and meta-analysis of consumer knowledge, support, and behavioral effects of energy labeling on alcoholic drinks. *Obesity reviews*. 2021;22(6):e13198-n/a.
13. Bowden J, Harrison NJ, Caruso J, Room R, Pettigrew S, Oliver I, et al. Which drinkers have changed their alcohol consumption due to energy content concerns? An Australian survey. *BMC public health*. 2022;22(1):1-1775.
14. Robinson E, Smith J, Jones A. The effect of calorie and physical activity equivalent labelling of alcoholic drinks on drinking intentions in participants of higher and lower socioeconomic position: An experimental study. *British journal of health psychology*. 2022;27(1):30-49.