

Food Standards Australia and New Zealand
Submission via email to: submissions@foodstandards.gov.au

4 September 2023

To whom it may concern,

RE: Proposal P1049 - Carbohydrate and sugar claims 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. NCETA respectfully acknowledges the traditional owners of the lands on which we work, and in particular the Kaurna people, on whose lands our Centre is located. We pay our respects to Elders past, present and emerging.

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). It is essential that initiatives to reduce the contribution of alcohol to weight gain and obesity in Australia do not mistakenly make alcohol appear to be just another type of beverage¹. Alcohol consumption accounts for nearly 5% of the burden of disease in Australia, making setting it aside as 'no ordinary commodity'^{1,2}.

Evidence has demonstrated that consumers do not understand that the main source of energy in most alcoholic beverages comes from the alcohol itself³. Instead, consumers believe that sugar or carbohydrates are the main sources. Therefore, the effect of carbohydrate/sugar claims on consumer perceptions of alcoholic beverages may mislead Australians about the 'healthiness' of alcohol. Carbohydrate and/or sugar claims may have the potential to create a 'health halo' effect for alcohol and undermine broader health messaging that alcohol is harmful to health. Consequently, **NCETA supports Option 3 to prohibit the use of sugar and carbohydrate claims on alcoholic beverages**. The evidence is clear that alcohol is harmful to health, even in low doses, so messaging on products that provides a health halo is misleading to consumers.

Alcohol related harms

Australians consume a combined average of 9.5 litres of pure alcohol per person each year² and alcohol is the most widely used drug in Australia⁴. **Alcohol is a class 1 carcinogen⁵ and the harms associated with alcohol use in Australia are significant⁶**. Alcohol use has been causally linked to over 200 disease and injury conditions⁷, including at least seven types of cancer⁸. Nearly 6,000 lives are lost every year and more than

144,000 people are hospitalised⁹. In 2021, alcohol-related harms incurred Australia \$22.6 billion of tangible costs¹⁰, and the total cost of alcohol use from 2017-2018 including intangible costs was estimated to be \$66.8 billion¹¹, making alcohol use one of Australia's greatest preventive health challenges. Despite these harms, a recent Cancer Council study demonstrated that many consumers are unaware of the link between cancer and alcohol consumption¹², highlighting the potential issues associated with carbohydrate and sugar claims providing a perceived health halo.

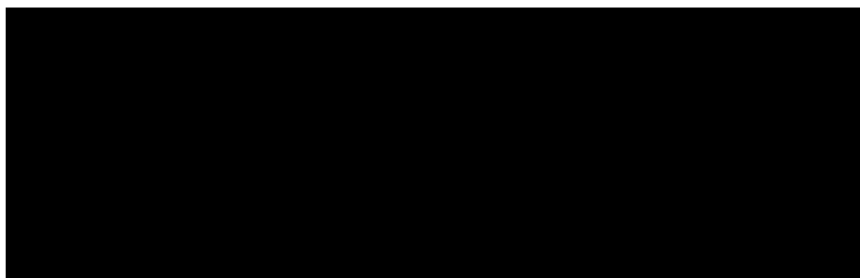
Alcohol advertising often uses health-related messaging and positions products including low-carbohydrate alcohol as a healthier choice¹³. The alcohol industry may be capitalising on the low consumer awareness of energy content in alcohol, as well as these misconceptions about low-carbohydrate alcoholic beverages specifically, with heavy promotion of low-carbohydrate products, which are permitted under current Australian standards³. Most low-carbohydrate beer drinkers believe that low-carb beer is healthier, and many (44%) believe it to be less fattening than light beer¹⁴. Consumers may also perceive low-carbohydrate alcoholic drinks to be lower in alcohol¹⁵. Our recent research published in the peer-reviewed literature surveyed 801 Australian adults who consumed alcohol at least monthly, finding that 46.4% of participants reported drinking lower-carbohydrate alcohol because of energy-related concerns³. **It is essential that consumers understand that the alcohol within alcoholic products is inherently harmful, regardless of the carbohydrate and sugar content.**

Consumer testing

It is our understanding that there is a limited evidence base regarding the potential adverse impacts of carbohydrate and sugar claims on alcoholic beverages¹⁶. However, studies regarding food and other beverages have clearly demonstrated that consumers view food as healthier if it carries a health claim, and may be less likely to seek further nutrition information. We recommend independent consumer behavioural testing of any potential carbohydrate and sugar claims be conducted to understand how consumers interpret the information in relation to alcohol use. This research should include testing to understand if there are potentially adverse health impacts regarding alcohol use, including carbohydrate and/or sugar claims causing consumers to make inaccurate assumptions about the healthiness of alcoholic beverages. Consumer testing is essential to investigate whether provision of carbohydrate and sugar claims on alcoholic products supports or undermines the important public health objective of reducing alcohol related harm. We welcome the opportunity to further engage with FSANZ on this important policy area.

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

Yours sincerely



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