

**Te Whatu Ora view on Food Standards Australia New Zealand's (FSANZ)
Proposal for Carbohydrate and sugar claims on alcoholic beverages
(P1049)**

1. Thank you for the opportunity to provide a Te Whatu Ora view on the FSANZ proposal for carbohydrate and sugar claims on alcoholic beverages (P1049).
2. Te Whatu Ora leads the day-to-day running of the health system across Aotearoa New Zealand, and either provides or commissions services at local, district, regional and national levels. Under the Pae Ora (Healthy Futures) Act 2022, one of the key objectives of Te Whatu Ora is “to promote health and prevent, reduce, and delay ill-health, including by collaborating with other agencies, organisations, and individuals to address the determinants of health.” The National Public Health Service (NPHS) is a Division of Te Whatu Ora and leads the delivery of Health Protection, Health Promotion and Prevention services, as well as working with the Public Health Agency and Te Aka Whai Ora on intelligence, population health and policy.
3. The NPHS has extensive experience in health promotion to address alcohol-related harm and to achieve healthy weight in Aotearoa New Zealand. The NPHS, through its Medical Officers of Health, is a statutory entity in the Sale and Supply of Alcohol Act 2012 and must inquire into alcohol licensing applications in Aotearoa New Zealand.
4. Alcohol is a known carcinogen and is linked to more than 200 disease and injury conditions.¹ It causes significant harm to our people, whānau and communities. Alcohol is our most widely used recreational drug and of all the available drugs in our society, alcohol is the most harmful.^{2 3} It drives health, economic and social inequities especially for Māori and Pacific people, placing significant costs on the health, welfare and justice sectors.⁴ Alcohol therefore should be treated differently from everyday food items.

¹ World Health Organization (2022). Alcohol fact sheet. <https://www.who.int/news-room/fact-sheets/detail/alcohol>. Accessed on 22/8/23.

² Nutt, D.J., King, L.A., Phillips, L.D. Drug harms in the UK: A multicriteria decision analysis. The Lancet, 2010; 376: 1558-65.

³ Crossin, R., Cleland, L., Wilkins, C. et al. The New Zealand drug harms ranking study: A multi-criteria decision analysis. Journal of Psychopharmacology. 2023; 0(0). Doi: 10.1177/02698811231182012.

⁴ In 2018, Business and Economic Research (BERL) economists suggested that alcohol use cost Aotearoa NZ \$7.85 billion annually.

5. Interventions to reduce alcohol-related harm must consider the impact on equity for our priority populations.
6. Māori have the right to monitor the New Zealand Crown's progress on protecting health and eliminating health inequities – this extends to regulatory practices and codes such as Aotearoa New Zealand's participation in FSANZ. Relevant to this proposal, under Te Tiriti o Waitangi, the New Zealand health system has a responsibility to uphold principles of:
 - a. Tino rangatiratanga - Māori self-determination in the design of health systems and interventions
 - b. Equity
 - c. Active protection - requiring Te Whatu Ora to act to the fullest extent practicable to achieve equitable health outcomes
 - d. Options – ensuring culturally appropriate health interventions, including labelling
 - e. Partnership – co-designing health services and interventions.⁵
7. Te Whatu Ora supports taking a health-based harm minimisation approach to alcohol policy. The World Health Organization (WHO) recommends comprehensive interventions to reduce alcohol harm, including restricting marketing, reducing availability and raising prices on alcohol.⁶ Policies to restrict or minimise the exposure of populations to alcohol marketing are effective in reducing alcohol-related harm, and beverage labels are in themselves a form of marketing.

Te Whatu Ora submits that the following points be considered:

8. Te Whatu Ora does not support the FSANZ proposal to amend the Australia New Zealand Food Standards Code to explicitly permit voluntary nutritional content claims about carbohydrates or sugar in alcoholic beverages.
9. Further, Te Whatu Ora recommends that all carbohydrate and sugar claims be removed from alcoholic beverages without any exception or permissible alternatives. Therefore, Te Whatu Ora supports Option 3 of the proposal (*removing the permission to make content claims about carbohydrates on alcoholic beverages*).
10. Te Whatu Ora has concerns that overall there is limited evidence that what is being proposed in P1049 is the best course of recommended action to alleviate the Food Ministers' concerns that initiated this clarification. There is also little evidence that having such claims on alcoholic beverages provides any benefit to consumers. The evidence is particularly lacking for priority populations.⁷
11. In 2017 the Australia and New Zealand Ministerial Forum on Food Regulation (now the Food Ministers' Meeting [FMM]) raised concerns about sugar claims on alcoholic beverages, specifically that sugar free claims are misleading and that alcohol is being

⁵ Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163–164.

⁶ World Health Organization (2019). The SAFER technical package: five areas of intervention at national and subnational levels.

⁷ 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:e13198.

promoted as a healthier choice for consumers when public health advice is to limit alcohol intake. The FMM asked FSANZ to review this matter. In the view of Te Whatu Ora, the Call for Submissions paper presents no compelling evidence that justifies the subsequent proposal to allow the continuation of carbohydrate or sugar content claims on alcoholic beverages and the ability to make nutrition content claims about carbohydrates and sugar. The paper repeats that there is limited evidence overall and few robust studies that can underpin the decision to allow carbohydrate or sugar claims on alcoholic beverages.

12. Consumers have a right to accurate information so that they can make informed choices about a product. Where nutrition content claims have the potential to mislead, consumers may make inaccurate assumptions about sugar in alcoholic drinks. FSANZ's Consumer Literature Review for P1049 (January 2023) noted studies where consumers mistakenly perceived low-carbohydrate beer to be healthier than low-alcohol strength beer and another study where young females misinterpreted sugar claims on ciders and ready-to-drink beverages (RTDs) to be lower in alcohol.
13. The potential for these kinds of nutrition claims to mislead consumers and give rise to inaccurate assumptions by consumers is concerning given the widespread harmful impacts of alcohol, and the fact that consumer awareness around the health impacts of alcohol, such as the risk of cancer, is low. In relation to this, Te Whatu Ora is concerned about the potential diluting effect that these claims may have on health warning labels that are already present on alcoholic beverages, such as pregnancy warning and standard drink labels, and those that may still be applied in the future, as per WHO labelling recommendations for reducing alcohol-related harm.⁸ Standard drink messaging is used by healthcare organisations to provide guidance on low-risk drinking and provides important information for people to assess their own alcohol intake (see alcohol.org.nz). This information should remain prominent on the label of an alcoholic beverage and ensure any risk of confusion with provision of serving sizes is minimised. It perhaps may be pertinent for a focus on labelling to ensure that consumers have information regarding cancer risk and the like to provide a more accurate picture of what they are consuming when drinking alcohol.⁹
14. Health-oriented marketing of alcoholic beverages, including the use of descriptors and label design, is commonly used by alcohol producers to promote their products as "healthier" choices even though such products contain similar levels of alcohol.¹⁰ Additionally, evidence from Australia suggests that the vast majority (85%) of alcohol products promoted as "better for you" did not have lower alcohol content, with most products deriving at least 75% of their energy content from alcohol.¹¹ Furthermore, another Australian study found that consumers perceived alcoholic drinks with low sugar claims as having lower alcohol content and rated them as less harmful to health.¹² This

⁸ World Health Organization (2022). Health warning labels on alcoholic beverages: opportunities for informed and healthier choices.

⁹ Ibid.

¹⁰ Haynes, A., Chen, Y.J.M., Dixon, H., Ng Krattli S., Gu, L., Wakefield, M. Health-oriented marketing on alcoholic drinks: An online audit and comparison of nutrition content on Australian Products. *J. Stud Alcohol Drugs*. 2022 Sep; 83(5): 750-9.

¹¹ Keric, D., Myers, G., Stafford, J. Health halo or genuine product development: Are better-for-you alcohol products actually healthier? *Health Promot J Austr*. 2022. Jul 1; 33(3): 782-7.

¹² Cao, S., Tang, C., Carboon, I., Hayward, C., Capes, H., Chen, YJM, et al. The health halo effect of 'low sugar' and related claims on alcoholic drinks: an online experiment with young women. *Alcohol Alcohol*. 2023 Jan 9; 58(1): 93-9.

is also known as the “health halo” effect that misleads consumers about the harms of alcohol.

15. In its Global Alcohol Action Plan (2022-2030), the World Health Organization recommends Member States to *“ensure appropriate consumer protection measures through the development and implementation of labelling requirements for alcoholic beverages that display essential information for health protection on alcohol content in a way that is understood by consumers and also provides information on other ingredients with potential impact on the health of consumers, caloric value and health warnings.”*¹³ Any nutritional content claims that may mislead consumers on the beverage’s alcohol content and potential health impacts would not be compatible with this recommendation.
16. Lastly, we note that the alcohol industry supports the retention of carbohydrate or sugar claims on alcoholic beverages. The alcohol industry has a history of promoting ineffective solutions to reducing alcohol harm as they have a fundamental conflict of interest with public health to protect their profits, much of which is derived from heavy alcohol use.¹⁴ Te Whatu Ora considers that costs to the alcohol industry of changing labels have been overstated and can be disregarded. The Ministry for Primary Industries has advised that in New Zealand, alcohol producers were advised that permissions for these claims may change when P1049 was first introduced in 2018. Therefore, anyone who introduced sugar and carbohydrate claims post 2018 did so at their own risk. Additionally, if P1059 proceeds, changes to labelling will be required, so any additional costs of removing labelling for carbohydrates and sugars if undertaken at the same time are negligible.

¹³ World Health Organization. Action plan (2022-2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Geneva: World Health Organization; 2023. Available from: https://cdn.who.int/media/docs/default-source/alcohol/final-text-of-aap-for-layout-and-design-april-2023.pdf?sfvrsn=6c5adb25_2.

¹⁴ Casswell, S. Conflict of interest and alcohol discourse – a new face but familiar messages. NZ Med J. 2018. Oct 5; 131 (1483): 59-62.