



## **Submission to Food Standards Australia New Zealand on Proposal P1049 Carbohydrate and sugar claims on alcoholic beverages**

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Cancer Council Australia

4 September 2023



## Overview

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Cancer Council is Australia's peak non-Government cancer control organisation. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council Australia acknowledges the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

This submission has been prepared by the Cancer Council Nutrition, Alcohol and Physical Activity Committee [REDACTED]

This submission was authorised by:

[REDACTED]

## Summary

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Alcohol is a class 1 carcinogen and causes cancers of the bowel, breast, liver, mouth, throat (pharynx and larynx), oesophagus and stomach.<sup>1</sup> In 2013, close to 3,500 cancer cases in Australia were attributed to alcohol use.<sup>2</sup> More than a quarter of Australian adults drink alcohol at levels that put them at risk of harm from alcohol-related disease or injury, and this is as high as one-third in some population groups (such as males).<sup>3</sup> Additionally, nearly half the NSW population are not aware of the link between alcohol and cancer risk.<sup>4</sup>

In 2017, Food Ministers tasked FSANZ with investigating the issue of sugar claims on alcohol labels. Ministers were concerned that these labels were potentially misleading to consumers, as alcohol was being promoted as a healthier choice, despite both the Australian Dietary Guidelines<sup>5</sup> and the Australian Alcohol Guidelines<sup>6</sup> recommending that people limit their alcohol use. The review of the evidence conducted by FSANZ as part of Proposal P1049 – Carbohydrate and sugar claims on alcoholic beverages confirmed these concerns, however the evidence was rated as low-quality and insufficient. Despite the Ministers' concerns and the available evidence pointing to consumer confusion, FSANZ recommended these claims be permitted.

The recommendation to permit nutrition content claims, particularly for sugars, is in contrast to the position taken by FSANZ in P1059 Energy labelling on alcoholic beverages, where they state that the nutrient composition of alcoholic beverages is of minimal significance, except for alcohol and energy content.<sup>7</sup> This was the rationale used by FSANZ to justify why a full nutrition information panel was not considered relevant for alcohol labels. Cancer Council and many public health groups supported this position. It is unclear why the position taken by FSANZ with respect to P1049 differs.

Cancer Council appreciates the opportunity to respond to proposal P1049. Cancer Council has worked in collaboration with public health organisations such as the Foundation for Alcohol Research and Evaluation, Alcohol Change Australia, the Public Health Association of Australia, Dietitians Australia and The George Institute to consider our evidence-based recommendations to reduce alcohol-related harms and the potential to mislead consumers about the 'healthiness' of alcohol products by permitting carbohydrate and sugar claims. We are disappointed that the recommendations of the public health and consumer groups and most jurisdictions outlined in the targeted consultation that these claims be prohibited, have been ignored, particularly in light of the evidence presented in FSANZ's review.

This submission reiterates the position that we have expressed in previous consultation processes. We **strongly oppose FSANZ's proposal to permit nutrition content claims about carbohydrates and sugars on alcohol products**. All alcohol products increase the risk of cancer, regardless of their sugar or carbohydrate content. Any marketing and promotion of alcohol products in a way that implies a product is 'healthier' must not be permitted, with the exception of appropriately identifying zero- or low- alcohol products.

This submission also outlines several issues relating to the evidence review conducted by FSANZ. It is Cancer Council's view that there is sufficient evidence that carbohydrate and sugar claims contribute to consumer confusion and incorrect assessments of the 'healthiness' of alcohol products. We question the relevance and rigor of some evidence that is cited. We also propose that the evidence of the impact of nutrition content claims on food and non-alcoholic beverages on consumers' understanding and choice should be considered. We believe that, should these things be addressed in the evidence review, there would be no basis for a recommendation that carbohydrate and sugar claims be permitted.

To protect consumers from being confused by carbohydrate and sugar claims on alcohol products, and minimise any potential for people to increase their alcohol use based on a misinterpretation of these claims, we strongly recommend the following:

**Recommendation 1:** That Option 3, removal of the permission in the code to make nutrition content claims on alcohol products, is adopted.

**Recommendation 2:** The FSANZ evidence review is revised and strengthened, considering the following:

- a. An assessment of the commercial biases of each reference are considered and included in the evidence review. This includes conflict of interest statements, funding sources and affiliations of authors.
- b. References that are not peer-reviewed journal articles or research reports should be excluded; that is, media releases and fact sheets should be omitted from the included references.
- c. The Colmar Brunton references should be omitted based on their lack of relevance; evidence on consumer value of health claims is clearly recognised as low quality and mixed,
- d. The significant body of evidence on the impact of nutrition content claims on food labels on consumer understanding and behaviour is considered and incorporated into recommendations on the final proposed approach.

**Recommendation 3:** The Shape of Australia Report results on claims on alcohol labels are considered and incorporated into recommendations on the final proposed approach.

**Recommendation 4:** Alcohol-related harms are considered in cost and benefit analysis.

## Overall concerns

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In the consultation paper, FSANZ highlighted the role nutrition content claims about sugar and carbohydrates play in providing nutrition information to consumers. First and foremost, nutrition content claims are **marketing tools**, and should not be considered as necessary, or even useful, nutrition information for consumers when choosing alcohol products. Consumers are not able to compare products based on nutrition content claims as only some products will be able to carry these claims and therefore be required to carry the full nutrition information panel outlining carbohydrate and sugar content. As previously outlined by Cancer Council in consultations on this current proposal P1049 and P1059 Energy labelling on alcohol products, the alcohol content of a product is the most relevant nutrition information when considering the nutrition content of an alcohol product from a cancer prevention perspective, while alcohol content and total kilojoule content are most relevant from a weight management perspective.<sup>7</sup> There is insufficient scientific rationale for making so-called 'healthier' alcohol choices based on carbohydrate and sugars to warrant these claims guiding consumer choice.

While Cancer Council notes the limited evidence relating to the impact of carbohydrate and sugar claims on alcohol products on consumer understanding and behaviour, it is relevant to consider the wealth of consumer research on nutrition content claims on food and non-alcoholic beverages. Of most concern, recent research has shown that exposure to nutrition content claims on food labels reduced consumers' ability to correctly identify which packaged products were unhealthy, effectively hindering consumer understanding of the nutrition information on the back of the pack.<sup>8</sup> Further, the presence of nutrition content claims was shown to significantly decrease consumers' attention to the nutrition information panel.<sup>9</sup> A recent meta-analysis of various labelling schemes, including nutrition content claims, found that consumers react positively to nutrition content claims, driving sales of unhealthy foods with claims on their labels.<sup>9</sup> Systematic reviews investigating the impact of labelling claims on purchasing behaviours show that consumers are more likely to choose foods carrying claims than those that do not.<sup>10, 11</sup> This has also been shown in the limited evidence on nutrition content claims on alcohol products.<sup>12, 13</sup> Taken together, this demonstrates the influence that nutrition content claims are likely to have in increasing

use of alcoholic beverages. It suggests that when faced with carbohydrate and sugar claims on alcohol products, consumers are less likely to refer to nutrition information panel to see the kilojoule content for a more accurate assessment of a product's nutritional contribution.

Allowing nutrition content claims on alcohol products is in conflict with the Policy Guideline on Nutrition, Health and Related Claims.<sup>14</sup> This Policy Guideline lists as the first policy principle that government should "give priority to protecting and improving the health of the population".<sup>14</sup> Allowing these claims prioritises industry's ability to use these marketing tools over public health. Further, the Policy Guideline on Food Labelling to support Consumers to make Informed Healthy Food Choices<sup>15</sup> states that information should be provided to consumers in a way that "does not promote consumption of foods inconsistent with Dietary Guidelines". The Australian Dietary Guidelines state that alcoholic drinks are discretionary foods.<sup>5</sup> Allowing marketing tools, such as nutrition content claims, on alcohol labels is promoting discretionary foods. Further, whilst not explicitly mentioned in this Policy Guideline, it is prudent to consider the Australian Alcohol Guidelines recommendation to reduce alcohol use to reduce risk of long-term harm<sup>6</sup> when determining how labelling information supports healthy choices.

Cancer Council believes that marketing that promotes certain types of alcohol as 'better for you' than others is potentially misleading, as all alcoholic drinks are harmful in relation to both cancer risk and the dietary impact of these drinks. We are also concerned that allowing sugar and carbohydrate claims on alcohol labels would trigger a nutrition information panel listing these components, as defined in Standard 1.2.8. As stated in our submission on P1059, we strongly oppose full nutrition information panel on alcohol labels because kilojoule (energy) values are the most important information when comparing alcohol products, and providing anything further is potentially confusing for consumers.

To protect the public from being misled by sugar and carbohydrate claims on alcohol labels, Cancer Council recommends that Option 3, removal of the permission in the code to make nutrition content claims on alcohol products, is adopted.

**Recommendation 1:** That Option 3, removal of the permission in the code to make nutrition content claims on alcohol products, is adopted.

## Response to submission questions

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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?

Cancer Council has significant concerns about the quality and rigor of FSANZ's rapid review of the evidence informing P1049 (the review). Specifically, we are concerned about the tool used to assess the quality of the included studies, the types of 'studies' included in the review, the interpretation of the findings of the review, and that the review (as well as the consultation questions) only consider evidence specifically on alcohol products. Our concerns are summarised below.

### *Quality appraisal tool*

As stated in the FSANZ literature review, a modified version of the QATSDD tool was used to assess the quality of the included studies. However, the articles were not assessed for conflict of interest or

commercial biases linked with the funding of studies. To adequately understand a body of evidence, policymakers must analyse the corporate influence on research.<sup>16</sup> It is well established that in a range of health topics, industry-funded research can bias the research design, conduct, publication<sup>17-21</sup> and conclusions that studies make.<sup>22</sup> Assessment of the funding and conflicts of interest of the authors in the alcohol literature are needed to identify these commercial biases and draw relevant conclusions of the evidence as a whole.<sup>23</sup> This is a critical step missing from the FSANZ review of the evidence.

#### *Included 'studies' in the rapid review*

We are concerned that some of the studies included in the review were not peer reviewed, and yet given the same weight as the single, high-quality study. Specifically, the reference to Empathy Research 'report' appears to be a media story from a retail trade media publication. The website associated with the reference does not provide sufficient detail to allow generalisability. The 'report' from Cancer Council Victoria is also a media release and the VicHealth reference is a consumer fact sheet. As noted in the consultation paper, these are low quality 'studies'. The original research should have been sourced and referenced, and in the absence of this, these references should be omitted.

There were other non-peer reviewed studies from market research companies included in the rapid review, such as the GfK (Growth for Knowledge) reference, conducted on behalf of the Brewers of Europe.<sup>24</sup>

We recognise that as the research on alcohol claims is still in its infancy, there is benefit to including these grey literature reports. However, these reports should not be given the same weight of evidence as peer-reviewed studies in academic journals. Despite conducting a quality review of each included study, it is not clear why these low- and medium-quality, non-peer-reviewed reports were given equal weight with the one, high quality study. This is particularly concerning as the recommendation by FSANZ to allow claims on alcohol products is based on supposed consumers' value of the claims, and the evidence consists entirely of low- and medium-quality studies.

#### *Interpretation of findings of the rapid review*

Cancer Council agrees with FSANZ's summations that consumers have a poor understanding of the nutritional properties of alcohol, and that claims cause consumers to make inaccurate assumptions about alcoholic beverages.<sup>25</sup> The finding of the high quality study that consumers mistakenly perceive products with sugar-related claims as lower in alcohol<sup>13</sup> alone should warrant the prohibition of nutrition content claims being made. This has potential for widespread ramifications, from the possibility that consumers may overlook the mandatory standard drink information and drink at levels putting them at risk of injuries or other immediate harms, through to the longer-term implication that they may increase their use of alcohol, increasing their overall risk of chronic conditions including cancer.

The consultation document notes that the evidence is limited as '...the available research was either of low quality or did not reflect the current regulatory environment (i.e. did not examine the effects of claims when a nutrition information panel is also present).' However, research in grocery products has shown that the presence of a health claim on the front of a package can reduce the likelihood that consumers consult the nutrition information panel on the back of the pack.<sup>26</sup> Given that consumers interpret nutrition content claims in the same way as health claims,<sup>26</sup> the presence of claims is likely to deter them from using the more appropriate way of comparing the nutritional composition of alcohol products – the energy content.

However, the recommendation to permit these claims appears to have been made based on the literature that consumers *want* or *value* the information. Aside from the potential harms highlighted in the aforementioned literature, there are several issues with this approach.

The first is that the Colmar Brunton report containing two ‘studies’ did not assess the participants’ ‘value’ of the claim; instead they assessed whether participants believed an advertisement for sugar free beer should be allowed to be shown based on the Alcohol Beverage Advertising Code (ABAC).<sup>27</sup> This relates to the content of the advertisement, and did not assess whether consumers valued the ‘sugar free’ claim on labels. Therefore, this study is not relevant to an evidence review that is considering the impact of nutrition content claims on alcohol labels and the extent to which consumers value them. Further, despite the reporting of some participants’ comments supporting the ‘sugar free’ part of the advertisement, there were also comments stating cynicism and ‘feeling that the advertisement is misleading’.<sup>27</sup> To conclude that this report shows that consumers want this kind of information is erroneous – the research was not designed to collect such information.

The only peer reviewed study that investigated whether consumers valued claims found mixed results depending on geographic location.<sup>28</sup> This study was identified as medium quality, and was not conducted in Australia, so its results are not likely to be generalisable.

Given that, of the four ‘studies’ relating to consumer value of claims, two did not investigate the consumer value of claims and one found mixed results, the conclusions that ‘consumers generally value sugar claims (and sugar information more broadly)’ and ‘Consumers may also value carbohydrate claims on alcoholic beverages’ is overstating the available evidence. It is FSANZ’s role to protect the health and safety of consumers and make a positive contribution to public health. If nutrition content claims about carbohydrates and sugars on alcohol products mislead consumers, then it is not in the public health interest to allow these claims, regardless of whether research conducted by alcohol companies suggests that consumers want to see these claims.

#### *Consideration of only alcohol products and omission of food labelling studies*

There is a significant amount of research that has been conducted on the effect of nutrition content claims in the food and grocery sector. A recent systematic review shows that nutrition content claims were found to influence food purchase intentions, food purchases and consumption.<sup>11</sup> More concerning, the review found the potential for nutrition content claims to lead to overconsumption of foods carrying the claims and subsequently, higher energy intakes.<sup>11</sup> In the context of alcohol, any labelling initiative that increase use should not be permitted.

A second issue highlighted in the food labelling literature is the interaction between nutrition content claims, use of the nutrition information panel and consumers’ ability to identify more nutritious foods. A recent study has shown that exposure to nutrition content claims on food labels reduced consumers’ ability to evaluate nutrition content of packaged products, effectively hindering consumer understanding of what is a healthier choice.<sup>8</sup> Further, the presence of nutrition content claims significantly decreases the attention consumers pay to the nutrition information panel.<sup>9</sup> Given the most appropriate way to compare the nutritional composition of alcohol products is based on their energy (kilojoule) content, allowing nutrition content claims on alcohol labels will reduce consumers’ likelihood of doing this, and may further contribute to poorer nutrition literacy. The recommendation from FSANZ to allow carbohydrate and sugar claims on alcohol labels could undermine the impact of introducing mandatory energy labelling, as proposed in Proposal P1059.

Research from New Zealand shows that disadvantaged population groups, such as Māori, Pacific, Asian and lower-income groups are more likely to consider products with nutrition content claims about sugars as healthier based on these claims than less disadvantaged groups.<sup>29</sup> This is particularly concerning if the claims are appearing on products that are unhealthy.<sup>29</sup> Given that alcohol is a discretionary choice under

the Australian Dietary Guidelines,<sup>5</sup> people are recommended to limit their use in the Australian Alcohol Guidelines<sup>6</sup> and it is a class 1 carcinogen,<sup>30</sup> nutrition content claims should not be permitted on alcohol products.

**Recommendation 2:** The FSANZ evidence review is revised and strengthened, considering the following:

- a. An assessment of the commercial biases of each reference are considered and included in the evidence review. This includes conflict of interest statements, funding sources and affiliations of authors.
  - b. References that are not peer-reviewed journal articles or research reports should be excluded; that is, media releases and fact sheets should be omitted from the included references.
  - c. The Colmar Brunton references should be omitted based on their lack of relevance; evidence on consumer value of health claims is clearly recognised as low quality and mixed.
  - d. The significant body of evidence on the impact of nutrition content claims on food labels on consumer understanding and behaviour is considered and incorporated into recommendations on the final proposed approach.
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 Shape of Australia Survey<sup>12</sup> (see attached research brief conducted by Cancer Council Victoria in 2022 is a study of 2,322 participants, generally representative of the Australian adult population.<sup>12</sup> Respondents who had consumed alcohol in the last year (n=1,960) were asked to think about various labels that might be displayed on alcoholic beverages and to rate the extent to which they agree that these mean an alcoholic drink is better for them. A 'no added sugar' claim had the highest agreement, with 55.7% of people agreeing or strongly agreeing that this type of drink was better for them, and an additional 48.8% believing that 'low carb' would be a healthier choice. Respondents were then asked to indicate which claims displayed on alcoholic beverages would influence them to buy an alcoholic drink. Again, the 'no added sugar' claim was the most frequently chosen (37.6%), and 'low carb' came in third with 27.7% of participants indicating that this claim would influence them to purchase an alcoholic drink (see Table 1).

**Table 1: The proportion of adults who drink alcohol who agreed that various claims displayed on alcohol labels meant the drink was better for them, and who agreed that the claim would influence them to buy an alcoholic drink<sup>12</sup>**

Claim	% adults who agreed that various claims mean an alcoholic drink is better for health	% adults who agreed that various claims would influence them to buy an alcoholic drink
n=1,960		
No added sugar	55.7	37.6
Light in alcohol	53.0	21.3
Low calorie	51.6	32.0
Low carb	48.8	27.7



This research shows that, at the very least, claims such as ‘no added sugar’ and ‘low carb’ indicate to a large proportion of the population that certain types of alcohol are healthier than others, and are more influential than low alcohol claims, reinforcing the idea that nutrition content claims on alcohol labels create a health halo. This survey also provides evidence that more than a third of participants are explicitly aware that they would be influenced to purchase different types of beverages based on the claims on the labels. The proportion of people whose purchase decisions are influenced by these claims in real world settings may well be higher.

**Recommendation 3:** The Shape of Australia Report results on claims on alcohol labels are considered and incorporated into recommendations on the final proposed approach.

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.

Cancer Council does not have a position on this question.

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?

Cancer Council does not have a position on this question.

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

No. The current cost-benefit analysis only considers costs to industry of removing the current permissions and fails to consider the considerable burden of health and social costs associated with alcohol use.

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

The call for submissions sets out FSANZ’s consideration of the costs and benefits to industry of allowing or prohibiting nutrition content claims on alcohol labels. This only considered the costs to industry associated with costs of re-branding, advertising and defending market shares, as well as changing labels, and does not consider the costs associated with alcohol use. Given that allowing claims may result in increased alcohol use, these must be considered. Alcohol causes a significant burden of disease in Australia. In fact, 4.5% of the total burden of disease (including chronic diseases, accidents, mental health conditions and alcohol use disorders) in Australia could be prevented by reducing alcohol use.<sup>31</sup>

Aside from burden of disease, the social costs of alcohol use in Australia in 2017-18 has been estimated at \$66.8 billion.<sup>32</sup> This includes tangible costs such as workplace costs including absenteeism (\$4 billion), crime (\$3.1 billion), healthcare costs (\$2.8 billion) and road accidents (\$2.4 billion), as well as intangible costs such as lost quality of life (\$20.7 billion).<sup>32</sup>

Given that nutrition content claims are solely there for marketing purposes and that they increase sales of products carrying these claims,<sup>10, 11</sup> it is reasonable to assume that by allowing alcohol products to carry claims, sales of the products with claims will increase. Therefore it is imperative that costs associated with the health and social burden attributable to alcohol are considered, as anything increasing alcohol use is likely to contribute to further harms.

**Recommendation 4:** Alcohol-related harms are considered in cost and benefit analysis.

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