

## **SA HEALTH – Submission to Proposal P1049 Carbohydrate and sugar claims on alcoholic beverages – July 2023**

SA Health welcomes the opportunity to provide comment to Food Standards Australia New Zealand on the Call for submissions for *Proposal P1049 – Carbohydrate and sugar claims on alcoholic beverages*.

The Food Safety and Regulation Branch of SA Health supports in principle – that FSANZ amend Standard 1.2.7 to clarify the existing permission to make nutrition content claims about carbohydrate, by including clarity around nutrition content claims about sugar on food that contains more than 1.15% alcohol.

The proposed regulatory measure is to:

- Clarify the existing permission to make carbohydrate content claims on food that contains more than 1.15% alcohol by including the express permission to make nutrition content claims about sugar and sugars.
- Prohibit nutrition content claims about specifically named/specific types of sugars e.g. fructose.
- Prohibit nutrition content claims about other components of carbohydrate e.g. fibre.

### **General comments and concerns**

- For consistency, SA Health supports regulation of claims about 'sugar' on alcoholic beverages in the same manner as claims about 'carbohydrate'.
- Consumers generally have a poor understanding of the nutritional qualities of alcoholic beverages and value the information provided by claims about sugar or carbohydrates on alcoholic beverages. However, there is limited evidence that this results in any changes in consumer alcohol consumption.
- There is some concern that these claims may elicit a 'health halo' effect, causing consumers to make inaccurate assumptions about the energy and/or alcohol content of the product. FSANZ should consider undertaking consumer research to ensure these claims about 'carbohydrate' and 'sugar' on alcoholic beverages does not have a negative public health impact.
- Alcoholic beverages are exempt from the requirement to include a Nutrition Information Panel (NIP) on the label, except when a health claim is made. This provides context to the claim and enables consumers to make a more informed choice.
- It is noted that P1059 – Energy labelling on alcoholic beverages is being progressed in tandem with P1049. Providing energy labelling on alcoholic beverages which do not make a health claim will enable consumers to compare products with a claim against those without a claim, aligning with the Policy Guideline on Food Labelling to Support Consumers to Make Informed Healthy Choices. It is also noted that, if P1059 is implemented, the educational material to address consumer misunderstanding should also include education about carbohydrate and sugar claims on alcoholic beverages, specifically, that 'low

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carbohydrate' or 'low sugar' does not necessarily mean low kilojoule or low alcohol.

- It is noted that if P1058 – Nutrition labelling about added sugars is implemented, this change to labelling requirements may apply to alcoholic beverages that make a claim about sugar or carbohydrate but will not apply to those that don't, regardless of whether the Proposal 1059 is implemented.

Drug and Alcohol Services South Australia (DASSA) is a statewide health service that is responsible to the Minister for Health and Wellbeing and reports to the Department for Health and Wellbeing for policy and planning advice to the Minister and the Chief Executive of the Department for Health and Wellbeing.

DASSA's strategic intention is the prevention and management of alcohol, tobacco, and other drug-related issues across South Australia. DASSA has provided comment on Proposal P1049 below:

- A study of about 500 Australian participants showed alcoholic drinks with low sugar claims were seen to be healthier, lower in both energy and alcohol content, a lower anticipated harm and higher healthiness<sup>1</sup>. This creates a 'health halo' in which consumers perceive that one favourable nutrition-related claim such as low sugar also gives the perception of other favourable nutrition- and health-related attributes. Drinks with low sugar claims were also perceived as being lower in alcohol despite being of equivalent alcohol content. Findings of the study support calls to reconsider the permissibility of low sugar claims on alcoholic drinks as they may mislead consumers<sup>1</sup>
- Alcohol products being advertised in association with health, such as nutrition related claims, has an impact on how consumers view these products in terms of an increased association with healthiness and a perception of decreased risk<sup>2</sup>
- Alcoholic beverages are one of the greatest contributors to energy intake, contributing 4.8% of average adult daily intake at the population level. Excess energy intake has driven the prevalence of obesity rates in Australia in recent decades. Alcohol accounts for the most significant proportion of the energy content of alcoholic drink products.
- Research consistently shows there is no healthy level of alcohol consumption. The proposal runs the risk of perpetuating the inaccurate message that opting for one type of alcohol over another is an informed and "healthy" choice. Any public health benefits sought through nutritional information such as carbohydrate or sugar content claims on alcoholic beverages needs to be balanced with the potential alcohol related harms that may arise.

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<sup>1</sup> Cao, S., Tang, C., Carboon, I., Hayward, C., Capes, H., Chen, Y. J. M., Brennan, E., Dixon, H., Wakefield, M., & Haynes, A. (2023). The health halo effect of 'low sugar' and related claims on alcoholic drinks: an online experiment with young women. *Alcohol and alcoholism*, 58(1), 93-99.

<sup>2</sup> Keric, D., & Stafford, J. (2019). Proliferation of 'healthy' alcohol products in Australia: implications for policy. *Public health research & practice*, 29(3), 28231808.

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- From a harm minimisation perspective, and, given the sizable disease burden that alcohol consumption directly causes, policies which successfully reduce alcohol consumption should also lead to direct health benefits. Therefore, while DASSA supports public health efforts to reduce alcohol-related harm, DASSA's preferred approach to alcohol labelling involves collaboration with Australian jurisdictions and New Zealand in the food regulation area to explore opportunities for clear labelling of alcohol with health information that includes health warnings.
- Labels and health warnings have been identified in the National Drug Strategy 2017-2026 as an evidence-based demand reduction approach that builds community knowledge. There is a clear distinction between the display of nutritional information and health warnings. Nutritional information like those found on food labels provides information for people to make choices and compare products, while health warning could include messaging identifying alcohol as a carcinogen, and highlighting its links to various types of cancers.
- The National Health and Medical Research Council (NHMRC) Guidelines provide direction on reducing the health impacts of drinking alcohol. These guidelines advise on the number of standard drinks per day and per week to reduce the risk of disease and injury and rely upon consumers understanding and tracking standard drink sizes. According to the NHMRC guidelines, a standard drink is equal to 10 grams of pure alcohol, resulting in standard drink sizes differing between beverages. Awareness of the Guidelines and knowledge amongst Australians of what a standard drink is remains low<sup>3</sup>. In 2009, only 26% of Australians indicated they were familiar with the content of the Australian Alcohol Guidelines. New Guidelines were published in 2020, and concerningly, the Cancer Council's NSW Community Survey on Cancer Prevention found that only 8% can correctly identify the updated guidelines<sup>4</sup>. If nutritional information is presented on a "per serving" basis or based on 100 gram of product, this may cause confusion for consumers.
- Messaging on alcohol consumption and serving sizes through food labelling will differ from the NHMRC Guidelines which is the preferred approach to support consumer decision making for alcohol consumption. NHMRC Guidelines are used as basis of building community awareness of reducing alcohol related harms in the National Preventative Health Strategy, the National Drug Strategy, and the National Alcohol Strategy.

<sup>3</sup> Babor, T., Casswell, S., Graham, K., Huckle, T., Livingston, M., Rehm, J., Room, R., Rossow, I., Sompaisam B., Alcohol: No Ordinary Commodity-a summary of the third edition, Addiction, Vol 117, Issue 12, December 2022

<sup>4</sup> , <https://www.cancercouncil.com.au/wp-content/uploads/2022/10/2090-CCNSW-Election-Priorities-Web2.pdf>

<sup>5</sup> <https://research.curtin.edu.au/new-s/new-report-exposes-pink-and-pretty-alcohol-marketing-tactics-to-women/?type=media>

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- There is a concern that the proposed changes could also facilitate inappropriate marketing specifically towards young women. A recent study notes that low-carbohydrate and sugar marketing targets the supposedly more health-conscious demographic of young women to attract new customers and boost profits.<sup>5</sup> Apart from potentially increasing consumption, there are concerns around this demographic using alcohol during pregnancy (including the time before a woman is aware she is pregnant) and the link between alcohol and breast cancer. Further research into this area is recommended to identify any unintended consequences, particularly in relation to fetal alcohol spectrum disorder: a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol.
- Preferred labelling approaches, from an alcohol harm reduction perspective, are mandatory warning labels on alcohol products which have the potential to increase the awareness of alcohol-related harms. It is recommended that Australian and New Zealand jurisdictions in the food regulation area to explore further opportunities for more prominent labelling of health information on containers related to alcohol harms. This would see alcohol health warning labels used as tools to raise awareness on alcohol-related risks and harms as a part of wider alcohol policy measures. From a harm minimisation perspective and given the sizable disease burden attributable to alcohol consumption, policies that successfully reduce alcohol consumption also led to direct health benefits including reducing carbohydrate and sugar intake.

Thank you for the opportunity to provide comment on this submission.

Kind Regards,  
Food Safety and Regulation Branch, SA Health