



**National Heart Foundation of Australia
submission to
Food Standards Australia New Zealand
Proposal P1059**

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About the Heart Foundation

For more than 60 years the National Heart Foundation of Australia (Heart Foundation) has led the battle to save lives and improve the heart health of all people living in Australia. Through the generosity of our donors the Heart Foundation advocates to improve public health and nutrition and is guided by the below nutrition principles:

- Be grounded in a strong evidence base; both the contemporary evidence for dietary patterns, foods and nutrients in reducing cardiovascular risk and improving health outcomes, along with implementation evidence for effective activities which help to reduce, and not widen, inequities in nutrition-related health status for all Australians.
- Enable transparent labelling of food on packaged food products, alcoholic beverages and a nationally uniform mandatory labelling of kilojoules for foods purchased outside the home.
- Establish and implement supportive food and nutrition policies that place a strong emphasis on healthy food and drink environments outside the home, which include; reformulation, portion size and the price, promotion and marketing of unhealthy and healthy foods.
- Improve equitable and reliable access to affordable, nutritious food for those living in remote and non-remote Australia to minimise dietary related risk factors for cardiovascular disease and other chronic diseases.
- Ensure transparent governance, monitoring, reporting and surveillance of dietary intake and nutritional status of the Australian population, including regular National Nutrition Surveys.

Summary of submission recommendations

- 1 FSANZ prohibits manufacturers to determine a 'normal' serving size of alcoholic beverages.
- 2 FSANZ prescribe reference amounts to act as the basis for determining serving sizes. Self-served alcoholic beverages are to align with government messaging on serving sizes of standard drinks. For individual bottles or cans, which are intended to be consumed as a single serve, serving size is based on the entire contents.
- 3 Mandatory energy labelling on alcoholic beverages be applied to online retail settings, including meal delivery services which are expanding to the provision of alcoholic beverages.
- 4 Mandatory energy labelling be applied to both individual and outer layer packaging.
- 5 Energy-related nutrient content claims on alcoholic beverages be included in P1049 which presently is limited to carbohydrate and sugar claims.
- 6 Cost-benefit analysis is extended from overweight and obesity measures to include alcohol-related harms.

Introduction

The Heart Foundation welcomes the opportunity to provide a submission to the Food Standards Australia New Zealand (FSANZ) proposal P1059 regarding energy labelling on alcoholic beverages. The recommendation that energy content be displayed on the labels of all alcoholic beverages, consistent with the requirements for other food products dates to 2011 as an outcome of *Labelling Logic: Review of Food Labelling Law and Policy*.

The Heart Foundation acknowledges the context for which FSANZ were requested to consider energy labelling on alcoholic beverages. Food Ministers in 2019 noted that: *Currently, a consumers' ability to understand the energy contribution that alcohol makes to their diet is severely limited, as alcoholic beverages are exempt from providing nutrition information on the label.* Preliminary work, including the evidence assessment and proposal of regulatory and non-regulatory approaches, has been weighted towards providing greater understanding of energy contribution to the maintenance of a healthy body weight, and reducing the risk of chronic disease related to overweight and obesity. While this is important, any public health intervention related to the consumption of alcoholic beverages, must be carefully considered to ensure there are no unintended consequences.

Any amendments to the Australia New Zealand Food Standards Code (the Code) regarding labelling of alcoholic beverages must extend beyond the impact of energy balance and overweight and obesity to consider alcohol-related harms and social equity.

Overweight and obesity and cardiovascular disease

The prevalence of overweight and obesity among Australians aged 18 and over has increased from 57% in 1995 to 67% in 2017–18. Concerningly, a larger proportion of the increased prevalence is due to an increase in obesity, an estimated 19% in 1995 to 31% in 2017–18.¹ There is a well-established relationship between overweight and obesity and the increased risk of developing many chronic conditions, including cardiovascular disease. Furthermore, there is a greater risk of coronary artery disease and cardiovascular mortality associated with each increase in body mass index (BMI) level, higher measures of central adiposity and larger waist circumference and waist to hip ratio.²

Alcohol consumption, cardiovascular disease and cancer

The relationship between alcohol consumption and cardiovascular disease is now well-established to be harmful.³ Evidence for the association between alcohol intake and adverse cardiovascular outcomes continues to strengthen.⁴ The risk for most cardiovascular diseases, including hypertensive heart disease, atrial fibrillation, cardiomyopathy, and stroke, increases with alcohol consumption.⁵ Consumption of just one alcoholic drink per day, increases the risk of atrial fibrillation by 16%.⁶ A 2018 meta-analysis identified multiple cardiovascular disease and cancer outcomes associated with alcohol consumption. These included ischaemic stroke, intracerebral haemorrhage, ischaemic heart disease, hypertensive heart disease, atrial fibrillation and flutter, lip and oral cavity cancer, nasopharynx cancer, other pharynx cancer, oesophageal cancer, larynx cancer, colon and rectum cancer, breast cancer and liver cancer.⁷

These risks, and the association between alcohol and other serious health conditions, including several types of cancer, is strong enough to not recommend a safe level of alcohol consumption.⁸

Social determinants of health

It is also an important consideration that both overweight and obesity and rates of alcohol consumption is not equally dispersed. Variations exist between population groups, remoteness, socioeconomic status and geographical areas. Rates of overweight and obesity are highest in outer regional and remote areas compared to major cities, and in the lowest socioeconomic areas.¹ Research has indicated differences on the impact of energy labelling amongst lower and higher socioeconomic groups, with less effectiveness in lower socioeconomic groups. Although there is limited direct evidence, it is suggested that lower socioeconomic groups may be less motivated by public health measures intending to

influence weight control.⁹ This is supported by theoretical models on behaviour which have observed energy labelling being more impactful among individuals with existing energy focused goals, resulting in behaviour more strongly influenced by energy balance considerations.¹⁰

Similar trends exist with alcohol consumption and geographical remoteness. Results from the 2016 National Drug Strategy Household Survey identified that people living in regional and remote areas of Australia were more likely to consume alcohol at quantities which increase their risk of harm from alcohol-related disease or injury.¹¹ Furthermore, people with lower socioeconomic status experience a disproportionate level of alcohol-attributable harm compared to people of higher socioeconomic status, with similar or even lower amount of alcohol consumption.⁵

Hazardous use of alcohol

Australia has some of the highest rates of alcohol consumption in the world, including the highest percentage of harmful consumption of alcohol in males aged 15 to 39.⁷ Furthermore, in rural areas, younger adults, relative to younger adolescents and older adults, were most likely to engage in hazardous alcohol consumption or experience alcohol-related harm.¹² The proportion of studies finding hazardous and harmful alcohol consumption in rural compared to urban areas has increased from 1990 to 2019 and include more severe alcohol-related harms such as alcohol-related suicide, alcohol-related health service use and drink driving.¹³

These results call for alcohol policies and interventions which are intended to discourage alcohol consumption, particularly in younger males and rural areas.

Response to consultation

The Heart Foundation strongly supports mandatory energy labelling on alcoholic beverages. Alcohol is energy dense, and population level increases in energy intake has been identified as a key driver of overweight and obesity.⁹

For decades, food and alcohol labelling policies have been implemented globally as a public health nutrition intervention designed to drive behaviour change. In 2017, the World Health Organization framed alcohol energy labelling as a policy to reduce energy intake and obesity. Their analysis reported that a voluntary industry pledge to provide energy labelling on alcoholic beverages did not have sufficient uptake to provide consumers with meaningful information.¹⁴

In Australia, unlike many other countries in the world, alcoholic beverages are not required to display a nutrition information panel. However, manufacturers can choose to provide this information voluntarily. Research conducted in Victoria, Australia, concluded that most alcoholic beverages sampled (80.2%) did not provide any nutrition related information. Of those that did, just over half (51.2%) provided nutrition-related information in order to make a nutrient content claim, for example 'lower carb' or 'low in sugar'.¹⁵

Consequently, the Heart Foundation agree that mandatory labelling is the best proposed policy to drive change. We believe labelling policies should be viewed as a tool to help address both obesity and alcohol related harm. However, format should be carefully considered to ensure social inequalities are not widened.

Format of prescribed energy labelling

Recommendation 1: FSANZ prohibits manufacturers to determine a ‘normal’ serving size of alcoholic beverages.

Recommendation 2: FSANZ prescribe reference amounts to act as the basis for determining serving sizes. Self-served alcoholic beverages are to align with government messaging on serving sizes of standard drinks. For individual bottles or cans, which are intended to be consumed as a single serve, serving size is based on the entire contents.

The Heart Foundation supports the inclusion of energy labelling across alcoholic beverages to be declared per 100 mL. This is in accordance with Food Standard 1.2.8 – Nutrition Information Requirements.

Food Standard 1.2.8 also requires a quantity per serving, but does not prescribe the amount of food to be declared in a serving. The ‘normal’ serving size is determined by manufacturers. The Heart Foundation does not support a labelling policy which allows manufacturers to determine a ‘normal’ serving size of alcoholic beverages. There are concerns that ‘per serve’ energy information implies a recommended amount for consumption. This may lead to people consuming larger quantities of alcohol where a serving size is larger than a standard drink.

The appropriateness of the use of ‘normal’, especially when applied to alcohol, should be reassessed within the Code. The Heart Foundation is concerned that the term is subjective, does not enable enforceable regulatory actions, and does not bear sufficient caution when applied to alcohol which has the capacity to inflict harm. As identified within this proposal, the differences in alcoholic beverages and food and non-alcoholic beverages have led to the development of an alternative truncated nutrition information panel, specifying ‘Energy information’ rather than ‘Nutrition information’. Under the same rationale, per serving information and the allowance for manufacturers to determine ‘normal’ serve sizes, must also be differentiated.

It is noted that FSANZ have considered a range of stakeholder perspectives, including public health organisations, and there remains mixed views regarding the most appropriate provision of energy information on alcoholic beverages. Ultimately, it is important to return to consumer research. This reports that consumers generally prefer energy content information that allows easy comparison between different beverages which helps them to understand the implications of drinking a serve of alcohol (e.g. glass of wine, bottle of beer). Additionally, consumers generally do not understand what a standard drink is,¹⁶ and find the distinction between ‘serving size’ and ‘standard drinks’ confusing. They lack clarity on how the two are related, for example whether a 125 mL serve of wine is a standard drink.¹⁷

Acknowledging the differences between alcoholic beverages, the Heart Foundation supports an approach to align with information consumers find most valuable. This includes:

- FSANZ prescribing reference amounts for per serve sizes which align with government health promotion messaging of standard drinks. This particularly relates to alcoholic beverages requiring consumers to self-serve (for example wine and spirits). This is likely to help educate consumers on established standard drink serving sizes.
- On single serve packages which are intended to be consumed in their entirety, such as pre-mixed ready to drink (RTD) alcoholic beverages (e.g. rum and cola, vodka and

sugar-sweetened beverage mixes) and cans of beer, there is more value to the consumer for the container size to reflect the per serve size.

Application of energy labelling

Recommendation 3: Mandatory energy labelling on alcoholic beverages be applied to online retail settings, including meal delivery services which are expanding to the provision of alcoholic beverages.

In Australia, online alcohol sales have grown rapidly, averaging at 14% annual growth over the last five years.¹⁸ The increased availability of alcohol through online sales and delivery services, and greater marketing exposure has implications for both overweight and obesity, and alcohol-related harm. While changing access to online and on-demand delivery services for food and alcohol is not within the scope of this proposal, it is an emerging public health issue.¹⁹ To ensure a responsive, robust and agile food regulatory system, when amendments are being made to the Code, changes should be anticipatory and reflect trends.

As such, mandatory energy labelling on alcoholic beverages must extend across online and delivery service platforms. Despite low quality evidence on energy labelling on alcoholic beverages and the need to conduct further research in real world settings, increasing awareness and availability of alcohol energy content across online retail platforms may alter alcohol consumption due to energy-related concerns.

Recommendation 4: Mandatory energy labelling be applied to both individual and outer layer packaging.

The Heart Foundation does not support the proposal for alcoholic beverages in retail settings to only require energy labelling on one layer of packaging. Instead, and to ensure consumer transparency and maximal impact of this public health intervention, the Heart Foundation supports labelling on both individual portions sold within multi-packs or as a carton, and the outer packaging or box.

There are concerns that energy labelling on alcoholic beverages on one layer of packaging may limit a consumer's ability to interpret the label at the time of consumption, especially if energy labelling is not provided on individual portions. The provision of energy labelling on both layers of packaging enables flexibility for both consumers and retailers with regards to how the alcohol is displayed at point of sale, stored and consumed.

Nutrient content claims

Recommendation 5: Energy-related nutrient content claims on alcoholic beverages be included in P1049 which presently is limited to carbohydrate and sugar claims.

Proposal P1049 – Carbohydrate and sugar claims on alcoholic beverages was prepared in 2018 to clarify the Code with respect to potentially misleading claims. This was in response to Food Ministers' concerns that '0% sugar-free', 'lower carb' or 'low in sugar' claims are misleading, and that alcohol is being promoted as a healthy choice for consumers. An emerging trend in Australia are alcoholic beverages marketed as 'better-for-you', whereby nutrient content claims are promoted on product labels to create an illusion of healthfulness.²⁰ Analysis of 2019 and 2020 data published on the Drinks Trade website found 144 'better for you' alcoholic beverages, with 85% of these products classified as full

strength. Without mandatory energy labelling on all alcoholic beverages, it is difficult to ascertain the accuracy of these nutrient and energy content claims. Marketing techniques focusing on the weight implications of carbohydrate, sugar and energy distract from the harmful health implications from alcohol consumption.²⁰

As this proposal is being progressed in tandem with P1059, the Heart Foundation implore FSANZ to focus on the implications that label changes will have on consumers ability to make informed choices. This should take priority over any rationale to minimise the potential impact on industry of having to make multiple label changes. To circumvent any loopholes, we recommend P1049 be amended to result in potential changes to the permissions for carbohydrate, sugar, and/or energy claims about alcoholic beverages.

Cost-benefit analysis

Recommendation 6: Cost-benefit analysis is extended from overweight and obesity to include alcohol-related harms.

There are established links between alcohol consumption, higher body mass index and overweight and obesity, and that energy-related messaging could be beneficial and potentially reduce healthcare system costs, morbidity and mortality²¹. Analyses must prioritise data which considers minimising health loss across all alcohol-attributable outcomes in a population, not just overweight and obesity. This includes an expansive array of cardiovascular disease outcomes, cancers and other diseases.⁷

The break-even analysis applied to this proposal underestimates the benefits to mandatory energy labelling on alcoholic beverages by not considering the impact of reduced alcohol consumption, alcohol attributed health outcomes, and alcohol-related harms. Research has identified that labelling interventions to alter choice, including energy labelling on alcoholic beverages has been associated with decreased alcohol use.²¹ Policies which aim to decrease population-level alcohol consumption must be prioritised. Even small reductions in health-related harms from low alcohol consumption outweigh the increased risk of other health-related harms, such as cancer.²²

Currently, only a small proportion of costs related to overweight and obesity need to be offset to justify label changes on industry. Should this be extended to include costs related from alcohol-related harm, there is a greater net benefit to labelling changes. The Australian Institute of Health and Welfare estimated social costs of alcohol use to be \$66.8 billion in 2017–18.²³ The cost benefits from reduced alcohol consumption may warrant stricter labelling approaches and more deviations from the Code, away from existing standards which were primarily developed for food and non-alcoholic beverages.

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