



## Queensland Health

Enquiries to:



20 March 2023

Standards Management Officer  
Food Standards Australia New Zealand  
PO Box 5423  
Kingston ACT 2604

Dear Sir / Madam

### **Submission – Proposal — P1059 – Energy labelling on alcoholic beverages**

Thank you for the opportunity to provide a submission on the Call for Submissions paper for Proposal P1059.

This submission provides comments on the proposed changes to the *Australia New Zealand Food Standards Code* (the Code) and was prepared with input from health professionals from the Food Safety Standards and Regulation Unit, Prevention Strategy Branch and Health and Wellbeing Queensland. The submission does not represent a Queensland Government position, which will be a matter for the Queensland Government should notification be made by the FSANZ Board to the Food Ministers' Meeting.

Proposal P1059 has been prepared to consider amending the Australia New Zealand Food Standards Code to provide energy (kilojoule) content information on beverages containing alcohol.

Qualified support is provided for Option 3 in the 1<sup>st</sup> Call for Submissions paper. It is agreed that a variation to the Code that requires the mandatory declaration of energy content information, in a prescribed format, on the label of packaged 'standardised alcoholic beverages' and beverages containing no less than 0.5% Alcohol by Volume (ABV) that are not standardised alcoholic beverages, will enable the community to make more informed choices with the information available to them, and therefore this is supported.

It is imperative that the public be provided with accurate information regarding the energy content and be supported to understand the energy contribution that alcohol makes to their diet. This is especially considering the significant burden of overweight and obesity, the proportion of the Australian and New Zealand population who consume alcoholic beverages, and the reported lack of knowledge regarding energy contribution of these products. However, care needs to be taken and further consideration given to ensure the information provided is useful and able to be easily interpreted by consumers to enable them to be able to make informed health choices.

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Whilst there is strong support to progress energy labelling on alcohol, it is crucial that thought and consideration be given to ironing out how this is implemented and drafted so that it provides maximum benefit to all consumers of alcohol, and most importantly considers our most vulnerable populations. Further consideration needs to be given to broader health concerns beyond overweight/obesity which include alcohol related harm. Adherence with NHMRC *Australian Guidelines to Reduce Health Risks from Drinking Alcohol Guidelines* must also be observed.

## **Section 1.2 – Reasons for preparing the proposal**

The high and increasing rates of overweight and obesity in Australia and New Zealand and the increasing burden of disease associated with this is acknowledged and of significant concern. However, alcohol consumption is also associated with a broader range of public health concerns including mental illness, domestic violence and addiction. The requirement to include energy content information in a prescribed format is broadly supported. However, potential unintended consequences such as confusion between standard drink serves and energy intake, and how this might influence decision making with regard to alcoholic beverage intake needs to be further considered. Essentially, the progression of energy labelling on alcohol must keep the needs of the public at the forefront and ensure that clarity, rather than confusion ensues.

## **Section 1.5 – Related proposals**

**1.5.1            P1049 – Carbohydrate and sugar claims on alcoholic beverages**

**1.5.2            P1058 – Nutrition labelling about added sugars**

Comments regarding sections 1.5.1 and 1.5.2 will be addressed conjointly given they are closely related.

Whilst it is advised that *P1049 – Carbohydrate and sugar claims on alcoholic beverages* and *P1058 – Nutrition labelling about added sugars* are being progressed in tandem, it appears that public consultation on P1049 is now anticipated in the second quarter 2023 and the current timeframe for P1058 is unclear. It is essential that transition periods for all three proposals align, as suggested by FSANZ so there is consistency, with the result being that all labelling changes affecting alcoholic beverages, can be done together. Activity in this space needs to be complimentary and flow conjointly so that ideally all labelling changes can be considered together, and any labelling variations implemented together to minimise implementation costs.

In addition, progression of *P1049* and *P1058* should result in aligned transition periods to make it as easy and as low cost as possible for industry to effect new legislation. A 1–2-year transition period (plus stock in trade) is supported.

All the nutrition information offered to the public should be presented in a consistent manner. The provision of a full nutrient information panel on alcoholic beverages is not supported. The provision of some nutrition information (e.g., protein, vitamins, minerals) in addition to energy content may be perceived as promoting alcoholic beverages as having some element of nutritional benefit. If a full NIP is permitted, this proposal opens markets for industry to respond to dietary trends by promoting ‘on trend/in favour’ nutrients (even without health claims). For example, beverages that are high in protein (e.g., premixes with milk) or beverages high in vitamin C (e.g., premixes with orange juice). This potential misinterpretation and opportunity for any marketing edge, must be avoided. All the nutrition information offered to the public should be presented in a consistent manner.

However, provision of carbohydrate and added sugar labelling only, is supported on alcoholic beverages. As outlined in the 1<sup>st</sup> Call for Submissions paper, few people realise the significant kilojoule content of the alcohol itself and mistakenly believe sugar and carbohydrates are the only source of calories in alcoholic beverages (Walker N, McCormack J, Verbiest M, Jiang Y, Lang B and

Ni Murchu C (2019b) *Energy labelling for alcoholic beverages in New Zealand: Impact on consumer purchase and consumption. Phase 2 report: Randomised trial*, Health Promotion Agency, accessed October 2022; Victoria Health Promotion Foundation (2010) *VicHealth National Community Attitudes Survey: awareness and behaviours of low carb beer drinkers*, accessed December 2020).

It is acknowledged there is currently a very small amount of label space already competing with the pregnancy warning label requirements and standard drinks serves. This has resulted in very small font sizes and often poor contrast of labelling colours, which may make it particularly difficult for the older sectors of the community and the visually impaired to read the relevant sections. Noting that labels are already extremely crowded, energy labelling must be presented in a way that is easily identifiable.

Another solution to this may be increase label sizes which could be achieved by making barcodes much smaller. Barcode technology has improved considerably, and scanners can now manage much smaller barcodes. Alternatively, there is a move to the use of QR codes instead of barcodes which many manufacturers are considering. Whilst this may not be achievable on all products, it can be on many (e.g., wine/spirit bottles, outer wraps of multi-packs). For this reason, labels need to be on inner and outer packaging. Given the harm caused by alcohol, increasing the label size to enable the public to read the required information is not unreasonable.

It is suggested that co-locating the NIP with the number of standard drinks and servings per package may allow members of the public to identify the information quickly and easily in one place on the label.

## **Section 2.1 – Relevant labelling requirements in the Code**

The following comment refers to *where a nutrition content or health claim is made on beverages containing alcohol, section 1.2.8—5 requires a NIP to be provided. The Code also permits beverages containing more than 1.15% ABV to voluntarily provide certain information in a NIP (subsection 1.1.2—9(4)).*

Consideration should be given to removing this permission (subsection 1.1.2-9(4)). Alongside the changes that may occur following *P1049 – Carbohydrate and sugar claims on alcoholic beverages*, this could lead to many different types of labels flooding the market. The use of a full NIP and/or claims, may also suggest a nutritional benefit and encourage the increased consumption of alcohol, which is obviously undesirable. The introduction of a consistent approach to energy labelling via a standardised truncated NIP on alcoholic beverages should be exactly that – consistent.

The following comment refers to *Standard 2.7.1* with regards to how *it sets out specific labelling requirements for alcoholic beverages and food containing alcohol. A statement of alcohol content is required on certain foods including an alcoholic beverage that contains 1.15% or less ABV and a beverage that contains not less than 0.5% ABV but not more than 1.15% ABV (section 2.7.1—3). A statement of the approximate number of standard drinks contained in a food for sale that is capable of being consumed as a beverage and contains more than 0.5% ABV (measured at 20 degrees C) must also be included on the label (section 2.7.1—4).*

There is no dispute regarding the mandatory statement of alcohol content being upheld. However, concerns have been raised about possible confusion between standard drink information and new statements regarding 'energy per serve' that would be established with any gazettal of mandatory energy labelling on alcoholic beverages.

### Section 5.3.3.1 – Relevant Code requirements

The following comment refers to *for beverages and other liquid food, the average energy content is required to be expressed in the NIP as a quantity per 100 mL (the 'unit quantity') and as a quantity per serving (paragraph 1.2.8—6(1)(d)).*

*A serving is defined in subsection 1.1.2(2) as an amount of the food which constitutes one normal serving when prepared according to manufacturer's directions or when the food requires no further preparation before consumption. The Code does not prescribe the amount of food to be declared in a serving, rather the serve size is determined by manufacturers.*

As per above comment in Section 2.1, significant concerns are raised regarding potential confusion between serving size, energy and standard drink information. Serving sizes defined by manufacturers means there is another quantity for consumers to consider and it is suggested that FSANZ prescribe serving sizes. Alternatively, a serving size could be omitted, and information provided per 100mL only.

It is further suggested that consumer testing be conducted using mock labels and presented to focus groups to gauge the effectiveness of the energy labelling provided. This may be able to be linked onto consumer testing for added sugars also, considering they will all be perused together on a label. Various versions of labelling samples could be presented and used to assess any aspects that appear confusing. It is imperative that any testing must target individual groups representative with their risk of excess alcohol consumption and overweight or obesity. This testing will clarify exactly what it is that people don't understand and therefore what needs to be the focus of an education campaign/program.

### Section 5.3.7 – Summary of proposed approach to format

The following comment refers to *the inclusion of percentage daily intake information would be permitted.*

The voluntary inclusion of percentage daily intake is not supported as we believe this concept is poorly understood by the public. Noting this inclusion is voluntary, the potential for inclusion on some products and not others would result in an inconsistent approach and may be seen to give a 'health halo' to the products that choose to present this information. Further, the standard statement '% daily intakes based on an average adult diet of 8700 kJ' may lead the public to infer that this is an endorsement to consume alcohol as a percent of their daily energy intake. Additionally, as previously identified, space is limited on the labels of alcoholic beverage (however as per previous comments, labels could be made larger).

### Section 5.5.2.2 – Proposed approach

The following comment refers to *the energy content information for beverages containing alcohol or retail sale would only be required on one layer of packaging, consistent with subsection 1.2.1-6(2). The requirement in the Code for the label to be legible would apply at the point of retail sale.*

This is not supported, and it is strongly argued that from a public health perspective that multipacks must offer energy labelling on outer packs and on individual containers. Energy labelling information should be consistent with the approach for pregnancy warning labels (see Standard 2.7.1—8 of the [Food Standards Code](#)), which requires labelling on both outer packaging and individual units (e.g. individual cans/bottles).

Energy labelling should be required on all packaging – both point of consumption packaging and outer layer packaging (for example on a carton of beer and the individual cans/bottles). This is relevant to the public as it provides them with two decision points. The first is at the point of sale in store when consulting the outer packaging on the multipack labelling. The second is when the actual individual drink is consumed (e.g., at a party, BBQ or other event) and this may not be being consumed by the initial purchaser. This therefore allows the person intending to consume the product to peruse the label and make choices regarding the energy content.

Point of consumption packaging is important for where drinks are served individually such as bars, restaurants, from eskies or other home-based settings, refrigerators or the product is separated and given as gifts (e.g., a bottle of wine). Provision on the outer package provides more space and allows for labelling to be presented in a font size that the older public or visually impaired persons can read easily. Further, even if this product is consumed without consulting the label, the public may look at the label while they are consuming the product or after they have consumed the product. Doing this may influence their future choices including deciding not to have a second product of the same type or alternatively, to choose a different product (e.g., a different beer or ready to drink spirit) that may have lower energy content when they next choose to consume an alcoholic beverage. Additionally, if purchased in a pub or bar situation, the consumer can use the label to assist them with a future purchase either on this occasion or in the future. Not making it mandatory on both places on multipacks allows a point-of-sale decision but misses the opportunity to provide a point of consumption decision.

### **Section 5.6.2.3 – Proposed approach**

The following comment refers to *FSANZ proposing to retain the permission for the voluntary provision of a NIP on the label of beverages containing alcohol.*

Retaining voluntary provision of a NIP is not supported as the mandatory energy labelling should supersede this previous permission. It is preferred that a consistent approach is adopted as there is concern this may encourage more nutrition claims to emerge as the NIP becomes a requirement. Retaining this permission would enable companies to be able to still have a NIP rather than Energy Information only and may subtly contribute to a 'health halo' effect. FSANZ's proposed approach to retain permission for the voluntary provision of a NIP on the label of beverages containing alcohol is problematic – a level playing field is necessary to avoid the potential for the public to interpret the presence of a NIP to mean there is nutritional value in alcoholic beverages.

### **Section 7.2 – Education**

The following comment refers to *FSANZ developing web content and utilise other communications channels, including social media, to directly inform consumers about the new labelling and where to look for it and FSANZ will communicate with health professionals and state, territory, Australian and New Zealand governments about the new requirements for energy labelling to raise awareness about its ability to support health education and promotion activities within the community.*

A comprehensive, well-funded education package will be required and must consider the educational needs of those (in some instances) older sectors of the population that are not as familiar with technology or have less access to the internet (e.g., rural and remote communities and those sectors of the community with limited funds). This may necessitate the use of traditional or old-fashioned communication methods, especially given the levels of alcohol consumption among older Australians and in some remote communities. Education must focus on reducing alcohol consumption for a complete and comprehensive suite of reasons that is much broader than simply chronic disease prevention, specifically the reduction of overweight and obesity rates. As mentioned previously, it is essential to consider the social impacts of alcohol related harm.

## Attachment A – Draft variation

### Section 2.7.1-4D Percentage daily intake information

- (1) *The energy statement may include information relating to the percentage daily intake of energy in the statement*

The World Health Organisation (WHO) has provided advice that there is no safe level of alcohol consumption in their online article titled [No level of alcohol consumption is safe for our health \(who.int\)](#). As such, for public health reasons, it seems inappropriate to include percentage daily intake information for alcohol and consequently, it is strongly recommend the inclusion of percentage daily intakes is not permitted. The voluntary inclusion of percentage daily intake is not supported as it is also felt that this concept is poorly understood by the public. Noting this inclusion is voluntary, the potential for inclusion on some products and not others would result in an inconsistent approach.

## Attachment B – Draft Explanatory Statement

### Section 8 Transitional arrangement

The proposed transitional arrangements are not supported. The health of Australians needs to be prioritised and therefore a maximum time of 1-2 years (plus stock in trade provisions) should be provided. It is understood that coordination with other prescribed label changes is ideal. However, when all changes are gazetted, there should be no more than 1-2 years for transitional arrangements.

Additionally, should manufacturers change any part of their product labels within the prescribed transition period, it should be mandatory they take this opportunity to update their labels in accordance with the Code, once gazetted.

## Attachment E – Consideration of costs and benefits

### Table 2: Labelling change costs for alcoholic beverages

This table is unclear, and it is suggested that the inclusion of metric units and \$ are provided for clarity.

#### Benefits

When regard to the PWC report that references Australian National Health Survey data from 2011-12, it is noted that as the rates of overweight and obesity have increased since that time, it is reasonable to anticipate these costs have also increased. Acknowledging this data has been adjusted for more contemporary estimates, emphasis needs to be placed on the importance of ensuring the stated attempts to appropriately model this are progressed in a suitable and timely manner.



## Section 5.9 – FSANZ Act assessment requirements

### 5.9.1.1 Consideration of costs and benefits

#### Questions for submitters:

1. *Do you agree with the estimates for the average cost of labelling change and the number of Stock Keeping Units (SKU) that would need to be changed? Please provide evidence to support your position.*

It is recognised that this question is targeted towards industry and therefore this team is not realistically able to comment on the actual cost of labelling change. However, it should be noted that labels are regularly changed by manufacturers for marketing or change of livery purposes, and given this, changes in response to new legislation should be incorporated at such a time, rather than be a separate expense.

3. *Do you have any views on whether the estimates we have used for the costs of overweight and obesity are appropriate? If you have alternative studies you would like us to consider please provide references to them.*

Acknowledging this data has been adjusted for more contemporary estimates, we emphasise support for, and reiterate, the importance of ensuring the stated attempts to appropriately model the ongoing increase in overweight and obesity among the community into these estimates, are progressed to their full extent.

The PWC report references Australian National Health Survey data from 2011-12. However, some more recent estimates of the extent of overweight and obesity in the community since that time, include:

- World Health Organization. Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020. 2013. Available from: <http://www.who.int/nmh/publications/en/>
- Australian Institute of Health and Welfare. A picture of overweight and obesity in Australia 2017. Cat. no. PHE 216. Canberra: AIHW; 2017. Available from: <https://www.aihw.gov.au/getmedia/172fba28-785e-4a08-ab37-2da3bbae40b8/aihw-phe-216.pdf.aspx?inline=true>
- Australian Bureau of Statistics. National Health Survey: First Results, Australia 2017-18. ABS Catalogue no. 4364.0.55.001. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012017-18?OpenDocument>: ABS; 2018.
- Australian Institute of Health and Welfare. Australia's children. Cat. no. CWS 69. Canberra: AIHW; 2020. p. 1-389. Available from: <https://www.aihw.gov.au/getmedia/6af928d6-692e-4449-b915-cf2ca946982f/aihw-cws-69-print-report.pdf.aspx?inline=true>
- Australian Institute of Health and Welfare. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018. Australian Burden of Disease Study. Series no. 23. Cat. no. BOD 29. Canberra: AIHW; 2021. Available from: <https://www.aihw.gov.au/getmedia/5ef18dc9-414f-4899-bb35-08e239417694/aihw-bod-29.pdf.aspx?inline=true>

- Herman KM, Craig CL, Gauvin L, Katzmarzyk PT. Tracking of obesity and physical activity from childhood to adulthood: the Physical Activity Longitudinal Study. *Int J Pediatr Obes*. 2009;4(4):281-8. Available from: <https://pubmed.ncbi.nlm.nih.gov/19922043/>
- The World Bank. An overview of links between obesity and food systems; implications for the Agriculture GP agenda. Washington, DC: World Bank Group; 2017. Available from: <https://documents1.worldbank.org/curated/en/222101499437276873/pdf/117200-REVISED-WObesity-Overview-Web-PUBLIC-002.pdf>
- Australian Institute of Health and Welfare 2022. Australian Burden of Disease Study 2022. Catalogue number. BOD 37, AIHW, Australian Government. Available from: <https://www.aihw.gov.au/getmedia/d9ae4bfa-df27-4e3c-9846-ba452bef6ac5/aihw-bod-37.pdf.aspx?inline=true>

These indicate the increasing rates of overweight and obesity which can only indicate the cost to the health system, industry (via productivity losses) and the community is ever increasing.

4. *Do you agree with the use of break-even analysis in this situation? If not can you provide alternative evidence about potential causal links between labelling change and potential health benefits?*

Given the WHO advice referred to earlier in this submission regarding safe drinking levels, it seems inappropriate from a public health perspective to assess the net benefit according to the number of units of alcohol that need to be sold to 'break-even' with the cost of labelling change.

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

All harms, including social harms, caused by excess alcohol consumption should be considered in any cost-benefit analysis.

Should you require further information in relation to this matter, please contact [REDACTED]

[REDACTED]

[REDACTED]