

## SA HEALTH – Submission to Proposal P1059 Energy Labelling on Alcohol - February 2023

SA Health welcomes the opportunity to provide comment to Food Standards Australia New Zealand on the 1st Call for submissions for *Proposal P1059 – Energy labelling on alcoholic beverages*.

The Food Safety and Regulation Branch of SA Health supports in principle:

- *Option 3* – Require energy content information to be provided in a prescribed format

The proposed regulatory measure is:

- To require the mandatory declaration of energy content information on the label of standardised alcoholic beverages and beverages containing no less than 0.5% ABV that are not standardised alcoholic beverages.

While supportive of Option 3, the Food Safety and Regulation Branch acknowledges concerns raised by Drug and Alcohol Services South Australia (DASSA). DASSA support public health efforts to reduce obesity-related harms but strongly advises that any changes to add energy labelling need to be considered in conjunction with the promotion of the National Health and Medical Research Council (NHMRC) alcohol guidelines, to inform people's decision making in relation to alcohol consumption.

Therefore, SA Health support the proposal in principle subject to **further targeted consultation** be conducted with public health harm reduction advocates and consumers prior to any code amendments.

### **General comments and concerns**

SA Health supports the food regulation priorities to reduce chronic disease related to overweight and obesity and acknowledges that energy balance is fundamental for maintaining a healthy body weight. It is agreed that energy labelling on alcohol beverages will help consumers make informed choices between alcoholic beverages. A mandatory approach to ensure greater coverage is supported and is consistent with the Policy Guideline on Food Labelling to Support Consumers to Make Informed Healthy Choices (policy guideline).

While supportive of the public health goal, the following concerns have been raised by DASSA:

1. The 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 these NHMRC guidelines, a standard drink is equal to 10 grams of pure alcohol, resulting in standard drink sizes differing between beverages. The proposal would see nutritional information presented on a "per serving" basis based on 100 grams of product. This may cause confusion for consumers.
2. FSANZ is not proposing to prescribe serving sizes for energy labelling on alcoholic beverages. This would provide producers with the flexibility to determine what a 'normal' serving size is for their product. Where a producer

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chooses a serving size of 100 mL, FSANZ is proposing to still require the energy content information per 100 mL to be provided in addition to the per serving information. As this messaging differs from the NHMRC Guidelines, it has the potential to confuse consumers and detract from the recommended serving sizes which are also displayed on alcoholic beverage labels. 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.

3. Consumers may decide between kilojoules and alcohol content, which may encourage people to substitute high kilojoule beverages such as beer with lower kilojoule beverages that carry more risk, such as spirits. Research consistently shows there is no healthy level of alcohol consumption, and the proposal runs the risk of perpetuating the inaccurate message that opting for one type of alcohol over another, based on kilojoule content alone, is an informed and “healthy” choice.
4. The proposed labelling system would see kilojoule values displayed on a single layer of alcoholic beverage packaging as a form of truncated nutrition information panel. 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.
5. A small survey conducted by the National Centre for Education and Training on Addiction (NCETA) found that 56.4% of participants reported limiting the number of alcoholic drinks they consumed because of energy-related concerns.  
<sup>1</sup> Further, this survey found that people who indicated consumption above the threshold in national NHMRC guidelines (average past-year consumption of > 2 standard drinks daily), and those who indicated more frequent alcohol use, had increased odds of altering their alcohol use because of energy-related concerns.
6. While energy labelling may see a reduction by some people drinking in excess of NHMRC guidelines, there is limited research available on the implications of this approach of energy labelling to reducing peoples drinking patterns.

### **Considerations and recommendations**

#### **Basis of energy content information**

When determining the most appropriate labelling approach it is difficult to pre-empt consumer behaviours as there is limited research on this. There is no clear evidence available that suggests a NIP would mislead consumers on the general healthiness of an alcoholic beverage. However, as there is a lack of evidence to support a certain approach FSANZ should consider conducting further market consumer testing.

Maintaining consistency with the NIP approach on other foods and beverages is likely to be the most appropriate option for the purposes of enabling consumers to understand and easily compare products to make informed choices. However, this should ideally be achieved in a way that does not dissuade from the efforts to raise awareness of the standard drink information.

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The proposed drafting should further consider public health stakeholders concerns around per serving, per 100ml and serving size determined at the manufacturer's discretion. While this aligns with NIP provisions on other foods, it is important that NHMRC guidelines on consumption and intake are reinforced in relation to labelling.

FSANZ could develop clear guidance on 'normal' serving size to industry, specific to alcoholic beverages, especially for multi-serve containers such as wine and whiskey bottles. As there is a public health risk from excessive alcohol consumption, further exploration of reference amounts for serving size may be warranted.

SA Health are supportive of the prescribed tabular format and heading for energy information. It is important to differentiate certain sections on the label to not deter from label warnings. However, to assist consumers to understand the label and the difference to standard drink serving size it is recommended to *co-locate standard drinks in the energy and serving size information table*.

For example (a can of beer):

Energy Information		
<i>Servings per can – 1 serving</i> <i>Serving size: 375ml (1.2 standard drinks)</i>		
	Quantity per serving	Quantity per 100ml
Energy	kJ(Cal)	kJ(Cal)

### Education and consultation

The paper mentions the intention to prepare educational material in relation to the new energy labelling. Further emphasis should be given on the need for targeted education around labelling change due to the lack of consumer understanding and knowledge. Consumer market testing should be conducted to create a better understanding of the proposed measure and to assist with the design of any educational campaign. FSANZ should consider consultation with harm reduction teams to incorporate alcohol related harm messages into educational campaigns.

It is recommended that *further targeted consultation* be conducted with public health harm reduction advocates and consumers. FSANZ should consider a second round of consultation or organise a targeted meeting/workshop with public health stakeholders prior to any code amendments being finalised.

If the proposed regulatory measure is approved, then *monitoring, review and evaluation must be included* to help better understand these concerns and identify what impacts the energy labelling has on consumer behaviours. Research should be commissioned if energy labelling is implemented, to monitor any changes in patterns of alcohol consumption, particularly amongst young people aged 18-24 years.

### Alternative policy consideration

DASSA propose collaboration with 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

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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 excess kilojoule intake.

The strong evidence-base in relation to labelling reforms on alcoholic beverages is in relation to alcohol harm warning labels on alcoholic beverages that clearly articulate the health risks associated with alcohol consumption. Health warning labels with the word 'WARNING' or similar on the label have been shown to increase awareness of health harms and can reduce population level consumption when applied consistently.<sup>2</sup>

Labels can also impact consumption and the social climate around alcohol in indirect ways, including beliefs about risks from alcohol, emotional responses towards labels, knowledge about mechanisms to change behaviour, intentions to change behaviour, and having conversations with others about risks.<sup>3 4</sup> They are also a precursor arrangement that allow for greater public understanding and support for further alcohol harm minimisation policy reforms.

This approach is in line with the World Health Organisation's position, who have proposed that measures could be taken to introduce a series of warning or information labels on all alcoholic beverage containers providing information both on ingredients and on the risks associated with alcohol consumption<sup>5</sup>.

An eight-month trial of large-scale health warning labels on alcoholic beverages in Canada<sup>6</sup> led to a reduction in total per capita retail alcohol sales of 6.3% during the intervention, and 10% in the six months after the intervention's end. Research from the Canadian Institute for Substance Research at the University of Victoria found that well-designed warning labels can reduce alcohol intake while also raising awareness. Following the introduction of the labels, people exposed to the new labels were 10% more likely to recall the causal link between alcohol and cancer, three times more likely to be aware of Canada's low-risk drinking guidelines, and 50% more likely to remember daily low-risk drinking limits. People in the areas where the labels were introduced also bought less alcohol than people in the control areas. A similar trial could be conducted in Australia to enable further research into the potential impacts of alcohol harm labels.

### **Consultation questions**

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. (Page 68, Attachment E)*

The study cited in the paper places the cost for Australia at \$12.7 billion – this figure is an adjustment of a conservative 2015 economic analysis conducted by Pricewaterhouse Coopers ('Weighing the cost of obesity: A case for action'). The analysis estimated that in 2011-12 obesity cost an estimated \$8.6 billion (in 2014-15 dollars). This included \$3.8 billion in direct costs and \$4.8 billion in indirect costs. Of note – this analysis excluded costs associated with the overweight BMI category (25.0 – 29.99kg/m<sup>2</sup>), quality of life impacts for individuals or their

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families and carers, and forgone earnings. The analysis does therefore not account for the costs of overweight in Australia.

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? (Page 68, Attachment E)*

Agree with the use of a break-even analysis. Cannot locate any evidence of real-world energy labelling change and associated health benefits. Industry use of health claims, both for alcoholic beverages and food, indicates that they believe including health information on labelling does influence sales for certain demographics. Likewise, it could be expected that energy labelling on alcohol may have an impact on the buying behaviour of a proportion of consumers.

It is noted that Proposal P1049 - *Carbohydrate and sugar claims on alcoholic beverages* is being progressed in tandem with P1059 and public consultation is anticipated for the second quarter of 2023. It is recommended the principal findings from this CFS should be considered for P1049 consultation planning.

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

Kind Regards,

[Redacted signature block]

- 1 Knight A, Castelnuovo G, Pietrabissa G, Manzoni GM, Simpson S. *Drunkorexia: An Empirical Investigation among Australian Female University Students: Drunkorexia in Australia 2016*. Australian Psychologist. 52
- 2 Bowden J, Harrison NJ, Caruso J, Room R, Pettigrew S, Olver I, et al. *Which drinkers have changed their alcohol consumption due to energy content concerns? An Australian survey*. BMC public health. 2022;22(1):1- 1775
- 3 Zhao J, Stockwell T, Vallance K, Hobin E. *The Effects of Alcohol Warning Labels on Population Alcohol Consumption: An Interrupted Time Series Analysis of Alcohol Sales in Yukon, Canada, 2020*. Journal of Studies on Alcohol and Drugs, 81:2, 225-237
- 4 O'Brien P. *Warning Labels about alcohol consumption and pregnancy: moving from industry self-regulation to law*, 2019. Journal of Law and Medicine, 27, 259-273.
- 5 World Health Organisation. *Alcohol labelling: A Discussion document on policy options*. WHO Regional Office for Europe, 2017.
- 6 Hobin E, Shokar S, Vallance K, Hammond D, McGavock J, Greenfield TK, Schoueri-Mychasiw N, Paradis C, Stockwell T. *Communicating risks to drinkers: testing alcohol labels with a cancer warning and national drinking guidelines in Canada*. Can J Public Health. 2020 Oct;111(5):716-725. doi: 10.17269/s41997-020- 00320-7. Epub 2020 May 26. PMID: 32458295; PMCID: PMC7501355