

Submission on Energy Labelling on Alcoholic beverages, P1059

To: Food Standards Australia New Zealand

Contents

Submission on Energy Labelling on Alcoholic beverages, P1059	1
Overview.....	1
Summary.....	2
Why alcohol energy labelling is needed.	2
Alcohol, excess energy and weight causes cancer.....	2
More needs to be done	3
Specific recommendations	3
5.2 Consistency.....	3
5.3 Format for Energy Labelling.....	3
5.4 Options for implementation	4
5.5 Application of energy labelling	4
5.6 Other considerations	5

Overview

This submission is prepared by the Cancer Society of New Zealand. We are a registered Charity focussed on reducing the incidence and impact of cancer in New Zealand. We welcome the opportunity to provide comment to the FSANZ consultation on proposal P1059, regarding energy labelling on alcoholic beverages. Our response considers the proposal in relation to the contribution alcohol makes not just to weight gain and weight related cancer but also to alcohol related harm such as cancer.

The Cancer Society supports mandatory on-label energy information for alcoholic products to ensure consumers have the right information to support and raise awareness. Voluntary and industry led initiatives have failed to date to inform and protect the public sufficiently. However, it is important that labelling is done in a way that meets the objectives of the FSANZ Act to protect public health and not encourage alcohol use and its harms. Due to the limited research on impacts of alcohol labelling, we recommend consumer testing be undertaken prior to final decisions to ensure consumers interpret them safely and clearly. This is particularly vital for a product that contributes significantly to unhealthy weight and obesity and harms such as cancer.

Cancer Society regional staff regularly engage with individuals, community groups and local councillors. We hear significant concern about the impact of weight and alcohol-related cancers in our communities, and there is support to address these issues. While we support this Proposal, we urge FSANZ to make known to your Board and Ministerial Council that broader regulation is needed to significantly impact inequitable rates of obesity and alcohol harm in Aotearoa.

Summary

We support FSANZs proposal to introduce standardised kilojoule labelling on alcoholic products, in particular:

1. Mandatory energy labelling of all alcohol products
2. A prescribed format and heading for energy labelling on alcohol products.
3. Kilojoule content be presented per 100ml.

Cancer Society also recommends strengthening the current proposal by:

4. Consumer testing of the energy labelling information and terms being proposed to ensure they do not inadvertently increase alcohol use and its harms.
5. Not endorsing energy being provided per 'serving' as defined by the alcohol producer.
6. Not permitting DI% on alcohol labels.
7. Requiring all alcohol retailers to ensure consumers have access to information at point of purchase and consumption including energy labelling for online alcohol sales.
8. Mandating energy values on all layers of packaging to ensure information is readily available for consumers when purchasing and making consumption decisions.
9. Considering nutrition context claims on alcohol under the scope of P1049 Carbohydrate and sugar claims on alcoholic beverages so they are not permitted.
10. Considering both alcohol and weight related harms when reviewing the cost benefit analysis of alcohol energy labelling.

Why alcohol energy labelling is needed.

Alcohol, excess energy and weight causes cancer

Alcohol and excess body weight are proven but preventable causes of many cancers¹. Any regular alcohol use (even small amounts) can increase the likelihood of cancer. The more alcohol the greater the risk of developing cancer². There is no safe minimum level of alcohol use in relation to cancer. Alcohol increases the risk of cancers of the mouth, pharynx (throat), larynx (voice box), oesophagus, bowel, liver, and breast (in women)³. In Aotearoa, 2020, an estimated 943 cancers including 367 colorectal, 264 breast and 99 oral cavity cases were attributed to alcohol⁴. In 2016, an estimated 6.6% of cancers deaths were attributable to alcohol⁵.

Excess body weight also causes at least 12 or more types of cancer, including the mouth, voice box (larynx), oesophagus (food pipe), pancreas, liver, bowel, gall bladder, kidney, ovaries, the lining of the womb (endometrium), and breast cancer (after menopause)⁶. In 2016 almost 6% of cancer cases could be avoided if everyone in Aotearoa was a healthy weight⁷.

Māori are 20 percent more likely to develop cancer than non-Māori and twice as likely to die, with poorer survival across nearly all the most common cancers⁸. Additionally, many New Zealanders are not aware of the link between diet, alcohol and cancer⁹. Finding ways to reduce the inequitable harms of excess body weight and alcohol are urgently needed to reduce cancer risk in Aotearoa¹⁰.

We support this proposal as a chance to raise individuals' awareness of the energy contribution made by alcohol at its point of sale and consumption. Any small changes achieved through alcohol labelling on a large scale could lead to healthier habits across the population. We recommend consumer research be undertaken prior to final decisions to ensure no unintended consequences of information (per 100mL or otherwise) such as increased alcohol use or legitimising alcohol use¹¹¹².

Cancer Society would like to see alcohol harm be made a priority in this proposal in addition to weight gain and obesity. In addition we support maintaining the visibility of labelling warnings of the harms of alcohol such as 'alcohol and pregnancy' and exploring those for 'alcohol and cancer'.

More needs to be done

To significantly impact alcohol and weight-related harm and cancer in Aotearoa everyone needs to be able to eat well and be less exposed to alcohol. We urge FSANZ to make known to your Board that stronger government policies should be a priority to address food insecurity and the promotion, normalisation and availability of cheap ultra-processed food and alcohol to address health and cancer significantly and equitably in Aotearoa, especially for Māori¹³¹⁴¹⁵¹⁶.

Specific recommendations

Our recommendations to strengthen alcohol energy labelling are outlined below:

5.2 Consistency

We support a prescribed and standardised format for alcohol labelling to align food and alcoholic products. This will support ease of access to information, consistency, familiarity, trust, transparency, and an opportunity to directly compare the energy content of products.

5.3 Format for Energy Labelling

We support a mandatory and standardised format consistent with the Nutrition Information Panel to display energy content of alcohol. Voluntary labelling approaches have not been well implemented previously and a mandatory approach would ensure customers have easy access to this information¹⁷.

Tabular format and heading.

We support the presentation of energy in a standard tubular format but not the use of 'nutritional information' as a heading. This implies alcohol provides nutritional value. 'Energy information' may be more appropriate but we recommend further consumer testing, especially with Māori and Pacific populations, on the most appropriate and clearly understood 'heading' for this panel to ensure its intended effectiveness.

Units of measure

Cancer Society, similarly, to other public health groups, supports the FSANZ proposal to provide energy information in kilojoules per 100ml for all alcoholic products. We feel this would be best understood by consumers and enable standardised comparison between alcoholic and non-alcoholic products, which may facilitate understanding that alcohol is high in energy.

Energy per container for beverages consumed in a single sitting is also likely a useful addition. However, due to the scarcity of consumer research on alcohol labelling, we recommend prior to the adoption of energy labelling, further testing be undertaken. A greater understanding of consumer interpretation and behaviours of labelling formats such as energy/100ml and per single serve container sizes across a range of products is needed to ensure decisions are safe and clear.

We do not support the inclusion of energy per serving, as defined by industry on a product-by-product basis. As outlined in the FSANZ proposal 'per serving' may support energy comparisons in products of the same size packaging. However, allowing industry to determine their own serving sizes will mean serving size variability, thereby limiting comparability. These serving sizes can also be more than a standard drink, giving the impression of safety when clearly this is not the case. Standard drinks and servings can also have a causal effect on how much people drink; with larger serving sizes causing people to drink more¹⁸¹⁹. Presenting consumers with different information, per 100mL, per serving and others per container may contribute to confusion and increase the risk of harm to people in the community.

Alcohol is no ordinary commodity but a drug and type 1 carcinogen. Due to the harms of alcohol, we ask that this proposal take into consideration the impacts of labelling not just on weight and obesity but on alcohol harm such as cancer.

Percentage daily intake

Cancer Society does not support the use of percentage daily intake, % DI, on alcohol labelling. Currently, food products carrying %DI labelling triggers the requirement to also carry a full nutrition information panel²⁰. We strongly oppose full nutrition information panels appearing on alcohol labels. The NIP would normalise alcohol and imply it has nutritional value. Any regular alcohol use increases the likelihood of cancer, and this would be at odds with public health efforts to reduce alcohol use.

5.4 Options for implementation

The Cancer Society supports FSANZs proposal to make standardised alcohol labelling mandatory to support a wide reaching, consistent and 'level-playing field' for the entire industry, which cannot be accomplished effectively by a voluntary approach²¹.

5.5 Application of energy labelling

Cancer Society does not support exemptions for mandatory alcohol labelling being proposed for some alcohol products and businesses. This includes products made and packaged on the premise where it is sold (wineries and breweries) or delivered packaged and ready for consumption.

Customers deserve to be well informed about all purchasing and consumption decisions including those made from cellar doors and those from rapidly increasing online sales²².

We do not support labelling being only for the outer packaging of alcohol products such as a box of spirits or multipack. This would likely mean information not being available for individuals when consumed over multiple sittings, when packaging is discarded, or single servings are sold separately.

Cancer Society recommends mandatory labelling be required for all alcohol products sold both directly from producers and sold on-line for home delivery due to their increasing source of purchasing. We also recommend the energy information be required on both individual and outer packaging to ensure this information reaches individuals at each use.

5.6 Other considerations

Health and nutrition claims such as low carbohydrate, low calories or sugar content, infer these products provide health benefits and can influence consumers food choices^{23,24}. No matter how much energy alcohol contains, it has no nutritional value and in contrast is a type 1 carcinogen (like tobacco), causing considerable community harm.

While we understand FSANZ is not seeking to change the provisions that allow for nutrition claims on alcohol products, we recommend doing so under the scope of, P1049 carbohydrate and sugar claims, so that health and nutritional marketing claims are not permitted on alcohol labels.

While this proposal is driven by cost and benefits associated with obesity, we also recommend alcohol harm reduction be considered along with any evidence of impact on these behaviours.

¹ World Cancer Research Fund/American Institute for Cancer Research. *Diet, Nutrition, Physical Activity and Cancer: A Global Perspective.*; 2018. doi:10.1016/j.scienta.2014.02.005

² Cancer Society, Reduce your risk of cancer, Dec 2022, <https://www.cancer.org.nz/cancer/reduce-your-risk-of-cancer/>.

³ Connor J. Alcohol consumption as a cause of cancer. *Addiction* 2017; 112: 222–228

⁴ Rumgay H, Shield K, Charvat H, Ferrari P, Sornpaisarn B, Obot I, Islami F, Lemmens VEPP, Rehm J, Soerjomataram I. Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study. *Lancet Oncol.* 2021 Aug;22(8):1071-1080. doi: 10.1016/S1470-2045(21)00279-5. PMID: 34270924; PMCID: PMC8324483.

⁵ World Health Organisation. New Zealand Country Cancer Profile;2020. https://www.who.int/cancer/country-profiles/NZL_2020.pdf.

⁶ Ibid 1

⁷ Arnold M, Pandeya N, Byrnes G, Renehan AG, Stevens, G. A., Ezzati, M., Forman D. Global burden of cancer attributable to high body-mass index in 2012: a population-based study. *Lancet Oncol.* 2015;16(1):36-46. [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(14\)71123-4/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(14)71123-4/fulltext).

⁸ Gurney J, Stanley J, McLeod M, et al. 2020. Disparities in cancer-specific survival between Māori and non-Māori New Zealanders, 2007–2016. *JCO Global Oncology* 6: 766–74. DOI: 10.1200/go.20.00028 (accessed 29 October 2021).

⁹ Richards R, McNoe B, Iosua E, et al. Knowledge of Evidence-Based Cancer Risk Factors Remains Low Among New Zealand Adults: Findings from Two Cross-Sectional Studies, 2001 and 2015. *Asian Pacific J Cancer Prev*, 18(11), 2931-2936. accessed 21 Sept 2021 at http://journal.waocp.org/article_51936_95c39ed06bed2a1dfa838f78d80b7dd2.pdf.

¹⁰ Ibid4

¹¹ Walker N, McCormack J, Verbiest M, Jiang, Y, Lang B, Ni Murchu C. (2019) Energy labelling for alcoholic beverages in New Zealand: Impact on consumer purchase and consumption. Phase 2 report: Randomised trial. Wellington: Health Promotion Agency.

¹² FSANZ, Consumer Literature Review and Meta-analysis for W1135, May 2021, <https://www.foodstandards.gov.au/consumer/labelling/Documents/Literature%20review%20report.pdf>

¹³ World Cancer Research Fund International. Recommendations and Public Health and Policy Implications.; 2018. <https://www.who.int/end-childhood-obesity/publications/echo-report/en/>.

¹⁴ World Health Organization. “Best buys” and other recommended interventions for the prevention and control of noncommunicable diseases. WHO. 2017. <https://www.who.int/ncds/management/best-buys/en/>.

¹⁵ Babor, T; Casswell, S; Graham, L et al. Alcohol: No Ordinary Commodity: Research and public policy (3rd edition). Oxford, United Kingdom: Oxford University Press, 2022. Retrieved from <https://fdslive.oup.com/www.oup.com/academic/pdf/openaccess/9780192844484.pdf>.

¹⁶ NZ Government. NZ Public Health and Disability Act. Wellington NZ <http://www.legislation.govt.nz/act/public/2000/0091/latest/DLM80051.html>.

¹⁷ Shahid M, Neal B, Jones A. Uptake of Australia's Health Star Rating System 2014-2019. *Nutrients*. 2020;12(6):1791.

¹⁸ Kersbergen I, Oldham M, Jones A, Field M, Angus C, Robinson E. Reducing the standard serving size of alcoholic beverages prompts reductions in alcohol consumption: Serving size and alcohol consumption. *Addiction*. 2018;113(9):1598-608.

¹⁹ Mantzari E, Marteau TM. Impact of Sizes of Servings, Glasses and Bottles on Alcohol Consumption: A Narrative Review. *Nutrients*. 2022;14(20):4244.

²⁰ Food Standards Australia New Zealand, Standard 1.2.8 – Nutrition Information Requirements, FSANZ Code 1991, <https://www.foodstandards.gov.au/code/Documents/1.2.8%20Nutrition%20info%20v157.pdf>

²¹ Shahid M, Neal B, Jones A. Uptake of Australia's Health Star Rating System 2014-2019. *Nutrients*. 2020;12(6):1791.

²² Action Point, Our drinking Culture, <https://www.actionpoint.org.nz/the-alcohol-industry-in-new-zealand>.

²³ Oostenbach LH, Slits E, Robinson E, Sacks G. Systematic review of the impact of nutrition claims related to fat, sugar and energy content on food choices and energy intake. *BMC Public Health*. 2019;19(1):1296.

²⁴ Kaur A, Scarborough P, Rayner M. A systematic review, and meta-analyses, of the impact of health-related claims on dietary choices. *Int J Behav Nutr Phys Act*. 2017;14(1):93.