



**Dietitians NZ**

*Ngā Pukenga Kai Ora o Aotearoa*



## Food Standards Australia New Zealand

**4<sup>th</sup> September 2023**

### **Dietitians NZ Submission on P1049**

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Dietitians NZ, Ngā Pukenga Kai Ora o Aotearoa, is the professional association for registered dietitians, dietetic students and associated nutrition professionals. Te Kahui Manukura o Kai Ora is the rūpū for all registered dietitians and dietetic students who whakapapa to the whenua of Aotearoa. With a membership of over 700, together we represent the largest group of food and nutrition professionals in New Zealand.

Dietitians NZ & Te Kahui Manukura o Kai Ora are committed to upholding the 'spirit' of Te Tiriti o Waitangi and working in partnership to ensure equity is at the heart of everything we do, and our processes, actions, and decisions, are informed and shaped by both Tangata Whenua and Tangata Tiriti worldviews. We trust the comments made in our submission will be given due consideration.

Contributors to this submission:



Dietitians NZ and Te Kahui Manukura o Kai Ora welcomes and thanks FSANZ for the opportunity to provide feedback on P1049.

We strongly support Option 3 – Remove the permission in the Code to make nutrition content claims about carbohydrate on food that contains more than 1.5% ABV for the following reasons.

1. Alcohol effects your health. It affects numerous body systems including the heart, brain, stomach, liver, and others. It increases energy intake and increases risk of cancers of the mouth, throat, larynx, oesophagus, bowel, rectum, breast, and liver (Ministry of Health, 2022). The negative effects on driving and violence are well documented in New Zealand. Dietitians NZ does not support Options 1 or 2 which potentially create a 'health halo' to

alcohol when alcohol causes considerable harm to whanau and increased health and other costs to society.

2. The Eating and Activity Guidelines for New Zealanders state that 'Any alcohol consumption is risky, so if you drink alcohol, keep your intake low' (Ministry of Health, 2020). Furthermore, the guidelines state to drink 'low-alcohol or non-alcoholic drinks'. There are no recommendations that specify consumption of carbohydrate or sugar restricted alcoholic drinks in the guidelines. These guidelines underpin nutrition prevention work in the sector. Any policies or legislation that appears to add a 'health halo' in the form of nutrition claims to alcohol contravenes the intent and statements within the guidelines and would be confusing to consumers who receive Guideline-based nutrition promotion messages within community-based and clinical programmes or settings.
  3. As stated in the FSANZ proposal document, sugar claims were not 'specifically mentioned' when carbohydrate claims were permitted in 2007 (FSANZ, 2023). It was stated that there was some evidence that claims about carbohydrate were misleading consumers about the healthiness of alcoholic beverages but there appeared to be little evidence that this would apply to sugar claims. However, this was not verified by research and sugar claims were allowed to be used in the interests of industry rather than public health. Over time, the alcohol industry has been exploiting this grey area to 'health-wash' alcohol products with low sugar as well as low carbohydrate claims to promote consumption.
  4. Dietitians NZ and Te Kahui Manukura o Kai Ora note that Option 3 is the only option that meets the Policy Guideline on Nutrition, Health, and Related Claims<sup>2</sup> which states that the health of the population should be protected as a priority and 'is consistent with and complements Australian and New Zealand national policies and legislation including those relating to nutrition and health promotion'. Dietitians NZ note that Option 3 is the only option that aligns with the Policy Guideline on Food Labelling to Support Consumers Make Informed Healthy Choices (Australia and New Zealand Forum on Food Regulation. 2020). This is in relation to the wider intent of this policy which is to 'support healthy dietary patterns recommended in the Dietary Guidelines'. Promotion of alcohol using nutrition claims does not support consumers in the development of a healthy dietary pattern.
  5. Dietitians NZ and Te Kahui Manukura o Kai Ora is concerned at the increase in the prevalence of alcoholic beverages that carry nutrition content claims about sugar and/or carbohydrate. These claims are displayed across a range of alcoholic beverage types (e.g., beer, cider, RTDs, seltzers) with the highest percentage of sugar claims on RTDs (19.7% compared to 6.4% for carbohydrate claims) (FSANZ, 2023). This means there is an increased range of products using these marketing tools to increase consumption of alcohol. Again, it contravenes FSANZ policy to protect public health and does not align with the Eating and Activity Guidelines.
  6. This current FSANZ review began in 2017 in response to Food Ministers concerns that low carbohydrate and low sugar labels on alcohol were misleading consumers to believe that these alcoholic beverages were a healthier choice (FSANZ, 2023). Option 3 is the only option that supports the original intention of the Food Ministers concerns.
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7. Dietitians NZ was involved in the stakeholder consultation group for P1059. The outcome of this was a FSANZ position that highlighted energy (and alcohol which is not part of this P1049) content as the key nutrients to display on a label rather than a full Nutrition Information Panel (FSANZ, 2023a). This position was supported by Dietitians NZ. It is unclear why in P1049, which was intended to align with P1059, there is continuing support for carbohydrate and sugar claims on alcohol which trigger the display of an NIP containing the seven required nutrients. This will result in some products with an NIP and some with energy only labelling, likely to create confusion for consumers. Therefore Option 3 is the only option that results in consistent nutrition labelling on alcohol and aligns with the intent of P1059.
8. There is now a body of evidence that shows nutrition content claims increase purchases of foods, and likely overconsumption in the form of higher energy intake from a recent systematic review (Oostenbach LH, Slits E, Robinson E, et al., 2022). Dietitians NZ considers that any nutrition labelling that has the impact of potentially increasing the consumption in relation to alcohol should be prohibited in the interests of protecting public health. Furthermore, nutrition claims on products simplify nutrition information and have been shown to reduce the likelihood of consumers consulting the NIP (Ikonen I, Sotgiu F, Aydinli A, et al., 2020). Therefore, the likely impact of P1059 for energy labelling of alcohol will be diminished. We acknowledge that there is limited evidence on the effect of nutrition content claims on alcohol products, however, the above evidence supports the likely impact on increased purchasing of alcohol and ongoing poor nutrition literacy (of the energy content of alcohol, see 9. Below) from the display of sugar and carbohydrate nutrient content claims. Furthermore, industry investment in developing products that are low sugar or low carbohydrate is evidence that this type of marketing is successful at increasing sales.
9. Evidence outlined by FSANZ in the proposal shows that consumers have poor knowledge of the nutrient composition of alcohol (FSANZ, 2023). Specifically, consumers overestimate the sugar content of alcohol and are often unaware that most of the energy in alcoholic drinks comes from alcohol, instead, believing that sugar or carbohydrates are the main sources of energy. Therefore, labelling a product as 'low-sugar' could mislead consumers into thinking the product is low in energy. Similarly, other research has shown that consumers also misinterpret carbohydrate claims on beer, believing that they have little or no energy content. This evidence supports Option 3 as Option 1 and 2 allow claims that perpetuate these common myths around the nutritional composition of alcohol.

## **Response to questions**

We have no additional evidence on Qu1-4.

Question 5 and 6

We do not agree with FSANZ consideration of costs and benefits. The costs do not consider the cost of alcohol-related harm. In relation to the costs for relabelling, companies undertake regular brand and packaging revisions in response to a range of factors such as new ingredients, labelling and other requirements, and any new requirements should be able to be incorporated within the proposed 2–3-year transition period. It is not clear from Table 1 presenting the estimated average

label change costs what percentage of products in the market are cans versus bottles vs casks therefore it is difficult to assess true costs easily.

In addition, we would also like to note the low number of public organisations (N=6) that attended the targeted consultation in NZ on P1049 compared to 10 industry groups. In contrast, a wide range of health agencies attended in Australia. We suggest that the low attendance of health agencies should not be interpreted as a lack of interest in this proposal but likely due to the current restrictions on the ability of public sector employees to publicly advocate for evidence-based policy change (Swinburn, B, 2023).

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## References

Ministry of Health. 2022. Available from <https://www.health.govt.nz/your-health/healthy-living/addictions/alcohol-and-drug-abuse/alcohol/effects-alcohol#:~:text=Effects%20of%20alcohol%20on%20your%20health&text=heart%20%E2%80%93%20raised%20blood%20pressure%20and,control%2C%20judgement%20and%20reaction%20times>

Ministry of Health. 2020. Eating and Activity Guidelines for New Zealand Adults: Updated 2020. Wellington: Ministry of Health.

Food Standards Australia New Zealand. Call for submissions – Proposal P1049. Canberra, 2023.

Australia and New Zealand Ministerial Forum on Food Regulation. 2018. Policy Guideline on Nutrition Health and Related Claims. Available from <https://foodregulation.gov.au/internet/fr/publishing.nsf/Content/publication-Policy-Guideline-on-Nutrition-Health-and-Related-Claims>

Australia and New Zealand Forum on Food Regulation. 2020. Policy Guideline on Food Labelling to Support Consumers Make Informed Healthy Choices.

Food Standards Australia New Zealand. Call for submissions – Proposal P1059 Energy labelling on alcoholic beverages. Canberra; 2023a.

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.

Ikonen I, Sotgiu F, Aydinli A, Verlegh PWJ. Consumer effects of front-of-package nutrition labeling: an interdisciplinary meta-analysis. Journal of the Academy of Marketing Science. 2020;48(3):360-83.

Prates SMS, Reis IA, Rojas CFU, Spinillo CG, Anastácio LR. Influence of nutrition claims on different models of front-of-package nutritional labelling in supposedly healthy foods: Impact on the understanding of nutritional information, healthfulness perception, and purchase intention of Brazilian consumers. *Front Nutr.* 2022;9:921065.

Swinburn, B. (2023) Available from <https://www.newsroom.co.nz/ideasroom/nz-no-place-for-anti-health-lobbying>