



National Obesity Strategy Working Group

By email: obesity@health.gov.au

Dear National Obesity Strategy Working Group,

Thank you for the opportunity to provide feedback into the Draft National Obesity Prevention Strategy. Alcohol Beverages Australia recognises and appreciates the important work that governments across Australia have done to address the important issues of obesity. We hope that the information contained in this letter provides insight into alcoholic beverages that will help to develop an effective Strategy when it comes to alcohol.

Uniqueness of alcohol amongst food and drinks

Alcohol is unique amongst food and drinks in that it is heavily regulated and has strategies dedicated to it by all levels of government across Australia to ensure that the harmful consumption of alcohol is minimised.

Every aspect of alcohol is regulated by governments across Australia. This includes regulations on the manufacture, labelling, promotion and advertising, price as well as sale of alcoholic beverages. This thorough and effective approach to alcohol means that it is regulated in a very different way to the other food and drinks in the National Obesity Prevention Strategy and as such should be treated differently.

The harmful consumption of alcohol, which is the pattern most likely to lead to weight gain (see section below on evidence base), is the subject of the National Alcohol Strategy (NAS). Much like the Draft National Obesity Prevention Strategy, the NAS provides a suite of options to combat the harmful use of alcohol by governments. The NAS has been endorsed at the Ministerial level as part of the Ministerial Drug and Alcohol Forum.

Currently, the Draft National Obesity Prevention Strategy, captures alcohol through the definition of 'unhealthy food and drink' and specific reference to alcohol in Ambition One: Strategy 1.5, Strategy 1.6; Ambition 2: Strategy 2.1. This has the potential to cause confusion and inefficiencies for governments to effectively implement policies in relation to the harmful consumption of alcohol, including where this pertains to obesity.

To ensure that the National Obesity Prevention Strategy provides consistent advice to governments looking to implement strategies we would strongly recommend that the National Obesity Prevention Strategy refers back to the National Alcohol Strategy as being the source of policy options for tackling harmful consumption of alcohol. To complement this, the definition of 'unhealthy food and drink' should remove alcohol, again to ensure that it is clear for government when alcohol should be targeted as per the NAS.

Suggested action: Implement policy or regulations that require prominent advisory labels for unhealthy ingredients (such as added sugar, salt, saturated and/or trans fats, alcohol)



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A suggested action from the Draft Strategy has been to implement advisory labelling for alcoholic beverages. In Australia, Food Standards Australia and New Zealand (FSANZ) sets the standards on the information and form of labels on food, including alcoholic beverages through the Food Standards Code. In doing so FSANZ undertakes rigorous processes set out in legislation.

The Food Standards Code currently requires that alcoholic beverages are clearly labelled with advisory labels that they contain alcohol such as alcohol by volume (ABV), the number of standard drinks in each product as well as pregnancy warning labels.

Additionally, FSANZ are currently in the process of reviewing energy labelling information on alcoholic beverages and added sugars. It would be pre-emptive for the Strategy to dictate labelling requirements when this falls under the remit of FSANZ.

FSANZ is the best placed body to undertake the work required in relation to labelling. Pre-empting or directing the work of FSANZ through the Strategy would be inappropriate. As such, ABA recommends removing references to alcohol advisory labels.

Suggested action: Provide engaging information, education, and skill-building initiatives, including online, that promote and align with the Australian guidelines for healthy eating, alcohol, physical activity, and sedentary behaviour, with further tailoring of messages and information for priority groups

Providing Australians with information and education initiatives to promote and align with the health and alcohol consumption guidelines is an action that is supported by ABA.

In Australia the alcohol guidelines are set by the National Health and Medical Research Council (NHMRC). One of the actions under the National Alcohol Strategy is to “promote and translate key messages of the revised NHMRC guidelines to support informed decisions about alcohol consumption and promote better public understanding of alcohol-related harms”¹.

As outlined above the National Alcohol Strategy already covers this issue and many others. As such the most appropriate way for the National Obesity Strategy to address alcohol is to refer to the National Alcohol Strategy as the guiding strategy for alcohol related matters.

Strategy 1.6 – Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children and where large numbers of people gather and transit through. This could include publicly-owned or managed settings, sports and major community events, and television and digital platforms.

As outlined above, alcohol is unique in the way it is regulated in Australia when compared to other food and beverages. By being included in the definition of ‘unhealthy food and drink’ alcohol is captured in this strategy relating to marketing and promotion.

Being captured in actions relating to marketing and promotion provides a good example of the unique approach to alcohol that already exists. The marketing and promotion of alcoholic beverages to children is prohibited in Australia and as such is not relevant to be addressed in relation to reducing exposure to children. Measures to prohibit promotion to children include:

¹ Department of Health, “National Alcohol Strategy 2019-2028” (Canberra, 2019), <https://www.health.gov.au/sites/default/files/documents/2020/11/national-alcohol-strategy-2019-2028.pdf>.



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- Restrictions around alcohol advertising on TV:
 - alcohol ads cannot be broadcast on commercial TV in children’s (C) or preschool (P) classified programs at any time
 - in the breaks immediately before or after C or P classified programs
 - on a dedicated subscription children’s channel
- Where age restriction controls are not capable of excluding Minors from the audience, alcohol marketing may only be placed where the audience is expected to comprise 75% adults².
- Marketers must utilise Available Age Restriction Controls to exclude minors from viewing its marketing communications i.e., using age restriction, targeting or affirmation technologies to restrict a marketing communication to adults³.

In addition, alcohol marketing is already heavily regulated within Australia. Marketing of alcoholic beverages must not only comply with the ABAC Responsible Alcohol Marketing Code⁴, but it must also comply with the following laws and codes:

- Federal Competition and Consumer Act and State Fair Trading legislation
- State and Territory Liquor Licensing alcohol promotion requirements.
- Australia New Zealand Food Standards Code
- Australian Association of National Advertisers Code of Ethics
- Commercial Television Industry Code of Practice
- Commercial Radio Code of Practice
- Outdoor Media Association Code of Ethics and Alcohol Advertising Policy

These codes and regulations above have been set to regulate and monitor the marketing of alcoholic beverages within Australia. It illustrates the comprehensive regulation of alcohol when compared to other ‘unhealthy food and drink’. As such, we recommend the removal of alcohol from the definition ‘unhealthy food and drink’ and instead approach alcohol through reference to the National Alcohol Strategy.

Evidence Base

While the Strategy seeks to take action on alcohol-related obesity, the only evidence provided within the Strategy relating to the impacts of alcohol consumption on obesity states:

Improving understanding that regular alcohol consumption can impact health and wellbeing and be a contributor to weight gain and obesity is important. For middle-aged Australian adults (aged 51-70 years), alcoholic drinks account for around 22% of unhealthy food and drink intake. (pg. 30).

It is important that the basis for any policy intervention is derived from a scientific evidence base. In the case of alcohol, research evidence has not determined a cause-and-effect association between alcohol consumption and weight due to conflicting and inconsistent findings. In particular, there have been several large-scale systematic reviews that have considered a multitude of studies on the

² “ABAC Responsible Alcohol Marketing Code,” 2021, <http://www.abac.org.au/wp-content/uploads/2021/03/ABAC-Responsible-Alcohol-Marketing-Code-26-February-2021.pdf>.

³ “ABAC Responsible Alcohol Marketing Code.”

⁴ “ABAC Responsible Alcohol Marketing Code.”



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topic of alcohol and weight gain which have concluded that no causal relationship between alcohol consumption and weight gain/obesity can be determined. Further details are provided at **Appendix A**, which we hope will be helpful in contributing to the evidence base of the National Obesity Prevention Strategy.

The pattern of alcohol consumption that is most associated with weight gain is harmful alcohol consumption. The National Alcohol Strategy is a strategy that focuses on harmful alcohol consumption and again remains best placed to guide policy on alcohol in Australia.

We hope that our submission has provided useful and practical information that can help build on the important work undertaken on the National Obesity Prevention Strategy. I would appreciate the opportunity to set up a short meeting to discuss our position further and provide any additional assistance.

In the meantime, should you have any questions about this submission or Alcohol Beverages Australia, please contact me on the details below.

Yours sincerely,

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Appendix A

The Draft Strategy includes actions that relate to alcohol in an attempt to prevent obesity in Australia. In order for these actions to be effective, there would need to be a scientifically robust evidence base to establish that alcohol consumption causes obesity. When looking at the relationship between alcohol consumption and overweight/obesity, research to date has not been able to identify conclusive evidence that alcohol consumption leads to obesity. The evidence varies, including evidence that shows low-to-moderate amounts of alcohol consumption can have a protective effect on overweight/obesity risks in adults.

Importantly, when looking at the Australian context, Australia has seen a surge in the proportion of people who are overweight or obese during a period of significant decrease in alcohol consumption. As such, the specific Australian context shows that despite decreases in alcohol consumption, the rates of obesity have increased. This evidence adds to the weight of literature that suggests targeting alcohol consumption would not decrease levels of obesity in Australia. Instead, the National Alcohol Strategy, is best placed to be the guiding national strategy to minimise harms from alcohol.

Evidence Based Obesity and Alcohol Policy

In order for there to be effective policies to reduce the incidence of obesity an evidence-based approach must be taken. When factoring in policies that target alcohol in order to reduce obesity, there must be evidence to support there is a causal relationship between alcohol consumption and obesity.

Alcohol can be part of a balanced lifestyle and the vast majority of Australian's enjoy alcoholic beverages in moderation.

Understanding the relationship between alcohol consumption and obesity

Research evidence has not determined a cause-and-effect association between alcohol consumption and weight due to conflicting and inconsistent findings. In particular, there have been several large-scale systematic reviews that have considered a multitude of studies on the topic of alcohol and weight gain which have concluded that no causal relationship between alcohol consumption and weight gain/obesity can be determined.

In a systematic review conducted on thirty-one studies investigating alcohol consumption and weight gain found that the overall results of the studies did not conclusively confirm an association between alcohol consumption and weight gain⁵. Across the cross-sectional studies, prospective cohort studies and intervention trials reviewed by the authors, contradictory results were found with some studies reporting positive associations, negative associations or no significant associations between alcohol consumption and weight gain. A later review seeking to update the body of evidence, also found that findings across different studies report inconsistent and often contradictory findings in relation to the relationship between alcohol consumption and obesity⁶.

⁵ Carmen Sayon-Orea, Miguel A Martinez-Gonzalez, and Maira Bes-Rastrollo, "Alcohol Consumption and Body Weight: A Systematic Review," *Nutrition Reviews* 69, no. 8 (2011): 419–31, <https://doi.org/10.1111/j.1753-4887.2011.00403.x>.

⁶ Gregory Traversy and Jean Philippe Chaput, "Alcohol Consumption and Obesity: An Update," *Current Obesity Reports* (Curr Obes Rep, March 1, 2015), <https://doi.org/10.1007/s13679-014-0129-4>.



Rather, the authors of both of the reviews concluded that further research was required to understand the role played by factors such as gender, the propensity for individuals to gain weight, the type and quantity of beverage consumption in relation to weight gain.

Most consistently studies have shown that low-to-moderate levels of alcohol consumption can have a protective effect on body weight. In a study analysing the association between obesity and alcohol consumption of 8,236 adults, found that current drinkers had lower odds of obesity when compared to non-drinkers⁷. In particular, the authors of the study observed a J-shaped curve when examining the relationship between alcohol consumption. Adults who reported consuming 1-2 alcoholic beverages a day had lower odds of obesity as compared to non-drinkers. In contrast, adults engaged in binge drinking had the highest odds of obesity in the entire cohort.

Similarly, a 2018 study analysing the associations between body composition and drinking patterns of 36,028 adults, found a similar J-shaped association with Body Mass Index (BMI) and the waist circumference of adults and their alcohol consumption⁸. Authors found that men and women who consumed between 1-2 drinks per day had a lower BMI and waist circumference as compared to ex-drinkers and non-drinkers. In contrast, the authors found that those consuming larger amounts of alcohol in one week were more likely to have higher BMI and waist circumference, than those consuming low-moderate amounts or non/ex-drinkers.

Additionally, both studies found a negative relationship with the frequency of alcohol consumption, where adults who consumed alcohol more frequently had lower a BMI and waist circumference as compared to adults who drank infrequently⁹. These findings show that in contrast to the current assumption that alcohol consumption leads to obesity, regular consumption of low-to-moderate amounts of alcohol can have a protective effect against rate of overweight/obesity. However, research evidence does show that harmful levels of consumption are at greater risk of obesity. These conclusions are supported by the findings of Breslow and Smothers¹⁰, who found that amongst adults who consume alcohol, those that consume small amounts frequently had a lower BMI than those consuming higher amounts of alcohol infrequently.

Australian Lived Experience

Given that causation cannot be determined in the relationship between alcohol consumption and obesity, it is increasingly important to consider the lived experience of adults in Australia.

Over the last forty years Australia has seen a continued increase in the proportion of the population that is either overweight or obese. In fact, the rate of being overweight/obese in Australia has grown

⁷ Ahmed A. Arif and James E. Rohrer, "Patterns of Alcohol Drinking and Its Association with Obesity: Data from the Third National Health and Nutrition Examination Survey, 1988-1994," *BMC Public Health* 5, no. 126 (2005), <https://doi.org/10.1186/1471-2458-5-126>.

⁸ M.E.J. Lean et al., "Different Associations between Body Composition and Alcohol When Assessed by Exposure Frequency or by Quantitative Estimates of Consumption," *Journal of Human Nutrition and Dietetics* 31, no. 6 (2018): 747–57, <https://doi.org/10.1111/jhn.12583>.

⁹ Arif and Rohrer, "Patterns of Alcohol Drinking and Its Association with Obesity: Data from the Third National Health and Nutrition Examination Survey, 1988-1994"; Lean et al., "Different Associations between Body Composition and Alcohol When Assessed by Exposure Frequency or by Quantitative Estimates of Consumption."

¹⁰ Rosalind A Breslow and Barbara A Smothers, "Drinking Patterns and Body Mass Index in Never Smokers: National Health Interview Survey, 1997-2001," *American Journal of Epidemiology* 161, no. 4 (2005): 368–76, <https://doi.org/10.1093/aje/kwi061>.



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from 1989/90 to 2017/18 the proportion of men who are overweight/obese has increased from 45.6% to 74.5%. Over the same period the proportion of women who are overweight/obese has nearly doubled from 32.1% to 59.8%.

In comparison, over the same period there has been a significant decrease in per capita alcohol consumption. ABS data shows that from 1989/90 to 2017/18 consumption in per capita decreased by 13.7% from 11.02 litres to 9.51 litres over the same period. This means that while rates of obesity have been increasing, rates of alcohol consumption have been decreasing.

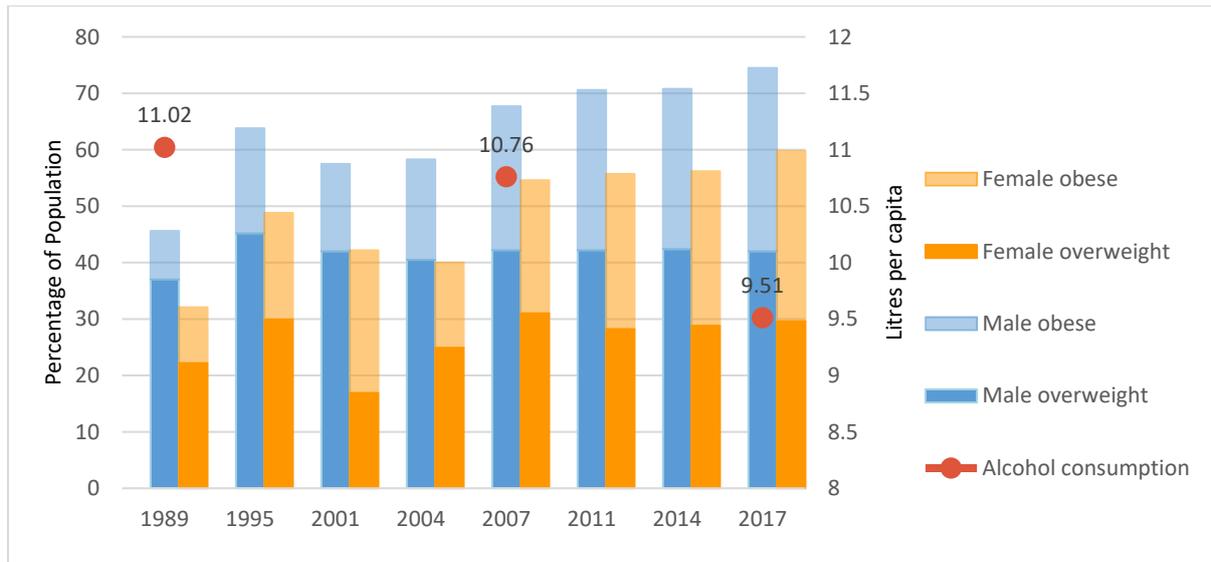


Figure 1. Australian trends in alcohol consumption and rates of overweight/obesity in Australian adults since 1989.

Conclusion

The Australian lived experience shows no link that alcohol contributes to the rates of obesity, rather the trends show an opposing trend with a decline in alcohol consumption and increase in rates of overweight/obesity.