

ALCOHOL HEALTH ALLIANCE UK - WRITTEN EVIDENCE (FDO0045)

The House of Lords Committee on Food, Diet and Obesity

Call for written evidence: Inquiry into the role of foods, such as 'ultra-processed foods', and foods high in fat, salt and sugar, in a healthy diet and tackling obesity.

Introduction

This is the official written evidence submission from the Alcohol Health Alliance UK.

The Alcohol Health Alliance UK (AHA) is an alliance of more than 60 non-governmental organisations working together to reduce alcohol harm. As a significant cause of preventable death and ill-health, we strongly urge the committee to consider including alcoholic drinks alongside other non-alcoholic drinks in the remit of this inquiry. In this submission, the AHA will be responding specifically to the two main asks within the call for evidence that mention the drinks industry, which are:

1. The role of the food and drink industry in driving food and diet trends and on the policymaking process, and
2. The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity, including the impact of recent policy tools and legislative measures intended to prevent obesity.

However, as part of our response we will endeavour to include other information relating to alcohol and impacts on health, especially given the high levels of sugar and lack of nutrients in alcoholic products, and the health harms associated with consumption of these products.

The nature of alcohol harm

Alcohol use is the biggest risk-factor for early mortality, ill-health and disability among 15 to 49-year-olds,¹ and the fifth biggest risk-factor across all ages.² Playing a causal role in more than 200 different diseases and injuries, alcohol is linked to seven cancers, including two of the most common (breast and bowel).³ Alcohol has also been identified as both a

¹ VizHub - GBD Results (2019). [Global Health Data Exchange](#), Institute for Health Metrics and Evaluation, University of Washington.

² OHID (2022). [Local Alcohol Profiles for England](#)

³ WHO (2018). [Fact sheets: alcohol](#).

determinant and an outcome of socioeconomic inequality,⁴ with deaths disproportionately higher in more deprived areas.⁵

In recent years, we have reached crisis point. Alcohol-specific deaths are at record-high levels, up 27.4% between 2019 and 2021.⁶ This is in part due to changing alcohol consumption patterns during the pandemic, and a lack of adequate Government action. Modelling has estimated that if alcohol use does not return to pre-pandemic levels, there could be up to 99,500 extra cases of hypertension and 20,000 excess cases of stroke by 2035, costing the NHS up to £1.2 billion.⁷

How alcohol links to HFSS foods and obesity

Alcohol is very energy dense and contributes substantially to calorie intake: a large glass of white wine having the equivalent calories as a slice of pizza⁸, and just two medium-sized glasses of the most calorific wines containing more calories than a McDonald's hamburger.⁹ For those who drink, alcohol accounts for nearly 10% of daily calorie intake, with around 3.4 million adults consuming an additional day's worth of calories each week – totalling an additional two months of food each year.¹⁰ What's more, higher calorie content is linked to higher strength drinks which are the most damaging to our health.¹¹

Yet despite this, the majority of the public (80%) is unaware of the calorie content of common drinks. Research by the AHA found that a bottle of wine can contain anywhere between 0 to 15 teaspoons of sugar,¹² meaning it is possible to reach the recommended daily sugar intake by drinking just two medium-sized glasses of some of the most popular wines on the market. Despite this, only 6% of alcoholic products display sugar content on their labels.¹³

⁴ IAS (2020). [Alcohol and health inequalities](#).

⁵ OHID (2021). [Local Alcohol Profiles for England: short statistical commentary, December 2021](#)

⁶ ONS (2022). [Alcohol-specific deaths in the UK: registered in 2021](#)

⁷ IAS and Health Lumen (2022). [The COVID hangover: Addressing long-term health impacts of changes in alcohol consumption during the pandemic](#).

⁸ Royal Society for Public Health (accessed 22/03/24) Alcohol calorie labelling <https://www.rsph.org.uk/our-work/policy/drugs/alcohol-calorie-labelling-.html>

⁹ Alcohol Health Alliance (2022), [Sugar content in wine revealed: Health experts deem alcohol labelling 'woefully inadequate'](#)

¹⁰ Royal Society for Public Health (accessed 22/03/24) Alcohol calorie labelling <https://www.rsph.org.uk/our-work/policy/drugs/alcohol-calorie-labelling-.html>

¹¹ Alcohol Health Alliance (2022), [Sugar content in wine revealed: Health experts deem alcohol labelling 'woefully inadequate'](#)

¹² Alcohol Health Alliance (2022), [Sugar content in wine revealed: Health experts deem alcohol labelling 'woefully inadequate'](#)

¹³ Alcohol Health Alliance (2022), [Contents Unknown: How alcohol labelling still fails consumers](#)

In 2020, Action on Sugar analysed 21 of the most popular ready-to-drink cocktails on the market. Of the products analysed, drinks contained between 0g and 59g of sugar per single-serving container –this crucial information was missing from 90% of labels on the products they examined.¹⁴

Current HFSS restrictions mean that sugary soft drinks are covered by the restrictions, but alcoholic drinks are not, even though they can be considerably more calorific than their non-alcoholic counterparts. For example, 100ml of 5% beer contains 42 kcal, 13% wine contains 91 kcal and 40% spirit contains 244 kcal.¹⁵ By comparison 100ml of Sprite contains 14 kcal, Fanta 19 kcal and Coke 42 kcal.¹⁶

Including alcohol in the definition of HFSS foods for regulatory purposes

Advertising is a significant driver of behaviour, including among children and young people. Exposure to alcohol ads has been found to increase the likelihood that adolescents will start to use alcohol and increases consumption among those who already drink.¹⁷ There are various similarities between HFSS product and alcohol advertising – both in the harmful nature of the advertised products, as well as the impact of advertising and shortcomings of the current regulatory systems to protect children. We would therefore strongly support a consistent approach to ensuring effective advertising restrictions across HFSS products and alcohol due to a) high exposure of alcohol advertising to children and young people, and b) the extensive mental and physical harms associated with alcohol, including links between alcohol and obesity.

Alcohol is currently outside the scope of the HFSS definitions because it is not classified as a HFSS food according to the Nutrient Profiling Model (NPM) 2004/5, due to an exemption. Under the NPM, drinks scoring 1 or more points (awarded for energy, saturated fat, total sugar and sodium, and subtracted for fruit, vegetable and nut content, fibre and protein) are classified as “less healthy.”¹⁸ As alcoholic drinks typically contain high energy, with very little fibre, protein or fruit, vegetables and nuts, many alcoholic drinks would be classified as less healthy products under this measure. Some alcohol products, including those popular with younger drinkers such as alcopops and liquors, also have high sugar content.¹⁹

¹⁴ Action on Sugar (2020) <https://www.actiononsugar.org/media/actiononsugar/Alcohol-Survey-Report.pdf>

¹⁵ Eurocare (2018). [What's in this drink?](#)

¹⁶ Coca Cola GB (accessed December 2020). [Sprite. Fanta. How many calories are there in a 330ml can of Coca-Cola original taste?](#)

¹⁷ Anderson, P. et al. (2009) Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol*, 44(3).

¹⁸ Department of Health (2011), [Nutrient Profiling Technical Guidance](#).

If alcohol remains out of scope for HFSS regulations, this could lead to content promoting alcohol filling the gaps left by HFSS marketing, increasing children and young people's exposure to harmful alcohol ads. This has already proven the case in other areas: following restrictions of HFSS products from store entrances and checkouts, off-fixture displays containing alcoholic drinks surged by 57%.²⁰

The role of the food and drink industry driving food and diet trends and shaping the policy environment

In November 2023, Action on Smoking and Health (ASH), the Obesity Health Alliance (OHA) and the AHA joined forces on a report (funded by Cancer Research UK) investigating tobacco, alcohol and unhealthy foods as risk-factors to ill health in the UK. The final report highlighted that these industries use very similar strategies to encourage product consumption:

"Widespread use of these products has been driven by mass production and marketing by an industry made up of profit-making companies. Alcohol consumption, for example, was declining in England prior to the 1960s, at which time increased availability, affordability, and expenditure on marketing of alcohol drove a massive increase in consumption.²¹ We are exposed to these products in nearly every aspect of modern-day life, with health-harming industries advertising on TV and streaming services; targeting promotions on social media; influencing school educational programmes; and sponsoring sporting, community, and other events."²²

This industry activity results in a market saturated with advertising and promotion of unhealthy consumables with a huge detrimental impact on public health. This is also highly profitable for those industries: after tax, a total of £53 billion of combined industry revenue is estimated to be made from sales at levels harmful to health in the UK each year (£7.3 billion of tobacco industry revenue, £11.2 billion of alcohol industry revenue, and £34.2 billion of food industry revenue).²³

¹⁹ Cancer Research UK (2017), [Youth engagement with alcohol brands in the UK](#).

²⁰ Grocery Gazette (2022). [HFSS restrictions boost alcoholic drink space across UK supermarkets](#).

²¹ Health Select Committee (2010). [Alcohol- History \[Internet\]](#). www.parliament.co.uk [accessed 22/03/24]

²² ASH, AHA & OHA (2023), [Holding Us Back: tobacco, alcohol and unhealthy food and drink](#)

²³ ASH, AHA & OHA (2023), [Holding Us Back: tobacco, alcohol and unhealthy food and drink](#)

As indicated above, the marketing of alcohol has far-reaching implications. Alcohol advertisements are prolific, fostering pro-drinking attitudes, influencing drinking behaviour, and normalising drinking cultures. Research has demonstrated that those who viewed alcohol advertisements consumed more alcohol than those who did not.²⁴

Digital marketing is particularly powerful. Actively participating with online advertising (e.g., sharing social media posts) is more closely associated with increased alcohol use than simple exposure,²⁵ and 'buy now' and 'swipe up' features directly facilitate purchases on online advertisements. The use of algorithms also means that any engagement with an HFSS or alcohol product or brand means users will then be identified with an affinity for fast food/alcohol and served related content.

Yet despite this, and in spite of the fact that alcohol is an age-restricted product, a 2021 survey found that 82% of 11-17-year-olds had seen alcohol advertising in the last month.²⁶ Moreover, approximately a fifth (19%) of 11-17-year-olds had interacted with alcohol marketing online in the past month.²⁷

The recent 'Holding Us Back' Cross Risk Factor report²⁸ looked at industry influencing tactics and found that "Health-harming industries (including alcohol, tobacco and unhealthy food and drink) use a 'common playbook' of actions to lobby government to prevent regulation. These tactics include discrediting scientific evidence or scientists, influencing public opinion through public relations, promoting alternative policy proposals more favourable to industry, focusing on the positive impact of industry, and threatening litigation. This lobbying has delayed and disrupted the policy-making process, contributing to insufficient regulation of health-harming products."²⁹

²⁴ Stautz, K. et al. (2016). [Immediate effects of alcohol marketing communications and media portrayals on consumption and cognition: a systematic review and meta-analysis of experimental studies](#). *BMC Public Health*.

²⁵ Noel, J. K. et al. (2020). [Exposure to digital alcohol marketing and alcohol use: A systematic review](#). *Journal of Studies on Alcohol and Drugs*; Critchlow, N. et al. (2019). [Awareness of alcohol marketing, ownership of alcohol branded merchandise, and the association with alcohol consumption, higher-risk drinking, and drinking susceptibility in adolescents and young adults: a cross-sectional survey in the UK](#). *BMJ Open*.

²⁶ Alcohol Health Alliance UK. (2021). [No escape: How alcohol advertising preys on children and vulnerable people](#).

²⁷ Alcohol Health Alliance UK. (2021). [No escape: How alcohol advertising preys on children and vulnerable people](#).

²⁸ ASH, AHA & OHA (2023), [Holding Us Back: tobacco, alcohol and unhealthy food and drink](#)

²⁹ ASH, AHA & OHA (2023), [Holding Us Back: tobacco, alcohol and unhealthy food and drink](#)

These tactics have combined to produce a policy environment where industry are not only around the policy making table when efforts to regulate their products are under discussion, but have even managed to significantly influence the narrative politicians use when discussing alcohol.

The effectiveness of Government planning and policymaking processes in relation to food and drink policy and tackling obesity

There has been frustratingly little progress on tackling alcohol and other cross risk factors such as unhealthy food, in significant part due to the ongoing lobbying processes of the industries producing these products. One common tactic is known as 'delay and distract', where even if a new and health-protecting policy is announced, industry work to first get the policy delayed (citing commons reasons such as needing time to adjust to new regulatory or taxation changes), then use lobbying efforts to distract political and public interest away on to other topics, leaving the policy to gather dust as politicians move on to other priorities.

Examples of this include David Cameron's groundbreaking 2012 Alcohol Strategy, quietly scrapped just over a year later with no replacement alcohol strategy since despite rising harm levels, as well as the 2020 Obesity Strategy, where the Government committed (amongst many other things) to a consultation on Calorie Labelling for alcohol products, which four years on is still yet to be actioned.

Industry representative bodies (such as the Scotch Whisky Association – SWA) also work to influence policymakers through ongoing discussions with Government officials and Ministers, as well as through submitting written evidence to enquiries and consultations. Often, this evidence can be misleading. For example, in 2023 the Wine & Spirit Trade Association and the SWA both argued that uprating duty in August 2023 led to the Treasury losing revenue³⁰, when prior receipts actually show that when a previous duty escalator policy was in place Treasury revenue from their products steadily increased³¹.

In more extreme cases, industry will go to great financial and legal effort to stop public health policies getting over the line. When a policy of Minimum Unit Pricing was announced in Scotland in 2012, the Scotch Whisky Association spent five years legally challenging the decision

³⁰ Evison, James. (2023) [Alcohol duty hike results in Treasury 'losing cash'](#), *The Drinks Business*

³¹ Roberts, J. (2024) [Dispelling Six Industry Myths About Alcohol Taxation](#), *Institute of Alcohol Studies*

through various court appeals. They eventually lost a final case with the Supreme Court in 2017 allowing the policy to finally be introduced in Scotland, five years after it was first announced.³² Studies of historic tobacco industry litigation have found that the threat of legal action can have a similar 'chilling effect' on governments to that experienced by the Scottish Government in relation to MUP³³. With large budgets that can supersede budgets of national and local Governments, it is a huge policy disincentive to implementing public health policies when industry threatens expensive litigation.

How Government alcohol policy could be improved

There has been a striking lack of Government action to tackle these unacceptable levels of alcohol harm and associated costs. The last national strategy was published in 2012, with many promised initiatives not implemented or of unclear status.³⁴ This is despite mounting evidence on the effectiveness of upstream interventions, such as pricing policies and marketing restrictions.

Alcohol consumption is closely linked to affordability, with cheaper alcohol driving greater consumption and harm. Emerging evidence from Scotland and Wales has demonstrated that minimum unit pricing for alcohol drives down sales,³⁵ with Scotland seeing a 10% reduction in alcohol-specific deaths within the first year.³⁶ An increase in alcohol duty is predicted to prevent thousands of deaths and hospitalisations, and save NHS England almost £800 million over 12 years.³⁷ The alcohol duty escalator (automatically increasing alcohol duty by 2% above inflation every year) helped curb the rising trend in alcohol-related deaths from 2008 until its repeal in 2013.³⁸ The 2024 Spring Budget was another missed opportunity to tackle alcohol affordability, with a freeze on alcohol duty announced until February 2025, threatening to counteract the Government's own strength-based changes to the alcohol duty system brought in just 6 months earlier (August 2023).

³² BBC News (2017) [Supreme Court backs Scottish minimum alcohol pricing](#)

³³ Hawkins, B. and McCambridge, J. (2020) '[Tied up in a legal mess': The alcohol industry's use of litigation to oppose minimum unit pricing in Scotland](#), Scottish Affairs

³⁴ The Health Foundation (2022). [Addressing the leading risk factors for ill health](#).

³⁵ Giles, L. et al. (2022). [Evaluating the impact of Minimum Unit Pricing \(MUP\) on sales-based alcohol consumption in Scotland at three years post-implementation](#). [Public Health Scotland](#).

³⁶ National Records of Scotland (2020). [Alcohol-specific deaths \(new National Statistics definition\) registered in Scotland, 1979 to 2019](#).

³⁷ Angus, C. et al (2019). [Modelling the impact of alcohol duty policies since 2012 in England and Scotland](#).

³⁸ Analysis by IAS

There is also extensive evidence that exposure to alcohol marketing leads children and young people to drink at an earlier age and drink more.³⁹ The current self-regulatory system is inadequate in protecting vulnerable groups from alcohol advertising,⁴⁰ and comprehensive marketing restrictions are essential to reduce alcohol consumption and prevent harm. The Scottish Government is leading the way by consulting on advertising restrictions⁴¹, but whilst industry continue to be around the policy-making table, public health policies either stall or barely materialise at all.

Investment in alcohol treatment (including prioritising the long-awaited updated Alcohol Treatment Guidelines⁴²) is also necessary to prevent further harms. With 80% of alcohol-specific deaths due to liver disease, early disease detection and improved care is critical.⁴³

There is already significant public support for preventative policies: 55% back a strength-based duty system; 65% support better labelling; and 76% want marketing restrictions to protect children.⁴⁴ The Government urgently need to take the same bold action on alcohol harm as with unhealthy food and drinks, in line with the evidence and with public support for these population-wide measures.

5 April 2024

³⁹ PHE (2016). [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies](#).

⁴⁰ The Institute of Alcohol Studies (2019). [Alcohol and marketing](#).

⁴¹ Scottish Government (2022). [Alcohol advertising and promotion](#)

⁴² PHE (2019). [UK alcohol clinical guideline development begins](#).

⁴³ Allison, M. et al. (2022). [Deaths from alcohol-related liver disease in the UK: an escalated tragedy](#). *The Lancet*.

⁴⁴ Alcohol in England (2023). [Annual findings](#).