

Labelling of low alcohol drinks, September 2018

Tenovus Cancer Care is Wales' leading cancer charity. Our aims are simple. We want to help prevent, treat and find a cure for cancer.

We do this by offering support, advice and treatment to cancer patients and their loved ones. We also promote healthy lifestyles and fund cancer research to find new ways to prevent it, diagnose it, and treat it.

We welcome the opportunity to respond to this important consultation.

Legislative Approach

Question 1 - Which of the options do you agree with, to continue to legislate on low alcohol descriptors or work with industry and other stakeholders to provide guidance?

Tenovus Cancer Care has no fundamental preference to legislation over guidance; the over-riding principle being that whatever the method our concern is that it should be clear, effective, minimise loop-holes and be in the interest of public health.

Nevertheless, given the medical, religious and ethical reasons for wanting to avoid alcohol altogether, coupled with scepticism regarding the viability of industry-based voluntary arrangements¹, Tenovus Cancer Care believes that a legislative approach may, on balance, be the most appropriate approach in order to protect the public interest, in this instance.

Low-alcohol

Question 2 - Do you agree that the upper alcohol limit should remain at 1.2% ABV in order to use the descriptor "low alcohol", or should this limit be reduced?

Agree.

Tenovus Cancer Care recognises not only the cancer risk that alcohol poses but also the secondary risks associated with the link between alcohol, cancer and obesity. We therefore welcome the general trend toward lower ABV beverages and support any moves to encourage reductions in the consumption of alcohol and feel that an upper threshold of 1.2% ABV remains appropriate.

However it is our preference that the 'low-alcohol' descriptor is used as a catch-all term to describe any drink that contains alcohol up to and including 1.2% ABV inclusive of low-alcohol, dealcoholised, alcohol-free and non-alcoholic descriptors currently in place where the drink in question is not completely absent of alcohol.

Non-alcoholic, alcohol-free and dealcoholised descriptors

Question 3 - Should we continue to use the descriptors non-alcoholic, alcohol-free and dealcoholised as they are currently defined, or should they be amended or ceased to be used?

Amended and ceased.

¹ <https://www.bmj.com/content/350/bmj.h1301.full>

A recent study found that the level of consumption that minimises health loss is zero – that is to say any alcohol consumption carries risks to health (GBD 2016 Alcohol Collaborators, 2018). Therefore in addition to religious reasons the general public may wish to eliminate alcohol from their diet completely for health reasons i.e. in order to minimise their cancer risk. Furthermore, for those undergoing, preparing to undergo or are post-cancer treatment there may be an additional desire to avoid alcohol altogether since alcohol can interfere with the way some chemotherapy drugs work – such as Procarbazine and Lomustine.²

Under the proposals, consumption of a ‘non-alcoholic’ or ‘alcohol-free’ drink would not satisfy this desire or requirement.

As a result, while it is accepted that the current threshold for alcohol content in so-called ‘alcohol-free’ drinks is negligible, Tenovus Cancer Care opposes the use of any descriptor that might indicate that a beverage is absent of alcohol when in fact alcohol might still be present and strongly opposes the use of the term ‘alcohol-free’ for drinks with alcoholic content as high as 0.5% ABV - a ten-fold increase on the current threshold.

In addition to the above points, it is felt that the descriptor ‘non-alcoholic’ risks confusion with ‘alcohol-free’ and essentially serves the same purpose. Tenovus Cancer Care sees no clear rationale for treating sacramental and communion wines separately from other categories. Therefore Tenovus Cancer Care would support this term being discontinued and those drinks that would normally satisfy the requirements be re-labelled alcohol-free, in accordance with the arguments made above.

Similarly, it is felt that the descriptor ‘dealcoholised’ may lead to confusion as it is fundamentally a low-alcohol drink that is not absent of alcohol but may be interpreted as non-alcoholic. Tenovus Cancer Care believes that this descriptor should be discontinued and where dealcoholised drinks fall within the relevant threshold for the low-alcohol or alcohol-free descriptor it should be labelled as such.

Question 4 - Do you think the descriptor non-alcoholic should be permitted to be used other than in connection with sacramental and communion wines? Please provide a reason why.

Neither agree nor disagree.

As above, it is felt that the descriptor ‘non-alcoholic’ risks confusion with ‘alcohol-free’ and essentially serves the same purpose. Furthermore Tenovus Cancer Care sees no clear rationale for treating sacramental and communion wines separately from other categories. Therefore Tenovus Cancer Care would support this term being discontinued and those drinks that would normally satisfy the requirements be re-labelled alcohol-free, in accordance with the arguments made above.

Question 5 - Should the descriptor alcohol-free, if it is retained, continue to be at 0.05% ABV

No.

As above; a recent study found that the level of consumption that minimises health loss is zero – that is to say any alcohol consumption carries risks to health (GBD 2016 Alcohol Collaborators, 2018). Therefore in addition to religious reasons, the general public may wish to eliminate alcohol from their diet completely, in order to minimise their cancer risk. Furthermore, for those undergoing, preparing to undergo or are post-cancer treatment there may be an additional desire to avoid alcohol altogether since alcohol can interfere with the way some chemotherapy drugs work – such as Procarbazine and Lomustine.³

² <https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/chemotherapy/living-with/alcohol>

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As a result, while it is accepted that the current threshold for alcohol content in so-called 'alcohol-free' drinks is negligible, Tenovus Cancer Care opposes the use of any descriptor that might indicate that a beverage is absent of alcohol when in fact alcohol might still be present.

Tenovus Cancer Care would however support the introduction of a new label of *ultra-low alcohol* for drinks that are not absent of alcohol but have an ABV of less than 0.5% ABV – acknowledging that realistically the alcoholic content of these drinks will for all intents and purposes and for the majority of the population be negligible.

Question 6 - Do you have any evidence to support the case for introducing new alcoholic drink descriptors above 1.2% ABV?

No.

Tenovus Cancer Care supports any moves to encourage reductions in the consumption of alcohol but has no specific evidence to support prescribing specific thresholds for new descriptors above 1.2% ABV.

Question 7 - Do you have any further comments to add?

Yes.

Were there a reluctance to accept the above recommendations, particularly those around the 'alcohol-free' descriptor which we believe is necessarily binary, there would be an urgent need for prominent labelling to ensure consumers are aware of the alcoholic content of alcohol-free-labelled drinks. A label specifying 'Alcohol free – may contain alcohol' may entirely appropriate, if a little Kafkaesque. However it may be more desirable to prominently display the ABV in a prominent location adjacent to the descriptor in order to educate and empower consumers to the ABV and thus health impacts of that drink. We would be keen to ensure that the effect of this is not mitigated by rounding – i.e. to display 0.05% as 0.0% would be to undermine the spirit and intention of the labelling.