

Increasing awareness of 'invisible' calories from alcohol



Key points

- A large proportion of UK adults are overweight or obese and this number is growing
- Obesity increases the risk of developing many serious medical conditions including diabetes, heart disease, osteoarthritis and some cancers, and has financial implications for the NHS and the UK economy as a whole
- Alcoholic drinks are frequently high in calories and their regular consumption can lead to weight gain
- Of adults that drink, it is estimated that nearly 10% of their daily calorie intake comes from alcohol

Calls to action

- The European Union Health Commissioner and drinks companies to introduce calorie labelling on all alcohol products
- Research undertaken to better understand the relationship between alcohol consumption and healthy weight in adults, including the potential effectiveness of using calorie and unit labelling to reduce alcohol consumption

Background

The public's health is under threat from an obesity epidemic and harm caused by irresponsible consumption of alcohol. While there has been much work to look at the causes and consequences of the twin-threats in isolation, less has been done to look at the links between alcohol and weight gain. In England, it is estimated that 66.6% of men and 57.2% of women are classed as overweight (of whom 24.4% of men and 25.1% of women are obese).¹ Being overweight or obese increases the risk of developing a range of serious illnesses, including type 2 diabetes, high blood pressure, musculoskeletal problems, heart disease, stroke and some cancers.² Overweight and obesity and their associated health problems have a significant economic impact on the NHS. In addition to direct health care costs, obesity has financial implications for the wider economy through, for example, loss of productivity and benefit payments.³

Excessive consumption of alcohol has been linked to damage to health. In addition to short term health consequences such as injuries, alcohol poisoning and risky behaviour, excessive alcohol consumption is also linked to high blood pressure, liver disease, cancers and mental health problems, including depression and anxiety.⁴

While a rise in sedentary lifestyle and overconsumption of foods high in fat and sugar have been attributed to the growth in the nation's waist lines, relatively little research has been conducted into the specific contribution alcohol consumption plays.

The recommended daily calorie intake for adults is approximately 2,500kcal for men and 2,000kcal for women.⁵

One unit of alcohol contains eight grams or 10ml of alcohol which provides 56 calories (kcal). Current UK government

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guidelines for health and wellbeing suggest that women should not drink more than 2-3 units every day (one pint of beer or one medium glass of wine); men should not drink more than 3-4 units every day (one and a half pints of beer or one large glass of wine).⁶ It is vital that individuals are supported not to drink more than is recommended in these guidelines.

Recent research demonstrated that 11% of adults were deemed to be frequent drinkers (having drunk alcohol on at least five days in the week before being interviewed) and of those that had drunk in the previous week, 29% of men and 21% of women were classed as heavy drinkers (having drunk more than eight units for men and six for women on their heaviest drinking day – double the recommended daily intake).⁷

The relationship between alcohol and obesity is complex. Alcohol cannot be stored in the body, however its conversion to acetate in the liver and subsequent release into the blood stream inhibits the amount of fat the body burns.⁸ Conversely, alcohol appears to increase energy expenditure within the body.9 Despite this complexity, because alcoholic drinks are not solely comprised of alcohol, other factors need to be considered, such as their sugar content. While a unit of alcohol is 56 calories, a unit of 13% ABV wine is around 70 calories (a 175ml glass is 2.3 units and over 160 calories). A unit of an alcopop may be over 150 calories (a 275ml bottle may contain more than 170 calories) and a unit of 4% ABV beer will contain around 80 calories (and a pint over 180 calories).¹⁰ Spirits may also frequently be accompanied by soft drinks (mixers) containing sugar. Among adults who drink, it is estimated that nearly 10% of their daily calorie intake typically comes from alcohol.¹¹ Alcohol doesn't just contribute to potential weight gain through the calories contained within the product, but also through its affect on hunger levels and food preferences. The stimulatory effect of alcohol consumption on food intake may be as a result of stimulation or inhibition of appetite regulatory hormones¹² and enhancing the short term effects of food.13

There is evidence that heavy drinkers (drinking four or more drinks per day) are at a greater risk of obesity than moderate or non-drinkers. The odds of being overweight or obese are also significantly higher among binge drinkers than among those who consume the same amount of alcohol over multiple sessions.¹⁴ Weight gain from drinking alcohol is also greater in individuals who are already overweight or obese and there are individual differences in the impact of alcohol consumption on weight.¹⁵ Drinkers dependent on alcohol, however, due to the propensity to substitute alcohol for meals, may experience weight loss.¹⁶

Nearly half of all alcohol sold is purchased from supermarkets and off-licenses. $^{\rm 17}$

RSPH supports a number of measures to promote responsible drinking. Minimum unit pricing is an effective and evidence-based approach to reducing alcohol consumption and its associated harms^{18,19} and we strongly support its implementation across the UK.

However, we also believe that more needs to be done to help support the public in moderating their drinking. While much of the focus on labelling of alcohol has centred around units, given that calories are fairly well understood by the public, we would argue that calorie labelling alongside unit labelling would help further support the public to make informed choices about their alcohol consumption, and ultimately, moderate their drinking.

A survey commissioned by RSPH of 2117 UK adults in October 2014 showed that over 80% of people did not know or underestimated the number of calories in a large glass of wine; over 60% of people did not know or underestimated the number of calories in a pint of lager. While women were less likely than men to state that they did not know the number of calories in the drink, there was little difference in the number of men and women who correctly identified the calorie content.

RSPH believes that given alcohol provides approximately 10% of energy intake for adults who drink, public confusion about the calories contained within alcoholic drinks, and the use by consumers of calorie labelling on food products to make informed choices, nutritional information including calorie content should be extended to alcoholic beverages. Despite their calorie content, alcoholic beverages are currently not recognised as food and are therefore exempted from the requirements of normal nutritional labelling. This adds to the general lack of public awareness about the calorie content of alcoholic drinks.

What are the RSPH calling for?

• European Union Health Commissioner and drinks companies to introduce calorie labelling on all alcohol products

Current European legislation exempts alcoholic beverages (more than 1.2% by volume) from the obligation to list its ingredients and provide nutrition information. As part of a Public Health Responsibility Deal agreed with the Government in March 2011, UK major alcohol beverage manufacturers and retailers pledged to implement a health labelling scheme which included information about the unit alcohol content, the Chief Medical Officer's daily guidelines for lower risk consumption and pregnancy warning, to better inform consumers about responsible drinking.²⁰ We would argue that in addition to this information, calorie content should be included with some urgency.

The newly appointed European Union Health Commissioner, Vytenis Andrutakitis, is currently leading a consultation into EU regulation on alcohol labelling. We call for the EU to make a swift decision in favour of including both unit and calorie labelling to ensure that consumers are able to make informed decisions about the drinks they purchase. Irrespective of the EU decision however, we call for drinks manufacturers to voluntarily include calorie information on their drinks' labels.

Our recent research of UK residents suggests that 67% of people support the addition of calorie labels on packaging



of alcoholic drinks and only 3% of people oppose them (the remaining individuals have no opinion either way).

Calorie labels should be displayed prominently in large font, and should be present on products and potentially on beer pumps, bar/pub menus and beer mats. Everyone should be able to see both the number of units and the number of calories available in their drink before purchase, whether in a shop or a pub or restaurant.

Research undertaken to better understand the effectiveness of using calorie and unit labelling to reduce excess alcohol consumption

There is evidence that providing calorie information on food can support individuals to make healthier food choices where individuals have read and understood the information.²¹ However there has been little research on the effect on behaviour of including calorie labelling on alcoholic drinks. We call for research to strengthen the argument for calorie labelling of alcohol in pubs and bars, as well as supermarkets and other points of sale. This research should consider age and gender as these impact upon key aspects of health literacy, body image and physiology. There also needs to be ongoing research into the impact of alcohol on obesity and the drinking behaviours that put individuals at greatest risk of excess weight gain.

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