Health and Social Care Committee inquiry into Food and Weight Management

Deadline: Thursday 28 August 2025

Organisation and reason for submitting evidence

The Alcohol Health Alliance UK (AHA) is an alliance of 65 non-governmental organisations working together to reduce alcohol harm, including several medical royal colleges, national charities e.g., Cancer Research UK, and treatment providers. Alcohol is a significant cause of preventable death and ill-health, and increases the risk of many conditions related to obesity, such as liver disease, cardiovascular disease, diabetes, and several cancers. Despite being very energy dense and a significant contributor to calorie and sugar intake, alcohol remains largely omitted from food and weight management policies. We would therefore encourage the Health and Social Care Committee to consider a coherent approach that acknowledges and addresses multiple risk factors.

1. Why are existing policies relating to food and diet seemingly not succeeding in reducing rates of obesity, and what should the Government learn from this, or do differently, when designing and implementing policy in future?

As outlined above, alcohol is very energy dense and contributes substantially to calorie intake. A unit of pure alcohol alone is 56 calories,[1] with additional ingredients driving this up further: a unit of an alcopop, for example, can be 144 calories.[2] Two medium (175ml) glasses of wine contain more calories than a McDonald's burger.[3] Research by the AHA found that it was possible to reach the recommended daily sugar intake (30g) in just two medium-sized glasses of some of the most popular wine on the market.[4] In fact, the 'Tackling obesity' policy paper indicated that of adults that drink, alcohol makes up nearly 10% of their daily calorie intake.[5]

However, alcohol is not classified as a product high in fat, sugar and salt (HFSS) 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."[6] 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. As mentioned above, some alcohol products (including those popular with younger drinkers such as ready-to-drinks or alcopops), also have high sugar content.[7]

Due to this exemption, alcohol has been excluded from policies to prevent harm from HFSS products, such as those already in place e.g., mandatory nutritional labelling, or those forthcoming e.g., marketing restrictions.

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[1] Royal Society of Public Health (2014). Increasing awareness of 'invisible' calories from alcohol.
[2] NHS (accessed August 2025). Alcohol advice, calories in alcohol.
[3] ibid. McDonalds (accessed August 2025). Cheeseburger
[4] Alcohol Health Alliance UK (2022). Sugar content in wine revealed: Health experts deem alcohol labelling 'woefully inadequate'
[5] Department of Health and Social Care (2020). Tackling obesity: empowering adults and children to live healthier lives
[6] Department of Health (2011). Nutrient Profiling Technical Guidance.
[7] Cancer Research UK (2017). Youth engagement with alcohol brands in the UK.

Alcoholic products are currently not subject to nutritional labelling restrictions in place for their non-alcoholic counterparts and sugary soft drinks, despite the fact they could be considerably more calorific. For example, 100ml of 5% beer contains 42 kcal, 13% wine contains 91 kcal and 40% spirit contains 244 kcal.[8] By comparison 100ml of Sprite contains 19 kcal, Fanta 19 kcal and Coke 42 kcal.[9]

With the alcohol industry allowed to self-regulate their product labelling, much of this information is hidden. In a 2022 AHA study, only 6% of alcoholic products displayed sugar content on their labels.[10] As such, the public remain largely unaware of the calorie content they are consuming. Previous research has found that just 20% of the public could correctly estimate how many calories were in a medium glass of wine at 12% ABV.[11]

Similarly, the incoming advertising restrictions for less healthy food or drink on TV and online[12] means that children will be shielded from marketing promoting HFSS foods but remain exposed to alcohol as an age-restricted product associated with significant health harms. If alcohol is not covered, this policy could lead to content promoting alcohol filling the gaps left by HFSS marketing, further 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 reportedly surged by 57%.[13]

To increase the effectiveness of food and weight management policies such as the above marketing and labelling restrictions, the Government must adopt a more coherent approach that accounts for multiple risk factors, and include alcohol in their definition of unhealthy food and drinks.

2. Which public health interventions have been the most effective, either domestically or internationally, at reducing obesity or consumption of less healthy foods? What should the Government learn from them?

    1. Where should the balance lie between voluntary and mandatory policies, and between tax and incentive?

Government legislation is needed to ensure public health is prioritised over unhealthy industries' private profit.[14] Self-regulatory and/or voluntary partnerships with health harming industries are ineffective in improving public health, as there is an inherent conflict of interest. Collectively, the tobacco, food and alcohol industry make an estimated £53 billion in revenue from consumption at levels which cause harm.[15] Public health policies should therefore be protected from the influence of these industries and their representatives and regulated by

[8] Eurocare (2018). What's in this drink?
[9] Coca Cola GB (accessed August 2025). Sprite. Fanta. How many calories are there in a 330ml can of Coca-Cola original taste?
[10] Alcohol Health Alliance (2022). Contents Unknown: How alcohol labelling still fails consumers
[11] Alcohol Health Alliance (2021). Just one in five Brits know how many calories are in a glass of wine.
[12] Department of Health and Social Care (2025). Restricting advertising of less healthy food or drink on TV and online: products in scope.
[13] Grocery Gazette (2022). HFSS restrictions boost alcoholic drink space across UK supermarkets.
[14] University of Bath (2023). Bold actions required to prioritise health before profit – new Lancet series.
[15] Obesity Health Alliance, Alcohol Health Alliance, Action on Smoking and Health (2023). Holding us back: tobacco, alcohol and unhealthy food and drink.

independent bodies. This can be done by adopting guiding principles for engaging with industry stakeholders.[16]

Examples of good practice that can be extended include:

Labelling

A 2022 systematic review found that nutrition labels can improve consumers' ability to estimate the calorie content of alcoholic beverages and found strong public support for mandatory alcohol container nutrition labels.[17] Mandatory nutritional labelling alcohol products could also provide an incentive for producers to reformulate their products to reduce calorie and sugar content.

We support the Government's commitment to introduce new standards for alcohol labelling and encourage mandatory health information/warnings and legal information in addition to mandatory nutritional information. It is essential that this information is also presented clearly and legibly, and that the process for developing this important health policy is protected from undue influence from commercial vested interests. This is something we would welcome the Committee consider as part of this inquiry.

Marketing

Junk food advertising restrictions on Transport for London networks are estimated to have prevented almost 100,000 obesity cases, and are expected to save the NHS over £200 million.[18] The policy contributed to a 1,000 calorie decrease in energy from unhealthy purchases in consumers' weekly shopping, with the largest health impacts on people from deprived areas.[19] This clearly underlines the significant role advertising plays in encouraging consumption and we welcome the forthcoming national junk food ban. This should be expanded to include alcohol to not only improve public health but also avoid an unintended increase in alcohol advertisements filling in for unhealthy food ads where they are no longer permitted, e.g., before the 9pm watershed.[20]

Almost two-thirds of the public support a ban on advertising alcohol on television before the 9pm watershed.[21] Young people themselves want restrictions: research by Cancer Research UK found that over half of 11-21-year-olds support making social media accounts of alcohol businesses private.[22]

Media reports indicated that alcohol marketing restrictions were included in draft versions of the 10 Year Health Plan for England, but then removed following alcohol industry lobbying. Indeed a DHSC spokesperson stated ahead of the Plan's publication "We are exploring options for partial restrictions to bring it closer in line with advertising of unhealthy food." However,

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[16] Public Health England (2019). Principles for engaging with industry stakeholders.
[17] Canadian Centre on Substance Use and Addiction (2022). Enhanced alcohol container labels: A systematic review.
[18] London School of Hygiene and Tropical Medicine (2022. Junk food advertising restrictions prevent almost 100,000 obesity cases and is expected to save the NHS £200m.
[19] Ibid.
[20] Department of Health and Social Care (2024). Junk food ad ban legislation progresses to curb childhood obesity.
[21] https://yougov.co.uk/topics/consumer/survey-results/daily/2025/06/26/bba75/1
[22] Cancer Research UK (2025) Digital influence: Young people's exposure to the marketing of cigarettes, vapes, unhealthy food/drink, and alcohol.

these options did not appear in the final Plan. We would welcome exploration of this policy development by the Committee.[23]

Levies and taxes

The Soft Drinks Industry Levy (SDIL) introduced in 2018 led to an estimated drop in the amount of sugar consumed by children of almost one teaspoon per day within a year. Adults' sugar intake also fell by the equivalent of more than two teaspoons per day. Researchers have suggested extending the SDIL to other foods and drinks,[24] such as alcoholic drinks.

Evidence suggests that changes to alcohol duty structures have also led to some producers lowering the alcohol content of their products, which will reap public health benefits if done on a broad enough scale.[25] With around 1.77 billion bottles of wine consumed in the UK every year, and assuming an average strength of 12% ABV, if 85% of those reduced their strength by 1%, over 1 billion units of alcohol would be removed from consumption, including the associated calorie and sugar content.[26]

Ahead of the Autumn budget in 2024, 47% said that increasing alcohol duty should be a priority to support public finances (only corporation tax had more support for an increase). There is also interest in using alcohol duty to encourage companies to produce lower-strength products, with 44% in favour compared to 21% opposed.[27]

3. What action could be the most effective in reducing ethnic and social disparities relating to rates of obesity, and how could any barriers to implementation be addressed?
4. What more should the Government and/or the food industry do to address disparities and deliver on the Government's Food Strategy aim of improving "access to affordable, healthy food"?
5. What challenges and opportunities do weight loss medications like Wegovy and Mounjaro present to the NHS and to individuals?
    1. Are weight loss injections cost-effective to the NHS and how does this compare with other treatments?
6. How well are weight management services functioning in the NHS and are they providing equitable access to treatment?
    1. What changes might be needed to services, or additional support from Government, to ensure they are able to provide equitable access and take advantage of innovations in treatment?

[23] The Independent (June 2025) Ministers considering alcohol advertising restrictions in line with junk food.
[24] London School of Hygiene and Tropical Medicine (2024). Expert comment – 'Sugar tax' on soft drinks shown to reduce sugar intake.
[25] Institute of Alcohol Studies (2024). Autumn Budget Analysis 2024
[26] Ibid.
[27] Alcohol Change UK (2024) Autumn Budget: what does the public want to see on alcohol policy