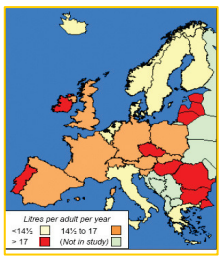
Alcohol: Labelling

Background



Alcohol is a widely available consumer product. Nearly all EU citizens over the age of 18 may purchase and consume alcoholic beverages. These are available in a variety of forms including beer, wine, spirits and pre-packaged mixed drinks. Beer accounts for just under half of all consumption[1] and is still the most popular drink among young people. Like many other consumer products alcohol is broadly marketed across different media and consumed in a variety of situations. Although rates and patterns vary across countries the EU has the highest rate of alcohol consumption in the world.

Legislation and guidelines regarding the sale and consumption of alcohol are determined by individual Member States. All Member States acknowledge that alcohol is different to other consumer products by restricting the sale and/or marketing of alcohol to some degree.

Almost half the EU countries do not have an action plan or coordinating body for alcohol

The purchase of alcohol across the EU is restricted to those over the age of either 16 or 18 years[2]. All Member States have laws regarding drink-driving and in 2001 the European Commission called for all Member States to adopt a blood alcohol limit of 0.5g/L for drivers (0.2g/L for inexperienced, two-wheel, large vehicle or dangerous goods drivers), and to introduce random breath testing[3]. In terms of general health, definitions of what is lower or higher risk differ across the region with a number of countries lacking any guidelines provided by government or a public health body on risk related to different levels of drinking; although it is generally accepted that women should not drink at all during pregnancy. There is a similar lack of consensus on a standard unit of measurement when discussing drinking. Commonly, Member States use a measure between 8-13g alcohol (ethanol) although few have an officially defined measure[4]. All countries impose a tax on alcoholic beverages. The rate of tax varies widely across the region.

Although much attention is paid to "alcopops" these are *not* the most popular drink in any country.

A number of EU Directives govern the labelling of foodstuffs for direct sale to consumers. Requirements relate to the naming of a product, ingredients, allergens and geographical indications such as place of origin. When a nutrition claim is made nutritional information must also be displayed. The Commission's Consumer Protection Policy aims to protect consumers from risks related to certain products. Products which seriously endanger health such as tobacco must carry a label informing consumers of the health risks associated with using the product. For tobacco each unit packet must display a general warning and an additional warning taken from a specified list (Directive 2001/37/EC). Alcohol labelling is governed by EU Directive 87/250/EEC. This Directive mandates that alcohol strength by volume (expressed as a percentage) must be indicated on the label of any beverage for sale directly to consumers containing more than 1.2% alcohol. There is currently no EU legislation requiring health warnings on alcoholic beverages, nor information describing alcohol content in standard units or recommended maximum consumption.

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1 Beer accounts for 44%, wine 34% and spirits 23% of all consumption in Europe. Anderson, P. & Baumberg, B. (2006) Alcohol in Europe. London: Institute of Alcohol Studies.

2 Four countries have no restriction on the sale of alcohol to children in shops.

3 UK, Ireland and Luxembourg use a blood alcohol limit of 0.8g.

4 A number of countries use external guidelines such as WHO or BMA.

EU priorities

In 2006 the Commission adopted an EU strategy to support Member States in reducing alcohol-related harm. The Commission identified five priority themes, which are relevant to all Member States and for which Community action as a complement to national policies has an added value:

- Protect young people, children and the unborn child;
- Reduce injuries and death from alcohol-related road accidents;
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace;
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- Develop and maintain a common evidence base at EU level.

A number of EU countries have no definition of lower or higher risk levels of drinking

The Strategy states that *Citizens have the right to obtain relevant information on the health impact, and in particular on the risks and consequences related to harmful and hazardous consumption of alcohol, and to obtain more detailed information on added ingredients that may be harmful to the health of certain groups of consumers.*

The Strategy outlines action at three levels: European Commission; national; and, local. At the EC level action is focused on supporting and working with Member States to monitor drinking patterns and develop strategies and action to tackle harmful drinking.

The EC Treaty includes obligations to protect the health and safety of consumers and to promote their right to information. In support of consumers' rights to information EC level action within the alcohol strategy includes *exploring the usefulness of developing efficient common approaches throughout the community to provide adequate consumer information.* This is reinforced by national action to *improve consumer information, at point of sale or on products, on the impact of alcohol abuse on health and work performance. As part of consumer information, some Member States have introduced, or are considering introducing labelling to protect pregnant women and the unborn child. Other actions aim at providing easily understandable information on alcohol content and moderate drinking.*

Key Facts

Alcohol is a leading cause of ill-health and death in the EU

- Alcohol is the 3rd leading risk factor for ill-health and death in the EU
- 7.4% of all ill-health and premature death in the EU is due to alcohol
- 55 million European adults drink to dangerous levels
- Some 23 million Europeans are dependent on alcohol in any year
- For age15-29yrs 25% of all male deaths and 11% of all female deaths are due to alcohol
- 80million Europeans aged 15 years plus reported binge drinking at least once a week in 2006

HARMFUL & BINGE DRINKING ARE RISING
Harmful: >4 drinks day(♂) >2 day(♀)
Binge: >6 drinks in one session (60g+)

Alcohol harms the EU economy

- Alcohol related disease, injury and violence cost the EU €125bn in 2003 (1.3% GDP)
- The costs of alcohol related harm impact health, welfare, employment, criminal justice
- Alcohol contributes to absenteeism, unemployment and accidents at work
- *Intangible costs* of criminal, social and health harms caused by alcohol were estimated at €270bn in 2003.

Health risks

Alcohol, cancer and vascular disease

- Alcohol is a carcinogen, causing cancer of the oral cavity and pharynx, oesophagus, stomach, colon, rectum and breast, with no safe level.
- Persistent use damages the liver and can lead to liver cirrhosis or cancer
- Alcohol increases the risk of stroke, and, in high doses, coronary disease and heart failure

Alcohol and pregnancy

- Alcohol is a teratogen, affecting the development of the baby.
- Drinking during pregnancy can damage the foetus and increase the risk of miscarriage
- Each year in the EU approx. 60 000 babies are born below normal birthweight due to alcohol

Alcohol and risk taking, violence, accidents and injury

- Alcohol intoxication increases the risk of unsafe sex therefore increasing transmission of sexually transmitted infections and unwanted pregnancies
- 4 of every 10 homicides in the EU (>2000) are attributable to alcohol
- 10 000 suicides a year (1 in 6) are attributable to alcohol

Alcohol and children/young people

- Brain development in young people and children is damaged by alcohol use
- Alcohol is estimated to be the cause of 16% of cases of child abuse
- Over 1 in 8 of 15-16 yr olds have been drunk more than 20 times in their life

Alcohol and driving

- Over 1 in 3 deaths in traffic accidents are caused by drink-driving (approx 17 000 /year)
- Over 10 000 people killed as a result of drink-driving each year are not the driver

Discussion: warning/information labels on alcohol

Consumer product labels

Knowing the facts about a product supports consumers' rights to make informed purchasing and consumption choices. Listing ingredients, nutritional information, potential allergens and calorie content are examples. Providing information on alcohol content can assist consumers in monitoring their drinking and in making decisions regarding driving and undertaking other activities.

A number of Member States are discussing introducing warning information on alcohol labels while France has already introduced labels which advise women not to drink while pregnant[5]. Outside the EU, warning and/or information labels have been introduced in several countries. The majority draw attention to the risks of drinking during pregnancy and of drink-driving. Australia and New Zealand indicate the number of "standard drinks" per container rather than specific health warnings. In the United States alcohol containers carry a government warning highlighting the risks related to pregnancy, driving, operating machinery and general health.[6]

French label

Labels on food and beverages normally *provide information* on origin of a product, ingredients, nutritional/dietary information or *warnings of potential risks* of consuming a particular product (e.g. allergens). Labels can both introduce new information and reinforce information provided through other channels. Labels may aim to *raise awareness* or to *change behaviour*, or both.

Labels may contain both text and images. *Design features* (location, size, colour, contrast) contribute to the effectiveness of labels and warnings. The EU Directive regarding tobacco warning labels specifies two types of compulsory warning: a general warning which must cover not less than 30% of the external area of the corresponding surface of the packet (32% and 35% for Member States with two or three official languages respectively); and, an additional warning which must cover not less than 40% of the external area of the corresponding surface of the packet (45% and 50% for Member States with two or three official languages respectively).

Definitions and official guidelines on standard drink size vary across Europe as do definitions and guidelines on lower and higher risk drinking. In some cases neither guidelines nor definitions exist at all. Such definitions can be useful for consumers in comparing the alcohol content of different drinks and monitoring their own consumption.

Labels reach a broad audience and have the potential to raise awareness in and across different populations. A long term social utility of labelling could be contributing to establishing social understanding that alcohol is a special and hazardous commodity. This is an important effect aside from that of short-term behavioural change amongst individuals (Wilkinson and Room 2008).

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[5] The French warning label may be either the text "La consommation de boissons alcoolisées pendant la grossesse, même en faible quantité, peut avoir des conséquences graves sur la santé de l'enfant" or a defined logo (as shown above). Source: www.sante.gouv.fr/htm/dossiers/alcool/questions_reponses.pdf
Translation: *Consumption of alcoholic drinks during pregnancy, even in small quantities, could have serious consequences for the health of the child.*

[6] Text of the US labels "GOVERNMENT WARNING: (1)According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2)Consumption of alcohol impairs your ability to drive a car or operate machinery, and may cause health problems."

Public support for warning labels

Research shows that 77% of EU citizens would support the introduction of labels on alcoholic beverages warning of the risks of drinking during pregnancy and for drivers. Seventy five per cent of alcohol consumers and 72% of those considering the protection from alcohol related harm to be the responsibility of individuals supported warnings on bottles and advertisements, compared with 83% of those not having drunk alcohol in the past 12 months, and 84% of those who think public authorities have to intervene to protect individuals from alcohol-related harm (Eurobarometer 2007).

Evidence for effectiveness

Since 2007, a health warning has been placed on alcoholic drinks packaging in France, in order to promote abstinence during pregnancy, supported by a press campaign and extensive media coverage. Two telephone surveys were conducted in 2004 and 2007 amongst two independent representative quota samples of the French population aged 15 and older (approximately 1,000 people interviewed in each survey). It was found that the recommendation that pregnant women should not drink alcohol was better known after the introduction of the health warning (87% of the respondents) than before (82%) ($p<0.001$). After the introduction of the label, 30% thought that the risk for the foetus started after the first glass compared with 25% in 2004 ($p<0.01$) (Guillemont and Léon 2008).

Warning labels have been used on tobacco packaging in several countries for some time and research has been undertaken on their impact on both awareness of the harmful effects of smoking and attempts to quit. A recent study by Borland et al examined the impact of health warnings on tobacco packaging on quitting activity in four countries. The study explored the relationship between reactions to warnings and subsequent quitting activity. It was found that forgoing cigarettes as a result of noticing warnings and quit-related cognitive reactions to warnings are consistent prospective predictors of making quit attempts (Borland et al 2009) thus supporting the findings of most previous literature. Furthermore, the study concluded that the stronger the warnings the greater the reactions and thus the greater the quitting activity they evoke (Borland et al 2009).

Some researchers have raised the possibility that graphic warnings may create reactions, such as avoiding warning labels, which inhibit positive behaviour change including quit attempts. The paper by Borland et al found no evidence to support this position and found any effects to be positive (Borland et al 2009). This possible negative effect was also considered by Hammond et al who found no evidence that avoidance of health warnings reduced positive behaviour change and in fact found that those smokers who reported a stronger negative reaction to the labels were more likely to have quit, attempted to quit or reduced their smoking 3 months later and that those who attempted to avoid the warnings were no less likely to think about the warnings or engage in quitting behaviour at follow up (Hammond et al 2004).

Effective design and placement

A number of factors influence the effectiveness of labelling: design and location, rotating messages and integration with a broader public health strategy. Short, clear messages are more effective than wordy, technical explanations. Evidence from studies of tobacco labelling indicate that static, unchanging messages are less effective than rotating messages. In Canada pictorial labels have had an impact in both reducing the amount smoked and in increasing cessation (Hammond et al 2004). The WHO Framework for Tobacco Control sets out clear standards for labels, requiring them to be: rotating, large, clear, visible and legible (WHO 2008) In Australia, research found that smokers showed increased knowledge of the main constituents of tobacco smoke and identified significantly more disease groups following the introduction of warning labels. Among smokers the two

messages with the most recall were “Smoking kills” and “Smoking in pregnancy harms your baby” (Borland and Hill 1997).

The World Health Organization’s *Guidelines for implementation of Article 11 of the WHO Framework Convention on Tobacco Control (Packaging and labelling of tobacco products)* (WHO 2008) state: “Evidence shows that, when compared with text-only health warnings and messages, those with pictures:

- are more likely to be noticed;
- are rated more effective by tobacco users;
- are more likely to remain salient over time;
- better communicate the health risks of tobacco use;
- provoke more thought about the health risks of tobacco use and about cessation;
- increase motivation and intention to quit; and
- are associated with more attempts to quit.”

The Guidelines go on to note that: “Pictorial health warnings and messages may also disrupt the impact of brand imagery on packaging and decrease the overall attractiveness of the package.”

Questions for Consideration by Policy Makers

? Is the goal to raise awareness or change behaviour (or both)?

As a long-term social good raising awareness of alcohol as a special and dangerous commodity is valuable to society. Behaviour change is a process and labelling can raise awareness, an essential step in this process. Therefore, the two goals are inseparable.

? How effective is labelling on awareness?

Based on the tobacco experience and studies done in the United States and Australia on alcohol labelling evidence shows increased awareness of health risks including specific diseases, risks to the foetus and increases in general discussion about health impacts.

? How effective is labelling on behaviour?

Evidence from other countries, particularly in the tobacco field, show labelling can have a positive impact on behaviour. However, it is important to ensure that labels are designed to be most effective. Previous labels have used a single message and not been designed to draw attention.

? What makes labels effective?

Evidence shows that the best messages are clear, simple and changing and that designs are striking. Research has already been undertaken regarding tobacco labelling and guidelines could be fairly easily adapted based on this knowledge.

? What else needs to be in place to support the effectiveness of labels?

Broader public health strategies, including posters and signs in establishments, the enforcement of drink-driving and other legislation and information to women on the dangers of drinking when pregnant can support the effectiveness of labels (and vice-versa).

? How would labelling complement other strategies?

Other strategies known to be effective such as brief interventions are likely to be supported by the awareness raising effect of labels. Studies have shown increased discussion among drinkers of the health impact of alcohol and this is likely to increase knowledge and facilitate more open discussion of alcohol within society.

? How easy/difficult would it be to implement?

Alcohol producers regularly change labels as part of a broader marketing strategy. Working within this cycle the introduction of warning messages would be relatively easy to implement. Lessons learned from tobacco labelling can be valuable in planning.

? How will consumers be affected?

Consumers are likely to become more aware of the health impact of alcohol and ongoing evaluation will assess the impact on behaviour.

? How will industry be affected?

The alcohol industry change labels regularly and addition of a warning message is unlikely to create a great burden. The alcohol industry is likely to gain credibility and to be seen as socially responsible (a number of producers are already introducing labelling voluntarily).

? How will government be affected?

Government is likely to see reduced costs across sectors in the long-term with decreased alcohol use. Government is unlikely to incur significant costs related to introducing labelling as the implementation of labels will be the responsibility of industry. Government will need to allocate some resources for monitoring and enforcing legislation.

Options

- **Maintain the status quo**

Awareness of the health risks of alcohol remains fairly low, particularly the risks of drinking during pregnancy (many women give up alcohol when pregnant, however, 25%-50% continue to drink, some to harmful levels). Furthermore, a number of European policies and strategies emphasise the consumer's right to information in order to make informed choices and it is an obligation of the EU to ensure this right is supported.

As mentioned, the health and economic impacts of alcohol are broad and significant and failure to take comprehensive action to address this would result in these problems continuing to increase and to negatively impact the lives of individual EU citizens.

- **Introduce labels with a health/risk message supported by a comprehensive strategy**

Providing consumers with information allows them to make informed choices and is the right of all consumers. Clear, simple messages such as those used in tobacco e.g., "Smoking kills" and "Smoking when pregnant harms your baby" have shown a high level of recall and are likely to work best when run in parallel with a broad public health strategy. Messages such as these have shown reduction in both the number of cigarettes smoked and cessation leading to significant health gains for the population. Introduction of effective, well-designed messages on alcohol labels could contribute to a reduction in health and social harm.

- **Introduce labels which indicate alcohol content by standard unit, supported by guidelines on "safe" and "harmful" levels of drinking**

A common problem across all sectors in the EU is a lack of shared terminology. Clear, shared definitions and terminology would be useful in developing guidelines on lower and higher risk levels of drinking and assist public health professionals and policy makers in developing strategies and interventions which are more easily transferable across EU countries. While most countries informally use 20-40g alcohol /day as the upper limit of lower risk consumption, few have an official guideline provided by government or public health body. EU wide agreement on what constitutes lower and higher risk would be of great benefit. While this would support efforts to design policy and strategies to reduce the harm done by alcohol, it would be necessary to translate this into actual drinks in order for the consumer to understand how many drinks equate to lower and higher risk.

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